

# Local new health technology processes

## Fact Sheet

This Fact Sheet outlines the suggested process for Local Health Districts (Districts)/Specialty Health Networks (Networks) introduction of a new intervention and refers to local implementation only.

This Fact Sheet should be read in conjunction with the NSW Health Guideline for New Health Technologies and Specialised services, which outlines the approach to the identification, assessment, planning and implementation of new health technologies in NSW, and the intersection between local, inter-district and state-wide level planning.

The NSW Ministry of Health (the Ministry) encourages Districts/Networks develop local processes to identify, assess, fund and evaluate new health technologies to ensure a robust approach to innovation.

The Ministry proposes a five-step process to effectively progress new health technologies in a framework that does not compromise patient safety or quality of care:

1. Identify and investigate
2. Assess
3. Service planning
4. Implement
5. Monitor and evaluate.

The NSW Health Guideline for New Health Technologies and Specialised directs Districts and Networks to advise the NSW Ministry of Health of new and emerging health technologies that may require centralised planning, governance, purchasing, oversight, evaluation and/or monitoring across NSW that meet the eligibility criteria within the NSW Health Guideline for New Health Technologies and Specialised services.

### 1 Identify and investigate

A new health intervention may be identified by local clinicians for implementation within their District/Network. This can occur through a number of channels, including:

- Formal state and national processes
- Licensing and reimbursement agencies, i.e., the Therapeutic Goods Administration (TGA)

- Published literature and conference proceedings
- Experts and expert groups, including professional associations
- Technology manufacturers.

Once an intervention has been identified, it is recommended that a formal proposal is developed to enable a robust assessment and evaluation. Proposals should comply with local business case requirements. Suggested inclusions for local new health intervention proposals are outlined in table 1 and may be adapted to comply with local requirements.

To assist with this process the Districts/Networks may wish to refer to the Ministry's NSW Health [NSW Health New Health Technology Submission Form](#). The form is used by the Ministry to guide the submission of annual nominations of new technologies for Statewide implementation through its new health intervention evaluation process and can be adapted by Districts/Networks for local use.

**Table 1: Local New Health Intervention proposals, suggested inclusions**

New Health Technology Proposal	Resources
<p><b>Justification and Rationale</b></p> <p>1. A rationale for the introduction of the intervention at a local level, including local clinical need, benefits compared to current treatment approaches and evidence to support the proposed change.</p>	<p><b>Clinical Evidence</b></p> <ul style="list-style-type: none"> <li>• Quality, value and impact of scientific evidence.</li> <li>• Potential impact on patient and provider experience.</li> <li>• Anticipated outcomes including, length of stay, readmission rate quality of life impacts and morbidity and mortality rates.</li> <li>• Acceptability of the intervention.</li> </ul> <p><b>Impact on efficiency and effectiveness</b></p> <ul style="list-style-type: none"> <li>• Potential impact of the new intervention on efficiency and effectiveness.</li> <li>• Cost-benefit analysis including operating costs, capital and equipment requirements, workforce requirements and any offsets or saving compared to current practice.</li> <li>• Opportunities for service reconfiguration with the introduction of the new health intervention, including potential savings or enhancements in service delivery through changes to practice or model of care.</li> <li>• Disinvestment opportunities.</li> </ul>
<p><b>Service Proposal</b></p> <p>Information on how the intervention will be introduced, including proposed target population, selection criteria and anticipated volume</p>	<ul style="list-style-type: none"> <li>• Mapping of the proposed patient pathway and care model.</li> <li>• Expected impact on other clinical and supportive services.</li> <li>• Safety requirements relating to the intervention’s introduction, including training and credentialing requirements, infection prevention and control.</li> <li>• Identification and review of any conflicts of interest and areas of potential bias – e.g., manufactures/supplier.</li> </ul>
<p><b>Monitoring and Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Planned approach to monitoring and evaluation.</li> </ul> <p>• <a href="#"><u>NSW Government Evaluation Guidelines</u></a></p>

## 2 Assess

It is recommended that each District/Network have a locally established process, with clearly defined governance, for the review, assessment, approval and oversight of the implementation of new health technologies. This may be a specialised committee established for the sole purpose of new health intervention assessment/evaluation, or an additional function of an established committee such as the Local Clinical Governance Committee.

The Committee may need to prioritise technologies for local review or adoption. The District/Network may wish to refer to the Ministry's [Prioritisation and Assessment Matrix](#) to assist with this process. The matrix is used by the Ministry to prioritise nominated technologies and may be adapted for local use.

