Introduction. The Department of Management and Incorporation of Technologies and Innovation in Health (DGITIS) acts as Conitec's Executive Secretariat. Among its attributions, it promotes the public/patient involvement in the health technology assessment (HTA) process. Recently, Conitec has been working on the inclusion of patient's testimonials about their illness experience in the plenary sessions, that is, the monthly meeting where technologies are assessed.

Methods. To support the action of including patient reporting in Conitec's HTA process, DGITIS developed research on HTA agencies websites worldwide. The main criteria was the inclusion of patients' reports in their Committee meetings. DGITIS contacted some of these agencies and requested a listserv question to the International Network of Agencies for Health Technology Assessment (INAHTA) members. These findings supported the DGITIS for the inclusion of patient participation in Conitec's meetings, from the selection process to the actual participation.

Results. For the Conitec's HTA process, the patients' participation should occur in the prior session to the public consultation, guaranteeing the inclusion of their perspective since the recommendation process beginning. Hence, every demand for incorporation to be discussed at Conitec's meeting should be preceded by a public call for patients with the clinical condition. The DGITIS will also hold preparatory meetings, which will serve as moments for shared construction of knowledge and literacy.

Conclusions. The nomination process, so far, has been grounded as a consensus among the patients. Thus, Conitec acts as a mediator, connecting the involved stakeholders, in a way that they can autonomously organize themselves and indicate the main representative and an alternate one. With the inclusion of the patient's perspective in the Conitec's meeting, another form of patient participation was opened in the HTA process. Therefore, the consolidation of this participation space is feasible and contributes to enrich the Brazilian HTA process.

OP318 Health Technology Assessment And Decision-Making Processes: The Purchase Of Magnetic Resonance Imaging Technology

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Introduction. Medical devices play an essential role in health care, but they are also a leading causes of increasing healthcare expenditures. The purchase of technologies and the determination of how and when they should be used are among the most important decisions made by decision-makers, at the institutional level.

The present research focuses on the Portuguese health system and sheds light on the characterization of decision-making process by those involved in Magnetic Resonance Imaging (MRI) purchases.

Methods. To characterize the decision-making process, results from forty questionnaires and twenty-seven semi-structured interviews with key decision-makers were merged, using a mixed method approach. To assess competences for decision-making, a questionnaire was applied, and Exploratory and Confirmatory Factorial Analysis conducted.

Results. Cost and suppliers' characteristics are seen as the most important indicators to guide decisions. The decision is undertaken by a committee, in a bottom-up process, characterized by a bounded rationality, influenced by intuition and a consultant decision-maker. The reasoning and justification for selection of the committee members is unclear. The decision process is considered to be bureaucratic, time-consuming and long. Patients are negatively perceived as stakeholders in the process. Few studies were performed (mostly related to the workload of the Radiology Department) to support the decision and no national or international health technology assessment (HTA) study was used in the process, to guide decisions. Decision-makers have limited knowledge and training in areas of decision-making in the areas of health informatics, health economics and especially HTA. This may limit their ability to truly understand the future implications of their purchase decisions.

Conclusions. To foster HTA in decision-making processes, recommendations are made, in particular, to: (i) establish an HTA in-house unit, able to carry out studies considering the hospital context and aiming to inform managerial local decisions (ii) promote a team comprised of technology assessment multidisciplinary researchers but also professionals from the health institution able to carry out HTA studies (iii) foster common languages and values to increase uptake of HTA studies.

OP321 The Scale And Variation Of The Impact Of COVID-19 On Prescribing Of Medicines In Primary Care In Wales

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Introduction. Prescribing of medicines in primary care in Wales has been exceptional in 2020 due to COVID-19 and the associated changes to the delivery of health services. The changes are likely to have harmful, albeit unintended, consequences, including disruption of pharmacy stock management; unpredictable changes in prescribing; and interruption to patients' supply of medicines and reduced medication adherence. Changes in prescribing are unlikely to be distributed evenly across the country or population. Therefore, this study aimed to identify changes in GP prescribing compared with previous years, the variation of these changes, and factors related to the variation in changes, to identify patient subgroups for whom the impact is disproportionate.

Methods. We identified medicines of interest where concerns around prescribing have been raised and, for each of these medicines, retrieved monthly prescribing data for each GP practice in Wales (N = 492). We then linked these data with other publicly available data (for example, practice size, indices of multiple deprivation, disease prevalence).

