

Methodology for the  
development of the guide to  
conducting rapid qualitative  
evidence synthesis for health  
technology assessment

# Literature search

To inform the development of the Guide to Conducting Rapid Qualitative Evidence Synthesis for Health Technology Assessment, a systematic literature search was conducted in two stages:

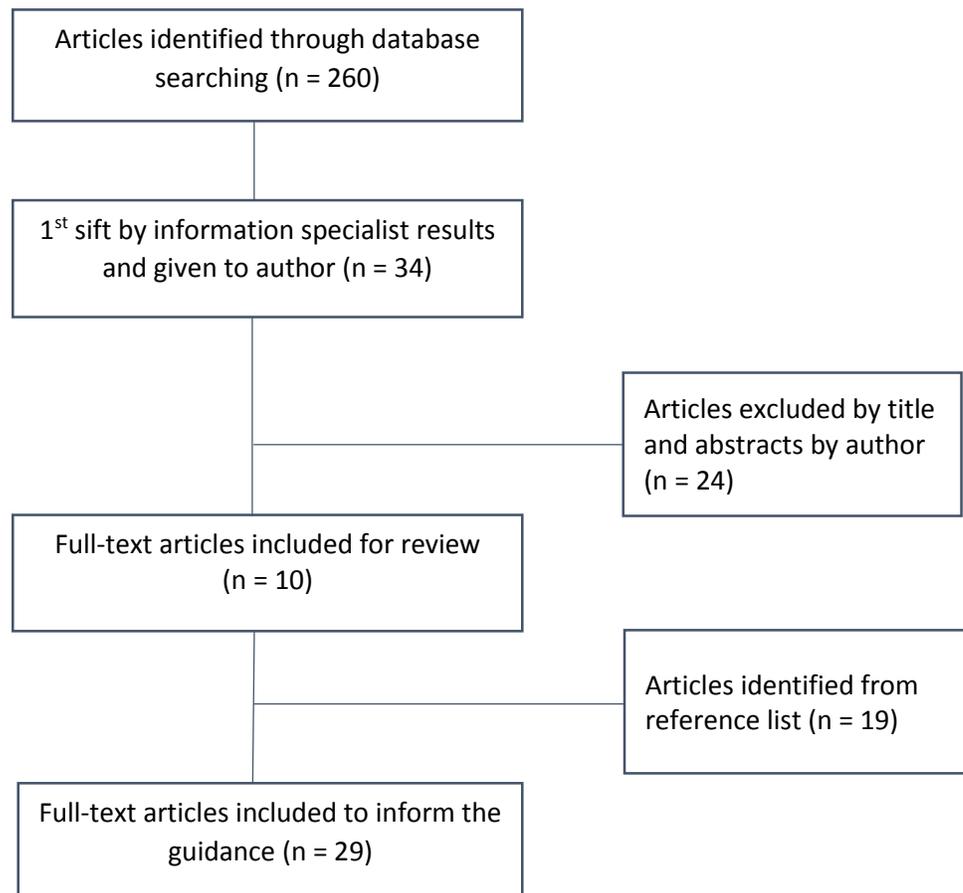
- (1) to identify any existing guidelines or approaches to rapid qualitative evidence synthesis (performed by an information specialist in June 2017);
- (2) to identify any existing patient experience frameworks used or designed for HTA, as well as any qualitative syntheses on patient experiences of a health technology (performed by an information specialist in June 2018).

## Guide development

Search one.

- **The following databases were searched:** Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R), Ovid Embase, Ebsco LISTA, ProQuest sociological abstracts, NICE (methodologies), ISSG / Intertasc, Cochrane rapid reviews group, HILJ, Canadian NCCMT, Campbell Collaboration, EPPI centre, Equator, AHRQ, CADTH, Eunetha, KCE (English language full text or summary), MSAC, MHRA, Adelaide Health Technology Assessment, Health Information & Quality Authority (Ireland), HTAi, Health Quality Ontario, Institute for Health Economics (IHE), National Health Committee (NZ), Queensland Health (HealthPACT), WMHTAC: West Midlands Health Technology Assessment Collaboration, INATHA, Google scholar.
- **Search terms included:** Rapid qualitative synthesis OR Best fit framework synthesis OR rapid realist synthesis OR rapid qualitative inquiry OR rapid qualitative review OR ( rapid review AND qualitative ) OR ( rapid synthesis AND qualitative ) OR ( rapid realist synthesis AND qualitative ) OR ( rapid evidence assessment AND qualitative ) OR ( rapid evidence review AND qualitative ) OR ( rapid inquiry AND qualitative ) OR ( qualitative synthesis AND rapid ) .

