

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**SPECIAL HEALTH AUTHORITY**

**PROGRESS REPORT ON NHS EVIDENCE**

The Board is asked to review the progress report.

Dr Gillian Leng  
Chief Operating Officer for NHS Evidence and Deputy Chief Executive

November 2009

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE****SPECIAL HEALTH AUTHORITY****PROGRESS REPORT ON NHS EVIDENCE****1 Introduction and key points**

Since the last report to the board in September 2009, Release 2 of the NHS Evidence portal has launched and work has continued to develop and provide access to increasing sources of evidence-based information. The accreditation programme is now into its second round of applications and the first accredited sources are live on the portal. The first 'EGAP' (the electronic guidance application project) versions of technology appraisals have been published on the NICE website and work is underway to ensure all published guidelines will be converted by the end of March 2010.

This report provides the Board with an overview of the deliverables set for 2009/10, and a summary of progress towards key project deliverables in Appendix 1. An update is also provided on two new initiatives – an Horizon Scanning Database, and work to support the NHS in identifying examples of quality and productivity.

**2 Overview of progress****2.1 Developing the NHS Evidence search portal**

The second major release of NHS Evidence (R2) went live on 30<sup>th</sup> October. Key enhancements of R2 include the launch of NHS Evidence accredited sources and the introduction of 'personalisation' features such as the ability to save searches, save resources, create a personalised 'My Evidence' home page and receive news feeds and update alerts. A new service for users to 'rate results' and comment on specific resources has also been introduced- this will capture user feedback at the time users experience the service and will inform the development of content sources as well as the relevancy and ranking strategy.

R2 also involved the transfer of the NHS Evidence search portal to a new more scalable and extensible hosting infrastructure and to a new enterprise platform – Microsoft Office Sharepoint Server 2007 (MOSS). The move to MOSS is an important part of enabling future anticipated development.

Release 3 (R3), scheduled to go live at the end of March 2010, will focus on search interface and search performance improvements that will incorporate the first implementation phase of the taxonomy and

metadata strategy for NHS Evidence (see section 2.3). The full scope for R3 is currently being developed based on the user and stakeholder feedback received since launch of the service in April.

## 2.2 Developing guidance in electronic format

The first electronic versions of published NICE technology appraisals were published on the NICE website during October. The full back catalogue of appraisals will be published before the end of November. As reported previously, a number of technical and quality control issues emerged during the testing phase and these were thought to have been resolved in August. Momentum on the programme was affected in August and September by staff changes and a range of additional technical issues were discovered by the new team during September. These have now been isolated, resolved and a revised conversion and publication process has been implemented.

The programme will continue to deliver, however, broadly on the 2009/10 business plan schedule. Additional resources are being invested to accelerate the programme delivery. The revised target is now the completion of all key NICE guidelines by the end of March. Following March 2010, EGAP will be transferred (over a period of 6 months) to NICE publications team as a 'business as usual' operation.

## 2.3 Developing taxonomies

A taxonomy and metadata strategy for NHS Evidence has been developed, and work on the implementation of the strategy is underway in consultation with NICE Information Services team and strategic external agencies. The key activity / progress in this area have included:

- Design and implementation of a revised IT Directorate structure to include a specialist 'Search Development' team - recruitment of an Associate Director and key staff will be completed by end of November
- Establishment of a working group involving NICE Information Services and NHS Evidence Search Development
- Agreement to underpin taxonomy development with 'Snowmed CT' dictionary and taxonomy – a pilot implementation project with NICE Guidance will be undertaken during early 2010
- Planning and development for introduction of a new Metadata Application Profile (MAP), to be launched in March 2010. The MAP will be a key strategic enabler to improving find-ability for users (including cross-disciplinary context mapping), content / source improvement and search index management.

## 2.4 Increasing access to content and sources

### ***Sources of information for NHS Evidence***

A recent strategic review of information sources revealed that many information feeds are working well, but also highlighted the need to identify new sources of useful, comprehensive and up-to-date information – in particular in relation to clinical trials, such as Cancerhelp UK, IFPMA, Citeline TrialTrove, Cochrane Child Health Register and ClinicalStudyResults.org. An information feed from the Medicines and Healthcare products Regulatory Agency (MHRA) is pending and the Association of Public Health Observatories have agreed to provide a feed which contains information from all of the Public Health Observatories.

In the area of commissioning, the team is reviewing 300 sources of information for quality and impact in partnership with representatives from the Specialist Collections, the NHS Confederation, the Department of Health and Sir Muir Gray. These representatives will identify high quality sources of information that relate to quality and productivity.

### ***Commissioned content***

The NHS Evidence Senior Leadership Team has considered an options appraisal relating to the current contract for Clinical Knowledge Summaries. Following a review of the options, it is proposed to extend the current contract to the end of March 2011. This is to enable a thorough review of the market for point of care information tools in primary care and further user research into the information needs and behaviour of primary care professionals.

The BNF 58 (September 2009) and Nurse Prescribers Formulary (2009-11) were published and distributed to 226,000 (including 24,000 for dentists) and 28,500 individuals, respectively.

## 2.5 Specialist Collection activity

### ***Review of specialist collections***

The review of specialist collections is now complete. A report summarising key emerging findings is presented separately to the Board.

### ***Evidence updates***

Fourteen evidence updates were delivered in September and October, as planned, on the following topics:

- Hepatitis B/C;
- Gastrointestinal symptoms in supportive and palliative care;
- Alzheimer's disease and dementia;
- Atopic eczema;
- Osteoarthritis;
- Surgical management of faecal incontinence;

- Antenatal and pregnancy care;
- Hyperthyroidism;
- Heart failure;
- Depression;
- Complementary and alternative medicine in depression;
- Breast cancer;
- Ethnicity and health;
- NHS system reform.

## 2.6 Accrediting sources of information

### ***Accreditation Process Manual***

Changes to the accreditation process manual following consultation are presented separately to the Board for approval.

Five applications for accreditation were received during the past three months, including one application from the Centre for Evidence-Based Purchasing that was split into three separate applications to reflect three different guidance products. Applications from the National Patient Safety Agency for Rapid Response Reports and from EMIS for Clinical Summaries were also received maintaining our commitment for 10 organisations' processes to go through the Advisory Committee by the end of the financial year.

Final accreditation decisions were made for applications from Scottish Intercollegiate Guidelines Network, the NICE Centre for Clinical Practice, the NICE Centre for Health Technology Evaluation – Multiple Technology Appraisals and the NICE Centre for Health Technology Evaluation – Single Technology Appraisal. With the launch of Release 2.0, search results from these accredited organisations are now associated with an accreditation mark.

## 2.7 Communication and engagement activities

The communications team continues to promote awareness and advertise the features and benefits of the NHS Evidence service to as wide a range of stakeholders as possible. The following are some of the highlights.

### ***Publication of an Introductory Leaflet – High Quality Care for All***

A promotional leaflet outlining the purpose, features and benefits of NHS Evidence has now been published and is being mailed to all our key users and stakeholders and made available at meetings and conferences.

### ***Promotional coverage of the launch of the accreditation scheme –***

Positive coverage has been achieved in all key trade media magazines targeted including BMJ, Nursing Times, GP, Pharmaceutical Journal, Nursing in Practice, Independent Nurse and HSJ. Articles are scheduled to appear shortly in Learning Disability Today, National

Health Executive, Nursing Times and a range of DH bulletins. Key national journalists have received in-depth briefings on the aims of the scheme including David Rose (The Times), Nick Timmins (Financial Times) and Nick Triggle (BBC Online).

**Trade magazines** – Full page advertising of NHS Evidence will appear in the Nursing Times, BMJ and GP Magazine in November.

**Conferences and Meetings** - NHS Evidence will have a stand and/or will present at a range of conferences and events in November

- *The Guidelines International Network Conference, Lisbon*
- *Primary Care Live*
- *Innovate 2009*
- *Royal College of General Practitioners Annual Conference*
- *Non-Medical Prescribers Event*
- *Community Care Live*
- *The Podiatry Annual Conference*
- *Children's Health 09*
- *Royal College of Midwives Annual Conference*

**Advertorials** - An advert and link through to the NHS Evidence website was placed on the HSJ and Nursing Times homepages for a three month period from September.

