
Overview of the HSE PPPG Framework
Part 1
July 2019

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Dr Steevens’ Hospital Dublin
PPPG Programme Structure

• **Part 1**
  Overview of the HSE National Framework for Developing PPPGs (2016)

• **Part 2**
  Finding & Appraising the Evidence for PPPGs

• **Part 3**
  Monitor, Audit, Evaluation & Review of PPPGs
Programme Learning Outcomes

• Become familiar with the HSE PPPG Framework and how to use it
• Define Evidence Based Practice: Use EBP Framework to compose a question for literature search
• Locate the Evidence and Appraise the evidence
• Outline processes for monitoring, audit, evaluation & review of PPPGs.
NCEC Standards for Clinical Practice Guidance (2015)

- DoH (NCEC) developed and published National Standards for Clinical Practice Guidance in November 2015.

**Objectives of the NCEC Standards are to:**

- Provide a standardised terminology & methodology for the development of evidence-based clinical practice nationally.
- Ensure consistency of approach and minimise duplication of clinical practice guidance in the health system.

**Supports a number of existing national standards and key frameworks such as:**

- Safer Better Healthcare (HIQA 2012)
- Quality Framework for Mental Health Services (MHC 2007) and many more.
The DoH published the NCEC standards for Health Services to implement.

**HSE National Framework for developing PPPGs was developed to:**

- Guide services on how to comply and use the NCEC Standards when developing PPPGs. This HSE Framework was published and launched at the DoH Patient Safety Conference in Dec 2016.

**Scope:** applies to both clinical and non-clinical PPPGs, this includes:

- Models of care, care bundles, care pathways, clinical decision aids, checklists and algorithms. These form part of the implementation toolbox and can be included as components in a PPPG rather than stand-alone practice guidance.
Background and Context

- NCEC (DoH) *Standards for Clinical Practice Guidance* (2015)
- Benefits of Robust PPPGs in place
- Various National Standards e.g. *National Standards for Safer Better Healthcare* (HIQA, 2012)
- *Quality Framework for Mental Health Services* (MHC, 2007) and other national frameworks
- Building a Culture of Patient Safety (DoHC 2008)
- Regulatory reports, inspections and recommendations from serious incidents have identified gaps (HIQA, MHC, H&SA) etc.
- HSE reports and recommendations etc
- Reduce duplication and variation in practice
What is Quality?

Doing the right thing consistently to ensure the best possible outcomes for patients, satisfaction for all customers, retention of talented staff and a good financial performance. (Leahy, 1998)
HSE National Framework for Improving Quality (2016)

Drivers of Quality

- Leadership for Quality
- Governance for Quality
- Person and Family Engagement
- Staff Engagement
- Use of Improvement Methods
- A Culture of Person Centred Quality Care that Continuously Improves

Figure 1: Framework for Improving Quality (HSE, 2016)
Following extensive literature review and survey, the HSE National PPPG Framework was developed. The NCEC Standards for Clinical Practice Guidance were aligned to the 7 Stages in the PPPG Development Cycle.

**NB:** The HSE PPPG Framework applies to all HSE staff and HSE funded services and covers clinical and non-clinical PPPGs.

There are six sections within the framework:

- **Section 1:** Definitions
- **Section 2:** Stages in the PPPG Development Cycle
- **Section 3:** Revised HSE National Template for Developing PPPGs (2016)
- **Section 4:** PPPG Checklist for developing clinical and Non-Clinical PPPGs
- **Section 5:** Proposed HSE National Central Repository for HSE National approved PPPGs
- **Section 6:** Implementation of the Framework
Section 1- Definitions

Section 1: Definitions of a Policy, Procedure, Protocol and Guideline and when to use them
What is a Policy?

A policy is a written statement that clearly indicates the position and values of the organisation on a given subject. (HIQA, 2008).

It is a written operational statement of intent and explains the organisations stand on a subject and why there is a rule about it.
What is a Procedure?

A procedure is a written set of instructions that describe the approved and recommended steps of a particular act or sequence of events (HIQA, 2008).

