Special Commission of Inquiry into Healthcare Funding

Statement of Olivia Hibbitt

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1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

2. This statement is provided in response to a letter of 23 May 2024 issued to the Crown Solicitor's Office and addresses the topics set out in that letter relevant to my role.

A. Introduction

3. I am the Director, Specialty Service and Technology Evaluation Unit (**SSTEU**) of the NSW Ministry of Health (**the Ministry**). A copy of my curriculum vitae is at **Exhibit A**.

4. In this role, I am responsible for managing statewide policy and implementation of new health technologies and supra-local health district (**LHD**) services, including:

   a. Managing enquiries received from LHDs and Specialty Health Networks (**SHNs**), Pillars and agencies, commercial providers, Ministerial requests, and interjurisdictional colleagues including the Commonwealth, regarding specialty services and technology evaluation,

   b. Liaising with NSW Health staff who need assistance and advice with new technologies,

   c. Collaborating with bodies such as the Agency for Clinical Innovation (**ACI**), and NSW Office for Health and Medical Research (**OHMR**) in relation to specialty services and technology evaluation,

   d. Engaging with LHDs, SHNs, pillars and agencies regarding their issues with technology evaluation and supra-LHD services,

   e. Engaging external suppliers of professional services to perform technology evaluations for the NSW Health system,

f. Being a member of NSW Health New Health Technologies and Specialised Services Committee (**NTASS**), the NSW Genomics Strategy Steering Committee, the NSW Statewide Stroke Steering Committee, Co-Chair of NSW Genomics Translation, Service Delivery and Workforce Development Committee, and one of the two NSW representatives on the National Health Technology and Genomics Collaboration.

5. The Ministry is responsible for system-wide planning of health services. The SSTEU has oversight of two aspects of this responsibility: management and oversight of supra-LHD services listed in the Service Agreement between the Ministry of Health and the LHDs, and statewide new health technology processes where a technology has potential statewide significance and broad application. Examples of these types of technologies include the NSW Telestroke Service and new and emerging cell and gene therapies. SSTEU uses a broad, internationally accepted definition of new health technology which includes "interventions that substantially change the way care is delivered. They may take the form of a new test, device, therapy, or program".

6. In the SSTEU there are ten staff. The team is split into three areas:

a. oversight of new health technologies,

b. oversight of supra-LHD services and other services that sit within the unit's remit such as radiation therapy,

c. oversight of implementation of the NSW Genomics Strategy and the precision medicine strategic outcomes in the NSW Future Health Strategy.

7. The SSTEU also provides secretariat for the Nationally Funded Centres (NFC) Program, and oversight of the NSW Guide to Role Delineation of Clinical Services.

B. Identification, Development & Implementation of Technology Innovations

8. The SSTEU covers all technology, and we rely on advice and submissions from the NSW health system through the NTASS. NTASS has strategic oversight of new health technologies and supra-LHD services. The Committee is chaired by Deputy Secretary, Health System Strategy and Patient Experience Deb Willcox. Current terms of reference are at **Exhibit B**.

9. The SSTEU has a role in identification of new technologies, and conducts some horizon scanning for emerging health technologies, but this typically occurs within 1-3 years of expected market access and is focused on improving health system readiness through

statewide service planning. Clinical experts in their respective fields are a reliable source to inform the Ministry when there are new technologies under development and that have potential to impact the health system. This approach is taken because of the breadth and complexity of healthcare.

10. The SSTEU also provides advice and support for clinical, research and LHD teams developing a new technology. We work with the OHMR and the ACI to help inform the system on how best to design research projects to collect data and outcome measures that will best inform investment decision-making processes in central agency (for example, Patient-Reported Outcome Measures (PROMs), patient experience, and economic outcomes).

11. Generally, new technologies are implemented either through a Ministry or system-led approach. System-led approaches refer to new technologies that have been developed within the NSW Health system. A key recent example is the NSW Telestroke Service which is discussed in detail at paragraph 37.

