

The Royal College of Physicians Clinical Effectiveness Forum

There was discussion around a series of Concise Guidelines published in Clinical Medicine. The series allows experts in a clinical field to provide succinct guidelines for general physicians to improve the management of common conditions or to increase awareness of uncommon but important conditions. The guidelines should be no more than 3-4 pages long. Anyone who wishes to suggest topics should contact Bella Madan.

It was confirmed that each concise guideline steering group were responsible for ensuring that there was no conflict between the concise and full guidance and that a quality assurance process was followed. It was further noted that engagement with relevant specialty societies was also undertaken in advance. Consideration to obtaining NICE accreditation was also given, but it was noted that the process was lengthy (taking 12-18 months), time consuming and restrictive. NICE pathways are an interesting summary of NICE guidance but are restricted to the content of that guideline only. It was noted that NICE is not the only guidance relevant to UK medicine, some of which cover a full clinical pathway.

It was noted that the Clinical Effectiveness Forum (CEF) has been focussing on guidelines, setting standards and measuring them for 8 years. However how clinical practice makes the change identified in audit has not yet been addressed by this forum. Discussion followed on quality improvement and commissioning of services. It was noted that poor audit results often resulted from poor commissioning, and if the group were able to influence improvements in commissioning of services, we could move to implementation of improvements thereby closing the audit loop. This would need to be done by working at all organisational levels to influence commissioning where we can.

It was noted that some work around the outcomes framework may be useful. The Forum can look at collection and collation of data; consider risk factors etc., to move the framework forward. Sensible outcomes commissioning would be needed. It was considered important that service outcome data should be of high quality. Transparency data collection was also discussed, especially around patient issues and experiences. Gathering outcomes, opinion and effectiveness of care information and reporting this transparently. Various evaluation tools, such as PbR criteria and Sequin were discussed. This could be used as a basis for improvement of clinical services.

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