Procedures supplement polices with specifics and completes the information users need.
What is a Protocol?

A protocol is a written plan that specifies procedures to be followed in defined situations:

A protocol represents a standard of care that describes an intervention or set of interventions.

Protocols are more explicit and specific in their detail than guidelines; in that they specify who does ‘what’, ‘when’ and ‘how’ (HSE, 2012).
What is a Guideline?

• A guideline is defined as a principle or criterion that guides or directs action. Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone (HSE, 2011).
Section 2 - Stages in the PPPG Development Cycle
Section 2 - Stages in the PPPG Development Cycle

- **Stage 1 – Initiation**
  12 standards

- **Stage 2 – Development**
  10 standards
  +3 standards for more complex PPPGs
  These standards describe the methodology by which the PPPG was developed and is based on the principles of EBP: It involves the integration of the best research evidence with clinical professional expertise and patient values and cost.

- **Stage 3 – Governance**
  3 standards
  Refers to the process of acceptance, agreement and assessing quality standard of PPPGs

- **Stage 4 – Communication/Dissemination**
  3 standards
  Refers to the communication and dissemination of the approved PPPG to ensure that everyone who should be using it knows it has been developed and is able to locate it easily.

- **Stage 5 – Implementation**
  4 standards
  Refers to the process of putting the new PPPG into practice.

- **Stage 6 – Monitoring audit and evaluation (3 standards)**
  Monitoring is a systematic process of gathering information and tracking over time. Audit is a formal review that usually includes planning, identifying risk areas.
  Evaluation is a formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

- **Stage 7 – Revision/Update**
  2 standards
  Refers to the process of revising or updating the original PPPG as new evidence emerges.
Stage 1. Initiation

Refers to the beginning or first step in developing a PPPG

<table>
<thead>
<tr>
<th>Standards required for Initiation</th>
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<tbody>
<tr>
<td>• The decision making approach relating to type of PPPG guidance required, coverage of the PPPG (national, regional, local) and applicable settings are described.</td>
</tr>
<tr>
<td>• Synergies are maximised across departments/organisations (Hospitals/Hospital Groups/Community Healthcare Organisations (CHO)/National Ambulance Service (NAS) to avoid duplication and to optimise value for money and use of staff time and expertise.</td>
</tr>
<tr>
<td>• The scope of the PPPG is clearly described, specifying what is included and what lies outside the scope of the PPPG.</td>
</tr>
<tr>
<td>• The target users and the population/patient group to whom the PPPG is meant to apply are specifically described</td>
</tr>
<tr>
<td>• The views and preferences of the target population have been sought and taken into consideration (as required).</td>
</tr>
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</table>
## Contd. Stage 1. Initiation

### Standards required for Initiation

- The overall objective(s) of the PPPGs are specifically described.
- The potential for improved health is described (e.g. clinical effectiveness, patient safety, quality improvement, health outcomes, quality of life, quality of care).
- Stakeholder identification and involvement: The PPPG Development Group includes individuals from all relevant stakeholders, staff and professional groups.
- Conflict of interest statements from all members of the PPPG Development Group are documented, with a description of mitigating actions if relevant.
- The PPPG is informed by the identified needs and priorities of service users and stakeholders.
- There is service user/lay representation on the PPPG Development Group (as required).
- Information and support is available for staff on the development of evidence-based clinical practice guidance.
Stage 1: Key points

- Mandate ......who commissioned or decides that this PPPG is necessary?
- To avoid duplication decide should the PPPG be National Regional or in exceptional circumstances Local
- Establish a PPPG Development Group with key stakeholders and include patient representatives/service users as appropriate. Complete Conflict of Interest Declaration Form
- Be clear of your scope, out of scope, target users, population to whom it serves, objective(s) and desired outcome(s) when you are developing your PPPG
- Don’t forget to use the PPPG checklist to ensure you are meeting the standards as you go along
Stage 2. Development
Describes the methodology by which the PPPG is developed. It involves the integration of the best research evidence with clinical/professional expertise, patient/client values and cost

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**Contd. Stage 2 Development**

