

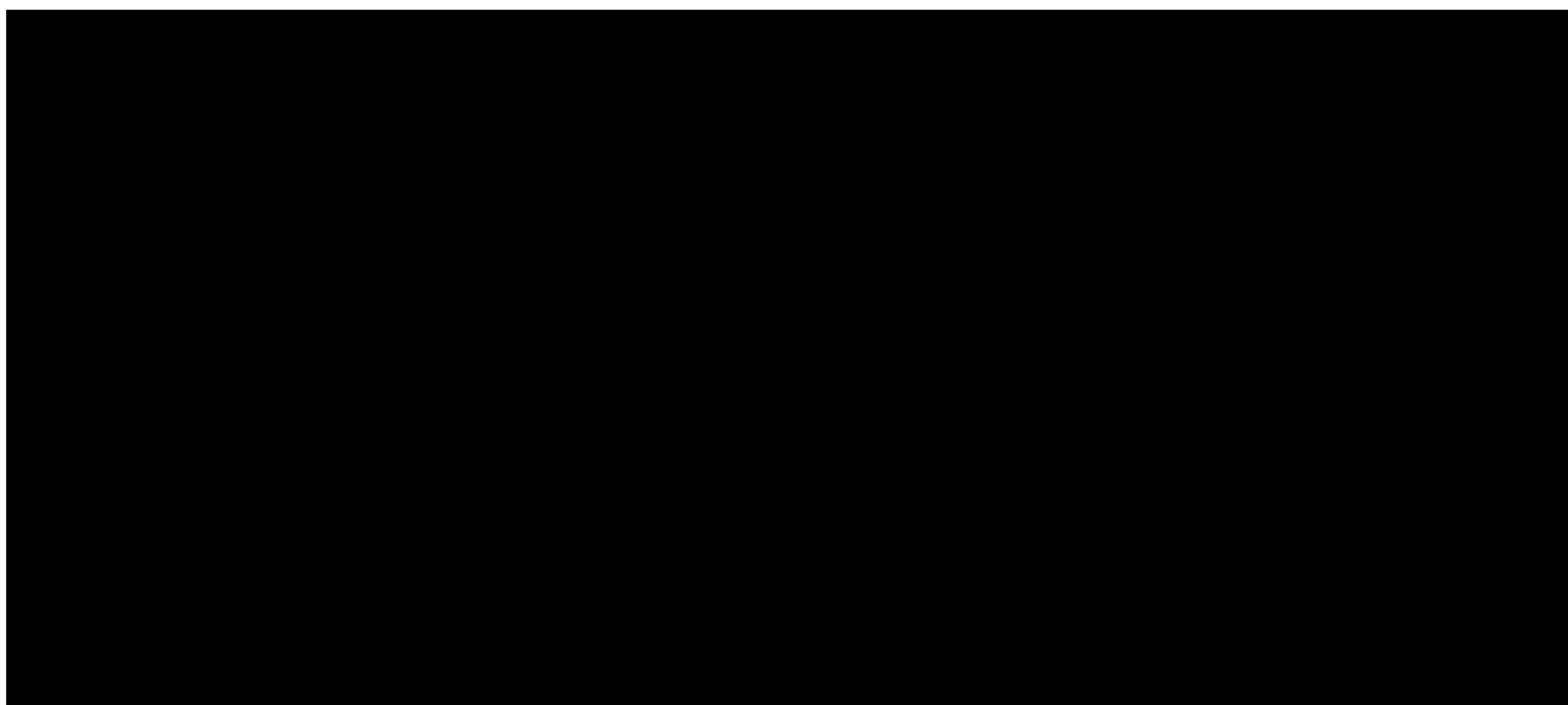
**Minutes of the CREST meeting, held on Thursday 9 May 2002, at 2.00pm in Room 414, Dundonald House.**

