NICE INVITATION TO TENDER:

Intervention guidance on workplace health promotion with reference to physical activity and what works in motivating and changing employee's health behaviour

CONTRACT: £80 000 inclusive of costs, exclusive of VAT

1. INTRODUCTION

The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health ***to produce intervention guidance on workplace health promotion with reference to physical activity and what works in motivating and changing employee's health behaviour***. The guidance will provide recommendations for good practice that are based on the best available evidence of effectiveness, including cost effectiveness.

A related piece of work, to be tendered separately, is a cost-effectiveness analysis. This will involve critically reviewing and summarising the most up-to-date economic research on aspects of practice of specific relevance to the guidance, and consideration of the cost-effectiveness of recommendations put forward for health policy and practice.

Additional weight will be given to proposals which indicate an interest in undertaking both the evidence review and the economic analysis.

2. GUIDANCE DEVELOPMENT PROCESS

The process of guidance development for public health is described in the Operating Model of the Centre for Public Health Excellence (CPHE) http://www.nice.org.uk/page.aspx?o=248187.

The key components of this process are as follows:

- The successful contractor develops a **background paper** which sets the context and outlines current policy and practice in workplace health promotion with particular reference to physical activity interventions.
- Based on the background paper, and on input from the CPHE, the successful contractor develops the **draft scope**, which sets out what the guidance will and will not cover. It defines the research questions that will be addressed, the population groups that will be covered, outcome measures, the target audiences and settings for the guidance as well as the method for economic evaluation.
- Following consultation, the contractor develops a **final scope**.
- The scope determines the content of the **reviews** and health economics analysis.
- The **reviews** are prepared.
- The economic analysis is commissioned and prepared.
- A **synopsis**, based on the commissioned rapid reviews and economic analysis is produced by the CPHE team, in collaboration with the authors of the reviews and economic analysis. The synopsis summarises the main findings, discusses the strengths and weaknesses of the evidence and any gaps in the evidence.

- The synopsis is issued to stakeholders for comments on its content and completeness. At this point, stakeholders may submit, or contribute other evidence omitted from the reviews or analysis.
- The Public Health Interventions Advisory Committee (PHIAC) reviews the synopsis, the reviews, any new evidence and feedback on the synopsis, and prepares draft guidance.
- The draft guidance, together with the reviews, economic and synopsis are posted on the NICE website and stakeholders are asked for comments.
- The PHIAC, supported by CPHE and authors of the reviews and economic analysis, consider the comments received during the consultation and prepares the final guidance.

3. PROJECT OUTLINE

The CPHE at NICE wish to commission the production of a background paper, a scope (draft and final) and two rapid reviews on **workplace health promotion with reference to physical activity and what works in motivating and changing employee's health behaviour** for consideration by PHIAC.

Following the process set out above, the background paper, scope and rapid reviews (described below), together with separately tendered work on health economics, will inform the development of a synopsis to be used by the PHIAC in the production of guidance in the form of recommendations on the most appropriate motivating and changing employee's health behaviour in the workplace.

The successful contractors will be required to undertake the work according to the following timescales:-

Production of background paper	4 weeks	(Early Nov 06 – Early Dec 06)
Production of Draft Scope	4 weeks	(Early Dec 06 – Early Jan 07)
Presentation at stakeholder meeting	1 day	TBA
Production of Final Scope	2 weeks	(Mid Feb 07 – End Feb 07)
Production of reviews	16 weeks	(Mar 07 – Jun 07)
Attendance at PHIAC meetings	2 days	TBA

The successful contractors will be expected to:

- Support the guidance development process outlined above by producing a background paper, producing a scope, and undertaking two reviews of the evidence on workplace health promotion with reference to physical activity and what works in motivating and changing employee's health behaviour
- Assist with the production of a synopsis
- Attend the PHIAC meetings
- Provide assistance to PHIAC and CPHE in the writing of the guidance
- Provide assistance to the contractors carrying out the economic analysis
- Provide support to the contractors carrying out the fieldwork.

4. Services to be provided

This section of the document sets out services to be provided by the successful contractor(s).

