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# **1.1 Excluded studies and reason for exclusion**

**No study design: n=20**

Arksey, H., Jackson. K., Croucher, K., Weatherly, H., Golder, S., Hare, P., Newbronner, E., Baldwin, S. (2004) Review of respite services and short-term breaks for carers for people with dementia. London: London School of Hygiene and Tropical Medicine, *National Co-ordinating Centre for NHS Service Delivery and Organisation R and D (NCCSDO)*, [online]. Available at <http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1309-048_V01.pdf>; last accessed 10 June 2020

Chau, J., Lo, S., Lee, V., Choi, K. C., Shum, E., Hung, Z., Mok, V., Siow, E., Ching, J., Lam, S., Yeung, J., Li, S. H., and Lau, A. (2019). Effectiveness and cost-effectiveness of a virtual multidisciplinary stroke care clinic for community-dwelling stroke survivors and caregivers: a randomised controlled trial protocol. *BMJ open*, *9*(5), e026500. https://doi.org/10.1136/bmjopen-2018-026500

Gardiner, C., Brereton, L., Frey, R., Wilkinson-Meyers, L., and Gott, M. (2016). Approaches to capturing the financial cost of family care-giving within a palliative care context: a systematic review. *Health and social care in the community*, *24*(5), 519–531. https://doi.org/10.1111/hsc.12253

Gomes, B., Calanzani, N., Curiale, V., McCrone, P., and Higginson, I. J. (2013). Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. *The Cochrane database of systematic reviews*, (6), CD007760. https://doi.org/10.1002/14651858.CD007760.pub2

Gomes, B., Calanzani, N., and Higginson, I. J. (2014). Benefits and costs of home palliative care compared with usual care for patients with advanced illness and their family caregivers. JAMA, 311(10), 1060–1061. https://doi.org/10.1001/jama.2014.553

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Huter, K., Kocot, E., Kissimova-Skarbek, K., Dubas-Jakóbczyk, K., and Rothgang, H. (2016). Economic evaluation of health promotion for older people-methodological problems and challenges. *BMC health services research*, *16 Suppl 5*(Suppl 5), 328. https://doi.org/10.1186/s12913-016-1519-y

Jones, C., Edwards, R. T., and Hounsome, B. (2012). A systematic review of the cost-effectiveness of interventions for supporting informal caregivers of people with dementia residing in the community. *International psychogeriatrics*, *24*(1), 6–18. https://doi.org/10.1017/S1041610211001207

Jones, C., Edwards, R. T., and Hounsome, B. (2012). Health economics research into supporting carers of people with dementia: a systematic review of outcome measures. *Health and quality of life outcomes*, *10*, 142. https://doi.org/10.1186/1477-7525-10-142

Lauret, G. J., Gijsbers, H. J., Hendriks, E. J., Bartelink, M. L., de Bie, R. A., and Teijink, J. A. (2012). The ClaudicatioNet concept: design of a national integrated care network providing active and healthy aging for patients with intermittent claudication. *Vascular health and risk management*, *8*, 495–503. https://doi.org/10.2147/VHRM.S34095

Lin, P. J., D'Cruz, B., Leech, A. A., Neumann, P. J., Sanon Aigbogun, M., Oberdhan, D., and Lavelle, T. A. (2019). Family and Caregiver Spillover Effects in Cost-Utility Analyses of Alzheimer's Disease Interventions. *PharmacoEconomics*, *37*(4), 597–608. https://doi.org/10.1007/s40273-019-00788-3

Mason, A., Weatherly, H., Spilsbury, K., Arksey, H., Golder, S., Adamson, J., Drummond, M., and Glendinning, C. (2007). A systematic review of the effectiveness and cost-effectiveness of different models of community-based respite care for frail older people and their carers. *Health technology assessment (Winchester, England)*, *11*(15), 1–iii. https://doi.org/10.3310/hta11150

Mason, A., Weatherly, H., Spilsbury, K., Golder, S., Arksey, H., Adamson, J., and Drummond, M. (2007). The effectiveness and cost-effectiveness of respite for caregivers of frail older people. *Journal of the American Geriatrics Society*, *55*(2), 290–299. https://doi.org/10.1111/j.1532-5415.2006.01037.x

