

ACE briefing on new patient involvement processes

Consumer Engagement and Education (CEE) team
Agency for Care Effectiveness (ACE)
20 February 2023



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Programme

Time	Item	Presenter/ Panelists:
9:00 am	Registration	
9:30 am	Introduction to establishing the Consumer Engagement and Education (CEE) team	Ms Ping-Tee Tan
9:45 am	Process and methods for patient involvement	Ms Fiona Pearce
10:00 am	Panel discussion	Dr Lau Tang Ching Dr Ritu Jain Ms Ai Ling Sim-Devadas Ms Ping-Tee Tan Ms Fiona Pearce (moderator)
10:45 am	Closing remarks	Dr Daphne Khoo
10:55 am	Thank you and feedback	Ms Ping-Tee Tan
11:00 am	End	

Introduction to establishing the Consumer Engagement and Education (CEE) team

Ping-Tee Tan

Senior Specialist

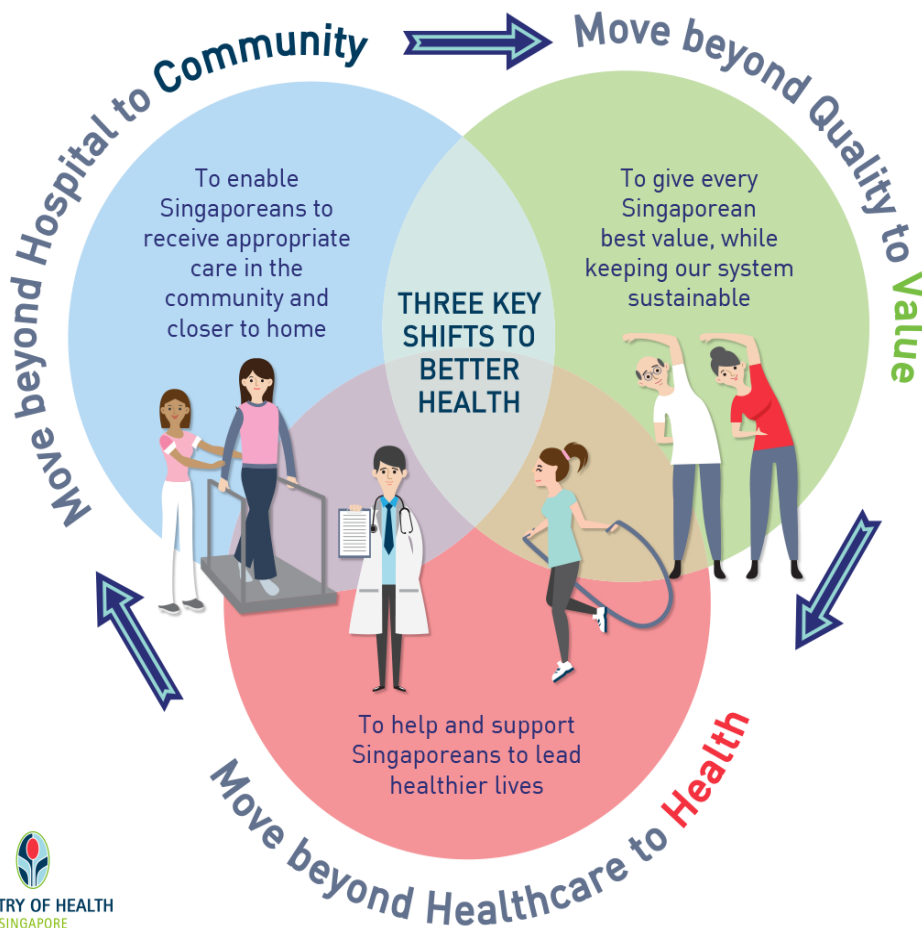
Agency for Care Effectiveness

Consumer Engagement & Education Team



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Singapore's paradigm shifts towards healthcare sustainability



ACE was formed in August 2015 as the national HTA agency in Singapore to:

1. Consolidate local health technology assessment (HTA) capacity and capabilities, and
2. Optimise healthcare value within finite resources

Mission

- ✓ To issue objective and credible healthcare guidance
- ✓ To enable stakeholders to make better-informed choices
- ✓ To drive evidence-based practice

Working in partnership with three key stakeholders

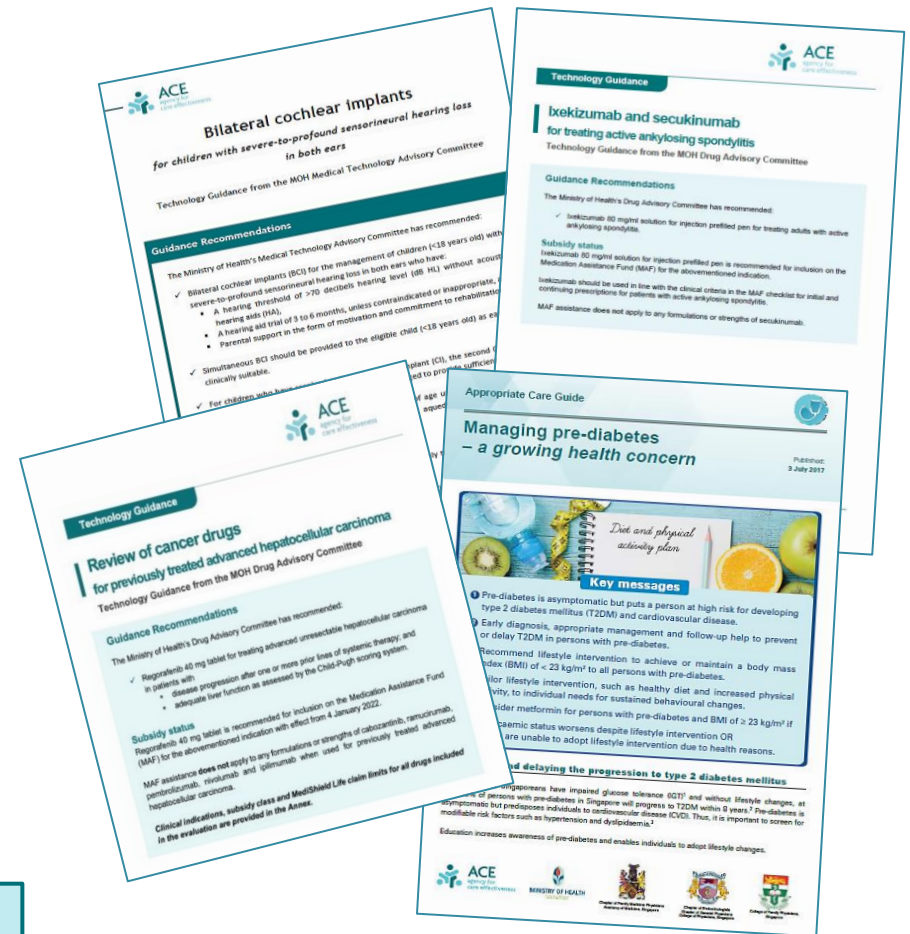
ACE's logo is three intertwined branches which represent the three stakeholders that ACE works closely with to improve patient outcomes and keep healthcare affordable

- patients
- healthcare providers (clinicians)
- payers (government)



ACE supports healthcare providers, patients and payers make better-informed decisions about patient care

1. Health technology assessments (HTA) to inform funding decisions
2. Clinical guidance to inform clinical practice
3. Healthcare professional education
4. Healthcare consumer education



Guidances & publications are available at www.ace-hta.gov.sg

Health technology assessments (HTA) to inform funding decisions

HTA is an **established methodology widely used internationally** (including UK, Canada, Australia, South Korea, Thailand) to inform funding decisions for health technologies (such as **drugs, vaccines and medical devices**).



