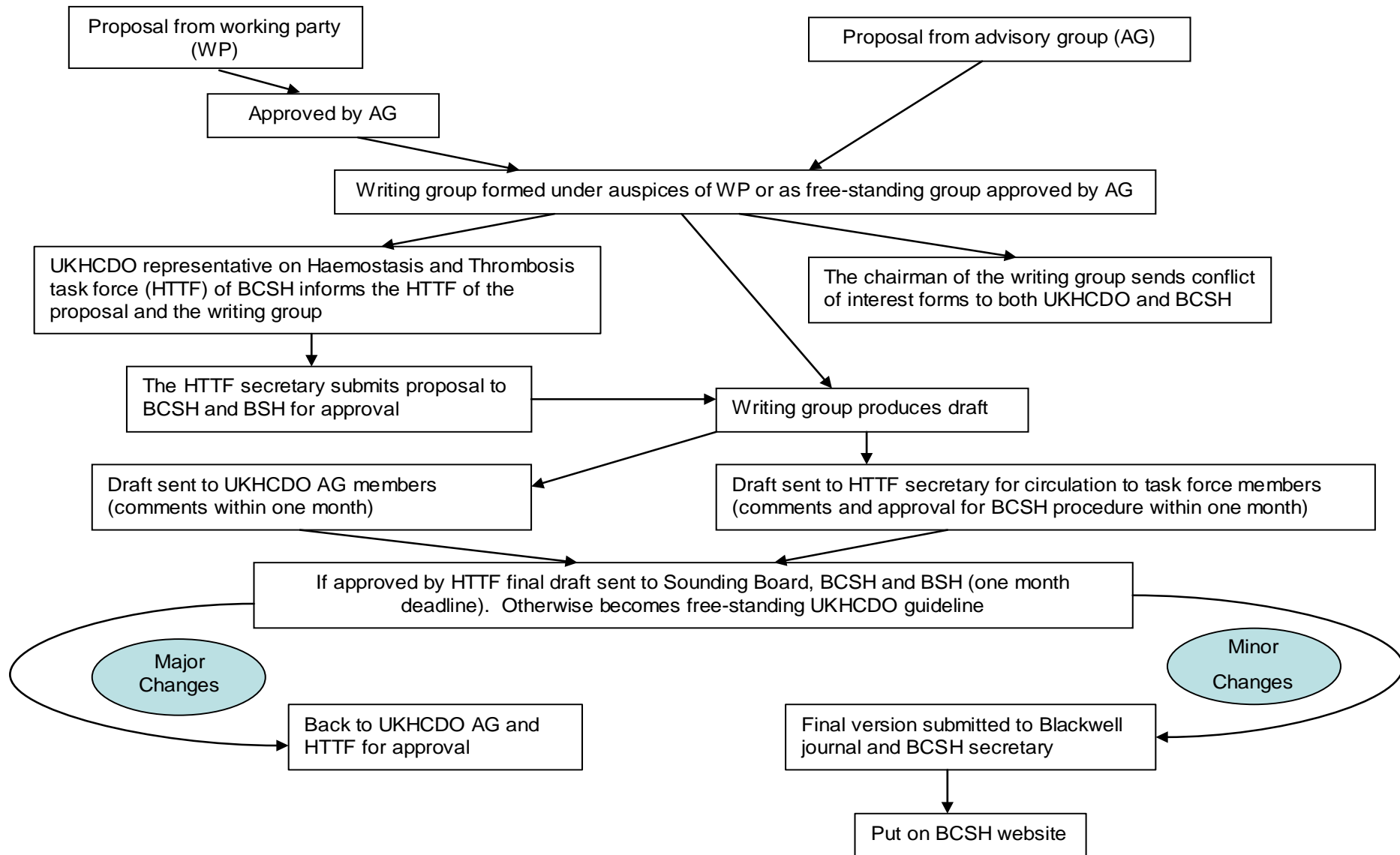


# PROCEDURE FOR UKHCDO GUIDELINES (September 2006)



## **GUIDANCE FOR WRITING GROUPS**

### **A. General**

#### **1. Sources of funding/declaration of interest**

Sponsorship from the pharmaceutical industry for any aspect of the writing process must be avoided at all costs and could prevent BCSH endorsement of any guideline subsequently produced. If other funding has been received this should be stated and any potential sources of bias introduced by the funding body will need to be taken into account. Furthermore any potential for conflict of interest of writing group members will need to be addressed and the guideline should have a statement at the end dealing with this issue. Declaration of interest forms returned to UKHCDO and BCSH administrator as soon as possible. See appendix 1 for declaration of interest forms and details on how these are handled.

