



# Sosial- og helsedirektoratet

**The role of the authorities in formulating guidelines**  
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# What are guidelines?

# What is your notion of guidelines?

- Procedures?
- Protocols?
- Routines?
- Handbook?
- Recommendations?
- Circular?
- Something based on unwritten truths?
- Something different?

# Definition of guidelines:

- Guidelines are systematically developed recommendations to help the health professionals and patients in making decisions concerning the relevant treatment of defined clinical conditions

(from AGREE instrumentet, NIH)

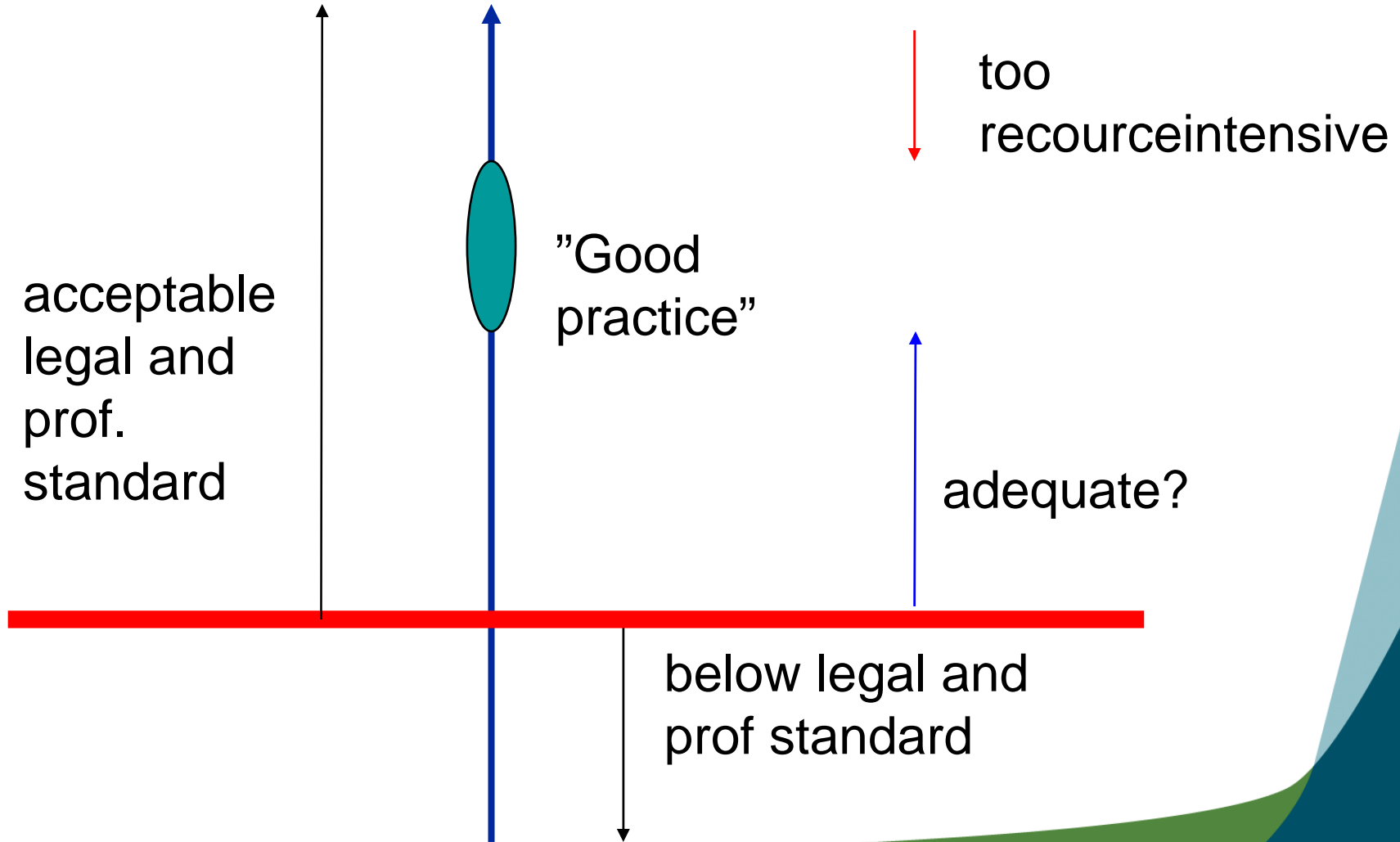
# What is the purpose of guidelines?

