PROJECT **SAGE**

SOUTH AFRICAN GUIDELINES EXCELLENCE

An innovative partnership for clinical guideline excellence

SOUTH AFRICAN GUIDELINES EXCELLENCE (SAGE)

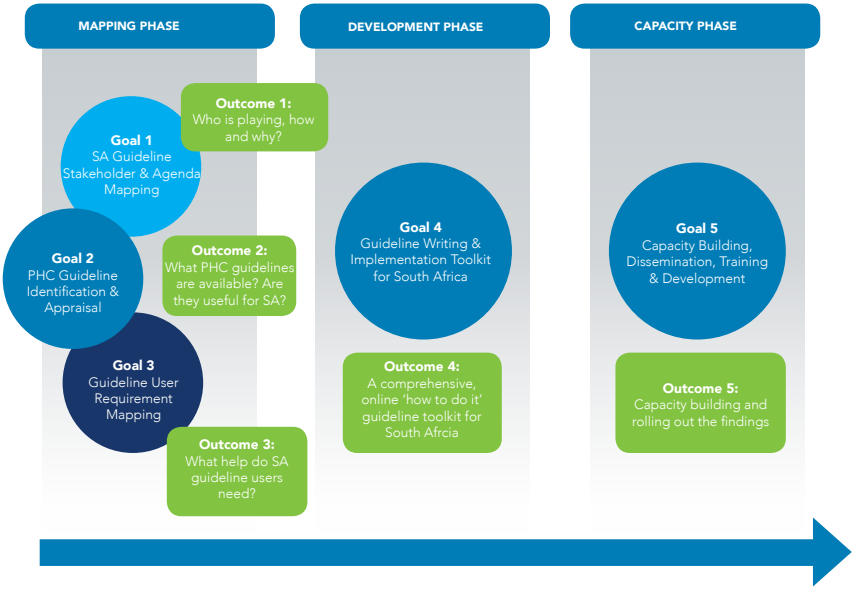
2014 – 2018

SUMMARY REPORT

PROJECT OVERVIEW

The South African Guidelines Excellence (SAGE) Project is a multi-partner research initiative aimed at setting in motion a stakeholder-driven process to contribute to both understanding and improving standards of national clinical practice guideline (CPG) development, adaptation and implementation for primary healthcare. The project consisted of several components, including stakeholder mapping; local guideline quality evaluation; systematic review of 'gold standard' CPG development strategies; identification of implementation enablers and constraints; development of an online CPG resource; and, capacity building opportunities for those involved in CPG development and implementation. These components can be divided into three project phases – mapping, development, and capacity building (Figure 1).

Figure 1: *SAGE project phases*



For more information/details see: SAGE website: *www.mrc.ac.za/intramural-research-units/Cochrane-SAGE*

WHAT WE LEARNT FROM THE SAGE PROJECT

Clinical practice guidelines (CPGs) are intended to improve the efficiency and cost-effectiveness of health services and health system utilisation and to decrease costly, preventable mistakes. CPGs must therefore be based on current best evidence to ensure our limited resources are used wisely.

The South African Guidelines Excellence project (SAGE) is a collaborative research effort that works across networks to consolidate methods and training for better CPG development, implementation and use. SAGE explored South African primary care CPG development, implementation and use; alongside a multi-pronged capacity development programme including a master's level course, workshops, postgraduate student support and a valuable 'one-stop-shop' resource to support the CPG community - an online Guideline Toolkit *(https://guidelinetoolkit.org.za/).*

CPG DEVELOPMENT

We found that primary care CPG development is a complex process, but includes a dedicated community of developers who agree that CPG development needs to be underpinned by efficient, respectful and standardised processes – including declaring and managing conflicts, identifying efficient ways of hearing constituent 'voices', and training. National co-ordination across CPG activities might enhance current CPG processes. SAGE identified novel approaches that could support better quality guideline writing (the three-tiers model) and implementation (the Adopt, Contextualise, Adapt model).

CPG IMPLEMENTATION AND USE

From CPG users in primary care we found that one of the main issues was access to current CPGs – better distribution of printed documents as well as enhanced technology and ICT access is needed. There was concern regarding the practicality of recommendations in CPGs for primary care, where adaptation is required to support clinical practice. End-users wanted to have a 'voice' in CPG development to ensure some of the practical issues they perceived are appropriately incorporated in CPGs. Lack of access to working equipment or medicines posed a substantial barrier to implementing recommendations. Design features that could enhance CPG use include use of simpler language and summaries, local language support tools, and patient engagement tools (e.g. posters). Primary care healthcare providers, mostly nurse practitioners, suggested that they would be more likely to use CPGs if they had electronic access (via mobile, laptop, etc.) to the most up-to-date CPGs when needed. In-facility training and post workshop clinical support, to complement off-site workshops, is needed to build and enhance strong clinical teams that can deliver integrated clinical services. Change champions in primary care in the provinces are leading and developing exciting programmes and systems to ensure use of the CPGs. These innovations could be shared to improve implementation in practical and locally applicable ways.

