# Section A: Information about you Please complete: HTA agency Name of respondent Section B: Description of the toolkit What follows (in italics) are our ideas on what the toolkit will contain and achieve.

# The critical appraisal toolkit

### **Overview**

This toolkit will help HTA agencies adapt HTA reports from another country for their own use. It will serve two objectives: (1) to enable the critical appraisal of reports and (2) to provide advice to aid adaptation.

The toolkit will have two sections:

- a screening tool that would enable 'speedy sifting' of other countries' reports
- a more comprehensive critical appraisal tool with questions on relevance and reliability and links to useful resources.

### The screening tool

This first section of the toolkit will help users to determine whether the HTA report should be considered further for adaptation. The aim is that users could make a decision within 1–2 hours.

Questions that could be posed in this section of the toolkit would be:

- What is the policy question being addressed?
- What is the research question being addressed?
- The language of the report (and ease of translation)?
- Has the report been peer-reviewed?
- When was the report published?

Based on answers to the above questions, the users considering adaptation of a report would then make a judgement on whether to proceed to the main section of the toolkit.

### Critical appraisal tool

This main section of the toolkit would help users assess the relevance and reliability of a report from another setting and decide how to use it. Using this tool would take less than 1 week.

The toolkit will contain questions under each of the HTA report headings considered to be 'most important'. The proposed 'most important' headings (as determined by results from the WP5 preliminary survey) are shown in Box 1.

## BOX 1 Proposed 'most important' headings

- 1. The technology's use: current state of the health technology and alternative technologies
- 2. The technology's background (e.g. phase I/II/III or accuracy/precision)
- 3. Benefits and harms: absolute and relative efficacy, safety and effectiveness
- 4. Economic evaluation: costs, cost-effectiveness and cost-utility
- 5. Organisational impact: of health service generally and within settings

For each of these five headings, the following information, questions and resources will be described (subheadings A–E), as shown in Box 2.

### BOX 2 Subheadings for the five 'most important' headings

- A. Statement about what this heading is
- B. Is the starting point the same as in the report (what is current practice is yours more or less the same)? If not, does it matter?
- C. What methods have been followed? Are the methods good enough?
- D. Results. Are these generally plausible? Are graphs and figures correct and easy to follow? What about conclusions and/or executive summary any worries?
- E. Suggestions for key websites to help with understanding the heading, background information, checklists and examples where this has been done well.

Users would work through the subheadings (A–E) for each of the five 'most important' headings. Thus, information and data under these 'most important' headings (from the HTA report being adapted) would be critically appraised and ready for application into other contexts.

Debbie Chase Nick Hicks Ruairidh Milne NCCHTA, April 2006

What do you think? (please l	imit your answer to 300 words or le	ess)
Section C: Toolkit details	<b>)</b>	
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Section C: Ideas for the glossary We are particularly interested to find out if you have encountered words or phrases in other countries' HTA reports that have caused difficulties in understanding.
4. If your agency has had experience of adapting HTA reports from other countries/settings, what words or phrases in other countries' reports cause difficulties? (please list as many terms as you can think of)
Feedback
5. Please provide us with your comments on the ease or difficulty you had in understanding the toolkit description and the questions above
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