

psychological benefit, hope, normal life, treatment choice and convenience), that were identified by an earlier thematic analysis of these statements.

Results. Analysis of survey responses will use mainly descriptive techniques to generate percentages and ranges. Correlation analysis will be considered to investigate relationships between members' demographics, type of medicine (end-of-life, orphan) and the importance of different factors in the PACE statement. Preliminary results indicate that key quality of life themes highly valued by patients/carers are also important to committee members in their decision making. Challenges in assimilating qualitative patient-based evidence from PACE alongside quantitative clinical and economic data were highlighted.

Conclusions. Findings from this survey will provide valuable insight into how PACE evidence is used by SMC decision makers alongside traditional clinical and economic evidence and will help shape future improvements to the PACE methodology.

OP23 Smart Searches For Context-Sensitive Topics: Geographic Search Filters

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and Amy Finnegan

Introduction. Some systematic review topics are context-sensitive and informed by evidence about a specific geographic setting. Smart information retrieval methods are required to identify such evidence in an efficient manner. This presentation will discuss how validated geographic search filters enable smart literature searching for context-sensitive reviews using the National Institute for Health and Care Excellence (NICE) United Kingdom (UK) filters for MEDLINE and Embase (OVID) as examples. The NICE UK filters were developed in 2016. The filters demonstrated high recall and high precision, however, further research was required to confirm these results.

Methods. In 2018, the filters' recall of references from 100 UK-based multidisciplinary reviews was calculated. Reproducible search strategies were identified from twenty-six of the 100 reviews in MEDLINE and from nine reviews in Embase. From this, the precision and number-needed-to-read (NNR) were calculated.

Results. The MEDLINE filter achieved 96 percent recall (1401 out of 1454 UK references), 2.1 percent precision and a NNR of forty-seven. The Embase filter achieved 97 percent recall (1520 out of 1560 UK references), 0.7 percent precision and a NNR of 146. Compared to not using a filter, the MEDLINE and Embase filters reduced the number of search results by an average of 87 percent and 80 percent, respectively.

Conclusions. The filters retrieve the majority of evidence for UK topics while reducing search result volumes and so enable smart literature searching for context-sensitive topics. Large literature search result volumes can increase development time-frames for systematic reviews. Using the filters can therefore save time for reviews with a UK focus. There are currently two other validated geographic search filters for Africa and Spain. It is hoped that the NICE UK filters' successful retrieval performance will encourage the development of validated search filters for more geographic regions.

OP25 Organisational Learning Principles Applied To Information Retrieval

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Introduction. A key discussion point during HTAi's 2018 Meeting was how Health Technology Assessment (HTA) practitioners might borrow ideas from other industries or academic areas. Organisational learning (OL) is the study of how individual knowledge is shared within an organisation to become institutional/group knowledge. There are several models of OL, all focusing on how tacit knowledge (abstract, personalised, hard to define, action-based) is converted to explicit knowledge (definable, concrete, fixed, information-based). Effective knowledge sharing is crucial to leveraging individual knowledge to drive innovation, efficiency and effectiveness. Information retrieval is a knowledge-intensive field, with many processes requiring both tacit and explicit knowledge. Ideas from OL demonstrate ways to improve practice by increasing knowledge sharing.

Methods. Nonaka & Takeuchi's (1994) SECI model describes the cyclical process by which knowledge is shared. The model includes 4 stages: socialisation (tacit-to-tacit), externalisation (tacit-to-explicit), combination (explicit-to-explicit) and internalisation (explicit-to-tacit). Each stage describes how knowledge sharing takes place and highlights ways to ameliorate these processes. Information retrieval involves many elements that require or benefit from knowledge sharing and both tacit and explicit knowledge is required.

Results. In the SECI model the Socialisation stage is characterised by face-to-face learning. Peer reviewing of search strategies, open dialogue and team working are ways of facilitating this stage. The Externalisation stage is crucial to OL. This can be seen as the practice-into-research stage; the results of successful experimentation, for example with search filters. The Combination stage is the easiest to understand. Communities of practice and inter-organisational networks can widen knowledge sharing and help refine or increase detail of best practice. The Internalisation stage is the hardest to conceptualise or measure. The extent to which guidelines become adopted in individual practice is one way to gauge Internalisation.

Conclusions. Information retrieval practitioners could benefit from thinking about ways to improve knowledge sharing. Models of OL can be instructive in this regard.

