

Abstracts

supports guideline developers adjusting implementation strategies and improving updating.

Description of Best Practice We developed a prototype, which uses input based on disease (TNM, stadium) and patient characteristics (co-morbidity, e.g.). First, recommendations were formulated as computer interpretable recommendations using IF... THEN rules. Second, the application assembled all information and combined them with alerts, namely contraindications and side effects, finally leading to treatment advice. We found that CDS is a viable way of assisting doctors and patients. Treatment advice is better suited to both evidence based recommendations and specific patient characteristics. Insight into why a certain choice is made improves confidence in the suggested treatment and compliance. Also, more gaps in knowledge were found and trial participation was improved.

Lessons for Guideline Developers/Users CDS: Can provide insight into the use of guidelines. For example, when a recommendation isn't followed, possible efforts in implementation (recommendation is not/poorly implemented) or update (recommendation is outdated) are needed. Rewriting recommendations increased consistent language used in guidelines, which include easy reuse of data between professionals, hospitals and Cancer Registry Updating guidelines is expensive and time consuming. The doctors (and patients) ability to respond to existing recommendations supports faster, more efficient and cheaper modular updates.

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COMPREHENSIVE MODEL FOR IMPLEMENTATION OF GUIDELINES FOR DISEASE PREVENTION

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Background The National Board of Health and Welfare (NBHW) has developed guidelines for disease prevention, which include interventions to reduce smoking, hazardous use of alcohol, insufficient physical activity and unhealthy diet.

Context To support the implementation of these guidelines, the Government has commissioned the NBHW to disseminate knowledge, create Web-based training, and ensure data access and methodological development.

Description of Best Practice Implementation of guidelines for disease prevention deserves a comprehensive approach, since it involves most health care settings and professions. The NBHW coordinates national stakeholders, including decision makers at the regional level, in several networks. Organisations for health professionals such as doctors, nurses, physiotherapists and dieticians, receive support to disseminate knowledge of the guidelines among their members. Other ways of disseminating knowledge include information on the NBHW website and leaflets for patients, managers and professionals. The NBHW will also develop a Web-based training for health care professionals, covering the methods recommended in the guidelines. To support improvements in methods for disease prevention, research groups have been awarded financial support, for example to study how P4P can be used to improve implementation of guidelines and how to support patients with special needs. Furthermore, the NBHW supports harmonisation of registration and reporting on data. The NBHW will also publish a national assessment and evaluation, in order to identify differences between regions regarding organisational factors, processes, clinical outcomes and costs.

Lessons Learned We will share our experiences of a comprehensive approach, targeting decision makers, health care professionals and patients, and discuss challenges when translating guidelines into health care.

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ESTIMATING SERVICE CAPACITY FOR COMMISSIONING AN ANTICOAGULATION SERVICE IN LINE WITH NICE GUIDANCE IN THE NHS, ENGLAND

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Background Improving quality, patient outcomes and cost effectiveness is an assumed aim of health and social care commissioning. A key aspect for commissioners in the planning phase of the commissioning cycle for an anticoagulation service, in line with NICE guidance, is the ability to estimate the level of service that will be required in order to appropriately commission or decommission services.

Objectives Establish the level of integration of information, alongside clinical and management knowledge, required to successfully calculate appropriate service levels when commissioning or decommissioning an anticoagulation service in the NHS.

Methods A critical appraisal of clinical research studies, epidemiological data, NHS activity data and other information was carried out in combination with clinical and NHS management oversight to inform an estimate of service levels for an anticoagulation service. A systematic literature search of 3 electronic databases, Medline, Embase and Cochrane was carried out. Routinely collected activity data was reviewed through a sample of GP practice systems for primary care information and hospital episode statistics for secondary care information. Healthcare professionals and commissioners with a specialty or interest in an anticoagulation service were consulted.

Results Interim results suggest integration of multiple information sources in combination with clinical and management knowledge produces more robust estimates of service levels for an anticoagulation service.

Discussion The accuracy, and therefore the utility of estimates of service levels for an anticoagulation service will be improved by information linkage, and by using intelligence from multiple sources. This approach could be applied to estimating service levels for other commissioned services.

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QUALITY OF GUIDELINES DEVELOPED BY THE WORLD HEALTH ORGANIZATION: PRELIMINARY RESULTS

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Background The World Health Organization (WHO) annually publishes hundreds of guidelines. Its guideline development process, however, is often criticised even after the implementation of a Guideline Review Committee (GRC) that ensure guidelines are developed using the highest methodological quality, transparent and evidence-based processes.

