

Living Guidelines The SIGN experience

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What is the purpose of guidelines?

SIGN aims for:

- Guidelines that are used throughout NHSScotland to impact on patient care and outcomes, in order to:
 - reduce variation in practice
 - promote good practice
 - ensure care is evidence based
 - increase patient awareness.

Barriers to achieving this aim (CRAG Survey 2002)

Local issues:

- Issues relating to audit, protocols, local guidelines and implementation strategies
- Clinician dissent
- Poor information
- Lack of facilities

Other issues:

- New evidence
- Knowledge deficits
- Patient expectations
- Impractical recommendations
- Funding issues
- Lack of coordination at national level between guidelines and clinical standards

Why are we interested in living guidelines?

- Guidelines go out of date
 - Can lead to reduced confidence in the recommendations made
 - Can lead to reduced use
- Guidelines that are not used are not worth producing in the first place!
- Reviewing an entire guideline is a lot of work!

Why are we interested II

- Living guidelines address this issue by being:
 - updated regularly
 - easily accessible on the web/ ebooks
 - possibly cheaper (less meetings, no print costs)
 - work for individuals/SIGN should be less after initial guideline published

Asthma Living guidelines - background

- Review of SIGN asthma guidelines & complementary BTS asthma guideline undertaken in collaboration with British Thoracic Society
- UK wide group formed 1999
- Guideline published in Thorax February 2003
- November 2003 SIGN Council & BTS approved the concept of the living guideline with 3 updates
- First update published on web April 2004
- 7000 downloads of full guideline every month from SIGN website

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British Guideline on the
Management of Asthma

BMJ
Publishing
Group



Scottish Intercollegiate Guidelines Network
The British Thoracic Society

British Guideline on the
Management of Asthma
Quick Reference Guide



May 2004

British Guideline on the Management of Asthma

A national clinical guideline

British Thoracic Society
Scottish Intercollegiate Guidelines Network



Revised edition April 2004

1 Introduction

The first British guidelines on asthma management in adults were published in the British Medical Journal in 1990 after a joint initiative between the British Thoracic Society (BTS), the Royal College of Physicians of London, the King's Fund Centre, and the National Asthma Campaign.^{1,2} These were updated in 1993 with the addition of guidelines on childhood asthma³ and further updated in 1995.⁴ The Scottish Intercollegiate Guidelines Network (SIGN) published its first asthma guideline in 1996⁵ and has subsequently published on primary care management of asthma in 1998⁶ and management of acute asthma in 1999.⁷

Both the BTS and SIGN have recognised the need to update their asthma guidelines, using evidence-based methodology, to cover all aspects of asthma care. It was agreed that the two organisations should jointly produce a comprehensive new guideline, the process being further strengthened by collaboration with the National Asthma Campaign, the Royal College of Physicians of London, the Royal College of General Practitioners, the General Practice Airways Group, and the British Association of Accident & Emergency Medicine. The outcome of these efforts is this new British Guideline on the Management of Asthma.

2004 → The new guideline has been developed using SIGN methodology, adapted for UK-wide development.⁸ The electronic searches extended to 1995, although some sections required literature searches to go as far back as 1966. The Pharmacology section utilised the North Of England Asthma Guideline to address any key questions on adult pharmacological management covered by that document. The North of England Guideline¹² literature search covered a period from 1984 to December 1997, and SIGN augmented this with a search from 1997 onwards.

The levels of evidence and grades of recommendation used in this guideline are detailed in Table 1.⁹ Overall, it is noted that the grade of recommendation reflects the strength of the evidence and not necessarily to the clinical importance of the recommendation. Where there are only low grade recommendations in important clinical areas, this should be seen as a stimulus to further rigorous research.

The aim of the guideline is to provide comprehensive advice on asthma management for patients of all ages in both primary and secondary care, that will be of use to all health professionals involved in the care of people with asthma.

2004 → The April 2004 version of the guideline is based on a literature search dating up to and including March 2003. This updated version has been published in electronic format only. A further electronic update is scheduled for 2005.

1.1 STATEMENT OF INTENT

This guideline is not intended to be construed or to serve as a standard of medical care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. These parameters of practice should be considered guidelines only. Adherence to them will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor, following discussion of the options with the patient, in light of the diagnostic and treatment choices available. However, it is advised that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

Issues I

- Management, monitoring and record keeping with virtual group
 - Steering group meet twice per year
 - Others do not meet with SIGN staff
- Ongoing commitment for guideline group members
 - Succession planning and training requirements
 - Risk of bias in group selection
- Prioritisation of areas to be updated each time
 - Cannot update every section every year
 - Do the key questions remain valid?
- Cut-off dates for literature review
 - Searches need to be planned on a yearly cycle
 - If not they never go away

Issues II

- Changes in Methodology
 - Need to incorporate without compromising the parts of the guideline that have not been updated
 - May require rewriting or use of parallel systems
- Awareness raising of a web based update
 - Need to ensure that those who use the print versions are able to access the updates easily
- Exit strategy
 - Need to identify the point at which no further updating is useful
- People count
 - The personalities of the two co-chairs have been fundamental to the success of this project

The future

- Germany & Australia becoming involved in this living guideline
- SIGN is planning to try the process out in another area, but only after we have learned more lessons from the second update...

Discussion topics

- Is this the way forward for all guidelines?
- If not, is it the way forward for a particular type of guideline?
- How to prioritise the areas to be updated each year?
- Is this a role for G-I-N?