1. The purpose of guidelines is to provide clear recommendations with a view to enhance the professional performance.

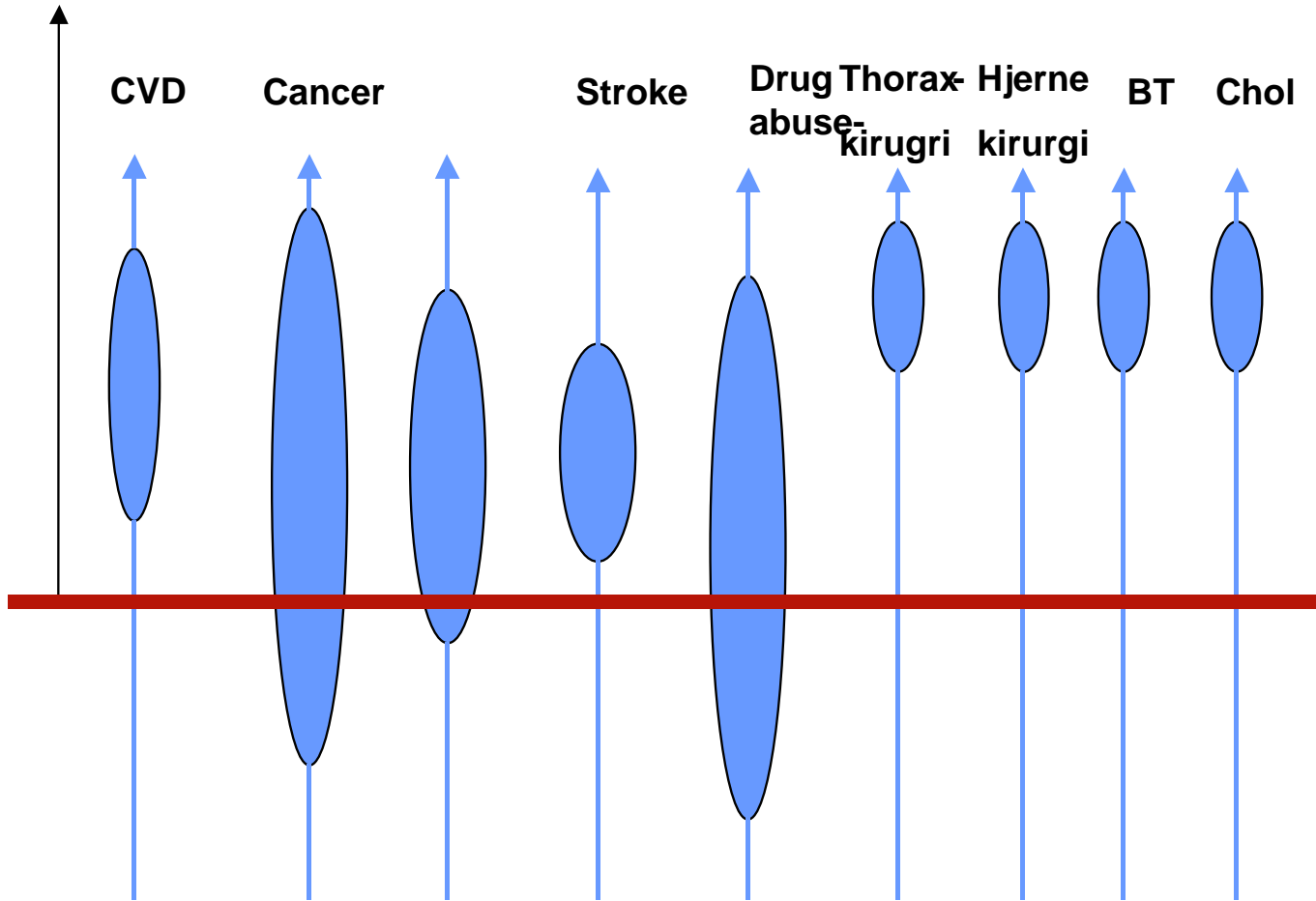
# How do guidelines promote enhanced professional performance?

