

Shaping Health Policy and Clinical Practice: A Critical Evaluation of Literature Review Methods in the Evidence Base

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Supplementary
material



Digital poster



Objective

To evaluate the types of literature reviews informing policy documents and clinical guidelines to assess methods used for evidence identification.

Background

- SLRs may not always be feasible due to practical limitations, highlighting the benefits of non-systematic reviews and the importance of robust methodological reporting, especially in the health policy field.
- Literature reviews represent a key part of the evidence base for healthcare-related publications. Systematic literature reviews (SLRs) are the gold standard preferred by health technology assessment bodies and high-profile journals,^{1,2} but are also the most resource-intensive review type.
- We reviewed the evidence landscape in health policy and clinical guidelines to:
 - Capture the use of SLRs versus non-systematic structured reviews (reviews with pre-specified strategy and eligibility criteria, e.g. targeted, scoping, and rapid reviews).
 - Recommend ten methodological elements to report on when conducting non-systematic structured reviews.

Methods

- A targeted literature review (TLR) was conducted in May–June 2024, using a pre-specified protocol to identify clinical guidelines, advocacy briefings and position/white papers published since January 2023 by 16 health policy and clinical guidelines organisations.
- Each document was screened by a single reviewer, and key information were extracted. This included whether the document was informed by a structured review, the type of structured review, and whether an original review was conducted or referenced from other publications.
- The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist was critically assessed to identify key elements which, when reported for non-systematic structured reviews, would maximise robustness while minimising resource investment.³

Results

TLR

- A total of 265 records were included in the review, comprising 125 clinical guidelines, 18 policy guidelines, and 122 policy papers (Figure 1).
- 95% of identified clinical guidelines reported results from structured literature reviews. The majority of these (73%) conducted original structured reviews, with SLRs being the most common type (68/119) (Figure 2).
- All existing structured reviews referenced by clinical guidelines were SLRs, however almost 60% of these did not focus on the main topic of the clinical guideline.
- In contrast, only 24% of identified policy documents reported results from structured literature reviews. Where they did, the majority (65%) did not conduct an original literature review but instead referenced existing literature reviews (Figure 2).
- Where policy documents referenced existing structured reviews, the majority were SLRs. However, of all reviews referenced by policy documents, 50% were not aligned with the main topic of the policy document.

PRISMA Checklist Critical Assessment

- In both clinical guidelines and policy documents, methodological reporting was often inadequate, and there was a lack of alignment in terminology used to describe non-systematic structured reviews. We present ten key items from the PRISMA checklist (Figure 3) to consider reporting when conducting a non-systematic literature review.

Conclusion

Most clinical guidelines conducted original structured reviews. In contrast, only a minority of policy documents did so, highlighting a lack of robustness in the evidence used to inform policy decision makers. More consistent use of non-systematic structured reviews would improve the quality of evidence identification compared with narrative reviews, with less resource investment than SLRs. However, there is a lack of guidance on reporting the methodology of non-systematic structured reviews. A sub-set of the PRISMA checklist could be used to improve the methodological reporting and therefore the reliability of the evidence base identified in non-systematic structured reviews.

