Implementing GRADE in an established national guideline programme
Some context

- Massive organisational change
  - Work programme development
  - Format / type of guideline changing
  - Financial issues
  - Job security issues
  - Lots of uncertainty

- Introduction of GRADE about organisational change as much as methodological change
Phase 1 - Management

- SIGN Council
  - Representatives from all healthcare and patient bodies in Scotland
  - Final arbiters of SIGN methodology
- Two failed attempts to propose change
- Third attempt (2009) successful partially due to external pressures (growing awareness of GRADE)
Phase 2 - Staff

Anger

Denial

Resistance
Phase 2 - Staff

Anger

Denial

Resistance

Acceptance
Phase 2 - staff

- Explain process
  - A hard sell

- Get external input
  - Cochrane, NICE, HPS

- Feedback (moaning) session

- Address issues raised

- Involve people
Key issues

What do we mean by “adopting GRADE”?
- Set out statement of principles

Don’t mention GRADE!
- “Updating our methodology (to take account of GRADE)”
Where we are now

Identify evidence
- Outcomes
- Lit review
- Evidence table/SoF

Considered judgement 1
- Quality of evidence

Considered judgement 2
- Strength of evidence
Where we are now

Two groups started
• Initially popular

Considered judgements
• Training in development

General acceptance
• Of change
• Of GRADE
Phase 3 – User communities

- Still to agree on how to present recommendations
- Accepted as objective by NHS QIS
- To build marketing strategy for NHS Scotland before first guidelines appear
Key factors for success?

(Bearing in mind that we have not succeeded yet!)

- Have at least one advocate / early adopter
- *Informed* management backing