The British Pain Society Publication Process Manual December 2010

Version 1.2

THE BRITISH PAIN SOCIETY

Amendments made since Version 1 November 2010

- Updated Appendix E - Dissemination Policy (December 2010)

Contents

Background

Publications are a core method of communication with professionals, the public and organisations external to the British Pain Society. The importance of ensuring a high quality of such publications is paramount. Many websites looking to add links to publications from external sources on their website, i.e. NHS Library, require organisations to meet the requirements for 'accreditation'.

At the beginning of 2010, a small sub-group from the Communications Committee and publication working parties was convened to look at the various new and existing accreditation systems/tools available, including; Scottish Intercollegiate Guidelines Network (SIGN)[1], Grading of Recommendations, Assessment, Development and Evaluation (GRADE)[2], Appraisal of Guidelines Research and Evaluation (AGREE)[3], NHS Evidence Accreditation, and NHS Information Standards [4] and to make a recommendation to Council as to which, if any, the Society should align with.

Both the SIGN and GRADE tools are to be used for the production of guidelines.
The AGREE tool is used to assess guidelines once they have been produced.

GRADE vs. SIGN.
GRADE uses methodology based judgements; SIGN uses multi-disciplinary group based judgements. As a multi-disciplinary organisation, it was agreed it was more appropriate that the Society uses the SIGN system over GRADE.

NHS Evidence Accreditation.
This system accredits the *process* an organisation uses; therefore it is the organisation that is accredited rather than the individual guidelines. The NHS Evidence Accreditation system also uses similar criteria to SIGN and uses the AGREE tool.

At the September 2010 BPS Council meeting, the sub-group proposed the British Pain Society (BPS) should move towards applying for NHS Evidence Accreditation by ensuring the Society is well placed to meet all the requirements of the scheme. This had led to the introduction of a detailed process manual.

Introduction

The purpose of this process manual is to help the publication's working party chair, and associated colleagues, develop a high quality publication. The BPS aims to produce contemporary guidance, supported by available evidence, on clinical and other pain matters, and where no evidence exists will make consensus statements. All BPS publications must reflect the multi-disciplinary nature of the Society. Often there[1] will be two publications per topic; a professional's version and information

[1] Scottish Intercollegiate Guidelines Networks (SIGN) http://www.sign.ac.uk [21 Sept 2010]
[2] Grading of Recommendations, Assessment, Development and Evaluation (GRADE) http://www.gradeworkinggroup.org/ [21 Sept 2010]
[3] Appraisal of Guidelines Research and Evaluation (AGREE) http://www.agreecollaboration.org [21 Sept 2010]
[4] NHS information Standards is aimed at patient information leaflets and is therefore not included in this process manual as it has its own process.

for patient's version. This process manual is for use predominantly for the production of professional publications.

The importance of utilising evidence and being transparent about the processes involved in producing a publication have become increasingly important in health and social care. It is the Society's ambition to eventually gain external accreditation for the quality of its publications. To achieve this we need to ensure that our publication processes meet the standards required. We have used the AGREE tool to identify the key processes for this manual with the expectation that it will highlight processes required to produce a high quality publication. In essence it is a tool to evaluate practice guidelines but is also useful as a method of evaluating other types of publication.

In this manual we set out our processes, suggested resources and evaluation methods to guide the production of a publication of the highest standard. For guidelines we suggest using the SIGN methodology to ensure that the process of reviewing the evidence and developing recommendations is rigorous and transparent. Once produced all our publications are normally reviewed every 3 years.

We do recognise that evidence may be limited or absent and therefore include suggestions for methods which would enable the 'best practice' to be identified on the evidence available. On certain occasions the BPS may wish to produce a statement rather than a guideline regarding practice. The BPS produces the following publications:

a) Guidance and recommendations for practice. This type of publication would include clinical guidelines, referral guidelines, clinical summaries, and policy guidance. The National Institute for Health [3] define guidance as:

   'Systematically developed statements to guide decisions about appropriate health and social care to improve individual and population health and wellbeing.' (p6)

   (example: http://www.britishpainsociety.org/book_opioid_main.pdf)

b) Case studies. This type of publication is defined as a detailed analysis of a person or group from a medical point of view.
   (example: http://www.britishpainsociety.org/pub_rcgp_neuropathic_pain.pdf)

c) Patient information. This type of publication will be aimed at the patient user, and may follow the Department of Health: Information Standards criteria for producing high quality health and social care information.
   (example: http://www.britishpainsociety.org/patient_pub_otc.pdf)

d) BPS Position/consensus statements. This type of publication may not have a systematic review process, and would be different to a 'good practice' publication.
   (example: http://www.britishpainsociety.org/book_scs_main.pdf)

Summary of publication process

The following flowchart provides an overview of the key processes adopted for the development of high quality BPS publications.

Drafting the Proposal

(scope and purpose, stakeholder involvement, applicability, and editorial independence)

The BPS has produced a publication proposal form which should be completed and submitted to the Communications Committee who will in turn make a recommendation to the Council for approval. Work should not commence until Council approval has been granted.

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Forming the working party

(Stakeholder involvement, multi-disciplinary representation and editorial independence)

The Communications Committee also recommends that at least one member of the working party be familiar with the AGREE Tool which is used to assess guidance.