HTA helps to answer:

How well health technologies work in relation to how much they cost?

The goal of HTA is to inform the development of effective health policies about the use of health technologies in a manner that is patient-focused and achieves best value.

ACE conducts an HTA by reviewing clinical and economic evidence, negotiating prices with companies, and seeking expert views



Systematic literature review of clinical evidence



Economic evaluation (cost-effectiveness analysis)



Pricing negotiations with pharmaceutical companies (Value-Based Pricing)



Expert opinion about local clinical practice



HTA report

MOH advisory committees use ACE's evaluations to inform their funding recommendations



ACE started inviting patients to provide their lived experiences to inform HTAs for drug topics in 2022



Systematic literature review of clinical evidence



Economic evaluation
(cost-effectiveness analysis)



Pricing negotiations with pharmaceutical companies (Value-Based Pricing)



Expert opinion about local clinical practice



Lived experiences of medical condition and treatment by patients

** coordinated by the CEE team*



HTA report

CEE was established to support patient involvement in ACE's work



ACE's **Consumer Engagement and Education (CEE)** workstream supports patient involvement in ACE's work and co-develops educational resources with patient and voluntary organisations which encourage shared healthcare decision-making between patients and their doctors.



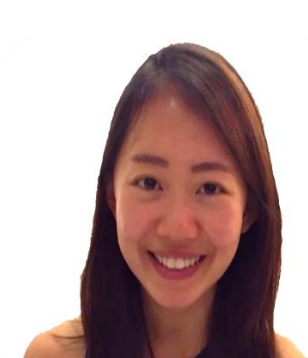
Ping-Tee Tan
Senior Specialist



Fiona Pearce
Senior Advisor



Shawn Quek
Specialist

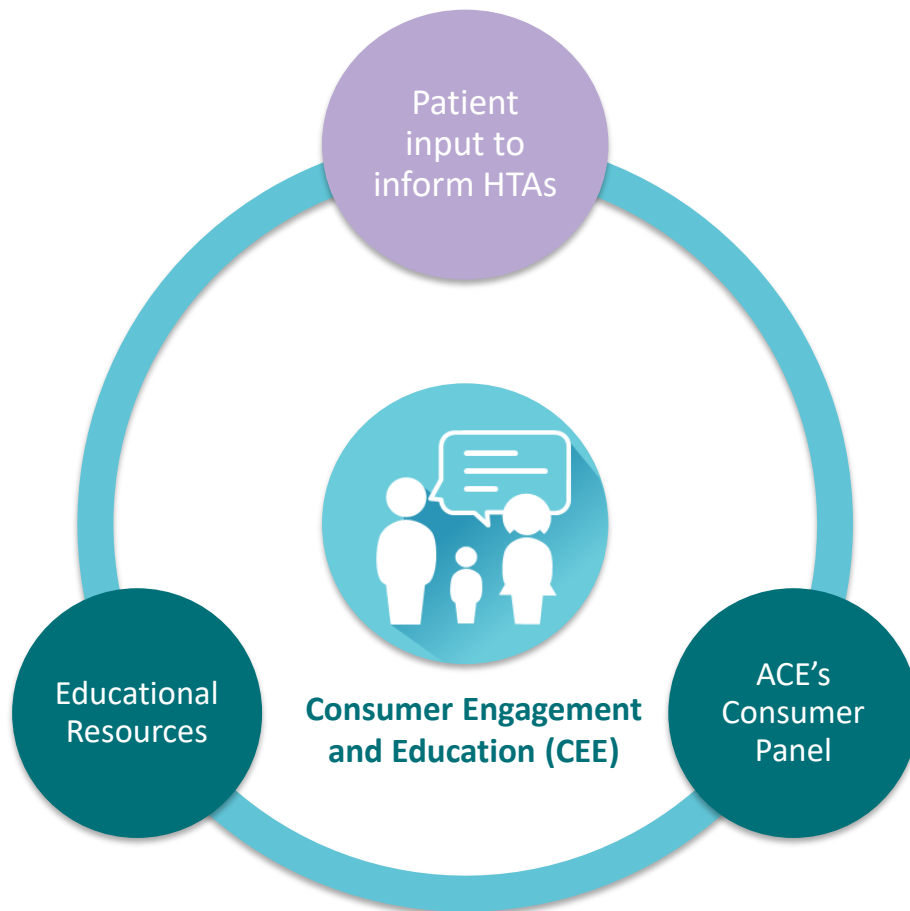


Sok Huang Teo
Specialist



Jen Hun Koh
Principal Analyst

Stakeholder mapping to identify local patient and voluntary organisations

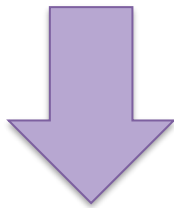


- In the absence of a centralised patient organisation database, we undertook a stakeholder mapping exercise to identify all relevant patient and voluntary groups in Singapore
- We contacted all of them to find out their remits and if they want to contribute to ACE's work

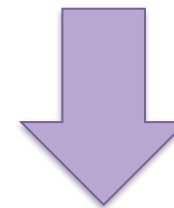
Identifying local patient and voluntary organisations

Preliminary search of all patient groups:

- Singapore Charity Portal
- Websites of healthcare service providers
- Social media platforms
- Search engines



Patient groups screened and contacted via email and cold calling



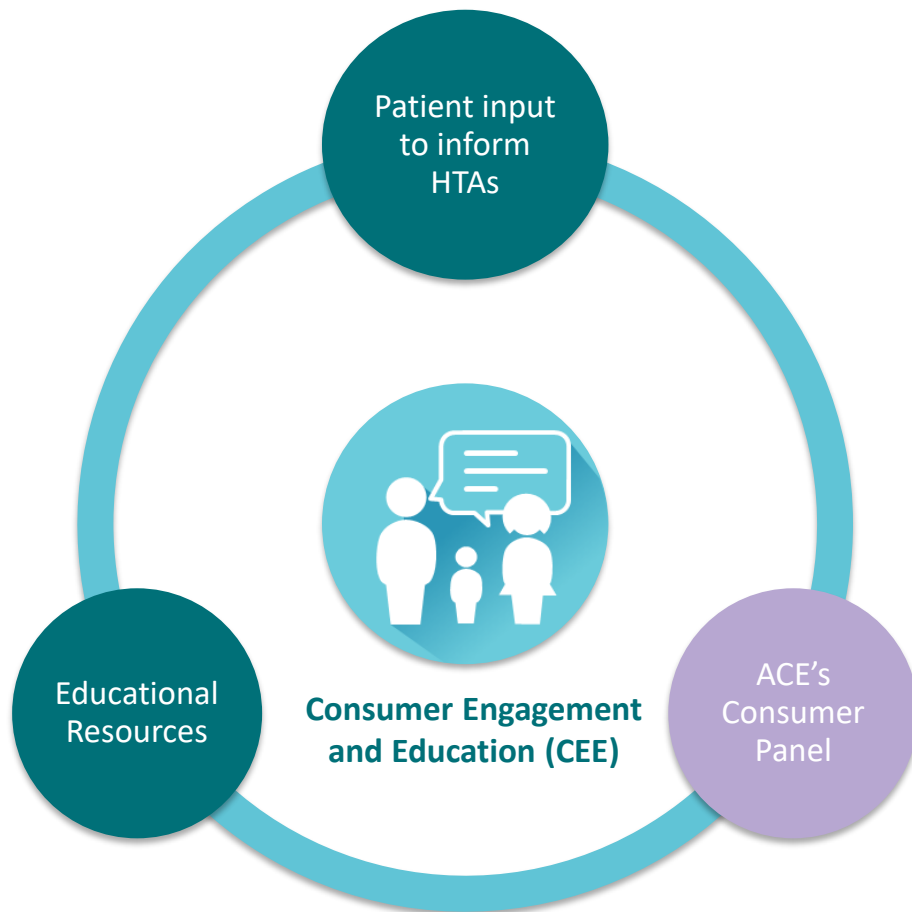
>100 local patient and voluntary organisations identified

