

How to change practice

Understand, identify and overcome barriers to change

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Getting started

About NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

Successful implementation of NICE guidance helps ensure high standards of patient care and patient safety in line with the best available evidence on clinical and cost effectiveness.

What is the aim of this guide?

This guide aims to improve patient care by giving practical advice on how to encourage healthcare professionals and managers to change their practice in line with the latest guidance. It is focused on the healthcare setting, but the general principles of change maybe applicable elsewhere.

Thinking about improving patient care?

Changing established behaviour of any kind is difficult. It is particularly challenging in healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers.

Change can take a long time; a clinical guideline can take up to 3 years to be fully implemented. You may need to consider the scale of change that can be achieved realistically; even small changes can have a positive impact, especially if the change involves an action that is repeated often.

Certain factors may help to foster an environment that is conducive to change. An organisation where there is strong leadership and everyone is focused on improving patient care is likely to develop motivated staff with a desire for continuous improvement. However, barriers to changing established practice may prevent or impede progress in all organisations, whatever the culture. Here we focus on barriers that operate at an individual rather than an organisational level. Further reading on organisational change is listed on pages 45 and 46.

Organisations also need a clear system in place to support implementation of evidence-based guidance. You can find a suggested process in 'How to put NICE guidance into practice' (see page 41).

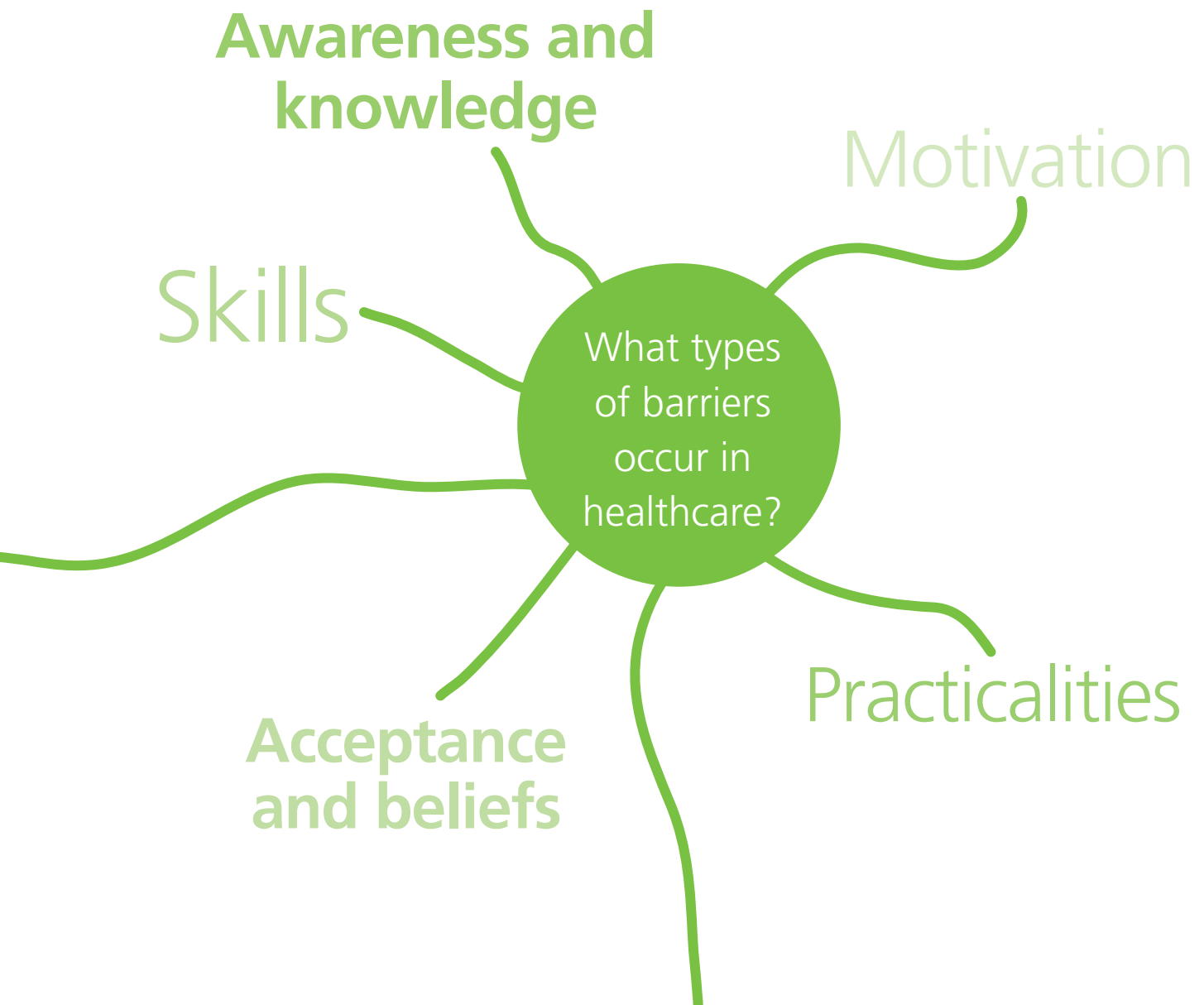
'Change is not made without inconvenience, even from worse to better.'

Richard Hooker, 1554–1600

Using this guide

This guide is in three parts.