↓

Methodology for developing guidelines

(Rigour of development and evidence base)

The BPS acknowledges that the methodology may vary depending on the format of publication being produced. See page 4 for the types of publications the BPS produce.

↓

Clarity and presentation

(clear scope and purpose, standard formatting of publication, standard use of references, and clear recommendations which are relevant)

The BPS has produced guidance on how its publications should be formatted.

↓

Consultation

(pre-consultation, wide consultation and post consultation review, as well as stakeholder involvement and rigour of development)

The Society ensures that all publications are open for wide consultation prior to their publication.

↓

Dissemination, Implementation and Monitoring

(stakeholder involvement, clarity and presentation, rigour of development and audit tools)

The BPS has developed a dissemination policy including suggested stakeholders and template press releases. (See appendix E)

The Process

Drafting the proposal

All new publication suggestions require a proposal form (see appendix B) be completed. The proposal is initially assessed by the Communications Committee, before a recommendation is made to Council as to whether to approve.

(Download the proposal form at: http://www.britishpainsociety.org/pub_proposal_form.doc)

The proposal form aims to clarify from the outset, the following key areas:

- Scope and Purpose of the publication
- Involvement with stakeholders
- Target user group
- Format and Dissemination
- Funding
- Competing Interests

Scope & Purpose
It is essential that the proposal for the publication is laid out in a clear and simple manner using plain English.

The overall objective of the publication, including clinical issues to be addressed, should be clearly defined.

Involvement with stakeholders
The Society is fortunate to have the opportunity to work with a wide range of organisations and professions in the production of its publications. At the proposal stage it is key to identify and seek to involve other stakeholders for who the topic is relevant and agree their level of commitment.

Target user group
The proposal stage must consider; the prevalence of the problem, the importance/relevance of the problem, the potential benefit to patients and the potential usefulness to clinicians. This is also the ideal opportunity check that similar publications are not being produced by other organisations.

The patients or individuals to which the publication is directed should also be clearly identified. (For an example of good guidance on this see: http://www.arthritiscare.org.uk/AboutUs/Ourpolicies/InformationStandard-1)

Format and Dissemination
As stated in the introduction of this process manual, the Society produces a range of publications. The Society recognises that, depending on the type of publication and its target audience, that publication formats will vary; ranging from booklets, to DVDs to information leaflets. Having identified the scope and purpose of the publication, along with the target user group, the working party should consider which format would be most suitable for the published publication, and in turn, the most appropriate method(s) of dissemination.

Funding
The production of all publications requires funding support for activities other than the time of the working party members.

Examples include:
- Travel and accommodation costs for meetings
- Teleconference costs
- Systematic literature searches
- Stationary and postage costs
- Design and print costs
- Dissemination costs

The British Pain Society supports the production of publications financially, but realistic budget estimation is required before approval of the publication proposal. Advice and assistance in preparing an outline budget can be obtained from the BPS Secretariat.

In cases of joint publications, formal written commitments are required from partner organisations before approval of the publication proposal. Again, advice and assistance can be obtained from the BPS Secretariat.

If external funding (e.g. pharmaceutical companies or charity organisations) is available, or being sought, it should be explicitly identified in the proposal and be received on the understanding that the views or interests of the funding organisation will not influence the process or final recommendations. External funding must be paid directly into BPS accounts.

Competing interests
The individual proposing the publication is required to declare any competing interests.

Forming a working party

When establishing a Working Party, representatives from all major professional organisations should be included, as well as involving the appropriate spectrum of healthcare professionals, whilst keeping the group to a manageable size. If a very large number of specialties or professional organisations need to be involved, it may not be feasible to include all within the group but consider making contact with them and acknowledge their contributions. For a good example of this practice see page 112 of "Cancer Pain Management":
http://www.britishpainsociety.org/book_cancer_pain.pdf

As a multi-disciplinary Society it is key that BPS publications seek to reflect the range of disciplines which constitutes the membership.

Ideally there should be a patient representative on the working party, so that patients who will be affected by the outcome of the publication may express their ideas. If it is not possible to include a patient representative on the working party, patient views must still be sought and this can be done through contacting appropriate patient organisations e.g. see http://britishpainsociety.org.uk under section "For patients", "Useful addresses", or through the Patient Liaison Committee of the British Pain Society, at the same website.

An additional or alternative route is through a survey of the views of patients who would be affected as a result of the publication.