Members from these groups can provide condition-specific input into ACE's technical evaluations and advise ACE on the needs of patients in Singapore

Regional/international networks

CEE participates in these networks to remain up to date with patient involvement initiatives taking place globally

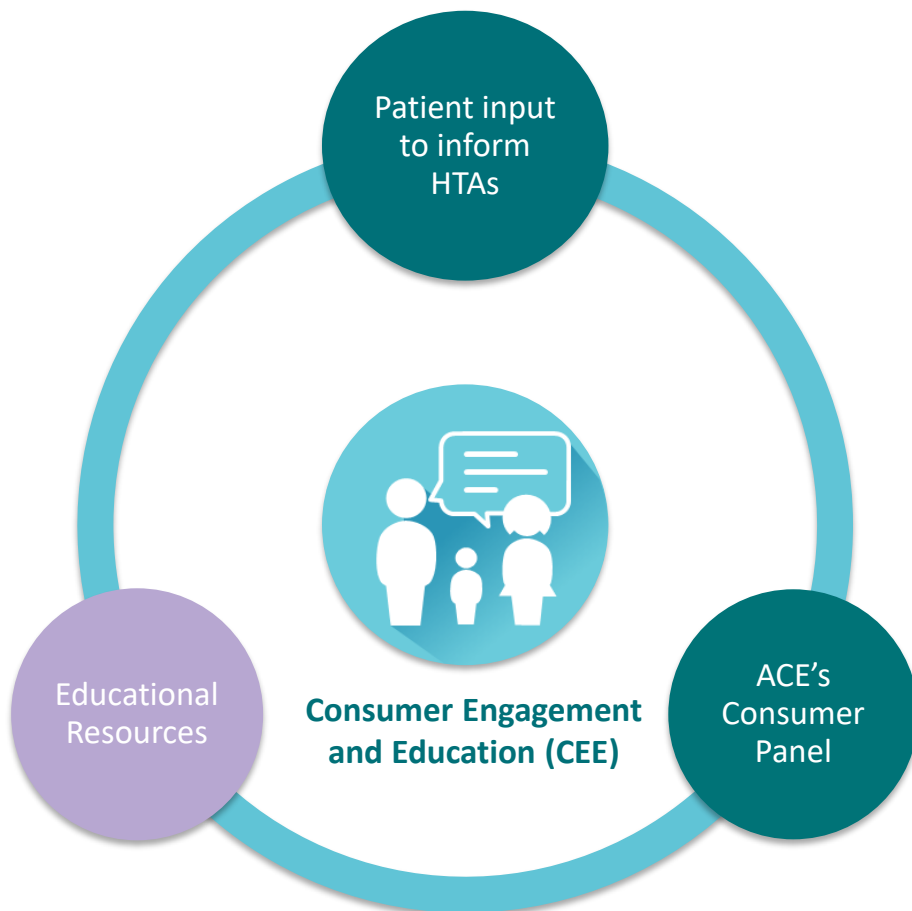
ACE Consumer Panel established in April 2022




- Provides strategic advice to ACE and MOH advisory committees on opportunities to strengthen engagement efforts which meet the needs of patients, carers, and the public and ensure their views are effectively used to inform ACE's work.
- Comprises 14 individuals from local patient organisations covering a broad range of health conditions who have extensive lived experience engaging with the Singapore healthcare system.

www.ace-hta.gov.sg/about-us/our-council-and-expert-panels

Co-developing educational resources with patient organisations




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Consumer Engagement and Education
HELPING PATIENTS BECOME INVOLVED IN HEALTHCARE DECISION-MAKING


The **Agency for Care Effectiveness (ACE)** is the national health technology assessment (HTA) agency in Singapore. The **Consumer Engagement and Education (CEE)** team has been set up to help patients, carers and the public become involved in ACE's work. CEE helps patients participate in the HTA process¹ and they also produce educational materials to support patients make shared decisions about their health with their doctors. To learn more about ACE, you can visit www.ace-hta.gov.sg.

1 ACE CONDUCTS CLINICAL AND ECONOMIC EVIDENCE REVIEW

ACE reviews clinical and economic evidence with advice from clinicians to determine how well health technologies (such as drugs, vaccines and medical devices) work in relation to how much they cost.

2 PATIENTS PROVIDE REAL-LIFE EXPERIENCES TO SUPPORT EVIDENCE REVIEW

ACE's work relies on real-life experiences of people who use healthcare services, carers and the public to ensure that any recommendations are relevant to the people who are affected by them.




CLINICIANS
PATIENTS
MOH
ACE

4 ACE PRODUCES TECHNOLOGY GUIDANCES

ACE publishes guidances on health technologies to explain the funding recommendations and the evidence that informed them. The guidances can be used by clinicians and patients to make informed decisions about treatments.

5 MOH MAKES FUNDING DECISIONS

ACE's review is used by the Ministry of Health (MOH) to make funding decisions. Funding is usually recommended for health technologies that work well and offer good value for money compared to alternative options. Funding helps make treatments more affordable.

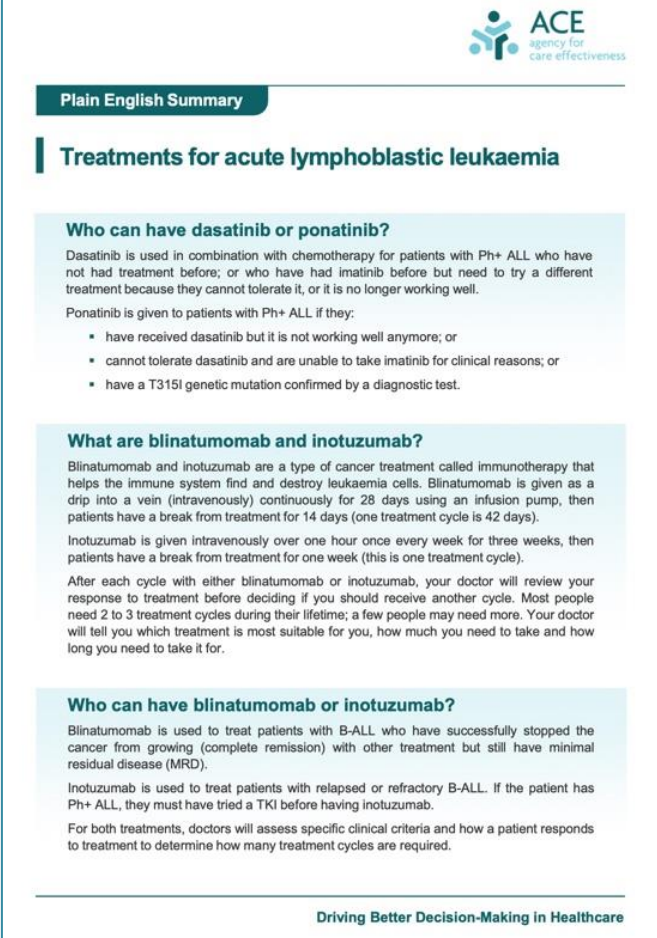


Tell us what matters to you, your organisation or your community. Whether you use healthcare services or represent those who do, write to us at ACE_CEE@moh.gov.sg to find out how you can get involved.

