APPENDIX 18: METHODOLOGY CHECKLIST: ECONOMIC

EVALUATIONS

This checklist is designed to determine whether an economic evaluation provides evidence that is useful to inform the decision-making of the Guideline Development Group (GDG). It is not intended to judge the quality of the study per se or the quality of reporting.

Study ide	entification	CLARK2008		
substance	Guideline topic: Psychosis with coexisting substance misuse (PSM)Review quesChecklist completed by: Matthew Dyer (MD)		tion no: 3	
question	: Applicability (relevance to specific guid (s) and the NICE reference case) This chec irst to filter out irrelevant studies.		Yes/ Partially/ No/Unclear /NA	Comments
1.1	Is the study population appropriate for guideline?	the	Yes	
1.2	Are the interventions appropriate for the guideline?		Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?		Partially	US Health service
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?		Partially	Societal (includes legal and community services costs)
1.5	Are all direct health effects on individua	als included?	Partially	Subjective quality of life (QoL) year
1.6	Are both costs and health effects discou annual rate of 3.5%?	inted at an	No	3% and 5%

1.7	Is the value of health effects expressed in terms of	Partially	QoL Year		
	quality-				
	adjusted life years (QALYs)?				
1.8	Are changes in health-related quality of life	Yes			
	(HRQoL)				
	reported directly from patients and/or carers?				
1.9	Is the valuation of changes in HRQoL (utilities)	No	Subjective		
	obtained		QoL scores		
	from a representative sample of the general public?		taken from		
			patients		
1.10 Overa	1.10 Overall judgement: Partially applicable				
Other com	ments:				

quality) T decided t	Study limitations (the level of methodological This checklist should be used once it has been hat the study is sufficiently applicable to the context nical guideline.	Yes/ Partially /No/ Unclear/ NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	3 years
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single US RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Legal and community service costs
2.7	Are the estimates of resource use from the best available source?	Yes	Single US RCT
2.8	Are the unit costs of resources from the best available source?	Yes	US National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	

2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partially	One-way sensitivity analyses		
2.11 Is there no potential conflict of interest?	No			
2.12 Overall assessment: Minor limitations				
Other comments: Ratios of cumulative quality of life years to total costs rather than ICERs were computed by authors				

Study id	lentification CI	RAIG2008						
Guideli	ne topic: PSM Re	Review question no: 3						
Checkli	Checklist completed by: MD							
review o	1: Applicability (relevance to specific guide question(s) and the NICE reference case) Th t should be used first to filter out irrelevant	is	Yes/ Partially/ No/Unclear /NA	Comments				
1.1	Is the study population appropriate for th guideline?	ne	Yes					
1.2	Are the interventions appropriate for the guideline?		Yes					
1.3	Is the healthcare system in which the stud conducted sufficiently similar to the curre NHS context?	5	Yes					
1.4	Are costs measured from the NHS and pe social services (PSS) perspective?	ersonal	Partially	Includes criminal justice costs				
1.5	Are all direct health effects on individual included?	S	Partially	Psychiatric symptoms, drug and alcohol consumption, quality of life, social functioning				
1.6	Are both costs and health effects discoun annual rate of 3.5%?	ted at an	No	18-month study period				
1.7	Is the value of health effects expressed in quality- adjusted life years (QALYs)?	terms of	No	Array of effectiveness measures				
1.8	Are changes in health-related quality of 1 (HRQoL) reported directly from patients and/or ca		NA					
1.9	Is the valuation of changes in HRQoL (ut obtained from a representative sample of the gener	ilities)	NA					
1.10 Ove	erall judgement: Partially applicable							

Other comments:

quality) decided	2: Study limitations (the level of methodological This checklist should be used once it has been that the study is sufficiently applicable to the context inical guideline.	Yes/ Partially /No/ Unclear/ NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partially	18 month time horizon
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single UK study
2.5	Are the estimates of relative treatment effects from the best available source?	Partially	
2.6	Are all important and relevant costs included?	Yes	Direct costs only
2.7	Are the estimates of resource use from the best available source?	Yes	Single UK cluster RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	Cost- consequenc es analysis
	all important parameters whose values are uncertain d to appropriate sensitivity analysis?	No	
2.11 Is th	nere no potential conflict of interest?	No	
2.12 Ove	erall assessment: Minor limitations		
No form Multiple	omments: al synthesis of costs and effectiveness data (simple cost a e effectiveness measures (psychiatric symptoms, drug an of life, social functioning)	5 /	sumption,