Patchwood, E., Rothwell, K., Rhodes, S., Batistatou, E., Woodward-Nutt, K., Lau, Y. S., Grande, G., Ewing, G., and Bowen, A. (2019). Organising Support for Carers of Stroke Survivors (OSCARSS): study protocol for a cluster randomised controlled trial, including health economic analysis. *Trials*, *20*(1), 19. https://doi.org/10.1186/s13063-018-3104-7

Clarkson, P., Davies, L., Jasper, R., Loynes, N., Challis, D., and Home Support in Dementia (HoSt-D) Programme Management Group (2017). A Systematic Review of the Economic Evidence for Home Support Interventions in Dementia. *Value in health: the journal of the International Society for Pharmacoeconomics and Outcomes Research*, *20*(8), 1198–1209. https://doi.org/10.1016/j.jval.2017.04.004

Pickard, L. (2004) The effectiveness and cost-effectiveness of support and services to informal carers of older people: a review of the literature prepared for the Audit Commission. London, Audit Commission [online]. Available at<https://www.pssru.ac.uk/pub/dp2014.pdf>; last accessed 10 June 2020

Quinn, C., Anderson, D., Toms, G., Whitaker, R., Edwards, R. T., Jones, C., and Clare, L. (2014). Self-management in early-stage dementia: a pilot randomised controlled trial of the efficacy and cost-effectiveness of a self-management group intervention (the SMART study). *Trials*, *15*, 74. https://doi.org/10.1186/1745-6215-15-74

Schepers, J., Annemans, L., and Simoens, S. (2015). Hurdles that impede economic evaluations of welfare interventions. *Expert review of pharmacoeconomics and outcomes research*, *15*(4), 635–642. https://doi.org/10.1586/14737167.2015.1045492

van Santen, J., Dröes, R. M., Bosmans, J. E., Blanson Henkemans, O. A., van Bommel, S., Hakvoort, E., Valk, R., Scholten, C., Wiersinga, J., van Straten, A., and Meiland, F. (2019). The (cost-) effectiveness of exergaming in people living with dementia and their informal caregivers: protocol for a randomized controlled trial. *BMC geriatrics*, *19*(1), 50. https://doi.org/10.1186/s12877-019-1062-x

Wittenberg, E., and Prosser, L. A. (2013). Disutility of illness for caregivers and families: a systematic review of the literature. *PharmacoEconomics*, *31*(6), 489–500. https://doi.org/10.1007/s40273-013-0040-y

**No population of interest: n=14**

Arts, E. E., Landewe-Cleuren, S. A., Schaper, N. C., and Vrijhoef, H. J. (2012). The cost-effectiveness of substituting physicians with diabetes nurse specialists: a randomized controlled trial with 2-year follow-up. *Journal of advanced nursing*, *68*(6), 1224–1234. https://doi.org/10.1111/j.1365-2648.2011.05797.x

Cottrell, D. J., Wright-Hughes, A., Collinson, M., Boston, P., Eisler, I., Fortune, S., Graham, E. H., Green, J., House, A. O., Kerfoot, M., Owens, D. W., Saloniki, E. C., Simic, M., Tubeuf, S., and Farrin, A. J. (2018). A pragmatic randomised controlled trial and economic evaluation of family therapy versus treatment as usual for young people seen after second or subsequent episodes of self-harm: the Self-Harm Intervention - Family Therapy (SHIFT) trial. *Health technology assessment (Winchester, England)*, *22*(12), 1–222. https://doi.org/10.3310/hta22120

Forster, A., Young, J., Chapman, K., Nixon, J., Patel, A., Holloway, I., Mellish, K., Anwar, S., Breen, R., Knapp, M., Murray, J., and Farrin, A. (2015). Cluster Randomized Controlled Trial: Clinical and Cost-Effectiveness of a System of Longer-Term Stroke Care. *Stroke*, *46*(8), 2212–2219. https://doi.org/10.1161/STROKEAHA.115.008585