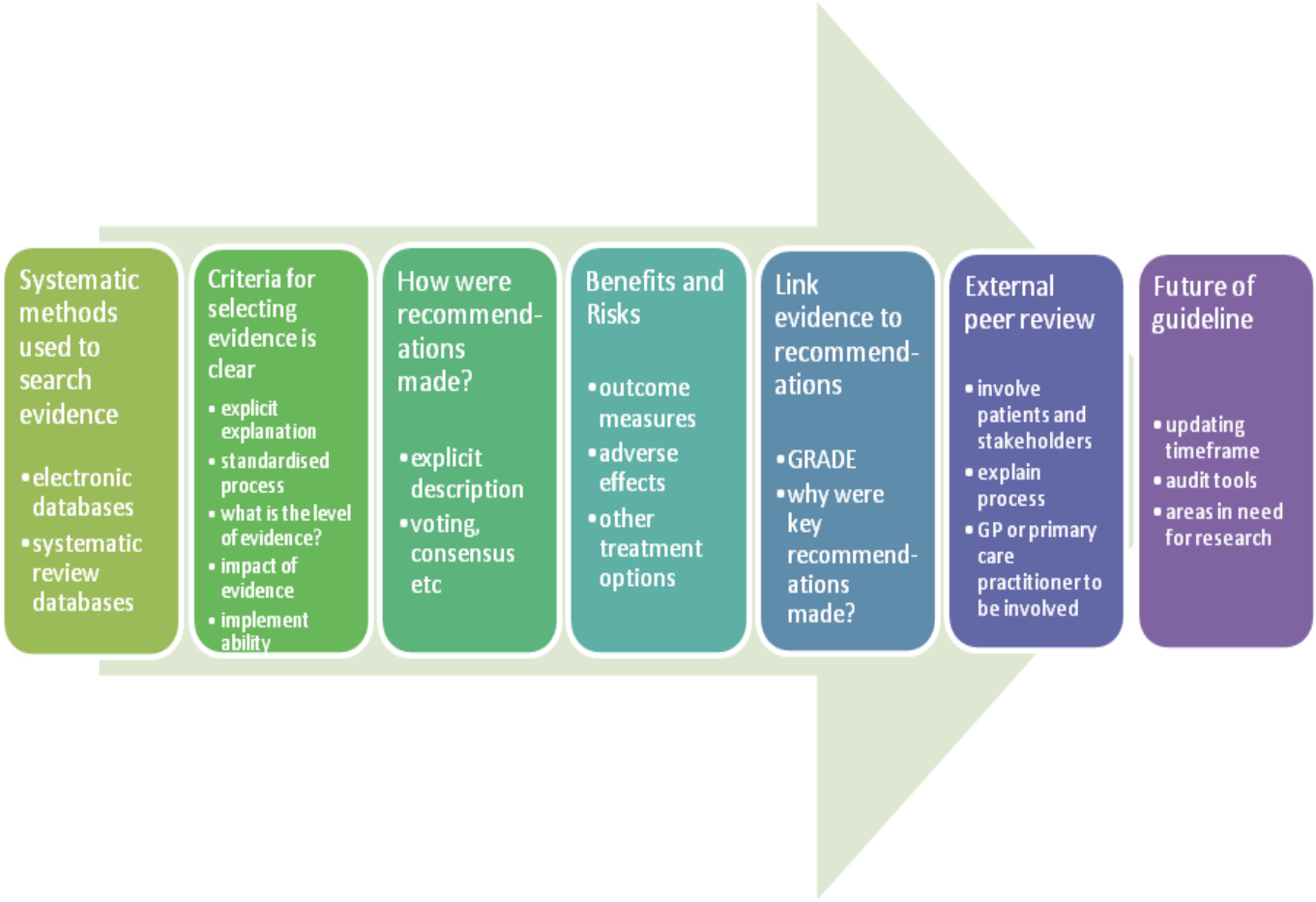
Regardless of the representation of the Working Party, it is normally expected that the working party should include a member of Council. Where a guideline is being produced it is essential that someone familiar with the AGREE tool is also a member of the group.
(http://www.agreecollaboration.org/pdf/agreeinstrumentfinal.pdf)

Be mindful of including representatives from Department of Health organisations, a Healthcare Trust manager, and industry representatives (e.g. pharmaceutical or equipment providers). Where controversial issues are covered within the publication it may be prudent to seek input from medical defence organisations, as well as the General Medical Council, Nursing and Midwifery Council, etc.

It is important that individuals declare any competing interests and that these are acknowledged within the final publication. E.g. see page 113 Cancer Pain Management:
http://www.britishpainsociety.org/book_cancer_pain.pdf

Methodology for developing guidelines

This section explores the process used to accumulate and synthesise the evidence, the methods used to make the recommendations and the ways to update them.



As stipulated earlier the working party should ensure that the criteria in the AGREE tool (http://www.agreecollaboration.org/instrument/) and processes identified in the NHS Evidence Accreditation (http://www.evidence.nhs.uk/Accreditation/Pages/Accreditation.aspx#toprocess) are adopted to ensure rigour in the development of the guideline.

Incorporating the patient's perspective from the beginning of the development process is essential if it is to influence the coverage of the final guideline[1]. The remit of the guideline could be considered in structured key questions using the PICO format:

Patient or patient groups to whom the question applies;

Intervention being considered in relation to these patients;

Comparison of patients receiving intervention to others who do not receive them; and

Outcomes used to establish the effect of the intervention.

The British Pain Society expects the guideline to be of high methodological rigour, but at the same time, should be simple, practical and relevant to use in clinical situations.

The following table shows the AGREE tool criteria for rigour of development and lists suggested methods/sources of information to help meet each criteria.

