NICE Evidence Search Process and Methods Manual – response to public consultation

Organisation	Paragraph number	Comments	Response
Barrett's Dysplasia Cancer Task Force	General	If I may offer a couple of additional comments on the portal itself? It is a very clear interface, and I was able to retrieve the information I wanted by doing a couple of test searches, but I would welcome an advanced search option. For example, I was not able to retrieve our latest NICE accredited clinical guidance on the management of non-dysplastic and low-grade dysplasia in Barrett's oesophagus, 'BOB CAT: a Large-Scale Review and Delphi Consensus for Management of Barrett's Esophagus With No Dysplasia, Indefinite for, or Low-Grade Dysplasia', although our earlier guidance on dysplastic Barrett's was available. I look forward to using the NICE Evidence Search service more often, as I was not necessarily aware of all the sources and functions that are accessible through the NICE Evidence Search portal.	Thank you for your comments; we are delighted to learn that you intend to use NICE Evidence Search more often. We are exploring some options for advanced search functionality.

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Royal College of Obstetricians and Gynaecologists (RCOG)	General	Thank you for a very well written, thorough and informative document. The section on the type of evidence available in Evidence Search is comprehensive and generally clear to read. Our minor concerns about this document can be summarised as the following: 1. It does not explain how the quality of the evidence sources is assessed 2. The way that evidence sources are described could be clearer – 'source' seems to refer to both their source (e.g. Royal College) and the document itself. 3. Further information on searching would be useful – for example, it does not consider the metadata in relation to search functions, types of information don't match, and although the date is recorded in the metadata, the search options for date limits are restricted.	Thank you for taking the time to consider the manual and to provide feedback. We have responded elsewhere in this document to the points on assessing evidence sources. The document has been reviewed to ensure that 'evidence source' (the source, provider or publisher or evidence) and 'evidence' (the individual record or piece of information) are used consistently and we have added these terms to the glossary. With regards to date metadata, it is difficult to confidently use this in a consistent and reliable way. This is because the service relies on the metadata provided by the evidence sources. This can be inconsistently applied or unintentionally changed; for example, the date metadata can be unintentionally changed such as when a website is updated or a page re-published.
Public Health Agency of Sweden	General	Please consider that we judge the intention and the contents of the Manual to be sound and useful. Hence, our comments are solely reflections, sometimes expressed in terms of questions, sometimes tentative proposals.	Thank you for taking the time to consider the manual and to provide feedback.

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UKMi	General	NICE Evidence Services is a very "passive" resource. Landing on the home page provides no insight into the comprehensiveness of coverage or how it complements HDAS. There seems to be an assumption from NICE that this resource will somehow promote itself and become Google by default for the NHS. In our experience there is very limited awareness/ understanding beyond medical librarians and medicine information pharmacists. Whilst we are aware of limited educational promotion to medical/ pharmacy students there does not seem to be similar efforts being made to reach qualified practitioners in hospitals, CCGs, primary care etc. We wonder if there is an opportunity for NICE implementation teams to actively promote Evidence Search alongside the current awareness outputs as part of their role and also to include a regular update on NICE Evidence Services in the current awareness outputs.	Thank you for comment. In addition to our communication plan and the work of the implementation consultants, we have recently developed an outreach strategy with a view to increasing promotional activities and will consider your suggestions. We are also improving our Search Engine Optimisation strategy to better describe the service offer.
Barrett's Dysplasia Cancer Task Force	1	While evidence search is an excellent resource and makes use of Cochrane collaboration reviews, it would be helpful if it could be explicitly stated that the evidence search portal provides access to the Cochrane Library, and also systematic reviews produced by the Campbell Collaboration.	Thank you for your comment – the Campbell Collaboration has now been mentioned explicitly in paragraph 60 to describe the range of evidence covered by the service across the areas of interest.
RCOG	1	These are important services for health professionals. National provision should make them cost effective and prevent users who move to different hospitals from needing to learn how to use new resources.	Thank you for your comment.