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Morgan, R. O., Bass, D. M., Judge, K. S., Liu, C. F., Wilson, N., Snow, A. L., Pirraglia, P., Garcia-Maldonado, M., Raia, P., Fouladi, N. N., and Kunik, M. E. (2015). A break-even analysis for dementia care collaboration: Partners in Dementia Care. *Journal of general internal medicine*, 30(6), 804–809. https://doi.org/10.1007/s11606-015-3205-x

Orgeta, V., Leung, P., Yates, L., Kang, S., Hoare, Z., Henderson, C., Whitaker, C., Burns, A., Knapp, M., Leroi, I., Moniz-Cook, E. D., Pearson, S., Simpson, S., Spector, A., Roberts, S., Russell, I. T., de Waal, H., Woods, R. T., and Orrell, M. (2015). Individual cognitive stimulation therapy for dementia: a clinical effectiveness and cost-effectiveness pragmatic, multicentre, randomised controlled trial. *Health technology assessment (Winchester, England)*, *19*(64), 1–108. https://doi.org/10.3310/hta19640

Romeo, R., Knapp, M., Banerjee, S., Morris, J., Baldwin, R., Tarrier, N., Pendleton, N., Horan, M., and Burns, A. (2011). Treatment and prevention of depression after surgery for hip fracture in older people: cost-effectiveness analysis. *Journal of affective disorders*, *128*(3), 211–219. https://doi.org/10.1016/j.jad.2010.07.026

Sandberg, M., Jakobsson, U., Midlöv, P., and Kristensson, J. (2015). Cost-utility analysis of case management for frail older people: effects of a randomised controlled trial. *Health economics review*, 5(1), 51. https://doi.org/10.1186/s13561-015-0051-9

Søgaard, R., Sørensen, J., Waldorff, F. B., Eckermann, A., Buss, D. V., Phung, K. T., Waldemar, G., and DAISY Study Investigators (2014). Early psychosocial intervention in Alzheimer's disease: cost utility evaluation alongside the Danish Alzheimer's Intervention Study (DAISY). *BMJ open*, *4*(1), e004105. https://doi.org/10.1136/bmjopen-2013-004105

Teng, J., Mayo, N. E., Latimer, E., Hanley, J., Wood-Dauphinee, S., Côté, R., and Scott, S. (2003). Costs and caregiver consequences of early supported discharge for stroke patients. *Stroke*, *34*(2), 528–536. https://doi.org/10.1161/01.str.0000049767.14156.2c

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**Not applicable to the guideline decision context: n=8**

Gitlin, L. N., Hodgson, N., Jutkowitz, E., and Pizzi, L. (2010). The cost-effectiveness of a nonpharmacologic intervention for individuals with dementia and family caregivers: the tailored activity program. The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry, 18(6), 510–519. https://doi.org/10.1097/JGP.0b013e3181c37d13

Jutkowitz, E., Gitlin, L. N., and Pizzi, L. T. (2010). Evaluating willingness-to-pay thresholds for dementia caregiving interventions: application to the tailored activity program. *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research*, *13*(6), 720–725. https://doi.org/10.1111/j.1524-4733.2010.00739.x

Magnusson, L., and Hanson, E. (2005). Supporting frail older people and their family carers at home using information and communication technology: cost analysis. *Journal of advanced nursing*, *51*(6), 645–657. https://doi.org/10.1111/j.1365-2648.2005.03541.x

Nichols, L. O., Chang, C., Lummus, A., Burns, R., Martindale-Adams, J., Graney, M. J., Coon, D. W., Czaja, S., and Resources for Enhancing Alzheimer's Caregivers Health II Investigators (2008). The cost-effectiveness of a behavior intervention with caregivers of patients with Alzheimer's disease. *Journal of the American Geriatrics Society*, *56*(3), 413–420. https://doi.org/10.1111/j.1532-5415.2007.01569.x