AGREE Criteria	Methods/sources
Systematic methods should be used to search for the evidence.	Standard strategy methods to be used to gather the evidence and the literature. Electronic databases like PUBMED (http://www.ncbi.nlm.nih.gov/pubmed), MEDLINE (http://www.nlm.nih.gov/medlineplus/), OVID (http://www.ovid.com) , CINAHL (http://www.ebscohost.com/cinahl/)or databases of systematic reviews like the COCHRANE library (http://www.thecochranelibrary.com), Centre for reviews and dissemination (http://www.crd.york.ac.uk/crdweb/), The Joanna Briggs Institute (http://www.joannabriggs.edu.au) would be good examples. ***Good example:*** *BPS document Opioids for persistent pain: Good practice (Jan 2010) gives details of all references including systematic reviews including NHS Clinical Knowledge Summary (page 30-31).*
Criteria for selecting the evidence should be clearly described and evident.	Explicit explanation of the selection process of criteria is vital. Reasons for including and excluding the evidences should be mentioned. It is essential to standardise this selection process for the whole guideline. The level of evidence related to the question should be first analysed; then the impact of the evidence and its implement ability should be judged. ***Good example:*** *Using evidence in spinal cord stimulation and its description in the executive summary of the BPS document Spinal cord stimulation for the management of pain: recommendations for best clinical practice (Apr 2009) is an example (page 11).Further Appendix 1 (pages 41-47) gives clear idea of the evidences searched, methodology and their grade.*
Methods used to formulate the recommendations are clearly described.	A description of how the recommendations were formulated and how the final decision was arrived should be transparent; methods could include a voting system, formal consensus techniques [e.g., Delphi technique[3] , Glaser technique[4]]. The areas of disagreement and methods of how they were resolved should be explained. ***Good example:*** *Consensus statement in the preface of the BPS document Spinal cord stimulation for the management of pain: recommendations for best clinical practice (Apr 2009) is in the direction of this process (page 3).*
Health benefits, side-effects, risks etc. have been considered while making the recommendations.	Quality of Life outcome measures, adverse effects, symptom management, and other treatment options should be considered; all treatment options should be compared in terms of these categories and it should be clear that these issues are taken care of. Analysis regarding whether and to what extent, any equality groups may be particularly advantaged or not should be done.

	Good example: *Long term effects of opioids including endocrine, immunological and hyperalgesia effects explained in the BPS document Opioids for persistent pain: Good practice (Jan 2010) and its clinical relevance with evidence (pages 17-18).*
Links between the recommendations and supporting evidence should be explicit.	GRADE (Grades of Recommendation, Assessment, Development and Evaluation) system for rating clinical guidelines could be used in this context[4] (www.gradeworkinggroup.org, http://www.ims.cochrane.org/revman/revman/other-resources/gradepro). There should be references on each recommendation and if the evidence is not of high quality, it should be clear how this recommendation was made (e.g., consensus, Society Members opinion, etc). With regards to key recommendations, the working party should make it clear why this should be highlighted and its importance in recommendation.
Guideline is externally peer reviewed	External review of guideline is appreciated; it is vital to involve patients and other stakeholders in this process. Explanation of how the external review was done will support this process (e.g., list of reviewers and their affiliation, other external Societies or groups who reviewed etc). The peer reviewers could be asked to analyse the accuracy of the interpretation of the evidence in the guideline. The comments made from external reviews should be tabulated and discussed in the working party. It would be recommended to ask a General Practitioner or a primary care practitioner to comment from the primary care perspective regarding the use of the guideline and the ease of its use in the community. ***Good example:*** *BPS not only recommends external peer review of its guidelines, but also makes sure there is a consultation period with its members via the website before publication. All efforts are made to include lay and public representation in this vital process.*
Procedure for updating the guideline in future	A statement regarding how and when the guideline should be updated can be included. This will make sure that the guideline has considered all recent relevant research in making the recommendations. Audit tools will help the health care professionals to analyse how the guideline is applied in their local practice. ***Good example:*** *BPS always plans to review its guidelines (usually three years or as per need) and this is explicit in the document.*

With regards to future work of the Society, it will be useful for the working party to comment on recommendations for research having considered the evidence base studied and its pitfalls. The Science and Research Committee of the BPS would be pleased to receive research recommendations.

(***Good example:*** *Research agenda mentioned at the end of the BPS document Cancer Pain Management [Jan 2010] in page 110).*

References:

1. *Appraisal of guidelines for research and evaluation (AGREE instrument) September 2001, available via www.agreecollaboration.org*
2. *NHS Evidence: Process manual for accrediting producers of guidance and recommendations for practice: a guide for producers and stakeholders. Version number 1.9. Available via* http://www.evidence.nhs.uk/Accreditation/Documents/NHSEvidenceAccredManual.pdf
3. *Powell C. The Delphi technique: myths and realities. Journal of Advanced Nursing Feb 2003; Vol 41, Issue4: P376-82.*
4. *Fink A, Kosecoff J, Chassin M et al. Consensus methods: Characteristics and guidelines for use. American Journal of Public Health September 1984; Vol 74, No.9.*
5. *Grade working group. Grading quality of evidence and strength of recommendations. BMJ vol 328(19th June 2004); 1490-4.*
6. *SIGN 50 – A guideline developer's handbook. Scottish Intercollegiate Guidelines Network, Jan 2008.*

Clarity and presentation

Clarity

For clarity, the following items should be embedded within all publications:

- Recommendations should be clear by giving a concrete and precise description of which management is appropriate, in what situation and patient group, as permitted by the body of evidence described in the publication. Evidence is not always clear cut and where there is ambiguity this should be made clear. An example of a very clear recommendation would be:

  Patients should be given information and instruction about pain and pain management and be encouraged to take an active role in their pain management.

