NSW Health New Technology Nomination Form

NSW Health invites Chief Executives of Local Health Districts/Specialty Health Networks and NSW Health pillars, and Deputy Secretaries of the Ministry to submit a ***New Technology Nomination*** for review by the NSW Health Technology and Specialised Services Committee.

Nominations are sought for health technologies with potential to significantly impact the NSW healthcare system and/or those that would benefit from further health technology review.

Please refer to [NSW Health Guideline *NSW Framework for New Health Technologies and Specialised Services*](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_012) for further information about the nomination process including technologies considered to be out of scope for review.

#### General requirements for nominations:

* All materials accompanying an application must comply with privacy and intellectual property principles and regulations
* Information identifying individual patients is not to form any part of the application
* Applicants understand that by submitting an application, all confidential, personal or proprietary information included are subject to the provisions of the [*Government Information (Public Access) Act 2009*](https://legislation.nsw.gov.au/view/html/inforce/current/act-2009-052)(NSW)
* Applicant must obtain manufacturer consent for information provided in applications submitted to NSW Ministry of Health
* Summary outcomes will be posted on the NSW Health Intranet new technologies site following approval by nominating chief executives.

#### Note:

* Nominations will only be accepted from the chief executive of a NSW Health pillar, district, network, or a Deputy Secretary NSW Ministry of Health.
* Nomination is the initial process in consideration of new technologies. If the nomination is prioritised for further consideration, more detailed information will be requested.
* If you have any further queries regarding the completion of this form, please email: [MOH-HealthTechNominations@health.nsw.gov.au](mailto:MOH-HealthTechNominations@health.nsw.gov.au)
* Please email completed nomination forms to:  
  [MOH-HealthTechNominations@health.nsw.gov.au](mailto:MOH-HealthTechNominations@health.nsw.gov.au).

1. **GENERAL INFORMATION**

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| **Nomination Contact** | |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Address** |  |
| **Phone number** |  |
| **Email address** |  |

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| --- | --- |
| **Clinical Contact** | |
| **Name** |  |
| **Position** |  |
| **Facility and Department** |  |
| **Phone number** |  |
| **Email address** |  |

1. **NOMINATED TECHNOLOGY**
   1. **Name of Health Technology for Review**

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* 1. **Purpose of Review**

*The health technology is being nominated to the Committee for consideration for the following reason/s (tick all that apply)*

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|  | potential for broad adoption of the technology |
|  | technology that is currently delivered at very low volume and would be appropriate for delivery at much greater volume |
|  | there are factors that elevate the new health technology out of local planning/budgeting capacity, such as specific specialised technical/ infrastructure requirements or significant financial investment |
|  | NSW nomination of the technology to HTRG for national review |
|  | technology likely to require service concentration for optimal service provision in NSW |
|  | current technology nominated for disinvestment or phasing down |
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* 1. **Technology Type** *(tick all that apply)*

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| --- | --- | --- | --- |
|  | implantable device |  | approved device for use outside approved use |
|  | medical or surgical procedure |  | device provided on a trial period by manufacturer |
|  | treatment or diagnostic |  | gene-based markers, therapies or diagnostic |

*Comments*

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* 1. **Is the Technology currently available to NSW Public Patients?**

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|  | Yes   * *summarise how the technology is being delivered*    + *i.e. special access scheme, clinical trial, non-clinical trial* * *current volumes and outcomes.* |  | No   * *summarise current availability and reasons why public access is not provided.* |
| *250 words max*   |  | | --- | |  | | | | | | |

* 1. **TGA Approved for the Specific Clinical Scenario?**

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| --- | --- | --- | --- | --- | --- |
|  | Yes   * *reference number* | |  | No   * *describe regulatory status, including anticipated timeframe for Therapeutic Goods Administration approval and  any international approvals* * *specify the condition(s) that will be treated by the technology* | |
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1. **New technology overview**

*Brief description of the new technology:*

* *target population and clinical indication*
* *comparator technology*
* *expected outcomes – this should include a discussion on the safety, efficacy and   
  cost-effectiveness of the new technology in comparison to the current standard of care*
* *results of local implementation*
* *impact of the technology on other services both short and long term.*

*500 words max*

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* 1. **Patient Population(s) and Projected Demand**

*Describe (as appropriate):*

* *incidence and prevalence in NSW of the target disease*
* *Years of Life Lost and Disability Adjusted Life Years*
* *patient catchment, demographic, population and* *patient selection criteria*
* *anticipated annual volume and 5-10 year growth projections.*

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1. **Literature and Evidence**

*Summarise available evidence using the modified PICO table below:*

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| --- | --- | --- | --- | --- |
| **Reference** | **Study Type** | **Population** | **Intervention and Control** | **Outcomes** |
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| **Analysis of ALL papers** (200 words max) |  | | | |

*Example*

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| **Reference** | **Study Type** | **Population** | **Intervention and Control** | **Outcomes** |
| Researcher et. al., A Journal 2018 | Double blind randomised controlled trial | Adults with metastatic small cell lung cancer | Guided ultrasound radiotherapy vs intraoperative radiotherapy | 5% reduction in absolute risk of  all-cause mortality over 10 years |
| **Analysis of ALL papers** (200 words max) | Provide a brief analysis of the quality of the available evidence in relation to the target population. This should take into account study limitations, inconsistency in results, bias, indirectness of evidence and overall results. Consider using an established method to assess quality of evidence such as NH&MRC and/or GRADE. | | | |

1. **Disinvestment and/or offset opportunities**

*Describe (as appropriate):*

* *opportunities for disinvestment/offset and/or system savings*
* *if the technology is in addition to or replacement of current technology*
* *impact on patient transfers between facilities.*

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1. **Financial and workforce implications**

*Describe (as appropriate):*

* *anticipated financial impact, including estimated annual operating costs (when fully operational), offsets, net recurrent impact and capital requirements*
* *opportunities for system efficiencies or cost savings*
* *support and training requirements*
* *time required per case and impact on staffing*
* *training requirements.*

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1. **Environmental impact**

*Describe (as appropriate):*

* *anticipated environmental impact of the technology*
* *opportunities to support NSW Health transition to a net zero health system (e.g. clean energy, energy efficiency, sustainable transportation, and water conservation).*

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1. **Risk assessment**

*Detail of your risk assessment and management plan*

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1. **Other**

*Provide or attach any additional information you would like considered*

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1. **Conflicts of Interest**

*List of conflicts (as appropriate)*

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1. **Sharing of information**

*The Ministry would like to share a summary of this emerging technology update on the New Health Technologies webpages; housed on the NSW Health Intranet. The purpose of this is to increase the knowledge in the system and to facilitate collaboration.*

*Following the assessment process the Ministry will draft a summary of the technology. The summary will not be shared without approval from the chief executive.*

*Final sign off for any content will sit with the Deputy Secretary, Strategy and Resources.*

*Circle approval*

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| **I consent / do not consent** to the Ministry sharing an approved summary of this update |

1. **NOMINEE’S DECLARATION**

*I confirm the accuracy of the above information and consider that the nomination meets the criteria for consideration through NSW Health’s new health technology evaluation processes.*

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Signed (Chief Executive/Deputy Secretary) Date

Email completed nomination form to: [MOH-HealthTechNominations@health.nsw.gov.au](mailto:MOH-HealthTechNominations@health.nsw.gov.au)