

making, especially as French institutions are reflecting to move toward environmental inclusion in HTA and pricing. Standardized guidance will be essential to ensure comparability and avoid methodological variability.

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### THE VALUE OF THE HEALTH AND WELL-BEING BENEFITS OF HEALTHCARE FACILITIES AND OUTDOOR SPACES

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**Objectives:** The health and wellbeing benefits of exposure to open space are well known. The use of open spaces has been shown to improve blood pressure, all-cause and cardiovascular mortality, mental health, premature deaths, and sleep quality. The National Health Service (NHS) in Scotland has 825 hectares of open space (half of which is greenspace) accessible to patients, caregivers, public and staff. This space offers unique opportunities to realise health and wellbeing benefits. This potential is unexplored, and no studies have estimated the health and wellbeing value and potential of these, or similar, health-based spaces.

**Methods:** This study uses two survey-based non-market valuation methods to value NHS open spaces. First, the Office for National Statistics value of the health benefits of outdoor exposure based in Quality Adjusted Life Years (QALYs). This approach may however not capture the full range of benefits these spaces provide. Second, a stated preference contingent valuation method to elicit willingness to pay (WTP) for open spaces. The online survey was administered to a representative sample of 2,449 adults in Scotland in late 2024. **Results:** We estimate that there are 128 million annual visits to NHS open spaces. Most visits last less than 30 minutes and are linked to visits to access NHS services. Visits typically involve low-impact activities suggesting most of the health and wellbeing benefits are linked to mental wellbeing. Based on the ONS exposure method, the direct annual health benefits from visits to NHS open spaces are estimated as £86.1 million (£65.6 million - £129.5 million). Most of this value comes from primary care sites. Based on contingent valuation WTP estimates the value of local hospital sites is £653.5 million and local primary care sites is £560.4 million. **Conclusions:** The findings will provide insights into the social and economic value generated by investment in NHS open spaces.



### Maximizing Patients' Voices in HTA: Innovations in Elicitation Practices

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### ADVANCING PREFERENCE ELICITATION TECHNIQUES FOR RARE DISEASES AND LIMITED SAMPLE POPULATIONS

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**Objectives:** Patient preference studies are increasingly used to inform healthcare decision making, with discrete choice experiments (DCEs) being the most widely applied method. However, DCEs may be less suitable for small-sample settings due to their sample size requirements, cognitive burden, and analytical complexity. Without appropriate methodological alternatives, researchers risk generating biased or non-robust evidence. This study aims to provide an evaluation of four different stated preference methods [DCE, Best-Worst Scaling (BWS), Multidimensional Thresholding (MDT), and Online Personal Utility Functions (OPUF)] in small sample contexts. **Methods:** We conducted a purposive review of the literature to examine four methods, focusing on: methodological features, robustness, and relevance to small-sample preference studies. Articles were identified through targeted searches of PubMed/Medline, Scopus and Google Scholar. Abstracts were screened to select relevant articles to the review objective. Drawing on prior literature and emerging empirical evidence, we provide a critical comparison of each method and their capacity to yield reliable and interpretable results in preference studies with limited sample sizes. **Results:** There is no one-size-fits-all preference elicitation method in small sample contexts. Each approach offers unique advantages and limitations depending on the research context. Method selection should be guided by study design, sample size, participant characteristics, cognitive burden, and the need for exploration of preference heterogeneity. While DCE and BWS are well-established with extensive precedent in the literature, newer methods such as MDT and OPUF show promise, particularly in small samples. However, their use is still emerging, and further research is needed to strengthen the validity and robustness of these innovative approaches. **Conclusions:** This study recommends that the choice of method adopted should be tailored to the specific research



objectives and study characteristics. Research suggests that BWS is a robust alternative method of eliciting preferences in small samples, while OPUF and MDT appear promising but require further validation.

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### "TELL ME A STORY": A RANDOMIZED STUDY COMPARING TABULATED AND NARRATIVE PRESENTATIONS OF A DISCRETE CHOICE EXPERIMENT

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**Objectives:** Discrete choice experiments (DCEs) are frequently used to evaluate the preferences of the public, patients, and healthcare professionals. Choice alternatives in DCEs are usually presented in table format. However, our pilot work suggested some respondents might prefer a narrative format, presented as a patient story. Given limited information on respondent preferences for narrative formats, we randomised respondents to see either table or narrative formats of a DCE on antibiotic prescriptions, among the UK general public. **Methods:** The online DCE used 12 choice questions, described by seven attributes such as symptom severity and risk of complications. The narrative version provided the same information as the table, but structured as a short paragraph. We assessed respondent experience of the two formats by examining completion time, drop-out rate, self-reported difficulty, and use of short-cuts (speeding, same choice for all questions, nonsense free-text responses). Respondents' choices were modelled using heteroskedastic logistic regression to identify any differences in variability of responses, and mixed-effect logistic regression with an interaction term for format.

**Results:** 1608 adults completed the survey (802 table, 806 narrative). We saw no significant differences in survey experience measures (all  $p > 0.05$ ). Models for the subsamples were consistent with the pooled model, but were a better fit than the pooled model after allowing for differences of variability (likelihood ratio test  $p < 0.001$ ), indicating differences in preferences and/or variability. Three of the attributes showed a small effect of format (interaction  $p$ -values  $< 0.05$ ). When shown both, 58% preferred the table format. **Conclusions:** Although some differences in preferences were observed, these were minor, leaving the main DCE conclusions unchanged. These are reassuring findings, suggesting either format can be used. However, there may be stronger effects in groups typically under-represented in online DCEs (e.g. lower educational attainment), for whom the tabular format may even be a deterrent, leaving their voices missing in preference measures.



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### SEEKING PATIENT AND PUBLIC'S OPINIONS TO DETERMINE TARGET DIFFERENCES IN CLINICAL TRIALS: A SCOPING REVIEW OF ELICITATION METHODS

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**Objectives:** Target differences are the difference in the outcome of interest that a trial is designed to detect. Target differences can be based on important or realistic differences. There are no agreed methods to directly involve patients and the public in determining target differences. We aimed to conduct a scoping review to identify elicitation methods and assess applied tools to seek opinions from patients or the public on target differences. **Methods:** We conducted a snowballing scoping review. Included studies asked patient or public's opinions directly about important or realistic treatment differences to inform the design or interpretation of trials (i.e. excluded anchor or distribution-based methods). Abstracts and full texts were screened, and data was extracted by one researcher with an independent check done by a second researcher. Validity, feasibility and patient and public involvement (PPI) were assessed based on self-report. **Results:** We identified 61 full texts. From these, around 80% were published after 2010. Opinion seeking tools were applied most in neoplasms (20%) and musculoskeletal diseases (20%). Four categories of elicitation methods were identified: trade-off (69%), direct questioning (20%), educational (7%) and reflective (5%) methods. The most common concept elicited by opinion seeking was the minimally important difference (25%). Around half of the studies reported validity (48%), less than a third assessed feasibility (30%). Less than half of the studies reported PPI (41%). **Conclusions:** We identified elicitation methods to directly involve patients and the public in determining important differences in clinical trials. This is a first step in ensuring important differences are robustly defined, and involve patients or the public, to avoid research waste. Their quality and acceptability, and what works in what context, needs to be assessed.

