SOUTH AFRICAN PRIMARY CARE CLINICAL PRACTICE GUIDELINE IMPLEMENTATION AND USE:

GAPS & OPPORTUNITIES

This policy brief aims to answer the following questions from the perspectives of provincial and district guideline implementers, healthcare providers and end users:

- What are the experiences of provincial and district health managers of primary care guideline implementation? What is working and what can be improved?
- What do healthcare providers recommend for better primary care guideline implementation and use?

WHAT DO WE KNOW ABOUT THE CURRENT STATE OF PRIMARY CARE GUIDELINE IMPLEMENTATION AND USE IN SOUTH AFRICA?

National Health Insurance (NHI) is planned for the coming decade with guidelines being one of the named tools to achieve evidence-informed, cost-effective healthcare that spans the sectors, supports equitable access and ensures better patient outcomes. Globally, one of the greatest challenges with healthcare is the 'evidence-practice gap' between what is recommended based on best-available evidence and what is done in clinical practice.

Evidence-informed guidelines have little impact if they are not implemented. In South Africa, guidelines are usually developed at a national level while the responsibility for implementation lies with provincial and district managers. Understanding the barriers to and enablers of effective guideline implementation from the perspective of those provincial and district managers, and healthcare providers may provide insights for prioritising resource allocation in primary care guideline implementation.

KEY ACTIONS FOR PRIMARY CARE GUIDELINE IMPLEMENTATION

We conducted two studies to identify the gaps and opportunities in guideline implementation. The overall key actions identified from both studies are listed below, with further detail about each study at the end of the brief.

HEALTH SYSTEM LEVEL ACTIONS:

- Financial investment in guideline implementation activities including printing and distribution of sufficient numbers of guideline books; responsive procurement able to provide necessary basic equipment, medicines and supplies to adhere to guideline recommendations; and, development of infrastructure to enable digital access to guidelines in all parts of South Africa.
- Strengthening and supporting governance by setting clear roles and responsibilities for guideline implementation in provinces.

HEALTH WORKFORCE LEVEL:

- Health managers request support and training to be able to adapt national guidelines for provincial contexts.
- Quality-improvement initiatives should include constructive, rather than punitive, audit and feedback processes.

This policy brief is targeted at national and provincial policy makers, health managers and healthcare providers with an interest in primary care clinical practice guideline development, implementation and use. The brief summarises qualitative research findings from interviews and/or focus group discussions with two groups of role players – provincial and district health managers, district clinical specialists and primary care trainers; and, primary care healthcare providers.

These research findings are part of the South African Guidelines Excellence Project (SAGE). SAGE was a multi-partner collaborative project that aimed to explore South African primary care guideline development, implementation and capacity needs. Further information on SAGE can be found at ***http://www.mrc.ac.za/intramural-research-units/Cochrane-SAGE***

The SAGE Guideline Toolkit is a repository of global guideline resources. This may be useful for those who want to find, appraise, develop, adapt, implement or evaluate guidelines. To access this free resource, go to: ***https://guidelinetoolkit.org.za/***

Cochrane South Africa

PROJECT SAGE
SOUTH AFRICAN GUIDELINES EXCELLENCE
An innovative partnership for clinical guideline excellence

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- Healthcare provider training should be part of the requirements of clinical service, with time and support allocated to attend training events.
- Training should be accessible and interactive, including both off-site training and on-site case-based clinical mentorship.
- Training should be interdisciplinary, including nurses, allied health practitioners, pharmacists and doctors to ensure cooperation and standardisation of patient care.

GUIDELINE LEVEL:

- Guidelines need improved design features to attract attention and interest through better use of formatting, colours, simplified language and use of local languages.
- Digitally-formatted versions will increase ease of access and potentially use; this can also ensure access to the most up-to-date guidelines, avoiding confusion with changing versions.
- Supplementary materials (e.g. posters) can support patient engagement.
- Clinical support should be available for questions that arise following training.