**Interviews** - interviews on the accreditation scheme have taken place with journalists from a range of magazines including GP, Community Care, National Health Executive, British Medical Journal and Pharmaceutical Journal; follow up articles are described above.

**Student publications** – A short piece on NHS Evidence will be published in Get Involved – the magazine from the British Pharmaceutical Students Association.

**Newsletters from professional bodies** - Short pieces on NHS Evidence published in the most recent editions of newsletters from the Social Care Institute for Excellence (SCIE), Faculty of Public Health, NHS Alliance and British Cardiovascular Society.

**Eyes on Evidence Bulletin** – By November 2009 the seventh issue of the NHS Evidence bulletin, Eyes on Evidence, will have been published in accordance with the business plan schedule.

## 2.8 Progress with reviewing functions relating to the NLH

In October 2009 a series of decisions were made on many of the reviews of the activities of the former National Library for Health. These reviews considered how the services are currently being provided, the views of users and stakeholders on the value of these services, consideration of potential options and the degree of strategic fit of the service with the future direction of NHS Evidence. It has been decided

that some activities will cease and will not be continued into next year; other decisions on content and design of the website have been incorporated into Release 2 in October while others will continue to be taken forward, developed further and integrated into business planning activities for 2010-11.

## 2.8 Feedback summary

The number of site visits to the NHS Evidence increased in September compared with the levels over the summer. The total number of search queries performed has continued to rise, and reached 1,219,005 in October. The ten most popular search terms are listed in Table 1, below, and table 2 shows visitors by country.

***Table 1 The top 10 search terms entered into the NHS Evidence portal in October 2009.***

Total initial queries (total page views) and search term	
Diabetes	968
COPD	683
Depression	576
Asthma	566
Stroke	483
Swineflu	481
Hypertension	464
Obesity	435
Osteoporosis	400
Mental Health	301

**Table 2 Visitors to NHS Evidence by country**

<i>Country</i>	<i>Percentage total visits</i>
United Kingdom	81%
North America	5%
Australia & New Zealand	2%
India	1%
Other Countries	11%

User feedback from a range of sources is now being collated systematically. Feedback themes are monitored closely and internal mechanisms have been put in place to ensure that user feedback is taken into account when considering future developments of the NHS Evidence Service. The user research and feedback team within NHS Evidence will be strengthened to ensure the development of a range of feedback methods, including surveys, questionnaires and focus groups with key audiences to help identify development themes and service improvements.

### **3 Other issues**

#### **3.1 Quality and productivity ‘evidence’**

A new Quality and Productivity (formerly ‘QIPP’) micro site will go live and will be fully integrated into NHS Evidence search during December 2009. This has been initiated at the specific request of the Department of Health. The initial case studies and information about the initiative will be hosted as a ‘specialist collection’ and will be maintained by NHS Evidence in liaison with the DH. In future iterations, users will be able to upload case studies and to share comments on case-studies. The full operational model will be developed during the early part of 2010 and will be included in the 2010 -1011 business plan.

#### **3.2 Horizon scanning database**

Phase 1 of the Horizon Scanning Database project will be completed in November 2009 on schedule. The purpose of Phase 1 activity was to establish the detailed system and operational requirements, including cost projection, for the service to enable a ‘go/ no-go’ decision by the Project Board by late November. The outputs of Phase 1 have been submitted for consideration at the November Project Board.

### **4 Risks**

## ITEM 9

A detailed risk register, issues log and assumptions register is being maintained within the programme. The following table indicates the status of risks identified as medium and high in relation to potential impact on future releases and business as usual.

Objective	Principle risks	Impact	Likelihood	Grade
Make guidance available in formats appropriate to the range of different audiences, including flexible electronic formats via both the NICE website and external clinical IT systems via EGAP	There is a risk that errors within the EGAP content will prevent go-live and that correcting the content errors will take longer than allowed for within the current plan.	4	3	M
Establish and develop systems, staff and governance arrangements to support future development of NHS Evidence	There is insufficient capacity to manage the level of procurement activity NHS requires.	4	3	M
Promote the service and associated 'quality board' to key users and stakeholder groups	The NHS Evidence service may be undermined by cheaper alternative search providers	4	3	M
Promote the service and associated 'quality board' to key users and stakeholder groups	Lack of awareness about the purpose and role of NHS Evidence.	4	2	M

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Chief Operating Officer for NHS Evidence and Deputy Chief Executive

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## Appendix 1: Key developmental deliverables

<b><i>Deliverable</i></b>	<b><i>Date</i></b>	<b><i>Status</i></b>
<b>Release 1.0 NHS Evidence portal</b>	30 <sup>th</sup> April 2009	Complete
<b>Release 1.1 NHS Evidence portal</b>	June 2009	Complete
<b>Accreditation process launched</b>	June 2009	Complete
<b>Review of Health Databases Advanced Search</b>	June 2009	Interim report complete
<b>Taxonomy strategy delivered</b>	June 2009	Complete
<b>BNFC 2009 issued</b>	July 2009	Complete
<b>Map of sources of information for 2010/11</b>	September 2009	Complete
<b>Review of library.nhs.uk website</b>	September 2009	Interim report complete
<b>Review of National Library of Guidelines</b>	September 2009	Complete
<b>System in place for logging and assessing local tools, models, etc.</b>	September 2009	Initial report produced
<b>Release 2.0 NHS Evidence portal</b>	October 2009	Complete
<b>BNF 58 issued</b>	October 2009	Complete
<b>Review of Specialist Collections complete</b>	October 2009	Complete
<b>NPF 2009 – 2011</b>	October 2009	Complete
<b>Specialist Collections process manual complete</b>	October 2009	Rescheduled for March 2010
<b>Event hosted for</b>	November 2009	Scheduled for 1

<b><i>Deliverable</i></b>	<b><i>Date</i></b>	<b><i>Status</i></b>
<b>Chief Knowledge Officers across the NHS</b>		December 2009
<b>Feeds generated for enhanced services</b>	December 2009	On Track
<b>First ten organisations through the accreditation process</b>	December 2009	On Track
<b>NHS Evidence search bar available through Connecting for Health systems, as a minimum replacing NLH</b>	December 2009	On Track
<b>Recommendations for taxonomy for 'internal' audiences</b>	December 2009	On Track
<b>Review of Athens complete</b>	December 2009	Interim report complete
<b>Review of Business Intelligence Project complete</b>	December 2009	Complete
<b>Review of Current Awareness Service Models complete</b>	December 2009	Complete
<b>Review of NeLM and Image Resources complete</b>	December 2009	On Track
<b>Release 2.1 NHS Evidence portal</b>	March 2010	Scheduled for December 2009 (Release 3 scheduled for March 2010)

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**NHS Evidence**

**The role and functions of the Specialist Collections: Project review**

**1 Background**

NICE inherited thirty four Specialist Collections (previously Specialist Libraries) when the National Library for Health transferred into NHS Evidence. The Collections carry out a range of functions, and are hosted by a number of different external organisations; therefore one of the initial pieces of work following the transfer was to carry out a 'Lessons Learned Review'. The aims and objectives of the review have previously been presented to the board. Emerging findings from this review are attached to provide detailed information to the board about ongoing functions, and future developments. Information about usage of the current resource is also attached within an appendix.

**2 Key issues – for information and approval**

The review has highlighted that the specialist collections carry out an important function of identifying and highlighting significant information in specialist topic areas. This supports the retrieval of information from within the NHS Evidence search function, as well as providing a number of other specialist activities. Further work is required to determine how specialist expertise becomes more closely aligned with general functions within NHS Evidence, and with the work of NICE guidance development, as the programme develops.

In future, the model needs to move away from a large number of small specialist collections, to a more efficient model of 'Evidence Centres' that will carry out the core functions. These functions are described in section 4 of the attached report. A new arrangement is required for 1 April 2010 for the unfunded topic areas and to replace existing arrangements that are due to expire for Child Health and Public Health. It is therefore proposed that we:

1. Openly tender for a new Evidence Centre that encompasses the clinical topic areas either currently unfunded or have contracts that are due to expire in March 2010: allergy and immunology; blood diseases; endocrine system diseases; rare diseases; symptoms and child health. This will have the ability to expand and encompass other topic areas in future.