Study ic	dentification FI	RENCH199	9	
Guideli	ne topic: PSM Ro	eview ques	tion no: 5	
Checkli	st completed by: MD			
review o	1: Applicability (relevance to specific guide question(s) and the NICE reference case) Th st should be used first to filter out irrelevant	is	Yes/ Partially/ No/Unclear /NA	Comments
1.1	Is the study population appropriate for t guideline?	he	Yes	
1.2	Are the interventions appropriate for the guideline?	2	Yes	
1.3	Is the healthcare system in which the stu conducted sufficiently similar to the curr NHS context?		Partially	US Health service
1.4	Are costs measured from the NHS and p social services (PSS) perspective?	ersonal	Partially	US Health service provider
1.5	Are all direct health effects on individual included?	ls	Yes	Substance use, HIV-risk behaviour, psychological symptoms
1.6	Are both costs and health effects discoun annual rate of 3.5%?	ited at an	NA	12-month study period
1.7	Is the value of health effects expressed in quality- adjusted life years (QALYs)?	terms of	No	Array of effectiveness measures
1.8	Are changes in health-related quality of I (HRQoL) reported directly from patients and/or ca		NA	
1.9	Is the valuation of changes in HRQoL (ut obtained from a representative sample of the gene	tilities)	NA	
1.10 Ove	erall judgement: Partially applicable	*		
Other co	omments:			

quality) decided	2: Study limitations (the level of methodological This checklist should be used once it has been I that the study is sufficiently applicable to the context linical guideline.	Yes/ Partially /No/ Unclear/ NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partially	12 month time horizon
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Partially	Single US cohort study
2.5	Are the estimates of relative treatment effects from the best available source?	Partially	
2.6	Are all important and relevant costs included?	Yes	Direct costs only
2.7	Are the estimates of resource use from the best available source?	Yes	Single US cohort
2.8	Are the unit costs of resources from the best available source?	Yes	Several sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	Cost- consequenc es analysis
	e all important parameters whose values are uncertain ed to appropriate sensitivity analysis?	No	
-	here no potential conflict of interest?	No	
2.12 Ov	erall assessment: Potentially serious limitations	1	
No forn Multipl	omments: nal synthesis of costs and effectiveness data e effectiveness measures (substance use, criminal activity	r, HIV-risk be	havior,

psychological status, employment status)

Study ic	lentification HA	DDOCK2	003	
Guideli	ne topic: PSM Re	view quest	tion no: 4	
Checkli	st completed by: MD			
question	1: Applicability (relevance to specific guidelin n(s) and the NICE reference case) This checkli first to filter out irrelevant studies.		Yes/ Partially/ No/Unclear /NA	Comments
1.1	Is the study population appropriate for the guideline?	2	Yes	
1.2	Are the interventions appropriate for the g	uideline?	Yes	
1.3	Is the healthcare system in which the study conducted sufficiently similar to the currer NHS context?		Yes	
1.4	Are costs measured from the NHS and per social services (PSS) perspective?	sonal	Partially	Societal – patient costs (travel, out- of-pocket payments, productivity losses)
1.5	Are all direct health effects on individuals	included?	Partially	Global Assessment of Functioning (GAF) scale
1.6	Are both costs and health effects discounte annual rate of 3.5%?	d at an	No	Costs discounted at 6% rate
1.7	Is the value of health effects expressed in to quality- adjusted life years (QALYs)?	erms of	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or car		NA	
1.9	Is the valuation of changes in HRQoL (util obtained from a representative sample of the genera	ities)	NA	

1.10 Overall judgement: Partially applicable

Other comments:

quality) T decided t	: Study limitations (the level of methodological This checklist should be used once it has been hat the study is sufficiently applicable to the context nical guideline.	Yes/ Partially /No/ Unclear/ NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	18 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single UK RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Patient costs, productivity losses
2.7	Are the estimates of resource use from the best available source?	Yes	Single UK RCT
2.8	Are the unit costs of resources from the best available source?	Yes	UK National estimates
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partially	ICER calculated by authors but not reported
	all important parameters whose values are uncertain to appropriate sensitivity analysis?	Yes	One-way sensitivity analyses and CEAC presented
2.11 Is the	ere no potential conflict of interest?	No	
2.12 Over	all assessment: Minor limitations		1

Other comments:

Authors did not present ICER but did present probability of intervention being less costly than routine care

