

percent in CP group, much higher than that in non-CP group (70.22 percent). For 244 cases that used combined antibiotics, the compliance rate for the recommended combinations of antibiotics was 20.12 percent in the CP group, but 1.25 percent in the non-CP group. After controlling patients' characteristics, the patients in the CP group got more appropriate antibiotics than those in the non-CP group.

CONCLUSIONS:

Adoption of the CAP clinical pathway in hospitals can improve antibiotics' utilization.

OP46 Addressing National Health Service (NHS) Priorities: Medtech Innovation Briefings

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INTRODUCTION:

Medtech innovation briefings (MIBs) are intended to support National Health Service (NHS) decision makers and staff who are considering using new innovative medical devices and in-vitro diagnostics. MIBs are produced in support of the NHS 5-Year Forward View, specifically to accelerate innovation in new treatments and diagnostics. This project aimed to evaluate the extent to which published MIBs address national priorities set by NHS England, including in six clinical areas: cancer, mental health, dementia, diabetes, learning disabilities, and maternity.

METHODS:

Data was extracted from eighty-seven MIBs downloaded from the National Institute for Health and Care Excellence (NICE) website including: study design, amount of evidence, date of CE mark, population, cost, manufacturer, device class, publication date, and category of conditions and disease (as prescribed by NICE). Descriptive analysis was done for each variable

and frequency tables were produced for MIBs by disease category.

RESULTS:

Cardiovascular disease (n = 19) and cancer (n = 12) were the two most common conditions addressed by MIB-evaluated devices. The four medical conditions with the fewest MIBs (n = 1 each) were: diabetes, liver conditions, neurological conditions, and fertility, pregnancy and childbirth. Of the eighty-five MIBs with stated device classifications, just over half were Class IIa and IIb devices and 18 percent were in-vitro diagnostics. The earliest original CE mark was 1997, and approximately half of the devices obtained or updated their CE mark after 2010.

CONCLUSIONS:

Chronic conditions such as cancer, cardiovascular disease, and diabetes accounted for 89 percent of total deaths in the UK in 2014, thus, the most commonly published MIBs aptly address these issues. However, MIBs are lacking in five out of six NHS priority areas. There is opportunity for innovative technologies to be reviewed via MIBs and alternative NICE pathways in the areas of diabetes, maternity, mental health, and learning disabilities and dementia.

OP49 Restrictive Versus Non-Restrictive Drug Reimbursement Systems

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INTRODUCTION:

Existing literature shows evidence on the differences in drug reimbursement decisions across countries. These differences are the reason for this study. The main aim of this research is to model the impact of drug reimbursement decisions on health outcomes (that is, life expectancy, healthy life years and mortality rates). In particular, this study is looking at countries that have