INTRODUCTION
Most measures that are used in cost utility analysis focus on a narrow set of health domains, ignoring other important outcomes. This makes it difficult to reflect all outcomes with a single measure and comparison across different interventions with different outcomes is limited\(^1\). The Extending the Quality Adjusted Life Year (E-QALY) project aims to develop a new generic measure that can be used in economic evaluation across health, social care and public health, based on the views of users and beneficiaries of these services. The project has six stages which are aimed at identifying domains and items, selecting appropriate items, undertaking valuation and testing the new measure.

METHODS
A systematic search was undertaken for four study arms:
1. primary qualitative work used in development of generic measures
2. qualitative reviews on quality of life (QoL) for 17 health conditions.
3. qualitative reviews on QoL for informal carers as well as primary qualitative work on informal care measures
4. qualitative reviews on QoL for social carer users as well as primary qualitative work on social care measures.

Included studies were in English, based on adults and used qualitative or mixed methods. Countries included: European countries, USA, Canada, Australia, New Zealand.

Framework analysis and synthesis was undertaken based on a conceptual model (Fig 1). Four researchers undertook extraction and initial synthesis. All researchers were involved in the final refinement of themes and sub-themes. Extensive consultation was undertaken with different stakeholders including decision-makers, service users and other academics.

RESULTS

<table>
<thead>
<tr>
<th>Generic Measures</th>
<th>Health conditions</th>
<th>Informal care</th>
<th>Social care use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of papers</td>
<td>27 primary qualitative work</td>
<td>137/630 qualitative reviews (extraction from 2/3 reviews for each condition)</td>
<td>15/875 qualitative reviews</td>
</tr>
<tr>
<td>Details</td>
<td>SF-36, Nottingham Health Profile, Sickness Impact Profile, WHO-QoL, PROMIS29, Dartmouth Primary care Cooperative Information Project (COPD) Charts, EQ-5D, AQoL, Quality of wellbeing scale</td>
<td>Low back pain, chronic headache, hearing loss, diabetes mellitus, asthma, systemic sclerosis, edentulism and severe tooth loss, breast cancer, rheumatoid arthritis, astuteic spectrum disorder, Alzheimer’s disease and other dementias, vision loss and age related macular degeneration, stroke, prostate cancer, inflammatory bowel disease, mental health</td>
<td>11/55 primary qualitative work</td>
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</tbody>
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DISCUSSION
The review and subsequent consultation resulted in seven high level domains with 27 sub-domains (Figure 2). Most were relevant across both health and social care, including informal carers.

Strengths: Qualitative data drawn from different patients, informal carers and social care users provides a strong evidence base for domains. This was further supported by consultation with different stakeholders who provided views on identified domains.

Limitations: Not all conditions were covered but the selection was aimed at identifying the different ways in which the body stops working in order to ensure broad coverage. Extraction was not undertaken for all the identified reviews and primary qualitative work. However, similar themes/sub-themes emerged across the selected reviews.

Future work will undertake item generation, testing and valuation for the new measure.


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To find out more, visit the project website: [https://scharr.dept.shef.ac.uk/e-qaly/welcome/](https://scharr.dept.shef.ac.uk/e-qaly/welcome/) Or email Clara Mukuria: c.mukuria@sheffield.ac.uk