

# Workplace policies and approaches to promote and protect the health of older employees: review protocol for Research Question 1

V2 14 July 2014

## Review team

The review is being conducted by the Institute for Employment Studies (IES) in partnership with The Work Foundation (TWF), the York Health Economics Consortium, and the University of Loughborough. The review team is led by Dr Annette Cox, Associate Director at IES, and includes Dr Tyna Taskila from The Work Foundation, Dr Matthew Taylor from York Health Economics Research Consortium and Professor Cheryl Haslam from the University of Loughborough.

The full team and their roles on the project are set out in Table 1.

**Table 1 Overview of project team**

Team member	Organisation	Role
Annette Cox (ACO)	IES	Project Manager, main contact point with client, assist in drafting protocol, oversee data extraction and synthesis, report writing, presentation of findings, attend PHAC meetings
Jim Hillage (JH)	IES	Project Director, quality assurance, review of inter-rater reliability
Sally Wilson (SWi)	IES	Full paper screening, data extraction and synthesis, report writing
Luke Fletcher (LF)	IES	Literature database manager, responsible for maintaining database of papers, reviews, contributing to paper sifting and data extraction for RQ 1
Rosa Marvell (RM)	IES	Contributing to paper sifting and data extraction for RQ 1
Tyna Taskila	TWF	Project Manager Main contact point at TWF, assist full paper screening, data extraction and

Team member	Organisation	Role
(TT)		synthesis, report writing, attend PHAC meetings
Zofia Bajorek (ZB)	TWF	Contributing to paper sifting and data extraction for RQ 1
Kate Summers (KS)	TWF	Contributing to paper sifting and data extraction for RQ 1
Professor Stephen Bevan (SBn)	TWF	Data synthesis and report writing
Professor Cheryl Haslam (CH)	University of Loughborough	Advice on interpretation and synthesis of findings for Review 1
Jenny Brine (JB)	University of Lancaster	Initial search and sifting, citation searching

## Summary of the Scope

The aim of this review is to identify, appraise and summarise research evidence to support the development of guidance for employers and employees on effective management practices to improve the health of older workers (aged 50 or over). The guidance will be aimed at human resources professionals, trade unions, professional bodies, health professionals (particularly those working in occupational health), and commissioners and managers with public health as part of their remit. It will also be of interest to people who are self-employed and other members of the public. The guidance will cover organisational policies and initiatives for older employees, changes to the way work is organised and the work environment, activities to challenge or counteract ageism, retirement planning and training for mentors and older workers and any initiatives by organisations representing employers or the wider business community to promote the above.

## Groups that will be covered

Employees in micro, small, medium and large organisations, including volunteers, and people who are self-employed but who have a line manager within one of the organisations they work for.

## Groups that will not be covered

People who are self-employed, and self-employed people working in an organisation without an allocated line manager.

## Activities

The review will examine organisational interventions aimed at promoting the health and wellbeing of older workers. Depending on the evidence available, these may include:

- a. Organisational policies and initiatives for older employees, for example: policies on promoting health and wellbeing, staff retention, development and progression, and the transition between work and retirement.
- b. Changes to the way work is organised and changes to the work environment to improve health and wellbeing and to support older employees. This includes: flexible working policies; incentives to stay in work; job design (including the nature of the work); adaptations to the equipment used or workspace to mitigate any functional decline related to ageing. (Note: workplace support for people with a chronic disease is intended to be covered in future NICE guidance.)
- c. Activities to counteract or challenge ageism in the workplace.
- d. Retirement planning and training (either as a recipient or trainer/mentor).
- e. Other initiatives in the workplace and wider business communities, and by organisations representing employees, to promote all of the above.
- f. Activities delivered at individual, community (for example, in the workplace or by a trade union) or population-level, as appropriate.

## Activities that will not be covered

- a. Changes to employment and health and safety legislation.
- b. Changes to organisational structure.
- c. Policies in relation to the health of the whole workforce, unless these have differential effects for a majority (at least 51%) of employees who are over 50.
- d. Activities for line managers, for example: policies on the recruitment, selection, training and development of line managers (these will be covered by other NICE guidelines in development).
- e. Interventions for the whole workforce to promote physical activity, mental wellbeing and smoking cessation and to manage long-term sickness absence and the return to work.

## Review questions

This review considers one primary research question.

1. What are the most effective and cost-effective methods of protecting and promoting the health and wellbeing of older workers, and of supporting workers who wish to continue in employment up to and beyond state pensionable age?

