

Preoperative tests

Routine preoperative tests for elective surgery

Clinical guideline <...>

Appendix D: Economic review protocols

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Draft for consultation

*Commissioned by the National Institute for
Health and Care Excellence*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, their guardian or carer.

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Appendix D: Economic review protocol

Table 1: Health economic review protocol

Review question	All questions – health economic evidence
Objectives	To identify economic evaluations relevant to any of the review questions.
Search criteria	<ul style="list-style-type: none"> • Populations, interventions and comparators must be as specified in the individual review protocol above. • Studies must be of a relevant economic study design (cost–utility analysis, cost-effectiveness analysis, cost–benefit analysis, cost–consequences analysis, comparative cost analysis). <p>Studies must not be an abstract only, a letter, editorial or commentary, or a review of economic evaluations. (Recent reviews will be ordered although not reviewed. The bibliographies will be checked for relevant studies, which will then be ordered.)</p> <ul style="list-style-type: none"> • Unpublished reports will not be considered unless submitted as part of a call for evidence. • Studies must be in English. • Studies must not be published before 1999. <p>Question specific criteria</p> <p>For tests included in the original guideline (CG3)², studies must have been published after the cut-off date for the original review (2001)</p> <p>For question 1 (HTA update), studies must have been published after the HTA¹ search cut-off date (April 2008) except for the population subgroups not included in the HTA review (patients with cardiovascular issues, respiratory issues, renal disease, obesity and diabetes where studies must be published after the cut-off date for the original guideline (CG3) review (2001)</p>
Search strategy	An economic study search will be undertaken using population-specific terms and an economic study filter – see Appendix G [in the Full guideline].
Review strategy	<p>Each study fulfilling the criteria above will be assessed for applicability and methodological limitations using the NICE economic evaluation checklist which can be found in Appendix G of the NICE guidelines manual (2012).³</p> <p>Inclusion and exclusion criteria</p> <ul style="list-style-type: none"> • If a study is rated as both ‘Directly applicable’ and with ‘Minor limitations’ then it will be included in the guideline. An economic evidence table will be completed and it will be included in the economic evidence profile. • If a study is rated as either ‘Not applicable’ or with ‘Very serious limitations’ then it will usually be excluded from the guideline. If it is excluded then an economic evidence table will not be completed and it will not be included in the economic evidence profile. • If a study is rated as ‘Partially applicable’, with ‘Potentially serious limitations’ or both then there is discretion over whether it should be included. <p>Where there is discretion</p> <p>The health economist will make a decision based on the relative applicability and quality of the available evidence for that question, in discussion with the GDG if required. The ultimate aim is to include studies that are helpful for decision-making in the context of the guideline and the current NHS setting. If several studies are considered of sufficiently high applicability and methodological quality that they could all be included, then the health economist, in discussion with the GDG if required, may decide to include only the most applicable studies and to selectively exclude the remaining studies. All studies excluded on the basis of</p>

applicability or methodological limitations will be listed with explanation as excluded economic studies in Appendix M.

The health economist will be guided by the following hierarchies.

Setting:

- UK NHS
- OECD countries with predominantly public health insurance systems (for example, France, Germany, Sweden)
- OECD countries with predominantly private health insurance systems (for example, USA, Switzerland)
- non-OECD settings (always 'Not applicable').

Economic study type:

- cost–utility analysis
- other type of full economic evaluation (cost–benefit analysis, cost-effectiveness analysis, cost–consequences analysis)
- comparative cost analysis
- non-comparative cost analyses including cost-of-illness studies (always 'Not applicable').

Year of analysis:

- The more recent the study, the more applicable it is.

Quality and relevance of effectiveness data used in the economic analysis:

- The more closely the effectiveness data used in the economic analysis matches with the outcomes of the studies included in the clinical review the more useful the analysis will be for decision-making in the guideline.

References

- 1 Czoski-Murray C, Lloyd Jones M, McCabe C, Claxton K, Oluboyede Y, Roberts J et al. What is the value of routinely testing full blood count, electrolytes and urea, and pulmonary function tests before elective surgery in patients with no apparent clinical indication and in subgroups of patients with common comorbidities: a systematic review of the clinical and cost-effective literature. *Health Technology Assessment*. 2012; 16(50):i-159
- 2 National Institute for Clinical Excellence. Preoperative testing: the use of routine preoperative tests for elective surgery. London: National Institute for Clinical Excellence (NICE). England 2003;30
- 3 National Institute for Health and Clinical Excellence. The guidelines manual. London: National Institute for Health and Clinical Excellence; 2012. Available from: <http://publications.nice.org.uk/the-guidelines-manual-pmg6/>