

PP414 Improving The Accessibility Of Scottish Medicines Consortium Advice

Miranda Pierre (Miranda.pierre@nhs.scot),
Jackie McCormack, Jennifer Dickson,
Lindsay Lockhart and Noreen Downes

Introduction. The Scottish Medicines Consortium (SMC) provides advice on which new medicines should be accepted for routine use by the NHS in Scotland. To help increase the accessibility of the advice, SMC produces public information summaries, which have been published on the SMC website since 2018. We conducted an evaluation to investigate if the public summaries are achieving their purpose and subsequently help inform improvements from a user perspective. The objectives were to determine how the public summaries are being used; what users like and what could be improved; and if they have achieved a greater understanding of decisions.

Methods. The first stage of the evaluation involved surveying patient groups (organizations that represent the interests of patients, families and carers) to investigate how they use the public summaries. We then conducted workshops with patient groups and Public Partners (members of the public that volunteer with Healthcare Improvement Scotland) to gather perspectives on the content, language and layout of a selection of public summaries.

Results. The survey responses (n = 14) illustrate that the public summaries are being used in a variety of ways. The majority (n = 10) of patient groups reported using the public summaries to help explain SMC decisions to the people they support.

The workshops highlighted that participants found the public summaries clear and helpful. In general, patient groups felt the level of detail and language used in the public summaries improved their understanding of SMC decisions compared to other sources of information, such as the press release or Detailed Advice Document.

There were a number of suggested improvements, including changing the layout (so the SMC decision appears first) and providing definitions for some technical terms. Where actionable, these recommendations have been implemented.

Conclusions. Working in partnership with patient groups and Public Partners has enabled SMC to further strengthen public summaries, and patient engagement more broadly. Improvements have ensured that SMC's decisions are communicated clearly, helping to increase accessibility.

PP424 Piloting A Comprehensive Search For eHealth Definitions In The Grey Literature: Preliminary Results From A Systematic Scoping Review

Zsombor Zrubka (zrubka.zsombor@uni-obuda.hu),
Anita Burrell, Menna N Sharkawy, Colin M Pfeiffer,
Manthan D Janodia, Mete Saylan, Cecile van Steen,
Hossein Motahari-Nezhad and Ken Redekop

Introduction. The use of information technology within health systems has emerged over the years and the current pandemic has further catalyzed this development. As a result, various definitions of eHealth have emerged. Our objective was to provide an overview of definitions available on the internet to complement the traditional (“white”) literature search.

Methods. We adapted methodological guidelines from the Cochrane Handbook and management sciences to mirror the search in bibliographic databases. A comprehensive Google search was performed in July 2020 to retrieve uniform resource locators (URL's) of webpages containing terms for eHealth within four words of synonyms for the word “definition”. The DataScraper extension of the Google Chrome browser was used to collect all URL's. Webpages were eligible if they contained an original or adopted English-language definition of eHealth or contained a direct link to a definition or a document containing a definition. All document types were eligible. The analysis was performed 7 months after the data collection.

Results. Out of the 270 unique URL's, 37 (13.7%) were no longer accessible and 51 (18.9%) were links to academic publications (“white” literature). The language was not English for five webpages (1.9%) and 113 (41.9%) did not contain a definition of eHealth or other related terms. Other related terms were defined in 29 webpages (10.7%), among which “electronic health record” occurred most frequently (18/29, 62.1%). eHealth was defined in 35 (13.0%) webpages, out of which 45.7 percent (16/35) cited an existing source and 54.3 percent (19/35) provided an original definition.

Conclusions. The digital era raises both challenges and opportunities in conducting a grey literature search. We found that an augmented Google-based search can identify valuable references that traditional literature searches cannot detect. Term definitions (and their context) found in the grey versus bibliographic databases will be compared to assess their alignment with health economists perspectives.

PP428 Rechargeable Versus Recharge-Free Sacral Neurostimulation: An Australian Health Economics Analysis

Rashmi Joglekar (rashmi.joglekar@medtronic.com)
and Alexandra Cordato

Introduction. Sacral neuromodulation is a well-established therapy for urinary and fecal incontinence. Currently available sacral neurostimulators require replacement every three to five years due to battery depletion. New rechargeable sacral neurostimulators with a potential 15-year battery life now have regulatory approval in Australia. However, the initial outlay for the device is higher than for the predicate devices. Our objective was to assess the economic value of rechargeable devices, compared with recharge-free implants, and to identify the patients most likely to benefit from the introduction of this novel technology in Australia.

Methods. The Medicare database was reviewed to quantify populations likely to derive benefits from rechargeable technology. Cost minimization and budget impact analyses were conducted from a payer perspective. Cost inputs were derived from Medicare and