

REQUESTING AND UTILISING LITERATURE SEARCHES FOR COMMISSIONING GUIDANCE

A resource for commissioning guide development groups

Aim of this paper

An important part of the commissioning guidance development process is to explore the relevant literature that supports the recommendations within the guidance.

An evaluation of the commissioning guide development through 2013 -14 showed that many of the guidelines required additional searches during their development, due to initial search results being aimed at clinical rather than commissioning requirements. This resulted in much of the content from the searches not being used within the guides and additional time and resources being required to source relevant information later in the process.

The Royal College of Surgeons will be contracting the College Library to carry out the systematic reviews for the revisions of the commissioning guides. The literature search will identify the highest quality evidence available including NICE accredited guidelines, systematic reviews and randomised controlled trials. Any filters for the search will need to be discussed with the Library at the scoping stage. The search processes will be clearly documented and presented in a final search report, so that transparency and auditability is maintained.

Within this paper is a brief outline of the commissioning process, with some suggestions for possible additions to any search criteria.

What information do Commissioners require in order to make decisions?

The RCGP Centre for Commissioning (<http://www.rcgp.org.uk/revalidation-and-cpd/~media/6C164D7796EA49A3AC25AD5383AEC653.ashx>) has described the commissioning cycle in 4 states that are broken down as follows:-

| STAGE OF COMMISSIONING PROCESS | INFORMATION REQUIRED BY COMMISSIONERS | WHERE INFORMATION IS PLACED WITHIN GUIDES |
|--------------------------------|---|---|
| ANALYSE | <p>Understand the following about the local population:</p> <ul style="list-style-type: none"> • needs and current activity • the costs associated • any specific groups that require separate consideration. | <ul style="list-style-type: none"> • Introduction |
| DESIGN PATHWAYS | <p>Understand the most effective and efficient care pathway:</p> <ul style="list-style-type: none"> • Review data available • Evidence based care • Patient needs from a service | <ul style="list-style-type: none"> • Data tools • High value care pathway |
| SPECIFY AND PROCURE | <p>Design specifics of care pathway and payments:</p> <ul style="list-style-type: none"> • Review local and national evidence • Identify the right incentives to measure performance • Define parameters that might trigger changes to payment | <ul style="list-style-type: none"> • Literature search • High value care pathway • levers for implementation • data tools |
| DELIVER AND IMPROVE | <p>Commissioners need to monitor the performance of the provider:</p> <ul style="list-style-type: none"> • Evidence of continual improvements in care • Value for money • Performing to contract | <ul style="list-style-type: none"> • Lever for implementation • Data tools |

The Literature Search

The process

Prior to carrying out a full literature search the GDG will be asked to identify the search criteria and complete a proforma (see Appendix 1). The library will review the proforma and make suggestions for improvements to support the GDGs needs, if required. The scope may need to be focused in order to ensure it is deliverable within the timescale and resource.

Any proposed methods for focusing a search will be clearly documented in the edited proforma and subject to GDG sign off.

Once approved by the GDG the Library commence the search and complete an initial sift of the results.

The Library will provide a final report with a list of relevant full citations and abstracts along with full text links to articles covered by the College's subscriptions

Deciding your search criteria

The literature searches performed by the RCS Library and Surgical Information Services are intended to specifically support the 'clinically based design of patient pathways' and to a much lesser extent, 'service specification', for example where evidence is sought regarding required minimum staffing or comparing outcomes within centralised vs decentralised services.

The starting point should be a well-defined question, addressing the population (participants), interventions and comparisons, and outcomes that are of interest. Additionally, study types should be identified for inclusion. Evidence levels should be taken into account, although for many surgical topics, observational studies need to be considered due to the paucity of RCTs.

When defining the population, please consider that literature searches are based on the information contained in the citations and abstracts, i.e. the title, abstract and any indexing terms used. This can pose difficulties when the guidance is intended to cover a patient population of a particular gender or age range. For example, if the guidance focuses on children aged 5-18, studies may be indexed 'Adult', 'Child', 'Infant' or 'Adolescent', and include patients aged 9 months to 65 years without further details available from the abstract. This may lead to a far greater number of studies with potential relevance to the topic than originally anticipated. In that case, the guidance development group may need to allocate more time to obtain and read the articles in full text in order to select eligible studies.