4.1 The Background Paper

The contractor will be expected to produce a background paper which gives a broad overview of the area of work and which will enable CPHE to define the research

question(s) which are set out in the scope much more clearly. It is expected that, at the very least, the background paper would cover:

- An overview of current policy and good practice drivers relating to workplace and physical activity, including but not limited to work done by the Health and Safety Executive, Sport England, the Department for Work and Pensions, the British Heart Foundation, the Work Foundation, BUPA and relevant work by private sector organisations such as Prudential and Glaxo-Smith-Kline-Beecham.

- An overview of current practice in the field including, but not restricted to
    - Travel to and from work
    - Travel during work
    - Workplace facilities which enable/encourage physical activity
    - Workplace schemes to encourage physical activity outside of work
    - Subsidised gym/sports club membership schemes
    - Occupational health advice
    - Provision of leaflets/posters/health information
    - Signposting of staircases etc.

- A brief description of the extent and nature of the evidence likely to be identified in the various areas.

- An overview of the extent of and trends in physical activity, with a focus on workplaces

4.1.1 Presentation of the background paper

The successful contractor will be responsible for producing a written manuscript in MS Word format. The style and format of the presentation of the manuscript will be agreed with the CPHE before writing commences.

On completion of the first draft of the background paper, it will be submitted to the CPHE management team who will provide comments on the paper which will be addressed in the final draft.

The contractor will also be asked to attend a meeting with the CPHE project team to present the background paper and participate in the ensuing discussion.

4.2 The Scope

On approval of the final draft of the background paper by CPHE, the successful contractor will be required to produce a draft scope for the work, based on the background paper and the research questions agreed with CPHE.

The scope aims to:

- provide a clear definition of the interventions to be addressed
- provide a definition of what the guidance will include and exclude
- identify the settings (workplace), practitioners and public health delivery systems involved
- identify the population(s) to be included and excluded
- briefly describe the relevant epidemiology
- set the DH referral within a clear policy context
- develop the key questions
- set clear parameters to ensure that the guidance can be developed within the allocated time period

- specify the outcomes, and any comparators, that will be used.

There is an example of a scope template at **appendix 1**.

The draft Scope will be considered and approved by PHIAC at their meeting on 12th January 2007.

4.2.1 Presentation of the Scope

The draft scope will be put onto the NICE website for a four week period of consultation during which organisations can register as stakeholders with NICE and can comment on the scope. During the consultation period, CPHE will hold a Stakeholder Meeting at which the scope will be presented and stakeholders will have the opportunity to ask questions and seek clarification. The successful contractors will be expected to be present at the meeting to present the scope and to assist CPHE in answering questions.

4.2.2 The final scope

Following the stakeholder meeting and consultation period, stakeholder comments will be compiled by CPHE and responded to by CPHE and the successful contractors. Based on these responses and comments, the contractor will modify the draft scope to produce a final scope. Once the final scope is approved by CPHE, it will be published on the NICE website and the contractor will undertake two reviews to answer the research questions set out in the scope. In addition, an economic analysis based on the questions in the scope will be tendered separately.

4.3 The reviews

The successful contractor will identify a project team to conduct the work, consisting of the following tasks:

- The identification of key studies and reviews, according to NICE *Guideline Development Methods* and the agreed review parameters.
- Liaison with CPHE management as required
- Use of the scope to develop topic-relevant search terms and carry out searches and retrieve papers, according to NICE *Guideline Development Methods*.
- Completion of a critical appraisal of retrieved literature, according to NICE Methodology Checklists (see appendix B-H of Guideline Development Methods Technical Manual) and any additional checklists identified by the CPHE.
- Production of the reviews, and provision of support to the CPHE in production of a synopsis.
- Provision of support to the CPHE in considering additional evidence arising from stakeholder consultation process, and in producing a synopsis of this for PHIAC.
- Provision of a briefing and presentations for CPHE and the PHIAC as required.
- Attendance at relevant PHIAC meetings[1].

The project team will provide PHIAC with scientific expertise on systematic reviewing and information. The roles of these expert areas are outlined by NICE in the Guideline Development Methods sections 4.1.4.1, 4.1.4.2 and 4.1.4.3 and 4.1.4.4.