- Disseminate new knowledge
- Preserve the tried and tested methodology
- Source of valuable experience
- Help one to have an overview of the field
- Represent the best available professional judgement
- Represent the best possible with respect to the professional and economic priorities
- Reduce the occurrence of undesirable variations in treatment
- Promote patient involvement

# Quality



# Real practice?





# Quality:

## A quality health service is

- Efficacious
- Safe
- Well coordinated with other relevant sectors
- Designed to enable active patient involvement
- Equitable
- Effective in its use of resources

National strategy for quality improvement in health and social services

# How to achieve these goals..

- Better organisation and leadership
- Quality improvement a part of the curriculum of health and social service personnel
- Regular monitoring and assessment of the services
- Enhancing the professional competence of the personnel
- Greater user involvement

Health personnel are responsible for ensuring professionalism and quality of the services.

- **To achieve these goals, they need:**
- Aids to facilitate good decision making
- Easy access to relevant information about the problem involved
- To know the official position concerning the resolution of a problem
- To be allowed to determine the appropriate response on a case by case basis

# International time lines and trends:

- Phase one:
- U.S.A. - 1970's.
- Regional differences in service quality observed
- Rising costs threatened the service
- New technology raised expectations, but it was expensive
- Unnecessary interventions were carried out

## Phase two:

- The National Institute of Health (NIH) in USA developed national guidelines, paying particular attention to public health issues, and to other areas where there was no agreement among the professionals.
- In 1976, the Canadian Task Force on Preventive Health Care was established. It was the first to present national guidelines, where the knowledge on which they were based, were graded according to the 'strength of evidence'

## Phase three:

- In the 1980's, formulation of consensus-based national guidelines became wide-spread in Europe
- The increased accessibility of data-bases like MEDLINE at the end of the 1980's, gave a greater impetus to the development of national guidelines based on evidence.
- The Agency for Health Care Research and Quality (AHRQ) in USA led the development of a strict methodology for formulating national guidelines.

## Phase four:

- Involvement of the global and regional organisations like the European Council, EU, and WHO.
- Establishment of the Guidelines International Network.
- An international agreement on methodology for formulating national guidelines
- Increased emphasis on evidence-based national guidelines - Cochrane.

# What do we all agree about when formulating our national guidelines?

- National guidelines must be based on solid evidence.
- A considerable portion of the knowledge-base used in formulating national guidelines is common to all.
- The importance of inter-sectorial cooperation, and the involvement of the patients.
- Better planning to avoid duplication.
- The importance of implementability and openness.



# Purpose and bindings

- Guidelines are intended to influence practice
- How.. depends on who lays down the guidelines.
- Guidelines proposed by the industry may be construed as a means of promoting its products
- Guidelines layed down by professional groups may be suspected of being the means to retain or enhance their professional status.
- When an administrative body develops guidelines, it may be suspected of planning for the common, rather than the individual benefit.

# Government tools of influence

- Parliamentary acts and ordinances
- Grants and other methods of financing
- Organisation of the administration
- Working plans
- *Guidelines*
- Manuals and handbooks
- Supervision
- Licensing
- Incentives for improvement

# National guidelines help to improve the health services by:

- Providing the political leaders, administrators, professionals and the public compilations of knowledge and experience, on which sound decisions can be based.
- Bringing together diverse professions and achieving consensus.
- Providing the norms of good practice, and serving as the baseline for improvement.

# Which guidelines should the health authorities make?

- Intersectorial and interdisciplinary guidelines
- Treatment across diff levels of the health services
- Those which are resourcintensive
- Resourcintensive treatments
- The professional stakeholders must take part in the proses

# The role of Health Authorities

- Prioritisation of areas to be covered by guidelines in consultation with relevant professional bodies
- Initiate development of guidelines
- Coordination of the work connected with guideline development nationally

# What other bodies should develop guidelines?

- Regional and local health enterprises (hospitals)
- Local Health Authorities
- Professional bodies
- Universities and Colleges
- Patient interest organisations?
- The Norwegian Directorate for Health and Social services may provide guidance on methods and financial assistance