Consider the following questions:

- Are there specific population sub-groups?
- How many per capita of the population is implementing this care pathway likely to effect and if so what are the likely costs?
- What pathway will not only provide the best clinical and patient outcomes but also the best value for money?
- How do you define quality in terms of outcomes for this pathway?
- Are there any financial drivers or incentives for commissioning a certain pathway? e.g. CQINS, QOFs

Reviewing the search evidence

When reviewing the evidence the study quality needs to be assessed in order to define the degree of confidence about the estimate of treatment effects. This is especially important for supporting key points of decision within the patient pathway.

The GRADE approach for questions about interventions has been used in the development of NICE clinical guidelines since 2009 (<http://www.nice.org.uk/article/PMG6/chapter/6-Reviewing-the-evidence>).

The GRADE approach to assessing the quality of evidence for intervention studies

In the GRADE system, the following features are assessed for the evidence found for each 'critical' and each 'important' outcome:

- Study limitations (risk of bias): assessing the 'internal validity' of the evidence
- Inconsistency: assessing heterogeneity or variability in the estimates of treatment effect across studies
- Indirectness: assessing the degree of differences between the population, intervention, comparator for the intervention and outcome of interest
- Imprecision (random error): assessing the extent to which confidence in the effect estimate is adequate to support a particular decision
- Publication bias: assessing the degree of selective publication of studies.
- Other considerations (for observational studies only):
 - Effect size
 - Effect of all plausible confounding
 - Evidence of a dose–response relationship.

The quality of evidence is classified as high, moderate, low or very low. Definitions and further information is available on the GRADE website <http://www.gradeworkinggroup.org/index.htm>

Whilst it is not mandatory to record the method of decision making when reviewing the results of the literature search, we recommend that the following key characteristics of studies are recorded in an evidence table for ease of comparison (See NSCC Spreadsheet 2 in Commissioning Guide Resources or on College website (<https://www.rcseng.ac.uk/healthcare-bodies/nscc/commissioning-guides/about-commissioning>)).

1. **Bibliographic reference:** author(s), year, article title, journal, volume, pages.
2. **Study type:** for example, randomised controlled trial, and cohort or case-control studies.
3. **Number of patients:** total number of patients included in the study, including number of patients in each arm, with inclusion and exclusion criteria. Also record the numbers of patients who started and completed the study.
4. **Patient characteristics:** characteristics relevant to the area of interest: age, sex, ethnic origin, comorbidity, disease status, community- or hospital-based.
5. **Intervention:** treatment, procedure or test studied. If important for the study, specify duration of treatment. For diagnostic studies the intervention is the diagnostic test plus associated treatment studied.
6. **Comparison:** placebo or alternative treatment. For diagnostic studies, comparison of the test is with another test and treatment strategy.
7. **Length of follow-up:** the length of time that patients take part in the study for, from first staging treatment until either a pre-specified end-point (for example, death, specified length of disease-free remission) or the end of the data-gathering phase is reached. If the study is stopped earlier than originally planned for any reason, this should be noted here.
8. **Outcome measures:** list all outcome measures defined in the review protocol, including associated harms. For studies with a diagnostic component there will be two interventions to consider – the diagnostic test used and the associated treatment. Use a separate line for each outcome.
9. **Effect size:** for example, raw data from the study that allow analyses such as absolute risk reduction and relative risk (reduction), number needed to treat, number needed to harm, odds ratios, as required. Give confidence intervals whenever possible.
10. **Source of funding:** government funding (for example, NHS), voluntary/charity (for example, Wellcome Trust), pharmaceutical company; and the role of funding organisations.

11. **Additional comments:** additional characteristics and/or interpretations of the studies that the reviewer wishes to record. These might include important flaws in the study not identifiable from other data in the table, and additional questions or issues that will need to be considered but do not figure in the results tables in the study.

