Development of a database of clinical guidelines

The quality agenda has become even more important to the NHS in the last 5 years. Guidelines to set standards and audits to measure whether standards are being met are essential to good quality control. This philosophy led to the formation of the National Institute for Clinical Excellence (NICE) to commission guidelines and the Commission for Health Improvement to assess the quality of clinical care in 1999. With the introduction of clinical governance and revalidation, guidelines are now relevant for every clinician.

A clinical guideline is a 'systematically developed statement to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances' (Field and Lohr, 1990). A good guideline should, therefore, describe the diagnosis and management of a particular condition, provide a clear indication of the best choices for clinical management, and may also be extended to include recommendations about the organization of service.

Guideline recommendations apply to the majority of patients, but are not rigid protocols. The exceptions that require different individualized care justify a continued role for the physician. Current UK practice is anything but consistent, so guideline standards would seem to be necessary. NICE observed: 'Research has shown that if properly developed, communicated and implemented, guidelines can improve patient care' (National Institute for Clinical Excellence, 2002) and NICE has established six National Collaborating Centres to produce guidelines for England and Wales. These centres (and also the Scottish Intercollegiate Guidelines Network; SIGN) are working to high standards of guideline production with systematic reviews of the evidence base and multidisciplinary involvement. However, such are the number of potential topics that there is little likelihood of all areas of medicine being covered in the next few years. NICE may also not be reviewing or 'kite marking' existing guidelines.

The Royal College of Physicians (RCP) membership covers the clinical practice of 25 medical subspecialities each with its own specialist society and each in turn covers the care of several discrete conditions. These specialist societies have instigated and produced many clinical guidelines that will remain as the best guidance available. Although not all have been produced with the rigour of the new centres, many are widely accepted and used.

CONSTRUCTING A GUIDELINE DATABASE

The Clinical Effectiveness and Evaluation Unit invited the lead person from the audit and guideline committees of each specialist society to form a Clinical Effectiveness Forum (CEF). The first meeting in November 2000 confirmed the high level of guideline activity in the UK, recognized that there was no single, easily accessible register of guidelines specifically applicable to UK practice and felt that this was an area that could be explored and developed. The CEF, facilitated by the Clinical Effectiveness and Evaluation Unit, has developed a physician guideline database.

The database is intended and designed for the use of health-care professionals and guideline development groups, although patients, carers and the public are welcome to use it. It should provide a useful and comprehensive resource for identifying widely accepted clinical guidelines within the disciplines covered.

Guidelines are included if they:

- Describe a topic relevant to physician practice and have been published during or after 1995. (Earlier products are included only if a specialist society made a particular case for its continued validity.)

And

- Were either a national guideline produced by a specialist society, Royal college or by SIGN
- or were an international guideline that the relevant specialist society confirmed to be pertinent and appropriate for UK practice.

Documents that addressed performance, accreditation or training issues rather than clinical management have been excluded.

Extensive efforts were made to ensure a complete, validated collection of information from the societies. An electronic search for guidelines was performed and crosschecked with the societies. The database was tested in house, and the CEF provided critical comment, before a pilot version was placed on the RCP website. The main version went live on the RCP's website in October 2001. Visitors to the database are encouraged to provide feedback; most has been favourable. The database can be accessed via the RCP website (http://www.rcplondon.ac.uk/college/ceeu/ceeu_guidelinesdb.asp). It can be searched by:

1. Using a free text search for words in the title of a document
2. Clinical specialty
3. Producing organization.

In all instances a full reference is provided and, where available, hyperlinks are supplied to the original full text of the specific guideline.

RELIABILITY OF THE PRODUCTS

The database, at present, contains nothing to help a visitor determine whether a guideline has been produced to a high standard or whether it gives good advice. A CEF subgroup has examined guideline assessment tools all of which involved a degree of peer review. The one with the widest support and strongest written documenta-

tion is the AGREE tool (Appraisal of Guidelines Research and Evaluation; www.agreecollaboration.org/). It appears to have value in assessing the development methodology used to construct a guideline. It does not, nor was it designed to, have the power to discriminate whether a guideline will actually be of value in clinical practice.

The CEF has begun assessing the guidelines (from 2000 onwards) against the AGREE tool and later this year, following consultation with guideline developers, the results of the assessment will appear on the website. This will inform viewers of the robustness of the production processes behind each guideline.

The assessment of practicality and of usefulness is much harder to gauge and so far there is no clear standard against which to assess. The ultimate test of a guideline's validity is whether 'if, when followed, they led to the health gains and costs predicted for them' (Grimshaw and Russell, 1993). The NHS is presently unable to measure such changes in health care reliably.

UPDATES

The database can only be as good or as complete as the information it contains. It must be updated regularly. The database already contains over 200 published guidelines.

An update routine has been developed to capture guidelines that were missed previously or have only recently been published. The literature search strategy has been developed, with information scientist support, to cover all current major journals and also parallel searches of specialized websites.

Identified guidelines are sent to the relevant forum member for their approval, which takes place every 3 months. Thus, it is hoped that it will remain as up to date as possible.

CONCLUSION

The authors believe that a useful, informative and comprehensive resource of published guidelines has been set up which the experts (the specialist societies) have confirmed to be relevant to UK practice of physicians. It is hoped that users will find it straightforward to use and an easy way of locating the original documents via the hyperlinks. It is hoped that comments regarding the quality of the methodology used will be added and that the site will work to a system that might also 'kite-mark' guidelines in the future. In 2003 the CEF, in conjunction with the Clinical Effectiveness and Evaluation Unit, intends to undertake a similar exercise to catalogue and quality check audit tools. For further information or comments, please contact: CEEu@rcplondon.ac.uk HM

Michael Pearson
Director

Jane Ingham
Manager

Anna-Maria Bunn
Project Co-ordinator

Clinical Effectiveness and Evaluation Unit
Royal College of Physicians
11 St Andrews Place
London NW1 4LE

Field MJ, Lohr KN, eds (1990) *Clinical Practice Guidelines: Directions for a New Programme.* National Academy Press, Washington

Grimshaw J, Russell I (1993) Achieving health gain through clinical guidelines 1: developing scientifically valid guidelines. *Qual Health Care* **2:** 243–8

National Institute for Clinical Excellence (2002) *Frequently Asked Questions about Clinical Guidelines.* www.nice.org.uk/article.asp?a=947 Accessed 25 September 2002

KEY POINTS

- Guidelines are an integral part of the NHS quality agenda
- Clinical guidelines are statements to assist the clinician.
- Recommendations in clinical guidelines are not rigid protocols.
- The guidelines database contains references to over 200 guidelines relevant to physician practice.