We developed a novel approach to measure the impact of COVID-19 on GP prescribing. We compared observed with expected prescribing volume projected via time series modelling and differences were related to patient and practice characteristics using general estimating equations.

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Results. There was evidence of stockpiling of medicines during March 2020 (for example, oral-contraceptives and oral-anticoagulants with 11.6 and 18.5 percent increases from March 2019), followed by a short-term reduction in prescribing for oral-contraceptives (a reduction of 12.9 percent), but not oral-anticoagulants (an increase of 6.5 percent). However, GP level data show considerable deviation from the national trend for several GPs, which may be due to health and socio-demographic factors.

Conclusions. COVID-19 has had a major impact on primary care prescribing in Wales. The distribution of changes in prescribing will not be even across the country or the population. Identification of systematic variation in impacts on prescribing could identify geographical areas or patients in need of additional support to ensure uninterrupted and appropriate access to medicines.

OP338 Involving Patients In Research: Early Consultation Of Women To Improve Study Design And Investigate Trial Acceptability

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Introduction. Gaining the perspective of patients is invaluable in the design, management and reporting of research. As part of the process of facilitating clinical research into the effectiveness of a digital colposcope in a cervical cancer pathway, patients were involved from the outset.

Methods. Using funding made available by a Public Involvement Fund, a patient consultation group was established. The group's initial discussions informed the design of a feasibility study and funding application, which was submitted to the UK National Institute of Health Research (NIHR). A Patient and Public Involvement (PPI) representative was recruited and along with the consultation group, contributed to the ethical approvals for the study. The Patient Information Sheet and Consent Form were reviewed by the patients, to ensure readability, understandability and accessibility. The patient questionnaires and interview topics that are part of the feasibility study were also developed in conjunction with the PPI group, to make sure that women's concerns are being addressed in the research design and protocols.

Results. The PPI consultation group's contributions helped strengthen the funding application and funding for a feasibility study was granted as part of the NIHR's Research for Patient Benefit funding scheme. Part of the grant will be used for training and reimbursement for time spent for the PPI representative. Data collection for the study is due to commence in the summer of 2021. The PPI group will be consulted at the beginning and end of the data collection period and will contribute to the data analysis and dissemination of the research output, including a Plain English Summary.

Conclusions. Involving patients greatly amplified the quality of the funding and ethical applications and will continue to benefit the ongoing research. Resources were widely available within the researcher's University and also through UK-wide schemes. Such resources are crucial and should be encouraged as part of all clinical research.

OP339 Virtual COVID Ward: The Use Of Telehealth In The Emergency Response To COVID-19

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Introduction. With unprecedented times, comes accelerated change. Hospitals in our region have begun to facilitate safe discharge for COVID-19 patients in the form of "The virtual COVID ward". This has enabled patients to be monitored safely in the community using pulse oximetry, Florence (a telehealth mobile app) and remote consultations. Our objective is to expand upon this model by providing home oxygen therapy for these patients facilitated by telemedicine.

Methods. Patients were discharged with an oxygen concentrator if they had an oxygen requirement equal to or less than four litres/minute. Fraction of inspired oxygen needed to be stable and an early warning score of less than four was also required. Once admitted, the Florence app and daily remote consultations were crucial to closely monitor the patient's clinical status. The patient was instructed to enter oxygen saturations and heart rate into the app four times daily. The app would then alert our team if any patients observations deteriorate, triggering immediate assessment.

Results. We have discharged ninety patients to the virtual ward, fifty-six of these with home oxygen. The average age was fifty-seven and the Clinical Frailty Score ranged between one and six. At present, ten patients have been re-admitted, four with increasing oxygen requirements, and six with unrelated symptoms. Two patients had oxygen concentrators installed at home after we were alerted to their desaturation by the Florence App. The re-admission rate is eleven percent, which mirrors that of other virtual wards (who do not provide home oxygen). In total, the ward has saved the trust 627 hospital inpatient 'days'. Patients report increased satisfaction at playing a meaningful role in monitoring their own healthcare using the app.

Conclusions. Our novel model of supported discharge with oxygen therapy using telehealth demonstrates that it is possible to manage such patients, safely, in the community. Other trusts could utilise this model to reduce inpatient bed occupancy. Looking to the future, could telehealth be utilised further to facilitate other "Virtual wards" in the community?

OP340 Kidney Patients' Preferences For A Wearable Digital Health Technology To Support Self-Management Of Chronic Kidney Disease - A Discrete Choice Experiment

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Introduction. Wearable Digital Health Technologies (WDHTs) can support and enhance self-management by giving individuals

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