medicines recommended by the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG). The NTF requires seven health boards and one trust to make recommended medicines available within 60 days of any positive recommendation decision. The project goal was to develop a system for demonstrating how monitoring the NTF improves medicines access for the people of Wales.

Methods. The process was derived via a series of task and finish group meetings with relevant stakeholders. The monitoring criteria were agreed through a collaborative expert approach using a nominal group technique. This determined a minimal dataset of formulary status, which included time to formulary addition. Pre-NTF medicines data (n = 59) were available for a six-month period.

Results. By the three-year milestone of the NTF, the average time taken for newly recommended medicines (n = 219) to become available to patients across Wales had decreased by eighty-five percent from 90 to 13 days ($p < 0.01$).

Conclusions. An innovative and robust system has been created for accurately monitoring the formulary addition of medicines within the NTF, supporting the rapid and comprehensive uptake of medicines deemed clinically and cost effective by NICE and the AWMSG.

PP90 Effectiveness Of Music Therapy For Autism Spectrum Disorder, Dementia, Depression, Insomnia, And Schizophrenia

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Introduction. Music therapy (MT) is a complementary creative arts treatment aimed at maintaining, restoring, and furthering physical, emotional, and mental health. This systematic review aimed to assess the effectiveness of MT for the treatment of autism spectrum disorder, dementia, depression, insomnia, and schizophrenia. In addition, the MT methods used for these indications were analyzed.

Methods. For this update of five Cochrane reviews, four databases (Medline, Embase, The Cochrane Library, and PsycINFO) were systematically searched for studies published from 2013 to 2020. Two review authors independently performed the study selection and data extraction. The methodological quality of the included trials was assessed using the Risk of Bias in Non-randomised Studies - of Interventions (ROBINS-I) tool and the Cochrane Risk of Bias tool for randomized controlled trials.

Results. Ten RCTs (1,248 patients) met the inclusion criteria. For schizophrenia, no study could be included. MT improved the following: behavior, social communication, and the parent-child relationship in patients with autism; mood for patients with depression; and sleep quality for patients with insomnia. In patients with dementia, MT enhanced mood, behavior (severe disease stage), and cognitive function, whereas cognition was unchanged. Memory was improved only in the mild disease stage. None of the studies observed any significant long-term effects of MT in these patient groups. Both active (playing music) and receptive (listening to music) methods were used for dementia, whereas active methods were applied for autism spectrum disorder and depression. For insomnia, only receptive methods were used.

Conclusions. The findings of this update of reviews provides evidence that MT may help patients diagnosed with an autism spectrum disorder, dementia, depression, insomnia, or schizophrenia. It is crucial to focus on patient-related evidence-based health care. MT improves physical, psychological, and social aspects, but more research investigating the long-term effects of MT in these patient groups is needed as it is crucial to know how long the effects of MT last.

PP94 Pandemic Preparedness: EUnetHTA COVID-19 Rapid Response With "Rolling Collaborative Reviews (RCR)"

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Introduction. Potential therapies and interventions for COVID-19 are emerging and developing rapidly. In a response to this public health emergency, the European Network for Health Technology Assessment (EUnetHTA) aims to support health policy in preparation for evidence-based purchasing. To monitor the emerging evidence, a new EUnetHTA product was created: Rolling Collaborative Reviews (RCRs).

Methods. RCRs are living documents that are descriptive in nature, updated monthly, and centrally coordinated. They are based on the following three sources of information: (i) published randomized controlled trials (RCTs) presented as a summary of efficacy and safety data (synthesized for a network meta-analysis conducted by the Department of Epidemiology Lazio Regional Health Service, Italy); (ii) published prospective observational studies for safety results, provided by the Map of COVID-19 Evidence conducted by the Norwegian Institute of Public Health, Norway; and (iii) RCTs registered in clinical trial registries (ClinicalTrials.gov, EudraCT Register, and the ISRCTN registry). Additionally, detailed stopping and starting rules were defined.

Results. As of November 2020, 14 RCRs were ongoing. From the initial list of RCRs, one was suspended due to lacking effectiveness and two moved on to rapid collaborative reviews due to European Medicines Agency approvals. Four RCRs are updated on a bimonthly basis due to a lack of high-quality evidence, and five new RCRs will be started because of promising clinical studies.

Conclusions. RCRs can be a means of providing timely and continuous policy support, but they require a high level of coordinated effort.

PP100 Characteristics To Consider In A Knowledge Translation Theory, Model Or Framework For Health Technology Reassessment

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