

TERMS OF REFERENCE

South Australian Policy Advisory Committee on Technology (SAPACT)

The South Australian Policy Advisory Committee on Technology (SAPACT) is an expert advisory committee of the South Australian Department for Health and Wellbeing (SA DHW) providing state-wide governance, policy advice and evidence-based analysis regarding the safe and cost-effective use of new and emerging as well as existing health technologies.

1 Role

The SAPACT oversees state-wide governance for health technology assessment (HTA), undertakes evidence-based analysis and provides policy advice and recommendations in relation to the safety, clinical-effectiveness and the cost-effectiveness of new and existing health technologies across SA Health.

Through a systematic and integrated approach, the aim is to promote equity of access to treatment innovations in line with clinical service planning, workforce developments and efficient use of resources within the South Australian Public Health System.

2 Reporting

The SAPACT reports to the SA Health Chief Executive Council through the System Leadership & Design Division. SAPACT receives technology application referrals and enquiries from Clinicians, Local Health Network (LHN) New Technology Committees, Clinical Networks, SA Health Procurement and other SA Health expert clinical groups.

3 Scope

Health technology considered by SAPACT comprises diagnostic and treatment interventions including diagnostic tests, prostheses, implantable devices and medical and surgical procedures for health technologies not already subject to assessment via other pathways (e.g. the medicines, biomedical engineering, pathology, radiology or blood and tissue product assessment pathways) and :

- For which predicted health system expenditure is:
 - \geq \$100,000 for a LHN per year; or
 - \geq \$300,000 within the SA public health system per year;
- Where the technology is Therapeutic Goods Administration (TGA) Class III high-risk, regardless of anticipated expenditure associated with its introduction.
- Or where there is potential for system-wide efficiency or quality benefits from a statewide approach to technology implementation.

High-volume low-cost health technologies are exempt from statewide assessment and are encompassed in other South Australian procurement and assessment process.

4 Goals

- 4.1 To ensure cost-effective technologies which enhance quality patient outcomes and support clinicians to provide high-quality innovative health care; are introduced in a timely, safe and efficient manner.
- 4.2 To ensure processes integrate well with:
 - clinical service planning and provision
 - credentialing and scope of clinical practice processes;
 - human ethics approval processes; and



- procurement processes.
- 4.3 To assist in the implementation and transition to new technology and the retirement of obsolete technologies through providing expert advice and consultation.
 - 4.4 To promote equity of access to health technologies throughout the South Australian public health system; and to advise the SA DHW on the impact of new health technologies.

5 Terms of Reference

The terms of reference for SAPACT are to:

- 5.1 Develop a statewide governance model for health technology assessment which is based on best practice and is timely and transparent with respect to decision-making and scope of responsibility.
- 5.2 Receive technology application referrals and enquiries from clinicians, LHN New Technology Committees, Clinical Networks and other SA Health expert clinical groups.
- 5.3 Provide SAPACT Advisory Recommendations to the Department of Health regarding the identification, prioritisation, evaluation and introduction of new and existing health technologies.
- 5.4 Facilitate the development, consultation and distribution of policy, position statements, best practice standards, guidelines and other resources for technology assessment and use in South Australia based on scientific knowledge of safety, clinical-effectiveness and cost-effectiveness;
- 5.5 Ensure clinical staff are consulted, engaged and empowered in HTA processes and decision-making.
- 5.6 Provide advice to the SA DHW on the impact of new technologies on clinical service planning and provision to improve the efficiency and effectiveness of the delivery of services for SA Health.
- 5.7 Ensure equity of access guides decisions and recommendations in relation to the adoption of or support for new technologies.
- 5.8 Network with international, national and interstate health technology advisory groups and agencies and assist SA Health to integrate local processes with national mechanisms and assessment processes.
- 5.9 Horizon scan for new technologies and provide advice to SA Health on future upcoming technologies that may have demand and cost influences on health delivery and assist in identification of opportunities to optimise the use of technology and prioritise investment.
- 5.10 Liaise with relevant SA Health committees that have a remit in promoting and/or assessing health technologies including SA Health Biomedical Engineering Service (SA BME), Procurement Product Standardisation Committee, SA Medical Imaging (SAMI), SA Pathology to promote alignment and consistency where appropriate.

