

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



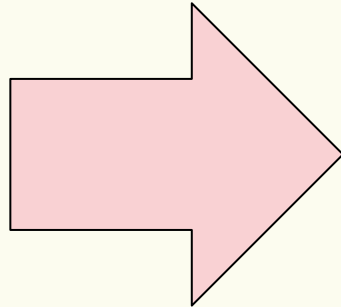
Resistance

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