Conclusions. This study suggests an alternative approach to conceptualize the domains originally described as "ELSI+". We identified clusters of relevant concepts that focus on patient perspectives (preferences, experiences, quality of life, function), burden and harm, fairness (individual and societal), and organizational issues. Basing ELSI+ on conceptual consonance, rather than academic disciplines or traditions, provides a framework for coherent consideration of ELSI+ in HTA.

OP79 Improving Public Understanding Of Scottish Medicines Consortium Advice

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Introduction. Transparency of processes and decision making is important to the Scottish Medicines Consortium (SMC). An independent review of access to new medicines in Scotland in 2016 recommended that SMC should review its communication of decisions with a view to achieving greater transparency. SMC therefore began to develop plain English summaries of advice on each new medicine.

Methods. A multi-stakeholder approach was adopted to develop the summary documents, with patient groups involved. Firstly, a review of communications for the public from other HTA organizations was conducted. The public involvement team then held a workshop to find out what patient groups felt would be important to include when explaining SMC decisions to patients and the public. The process was also informed by reviewing examples of good practice from other parts of NHSScotland, including patient versions of Scottish Intercollegiate Guidelines Network (SIGN) clinical guidelines. Exemplar documents were then developed and feedback sought from the Public Involvement Network Advisory Group.

Results. A format was developed for the SMC 'Decision Explained' summaries consisting of a question and answer format for each medicine decision in a two page document. The summaries were piloted internally over a six month period, during which the development process and layout were finalized. Since September 2018 these summaries have been published on the website alongside the technical advice.

Conclusions. Partnership working between SMC and patient groups has helped to develop a new way of communicating SMC's decisions to patients and the public in a clear way, helping to improve transparency and understanding. Evaluation of the summaries will be undertaken from six months of publication.

OP80 Impact Of Patient Group Participation At Scottish Medicines Consortium Committee Meetings

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Introduction. The Scottish Medicines Consortium (SMC) encourages patient group (PG) representatives to participate in the decision-making committee meetings, answering questions from committee members and providing points of clarity throughout discussions if required. In a continuous improvement approach the process and the participant experience is continually evaluated to monitor impact and emerging themes.

Methods. The interactions between committee members and PG representatives are recorded in writing by the public involvement team to monitor the questions or points of clarity raised. These interactions were analyzed using thematic analysis to look for emerging themes. Following the meeting, PG representatives are invited to complete an online survey on their experience of working with SMC.

Results. From July 2017 to October 2018, 36 PG representatives have attended committee meetings for the discussion of their submission. Committee members asked 17 PG representatives to contribute. Key themes that have emerged to date include insight into the impact of living with the condition on quality of life and how a new medicine may affect this. Survey feedback has been positive with participants reporting that patient engagement has been strengthened, and that the patient voice is heard, valued and supports committee members in making fully informed decisions. PG representatives expressed a willingness to participate again. Feedback also highlighted that the preparatory support offered to PG representatives by the public involvement team is highly valued.

Conclusions. Patient group participation in committee meetings has been received positively by PG representatives. They report that discussions relating to quality of life impact of medicines on patients and carers better reflect the lived experience, enriching committee's deliberations. This demonstrates SMCs commitment to openness and transparency and has strengthened patient engagement in our processes.

OP81 Building Technical Capacity To Promote Patient Involvement In Health Technology Assessment

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Introduction. In December 2017, a patient involvement (PI) Interest Group was created in the Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS) Annual conference. It started as a voluntary group of health technology assessment (HTA) methodologists interested in PI. The objective of the Group is to promote and facilitate PI in HTA. With the support of the Spanish Ministry of Health and the RedETS Council the Interest Group grew to at least one member for each of the eight RedETS regional agencies and units. It currently has 22 members. The PI Interest Group works in periodic online meetings and an annual offline meeting to establish a space for experiences exchange and reach

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consensus on main issues regarding PI.

Methods. RedETS published a strategy to facilitate effective and efficient PI in HTA processes in 2017. The long-term objective is to mainstream PI in all RedETS products. This strategy was built on a literature review and a qualitative study with semi-structured interviews. The interviews detected capacity building needs for technicians and methodologist in the network to be able to actively engage patients in HTA reports.

