

8 Presentation and dissemination

8.1 CONTENT AND PRESENTATION OF THE GUIDELINE

Guidelines with a wide range of styles and formats have been shown to be effective in changing practice.¹ Whilst there is little information available on the effect that style and presentation have on the adoption of guidelines, clarity – of definitions, language, and format – is obviously important. Guidelines should, therefore, be written in unambiguous language and should define all terms precisely.² The best format for presenting guidelines will vary depending on the target group(s), the subject matter, and the intended use of the guideline.³ Ideally, end users should be consulted regarding the most appropriate method of presentation for them.⁴ This is an additional function of the extensive peer review process which all SIGN guidelines go through (see *Section 7*).

Each SIGN guideline includes an introduction, outlining the need for the guideline (including evidence of variation in practice) and defining carefully the remit of the guideline, including the patient and practitioner groups to which it applies. Within the main body of the guideline, the structure should as far as possible reflect the development process that the guideline development group has followed, i.e. (for each section):

- A clear statement of the question/issue under consideration.
- A brief explanation of the treatment options available.
- A summary of the conclusions drawn from the critical appraisal of the evidence (the evidence statement, annotated with the level of evidence and key references). This should provide the justification for the recommendation to follow – i.e. the evidence for improved outcome resulting from the recommended action.
- The recommendations that the group has derived from this evidence (graded according to the strength of the supporting evidence).
- A brief discussion of any practical points (e.g. resource/geographical considerations to be taken up in the discussion of local guidelines for implementation), or outstanding treatment options for which there is no evidence (the last should be stated clearly).
- Finally, if the group feels it is important to give guidance in any of these latter areas where there is no suitable evidence, a “good practice point” may be presented.

Having a well developed and defined template for presentation of the final guideline can greatly facilitate the development process, enabling guideline development groups to plan at the outset what type of information will be required and also to envisage what format the content will take. By following the model for systematic review and formation of guideline recommendations outlined in sections 5 and 6, guideline development groups will find that most of the required information will then be produced in a structured, accessible format, ready to slot into the guideline structure.

The guideline should also include key points for audit (accompanied where possible with a recommended minimum data set: see *Section 10.2*), suggested outcome measures, recommendations for further research, and information for patients and carers (see *Section 8.4*). Brief details of the systematic review on which the guideline recommendations are based should also be provided, although it is intended that the majority of this information should be made available for reference on the SIGN website, rather than included in the printed guideline.

8.2 QUICK REFERENCE GUIDES AND KEY MESSAGES

Each SIGN guideline is published with an accompanying Quick Reference Guide (QRG). This provides a summary of the key recommendations and other information from the guideline, often following a loosely algorithmic format illustrating the recommended care pathway. The Quick Reference Guides are normally printed on the back cover of the guideline and as a separate leaflet, and have proved very popular with practitioners. It is

important to note that the 'key' recommendations will not necessarily be the highest grade of recommendations (i.e. those with the strongest supporting evidence) but those considered by the guideline development group as having the greatest potential impact on patient care (see Section 6.5).

8.3 ELECTRONIC PUBLISHING

All SIGN guidelines and quick reference guides, along with any updates to guidelines, are available free of charge on the SIGN website: www.sign.ac.uk. There is tremendous scope for developing electronic publishing and dissemination of SIGN guidelines and other clinical effectiveness information in order to increase their accessibility and to make this information available when and where required, at minimal cost (both financial and environmental). We anticipate that electronic publishing will increasingly become the preferred medium for disseminating SIGN guidelines over the next few years.

8.4 INFORMATION FOR PATIENTS

All SIGN guidelines now include an 'information for patients and carers' section, which highlight those issues where patients and their families will most likely require information to help them understand and cope with the diagnosis, treatment options and possible outcomes. This section is targeted at health professionals, to help them produce local evidence-based information materials although patients and carers themselves may also find this section useful. The issues highlighted in this section are informed by the:

- results of patient views gathered earlier in the development process (see Section 4.2)
- patient representatives on the development group,
- other guideline development group members.

These sections also include appropriate general background explanations to the clinical condition and details of appropriate help lines, support groups and reading materials. In the future, SIGN hopes to be able to produce 'patient versions' or 'summaries' of the guidelines themselves.

8.5 DISTRIBUTION

Guidelines must obviously be made as widely available as possible in order to facilitate implementation and SIGN guidelines are distributed free of charge throughout the NHS in Scotland. However, distribution of printed guidelines alone has been shown to be ineffective in achieving change in practice: guidelines are more likely to be effective if they are disseminated by an active educational intervention, and implemented by patient-specific reminders relating directly to professional activity.¹ Distribution of SIGN guidelines in NHS Scotland is organised within each NHS Board by local distribution coordinators, who are often also responsible for facilitating implementation.

References to section 8

1. Implementing clinical practice guidelines: can guidelines be used to improve practice? *Effective Health Care* 1994;1(8).
2. Field M, Lohr K. Institute of Medicine Committee to Advise the Public Health Service on Clinical Practice Guidelines. *Clinical practice guidelines: directions for a new program*. Washington (DC): National Academy Press; 1990.
3. Thomson R, Lavender M, Madhok R. How to ensure that guidelines are effective. *BMJ* 1995;311:237-42.
4. Conroy M, Shannon W. Clinical guidelines: their implementation in general practice. *Br J Gen Pract* 1995;45:371-5.