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<td>• The PPPG guidance/recommendations are specific and unambiguous.</td>
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<td>• The potential resource implications of developing and implementing the guidance are identified (e.g.) equipment, education/training, staff time and research.</td>
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<tr>
<td>• There is collaboration and education and training across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.</td>
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<tr>
<td>• Budget impact is documented, (resource required, if applicable).</td>
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<tr>
<td>• Education and training is provided for staff on the development and implementation of evidence-based clinical practice guidance (as appropriate).</td>
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Three additional standards are required for a small number of more complex PPPGs

- **Cost effectiveness analysis is documented.**
- A systematic literature review has been undertaken.
- Health Technology Assessment (HTA) has been undertaken.
Stage 2: Key points

Remember the 5 A’s

• Ask ------------------ Ask your clinical questions

• Acquire ------------- Acquire the evidence

• Appraise------------- Appraise the evidence

• Apply--------------- Apply the evidence in practice

• Audit-------------- Audit and Evaluate and reflect your practice
Stage 3. Governance and Approval

Refers to the process of acceptance, agreement and assessing quality standard of PPPGs

Standards required for Governance and Approval

- Formal governance arrangements for PPPGs at local, regional and national level are established and documented.
- The PPPG has been reviewed by independent experts prior to publication (as required).
- Copyright and permissions are sought and documented.
Stage 3: Key points

• When the PPPG is ready for approval be sure you have the following key documentation ready to bring with you to be discussed with the person(s) signing off/or approving the PPPG:
  • Draft PPPG
  • Signed PPPG Checklist (usually signed by Chairperson of PPPG Development Group)
  • Signed Conflict of Interest Declaration Forms
  • Members of the PPPG Development Group (signed copy)
  • List of attendees of each PPPG meeting
  • Copyright and permissions sought if appropriate
  • Feedback from independent experts as appropriate
  • Members of the Approval Governance Group if appropriate (signed copy)
  • Other documentation as appropriate to the specific PPPG being developed e.g. list of clinical questions, literature searchers and appraisal sheets etc.
• A signed and dated master copy should be retained in an agreed central location
Stage 4. Communication and Dissemination

Refers to the active spread of new practices to the target audience using planned strategies (Nilsen, 2015)

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<tr>
<td>• A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.</td>
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<td>• Plan and procedure for dissemination of the PPPG is described.</td>
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<tr>
<td>• The PPPG is easily accessible by all users (e.g. PPPG repository).</td>
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Stage 4: Key Points

Develop a plan for the PPPG on how you are going to:

• Disseminate
• Communicate
• Have the PPPG easily accessible to all relevant staff, stakeholders and service users as appropriate.
Stage 5. Implementation

Refers to the process of putting to use or integrating new practices within a setting (Nilsen, 2015)

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<td>• Written implementation plan is provided, with timelines, identification of responsible persons/units and integration into service planning process.</td>
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<td>• Barriers and facilitators for implementation are identified, and aligned with implementation levers.</td>
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<tr>
<td>• Education and training is provided for staff on the development and implementation of evidence-based PPPGs (as required).</td>
</tr>
<tr>
<td>• There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.</td>
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</table>
Stage 5: Key Points

• Develop a plan describing how you are going to implement the PPPG you have developed and include barriers and facilitators.

• Include in your service plan the budgetary requirements to implement the PPPG; e.g. piece of equipment, education & training, WTEs required etc., as appropriate.

• It is necessary to outline specific actions, roles, timeframe and resources required.
## Stage 6. Monitoring, Audit and Evaluation

The definition of Monitoring, Audit and Evaluation is described in Part 3

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<td>• Process for monitoring and continuous improvement is documented.</td>
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<td>• Audit criteria and audit process/plan are specified.</td>
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<td>• Process for evaluation of implementation and effectiveness is specified.</td>
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Stage 6: Key points

• Decide how you are going to:
  Monitor
  Audit
  Evaluate the PPPG as appropriate

• Link with the experts within your area e.g. quality and clinical audit department etc., for their expertise, advice and support
Stage 7. Revision/Update

Refers to the process to ensure that the learning from the PPPG development and implementation process is used to amend and update or revise the original PPPG as new evidence emerges

Standards required for Revision/Update

• Documented process for revisions/updating and review, including timeframe is provided.