Present: Dr D Stewart (Chairman)  
Dr M Briscoe  
Professor R Davidson  
Dr K Fitzpatrick  
Mrs F Hodgkinson  
Dr G Mock  
Dr A Montgomery  
Dr B Patterson  
Dr C Russell  
Dr J Stone  
Dr M Smith  
Dr T Trinick  
Mrs M Waddell  
Mr G Hannan } Secretariat  
Miss A Lowry }

Apologies: Dr A Beirne  
Mrs J Holmes  
Mr G Humphreys  
Dr A McKnight  
Mr M O'Hare  
Mrs E Qua

In attendance: Mr F Bradley (for Item 4)  
Dr P McClements (for Item 6)  
Mr M McMurray (for Item 5)

**1. Introduction and apologies**



2. Minutes of the previous meeting

[REDACTED]

3. Matters arising

(i) *Microbiology Service*

[REDACTED]

(ii) *Waiting Lists*

[REDACTED]

(iii) *Effective Decision Making Using Theory of Constraints*

[REDACTED]

(iv) *Use of Cortico-steroids in the Treatment of Asthma*

[REDACTED]

#### **4. Best Practice – Best Care**

Dr Stewart introduced Mr Fergal Bradley, DHSSPS, who was to give an update on the current position on the Best Practice – Best Care consultation document. He reported that the Minister had agreed on the way forward and the Executive had approved the draft document. However in view of Mr Milburn's announcement on changes in England our announcement had to be delayed. A meeting had been arranged for 16 May 2002 when the Minister would brief the Executive and it was hoped an announcement would be made by the end of May 2002.

Mr Bradley outlined that the Department had envisaged that a Standards and Guidance Unit would be developed to provide a single point of reference for standards and guidance production, documentation and implementation. This Unit would allow for input from all areas of the Department and would also consider resource implications. He reported that a Sub-Group would be set up within the next few weeks to look at the structure, function and processes of the Standards and Guidance Unit. He intimated that the membership of this Sub-Group would be drawn from existing groups such as CREST and RMAG and also open up to include outside bodies. Mr Bradley said that the new Standards and Guidance Unit's position and profile within the Department would be greatly increased with additional resources by way of staff - professional and administrative and increased budget.

Members were concerned that the new Unit would not be seen to be as autonomous as CREST and could therefore fail to gain the confidence of healthcare professionals. Mr Bradley indicated that the Unit would be free to convene ad hoc groups in the way that CREST did, to look at individual topics. He also said that CREST would continue for the time being and should take existing work forward to completion. Mr Bradley reported that it was hoped to agree the structure of the Standards and Guidance Unit by September 2002 and hopefully have staff in place approximately 6 months later.

After discussion, Members agreed that Dr Stewart should represent CREST on the Sub-Group and agreed to liaise on developments by e-mail, or if the need arose to convene a special meeting. Mr Bradley said he would arrange for the Press Release to be sent to members, when ready.

#### **5. Getting Evidence into Practice/Guideline Development and Implementation**

Professor Davidson introduced Mr Matt McMurray, who had been appointed as a research assistant, to initially conduct the literature review.

Mr McMurray then gave a presentation entitled 'Getting Evidence into Practice'. He said there was now an increased awareness of large disparities between best evidence and actual clinical practice with increased pressure to show that extensive and expensive R&D programmes do actually benefit the patient. The advent of clinical governance had now given all health organisations a statutory duty to maximise quality. Mr McMurray went on to outline the following points:-  
Interventions that have little or no effect ie:



- Educational materials alone.
- Didactic educational meetings.
- Passive dissemination of information.

Interventions of variable effectiveness included:-

- Audit and feedback.
- The use of local opinion leaders.
- Local ownership.
- Patient mediated interventions.

Interventions found to be consistently effective:-

- Educational outreach visits.
- Reminders.
- Multifaceted interventions (combining two or more of audit and feedback, reminders, local consensus processes or marketing).
- Interactive educational meetings.