  Control of Pain in Adults with Cancer. SIGN November 2008

- If there are different options available then these should be made clear in the guideline.
- The potential organisational barriers in applying the recommendations have been discussed and there is evidence of this within the publication.
- The potential cost implications of applying the recommendations have been considered and there is evidence of this within the publication.

Presentation - Recommended formatting of publications

Ensuring that our publications are standardised in terms of the content and style will ensure the professional standard of our work, and will also assist the designer and associated costs.

Format for professional publications

Layout of content for professional publications

- Contents page (to include references/working party members)
- Foreword / introduction which should include; clear aim, the clinical questions covered by the guidelines, patients to whom the guidance applies, and the target users.
- Executive summary, which should include recommendations (Max of 2 sides)
- Chapters
- References (further reading/bibliography)
- Statement concerning the consultation process used.
- Editorial Independence; which should include any funding received and specifically what for (See page 13 for more detail)
- Working Party Members

- Competing interests (see page 13 for more detail)
- Systematic Literature Review; it is recommended that this is only provided in full in electronic format and not as part of the printed hard copies.

Style of professional publications

- Use numbered headings and sub headings (to 4 levels, i.e. title /heading / sub heading / bullet point)
- don't use italic headings
- always start a new chapter on a new right hand page. The only exception to this is the Executive Summary which can begin on a left hand side for ease of photocopying
- have a summary box with up to 5 key bullet points at the start of every chapter
- highlight key messages for application
- have a maximum of 10 lines per paragraph
- use the recognised Harvard referencing style
- start page numbering at 1 from the first facing page

Appearance of professional publications

- Front cover to include; the date of publication and date of review
- Inside front cover to include; published by, copyright, BPS address, and ISBN number
- Back cover to include; BPS (and joint organisations) logo, BPS address including email and website, company and charity registration details.

Additional materials

These can include a patient information leaflet, educational materials, quick reference guides or summary sheets. All BPS publications come with a patient information publication. In addition we strongly encourage the production of a summary sheet, quick reference guide or consensus statement. An excellent example of a summary sheet is the *Opioids for persistent pain: Good practice - shortened version (2010):*
http://www.britishpainsociety.org/book_opioids_recommendations.pdf

Editorial Independence

If external funding (i.e. funding from organisations such as pharmaceutical companies, charity organisations) has been received for the whole, or any part, of the publication there should be an explicit statement that this funding has been received and that the views or interests of the funding body have not influenced the final recommendations.

Example – Recommendations for the management of complex non-cancer pain in children and young people has received funding from a pharmaceutical company to support the systematic literature search.

Competing Interests
All members of the working party will be required to provide a signed declaration of interest form (see appendix D) and these submissions must be explicitly detailed in the published document.

Consultation

The Society ensures that all publications are open for consultation prior to their publication. There are three steps to the consultation process as outlined below.

1. **Pre-consultation review** by the Communications Committee (CC) - this is when the document is at its 'best' ready for formatting. The CC will check quality not editorial content and will feedback any comments to the working party.

2. **Wide consultation** - to BPS members via the website, Council members, identified stakeholders and the BPS Patient Liaison Committee. A message on the homepage of the BPS website will notify Members that the publication is open for consultation. The format of publications at this stage will be a pdf file. External stakeholders will be emailed a pdf version to comment to as the online version has limited access for Members only. Up to 2 months is allowed for consultation.

3. **Post consultation review** by the working party and CC. The working party will review any feedback collated from the wide consultation stage, and will make amendments where necessary. The final version will then be shared with the CC explaining any suggested amendments.

To assist working parties in identifying relevant stakeholders (both for the professional document and the patient information document) the Society has prepared a list of relevant stakeholders which the working party can add to/edit. These can be found in Appendix C. The process of identifying stakeholders is critical to the success of the publication.

Stakeholders might include;

- Organisations with whom the publication is being produced jointly **and** their members.
- Royal Colleges
- Professional bodies
- Government Health bodies
- Patient organisations relevant to the topic

Where timing allows, the Society also encourages working parties to put a workshop proposal forward for the BPS Annual Scientific Meeting on the topic matter addressed by the publication. This allows the Working Party to 'pilot' the publication(s) among target users. Where timing does not allow, working parties are still encouraged to put a workshop proposal forward for the BPS Annual Scientific Meeting to launch the publication, rather than as part of the consultation process, providing a wide consultation has still taken place prior to its completion.