#### **2. Following the procedure**

The Chair of the Writing Group is to ensure that the guideline process is followed and the guideline layout is consistent with the suggestions made in Section B (next page).

#### **3. Software**

To facilitate review of guidelines all documents should be written in Microsoft Word; the change tracking facility of this programme is particularly useful. Arial font (12 point) should be used to facilitate on screen viewing.

#### **4. Website considerations**

All BCSH guidelines will ultimately appear on the BCSH website ([www.bcshguidelines.com](http://www.bcshguidelines.com)). Whenever possible writing groups should provide details of web based sources of information so that hyperlinks can be provided from the full text version direct to these sources.

#### **5. Publication**

The final version should be submitted for publication to a Blackwells Journal unless there are compelling reasons otherwise ie. British Journal of Haematology, Clinical and Laboratory Haematology, Transfusion Medicine, Haemophilia or the Journal of Thrombosis and Haemostasis. This will enable the PDF file to be obtained easily for loading on to the website and will also enable a link to the full text version via synergy.

## **B. Guideline Layout**

### 1. Title / Correspondence / Disclaimer

Writing groups should follow the layout illustrated in Appendix 2 when submitting guidelines for publication. This recognises the authors and UKHCDO. It also provides a permanent correspondence address and legal disclaimer.

### 2. Summary

The guideline should include a brief summary of the key recommendations. This should be prominent and preferably near the beginning of the document. The layout will depend on the topic and will usually be presented as a series of 'bullet points'. A table or algorithm may be even better.

### 3. Objectives

The reasons for developing the guideline should be stated together with a discussion of the aims of the guideline. If the guideline concerns patient management, the population should be defined as accurately as possible both in terms of demographics and the diseases to be considered. If relevant, there should be explanation of the circumstances in which the guideline may not be appropriate to individual patients and how patient preferences should be taken into account.

### 4. Methods

The appropriate method depends on the evidence base and the resources available to the drafting group. As a minimum, the guidelines should be 'evidence based' and where possible risk/benefit and pharmaco-economic analysis should be included, thus producing an 'evaluative' guideline. However, if adequate evidence is lacking a consensus guideline may be all that is possible. Writing groups are encouraged to apply the 'AGREE' instrument for assessment of guidelines (downloadable from [www.agreecollaboration.org](http://www.agreecollaboration.org))

The precise strategy of the literature search must be stated and should include details of the subject headings, databases searched, period of search, literature types and whether limited to English etc. Internet search details should include the search words and search engines used. If appropriate, details should also be given on how the results were assessed and the criteria for choosing evidence for further study. There should be a statement covering how the evidence was appraised and categorised. Currently the most commonly applied system for classification of evidence and grading of recommendations is that devised by the US Agency for Health Care Policy and Research (summarised in appendix 3).

### 5. Recommendations

The guideline should discuss the relevant evidence and provide clear conclusions showing grades of recommendations and levels of evidence. Recommendations should stand out clearly at the end of the relevant discussion by putting them in bold or into a table.

### 6. Audit

The guideline should suggest standard or targets which could be used as topics for audit.

### 6. Review date

**Appendix 1**

**THE BRITISH SOCIETY FOR HAEMATOLOGY**  
**The British Committee for Standards in Haematology**

**DECLARATION OF INTEREST**

**All fields must be completed and legible, otherwise your form will be returned**

Title of Guideline: \_\_\_\_\_

\_\_\_\_\_

Task Force: \_\_\_\_\_

- 1. Have you in the past five years accepted the following from an organisation that may in any way gain or lose financially from the recommendations in this guideline? (If YES, state dates and amounts in the following banding groups less than £1k, £1k to £5k, £5k to £20k and greater than £20k)**

Reimbursement for attending a symposium? \_\_\_\_\_

A fee for speaking? \_\_\_\_\_

A fee for organising education? \_\_\_\_\_

Funds for research? \_\_\_\_\_

Funds for a member of staff? \_\_\_\_\_

Fees for consulting? \_\_\_\_\_

- 2. Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the advice in the proposed?**

\_\_\_\_\_

- 3. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the recommendations in this guideline?**

\_\_\_\_\_

- 4. Do you have any other competing financial interests, such as share options or company directorships, where you or your partner/spouse might benefit from the advice in this guideline?**

\_\_\_\_\_

Signed: ..... Name: .....

