

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 Additionally, searching trial registries and conference abstracts are recommended to identify ongoing or unpublished research.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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