

endorsed in World Health Assembly (WHA) have the potential to better support national and subnational health systems guidance and policy development processes by including information about the contextual factors that can shape decisions about health systems.

Objectives To assess the extent to which WHO health systems guidance and the WHA technical documents include information about how to address a health system problem and how the health system arrangements and political system features can influence decision-making.

Methods We reviewed all WHO guidance published since 2008 to 2012 and WHA resolutions published from 2005 to 2012 and included those with a focus on health systems. Two reviewers independently screened and applied the selection criteria to all the documents and extracted the information following pre-established data-extraction forms.

Results 13 out of 78 WHO guidance and 14 technical documents out of 207 WHA resolutions had a health system's focus. Six WHO guidance and 12 WHA documents included information about how to address a health system problem. All WHO guidance included information about delivery arrangements but only three discussed financial arrangements. Two WHO guidance and five WHA documents discussed key features of political systems.

Discussions The inclusion of contextual factors, mainly financial arrangements of health systems and political systems features was infrequent among the reviewed documents.

Implications for Guideline Developers/Users It is necessary to understand better how to integrate these contextual factors in the process of global guidance development.

P210 CHANGES IN PERFORMANCE OF THE ADAPTATION METHODOLOGY USED FOR GUIDELINE DEVELOPMENT FROM 2002 TO 2012

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Background Guideline adaptation has always been the methodological basis of the German National Disease Management Guideline (NDMG) Programme. Although it allows highly efficient and resource-saving workflows, the NDMG development process becomes an increasingly time-consuming and resource-intensive challenge.

Objective The objective of the present project was to analyse the performance of the adaptation methods used for the NDMG guidelines development to identify the critical issues causing an extensive effort and to find possible coping solutions.

Methods We reviewed each NDMG method report from the beginning of the programme in 2002 to 2012. We extracted and evaluated the duration of the process, the number of source guidelines used and number and themes of additional literature searches over the course of years also in comparison of the first and second editions.

Results One of the 14 NDMGs was excluded because of missing adaptation method during the updating process. The comparison of first half of the programme between 2002 to 2007 and second half from 2007 to 2012 revealed an average duration of the development process of 22,7 versus 49,9 months. Until 2007 4,5 and after 2007 3,7 source guidelines were used on average. The number of topics of systematic literature searches has been

rising over the years. On average 5 additional searches were conducted in the last 5 years. 42% of all topics covered pharmacotherapy.

Discussion The adaptation methodology is still very useful and efficient. However, prioritisation and consensus processes and strict orientation on the selected source guidelines need to be optimised to reduce the increasing effort.

P211 SYSTEMATIC REVIEW AND QUALITY APPRAISAL OF CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME

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Background In Colombia, ischemic heart disease was the leading cause of death in people over 55 years of age. In the next five years, the Colombian population over 45 years of age will triple leading to an increase in the incidence and prevalence of atherosclerotic heart disease. Under this scenario, the Colombian Ministry of Health commissioned us the development of a clinical practice guideline (CPG) for the comprehensive treatment of patients with acute coronary syndrome (ACS). Therefore, as part of this process we conducted a systematic review and a quality appraisal of the published CPGs for this condition.

Methods By undertaking a systematic search of multiple databases, reviewing the reference lists of included studies and the input of experts, we identified CPG for ACS with and without ST elevation, published from 2005 to 2011. We assessed the quality of each guideline using the AGREE II instrument.

Results We identified 121 CPG and assessed the quality of 28 that met the inclusion criteria. The overall average for the 28 guides in all domains was: clarity of presentation 91%, reach and objectives 78%, methodological rigour 72%, stakeholder involvement 62%, editorial independence 72%, and applicability 44%. 11 of 28 guidelines had a low methodological rigour (score less than 60%).

Discussion The applicability of the guideline, that is, to provide clear identification of tools to implement the recommendations of the guideline, should be strengthened in the CPG for SCA.

P212 REVIEW OF SYSTEMATIC REVIEWS RELATED TO CLINICAL GUIDELINES IMPLEMENTATION

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Background Clinical guidelines should be implemented using evidence-based implementation strategies. However, guideline development programmes rarely allocate resources to perform evidence-based reviews of implementation strategies required to implement their guidelines. A streamlined approach to obtain such summaries of evidence in preparation for development of cardiovascular risk reduction guidelines sponsored by a national-level organisation was a review of systematic reviews (SRs) of implementation strategies.

Objectives To explore whether SRs of implementation strategies provide support for the effectiveness of these strategies. Methods Rx for Change database of the Canadian Agency for Drugs and