AN INTRODUCTION TO SIGN

Who we are

Scottish

Intercollegiate

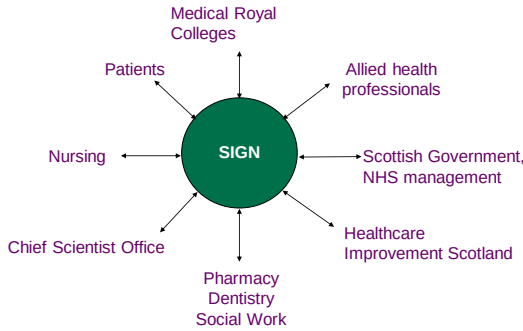
Guidelines

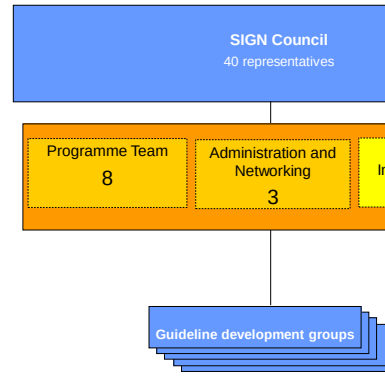
Network

Clinically led initiative established in 1993

Clinical leadership from SIGN Council

Part of Healthcare Improvement Scotland *(public funding, professional ownership)*

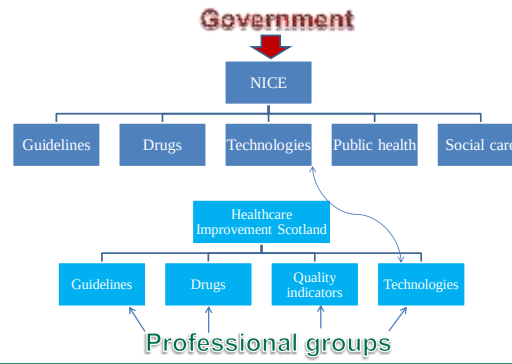




SIGN programme

- **1st** guideline, *Prophylaxis of Venous Thromboembolism,* published in 1995
- **129th** guideline, an update of SIGN 88, *Management of Bacterial Urinary Tract Infections,* published July 2012

WHY ARE WE NOT NICE?



WHAT ARE GUIDELINES?

"Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options".

Clinical practice guidelines we can trust. Institute of Medicine, 2011.

WHY DO WE NEED GUIDELINES?

National vs. local guidelines

The problem:

Guidelines are most likely to be scientifically ***valid*** if they are developed by a ***national*** group representing all key disciplines ...

... but more likely to be ***valued*** and thus effective in changing medical practice if there is ***local involvement*** in their development and ***local ownership*** over the implementation process

National vs. local guidelines

The Scottish solution:

SIGN develops ***national guidelines*** to a standard methodology to maximise validity

The national guideline is then critically reviewed and adapted at a local level for ***local implementation***

HOW DOES SIGN DEVELOP GUIDELINES?

Key elements of the SIGN methodology:

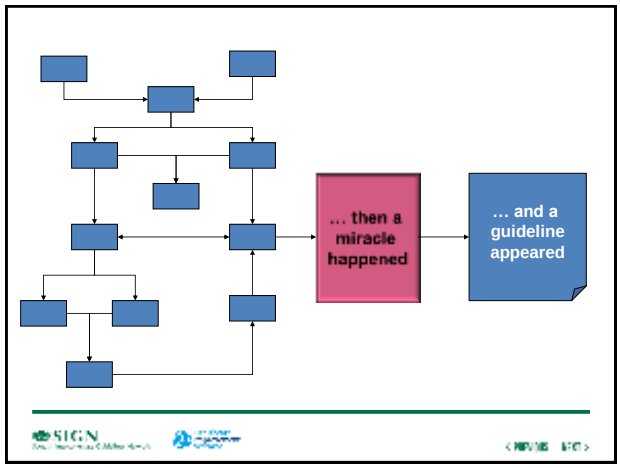
- Composition of guideline development group
  Guidelines are developed by multidisciplinary nationally representative groups
- Identifying and synthesising evidence
  A systematic review is undertaken to identify and critically appraise the literature
- Methods of developing guideline
  Recommendations are explicitly linked to the supporting evidence