Dissemination, Implementation and Monitoring

Dissemination, implementation and monitoring of guidelines are vital to ensuring their impact on clinical practice. There is evidence that guidelines can produce change in practice in both medicine (Grimshaw JM, Russell IT 1993), nursing and allied health (Thomas LH, Cullum NA, McColl E, Rousseau N, Soutter J, Steen N. 1999) however it is important to plan an implementation and dissemination strategy as dissemination only approaches are less likely to produce change (Lomas 1991). The literature suggests that there is no one way to ensure that guidelines are implemented however guidelines are more likely to have an impact on practice if they:

- Can take account of local circumstances
- Are disseminated by active educational interventions
- Are implemented using patient-specific reminders
- Have a good evidence base and are clear, not complex and do not require a lot of change (National Health and Medical Research Council 1999)
- Make recommendations that are simple and easy to pilot (Grilli and Lomas 1994)

Although there is no clear consensus on whether locally or nationally derived guidelines are more effective, the potential organisational and financial barriers to the implementation of guidelines need to be considered at the proposal stage and appropriate strategies developed to address these. These may include:

- Discussion of the organisational changes that may be required to implement the recommendations
- Discussion of any financial implications of the recommendations
- Identification of any additional resources required including staff and equipment
- Involvement of key stakeholders in the process of development
- Piloting of the guideline with those likely to implement them and amendment in the light of feedback
- Coordination of educational events and workshops with the guideline publication (Study days, SIG meetings, Annual Scientific Meeting)
- Coordinated dissemination with other groups involved in the guideline development

Wide dissemination of the guideline should be achieved by:

- Launch of the final version at an appropriate event such as a workshop at the ASM.
- Notification in the BPS newsletter informing members of its availability
- Dissemination to members electronically as a pdf. All members are entitled to receive 2 free copies of all publications, including 2 copies of the patient information, on request.
- All publications made available to download free from the BPS website
- Joint dissemination activity with collaborating groups

See appendix E for the Society's dissemination process.

Implementation and dissemination may be enhanced by:

- Publication of a short user- friendly summary of the guidelines and key recommendations that can be disseminated separately from the main guidelines (one side of A4)
- Publication of audit criteria and audit documentation and benchmarks related to the recommendations
- Development where appropriate of implementation tools and educational material e.g. posters, laminated flow charts, power point presentations.
- Education in the use of the publication; themed study days.
- Surveys of awareness and implementation of guidelines
- Development of Audit criteria and tools (see Monitoring/Audit below)
- Publication of patient information relating to the guidelines

Monitoring/ Audit

The Royal College of Anaesthetists has produced an audit publication 'Raising the standard: a compendium of audit recipes' which includes a blank audit template which you may find of use: http://www.rcoa.ac.uk/index.asp?PageID=125

Editorial independence

Assistance, usually financial, from external organisations to promote the dissemination of the publication, and the implementation and monitoring of the recommendations is often a problematical area. The working party Chair should be the key person to liaise closely with the British Pain Society (initially contacting the Secretariat) should they wish to seek, or are offered, assistance in these areas. He or she can then ensure they check all members of the working party and their declaration of interests.

For further information regarding dissemination and implementation of guidelines see:

References:

Grimshaw JM, Russell IT (1993) Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations. Lancet. 342(8883):1317-22

Lomas J. (1991) Words without action? The production, dissemination, and impact of consensus recommendations. Annu Rev Public Health, 12:41-65.

National Health and Medical Research Council. (1999) Guide to the development, implementation and evaluation of clinical practice guidelines. Canberra, Australia: National Health and Medical Research Council.

Thomas LH, Cullum NA, McColl E, Rousseau N, Soutter J, Steen N. (1999) Guidelines in professions allied to medicine. Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD000349. DOI: 10.1002/14651858.CD000349

Further Information:

Scottish Intercollegiate Guidelines Network. A guideline developer's book. Section 9: Presentation and dissemination? Available at: http://www.sign.ac.uk/guidelines/fulltext/50/section9.html

Livesey EA, Noon JM (2007) Implementing guidelines: what works. Arch Dis Child Educ Pract Ed. 92: 129-134

Broughton R, Rathbone B (2000) What makes a good guideline? What is Series Vol1 Number 11 available at:
http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/WhatareClinGuide.pdf

Appendices

Appendix A AGREE Tool Domain and Criteria

AGREE Tool Domains

Scope & Purpose

1. The overall objective(s) of the guideline is (are) specifically described.
2. The clinical question(s) covered by the guideline is (are) specifically described).
3. The patients to whom the guideline is meant to apply are specifically described.

Stakeholder Involvement

4. The guideline development group includes individuals from all the relevant professional groups.
5. The patients' view and preferences have been sought.
6. The target users of the guideline are clearly defined.
7. The guideline has been piloted among target users.

Rigour of development

8. Systematic methods were used to search for evidence
9. The criteria for selecting the evidence are clearly described.
10. The methods used for formulating the recommendations are clearly described.
11. The health benefits, side effects and risks have been considered in formulating the recommendations.
12. There is an explicit link between the recommendations and the supporting evidence
13. The guideline has been externally reviewed by experts prior to its publication.
14. A procedure for updating the guideline is provided.

Clarity & Presentation

15. The recommendations are specific and unambiguous.
16. The different options for management of the condition are clearly presented.
17. Key recommendations are easily identifiable
18. The guideline is supported with tools for application.

Applicability

19.The potential organisational barriers in applying the recommendations have been discussed.
20. The potential cost implications of applying the recommendations have been considered.
21. The guideline presents key review criteria for monitoring and/or audit purposes.

Editorial Independence

22.The guideline is editorially independent from the funding body.
23. Conflicts of interest of guideline development members have been recorded.

