

Working with Guidelines

This month, MGP's Ivor Eisenstadt looks at the results from a new piece of research, which highlights the key issues that should be taken into account when supporting the NHS with guideline implementation. He examines the significant opportunities that exist around working more closely with NHS organisations in this area.

The research was carried out by inform pharma consulting with users of the *eGuidelines.co.uk* website. Of the 201 respondents, two thirds were doctors and the remaining third were nurses or pharmacists.

When asked about the major drivers for implementation of clinical guidance in their organisation, the most frequent response was PCT/PCO policy followed by national policy, and the National Service Frameworks (Figure 1). Once again, this highlights the importance of awareness of local priorities in addition to the national directives. Respondents commented that the drivers for the implementation of clinical guidance included good medical practice, professional clinical opinion, professional society guidance, the Royal

Colleges, and NICE.

Respondents reported that a guideline is more likely to be implemented successfully if it is based on strong evidence, developed by clinicians, and if its implementation will result in improved outcomes for patients (Figure 2).

Respondents commented that other critical factors in ensuring successful guideline implementation included: creating the time needed to implement change; having multidisciplinary input; ensuring that clinicians are under instruction to adhere to guidance; and putting appropriate incentives in place.

Interestingly, the two factors considered to be the least critical were the potential reduction in drug costs and that the

guideline fits with PCT or Trust strategic plan. These findings give encouragement to the pharmaceutical industry and particularly to those companies wishing to support guidance in disease areas not prioritised locally.

A significant majority of NHS organisations use their own or their PCT resources to implement clinical guidance (Figure 3). Far less reported using joint working with the industry, industry sponsorship, or third parties, at 17%, 13%, and 12%, respectively. This raises the following question: is this because organisations do not want to work with industry or because they have not had the right opportunities to do so?

When asked what support from the pharmaceutical industry would be welcomed, the clear favourite

was educational meetings (84%) (Figure 4). This was followed by support with website/electronic communications (47%), and local formulary/guideline development (42%). In view of the earlier finding that so few of the respondents currently use industry support, this response represents a significant unmet need, and hence opportunity, for the industry. Comments from respondents indicated a number of specific areas where support would be appreciated. These included: training, setting up working groups across primary and secondary care, forum events, and the loan of clinical staff to help set up new ways of working.

In answer to the question 'in which disease areas would you like support to implement clinical guidance?' the most popular

Drivers for implementation of clinical guidance

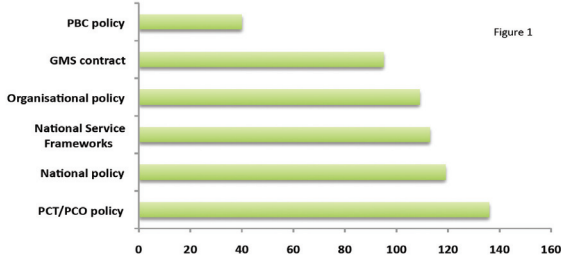


Figure 1

The most critical factors to ensure successful implementation of clinical guidance

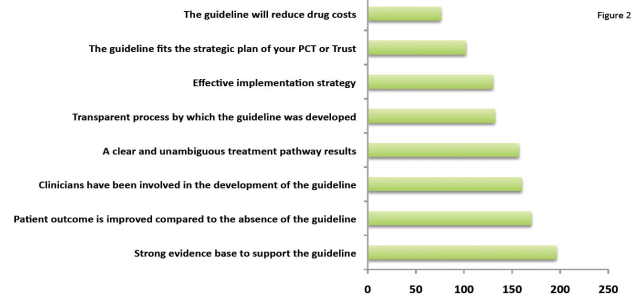


Figure 2

Method currently used to implement clinical guidance

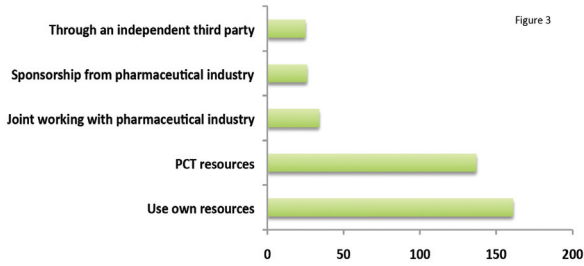


Figure 3

Ways in which pharmaceutical industry support with guideline implementation would be welcomed

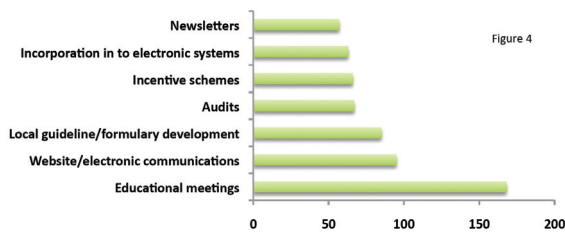


Figure 4

Disease areas where support is required with guideline implementation

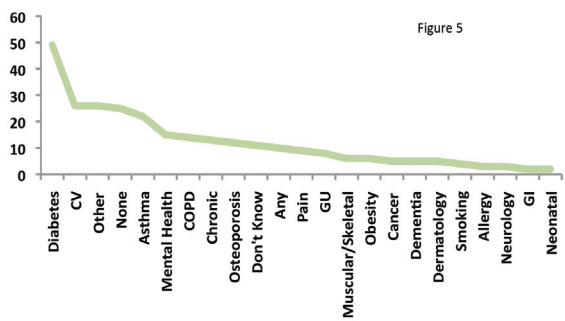


Figure 5

areas listed were diabetes and cardiovascular disease, followed by asthma, mental health, and COPD (Figure 5). However, it should be noted that a broad range of disease areas were mentioned, which may be expected given the drivers for implementing clinical guidance (Figure 1). This shows the importance of identifying those organisations that are most receptive in your particular area. A successful initiative with one of these organisations may then encourage others to follow suit, despite not initially considering the disease area to be a priority.

In comments received from respondents, other areas requiring additional support were listed as:

'All controversial areas where there is no existing guidance.'

'All chronic diseases.'

'Any disease area that requires patients to understand a change of treatment, when they would be perfectly happy as they are without the change.'

'Anything focused in primary care.'

'Common disabling conditions: musculoskeletal (other than back), e.g. OA knee; common mental health problems (stress/anxiety/depression).'

A word of warning though comes from a number of negative comments received in response to the question about whether industry support is required. These included:

'None from pharmaceutical companies—have had a bad experience in the past.'

'None from pharmaceutical industry until more open/better regulated.'

'I am not certain whether support is necessarily beneficial.'

Clearly the industry still has work to do in convincing some healthcare professionals that they can add value. This can only happen by ensuring that the support that is given is transparent, appropriate and genuinely meets their needs.

This research by Inform Pharma consulting suggests that the NHS organisations are currently not working with industry in implementing clinical guidance as much as they would like. The results flag up significant opportunities to engage with the NHS by providing support through independent third parties, joint working, and sponsorship. In particular, organisations would welcome help with educational meetings, electronic communications, and local guideline development across a range of disease areas.

Further information on the 'implementing clinical guidance' survey can be obtained from Neil Copping at: NeilC@informpharma.co.uk

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