He also noted and CREST have realised this for some time, that used alone clinical practice guidelines have little or no effect on clinician behaviour. However, aspects of a guideline which influence responsiveness had been explored and these included:-

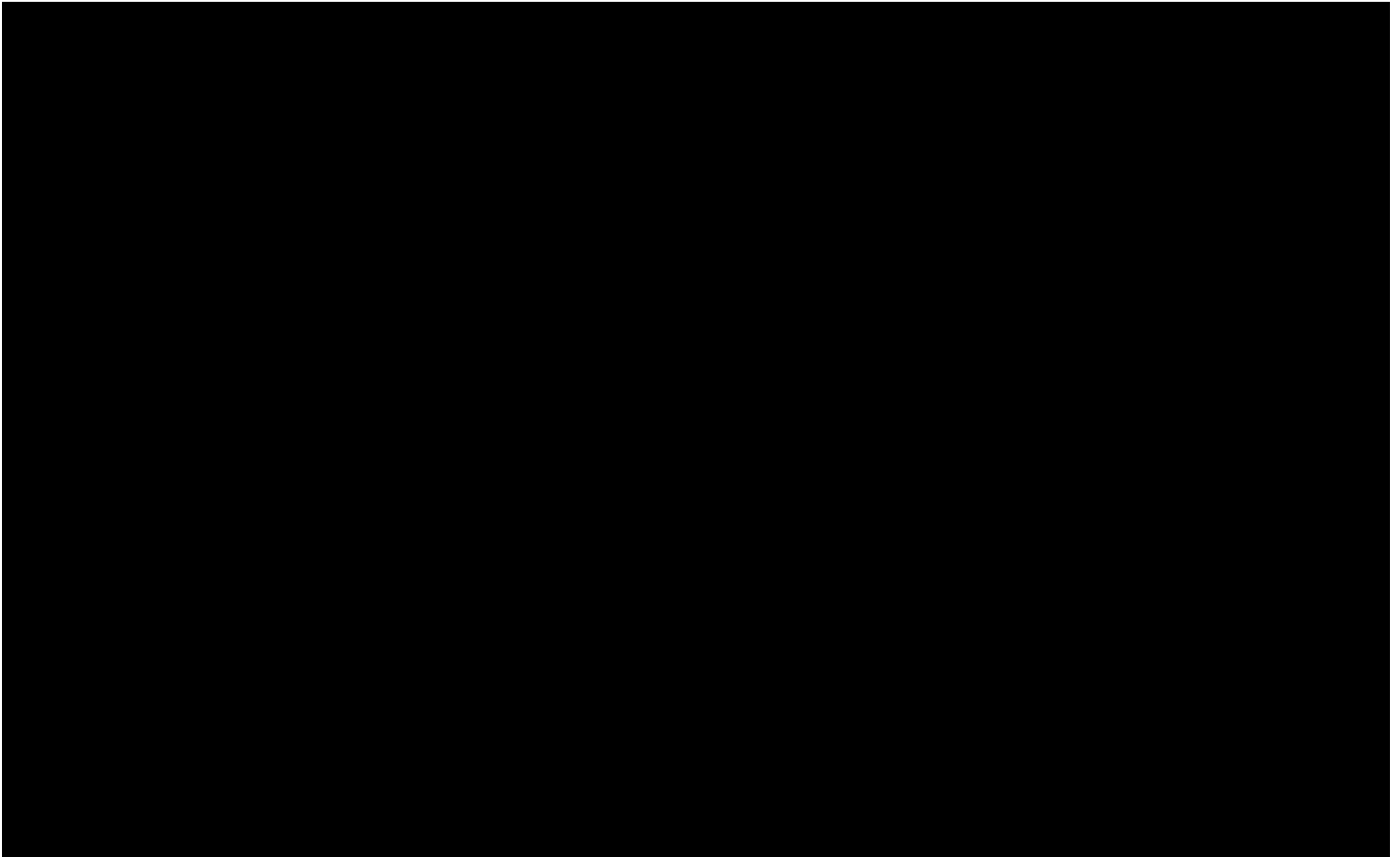
- Qualities of the guidelines.
- Qualities of the health care professional.
- Characteristics of the practice setting.
- Incentives.
- Regulation.
- Patient factors.