In addition the following secondary question will also be considered

1. What supports, or prevents, implementation of these methods?

## Outcomes for Review Question 1

Outcomes would include the following:

- **Organisation – hard outcomes:** employee health and wellbeing and engagement; levels of employee recruitment and retention for the relevant age group; days lost to sickness absence (and reasons for absence); presenteeism; changes to work content, working time volume/patterns, flexible working practices; organisational measures of productivity; uptake of support services; return to work rates, job retention, measures of work ability, length of service, equality and diversity monitoring data (eg composition of workforce with health conditions/disabilities); organisational HR data with relevance to staff wellbeing (eg survey results pertaining to HSE's Management Standards, staff surveys more generally); RIDDOR data indicating health and safety outcomes; incidence of age-related discrimination grievances/disciplinary/employment tribunal claims; all available economic data; business outcomes such as labour turnover, productivity; customer service; profitability; health related behaviours/diseases
- **Employee:** individual levels of health and wellbeing, motivation, individual performance, stress and job satisfaction;; perceptions of fair treatment; awareness, availability and uptake of training and support services; changes in work patterns and tasks (including changes in work/life balance); knowledge and awareness among managers and rest of workforce; impact on knowledge, skills and behaviour, including outcomes post-retirement such as financial status, social inclusion/isolation, civic participation, loneliness/mental health, physical health, self-reported quality of life

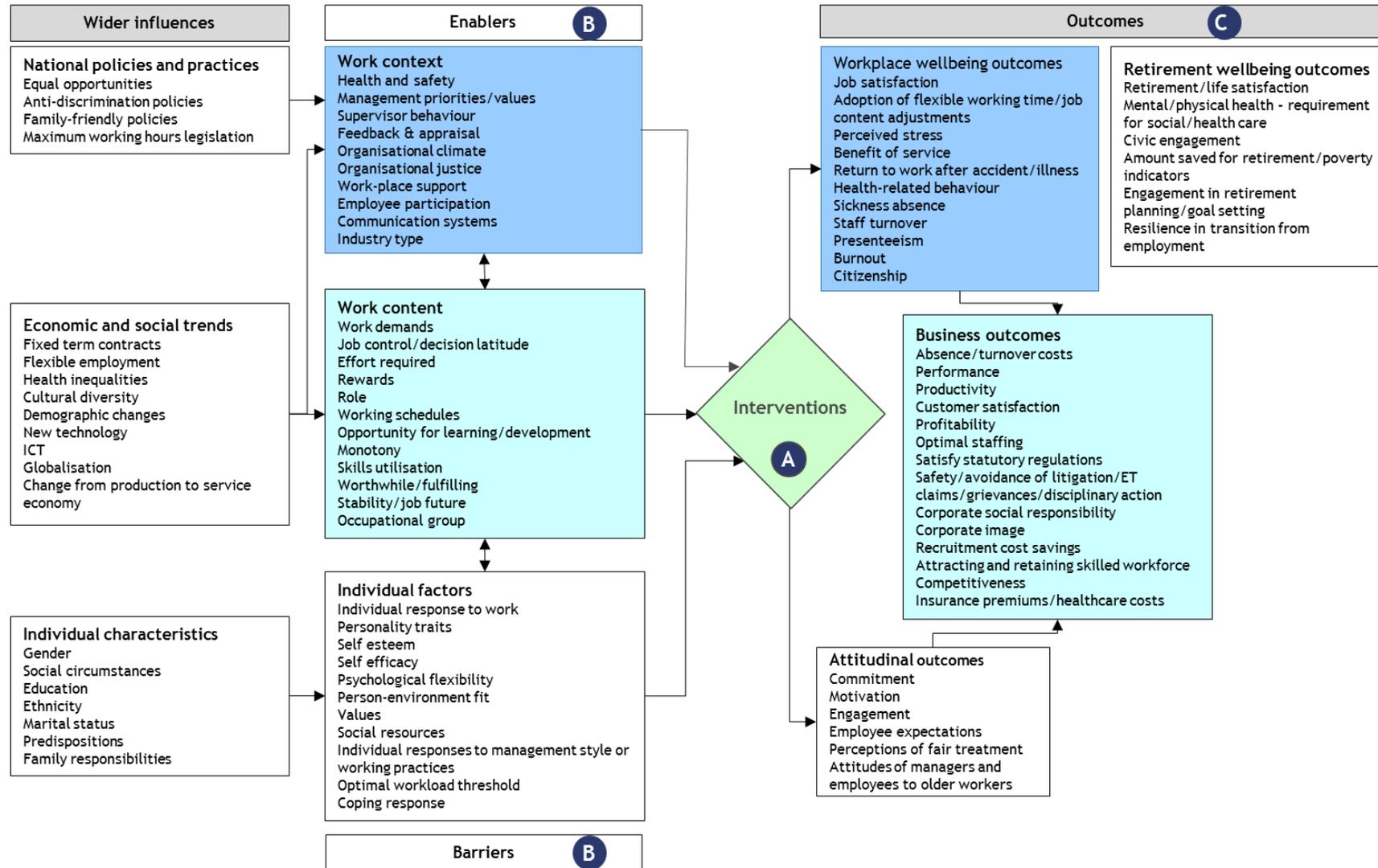
The underpinning framework which will help us classify and analyse information along the chain of impact on older workers' wellbeing and organisational outcomes is set out in Figure 1 adapted from NICE (2009).

