Development of a toolkit and glossary to aid in the adaptation of HTA reports

Development of a toolkit and glossary to aid in the adaptation of health technology assessment (HTA) reports for use in different contexts

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Executive summary

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Executive summary

Health technology assessment (HTA) reports are frequently produced on the same health technologies in different countries at around the same time. Potential exists for resources to be saved and directed towards the production of additional reports on different health technologies if existing reports can be adapted for use in different settings. The European Network for Health Technology Assessment (EUnetHTA) project was set up in 2006 to link HTA agencies, research institutions and health ministries across Europe. The creation of this network has enabled the development of practical tools to support the HTA process. Two of these tools are described in this report: the HTA adaptation toolkit and its associated glossary of adaptation terms. These two resources were developed to support HTA agencies in adapting HTA reports written for other contexts.

The objectives of this work were to develop an HTA adaptation toolkit and glossary of adaptation terms for use by HTA agencies within EU member states. This report describes their development and quality assurance testing. The current versions (at the time of writing) of both documents can be found in this report.

Both the toolkit and the glossary were developed by a partnership of 28 HTA agencies and networks from across Europe (known as EUnetHTA work package 5). This partnership was led by the National Coordinating Centre for Health Technology Assessment (NCCHTA), now part of the National Institute for Health Research (NIHR) Evaluations, Trials and Studies Coodinating Centre (NETSCC), in Southampton, UK. The approach to development was pragmatic, utilising the skills of the partners. An iterative process was used to understand partners' experiences of adaptation, identify and explore their views of its purpose and develop the content of the toolkit and glossary. Methods employed for the two resources were literature searching, a survey of adaptation experience, two rounds of a Delphi survey, meetings of the partnership and drawing on the expertise and experience of the partnership, two rounds of review and two rounds of quality assurance testing. All partners were requested to provide input into each stage of development.

The resulting toolkit is a collection of resources that helps the user assess whether data and information in existing HTA reports should and could be adapted for their own setting. These resources are in the form of checklists of questions on relevance, reliability and transferability of data and information and links to useful websites. The dimensions covered by the toolkit are relevance, reliability and transferability of HTA reports. Legal, ethical and social aspects are beyond the scope of the toolkit. The toolkit is designed for the adaptation of evidence synthesis rather than primary research.

The accompanying glossary provides descriptions of meanings for HTA adaptation terms from HTA agencies across Europe. It is intentionally non-prescriptive, seeking to highlight differences in the use and understanding of each word by HTA agencies.

The toolkit has implications for practice:

- The preparation of HTA reports requires both time and financial resources. Adaptation of an existing HTA report may reduce the cost and time incurred during the production of new reports.
- This may to lead to an increase in the potential for HTA organisations to have the resources available to report on a greater breadth of new health technologies.

The recommendations for the further development of the toolkit are as follows:

- The toolkit is currently in a PDF version and there is the potential to develop an interactive web-based version.
- There is scope to extend the toolkit to facilitate the adaptation of HTA reports on diagnostic testing and screening.
- There is scope for further testing, review and improvement both within the EUnetHTA

partnership and beyond to external organisations.
- There is the potential to develop a wiki-version of the glossary.
- There is the potential for more work to be undertaken to incorporate closer integration with other EUnetHTA outputs.

The toolkit and glossary are available for use by all HTA agencies and can be accessed via www.eunethta.net/. These resources have been developed to help HTA agencies make better use of HTA reports produced elsewhere. They can be used by policy-makers and clinicians to aid in understanding HTA reports written for other contexts. However, the main implication of this work is that there is the potential for the adaptation of HTA reports and, if utilised, this should release resources to enable the development of further HTA reports.

Publication

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NIHR Health Technology Assessment programme

The Health Technology Assessment (HTA) programme, part of the National Institute for Health Research (NIHR), was set up in 1993. It produces high-quality research information on the effectiveness, costs and broader impact of health technologies for those who use, manage and provide care in the NHS. 'Health technologies' are broadly defined as all interventions used to promote health, prevent and treat disease, and improve rehabilitation and long-term care.

The research findings from the HTA programme directly influence decision-making bodies such as the National Institute for Health and Clinical Excellence (NICE) and the National Screening Committee (NSC). HTA findings also help to improve the quality of clinical practice in the NHS indirectly in that they form a key component of the 'National Knowledge Service'.

The HTA programme is needs led in that it fills gaps in the evidence needed by the NHS. There are three routes to the start of projects.

First is the commissioned route. Suggestions for research are actively sought from people working in the NHS, from the public and consumer groups and from professional bodies such as royal colleges and NHS trusts. These suggestions are carefully prioritised by panels of independent experts (including NHS service users). The HTA programme then commissions the research by competitive tender.

Second, the HTA programme provides grants for clinical trials for researchers who identify research questions. These are assessed for importance to patients and the NHS, and scientific rigour.

Third, through its Technology Assessment Report (TAR) call-off contract, the HTA programme commissions bespoke reports, principally for NICE, but also for other policy-makers. TARs bring together evidence on the value of specific technologies.

Some HTA research projects, including TARs, may take only months, others need several years. They can cost from as little as £40,000 to over £1 million, and may involve synthesising existing evidence, undertaking a trial, or other research collecting new data to answer a research problem.

The final reports from HTA projects are peer reviewed by a number of independent expert referees before publication in the widely read journal series *Health Technology Assessment*.

Criteria for inclusion in the HTA journal series

Reports are published in the HTA journal series if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the referees and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search, appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

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The views expressed in this publication are those of the authors and not necessarily those of the HTA programme or the Department of Health.

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