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The NHS HTA Programme

The NHS HTA programme (www.hta.ac.uk) produces high quality research information about the effectiveness, costs, and broader impact of health technologies for those who use, manage and provide care in the NHS. It is a programme of the National Institute for Health Research and is the largest and longest running of the national programmes with 300 projects published since its inception in 1993. About 50 are published each year, all available for download free of charge from the website. It is coordinated by the National Coordinating Centre for Health Technology Assessment (NCC HTA), based at the University of Southampton .

The National Coordinating Centre for Health Technology Assessment (NCCHTA) manages and develops the HTA Programme through five key functions:
* Identifying possible topics for health technology assessment
* Prioritising these
* Commissioning research to meet the priorities
* Monitoring research in progress and assessing reports
* Communicating openly about the processes and publishing products of the programme.
As a research commissioner the NHS HTA programme has many years experience of retrieving recommendations for further research from various sources, including Cochrane reviews and the DARE database.

The Cochrane Collaboration
The Cochrane Collaboration is an international non-profit and independent organisation, founded in 1993. Cochrane reviews bring together the relevant research findings on a particular topic, synthesise this evidence and then present it in a standard, structured way. All Cochrane reviews include an Implications for research section and these were examined for all 2535 Cochrane reviews in Issue 4, 2005 of The Cochrane Library.

The study found that the systematic reviews produced within The Cochrane Collaboration identify residual uncertainty for most of the interventions assessed in these reviews. Hence, these reviews, at least, are a rich source of suggestions for future healthcare research and it might be expected that reviews conducted by other agencies, organisations and individuals would reveal a similar high level of recommendations for future research. This points to a need for general guidance on how these research recommendations should be reported, to maximise their benefit to, and use by, those making decisions about future healthcare research.

Guidance on completing the Implications for research section is provided in section 3.4 of the Cochrane Handbook for Systematic Reviews of Interventions (current version Higgins JPT, Green S, editors. Cochrane Handbook for Systematic Reviews of Interventions 4.2.5 [updated May 2005]. In: The Cochrane Library, Issue 2, 2006. Chichester, UK: John Wiley & Sons, Ltd. and also online at http://www.cochrane.org/resources/handbook/hbook.htm). This guidance was revised in 2005, in light of discussions within the DUETS working group.

Clinical Evidence
Clinical Evidence aims to help health professionals and patients make informed decisions about the benefits and harms of preventive and therapeutic interventions. Because its methodology relies on systematically researching the literature in identified clinical areas, it can also highlight areas where more research is needed.
For clinical decision-making, Clinical Evidence highlights treatments that work, and for which the benefits outweigh the harms, especially those interventions that may currently be underused. It also states treatments where evidence of benefit is lacking, or for which the harms outweigh the benefits. For the research community, Clinical Evidence highlights the gaps in the evidence - areas that

currently do not have sufficient good quality systematic reviews and randomised controlled trials, or lack research that deals with important patient outcomes or populations.
A snap shot of categorisations taken from Clinical Evidence Issue14 (December 2005) shows that almost one in two interventions are categorised as being of 'unknown effectiveness'. This means that for these interventions no rigorous evidence of benefit or ineffectiveness could be documented. Furthermore, for most interventions categorised in the other categories, evidence for evaluating individual comparisons will also be lacking or deficient.

Collaboration between NCCHTA and Clinical Evidence – identifying gaps in the evidence and standardising research proposals
A natural fit exists between the work of the NCCHTA and Clinical Evidence: Clinical Evidence systematically assesses the evidence for, and rates the effectiveness of important health technologies, and the NCCHTA requires and takes forward research proposals on health technologies with uncertain effectiveness.
The two organisations have a successful record of collaboration since 2004, with Clinical Evidence regularly supplying the NCCHTA with suggestions for future primary research and soon also systematic reviews.

CRD
The Centre for Reviews and Dissemination (CRD) was established in January 1994, and aims to provide research-based information about the effects of interventions used in health and social care.
The Database of Abstracts of Reviews of Effects (DARE) contains summaries and critical commentaries of quality assessed systematic reviews published in journals and elsewhere, DARE abstractors are required to report the review authors' recommendations for research as they appear in the text of the document. In addition systematic reviews produced by CRD routinely include recommendations for further research.

CRD is planning to update its document 'Undertaking Systematic Reviews of Research on Effectiveness: CRD's Guidance for those Carrying Out or Commissioning Reviews' (known as CRD report 4 http://www.york.ac.uk/inst/crd/report4.htm) during 2005, with a view to publish in 2006. The section on writing the final report will include guidance on how to write research recommendations. That guidance is expected to be very much informed by the work of the DUETS working group, and to take account of the requirements of funding programmes such as the HTA programme, and recommendations from working groups in this area.

SIGN
The Scottish Intercollegiate Guidelines Network (SIGN) was formed in 1993. Its objective is to improve the quality of health care for patients in Scotland by reducing variation in practice and outcome, through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence.
All SIGN guidelines since 1995 have included a section on recommendations for further research. [http://www.sign.ac.uk/methodology/ressum2003.html]

Recently it was agreed that SIGN should pursue the question of "what happens following these recommendations" with research commissioners and funders, starting with the Chief Scientist Office (CSO). The first pilot SIGN/CSO liaison is currently underway with the Cardiovascular and Stroke Portfolio Advisory Group. This collaboration will inform the review of SIGN's Cardiovascular Guidelines on CHD, PAD and one of the 3 areas of Stroke that are being reviewed during 2005/2006.

NICE
The National Institute for Health and Clinical Excellence (NICE or the Institute) is responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The Research and Development Team (R&D) within NICE is committed to promoting research priorities in order to expand the evidence base underpinning its guidance.

To improve and standardise the identification of research gaps and formulation of research questions, R&D developed a Guide now incorporated (following consultation) into the Methods Manuals of the Centre for Clinical Practice and the Centre for Public Health Excellence. This Guide gives general guidance for formulating research recommendations in NICE guidance and lists a number of criteria that can be used to prioritise these recommendations prior to promoting them to relevant funders.

NICE R&D has been working closely with the NHS R&D Programme and other key stakeholders such as the Medical Research Council (MRC) and UK Clinical Research Collaboration (UKCRC) and a number of NICE research priorities have already been taken up by the SDO and HTA Programmes. The DUETs initiative has also proved a valuable conduit to interact with other organisations with similar objectives. Finally, the Institute is developing an online database of its research priorities to raise the awareness of the research community to the NICE needs and encourage research relevant to the requirements of the policy-makers. Good quality research that addresses research needs identified by the Institute's Advisory Bodies during the development of NICE guidance, is a prerequisite for developing evidence-based recommendations that promote health outcomes and ensure the efficient use of NHS resources.

DUETs
The Database of Uncertainties about the Effects of Treatments (DUETs; www. duets.nhs.uk) has been established to identify and publish patients' and clinicians' questions about the effects of treatments that cannot currently be answered reliably by referring to up-to-date systematic reviews of existing research. It is intended as a resource to help prioritise new research in general, and by patients, carers and clinicians collaborating under the aegis of the James Lind Alliance in particular. [www.lindalliance.org

The questions being assembled in DUETs are being harvested from four main kinds of sources:
- Question answering services for patients and carers
- Question answering services for clinicians and other decision makers within hospitals

In addition, DUETs assembles research recommendations made in systematic reviews, clinical guidelines, and elsewhere, and information about ongoing research (systematic reviews in preparation and ongoing clinical trials).
The DUETs systems are being piloted initially using unanswered questions, research recommendations and information about ongoing research relevant to the treatment of asthma and schizophrenia.