

## Reviewer Guidelines – NIHR Evidence

We expect this reviewing task to take you between 20 and 30 minutes. We will send you a published paper and ask you to read the abstract. You are welcome to read the full paper but we recognise that many good reviews are based on the abstract alone. We will ask you a few questions on the importance of the paper and whether you think it will make a difference.

The questions on the form are worth keeping in mind when you are reading the paper. They include:

1. Which groups of professionals, patients or the public need to know about this research?
2. What impact do you think this paper will have? (e.g. on health or social care guidelines, public policy, or for healthcare professionals, public, or commissioners)
3. What measures might help with the implementation of the research findings?
4. How confident are you that the findings are robust?

Once you have read the paper and completed all of the sections on the reviewer form, please click 'Submit'. Your feedback and comments will then be saved and taken into account by the Editorial Board who will decide which papers to take forward as Alerts. You can see the Alerts as they are published each week on the [NIHR Evidence website](#).

### We would like your opinion on:

- Whether the evidence is topical
- If and how the evidence is likely to change practice
- If you think the evidence is already known or understood by people who need to know about the research

We don't need you to restate the findings of the research that are set out in the abstract.

## Review examples

- 1. Which groups of professionals, patients or the public need to know about this research?**

**Example 1** – “Chest physicians should already be aware that frailty predicts poor outcomes. I think this is also quite clear to patient groups and carers. Physiotherapists and nurses could benefit by considering using the abbreviated tests in their clinical assessment of risk.”

**Example 2** – “Professional clinicians, commissioners and policy-makers from hospital and community settings as well as Palliative care clinicians and service leads.”

- 2. What impact do you think this paper will have? (e.g. on health or social care guidelines, public policy, or for healthcare professionals, public, or commissioners)**

**Example 1** – “This publication offers evidence based recommendations for policy development and planning for pandemics. It also offers guidelines on how best to transform palliative care services so they are best able to respond to COVID-19. Current guidelines are typically not evidence based so this offers important ways forward.”

**Example 2** – “I am unsure if the findings from research will make a great impact on health since the issues of patient distress in chronic health settings, such as renal units is well known. In order to change practice, something more is needed than the recommendations that are outlined in this publication.”

- 3. What measures might help with the implementation of the research findings?**

**Example 1** – “Ensure policy-makers at local and national level have a good understanding of the role of palliative care, and the best ways to harness these services within their local and national context.”

**Example 2** – “The review and recommendations are likely to inform guidelines and palliative care integration. They should be urgently highlighted to NHS Trusts and to hospice Boards. I suggest using organisations like Hospice UK and Marie Curie Cancer Care to assist with the implementation.”

#### **4. How confident are you that the findings are robust?**

**Example 1** – “The data source is robust, and the methods look appropriate and well considered. The authors' interpretation is fair and acknowledges the limitations of study design and findings.”

**Example 2** – “The findings are adequate for the points they cover but as acknowledged in their own limitations there are many gaps and confounding issues.”