APPENDIX 3

EXPERT ADVISORY GROUPS

EVIDENCE REVIEW METHODOLOGY
SUMMARY OF PROCESS – EVIDENCE REVIEWS

1. **Introduction**

Each evidence review will essentially be a ‘review of reviews’; the tight timescale means that it will not be possible to undertake reviews of primary research, so we will be using ‘secondary’ level sources i.e. systematic reviews. Nevertheless the process we use will follow systematic review (SR) principles of minimising bias (maximising objectivity) and maximising transparency and repeatability.

This means that following a protocol for the process and keeping detailed records of decisions taken at each step of the process is vital, as is a quality assurance process. Each evidence review should be undertaken by a lead reviewer working with a co-reviewer.

2. **Key steps in the process**

Step 1: Identify outcomes and populations of interest (EAGs to do this by early w/c 12th May). We anticipate one evidence review per outcome although very similar outcomes may be grouped into one review.

From this point on, each step is undertaken for each evidence review.

Step 2: The Evidence Service (ES) team will decide whether, for each outcome, the evidence reviews previously undertaken for the Health Improvement Review (HIR Priority Areas Reports) covered the outcome, and therefore, only an updated search is needed, or, whether a new or supplementary search is required. The ES will then draft a protocol (including search strategy) by 16 May (dependent on when outcomes / population information is received by the ES team). Draft protocols are to be checked by EAG group leaders.

Step 3: ES team undertake search according to search strategy in protocol.

Step 4: Screen search results by title (ES team). List of included references sent to Support Team (ST). Search results for each evidence review and partially completed related PRISMA diagram will be sent out as and when each is completed. We anticipate this process being finished by
23 May (dependent on the above process being undertaken in time).

Step 5: ST reads abstracts of references included at title screening and use inclusion/exclusion criteria from the protocol to decide which references to include in the review. All decisions are to be recorded in Inclusion/Exclusion Tables (template provided). If excluding a reference, the reason is to be noted on the table. If there is insufficient information in the abstract, then include it at this stage.

Step 6: ST obtains full-texts of included references (use links given in search results document or ask ES to obtain).

Step 7: ST reads full-texts. Exclusion may occur at this stage if the reference does not meet inclusion criteria. All decisions are to be recorded in Inclusion/Exclusion Tables.

Step 8: ST completes the PRISMA diagram to show how many references have progressed through each inclusion/exclusion stage.

Step 9: Where a SR comes from an authoritative body with clearly standardised processes and methodologies, there is no requirement for a formal critical appraisal e.g. Cochrane or NICE. Otherwise, the ST will undertake critical appraisal, recording details on the checklist provided by ES. Exclusion may occur at this point. If so, record this on the Inclusion/Exclusion Table, giving a reason for exclusion and amend PRISMA diagram accordingly.

Step 10: ST looks at the findings of the included SRs and identifies interventions which fit with evidence grades A-E (Evidence Grading Scheme at Appendix 8).

Step 11: For these interventions, the ST extracts information from the included SRs into the RE-AIM framework (template provided). It is anticipated that one RE-AIM form will be completed per intervention. Some SRs may only review one type of intervention but others may be outcome focussed and may review more than one type of intervention. Therefore more than one RE-AIM form will be completed using information from that SR. Usually the SR will categorise interventions into the different types for analysis and synthesis and this categorisation may be deemed appropriate for the evidence review. If not, then categories will need to be created. Categorisation of
interventions should be discussed with the EAG Chair/project management team as this will need to fit within the overall theory of change/approach.

NB: Normally in evidence reviews the ES extracts information into an Evidence Summary Table. However in order to reduce the time involved in completing an evidence review for this programme, it was decided to skip this stage and extract directly into the RE-AIM form. If the ST feels however that undertaking this interim stage would be helpful (perhaps for the first few evidence reviews) then they may opt to do this.

NB: At this stage minimal details about the intervention are needed – enough for the EAG to understand the nature of the intervention but full details are needed about the evidence-base underpinning it plus likely effect size.

Step 12: RE-AIM forms are to be sent to EAGs at least one week before their second meetings. EAGs will then shortlist interventions. At this stage the ST may be required to extract further details about these interventions.

3. Quality assurance

3.1 Repeatability checks

Co-reviewers independently undertake a repeat of the process at key steps on a sample of the references (insert decisions into the relevant templates using red font or other means to differentiate co-reviewer entries from lead-reviewer entries). Lead and co-reviewer will compare decisions. Any disagreements should be resolved by discussion and the results of this recorded in the relevant template. If agreement cannot be reached, then a member of the ES will act as third reviewer.

Repeatability checks should be undertaken at the following stages:

- Abstract inclusion/exclusion
- Critical appraisal
- Evidence grading

A minimum of 10, or 10% of, references should be sampled for repeatability checks. Either use random number technique or sample every third reference in alphabetical list to draw the sample. For example, if there are only 10 references in the search
results list then the co-reviewer will look at them all; 20 references – look at 50% (10); 100 references – look at 10% (10); 200 references – look at 5% (10).

3.2 Consistency checks

The ST should send the following to the ES team:

- Inclusion/Exclusion Tables – after abstract screening (and repeatability checks)
- All critical appraisal checklists
- Draft RE-AIM forms

Send these as and when completed (not all at the end of the process). The ES will contact reviewers for any points of clarification. It may be necessary to organise teleconference/VC at short notice if there are consistency issues which need discussion.

4. Process shortcuts

It is possible that the ES team will judge that the evidence reviews previously undertaken for the HIR are directly relevant, for some outcomes, and that only an update search is required. In this case, the ES team will pass to the ST any SRs which had been included in these previous evidence reviews. This means that the ST will start the process at Step 11 (for these SRs) thus reducing the amount of time required for the evidence review. Update searches for the outcome will follow the full process from Step 3.