



UK EUnetHTA Newsletter

About EUnetHTA

The European network for HTA (EUnetHTA) is a three year project that aims to establish an effective and sustainable European network for HTA that informs policy decisions. Its two key strands are to develop an organisational framework and to develop practical tools to promote collaboration.

The project connects national and regional HTA agencies, research institutions and health ministries. There are 59 partners from 31 countries: 24 EU countries, Norway, Iceland and Switzerland, as well as four countries outside Europe (USA, Canada, Australia and Israel).

Health Technology Assessment exists to meet the needs of decision-makers and as long as healthcare is the responsibility of national governments, the EU's role in HTA will be limited. But with a huge amount of HTA activity going on across Europe, there is clearly a need for collaboration to reduce duplication and raise standards.

Co-financed by the European Commission and contributions from network members, the project runs from January 2006 until the end of

2008, with project results and future plans set to be presented at the EUnetHTA Conference in November 2008.

There have been important European HTA projects before; EUR-Assess, HTA Europe and ECHTA/ECAHI, however EUnetHTA aims to build a permanent collaboration: it is trying to shift European collaboration in HTA from project to mainstream.

EUnetHTA has a number of sub-projects, involving HTA groups from many different countries. These include work to develop a common approach to 'core HTA' information; the production of an adaptation toolkit; work to improve the interface between HTA and policy and help with the assessment of emerging technologies; and systems to encourage the development of HTA in places where it is new.



The UK team (l-r): Nick Hicks, Debbie Chase, Eleanor Bell, Jane Robertson, Ruairidh Milne

In the UK, the NCCHTA, the Centre for Reviews and Dissemination, the UK Cochrane Centre and the National Horizon Scanning Centre are all involved in the EUnetHTA project, with the NCCHTA leading the adaptation toolkit sub-project, working with nearly 30 different groups across Europe.

To find out more, visit www.eunethta.net. The NCCHTA is keen to share information about EUnetHTA with other groups working in HTA across the UK and the Republic of Ireland. Visit www.hta.ac.uk/links/eunethta.shtml or contact Eleanor Bell, e.bell@soton.ac.uk

EUnetHTA in the UK

Based in Southampton, the National Coordinating Centre for HTA (NCCHTA) is lead partner in the EUnetHTA sub-project known as Work Package 5 (WP5).

This is a partnership of 27 HTA agencies and networks across Europe. In the UK the team comprises Ruairidh Milne, Debbie Chase, Eleanor Bell, Jane Robertson, Claire Rosten and Nick Hicks.

WP5's objective is to ensure better use of existing European HTA reports by developing a toolkit and glossary to help HTA agencies adapt HTA

reports from other countries, regions or settings for their own use. The purpose of adaptation is to enable an HTA agency in one setting to make use of an HTA report produced elsewhere, saving time and money.

Over the past 18 months, WP5 members have worked together to develop the toolkit and glossary through a process of literature searching, Delphi surveying, consultation and members' meetings, drawing on the expertise and experience of people in the partnership.

The toolkit is composed of a series of checklists and resources which

address the relevance, reliability and transferability of data and information from existing reports. The glossary details explanations for HTA adaptation terms that may cause confusion and misunderstanding. The glossary is both a stand alone product and also forms part of the toolkit.

Both tools were launched at the HTAi conference in Barcelona this year. Further development is expected and the final versions of the toolkit and glossary will be available in December 2008.



EUnetHTA at DACEHTA By Julia Chamova and Marie Louise Bistrup



The Danish team (l-r): Finn Børlum Kristensen, Julia Chamova, Karin Engel Rasmussen, Camilla Palmhøj Nielsen, Kåre Hansen, Marie Louise Bistrup, Jørgen Eriksen, Malene Fabricius Jensen, Louise Hansen

Since 2005 the Danish Centre for HTA (DACEHTA) at the National Board of Health in Copenhagen has coordinated and supported the EUnetHTA project. Julia Chamova and Marie Louise Bistrup work full time on EUnetHTA and many others at DACEHTA are involved in the project.

Finn Børlum Kristensen, Director of DACEHTA, is leading the project work in the EUnetHTA Secretariat as well as in the EUnetHTA Executive and Steering Committees. Finn is a medical doctor and has experience of most aspects of HTA. He helped put HTA on the agenda for healthcare decision-making in Denmark and is enthusiastic about the achievements

of EUnetHTA and the prospects for use of the results in the future.

Julia Chamova is the full-time EUnetHTA project coordinator and manages the daily operation of EUnetHTA, planning Work Package 1 (WP1) activities, and communicating with the WP leaders and project partners. Julia was born in the Russian Federation, trained in business administration in the US (MBA), and has extensive experience in coordinating international HTA projects, formerly as network manager of INAHTA and international communications manager at SBU, Sweden.

Since May 2007 Marie Louise Bistrup has been the full-time research

assistant for EUnetHTA and is trained in public health (MPH) and health impact assessment. Marie Louise has several years experience working in EU-funded projects and has worked at the WHO Regional Office for Europe. Marie Louise primarily assists in ensuring the coherence of the content, terminology and direction of the project deliverables, and supports the content input of DACEHTA into WPs.

Other members of the team include Camilla Palmhøj Nielsen, who is trained in political science and organisation analysis. Camilla's focus is on WP6: HTA and Health Policy while also providing input to WP4 and WP5, in addition to her other work for Danish HTA and her PhD.

Malene Fabricius Jensen is the lead research librarian at the National Board of Health, and is involved in WP2, particularly information sharing and development of the clearing house. Jørgen Eriksen is a psychologist with an interest in the patient perspective and learning processes in organisations. Jørgen is assessing and using the WP5 adaptation toolkit in adapting foreign HTAs for Danish settings. Kåre Hansen is a Master of Science of Public Health specialising in quality assurance and quantitative expressions of health status and has been involved with WP4.

A view from Slovenia By Eva Turk, Institute of Public Health, Republic of Slovenia

Throughout its transition process Slovenia has had systems for delivering healthcare at the forefront of its attention, so health technology, especially its assessment, is at an embryonic level in Slovenia.

However, medical and pharmaceutical science and technology is constantly developing, and with growing needs in the population particularly in the fields of medical diagnostics, rehabilitation and therapy, there is a rising demand for new ways and methods of medical treatment.

These new challenges require not only skilled human resources, better premises and modern equipment,

but also additional financial resources, which are limited in the public sector by the gross domestic product and the share for healthcare and health programmes. The discrepancy between the need for new developments in medicine and their funding is constantly growing, so a continuous critical assessment of new methods of medical treatment as they are introduced is very important in Slovenia.

We have been involved in the EUnetHTA project for the past two years. With the support of EUnetHTA, the Institute of Public Health of the Republic of Slovenia organised a

stakeholder meeting where we tried to define the vision for development of HTA in our country and determine strategic goals and frameworks for the introduction of HTA.

Our involvement in WP8: Systems to support HTA in member states with limited institutionalisation of HTA, and WP5: Adapting HTA, has enabled us to accelerate the introduction of HTA in Slovenia.

The adaptation toolkit in particular is valuable for countries such as ours that are starting to produce HTA reports: rather than starting from scratch we have a sound basis of existing evidence to build on.