- **Part 1** discusses the types of barriers to change encountered in healthcare. It should help you to **understand** the different types of barriers and why change may be difficult.
- **Part 2** offers you practical suggestions for how to **identify** the barriers to change in your organisation.
- **Part 3** shows you how to **overcome** these barriers, and highlights potential levers to help you do this. Real-life examples illustrate how the methods described have brought about positive changes in a range of situations.



Part 1

Understand the barriers to change

To develop a successful strategy for change, you need to understand the types of barriers faced in healthcare. Using this knowledge, you can consider which barriers and levers may operate in your organisation and which may be relevant to a particular problem. Following careful consideration, it is possible to develop a tailored approach to overcome the barriers, encourage changes in behaviour and ultimately implement guidance.

Awareness and knowledge

Awareness and knowledge of what needs to change and why, are vital first steps in enabling change to occur. Evidence shows that healthcare professionals are often unaware of, and lack familiarity with, the latest evidence-based guidance. In addition, they may be aware that new guidance has been issued but don't know how their current way of working needs to change to ensure they provide the best care for patients in line with the guidance. Some professionals may feel that guidance undermines their autonomy or is not applicable to their population, and so don't consistently refer to it.

Motivation

Motivation is a fundamental part of nearly everything we do. External factors can drive motivation and change behaviour, for example, the provision of incentives or penalties imposed as part of regulatory checks. But internal factors, such as individuals' self-motivation, drive and desire to improve are very important too. Intentions and goals can impact on how much people want to change. Their priorities and commitments may also interfere with their ability to change.

Acceptance and beliefs

An individual's personal beliefs and attitudes impact significantly on the way they behave. Perceptions of the benefits of any proposed change versus the costs, both practical and financial, can be important. Perceptions of the views of others may also have an impact. Some healthcare professionals may find it difficult to accept new guidance if it is in conflict with other guidance issued by professional bodies or the opinion of an influential colleague. Other professionals may not believe that recommendations reflect the evidence or that they will achieve better patient outcomes. A person's belief in their own ability to adopt a new behaviour also has an impact on whether a change is implemented.

Skills

To make change happen, individuals need to know not only about what needs to change, but also how best to competently carry out the change. Healthcare professionals may need training to ensure they have the skills to deliver best practice. They may need the time to learn new skills and practice them. Support from peers or mentoring might be needed. Individual abilities, interpersonal skills and coping strategies will also affect how easy or difficult it will be for individuals to learn new skills.

Practicalities

Practical barriers can involve a lack of resources or personnel, or difficulties in establishing service delivery. New equipment might be needed in order to enable new guidance to be followed. In some cases the configuration of services or the infrastructure of the organisation may need to be altered to allow for change to happen. Another practical difficulty is maintaining change in the long term. If key members of staff leave or priorities shift it may be difficult to maintain any changes that have been introduced.

Barriers beyond our control – the external environment

The financial and political environment can impact on healthcare professionals' desire, motivation and ability to make changes. At an organisational level, financial systems may not facilitate payments for new interventions and resources may be constrained. Incentive mechanisms and regulatory processes may not be aligned with what's needed to implement the changes.

Evidence shows that regulation and national target setting bring about improvements in the quality of healthcare. Mandatory reporting has been shown to bring about improvements in patient care. There is also evidence to show that continued professional development is linked to improved quality of care and better patient outcomes.



Part 2

Identify the barriers to change

Equipped with an understanding of the types of barriers faced in healthcare, you now need to identify the barriers that your organisation faces. This will involve looking at the specific barriers for different individuals in your organisation in relation to a particular piece of evidence-based guidance.

When implementing any new policy or guidance, it is essential to identify the gap between recommended practice and current practice (baseline assessment). Ideally, this assessment will also help to identify the potential and actual barriers to change, allowing you to pinpoint the practical actions needed to implement the change along with the groups of professionals who are key in bridging this gap.

Those affected by change may be clinicians, managers or other support staff, and both individual roles and how people work with others will need to be considered. The potential impact of any new recommendations can be described in terms of:

- type of staff required
- number of staff required
- training and equipment needed
- relevant established networks, meetings, forums
- ongoing educational initiatives.

Evidence shows that there are a number of methods that can be used to identify where change is needed and potential barriers to that change. Your choice of method will be guided by local circumstances, including the numbers of professionals involved and the time and resources available. In some situations, more than one approach may be needed.

Talk to key individuals

Key individuals have specific understanding of a given situation and have the knowledge, skills and authority to enable them to think around a topic and explore new ideas. You may want to consider talking to a group of key individuals through one of their regular meetings, for example, a ward sisters' meeting.

Talking to a key individual or a group of key individuals is an informal way of gaining insight into a particular problem or situation. This method has a number of advantages, for example:

- it enables ideas to be explored in an iterative fashion
- detailed information can be obtained
- it is quick and inexpensive.

There may be some disadvantages, for example:

- it relies heavily on the key individual(s)
- the responses may be subject to bias
- it may be difficult to find the right person (or people) to talk to
- additional corroboration may be needed.

Talking to a key individual may be used, for example, when you are considering introducing a new procedure on to a hospital ward. By discussing the potential barriers that might arise as a result of introducing the new procedure with key individuals that will be affected, you can get specific details of the problems you are likely to face.