6 Criteria for Assessment

The SAPACT will form deliberations according to the following principles:

- 6.1 the technology improves health outcomes, with the benefits out-weighing the risks;
- 6.2 the technology is at least as beneficial and cost-effective as current treatment options;
- 6.3 recommendations support equity of access;
- 6.4 introduction of the new technology and service planning is informed by evidence-based analysis and cost-effectiveness;
- 6.5 appropriate institutional committees approve technology for use;
- 6.6 whether the technology meets all relevant government approved standards, approval processes and regulatory requirements;
- 6.7 ethics procedures and patient information and informed consent are in place in order to protect patients, clinicians and the community;

- 6.8 trained and appropriately credentialed staff are involved in the introduction of the new technology;
- 6.9 risk management procedures are in place; and
- 6.10 conflicts of interest between the provider and health technology supplier are managed appropriately.

7 Membership

The SAPACT is a multidisciplinary expert group comprised of key health technology stakeholders and clinical and technical experts, including:

- > A nominee by the Chief Executive Officer (CEO) from each LHN
- > The South Australian Member of the Commonwealth Medical Services Advisory Committee;
- > Member of the AHMAC Health Technology Reference Group or equivalent;
- > Senior clinicians with an interest and experience in health technology use;
- > Members with expertise in Health Economics, HTA, Medical Ethics and/or Epidemiology;
- > Director, Medicines and Technology Programs, SA Health, or nominee;
- > Manager, HTA Program, SA Health
- > A representative from Health System Performance, SA Health;
- > A representative (observer) from Procurement and Supply Chain Management, SA Health;
- > A nominee from Planning and Clinical Commissioning
- > Consumer representative(s).

Membership of SAPACT should be broad ranging and include representation from across different specialities (preferably encompassing different LHNs and clinical networks). SAPACT may co-opt additional members for specialist expertise and advice and/or from Working Groups, as required.

7.1 Appointments

The Chairperson and members are invited and appointed by the Chief Executive of the SA DHW or their delegate. SAPACT will recommend a nominee(s) for any vacant position that arises, for appointment by the Chief Executive, or their delegate.

Guest speakers shall be invited as necessary.

7.2 Length of membership

The initial term of membership for committee members is three years. Membership will be revised by SAPACT and the Chief Executive of the SA DHW or their delegate in line with continuing directions for the group.

7.3 Temporary Vacancies

Temporary vacancies may be filled at the discretion of the Chairperson.

7.4 Subcommittees and working groups

SAPACT may elect to form standing subcommittees or working groups as required.

8 Secretariat

The Medicines and Technology Programs Branch within the SA DHW provides an Executive Officer (Manager, HTA Program) who undertakes the secretariat function and coordination of SAPACT's activities.

The SAPACT Executive Officer shall be an *ex-officio* member of the committee. The Executive Officer shall be a member of the Executive Government of South Australia.

Officer shall be entitled to receive notice of and to attend meetings, and be heard at such meetings, but not entitled to vote. The Executive Officer shall act as Committee Secretary and record and prepare minutes of meetings. The Committee shall delegate the day-to-day functions of the committee to the Executive Officer who shall report regularly to the Director MTP and the Chairperson.

9 Reporting arrangements

The SAPACT Chairperson is responsible to the SA DHW and formally reports on performance to SA Health Executives *via* the Medicines and Technology Programs Branch, System Leadership & Design Division. Ministerial correspondence will also be prepared as appropriate. An annual report outlining the activities and outcomes of the committee's deliberations will be submitted yearly.

10 Funding

Recurrent funding is provided by the SA DHW to support the Secretariat.

11 Proceedings at meetings

11.1 Regular Meetings

SAPACT meets five times a year, or as determined by the Secretariat and meetings typically last two to three hours. A schedule of meetings is prepared by the Executive Officer for each new calendar year, and tabled for adoption at the last meeting of the preceding year. Members will be advised by the Executive Officer at least seven days in advance of a scheduled meeting of any variation from the approved schedule.

11.2 Other meetings

Additional meetings may be summoned, or scheduled meetings may be cancelled, deferred or rescheduled at the discretion of the SAPACT Chairperson. Members will be advised in advance by the Executive Officer of any variation from the approved schedule.

11.3 Attendance

Members should table an apology if unable to attend meetings. Attendance by a proxy is at the discretion of the Chairperson and it is expected that SAPACT members attend in person at least half of the SAPACT meetings for each calendar year (i.e. at least three meetings).

11.4 Access

SAPACT meetings are restricted to committee members and their proxies, sub-committee Chairpersons (or their proxy), invited guests and committee (including subcommittee) support staff. A standing invitation applies to the Chairpersons and Network Managers of the Statewide Clinical Networks to attend SAPACT meetings in a non-voting capacity.