This expertise is required to undertake the processes outlined in chapters 6, 7 and 11 of the Guideline Development Methods Technical Manual.

http://www.nice.org.uk/pdf/GDM_Chapter7_0305.pdf
http://www.nice.org.uk/pdf/GDM_Chapter11_0305.pdf
http://www.nice.org.uk/pdf/GDM_Chapter6_0305.pdf

The evidence presented in the reviews will be used by PHIAC to formulate recommendations, using existing NICE methodology and the pilot "Recommendations Grading Framework" developed by the Wales Collaborating Group with input from the University of Teesside (Grading evidence and recommendations for public health interventions: developing and piloting a framework (2005) Health Development Agency: London). The drafting of recommendations will be carried out by PHIAC in conjunction with the CPHE.

4.3.1 Methodology

This section of the invitation sets out the required methodology for completion of rapid reviews.

4.3.1.1 Overview

The project team will identify and refine a set of core search terms relevant to the research question as set out in the scope.

A protocol for identifying relevant databases will be developed after consultation with CPHE management team in order to determine the degree of sensitivity and specificity of the searching and to identify and agree inclusion criteria, particularly of relevant commentary, and 'grey' literature.

The protocol must have the signed agreement from the Director of the CPHE or his nominated representative before the literature search can proceed.

The date from which literature will be searched will be 1990. The literature will be English language only. Both published and unpublished literature will be considered, and, as appropriate, information from databases of practice. In order to identify systematic reviews The Cochrane Database of Systematic Reviews (CDSR) and The Database of Abstracts of Reviews of Effects (DARE) (both the public and the administrative versions) will be searched. In addition CRD's database of reviews, identified as part of the "Wider Public Health" work will be searched.

In order to identify primary studies the following databases will be searched: The Cochrane Central Register of Controlled Trials (CENTRAL), C2SPECTR, MEDLINE, EMBASE, Sociological Abstracts, PsycINFO , CINAHL, ERIC, BIOSIS, AMED, ASSIA, CAB Abstracts, SIGLE and Zetoc.

The following resources and websites will also be searched for relevant information: TRIP, HTA database, SIGN, Health Evidence Bulletins Wales, National Guidelines Clearinghouse, NCCHTA website, NICE website, REFER, National Research Register, Clinical Evidence, EPPI-Centre website, Department of Health website, and HDA evidence briefings.

Additionally, the project team will be asked to identify any further databases which are relevant to the research questions.

The project team will carry out high quality literature searches, and follow the following procedures with respect to the development of strategies for searching databases and storing databases on *Reference Manager.*

4.3.1.2 Protocol for literature search

The project team will be expected to undertake this work in the following stages:

I. Agree search strategy, databases to be searched and where necessary develop new search strategies with CPHE authorised lead.

II. Run search strategies on 'free' resources as identified in the contract annex and store these in a *Reference Manager* database.

III. Run search strategies on commercial databases to identify the number of references, save searches, but do not download material.

IV. Supply CPHE authorised lead with notification of costs of downloading bibliographic material.

V. Await written authorisation from CPHE authorised lead to download material.

VI. Upon authorisation, download material - where possible removing duplicates prior to download.

VII. Remove duplicates in *Reference Manager* Database.

VIII. Supply material to CPHE as *Reference Manager* Database.

IX. Review procedure with CPHE authorised lead to ensure all specified work has been carried out accordingly.

Specifically, the project team will:

- In conjunction with the CPHE authorised lead, agree an appropriate timetable within which to carry out the programme of work, making note of points I -IX above.
- Liaise with CPHE authorised lead to determine if there has been any change in emphasis for the subject area to be searched and to clarify objectives, including the time period to be searched and the databases to be covered.

Where necessary, the project team will be expected to liaise (for example by e-mail or telephone) with other organisations working on literature-searching tasks to ensure consistency across the search strategies and refine searches in accordance with the CPHE's wishes.

The project team will not, unless instructed otherwise, be expected to filter out search results prior to the CPHE having sight of them unless they are duplicates of previous searches. However for databases where there is a facility to filter results for human studies only, this may be carried out.

The project team will provide all output as *Reference Manager* databases, including entering details of the URL to direct the CPHE to web based reports.

The project team will be expected to remove duplicates from the *Reference Manager* database and to do this against the existing HDA *Reference Manager* database for the topic area and supply only material found during this search as a separate database to CPHE.