OP26 Search Approaches In Information Retrieval Presented In HTAi SuRe Info

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Introduction. It is a challenge to stay up-to-date with the latest developments in information retrieval for health technology assessment (HTA). Summarized Research in Information Retrieval for HTA (SuRe Info) is a well-established open-access website with a selection of up-to-date key papers presented in summarized overviews. SuRe Info is maintained by the HTAi Interest Sub-Group on Information Resources; its main target

group are information specialists. SuRe Info is updated twice a year by experienced information specialists. Publications on information retrieval methods are identified by running topic-specific search strategies in relevant databases. Publications fulfilling the SuRe Info inclusion criteria receive a structured abstract together with a brief critical appraisal prepared by one SuRe Info information specialist and checked by another. The key messages from the appraisals are summarized in topic-specific chapters.

Methods. The structure and work of SuRe Info is presented on the basis of the chapter “Value of using different search approaches”.

Results. The chapter “Value of using different search approaches” was last updated in September 2018. It examines various alternative search approaches in bibliographic databases beyond the conventional Boolean search. According to this chapter, the most well-known approach, offering the most evidence, is citation searching (direct or indirect citation relationships). In contrast, little research has so far been conducted on other approaches such as full-text searches, automated retrieval methods or hand searching.

Conclusions. SuRe Info is an important resource for information specialists to keep up-to-date with the literature on information retrieval. In particular when information specialists work alone and not within a larger team, it is necessary to rely on collaboration projects such as SuRe Info.

OP27 Engaging Patients: The EuroCAB Programme

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Introduction. When developing a health technology that requires clinical studies, developers institute working relations with clinical investigators. In certain diseases areas, patients’ representatives create their own advisory boards, which proved their utility in the early 90s, in particular for the development of products to treat HIV infection. Inspired by this model, where patients with a same disease join and meet with relevant developers and discuss all aspects of the research, the European Organisation for Rare Diseases (EURORDIS) proposes a new programme of such Community Advisory Boards for Rare Diseases (CAB).

Methods. For this programme, EURORDIS invites developers to sign a Charter of principles when engaging with patients, and provides guidelines on CABs, together with a mentoring programme for patients’ networks that are less experienced with the development and the evaluation of health technologies. CABs are driven by patients who set their agenda, who sign a Memorandum of Understanding with each developer, and who organise the sessions. Sessions typically last for two to four days during which different meetings with different developers can take place, or trainings. All meetings can take place under confidentiality arrangements, and minutes are written to keep track and to follow-up with all points discussed. Participants and agendas are made public

Results. As of 2018, four CABs exist and operate (for tuberous sclerosis complex, for scleroderma, for cystic fibrosis, for Duchenne muscular dystrophy) and 18 others are in discussion

with many due to start in 2019. Topics discussed cover the target population, the study feasibility, the endpoints including patient reported outcomes, the comparator choice and/or the acceptance of a placebo controlled trial, the quality of life, the practical aspects of the trials, and the identification of previously unknown or unmet patient needs/preferences. For products which are more advanced in their life-cycle, discussions can also cover compassionate use, pricing policy, relative efficacy etc.

Conclusions. This represents a well-structured programme for the engagement of patients, where collective thinking and exchange between different patients ensure high quality dialogue with developers and can inform HTA also.

OP28 Patient Involvement at AQuAS: Experiences And Reflections For Future

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Introduction. AQuAS is gradually incorporating patient involvement in health technology assessment (HTA). We present two experiences conducted during 2018 and the different methods and approaches used. The aim is to reflect on learnings from those experiences to improve ways for increasing patient involvement with HTA at AQuAS.

Methods. We conducted two experiences using different quantitative and qualitative techniques (mix-methods approach). The first, a focus group discussion regarding the use of 3D-technologies for maxillofacial reconstruction with a selection of hospital patients that received maxillofacial reconstruction, which included the use of a quality-of-life retrospective self-assessment tool. The second, a sequence of email correspondence regarding cataract surgery technology (femtosecond laser-assisted cataract surgery (FLACS), in the context of an EUnetHTA Joint Assessment) with a patients’ association representative, to learn their opinion regarding the use of laser technology.

Results. Main learnings were: (1) patients and associations have different levels of knowledge and expertise to consider when planning an HTA; (2) sharing experience and knowledge among peers (i.e. focus group) proved to have a positive impact on patients and worked as a resource for some to improve knowledge on their condition; (3) critiques were received regarding a specific Patient Reported Experience template for HTA patient involvement (iv) quality of life retrospective self-assessment tool provided unexpected positive and negative results.

Conclusions. Recent patient involvement in HTA at AQuAS proved to be useful to complement HTA reports. We believe that patients’ experiences and opinions can help decision-making regarding the use, disinvestment or incorporation of health technologies, contribute to the improvement of tools and survey accuracy and improve doctor-patient communication. Their involvement might be beneficial for them to gain more knowledge, share experiences, reflect on their health situation and improve communication with the professionals that treat them. Future patient-involvement in HTA is needed, e.g. considering the social perspective in economic evaluations or including patients in recommendation consensus panels.