Appendices to the published guidance

The following information should be recorded by the GDG and will be made available on the website on publication of the commissioning guidance:

- Details of search strategies
- Summary of numbers of studies identified
- Excluded studies
- Evidence tables and GRADE profiles

Additional resources for GDGs

| | Title | Publisher | Detail | Link |
|-------------------------------------|---|---------------------------------------|--|---|
| Identifying populations | Mapping between different commissioners of healthcare | National Audit Office | Estimates of overall health funding at an area-level, taking into account the different geographical variants between commissioners. | http://www.nao.org.uk/report/mapping-between-different-commissioners-of-healthcare/ |
| | Infographics and NHS in numbers | Nuffield Trust | HES based activity data | http://www.nuffieldtrust.org.uk/ |
| Identifying costs | NHS References costs 2014 | Department of Health | Tariff costs for procedures and treatments | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380322/01_Final_2013-14_Reference_Costs_publication_v2.pdf |
| | Spend and outcome tool (SPOT) | Public Health England | An online tool that compares acute hospital activity, clinical coding and payment by results data. Free to all in NHS. | http://www.yhpho.org.uk/default.aspx?RID=49488 |
| Outcome and monitoring measurements | Outcome based healthcare | | | http://outcomesbasedhealthcare.com/resources/ |
| | Regional Repository of Quality Metrics | North East Quality Observatory System | Microsoft Access database which can be used to identify useful metrics | http://www.negos.nhs.uk/publications.php5?rid=867 |
| | PROMS | University of Oxford | Bibliography of research related to Patient-Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) | http://phi.uhce.ox.ac.uk/home.php |
| | HES of acute inpatient care | HSCIC | Detailed provider level analysis of acute inpatient care | http://www.hscic.gov.uk/searchcatalogue?productid=17192&q=title%3a%22Hospital+Episode+Statistics%3a+Admitted+patient+care%22&sort=Relevance&size=10&page=1#top |
| | Quality Watch | Health Foundation & Nuffield Trusts | A joint research programme monitoring how the quality of health and social care is changing over time. Over 270 indicators reviewed | http://www.qualitywatch.org.uk/ |

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|----------------------|---|--|---|---|
| Provider information | Dr Foster | My hospital Guide and Commissioning Intelligence | Online access to HES based data at provider and commissioner level | http://myhospitalguide.drfoosterintelligence.co.uk/ |
| | National Benchmark and assurance portal | The Audit Commission | Compares acute hospital activity data, clinical coding and Payment by Results (PbR) related measures with other organisations. | http://www.audit-commission.gov.uk/information-and-analysis/national-benchmark-and-assurance-portal/ |
| Policy, care models | Library database | Kings Fund | The online catalogue for the Information and Library service of The King's Fund is freely available. Coverage includes policy and management of health and social care services (not clinical issues and treatments) 1979 to present. | http://kingsfund.koha-ptfs.eu/cgi-bin/koha/opac-detail.pl?biblionumber=116161 |
| Commissioning | The Commissioning Zone | NHS Networks | A wide range of useful resources on all aspects of commissioning | https://www.networks.nhs.uk/nhs-networks/commissioning-zone |
| | Commissioning for value packs | NHS England | CCG level intelligence on activity and spend against outcomes | http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/ |

Appendix 1 – Template 3 Literature Search Form



Library and Surgical Information Services library@rcseng.ac.uk

The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE
Tel. 020 7869 6555

Literature Search Request

| | |
|--|--|
| Requesting Organisation | |
| Lead Name and Contact Details including email address | |
| Reason for search request e.g. Development of commissioning guidance | |
| Search title | |
| Research question | |
| Population(s) e.g.: <ul style="list-style-type: none">• Age group• Condition/disease• Disease stage / subtype• Stage in treatment | |
| Intervention(s) Please include as much detail as possible, including specifying similar but out of scope treatments | |

| | |
|--|--|
| Comparators where appropriate | |
| Outcomes Searches are not normally limited by outcomes, but it is useful to understand which are the more important outcomes to be considered | |
| Exclusion criteria (optional) | |
| Search period e.g. last ten years | |
| Types of studies to be included e.g. <ul style="list-style-type: none"> • Systematic Reviews • Randomized Controlled Trials • Observational Studies • Diagnostic Studies | |
| Language e.g. English only or All languages | |
| Comments / context / suggested keywords Please give as much detail as possible | |

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