



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

**jrcalc**  
joint royal colleges ambulance  
liaison committee



# **UK Ambulance Services Clinical Practice Guidelines**

**A standard for guideline development**

## **Introduction**

The methodology proposed by AACE (Association of Ambulance Chief Executives) to develop the UK Ambulance Services Clinical Practice Guidelines is designed to comply with the criteria used by the AGREE (Appraisal of Guidelines for Research and Evaluation in Europe see Appx 1 Page 4) collaboration to identify good quality guidelines: <http://www.agreetrust.org/>

This proposed methodology sets out a specific standard that would be common to all clinical practice guidelines developed on behalf of AACE and acts as a reference tool that can be used by members of guideline development sub-groups as they formulate a specific guideline. The full methodology is set out in appendix 1 and a summary of functions is set out below.

## **Guideline selection**

NASMeD (National Ambulance Service Medical Directors) and the ALPG (Ambulance Lead Paramedic Group) will advise AACE of both those clinical guidelines which need updating and those clinical conditions which need a new guideline developing. Clinical topics can be identified through a variety of means including the monitoring of serious incidents within individual UK Ambulance Service Trusts, preventing future death directives issued by coroners and national service reconfiguration e.g. the move to major trauma centres and networks. In addition the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) will provide their extensive clinical expertise and advice on potential new developments to ensure that the guidelines capture latest best practice and future innovations.

## **Guideline development sub-groups**

NASMeD will discuss which specialities will be required for each specific guideline and in particular will draw upon JRCALC (or it's nominees) as an expert reference group. As a minimum, each guideline development sub-group requires a mix of the following skills:

- Specialist clinical expertise (e.g. medical, surgical, paramedical etc.)
- Relevant specialist expertise (e.g. police, social services, AMHPs etc.)
- Academic support for the literature search and review
- Practical experience and understanding of the delivery of care relevant to that guideline
- Communication and team working abilities
- Critical appraisal skills

## **Chair**

Chairs of guideline development sub-groups must ensure that all members of the group feel able to contribute fully to the guideline development process. The chair must also be aware that the guideline will be implemented across the UK and as such must ensure that the widest possible range of views are considered.

## **Guideline development sub-group members**

Guideline development sub-group members must make a full commitment to the tasks involved in developing the guideline and must be responsible for raising any areas of concern to the Chair.

## **Peer review**

All AACE guidelines are reviewed in draft form by a minimum of 2 independent expert referees. Their review will comply with the AGREE II format and their feedback will be made available by AACE along with notes regarding any changes made following feedback. If no changes are made then this must also be recorded.

## **Editorial review**

The guideline will be reviewed by NASMeD to ensure that the guideline process has been followed and any comments from the peer review process have been addressed. This will ensure that any risk of bias within the development process has been minimised. The final version of the guideline will then be signed off by NASMeD and released for publication.

## Appendix 1

### The guideline development process.

The full process for the development of individual guidelines is set out below and has been designed to comply with the AGREE II criteria on which is based. (AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Parallel publications in progress*). It is the responsibility of each guideline development group to ensure that the process is adhered to and that it is clearly documented so that the full process can be audited.

### Section 1: Scope and purpose

1. *The overall objective(s) of the guideline is (are) specifically described.*

The overall objective(s) of the guideline should be described in detail and the expected benefits from the guideline should be specific to the clinical problem or health topic. A description of the context in which the guideline should be included as well as any specific exclusion criteria when the guideline should not be used.

For example, a specific statement could be:

- Providing guidance on the most effective therapeutic treatment and management of patients with exacerbation of COPD in the pre-hospital environment.

The opening paragraphs of the guideline should contain a description of its scope and purpose. The rationale or need for the guideline should also be described.

2. *The clinical condition(s) covered by the guideline is (are) specifically described.*

A detailed description of the condition(s) covered by the guideline should be provided along with any specific information that is relevant to the pre-hospital presentation of the condition(s).

*3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.*

A clear description of the patient population covered by the guideline should be provided. The age range, gender, clinical description, and comorbidity may be provided.

For example:

This guideline on the management of feverish children is only applicable to children over the age of 3 months and under the age of 12.

## **Section 2: Stakeholder involvement**

*4. The guideline development group includes individuals from all relevant professional groups.*

This item refers to the professionals who were involved at some stage of the development process. Information about the composition, discipline, and relevant expertise of the guideline development group should be provided to demonstrate all relevant groups are represented, providing expertise in all aspects of the patient's care before reaching hospital.

*5. The views and preferences of the target population (patients, public, etc.) have been sought.*

The expectations and experiences of patients should inform the development of guidelines. There are a number of ways to ensure that these perspectives are included in the guideline including expert patients, stakeholder review of draft documents, interviews or consultations and literature reviews of current patient preferences. Where patient groups review draft versions of the guidelines a copyright agreement must be obtained prior to the release of documents. The guideline should include evidence that patient consultation has taken place and an equality impact assessment should be made during the development of the guideline.

*6. The target users of the guideline are clearly defined.*

The UK Ambulance Service Clinical Practice Guidelines are developed specifically for use within the UK by Ambulance Service Trusts and this should be clearly stated within the guideline. However, other target users can be defined such as pre-hospital doctors so that the reader can see if the guideline is relevant to them.