Nichols, L. O., Martindale-Adams, J., Zhu, C. W., Kaplan, E. K., Zuber, J. K., and Waters, T. M. (2017). Impact of the REACH II and REACH VA Dementia Caregiver Interventions on Healthcare Costs. *Journal of the American Geriatrics Society*, *65*(5), 931–936. https://doi.org/10.1111/jgs.14716

Reeves, P., Doran, C., Carey, M., Cameron, E., Sanson-Fisher, R., Macrae, F., and Hill, D. (2019). Costs and Cost-Effectiveness of Targeted, Personalized Risk Information to Increase Appropriate Screening by First-Degree Relatives of People With Colorectal Cancer. *Health education and behavior : the official publication of the Society for Public Health Education*, *46*(5), 798–808. https://doi.org/10.1177/1090198119835294

Toseland R. W., and Smith T. L. (2016) The impact of a caregiver health education program on health care costs. *Research on Social Work Practice*, 16(1), 9–19. https://doi.org/10.1177/1049731505276045

Youens, D., Parsons, R., Toye, C., Slatyer, S., Aoun, S., Hill, K. D., Skinner, M., Maher, S., Davis, S., Osseiran-Moisson, R., and Moorin, R. (2019). The cost-effectiveness of a telephone-based intervention to support caregivers of older people discharged from hospital. *BMC geriatrics*, *19*(1), 68. https://doi.org/10.1186/s12877-019-1085-3

**No intervention of interest: n=6**

Dixon, P., and Round, J. (2019). Caring for Carers: Positive and Normative Challenges for Future Research on Carer Spillover Effects in Economic Evaluation. *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research*, *22*(5), 549–554. https://doi.org/10.1016/j.jval.2018.10.010

Hoefman, R. J., van Exel, J., and Brouwer, W. (2017). Measuring Care-Related Quality of Life of Caregivers for Use in Economic Evaluations: CarerQol Tariffs for Australia, Germany, Sweden, UK, and US. *PharmacoEconomics*, *35*(4), 469–478. https://doi.org/10.1007/s40273-016-0477-x

Li, C., Zeliadt, S. B., Hall, I. J., Smith, J. L., Ekwueme, D. U., Moinpour, C. M., Penson, D. F., Thompson, I. M., Keane, T. E., and Ramsey, S. D. (2013). Burden among partner caregivers of patients diagnosed with localized prostate cancer within 1 year after diagnosis: an economic perspective. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, *21*(12), 3461–3469. https://doi.org/10.1007/s00520-013-1931-3

López-Villegas, A., Catalán-Matamoros, D., Robles-Musso, E., and Peiró, S. (2016). Workload, time and costs of the informal cares in patients with tele-monitoring of pacemakers: the PONIENTE study. *Clinical research in cardiology : official journal of the German Cardiac Society*, *105*(4), 307–313. https://doi.org/10.1007/s00392-015-0921-5

Ride J. (2018). Setting the Boundaries for Economic Evaluation: Investigating Time Horizon and Family Effects in the Case of Postnatal Depression. *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research*, *21*(5), 573–580. https://doi.org/10.1016/j.jval.2017.10.016

Vicente, C., Sabapathy, S., Formica, L., Maturi, B., Piwko, C. (2013) Cost-utility analysis of tocilizumab in the treatment of active systemic juvenile idiopathic arthritis, *Value in Health*, 16 (3), A225, https://doi.org/10.1016/j.jval.2013.03.1142

**Other reasons: n=3**

Knapp, M., King, D., Romeo, R., Schehl, B., Barber, J., Griffin, M., Rapaport, P., Livingston, D., Mummery, C., Walker, Z., Hoe, J., Sampson, E. L., Cooper, C., Livingston, G. (2013) Cost effectiveness of a manual based coping strategy programme in promoting the mental health of family carers of people living with dementia (the START (STrAtegies for RelaTives) study): a pragmatic randomised controlled trial (Structured abstract), Bmj, 347, f6342 https://doi.org/10.1136/bmj.f6342