11.5 Conflicts of Interest

Each member of SAPACT and any sub-committees or working groups shall abide by the *Code of Ethics for South Australian Public Sector* and declare any potential conflict or duality of interest in matters of concern to the committee (or sub-committee). SAPACT members shall:

- > complete and sign a Declaration of Potential Conflicts of Interest at the beginning of every meeting;
- > alert the Chairperson of any other potential conflicts of interest that may arise during the course of a meeting.

Invited guests or attendees shall complete and sign a Declaration of Potential Conflicts of Interest at the commencement of any meeting attended.

Where a potential conflict of interest has been declared, the Chairperson shall determine how to proceed and advise the meeting accordingly.

11.6 Quorum

The quorum exists when half the members are present, including the Chairperson. If a meeting of members does not have a quorum within twenty minutes after the commencement time for the meeting, the meeting may proceed informally or be adjourned to a date and time determined by the Chairperson.

11.7 Chairing of Meeting

The Chairperson may nominate an Acting Chairperson from the membership, or if no arrangement has been made, an Acting Chairperson may be chosen by those members present to permit the work of the Committee to continue in the Chairperson's absence.

11.8 Resolutions

Resolutions are reached by a majority of members present. A resolution made while a meeting is proceeding informally (see 8.6) shall not be final but will require to be confirmed by a later meeting at which a quorum is present.

11.9 Voting

In case of an equality of votes, the Chairperson shall have a casting vote, which shall be cast in favour of the *status quo ante*. The Chairperson may call for a vote on any matter requiring resolution, and may have the vote taken again if in doubt as to the result, or to have the vote counted. Voting will normally be by voice or show of hands, but may be by secret ballot if requested by any member. Members must be present when a question is completely put to be eligible to vote.

11.10 Out-of-session Resolutions

To resolve some matters in a timely manner, the Chairperson may elect to determine the committee's position by way of out-of-session vote. A written proposal(s) will be circulated to members, usually by email and a time and date will be specified for responses to be returned. A resolution shall only be made if there is a 70 per cent engagement/return with a 50 per cent margin/support from the responding members. Voting will be valid only if a minimum of five members respond. In case of an equality of votes, the Chairperson has a casting vote, or the Chairperson may elect to defer the matter for full discussion at the next regular meeting. Members will be advised promptly of the outcome of any out-of-session resolutions.

12 Agenda and Minutes

12.1 Agenda

Preparation of the Agenda for each meeting shall be prepared by the Executive Officer and Chairperson. Any member may submit items of business to be placed on the agenda. The Agenda of regular meetings shall include business requiring discussion or action, including new and unfinished business, subcommittee reports including Minutes and other information, any other business, correspondence, and other items for information or noting. The Agenda for regular meetings shall be made available to members by e-mail at least seven days before each meeting.

Copies of all documents associated with a meeting shall accompany the Agenda or be tabled at the meeting. Documents for information or noting may be circulated to members upon receipt and in advance of a meeting, to be noted during the proceeding of a meeting.

12.2 Minutes

Draft minutes shall be distributed to members no later than ten working days after the meeting

where they were recorded. Minutes must include the date, time and place of meeting. Details of attendance and apologies must be recorded accurately. Items will be written in the order in which they appear in the Agenda, irrespective of the order in which they were discussed during a meeting.

Resolutions shall be recorded accurately and numbered sequentially for each calendar year. Any actions to be taken shall also be recorded, together with the initials of the member(s) responsible for completing the action.

Minutes shall be confirmed at the next scheduled SAPACT meeting with a quorum, and shall be signed by the Chairperson and filed in the record of SAPACT Minutes and confirmed minutes are published on the SA DHW website.

Minutes of all Committee meetings will be recorded and kept at the SAPACT office. Other SAPACT documents, except accounting records will be maintained at the SAPACT office. Accounting records will be kept with the host organisation.

13 Communication

Usually, committee correspondence will be by electronic means. A database of members' contact details shall be maintained by the Executive Officer.

14 Confidentiality

Non-ratified working documents or papers marked 'confidential' are for the exclusive use of the SAPACT members and are not to be copied or circulated unless authorisation is provided by the secretariat.

15 Annual Report

The Chairperson shall prepare an Annual Report with the assistance of the Executive Officer, which shall be provided to SA Health Chief Executive Council and published on the SA Health website.

16 Review

The committee shall review its performance and terms of reference annually.

[For more information](#)

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