Observe clinical practice in action

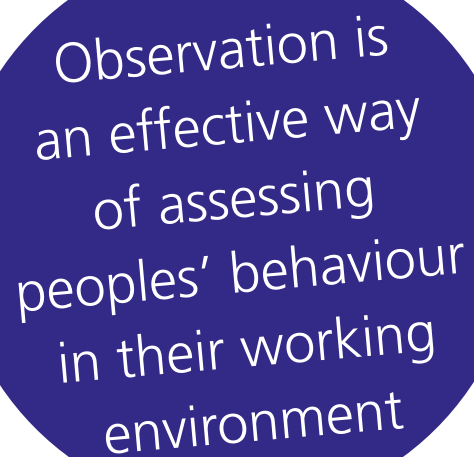
Sometimes the best way of assessing current clinical practice in your organisation is by observing individual behaviours and interactions. This is especially appropriate if you are looking at events that happen quite often, for example, hand washing. This method has a number of advantages, for example:

- it enables detailed analysis of current behaviours in context
- it eliminates reporting bias
- it can provide a useful method for monitoring progress, if repeated on a regular basis.

There may be some disadvantages, for example:

- it can be difficult to gain consent from the people you want to observe
- peoples' behaviour can alter when they know they are being watched
- a skilled observer is needed to minimise influence on the person being observed
- methods of data collection need careful consideration.

A more formal way of doing this is through an audit (see page 23).



Observation is
an effective way
of assessing
peoples' behaviour
in their working
environment

Use a questionnaire

A questionnaire is a good way of exploring the knowledge, beliefs, attitudes and behaviour of a group of geographically dispersed healthcare professionals. Careful thought needs to be given to the design of the questions, as the quality of the answers relies heavily on the quality of the questions. Both electronic and paper formats can be used to encourage responses. This method has a number of advantages, for example:

- it allows rapid collection of relatively large amounts of data from a large number of people
- it enables statistical analysis of standardised data
- it provides the opportunity to highlight the need for change through communication of the results
- it is relatively inexpensive.

There may be some disadvantages, for example:

- significant time is needed to develop good questions
- it is not possible to ask follow-up questions
- the response rate may be poor and may be biased towards high performers
- the nature of self-reporting means it can be inaccurate.

A questionnaire may be used, for example, when a primary care trust (PCT) is looking for feedback from a group of practice-based clinicians across their area.



A good questionnaire can help you get a clear picture of current practice

Brainstorm

Brainstorming is a way of developing creative solutions to problems. It can be done informally in small groups or as part of a focus group (see page 17). The session starts with an outline of the problem and then participants are encouraged to come up with as many ideas as possible to solve it. One of the great things about brainstorming is that participants can bounce ideas off each other and develop and refine them further. This method has a number of advantages, for example:

- it is fast and easy to do
- it generates lots of ideas
- it helps engage people in the process of change.

There may be some disadvantages, for example:

- it needs a skilled facilitator
- more vocal members of the group may dominate the discussion
- organising a session among a group of healthcare professionals can be difficult because of their clinical commitments.

Run a focus group

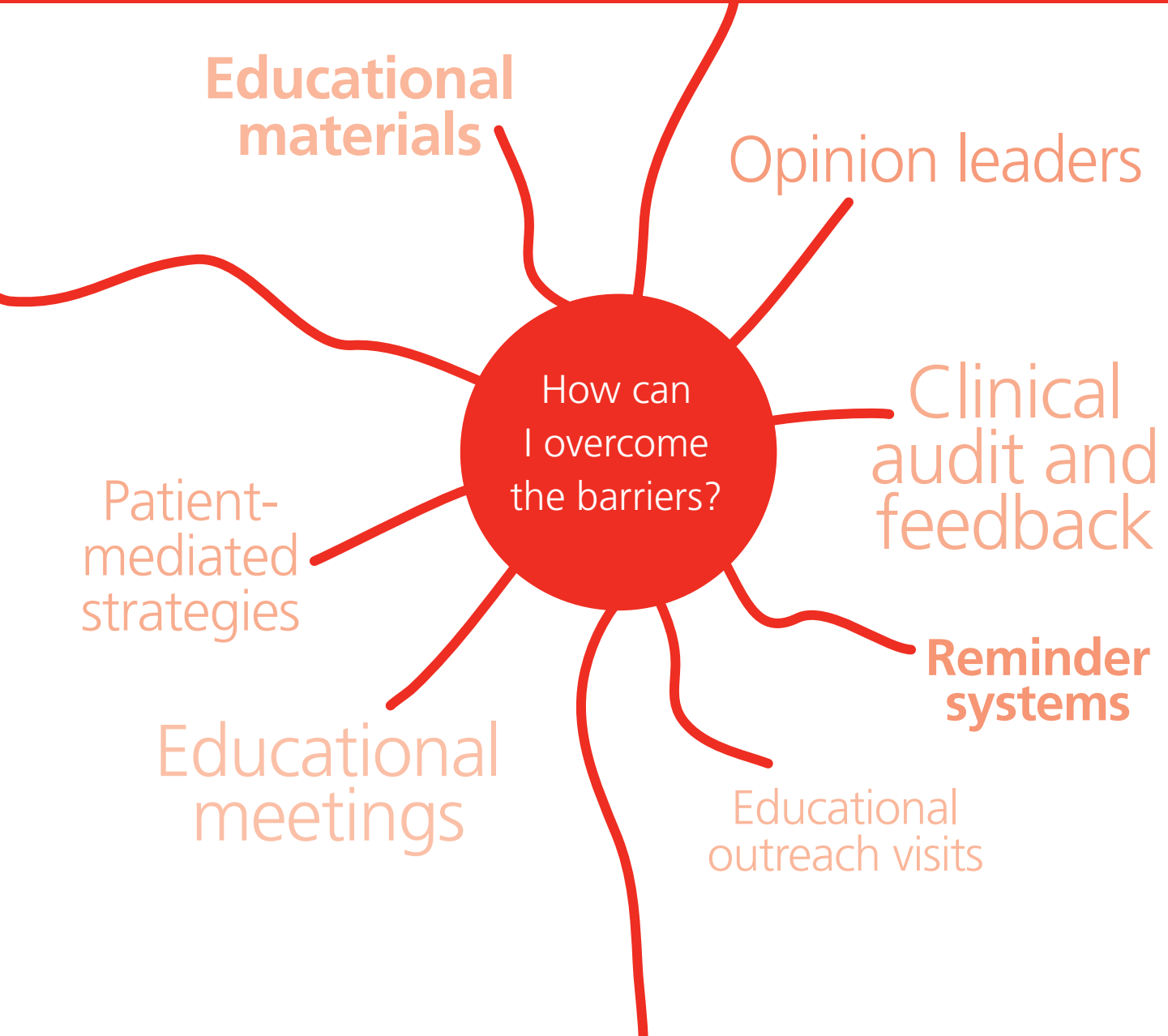
Focus groups are a powerful means of evaluating current practice and testing new ideas. They comprise a facilitated discussion or interview involving a group of 6–10 people. Open questions are posed by the facilitator, who then encourages the group to discuss their experiences and thoughts, and reflect on the views of others. This method has a number of advantages, for example:

