

Appendix D: Health economic review protocol

Table 43: Health economic review protocol

Review question	All questions – health economic evidence
Objectives	To identify economic studies relevant to any of the review questions.
Search criteria	<ul style="list-style-type: none"> • Populations, interventions and comparators must be as specified in the individual review protocol above. • Studies must be of a relevant economic study design (cost-utility analysis, cost-effectiveness analysis, cost-benefit analysis, cost-consequences analysis, comparative cost analysis). • Studies must not be a letter, editorial or commentary, or a review of economic evaluations. (Recent reviews will be ordered although not reviewed. The bibliographies will be checked for relevant studies, which will then be ordered.) • Unpublished reports will not be considered unless submitted as part of a call for evidence. • Studies must be in English.
Search strategy	An economic study search will be undertaken using population-specific terms and an economic study filter – see appendix G. For questions being updated from the previous guidelines, the search will be run from the latest guideline (CG92) cut-off date (2008).
Review strategy	<p>Studies not meeting any of the search criteria above will be excluded. Studies published before 2001 will be excluded. Abstract-only studies and studies from non-OECD countries or the USA will also be excluded.</p> <p>Studies published after 2001 that were included in the previous guidelines will be re-assessed for inclusion and may be included or selectively excluded based on their relevance to the questions covered in this update and whether more applicable evidence is identified.</p> <p>Each remaining study will be assessed for applicability and methodological limitations using the NICE economic evaluation checklist which can be found in appendix H of Developing NICE guidelines: the manual (2014).²³⁶</p> <p>Inclusion and exclusion criteria</p> <ul style="list-style-type: none"> • If a study is rated as both ‘Directly applicable’ and with ‘Minor limitations’ then it will be included in the guideline. An economic evidence table will be completed and it will be included in the economic evidence profile. • If a study is rated as either ‘Not applicable’ or with ‘Very serious limitations’ then it will usually be excluded from the guideline. If it is excluded then an economic evidence table will not be completed and it will not be included in the economic evidence profile. • If a study is rated as ‘Partially applicable’, with ‘Potentially serious limitations’ or both then there is discretion over whether it should be included. <p>Where there is discretion</p> <p>The health economist will make a decision based on the relative applicability and quality of the available evidence for that question, in discussion with the Committee if required. The ultimate aim is to include economic studies that are helpful for decision-making in the context of the guideline and the current NHS setting. If several studies are considered of sufficiently high applicability and methodological quality that they could all be included, then the health economist, in discussion with the Committee if required, may decide to include only the most applicable studies and to selectively exclude the remaining studies. All studies excluded on the basis of applicability or methodological limitations will be listed with explanation as excluded economic studies in appendix O.</p>

The health economist will be guided by the following hierarchies.

Setting:

- UK NHS (most applicable).
- OECD countries with predominantly public health insurance systems (for example, France, Germany, Sweden).
- OECD countries with predominantly private health insurance systems (for example, Switzerland).
- Studies set in non-OECD countries or in the USA will have been excluded before being assessed for applicability and methodological limitations.

Economic study type:

- Cost-utility analysis (most applicable).
- Other type of full economic evaluation (cost-benefit analysis, cost-effectiveness analysis, cost-consequences analysis).
- Comparative cost analysis.
- Non-comparative cost analyses including cost-of-illness studies will have been excluded before being assessed for applicability and methodological limitations.

Year of analysis:

- The more recent the study, the more applicable it will be.
- Studies published in [2001] or later that were included in the previous guidelines but that depend on unit costs and resource data entirely or predominantly from before [2001] will be rated as 'Not applicable'.
- Studies published before [2001] will be excluded.

Quality and relevance of effectiveness data used in the economic analysis:

- The more closely the clinical effectiveness data used in the economic analysis matches with the outcomes of the studies included in the clinical review the more useful the analysis will be for decision-making in the guideline.