2. Continue to provide a separate Evidence Centre (currently called a Specialist Library) for Public Health. This could probably also best be achieved through an open tender process. Funding for the current Specialist Library comes to an end in March 2010.
3. Consider, subject to funding allocations for the next financial year, issuing a tender in 2010/11 for an Evidence Centre for social care.
4. Continue with the other existing contracts until they expire at the end of March 2011.

The NICE Board is invited to consider these options.

Dr Gillian Leng  
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November 2009

# **NHS Evidence Specialist Collections**

**Lessons learned review:**

**Emerging findings**

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# 1 Introduction

## 1.1 The NHS Evidence specialist collections

NICE inherited thirty four specialist collections (previously specialist libraries) when the National Library for Health transferred into NHS Evidence. The specialist collections were originally set up to organise the knowledge base in key specialist areas and engage stakeholder communities. The delivery of specialist collections is outsourced to a range of organisations within the NHS and wider health community; collections covering clinical areas are led by a senior clinician in the field. The collections carry out a range of functions that add value to the operation of NHS Evidence:

- Organise information and evidence in key specialist areas, focusing on identifying and filtering the higher quality information
- Index filtered information with valuable metadata to enable users to find relevant information quickly and easily
- Engage with key user and stakeholder groups
- Prepare regular evidence updates in key topic areas, to highlight to professionals changes in the evidence base which may have implications for practice
- Identify and publish uncertainties on the effects of treatments in key clinical areas

The current portfolio of specialist collections has recently been reviewed in the light of the future requirements of NHS Evidence, in discussion with the specialist collections, and the conclusions are outlined in this report.

A key conclusion of this review is that current users do value specialist collections; however, work is required to raise awareness and to reach a wider audience. Several of the more established specialist collections have been particularly successful in reaching out to their target communities; for example **NHS Evidence – skin disorders** achieved a monthly average of 40,200 page views from January to September 2009 (see Appendix 1). Of approximately 650 dermatology consultants and registrars in England, around 400 have registered with the collection for regular email updates. Comments from a recent user survey suggest this is a particularly valued resource:

- “Invaluable resource. I particularly like the disease specific evidence based updates”
- “Very valuable that we get monthly emails with any new info available for my speciality”
- “It is an excellent and well organised collection”
- “Very useful. It's great to have all information on a topic grouped together and reduces the need for using general internet search engines.”

## 1.2 Scope

The purpose of this review was to:

- evaluate the focus and priorities of the specialist collections programme in the light of the transfer to NHS Evidence;
- improve understanding of how the specialist collections should be aligned around emerging strategic issues with a view to designing coherent programmes to address these strategic priorities.

The review focused on identifying strengths, exploring gaps and informing future commissioning. The review set out to demonstrate how specialist collections should:

- Support clinical and organisational priorities
- Align across the organisation
- Minimise duplication
- Leverage synergies
- Build upon best practice
- Prioritise our organisational investments

## 1.3 Approach

The review incorporated a range of activities:

- Desk research: reviewing previous evaluation work, literature review; stakeholder mapping; review of current contracts and Service Level Agreements (SLAs); international review of similar services
- Data collection: surveys with users, stakeholders and specialist collections; workshops; informal interviews; review of usage statistics and trends.
- Consultation: of key review outputs with the specialist collections.

The purpose of this report is to present emerging findings from the review to inform business planning for 2010-2011 and beyond.

## 1.4 Governance

The project was led by a Project Board, comprising internal and external stakeholders. Specialist collections were represented through the Project Group. Membership of the Project Board and Project Group can be viewed in Appendix 2.

## 2 The role of specialist collections

The following high level descriptions have been agreed, following consultation with specialist collections, stakeholders and the Project Board.

- **Identify and organise relevant, up to date, high quality information across an agreed specialty area**
- New information is reviewed on at least a weekly basis in agreed specialist areas, focusing on identifying the most high quality evidence-based publications. The types of information identified will vary depending on the area of interest, but where appropriate will be assessed using standard criteria. Where required, metadata terms are added to the information sources to ensure they can be readily retrieved by searching. Any significant new evidence forms the basis of an alerting system for key user groups. This high quality information is accessible through a browse function on NHS Evidence, through a personalised home page, and via the search portal.
- **Engage and communicate with relevant users and stakeholders in their specialty areas at a national and local level**
- An annual meeting is held for key national stakeholder groups in agreed speciality areas - to communicate key developments and to receive feedback and recommendations for future developments. Specialists work with established groups and networks in their area, and have a presence at a minimum of two key relevant national events to promote Evidence Updates and other work of Specialist collections and NHS Evidence. Where possible, specialists contribute to a key journal in the relevant speciality area on a regular basis to highlight new evidence.
- **Produce regular evidence updates in agreed topic areas**
- Evidence Updates provide an overview of new information in a given topic area. Usually this covers a twelve month period, but in some circumstances where evidence is rapidly changing, Updates may be conducted more frequently. In particular, Evidence Updates highlight any new evidence that might challenge current practice, as described in the most recent, accredited national guidance, and provide a commentary on the likely impact. The Updates also provide a list of relevant national policy, guidelines and systematic reviews, and other significant primary research in the area of interest.
- **Identify and organise known uncertainties across an agreed specialty area**
- Each clinical specialty area contributes to the UK DUETs (Database of Uncertainties about the Effects of treatments) by assessing relevant new guideline publications and systematic reviews in their area of interest to identify potential research recommendations/uncertainties. Many of these uncertainties are identified during the process of developing an Evidence Update, but there is an additional annual check of ongoing research to determine whether existing uncertainties are being addressed. Information held in UK DUETs can be accessed through NHS Evidence and NHS Choices.

## 2.1 Collection development

Currently there are two distinct work areas identifying and preparing content for inclusion in the NHS Evidence search engine:

### Specialist Collections

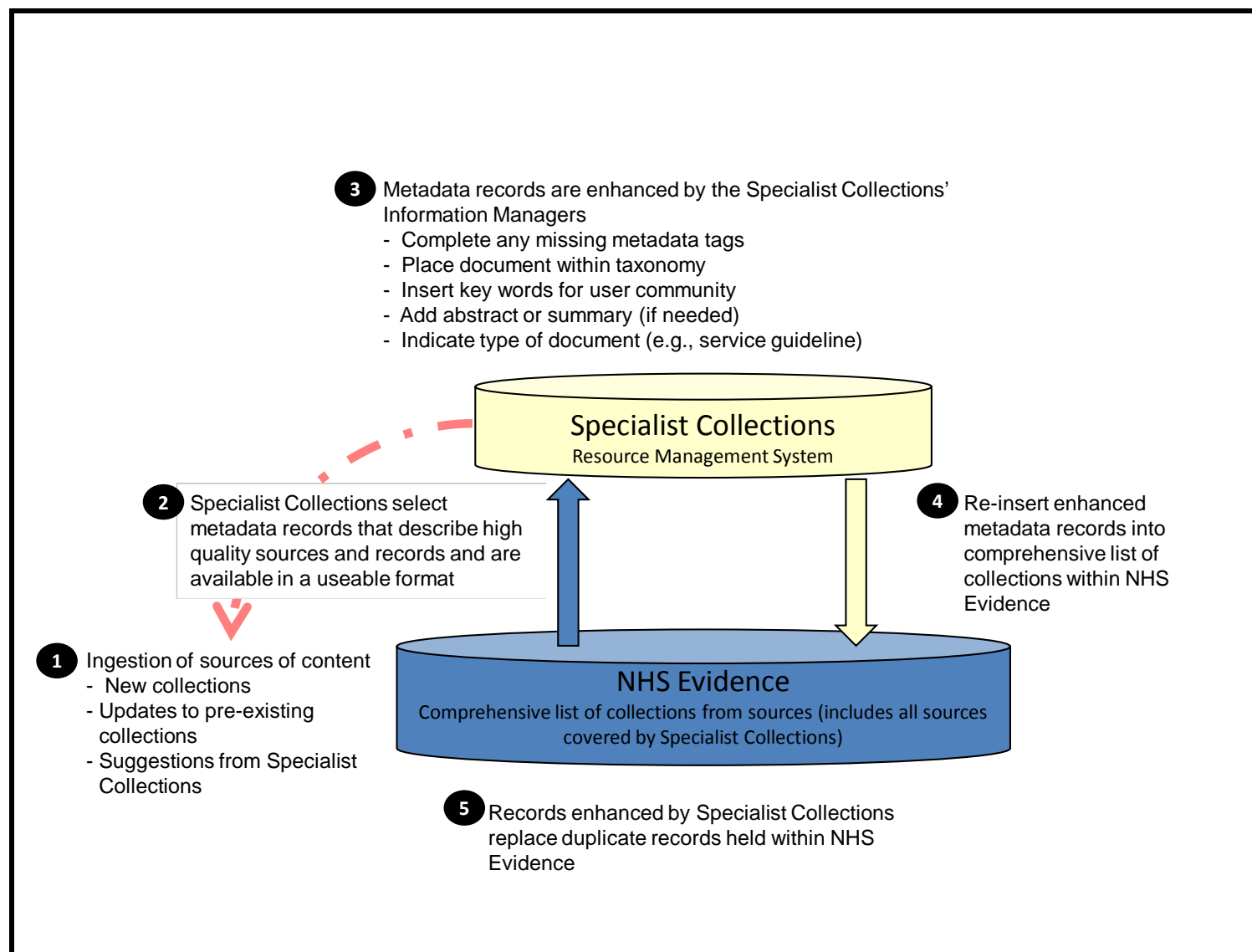
- Aim to identify 'best available' evidence
- Often working at a document level though decisions on what is 'best available' may be based upon the source of the document i.e. a source is identified as providing 'good' information for the respective user groups
- Documents individually indexed but not individually appraised
- Indexing individual documents produces good metadata to support search results