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RCOG	1	What are your criteria for determining that the evidence is 'high quality authoritative', or from a 'trusted source'? The inclusion and exclusion criteria do not fully explain these, and there should be reference to something like the HON code https://www.healthonnet.org/HONcode/Conduct.html	The breadth of evidence collected in Evidence Search – ranging from clinical, medicines and healthcare technology, public health, social care, and healthcare management and commissioning – is unlikely to be covered by a single scheme such as the HON code. Also, we did not want to restrict sources of evidence to those that have applied to a voluntary code, especially as many of our sources are professional to professional websites which may not have applied. Sources are assessed by qualified information specialists who are professionally trained and experienced in assessing sources of information and apply the HON code principles, where relevant, in their everyday work.
RCOG	3	Typo: 'provide accessible services that recognises the demands' – 'recognise' should be singular	Thank you.
RCOG	3	Last bullet point – isn't Evidence Search freely available worldwide, not just the UK? Second bullet point says for professionals 'everywhere' See also below note on paragraph 18.	The Evidence Services include some content that is purchased on users' behalf. Authenticated access to this content is by IP address, which identifies the country of the user. Examples include the Cochrane Library (NICE procures this for England and Wales; similar arrangements exist in Scotland) and the Clinical Knowledge Summaries, which NICE procures for the UK.
RCOG	4	Typo: 'The Evidence Services is comprised of five services' – this should be plural: 'are comprised' Also, 'are a reference, educational and research tool' – this should be 'are reference, educational and research tools'	Thank you for your comment – this has been corrected.
RCOG	4	The section on Journals and Databases is not clearly worded and reads as though some HDAS journals and databases do not require an OpenAthens password, when my understanding is that they all do.	Thank you for your comment – this has been clarified.

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UKMi	4	In line with general comments above it would be helpful to increase awareness of CKS in particular and again we wonder if NICE could promote new or updated guidelines through their current awareness bulletins.	Thank you for your comment. CKS is already promoted through some of our evidence awareness services, and we will explore further opportunities to do this.
RCOG	7	Should the manual not also address the search functionality, or is this covered elsewhere? You could include all the useful evidence you like, but without a good search function, Evidence Search will not meet its vision of 'providing access to evidence-based information'. Notwithstanding the principal function of NICE Evidence Search as a tool for clinicians, we use it to find relevant guidance when performing literature searches for our own evidence-based guidelines. As such, the following would be useful: • A function to be able export search results. • A function to be able to exclude results by guidance producer would be useful – e.g. CKS not included in searches, but often come up because address pregnancy • More detailed guidance about searching the database systematically	Thank you for your comment. The Process and Methods Manual is intended to describe how we collect and manage the content, with information on how to search available on the NICE website at https://www.nice.org.uk/About/What-we-do/Evidence-Services/Evidence-Search. We are delighted to learn that you use Evidence Search when performing literature searches for your own evidence-based guidelines. The ability to export search results will be available soon, and an advanced search function is currently being scoped. Because Evidence Search is not a database, helpsheets are not available on systematically searching the index; specialist searchers needing to conduct systematic-style searches are advised to apply the same principles as they would to using other search engines.
Barrett's Dysplasia Cancer Task Force	11	The sources of evidence could be stated in this paragraph.	Thank you for your comment, which relates to your comment on paragraph 1. The Campbell Collaboration is now referenced in paragraph 60.
Barrett's Dysplasia Cancer Task Force	12	I accept that the term 'secondary evidence' is correct, but the term implies that the evidence is somehow less important than primary evidence, perhaps this paragraph could be rephrased?	Thank you for your comment – 'secondary evidence' is accepted terminology in the field.

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RCOG	13	Please can you expand on the 'agreed processes' for including primary evidence or indicate where in the manual they are described?	Thank you for your comment. This has been clarified in paragraph 59 and referenced from paragraph 13.
Public Health Agency of Sweden	14	Our reflection regards whether the statement of "not containing evidence for every single health or social care question", could be supplemented with examples of existent and non-existent evidence (e.g., if true, numerous regarding smoking and premature mortality, whereas few regarding sustainable development and population health)?	Thank you for your comment. As Evidence Search is a search engine, it is not possible to analyse what information does not exist, particularly as this changes. However, known uncertainties that are collated in Evidence Search can be retrieved by using the 'Evidence Uncertainties' filter.
Barrett's Dysplasia Cancer Task Force	15	'service users, patients and the wider public' could be added to the list in P15.	Thank you for your comment – access for patients, service users and the wider public is covered in paragraph 18.
RCOG	18	'most evidence in Evidence Search can be searched by service users, patients and the wider public' – does this mean that they can search most of it or that they can access most of it? Would it make more sense to say that anyone (service users, patients and the wider public) can search in Evidence Search and read a summary of each individual piece of evidence, but, as in paragraph 16, some full text is restricted?	Thank you for your comment – paragraph 18 has been amended to reflect the fact that anyone can search, but some content is restricted.
Barrett's Dysplasia Cancer Task Force	21	Add 'Campbell Collaboration'.	Thank you for your comment – the paragraph has been amended accordingly.