# Professional and legal status of national guidelines in Norway

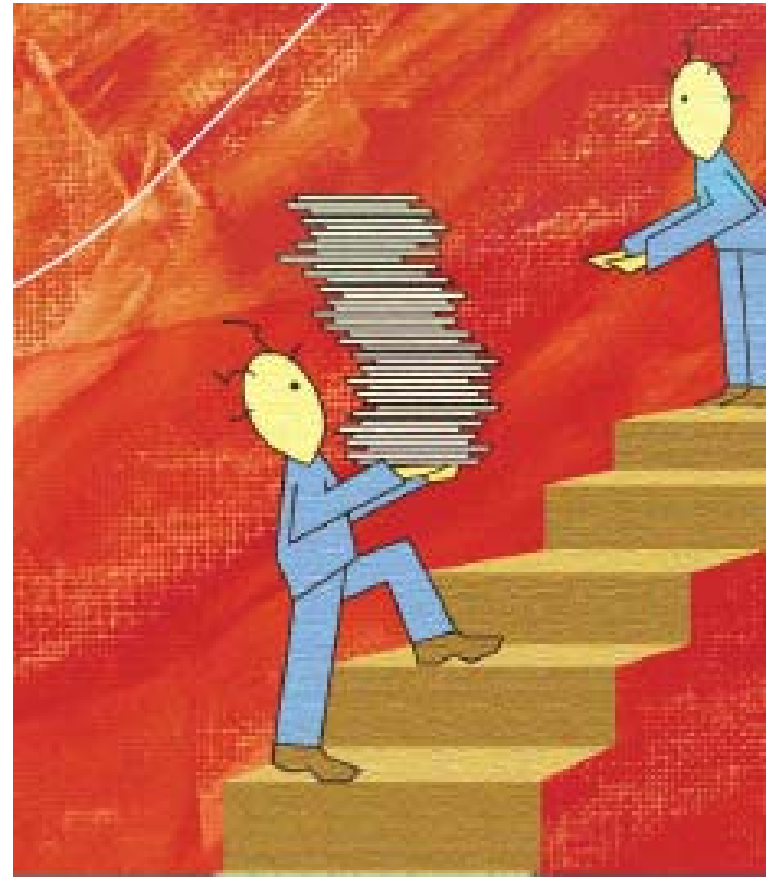
- Guidelines provide information on "good practice" at the time of publication
- Guidelines are intended to be recommendations and advice
- Guidelines are aids to sustain the professional standards and quality of service

- Although not legally binding, they can greatly influence professional decisions
- Adherence enables one to maintain the high professional standards required by the law
- Significant deviations thereof require documented reasons



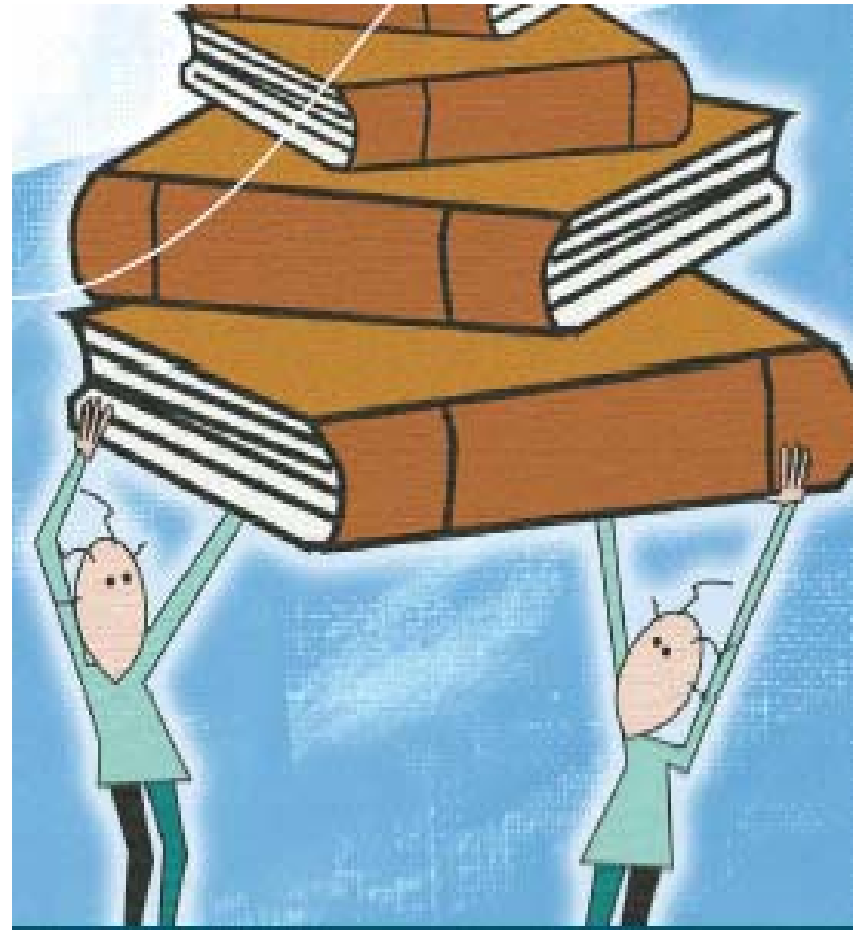
# Key points to remember when developing guidelines.

