

Dear Editor,

In 2014 the NIHR announced that they would discontinue funding for the NHS Economic Evaluations Database (NHS EED) and the Database of Abstracts and Reviews of Effects (DARE) at the end of March 2015.¹ Over the past 12 months, the InterTASC Information Specialist Sub-Group (ISSG) – a group of information professionals who carry out literature searching to support the UK Health Technology Assessment programme – have been reviewing the affect that the loss of these databases will have on the quality and efficiency of evidence-based medicine research.

NHS EED and DARE were commissioned in 1994 by the NHS Research and Development Programme and maintained by the University of York Centre for Reviews and Dissemination (CRD). The aim of NHS EED was to bring together economic evaluations that were spread across many databases and paper resources. The database received coverage in the BMJ² and research showed that it was valued by its users.³ DARE performed a similar role for systematic reviews and included a quality appraisal by experienced systematic reviewers with each abstract. By March 2015 there were a total of 52,000 abstract indexed across the two databases.⁴

We consider that the loss of these databases has adversely affected the identification of high quality evidence. For example, a clinician might take 60 minutes or more to make an appraisal of the quality of a review. The existence of the DARE record saves this time (multiplied by every clinician user). We also suspect a volume and outcome relationship, i.e. a better appraisal will be done by those who do conduct appraisals regularly than clinicians who have limited time and resources to conduct appraisals. In addition, without these databases it has been harder and less efficient for us as information specialists to identify economic evaluations and reviews, respectively.

Though large health care databases such as MEDLINE and EMBASE continue to thrive, we feel it is important to highlight that smaller databases play an important role in the identification of evidence. We should not mourn silently when these resources are discontinued, but make known to funders that the loss of such resources is keenly felt amongst the research communities who regularly use them.

1. Dissemination CfRa. [Available from: <http://www.crd.york.ac.uk/CRDWeb/NewsPage.asp>.
2. Nixon J, Stoykova B, Christie J, et al. NHS economic evaluation database for healthcare decision makers. *BMJ (Clinical research ed)* 2000;**321**(7252):32.
3. Nixon J, Duffy S, Armstrong N, et al. The usefulness of the NHS Economic Evaluation Database to researchers undertaking technology assessment reviews. *International journal of technology assessment in health care* 2004;**20**(3):249-57.
4. Dissemination CfRa. About the databases 2015 [Available from: <http://www.crd.york.ac.uk/CRDWeb/AboutPage.asp>.