Søgaard, R., Sørensen, J., Waldorff, F. B., Eckermann, A., Buss, D. V., and Waldemar, G. (2009). Private costs almost equal health care costs when intervening in mild Alzheimer's: a cohort study alongside the DAISY trial. *BMC health services research*, *9*, 215. https://doi.org/10.1186/1472-6963-9-215

Wilson, E., Thalanany, M., Shepstone, L., Charlesworth, G., Poland, F., Harvey, I., Price, D., Reynolds, S., and Mugford, M. (2009). Befriending carers of people with dementia: a cost utility analysis. *International journal of geriatric psychiatry*, *24*(6), 610–623. https://doi.org/10.1002/gps.2164

# **1.2 NICE Applicability checklist: scoring instruction**

| **Quality item**  **(*Full question*)** | **Scoring instructions**[**1**](https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations) | |
| --- | --- | --- |
| ***Answer*** | ***Instructions, quoted test (refer to “The guidelines manual” for full details***[***1***](https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations)**)** |
| #1 Study population  *(Is the study population appropriate for the guideline?)* | *Yes* | *[…] if the study population is fully in line with that in the guideline question(s) and if the study differentiates appropriately between important subgroups* |
| *Partly* | *[…] if the study population is similar to that in the guideline question(s) but: (i) it differs in some important respects; or (ii) the study fails to differentiate between important subgroups* |
| *No* | *[…] if the study population is substantively different from that in the guideline question(s)* |
| #2 Interventions and services  *(Are the interventions and services appropriate for the guideline?)* | *Yes* | *[…] if the analysis includes all options considered relevant for the guideline, even if it also includes other options that are not relevant* |
| *Partly* | *[…] if the analysis omits one or more relevant options but still contains comparisons likely to be useful for the guideline* |
| *No* | *[…] if the analysis does not contain any relevant comparisons.* |
| #3 UK NHS context  *(Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?)* | *Yes* | *[…] if the study was conducted within the UK and is sufficiently recent to reflect current NHS practice. For non-UK or older UK studies* |
| *Partly* | *[…] if differences in the healthcare setting are unlikely to substantively change the cost-effectiveness estimates* |
| *No* | *[…] if the healthcare setting is so different that the results are unlikely to be applicable in the current NHS.* |
| #4 Costing perspective  *(Are costs measured from the NHS and personal social services (PSS) perspective?)* | *Yes* | *[…] if the study only includes costs for resource items that would be paid for by the NHS and PSS*  *[…] if other costs have been included in the study, but the results are presented in such a way that the cost effectiveness can be calculated from an NHS and PSS perspective* |
| *Partly* | *[…] if the study has taken a wider perspective but the other non-NHS/PSS costs are small in relation to the total expected costs and are unlikely to change the cost-effectiveness results* |
| *No* | *[…] if non-NHS/PSS costs are significant and are likely to change the cost-effectiveness results*  *[…] if the economic study includes non-health costs in such a way that they cannot be separated out from NHS/PSS costs […]* |
| #5 Measurement of health effects  *(Are non-direct health effects on individuals excluded)* | *Yes* | *[…] if the measure of health outcome used in the analysis excludes non-health effects (or if such effects can be excluded from the results) results* |
| *Partly* | *[…] if the analysis includes some non-health effects but these are small and unlikely to change the cost-effectiveness results* |
| *No* | *[…] if the analysis includes significant non-health effects that are likely to change the cost-effectiveness* |
| #6 Discounting rate  *(Are both costs and health effects discounted at an annual rate of 3.5%?)* | *Yes* | *[…] if both costs and health effects (for example, quality-adjusted life years [QALYs]) are discounted at 3.5% per year.* |
| *Partly* | *[…] if costs and health effects are discounted at a rate similar to 3.5% (for example, costs and effects are both discounted at 3% per year).* |
| *No* | *[…] if costs and/or health effects are not discounted, or if they are discounted at a rate (or rates) different from 3.5% (for example, 5% for both costs and effects, or 6% for costs and 1.5% for effects) […]* |
| *NA* | *If all costs and health effects accrue within a short time (roughly a year) […]* |
| #7 Valuation of health effects  *(Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?)* | *Yes* | *[…] if the effectiveness of the intervention is measured using QALYs;* |
| *No* | *[…] if the effectiveness of the intervention is not measured using QALYs*  *[…] when a QALY cannot be obtained or where the assumptions underlying QALYs are considered inappropriate*  *[…] if it does not include QALYs but it is still thought to be useful for GDG decision-making: for example, if the clinical evidence indicates that an intervention might be dominant, and estimates of the relative costs of the interventions from a cost-minimisation study are likely to be useful […]* |
| #8 Valuation of health-related quality of life  *(Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?)* | *Yes* | *[…] if changes in patients' HRQoL are estimated by the patients themselves* |
| *Partly* | *[…] if estimates of patients' HRQoL are provided by carers.* |
| *No* | *[…] if estimates come from healthcare professionals or researchers […]* |
| *NA* | *[…] if the cost-effectiveness study does not include estimates of HRQoL (for example, studies reporting 'cost per life year gained' or cost-minimisation studies).* |
| #9 Valuation of health utilities  (*Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?*) | *Yes* | *[…] if HRQoL valuations were obtained using the EQ-5D UK tariff* |
| *Partly* | *[…] if the valuation methods were comparable to those used for the EQ-5D.* |
| *No* | *[…] if other valuation methods were used.* |
| *NA* | *[…] if the study does not apply valuations to HRQoL (for studies not reporting QALYs) […]* |
| Overall assessment | 1. **Directly applicable**: the study meets all applicability criteria, or fails to meet one or more applicability criteria but this is unlikely to change the conclusions about cost effectiveness. 2. **Partially applicable**: the study fails to meet one or more applicability criteria, and this could change the conclusions about cost effectiveness.  3. **Not applicable**: the study fails to meet one or more applicability criteria, and this is likely to change the conclusions about cost effectiveness. Such studies would usually be excluded from further consideration and there is no need to continue with the rest of the checklist. | |

