

Working with Guidelines

Welcome to the second in a series of articles looking at the latest major guidelines that have been published and the implications for you as a pharmaceutical company representative. This month, Ivor Eisenstadt explores how you can make the most of the opportunities presented by guidelines for the promotion of your product.

Over the past two months a number of notable pieces of guidance have been published. Four of these have been summarised opposite, and they represent potential opportunities for those products that are positively positioned in the guidance.

As covered in the first article in this series, there are a number of perceived barriers that you may need to overcome when helping to ensure the implementation of a particular piece of guidance. By recognising these barriers you will be able to develop strategies and services to support the implementation of the guidance and so help to change the clinical behaviour of the healthcare professionals you work with.

Lack of knowledge

You must never assume that because a piece of guidance has been published, your customers will know all about it and will act on it. This can be likened to assuming that a new drug will be known about and prescribed just because it has been launched. You must find multiple ways to communicate the guideline recommendations, using as many channels and opportunities as you can to disseminate the guidance to the appropriate target audiences. Suitable dissemination might include:

- distributing reprints of the guideline
- supplying articles about the guideline written by guideline development group members or experts in the field
- providing tailored educational materials such as summary cards and posters.

It is important to take full advantage of the materials provided to you by head office. Appropriate use of these items can help to create access opportunities and increase your credibility and value to customers.

You could also develop appropriate local educational materials to raise awareness of the guidance. This might include working with PCOs, clinical networks and hospital departments to develop care pathways and documents relating guidance to locally-agreed policy.

Sponsoring local workshops and meetings to introduce a guideline, highlight specific recommendations, and explain how to implement them can also be of value.

Lack of budget

The funding rules relating to guidance will vary depending upon the guidance source and type. You will need to be clear on these for the guidance that you are working with, and we will be covering this

subject in more depth in a future article in the series.

There is a risk that decisions will be based on the obvious costs such as those relating to drug treatments and that the indirect savings, such as reduced in-patient time, may be overlooked.

One way to help overcome this is to provide costing tools to support putting the guidance into practice. Such tools might include costing templates allowing you to demonstrate significant cost impacts and potential savings at local and national levels.

Resistance to change

Resistance to change may be due to a number of reasons, including the perception that:

- too much change is already occurring
- they are too busy
- they have more important priorities (e.g. QOF)
- there is no need for change.

To ensure that your clinicians act on the guidance, you must create real interest in its implementation.

In particular you will need to:

- identify the local opinion leaders with a positive interest in implementing the guidance and work closely with them to generate local support
- communicate the patient

benefits resulting from implementing the guidance in order to raise the importance of focusing on this particular area of practice. Spreading the successes and benefits achieved by other PCOs, practices or departments that you work with is one of the best ways of generating interest in the guidance.

- reduce the perceived costs and resource requirements (see below), making it as easy and painless as possible to realise the benefits.

It is important to help share learning from one locality to another. By finding out what is working in one PCO, practice or hospital department you can share this with others and make successful implementation appear both realistic and achievable.

Lack of access to necessary resources

Guidance may not be fully taken up due to the perception that significant additional resources such as staff, equipment or space would be required.

Helping to facilitate the setting up of a working group of interested parties from appropriate clinical networks, hospital departments, PCOs, PBC groups and practices will enable resource issues to be highlighted and potential solutions

identified. You may even be able to help set up local collaborations to share resources where these are lacking. The key to driving this process is to identify influential local champions for the guidance and to work closely with them. Additionally, if you can find the ways in which other PCOs, practices or hospital departments are overcoming the resource issues, you can help to spread this information.

Of course, you might be in a position to put up a case to your head office to help provide the required resources. Any such support would need to follow:

- The ABPI Code of Practice
- Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations – prepared by the Medicines, Pharmacy and Industry Group and published by the Department of Health in February 2008.

I will return to this important latter document and look at specific ways of developing joint working arrangements to support the implementation of clinical guidance in the next article in this series.

Ivor Eisenstadt is Managing Director of MGP, the publishers of Guidelines, Guidelines in Practice and Medendum. Its medical education division, Connectmedical, provides opportunities for companies to support healthcare professionals in their pursuit of best practice.

For further details contact Ivor on 01442 876100 or email: ivor.eisenstadt@mgp.ltd.uk

The diagnosis and acute management of stroke and transient ischaemic attacks

Guidance type: NICE

Clinical Guideline

Date issued: July 2008

Expected review date:

TBC

Web address: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12018>

Summary

The advice in the NICE guideline covers:

- how healthcare professionals should recognise the symptoms of a stroke or transient ischaemic attack (TIA) and make a diagnosis quickly
- when people should have a

brain scan and other types of scan

- specialist care for people in the first 2 weeks after a stroke
- drug treatments for people who have had a stroke
- surgery for people who have had a stroke.

Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care

Guidance type: NICE

Clinical Guideline

Date issued: July 2008

Expected review date:

TBC

Web address: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12015>

Summary

This clinical guideline is on the appropriate prescribing of antibiotics for respiratory tract infections (RTIs) in adults and children in primary care. The guideline recommends that alternative prescription strategies are used for patients

with RTIs who present in primary care and other first face-to-face contact healthcare settings such as emergency departments and walk-in centres. Specific recommendations are made for when each of these strategies should be employed.

Rimonabant for the treatment of overweight and obese patients

Guidance type: NICE

technology appraisal 2008

Date issued: June 2008

Expected review date:

NICE will consult on their review plans for this guidance in April 2010.

Web address: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12000>

Summary

Rimonabant is recommended as a possible treatment for adults who are obese (that is, who have a BMI of 30 or more) or who are overweight (BMI of 27 or more) and have risk factors, such as type 2 diabetes or high levels of cholesterol.

Rimonabant should be used at the same time as a calorie-controlled diet and exercise in people who have tried the weight-loss medicines orlistat and sibutramine, but they haven't worked or cannot be taken because side effects have occurred or are expected.

Antibiotic prophylaxis in surgery

Guidance type:

SIGN guideline

Date issued: July 2008

Expected review

date: The guideline will be considered for review in 2011.

Web address: <http://www.sign.ac.uk/guidelines/fulltext/104/index.html>

Summary

This guideline makes recommendations on best practice in the use of peri-operative prophylactic

antibiotics to prevent surgical site infections (SSI). SSI is a major cause of healthcare-acquired infection. With the shortage of new antibiotics and the increasing problem of multidrug resistance there is an ever-increasing need to restrict the use of antibiotic prophylaxis to those operations where it is most likely to be of benefit and also to limit the duration of prophylaxis, usually to a single dose.

Other areas of concern such as antibiotic allergy, cost-effectiveness and meticillin-resistant Staphylococcus aureus (MRSA) are considered. Appropriate antibiotic prophylaxis for specific operations is detailed. The use of specific antibiotics is not generally discussed as appropriateness will depend on local factors such as availability, resistance and policy.



Would your brand campaign benefit from the educational support of a clinical guideline?

**If so, please contact Ed Senior or Ben Mansfield at MGP
ed.senior@mgp.ltd.uk ben.mansfield@mgp.ltd.uk Tel: 01442 876100**