

Faculty of Pre Hospital Care (FPHC) Consensus Process

Introduction

The FPHC in conjunction with key and leading stakeholders produces systematically developed consensus statements to assist Pre Hospital Emergency Care Practitioners to deliver a high standard of care. They are designed to:

- assimilate and evaluate contemporary and evolving evidence base where available and as an outcome,
- facilitate appropriate changes to clinical practice.

The aim of these consensus statements is to educate healthcare professionals and assist in agreeing appropriate management. They should be regarded as an aid to clinical judgement and are not intended as a replacement.

Overview of the FPHC Consensus Development Process

The method used for consensus statement development is based on and adapted from the AGREE II guidelines [1] and SIGN documentation [2] and is illustrated in Fig 1 below. The GRADE system [3] is used as a guide to the formulation of recommendations. The fact that this process requires evidence, opinion and debate by a wide stakeholder audience and often raises further questions for which there may be no evidence, adds a level of complexity so a well-established methodology is required to ensure that all consensus statements are generated in a systematic way. This provides consistency to and confidence in the recommendations of the consensus statement document.

Details of all stages of the process including:

1. literature review mechanisms
2. evidence collected
3. data sets
4. notes on verbal discussions and
5. personnel involved

will be collated and stored as evidence of a robust mechanism to reach consensus.

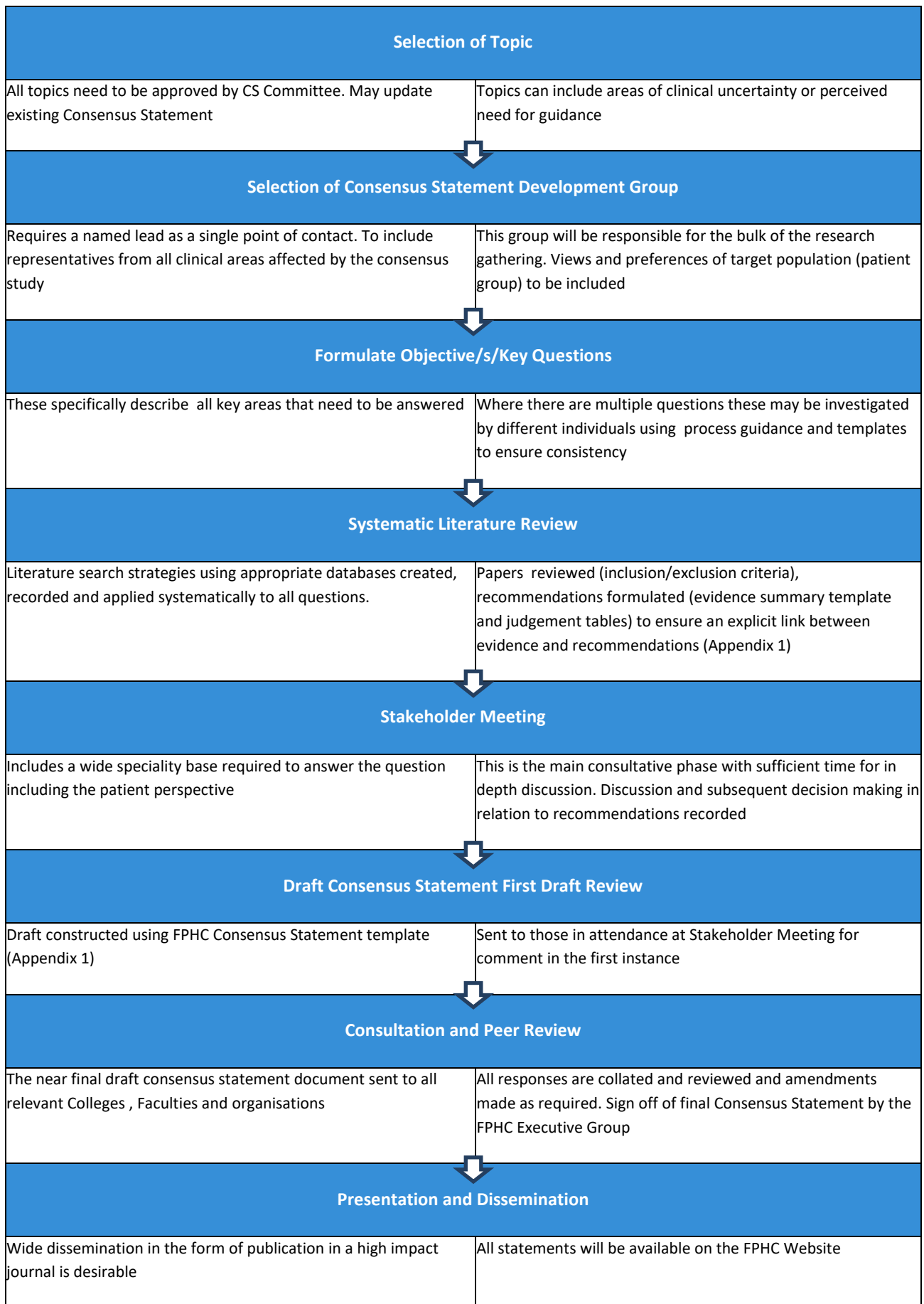


Figure 1. Consensus Statement Development Process

Review of Existing Consensus Statements

All existing consensus statements will be review at intervals of no more than 5 years.