- Implementability
- Ease of evaluation
- Ease of updating
- Guidelines must be aimed at the practice
- Guidelines must be based on sound knowledge
- Inter-disciplinary cooperation
- Clarity and accessibility
- Patient involvement

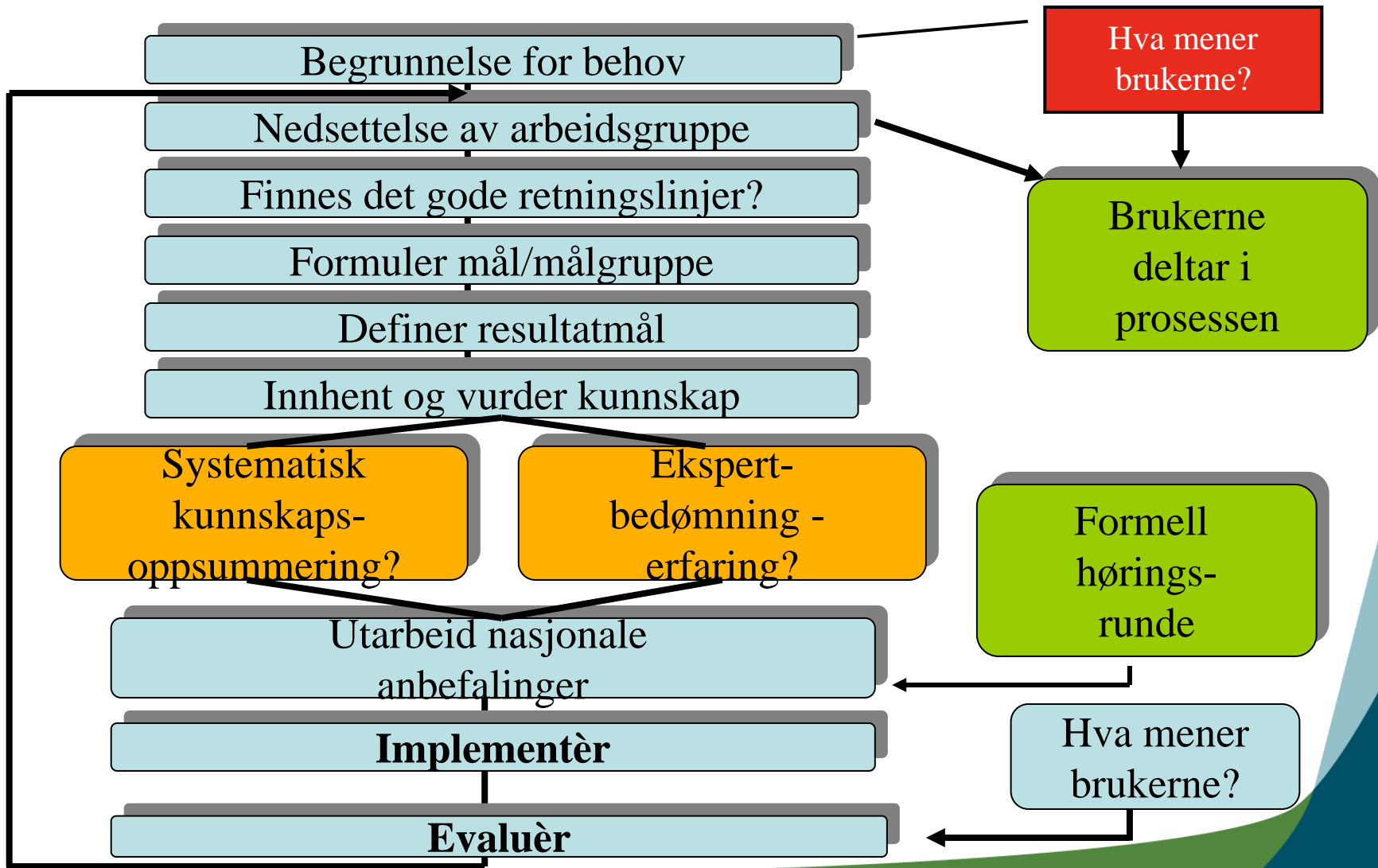


# Challenges

- **Appropriate knowledge management**
- **Making the knowledge accessible**
- **Synthesis of professional, political and financial aspects.**
- **Implementability and openness**
- **Responsibility for implementation**
- **Credibility and cooperation**
- **Updating**
- **Utilisation of information technology**