### Sources Team

- Aim to build a 'comprehensive' collection
- Prioritise sources which produce documents deemed high priority within the evidence based medicine model
- Ingest content by source rather than individual documents
- Quality of the metadata is dependent on the source
- Allocation of content to area of interest and type of information is based upon the source of content not the specific document and may not be descriptive of all documents produced by source e.g. NICE not all guidelines
- Working with sources of content to increase granularity of the metadata records.

The lessons learned review has highlighted the need to align these activities. A joint workshop was held in August 2009 and the approach detailed overleaf has since been agreed.

A project has been agreed to take this work forward. The work will begin in November 2009 and will complete in January 2010, involving representatives from NHS Evidence (Commissioned Content, Sources, Accreditation, Search Development teams) and specialist collections. The key output will be a collection development strategy.



## 2.2 Topic coverage

The current portfolio of specialist collections is categorised as follows:

### Condition-focused collections

- designed to address health problems and conditions representing the highest burden of disease e.g. NHS Evidence - diabetes; NHS Evidence – neurological conditions

### Population-focused collections

- designed to address information needs of clinicians working in areas such as child health and women's health

### Collections focused on aspects of health care

- guided by key policy drivers such as World Class Commissioning.

Historically, topic coverage of the condition-focused collections has been organised around the Medical Subject Headings (MeSH), developed by the National Library of Medicine in the United States. This is a controlled vocabulary thesaurus developed to index Medline and therefore provides a useful structure for mapping topic coverage.

An analysis of MeSH and subsequent mapping to the current portfolio has revealed the following gaps in topic coverage:

- Blood and lymphatic diseases
- Allergy and immunology
- Endocrine system diseases
- Symptoms

These will be addressed through a planned procurement exercise which is described further in Section 4.3.

The review has also explored “at-risk” specialist collections (those collections which either have no contract or have contracts expiring before March 2011). Following discussion at the project board, the following decisions were made:

- **NHS Evidence - patient and public involvement** will be presented as part of **NHS Evidence – commissioning**, which will be more fully developed.
- **NHS Evidence – child health** is not currently adequately resourced, given the size of the evidence base and the size of the potential user community; reprocurement is required to address this issue. This is described further in Section 4.3.
- **NHS Evidence – knowledge management** is not funded. It is proposed that a suitable host is found to take forward this work as it is not deemed to be within the remit of NHS Evidence.

## 2.3 Evidence Updates

Currently, the majority of specialist collections are required to produce an agreed number of Annual Evidence Updates. Following feedback from specialist collections and their stakeholder groups, it has been agreed that the frequency of updates should be more flexible, as the evidence base will change at a different pace in different fields, therefore determining how often an update may be required.

Following consultation with specialist collections and their stakeholder groups, the following definition of an Evidence Update has been agreed.

### An Evidence Update:

- Provides a summary of new information in a given topic area over a specific time period (usually twelve months)
- Highlights new primary or secondary research that might challenge current practice as described in the most recent, accredited national guidance, and the likely impact is discussed
- Also provides a list of all relevant national policy, guidelines and systematic reviews, and other significant primary research

The current guidance to specialist collections on the production of Evidence Updates is to be revised. Alongside this, there have been discussions with colleagues within NICE about the value of Evidence Updates as a surveillance tool, which may help to monitor changes in the evidence base which would trigger an update to published guidance.

To achieve these aims, a project is planned which will create a methodology guide to build on the work of the Working Group to date. This will address quality assurance processes and the current variation around appraisal of evidence and presentation of the update; training and development needs will also be considered.

The following list of Evidence Update topics for 2010-11 has been agreed by the project board. The list overleaf is based on the current list and gaps mapped against current and planned NICE guidance and feedback from the Specialist Collections. The next step is to negotiate changes to Service Level Agreements with individual specialist collections. In future, subject to resource requirements, it may be possible to extend this list.

Specialist Collection	Current Annual Evidence Updates	Future Evidence Updates
<b>Cancer</b>	Breast cancer Lung cancer Skin cancer* Prostate cancer Bowel cancer Gastro-oesophageal cancers	Breast cancer Lung cancer Skin cancer Prostate cancer Colorectal cancer Gastro-oesophageal cancers Ovarian cancer
<b>Cardiovascular</b>	Chest pain Coronary heart disease Heart failure Atrial fibrillation	Acute chest pain Acute myocardial infarction Chronic heart failure Atrial fibrillation Angina Lipid modification Hypertension
<b>Child health</b>		Nocturnal enuresis Feverish illness Constipation in children Diarrhoea and vomiting in children Neonatal jaundice
<b>Commissioning</b>		<i>To be discussed with the External Reference Group</i>
<b>Complementary and alternative medicine</b>	Acupuncture CAM for asthma CAM for depression CAM for lower back pain Homeopathy	Acupuncture CAM for asthma CAM for depression CAM for lower back pain Homeopathy
<b>Diabetes</b>	Diabetes	Type 1 diabetes Type 2 diabetes

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Specialist Collection	Current Annual Evidence Updates	Future Evidence Updates
	Diabetic retinopathy	Diabetic retinopathy
<b>Emergency and urgent care</b>	Hip fracture*	Hip fracture* Head injury
<b>ENT and audiology</b>	Hearing disorders Rhinitis Tinnitus Hyperthyroidism	Hearing disorders Rhinitis Tinnitus Hyperthyroidism
<b>Ethnicity and health</b>	Ethnicity/inequality	Ethnicity/inequality
<b>Eyes and vision</b>	Glaucoma Visual failure (AMD) Retinal vasculopathies	Glaucoma Visual failure (AMD)
<b>Gastrointestinal and liver conditions</b>	Alcoholic liver failure Hepatitis B/C Inflammatory bowel disease	Alcoholic hepatitis Hepatitis B/C Inflammatory bowel disease Barrett's oesophagus Coeliac disease Dyspepsia
<b>Genetic conditions</b>		Familial hypercholesterolaemia
<b>Health management</b>	System reform	System reform
<b>Infections</b>	HIV/AIDS* Tuberculosis	HIV/AIDS* Tuberculosis Meningitis Respiratory tract infections
<b>Kidney diseases and male urogenital diseases</b>	Malignancies post kidney transplant Proteinuria and eGFR Urinary incontinence*	Malignancies post kidney transplant Chronic kidney disease Urinary incontinence*
<b>Later life</b>	Alzheimer's disease and dementia Supporting people in later life	Alzheimer's disease and dementia Supporting people in later life
<b>Learning disabilities</b>	Health needs of people with LDs	Health needs of people with LDs
<b>Mental health</b>	Depression	Depression