Some factors affecting individual wellbeing outcomes for older workers are contextual and lie beyond the scope of the current study which is focussed on developing guidance for workplace interventions. Nevertheless factors such as health conditions, domestic circumstances and social support may act as important moderating influences on wellbeing, while those affecting outcomes pre- and post-retirement may include national system of private and public pension provision, welfare system, health and social care system and cultural ethos/status affecting how older people are treated in

society. Where these factors are identified in studies as moderating the impact of interventions, we will note this in the data extraction process and evidence statements.

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Figure.1: Workplace influences on older workers' wellbeing



*Source: IES/TWF/YHEC, 2014*

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## 1 **Methods**

### 2 **Inclusion criteria**

#### 3 **Populations to be included:**

- 4 ■ all adults aged at least 50 in full or part-time employment, both paid and unpaid,  
5 self-employed people working in micro, small, medium and large organisations with  
6 an appointed line manager, and volunteers.
- 7 ■ all employers in the public, private and 'not for profit' sectors who employ at least  
8 one employee,

#### 9 **Interventions and policies to be included:**

- 10 ■ interventions intended to address the research question primarily involving or aimed  
11 at employees aged over 50
- 12 ■ interventions addressing entire workforces where at least 51% of employees are aged  
13 over 50
- 14 ■ interventions targeted at 'older' workers aged below 50 where the intervention has  
15 an impact on them at age 50 or above
- 16 ■ interventions delivered by third party organisations commissioned by organisations  
17 to deliver these within the workplace

#### 18 **Locations to be included:**

- 19 ■ developed/OECD countries – please see list in Annex B
- 20 ■ workplace settings or community level interventions aimed at workers rather than  
21 general population

#### 22 **Time period:**

- 23 ■ studies published since 2000

#### 24 **Study types:**

- 25 ■ Experimental quantitative studies including:
  - 26 ● Before and after studies
  - 27 ● Non-randomised controlled studies (NRCS)
  - 28 ● Randomised controlled trials (RCT)

29     • Systematic reviews or meta-analyses

30     ■ Observational quantitative studies:

31         • Before-and-after studies

32         • Case-control studies

33         • Cohort studies

34         • Correlation studies

35         • Cross-sectional studies

36         • Interrupted time studies

37     ■ Economic studies

38         • Cost-benefit analyses

39         • Cost-effectiveness analyses

## 40     **Exclusion criteria**

### 41     **Excluded population groups**

42     ■ self-employed individuals working in organisations without appointed line  
43         managers

44     ■ sole traders

45     ■ unemployed individuals

46     ■ interventions aimed at the general public rather than people working in specific  
47         organisations

48     ■ studies covering interventions aimed at all employees where the majority (at least  
49         51%) are aged under 50, unless a specific differential impact (either positive or  
50         negative) is found for workers aged at least 50

### 51     **Interventions and policies that are excluded**

52     ■ Intervention or support that employees accesses on their own initiative, without  
53         prompting from the employer, organisation or line manager or other third party  
54         (e.g. trade union).

55     ■ Statutory provision to employees.

56     ■ The effectiveness of specific interventions to promote physical activity, mental  
57         wellbeing and smoking cessation in the workplace, and to manage sickness absence  
58         and the return to work of those who have been on long-term sick leave

59 ■ interventions delivered without targeting specific worker populations

60 **Locations to be excluded:**

- 61 ● Developing and non-OECD countries

62 **Study types to be excluded:**

- 63 ● Non English language studies
- 64 ● Qualitative studies

65 **Search for evidence**

66 A single search to cover RQs 1, 2 and, 3 and the economic evaluation will be conducted  
67 of key databases in health and medicine, social studies and business management. A  
68 separate search for theses and dissertations will be undertaken.

69 As the timescale for the project is tight it is important to focus on the databases most  
70 likely to produce results and not duplicate each other.

