Research intelligence for policy and practice: the role of the National Health Service Centre for Reviews and Dissemination

To formulate health care policies and practices that take into account the results of robust research, there must be easy access to high-quality, reliable summaries of the research evidence. Systematic reviews of this evidence provide less biased and more informative summaries than do traditional ad hoc reviews (1). In 1992, the Universities of Leeds and York in the United Kingdom were commissioned by the Management Executive of the United Kingdom National Health Service (NHS) to produce reliable information about the effectiveness and cost-effectiveness of health care interventions to help health authorities make more informed purchasing decisions. This EBM note describes the NHS Centre for Reviews and Dissemination (CRD) and introduces the Effective Health Care bulletin series, one of which is summarised on page 169.

The CRD was established in 1994 at the University of York as a sibling unit to the U.K. Cochrane Centre. Its role is fourfold.

1. It conducts and commissions systematic reviews of the research evidence needed by the NHS and disseminates these data to relevant groups in the NHS and its users through Effective Health Care bulletins and other media.

2. It disseminates summaries of important, reliable, published reviews via the new publication Effectiveness Matters.

3. In an effort to help people access good reviews on relevant topics when they need the information, the CRD has set up a database of summaries of evidence on effectiveness and cost-effectiveness studies. The first of these, the Database of Abstracts of Reviews of Effectiveness (DARE), is a set of structured abstracts of reviews published since 1994 of the effectiveness of health care interventions and of how health care delivery is organised. These reviews are culled from the world literature, carefully filtered for quality, and summarised by researchers in York. These abstracts present not only the aims and main findings of each review, but also a critical appraisal of the methods used. The second database is the NHS Economic Evaluation Database, which contains detailed abstracts that summarise and critically appraise individual reports of economic evaluations of health care. Both of these databases can be searched online by title, topic, or author, and the results can be saved or printed out. They are available free-of-charge for anyone who can access the CRD computer via the Wide Area Network (through Janet or the Internet using TELNET), by direct dialling using a modem, or through the York University World Wide Web home page. The databases will also be accessible through the NHS network. DARE is also available on disk as part of the Cochrane Library.

4. The CRD carries out collaborative research into how reviews are conducted and disseminated.

The matter at hand, however, is creating Effective Health Care bulletins. Topics are chosen that reflect the information needs of purchasers; the topics are identified by surveys of public health physicians; requests from purchasers and practising clinicians; the NHS research and development programme, which pinpoints topics needing review; and the Effective Health Care steering group. For each topic, experts are identified who represent a range of opinion within the field. This group of experts advises the review team on the key issues, helps in interpreting the literature, and comments on drafts. The advisors are not authors and have no responsibility for the content of the review, so they are free to say what they think. The bulletins are summaries of the research evidence, informed by expert opinion, rather than reports on the evidence that express more subjective clinical opinions, where the basis for the opinions may be unstated. Finally, drafts of the summaries are commented on by the steering group, which represents a wide range of the potential readership in public health, general management, academics, and the Department of Health.

Producing the bulletins requires a major investment in resources, mostly the time of skilled researchers. Each review takes from about 9 months to a year to do. It has been argued that quicker approaches to reviews are more cost-effective, but if we start to provide information to purchasers that, in retrospect, is wrong because insufficient care was taken in the review process, then we risk discrediting the whole change in culture that we are trying to promote.

No outside group has any control over the content of the bulletins, which is decided on by the Effective Health Care review team. Thus, although the bulletins attempt to take into account the views of relevant groups to ensure accuracy and relevance, they primarily summarise the research and its implications for the NHS and are not consensus reports. Each bulletin provides details of the primary studies used in the review so that people can see what studies have been included, and in this way the reviews can also be easily updated and evaluated. Several of the current reviews are being done in collaboration with relevant Cochrane review groups.

To date, 15 reviews have been published, and the bulletins are now produced every 2 months. The wide range of topics includes the treatment of conditions, such as glue ear, menorrhagia, benign prostatic hyperplasia, and depression; the effectiveness of screening programs for elevated cholesterol levels and for postmenopausal osteoporosis; and prevention issues, such as reducing falls and their subsequent
injuries in older persons. The bulletins generally have been well received by purchasers, many of whom have used the results to inform their purchasing decisions (3). At the same time, however, the independence and critical rigour of the bulletins has caused controversy in various clinical areas. For example, our meta-analysis of randomised controlled trials that compared the new selective serotonin reuptake inhibitor antidepressants with older tricyclic antidepressants (4)—the first analysis to look comprehensively at all the research evidence on this topic—found little difference in effect and dropout rates. Previous reviews had only included selected studies that tended to support prior hypotheses. Perhaps it is not as easy now for clinical or commercial opinion to determine the shape of practice without first weighing the research evidence more carefully. Managers are currently more aware of the importance of research evidence and possibly are more confident in raising these issues than they were a few years ago. In this way, the bulletin series makes a small contribution to promoting the use of research-based knowledge in health care.

It is important that the results of systematic reviews be made available not only to health service professionals and policy makers but also to consumers of health care—the public (5). Therefore, the CRD has been exploring ways of translating these reviews into formats that can be used to promote research-informed choice by patients. For example, the “Informed Choice Initiative,” in collaboration with the Midwives Information and Resource Service, was launched in January 1996. High-quality leaflets were produced to support decisions on specific topics in maternity care. Written by journalists, the information was based on systematic reviews (primarily by the Cochrane Collaboration on Pregnancy and Childbirth) and was peer-reviewed several times. The providers of maternity care are buying these leaflets for both professionals and patients. Some Effective Health Care bulletins are also being used as the basis for patient information packs. We are still in the early days of producing this type of material for patients and should not assume that the effects will always be unambiguously positive; this type of initiative needs to be evaluated. CRD staff are preparing a discussion paper that explores the issues involved in promoting evidence-based informed choice.

The Effective Health Care bulletins were among the first attempts in the United Kingdom to provide systematic reviews directly to decision makers on a routine basis in response to stated needs for information. We have recently published guidelines based on this experience that are being disseminated to promote higher standards in conducting systematic reviews (6).

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References