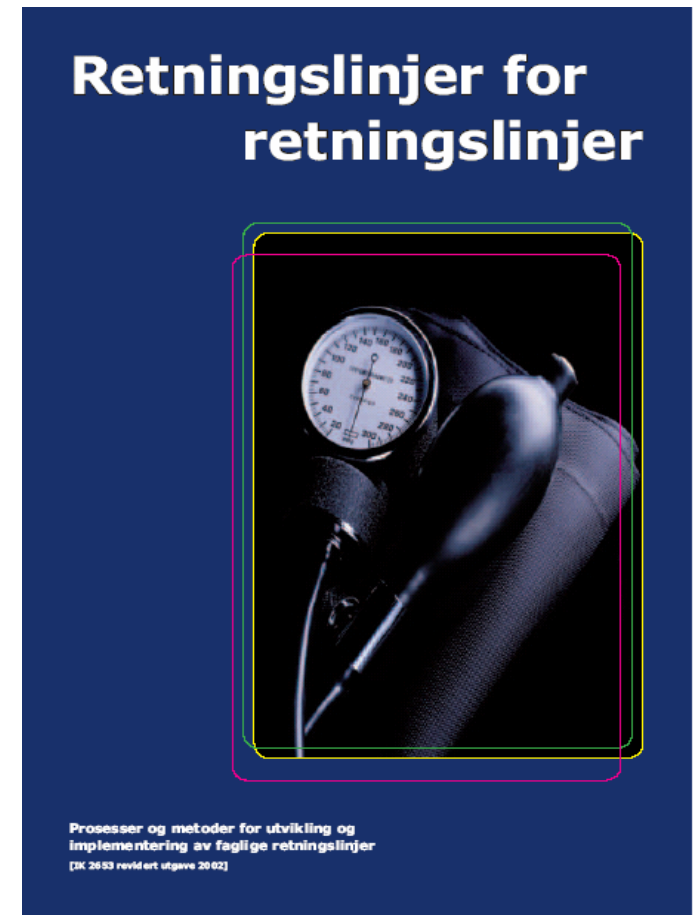


# Skjematisk prosess



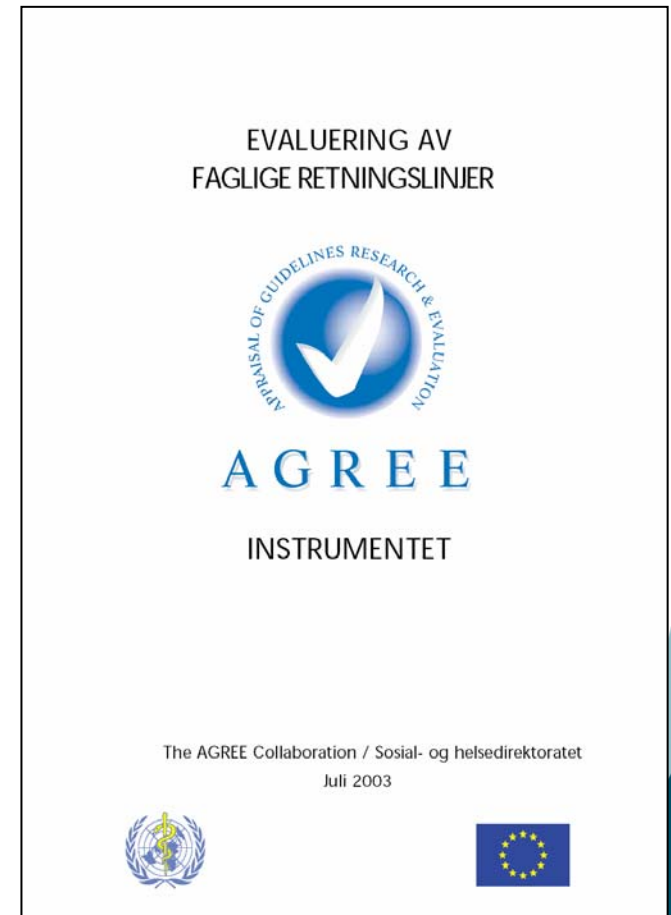
# Guidelines for guidelines

- processes and methods
- development of guidelines
  
- [http://www.shdir.no/publikasjoner/retningslinjer/retningslinjer\\_for\\_retningslinjer\\_2912](http://www.shdir.no/publikasjoner/retningslinjer/retningslinjer_for_retningslinjer_2912)