- it enables a representative group of people to share ideas
- it allows a wide range of in-depth information to be obtained
- it encourages new ideas and perspectives
- it helps get people engaged in the change process
- it is relatively quick and easy to perform.

There may be some disadvantages, for example:

- a skilled facilitator is needed to ensure everyone is able to express their views
- it can be difficult to find a suitable time for everyone to attend
- incentives may need to be offered to encourage attendance
- analysis can be time consuming
- careful planning and analysis are needed.

A focus group may be used, for example, as a way of exploring the introduction of new early intervention services that will impact on the work of a range of healthcare professionals in different care settings.



Part 3

Overcome the barriers to change

In Part 1 of this guide you gained an understanding of the barriers faced in healthcare. In Part 2, methods to help you identify the barriers you may face when implementing new guidance were discussed. In Part 3 of this guide we show you how to overcome these barriers using evidence-based methods and real-life examples.

Remember, there is no one method to overcome all the different barriers; different approaches will be effective for different people and different situations. These methods can be used on their own or together; combining methods may have a bigger impact on change.

Educational materials

Booklets, leaflets, journal supplements, CD-ROMs, videos and DVDs, online tools and computer programs are often used to inform healthcare professionals about the latest developments in their field. At NICE we publish a 'quick reference guide', which summarises our recommendations, designed especially for the healthcare professionals upon whom it impacts. This document alerts the reader to key changes in practice and provides a resource that can be referred to again and again.

What the evidence tells us

- Educational materials raise awareness of the desired change.
- Formats and layout can affect the influence of materials in changing behaviour.
- The impetus is on healthcare professionals to read and recognise what change is needed.
- Even if the change produced is modest, this could be important if replicated in everyday practice.
- Printed materials are low cost.
- Educational materials are most effective in changing behaviour when they are combined with other methods.



Use educational materials in combination with other methods

Educational meetings

Conferences, workshops, training courses and lectures are often used to educate healthcare professionals about the latest developments in their field.

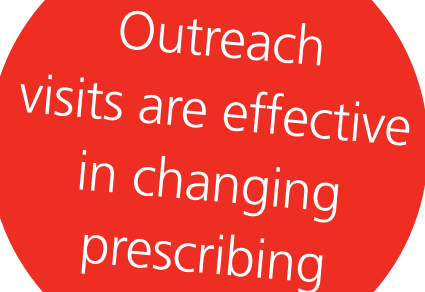
These meetings can be divided into two categories: large-scale meetings, such as lectures and conferences where the audience is largely passive, and small-scale meetings, such as interactive workshops and training courses where the participants take a more active role in learning. The potential audience for formal lectures and presentations can be significantly increased through webcasting, but this eliminates any benefits associated with direct interaction.



Interactive meetings are effective in changing behaviour

What the evidence tells us

- The more interactive a meeting is, the more effective it is in changing behaviour.
- Conferences and lectures raise awareness about the desired change, but are less effective in making changes happen.
- Interactive workshops are effective in changing behaviour.



Outreach visits are effective in changing prescribing

Educational outreach visits

Educational outreach visits (also known as academic detailing) were originally used by the pharmaceutical industry to influence the prescribing behaviour of doctors. Trained individuals visit healthcare professionals in their own practice and offer information, support and instruction in line with current best practice.

What the evidence tells us

- Outreach visits are effective in tackling certain types of change, such as changes in prescribing, the delivery of preventative services and management of common clinical problems in general practice.
- Visiting more than once increases its effectiveness.
- The identity of the outreach visitor may have an impact on its effectiveness.
- Visits are more effective when combined with reminders and/or interventions aimed at patients.
- Visits are also more effective when tailored to individual barriers and situations.
- It is not clear if visits are effective in tackling more complicated changes in practice, such as the use of diagnostic tests and referral practices.
- Visits can be expensive and time consuming.

