## What do we want to achieve?

This is about	Setting priorities for change		
Applicable to level(s)	Single practice	Network of practices	Regional or national networks
Likely skills and resources needed	Clinical Management		
Likely difficulty	& &		
Likely time commitment			
Do	Apply some criteria to justify your choice		
Don't	Get hi-jacked by strong views or vested interests		
Illustrations	Developing 'high impact' guideline-based quality indicators for UK primary care. This is an example from research which illustrates a structured consensus process.		
Helpful resources	How NICE prioritises <u>quality standards</u> .		
	A <u>checklist</u> for prioritising clinical practice recommendations for action.		

## **Identifying priorities**

Many clinical guidelines are potentially relevant to general practice. Some guidelines address relatively specialist topics but can include one to two key recommendations where actions in general practice play a critical role in patient care pathways.

However, there are competing priorities for action, over and above your existing service and clinical commitments. You need to make choices within finite time and resources.

## Criteria for identifying priorities include:

- Strength of evidence underpinning clinical practice recommendations
- Burden of illness, e.g. prevalence, severity, costs
- Fit with explicit national or local priorities and initiatives
- Potential for significant patient benefit, e.g. longevity, quality of life, safety of care
- Scope for improvement upon current levels of adherence, e.g. from perceived current low levels or unacceptably high variations
- Feasibility of measuring progress, e.g. from routinely collected clinical data
- Extent to which following a recommendation is directly within the control of individual practice teams or professionals
- Likelihood of achieving cost savings without patient harm

You might have little or no choice over what to focus on! There is no shortage of national and local priorities. You will struggle to address all of these at the same time and therefore you could focus, say, on a limited number of clinical practice recommendations selected from on clinical guideline.

## Consider:

- Who needs to be involved as you will require different perspectives and skills, e.g. clinicians, practice support staff, patients and carers, commissioning, public health
- How high the stakes are. A one-off, informal meeting will usually suffice for a general practice. Larger organisations or networks, which need to be accountable and transparent, might consider using a structured consensus process.