It was also noted that CME was currently changing from didactic educational meeting and conference attendance, to practice based learning. There was also evidence that increased patient knowledge increased the likely implementation of a guideline and a lot of new guidelines now included a user based version.

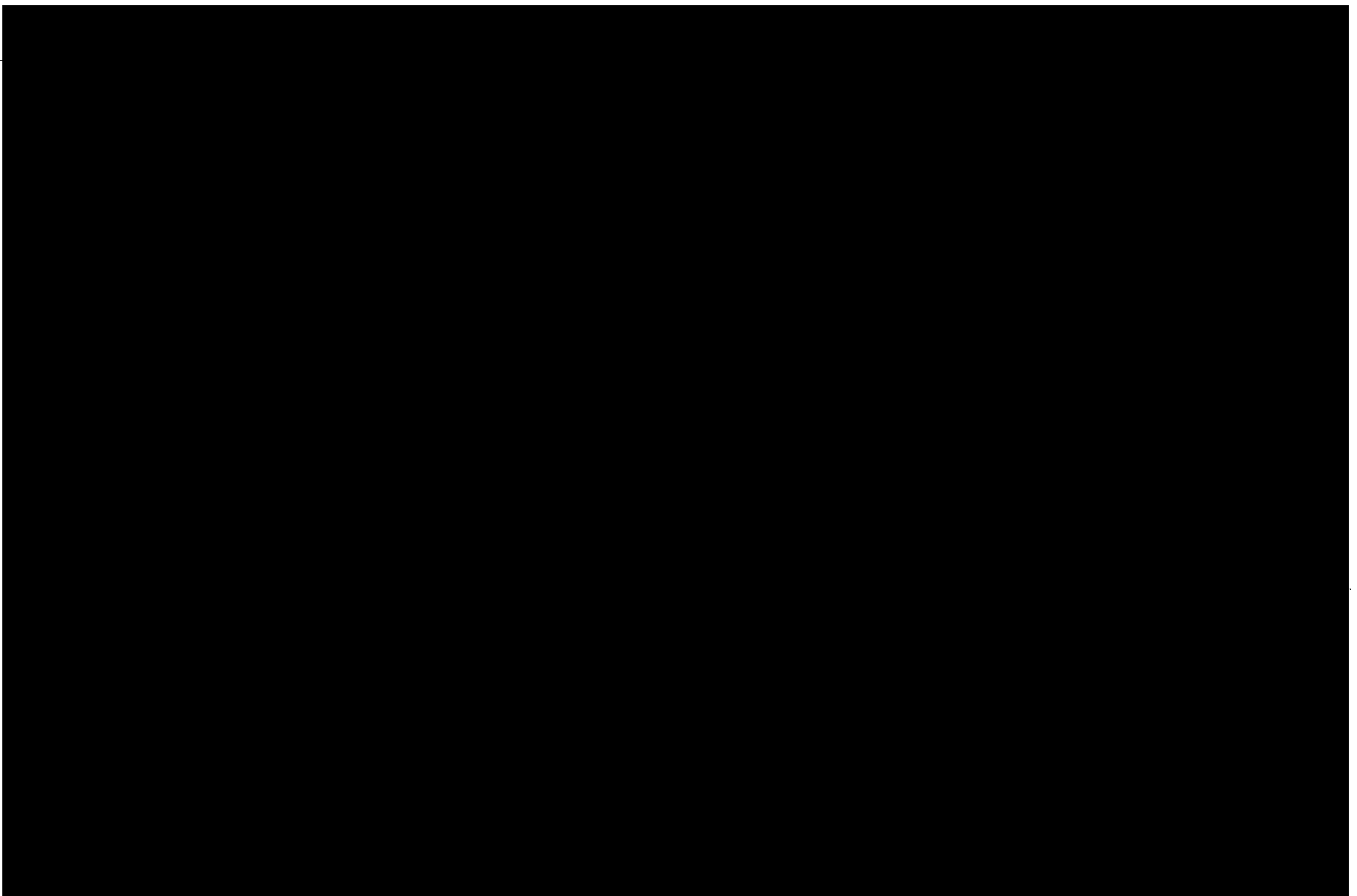
Professor Davidson said he hoped that the literature review would be written up by September 2002 and a research proposal put forward to R&D for funding for a 3 year programme on how to tailor guidelines to clinicians needs. Dr Smith agreed to liaise with Professor Davidson and Dr Cupples on this and the finalised proposal would be disseminated to members for comment. It was also agreed that the covering letter to R&D should be on behalf of CREST and signed by Dr Stewart. Professor Davidson said that Dr Cupples had suggested using the Lipid Lowering Guidelines in a retrospective study.