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Public Health Agency of Sweden	21	Our reflection, linked to the paragraph of exclusion criteria, regards whether the Evidence Search would gain from extended translation of national guidelines, from well-established authorities, to English?	Thank you for your suggestion. We do not have the resources to commission translations of content. If the translation is already available and published by an approved evidence source, this should be included. Any guidance that is accredited by NICE is included in Evidence Search. https://www.nice.org.uk/about/what-we-do/accreditation
Barrett's Dysplasia Cancer Task Force	23	Evidence Resources Reference Panel (ERRP): possibly more information could be provided about the role of this panel without having to email NICE.	Due to the changing nature of the panel, details of the panel are made available on the website rather than in the manual so that the manual doesn't become out of date.
RCOG	23	Evidence Resources Reference Panel (ERRP): for transparency, would it be possible to consider publishing membership of this panel, as other NICE committee memberships are?	Due to the changing nature of the panel, details of the panel are made available on the website rather than in the manual so that the manual doesn't become out of date.
RCOG	26	"They are allocated to either automated or manual ingestion" – some organisations are on both lists. If allocation is by evidence type, could this be mentioned?	This has been clarified in paragraph 35.
Public Health Agency of Sweden	26	Our comment is solely that we did not find, and hence could not comment on, the current lists of manual/automated [evidence] sources (that is, they are probably under revision).	Thank you for your comment - the links were not working for a short period. These lists are now available from https://www.nice.org.uk/about/what-we-do/evidence-services/evidence-search/evidence-search-content.
Barrett's Dysplasia Cancer Task Force	28	Are health service users and patients able to identify new evidence sources?	Patients, service users and the wider population can suggest new evidence sources; they need to contact us with their suggestion and we will evaluate it through our usual processes.

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Barrett's Dysplasia Cancer Task Force	29	Will clinical guidelines that are accredited by NICE be included as evidence, or does this refer to other types of evidence sources? This seems to be answered in P 80, but maybe could appear earlier in the document?	Yes, clinical guidelines that are accredited by NICE are all included in Evidence Search.
Barrett's Dysplasia Cancer Task Force	30	Who assesses the evidence source and makes the final decisions about inclusion? Is this a transparent process?	Thank you for your comment – this information has been added to paragraph 30 in the final version of the manual.
Barrett's Dysplasia Cancer Task Force	31	How will NICE assess the quality and reliability of evidence identified for automatic ingestion? How will you deal with contentious topics such as homoeopathy?	Sources identified for automated ingestion are checked for quality and reliability at the source level, rather than individual documents. If the source fits the criteria, then it is assumed that documents produced by that source will also fit the criteria. Complementary and alternative medicine resources are included where they are evidence based.
Barrett's Dysplasia Cancer Task Force	37	Reviewing evidence sources - How will you deal with broken links or non-functional websites? "through their monitoring of each source". This seems to imply an awful lot of person hours!	There is an automated link checker functionality and automated processes to alert us to issues with broken links and non-functional websites.
Barrett's Dysplasia Cancer Task Force	39	Social care – does this imply education, training and issues such as crime and Justice? There may be overlap for example mental health in prison inmates and I am not clear how you will distinguish between sources of evidence that do with social policy and those which are health-related.	This paragraph explains that the five areas of interest are not mutually exclusive, and some sources will provide information that falls into more than 1 area. Metadata tags are used to ensure the appropriate information is retrieved. Sources are selected that focus on health-related issues, although because of the automated nature of the service, it is possible that some social policy evidence may be included where it is not possible to easily exclude from a crawl or a feed.

