

# Action to Support Practices Implementing Research Evidence (ASPIRE): an update for NICE

## What is ASPIRE?

ASPIRE is a five-year, £2 million research programme funded by the National Institute of Health Research. We aim to develop and evaluate cost-effective and sustainable ways to implement evidence-based general practice.

NICE guidance promotes treatments of proven benefit and discourages ineffective interventions. We recognise a number of challenges facing implementation in general practice:

- Guideline dissemination is necessary but seldom sufficient by itself to ensure implementation.
- Research indicates generally modest effects of interventions to implement guidelines.
- It is difficult to predict with any confidence which interventions will work best for a given problem and situation.
- There are multiple constraints and priorities to address within general practice.
- There are at least 100 NICE guidelines potentially relevant to general practice. And barriers to implementation can vary markedly between recommendations within one guideline.

We developed an adaptable, evidence-based implementation package to address four different clinical and population health priorities. We are evaluating the effectiveness and cost-effectiveness of this implementation package within a large 'real world' randomised evaluation.

## Who are we?

We are a multi-disciplinary group including researchers (from the Universities of Leeds, Bradford and York), general practitioners, clinical advisors from NICE, a manager and a patient. We also have panels of patients and international experts advising our programme, as well as regular discussions with members of clinical commissioning groups.

## What work have we done so far?

- We used a *multi-stage consensus process* involving patients and professionals to identify a set of 'high impact' indicators from NICE guidance. These included recommendations where a measurable change in clinical practice is likely to lead to significant patient benefit and which could be measured using routinely collected data.
  - Out of 2365 recommendations originally reviewed, we derived a set of 18 indicators for field testing.
  - Our indicators predominantly addressed chronic disease management, in particular diabetes, cardiovascular and renal disease, and included both processes and outcomes of care (<http://bmcfampract.biomedcentral.com/articles/10.1186/s12875-015-0350-6>).<sup>1</sup>
- We assessed *levels of adherence* to seven high impact indicators in 89 randomly sampled general practices from West Yorkshire. We found considerable scope for improvement in most of these and marked variations – which could not be explained away by routinely available practice or patient characteristics.
- We interviewed 60 general practitioners, practice nurses and practice managers about adherence to four indicators: avoidance of risky prescribing; treatment targets in type 2 diabetes; blood pressure targets in treated hypertension; and anticoagulation in atrial fibrillation.
  - We found that professional role and identity and environmental context and resources featured prominently across all indicators whilst the importance of other influences, for example, beliefs about consequences, social influences and knowledge varied across indicators.

- We also identified wider organisational influences common to all indicators which underline the need to align the design of interventions targeting general practices with higher level supports and broader contextual considerations.
- We developed an implementation package based upon interventions typically used in general practice and of generally recognised effectiveness: audit and feedback, outreach educational visits and computerised decision support. We worked with professionals and patients to adapt this implementation package to support adherence to four indicators: avoidance of risky prescribing; treatment targets in type 2 diabetes; blood pressure targets in patients at higher risk of cardiovascular disease; and anticoagulation in atrial fibrillation.

### What work is in progress?

- We have randomised 180 general practices in West Yorkshire to one of the four adapted implemented packages and are using routinely collected data to measure effects on outcomes and processes of care (<http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0387-5>).<sup>2</sup>
- We are modelling the cost-effectiveness of the implementation packages.
- We are doing a process evaluation to help explain why the implementation package does or does not work and look for any unintended consequences.

### How and when will we share our findings?

We anticipate results from the above trial and analyses becoming available towards second half of 2016. We would be happy to share these findings in confidence with NICE prior to their formal peer-reviewed publication.

We plan to write an *implementation field manual* for general practice which will:

- Provide specific guidance and materials on implementation for the four priorities targeted in the randomised evaluation;
- Provide general advice on the process of embedding and implementing evidence-based care in general practice;
- Highlight resource considerations for clinical commissioning groups and the likely costs and benefits of targeted implementation;
- Contextualise our findings within the wider evidence base (e.g. Cochrane Reviews).

We plan to draft this manual in consultation with our clinical, managerial and patient partners. We hope that it can make a contribution to the work of NICE in leading and supporting implementation within general practice.

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### References

1. Rushforth B, Stokes T, Andrews E, et al. Developing 'high impact' guideline-based quality indicators for UK primary care: a multi-stage consensus process. *BMC Fam Pract* 2015;**16**(1):156.
2. Willis TA, Hartley S, Glidewell L, et al. Action to Support Practices Implement Research Evidence (ASPIRE): protocol for a cluster-randomised evaluation of adaptable implementation packages targeting 'high impact' clinical practice recommendations in general practice. *Implementation science* : IS 2016;**11**(1):25.