

# Identifying and prioritising evidence gaps in the guideline development process

## NICE observations on how and when

Guidelines International Network (G-I-N) Conference

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(Abstract 160)

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## Background

- NICE guidelines are based on review, syntheses and interpretation of the available evidence by independent guideline development groups (GDGs).
- “Best practice” is identified, but so are uncertainties in the evidence.
- Uncertainties are translated into research recommendations, and **prioritised** and presented to funding organisations.
- But uptake has been slow, and this has been attributed to delays between submitting **priorities** and consideration by research funders.

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## NICE and NIHR

Each year, NICE identifies a number of topics deemed as the most important priorities for research.

Some of these are rapidly considered for commissioning through the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme.

There are 3 possible outcomes of prioritised research:  
- 'rejected'; 'pending' or 'accepted'.

**NB:** This commissioned work stream is independent from NICE and the research recommendations arising from NICE guidelines are considered alongside those from other sources (for example, the [Cochrane Library](#)).

  
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## Aims & Objectives

### Overarching aim:

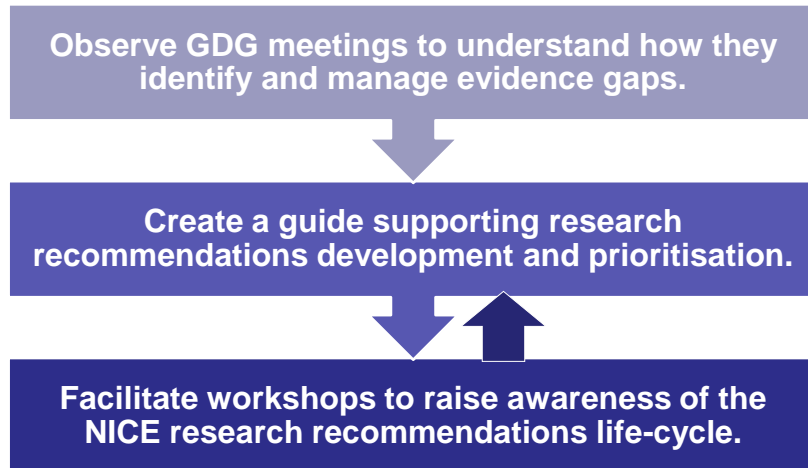
- A new process is required to support NICE's aims in the uptake of research recommendations by funders:
  - through earlier **prioritisation** and promotion,
  - to inform future guideline development,
  - and ultimately improve clinical practice.

### Objectives of study:

- To understand how and when NICE guidelines can have an impact through earlier **prioritisation** of research recommendations and what further support NICE can provide to guideline developers.
- To identify barriers to the early **prioritisation** of research recommendations

  
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## Methods



## Observing GDGs' meetings

- **Small sample of 3 GDG meetings were observed during 2010:**
  - two on multiple pregnancy
  - one on self harm – longer term management
- **Sample observed:**
  - were considering research recommendations throughout development, not just at the end.
  - highlighted dilemmas of GDG members in the (early) **prioritisation** of research recommendations.
  - needed more information about how NICE research recommendations might get funding.

## Process and methods guide

- Developed (in 2010) to standard the process of making (and **prioritising**) research recommendations.
- Describes a step-by-step approach
- Based on NICE R&D's experience of its interactions with research funders, as well as with guideline developers.
- The guide is not a static document, but can be updated annually.

## Potential criteria to prioritise research recommendations

- Importance to patients or the population
- Relevance to NICE guidance
- Relevance to the NHS
- National priorities
- Current evidence base
- Equality
- Feasibility
- Other comments

## NICE research recommendations workshops

- **Two annual workshops:**
  - For technical analysts; health economists; systematic reviewers/researchers; clinical advisors; directors of NCCs.
  - raised awareness of full research recommendations process, and the supporting guide.
- **Workshop participants:**
  - raised concerns about making early recommendations of research **priorities**.
  - requested feedback on research recommendations successes and rejections (with explanations).

## Results

- Unexploited opportunities for **prioritisation** during guideline development have been identified:
  - evidence summary and review,
  - GDG discussion,
  - within NICE.
- Observation of GDGs and feedback from workshop participants indicate problems in deciding research **priorities** early.
- A review is underway to refine the criteria for both earlier **prioritisation** and timely submission of significant research recommendations to funders.

## Discussion

The journey from evidence gap to a funded research project is complex, with varying roles and responsibilities.

- Q. Who is responsible? Guideline developers, research funders or both?

Guideline developers should use the resources available to them to prioritise and submit research recommendations as early as they are identified.

- Q. Should this be at any stage of guideline development or at the end of production?
- Q. Will this have an impact on the considerations made by the available funding streams?

## Conclusions

- Process, structural and behavioural barriers need to be changed and aligned if **prioritisation** is to be meaningful, with higher rates of funded research.
- Research **priorities** and explicit supporting rationale are more likely to be made once the draft guideline is completed.
- BUT even if research recommendations get funded, they may not be ready for the next edition of guideline review.
- Research funders need to close the feedback loop and provide information on successes and failures.

# Acknowledgements

**Links:**

NICE Research Recommendations Database:

<http://www.nice.org.uk/research/index.jsp?action=rr>

NICE Research Recommendations Process and Methods Guide 2011:

<http://www.nice.org.uk/aboutnice/howwework/researchanddevelopment/uncertainties.jsp?do-media=1&mid=6E7D66DD-19B9-E0B5-D48A3B0CCF57EB2E>

Research and Development, Clinical and Public Health Directorate:

<http://www.nice.org.uk/aboutnice/howwework/researchanddevelopment/about.jsp>

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