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Barrett's Dysplasia Cancer Task Force	Fig 2	Ongoing trials and completed clinical trials. Guidance or 'clinical guidelines'?	Thank you for your comment. These are just examples - the full list of included evidence types is in Appendix B. Evidence Search doesn't focus on primary research, which is where completed clinical trials would be reported. We use 'Guidance', rather than 'clinical guidelines', because it is a wider category that encompasses various types of guidance.
Public Health Agency of Sweden	41	Our reflection is connected to P62 (that is, consideration of systematic reviews based on journals adherence to PRISMA guidelines, and not on NICE appraisal of systematic reviews), and regards "carefully selected journal articles, including 'randomized controlled trials' (RCTs)". Does this mean that NICE does not critically appraise the RCT performance, but trust journals/articles following e.g. CONSORT statement (e.g. Schulz et al. 2010)? Could this perhaps be clarified?	This is correct. As stated in paragraph 62, NICE does not critically appraise the evidence included in Evidence Search. Assessment is of the evidence source.
UKMi	44	Would it be possible to create a landing page for each of the clinical care areas displaying content added in the last month/ 3 months in an automated way. Again this might help improve the understanding of the site and its importance to clinical practitioners.	Thank you for your suggestion. The subject lists are not used to tag or structure content and are included here to describe the range of content. Because of the way the evidence is structured in the background, it is difficult to provide alternative presentations of the content in a way that is useful. We are exploring some options and will test what is feasible according to the restrictions of the available metadata.
RCOG	Table 1	The NICE heading is 'Fertility, pregnancy and childbirth' – should it be the same here? (see: http://www.nice.org.uk/guidance/conditions-and-diseases). Assuming 'fertility and childbirth' also includes pregnancy, then the clinical care subject list includes all areas relevant to the RCOG.	Thank you for your comment - we have updated the table to include pregnancy with fertility and childbirth.

Organisation	Paragraph number	Comments	Response
Barrett's Dysplasia Cancer Task Force	Table 1	Developmental disorders? Dementia? The list includes most clinical subjects, however there may be occasions where practitioners and service users may wish to search for a topic that is not a disease or disorder, but where medical interventions may exist e.g. menopause, smoking cessation, obesity. I assume that this list is not exhaustive?	Thank you for your comment. The list is not exhaustive, it is a way of organising the work for our internal office functions and processes. Searching for terms such as menopause, smoking cessation or obesity will retrieve a large number of relevant results.
UKMi	50	As above – landing pages for these areas of interest would help promote the site and make it more credible for practitioners	Thank you for your suggestion. The subject lists are not used to tag or structure content and are included here to describe the range of content. Because of the way the evidence is structured in the background it is difficult to provide alternative presentations of the content in a way that is useful. We are exploring some options and will test what is feasible according to the restrictions of the available metadata.
Public Health Agency of Sweden	51	Our proposal regards the definition of 'public health', and whether the reference to the UK Faculty of Public Health should be supplemented with the original reference: Winslow, The Untilled Fields of Public Health. Science 1920, 51(1306): 23–33.	Thank you for sharing this reference.
UKMi	52	As above – although we are aware that to some extent this is picked up by the monthly bulletin	Thank you for your suggestion. The subject lists are not used to tag or structure content and are included here to describe the range of content. Because of the way the evidence is structured in the background it is difficult to provide alternative presentations of the content in a way that is useful. We are exploring some options and will test what is feasible according to the restrictions of the available metadata.

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Barrett's Dysplasia Cancer Task Force	53	This may already be covered within the 'social care' area of interest, but is there a case for including the categories of people who are victims of domestic or sexual violence, crime, trauma and injury experienced by Armed Forces personnel, and the particular difficulties experienced by asylum seekers and refugees?	Thank you for your comment. All the categories you mention are covered under the public heath and social care areas, although the lists given in the manual are not exhaustive.
UKMi	54	As above although outside our area of expertise and not aware what else is already available	Thank you for your suggestion. The subject lists are not used to tag or structure content and are included here to describe the range of content. Because of the way the evidence is structured in the background it is difficult to provide alternative presentations of the content in a way that is useful. We are exploring some options and will test what is feasible according to the restrictions of the available metadata.
RCOG	56	Although we recognise the value of guidelines in helping professionals make better and quicker evidence-based decisions, we disagree that 'guidance' is at the top of the 'commonly recognised evidence hierarchy'. Guidance documents, such as the NICE clinical guidelines and the RCOG Green-top Guidelines, address many different questions on a condition and the quality of evidence varies for each question. Guidelines often include 'expert opinion' in the absence of published evidence. See, for example, Oxford Centre for Evidence-based medicine – Levels of Evidence (http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/) – expert opinion is level 5 evidence.	Thank you for your comment. This paragraph is intended to describe the range of evidence types available in Evidence Search and has been amended to clarify this.