1 <https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations>

# **1.3 NICE Methodology checklist: scoring instruction**

| **Quality item**  **(*Full question*)** | **Scoring instructions**[**1**](https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations) | |
| --- | --- | --- |
| ***Answer*** | ***Instructions, quoted test (refer to “The guidelines manual” for full details***[***1***](https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations)**)** |
| #1 Model structure  (*Does the model structure adequately reflect the nature of the health condition under evaluation?*) | *Yes* | *[...] if the model design and assumptions appropriately reflect the condition and interventions of interest* |
| *Partly* | *[...] if there are aspects of the model design or assumptions that do not fully reflect the condition or interventions but these are unlikely to change the cost-effectiveness results* |
| *No* | *[...] if the model omits some important aspect of the condition or intervention and this is likely to change the cost-effectiveness results* |
| *NA* | *[...] for economic evaluations based on data from a study which do not extrapolate intervention outcomes or costs beyond the study context or follow-up period* |
| #2 Time horizon  (*Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?*) | *Yes* | *[...] if the time horizon is sufficient to include all relevant costs and outcomes* |
| *Partly* | *[...] if the time horizon may omit some relevant costs and outcomes but these are unlikely to change the cost-effectiveness results* |
| *No* | *[...] if the time horizon omits important costs and outcomes and this is likely to change the cost-effectiveness results* |
| #3 Outcomes  (*Are all important and relevant health outcomes included?*) | *Yes* | *[...] if the analysis includes all relevant and important harms and benefits* |
| *Partly* | *[...] if the analysis omits some harms or benefits but these would be unlikely to change the cost-effectiveness results* |
| *No* | *[...] if the analysis omits important harms and/or benefits that would be likely to change the cost-effectiveness results* |
| #4 Estimates of baseline outcomes  (*Are the estimates of baseline health outcomes from the best available source?*) | *Yes* | *[...] if the estimates of baseline outcomes reflect the best available evidence, for example as identified from a recent well-conducted systematic review of the literature* |
| *Partly* | *[...] if the estimates are not derived from the best available estimate but are likely to reflect outcomes for the relevant group of people in England (for example, if they are derived from a large UK-relevant cohort study)* |
| *No* | *[...] if the estimates are unlikely to reflect outcomes for the relevant group of people in England* |
| #5 Estimates of relative intervention effects  (*Are the estimates of relative treatment effects from the best available source?*) | *Yes* | *[...] if the estimates of the effect of intervention appropriately reflect all relevant studies of the best available quality, as identified through a recent well-conducted systematic review of the literature, that is in line with the effectiveness evidence review undertaken for the guideline* |
| *Partly* | *[...] if the estimates of the effect of intervention are not derived from a systematic review but are similar in magnitude to the best available estimates (for example, if the economic evaluation is based on a single large study with effects similar to pooled estimates from all relevant studies)* |
| *No* | *[...] if the estimates of the effect of intervention are likely to differ substantively from the best available estimates* |