Opinion leaders

Opinion leaders use their influence to motivate and inspire healthcare professionals to achieve the best possible care for patients. They are well respected among their peers and act as role models for junior colleagues. They can make a positive difference in a variety of ways, from providing a signature for a letter accompanying the guidance, to delivering speeches, writing articles in influential journals or undertaking outreach visits.

What the evidence tells us

- Using the influence of opinion leaders is generally an effective way of disseminating information.
- It can be difficult to identify appropriate opinion leaders; the most influential individuals are not necessarily evident from their job titles.

Clinical audit and feedback

Clinical audit and feedback involves retrospective reporting of information to individuals or organisations about their practice as part of a drive to improve quality. Data are collected from actual practice to provide insight into particular aspects of care, through either internal audit, where healthcare professionals are involved in data collection, or external audit, where others collect and collate the information. Feedback may be on outcomes of care, costs or other elements of clinical performance, and may also include a comparison against peers.

What the evidence tells us

- Audit can be a positive way of generating change.
- The quality and type of data gathered are important; clinically rich data are more interesting to healthcare professionals.
- Audit is more effective if staff buy-in to the process and if they have an active role in it.
- Audit is also more effective if the person delivering feedback is respected by those receiving it.
- Feedback on audit is more effective in changing practice when it is timely.
- Feedback is particularly effective when combined with educational materials and meetings.
- Feedback is also effective when combined with financial incentives.

Reminder systems

Reminders and computer-aided decision-support systems aim to provide healthcare professionals with specific information, when they need it. These prompts are designed to reflect best practice and remind healthcare professionals to take or avoid a certain action. Reminder stickers on medical notes and computer-aided decision-support systems all enable quick access to patient-specific best practice during a consultation.

What the evidence tells us

- Reminders are effective in changing behaviour.
- They are more effective if given at the point of decision making.
- Increasing the frequency of the reminder increases its effectiveness.
- Healthcare professionals who are still training are likely to benefit more than established staff.
- Computer-aided decision-support systems can be effective in changing prescribing and in the delivery of preventative services.
- They are unable to cope with complex decision making.



*Tailored
reminders
can change
behaviour*

Patient-mediated strategies

Patient-mediated strategies focus on giving information to patients and the wider public. These strategies can help to change the behaviour of healthcare professionals in a number of ways. Equipped with knowledge about the latest evidence-based practice, patients are more able to influence decisions made during consultations about their care. Patients are also more accepting of any changes to their care if they know that it is in line with the evidence.

There is evidence that mass media campaigns work by educating both professionals and patients about changes in practice. Patients are also more likely to adhere to the treatment offered if they are well informed, which in turn helps to keep professionals motivated.

What the evidence tells us

- Information disseminated through the mass media is effective in changing behaviour.
- Both planned and unplanned media campaigns are effective.
- Provision of educational materials to patients is effective in changing the behaviour of healthcare professionals.
- Provision of educational materials to patients helps ensure concordance, leading to better outcomes which motivate healthcare professionals.



Mapping barriers to methods

If we now take all of the information gathered about what needs to change, who is affected and the likely barriers, and combine it with our understanding of what works to make change happen in different situations, we can map the barriers to specific methods.



Awareness and knowledge

Do they know about the guidance?

Ensuring that everyone in your organisation knows about the latest guidance in their field can be challenging.

'We developed a simple electronic newsletter to alert all NICE leads, patient and public involvement representatives, other primary care service team members and general practices in Milton Keynes when NICE have produced new guidance. Our newsletter has made electronic access to the guidance faster and more efficient and helped to ensure everyone is up-to-date.'

Natalie Whitchurch, Milton Keynes PCT.

- Set up a dissemination process to ensure everyone in your organisation knows about the latest NICE guidance.

Do they know what the guidance says?

Help relevant staff to pick up all of the key recommendations that affect them.

'We use prescribing information to show us when drugs are being used contrary to NICE guidance. Often clinicians are simply unaware of the guidance, and after discussion they are keen to change their practice.'

Mr Liam Flood, South Tees Hospitals NHS Trust.

- Run educational workshops to highlight key messages and ensure all appropriate members of staff know what is covered in the guidance.

Do they know what needs to change?

Sometimes healthcare professionals are unaware of what needs to change as a result of the latest guidance. As an organisation, you will need to systematically compare current practice with the practice recommended in the guidance.

'If a gap between recommended practice and current practice is identified, funding and resources may be allocated toward addressing this.'

Caroline Holterman, North East Lincolnshire Care Trust Plus.

- Consider running a baseline assessment against the recommendations to identify where change is required, and ensure that everyone can see the results.
- Encourage opinion leaders to run educational meetings or conduct outreach visits to highlight changes in practice.

Motivation

How much do they want to do X?

Getting good feedback from patients about the care provided is very motivating.

'The role of patients in changing clinical practice is vital. If patients are satisfied with the care they have received and this is passed on to healthcare professionals, it can really change practice.'

Dr Michael Smith, NHS Greater Glasgow and Clyde.

- Design simple cards to enable feedback from patients. Think about how best to encourage patients to fill these in. Set up a system to collate the responses and ensure they are shared across your organisation.
- Consider running a media campaign to highlight changes in practice to patients.
- Provide patient-friendly educational materials to help aid understanding, consent and compliance.