Organisation	Paragraph number	Comments	Response
Public Health Agency of Sweden	56	Our reflection regards "the focus on the highest quality evidence (with reference to the commonly recognized evidence hierarchy): guidance; systematic reviews; and RCTs", together with the fact that public health involves challenges in this respect, particularly regarding social determinants and welfare reforms. Indeed, this issue is not easy to address, and the manual does not aim at solving it. But perhaps a comment on what the definition of high quality evidence implies for the body of evidence linked to public health?	Thank you for your comment. This paragraph is intended to describe the range of evidence types available in Evidence Search and has been amended to clarify this.
RCOG	57	Appendix B: I cannot think of any other evidence types that should be included.	Thank you for your comment.
RCOG	57	Appendix B: The categories do not always match those in the 'type of information' filters – for example, there are only regulatory and safety alert categories for drugs, and other safety alerts are classed as 'guidance'; for example, 'Checking pregnancy before surgery' http://www.nrls.npsa.nhs.uk/resources/?EntryId45=73838 The information type 'audit', which was also included in the 2012 manual, does not appear to be used as a search filter, so the 'Saving Mothers Lives' and 'National Audit of Cardiac Ablation 2013-14' reports are categorised as 'Policy and service development'.	Thank you for your comment. The list provided in the manual does not yet correspond to the filters on the front end of Evidence Search; this approach has allowed feedback to this consultation to be considered before any changes are applied. We will update the Type of Information filters to reflect this new list of evidence types once the list has been finalised after the consultation. Content will be re-mapped to the most appropriate type of information/evidence.
RCOG	57	Appendix B: Which of these categories would RCOG consent advice (which has been included) fall into?	Thank you for your comment. The RCOG consent advice series is currently classed as 'Guidance'. This will continue in the new version of the Types of Information.

Organisation	Paragraph number	Comments	Response
Barrett's Dysplasia Cancer Task Force	60	Campbell Collaboration.	Thank you for your comment – the Campbell Collaboration has now been mentioned explicitly in paragraph 60.
Royal College of Paediatrics and Child Health	61	With respect to systematic review inclusion: how is a journal that conforms with PRISMA specified? Does the journal need to state that it requires submission of the checklist, or is there a QA process examining a proportion of the systematic reviews published to check this?	The manual gives a link to the list of journals which endorse PRISMA. We use this as a proxy to collect systematic reviews that can be reliably assumed to be 'real' systematic reviews, and to exclude those that incorrectly self-define as a systematic review. Systematic reviews published in this list are included in Evidence Search without further quality assessment by us.
Royal College of Paediatrics and Child Health	61	Using PRISMA to call an SR reliable is probably wrong. PRISMA is a reporting tool - tells you what to write - it's not a quality assessment of any sort and you can do a VERY poor review and still report it according to PRISMA. An alternative phrase should be used (for example, 'fully reported'). Without analysis of each piece or accreditation of the REVIEW process, quality statements may be significantly misleading.	Thank you for your comment. We use the list of journals which endorse PRISMA as a proxy to collect systematic reviews that can be reliably assumed to be 'real' systematic reviews, and to exclude those that incorrectly self-define as a systematic review. Systematic reviews published in this list are included in Evidence Search without further quality assessment by us. It is not intended to convey that the systematic reviews meet any quality standard. We have removed the descriptor 'reliable' to avoid any possible confusion.

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UKMi	61	We accept that it is difficult/impossible to differentiate between a robust and a weak systematic review without reading it in depth and this is not realistic for this service – we therefore think PRISMA adherence is probably a reasonable proxy for methodological rigour. However the criteria proposed for non-PRISMA journals seems quite weak – two databases searched badly is not a robust measure of quality, nor is searching two databases that are irrelevant. In our experience source of sponsorship is also associated with methodological issues and the more misleading conclusions tend to come from inappropriate combination of data from heterogeneous studies. We think that such reviews might be better identified via HDAS where the user is more aware that some critical appraisal of the findings may be necessary. Is it clear what % of systematic reviews would be lost by just limiting to PRISMA journals? Another benefit of a stance by NICE on this might be to encourage non-PRISMA journals to adopt those principles and for researchers to preferentially submit research to journals that get onto NICE Evidence?	Thank you for your comment. We use the list of journals which endorse PRISMA as a proxy to collect systematic reviews that can be reliably assumed to be 'real' systematic reviews, and to exclude those that incorrectly self-define as a systematic review. Systematic reviews published in this list are included in Evidence Search without further quality assessment by us. It is not intended to convey that the systematic reviews meet any quality standard. We have removed the descriptor 'reliable' to avoid any possible confusion.