# AGREE

- Appraisal of Guidelines Research and Evaluation
- <http://www.agreecollaboration.org/>
- Useful as a tool before starting making new guidelines
- Available in german
- <http://www.agreecollaboration.org/pdf/de.pdf>



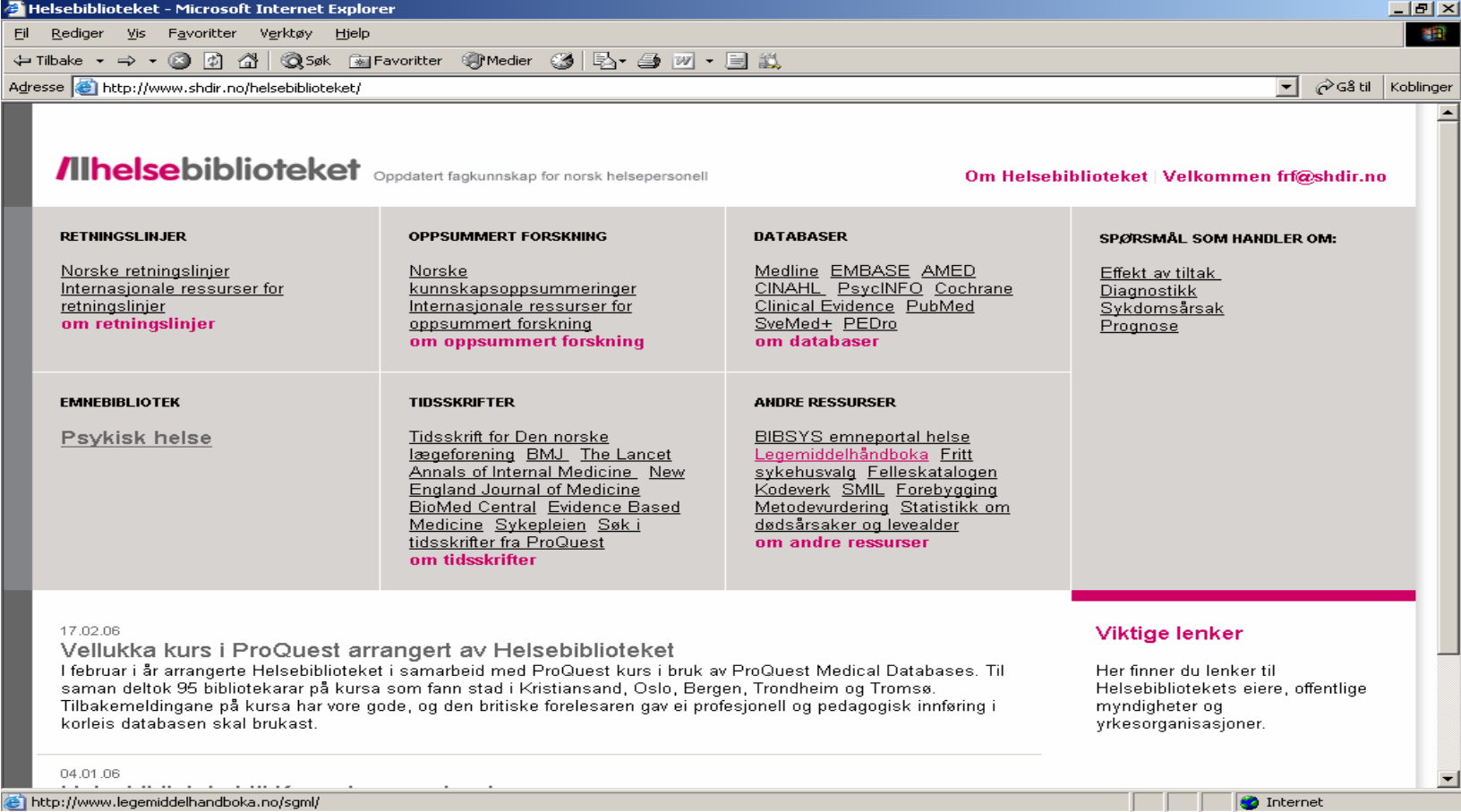
# Criteria for the selection of areas to be covered by new guidelines

