Developing an Implementation Plan for National Clinical Guidelines

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Structure of this session

• Using behaviour change theory to develop an implementation plan.
• NCEC Guideline Implementation checklist.
• Implementation resources.
Using Behaviour Change Theory to develop an Implementation Plan

• Based on COM-B theory of behaviour change (Michie et al., 2011).

• Identify specific behaviour.

• Facilitators, barriers and intervention functions are identified.
Validation of the theoretical domains framework for use in behaviour change and implementation research

James Cane¹, Denise O'Connor² and Susan Michie³*
The COM-B system: Behaviour occurs as an interaction between three necessary conditions

Michie et al. (2011)
Implementation Science 6:42
The Behaviour Change Wheel
Michie et al. (2011)
Implementation Science 6:42
Linking COM-B to intervention functions
(NCCP, 2014; adapted from Michie et al., 2011)
NCEC Guideline Implementation Plan (1)

For each recommendation:

• Identify barriers and facilitators to implementation and use.

• Identify specific behaviour change/change in current practice required.

• Who needs to do what differently in order for this recommendation to be implemented?

• Specify resources required (if any) in Budget Impact Analysis & align with service plan.
NCEC Guideline Implementation Plan (2)

• Outline actions/plans for implementation
• Specify timeframe for implementation
• Identify who is responsible for implementation
• Specify outcomes which this recommendation aims to achieve

Overall guideline:
• Implementation team
• Dissemination & awareness raising
• Implementation supports & tools
• Monitoring and measurement
Implementation resources

• SIGN implementation toolkits
  http://sign.ac.uk/implementation/index.html

• UCL Centre for Behaviour Change
  www.ucl.ac.uk

• Medical Research Council (2008). Developing and evaluating complex interventions: new guidance. www.mrc.ac.uk/complexinterventionsguidance

• European Implementation Collaboration (EIC)
  http://www.implementation.eu/

• King’s College London – Centre for Implementation Science

• Cochrane Effective Practice & Organisation of Care Group (EPOC)
SIGN Implementation supports for GDGs

SIGN IMPLEMENTATION SUPPORT

SIGN is now taking a proactive role in supporting the implementation of its guidelines and in improving the implementability of its recommendations. Our vision is to become a World leader in guideline implementation support, in line with the wider Healthcare Improvement Scotland vision of better support for implementation.

A regular update on new implementation activities is available

MAIN SIGN IMPLEMENTATION SUPPORT ACTIVITIES:

Improved processes:

- Robust dissemination process
- More interactive website

Awareness raising and Education:

- Local clinical champions
- Awareness raising activities
- Patients as champions for change
- Training modules linked to CPD

Networking:

- Linking with existing networks and projects (e.g. MCNs, collaboratives and the Scottish Patient Safety Programme)
- Implementation events and meetings with NHS Boards

Implementation support resources:
Scottish Intercollegiate Guidelines Network

Implementation support resources:
- Generic implementation resources
- Guideline specific implementation resources
- Algorithms and Care Pathways
- Resource implications calculator
- Audit tools
- Electronic decision support tools
- Slide sets
- Guideline Implementability Research and Application Network (GIRAnet)

Evaluation
We intend to evaluate the various implementation strategies we use using a range of methods:
- Research based evaluation
- Logic modelling
- Audit
- Regular review

More information
More specific information is available on individual guideline pages. More implementation support resources will be available in the future.

Publications:
El-Ghorr A, James R and Twaddle S,
SIGN is customising implementation support to every guideline,

http://sign.ac.uk/
Into Practice

Take a look at examples of organisations putting NICE guidance into practice

Physiotherapists in Norfolk implemented NICE guidance on multiple sclerosis (MS) by using Oswestry standing frames to help people with moderate to severe multiple sclerosis remain physically active.

The Which? birth choice tool implements the NICE quality standard on intrapartum care, and has been developed to help women and their partners make confident and informed decisions when planning where to give birth.

Sheffield Teaching Hospital put the NICE guideline on coeliac disease into practice by developing a protocol for people with the disease and their families.

And Queen Victoria NHS Foundation Trust has implemented the NICE guideline on cancer of the upper aerodigestive tract, by setting a service for sentinel lymph node biopsy in patients with early oral squamous cell cancer.

https://www.nice.org.uk/
Appropriateness of interventions

- Affordability
- Practicability
- Effectiveness
- Acceptability
- Side effects/safety
- Equity

APEASE criteria
The Behaviour Change Wheel.
A guide to designing interventions.
Michie, Atkins & West
Silverback Publishing 2014
Implementation outcome variables
- indicators of success of implementation

• Acceptability
• Adoption (uptake)
• Appropriateness
• Feasibility
• Implementation cost
• Fidelity
• Coverage
• Sustainability

Adapted from Proctor et al. 2011
Introductory guide to Implementation.
- Terms, Concepts and Frameworks

Centre for Effective Services
2012

http://www.effectiveServices.org/
Psychological research shows that the more precisely behaviours are specified, the more they are likely to be carried out.

Specifying what, who, when, where and how will assist implementation.
Behaviourally specified “plain English” guidelines led to stronger intentions to implement the guidelines, more positive attitudes towards them, and greater perceived behavioural control over using them.
Achieving and maintaining behaviour change requires:

- A systematic method for analysing target behaviours in their context, as a starting point for designing an intervention.
- Selecting interventions that are most likely to be effective given this analysis.
- Specifying the intervention in sufficient detail in trial protocols and published reports to allow accurate replication and evidence synthesis.
- Drawing on relevant theory to guide both the intervention design and evaluation.
Developing a checklist for guideline implementation planning: review and synthesis of guideline development and implementation advice

Anna R Gagliardi\textsuperscript{1}, Catherine Marshall\textsuperscript{2}, Sue Huckson\textsuperscript{3}, Roberta James\textsuperscript{4} and Val Moore\textsuperscript{5}

Gagliardi \textit{et al}. 2015
Working group – Guidelines International Network (G-I-N)
Implementation planning

• Implementation should be considered at the beginning, and throughout the guideline development process.
• Form an implementation team from the start that includes stakeholders.
• Assess current practice as a baseline needs assessment.
• Assess barriers of guideline implementation and use.
• Consider implementation on a recommendation-by-recommendation basis, rather than for entire guideline.
• Determine the implementation strategies that are effective and best suited to address identified needs and barriers.
• Develop an implementation plan, describing dissemination and implementation strategies and tools, roles and responsibilities, mile-stones, time frames and implementation measures.
• Ensure guideline recommendations are implementable.

Gagliardi et al. 2015
Implementation tools

- Determine what implementation tools will be developed.
- Implementation tools are published at the same time as the guideline.
- Summary version.
- Point of care tools (algorithms, checklists, decision aids).
- Implementation plan.
- Teaching aids.

Implementation research: what it is and how to do it

Implementation research is a growing but not well understood field of health research that can contribute to more effective public health and clinical policies and programmes. This article provides a broad definition of implementation research and outlines key principles for how to do it.

David H Peters professor, Taghreed Adam scientist, Olakunle Alonge assistant scientist, Irene Akua Agyepong specialist public health, Nhan Tran manager

Peters et al.
BMJ 2013; 347
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