On completion of the literature searches the project team will supply CPHE with a search history of the process carried out as a MS Word document. This will provide comprehensive details of search strategies, resources searched, information on database publishers, which dates databases were searched and a description of issues/problems encountered during the search process and the number of items retrieved per database.

On completion of the literature search, the project team will discuss with CPHE representatives an agreed date for a post-search meeting to share experiences and suggest how possible future exercises could be improved.

On completion of the search and subsequent critical appraisal process the project team will liaise with CPHE to transfer the references stored on *Reference Manager* to the CPHE principal databases.

4.3.1.3 Selection and appraisal of data

The project team will select and appraise the data in accordance with NICE Methodology Checklists[1] for different types of research studies and the parameters of review agreed.

A central theme in the production of this guidance, In addition to identifying evidence of the effectiveness and cost effectiveness of different interventions within this programme area, will be consideration of the evidence (where found) of the impact of interventions on inequalities in health, particularly with reference to social class, gender, ethnicity and age.

4.3.2 Presentation of the reviews

The successful contractor will be responsible for producing written manuscripts in MS Word format. The style and format of the presentation of the manuscripts will be agreed with the CPHE before writing commences.

On completion of the first draft of the reviews, they will be submitted to the CPHE management team. The reviews should include evidence summary tables (see Appendix 2 for a sample template) subdivided by interventions and outcomes.

The contractor will then assist the CPHE team in the preparation of the synopsis (a summary document of all reviews) which will be sent to registered stakeholders for comment on its completeness and additional evidence.

The contractor will then help the CPHE team to review the stakeholder comments and new submissions of evidence as appropriate, in order to

[1] NICE. (2004b). *Guideline Development Methods. Information for National Collaborating Centres and Guideline Developers. Appendices*. London: National Institute for Clinical Excellence (NICE). www.nice.org.uk

prepare a report for PHIAC which will sit alongside the synopsis and the economic analysis report for consideration at the PHIAC meeting.

Each of these steps will need to meet stated timelines (see section 9) in order to meet NICE scheduling for the PHIAC, consultation and publishing processes.

The reviews will remain confidential until completion of the Guideline development process.

5. Input to Public Health Interventions Advisory Committee

Members of PHIAC will consider and interpret the evidence prepared by CPHE and the successful contractors on the effectiveness and health economic analysis of workplace health promotion interventions. They take collective responsibility for the formulation of recommendations to the Institute on the use of the interventions in the National Health Service in England and in the broader public health arena, including local government.

Representatives of the successful contractor will be expected to attend meetings with the group in order to respond to any queries they may have regarding the methodology, including the literature search, critical appraisal and synthesis of the evidence. This process will be supplemented by communications (email, phone and face-to-face meetings) between the successful contractor and CPHE.

6 Management Team

The successful contractor will identify a Management Team to lead the work.

7. Quality standards

The Contract Manager at CPHE and the successful contractor will ensure that they comply with statutory legislation and guidance and with the standards of research governance set out in Department of Health Research Governance Framework for Health & Social Care (2003).

It is the responsibility of the successful contractor to provide the Contract Manager with a project plan that describes key outputs deliverables and milestones within two weeks of the project starting

8. Declaration of interests

In line with NICE ways of working, the project team will be asked to provide written formal declaration of personal interests. A standard form will be provided.

9. Timetable

A draft sample timetable for this work is as follows:

Invitation to tender sent out	9th October 2006
Expressions of interest received	23rd October 2006
Question and Answer mailbox opens	9th October 2006
Question and Answer mailbox closes	23rd October 2006
Answers to questions circulated to all bidders	25th October 2006
Proposals received by	6th November 2006

Agency appointed by	10th November 2006
Unsuccessful agencies debriefed on	10th November 2006
Project start date	24th November 2006
Submission of draft background paper	10th December 2006
Submission of final background paper	15th December 2006
Presentation of background paper	15th December 2006
Submission of draft 'draft scope'	5th January 2007
Submission of final 'draft scope'	10th January 2007
Attendance at stakeholder meeting	19th February 2007 (TBC)
Comments on draft scope agreed	March 2007 (TBC)
Submission of draft 'final scope'	March 2007 (TBC)
Submission of final 'final scope'	27th March 2007 (TBC)
Start of reviews	9th April 2007
Submission of draft reviews	6th July 2007
Submission of final reviews	30th July 2007
Successful contractor to PHIAC	TBC

10. Costing

The budget available for the work will be £80,000, inclusive of all costs and expenses, but exclusive of VAT. The money will be paid in instalments linked to key deliverables in the timetable above.

