or treatment recommendations in specific subgroups. GDTs considered GLIA appraisal findings when they revised their reports and found the GLIA appraisals helpful in creating more implementable guidelines.

**Implications for Guideline Developers/Users** GLIA training for GDTs, and formal use of the GLIA tool helps produce more implementable guidelines.

## Abstracts

### PAR6TALLY UPDATING A GUIDELINE TO IMPROVE ITS IMPLEMENTATION

S Warttig, N Elliott. National Institute for Health and Clinical Excellence, Manchester, UK

**Background** We were commissioned to partially update a clinical guideline. The remit was to develop new service delivery recommendations to support implementation of the guideline whilst leaving the existing clinical recommendations unchanged.

**Objectives** To describe the approach taken in partially updating a guideline to improve its implementation. To discuss the problems encountered and possible solutions.

**Methods** At the time, there was limited guidance on conducting service delivery evidence reviews. A methodology was developed and agreed by the developers, the NICE Methodology Team and the GDG which aimed to ensure the process was as robust, reproducible and transparent as possible.

**Results** Limited evidence was identified using the agreed methodology. This prevented identification of successful service delivery models. It also became apparent that some of the implementation issues were embedded in the original guideline recommendations, and these could not be changed.

**Discussion** The methodology used could not adequately address the implementation issues, as it was not possible to amend any of the problematic recommendations, or describe a method of service delivery that was clinically and cost effective. Agreement could not be reached on how to progress with developing the recommendations, and so a decision was made to cease publica- tion of the service delivery recommendations.

**Implications for Guideline Developers/Users** Partial updates are more challenging for guidelines requiring implementation support and should: 1) Go through a process to assess the issues before deciding how guideline should be updated. Or 2) Come with a remit to enable the developers to amend the recommendations for which implementation support is sought.

### IDENTIFYING, DESCRIBING AND EVALUATING GUIDELINE IMPLEMENTABILITY TOOLS

1 J Cheng, 1A Gagliardi, 2M Brouwers, 0 Bhattacharyya. University Health Net; 2 Department of Oncology, McMaster University, Hamilton, Canada; 3 St. Michael’s Hospital, Toronto, Canada

**Background** Research shows that guidelines are more easily translated to practice when accompanied by information that helps users accommodate, implement and evaluate use of the recommendations. Guidelines vary in whether and how they offer such information, which we refer to as guideline implementability tools (Gltools).

**Objectives** To identify, describe and evaluate exemplar Gltools that address Resource Implications, Implementation and Evaluation, and suggest how they could be improved.

**Methods** Gltools were identified in several sources (guidelines, Medline, professional organisation web sites, Implementation Science, Internet, expert referrals) and two individuals independently assessed each on criteria recommended by G-I-N members: purpose statement, instructions for use, citations for source of content, and how it was developed.

**Results** The search produced 228 potential tools. Of these 94 were ineligible and 63 met no assessment criteria. Of the remaining 71 tools, 13 (18.3%), 24 (33.8%), 23 (32.4%) and 11 (15.5%) met 1, 2, 3 and 4 criteria, respectively; and 57 (80.3%), 37 (52.1%), 41 (57.7%) and 41 (57.7%) provided purpose, instructions, citations and development details, respectively. Most tools addressed Implementation (44, 62.0%). Twenty-eight (39.4%) were guideline-specific and 43 (60.6%) were generic.

**Discussion** Few Gltools met all assessment criteria. Gltools could be more informative across all criteria. Few Gltools were available to help users assess resource needs or evaluate guideline use. Many Gltools were applicable to a variety of guidelines.

**Implications** We identified many ways to improve Gltools. Collaborative development and sharing of both generic
and condition-specific GItools could make efficient use of resources.

**065  PUBMED VS. GOOGLE SCHOLAR: A DATABASE ARMS RACE?**

M Thieme, A Effong, D Passey, U Ott, K Hegmann. University of Utah Rocky Mountain Center for Occupational and Environmental Health, Salt Lake City, USA

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**Background** Currently there are two widely used databases, PubMed and Google Scholar, are used for guidelines development. Research suggests PubMed is superior, however recent evidence suggests Google Scholar may have closed that gap. One family of journals reports 60% of their traffic is coming from Google Scholar.

**Objectives** Assess efficiency and completeness of searching for known moderate and high quality RCTs in PubMed and Google Scholar.

**Methods** Searches were performed by two experienced researchers using the same search terms to identify RCTs for a specific treatment. In a crossover design, one researcher performed the search in PubMed (PM1), the other in Google Scholar (GS1). Subsequently each performed the same searches in the other database (PM2 and GS2). Total numbers of articles identified, relevant articles found, and the time to complete were collected. Articles were compared to a known comprehensive list of 5 RCTs used for guideline preparation that was drawn from 6 exhaustive database searches.

**Results** GS1 identified 2 and GS2 identified 3 of the RCTs. PM1 identified 2 and PM2 identified 2 RCTs. PubMed and Google Scholar searches averaged 63 and 194 minutes to complete respectively.

**Discussion** Each database consistently identified one of the two highest quality studies, but neither database identified both. Differences are time is nearly 3-fold. No single search identified all quality studies. Additional trials are planned.

**Implications for Guideline Developers/Users** For comprehensive literature searches both databases should be searched.

**066  HOW ARE WE FEELING TODAY? THE SENSITIVITY OF A LITERATURE SEARCH FILTER FOR PATIENTS’ VALUES AND PREFERENCES**

1M Wessels, 2L Hielkema, 1Knowledge institute of Medical Specialists (KIMS), Utrecht, The Netherlands; 2Dutch College of General Practitioners (NHG), Utrecht, The Netherlands

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**Background** The patient perspective in guideline development is of vital importance. To find out what this perspective entails, different methods may be considered, such as participation of patients or their representatives in guideline development groups or in focus group discussions, or by conducting patient surveys addressing specific problems and needs. In addition, a review of the literature in the early stages of guideline development can provide relevant information. Literature search filters for patients’ perspectives and preferences applicable for Medline (OVID), PubMed, and Embase were developed and validated in 2012. The specificity was 98% but the sensitivity was only 90%.

**Objectives** To verify the sensitivity of the filters by means of a newly available ‘gold standard’.

**Methods** We re-estimated the sensitivity of the search filters by using the references of a recent Cochrane Review, Interventions for providing support to promote a patient-centred approach in clinical consultations 2012;(12):CD003267, as a gold standard.

**Results** The search filters for patients’ values and preferences retrieved 72 (Medline (OVID/Pubmed) and 67 (Embase) titles, respectively, out of 73 references included in the Cochrane Review (mean sensitivity 96%).

**Discussion** Applying filters for patients’ perspectives and preferences retrieved almost all references. Minor adaptations to the Embase filter were needed to enhance the sensitivity without compromising the specificity. Validation of filters is an iterative process, illustrating that filters are dynamic tools.

**Implications for Guideline Developers/Users** Availability of a validated tool for retrieving literature on patients’ values and preferences can support integration of the patient perspective in guideline development.