NHS Evidence – better decisions and improved patient care

GILLIAN C LENG

Lord Darzi's report published in May 2008, *Our NHS Our Future*,¹ highlighted the problem of identifying evidence-based information – too many sources of information in too many different places. The report recommended that: *'NICE will manage the synthesis and spread of knowledge through NHS Evidence – a new single portal through which anyone will be able to access clinical and non-clinical evidence and best practice, both what high quality care looks like and how to deliver it'*.

Information sources and audiences

The potential audiences for NHS Evidence are wide, including clinicians, public health specialists, commissioners, researchers and those working in social care. To satisfy the needs of these different communities, a wide range of information sources will be required, covering 'classic' evidence-based information such as research trials and systematic reviews, but also grey literature and policy documents. Those most relevant to clinicians are summarised in Table 1.

To achieve the ambition of managing the synthesis and spread of knowledge to this range of audiences, there are three main challenges that NHS Evidence needs to be able to address: (i) identifying the most relevant, high-quality information; (ii) making it readily accessible; and (iii) supporting the use of evidence in practice.

In identifying the most relevant sources of information, NHS Evidence aims to ensure that the inclusion of sources is as comprehensive as possible – feedback from users was clear that too much filtering would be unhelpful. Exclusion criteria are, therefore, kept to a minimum, aiming to take out only those sources likely to be the most biased. Many of the good quality sources of evidence are already well-known, such as the Cochrane Library, but others are less so. Over the next 6 months, NHS Evidence will systematically review the available sources of information in a range of key areas, to identify potential gaps.

To sort, sift and prioritise the resultant large volume of information effectively, NHS Evidence has three main approaches:

1. A formal system for accrediting producers of 'guidance', to enable the best, most trusted sources to be easily recognisable through an accreditation mark. Producers are formally invited to provide the NHS Evidence Advisory Committee with a submission against internationally agreed criteria for guideline development.⁵ The accreditation scheme may in future be extended to other types of information, such as systematic reviews.
2. A process for regularly reviewing new publications across a range of topic areas, to highlight significant

Table 1 Clinically relevant information sources

Clinical

- Guidelines
- Systematic reviews
- Other synthesised content (summaries and overviews)
- Primary research and on-going trials

Commissioning and improvement

- Service guidance
- Tools and models
- Care pathways
- Indicators and metrics
- Improvement information

Drugs and technologies

- Prescribing and safety information
- Technology appraisals
- New drug information
- Devices, diagnostics and interventional procedure guidance

new evidence on a monthly and annual basis – monthly, via an electronic bulletin (*Eyes on Evidence*), and annually through 'Annual Evidence Updates' in key topic areas. In doing this, NHS Evidence will provide some background context for the user. This context is important as, from NICE's experience of updating guidelines, new evidence is much more likely to add weight to the existing evidence base, rather than challenging or overturning current practice.

3. An effective approach to searching for information and ranking search returns by relevancy and quality through an on-line search portal. The principal objective of the NHS Evidence search function is to ensure the user finds useful information on the first page of search returns. The information will be ranked accord-

ing to relevancy, but also by quality of the information – accredited sources will appear higher up the list.

To support key elements of this work, a number of specialist teams are in place to carry out a range of functions, including identifying relevant sources of information and reviewing new publications. These teams were originally established as Specialist Libraries by the National Library for Health, now renamed as Specialist Collections. They cover a range of clinical areas, such as orthopaedics and trauma, as well as cross-cutting topic areas such as surgery, anaesthesia, peri-operative and critical care, based at The Royal College of Surgeons of England (<<http://www.library.nhs.uk/theatres>>). The aim of this collection is to:

1. Provide efficient access to current, quality assured, evidence-based resources to support the team providing high quality peri-operative and critical care.
2. Work with relevant partner organisations through external reference panel meetings and topic advisor groups to ensure that information needs are met for all those involved in peri-operative and critical care.
3. Encourage communication and knowledge sharing within the peri-operative and critical care community.

NHS Evidence will also support a range of activities designed to encourage a change in practice, in addition to providing ready access to information through the on-line portal. It will seek to promote the use of evidence across health and social care; for example, by encouraging the use of evidence through incentive systems, such as appraisal systems for doctors.

Future challenges for NHS Evidence

The main challenge for NHS Evidence will be ensuring that the user can identify the right information, quickly, across a range of specialties and disciplines. A user survey conducted by NHS Evidence, prior to launch, showed Google to be the most popular source of on-line electronic information across a range of health-related specialties. This supports earlier research on doctors' use of information showing a strong and increasing use of active on-line searching in journals and databases.⁴

NHS Evidence, therefore, needs to be fast and accurate in providing results, but also to add value through other aspects of its service through formally accrediting sources of information, by highlighting significant new evidence, and by identifying information most relevant to the UK.

Future releases of NHS Evidence will develop and improve in line with user feedback. The next significant development will be the addition of personalisation, allowing users to tailor the site to their own requirements, including updates, alerts and more specific searching. To ensure NHS Evidence remains useful in a rapidly changing on-line world, regular feedback from users will be essential to ensure the service is subject to continuous improvement.

References

1. Department of Health. *Our NHS Our Future: NHS Next Stage Review Leading Local Change*. London: DH, 2008
<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084644>.
2. Rawlins MD. The decade of NICE. *Lancet*, Early Online Publication, 24 April 2009.
3. The AGREE Collaboration. *The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument*. London: The AGREE Research Trust, 2001.
4. Masters K. For what purpose and reasons do doctors use the Internet: a systematic review. *Int J Med Inform* 2006; **77**: 4–16.