CPG CAPACITY DEVELOPMENT

Building capacity is crucial in South Africa and other low- and middle-income countries to facilitate uniformity and quality in how CPGs are developed and implemented. To understand the international landscape in CPG training, the SAGE team conducted a review of all CPG courses offered globally. We found that CPG training courses, albeit limited, are mostly delivered by universities (as component courses of professional degrees) and professional groups (as short courses). Using an already available CPG module offered as part of the Masters in Clinical Epidemiology at Stellenbosch University *www.sun.ac.za/clinepi*, we transformed the content of this module to be contextually relevant. We further enhanced the South African course by developing an online, open-access CPG development toolkit. This Guideline Toolkit is a comprehensive guideline resource designed to assist healthcare professionals, managers, academics and policy makers who are interested in knowing how to develop CPGs. We also supported postgraduate students conducting research on CPG development or implementation.

INFORMING CONCEPTUALISATION OF A CPG CO-ORDINATION UNIT FOR SOUTH AFRICA

The need for co-ordination of national guideline activity was consistently raised through the research, by our Advisory Board, and from stakeholders who participated in our summits and events. We therefore developed a project to scope the structure and functions of guideline co-ordination units globally. Following web searching and contacting key individuals in guideline development, we identified 21 units for inclusion. The main tasks undertaken include CPG development; providing access to CPGs (e.g. clearinghouse); approval and endorsement for implementation; adopt, contextualise, adaptation of CPGs; methodological support; and, health technology assessment (HTA). Less commonly reported tasks included commissioning CPGs; critical appraisal; setting standards for CPG development; capacity building; and, monitoring and evaluation. Co-ordination/governance and priority setting was not part of the role in most units. Several

challenges were reported including establishment and maintenance of the units due to funding, human resource issues, buy-in for the processes and technical and methodological challenges. As we progress to the planned National Health Insurance system, South African national policymakers will need to consider how we bridge private and public sectors in providing health services. The results of this scoping report are available to contribute to the discussions and planning in support of universal health coverage.

CONCLUSION

CPGs are useful tools for implementing best-available evidence to support health services. The primary care CPG developers, implementers and users we interviewed are generally committed to contributing their knowledge and skills to enhance CPG work and ultimately impact on the health of South Africans. There is a need for dedicated funding to support primary care CPG development, including co-ordination and overseeing of CPG activities; recognition and remuneration of clinical experts who contribute to individual CPGs; and, investment in effective implementation strategies. Involving healthcare providers in CPG activities is likely to enhance ownership and, in turn, successful implementation. To address the challenges and opportunities our research uncovered, the SAGE Project has been able to enhance the availability of comprehensive capacity building opportunities, including an online toolkit, for South African CPG developers and implementers. In South Africa we want to ensure CPGs are credible, and applicable for primary care. Project SAGE's research and capacity building components aimed to contribute to the debate and growth of CPG activities in South Africa.

SAGE FINDINGS: IMPLICATIONS FOR SOUTH AFRICAN POLICY AND PRACTICE

TO ENHANCE CPG DEVELOPMENT FOR SOUTH AFRICA

- Harness the contributions and commitment of the CPG interest community.
- Develop a common glossary of terminology with input from stakeholders to define CPG-related activities.
- Agree on standards and methods for CPG development in South Africa that can inform all CPG development groups across sectors and disciplines, including how conflicts of interest should be declared and managed.
- Create platforms for input from healthcare providers and patients in CPGs at development and implementation stages.
- Work towards setting up a nationally co-ordinated CPG unit to co-ordinate and provide technical support for development.
- The SAGE CPG training and the online toolkit *https://guidelinetoolkit.org.za/* can support capacity development for SA CPG developers and implementers.

TO ENHANCE CPG IMPLEMENTATION IN SOUTH AFRICA

- Build on the available implementation activities such as CPG book dissemination, CPG app development and dissemination, and regional training initiatives.
- Equip staff with specific implementation-related knowledge and skills to enhance uptake of available guidance products.
- Specifically, for the CPG books, ensure adequate quality and quantity copies are made available, particularly in rural areas.
- For healthcare providers: develop supportive implementation tools to enhance use of CPGs.
- For patients: develop colourful new resources including posters and information leaflets. These should include use of local language and relevant examples.
- Continue to address health system challenges including budgetary and supply-chain challenges to ensure provision of equipment and medicines necessary for CPG adherence.
- Step up provision of off-site training workshops and in-facility educational outreach that reaches all staff followed by post-training support including supervision and mentoring.
- Provide leadership training for enhanced governance and stronger teams.
- Ensure supportive clinical audits with feedback at regular intervals.

PROJECT PARTNERS

• Cochrane South Africa and the Health Systems Research Unit (HSRU), South African Medical Research Council (SAMRC)

• Centre for Evidence-Based Health Care (CEBHC) and Division of Physiotherapy, Faculty of Medicine and Health Sciences, Stellenbosch University (SU)

• International Centre for Allied Health Evidence (iCAHE), University of South Australia (UniSA)

Flagships Awards Funding by the South African Medical Research Council (SAMRC-RFA-IFSP-01-2013/ SAGE)

Contact: Dr Tamara Kredo at SAGE@mrc.ac.za or tamara.kredo@mrc.ac.za, or at +27 (0) 21 938 0508

www.mrc.ac.za/cochrane/sage