

PROJECT SAGE

SOUTH AFRICAN GUIDELINES EXCELLENCE

An innovative partnership for clinical guideline excellence

PRIMARY CARE CLINICAL PRACTICE GUIDELINES IN SOUTH AFRICA: A QUALITATIVE STUDY EXPLORING THE PERSPECTIVES OF NATIONAL GUIDELINE DEVELOPERS

BACKGROUND

Internationally, clinical practice guidelines (CPGs) have become a familiar tool in policy and practice. Recognising the central role of guidelines in primary care and in an attempt to contribute to the on-going primary health care reform nationally, the [South African Guidelines Excellence Project \(SAGE\)](#) sought to expand the body of evidence regarding processes and players involved with CPG development, implementation and use. SAGE engaged academics, clinicians, and policy-makers to better understand primary care CPG activity in South Africa.

OBJECTIVES

This aspect of Project SAGE explored the players, context, processes, barriers to and enablers of South African primary care CPG development from the perspective of national primary care CPG developers.

METHODS

Individual, semi-structured interviews were conducted with national primary care CPG developers across all primary care disciplines. Sampling was initially purposeful, followed by snowballing to reach representativity. Thematic content analysis was used to analyse the interview transcripts.



RESULTS

Thirty-seven interviews were conducted with key stakeholders involved with national primary care CPG development representing government, and public and private sector professionals.

CPG development activities reflect a complex web of interactions, informed by values, politics and power at individual and group levels. The National Department of Health drives specific CPGs through their various directorates, but other drivers are described:

"It's the government who is pushing..."

"But then some of the smaller, neglected diseases don't have a directorate at the Department of Health....so often those are undertaken by professional societies."

"And if you think about why people develop guidelines, it's actually ... that a massive amount is driven by industry, and then by the needs to some extent and personal interest to another extent."

Stakeholders identified key factors hampering CPG development:

- Lack of resources for technical and methodological work
"People are stretched... we all have full time jobs and we're doing it, not for money, not for kudos... so you can't expect the kind of rigor that you'd like to see"
- Fragmentation between groups and between national and provincial health systems
"There is a two-parallel process from the department of health, and the one side is the formal process and on the other side you've got stroke management, malaria management, HIV management... so all are little silos inside other silos"
- Lack of agreed standards for CPG development
"It's chaotic, it's uncoordinated, it's opaque"

Some CPG contributors steadfastly work to improve processes for communication, evidence use, and transparency to ensure CPG credibility: **"There's a keen awareness that it could be done better"**.

Many interviewed had shared values, particularly a focus on equity and using CPGs to **"level the playing fields"** and reduce **"disparity between provinces"** instigated by apartheid. However, resource gaps were perceived to enable commercial or personal interests to drive CPG development agendas.

"we are critically dependent on drug companies. No one else is willing to fund guidelines. I mean, theoretically, if one looked at it in its purest form, the department of health should be funding all of this. They should be intricately involved – we should all be doing it together – but they don't. They don't at all"

Our analysis revealed six key processes that require strengthening with regards to CPG development in South Africa:

Process	Description
Systematic use of evidence	All CPGs need to be guided by a systematic and rigorous evidence-informed approach
Enhanced stakeholder consultation	Widespread stakeholder consultation, particularly with end-users, is needed to enhance the acceptability and feasibility of CPGs
Transparency	CPG decision-making processes need to be clearly documented and shared to ensure CPG credibility
Management of interests	Personal, intellectual and financial interests of CPG developers need to be considered, declared and managed.
Enhanced co-ordination between groups	Greater communication and co-ordination are needed between different CPG development groups within government and between public and private sectors to avoid duplication of efforts and ensure coherence between CPGs.
Consideration of 'fit-for-context' CPGs	Consideration of contextual factors is needed to ensure that CPGs are locally relevant and practically feasible.

CONCLUSION AND IMPLICATIONS: Participants recommended that dedicated resources for CPG development, standardised systems for managing interests, and the development of a political environment that fosters collaboration within and between CPG development groups is needed. These initiatives may enhance CPG quality and acceptability, with associated positive impact on patient care.

Find out more: <http://www.mrc.ac.za/cochrane/sage.htm>
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