



Development of a methodological framework for systematic review-based evidence briefings

Duncan Chambers, Paul Wilson

¹Centre for Reviews and Dissemination, University of York (duncan.chambers@york.ac.uk)

Background

As part of a larger research project,¹ we are providing a knowledge translation service to National Health Service (NHS) decision-makers in the Leeds–Bradford area of England, translating existing sources of synthesised and quality-assessed evidence, primarily systematic reviews, into actionable messages. The service was initially aimed at commissioners of healthcare services but has now also been utilised to support decisions relating to service delivery and organisation in acute and community mental health care settings.

Methods

We developed a framework for production of evidence briefings based on a scoping review of existing resources² and our initial experience of a range of briefing topics, including models of service provision for young people with eating disorders.³ Initial evidence briefings were produced using an intuitive ad hoc process. While these were generally well received, it became apparent that we needed to develop a structure that would enable both ourselves and those requesting an evidence briefing to clarify and confirm the question(s) to be considered. Where appropriate, we drew on the SUPPORT tools for evidence-informed policymaking.⁴

Results

The framework assumes that briefings will be produced in response to decision-makers' requests and that the process will involve active collaboration between decision-makers and researchers. It covers development of the research question (including a checklist to be completed at an initial meeting (Figure 1)); identification of relevant systematic reviews and economic evidence (Figure 2); relating the evidence to the local setting; and consideration of issues of health equity and implementation of any changes to practice or service delivery.

Searches for relevant evidence are performed by the researcher responsible for the briefing, with the involvement of an information specialist for more complex topics. As a minimum, briefings are reviewed and edited by a second researcher and representative(s) of the customer organisation. To date, peer review has been undertaken by other CRD researchers independent of the project team.

Our first evidence briefing produced under this framework covers diagnostic endoscopy by specialist nurses and has been produced for York Hospitals NHS Foundation Trust. At the time of writing this briefing is under consideration by the Trust management. Evaluation of use, usefulness and impact is an important part of the process and a feedback process will be instigated once the deliberations have concluded.

Conclusions

Production of evidence briefings is labour-intensive but appears promising for increasing the impact of systematic reviews and supporting evidence-informed decision-making. Development of a standard approach, together with a more centralised provision of this type of service, could offer economies of scale and make use of national expertise to support the needs of decision-makers at the local level.

References

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Figure 1: Checklist to clarify the research question

Evidence briefing checklist
1. Brief statement of the issue for which an evidence briefing is requested
2. Objective(s) of any change to practice/services (e.g. reduce expenditure, disinvest from ineffective intervention, better use of NHS resources, improved outcomes)
3. Population affected by the issue (should be defined as precisely as possible). Also relevant contextual information, e.g. size of population locally (number), prevalence (%), relationship to national average etc.
4. Intervention, i.e. a possible change of practice or policy for which an evaluation of the evidence is required. Should be defined as precisely as possible, especially for complex interventions
5. Comparator(s); normally this will be current/standard practice but could also include any other options that may be under consideration, again defined in as much detail as possible
6. Outcome(s): specific outcomes that are commonly evaluated in primary studies/ systematic reviews of the issue. If appropriate, only reviews that address pre-specified outcomes of interest will be included in the briefing. Alternatively, certain outcome(s) may be specified as primary and given extra weight in assessing the evidence
7. Any available data on local costs/resource use/budgets (preferably information that can be included in briefings for wider distribution)
8. Any known drivers/facilitators of change (e.g. national or local policies/initiatives)
9. Any known barriers to change
10. Any known issues around health equity
11. Any known issues around implementation

Figure 2: Key evidence sources

Key evidence sources
Systematic reviews
■ DARE (quality-assessed systematic reviews of interventions)
■ Cochrane Database of Systematic Reviews
■ NIHR HTA Programme reports
■ HTA database
■ NICE guidelines (for systematic reviews performed to support guideline recommendations)
Other sources of systematic reviews and HTA reports (e.g. Rx for Change, Health Systems Evidence etc.) may be searched if appropriate.
Economic evidence
■ NHS EED
■ NICE guidelines (for economic modelling studies performed to support guideline recommendations and other economic evidence)
■ NHS HTA Programme Reports and CRD HTA database (for health technology assessments incorporating economic evaluation)

This poster presents independent research funded by the National Institute for Health Research (NIHR) through the Leeds York Bradford Collaboration for Leadership in Applied Health Research and Care. The views expressed in this publication are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.