Source:
¹ Agency for Care Effectiveness, Ministry of Health, Singapore. Process and methods guide for patient involvement. January 2021.
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Plain English summaries

- Short plain English summaries of ACE's **drug guidances** have been published on the ACE website since January 2019
- Describe key funding recommendations and provide brief information about the drug(s) and condition(s) that were evaluated
- Revised when guidances are updated to ensure that they remain relevant to readers



The screenshot shows a document header with the ACE logo and the text 'ACE agency for care effectiveness'. Below this is a dark blue bar with the text 'Plain English Summary'. The main title is 'Treatments for acute lymphoblastic leukaemia'. The document is divided into sections with light blue backgrounds. The first section is 'Who can have dasatinib or ponatinib?' followed by a paragraph of text and a bulleted list of criteria. The second section is 'What are blinatumomab and inotuzumab?' followed by two paragraphs of text. The third section is 'Who can have blinatumomab or inotuzumab?' followed by two paragraphs of text. At the bottom right, there is a footer that reads 'Driving Better Decision-Making in Healthcare'.

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Plain English Summary

Treatments for acute lymphoblastic leukaemia

Who can have dasatinib or ponatinib?

Dasatinib is used in combination with chemotherapy for patients with Ph+ ALL who have not had treatment before; or who have had imatinib before but need to try a different treatment because they cannot tolerate it, or it is no longer working well.

Ponatinib is given to patients with Ph+ ALL if they:

- have received dasatinib but it is not working well anymore; or
- cannot tolerate dasatinib and are unable to take imatinib for clinical reasons; or
- have a T315I genetic mutation confirmed by a diagnostic test.

What are blinatumomab and inotuzumab?

Blinatumomab and inotuzumab are a type of cancer treatment called immunotherapy that helps the immune system find and destroy leukaemia cells. Blinatumomab is given as a drip into a vein (intravenously) continuously for 28 days using an infusion pump, then patients have a break from treatment for 14 days (one treatment cycle is 42 days).

Inotuzumab is given intravenously over one hour once every week for three weeks, then patients have a break from treatment for one week (this is one treatment cycle).

After each cycle with either blinatumomab or inotuzumab, your doctor will review your response to treatment before deciding if you should receive another cycle. Most people need 2 to 3 treatment cycles during their lifetime; a few people may need more. Your doctor will tell you which treatment is most suitable for you, how much you need to take and how long you need to take it for.

Who can have blinatumomab or inotuzumab?

Blinatumomab is used to treat patients with B-ALL who have successfully stopped the cancer from growing (complete remission) with other treatment but still have minimal residual disease (MRD).

Inotuzumab is used to treat patients with relapsed or refractory B-ALL. If the patient has Ph+ ALL, they must have tried a TKI before having inotuzumab.

For both treatments, doctors will assess specific clinical criteria and how a patient responds to treatment to determine how many treatment cycles are required.

Driving Better Decision-Making in Healthcare

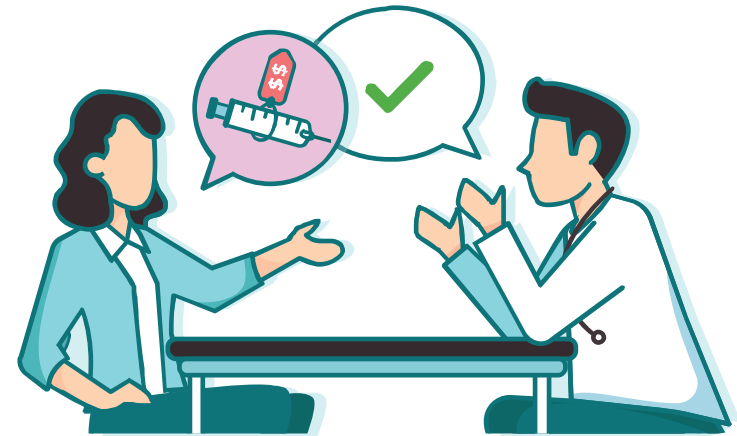
Patient factsheets

Provides patients with key information about:

- Their health condition
- Available treatment options in Singapore
- How well treatments work compared to each other
- Which treatments are subsidised and most affordable

Facilitate patients' understanding by:

- Limiting to a 2-page summary
- Writing in plain English
- Using simple numbers
- Using pictures



<https://www.ace-hta.gov.sg/Patients-And-Community/Educational-Resources>



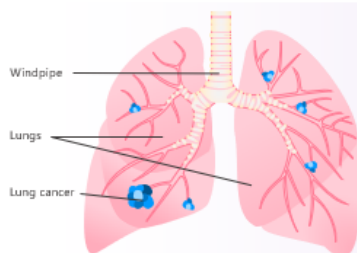
TREATMENTS FOR ALK MUTATION-POSITIVE ADVANCED NON-SMALL-CELL LUNG CANCER



Two in three patients¹ have cancer that has spread outside of the lungs to other parts of the body, which is known as **advanced lung cancer**.

Around **1,600 people** are diagnosed with lung cancer **every year**, making it one of the **most common** cancers in Singapore. It is also one of the **leading causes** of cancer-related **deaths** locally.¹

There are different types of lung cancer depending on which cells are affected. Non-small-cell lung cancer or **NSCLC** is the most common type.



Doctors may send samples of the cancer for **testing** to determine which treatment will work best.

Some patients with NSCLC have an abnormality (**mutation**) in the Anaplastic Lymphoma Kinase (**ALK**) gene which helps the cancer grow. This is called **ALK mutation-positive** NSCLC.

How is NSCLC **treated**?

Advanced NSCLC options include:

- Chemotherapy
- Radiotherapy
- Targeted therapy**
- Immunotherapy +/- chemotherapy

Targeted therapy are medicines that are **effective** against cancers with **specific** genetic mutations.

There are **5** targeted therapies approved for patients who have **advanced** NSCLC with an **ALK** mutation. These drugs are known as **ALK inhibitors**.

- Alectinib
- Brigatinib
- Ceritinib
- Crizotinib
- Lorlatinib

Legend: Tablets Capsules



Published studies show that all 5 ALK inhibitors are **effective** treatments for ALK mutation-positive NSCLC. They have **different** side effects from each other.

