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Guidelines and quality of clinical services in the new NHS

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The English white paper emphasises the importance of national leadership by the Department of Health and the NHS Executive (including the regional offices) in supporting local developments. The NHS Executive will be charged with ensuring that quality and responsiveness are instilled at all levels in the NHS. Services and treatments that patients receive should be based on the best available evidence of what does and does not work and what provides the best value for money (clinical and cost effectiveness). Because there are unjustifiable variations in the application of evidence on clinical and cost effectiveness, and patients have not had fair access to the best the NHS has to offer, the government will spread best practice and drive clinical and cost effectiveness in several ways, including the establishment of two new national bodies:

- a National Institute of Clinical Excellence to promote clinical and cost effectiveness by producing clinical guidelines and audits for dissemination throughout the NHS;
- a Commission for Health Improvement to support and oversee the quality of clinical governance and of clinical services.

Several comments can be made. Firstly, experience already exists in Britain and in other countries, such as America and the Netherlands, in quality assurance and the production of guidelines. The National Institute of Clinical Excellence could profit from these experiences, notably about the processes which work or do not work. However, it is the lessons about approaches that are transferable, not necessarily the guidelines themselves.

Secondly, the prospective users of the guidelines should be involved in preparing them (using an explicit and systematic approach) and potential barriers for implementation should be identified. Last October, the second international conference on the scientific basis of health services in Amsterdam clearly showed
that leading clinicians and scientists support guideline development, although it is not easy to make guidelines that will actually be used in practice. The best basis for guidelines is systematic reviews of primary research, as prepared by the Cochrane Collaboration, the NHS Centre for Reviews and Dissemination, and others. Commissioning of systematic reviews should be carefully coordinated, and such reviews should ideally deal with cross cultural differences and cost effectiveness. Good coordination is needed between the many groups engaged in doing the reviews and overseeing their implementation, to prevent duplication of effort and waste of money—not an easy task. Recently, programmes in the Netherlands and Denmark have been started in which the different parties engaged in preparing reviews, developing guidelines, analysing cost effectiveness, and performing dissemination and implementation research work together.

Thirdly, explicit attention should be paid to the values and judgments underlying specific guidelines. These values reflect the value structure of the teams developing the guidelines but may be different across countries. Differences in practitioners' barriers, patients' barriers, and cost barriers may also restrict generalisability, especially when it comes to implementation. Guidelines developed in different countries on the same topic are often different and may not always be interchangeable.

Finally, the NHS needs coherent strategy for disseminating and implementing guidelines. Huge gaps exist in our knowledge about what comprises efficient dissemination and implementation, so research into these should be stimulated as well. Cooperation with centres for evidence based medicine and health care groups within the Cochrane Collaboration, such as the effective professional practice review group and the review group on consumers and communication, will certainly be fruitful. The Commission for Health Improvement will be in a position to evaluate what actually happens in daily practice and provide important data and feedback about research based health care.

Guideline development, dissemination, and implementation can thus be improved. However, it may be a challenge for the Commission for Health Improvement, as top down organisation, to assess and really influence daily practice in the NHS: improvements can only really be made by those engaged in providing the services.
The bottom up nature of disseminating guidelines of the National Institute of Clinical Excellence may make its task somewhat easier.