Study i	dentification JEI	RRELL199	7		
Guidel	ine topic: PSM Re	Review question no: 4			
Checkl	ist completed by: MD				
review	1: Applicability (relevance to specific guided question(s) and the NICE reference case) This st should be used first to filter out irrelevant	is	Yes/ Partially/ No/Unclear /NA	Comments	
1.1	Is the study population appropriate for th guideline?	ne	Yes		
1.2	Are the interventions appropriate for the guideline?		Yes		
1.3	Is the healthcare system in which the stuc conducted sufficiently similar to the curre NHS context?	2	Partially	US health service	
1.4	Are costs measured from the NHS and pe social services (PSS) perspective?	ersonal	Yes	US health service	
1.5	Are all direct health effects on individuals included?	5	Partially	Psychological functioning, psychiatric and substance abuse symptoms	
1.6	Are both costs and health effects discount annual rate of 3.5%?	ted at an	No		
1.7	Is the value of health effects expressed in quality- adjusted life years (QALYs)?	terms of	No		
1.8	Are changes in health-related quality of li (HRQoL) reported directly from patients and/or ca		NA		

1.9	Is the valuation of changes in HRQoL (utilities)	NA		
	obtained			
	from a representative sample of the general public?			
1.10 Overa	1.10 Overall judgement: Partially applicable			
Other com	nents:			

Section 2: Study limitations (the level of methodological quality) This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline.		Yes/ Partially /No/ Unclear/ NA	Comments
· ·) · · · · · · · · · · · · · · · · · · ·	es the model structure adequately reflect the ture of the health condition under evaluation?	NA	
·) ·)	he time horizon sufficiently long to reflect all portant differences in costs and outcomes?	Yes	18 months
13	e all important and relevant health outcomes luded?	Partially	
24	e the estimates of baseline health outcomes from e best available source?	Yes	Single US study
25	e the estimates of relative treatment effects from e best available source?	Yes	
2.6 Ar	e all important and relevant costs included?	Yes	
27	e the estimates of resource use from the best ailable source?	Yes	Single US study
28	e the unit costs of resources from the best ailable source?	Partially	US local estimates
	an appropriate incremental analysis presented or n it be calculated from the data?	No	Cost- minimisati on analysis
-	portant parameters whose values are uncertain propriate sensitivity analysis?	No	
2.11 Is there no potential conflict of interest?		No	
2.12 Overall as	sessment: Potentially serious limitations		
Other commen	its: ces were detected in clinical outcomes – study beca	me cost_min	imisation

analysis

Insufficient description of resource use and cost estimates

Study i	dentification	MORSE200	6	
Guideline topic: PSM		Review question no: 3		
Checkl	ist completed by: MD			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case) This checklist should be used first to filter out irrelevant studies.		Yes/ Partially/ No/Unclear /NA	Comments	
1.1	Is the study population appropriate for guideline?	the	Yes	
1.2	Are the interventions appropriate for the guideline?	e	Yes	
1.3	Is the healthcare system in which the stu conducted sufficiently similar to the cur NHS context?		Partially	US Health service
1.4	Are costs measured from the NHS and p social services (PSS) perspective?	personal	Partially	Societal (Social security and transfer payments)
1.5	Are all direct health effects on individua included?	ls	Partially	Client satisfaction, psychiatric symptoms, substance use
1.6	Are both costs and health effects discour annual rate of 3.5%?	nted at an	No	
1.7	Is the value of health effects expressed in quality- adjusted life years (QALYs)?	n terms of	No	
1.8	Are changes in health-related quality of (HRQoL) reported directly from patients and/or c		NA	
1.9	Is the valuation of changes in HRQoL (u obtained from a representative sample of the gene	tilities)	NA	

	public?				
1.10 Overall judgement: Partially applicable					
Other comments:					

Section 2: Study limitations (the level of methodological quality) This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline.		Yes/ Partially /No/ Unclear/ NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	24 months
2.3	Are all important and relevant health outcomes included?	Partially	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Single US RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Partially	Legal and community service costs
2.7	Are the estimates of resource use from the best available source?	Yes	Single US RCT
2.8	Are the unit costs of resources from the best available source?	Yes	US National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	No	
	Il important parameters whose values are uncertain to appropriate sensitivity analysis?	No	
2.11 Is there no potential conflict of interest?		No	
2.12 Over	all assessment: Minor limitations	•	•
Other con	nments:		

Simple cost-analyses – no attempt to combine mean total cost differences with differences in outcome measures