Is there support from local opinion leaders?

Personal endorsement by respected peers is an extremely effective lever.

'GPs are much more accepting of change when they have seen that GPs from other PCTs have implemented the change with a positive effect.'

Catherine Baldrige, South Tyneside PCT.

'A clinical champion is essential for successful implementation and it's important to have a key contact in the trust with whom to liaise.'

Alun Davies, MS Society.

Identify a local opinion leader who will work to highlight the importance and benefits of the changes for patients, and encourage healthcare professionals to want to do X.

- > Identify good examples of local practice to share across your organisation and consider other ways that healthcare professionals could learn from one another, for example peer-to-peer coaching or individual academic detailing.
- > Consider leadership training for selected individuals.

Are there any internal levers that will encourage X?

Keeping up-to-date with the latest developments is part of a healthcare professional's commitment to their profession.

In some organisations implementation of NICE guidance has been incorporated into individual appraisals.

'We build NICE compliance into consultants' contracts and performance review objectives.'

Irina Dudnikova, Plymouth Hospitals NHS Trust.

- > Ensure implementation of guidance is part of individual performance review plans.



Find real-life examples on our shared learning database

Are there any external levers that will encourage X?

If national standards, targets and local area agreements are aligned with guidance it can really encourage change.

Tackling obesity is a key part of the local incentive scheme in one London-based organisation.

'We are working to increase, maintain and monitor implementation of our obesity pathway. Practices need to submit their obesity plans from a named obesity lead and data from their obesity register and other audit results. This has led to increased levels of implementation.'

Hannah Pheasant, Islington PCT.

- Identify external levers that can be used to encourage change.
- Consider working with organisations across your community to promote best practice and help encourage change.

Are there any regulatory levers or financial incentives to do X?

Regulation aims to improve quality and local strategies can be used to bring about changes in practice. Financial incentives can be set up to reward good practice. Recording non-compliance against national standards or recommendations can be a useful lever.

'Our practitioners have to fill out an exception report if they do not comply with guidance. This often leads to a reduction in off-guidance prescribing.'

Tina Stanier, 5 Boroughs Partnership NHS Trust.

- Identify financial incentives within your organisation that can be used to encourage change. For example, you may consider providing payments for carrying out clinical reviews.

- Consider setting up a prescribing incentive scheme, whereby primary care practices are rewarded if they follow NICE prescribing guidance.
- Check if guidance impacts on services covered by the tariffs set for payment by results. Increases in the levels of services commissioned can be used by providers to deliver increased activity, or reductions in activity commissioned can be redirected to provide community-based services.

Acceptance and beliefs

Is the guidance in conflict with professional bodies?

If NICE guidance is in conflict with previously issued guidance from a respected professional body, it can be difficult to encourage healthcare professionals to implement it.

'We were faced with a situation in which there were three sources of national guidance on target cholesterol and use of statins. Following debate at our high-level clinical advisory forum we agreed to develop a local commissioning policy which included a requirement that healthcare professionals follow NICE guidance.'

Frances Fairman, Swindon PCT.

- Get in touch with NICE, initially via your implementation consultant (see page 44), to find out more about how to resolve potential conflicts.
- Discuss any conflicts in an appropriate meeting (you may need to set one up) and agree an implementation plan.

Use the NICE costing template to work out resource savings through implementation

Do they believe the recommendations are robust and evidence based?

Healthcare professionals may not believe that new recommendations reflect best practice. There may also be disagreement about the way NICE works.

'Healthcare professionals can be sceptical about NICE guidance. To tackle this we have facilitated meetings in which we presented the clinical evidence, and asked healthcare professionals to discuss and come up with their own recommendations based on the evidence. This approach has been successful, and not only encouraged implementation of this guidance, but also raised awareness of the value and credibility of NICE.'

Mr Liam Flood, South Tees Hospitals NHS Trust.

- Encourage healthcare professionals to read the evidence underpinning the guidance. They may also be interested in our detailed process and methods manuals, which will help them understand how NICE works.
- Organise a topic-based workshop to discuss the evidence base and recommendations, and involve a local opinion leader.
- Encourage healthcare professionals to get involved in the development of guidance. They can suggest topics, comment on draft recommendations and may be able to join committees and development groups.

Do they believe the guidance will achieve better patient outcomes?

New guidance can provide the opportunity to engage with patients and ensure that services provided are changed in line with the guidance to meet patient needs.

Local patient groups can be involved in changing local services to improve patient care.

'We gave user groups information, including the latest guidance, and asked them to create services that truly meet their needs. In this way we can create a service that truly meets their needs and not a service that we think should meet their needs.'

Pamela Hancock, North East Lincolnshire PCT.

- Make sure patients and users are involved in changes to the way services are delivered.
- Encourage a patient-oriented approach by considering how patients perceive their care. Consider patient perspectives, their priorities and which issues will affect their quality of life.
- Set up a mechanism to gain continuous feedback from patients and users about a service. Share the results locally.



Skills

Do they know how to do X?

Educational meetings can make a real difference when changing practice.

'All general practices that attended our training events on the latest obesity guidance implemented the recommended pathway and those that did not attend the events did not implement even though they received the same educational materials.'

Hannah Pheasant, Islington PCT.