Objectives To quality rate a cohort of GRC-approved WHO guidelines using the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool.

Methods We searched the WHO website for GRC-approved guidelines published between 2008 and November 2012. Two individuals independently appraised the guidelines using AGREE II. Scores were standardised across six domains and overall quality was determined through consensus.

Results Eighty guidelines fulfilled inclusion criteria and were appraised. Twenty-seven guidelines were recommended, 47 were recommended with modifications, and six were not recommended. Two domains of AGREE scored highly across all guidelines: scope and purpose and clarity of presentation. The rigour of development and applicability domains were variable across guidelines. The lowest scoring domains were stakeholder involvement and editorial independence.

Discussion WHO guidelines still need improvement in the following areas: stakeholder engagement, use of systematically reviewed evidence, defining the funder's role, consideration of barriers and resources (including costs) when implementing recommendations, and providing monitoring criteria. Most issues may be resolved through increased transparency and better reporting of the recommendation development process by more closely following the standards set forth in the WHO guideline development handbook.

Implications for Guideline Developers/Users Guideline developers need to ensure systematic guideline development processes are followed and adequately reported in each guideline.

P133 APPROACHING ECONOMIC EVALUATION IN SOCIAL CARE GUIDANCE

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Background We have a statutory responsibility to produce social care guidance. For economic evaluation challenges include: 1. Methodology for a multi-stakeholder perspective (costs and outcomes), and determining measures of effects using standardised outcomes. 2. Decision making in the absence of accepted willingness to pay thresholds, and alignment with principles used for health guidelines.

Objectives To define an economic reference case for social care guidance.

Methods A workshop on methods identified potential approaches. Health economists who work on clinical and public health guidelines were consulted to ensure consistency. Methodological issues were discussed with academic experts.

Results A reference case for social care economic evaluation was produced within a methods manual before commencing guidance development. It recognises the need for flexibility as methodology develops.

Discussion Social care economic evaluation is constrained by the quality of evidence, and the transferability of studies. Equity considerations in the context of means-tested service provision, and the issue of unpaid care, represent examples of how decision making on cost-effectiveness must take account of factors not usually considered for clinical and public health guidelines.

Implications for Guideline Developers/Users Consistent decision-making principles must be applied across all guidance development programmes, including social care cost-effectiveness. Social care guidance, developers need to recognise and work within the context of emerging methodologies when undertaking social care economic evaluation in, but ensure that such

evaluations remain in line with general principles of guidance development and decision making.

P135 USING CURRENT PRACTICE INFORMATION TO IDENTIFY AREAS OF VARIATION

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Background Quality standards describe high-priority areas for quality improvement in a defined area.

Objectives To describe the processes by which areas for quality improvement are identified for quality standards.

Methods A topic overview, which describes core elements of the standard, such as the population and condition or services to be covered, is published on our website at the beginning of development. We then request written submissions from specialists and registered stakeholders asking them to i identify key areas for quality improvement ii provide examples of published information on current practice (such as, reports of variation in care, evaluations of guidance compliance, or patient experience) to support the identified areas. We also undertake a focused literature search for published current practice information (such as descriptions of practice variation) and identify national audits.

Results To date, we have undertaken at least 10 such reviews. We will present the types of information we receive, challenges (with a specific focus on quality of information and certainty of decisions made). We will also present how this information was used to identify area for improvement, and whether these decisions were valid.

Discussion We consider this a novel and practical approach to identifying improvement areas, bringing together views from a diverse audience, supplemented with published information.

Implications for Guideline Developers/Users Guideline developers could use similar methods to identify areas where evidence based recommendations could be focused, to define and guide best practice.

P143 PROJET JALONS: A PROVINCIAL ADAPTATION OF CLINICAL PRACTICE GUIDELINES FOR DEPRESSION IN PRIMARY CARE

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Background The development of a care protocol for major depression in primary care emerged as an extension of a knowledge application programme developed in Quebec (Canada) to improve care for anxiety and depressive disorders in primary care (2012; JALONS: <http://www.qualaxia.org/ms/jalons/>). The main goal of the project was to develop or adapt tools to support primary mental health care providers in their clinical practice.

Context The 2005 reform in Quebec's mental health services aimed at strengthening primary care services, and included the creation of multidisciplinary community-based primary mental healthcare teams.