

whether the charge intends to punish patients for non-attendance.

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### ASSESSING THE EFFECTS OF INTERVENTIONS THAT AFFECT BIRTH RATES

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**Objective** Some beneficial reproductive health interventions affect who will be born and how many people will be born (e.g., providing contraception, treating avoidable causes of infertility like chlamydia). In order to decide whether these interventions should be included in health benefits packages a consistent methodology is needed for assessing their costs and benefits within a population. Such a methodology should enable cost-effectiveness analyses of interventions that affect birth rates so they can be compared with other health interventions. At present the health economic analyses of these interventions use apparently inconsistent methods. This presentation provides a taxonomy and ethical analysis of current methodologies used to assess the effects of interventions that affect birth rates.

**Methods** We reviewed the studies cited in two recent literature reviews of economic evaluations of interventions that affect fertility and childbearing. On the basis of this review, we developed a taxonomy of methods used for assessing the effects of interventions that affect birth rates. These methods were then evaluated for logical consistency, utility, and fit with defensible ethical principles.

**Results and Discussion** A number of the methodologies used appear to treat the benefits and costs of interventions that affect birth rates in inconsistent ways—for example, contraception is sometimes treated as averting infant deaths by preventing the infants from coming into existence but not as averting the creation of other individuals who would live long, healthy lives. Other methodologies are ethically indefensible—for example, putting a positive value on the reduction of fertility independent of whether the reduction is desired by the people who would otherwise reproduce. Consistent and ethically defensible methodologies fall into three categories: those measuring intermediate outcomes; those measuring total effects; and those focused on reproductive autonomy. Each has pros and cons for policy-makers designing health benefits packages.

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### UNDERSTANDING PATIENTS' VIEWS AND EXPERIENCES OF NHS SERVICES IN THE CONTEXT OF THE EVIDENCE-BASED INTERVENTIONS (EBI) PROGRAMME IN THE ENGLISH NATIONAL HEALTH SERVICE

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**Objective** New evidence about existing health technologies can raise questions about the benefits of continued provision. It may be possible to stop or reduce the technology use in people where benefit may not justify health system costs. The EBI programme was introduced in the English National

Health Service (NHS) in April 2019. The programme provides guidance for local health system managers to stop or reduce certain procedures where evidence indicates limited or no benefit (for some or all patients). The aim of this study is to investigate patients' understanding and experiences of care for symptoms where access to procedures may be constrained by the EBI programme.

**Methods** This is a qualitative study based on case study design. The data collection methods planned are semi-structured interview(s) with patients who are potential candidates for three case study procedures from the EBI programme. Alongside this, audio-recordings of these patients' clinical consultations will be collected, with a focus on how treatment options are discussed. Data will be analysed thematically, using the constant comparative approach.

**Results** Data collection will commence in January 2022 with preliminary findings presented. The topics that will be covered in the interviews and audio-recordings include patients' experiences of their initial referral by primary care and their pathway leading to specialist consultation; any expectations they may have had for their care and what the implications were if these were not met; and their general views on access to NHS care.

**Conclusion** Research on the impact of initiatives that aim to reduce healthcare use from stakeholders' perspectives is lacking. This study is one of the first to focus on patients' understanding and perspectives of care in this context. Findings from this study will provide timely information on the implications of these initiatives on patients' experiences of care.

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### STAKEHOLDER INVOLVEMENT IN THE COVID-19 PANDEMIC RESPONSE AND PREPAREDNESS PLANS: A SYNTHESIS OF FINDINGS IN 86 COUNTRIES

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**Background** The importance of stakeholder involvement in priority setting has been recognized in theoretical and empirical literature; however, there is a paucity of evidence reporting on stakeholder involvement in planning the response to public health emergencies. The COVID-19 pandemic provides an opportunity to explore how stakeholders are involved, and which groups are most engaged in these processes.

**Methods** This study is part of a global documentary analysis of COVID-19 national response plans. We assessed the degree to which pandemic plans from a sample of 86 countries adhered to twenty quality indicators of effective priority setting included in the Kapiriri & Martin's framework. One of these is stakeholder involvement, viewed to enhance the legitimacy and acceptability of policy decisions by incorporating the interests of affected parties, and to enhance fairness through the inclusion of a range of values. We extracted information about individuals and institutions involved in the development of the plans, and any explanation of their level of involvement or contribution.

**Results** Overall, 68 countries reported stakeholder involvement in the development of COVID-19 response plans. Most of these plans were led by the ministries of health in each country. Eighteen plans briefly described the engagement of representatives from different health-related government organizations, forty-five countries mentioned the involvement