

In April 2014, bpac^{nz} entered into an exclusive agreement with the National Institute for Health and Care Excellence (NICE), United Kingdom, to contextualise guidelines for the New Zealand population. As part of this agreement, bpacnz will convene expert working groups to review and contextualise recently published NICE guidelines. Once approved by NICE, the resulting guidelines will be made freely available to the New Zealand health sector.

bpacnz launched their collaboration with NICE on 4 March, 2015, with a day-long symposium at Te Papa, Wellington. The symposium was attended by over 150 delegates from around the country, from a wide range of disciplines across the health sector. After the symposium was opened by the Hon. Peter Dunne, Associate Minister of Health, ten speakers addressed the audience on the subject of guidelines and pathways, and the roles they play in both the United Kingdom and New Zealand health sectors.

Professor Murray Tilyard, CEO bpacnz, began the symposium with an overview of the agreement between bpacnz and NICE.

NICE Chairman, Professor David Haslam, then spoke about the genesis and role of NICE in the United Kingdom's National Health Service. As well as detailing the history of NICE, Professor Haslam explored the importance of committee decision-making, and seeking input from patients and service users, as well as clinicians, in the final guidelines. He also spoke about balancing cost effectiveness with clinical effectiveness when collating guidelines for health care with limited resources.

NICE Programme Director, Christine Carson, outlined their guideline development and update process. Ms Carson gave an overview of how NICE puts guidelines together, from the initial commission of the guideline, through consultation and drafting, to the final publication. She also detailed some of the challenges encountered while developing guidelines, such as the problems of addressing co-morbidity in guidelines, time pressure to create the guidelines, and the need to balance the demands of different parts of the health sector, while still ensuring the guidelines are in accordance with the evidence

Associate Professor Mark Thomas, Infectious Diseases Physician, University of Auckland, gave a presentation about the challenges that may be faced in contextualising United Kingdom guidelines for New Zealand's unique health environment. For example, the importance of having clinically appropriate guidelines for antibiotic treatment for sore throat, given the context of New Zealand's high incidence of rheumatic fever in certain populations, compared to the United Kingdom where the incidence is very low.

Professor Cindy Farquhar, Professor of Obstetrics and Gynaecology at the University of Auckland, presented a history of guideline production and its reception in New Zealand. She pointed out areas where guidelines can be of use, such as where there is a gap between current practice and evidencebased best practice. She also outlined what constitutes best practice in the development of guidelines - a focus on patient outcomes, adherence to evidence base and flexibility. Professor Farquhar also gave an overview of the work of the New Zealand Guidelines group from 1996 to 2012.

Professor Les Toop, Head of General Practice Department, Christchurch School of Medicine and Chair of Pegasus Health, outlined the benefits and harms of guidelines and pathways in the current clinical environment. He used the unique situation in Canterbury as an example of the increased integration of health and social services that has happened in the last ten to twenty years, and showed how Canterbury HealthPathways, a clinical guidance system, played into that integration.

Other speakers included Professor Tim Stokes from the Department of General Practice, Dunedin School of Medicine, who spoke about the processes of embedding guidelines into health systems; Dr Peter Robinson, Chief Clinical Advisor, ACC, who outlined guidelines versus clinical pathways for the consumer; and Dr Peter Jones, Ministry of Health Chief Advisor, Sector Capability and Implementation, on the role of the Ministry of Health in relation to guidelines and sector performance.

The concluding speaker of the day was Professor Tony Dowell of the Department of Primary Health Care & General Practice, Wellington School of Medicine, who spoke about guidelines in the increasingly common context of patients with multiple morbidities. Professor Dowell showed how clinical complexity, cultural context and organisational restraints may lead to guidelines being ignored by clinicians, and outlined other challenges to guideline implementation.

Presentation slides from each speaker are available from: www.bpac.org.nz/downloads/2015-03-04-SymposiumPresentations.pdf

Guideline contextualisation update

The first two NICE guidelines planned for contextualisation are:

- Urinary incontinence in women
- Respiratory tract infections: antibiotic use

A Guideline Review and Contextualisation Group (GRCG) has been set up for each of the contextualisation processes currently underway, and a review of the appropriateness of their evidence bases for New Zealand has been performed. Both GRCGs will be holding their initial meetings within the next month, and following these meetings the scope of each contextualisation will be confirmed with NICE.

The draft guidelines will be released for consultation and feedback later in 2015, after which both completed guidelines will be published.

The Guideline and Contextualisation Group members are as follows:

Urinary Incontinence in Women:

Emeritus Professor Don Wilson (Chair), Professor Mark Weatherall, Dr Lynn McBain, Dr Tim Dawson, Sharon Wilson and Lucy Keedle.

Respiratory Tract Infections:

Associate Professor Mark Thomas (Chair), Dr Emma Best, Professor Bruce Arroll, Dr William Kim and Dr Nigel Thompson.

For further information or enquiries about the contextualisation of NICE Guidelines, contact Kate Sears: catherines@bpac.org.nz



