percent), cancer (17 percent), circulatory system disorders (13 percent) and mental health (10 percent). Most study designs were observational (89 percent). The most frequent digital approaches for recruitment were internet sites (53 percent of recruitment studies), social media (42 percent), television or radio (31 percent) and/or email (31 percent). For retention these were email (63 percent of retention studies) or text messaging (38 percent). Time and costs of recruitment were reported in 17 percent and 30 percent of recruitment studies respectively, whilst costs were reported in 19 percent of retention studies.

Conclusions. A wide range of digital approaches has been studied, in many combinations. Evidence gaps include lack of experimental studies; studies on retention; and studies for specific populations (e.g. children or older people) and outcomes (e.g. user satisfaction). More robust experimental studies, perhaps conducted as studies-within-a-trial (SWAT), are needed to address knowledge gaps and ensure that estimates of digital tool effectiveness and efficiency are reliable.

OP89 Conference Abstract Searching In National Institute For Health And Care Excellence Health Technology Appraisals

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Introduction. The National Institute for Health and Care Excellence (NICE) guidelines manual recommend that MEDLINE, Embase and Cochrane Central Register of Controlled Trials should be prioritized for searching for reviews of the effectiveness of pharmacological interventions. Additionally, searching trial registries and conference abstracts are recommended to identify ongoing or unpublished research. However, the approaches to searching conference abstracts have not been previously studied. The aim is to analyze searches of conference abstracts reported in NICE Technology Appraisal (TA) company submissions for cancer interventions from 2013 until September 2018.

Methods. The company submissions were searched and obtained via the NICE technology appraisal guidance website. The sources used to find conference abstracts were identified from the company clinical effectiveness review search methods and appendices. Conference abstract searching in both database and website sources were compared.

Results. Of all 394 TAs, 124 (31 percent) were cancer TAs. Between 2013 and 2018, 91 TAs were completed or updated, which covered 18 cancer categories and 52 different named technologies. Technologies to treat non-small-cell lung cancer was the most frequently appraised in the last five years. Nivolumab was the most frequently appraised technology. Searches for conference abstracts were reported in 70 (77 percent) out of 91 company submissions. Supplementary searching was reported in 59 (84 percent), compared with 11 (16 percent) searching either/both Embase and the Web of Science Conference Proceeding Index (WoS-CPCI). A total of 54 supplementary website sources were searched which ranged from one to 11 per TA (average four sources). The American Society of Clinical Oncology (ASCO) and the European Society of Medical Oncology were the most frequently searched sources.

Conclusions. Whilst the WoS-CPCI has better coverage of cancer conference abstracts than Embase, searching databases alone are inadequate. Supplementary conference websites should be searched for reasons such as access to the most recent abstracts and incomplete indexing of titles within databases. A wide range of cancer specific sites exists although the impact of broad (e.g. ASCO) versus condition specific sites is unclear.

OP91 Developing A Celtic Connections Regional Health Technology Assessment Alliance

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Introduction. The Irish, Scottish and Welsh national Health Technology Assessment (HTA) bodies (Health Information and Quality Authority, Health Technology Assessment Group, Scottish Health Technologies Group, Health Technology Wales) have recently (2018) established a 'Celtic connections' regional HTA alliance on non-medicine technologies. The primary purpose is to add value by realizing potential economies of scale and scope in non-medicine HTA efforts.

Methods. A Memorandum of Understanding (MoU) was agreed to: formalize collaboration and partnership working; improve shared understanding of work programs and processes; collaborate on and co-produce evidence reviews of mutual interest; increase both the volume and range of technology topics for which advice is developed in each nation; promote knowledge exchange; and enhance professional and personal development for each agency's staff.

Results. Early benefits include: collaboration on one technology topic resulting in the production of bespoke guidance in three countries; an update of a partner's rapid review; identification of a further potential topic collaboration (sacral nerve stimulation); a six month senior staff secondment; and reciprocal observer membership on each country's national committees. Other general benefits have included: reduced duplication of effort; improved quality assurance through 'critical friend' peer review; enhanced access to methodological advice and a broader range of stakeholders; and development of a forum for discussion and peer support.

Conclusions. The alliance offers real potential to optimize use of the scarce resources for non-medicine technologies across the three countries and increase evidence review and guidance volume through adapting or co-producing outputs. Longer term benefits are anticipated to include: improved knowledge exchange; advancing skills of staff; building and broadening capacity through shared learning and access to a wider professional peer group; improved staff recruitment and retention; production of joint publications and other modes of dissemination; and increased profile for each country's work.