• Documented process for version control is provided.
Stage 7: Key points

Update or revise the PPPG every 3 years unless the need to revise the PPPG is identified by:

- Audit findings
- Evaluation
- Serious Incident
- Organisational Structural change
- Scope of Practice change
- Advances in Technology
- Significant changes in evidence or legislation/regulation etc.,
Section 3 – Template for developing PPPGs (2016)

Section 3 provides you with information on the new HSE National Template for developing PPPGs (2016) (pages 33-43). This template replaces the HSE procedure for developing PPPGs document reference no. OQRO29 Revision no.3 revised March 2012. The new template is developed in two parts: Part A and Part B.

Part A: Outlines the step by step process to follow, it can be an algorithm, process flow chart, or Standard Operating Procedure (SOP) etc. Part B should be completed first to develop the PPPG and the core PPPG steps or recommendations that have been developed in 2.7 are inserted in Part A.

Part B: Outlines the stages in the PPPG development Cycle. Part B is completed first, as each stage in the PPPG development cycle is addressed.

You can access a copy (in word) of the HSE National PPPG Template through the following link: www.qualityimprovement.ie
Section 3 – Template for developing PPPGs (2016)

Part A-Outline PPPG steps
Part B - PPPG Development Cycle
Table of Contents

1.0 Initiation
2.0 Development
3.0 Governance & Approval
4.0 Communication & Dissemination
5.0 Implementation
6.0 Monitoring, Audit & Evaluation
7.0 Revision/Update
8.0 References
9.0 Appendices
Section 3 – Template for developing PPPGs (2016)
PART B: PPPG Development Cycle

1.0 INITIATION

1.1 Purpose
This describes the overall purpose of the PPPG.

1.2 Scope
The scope of this PPPG identifies what will (and will not) be covered by the PPPG.
1.2.1 Target users; identify who the intended audience is and how they may use the PPPG.
1.2.2 Population to whom it applies; identify who will (and will not) be covered by the PPPG, age range, sex, (clinical) description, comorbidity (if applicable).

1.3 Objective(s)
The objective(s) of the PPPG deals with the potential impact of the PPPG on society and populations of patients or individuals. The specific objective(s) of the PPPG should be described in detail.

1.4 Outcome(s)
The outcome(s) of the PPPG deals with the end result or the consequence of the PPPG. The expected benefits from the PPPG should be specific to a problem or topic.

1.5 PPPG Development Group
See Appendix II for Membership of the PPPG Development Group Template. See Appendix III for PPPG Conflict of Interest Declaration Form Template.

1.6 PPPG Governance Group
1.6.1 See Appendix IV for Membership of the Approval Governance Group.

1.7 Supporting Evidence
1.7.1 List relevant legislation/PPPGs.
1.7.2 List PPPGs that are being replaced by this PPPG.
1.7.3 List related PPPGs.

1.8 Glossary of Terms (attach Appendix as appropriate).

2.0 DEVELOPMENT OF PPPG

2.1 List the questions (clinical/non-clinical)
Identify areas of new and emerging evidence or areas where there is variation in practice, which will form the basis of the PPPG and the type of evidence being gathered. In order to identify the evidence required to address the PPPG topic, it is essential to define one or more key questions. Where applicable, clinical questions should be broken down into PICO/T format (Population, Intervention, Comparison, Outcome, Timing). The clinical questions should be clear, unambiguous, focused and concrete (NICE, 2013).

2.2 Describe the literature search strategy
(attach Appendix as appropriate)
Based on the key question(s) defined, a literature search strategy should be developed. The literature search strategy should be documented explicitly in order that it can be replicated. The following should be included: Databases searched, search terms, search limits, inclusion and exclusion criteria. If undertaking the search, involve a librarian or other information specialist who has expertise and experience in this area (NICE, 2013).