Appendix B BPS Publication Proposal Form Outline

British Pain Society Publication Proposal/Review

Proposed title		*For Committee use (0-5)*
Prevalence of the problem *(Max 150 words)*		
Importance / Relevance of problem *(Max 150 words)*		
Current evidence (e.g. systematic reviews, qualitative studies, RCT's etc) where applicable *(Max 150 words)*		
Other evidence available (e.g. audit, published recommendations, patient experience) *(Max 150 words)*		
Potential benefit to patients *(Max 150 words)*		
Potential usefulness to clinicians *(Max 150 words)*		
Is a similar publication being produced by other organisations?		
Do you intend to involve other professional bodies? If so, please give details.		

Do you intend to publish the document as a joint publication with other professional bodies? If so, please give details.	
For joint publications please give outline budget and % split of costs between organisations (i.e. BPS % of budget total)	
Will the publication have an accompanying patient information leaflet?	
Format of publication (booklet, DVD, case study)	
Proposed audience and method of dissemination	
Proposed quantity required (if more than one proposed format, please give numbers required for each format and a brief explanation)	
Proposed membership of working party (please include: name, organisation, professional background, anticipated contribution)	
Proposed date of first working party meeting	
Date of final launch and event (BPS or other) by agreement with Council (e.g. National Acute Pain Symposium)	
Review date	
Who will lead the review?	
Declaration of competing interests from working party chair.	

Appendix C Professional and Patient Stakeholders

PROFESSIONAL

- Academy of Medical Royal Colleges
- Actions for Victims of Medical Accidents
- Association of Anaesthetists of Great Britain and Ireland
- Association of Paediatric Anaesthetists of Great Britain and Ireland
- Association for Palliative Medicine
- Association of Community Health Councils for England & Wales
- Association of Local Authority Risk Managers
- Association of Personal Injury Lawyers
- British Medical Association
- British National Formulary
- British Psychological Society
- Chartered Society of Physiotherapists
- Clinical Risk
- College of Health
- College of Occupational Therapists
- Coroner's Society
- Department of Health
- Dept of Health and Social Services and Public Safety
- Faculty of Pain Medicine
- Home Office
- Medical Defence Union
- Medicines and Healthcare Products Regulatory Agency
- National Assembly for Wales
- National Council for Specialist Palliative Care Services
- National Institute for Health and Clinical Excellence
- National Voices
- NHS Alliance
- NHS Confederation
- NHS Litigation Authority
- NHS National Clinical Assessment Authority
- Patients Association
- Patients Forum
- Professional Association Forum
- Professional Negligence Bar Association
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College Of Paediatrics & Child Health
- Royal Pharmaceutical Society of Great Britain
- Society of British Neurological Surgeons
- Stereotactic & Functional Group
- The Association of the British Pharmaceutical Industry
- The Medical & Dental Defence Union of Scotland
- The Medical Protection Society
- The Scottish Executive Health Department

PATIENT

- Action for ME
- Action MS
- Action on Pain
- Arthritis & Musculoskeletal Alliance (ARMA)
- Arthritis Care
- Arthritis Research Campaign
- BackCare
- Brain and Spine Foundation
- Brain Tumour UK
- Breast Cancer Care
- British Kidney Patient Association
- CancerBACUP
- Colostomy Association
- Cystitis and Overactive Bladder Foundation
- DIAL UK
- DIPEx (Database of patient experiences)
- Endometriosis SHE Trust (UK)
- European Federation of IASP Chapters (EFIC)
- Expert Patient Programme
- Fibromyalgia Association UK
- Herpes Viruses Association
- International Association for the Study of Pain (IASP)
- Irritable Bowel Syndrome (IBS) Network
- Leukaemia Care Society
- Limbless Association
- Lupus UK
- Lymphoma Association
- Macmillan Cancer Relief
- ME Association
- ME Connect

Appendix C, PATIENT continued...

- Meningitis Research Foundation
- Migraine Action Association
- Migraine Trust
- National Association for Colitis and Crohn's Disease
- National Osteoporosis Society
- National Rheumatoid Arthritis Society
- Neurological Alliance
- Pain Association of Scotland
- Pain Concern
- Parkinson's Disease Society
- Patients' Association
- Pelvic Pain Support Network
- RADAR (Royal Association for Disability and Rehabilitation)
- RSD UK
- Shingles Support Society
- Sickle Cell Society
- SMILE
- Spinal Injuries Association
- Stroke Association
- The British Polio Fellowship
- The Dystonia Society
- The National Endometriosis Society
- The Pain Relief Foundation
- Think-Back
- Trigeminal Neuralgia Association UK
- Trigeminal Neuralgia Self-Help Group
- UK Gout Society
- UK Lichen Planus
- Vulval Pain Society
- Motor Neurone Disease Association
- MS Society of GB & NI
- National Ankylosing Spondylitis Society

Appendix D – Competing Interests Form

Declaration of competing interest

Name:	
Position at BPS:	
Job Title:	
Work address:	

Please complete the following sections:

A. Any office held in a professional body, specialist society, and medical Royal College or other similar body in the public, private or voluntary sector. Offices include posts such as President, Chairman, Chief Executive, Treasurer, Secretary or Council Member.

B. Membership of, or posts held in, local or national community organisations.

C. Consultancies, directorships, or advisory positions if they relate to a medical, healthcare or pharmaceutical company or organisation, NHS Trust or authority, public body or political party

D. Freemasonry or any similar organisation.

E. Membership of a political party or pressure group with an interest in the Society's work.

F. Shareholdings in (i) any medical, healthcare or pharmaceutical company or organisation or (ii) any other organisation that may influence, trade, supply or advise the Society.

