## 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 identification C		CLARK2008		
Guideline topic: Psychosis with coexisting substance misuse (PSM)  Review quest		tion no: 3		
Checklist	completed by: Matthew Dyer (MD)			
question(s	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.			Comments
1.1	Is the study population appropriate for guideline?	the	Yes	
1.2	Are the interventions appropriate for the	ne 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 social services (PSS) perspective?	personal	Partially	Societal (includes legal and community services costs)
1.5	Are all direct health effects on individu	als included?	Partially	Subjective quality of life (QoL) year
1.6	Are both costs and health effects discount 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 Overall judgement: Partially applicable					
Other com	Other comments:				

quality) The decided the	Study limitations (the level of methodological nis checklist should be used once it has been at the study is sufficiently applicable to the context cal 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	

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2.10 Are all important parameters whose values are uncertain	Partially	One-way			
subjected to appropriate sensitivity analysis?		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 ide	entification C	RAIG2008		
Guidelin	Guideline topic: PSM Review quest		stion no: 3	
Checklist	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 the guideline?	he	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?		Yes	
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?		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 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	ilities)	NA	
1.10 Over	all judgement: Partially applicable	-		

## Other comments:

quality) The decided the	Study limitations (the level of methodological his checklist should be used once it has been at the study is sufficiently applicable to the context ical 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
	l important parameters whose values are uncertain o appropriate sensitivity analysis?	No	
2.11 Is then	re no potential conflict of interest?	No	

## 2.12 Overall assessment: Minor limitations

#### Other comments:

No formal synthesis of costs and effectiveness data (simple cost analysis) Multiple effectiveness measures (psychiatric symptoms, drug and alcohol consumption, quality of life, social functioning)

Study identification	FRENCH1999		
Guideline topic: PSM Review questi		<b>on no:</b> 5	
Checklist 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?	or the	Yes	
1.2 Are the interventions appropriate for guideline?	the	Yes	
1.3 Is the healthcare system in which the conducted sufficiently similar to the context?		Partially	US Health service
1.4 Are costs measured from the NHS and social services (PSS) perspective?	d personal	Partially	US Health service provider
1.5 Are all direct health effects on individincluded?	uals	Yes	Substance use, HIV-risk behaviour, psychological symptoms
Are both costs and health effects disconnected annual rate of 3.5%?	ounted at an	NA	12-month study period
1.7 Is the value of health effects expressed quality-adjusted life years (QALYs)?	d in terms of	No	Array of effectiveness measures
1.8 Are changes in health-related quality (HRQoL) reported directly from patients and/o		NA	
1.9 Is the valuation of changes in HRQoL obtained from a representative sample of the g		NA	
1.10 Overall judgement: Partially applicable			
Other comments:			

quality) decided	E: Study limitations (the level of methodological This checklist should be used once it has been that 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?	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
	all important parameters whose values are uncertain to appropriate sensitivity analysis?	No	
2.11 Is the	ere no potential conflict of interest?	No	

# 2.12 Overall assessment: Potentially serious limitations

## Other comments:

No formal synthesis of costs and effectiveness data

Multiple effectiveness measures (substance use, criminal activity, HIV-risk behavior,

psychological status, employment status)

Study idea	ntification	HADDOCK20	003	
Guideline	Guideline topic: PSM Review questi		ion no: 4	
Checklist	completed by: MD			
question(s	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	ne guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?		Yes	
1.4	Are costs measured from the NHS and social services (PSS) perspective?	personal	Partially	Societal – patient costs (travel, out- of-pocket payments, productivity losses)
1.5	Are all direct health effects on individu	als included?	Partially	Global Assessment of Functioning (GAF) scale
1.6	Are both costs and health effects discourannual rate of 3.5%?	inted at an	No	Costs discounted at 6% rate
1.7	Is the value of health effects expressed in quality-adjusted life years (QALYs)?	in terms of	No	
1.8	Are changes in health-related quality of (HRQoL) reported directly from patients and/or		NA	
1.9	Is the valuation of changes in HRQoL (sobtained from a representative sample of the ger	utilities)	NA	

1.10 Overall judgement: Partially applicable	
Other comments:	

quality) T decided th	Study limitations (the level of methodological his checklist should be used once it has been nat the study is sufficiently applicable to the context ical 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
	Il important parameters whose values are uncertain to appropriate sensitivity analysis?	Yes	One-way sensitivity analyses and CEAC presented
2.11 Is the	re no potential conflict of interest?	No	
2.12 Overa	all assessment: Minor limitations		•

## Other comments:

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

Study i	<b>identification</b> JERI	RELL1997	7	
Guidel	ine topic: PSM Revi	Review question no: 4		
Checkl	ist completed by: MD			
review	1: Applicability (relevance to specific guideling question(s) and the NICE reference case) This est should be used first to filter out irrelevant states.		Yes/ Partially/ No/Unclear /NA	Comments
1.1	Is the study population appropriate for the guideline?		Yes	
1.2	Are the interventions appropriate for the guideline?		Yes	
1.3	Is the healthcare system in which the study conducted sufficiently similar to the curren NHS context?		Partially	US health service
1.4	Are costs measured from the NHS and persocial services (PSS) perspective?	sonal	Yes	US health service
1.5	Are all direct health effects on individuals included?		Partially	Psychological functioning, psychiatric and substance abuse symptoms
1.6	Are both costs and health effects discounter annual rate of 3.5%?	d at an	No	
1.7	Is the value of health effects expressed in tequality- adjusted life years (QALYs)?	erms of	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or care		NA	

1.9	Is the valuation of changes in HRQoL (utilities)	NA	
	obtained		
	from a representative sample of the general public?		
1.10 Overall 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?	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 US study
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	Single US study
2.8	Are the unit costs of resources from the best available source?	Partially	US local estimates
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	No	Cost- minimisati on 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: Potentially serious limitations		
	omments: ifferences were detected in clinical outcomes – study beca	ame cost-min	imisation

analysis

Insufficient description of resource use and cost estimates

Study idea	ntification	MORSE200	6	
Guideline topic: PSM		Review question no: 3		
Checklist	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 stud		Γhis	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?	he	Yes	
1.3	Is the healthcare system in which the st conducted sufficiently similar to the cu NHS context?		Partially	US Health service
1.4	Are costs measured from the NHS and social services (PSS) perspective?	personal	Partially	Societal (Social security and transfer payments)
1.5	Are all direct health effects on individu included?	ials	Partially	Client satisfaction, psychiatric symptoms, substance use
1.6	Are both costs and health effects discount annual rate of 3.5%?	ınted at an	No	
1.7	Is the value of health effects expressed quality-adjusted life years (QALYs)?	in terms of	No	
1.8	Are changes in health-related quality o (HRQoL) reported directly from patients and/or		NA	
1.9	Is the valuation of changes in HRQoL (obtained from a representative sample of the gen	utilities)	NA	

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	public?		
1.10 Overall judgement: Partially applicable			
Other com	nents:		

quality) 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	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	
	all important parameters whose values are uncertain to appropriate sensitivity analysis?	No	
2.11 Is the	ere no potential conflict of interest?	No	
2.12 Over	rall assessment: Minor limitations	•	
Other cor	nments:		

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