FIGURE 1

Summary of included records classified by document type

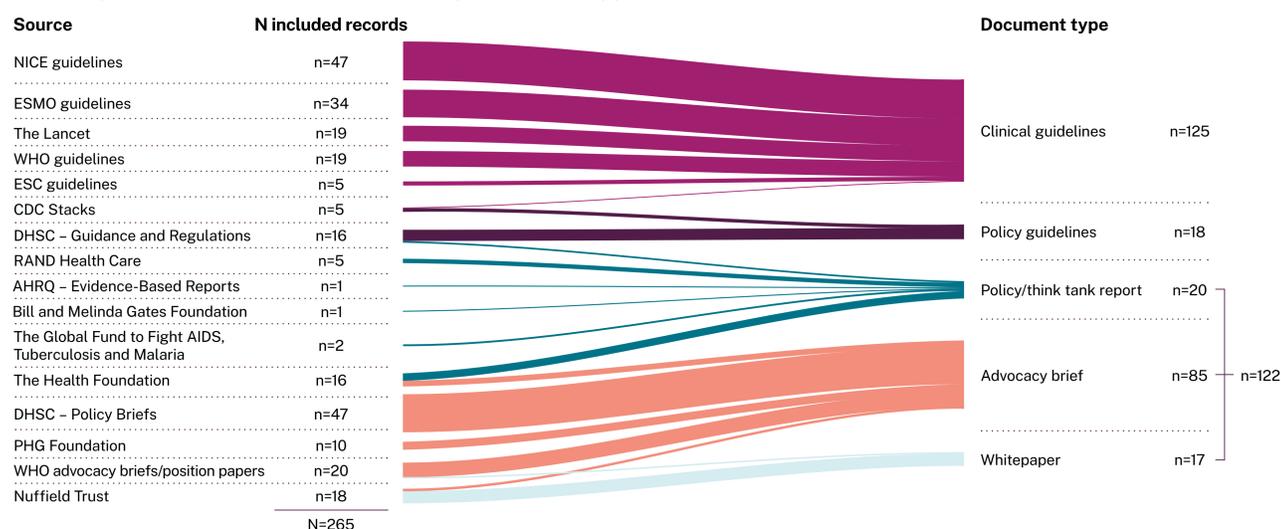
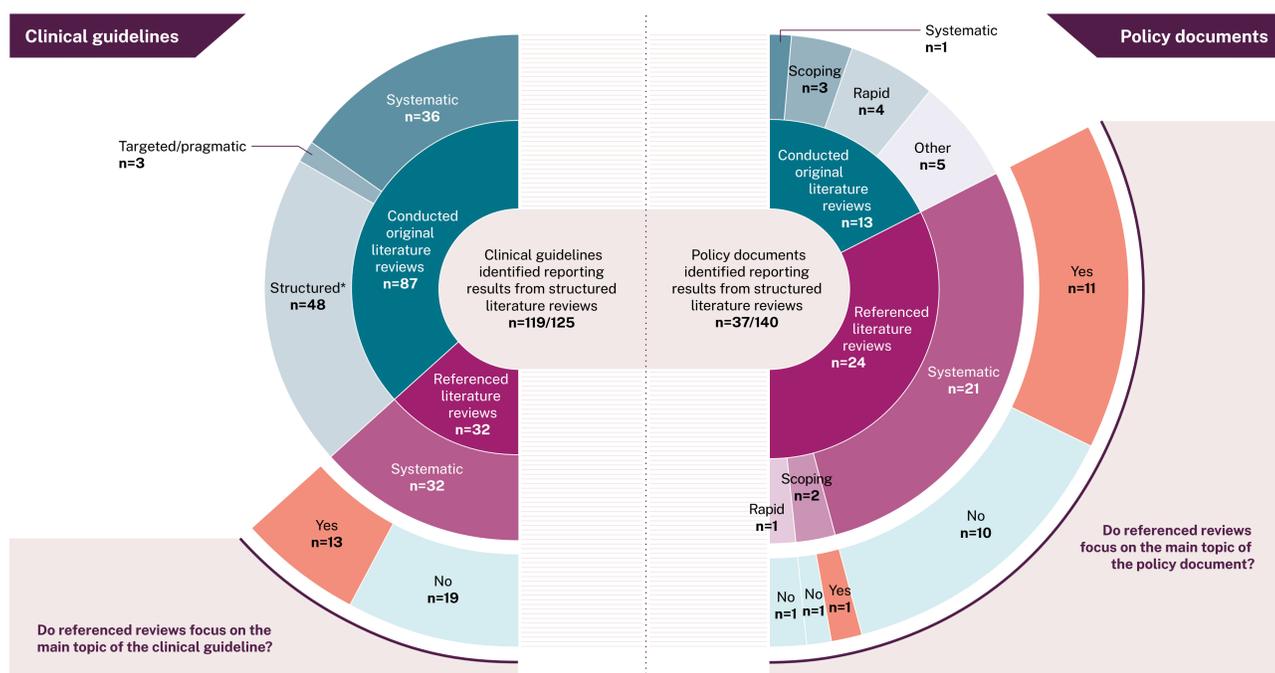


FIGURE 2

Summary of included records reporting results from structured literature reviews



*Reviews with pre-specified strategy and eligibility criteria, not otherwise defined by the authors.

FIGURE 3

Recommendations for reporting non-systematic structured literature reviews

Non-systematic structured literature reviews provide a resource-efficient alternative to SLRs while offering greater reliability than narrative reviews.

To ensure your review is transparent and reliable, we recommend reporting the following methodological details:

- Identify the report as a pragmatic literature review
- Provide an explicit statement of the objective(s) or question(s) the review addresses
- Specify the inclusion and exclusion criteria for the review and how studies were grouped for synthesis
- Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies
- Present the full search strategies for all databases, registers and websites, including any filters and limits used
- Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record
- Specify the methods used to collect data from reports, including how many reviewers collected data from each report
- Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review
- Discuss any limitations of the evidence included in the review and of the review processes used
- Discuss implications of the results for practice, policy, and future research

This checklist is a subset of the PRISMA 2020 statement.³ A PDF checklist of these recommendations is available in the supplementary material via a QR code.

Abbreviations: AHRQ: Agency for Healthcare Research and Quality; AIDS: acquired immunodeficiency syndrome; CDC: Center for Disease Control and Prevention; DHSC: Department of Health and Social Care; ESC: European Society of Cardiology; ESMO: European Society for Medical Oncology; NICE: National Institute for Health and Care Excellence; PHG: Population Health and Genomics; PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; SLR: systematic literature review; TLR: targeted literature review; WHO: World Health Organisation.

References: ¹Higgins TJ. et al. (2023). Cochrane Handbook for Systematic Reviews of Interventions version 6.4 (updated August 2023) 2023. Available at www.training.cochrane.org/handbook [Last accessed 02 Sep 24]; ²NICE (2014). Developing NICE guidelines: the manual. NICE process and methods [PMG20]. Available at: <https://www.nice.org.uk/process/pmg20/chapter/identifying-the-evidence-literature-searching-and-evidence-submission> [Last accessed 02 Sep 24]; ³Page, M.J. et al (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *bmj*, 372. **Acknowledgements:** The authors thank Emma White, Costello Medical, for graphic design assistance.