TITLE: NHS EVIDENCE – THE ROLE AND FUNCTIONS OF THE SPECIALIST COLLECTIONS: PROJECT REVIEW

DATE: 18 NOVEMBER 2009

REF: 09/089

Specialist Collection	Current Annual Evidence Updates	Future Evidence Updates
	Schizophrenia	Schizophrenia Eating disorders Anxiety Bipolar disorders
<b>Musculoskeletal</b>	Rheumatoid arthritis Osteoarthritis Osteoporosis and fragility fractures Psoriatic arthritis*	Rheumatoid arthritis Osteoarthritis Osteoporosis and fragility fractures Psoriatic arthritis* Low back pain
<b>Neurological conditions</b>	Epilepsy Headache Multiple sclerosis	Epilepsy Headache Multiple sclerosis Parkinson's disease
<b>Oral health</b>	Oral cancer Oral health Special care dentistry	Oral cancer Oral health Special care dentistry
<b>Public health</b>	Drugs misuse HIV/AIDS* Obesity	Drugs misuse Sexual health* Obesity Promoting physical activity Smoking cessation services
<b>Respiratory</b>	COPD Cystic fibrosis	COPD Cystic fibrosis
<b>Screening</b>		
<b>Skin disorders</b>	Acne Eczema Psoriasis Psoriatic arthritis* Skin cancer*	Acne Atopic eczema Psoriasis Psoriatic arthritis* Pressure ulcers Skin cancer*

Specialist Collection	Current Annual Evidence Updates	Future Evidence Updates
<b>Stroke</b>	Stroke	Stroke Transient ischaemic attacks
<b>Supportive and palliative care</b>	Gastrointestinal symptoms in supportive and palliative care Patient and carer involvement in chronic disease Supportive and palliative care in chronic lung disease Pain	Gastrointestinal symptoms in supportive and palliative care Patient and carer involvement in chronic disease Supportive and palliative care in chronic lung disease Pain
<b>Surgery, anaesthesia, perioperative and critical care</b>	Surgical aspects of faecal incontinence Critical illness rehabilitation	Surgical aspects of faecal incontinence Critical illness rehabilitation
<b>Trauma and orthopaedics</b>	Hip fracture* Spinal disease	Hip fracture* Spinal disease
<b>Vascular</b>		Preventing VTE Treating VTE
<b>Women's health</b>	Antenatal and pregnancy care Menorrhagia Dysmenorrhoea and endometriosis Urinary incontinence*	Antenatal care Heavy menstrual bleeding Dysmenorrhoea Endometriosis Intrapartum care Postnatal care Caesarean section Fertility Urinary incontinence*

\* indicates collaborative Evidence Updates

## 2.4 Communications and engagement

Following an internal workshop with the NHS Evidence communications teams, the following roles and responsibilities for the Specialist Collections have been agreed. A communications plan will be put in place, to be implemented from April 2010 onwards.

### **Specialist collections communication activities**

- Convening a meeting of key stakeholder groups (at least annually) to communicate key developments and to receive feedback and recommendations for future developments
- Engagement of key stakeholders, customers and users (within the relevant specialist area) via established groups and networks
- A presence at a minimum of 2 key national events relevant to their specialist area (presentations, demonstrations, exhibition stands) to promote Evidence Updates and other relevant work of Specialist collections and NHS Evidence
- Promotion of Evidence Updates to key customers and user groups
- Alerting users to important new content
- Contributing to a key journal in the relevant speciality area, on a regular basis where possible
- Using tailored communication materials (including leaflets) for key readerships
- Provision of content for the Eyes on Evidence bulletin

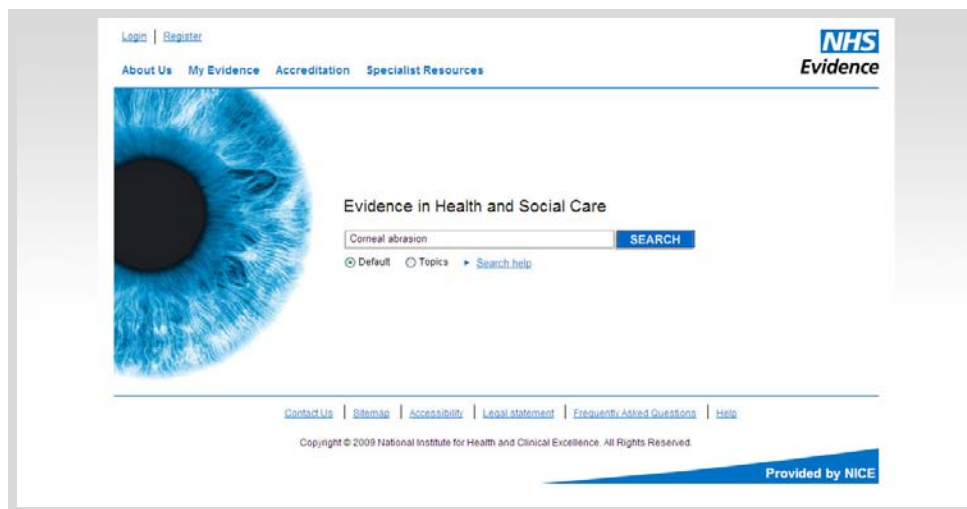
### 3 A vision for presenting specialist collections to the user

A key aim is to fully integrate specialist collections within the NHS Evidence portal. Currently, the specialist collections are located on the former National Library for Health site and the plan is to migrate all specialist collections by September 2010. To achieve this migration, a clear vision will be developed which will outline a clear and intuitive presentation of specialist collections.

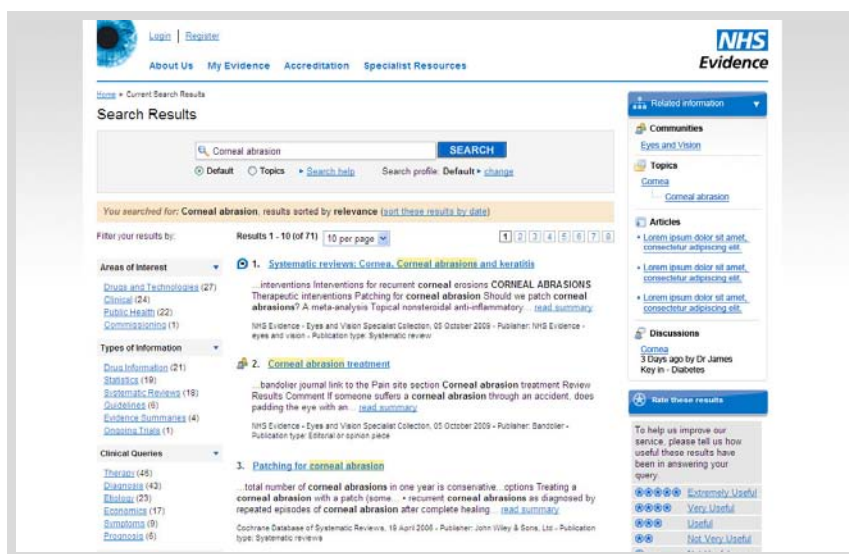
The vision will be developed in line with the following principles:

- The user experience will be more integrated and more dynamic
- The presentation will support the specialist collections' relationships with national and local users and stakeholders
- The design and functionality will support collaborative working and interaction with users

Early ideas include mapping the user journey from an initial search on the NHS Evidence portal, which enables access to the functionality of specialist collections via the search results:

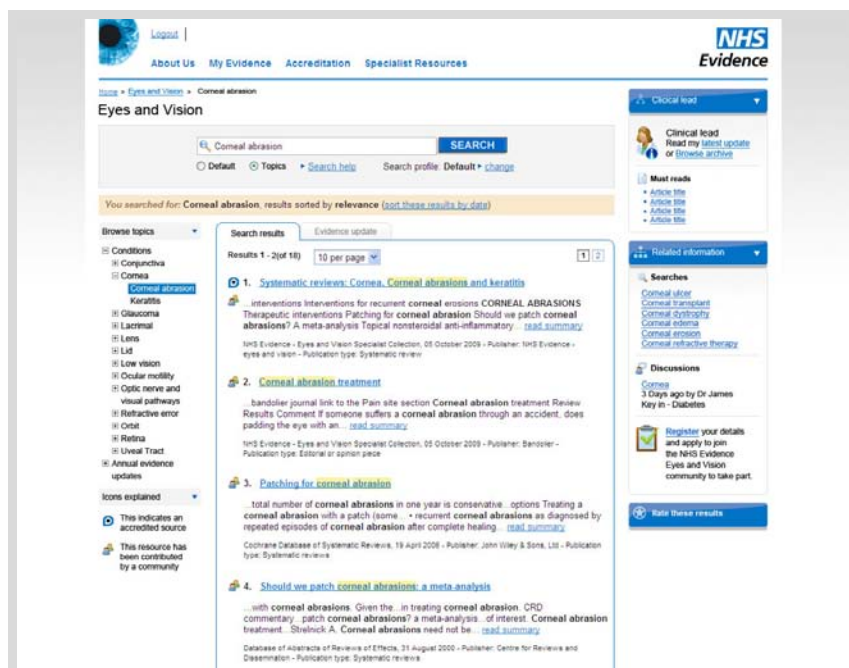


***This diagram shows the current home page of NHS Evidence and the start of the “user journey”***



***This screenshot shows how search results are currently displayed but with additional functionality to highlight relevant content from the appropriate specialist collection(s)***

Feedback from users and stakeholders has highlighted the need for browsing in addition to searching; early ideas include a more intuitive display of information, links to related topics and links to functionality (which may include discussion, key alerts and related searches):



***This screenshot shows how a specialist collection could be presented on NHS Evidence allowing the user to browse a specialist area, key topics and editorial content***

Please note that these are early ideas and are therefore subject to further discussion, testing and development.

## 4 Developing a future management model

The Specialist collections are currently housed within 22 different organisations, and are managed through 8 contracts and 14 Memoranda of Understanding (MoUs). There is also a Service Level Agreement for each collection that defines in more detail some of the areas of work. There are also two collections that are provided through NHS Evidence, but funded separately: the Public Health Specialist Collection and the Screening Collection.

A key aim of the review was to identify issues associated with the current arrangements, to describe some alternative models, and to propose a way forward.

### 4.1 Key issues for consideration

These can be summarised as follows:

- Variation - in activity, management arrangements and quality of outputs. The large number of Specialist collections and host organisations makes it difficult to ensure consistent standards across the Collections. This includes variation in the methodology and format of the Evidence Updates and in the way communication with stakeholders and key groups is managed. There is also variation in the local governance arrangements, and in the day to day management arrangements.
- Staffing considerations. Most Specialist collections rely largely on a single information specialist, and this can present problems in relation to staff absence, where there is no cover, and development and promotional opportunities.
- Contract management. Effective performance management against contracts is a challenge, both because of the numbers involved, but also because of physical locations. It is not possible, for instance to hold face to face quarterly meetings with all the Collections (individually), although there is regular electronic communication, and meetings with all staff to facilitate information exchange.

### 4.2 Possible future arrangements

Because of the urgent need to replace the contracts that are due to expire at the end of March 2010, the project board has considered several possible future options. All of these would reduce, from April 2011, the number of external contracts to a smaller number of centres. This would help resolve the issues relating to variation, staffing, and capacity to manage a large number of contracts. In all potential future models, the aims would be to achieve:

- A critical mass of staff to facilitate cover-arrangements and career development, probably including a team of project managers, information scientists and systematic reviewers
- Continued links with relevant experts in the field (clinical/specialist leads), both to provide expertise but also to ensure engagement with relevant clinical networks

- The ability to ensure effective quality control and consistency across the work of the Specialist Collections.
- Effective governance arrangements within the host organisations
- Ability to efficiently cover all relevant topic areas

### 4.3 Possible models

To ensure the requirements described above can be met, the following three models have been considered in detail.

#### ***Option 1: A small number of Evidence Centres***

This option would group the activity relating to developing specialist collections into Evidence Centres, thus enabling the sharing of key resources. Each Evidence Centre would include a central team comprising a project manager, information specialists (generic and topic specific) and administrative support. Clinical leads would be identified and supported by the relevant Centre as an important component of maintaining clinical ownership and interest in relevant topic areas.

Each Centre would be overseen by a management board, established locally, to ensure effective financial management and quality control of work in a number of different topic areas. Account managers within the NHS Evidence central team would manage the relationships with each Centre, including providing a steer on development of products as well as monitoring performance against key indicators.

The Evidence Centres could be grouped into a number of topic areas. These topics would need to be selected to ensure effective internal working arrangements and the ability to engage effectively with key stakeholders. One example of how four Centres might be configured could be:

- Public Health
- Social Care
- Clinical
- Commissioning and management topics

It has also been suggested that a Clinical Evidence Centre could be split further, perhaps to mirror the NICE Collaborating Centres - this could be advantageous in aligning Evidence Updates with guideline topics. It will be important, however, not to sub-divide this area too far and re-create the issues associated with the current model. The success of this new model, and the one below, is likely to be very dependent on the host organisation – the culture, ethos and ability to support engagement with the relevant communities.

### ***Core functions of an Evidence Centre***

The Evidence Centres will select records from a comprehensive collection of content developed by NHS Evidence. The Centres will enhance these records through the addition of metadata tags and missing search terms. These records will be placed within a shared taxonomy and then made available to users of NHS Evidence. These enhanced records will be a key part of ensuring the NHS Evidence can quickly identify and retrieve evidence that is relevant to the needs of priority users.

Each Evidence Centre will also be asked to identify significant documents to highlight through the use of browse function. This browse function will help specialists understand the wider context for their decisions.

The Evidence Centres will prepare regular evidence updates in key topic areas, to highlight to professionals any changes in the evidence base which may have implications for practice. These updates, with commentaries on the likely impact to current practice, will help ensure that users of NHS Evidence understand current best practice in the topics covered by the evidence centres. These updates will be incorporated into the alerts provided by NHS Evidence. These evidence updates will also allow guidance producers to understand the amount of change that has taken place since the time of publication and could inform the need for updating or revising the original guidance.

The Evidence Centres will contribute to the UK DUETs (Database of Uncertainties about the Effects of treatments) by assessing relevant new guideline publications and systematic reviews in their areas of interest to identify potential research recommendations and areas of uncertainty. The centres will also provide an annual check of ongoing research to determine whether existing uncertainties are being addressed.

Evidence Centres will engage and communicate with relevant users and stakeholders in their specialty areas at a national and local level

### ***Option 2: A single Evidence Centre***

This model would outsource the entire management of specialist collections to a single external organisation. In this model, NHS Evidence would hold a single contract with an external organisation, which would in turn manage contracts with clinical/specialist leads and stakeholder groups.

The single external supplier would be responsible for developing and managing all specialist collections and for putting in place the resources to meet the key performance indicators established by NHS Evidence. The external supplier would also be responsible for developing and implementing a training programme for information scientists and other staff. This training programme would help staff develop new skills and gain expertise in relevant areas by focusing on a limited number of topics.

### **Option 3: An in-house resource**

In this model, the central support team of project managers, information specialists etc would be managed in-house. There would still be a need for external expertise through a number of clinical /specialist leads, but the funding and the mechanism for engaging with them would be directly managed through the central team.

#### **4.4 Overview of the options**

In summary, a full in-house model is probably not desirable – it would require accommodating at least an additional 40 staff in the Manchester office, and the ability to support engagement with at least 35 specialist leads. In house support might be possible in some topic areas, for example public health, but is less likely in areas not traditionally covered by NICE, such as social care.

Some outsourcing is therefore required, but the exact number of Evidence Centres remains to be agreed. The impact on staff of moving to a more centralised arrangement is likely to mean that some experienced staff will be lost. In most cases, the affected employees will be on short term contracts, but there may be some TUPE implications for those employed on a permanent basis.

## **5 Next steps**

These emerging findings provide a high level direction for a specialist function within NHS Evidence. However, further work is required to agree the detail of processes, policies and procedures, and potential transition to a new model of Evidence Centres.