RESEARCH METHODS

Qualitative research methods were used in the two studies including interviews and focus groups with 70 role players involved in primary care guideline implementation and/or use in four provinces in South Africa (Eastern Cape, Western Cape, Kwazulu-Natal, Limpopo). The data were analysed using thematic content analysis. Some data were considered through the lens of behaviour-change theory (Theoretical Domains Framework and Behaviour Change Wheel). The findings of the two studies are described below.

STUDY 1: GUIDELINE IMPLEMENTATION FROM THE PERSPECTIVE OF PROVINCIAL AND DISTRICT GUIDELINE IMPLEMENTERS

We interviewed 22 role players in four provinces who are involved with primary care guideline implementation. These included provincial and district health managers, members of the District Clinical Specialist teams and district primary care trainers. Two main factors impact implementation: **health-system barriers** and **socio-cultural and geographic context.**

HEALTH-SYSTEMS FACTORS:

- Financial constraints impact access to guidelines as well as access to the necessary equipment and medicines to adhere to guideline recommendations.
- Governance needs to be strengthened including clarifying roles and accountability for guideline implementation. Audit and feedback should be constructive rather than punitive.
- A 'compliance culture' results in a focus on reporting on administrative issues for the Auditor General, rather than on a clinical audit of health outcomes.
- Health workforce challenges result in insufficient numbers, and inadequately trained primary care providers with limited clinical support and mentorship post training.
- There is inadequate interdisciplinary training to ensure all clinical disciplines are up-to-date.
- Managers working with non-governmental organisations 'partner', to deliver training and disseminate guidelines, but this may not be sustainable and is funding dependant. This also drives the kinds of guidelines that are distributed (e.g. HIV has greater investment than diabetes).

GEOGRAPHIC AND CULTURAL CONTEXTUAL FACTORS:

- National guidelines are not sufficiently considerate of provincial differences including geographic and cultural factors, and this results in national indicators that may not be applicable or feasible in all provinces.
- Insufficient consultation with end-users and patients limits the usability of guidelines which may be result in guidance that is not fit for the cultural or geographic context.
- Provinces may need to adapt the guidelines to better fit their context, however, there is limited technical knowledge on how to go about this and limited support in how to adapt guidelines.

Citation: Kredo T, Cooper S, Abrams A, Muller J, Schmidt B, Volmink J, Atkins S. Building on shaky ground – challenges to and solutions for primary care guideline implementation in four provinces in South Africa: a qualitative study. *BMJ Open* (submitted May 2019).

STUDY 2: GUIDELINE USE FROM THE PERSPECTIVE OF PRIMARY CARE HEALTHCARE PROVIDERS AND END-USERS

We interviewed 48 primary care healthcare providers, generally nurses and allied health workers, in four provinces in South Africa. We found that they are knowledgeable about guidelines, generally trust their credibility and are receptive and motivated to use them. Guidelines are seen by nurses as providing confidence and reassurance, professional authority and independence where doctors are scarce. Despite this, many barriers to guideline use were reported:

BARRIERS TO GUIDELINE USE INCLUDE:

- inadequate systems for hardcopy distribution;
- insufficient and substandard photocopies;
- linguistic inappropriateness (e.g. complicated language, lack of summaries, no availability in local languages);
- unsupportive audit and feedback procedures;
- limited involvement of end-users in guideline development; and,
- patchy training that does not filter back to providers.

SUGGESTIONS FROM PARTICIPANTS

- improving the design features;
- increasing accessibility including making digitally-formatted versions available;
- more supplementary materials (e.g. posters) to support patient engagement;
- accessible clinical support following training; and,
- in-facility training for all professional cadres to ensure fair access, similar levels of capability and interdisciplinary consistency.

Citation: Kredo T, Cooper S, Abrams A, Muller J, Volmink J, Atkins S. Using the Behavior Change Wheel to identify barriers to and potential solutions for primary care clinical guideline use in four provinces in South Africa. *BMC Health Services Research* 2018;**18**(1):965.
www.ncbi.nlm.nih.gov/pmc/articles/PMC6295099/pdf/12913_2018_Article_3778.pdf

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