12. A Ministry-led approach may be employed where processes external to NSW Health have identified new technologies, or when the Ministry identifies an unmet clinical need. Examples of a Ministry-led approach include our approach to cell and gene therapies, and the Transcatheter Aortic Valve Implantation Supra-LHD Service.

13. Cell and gene therapies are emerging highly specialised therapies. Cell therapies, of which immune-effector cell (**IEC**) therapies are the predominant commercial therapy currently, use a patient's own blood cells to target and kill cancer cells. They do this though a process of removing blood cells from a patient and transforming them so they have a new receptor on the cell surface that can bind to cancer cells. These cells are then reinfused into the patient. Currently available IEC therapies target blood cancers.

14. Gene therapies treat genetic conditions. These are conditions where a genetic mutation has affected the way a cell or organ in the body functions. Gene therapy provides a working copy of the faulty gene to allow the cell or organ to regain function. This is mostly achieved by using inactivated viruses to deliver small fragments of genetic material.

15. Commercial cell and gene therapies are very high-cost therapies. Availability of these therapies in NSW is driven via sponsor (multinational companies coming into the market) applications to the Commonwealth ranging up to half a million to a million dollars per treatment.

16. NSW led the development of a framework for implementation of highly specialised therapies. A copy of the April 2024 *Framework for the assessment, funding and implementation of high cost, highly specialised therapies and services* is at **Exhibit C.**

17. Under the Addendum to the National Health Reform Agreement (**NHRA**) 2020-2025 (SCI.0001.0024.0001), cell and gene therapies are considered highly specialised therapies and are subject to different evaluation and funding than other services or therapies. Unlike other medicines, these therapies are assessed by the Medical Services Advisory Committee (**MSAC**, a Commonwealth Government committee advising the Federal Health Minister). States and Territories have an opportunity to provide submissions to the MSAC. MSAC makes recommendations for public funding to the Commonwealth Health Minister as the sole decision-maker. Therapies which are evaluated under the NHRA clause are co-funded by the Commonwealth (50%) and States and Territories (50%).

18. Since 2020, there have been several therapies which have received positive recommendations from MSAC and implemented in NSW. To implement these therapies statewide, several steps needed to be completed. As highly specialised therapies with small populations of patients, they require a highly skilled workforce and significant administrative oversight. The NTASS recommended these therapies be implemented as supra-LHD services. With the support of ACI and OHMR, sites were identified through an open expression of interest. Implementation of IEC therapy services were led by ACI with oversight of the Cell and Gene Therapies Expert Advisory Group which reports to NTASS. Implementation of these therapies warrants significant legal discussions between Ministry and multinational pharmaceutical sponsors.

19. In 2020, the NSW transcatheter aortic valve implantation (**TAVI**) supra-LHD service was established. TAVI is used to replace aortic valves in patients who have severe, symptomatic aortic stenosis. Valve replacement traditionally is performed through surgery. In a TAVI procedure, an artificial aortic valve is delivered to the heart through a thin tube inserted into an artery of the patient and guided to the heart with a wire. The TAVI service was established with a dual purpose. Firstly, to provide TAVI procedures for patients with aortic stenosis who are considered at high risk for complications from surgical aortic valve replacement. The second purpose was to address inequity in access to TAVI in NSW. The Strategic Investment and Analysis Unit within the Strategic Reform and Planning Branch at the Ministry analysed available data which showed a significant proportion of procedures were performed at a limited number (3) of high-volume sites.

Whilst some patients receiving TAVI resided outside districts with TAVI services, the majority of patients were from LHDs where TAVI sites operated. This meant limited availability for patients in regional and remote LHDs. The NTASS recommended TAVI be established as a supra-LHD service to support equity of access for patients living in regional and remote LHDs and to provide TAVI to high-risk patients who would otherwise not be treated. In March 2020, eight TAVI sites in NSW were selected to be host sites following an open expression of interest process and independent review of the submissions by an external consultant.