INVOLVING PATIENTS

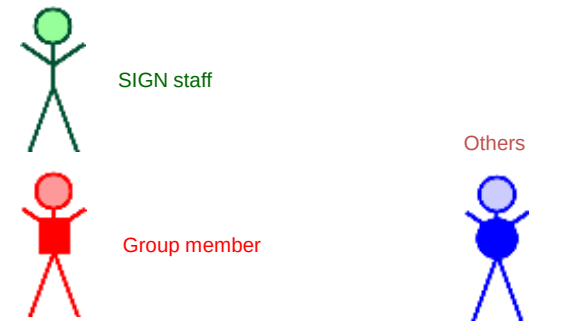
Identifying **patient and carer concerns** and views **prior to** drafting the key questions

Obtaining & **listening to patient views** throughout the guideline development process by:

- **recruiting** patients / carers / voluntary organisation workers to guideline groups
- consultation processes (**National Meetings and peer review**)

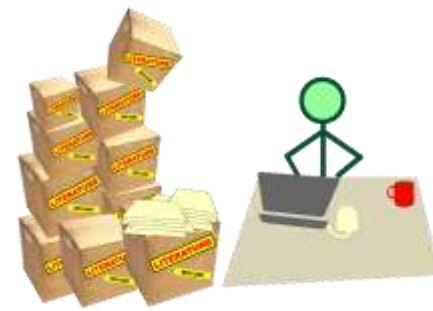


THE *ACTUAL* PROCESS



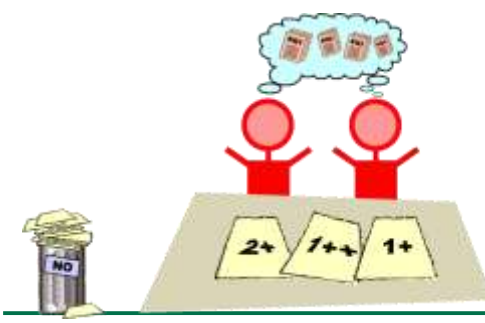
SETTING KEY QUESTIONS

CARRYING OUT THE LITERATURE SEARCHES



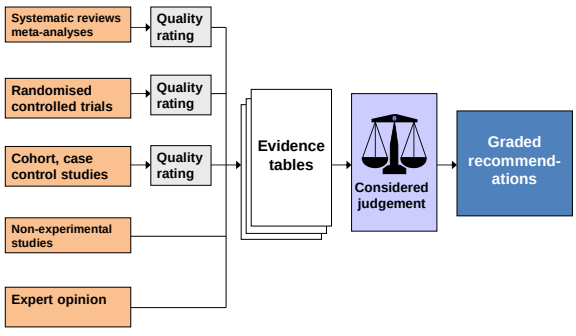
SIFTING THE LITERATURE

APPRAISING THE LITERATURE

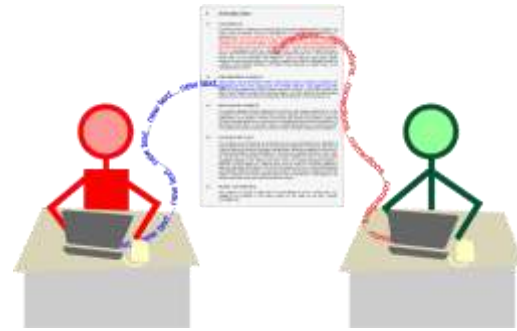


PRODUCING EVIDENCE TABLES

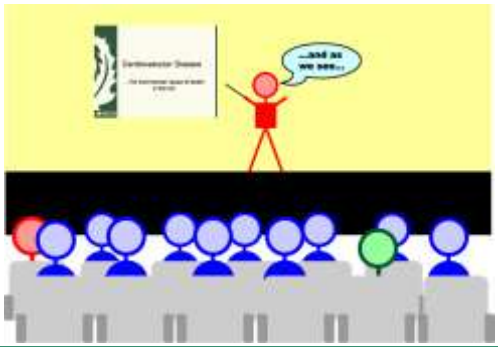
CONSIDERED JUDGEMENT



DRAFTING THE GUIDELINE



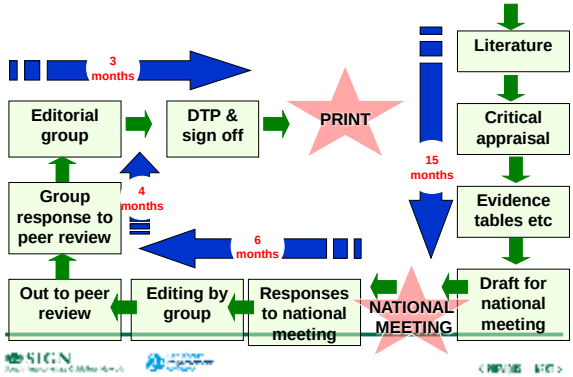
THE NATIONAL MEETING



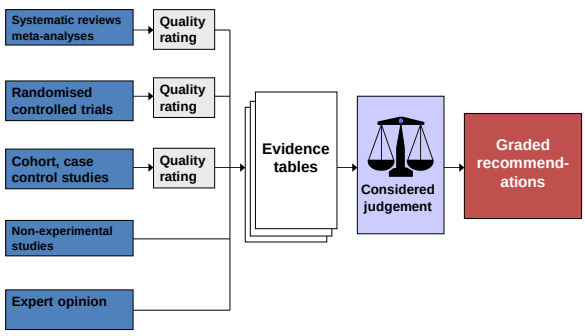
PEER REVIEW

SIGN EDITORIAL GROUP

PUBLICATION AND LAUNCH



FROM EVIDENCE TO RECOMMENDATIONS



TRADITIONAL MODEL

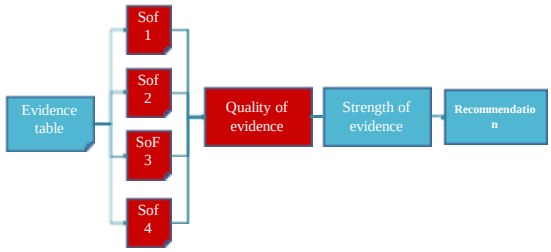
Appraise individual papers for methodological quality

Summarise data from all relevant papers that meet quality standard

Consider overall quality of evidence and what it says

Recommend course of action, with recommendations graded according to **level of evidence** (= quality of studies)

Revised methodology



WHAT INFLUENCES JUDGMENTS ABOUT QUALITY?

Considerations:

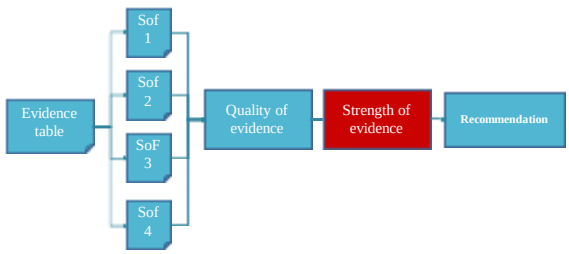
- Type of study
- Number of patients
- Quality of research
- Bias & influence
- Strength of effect

Quality of evidence

- Balance of benefits and risks
- Patient values and preferences
- Role of experience, expertise, etc

Strength of evidence

Revised Methodology



WHAT INFLUENCES JUDGMENTS ABOUT STRENGTH?

Considerations:

- Type of study
- Number of patients