The following specific projects have been agreed, which are summarised below, to inform the future methodology and integration with NHS Evidence and NICE.

### **5.1 A methodology guide**

It has been agreed to develop a new methodology guide for Evidence Updates, covering the end to end process of producing an Evidence Update, including the identification and publication of uncertainties. It will also take into account how the Evidence Updates can support the work of NICE guidance development programmes, to provide future efficiency savings. The project scope and proposed outline of the methodology guide has been agreed by the Project Board; this work will begin in November 2009 and will be led by a working group representing key stakeholders and customers.

This project will prepare a draft methodology guide by March 2010 for formal consultation. A final version is expected in summer 2010.

### **5.2 A collection development strategy**

A project has also been agreed to develop a shared collection development strategy for NHS Evidence, which will provide a framework for specialist collections/Evidence Centres

and align their work with other relevant collection development work within NHS Evidence. The strategy will:

- Define how the work of the specialist collections/Evidence Centres relates to the ongoing 'sources identification'
- Help define the workflow for each team so that the collection is kept up-to-date – identifying, selecting, adding, reviewing, renewing and removing content
- Agree a common metadata strategy

This project aims to report in January 2010.

### **5.3 Communications and engagement plan**

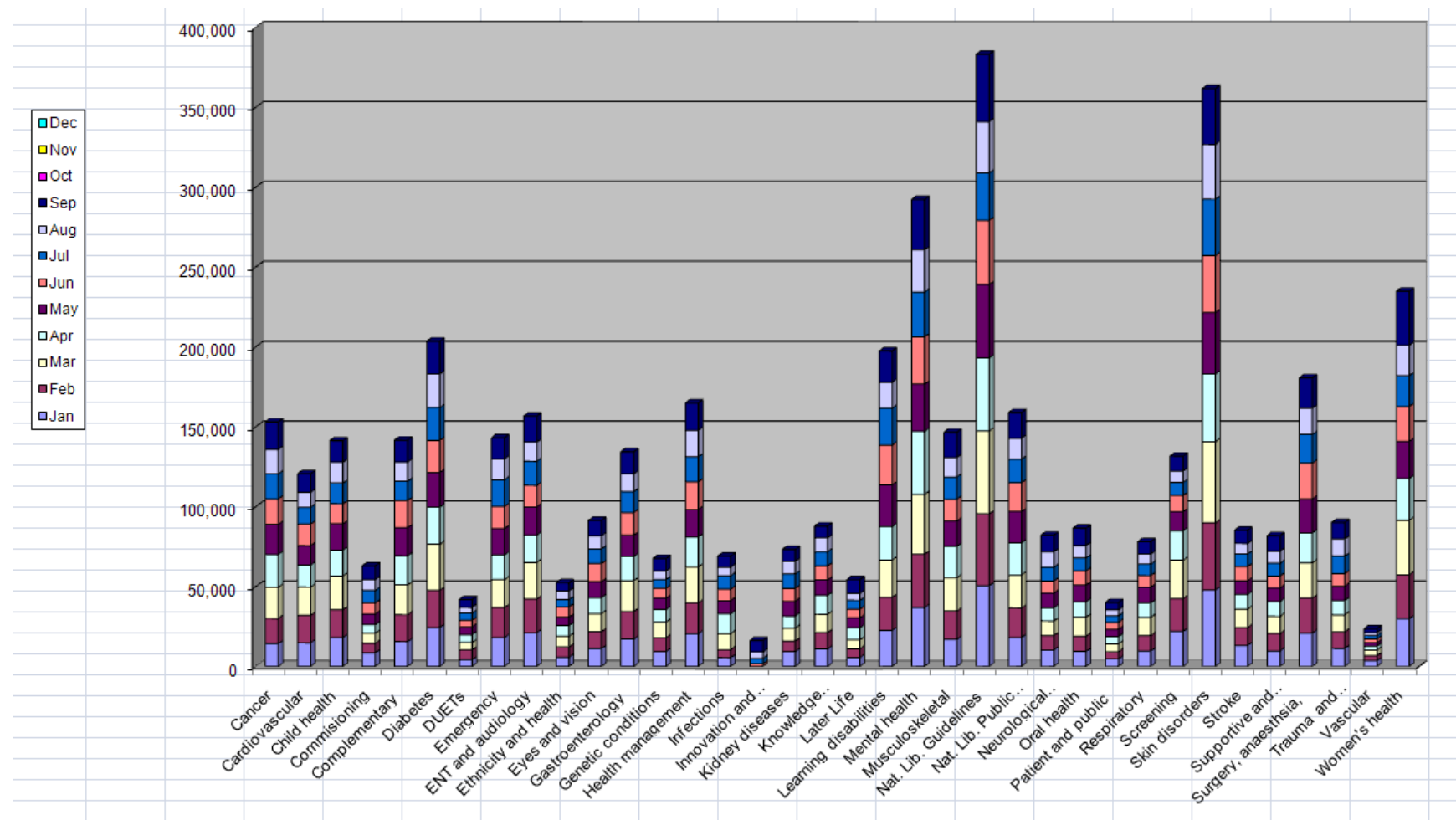
A shared communications plan is required which will align the communications and engagement work within specialist collections with the work of the NHS Evidence communications team.

### **5.4 Designing the future vision**

A project plan to develop and design the full integration of specialist collections within NHS Evidence will be agreed by the NHS Evidence senior leadership team and will be shared with the lessons learned review project board.