20. The NSW TAVI service continues to operate as a supra-LHD service at eight sites. There has been an increasing volume of TAVI procedures performed in NSW with 675 procedures projected to be completed this financial year. Establishment of the TAVI service was initially overseen by an Expert Advisory Group made up of representatives from all eight TAVI sites nominated by their LHD. Following successful implementation, the group transitioned to ACI as a clinical practice group tasked with identifying opportunities for service improvement.

C. System for Evaluating Technical Innovations

21. The NSW Guideline for New Health Technologies and Specialised Services outlines the process for evaluation, implementation, and monitoring of new health technologies in NSW. The 2022 version of the guideline is at MOH.0001.0343.0001, and the updated June 2024 version is being finalised pending Ministerial approval. The relevant changes between the two versions are:

    a. Clearer eligibility criteria for new or emerging health technologies that should be referred to the Ministry for consideration.

    b. A streamlined pathway for health technologies to be established as routine clinical practice and embedded in the health system.

    c. Expanding the single category of 'supra-LHD services' in the Service Agreement to four categories: Critical and specialist care, Transplant services, Strategic infrastructure, and Implementation of new health technologies.

    d. A small number of services that do not meet requirements will transition to local oversight.

22. For many technologies, this process will adequately be managed by local teams in LHDs and SHNs. LHDs, SHNs, Pillars and Agencies are able to submit new technologies to NTASS if a new technology requires centralised planning, governance, purchasing, oversight, evaluation and/or monitoring across NSW. The role of SSTEU is to coordinate and assess submissions for consideration by NTASS.

23. NTASS makes a range of recommendations which could be:

    a. a request for further evaluation such as through a health technology assessment,

    b. the technology continues to be assessed locally to gather more data on safety, efficacy, and cost effectiveness,

    c. development of the new technology to cease,

    d. referral to other areas of NSW Health for implementation and support depending on the technology (for example, referral to ACI for further work or development of new models of care, or referral to OHMR for further support for research),

    e. the technology is ready for statewide adoption as:

        i. a supra-LHD service and subject to centralised planning, or

        ii. through dissemination of policy advice to the system to provide LHDs and SHNs with the choice to locally evaluate and implement if the technology would be of benefit to their local population.

24. Disputes on the outcome of NTASS recommendations would usually come via SSTEU to address. There are multiple other avenues used to raise disputes, including communication through LHD or SHN executive to Ministry, representations to the Minister, and / or resubmission of technologies for NTASS consideration.

25. The SSTEU is adequately resourced to deal with technologies of statewide significance and the relevant oversight of these issues.

26. The SSTEU is not resourced to have oversight of other local technologies, nor would taking that role have a positive impact on the system. Requiring central oversight of local development and implementation of new health technology would add bureaucracy where it is not needed and may stifle local innovation or local service development. This is largely due to the fact that technology evaluation takes time, and with limited resources

in SSTEU, there would be long lead-times before technologies could be prioritised and assessed. LHDs and SHNs have processes internally to manage implementation and support innovation. The updated NSW Guideline for New Health Technologies and Specialised Services also outlines processes to support local health technology assessment processes.

27. The SSTEU does accept submissions for technology innovations that do not hold statewide significance but may be viable for sharing across LHDs. For these innovations, the SSTEU provides assistance and support where requested. For example, NTASS received a submission from a regional LHD for a novel approach to targeting breast cancer tumours prior to surgery. This technology was not of statewide significance, but there were benefits, particularly for smaller regional sites to improve patient flow and enhance patient experience. The SSTEU assisted by linking the LHD with support from the Cancer Institute NSW and through dissemination of the new technology.