'We ran an educational meeting of 40 local GPs to highlight changes in practice for heavy menstrual bleeding. It became obvious that, in some practices, no one had been trained to insert the intrauterine device recommended as the first-line treatment. We worked together to develop a short-term referral pathway to ensure patients got the best care while training was underway.'

Rhoda Iranloye, Tower Hamlets PCT.

- Run local educational workshops to highlight changes in practice. Encourage attendance from across the locality and encourage healthcare professionals to explore short- and long-term solutions to training needs.
- Promote work-based methods of learning such as learning from and with peers and mentoring by senior colleagues.

Do they have time to develop new skills?

It can be hard to fit training around a busy work schedule.

'As a doctor it can be difficult to find time to keep up with all the latest guidance and any new skills required. Lunchtime training sessions help me balance my commitment to my clinical work and my professional development.'

Dr Clare Bent, Barts and The London NHS Trust.

- > Offer lunchtime sessions or breakfast meetings that allow learning to be fitted around work.
- > Tailor training to suit different learning styles and different people. Find ways to make the information 'bite-sized', consider web-based learning tools and other ways of making learning quick and easy.
- > Consider using telephone, video or web conferences to enable dispersed groups of healthcare professionals to learn together.
- > Explore ways to provide protected time for training and continued professional development.

Practicalities

Do they have the right infrastructure?

Basic organisational structures, processes, facilities, equipment and staffing need to be aligned with evidence-based practice in order to enable changes in healthcare professional behaviour.

'We wanted to redesign our abnormal uterine bleeding pathway to allow a one-stop diagnostic and treatment service, including intrauterine device insertions, in a community setting. We approached the PCT with our proposal to address the lack of capacity in secondary care. We have since developed a primary care-led service using PCT facilities and staff to provide a full range of diagnostic and treatment options.'

Anne Connolly, Bradford and Airedale PCT.

- Work with a range of professionals from different care settings to discuss how services can be delivered. Involve patients and users.
- Collect data to assess demand for new services to ensure that the service is required locally, and check that local referrers would like to access care via the proposed service.
- Develop a financial business case.
- Ensure high-level buy-in and support with a named management lead for any service change.
- Evaluate the service to ensure that it remains effective, safe and up-to-date.
- Review equipment requirements and plan resources required to make the change.

Is it difficult to prioritise?

Electronic systems can help organisations prioritise guidance and national policy.

'We set up a NICE guidance mailbox, which is accessible via the trust global email system. This mailbox is used for all responses and queries with regard to the NICE guidance implementation in the trust. It also makes it easier for the clinical governance team to coordinate and monitor all the responses.'

Irina Dudnikova, Plymouth Hospitals NHS Trust.

- Link your baseline assessment results to local mortality/morbidity ratios to help identify the worst local problem areas and prioritise where action is needed.
- Ensure there is a systematic approach to planning for implementation.
- Consider grouping similar guidance in clinical areas or themes, and tackle implementation in one hit.
- Consider how guidance impacts on local priorities.

Can the change be sustained in the long term?

The healthcare environment is always changing, staff move on, services may change and organisational priorities may shift. When considering how to implement change it is important to plan for how change will be sustained in the long term. Methods to change behaviour of healthcare professionals and implement guidance need to be flexible enough to cope with these changes.

- Ensure the changes are incorporated into local protocols, investigations and procedures.
- Consider adopting a reminder system.
- Sharing your results with other organisations can help sustain interest. Encourage work to be submitted for publication in journals and for presentation at conferences.

Combining methods for success

Case study 1

Mary McClarey, Plymouth Teaching PCT:

'We wanted to engage healthcare professionals in the implementation of NICE guidance and ensure a trust-wide approach.'

Opinion leaders: clinical champions were identified to lead workshops and drive change.

Educational materials: a 'nutshell' version was produced to accompany the guidance, focusing on the key points.

Questionnaires: a questionnaire was sent out to help identify current practice.

Educational meetings: monthly workshops were offered, and uptake varied depending on the complexity of the guidance issued.

Audit: an audit of commissioned services was undertaken by our NICE assurance manager, providing evidence of practice commissioned and compliance with national standards.

Case study 2

Dr Sara Roberts, Cornwall and Isles of Scilly PCT:

'We wanted to engage non-NHS partners in implementing obesity guidance.'

Raising awareness: an awareness campaign was launched and promoted through pharmacies and on a stand at the county show. Leaflets were sent alongside payslips to all local authority and NHS staff. The annual report of the Directors of Public Health also ran a major feature on our work.

Educational meetings: educational meetings were set up for practice nurses, pharmacists and junior doctors.

Educational materials: a leaflet was produced and a summary of recommendations tailored for schools was distributed at a conference for primary school head teachers.

Opinion leaders: opinion leaders and influential groups from across the community were identified to promote implementation.

External levers: existing frameworks and agreements were used to facilitate our work, including the Local Area Agreement, the pharmacy contract, the update of the Children and Young People's Plan and the priority objectives of the Neighbourhood Renewal Fund. Our local authority Overview and Scrutiny Committee also agreed to oversee the implementation of this guidance.

Useful information

Support from NICE

How to put NICE guidance into practice

This useful guide provides an implementation model to help everyone involved in improving health and wellbeing or patient care. It is based on experience in the NHS and work described in the published literature. You can find it on our website.

We can help raise awareness

NICE news, our free monthly e-newsletter, keeps you up-to-date with links to all the new guidance issued and ongoing consultations. You can also sign up to receive email alerts on topics that you are interested in.