*Action: Professor Davidson  
Dr Smith*

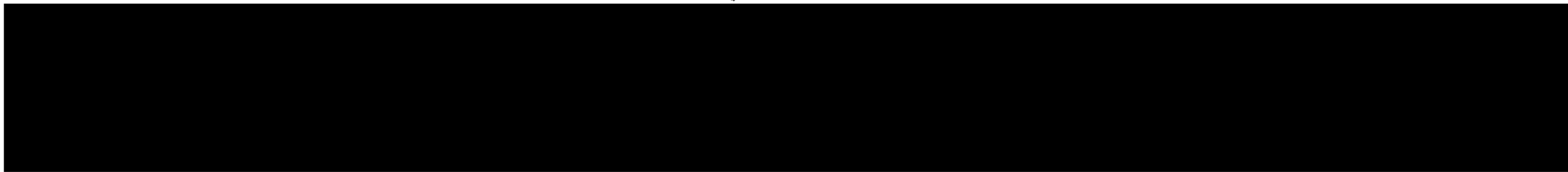
6. Diabetes Care



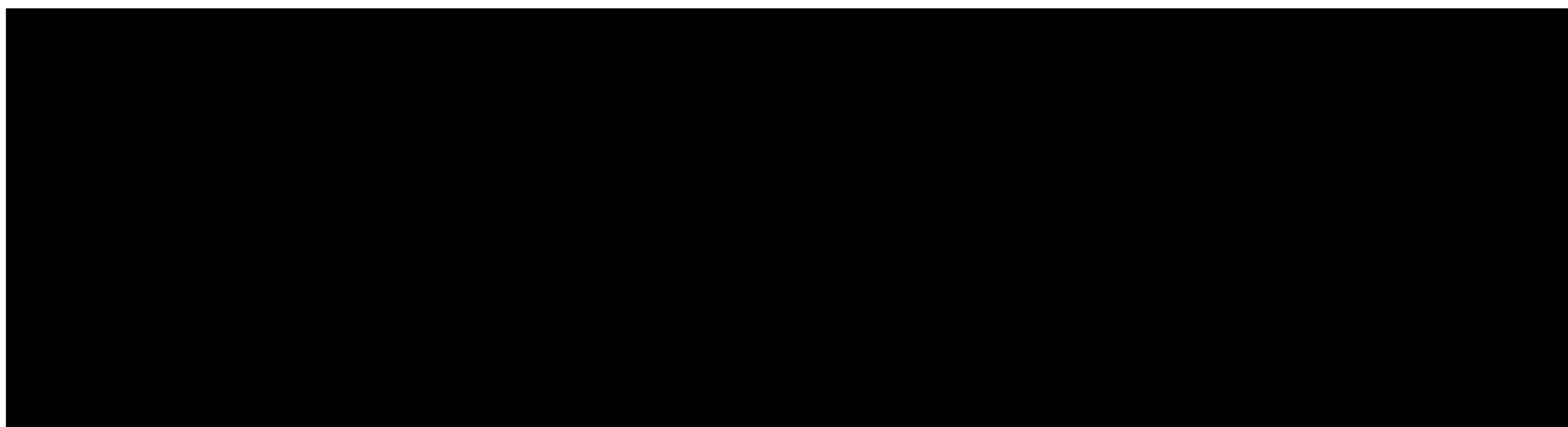
7. Obesity



8. **Varicose Veins**



9. **Control of Pain in Patients with Cancer**

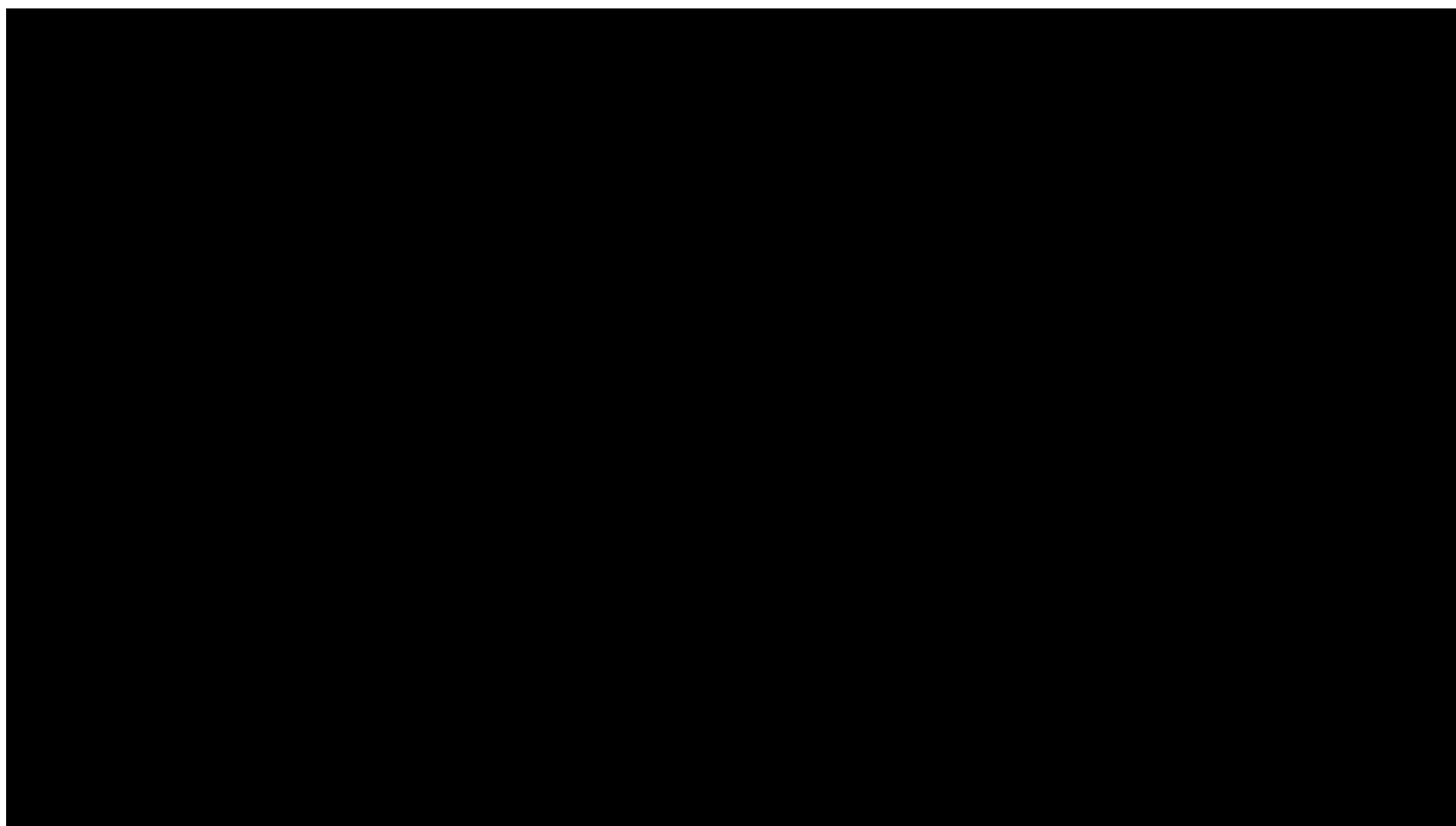


***SUB-GROUP REPORTS***

10. **Prevention of Hyponatraemia in the Adult Patient**

Dr Russell reported that the Hyponatraemia sub-group had met on 2 occasions. He said that the guidelines would be brief, approximately 5-6 pages, including an audit tool and should be ready by the end of June 2002. A worrying scenario which came to light during deliberations, was that medical students were no longer taught about pharmacology and nurses were taught very little about fluid balance. Dr Russell said these issues needed to be addressed but were outside the remit of the group.