28. The SSTEU has close relationships with other areas of the health system that support development of new technologies, such as OHMR and ACI. SSTEU differs from ACI as the SSTEU is not resourced to support implementation at the site level which ACI achieves through their extensive clinical networks. The separation of SSTEU from clinical implementation is essential to ensure the SSTEU maintains independence. This is important as SSTEU needs to ensure there is no perceived or actual bias in our advice to NTASS, or through the technology evaluations that are managed by the unit.

D. Processes for Assessment and Approval

29. Technology assessments are very resource intensive and take time, usually around 6 to 9 months. The process involves procuring an external agency with strong academic expertise in performing systematic evidence reviews and technology evaluations. Most evaluations require external parties to ensure independence. However, SSTEU will establish and facilitate Expert Advisory Groups to inform the review. These groups are comprised of clinical experts nominated by LHDs and SHNs and are tasked with developing research questions and reviewing the process and outcomes of the evaluation.

30. All Expert Advisory Groups have representation from ACI who contribute to the design of technology assessments. ACI provide a valuable service performing evidence checks for the system, however the Ministry does not commission ACI to perform technology assessments. This is because of the need for independence and a highly specialised

skill set. It would be unusual nationally and internationally for an internal organisation whose key role is supporting innovation to also perform technology assessments that are used for investment decision-making. The agencies engaged by SSTEU to complete technology assessments also provide this service to the Commonwealth Government health technology assessment activities through the MSAC and the Pharmaceutical Benefits Advisory Committee. They use gold standard methods and are highly respected in the field.

31. The SSTEU is not involved in regulation of health technologies. Regulation for all health technologies in Australia is a responsibility of the Commonwealth Government through the Therapeutic Goods Administration.

32. To measure costs against benefits, SSTEU use various methodologies depending on the type of technology, the stage of development, and the information required for investment. All methods have strengths and weaknesses. The gold standard for this type of assessment is cost utility or cost effectiveness. This is used by MSAC in their assessments and usually involves a comparison of the costs and outcomes of a new technology compared to an existing technology. The outcomes are often measured in quality-adjusted life years. From a State perspective, this method has a disadvantage in that it may not provide sufficient allowance for determination of opportunity cost, which is an important part of conducting an economic analysis. For many new technologies, a cost-benefit analysis may be performed, however the benefits in these analyses need to be monetised, which also raises challenges when benefits are improvements in patient experience or patient outcomes rather than efficiencies to the health system. In many cases, if the evidence shows that the technology is clinically effective, we may not assess the cost effectiveness. Many technologies may never demonstrate a cost benefit but provide tangible benefits to patients, so the value of improved patient health and quality of life takes precedence over economic considerations.

33. Technology assessment relies on peer-reviewed, published literature. Often this evidence base for new technologies is very immature. There may be limited studies performed, or studies may be very small without comparators, which makes extrapolation of results to the NSW Health system challenging. Often the types of studies being performed, and the outcomes measured are not sufficient to support decision making. For example, SSTEU recently completed evidence reviews on the use of robot-assisted surgery, which found very limited high-quality evidence of patient-relevant outcomes. Many studies focused on, for example, peri-operative outcomes such as operating time and blood loss, and surrogate measures of long-term benefit such as surgical margins.

There was little to no measurement of progression free survival, return to work, patient reported outcomes, or patient or clinician experience. This does not mean that robot-assisted surgery does not provide benefit in all these areas, but as a system we must base investment decisions on high quality peer-reviewed, published evidence.

34. Where the evidence does not indicate better patient outcomes, it is not recommended for statewide adoption. A facility may however use their general funds to obtain the technology, as is the case for several LHDs with robot-assisted surgery.

E. Funding Arrangements and Prioritisation

35. The approach to funding arrangements for any new technology that NTASS has recommended for statewide adoption will depend on the materiality of the investment required. Most new funding arrangements are managed through the annual service level agreement negotiation between the Ministry and the LHDs and SHNs, but there are occasions where additional funds are required.