- ▶ For patients with **newly diagnosed NSCLC**, **alectinib**, **brigatinib**, **ceritinib** and **lorlatinib** are likely to be **more effective** than crizotinib in **extending** the length of time they can live without their cancer getting worse.
- ▶ If the cancer continues to grow while a patient is taking an **ALK inhibitor**, **alectinib**, **brigatinib**, **ceritinib** and **lorlatinib** are **effective** treatment options.

ACE reviewed all available clinical evidence for each ALK inhibitor and negotiated prices with the companies.

Value for money (cost-effectiveness) of **alectinib**, **brigatinib**, **ceritinib** and **lorlatinib** was **improved** when the companies **reduced** the drug prices.



Cash or MediSave needed **every month** after subsidy and MediShield Life for a **middle-income patient** receiving **outpatient** treatment at **public hospitals***

Ceritinib	Around \$100	Subsidised ✓ MediShield Life: \$1000 ✓
Alectinib	Around \$200	Subsidised ✓ MediShield Life: \$2000 ✓
Brigatinib	Around \$200	Subsidised ✓ MediShield Life: \$2000 ✓
Lorlatinib	Around \$200	Subsidised ✓ MediShield Life: \$2000 ✓
Crizotinib	\$6,500 to \$7,000	Subsidised ✗ MediShield Life ✗

Alectinib, **brigatinib**, **ceritinib** and **lorlatinib** were **recommended** for government funding² because they are **effective** and provide the best value for money for treating ALK mutation-positive advanced NSCLC.



Crizotinib was **not recommended** for funding because its benefits do not justify its cost at the price offered by the company.

Talk to your **doctor** to discuss which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance for any of these treatments.

* Expenses will differ according to the amount of medicine that each patient needs and does not include other costs for doctor consultations, medical tests etc. MediSave withdrawal is capped at \$600 per month for these treatments. For Singaporeans who are eligible for subsidy, treatment costs will be subsidised by 40% to 75%. For subsidised drugs, expenses have been calculated using prices proposed by the companies including patient assistance programmes. For non-subsidised drugs, prices at public healthcare institutions at the time of subsidy review were used.

Sources:

1. Health Promotion Board National Registry of Diseases Office. Singapore Cancer Registry Annual Report 2019. 28 Jan 2022.
2. Ministry of Health, Singapore Cancer Drug List. <https://cancer.gov.sg/health-care/cancer-drug-list>



The Agency for Care Effectiveness (ACE) was established by the Ministry of Health (Singapore) to drive better decision-making in healthcare through health technology assessment (HTA), clinical guidance and education. It publishes guidances on diagnosing, treating, and preventing different medical conditions based on the latest research information available worldwide. This factsheet is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition. © Agency for Care Effectiveness, Ministry of Health, Republic of Singapore. All rights reserved. Reproduction of this publication in whole or part in any material form is prohibited without the prior written permission of the copyright holder.

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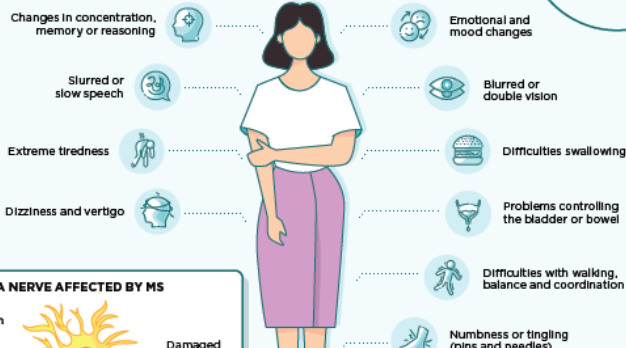
TREATMENTS FOR MULTIPLE SCLEROSIS



WHAT IS MULTIPLE SCLEROSIS?

Multiple Sclerosis (MS) is a life-long condition affecting the brain, spinal cord and optic nerve (central nervous system). It occurs when the immune system attacks and damages the fatty, protective tissue around the nerves (myelin). The damaged myelin areas (plaques or lesions) affect the nerves' ability to send messages to and from the brain.

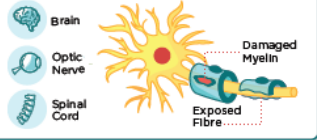
MS affects each person differently depending on which nerves have been affected. Symptoms can vary and may include:



MS can occur at any age and affects 3 times more women than men.¹



A NERVE AFFECTED BY MS



WHAT ARE THE DIFFERENT TYPES OF MULTIPLE SCLEROSIS?

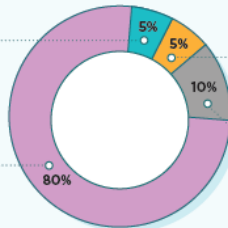
Data from public hospitals in 2020 showed that about 260 adults and 3 children are living with MS in Singapore.

Clinically Isolated syndrome (CIS)

Patients experience symptoms for the first time, but do not meet all of the clinical criteria to confirm they have MS. They may or may not go on to develop MS.

Relapsing-remitting MS (RRMS)

Patients have episodes (relapses) where they have new or worsening symptoms. This can be followed by periods of recovery with little or no symptoms (remissions).



Secondary progressive MS (SPMS)

Patients may not have relapses often but have increasing disabilities over time.

Primary progressive MS (PPMS)

Patients have a slow increase in disabilities over time without relapses or remissions.

HOW IS MULTIPLE SCLEROSIS TREATED?

There is no cure for MS, but there are treatments available, called disease-modifying therapies (DMTs) that can reduce the number of relapses and slow physical disability. There are 9 DMTs approved in Singapore. Unfortunately, none are approved for treating primary progressive multiple sclerosis (PPMS).

Drug name	Approved in Singapore for treating:			How is the drug taken?
	CIS	RRMS	SPMS	
Alemtuzumab		✓		Given as a slow drip into a vein (intravenously)
Natalizumab		✓		
Interferon beta-1a	✓	✓	✓ ^A	Given as an injection under the skin
Ofatumumab		✓	✓ ^A	
Cladribine		✓		
Dimethyl fumarate		✓		Taken orally as tablets or capsules
Fingolimod		✓		
Siponimod		✓	✓	
Terifunomide		✓		

Key: CIS, clinically isolated syndrome; RRMS, relapsing-remitting multiple sclerosis; SPMS, secondary progressive multiple sclerosis.
^AApproved for relapsing forms of MS. Interferon beta-1a is not often used to treat SPMS in Singapore.

WHAT DOES THE EVIDENCE FROM CLINICAL STUDIES SAY?

CIS

The long-term benefits of Interferon beta-1a for treating CIS are uncertain. Doctors usually only give it to patients who are at high risk of developing MS.

RRMS

All drugs approved for treating RRMS are effective treatment options. Alemtuzumab, cladribine, fingolimod, natalizumab, and ofatumumab may be more effective than dimethyl fumarate, Interferon beta-1a and terifunomide in reducing relapses and slowing physical disability.

SPMS

Siponimod is an effective treatment option. The benefits of ofatumumab and Interferon beta-1a for SPMS are uncertain.

SUBSIDISED TREATMENTS

ACE reviewed all of the clinical evidence for each DMT and negotiated prices with the manufacturers.² Value for money (cost effectiveness) of some DMTs was improved when the manufacturers reduced the drug prices.