2.3 Describe the method of appraising evidence
(attach Appendix as appropriate)
Closely appraise the quality, validity and relevance of all evidence gathered as part of your search. As a first step, studies can be categorised according to the ‘hierarchy of evidence’ (e.g. meta-analyses and systematic reviews are a higher level of evidence than randomised controlled trials, which are a higher level of evidence than cohort or case-control studies (NICE, 2013).


These tools can be used to appraise the strengths and weaknesses of the research. There are three main points to consider when appraising all research evidence:
- Are the results valid?
- What are the results?
- Are the results applicable/generalizable to the population of the PPPG?

2.4 Describe the process the PPPG Development Group used to formulate recommendations
Recommendations may be formulated through a formal structured process whereby the following may be considered:
- What is the evidence?
- What is the quality of the evidence?
- Is the evidence applicable to the Irish population and healthcare setting?
- What is the potential benefit versus harm to the population/patient?

2.5 Provide a summary of the evidence from the literature
Outline a summary of the supporting evidence from the literature for the PPPG.

2.6 Detail resources necessary to implement the PPPG recommendations
Are there resource implications? Outline same.

2.7 Outline of PPPG Steps/Recommendations
Insert the PPPG process/steps in Part A (as appropriate).

3.0 GOVERNANCE AND APPROVAL

3.1 Outline Formal Governance Arrangements
3.1.1 Refer to Appendix IV for Membership of the Approval Governance Group.

3.2 List method for assessing the PPPG in meeting the Standards outlined in the HSE National Framework for developing PPPGs.

3.3 Attach any copyright/permission sought (attach Appendix as appropriate).

3.4 Insert approved PPPG Checklist (refer to section 4 of the HSE National Framework for developing PPPGs).

4.0 COMMUNICATION AND DISSEMINATION

4.1 Describe communication and dissemination plans (attach Appendix as appropriate).
PPPG Template

5.0 IMPLEMENTATION
5.1 Describe implementation plan listing actions, barriers and facilitators and timelines
(Include implementation tools such as algorithms, teaching materials, checklists etc.).
5.2 Describe education/training plans required to implement the PPPG (attach Appendix as appropriate).
5.3 Identify lead person(s) responsible for the implementation of the PPPG.
5.4 Outline specific roles and responsibilities.

6.0 MONITORING, AUDIT AND EVALUATION
6.1 Describe the plan and identify lead person(s) responsible for the following processes:
6.1.1 Monitoring.
6.1.2 Evaluation.

7.0 REVISION/UPDATE
7.1 Describe procedure for the update of the PPPG (including date for revision).
7.2 Identify method for amending PPPG if new evidence emerges.
7.3 Complete version control update on PPPG Template cover sheet.

8.0 REFERENCES

9.0 APPENDICES
Appendix I: Signature Sheet
Appendix II: Membership of the PPPG Development Group Template
Appendix III: Conflict of Interest Declaration Form Template
Appendix IV: Membership of Approval Governance Group Template
Appendix V: Explanatory Guidance Manual for the PPPG Template

Appendix I:
Signature Sheet

I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Area of Work</th>
<th>Date</th>
</tr>
</thead>
</table>
Example of an approved HSE National Policy using Part A and Part B of the Template

National Policy for Pronouncement of Expected Death by Registered Nurses (2017) is an example of an approved National PPPG using Part A and Part B of the Template.
Section 4 – PPPG Checklist for Clinical PPPGs

• This section provides you with two checklists clinical and non-clinical. It is a quality assurance method for assessing you have met the NCEC standards when developing your PPPG. One checklist applies to the development of clinical and the other applies to the development of non-clinical PPPGs. From 2017 the PPPG checklist must be used by all HSE staff when developing and approving PPPGs.

• When you are developing the PPPG review and sign the PPPG checklist to ensure you have met the NCEC standards outlined in section 2 of the framework.

• The signed PPPG checklist must accompany the final document in order for the PPPG to be approved.

• When the PPPG is approved by the commissioner/sponsor/appropriate governance structure, the final version can be converted to a PDF document to ensure the integrity of the PPPG.