Literature Searches and Reference Management

A robust literature search will be produced for all questions to be answered, utilising a defined replicable search strategy.

All references will be recorded and stored as evidence and to facilitate updating of the consensus statement at regular specified times.

The reference management software used is <http://www.mendeley.com/>

When a consensus statement process is initiated, the lead of that statement group will contact the person responsible for maintenance of the reference database who will set up a group file for all reference data and correspondence for that statement. All members of the statement group working party will have access to this data and assistance will be available to trouble shoot any problems.

Stakeholder Meetings

These meetings should allow adequate time for debate and a comprehensive summary at the end of the meeting. Relevant material should be sent out ahead of the meeting to the stakeholders to allow for consideration. This may include previous consensus statements, NICE guidelines etc.

Copies of PowerPoint presentations utilised during the Stakeholder meeting and any notes taken should be kept for audit purposes. Figure 2 gives guidance on how to structure the meeting.

1	Align the aim of the statement with that of the FPHC
2	Provide overview of Consensus Statement Development
3	Deliver each section to be discussed including: 1. current existing guidelines 2. relevant questions 3. proposed recommendations
4	Record debate including names of those involved
5	Highlight any areas raised that needs further research
6	Summarise final proposed recommendations
7	Acknowledge areas for further research

Figure 2. Stakeholder Meeting Structure

Document Format

To ensure consensus statement development is replicable and consistent the Consensus Statement Template is used. (Appendix 1)

References

1. AGREE Next Steps Consortium. Appraisal of Guidelines for Research and Evaluation: AGREE II Instrument, 2015.
2. Scottish Intercollegiate Guideline Network. SIGN50: A Guideline Developer's Handbook, 2014.
3. GRADE Working Group. <http://www.gradeworkinggroup.org/index.htm> [online]. Accessed 27/07/2015

Appendix 1: Templates and Guidance for Consensus Development

Evidence Summary Table

This is used to summarise the outcomes of each study included in the consensus statement review. This is then used to generate the Judgement Summary Table.

Reference No	Study Type/Evidence Level	Setting Funding Source Study Limitations	Patient Characteristics and Numbers	Intervention/s	Outcomes/Results	Quality of Evidence
Next reference No						

Evidence is classified as **High, Moderate, Low** on the basis of confidence in the results.

Judgement Summary Table

This is used to summarise the evidence from the Evidence Summary Table and link to the proposed recommendations.

Quality of Evidence	Are studies reliable?
	Is there consistency in the conclusions of the studies?
	Are the studies relevant to our target population?
	Are there concerns about publication bias?
Translation of Evidence to Recommendation/s	What benefit might the proposed intervention/action have?
	What harm might the proposed intervention/action cause?
Patient Impact	Is the proposed intervention/action acceptable to patients?
Feasibility	Is it implementable?
Recommendations	Formulated based on GRADE and linked to quality of evidence

Recommendations

These are formulated taking into consideration the following:

1. Is the question still important?
2. How conclusive is the evidence?
3. What is the balance of benefit and harm?
4. What do patients think of the different outcomes?
5. Is it equitable?
6. What is the cost/benefit ratio?

GRADE Recommendations

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Recommendation	Factors
Strong	Evidence is of high quality Estimates of the effect in practice are precise There are few negatives to the therapy There is a high degree of acceptance for patients
Conditional	Weaknesses in the evidence base There is doubt about the size of the effect in practice There are positives and negatives about the therapy that need to be weighed up There may be varying degrees of patient acceptance

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Judgement	Process
Strong recommendation against	Undesirable consequences outweigh desirable
Conditional recommendation against	Undesirable consequences probably outweigh desirable
Recommendation for further research	Undesirable and desirable consequences balanced or uncertain
Conditional recommendation for	Desirable consequences probably outweigh undesirable
Strong recommendation for	Desirable consequences outweigh undesirable

Recommendations should include a justification based on evidence and summarise the factors taken into consideration.

Consensus Statement Template

Front Page	<ol style="list-style-type: none">1. Title2. Principle authors / correspondence author3. Abstract4. Key words
Introduction	<ol style="list-style-type: none">1. Outlines significance of question/s to be answered
Methods	<ol style="list-style-type: none">1. Question formulation2. Literature Review3. Development process4. Formal frameworks used to guide development of recommend
Summary of Recommendations	<ol style="list-style-type: none">1. Graded recommendations and justification based on evidence
References	<ol style="list-style-type: none">1. List of references used in production of guideline