11. **Home Enteral Tube Feeding**



12. Psychological Management of Trauma



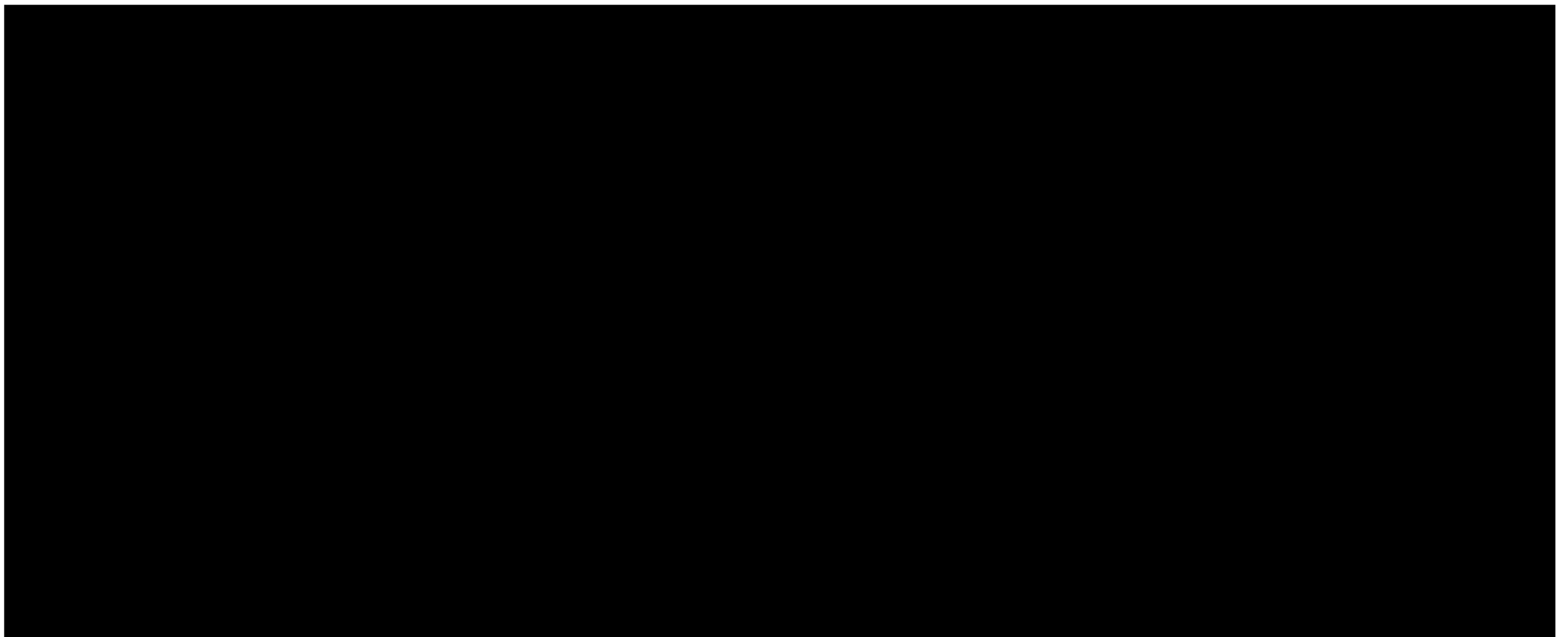
*SUB-COMMITTEE REPORT*

13. Evaluation of Equipment

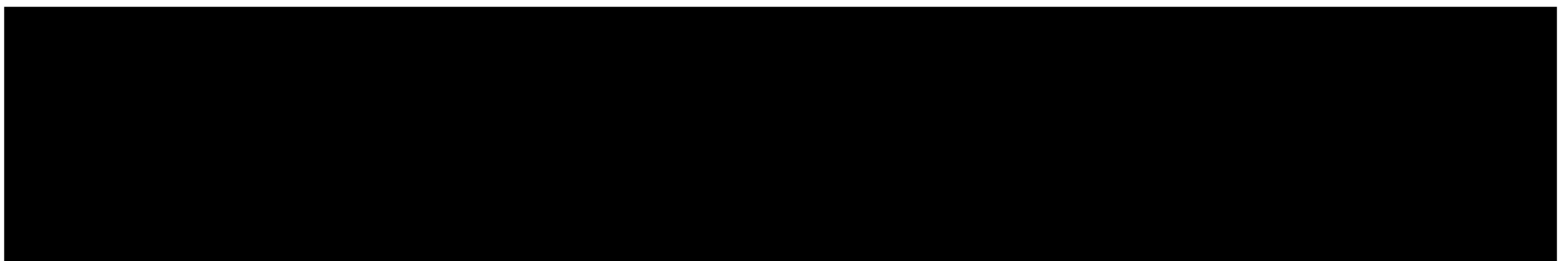


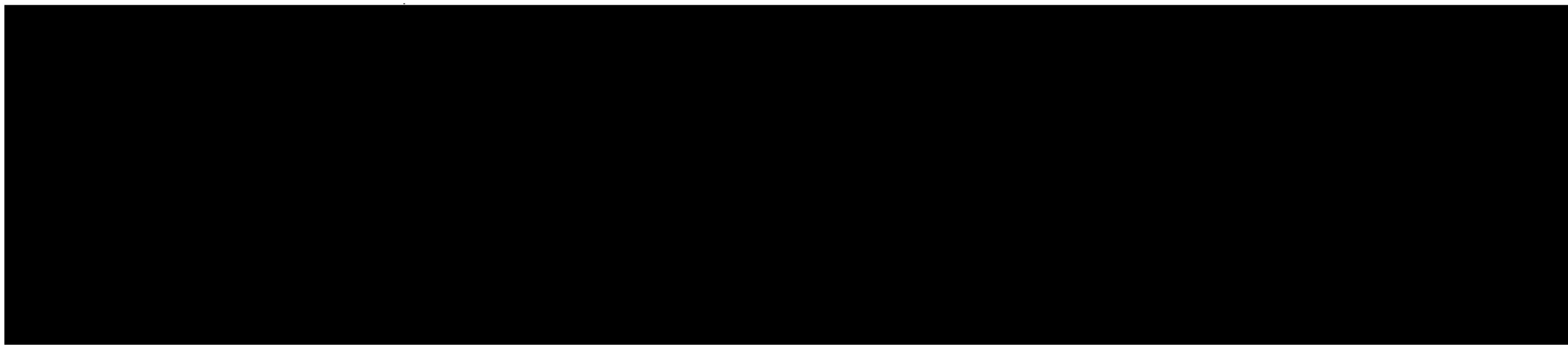
14. Any other business

(i) *Provision and Appropriate Utilisation of Intensive and High Dependency Services*



(ii) *Epilepsy Care in Northern Ireland*





**15. Date of the next meeting**

The next meeting of CREST has been arranged for Thursday 7 November 2002, at 2.00pm in Conference Room C3.18, Castle Buildings.