71 **Databases to search**

72 **General**

73 Academic Search Complete (via Ebsco)

74 Scopus (Elsevier)

75 Web of Science (includes SSCI) (Thomson Reuters)

76 **Business and social science**

77 ABI/Inform (via Proquest)

78 AgeInfo and NDAR (Centre for Policy on Ageing)

79 Assia (via Proquest)

80 Business Source Premier (via Ebsco)

81 Campbell Collaboration (Native interface)

82 International Bibliography of the Social Sciences (via Proquest)

83 EconLit (via Ebsco)

84 EPPICentre databases – DoPHER and TROPHI (Native interface)

85 SCIE (Native interface)

86 Social Policy and Practice (via NHS Evidence)

87 Sociological Abstracts (via Proquest)

88 XPertHR (Native interface)

89 **Health and Medicine**

90 AMED (Ebsco)

91 Cochrane (Wiley)

92 EMBASE (OVID)

93 HMIC (HDAS)

94 Health Business Elite (HDAS)

95 Medline (OVID)

96 PsycINFO (Ebsco)

97 In addition to searching traditional academic databases the search will include 'grey  
98 literature', i.e. material that is not published in academic media or is in the process of  
99 publication. We will also consider potential material to include from the NICE call for  
100 evidence for this project and subject the material to the same quality thresholds and  
101 review process to determine its inclusion or exclusion. We will adopt the following  
102 approach to accessing such material:

- 103 • Conduct a thorough but well-focussed search using the deep web search engine  
104 MEDNAR
- 105 • Citation search in Google Scholar
- 106 • Conduct a thorough search of Google Scholar to collect grey literature,  
107 unpublished although peer reviewed conference papers, policy reports and  
108 theses. We will set up email alerts through a project Gmail account which will  
109 automatically notify the team of any new publications or grey items within our  
110 search parameters
- 111 • Search BASE (<http://www.base-search.net/>) specifically for material in  
112 institutional repositories
- 113 • Look for resources and directories available through GreyNet International  
114 ([www.greynet.org](http://www.greynet.org)) to locate any other compendia and direct links to grey  
115 literature not covered by other sources
- 116 • Searching the following websites of relevant policy and other agencies:  
117  
118

119 ■ Acas: <http://www.acas.org.uk/>

- 120 ■ Age UK: <http://www.ageuk.org.uk/>
- 121 ■ British Chambers of Commerce (BCC): <http://www.britishchambers.org.uk/>
- 122 ■ British Psychological Society: <http://www.bps.org.uk/>
- 123 ■ Centre for Employment Studies Research:  
124 <http://www1.uwe.ac.uk/bl/bbs/research/cesr.aspx>
- 125 ■ Centre for Mental Health: <http://www.centreformentalhealth.org.uk/>
- 126 ■ Chartered Institute of Environmental Health: <http://www.cieh.org/>
- 127 ■ Chartered Management Institute: <http://www.managers.org.uk/>
- 128 ■ CIPD: <http://www.cipd.co.uk/>
- 129 ■ Department of Health: [https://www.gov.uk/government/organisations/department-](https://www.gov.uk/government/organisations/department-of-health)  
130 [of-health](https://www.gov.uk/government/organisations/department-of-health)
- 131 ■ Department for Work and Pensions:  
132 <https://www.gov.uk/government/organisations/department-for-work-pensions>
- 133 ■ EEF: <http://www.eef.org.uk/>
- 134 ■ Employers' Forum on Age (part of the Employer Network for Equality and  
135 Inclusion): <http://www.efa.org.uk/>
- 136 ■ HSE: <http://www.hse.gov.uk/>
- 137 ■ IOSH: <http://www.iosh.co.uk/>
- 138 ■ London Health Commission: <http://www.londonhealthcommission.org.uk/>
- 139 ■ National Audit Office: <http://www.nao.org.uk/>
- 140 ■ NICE (including former Health Development Agency document search) and NICE  
141 Evidence: <http://www.nice.org.uk/>
- 142 ■ Oxford Health Alliance: <http://www.oxha.org/>
- 143 ■ Public Health Observatories: <http://www.apho.org.uk/>
- 144 ■ Scottish Government: <http://www.scotland.gov.uk/>
- 145 ■ UK Commission for Employment and Skills:  
146 [https://www.gov.uk/government/organisations/uk-commission-for-employment-](https://www.gov.uk/government/organisations/uk-commission-for-employment-and-skills)  
147 [and-skills](https://www.gov.uk/government/organisations/uk-commission-for-employment-and-skills)
- 148 ■ Investors in People: [http://www.investorsinpeople.co.uk/about-us/our-organisation-](http://www.investorsinpeople.co.uk/about-us/our-organisation-achieving-success-through-people)  
149 [achieving-success-through-people](http://www.investorsinpeople.co.uk/about-us/our-organisation-achieving-success-through-people)