36. If it is a new activity requiring significant additional funding that cannot be managed from within the annual NSW Health allocation, there is a process to request additional funds from NSW Treasury via the New Policy Proposal (**NPP**) process. This would usually involve several teams across the Ministry. For example, implementation of the new cell and gene therapies supra-LHD services required significant additional funding. SSTEU worked with the Activity Based Management Team, Finance Branch at the Ministry, and sought input from ACI and clinical services to develop the proposal. The Ministry was successful in securing NSW Treasury support for funding, and now receive $25 million in State funding, and $25 million in Commonwealth funding annually.

37. An example of a system led approach can be shown by ACI's lead on the NSW Telestroke Service. The service is an expansion of the pilot project that had been operating in the Hunter New England LHD, Central Coast LHD and Mid North Coast LHD since 2017. The sites came to the Ministry for scale-up when the outcomes from the initial pilot were positive. Implementation of the Telestroke Service required multi-agency involvement from ACI, eHealth NSW, NSW Ambulance, South Eastern Sydney Local Health District (as the host of the service), and regional local health districts as referring sites. The Ministry played a coordinating role in the development and implementation of the service, which included establishing the Statewide Stroke Steering Committee. Of the total funding provided, Ministry received $21 million over four years to implement Telestroke. These funds were managed centrally by SSTEU and disbursed to partner

agencies to fund equipment, training, staffing, the development of models of care, and service evaluation. The Telestroke Service is now fully implemented and managed by Prince of Wales Hospital as a supra-LHD service. The Telestroke Service receives bilateral funding from NSW and Commonwealth Governments.

38. Another example is the high-risk TAVI service, which received $21.6 million over four years in additional funding from the NSW Government (announced in the 2021 state budget). It is now funded via additional activity purchasing during the annual service agreement negotiations. The approach to activity purchasing for the high-risk TAVI supra-LHD service aims to achieve two objectives:

    a. Support emerging services with additional activity to help them work towards full accreditation, noting that this process may take several years.

    b. Provide additional activity to established services to provide TAVI to high-risk patients from regional and rural NSW to support equity of access.

39. The SSTEU works in collaboration with the Activity Based Management Unit at the Ministry should a new health technology require submission to the Independent Health and Aged Care Pricing Authority (**IHACPA**) via their new technologies process. This is to fast-track the establishment of hospital-based funding mechanisms when the activity-based funding classification systems require updating to reflect changes to clinical practice or new models of care.

F. Future Planning

40. Future planning for new health technologies could arise from various sources. SSTEU may get notification from the health system (for example, Clinical experts, ACI and other Pillars and Agencies) that a new technology is coming, and SSTEU also undertake reviews and engage in service planning. In some instances, the State is subject to external processes as is the case with cell and gene therapies. This can be very challenging as it is sponsor-driven and often product pipelines are closely held, so forward planning is not possible.

41. On occasion, SSTEU performs horizon scans on targeted areas where we think there may be a significant impact on health services in the short term. SSTEU uses the nationally accepted definition of horizon scanning. This is defined as the systematic identification of health technologies that are new, emerging, or becoming obsolete and that have the potential to affect health, health services and/or society. Horizon scanning

is an academic field that is designed to help health systems prepare for technologies that will be impactful in some way.

42. There are many ways to conduct horizon scanning. Some practices involve high-level searches of published literature, clinical trials databases and/or industry publications and market scans, to identify new and emerging innovations without an assessment of the impact those outputs are likely to have on health systems. These types of horizonscanning activities are completed in many areas of government and non-government sectors and can be beneficial as they offer valuable insights in a timely manner to ensure organisations stay broadly informed. SSTEU however, requires a more comprehensive and evidence-based analysis of potential impacts on health services to support long term strategic service planning.

43. A recent example is the inclusion of a horizon scan as part of a piece of work to plan for the cell and gene therapy supra-LHD services. The horizon scan was used to assess what new therapies may be seeking market access in Australia over the next three to five years. This was then used to develop activity projections and options for future service expansion.

