being used in these ongoing studies will nonetheless be generating evidence for the upcoming years.

PP186 Telemonitoring With Pacemakers For Patients With Heart Failure

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Introduction. Evidence supporting the use of pacemakers is well established. However, evidence about the optimal use of pacemaker telemonitoring for disease management in heart failure is not. Health Technology Wales (HTW) held a national adoption event to encourage implementation and best practice in use of pacemaker telemonitoring in the National Health Service (NHS) Wales to improve patient outcomes in heart failure.

Methods. Multi-stakeholder national adoption workshop using a mixture of expert presentations, case studies and interdisciplinary group and panel discussions to agree key actions to understand the value and promote optimal use of pacemakers for remote disease monitoring in patients with heart failure in Wales.

Results. The workshop was attended by forty-five senior professionals with an interest in improving care of patients with heart failure. Actions to progress included: providing a centralized Welsh system to support technical issues that arise with telemonitoring; considering interoperability with other NHS Wales systems; encouraging value-based procurement with collection of a core outcome set; agreeing implementation issues with both professionals and patients; audit to understand experience, resource use and outcomes; and sharing manufacturer evidence on the accuracy of telemanagement algorithms. It was suggested that these actions be progressed via an All-Wales multi-stakeholder approach, led by the Welsh Cardiac Network.

Conclusions. Developing a more agile, lifecycle approach to technology appraisal is currently advocated; recalibrating the focus from technology assessment to technology management across the complete technology lifecycle. HTW will endeavour through regular adoption events to facilitate such a paradigm shift that aims to understand value and optimise use of evidence-based technologies.

PP187 Robotic Surgery, Any Updates?

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Introduction. This work aims to update the previous robotic surgery health technology assessment (HTA) study conducted in 2013 in Bambino Gesù Children's Hospital. The study, focused on the evaluation of the newest evidence that have emerged over the last three years, aims to identify if there are new perspectives and advantages of introducing this technology in the hospital.

Methods. Decision-oriented HTA (DoHTA) method was applied to conduct the assessment. It involved the integration of the European Network for HTA Core Model® (version 3.0) and the analytic hierarchy process providing the definition and the numerical evaluation of assessment parameters through which it is possible to evaluate the performance of the technologies compared. Three years after the first technology's evaluation, an updated literature review was conducted, using the same 2013 key words, to identify changes in the indicators' performance score. The performance values have been updated through a quantitative and qualitative evaluation of data gathered from the literature review, expert opinion and context analysis. The global weights' system, developed in 2013, has not been updated because the relative importance of each domain remained unchanged. The performance values of safety, efficacy, costs, and social aspects have been estimated, identifying the differences in terms of percentage values in comparison with the previous study.

Results. Results showed a slight improvement on safety and organizational aspects in robotic surgery; however, clinical effectiveness and economic, social and legal aspects remained unvaried. More specifically, it has been registered a 3 percent reduction of the difference of the distance between robotic and laparoscopic performance values (2013: 14, 15 percent; 2017: 11, 29 percent).

Conclusions. Results highlighted a slight improvement in robotic surgery performances even if it confirmed the previous results for which the laparoscopic system outperformed the others and currently is keeping the best performance techniques. Finally, sensitivity analysis and a Monte Carlo simulation were carried out proving the stability and reliability of the solution.

PP189 Filling In The Blanks: Is RWE From MAAs Used In NICE Decision Making?

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Introduction. The National Institute for Health and Care Excellence (NICE) may recommend temporary funding through managed access agreements (MAAs) for oncology drugs (via the Cancer Drugs Fund [CDF]) and highly specialized therapies for rare diseases. MAAs allow for the collection of evidence to address key areas of clinical uncertainty, while providing access of medicines to patients, prior to re-appraisal by NICE. Observational data and other real-world evidence (RWE) are crucial requirements for all MAAs and herein we examine the extent these data are being used to inform HTA decisions at re-appraisal.

Methods. Existing MAAs entered into between the National Health Service (NHS) England and manufacturers as of 30 October 2018 were identified; for drug:indication pairings with NICE re-appraisals, all information was reviewed and the key data extracted.

Results. Of the twenty-two MAAs identified, only two drug: indication pairings have been subsequently re-appraised by NICE: BV(brentuximab vedotin):non-Hodgkin lymphoma ('recommended') and pembrolizumab:relapsed or refractory classical Hodgkin lymphoma ('recommended'). Data from a retrospective questionnaire regarding the proportion of patients that received

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