G. Sponsored lecture tours.

H. Sponsored to attend Meetings

Signed by: (Reviewer) **SIGNATURE MUST BE HANDWRITTEN**	Dated:

Appendix E

British Pain Society Dissemination Policy

Dissemination, implementation and monitoring of guidelines are vital to ensuring their impact on clinical practice. There is evidence that guidelines can produce change in practice in medicine (Grimshaw JM, Russell IT 1993), nursing and allied health (Thomas LH, Cullum NA, McColl E, Rousseau N, Soutter J, Steen N. 1999). It is important to plan an implementation and dissemination strategy as dissemination only approaches are less likely to produce change (Lomas 1991).

The Secretariat will work closely with the Working Party Chair to assist with the production and dissemination of BPS publications. This diagram has been created to be a useful tool for helping to identify possible tasks for both the working party, and the Secretariat, to ensure all publications are disseminated as widely as possible to the target audience.

The role of the Secretariat in the dissemination process:	**Timeframe**
We will place adverts in 2 issues of Pain News nearest to the launch date to advertise availability *(adverts to be agreed with working party chair)*	**6 months in advance of launch date**
Once media channels have been agreed with the working party, we will help find key contacts at each to send the Press Releases to.	**3 months in advance of launch date**
We will print enough ***hard copies*** in agreed format ***for attendees at launch event and stakeholders only***.	**2 months in advance of launch date**
We will send Press Releases out on the agreed date *(as per timeframe agreed with working party)*	**2 days before - embargoed**
We will add a new banner to the BPS website advertising the new publication for a period of 2 weeks.	**day of launch**
We will ***email all members*** an electronic copy of the publication, including details of how to purchase hard copies.	**day of launch**

Continued...

We will ***send a hard copy to all stakeholders*** as agreed with the working party.	**day of launch**
We will upload a pdf copy to the BPS website publications page(s)	**day of launch**
If applicable, we will send a 'BMJ guideline summaries article' to the BMJ editor, prepared by the working party.	**day of launch**

The role of the working party in the dissemination process:

	***Outline Timeframe**
The working party will consider the dissemination of the publication from the **outset** of the publication process once publication proposal has been approved by Council.	**From outset**
If a joint publication, the working party will liaise with other organisation(s) to agree who the stakeholders are, what (if any) media contacts they have and what the agreed dissemination channels are for each organisation. *Some of this work will have already been done at the proposal stage but it is worth revisiting and expanding on where possible.*	**From outset**
During normal clinician/patient meetings, working party members to consider whether any of the patients seen would be suitable for a case study for the publication launch press release (also consider identifying suitable patients to be involved in media interviews for the launch event).	**From outset – till 3 mths before launch**
The working party will agree with the Secretariat the launch date for the publication - this can be linked with a specific event (i.e. ASM/study day) or period of time (i.e. IASP Global Year of Pain Theme). ***(**see overleaf)***	**6 months in advance**
The working party will prepare an overview of the proposed dissemination channels and timeframe and share with the Secretariat and Communications Committee for approval. *(It may be possible if there are several publications in process at any one time to combine efforts with regards to dissemination, the Secretariat will maintain an overview as to publications in progress).*	**6 months in advance of launch date**

Continued...

The working party will write a press release which includes a patient case study, and a contact person for any further media enquiries, with assistance from the Communications Committee who can provide a template press release.	**3 months in advance of launch date**
The working party will help to identify which media channels to send the press release to (medical journals, national press, patient groups, etc) and send this information to the Secretariat who will prepare the contact mailing list.	**3 months in advance of launch date**
If applicable, the working party will agree with joint organisation, who they are sending copies to and when and let the Secretariat know.	**3 months in advance of launch date**
The Secretariat will then send out the agreed press release.	**2 days in advance - embargoed**
The launch event	***Agreed Date***
The working party will request a review or a brief summary of the publication in relevant journals (the Secretariat hold a list of journals by discipline which may be of assistance).	**Prepared in advance but sent day of launch event**
If a guideline publication, the working party should aim to write a guideline summary for the BMJ. The Secretariat will then submit this to the BMJ on behalf of the working party.	

**Please note the 'outline timeframe' is flexible, and should best reflect the requirements of the publication in terms of target audience and suitable launch opportunities.*

***Depending on the occasion chosen to launch the publication, some of the following points might be helpful:*

BPS Opportunities:

- *To hold a workshop at an ASM, a workshop proposal form must be completed and submitted by a set deadline – the Secretariat can advise of the deadline.*
- *To hold a session at a study day, this would need to be agreed with the Education Committee Chair at least 6 months in advance of the event to ensure it is included within the programme.*

- *To hold a session at a SIG meeting, this would need to be agreed with the SIG Chair <u>at least</u> 6 months in advance of the event to ensure it is included within the programme.*

Other/National Opportunities:

- *The IASP Global Year of Pain Theme is often announced a year in advance and normally runs from October to September.*
- *Most events will have a <u>minimum</u> lead of 6 months, so it is best advised to contact event organisers as soon as possible to enquire about their programme.*