44. Another recent example was a horizon scan to look at emerging technologies for pre-hospital diagnosis and treatment of stroke. SSTEU had been coordinating an initiative to build a stroke ambulance which would have operated as a metro-Sydney site of the NSW Telestroke Service. There are several stroke ambulance initiatives worldwide. The NSW initiative differed from these projects in that the ambulance would have been equipped with a hospital-grade CT-perfusion scanner to allow accurate diagnosis of strokes that would respond to thrombolysis (clot-busting) medication and allow treatment in the ambulance by a stroke nurse under the guidance of a Telestroke neurologist. Unfortunately, through the planning and build stages, multiple challenges were identified such as physical limitations (size of the ambulance, width of streets) that indicated a stroke ambulance may not be a feasible option for metropolitan Sydney. In light of these issues, the Statewide Stroke Steering Committee recommended that a working group be established to investigate other opportunities to improve stroke care in NSW. As part of this work, SSTEU commissioned an academic organisation to perform a horizon scan looking at mobile technologies being developed to facilitate pre-hospital diagnosis and treatment, in particular, technologies that are able to differentiate between haemorrhagic and ischaemic stroke. This was deemed important as this differentiation must occur to enable diagnosis and treatment pre-hospital. This organisation systematically searched the literature and research trials, before undertaking an assessment of the likely impact

of any identified technologies in the next 2 to 5 years. While there are a few promising technologies under development, ultimately, the organisation deemed these were not likely to have a significant impact in the short term. ACI then undertook a needs analysis to look at other opportunities to improve stroke care and coordination across the State. Several key initiatives were identified and approved by the Statewide Stroke Steering Committee. SSTEU continues to collaborate closely with ACI on planning and implementation of these initiatives.

45. Horizon scanning and future health planning nationally was previously facilitated by HealthPACT which transitioned to the Health Technology Reference Group which sat under the Australian Health Ministers Advisory Committee (**AHMAC**). This body and all subcommittees were dissolved several years ago under the former Federal Government. SSTEU has maintained relationships with the Commonwealth and jurisdictional counterparts working in health technology. SSTEU meets fortnightly with our jurisdictional colleagues from all other States and Territories. This meeting facilitates an informal process to share information and outcomes of technology assessments. However, we have lost the advantage of the data pooling across the nation that AHMAC provided. The Health Technology and Genomics Collaboration, which has been established under the Health Chief Executives Forum will eventually have this function. However, this group, which SSTEU sits on, has not yet progressed work to establish nationally consistent approaches to technology assessment and horizon scanning. SSTEU continues to advocate for this work to be prioritised.

46. SSTEU has a limited role in relation to virtual care, such as remote monitoring. Virtual care is generally managed through the Ministry's System Management Branch. Where SSTEU does have a role in virtual care is where it would be a major component of a supra-LHD service (for example, Telestroke, or remote monitoring to support outpatient care for IEC therapies). Any assessment and implementation would be done in close collaboration with System Management Branch.

G. Roles and Responsibilities of Pillars

47. In relation to technological innovations, SSTEU works with the Pillars most applicable to the technology at hand. For example, there was a lot of attention around 3D printing previously, and so SSTEU utilised the Clinical Excellence Commission around regulation and clinical governance. At other times, SSTEU may refer matters to eHealth NSW if the technology sat within their remit (for example, Health apps, or ICT technology not closely related to therapeutic technology).

48. To implement the NSW Genomics Strategy, SSTEU works closely with the Health Education and Training Institute (**HETI**) to upskill the health workforce to use clinical genomics applications, by funding the Centre for Genetics Education website and resources. SSTEU have also funded 150 scholarships for NSW Health non-genetics health care professionals to complete a short course in Medical Genomics delivered in collaboration with HETI.