Organisation	Paragraph number	Comments	Response
Public Health Agency of Sweden	61-62	Our comment is that we respect the selection criteria of journals adhering to PRISMA standards (and appreciate the inclusion of qualitative evidence as well), rather than own critical appraisement. However, would it be possible to comment on whether this represents a weakness or not (e.g. by regular appraisals of included (and excluded) systematic reviews by AMSTAR)?	Thank you for your comment. We use the list of journals which endorse PRISMA as a proxy to collect systematic reviews that can be reliably assumed to be 'real' systematic reviews, and to exclude those that incorrectly self-define as a systematic review. Systematic reviews published in this list are included in Evidence Search without further quality assessment by us. It is not intended to convey that the systematic reviews meet any quality standard. We have removed the descriptor 'reliable' to avoid any possible confusion. PRISMA is a reporting standard; in contrast, AMSTAR is an instrument used in assessing the methodological quality of systematic reviews. NICE's approach to assessing systematic reviews in guideline development is described in Developing NICE Guidelines: the manual. See : https://www.nice.org.uk/article/PMG20/chapter/1%20Introduction%20and%20overview
Barrett's Dysplasia Cancer Task Force	64	The exclusion criteria are valid.	Thank you for your comment.
RCOG	65	Appendix A: It would be valuable to include professional codes of ethics; for example, the GMCs Good medical practice http://www.gmc-uk.org/guidance/good_medical_practice.asp and guidance on consent http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp, which is not dissimilar to other sources included in Evidence Search (such as RCOG consent advice).	Thank you for your comment. We have previously excluded ethical based standards versus evidence-based standards, though this is something we will revisit.

Organisation	Paragraph number	Comments	Response
RCOG	75/76	It would be useful if [the classification vocabulary] could be published or greater guidance given on how MeSH terms can be used in Evidence Search to assist those who might be looking to use these.	As Evidence Search is full text search engine, users are encouraged to use the free text terms they are seeking. The classification vocabulary is deployed to boost relevancy search results and to service features such as typeahead. We are in the process of implementing this new classification vocabulary, and it can be made available upon request.
Barrett's Dysplasia Cancer Task Force	80	At what point does evidence become so out of date that it is no longer included? Will only the most recent versions of Cochrane reviews the retrieved through the search portal?	Thank you for your comment. We rely on the source website to provide up to date information and to manage their content. We don't include archived material except in circumstances where NHS organisations have been recently restructured and evidence from their website has been archived because the organisation no longer exists. Generally, only the most recent Cochrane review will be retrieved through Evidence Search. Because we have two separate processes for including content from the Cochrane Database of Systematic Reviews, which overlap, very occasionally two versions of a review may be retrieved; the dates given should help users differentiate between these. The longest period of time that two versions of a review could overlap in the search results is one month.
Public Health Agency of Sweden	Table 6	Our reflection is whether it would be possible/relevant to explain the coding of highest level evidence linked to different guidelines? For instance, is it because of the numerous experts involved; the consideration of aspects such as equality in health, cost-effectiveness, feasibility; etc.?	All guidance types receive the same level of boosting. Guidance that is accredited receives a further boost. For more information about NICE accreditation, please see: https://www.nice.org.uk/about/what-we-do/accreditation