Results. Since the kick-off meeting the PI Interest Group has worked in a number of activities. The main lines of action since its creation were: (i) evaluation of PI process in RedETS HTA reports in 2017 and in current reports, (ii) discussion on main methodological and procedural aspects, and feasibility of different patient participation approaches, (iii) development of technical protocols and templates to facilitate PI, (iv) the creation/adaptation of educational materials for patients and (v) translation of the HTAi Glossary for patients to Spanish.

Conclusions. Peer-to-peer learning processes can foster technical capacity of HTA methodologist in the Spanish HTA Network and may favor the implementation of the PI strategy.

OP83 Iterative Formative Research Informing Primary Care Education Design

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Introduction. NPS MedicineWise delivers nationwide educational programs for Australian general practitioners and community pharmacists. Extensive searching and synthesis of published and grey literature is undertaken to inform program design and development. However, this formative research process is lengthy, labour intensive and attempts to pre-emptively answer questions that could arise during design and development, prompting a process re-evaluation.

Methods. A more targeted and iterative process was piloted entailing: (i) rapid collation (two weeks maximum) of basic contextual information into a pre-scoping briefing document including high-level statistics on medicines or test usage, key guidelines identification and collation of findings from relevant government and stakeholder reports, (ii) an internal advisory group reviewing the pre-scoping brief and identifying the highest priority research questions that must be answered to inform the design and development of the educational program, (iii) iterative work to answer the highest priority research questions with findings provided to the advisory group fortnightly, involving ad hoc search methods and snowballing techniques to identify pertinent literature quickly, (iv) iterative feedback from the advisory group as to whether the resulting work is adequate and development or whether further information is required, and reprioritisation of the work plan if necessary, and (v) completion of the formative research process within four or five iterations. The new approach was evaluated via surveys of the internal advisory group and staff involved in design and development. Administrative data on staffing and costs using the new approach were also compared with previous data.

Results. This approach was trialled for three different educational programs. The resulting reports are more targeted, answer specific advisory group questions and take half the time to produce.

Conclusions. This approach can rapidly provide appropriate information to inform program design. The iterative approach has allowed greater responsiveness to changing advisory group priorities and process improvements.

OP84 Collaborative Program To Improve Early Management Rheumatoid Arthritis

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Introduction. Optimal rheumatoid arthritis (RA) management requires coordinated management and consistent communication by health practitioners with patients. Suboptimal methotrexate use is a factor leading to increased use of biological disease modifying antirheumatic drugs (bDMARDs), which account for significant government drug expenditure. A multidisciplinary co-design approach was used to develop and implement a program aiming to improve early management and quality use of medicines (QUM) for people with RA in Australia.

Methods. Literature review and key informant interviews identified broad potential QUM issues in RA management. An initial exploratory multidisciplinary meeting prioritized QUM issues, identified audiences and perspectives, and scoped focus areas to address with education. Iteratively through co-design meetings and activities, program objectives were agreed, barriers and enablers for change explored, characteristics of intervention activities considered and rated, and program products developed and reviewed. Program evaluation included participation and distribution data, surveys and interviews, and analyses of general practice and Pharmaceutical Benefits Scheme (PBS) data.

Results. QUM issues addressed include: (i) timely initiation of conventional synthetic (cs) DMARDs; (ii) appropriate use and persistence with csDMARD therapy, especially methotrexate; and (iii) clarity around professional roles and best practice for prescribing, dispensing, and monitoring DMARDs, and managing lifestyle factors and other risks associated with RA. The educational program (October 2017 to June 2018) included: an article promoting key messages (email to ~115,000 health practitioners), prescriber feedback report based on PBS data (to all Australian rheumatologists), an RA action plan (completed by health practitioners for consumers), an interactive case study (553 participants), visits to 1200 pharmacies promoting key messages, a multidisciplinary webinar (431 live and 366 on-demand), fact sheets for consumers available through MedicineWise app (medicine management app for consumers), and social media activity.

Conclusions. A multidisciplinary co-design process has provided a model for developing a multifaceted QUM program incorporating and addressing multiple perspectives.

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