49. Our closest partner for most of the work SSTEU undertakes is the ACI. In most cases, ACI would take the lead on implementation of new technologies following approval by NTASS. SSTEU relies on ACI to provide expert advice on implementation of these technologies. ACI also plays a pivotal role in supporting the system developing new technologies. Through the ACI networks they can gather a wealth of expert advice that is essential for decision making by NTASS. SSTEU provides funding to ACI to provide oversight of implementation and maintain quality and safety of the current Immune Effector Cell centres with ACI.

50. SSTEU also works closely with agencies where a lot of new technology sits, including NSW Health Pathology (**NSWHP**) who are the principal partner in the delivery of key initiatives of the NSW Genomics Strategy. This is to improve access to genomics testing and using advanced technology for the cost effective and timely analysis of genomes and exomes.

51. In 2019, SSTEU secured Commonwealth Health Innovation Fund (**HIF**) funding of $3,487,500 for NSWHP to transform healthcare through genomics technologies by establishing a genome and exome sequencing service and delivering a brokerage model. A further $3.19 million under stage two of the Commonwealth HIF was secured by SSTEU in 2021 to deliver the first scalable end-to-end genomic testing information management technology workflow in the Australian public health system. This initiative will develop and implement a highly automated and integrated system for clinical genomics, inclusive of test ordering, interpretation and reporting within the NSW health system by December 2024. The initiative includes piloting the first digital consent platform for clinical genetic testing in the NSW Health system to support informed consent.

H. Artificial Intelligence

52. I sit on the NSW Artificial Intelligence (AI) Taskforce.

53. AI is versatile and there are a multitude of uses of AI under development either by health services and researchers in NSW and Australia or commercially.

54. In terms of the work of SSTEU, the SSTEU would only assess AI if it was part of a new health technology. SSTEU would not, for example, assess AI being used for clinical notes, or automation of ordering consumables. These types of uses would be best assessed by eHealth NSW.

55. To date the SSTEU has not been heavily involved in assessing AI technologies. This is mostly due to the fact AI is not being widely used in technologies that would be of relevance to SSTEU. As clinical investigations (for example tests, assessments) that incorporate AI algorithms are validated in research and regulated for use in Australia, SSTEU may play an increasing role in the assessment and service planning of new health technologies involving AI. SSTEU will use the framework under development by the AI Taskforce, and existing new technology processes.

56. SSTEU was involved in the early planning of the breast screening AI trial. However, this is being run by Cancer Institute NSW, and SSTEU had a small role as a member of the expert advisory group. SSTEU has not had an ongoing role in the trial.

57. AI may have a role in technology assessments in the future. AI is being developed to perform some of the more time-consuming aspects of assessment such as searching databases and reviewing abstracts. However, a human component is still required to conduct the critical analysis and grading of evidence.

I. Future opportunities

58. There are areas where SSTEU could have an increased positive impact in future. For example:

    a. SSTEU has increasing responsibilities to be part of, and in some cases, to lead, the national agenda in health technology and genomics. This is due to the team's specialised expertise in health technology and other areas of national interest, such as national genomics. SSTEU has potential to drive more work through the Health Technology and Genomics Collaboration.

    b. An increased capacity for horizon scanning for ways to provide care may deliver long-term savings for the system. An example of this is the development of statewide capacity for local manufacturing of Immune Effector Cell products. Locally

manufactured products would be around ten to twenty percent of the cost of commercial products from overseas and would allow expansion of indication outside of commercial suppliers. This could potentially benefit many more patients across NSW.

c. Increased capacity to work more collaboratively with LHDs and SHNs in the early stages for emerging health technologies and support transition to local management once implemented.

d. The emerging field of precision medicine may result in increasing workload for SSTEU as it seeks to support implementation of precision medicine strategic outcomes. Precision medicine uses an individual's genomic makeup alongside environmental and lifestyle information to deliver targeted disease prevention, screening, diagnosis, prognosis, or treatment.

Olivia Hibbitt

Witness: E May

18/6/2024
Date

18/6/2024
Date