context specific, bottom-up, action orientated, and framed through dialogues. It focuses on the agent, the decision maker, who, via the use public scrutiny, should be held accountable for phronetic decisions made.

**CONCLUSIONS:**

Nudging is a cost-effective tool that can improve the populations health in a non-prescriptive way. Transparent reporting open to public scrutiny is necessary for the sake of evaluating whether the decisions made were phronetic for it takes traits of character, virtues, to decide between competing moral principles.

## PP135 Stakeholder Involvement In A Health Technology Assessment Of Hyperhidrosis

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**INTRODUCTION:**

Hyperhidrosis is characterized by uncontrollable excessive sweating, which occurs at rest, regardless of temperature. Symptoms can significantly affect quality of life. There is substantial variation in the secondary care treatment of hyperhidrosis and uncertainty regarding optimal patient management. The objective of the Health Technology Assessment (HTA) was to review the evidence and establish the expected value of undertaking additional research into effective interventions for the management of primary hyperhidrosis in secondary care. Capturing the perspectives of patients and clinicians treating hyperhidrosis was an important part of the research.

**METHODS:**

The assessment included a systematic review and economic model, including value of information analysis. Patients, dermatologists, a vascular surgeon and a specialist nurse (who set up the UK Hyperhidrosis Support Group) provided advice at various stages, including at an end-of-project workshop, to help interpret results and prioritize research recommendations.

**RESULTS:**

Patient and clinician advisors were unsurprised by the finding that there is evidence of a large effect of botulinum toxin injections on axillary hyperhidrosis symptoms in the short to medium term; there was consensus amongst patients and clinicians that botulinum toxin injections were very effective. The advisors agreed that a trial of botulinum toxin injections (plus anesthetic) versus iontophoresis for palmar hyperhidrosis would be useful. Patients and clinicians were happy with the sequence of treatments identified as being cost effective for axillary hyperhidrosis: iontophoresis, botulinum toxin injections, anticholinergic medication, curettage, endoscopic thoracic sympathectomy. All patients agreed that the Hyperhidrosis Quality of Life index (HidroQoL©) tool was superior to other commonly used tools for assessing quality of life in hyperhidrosis.

**CONCLUSIONS:**

Patients and clinicians considered the key findings of the systematic review and economic analyses to be appropriate. Advisors advocated a trial of botulinum toxin injections (plus anaesthetic) versus iontophoresis for palmar hyperhidrosis. Patients preferred the HydroQoL® tool over other commonly used quality of life tools in hyperhidrosis research.

## PP137 Regional Process For Planning Medical Equipment Procurement In Italy

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## INTRODUCTION:

An appropriate governance of the installed equipment base, by defining replacements strategies and programming introductions of innovative Biomedical Technologies (BT), has direct effects on the efficiency and effectiveness of health systems. An effective health technology management is of paramount importance for providing safe, high quality and innovative care with the constraint of health-care budgets, safeguarding equity, access and choice principles. Data from the regional BT information flow show that, compared to the gold standard (1), the North Region of Italy has about 15 percent less of large medical equipment younger than 5 years and about 15 percent more of equipment older than 10 years.

## METHODS:

In order to draw a unified path of BT procurement processes, in 2013 and 2014 regional regulations (2,3) were enacted. Each Public Hospital and Local Health Authorities (ASRs) defined a plan (PLTB) containing, regardless of the form of procurement and type of funding, all BT requests for a value greater than EUR40,000 distinguished in replacement/new acquisition/upgrade, innovative acquisition and donations. Requests of BT have to obtain the authorization by the Regional Healthcare Authority Commission (GTB), in compliance with defined criteria, including financial and sustainability aspects, after the evaluation of the Regional Clinical Engineering Commission (GIC) supported by IRES, Health Technology Assessment and Management research group.

## RESULTS:

Over the years 2014 and 2015, the ASRs submitted 491 BT requests, of which 87 percent were replacement/new acquisition/upgrade, 9 percent innovative acquisition and 4 percent donations. Altogether 26 percent of these instances were urgent and 2 percent were unique BT on the market. Sixteen percent of requests for replacement/new acquisition/upgrade of BT related to large medical equipment with mean age of 13.3 years, 2 percent regarded innovative BT with average age of 8.4 years and 48 percent widespread technologies with mean age of 15.6 years.

## CONCLUSIONS:

The limitations in investments deriving from being a Region in "Recovery Plan", have originated an absence of BT programming, as shown in PLTB by the prevalence of requests for the replacement management of obsolete equipment with inadequate performance, high machine downtimes and elevated maintenance costs.

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# PP138 Italian Medicines Agency Registries Distribution By Managed Entry Agreements And By Anatomical Therapeutic Area

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## INTRODUCTION:

In a budget constrained environment characterized by an increasing number of high-cost medicines, manufacturers need to demonstrate that their drugs can provide value-for-money. In this complex environment Managed Entry Agreements (MEAs) have been developed with the aim of sharing the risk between the National Health Service (NHS) and manufacturers (1). The objective of this analysis was to identify a correlation between Anatomical Therapeutic