Into practice, our free monthly e-bulletin for implementers, includes details of the latest implementation tools as well as news from the implementation team at NICE.

You can also order hard copies of our quick reference guides and understanding NICE guidance for distribution in your organisation from our website.

We can help identify what needs to change

We produce a range of tools that help you identify what needs to change to achieve implementation of guidance.

The **forward planner** summarises published and forthcoming NICE guidance. It explains which sectors are likely to be affected, estimates the potential cost impact, and notes what the impact may be on payment by results.

Costing tools help assess the financial impact of implementing NICE guidance. They comprise a national costing report and a flexible Excel costing template, which can be used to estimate local costs and savings.

Slide sets can help to raise awareness of new guidance at an early stage. They highlight key messages from the guidance, and make a number of suggestions for implementation. They can be edited to suit local needs.

Implementation advice provides help with action planning, points to the national support available and highlights relevant resources, tools or examples of good practice.

Audit tools help organisations to carry out baseline assessments and to monitor any subsequent activities. They are available in formats that can be integrated into local audit systems.



To find out how
you can get
involved in NICE
guidance visit
www.nice.org.uk

Topic-specific **commissioning guides** are web-based resources to support the effective local commissioning of evidence-based care for patients. They offer detailed practical information on key clinical and service-related issues, and an interactive commissioning tool to help estimate and inform the level of service needed locally as well as the cost of local commissioning decisions.

We encourage learning

The **Evaluation and Review of NICE Implementation Evidence** database provides information on the implementation and uptake of our guidance. It contains in-depth uptake reports and references to external literature.

The **Shared Learning database** provides examples from organisations implementing NICE guidance and describes their experiences and the lessons they have learnt.

We have also commissioned a number of **online education tools** to help healthcare professionals learn about specific NICE guidance.

We involve you

NICE guidance is developed using the expertise of the NHS and the wider healthcare community. NHS staff, healthcare professionals, patients, carers, service users and professionals from industry and the academic world are involved.

There are lots of ways to get involved. You can:

- suggest a topic for future NICE guidance
- comment on guidance in development
- join a committee or topic-based group
- join our external implementation reference group to help develop our support programme
- tell us about good practice and we will share it.

We can visit your organisation

NICE has a team of implementation consultants and coordinators based throughout England. The field team keeps in regular touch with organisations involved with NICE guidance, both within and outside the NHS. Contact fieldteam@nice.org.uk to find out more.

Further reading

To support the development of this guide we commissioned the King's Fund to carry out a systematic review of the evidence. You can find the full report on our website: www.nice.org.uk

We have selected the following reports, books and articles as a starting point for further reading.

Eccles M, Grimshaw J, Walker A et al. (2005) Changing the behaviour of healthcare professionals: the use of theory in promoting the uptake of research findings. *Journal of Clinical Epidemiology* 58(2):107–12.

Fixsen DL, Naoom SF, Blasé KA et al. (2005) Implementation research: a synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). Available from: nirn.fmhi.usf.edu

Greenhalgh T, Robert G, Bate P et al. (2005) *Diffusion of innovations in health service organisations: a systematic literature review*. Oxford: Blackwell BMJ Books.

Grol R, Wensing M, Eccles M, editors. (2004) *Improving patient care. The implementation of change in clinical practice*. Oxford: Elsevier.

Michie S, Johnston M, Abraham C et al. (2005) Making psychological theory useful for implementing evidence based practice: a consensus approach on behalf of the "Psychological Theory" Group. *Quality and Safety in Health Care* 14: 26–33.

National Institute of Clinical Studies. (2006) Identifying barriers to evidence uptake. Available from: www.nhmrc.gov.au/nics

National Institute of Health and Clinical Excellence. (2007) Behaviour change at population, community and individual levels. NICE public health guidance no. 6. London: National Institute of Health and Clinical Excellence. Available from: www.nice.org.uk/PH006

NHS Institute for Innovation and Improvement. (2005) *Improvement Leaders' Guides: Personal and Organisational Development*. Available from: www.institute.nhs.uk

The NHS Confederation and the Joint Medical Consultative Council. (2007) *A clinical vision of a reformed NHS*. Available from: www.nhsconfed.org

van Bokhoven MA, Kok G, van der Weijden T. (2003) Designing a quality improvement intervention: a systematic approach. *Quality and Safety in Health Care* 12: 215–20.

Woodward F. (2007) How to achieve effective clinical engagement and leadership when working across organisational boundaries: practical recommendations. Modernisation Initiative. Available from: www.modernisation-initiative.net

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'There is a bit of a myth that the NHS is slow to change – the NHS changes all the time and the people who work within it are adaptable and willing to do what's best for the people who use it. By using the content of this guide, it be easier for those driving change to achieve their goals.'

David Colin-Thome
National Clinical Director for Primary Care

'NICE guidance has enormous potential to improve patient outcomes. This guide shows how it is possible to bring about the changes needed to put guidance into practice and achieve better care for patients.'

Hemant Patel
President of the Royal Pharmaceutical Society of Great Britain

'The only way to achieve improved outcomes is through evidence-based care. It can be daunting to make changes to the way we practice, but all of us working in the NHS have a responsibility to do so if it is in the best interests of those we treat.'

Maura Buchanan
President of the Royal College of Nursing



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