## 6 Appendix 1

### Usage indicators

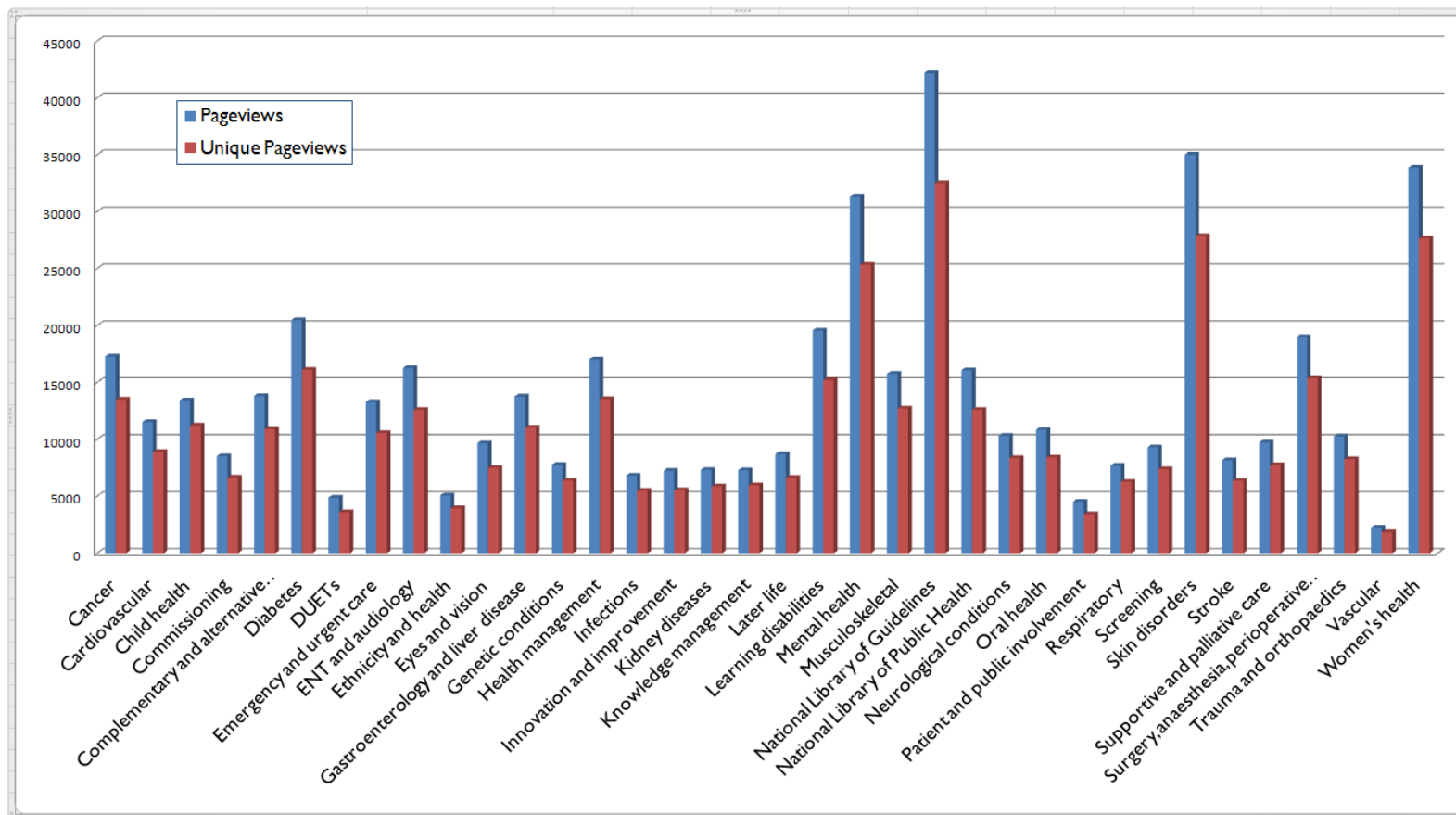


**Fig 1: Comparison of specialist collections : 2009**

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**Fig 2 : Specialist collections : usage during September 2009**

A pageview is defined as a view of a page on your site that is being tracked by the Analytics tracking code. If a visitor hits reload after reaching the page, this will be counted as an additional pageview. If a user navigates to a different page and then returns to the original page, a second pageview will be recorded as well.

A unique pageview aggregates pageviews that are generated by the same user during the same session. A unique pageview represents the number of sessions during which that page was viewed one or more times.

Specialist Collection	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Cancer	14,190	15,795	19,584	20,500	18,807	15,902	15,735	15,280	17,292				153,085
Cardiovascular	14,743	17,194	17,745	13,739	12,115	13,631	10,407	9,454	11,522				120,550
Child health	18,061	17,391	21,051	16,274	16,499	12,504	12,992	13,118	13,428				141,318
Commissioning	8,516	5,874	6,374	5,390	6,603	6,912	7,903	6,790	8,516				62,878
Complementary	15,522	16,792	18,728	18,128	17,606	16,963	12,150	11,977	13,808				141,674
Diabetes	24,360	23,222	28,945	23,254	21,626	20,099	20,517	21,092	20,478				203,593
DUETs	4,223	6,151	4,585	4,900	4,882	4,183	4,457	3,555	4,879				41,815
Emergency	18,123	18,765	17,467	15,472	16,462	13,855	16,652	13,084	13,272				143,152
ENT and audiology	21,055	21,206	22,806	17,073	17,671	13,541	15,053	12,005	16,273				156,683
Ethnicity and health	5,821	6,404	6,669	6,754	5,252	6,383	4,651	5,375	5,070				52,379
Eyes and vision	11,109	10,632	11,195	10,091	9,943	11,390	9,181	8,177	9,664				91,382
Gastroenterology	17,098	17,249	19,320	15,150	13,338	14,162	13,021	11,236	13,767				134,341
Genetic conditions	9,282	8,701	9,729	7,913	7,169	6,154	5,513	5,367	7,769				67,597
Health management	20,404	19,364	22,560	18,688	17,217	17,386	15,617	16,621	17,024				164,881
Infections	5,485	4,983	10,014	12,424	8,248	7,301	8,251	5,452	6,830				68,988
Innovation and improvement						1,666	3,373	3,991	7,239				16,269
Kidney diseases	9,230	6,538	8,208	7,545	9,237	8,108	8,940	8,054	7,326				73,186
Knowledge management	10,984	10,254	11,445	11,823	9,668	8,781	8,811	8,800	7,289				87,855
Later Life	5,561	5,476	5,671	7,567	6,164	5,477	5,468	4,320	8,707				54,411
Learning disabilities	22,547	20,698	23,326	21,047	25,965	24,968	23,119	16,255	19,561				197,486
Mental health	36,899	33,355	37,395	39,532	29,544	29,588	28,015	26,607	31,343				292,278
Musculoskeletal	17,032	17,608	20,950	19,573	15,894	13,598	13,861	12,249	15,769				146,534
Nat. Lib. Guidelines	50,566	44,855	51,965	45,769	45,839	40,152	29,835	32,039	42,176				383,196
Nat. Lib. Public Health	18,200	18,351	20,598	20,243	19,586	17,939	14,711	13,169	16,082				158,879
Neurological conditions	10,247	9,003	9,193	8,250	9,135	7,558	8,675	9,679	10,319				82,059
Oral health	9,367	9,566	11,918	9,671	10,408	8,843	8,195	7,719	10,839				86,526
Patient and public	4,724	4,415	4,900	4,675	4,499	4,426	4,029	3,781	4,530				39,979
Respiratory	9,616	9,683	11,387	9,008	9,913	7,214	7,245	6,326	7,686				78,078
Screening	21,988	20,418	24,077	18,475	11,935	10,116	8,216	7,138	9,312				131,675
Skin disorders	47,839	42,017	50,866	42,355	38,435	35,732	35,187	34,336	35,024				361,791
Stroke	13,170	11,129	11,577	9,181	8,639	8,847	7,810	6,716	8,175				85,244
Supportive and palliative	9,689	10,865	10,796	9,288	8,616	7,288	8,018	7,570	9,727				81,857
Surgery, anaesthesia,	20,882	21,868	22,149	18,705	21,209	22,496	17,942	16,427	18,990				180,668
Trauma and orthopaedics	11,263	10,262	10,732	9,035	8,934	7,835	10,980	10,775	10,264				90,080
Vascular	3,607	3,084	3,510	2,587	2,119	2,232	2,229	1,899	2,261				23,528
Women's health	29,904	27,462	34,102	26,160	23,292	21,806	19,296	18,972	33,873				234,867
	571,307	546,630	621,537	546,239	512,469	475,036	446,055	415,405	496,084	0	0	0	4,630,762

**Fig 3 : Comparison across specialist collections : 2009**

## 7 Appendix 2

### 7.1 Project Board terms of reference

- To provide strategic direction and guidance to the Project Lead on behalf of the NICE Board and the NHS Evidence Senior Leadership Team (SLT)
- To ensure this review complies with NICE policies and processes
- To ensure appropriate documentation and plans are in place
- To receive regular progress reports from the Project Lead
- To provide guidance on the mitigation of open risks and issues
- To provide high level reports to the NICE Board and NHS Evidence SLT
- To sign off the interim report, final report and future operating model

Members	
Dr Gillian Leng (Chair)	NHS Evidence
Sir Iain Chalmers	James Lind Alliance
Professor Peter Littlejohns	NICE
Paula Lloyd	National Cancer Action Team
Andrew Miniuks	NHS Evidence
Alison Turner	NHS Evidence

### 7.2 Project Group terms of reference

- To represent the Specialist Collections community and regularly liaise with colleagues
- To facilitate access to Specialist Collections stakeholder communities
- To provide advice and guidance to the Project Lead on a regular basis
- To receive regular progress reports from the Project Lead
- To approve the interim and final reports for submission to the Project Board
- To liaise with the project teams where appropriate
- To participate in the dissemination of the outcomes of the review

Members	
Dr Ray Armstrong (Chair)	NHS Evidence – Musculoskeletal; NHS Evidence – Orthopaedics
Dr Chris Alcock	NHS Evidence – Cancer
Mr Martin Burton	NHS Evidence – ENT and audiology
Dr Parul Desai	NHS Evidence – Eyes and vision
Dr Hugh Griffiths	NHS Evidence – Mental health
Mr Mike Larvin	NHS Evidence – Surgery, anaesthesia, perioperative and critical care
Andrew Miniuks	NHS Evidence
Ray Phillips	NHS Evidence – Commissioning; NHS Evidence – Health management; NHS Evidence – Innovation and improvement; NHS Evidence – Patient and public involvement
Prof Tom Quinn	NHS Evidence – Cardiovascular; NHS Evidence – Stroke; NHS Evidence – Vascular
Ala Szczepura	NHS Evidence – Ethnicity and health
Alison Turner	NHS Evidence
Dr Denise Williams	NHS Evidence – Genetic Conditions