SUBSIDISED

- ✓ Fingolimod
- ✓ Siponimod

Treatment costs are subsidised by 40% to 75%* for eligible patients.

NOT SUBSIDISED

- ✗ Alemtuzumab
- ✗ Cladribine
- ✗ Dimethyl fumarate
- ✗ Interferon beta-1a
- ✗ Natalizumab
- ✗ Ofatumumab
- ✗ Terifunomide

These DMTs are not subsidised because their benefits do not justify their costs at the prices offered by the manufacturers.

*Amount of subsidy available from 1 September 2022 based on means testing.

KEY MESSAGES

Fingolimod and siponimod are the first DMTs to be subsidised for MS.

The DMT that you will need depends on different factors such as the type of MS that you have and how often you are having relapses and symptoms. Talk to your doctor to discuss which treatment is suitable for you. You can also speak to a medical social worker if you need further financial assistance.

Sources

1. www.singhealth.com.sg/patient-care/conditions-treatments/multiple-sclerosis
2. ACE Technology Guidance on disease-modifying therapies for treating multiple sclerosis, 2021



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CEE Updates



CEE UPDATES December 2022



CEE AND PATIENT ORGANISATIONS IN ACTION

The CEE team and the ACE Consumer Panel were privileged to participate in three recent conferences to discuss best practices and ways to encourage meaningful collaboration with healthcare consumers. The insights gathered have also helped to shape how ACE involves patients in healthcare decision-making. We look forward to future opportunities to connect with and learn from local and international patient and voluntary organisations.

1. ACE's Value-based Healthcare Conference, 29 to 30 September 2022



2. Duke-NUS Centre of Regulatory Excellence (CoRE) Scientific Conference: Patients as Partners for Health: Co-creating Equitable Access to Health Products and Services, 5 to 6 October 2022



3. SingHealth Patient Advocate Connection (SPACE), 29 October 2022



PATIENT ENGAGEMENT

- 54** PATIENT RESPONSES ABOUT ACE'S DRUG EVALUATIONS WERE GATHERED FROM
- 4** PATIENT ORGANISATIONS FOR
- 3** TOPICS PRESENTED TO THE MOH DRUG ADVISORY COMMITTEE IN AUGUST 2022



Patients and carers were invited to provide their lived experiences about medical conditions and treatments to include in ACE's technical evaluations. A big thank you to the patient organisations that helped to gather input from their members! The insights we received were very helpful to inform the MOH Drug Advisory Committee's funding recommendations.

COMING SOON

CEE is developing the following documents to guide patients who want to provide input into ACE's work and describe subsidy decision-making processes in plain English. The drafts will be sent to Consumer Panel members and select patient organisations for comment in September 2022:

- Process and methods guide for patient involvement
- Quick tips for meaningful patient input in ACE's work
- Tips to provide patient input into ACE's technical evaluations
- Factsheet on 'How are funding decisions made for new treatments?'

Your comments are greatly appreciated to help us improve our processes and ensure that the resources we produce are useful for patients, carers, and patient organisations.

Duke-NUS Centre of Regulatory Excellence (CoRE) Scientific Conference
Patients as Partners for Health: Co-creating Equitable Access to Health Products and Services
5 to 6 October 2022

FIND OUT MORE

CEE is excited to be involved in this important conference to discuss ways to encourage patient involvement in policy development and healthcare decision-making.

About ACE-CEE

The Agency for Care Effectiveness (ACE) Consumer Engagement and Education (CEE) team supports patient involvement in ACE's work and develops plain English summaries and educational resources to improve health literacy and encourage shared healthcare decision-making between patients and their doctors.

Tell us what matters to you, your organisation or your community. Email us at ACE_CEE@moh.gov.sg.



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<https://www.ace-hta.gov.sg/Patients-And-Community/cee-updates>

82 patients contributed comments for 7 topics in 2022

- DAC meets ~3 times per year
- From Aug 2022 onwards, patients and carers have been invited to provide their lived experience about medical conditions and treatments to inform ACE's technical evaluations and the DAC's recommendations about new drugs being considered for funding.
- All patient inputs received are collated by CEE and included in ACE's technology evaluation reports and drug guidance.

54 Patient Responses About ACE's Drug Evaluations Were Gathered From

4 Patient Organisations For

3 Topics For Aug 2022 DAC Meeting



28 Patient Responses About ACE's Drug Evaluations Were Gathered From

6 Patient Organisations For

4 Topics For Nov 2022 DAC Meeting

Process and methods for patient involvement

Fiona Pearce

Senior Advisor

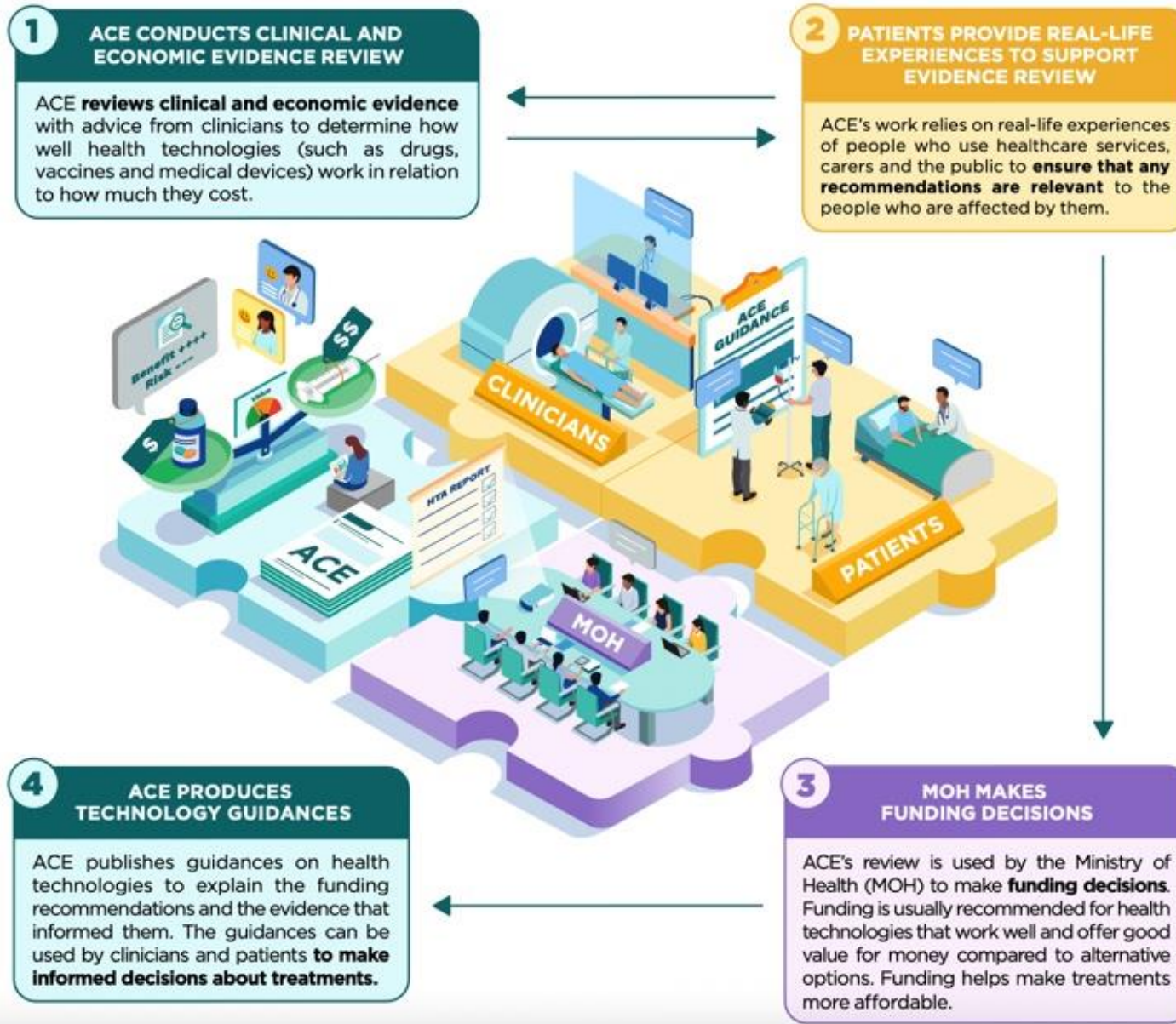
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Patient involvement in HTAs