The flow diagram below shows the number of publications initially identified, and those included following a screening.



From the initial 260 articles identified through database searching, 29 articles were identified as relevant for the development of the guideline. The full-texts of the articles were read by the lead author of the guideline. In the first stage articles were read to identify any existing guidelines on conducting rapid qualitative synthesis. After no such guidelines were identified, the relevant papers related to the conduction of qualitative syntheses and rapid reviews were summarised which served to inform the formulation of the principles for conducting rapid qualitative evidence synthesis.

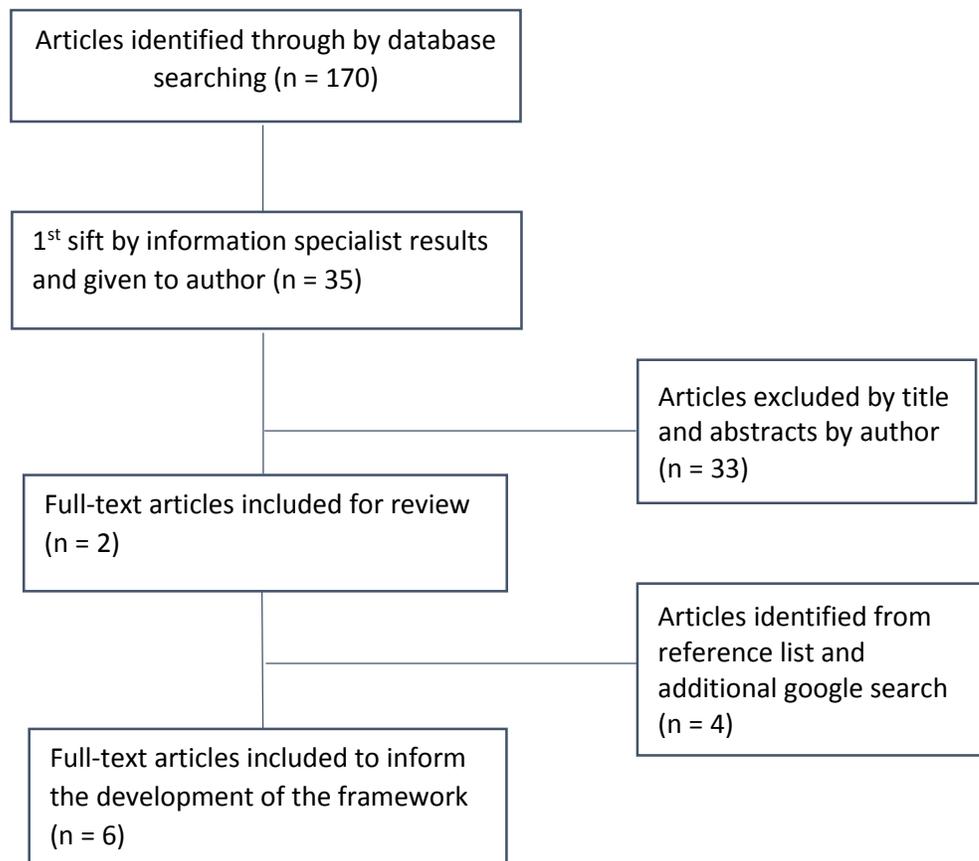
# Framework development

Search two.

- **The following databases were searched:** CADTH, Health Quality Ontario, Health Technology Assessment International, ECRI, AHRQ, Hayes Inc, CRD University of York, NIHR HTA, NICE, Health Information and Quality Authority, INAHTA, Adelaide Health Technology Assessment, Medical Services Advisory Committee, Cochrane, Google, Medline, HMIC, Embase, International Journal of Technology Assessment in Health Care.