- Professional disagreement on method of treatment or care
- Ensure equity
- Number of patients affected
- Professional standard in use is below par
- Politically prioritised areas
- Resourceintensive treatments

# Norwegian electronic health-library

- Accessible: [www.helsebiblioteket.no](http://www.helsebiblioteket.no)
- Launched 060606
- Reference databases and more than 1000 periodicals
- Clinical evidence
- Sublibraries by specialities under development, psychiatry, public health, poisoning, cancer etc.
- Free access to all norw. health personell

# Helsebiblioteket



**Helsebiblioteket** Oppdatert fagkunnskap for norsk helsepersonell Om Helsebiblioteket | Velkommen frf@shdir.no

<p><b>RETNINGSLINJER</b></p> <p><a href="#">Norske retningslinjer</a> <a href="#">Internasjonale ressurser for retningslinjer</a> <b>om retningslinjer</b></p>	<p><b>OPPSUMMERT FORSKNING</b></p> <p><a href="#">Norske kunnskapsoppsamlinger</a> <a href="#">Internasjonale ressurser for oppsummert forskning</a> <b>om oppsummert forskning</b></p>	<p><b>DATABASER</b></p> <p><a href="#">Medline</a> <a href="#">EMBASE</a> <a href="#">AMED</a> <a href="#">CINAHL</a> <a href="#">PsycINFO</a> <a href="#">Cochrane</a> <a href="#">Clinical Evidence</a> <a href="#">PubMed</a> <a href="#">SveMed+</a> <a href="#">PEDro</a> <b>om databaser</b></p>	<p><b>SPØRSMÅL SOM HANDLER OM:</b></p> <p><a href="#">Effekt av tiltak</a> <a href="#">Diagnostikk</a> <a href="#">Sykdomsårsak</a> <a href="#">Prognose</a></p>
<p><b>EMNEBIBLIOTEK</b></p> <p><a href="#">Psykisk helse</a></p>	<p><b>TIDSSKRIFTER</b></p> <p><a href="#">Tidsskrift for Den norske lægeforening</a> <a href="#">BMJ</a> <a href="#">The Lancet</a> <a href="#">Annals of Internal Medicine</a> <a href="#">New England Journal of Medicine</a> <a href="#">BioMed Central</a> <a href="#">Evidence Based Medicine</a> <a href="#">Sykepleien</a> <a href="#">Søk i tidsskrifter fra ProQuest</a> <b>om tidsskrifter</b></p>	<p><b>ANDRE RESSURSER</b></p> <p><a href="#">BIBSYS emneportal helse</a> <a href="#">Legemiddelhåndboka</a> <a href="#">Fritt sykehusvalg</a> <a href="#">Felleskatalogen</a> <a href="#">Kodeverk</a> <a href="#">SMIL</a> <a href="#">Forebygging</a> <a href="#">Metodevurdering</a> <a href="#">Statistikk om dødsårsaker og levealder</a> <b>om andre ressurser</b></p>	

17.02.06  
**Vellukka kurs i ProQuest arrangert av Helsebiblioteket**  
I februar i år arrangerte Helsebiblioteket i samarbeid med ProQuest kurs i bruk av ProQuest Medical Databases. Til saman deltok 95 bibliotekarar på kursa som fann stad i Kristiansand, Oslo, Bergen, Trondheim og Tromsø. Tilbakemeldingane på kursa har vore gode, og den britiske forelesaren gav ei profesjonell og pedagogisk innføring i korleis databasen skal brukast.

04.01.06

**Viktige lenker**

Her finner du lenker til Helsebibliotekets eiere, offentlige myndigheter og yrkesorganisasjoner.

http://www.legemiddelhandboka.no/sgml/



# Future..

- National advisory board for quality and prioritisation established
- Safe and good services for all..  
by means of appropriate tools, incl guidelines
- Utilisation of knowledge
- Political considerations taken into account,
- Common plans are coordinated
- And the voice of the patient is heard