### **Section 3: RIGOUR OF DEVELOPMENT**

#### *7. Systematic methods were used to search for evidence.*

A detailed description of the search strategy must be included and this should include the search terms, sources (e.g. MEDLINE, CINAHL etc.), databases of systematic reviews and other guidelines. The search strategy should be as comprehensive as possible to remove bias and should be based upon a clear set of focused clinical questions. The formulation of these questions is the responsibility of the guideline development group but should be structured using the PICO format:

**P**atients or population to which the question applies

**I**ntervention being considered for these patients

**C**omparison(s) to be made between those receiving the intervention and another group who do not receive the intervention

**O**utcome(s) these should be objective in nature but can also include outcomes which are important to patients.

Once the search strategy has been formulated the literature search will then be undertaken on behalf of the guideline development group.

#### *8. The criteria for selecting the evidence are clearly described.*

The criteria for the inclusion or exclusion of evidence identified by the search should be provided. These criteria must be described explicitly and any reasons for the inclusion or exclusion of evidence must be clearly explained. For example guideline sub-groups may decide not to include evidence from studies based in certain countries where the results are not deemed as transferable.

*9. The strengths and limitations of the available evidence are clearly described.*

A clear statement highlighting the strengths and weaknesses of the available evidence must be provided. Any tool or methods used to assess for bias within the evidence base must be clearly described. Additionally the use of formal instruments (e.g. GRADE) to grade the evidence must be clearly stated.

*10. The methods for formulating the recommendations are clearly described.*

The guideline should include a description of the methods used to formulate the evidence. These may include informal consensus or voting systems or formal techniques such as Delphi. Any areas of disagreement should be discussed along with the resolutions.

*11. The health benefits, side effects, and risks have been considered in formulating the recommendations.*

The guideline should consider health benefits, side effects, and risks when formulating the guidelines. For example, a guideline on the management of asthma may include a section on the use of steroidal treatment. The benefits of any proposed treatment should be measured against the need to rapidly convey the patient to hospital.

*12. There is an explicit link between the supporting evidence and the guidelines.*

An explicit link between the guideline and the evidence on which they are based should be included. The clinician should be able to identify the evidence relevant to each recommendation.

*13. The guideline has been externally reviewed by experts prior to its publication.*

Subject experts will be recruited at the same time as the guideline development sub-group and prior to the publication of each guideline they will peer review the proposed guidance

and any recommendations must be commented on. Any actions taken should be clearly described as should any review suggestions that were not acted on. The peer review should be made available by AACN along with details of guideline development.

*14. A procedure for updating the guideline is provided.*

A clear statement will be provided that will outline the update process for the guideline.

#### **Section 4: CLARITY OF PRESENTATION**

*15. The guidelines are specific and unambiguous.*

The guideline should provide a precise description of clinical care in an appropriate situation and in what patient group it is applicable to. It is important to note that there may be instances where the evidence is uncertain and this should be noted in the development of the guideline.

*16. The different options for management of the condition are clearly presented.*

A guideline that targets the management of a disease which can present with differing severities should describe the possible options for treatment. These possible options should be clearly presented in the guideline. For example, a recommendation on the management of asthma may contain the following treatment alternatives:

- a. Treatment with salbutamol
- b. Treatment with salbutamol and steroids
- c. Treatment with salbutamol, steroids and adrenaline.

*17. Key recommendations are easily identifiable.*

Clinicians should be able to find the most relevant recommendations easily. The guideline will be published in in such a form that key clinical information designed for use at the point of care can be easily located and will be supported by the background information. Any guideline that has been updated will contain a key changes section so that the developments can be readily identified.

The treatment options must address the main question(s) that have been covered by the guideline and can be identified in different ways. For example, they can be summarized in a box, typed in bold, underlined or presented as flow charts or algorithms.

## **Section 5: APPLICABILITY**

*18. The guideline describes facilitators and barriers to its application.*

There may be existing facilitators and barriers that will impact on the application of guideline recommendations. For example a guideline on the management of major trauma may be dependent on the proximity of a major trauma centre and a certain amount of variation may be required at a local level to ensure that, where possible, patient care is not affected by local geography.

*19. The guideline provides advice and/or tools on how the guideline can be put into practice.*

For a guideline to be effective it needs to be disseminated and implemented with additional materials. For example, these may include: a summary document, a quick reference guide, educational tools, results from a pilot test or a gap analysis. Any additional materials should either be provided with the guideline or their whereabouts clearly signposted.

*20. The potential resource implications of applying the guideline have been considered during its development.*

A new guideline should take into consideration current economic factors and any resource implications will be considered and documented during the development of the guideline.

*21. The guideline presents monitoring and/or auditing criteria.*

Measuring the application of guideline recommendations can facilitate their ongoing use and wherever possible this should be derived from key recommendations included in the guideline.

## **Section 6: EDITORIAL INDEPENDENCE**

*22. There is no external influence on the content of the guideline*

There should be an explicit statement that the views or interests of any funding body have not influenced the final recommendations.

*23. Competing interests of guideline development group members have been recorded and addressed.*

There should be an explicit statement that all group members have declared whether they have any competing interests.