- 150 ■ Welsh Government: <http://wales.gov.uk/>
- 151 ■ ‘Working Late’ research programme on the New Dynamics of Ageing  
152 [www.workinglate.org/](http://www.workinglate.org/)
- 153 ■ Xpert HR: <http://www.xperthr.co.uk/>
- 154 ■ DWP *Fuller Working Lives: A Framework for*  
155 *Action* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319872/fuller-working-lives.pdf)  
156 [file/319872/fuller-working-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319872/fuller-working-lives.pdf).
- 157 ■ NHS Working Longer Review  
158 [http://www.nhsemployers.org/PayAndContracts/NHSPensionSchemeReview/Impa](http://www.nhsemployers.org/PayAndContracts/NHSPensionSchemeReview/ImpactofWorkingLongerReview/Pages/NHSWorkingLongerReview.aspx)  
159 [ctofWorkingLongerReview/Pages/NHSWorkingLongerReview.aspx](http://www.nhsemployers.org/PayAndContracts/NHSPensionSchemeReview/ImpactofWorkingLongerReview/Pages/NHSWorkingLongerReview.aspx).
- 160 ■ Sloan Centre for Ageing at Work  
161 [http://capricorn.bc.edu/agingandwork/database/browse/facts/fact\\_record/5670/all](http://capricorn.bc.edu/agingandwork/database/browse/facts/fact_record/5670/all)
- 162 ■ Association of Chartered Physiotherapists in Occupational medicine  
163 [http://www.csp.org.uk/tagged/association-chartered-physiotherapists-occupational-health-](http://www.csp.org.uk/tagged/association-chartered-physiotherapists-occupational-health-ergonomics-acpohe)  
164 [ergonomics-acpohe](http://www.csp.org.uk/tagged/association-chartered-physiotherapists-occupational-health-ergonomics-acpohe)
- 165 ■ College of occupational therapy –work section [http://www.cot.co.uk/cotss-work/cot-ss-](http://www.cot.co.uk/cotss-work/cot-ss-work)  
166 [work](http://www.cot.co.uk/cotss-work/cot-ss-work)
- 167 **International:**
- 168 ■ Cedefop: <http://www.cedefop.europa.eu/>
- 169 ■ Eurofound: <http://www.eurofound.europa.eu/>
- 170 ■ European Commission: [http://ec.europa.eu/index\\_en.htm](http://ec.europa.eu/index_en.htm)
- 171 ■ EU-OSHA: <https://osha.europa.eu/>
- 172 ■ EuroHealthNet: <http://eurohealthnet.eu/>
- 173 ■ Finnish Institute of Occupational Health: <http://www.ttl.fi/en/Pages/default.aspx>
- 174 ■ Institute for Work and Health: <http://www.iwh.on.ca/>
- 175 ■ International Commission of Occupational Health: <http://www.icohweb.org/>
- 176 ■ International Labour Organisation: <http://www.ilo.org/global/lang--en/index.htm>
- 177 ■ Liberty Mutual Research Institute for Safety:  
178 [http://www.libertymutualgroup.com/omapps/ContentServer?pagename=LMGroup/](http://www.libertymutualgroup.com/omapps/ContentServer?pagename=LMGroup/Views/LMG&ft=2&fid=1138356633468&ln=en)  
179 [Views/LMG&ft=2&fid=1138356633468&ln=en](http://www.libertymutualgroup.com/omapps/ContentServer?pagename=LMGroup/Views/LMG&ft=2&fid=1138356633468&ln=en)
- 180 ■ Organisation for Economic Co-operation and Development:  
181 <http://www.oecd.org/unitedkingdom/>

182 ■ The National Institute for Occupational Safety and Health:

183 <http://www.cdc.gov/niosh/>

184 ■ World Health Organisation: <http://www.who.int/en/>

185 • Contacting key academics, researchers and commentators in the field, many of  
186 whom are well-known to the research team. Included in this group will be PHE  
187 pilot scheme in Manchester aimed at supporting people to remain in active work  
188 – contacts Kirstie Clegg and Sam Haskell.

189

190 • Discussion with the PHAC

191 Once papers for initial inclusion have been identified, the reference lists of these articles  
192 will be checked for any additional references. These articles will also be checked in Web  
193 of Science and GoogleScholar to identify citing articles.

194 Papers identified through these sources will be sifted and screened in the same way as  
195 those identified through the database search.

196 An example of the search strategy is contained in the separate search strategies  
197 document. The search strategy will be tested to ensure it is picking up likely material.  
198 The research team will identify ten papers that would be expected to be identified by  
199 the search and the result will be checked to make sure these are covered and revised if  
200 required.