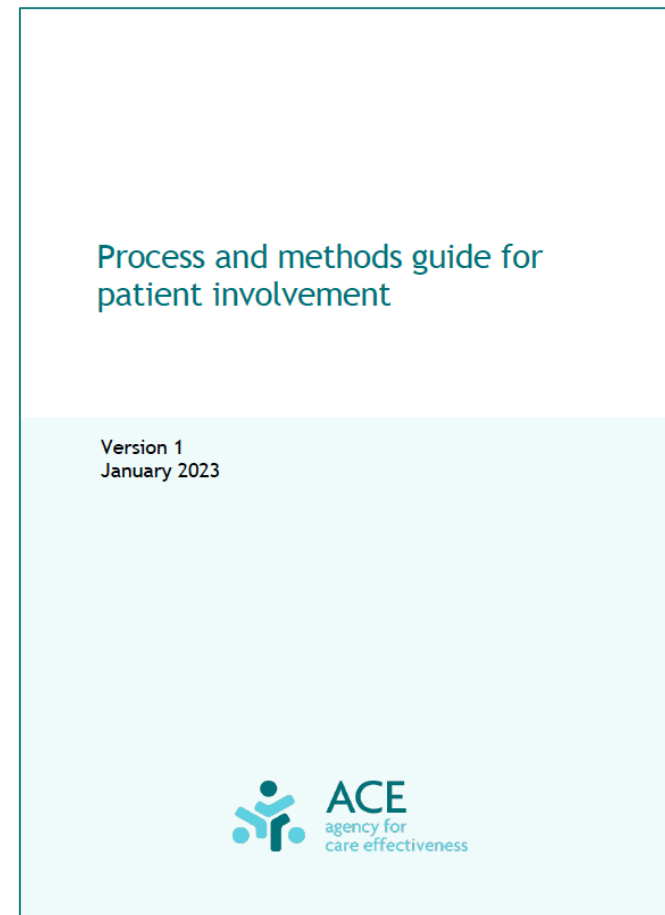
Providing lived experiences to inform HTAs

- Patients and their carers provide important evidence to inform ACE's evaluations and help MOH Advisory Committees to:
 - Understand how different medical conditions affect patients, their carers, and families
 - Identify unmet needs and treatment preferences of patients
 - Understand the benefits and disadvantages of different health technologies
 - Understand patients' expectations for new treatments
 - Identify health outcomes that are important to patients
 - Determine if the outcomes measured in clinical trials and economic models are relevant to patients in Singapore
 - Fill gaps or address uncertainties in the scientific evidence
 - Identify if there are any issues affecting a patient's ability to use or access treatments

Process and Methods Guide for Patient Involvement

CEE has developed a range of resources to improve our ability to consult, engage and listen to patients and ensure that our work better meets their expectations and needs

- A *Process and Methods Guide for Patient Involvement* was co-developed with local patient organisations to clearly explain what ACE does and how patients/carers can become involved in ACE's HTAs
- Guide also explains other opportunities for patients to be involved in ACE's work (e.g. developing educational resources)



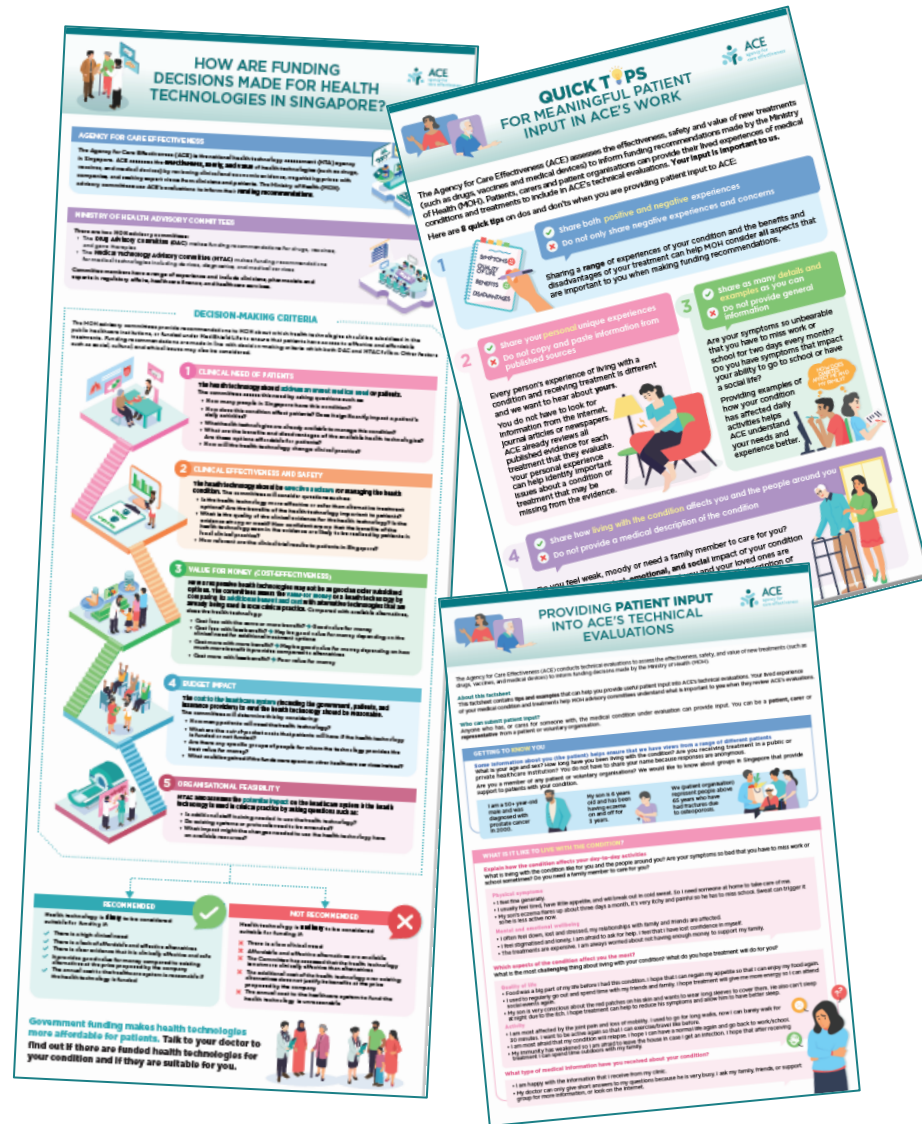
<https://www.ace-hta.gov.sg/Patients-And-Community/opportunities-for-patient-involvement>

Support tools for patients who want to provide input into ACE's technical evaluations

Accompanying Factsheets:

1. Quick tips for meaningful patient input in ACE's work
2. Providing patient input into ACE's technical evaluations
3. How are funding decisions made for health technologies in Singapore?