| #6 Costs  (*Are all important and relevant costs included?*) | *Yes* | *[...] if all important and relevant resource use and costs are included given the perspective and the research question in the economic study under consideration* |
| *Partly* | *[...] if some relevant resource items are omitted but these are unlikely to affect the cost-effectiveness results* |
| *No* | *[...] if important resource items are omitted and these are likely to affect the cost-effectiveness results* |
| #7 Estimates of resource use  (*Are the estimates of resource use from the best available source?*) | *Yes* | *[...] if the estimates of resource use appropriately reflect all relevant evidence sources of the best available quality, as identified through a recent well-conducted systematic review of the literature* |
| *Partly* | *[...] if the estimates of resource use are not derived from a systematic review but are similar in magnitude to the best available estimates* |
| *No* | *[...] if the estimates of resource use are likely to differ substantively from the best available estimates* |
| #8 Unit costs of resources  (*Are the unit costs of resources from the best available source?*) | *Yes* | *[...] if resources are valued using up-to-date prices relevant to the appropriate sectors* |
| *Partly* | *[...] if the valuations of some resource items differ from current relevant unit costs but this is unlikely to change the cost-effectiveness results* |
| *No* | *[...] if the valuations of some resource items differ substantively from current relevant unit costs and this is likely to change the cost-effectiveness results* |
| #9 Incremental analysis  (*Is an appropriate incremental analysis presented or can it be calculated from the data?*) | *Yes* | *[...] if appropriate incremental results are presented, or if data are presented that allow the reader to calculate the incremental results* |
| *No* | *[...] if: (i) simple ratios of costs to effects are presented for each alternative compared with a standard intervention; or (ii) if options subject to simple or extended dominance are not excluded from the incremental analyses* |
| #10 Sensitivity analysis  *(Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?)* | *Yes* | *[...] if an extensive sensitivity analysis was undertaken that explored all key uncertainties in the economic evaluation* |
| *Partly* | *[...] if the sensitivity analysis failed to explore some important uncertainties in the economic evaluation* |
| *No* | *[...] if the sensitivity analysis was very limited and omitted consideration of a number of important uncertainties, or if the range of values or distributions around parameters considered in the sensitivity analysis were not reported* |
| #11 Financial conflict of interest  (*Is there no potential conflict of interest?*) | *Yes* | *[...] if the authors declare that they have no financial conflicts of interest* |
| *No* | *[...] if clear financial conflicts of interest are declared or apparent (for example, from the stated affiliation of the authors)* |
| *Unclear* | *[...] if the article does not indicate whether or not there are financial conflicts of interest* |
| Overall assessment | 1. **Minor limitations**: the study meets all quality criteria, or fails to meet 1 or more quality criteria but this is unlikely to change the conclusions about cost effectiveness. 2. **Potentially serious limitations**: the study fails to meet 1 or more quality criteria, and this could change the conclusions about cost effectiveness. 3. **Very serious limitations**: the study fails to meet 1 or more quality criteria, and this is highly likely to change the conclusions about cost effectiveness. | |

1 <https://www.nice.org.uk/process/pmg6/resources/the-guidelines-manual-appendices-bi-2549703709/chapter/appendix-g-methodology-checklist-economic-evaluations#notes-on-use-of-methodology-checklist-economic-evaluations>