## 201 Documenting the search

202 Results of the literature searches will be imported into EndNote. A copy of the de-  
203 duplicated database will be provided to NICE, along with a Microsoft Word document  
204 detailing results that could not be added to the file

205 As outlined in Appendix C of the methods manual, the following information will be  
206 provided to document the search and study selection processes:

207 For each database/source searched:

208 ■ Database name

209 ■ Database host

210 ■ Database coverage dates

211 ■ Searcher

212 ■ Search date

213 ■ Number of records retrieved

214 ■ Number of records loaded

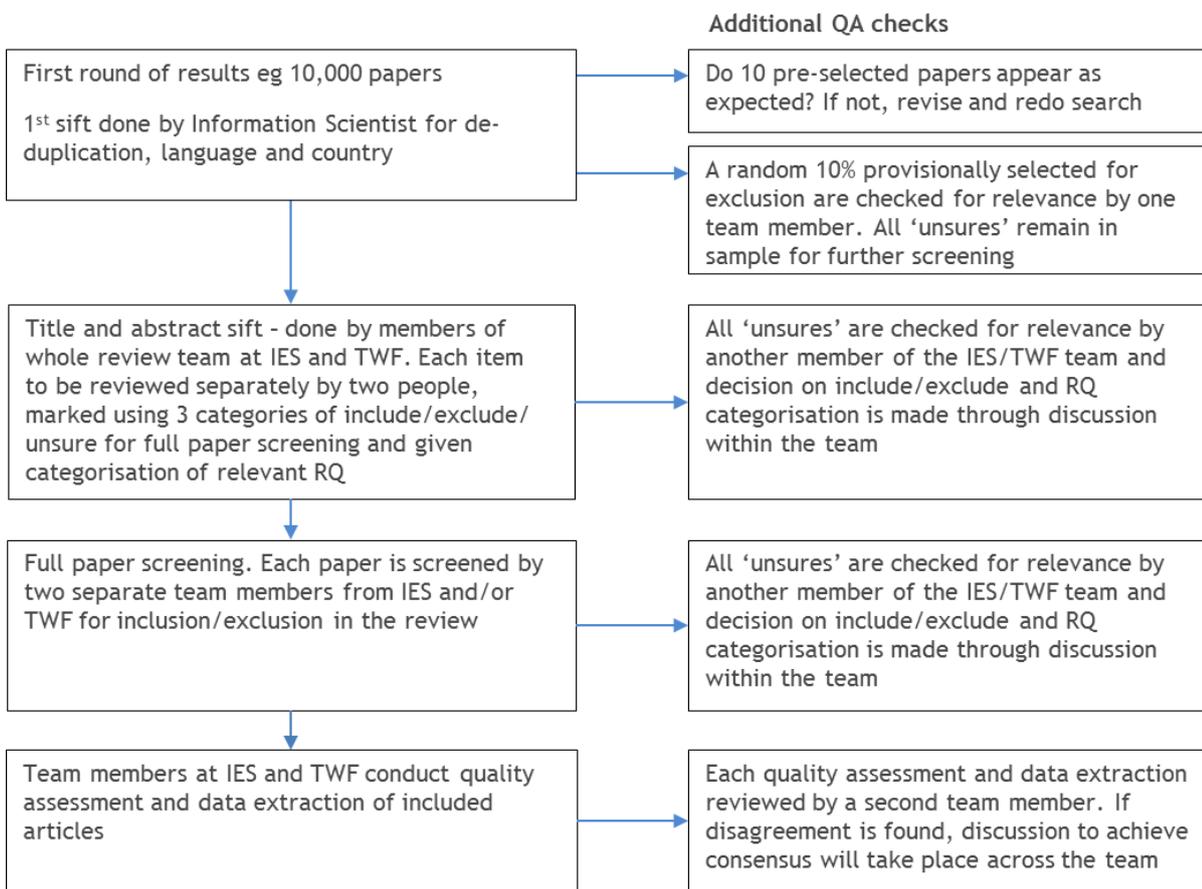
215 ■ Number of records after de-duplication

## 216 Screening and data extraction

217 The process for sifting and screening material identified through the search and  
 218 extracting the relevant evidence is summarised in Figure 2. The titles and abstracts of  
 219 the papers identified through the initial search will be downloaded into EndNote and  
 220 screened for relevance using the inclusion and exclusion criteria, using a three-stage  
 221 process involving:

- 222 • An initial sift using review title;
- 223 • A second screening stage based on title and abstract;
- 224 • A full paper screening.

225 **Figure 2: Outline of sift and screening process**



226

227

### 228 Initial sift

229 The titles of all material identified through the search will be de-duplicated, checked  
 230 that they conform to the inclusion criteria on language, date and country by the original  
 231 search team.

232 A random ten per cent of titles provisionally selected for exclusion will be double  
233 checked by a member of the review team to ensure no relevant material has been  
234 excluded. All papers where there is some doubt as to their relevance will be included at  
235 this stage.

### 236 **Title and abstract screening**

237 The title and abstract of all papers which come through the initial sift will be separately  
238 reviewed against a checklist based on the full inclusion and exclusion criteria and  
239 agreed with NICE by two members of the review team and identified for full paper  
240 screening. They will also tag the included papers according to whether the paper is  
241 relevant for RQ 1, 2 or 3 and/or the economics review. Where there is disagreement a  
242 third member of the team will also review the paper and reach a consensus with the  
243 other two reviewers.