<https://www.ace-hta.gov.sg/Patients-And-Community-opportunities-for-patient-involvement>



Co-developing resources with patients

To ensure that patient involvement processes included in the guide are in line with best practices and address local patients' needs we co-developed all resources with:

- ACE Consumer Panel
- local patient organisations (not represented by the Panel)

We also received comments from:

- AusDoH - Consumer Evidence and Engagement Unit, and HTA Consumer Consultative Committee
- Patient Voice Initiative, Australia
- CADTH - Patient Engagement team
- NICE - Public Involvement Programme team
- Singapore Association of Pharmaceutical Industries (SAPI)

Local patient organisations and international patient involvement groups are supportive of our work

This is an excellent document about the work ACE is doing and how patients can be involved. The infographics are well-done.



Ai Ling Sim-Devadas, Mentor of SingHealth Patient Advocacy Network, ACE Consumer Panel member

I really commend you on the work you have done to introduce patient involvement into HTA in Singapore and explain it clearly and meaningfully to the public in these documents. I think they will inspire other HTA bodies.



Ann Single, Patient Voice Initiative Coordinator (Australia) and Chair of Health Technology Assessment international (HTAi) Patient and Citizen Involvement Interest Group

Our patient advocates were impressed and happy with the documents.



Patient Advocacy and Support Office, National University Health System

The 3 supplementary documents are visually appealing and use clear, everyday language, images and colours to explain key aspects of the process and the role of patient organisations. I consider them to be exceptional examples.



Victoria Thomas, Public Involvement Programme, NICE (UK).

Future revisions to our processes

Some suggestions on our processes were not implementable immediately but we hope to include them over time:

- Allow patient organisations to propose topics for ACE to evaluate – *starting this year*
- Invite patients to provide inputs into HTAs for technologies other than drugs – *starting to seek inputs for medical devices and gene therapies this year*
- Include a patient/lay member on MOH Advisory Committees
- Provide ACE's documents in languages other than English to reach a broader segment of patients
- Develop materials in other formats to support patients with aphasia or visual impairment

Key steps for patients to provide their lived experiences



1. Survey and support tools developed to help patients provide their experiences about their condition and treatment(s)



2. CEE invites inputs from all patients who have an interest in the health technology or condition under evaluation. Patient groups or clinicians circulate survey to patients.



3. CEE answers questions and provides clarification to help gather information that is likely to be helpful to decision-making



4. Patient inputs included in ACE's **evaluation report**



5. Deliberation and funding recommendations made by MOH Advisory Committee



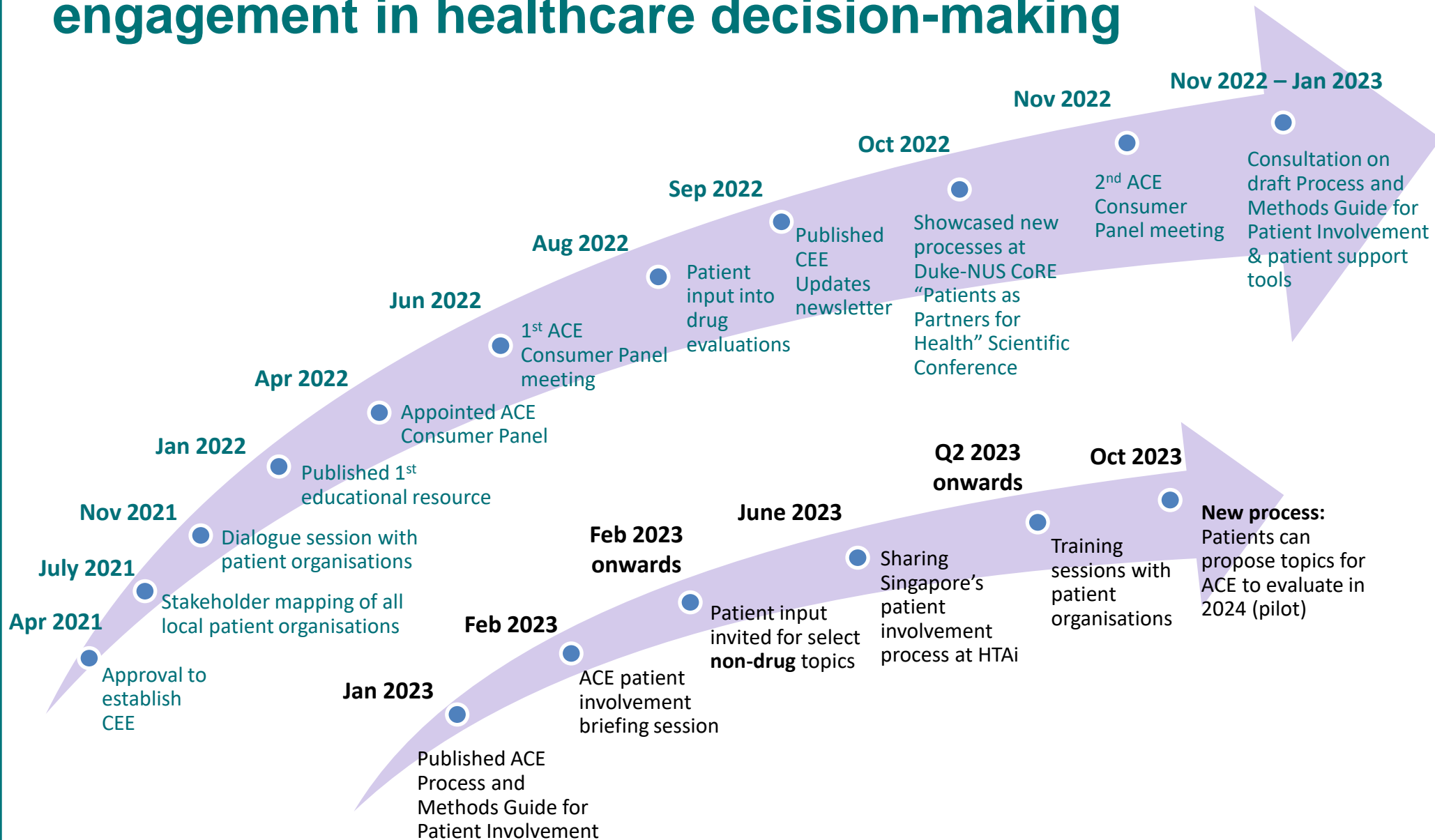
6. ACE guidance and plain English summary explaining the **funding recommendation** published on ACE website



7. CEE thanks patient organisations and provides feedback on which comments from their members were most helpful to the Committee. CEE also welcomes feedback to improve our processes.



CEE is committed to advancing patient engagement in healthcare decision-making



The Agency for Care Effectiveness was established by the Ministry of Health Singapore to drive better decision-making in healthcare through health technology assessment, clinical guidance, and education.

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