Clinical practice guidelines: the priorities

Claire Palmer

The Clinical Practice Guidelines (CPG) Steering Group commissioned a survey to find out which areas of clinical practice the mental health community view as priority for the development of clinical practice guidelines (CPGs). Fifty per cent of all professionals and service users surveyed considered 'the assessment of risk and management of deliberate self-harm and dangerousness' a priority area for guideline development. These findings provided the basis for a successful bid to the Department of Health for the development of The Royal College of Psychiatrists' first CPG.

The Clinical Practice Guidelines (CPG) Steering Group oversees The Royal College of Psychiatrists' CPG Programme and is chaired by the College Registrar. The Group is committed to involving representatives of all groups with an interest in mental health care in all stages of guideline development to ensure that guidelines are useful to them. The first step for the Steering Group was to establish a list of guideline topics in areas which are of priority for clinicians, service users and other groups who may use the guidelines. The Steering Group commissioned the CPG Office to undertake a large survey of the mental health 'community' in order to establish the areas where guidelines would be most useful.

The sample comprised: consultant and trainee psychiatrists from all specialities; service users; community and hospital psychiatric nurses; occupational therapists; social workers; general practitioners; clinical psychologists; clinical audit convenors (i.e. the psychiatrist responsible for leading clinical audit within a provider unit); public health consultants (on behalf of purchasing authorities); mental health service managers; charities and voluntary groups with an interest in mental health issues; chief executives from provider units; and decision-makers for mental health issues within the Department of Health.

The study

A postal survey was the chosen method so that a large sample could be surveyed. The Chairs and/or Secretaries of The Royal College of Psychiatrists' Speciality Sections and the National Institute of Nursing were asked to outline five areas they considered to be a priority for guidelines' development in their field. This was compiled into a 'pick list' of fifty-six topics. Each topic was identified by a number. Respondents were asked to select from this list five topics they considered the greatest priority and identify the topic numbers on a return postcard, without ranking them. Five hundred surveys were sent to psychiatrists of all grades and specialities, 100 to each professional group and service users, 26 to charities and voluntary groups and 34 to the Department of Health.

Findings

The overall response rate to 1646 surveys was 38% (618 replies). There was a considerable range in response rate across groups, from 65% (occupational therapists) to 0% (Department of Health). The response rate for all grades of psychiatrist was 42% (292). The percentage of psychiatrists responding from the different specialities closely corresponded to the percentage of Royal College members belonging to each of these specialities (i.e. 40% general, 11% child and adolescent, 9% old age, 2–7% other specialities, 17% more than one speciality). Of the 292 psychiatrists who responded 75% (219) were consultants, 24% were trainees and 1% staff grade.

Table 1 shows the 15 most frequently selected topics by the total sample, followed by the percentages for each sub-group within the sample.

Each of the 56 topics in the pick list was selected several times. 'Deliberate self-harm and dangerousness – assessment of risk and management' was the most frequently selected topic overall, with 50% (309) of respondents selecting it. It features in the five most frequently made selections of every sub-group, and for every psychiatric speciality except learning disabilities (these psychiatrists most frequently selected 'aggressive behaviour in people with learning disabilities'). The most frequently selected topic for users of mental health services was 'outreach support to service users in the community'. Fifty per cent of users included this as one of their five

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Table 1. Priority topics in clinical practice guidelines

Guideline topic: the 15 most commonly selected topics	Percentage of each respondent group which selected topic as priority											
	All % of total (*n*=618)	Users % (*n*=36)	Cons. psych. % (*n*=219)	Trainee psych. % (*n*=69)	Nurses % (*n*=83)	Social workers % (*n*=40)	GPs % (*n*=17)	Public health % (*n*=26)	Charities/ Voluntary groups % (*n*=12)	Psychologists % (*n*=21)	OTs % (*n*=21)	Managers % (*n*=26)
1. Assessment and management of deliberate self-harm and dangerousness	50.0	25	47	58	64	37	47	58	33	38	51	65
2. Management of violent in-patients	32.2	11	41	51	40	2	0	8	8	19	18	58
3. Appropriate interventions in long-term management of severe mental illness	22.3	14	15	16	25	20	18	38	66	5	52	27
4. High-dose medication – prescribing and monitoring	19.9	28	26	32	18	15	29	15	0	9	5	19
5. Working with the family of people with severe mental illness	18.0	22	11	4	24	22	6	8	75	5	46	34
6. Outreach support to service users in the community	16.8	50	9	6	17	20	6	19	50	5	34	31
7. Seriously mentally disordered individuals – management in the community	16.6	19	11	19	11	35	6	23	8	14	26	8
8. Adults with challenging behaviour – management in the community	15.2	14	11	10	13	27	12	23	0	14	21	31
9. Clinical indications for specific psychotherapies	15.0	8	12	17	12	7	12	23	17	9	23	15
10. Process of discharge from hospital	14.0	25	10	6	11	20	6	23	8	9	23	27
11. Mood stabilising medication – prescribing and monitoring	13.4	17	17	19	14	7	23	0	17	9	3	0
12. Assessment and management of psychological reactions to traumatic events	12.9	14	11	10	20	5	29	4	17	28	14	11
13. Sexual abuse – clinical considerations in disclosure	12.3	0	11	27	11	15	0	4	8	33	15	0
14. Immediate assessment and management of acutely disturbed patients	11.5	14	12	13	17	10	12	4	0	0	5	0
15. ECT – assessment and management of the patient	10.8	25	14	13	7	2	0	4	0	14	3	11

OTs, occupational therapists

Table 2. Factors to consider when deciding priorities for CPG development (adapted from Hayward & Laupacis, 1993)

1. Prevalence of condition
2. Established variation in practice
3. Potential to change health outcomes
4. Potential to change cost outcomes
5. Potential to change ethical, legal or social issues
6. Cost of developing CPG

choices. General practitioners most frequently selected 'dementia in the elderly – assessment, investigation and management'.

Comment

The survey suggests that the assessment and management of deliberate self-harm and dangerousness is of great concern among many psychiatrists, across clinical disciplines, and for service users. Following the survey, the CPG Office submitted a successful bid to the Department of Health to develop a guideline for 'the immediate management of people with severe mental illness who are at risk of harming themselves or others'. Progress on the development of this CPG will be described in a forthcoming article in the *Psychiatric Bulletin*.

Several factors are important when deciding priorities for CPG development (Hayward & Laupacis, 1993). (See Table 2). In future, the Steering Group may consider alternative or additional approaches. These may include working through the list of guidelines already identified as priorities by the groups surveyed here. The Steering Group will continue to aim to prioritise topics where there is consensus about importance, and it will also be important to consider the need for CPGs in speciality areas, for example child and adolescent services, where coverage may be more restricted but clinical need just as pressing. It is likely that outlines for several CPGs will be developed based on further analysis of this survey.

Since CPG development is costly, an important aim for central CPG initiatives will be to develop them in areas where they are likely to have greatest affect on health outcome and patient care.

References

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Claire Palmer, *Clinical Practice Guidelines Facilitator, CPG Office, Royal College of Psychiatrists, SW1X 8PG*

Correspondence: Claire Palmer, CPG Office, Royal College of Psychiatrists' Research Unit, 11 Grosvenor Crescent, London SW1X 7EE

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