- Quality of research
- Bias & influence
- Strength of effect

Quality of evidence

- Balance of benefits and risks
- Patient values and preferences
- Role of experience, expertise, etc

Strength of evidence

STRENGTH OF RECOMMENDATION

- Do it
- Probably do it
- Recommend further research
- Probably don't do it
- Don't do it

THE PRESSURE, PRESSURE...

INCREASING COMPLEXITY

- Review methods getting more complicated
  - eg Indirect comparison reviews / network meta analysis
    - Very specialised
    - Difficult to evaluate
    - Easily misinterpreted by panel members
- Grading systems getting more complicated
  - GRADE requires more sophisticated understanding of evidence than previous systems

THE NEED FOR SPEED

- Full national guideline can take 24 months to complete
  - (Unrealistic) demands for response to critical issues in one month
- Cochrane review (or similar) takes several months
  - Development of 'rapid reviews'
    - No agreement on standards
- Increasing pressure on time for healthcare professionals
  - Reduced commitment to things like guideline panels

COMPETING DEMANDS

- Pragmatic approach rather than the scientific ideal?
- How good is 'good enough'?
- "Sell" evidence-based medicine to decision makers.
- Smarter ways of working
  - More use of information technology
    - Smartphone apps, web based teleconferencing
- More work sharing
  - Review work (Cochrane, NICE, Share evidence tables (GINDER), summaries of findings (GRADE)

LAST BUT NOT LEAST...

IMPLEMENTATION

- Guidelines are useless unless implemented!
- Plan implementation as part of development process
- Involve guideline panel in implementation plans – they will be the strongest advocates
- Have a strategy in place to publicise guideline to healthcare workers **and patients**
- Aim to tie in with other activities / publications
  - Care pathways, regional /national strategies