Date ..... Tel: ..... Fax: .....

Email .....

Address .....  
.....  
.....  
..... Postcode .....

Please return this form to Daphne Harvey, BSH, 100 White Lion St, London N1 9PF

**Received by Taskforce Secretary**

Approval Signature Date

Reviewed by Task Force Chairman

Approval Signature Date

Reviewed by BCSH Chairman

Approval Signature Date

**Received and filed by BSH Administrator**

Approval Signature Date

## *Appendix 2*

### **Title of Guideline**

A United Kingdom Haemophilia Centre Doctors' Organisation guideline approved by the British Committee for Standards in Haematology

Authors

Address for correspondence:

UKHCDO Chairman

Email : a generic email address for UKHCDO secretariat

### **Disclaimer**

While the advice and information in these guidelines is believed to be true and accurate at the time of going to press, neither the authors, the UKHCDO, the British Society for Haematology nor the publishers accept any legal responsibility for the content of these guidelines.

**Date for guideline review**

## **Introduction**

The guideline group was selected to be representative of UK based medical experts and patients representatives. MEDLINE and EMBASE were searched systematically for publications in English from x – xx using key words x x x . The writing group produced the draft guideline which was subsequently revised by consensus by members of the UKHCDO Advisory Group and the Haemostasis and Thrombosis Task Force of the British Committee for Standards in Haematology. The guideline was then reviewed by a sounding board of approximately 100 UK haematologists, the BCSH (British Committee for Standards in Haematology) and the British Society for Haematology Committee and comments incorporated where appropriate. Criteria used to quote levels and grades of evidence are as outlined in <http://www.bcsghguidelines.com/process1.asp#App3>. The objective of this guideline is to provide healthcare professionals with clear guidance on the management of xxxxx in patients with yyyy. The guidance may not be appropriate to patients with xxx and in all cases individual patient circumstances may dictate an alternative approach.

## **Guideline update**

*The text should indicate if there has been a previous guideline and if this is an update to be read in conjunction with or is to replace previous guideline. Previous guideline should be referenced.*

Summary of key recommendations.

**This should be included as a bulleted list or table at the beginning of the document.**

### **1 MAIN SECTION HEADING**

This is standard text

#### **1.1 Section subheading**

This is standard text

##### **1.1.1 Sub-subheading**

This is standard text

## **Recommendation**

**Recommendations should be made in bold.**

## **2 MAIN SECTION HEADING**

This is standard text

### **2.1 Section subheading**

This is standard text

#### **2.1.1 *Sub-subheading***

This is standard text

### **Recommendation**

**Recommendations should be made in bold.**

### **Suggested topics for audit**

Insert text as appropriate.

### **Acknowledgements and declarations of interest**

None of the authors have declared a conflict of interest (or other statement as agreed between the writing group).

### **References**

#### Other notes

To facilitate on screen viewing all text should be written in Arial font (at least 12 point) and left justified only.

## **Appendix 3**

### CLASSIFICATION OF EVIDENCE LEVELS

- Ia Evidence obtained from meta-analysis of randomised controlled trials.
- Ib Evidence obtained from at least one randomised controlled trial
- IIa Evidence obtained from at least one well-designed controlled study without randomisation.
- IIb Evidence obtained from at least one other type of well-designed quasi-experimental study\*.
- III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

### **CLASSIFICATION OF GRADES OF RECOMMENDATIONS**

- A Requires at least one randomised controlled trial as part of a body of literature of overall good quality and consistency addressing specific recommendation.  
(*Evidence levels Ia, Ib*).
- B Requires the availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.  
(*Evidence levels IIa, IIb, III*).
- C Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates an absence of directly applicable clinical studies of good quality.  
(*Evidence level IV*).

Evidence obtained from the literature searches should be assessed by the drafting group and recommendations formulated from this evidence. As in the summary, the recommendations need to be graded according to the strength of supporting evidence using the AHPCR system. If there are several possible options for management, these should be enumerated and also linked to supporting evidence.

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\* refers to a situation in which implementation of an intervention is outwith the control of the investigators, but an opportunity exists to evaluate its effect.