

Evidence support request form

Healthcare Improvement Scotland’s (HIS) Evidence and Digital Directorate provides evidence-based advice, guidance and information for NHSScotland. We welcome requests for help with issues facing health and care services in Scotland.

Please send your request using this form [his.evidence@nhs.scot](mailto:his.evidence@nhs.scot). We will confirm we received it and let you know the next steps and timelines.

If you want to talk to someone from our team before sending your request or if you need more information about our work, please contact [his.evidence@nhs.scot](mailto:his.evidence@nhs.scot)

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| 1. **Date request submitted**   **Please make sure this is formatted in DD/MM/YYYY**  Click or tap here to enter text. |

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| 1. **Your name and contact details**     **Please provide your name, current role, organisation, email or phone number.**   |  |  | | --- | --- | | Name | Click or tap here to enter text. | | Role or job title | Click or tap here to enter text. | | Organisation, group or network? | Click or tap here to enter text. | | Email | Click or tap here to enter text. | | Telephone number | Click or tap here to enter text. | |

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| **3. Describe the context for the request**  **It is important to us that our work makes a difference to health and social care provision. To help us gauge the level of interest and need in this topic area:**  • Please provide details of groups and networks either involved in or aware of your request for support; this may include health and care colleagues or third and independent sector agencies.  Click or tap here to enter text.   * Please describe how your request links with current national priorities or policies, for example, those from Scottish Government or Healthcare Improvement Scotland.   Click or tap here to enter text.   * Is this request concerning previous or ongoing contact or support from HIS or HIS Evidence. If yes – please provide details.   Click or tap here to enter text. |
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| **4. How can we help?**  **Please clearly describe the issue that you require our help with:**   * What is the issue to be addressed? Please describe the current situation in Scotland, including any existing consideration of the topic within health and care (such as treatment pathways, national programmes of work, ongoing research, current advice, guidance or standards).   Click or tap here to enter text.   * What change or improvement do you hope for as a result of our work?   Click or tap here to enter text.   * What is the anticipated benefit to Scotland's health, wellbeing or healthcare delivery?   Click or tap here to enter text.   * What is the relevant population or group?   Click or tap here to enter text.   * Are there any areas this work should not cover (ie to help us define the scope)?   Click or tap here to enter text.  **To help us better understand the relevance of the issue, where possible, please clarify:**   * What is the burden of the condition, eg mortality, incidence, prevalence? * To what extent is there uncertainty, eg around the evidence base or best practice? * Is there inappropriate variation in terms of service provision or outcomes? * How does this issue affect wider inequalities?   Click or tap here to enter text. |
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| **5. Time frames, impact and outputs**  **Our outputs vary from brief, high level rapid responses to more substantial products that may take several months, depending on the complexity and collaboration required. You can find out more about our work in the appendix to this form or on our** [**website**](https://www.healthcareimprovementscotland.scot/clinical-guidance-for-professionals/)**.**   * Please help us manage your request for support by providing a timeframe in which you require an output.   Click or tap here to enter text.   * Please can you explain the rationale for this date, for example, informing a particular meeting.   Click or tap here to enter text.  **We would like to know how our work will be used. Please help us to understand the likely impact of this work by considering the following:**   * What existing networks, groups or strategies will help with the communication and dissemination of our work or implementation of our final output?   Click or tap here to enter text.   * How would successful support be defined, and what measures could be used to evaluate impact?   Click or tap here to enter text.  **Please tick the output (see appendix for definitions) below that best suits your purpose.**    Evidence search or evidence search and summary  Health technology assessment  Clinical guideline  Standards or indicators  Good practice recommendations on antimicrobial medications  Right Decision Service (RDS) toolkit  DMBI support (*internal HIS focus*)  EEvIT support (*internal HIS focus*)  Other - please specify below:  Unsure  Click or tap here to enter text. |
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| **6. Additional information to get us started**    **We welcome any additional information to help us understand the current situation and to gauge how we can help, including (where appropriate):**   * existing background documentation, references or data sources, * any additional issues related to staffing, training, facilities, infrastructure or costs, or * people with knowledge or expertise in this topic area who could be consulted, including patient groups or third sector organisations.   Click or tap here to enter text. |

Please send the completed form to [his.evidence@nhs.scot](mailto:his.evidence@nhs.scot)

The information submitted on this form will be used to process and collaborate with you regarding your request. Your information will be retained for 3 years by Microsoft on behalf of NHSS and managed in accordance with Healthcare Improvement Scotland’s Information Governance policies. After that time all personal information will be removed and an anonymised version of the research question and evidence analysis will be kept indefinitely. Information may be disclosed to third parties in accordance with the Freedom of Information (Scotland) Act 2002 (FOISA). For more information or to raise concerns about how Healthcare Improvement Scotland processes personal data, please see our main [privacy notice](https://www.healthcareimprovementscotland.scot/privacy-policy-how-we-use-your-information/).

**Appendix – Evidence Directorate outputs**

**Evidence search**

*A structured search of the published literature and list of the references retrieved provided (with abstracts where available).*

**Evidence search and summary**

*A literature search and a brief summary report describing the quantity and type of evidence retrieved and main conclusions provided.*

**Health Technology Assessment (HTA)**

*An evidence assessment and/or appraisal to determine the value of a health technology within NHSScotland. HTA may include a review of clinical effectiveness, safety and cost effectiveness, alongside consideration of patient and organisational issues, and clinical expert input.*

**Clinical guideline**

*A guideline developed using a systematic method to help practitioners and patients make decisions about appropriate health care.*

**Standards or indicators**

*Standards are statements of the level of service the public should expect. They are based on evidence relating to effective clinical and care practice, feasibility and service provision. Indicators support service standards and are tools for quality improvement.*

**Good practice recommendations on antimicrobial medications**

*Provide good practice recommendations for use of antimicrobials and management of infections*

**Right Decision Service (RDS) toolkit**

*Digital packages of content, interactive tools and rules-based (algorithmic) prompts that support decisions by health and care professionals, managers, supported self-management and shared decision-making. Delivered as web and mobile apps through the Right Decision Service platform or potentially as prompts within patient record systems.*

**DMBI support**

*Advice/support with using quantitative data about the safety / quality of care*

**EEvIT support**

*Support with evidence, evaluation and knowledge mobilisation requirements for design and delivery of change in quality management systems.*