OP93 Collaboration Between Health Technology Assessment And Procurement: A Rapid Mixed-Methods Study

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Introduction. The Irish Health Service (HSE) Health Technology Assessment Group (HTAG) aims to maximise the impact of its work by collaborating with HSE Procurement, formalised through an evidence-based Memorandum of Understanding (MOU). This study aims to inform the MOU.

Methods. A sequential mixed-methods study design was used. A rapid review of the literature identified no substantive body of evidence on collaboration between independent national health technology assessment (HTA) and procurement bodies. Personnel involved in HTA or procurement were invited by email to complete a survey, take part in an interview, or both. The quantitative and qualitative data were analysed using descriptive statistics and thematic analysis, respectively. Findings were integrated using a conceptual framework that examined the complementarity of HTA and procurement processes relevant to an MOU.

Results. Thirteen surveys were completed (response rate was 13 percent). Eleven interviews (five Ireland, two Canada, three UK, one New Zealand) were conducted between August and November, 2017. No formalised collaboration between independent national HTA and procurement bodies was identified. However in New Zealand, HTA and procurement are an integrated function of the Pharmaceutical Management Agency (PHARMAC). In other jurisdictions, successful ad hoc collaborations occurred where there was a clear need expressed by Procurement for additional evidence required for decision-making, and where HTA personnel tailored their research approaches accordingly. Key themes to successful collaboration were relationships, communication, clear roles, rigorous research and 'system support'. Good individual relationships and ready access/communication promoted successful outcomes. Successful outcomes included improved clinical practice, and major cost savings. Collaboration may be focussed on: innovative or established devices; specific types of HTA/research products; specific categories/specialties; or specific procurement departments.

Conclusions. All participants considered collaboration to be beneficial but requiring good relationships and 'system support'. Furthermore, successful collaboration requires clarity regarding the purpose, parties involved, their roles, responsibilities, modes of communication, information to be shared, and the expected outcomes.

OP96 Assessing Impact Of UK Health Technology Assessment Programme Trials

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Introduction. Citation analysis is a standard tool for measuring the impact and influence of scientific work. One purpose behind controlled trials is to answer clinical and policy questions and to contribute directly or indirectly (contributing to systematic review and meta-analyses) to the production of practice guidance. The citation of trials within systematic reviews and policy or guidance documents therefore represents an authentic and meaningful measure of impact.

Methods. All 136 randomized controlled trials published by the United Kingdom (UK) Health Technology Assessment (HTA) programme in a 10-year period (2006-2015) were identified. Web of Science citation index was used to collect citation data relating to each trial. Altmetrics were used to identify additional policy and guidance documents. Citation data were collected and tabulated, and descriptive statistics produced. Additional data were collected for principal 'spin-off' publications.

Results. Eighty-eight percent of trials were cited by at least one Cochrane or non-Cochrane systematic review or meta-analysis; 37 percent by at least one Cochrane review (90 Cochrane reviews in total); 85 percent by at least one non-Cochrane systematic review or meta-analysis (365 in total). Forty-four percent of trials were cited by at least one unique piece of published policy or guidance. Mean number of review citations per published trial: 25.30; mean number of systematic reviews/meta-analyses per trial: 3.34; mean number of guidance documents per trial: 0.85. Trial investigators published the primary clinical outcome data in 27 additional peer-reviewed journal articles, generating citations in a further 66 unique reviews and 22 unique guidance documents.

Conclusions. Based on the payback model, this sample of 136 UK HTA trials represent meaningful impact: 88 percent of trials were cited in systematic reviews and 44 percent in guidance documents. Chronological data indicate that there might be a sizeable time-lag between publication and impact, especially for policy documents and Cochrane reviews.

OP97 Cost-effectiveness Model Appraisal Guidelines For Health Technology Assessments In Ireland

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Introduction. The National Centre for Pharmacoeconomics (NCPE) assesses the cost-effectiveness of new drugs for which reimbursement by the healthcare payer, the Health Service Executive (HSE), is sought in Ireland. This research aims to create a systematic approach for the NCPE review group (RG) to assess each of the cost-effectiveness models submitted by the applicant by creating cost-effectiveness model appraisal guidelines.

Methods. The RG consists of clinical, statistical and health economic expertise. In order to systematically appraise the HTA submission, which includes a cost-effectiveness model, clear guidelines on how each of the members of the RG can work together are required. The current members of the RG in the NCPE were given a draft of the guidelines created by the primary author, and additional feedback and testing was performed using the expert experience of the team. A version of the guidelines was tested for its usefulness.

Results. Three checklists were created. The purpose of the first checklist is to evaluate if the cost-effectiveness model works correctly. The second checklist ensures that each of the assumptions included in the HTA dossier are the same as those included in the cost-effectiveness model. The final checklist validates the assumptions used in the cost-effectiveness model to ensure they are reasonable and appropriate for decision making. The final version of

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