

Module 7: Putting recommendations into practice and updating guidelines

We want hospitals, general practices and NHS boards to follow our guidelines. The guidelines help staff to:

- make better decisions
- work well in teams
- learn more from evidence
- keep their practices consistent.

Local distribution coordinators within each NHS board ensure the promotion of our guidelines. We use the media to publicise guidelines if this is appropriate. Members of SIGN Council are also involved in promoting guidelines.

How can third sector organisations help?

Third sector organisations can promote guidelines and help other organisations follow them by:

- sharing guidelines on their website and in their communications
- including key points from guidelines in any materials they produce
- collaborating with NHS groups, professionals and community reps to implement guidelines locally.

Barriers to getting guidelines into practice

There are some barriers to getting guidelines into practice that SIGN has no control over. These include things like:

- budget constraints
- lack of equipment in hospitals
- people's perceptions and treatment preferences
- disadvantaged groups, for example homeless people.

These barriers contribute to inequalities in healthcare. For guideline recommendations to be put into practice, strategies need to be developed to address them. Each guideline development group signposts useful resources that will support implementation.

When do you review the guidelines?

Three years after a guideline has been published, we will look again at the evidence that was used to make the recommendations.

For guidelines up for review, we write a report. It covers new evidence, how well the old guideline worked, and any changes in the topic or treatments. We share this report with SIGN Council and others, and we listen to their feedback for the review.

When we review a guideline, we take a look at its original goals. We ask experts if these goals are still right, or if they need changing. Based on this discussion, we decide if a review is necessary. At this point, we have four options to choose from.

- confirm that the guideline is still valid
- carry out a full review of the guideline
- choose parts of the guideline to update
- confirm that the guideline has achieved its purpose or that it is no longer relevant and should be withdrawn.

If we get feedback on published guidelines or find new important evidence before a review, we'll share it with the guideline group. They'll either respond right away or think about whether the guideline needs a review. If the guideline needs an update before the review, we'll put this on our website.

Living guidelines

How often we update depends on how much new evidence comes out, typically once a year or every two years. Each update looks at parts of the guideline where there's new evidence. We search for new evidence based on the original questions. We only add new questions based on engagement with people with lived experience. If new evidence changes a recommendation or adds something new, we revise the guideline. The updates are then summarised in the published guideline.

Withdrawing guidelines

Sometimes guidelines may need to be withdrawn if they are outdated or no longer relevant. Guidelines will be withdrawn for the following reasons:

- a more recent or more comprehensive guideline is available
- there is evidence that the guideline has been fully complied with by NHSScotland, and has become accepted practice
- new treatments are available that make the guideline irrelevant.

Do the quiz

To complete this module, take a few minutes to do the end-of-module quiz. It's a quick way to make sure you've learned everything you need.