11. Tendering process

Potential bidders should register an interest immediately by e-mail to barney.wilkinson@nice.org.uk.

Once interest has been registered, potential bidders have a 3 week opportunity to register any questions with chris.carmona@nice.org.uk . At the end of 3 weeks, answers to questions will be circulated to all parties who expressed an interest. For dates see timetable in section 9.

Proposals should include the following details in the number order given below:

1) A statement of the approach that you would take in relation to the above-proposed outline. This should include a detailed description of and rationale for selected methods/approach, the range of literature searching proposed, the quality of the critical appraisal process, the robustness of

the synthesis process. A sample search strategy or example of a previous search strategy should be provided. Evidence should be provided of:-

- A proven ability to produce systematic reviews to tight deadlines, particularly with regard to public health.
- Knowledge and experience of methods relevant to public health guideline development.
- Knowledge of a range of the quantitative and qualitative methods required for systematic reviews including critical appraisal, search strategies and meta-analytic techniques.
- Knowledge of public health research methodologies.
- Proven ability to synthesise different types of evidence.
- Proven ability to grade evidence.
- Proven ability to write research/development reports to a high standard.
- Ability to work as part of a small multi-disciplinary group.

2) Costing should be broken down by executive time, literature search, critical appraisal and data analysis costs, synthesis, report writing and presentation costs and any other costs. It should include provision of one oral presentation and face-to-face meetings (as required).
3) A description of your organisation/individuals expertise and publications as it pertains to carrying out this project (literature searching, critical appraisal and data synthesis).
4) A description of the staff assigned to this project. This should include a brief relevant CV, an explanation of why staff are qualified to undertake this project and the role they would assume.
5) Please declare (if applicable) all current projects with clients or partners that your department/ group/organisation is currently working with which could be seen as being detrimental or ethically opposed to the health aims promoted by the Institute.

Applications

The proposal should be submitted electronically to Barney Wilkinson at contract.bids@nice.org.uk no later than 16.00 hrs on 6th November 2006

Should you wish to lodge your bid in hard copy, the proposal must be received by 6th November 2006 and should be sent in a plain envelope addressed to:

WORKPLACE HEALTH PROMOTION TENDER,
Barney Wilkinson,
Procurement Manager
National Institute for Health and Clinical Excellence,
Centre for Public Health Excellence,
MidCity Place,
71 High Holborn,
London.
WC1V 6NA

A blank copy of the contract has been included for your consideration, as any desired changes to the Terms and Conditions of contact must be clearly registered when submitting your tender documents.

All tender documents must be accompanied by a completed *Certificate of Collusive Tendering and Canvassing* (enclosed). This must be sent in hard copy, even if bidding electronically.

Closing date and time for receipt of applications by email and post: 6th November 2006

12. SELECTION CRITERIA

Tenders will be assessed on the basis of the following:

- Suitability of proposed approach
- Range of literature searching proposed
- Quality of the critical appraisal process
- Robustness of the synthesis process
- Proven track record and experience of critical appraisal and synthesis;
- Cost
- Expertise in developing recommendations based on reviews of evidence.

APPENDIX 1

Guidance scope template

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH PROGRAMME/INTERVENTION GUIDANCE

SCOPE/DRAFT SCOPE

[This should be 8 pages maximum for an intervention and 12 pages maximum for a programme. It needs to be written in plain English and should be snappy and to the point: our stakeholders are busy people.

Note: references should be included as footnotes, in alphabetical order. (If there are more than three authors or editors, use ‘et al.’ (not in italics). Names of authors or editors should be separated by commas and given in the form ‘Surname Initials’, with no punctuation between initials or between surname and initial. (For example, ‘Smith S, Jones TD’, not ‘Smith, S., Jones, T.D.’))]

1 Guidance title

[Full title of guidance]

1.1 Short title

[Short title of guidance – NB: must be derived from the full title]

2 Background

(a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has been asked by the DH to develop guidance on a public health programme/intervention aimed at [preventing/promoting - add text according to topic.