Once the Committee has agreed to proceed with the introduction of a new intervention, it is recommended that final sign off be sought through the Districts/Networks Chief Executive or their delegate.

## 3 Service planning

The local committee overseeing the introduction of a new health intervention must ensure responsibility and accountability for the planning and implementation is assigned to a specific team. This team will be responsible for risk assessment and management. The implementation team are to regularly report progress of the introduction of the new intervention across the Districts/Networks to an executive sponsor.

The implementation team are to consider:

- Whether the role delineation of the service aligns to the requirements of the new health intervention.
- The impact that introduction of the new health intervention may have on the configuration of local service delivery and model of care.
- Funding allocation/reallocation strategies, including the identification of finances, disinvestment and savings opportunities.
- Access to adequate education and training for staff and/or identifying staff that are appropriately trained to use the new health intervention.
- Technology and infrastructure requirements, ensuring there are strategies for reviewing and facilitating any necessary changes or introduction of new fixtures and/or equipment.
- Development of clinical pathways and/or protocols which may include consent procedures, clinical protocols, patient referral requirements, approaches to transfer of care and follow-up and communication pathways with referrers including primary care.
- Development of appropriate consumer literature and information.
- When establishing a new service, or introducing a new intervention into an existing service, Districts/Networks are encouraged to consider opportunities for future publication of outcomes. Early applications to local ethics committees will enable

clinicians to effectively contribute to the national and international evidence base.

## 4 Risk assessment and management

The risk assessment and management process is integral when considering implementation of a new intervention, procedure or service and must be:

- Tailored to the specific activity and environment
- Transparent and inclusive
- Responsive to change
- Actively promoting continuous improvement
- Considerate of ethical, human, cultural and climate factors, in line with Statewide and local ethical processes as outlined in the NSW Health Guideline Human Research Ethics Committees - Quality Improvement & Ethical Review: A Practice Guide for NSW ([GL2007\\_20](#)).

To assist with this process, Districts/Networks can refer to the risk management process described in [AS/NZS ISO 31000:2018 Risk Management – Guidelines](#). These guidelines introduce the 11 principles of risk management and a generic framework for assessing, treating and prioritising risks and opportunities.

Any risk assessment conducted must be in line with the NSW Health Policy Directive Enterprise-wide Risk Management ([PD2022\\_023](#)).

## 5 Implementation

An implementation plan must be developed to direct the work of the implementation team. All stakeholders, including clinicians and managers, may inform the work of the implementation team to ensure that the safety and effectiveness of the intervention is maximised.

Any new risks that are identified during the implementation phase can be addressed through mitigation strategies developed by the implementation team.

## 6 Monitor and Evaluate

Program monitoring and evaluation must be undertaken to measure the impact of the new intervention across the four dimensions of value-based healthcare, including health outcomes that matter to patients, experiences of receiving care, experiences of providing care and effectiveness and efficiency of care<sup>1</sup>. The [NSW Government Program Evaluation Guidelines](#) are to be used to guide this process.

A monitoring and evaluation plan must be developed to guide implementation of the new health intervention and allow continuous assessment and optimisation of service delivery as required. The four dimensions of value-based healthcare must inform the evaluation approach and provide the basis for identifying the data collection requirements for monitoring and evaluation.

Process evaluation may identify opportunities for optimisation in the use of the new health intervention. Opportunities for optimisation could include additional education and training of

staff as well as assessment and review of the clinical scope of the intervention over time as the evidence and expertise regarding the use of the new health intervention develops.

Changes to practice must be endorsed by the local committee that originally assessed and approved the new intervention prior to any changes being applied.

Outcome evaluations can be used to measure the impact of the intervention against the four dimensions of value-based healthcare. It can be used to identify who the intervention benefits, to what extent and under what circumstances, and identify any unintended consequences.

New health technologies are to be subject to pre-specified stopping criteria agreed at the time of approval by the local assessment committee. The development of trigger incidents specifically related to the new health intervention may be of use as a part of this process. The director of clinical governance must be notified immediately if the stopping criteria are met. The decision to recommence the new health intervention may be based on the outcome of the incident/adverse event review investigation and with the approval of the chief executive.

<sup>1</sup> Value based healthcare. Available from: <https://www.health.nsw.gov.au/Value/Pages/about.aspx> [Accessed March 2022]