### 244 **Full paper screening**

245 Each full paper will be separately screened against a checklist based on the full  
246 inclusion and exclusion criteria and agreed with NICE by two members of the review  
247 team and identified for inclusion (or exclusion) for one of the reviews. Where there is  
248 disagreement a third member of the team will also review the paper and reach a  
249 consensus with the other two reviewers.

### 250 **Data extraction**

251 The data extraction and quality appraisal will be conducted by one member of the  
252 review team and checked by another. The quality of each paper identified for review  
253 will be appraised, using a checklist based on the quality assessment procedure outlined  
254 in the NICE Public Health Guidance Methods Manual (NICE, 2012). We will develop  
255 data extraction sheets to summarise the evidence from the papers included in each of  
256 the reviews and the economics review.

257 To facilitate analysis, the evidence to be evaluated will be organised under headings  
258 corresponding to research questions. A data extraction form will be used which will  
259 document:

- 260 ■ the key research aims and questions
- 261 ■ the research design and methodology
- 262 ■ the intervention (if applicable) and focus of the study
- 263 ■ the findings that contribute to each of our research questions
- 264 ■ limitations and gaps
- 265 ■ the study quality rating

266 ■ summary information about authors, publication etc.

267 Data extracted from included papers will be summarised in an evidence table following  
268 the format set out in Public Health Guidance Methods Manual (NICE, 2012).

## 269 **Synthesis**

270 We propose to adopt a narrative approach to the data synthesis, which is a reflexive  
271 and critical methodology and involves a combination of inductive and deductive  
272 analysis. This will enable us to work from the evidence gathered to build up a summary  
273 of crucial findings under each of the research questions organised into common themes,  
274 as appropriate.. Evidence statements will be developed which pull together the  
275 evidence on similar themes. Each statement will summarise the study/studies on which  
276 it is based and indicate the quality rating, setting and applicability to the UK. Evidence  
277 statements will be agreed across the research team.

## 278 **Additional cost effectiveness search**

279 In addition to the general searches for RQs 1-3, we will perform a specific cost  
280 effectiveness search alongside these.

281 This will cover the following sources:

282 Cost-effectiveness Analysis (CEA) Registry (<https://research.tufts-nemc.org/cear4>);

283 EconLit;

284 Embase (via OvidSP);

285 Health Economic Evaluations Database (HEED);

286 MEDLINE (via OvidSP);

287 NHS Economic Evaluation Database (NHS EED);

288 RePEc (Research Papers in Economics) (<http://repec.org/>).

## 289 **Reporting**

290 One report will be produced for each of the four evidence reviews and will follow NICE  
291 guidelines.

292 The reports will include:

293 ■ An executive summary including the evidence statements

294 ■ An introduction, setting out the background to the research its aims and objectives  
295 and the structure of the report

296 ■ Details of the methodology, including numbers of papers included and excluded at  
297 each stage by reason

- 298 ■ The findings, organised by themes of primary and secondary research questions with  
299 evidence statements summarising appropriate groupings of evidence. The evidence  
300 statements will use the terminology and approach laid out in the NICE development  
301 of public health guidance manual (Section 5.5).
- 302 ■ Full explanations of the assumptions from which estimates of costs and benefits are  
303 derived for the economic evaluation
- 304 ■ A discussion of the key findings, and the strengths and limitations of the reviews
- 305 ■ A range of appendices covering all the research materials and bibliographies of  
306 papers included and excluded from the review.
- 307 Additional outputs provides will be include:
- 308 ■ Records of the search protocols and strategies used for carrying out the reviews
- 309 ■ Records of the search process and a database of research results provided in a  
310 suitable format
- 311 ■ Completed screening checklists, data extraction and quality assessment forms for all  
312 included reports/studies
- 313 ■ Microsoft Powerpoint slides providing a concise overview of the evidence reviews  
314 for presentation to each PHAC meeting

## Annex A: Timetable and deliverables

<b>Task</b>	<b>Date to be Completed</b>
Contract start	26 June 2014
Start-up meeting (NICE to organise)	26 June 2014
Contractor to submit draft protocols for the evidence reviews and literature searches to NICE for comment	4 July 2014
NICE returns comments on the draft protocols to the Contractor	8 July 2014
Contractor to submit search strategies	Morning of 8 July 2014
NICE return comments on search strategies	10 July 2014
Contractor submits final protocols for sign-off by NICE  This should include written responses to all comments from NICE to show how these comments have been incorporated	10 July 2014
NICE to sign-off final review protocols	14 July 2014
NICE to sign-off search protocol	18 July 2014
NICE to sign-off final search strategy	21 July 2014
Searches completed	13 August 2014
Submission of draft evidence review 1 to NICE team	11 October 2014
NICE provide comments on draft review 1	24 October 2014
Teleconference with NICE team	5 November 2014
Submission of revised draft review 1 to NICE	11 November 2014
Review 1 mailed to PHAC members	13 November 2014
Submission of final slides for presentation of review 1 to PHAC	19 November 2014