(b) NICE public health programme/intervention guidance supports implementation of the preventive aspects of NSFs where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The public health guidance

published by the Institute after an NSF has been issued will have the effect of updating the Framework. Add if necessary: Specifically, in this case, the guidance will support the following NSFs and other government policy documents:

(c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors.

3 The need for guidance

[Single para of unnumbered text; style = NICE normal – for more than one para, label a), b), c) etc. Provide 6 points maximum (for programmes and interventions). Each point should comprise no more than 2-4 sentences each (of no more than 30 words per sentence). These points should cover:

- statistics related to the prevalence of disease/risky behaviour
- the consequences in terms of ill health
- costs to the NHS/society
- who is most affected within the general population.

Other factors to cover if particularly relevant and/or the maximum limit won't be exceeded include:

- barriers to prevention
- how England compares with other countries.]

4 The guidance

a) Public health guidance will be developed according to NICE processes and methods. For details see Section 5.

b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the Department of Health (see Appendix A).

4.1 Populations

4.1.1 Groups that will be covered

[input as appropriate]

4.1.2 Groups that will not be covered

[input as appropriate]

4.2 Areas [interventions and any other activities]

4.2.1 Areas that will be covered

The interventions/activities to be considered by this guidance are: for each intervention/activity include aim, content, delivery mode, target audience, setting, duration, outcome measures.[Single para of unnumbered text; style = NICE normal – for more than one para, label a), b), c) etc]

4.2.2 Areas that will not be covered

[Input as appropriate]

4.3 Comparators

[This section is optional for programmes but COMPULSORY for interventions (it refers to the fact that a new approach/intervention will – or might be –. compared with current practice). Use the following text:]

Interventions/approaches will be examined, where possible, against relevant comparators.

4.4 Outcomes

[Briefly outline the outcome measures to be considered as evidence of the effectiveness of an intervention or approach.]

4.5 Key questions

The following questions will be addressed: [List questions in a bullet point list, bearing in mind that no sentence should be more than 15-20 words long.]

4.6 Target audiences and settings

The guidance will be aimed at professionals working in the NHS, in other public sector organisations, the private sector and in the voluntary and community sectors who have either a direct or indirect role in and/or responsibility for [input as appropriate]

4.7 Status of this document

[Draft] This is the draft scope, released for consultation on date, to be discussed at a stakeholder meeting on date. Following consultation, the final version of the scope will be available at the NICE website in month.

[Final] This is the final scope, incorporating comments from a xxx week consultation which included a stakeholder meeting on date.

5 Further information

The public health guidance development process is described in detail in title of process and methods manuals/prior to sign-off The Operating Model for the Centre of Public Health Excellence, available at: www.nice.org.uk/page.aspx?o=248187

6 NICE related guidance

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to insert [DH wording].

APPENDIX 2

Title of rapid review

Executive Summary
Narrative summary of the evidence reviewed and how/whether it answers the research questions.
Includes all of the evidence statements, their grading and the linked references.
A list of all included and excluded references is incorporated into the Exec Summary.

Contents for main body of the report
1. Background

2. Methodology

    2.1 Literature Search
    2.2 Selection of Studies for Inclusion
    2.3 Quality Appraisal

3. Summary of Findings
    3.1 Research question (1)
    3.1.1 Narrative summary
    3.1.2 Evidence statement

    3.2 Research question (2)
    3.2.1 Narrative summary
    3.2.2 Evidence statement
    etc
4. Evidence tables

    A. Efficacy studies
    B. Corroborative evidence
5. Meta-analyses (if applicable) [based on Evidence table A which includes effect size]

3. Summary of Findings

3.1 Research question (1) – Intervention(s), population(s), setting(s), outcome(s)

For each research question, intervention and outcome, there should be an **evidence statement** about:

- the **strength/grade** of evidence (reflecting appropriateness, quality and quantity of evidence of efficacy)

- **applicability** to the research question/target population

For example:

- *a body of 1++ evidence of efficacy with consistent findings about the impact of intervention X on outcome Y*

- *a body of ++ evidence directly applicable to the target audience in terms of ethnicity, age, gender, etc*

Ideally, the summary and the evidence statement itself will also include an assessment of the implementability of the intervention (from corroborative evidence) and its typical effect size.

