Background The field of anaesthesiology is multidisciplinary and includes the perioperative trajectory, but also the domains of pain, palliative, intensive and emergency care. In The Netherlands there are numerous guidelines on anaesthesiology, from generic to disease and target group specific. These were developed by different stakeholders and were not always thoroughly checked on consistency with other guidelines.
Objective To assess uniformity in recommendations in the field of anesthesiology.
Methods Four guidelines were considered the base of anaesthesiology care; pre-, peri- and postoperative care and postoperative pain treatment. The recommendations of these four guidelines were combined with a number of consensus statements and matched with disease and target group specific recommendations. These recommendations were categorised into three groups: 1) no controversy; 2) controversy, update necessary; 3) new guideline(s) needed. For the recommendations in the categories 2 and 3 a working group was formed to address these issues.
Results The inventory is on-going and will be finished in spring 2013.
Discussion The total number of guidelines and recommendations on the topic of anaesthesiology are great. This makes it complex for the clinician to find the right recommendation and calls for a more convenient way of presenting them. Supervision from the anaesthesiology association is required for the development of new guidelines to guarantee uniformity between anaesthesiology recommendations.
Implications for Guideline Developers/Users It is of great importance that recommendations throughout guidelines are never conflicting. An electronic modular database could be a more convenient way of presenting recommendations.

P118 ARE LEVELS OF EVIDENCE FROM DIFFERENT CLINICAL PRACTICE GUIDELINES COMPARABLE? – TESTING OF A METHOD FOR STANDARDIZATION OF DIFFERENT EVIDENCE GRADING SYSTEMS

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Background In 2009 we presented a method for standardisation of different evidence grading systems (EGS) to simplify the comparison of levels of evidence (LoE) from different guidelines. For this purpose, LoE from guidelines were allocated to a reference standard, the EGS from the Federal Joint Committee's (G-BA) Code of Procedure. This approach has not yet been tested on several different EGS from guidelines.
Objective To test the feasibility of a method for standardisation of different EGS from COPD, asthma and breast cancer guidelines.
Methods We conducted a systematic search for the above guidelines in guideline databases and websites of guideline providers. The search period covered 11/2007 to 7/2012. Eligible guidelines were evidence-based English or German guidelines using an EGS. The LoE reported were allocated to the EGS from the G-BA's Code of Procedure.
Results 43 guidelines on chronic diseases with 19 different EGS and 188 different LoE were included. With 4 exceptions, all LoE used in the EGS could be allocated to at least one category of the reference standard. In 44 cases, the LoE from the identified EGS could be allocated to exactly one category and in 63, an LoE was allocated to several categories. Several LoE from one guideline were allocated to one category in 15 cases; this can result in loss of information.
Discussion The testing of a method for standardisation of different EGS indicates that standardisation of LoE using a reference standard can be successfully implemented and can simplify the comparison of different EGS.

P119 THE RARE-BEST PRACTICES PROJECT: AN OVERVIEW

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Background RARE-Best Practices is a 4-year project (2013-2016) funded by the EU FP7.
Objective Developing a sustainable networking platform, supporting an efficient exchange of reliable and up to date information on the management of rare diseases (RD) to improve patient health outcomes.
Methods RARE-Best Practices will reach its goals by promoting collaboration among partners with a strong track record in RD research as well as in clinical practice guidelines (CPG) and systematic review development from academic institutions, governmental bodies, patients organisations and networks.
Results Project expected outputs: 1) identification of challenges to be considered in deriving high quality standards for CPG on RD; 2) creation of transparent procedures and criteria for the evaluation and the collection of CPG on RD in a publicly searchable database; 3) identification of the available notations for graphic representation of processes within CPG to improve user understandability and implementation; 4) production of mechanisms to identify and prioritise RD clinical research needs to optimise the research agenda on RD; 5) development of training activities targeted to key stakeholders to disseminate process and tools for developing and evaluating CPG.
Discussion/Implication for Guidelines Developers Users RARE-Best Practices will address the patients and health care providers demand for updated and high quality CPG on RD. It intends also to respond to the Directive 2011/24/EU which encourages EU MS to the development of European Reference Networks in the area of RD which, among other criteria and conditions, 'should have the capacity to produce good practice guidelines'.

P121 CLINICAL DECISION SUPPORT: A VALUABLE TOOL FOR MANY REASONS

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Background Oncology is complex and time-consuming care. Because evidence changes frequently, implementation of knowledge is viable for putting evidence into daily practice and decreasing variation in treatment advice.
Context Clinical Decision Support (CDS) based on Clinical Practice Guidelines improves both individual care for cancer patients, including increase in safety, efficiency and transparency and

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.

P127 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 Webb-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.

P129 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 services 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.

P132 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.