

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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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