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**OBJECTIVES:** This evaluation analyzed the value and impact of patient perspectives in value assessments by HTA bodies from two dimensions: stated importance and actual impact. **Methods:** Stated Importance (SI) assesses the HTA body’s perception of the importance of patient-centric evidence in value assessments. Actual Impact (AI) assesses whether relevant patient-reported outcomes (PROs) are considered in the value assessment by HTA bodies. To measure AI, recent appraisal reports by HTAs on selected topics were examined. **Results:** SI varied across agencies with high to low scores as follows: IQWiG (Germany) and NICE (UK) 0.86, CADTH (Canada) 0.71, PBAC (Australia) and HIQA (Ireland) 0.68, HAS (France) 0.29. Scores for AI were as follows: IQWiG 0.80, CADTH and HAS 0.60, HIQA and NICE 0.40, PBAC 0.20. The most prominent gaps in patient input by HTAs were in the domains of diversity, transparency, and timeliness. The most common PRO domain not evaluated was work productivity. SI of each HTA was evaluated against identified good practices on a 0-1 scale (0=None and 1=All domains considered). 0.40, PBAC 0.20. The most prominent gaps in patient input by HTAs were in the domains of diversity, transparency, and timeliness. The most common PRO domain not evaluated was work productivity. The observed variations and gaps between HTAs emphasize a clear need for standardized patient-focused value assessment best practices across HTAs. Lack of transparency on HTA decision drivers limits our ability to establish correlation between considerations of PRO evidence and final decision making.

**PNS569**

**BURNOUT SYNDROME PREVENTION IN NURSING AT PANDEMIC COVID-19:** A LITERATURE REVIEW

**Dickson J,** **Pierre M,** **Lockhart L,** **McCormack J**

Healthcare Improvement Scotland, Glasgow, UK

**Objectives:** The Scottish Medicines Consortium (SMC) is the national HTA agency for medicines. Due to the ongoing pandemic, all multi-stakeholder meetings moved to a virtual setting. This study evaluated user satisfaction, captured any technical issues, and identified what worked well and areas for improvement in order to establish stakeholder confidence in the ongoing use of virtual meetings. **Methods:** A SmartSurvey consisting of 13 questions was distributed to participants of the three main committees of SMC: the New Drugs Committee (NDC); Patient and Clinician Engagement (PACE); and SMC committee and covered meetings held June-October 2020. Meetings were held using a combination of MS Teams and Zoom videoconferencing. The choice of platform reflected availability of wider functionality for example, break out rooms for private voting by ballot. In addition to SMC staff, meeting attendees included committee members (NDC, SMC), patient group representatives/advocates (PACE, SMC), pharmaceutical company representatives (SMC), and clinical experts (PACE). **Results:** 155 respondents completed the survey including attendees of NDC (n=47), PACE (n=15), and SMC meetings (n=93). 98% of respondents for NDC, 100% for PACE, and 89% for SMC rated their experience of attending virtually as “very good” or “good.” Most respondents found the technology easy to use (98%, 93%, and 95% respectively). Areas for improvement included: duration and comfort breaks; when to have cameras on; consistency of presentation slides; and discussion or social setting. Implementation of suggested improvements is ongoing. Reduced travel was one of the most valued aspects: “What ... worked well is that all interested parties could attend, without geography/travel being a potential barrier” (Patient group representative/advocate). **Conclusions:** Across all committee members, user satisfaction with virtual meetings was high and technical issues were minimal. Virtual meetings have important implications for the accessibility of HTA decision-making, beyond the pandemic.

**PNS570**

**SOCIETAL COST SAVINGS ARE OFTEN NOT CONSIDERED IN NICE DECISION MAKING**

**Tuson H,** **Richardson L,** **Ponnell A,** **Large S**

Prescription Advisors Ltd, London, LON, UK, **PNS570**

**Objectives:** Broader societal cost savings offered by new technologies, for example from reduced absenteeism and increased productivity at work, less caregiver time or reduced costs associated with travelling to a hospital to receive treatment, are not typically considered by the National Institute for Health and Care Excellence (NICE) when making recommendations for funding. Instead, NICE refers to a list of ‘exceptional cases’ where these may be accepted. The research presented here explores NICE evidence review group (ERG) critiques of societal cost-saving analyses in submission documents, to understand how these are currently evaluated and their impact on recommendations. **Methods:** We reviewed all technology appraisal (TA) and highly specialised technology (HST) assessments published between April 2013, when in the current NICE methods guidance was issued, and July 2020. **Results:** Manufacturers included societal cost considerations within economic models in 6% (19/331) of NICE TAs and HST assessments. Societal cost-saving analyses were presented for a range of conditions, typically mental health, which were considered either ‘exceptional cases’ or ‘good practice’. In 3% (11/331) of TAs and 2% (6/331) of HSTs, NICE accepted the analyses in only two of the five appraisals (HST3 and TA325). **Conclusions:** In appraisals of new technologies that NICE did not comment on the submitted societal cost analyses, these are