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UKMi	Table 6	The ranking sounds perfectly reasonable in theory but in reality it does not seem to always work very well in terms of the order that items are returned in the search. Would it be possible to publish a help sheet that provides insight into weighting but also tips on searching, Boolean capacity, use of wildcards etc.	There is a helpsheet available on searching at: https://www.nice.org.uk/about/what-we-do/evidence-services/evidence-search/how-to-search. This existing helpsheet doesn't specifically address weighting; we intend to provide a helpsheet on this. We are always very happy to receive feedback on examples of unusual or expected search results so that we can improve the service.
Barrett's Dysplasia Cancer Task Force	83	How often will the web crawls be repeated? Weekly, monthly?	The frequency of a crawl or feed depends on the source and how often they update their websites, and the type of material we have included. We work on a case-by case-basis to ensure we have the most up to date information.
RCOG	87	Would it be possible to feedback to organisations about the metadata contained in their webpages? I presume most would be interested in optimising this if it is not too labour intensive.	NICE will feedback to an evidence source where their metadata is causing a problem or where the quality of the feed would be improved.
RCOG	91	Are there any targets for the time taken to add metadata manually to the inadequate records and are these targets met?	There are no targets for the time taken to add metadata manually. Once the decision to create a record manually has been made, it will normally take less than 15 minutes to create a record. This new record is then accessible on Evidence Search on the same day.
Barrett's Dysplasia Cancer Task Force	93	'individual pieces of evidence are selected in a manual process', who will govern this and what are the criteria for selection? This might be covered in P97 onwards but possibly the reader could be referred to P97 in P93.	Thank you for your comment. The whole section (6.2.2), starting at paragraph 93 and including paragraph 97, covers how manual ingestion works.

Organisation	Paragraph number	Comments	Response
RCOG	99-103	Are there any targets for the time taken to add evidence from manually searched evidence sources and are these targets met? If they are included in the SOPs, they should be mentioned here.	Thank you for your comment. We haven't added the detail from the Standard Operating Procedure documents to the manual, as it would add too fine a level of detail. Where possible, content is added to ARMS the same week that it has been identified, to prevent a backlog.
RCOG	104	Could what happens in the case of a source providing different evidence types (where only some will be included) be clarified?	For some sources, we might not ingest all available content, if some of it is deemed to be irrelevant or inappropriate types of information. This process is managed either via specific web feeds or by our manual ingestion process. Paragraph 83 has been amended to clarify this.
Barrett's Dysplasia Cancer Task Force	105 onwards	"More fundamental changes to the website structure may mean that the web crawl no longer works" will there be any feedback process to the website provider? It would be a shame to lose relevant evidence because of changes in website design.	Thank you for your comment. If a website changes so that our crawl doesn't work, we reconfigure the crawl so that it does. This happens for the majority of website redesigns. If that's not possible (because the content is no longer free or is hidden or blocked from us for some reason), we may contact the site.
Barrett's Dysplasia Cancer Task Force	116	How often does the Evidence Services Strategy Group review requests changes?	Thank you for your comment. Paragraph 116 has been amended to reflect the fact that the Evidence Service Strategy Group reviews change requests on a monthly basis.
Barrett's Dysplasia Cancer Task Force	118	Will these changes be logged?	Any minor changes will be listed with the manual on the NICE website.

Organisation	Paragraph number	Comments	Response
Public Health Agency of Sweden	124	Our comment is solely that we appreciate the explicit intention to use Evidence Search "to influence future research priorities, research design, criteria for systematic review and concepts of good practice, so that information about the impact of interventions on aspects of [health] equality can progressively fill current gaps in evidence."	Thank you for your comment.
Barrett's Dysplasia Cancer Task Force	130	Lesbian, gay, bisexual and transgender health - although broad, these categories do not necessarily cover every aspect of sexual and gender related health. Perhaps 'sexual and gender related health' could be considered?	Thank you for your comment. Lesbian, gay, bisexual and transgender health is accepted terminology.
Barrett's Dysplasia Cancer Task Force	133	How will the evidence search website to be promoted and publicised?	We have a separate annual communications plan and outreach strategy, which details how NICE Evidence Search will be promoted and publicised.
Public Health Agency of Sweden	App A	Our reflection links to shortening "high quality evidence" to "evidence"), and may well be due to language misperception. However, would it be relevant to exchange 'evidence' with 'information' (or the alike) where it is connected to, for example, a statute and personal opinion or experience?	We use the term 'evidence' to describe the content collection or records of Evidence Search; all content is meant to be evidence based, which is why the word 'evidence' is used in preference to similar synonyms.
Public Health Agency of Sweden	App B	Our reflection regards the consideration of Economic evaluation as Secondary evidence. We assume the reason is that cost-effectiveness analyses (CEA) in Evidence Search is based on synthetized primary evidence on one particular intervention/intervention type. Again, this could be due to language misperception, but is CEAs (and its inclusion of costs, savings, alternative time horizons, etc.) evidently about evidence? Could it be more suitably labelled information, under the heading implementation support?	Thank you for your comment. We are testing the Types of Information with users to see whether this structure enables them to find evidence.