

**Background** We use published evidence to measure the uptake of national public health guidance recommendations. Available sources of uptake include national audits and reports, and peer reviewed journal articles. These are summarised and uploaded to an online database. This database is used to inform several streams of work in our organisation, including an internal review decision process for public health guidance. Identifying sources of uptake information in this area is challenging.

**Objectives** To assess the existing information on the database, and report on the effectiveness of a new approach to identifying potential sources of uptake information.

**Methods** An evaluation of public health uptake sources on the database was conducted, and a stakeholder mapping tool developed, which was used to systematically search for sources of uptake information. Stakeholders were contacted to provide information. Existing literature search strategies were reviewed and revised. Following these actions, the database was updated with the new sources and the impact of the exercise assessed.

**Results** The evaluation of the current database highlighted significant gaps regarding information relating to the uptake of public health guidance. Use of the methods outlined above identified a substantial amount of new information and a large number of potential sources of uptake for future reference.

**Discussion** The uptake of public health guidance is increasingly in the spotlight for the NHS, and knowing if recommendations have been implemented is helpful when deciding if guidance needs to be reviewed and updated. It is therefore important to have an accurate picture of uptake.

#### P174 A SYSTEMATIC REVIEW OF TRANSCATHETER AORTIC VALVE IMPLANTATION

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10:1136/bmjqs-2013-002293.192

**Background** Transcatheter Aortic Valve Implantation (TAVI) was developed as an alternative to surgical aortic valve replacement (AVR) for patients with severe symptomatic aortic stenosis (AS) and high or unacceptable surgical risk.

**Objectives** To evaluate the safety and effectiveness of TAVI compared with AVR or standard therapy.

**Methods** The searches were conducted via electronic databases including MEDLINE, EMBASE and the Cochrane Library and retrieved 1537 non-duplicate citations. Total 17 studies (2 RCT, 5 non-RCT, 10 cohort studies) were included for this review.

**Results** Compared with standard therapy, TAVI significantly increased major stroke (risk ratio, 3.91; 95% CI, 1.16-13.22) in two studies, although rate of major stroke was not significantly different in the TAVI compared with surgical AVR. Compared with standard therapy in inoperable patients, TAVI significantly reduced the all-cause mortality (risk ratio, 0.045, 95% CI, 0.26-0.77) at 1 year and improved functional status (NYHA functional classification). Among high-risk patients, the mortality was not significantly different in the TAVI compared with surgical AVR. However, a RCT of 699 high-risk patients who were randomised to treatment either by TAVI or by surgical AVR reported that the all-cause mortality at 1 year was 24.2% and 26.8%, respectively and TAVI was non-inferior to surgical AVR ( $p = 0.44$ ).

**Conclusion** On the basis of current data, we recommend that TAVI is possible treatments as an alternative to surgical AVR for

patients with AS who are considered to be inoperable or high risk for surgical AVR.

#### P179 FACILITATING IMPLEMENTATION OF GUIDELINES FOR THE PREVENTION OF VASCULAR DISEASE IN GENERAL PRACTICE

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10:1136/bmjqs-2013-002293.193

**Background** Although evidence based guidelines have been developed and disseminated, up to a half of patients do not receive guideline based preventive care.

**Objectives** This study aims to evaluate a model for the implementation of preventive care guidelines in general practice.

**Methods** Following a development process for the intervention involving a mixed method study and a pilot carried out in three practices a cluster randomised controlled trial is being conducted in 31 practices across four states. The intervention involves training, preventive care audit, and visits from a facilitator based in the local primary care support organisation. The facilitator assists practices to review their clinical audit and implement a practice plan structured around the 5As to improve the reach and quality of preventive care. Quantitative and qualitative evaluation methods are being used to assess impact on planned change within the practice, recalled and recorded preventive care, and patient behaviours and risk factors for cardiovascular disease.

**Results** Baseline data collection has been completed from practice staff and patients and the intervention is now complete. The recorded and patient recalled preventive care varied within and between practices resulting in a varied set of priorities for improvement. Early findings suggest that facilitation visits to review and plan improvements to the implementation of preventive guidelines are feasible, acceptable and can support organisational strategies to address gaps in care.

**Discussion** Our results may provide a model for local primary care support organisations to assist practices to improve their quality of preventive care.

#### P180 SYSTEMATIC REVIEW OF CONTINUOUS INTERSCALENE BRACHIAL PLEXUS BLOCK FOR THE SHOULDER OR HUMERUS SURGERY PATIENTS

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10:1136/bmjqs-2013-002293.194

**Objective** The safety and effectiveness of continuous interscalene brachial plexus block for the shoulder or humerus surgery.