3.1.1 Narrative summary

A. Evidence of efficacy

[Results across a group of related studies are assessed narratively, using text and tables; quantitative methods (eg meta-analyses) are also performed where possible and useful. In addition, strive to make a statement about a typical size of effect (see D below)]

Eg Evidence from eleven randomised controlled trials (RCTs) and one controlled non randomised trial suggest that xxxx programmes can result in short-term xxx outcome. Increase in xxxx relative to control were noted in seven of the RCTs ([insert refs) and one CCT ([insert ref]). There were a wide range of results xxxxx. For instance, xxx xxxx found that xxxx etc. A non randomised UK trial with a weak study design ([ref]) found that those in the advice group increased physical activity xxxxxx.

A recent UK-based individual RCT with five month follow up ([ref]) found no significant difference in xxx. Another UK-based RCT ([ref]) looking at xxx found that, although there was no difference in xxxxxxx

One RCT among male blue collar workers in xxx ([ref]) resulted in an increase in xxx in the intervention compared to the control group despite xxx.

Effect size

Narrative summary and/or meta-analysis of effect size/impact:

- population outcome
- inequalities impact

Other effects (including harms)

Narrative summary…

Summary of strength (quality and quantity) of evidence of efficacy:

- ***'A body of level 1+ evidence of efficacy…'***

B. Applicability (of evidence from efficacy studies) to UK population/setting
[Narrative assessing applicability of the evidence from efficacy studies to each of the populations/settings identified in the scope]

- ***'…directly applicable to the populations/settings…'***

[NB It may be useful to use one of following 4 conclusions to describe applicability of the body of efficacy data:

1. Likely to be applicable across broad range…
2. Likely applicable across broad range…, assuming appropriately adapted
3. Applicable only to populations or settings included in the studies, and broader applicability is uncertain
4. Applicable only to settings or populations included in the studies]

C. Implementability of intervention (corroborative evidence)
[Narrative summary of evidence, from the efficacy studies and elsewhere, which allows an assessment of whether the intervention would be feasible, acceptable, etc. It would include an assessment of **barriers**. This could draw on published studies and grey literature, as appropriate, to answer the research questions. It should be presented in a separate evidence table from the efficacy studies, although it may refer to some of the studies that have been included in the efficacy evidence table]

- ***moderate evidence of corroboration re salience, feasibility, implementability***

D. Cost effectiveness
If available, from the efficacy studies, or separately
3.1.2 Evidence statement
[Made up principally of A and B above, may also include some assessment of 'implementability' from C above]

A body of level 1+ evidence of efficacy directly applicable to [the populations/ settings in question] … showing typical effect size/impact

Example ideal evidence statement:

A body of level 1++ evidence of efficacy, directly applicable to the UK [population/setting] [dn: NICE class A], with strong corroborative evidence to suggest it would be implementable in the UK [population/setting], yielding an effect size/odds ratio/etc of x and demonstrating ICER/QUALY of xx, and no evidence of harmful effects.

NOTE: The PHIAC/PDG **recommendation, including its priority, will be based on:**

- Class A or B or C or D based on evidence of efficacy and its applicability to the populations/settings in question
- Strength of evidence of corroboration
- Effect size including impact on inequalities
- Cost effectiveness
- Other effects, including potential harm

Evidence tables

A. Efficacy studies

List study types in the following order: Systematic review(s); randomised trial(s); controlled non randomised trials (CCTs), controlled before & after (CBA), interrupted time series (ITS); other study(ies)

First author	**Study design**	**Res Type**	**Res Quality**	**Study Population**	**Research Question & Design** (include power calculation if available)	**Length of follow-up**	**Main results** (include effect size(s)/CIs for each outcome if available)	**Applicability to the UK populations and settings**	**Confounders** (potential sources of bias)**/ Comments**
Evidence of Efficacy (Internal Validity)									
	RCT Individual	1	+						
	CCT	2	++						
Evidence of Corroboration									
First author	**Study design**	**Res Type**	**Quality**	**Study Population**	**Research Question & Design**	**Length of follow-up**	**Main results**	**Confounders/ Comments**	
Overall Strength of Evidence of Corroboration = 'Moderate evidence…'									