<b>Presentation of draft review 1 at PHAC meeting</b>	<b>26 November 2014</b>
Final amendments to be made to review 1 post PHAC meeting	4 December 2014
Submission of draft evidence review 2 to NICE team	27 November 2014
NICE provide comments on draft review 2	4 December 2014
Teleconference with NICE team	5 December 2014
Submission of revised draft review 2 to NICE	18 December 2014
Review 2 mailed to PHAC members	23 December 2014
Submission of final slides for presentation of review 2 to PHAC	5 January 2015
<b>Presentation of draft review 2 at PHAC meeting</b>	<b>7 January 2015</b>
Final amendments to be made to review 2 post PHAC meeting	22 January 2015
Submission of draft evidence review 3 to NICE team	15 January 2015
NICE provide comments on draft review 3	22 January 2015
Teleconference with NICE team	23 January 2015
Submission of outline of draft economic model	28 January 2015
Submission of revised draft review 3 to NICE	3 February 2015
Review 3 mailed to PHAC members	6 February 2015
Submission of final slides for presentation of review 3 to PHAC	11 February 2015
<b>Presentation of draft review 3 at PHAC meeting</b>	<b>18 February 2015</b>

Final amendments to be made to review 3 post PHAC meeting	5 March 2015
Final amendments to be made to cost effectiveness review post PHAC meeting	20 April 2015
NICE provide comments on draft economic modelling report	16 April 2015
Teleconference with NICE team	17 April 2015
Submission of revised draft economic modelling report to NICE	27 April 2015
Economic modelling report mailed to PHAC members	1 May 2015
Submission of final slides for presentation of economic modelling report to PHAC	6 May 2015
<b>Presentation of evidence economic modelling report at PHAC meeting</b>	<b>13 or 14 May 2015</b>
Final amendments to be made to economic modelling report post PHAC meeting	1 June 2015
Contractor to update the reviews in response to any further comments made by PHAC members or NICE team	15 May – 30 June 2015
Contractor to submit updated reviews for consultation to NICE  This should include written responses to all comments received and a list of changes that have been made since NICE's last review	1 July 2015
Public consultation on the draft guidance, evidence reviews and economic model and report	17 July – 28 August 2015
Contractor to assist NICE in providing responses to comments received at public consultation and updating the reviews as necessary	September 2015 – December 2015 ( <i>ad hoc</i> as required)
Contractor to submit amended reviews incorporating any changes required by the consultation	1 December 2015
Publication of final guidance	January 2016

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318 **Annex B: List of countries to be included in**  
319 **review material (evidence to be written in**  
320 **English)**

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- 321 ARGENTINA  
322 AUSTRALIA (OECD)  
323 AUSTRIA (OECD, Europe)  
324 BELGIUM (OECD, Europe)  
325 BRAZIL  
326 BULGARIA (EUROPE)  
327 CANADA (OECD)  
328 CHILE (OECD)  
329 CZECH REPUBLIC (OECD, Europe)  
330 DENMARK (OECD, Europe)  
331 ESTONIA (EUROPE)  
332 FINLAND (OECD, Europe)  
333 FRANCE (OECD, Europe)  
334 GERMANY (OECD, Europe)  
335 GREECE (OECD, Europe)  
336 HUNGARY (OECD, Europe)  
337 ICELAND (OECD, Europe)  
338 IRELAND (OECD, Europe)  
339 ISRAEL (OECD, Europe)  
340 ITALY (OECD, Europe)

- 341 JAPAN (OECD)
- 342 KOREA (OECD)
- 343 LATVIA (EUROPE)
- 344 LITHUANIA (EUROPE)
- 345 LUXEMBOURG (OECD, Europe)
- 346 MEXICO (OECD)
- 347 NETHERLANDS (OECD, Europe)
- 348 NEW ZEALAND (OECD)
- 349 NORWAY (OECD, Europe)
- 350 POLAND (OECD, Europe)
- 351 PORTUGAL (OECD, Europe)
- 352 ROMANIA (EUROPE)
- 353 SLOVAK REPUBLIC (OECD, Europe)
- 354 SLOVENIA (OECD, Europe)
- 355 SPAIN (OECD, Europe)
- 356 SWEDEN (OECD, Europe)
- 357 SWITZERLAND (OECD, Europe)
- 358 TURKEY (OECD)
- 359 UNITED KINGDOM (OECD, Europe)
- 360 UNITED STATES (OECD)
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