- **Search terms included:**

- |   |   |
|---|---|
| 1. exp Technology Assessment, Biomedical/                     | 1. exp Technology Assessment, Biomedical/                             |
| 2. health technology assessment.tw.                           | 2. health technology assessment.tw.                                   |
| 3. 1 or 2   | 3. 1 or 2   |
| 4. patient experience framework.tw.                           | 4. qualitative evidence synthesis.tw.                                 |
| 5. (Patient Reported Experience Measures or PREM).tw.         | 5. qualitative synthesis.tw.  |
| 6. (patient adj2 experience).tw.                              | 6. (synthesis adj2 (qualitative studies or qualitative evidence)).tw. |
| 7. patient experience model.tw.                               | 7. framework synthesis.tw.  |
| 8. (patient experience adj2 (tool or model or framework)).tw. | 8. or/4-7   |
| 9. (social aspect adj2 (tool or model or framework)).tw.      | 3 and 8   |
| 10. (patient adj2 (involve* or engage*)).tw.                  |   |
| 11. or/4-10   |   |
| 12. 3 and 11  |   |



The creation of *an a priori* framework for qualitative synthesis is usually conducted simultaneously with but independently from the search and selection of the primary qualitative studies<sup>1</sup>. These two “strands” then join together at the framework synthesis stage. In the case of developing *an a priori* framework alongside the search and study selection, two separate sets of inclusion criteria, searches and study selection are needed (see Figure 1)<sup>1</sup>.

**FIGURE 1. STAGES OF DEVELOPING AN A PRIORI FRAMEWORK**

Question	
Framework development	Included studies
Systematically identify relevant ('best fit') publications of frameworks, conceptual models or theories	Systematically identify relevant primary research studies with qualitative evidence
Generate the a priori framework from identified publication(s) using thematic analysis	Extract data on study characteristics from included studies and appraise the quality of the studies
Code evidence from included studies against the a priori framework	
Create new themes if any of the data cannot be coded against the framework	

Informed by the above approach, a systematic search for existing patient experiences frameworks and published qualitative syntheses in HTA was conducted to inform the process of framework development. Four patient experience frameworks - the NHS Patient Experience Framework<sup>2</sup>, the EUnetha coreModel<sup>3</sup>, the Warwick Patient Experience Framework<sup>4</sup>, and an analytical patient experiences model published in the Danish Centre for Health Technology Assessment HTA (DACHENTA) Handbook<sup>5</sup> - and two qualitative evidence syntheses on patient perspectives in HTA were identified.

After reading the full-texts of the included frameworks, the analytical patient experiences model published in the DACHENTA handbook was used to inform the five overarching themes of the *a priori* framework – individual, social, communication, economic and financial, and ethical aspects. The four frameworks and the two qualitative synthesis were then thematically analysed<sup>6</sup> to generate the subthemes of the coding framework. The thematic analysis consisted of following steps:

1. The author familiarised herself with the included patient experiences frameworks and the qualitative synthesis by reading the full-text papers.
2. The full-text papers were line-by-line coded using Nvivo software.
3. The different codes identified in step 2 were then reviewed and refined into subthemes. The emerged subthemes were then categorised under each of the five overarching themes.
4. The texts coded under each subtheme were then analysed by the author to generate a description for each subtheme which was included in the *a priori* framework. The description of each subtheme aims at helping researchers who are using the *a priori* framework to code qualitative studies identify concepts from the studies which could be coded against each subtheme.
5. Two independent researchers provided feedback on the framework. After a discussion with the lead author, the themes and the subthemes were refined.

The final stage of the development of the guide included a consultation with researchers and members of the Public Health Evidence Network (PHEN), the Canadian Agency for Drugs and Technologies in Health (CADTH) and Health Technology Assessment International (HTAi). The comments and feedback were collated and addressed in the respective sections of the guide.

## References

1. Carroll C, Booth A, Leaviss J, Rick J. 'Best fit' Framework Synthesis: Refining the method. *BMC Medical Research Methodology*. 2013;13(37):1-16.
2. NHS. Patient Experience Framework. 2011.
3. 2 EJA. HTA Core Model version 3.0. 2016.
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5. Kristensen FB, Sigmund H. *Health Technology Assessment Handbook*. Copenhagen: Danish Centre for Health Technology Assessment; 2008.
6. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.