• A signed and dated master copy including the appendices and checklist can be retained in an agreed central location where it will be document controlled prior to dissemination.

• You can access a copy (in word) of the PPPG Checklist both clinical and non-clinical through the following link: www.qualityimprovement.ie
# Section 4 – PPPG Checklist for Clinical PPPGs

## Stage 2 Development

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## Stage 3 Governance and Approval

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## Stage 4 Communication and Dissemination

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## Stage 6 Monitoring, Audit, Evaluation

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## Stage 7 Revision/Update

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<td>Documented process for version control is provided.</td>
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I confirm that the above Standards have been met in developing the following PPPG:

**Name of PPPG:**

**Name of person signing off on the PPPG Checklist:**

**Title of person signing off on the PPPG Checklist:**

**Signature of person signing off on the PPPG Checklist:**

**Date:**

This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.
Section 4 – PPPG Checklist for Non-Clinical PPPGs

### Stage 2 Development

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<tr>
<td>The potential resource implications of developing and implementing the PPPG are identified e.g. equipment, education/training, staff time and research.</td>
</tr>
<tr>
<td>There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.</td>
</tr>
<tr>
<td>Budget impact is documented (resources required).</td>
</tr>
<tr>
<td>Education and training is provided for staff on the development and implementation of evidence-based clinical practice guidance (as appropriate).</td>
</tr>
<tr>
<td>Three additional standards are applicable for a small number of more complex PPPGs: Cost effectiveness analysis is documented.</td>
</tr>
<tr>
<td>A systematic literature review has been undertaken.</td>
</tr>
<tr>
<td>Health Technology Assessment (HTA) has been undertaken.</td>
</tr>
</tbody>
</table>

### Stage 3 Governance and Approval

<table>
<thead>
<tr>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal governance arrangements for PPPGs at local, regional and national level are established and documented.</td>
</tr>
<tr>
<td>The PPPG has been reviewed by independent experts prior to publication (as required).</td>
</tr>
<tr>
<td>Copyright and permissions are sought and documented.</td>
</tr>
</tbody>
</table>

### Stage 4 Communication and Dissemination

<table>
<thead>
<tr>
<th>Checklist</th>
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<tbody>
<tr>
<td>A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.</td>
</tr>
<tr>
<td>Plan and procedure for dissemination of the PPPG is described.</td>
</tr>
<tr>
<td>The PPPG is easily accessible by all users e.g. PPPG repository.</td>
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</tbody>
</table>

### Stage 5 Implementation

<table>
<thead>
<tr>
<th>Checklist</th>
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<tr>
<td>Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process.</td>
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<tr>
<td>Barriers and facilitators for implementation are identified, and aligned with implementation levers.</td>
</tr>
<tr>
<td>Education and training is provided for staff on the development and implementation of evidence-based PPPG (as required).</td>
</tr>
<tr>
<td>There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.</td>
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</table>

### Stage 6 Monitoring, Audit, Evaluation

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<th>Checklist</th>
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<tr>
<td>Process for monitoring and continuous improvement is documented.</td>
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<tr>
<td>Audit criteria and audit process/plan are specified.</td>
</tr>
<tr>
<td>Process for evaluation of implementation and (clinical) effectiveness is specified.</td>
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</table>

### Stage 7 Revision/Update

<table>
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<th>Checklist</th>
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<tr>
<td>Documented process for revisions/updating and review, including timeframe is provided.</td>
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<tr>
<td>Documented process for version control is provided.</td>
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</tbody>
</table>

I confirm that the above Standards have been met in developing the following PPPG:

<table>
<thead>
<tr>
<th>Name of PPPG:</th>
</tr>
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<tbody>
<tr>
<td>Name of person signing off on the PPPG Checklist:</td>
</tr>
<tr>
<td>Title of person signing off on the PPPG Checklist:</td>
</tr>
<tr>
<td>Signature of person signing off on the PPPG Checklist:</td>
</tr>
<tr>
<td>Date:</td>
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</tbody>
</table>

This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.
Section 5
HSE National Central Repository (NCR)

Function
• The main function for NCR is to be a national central location for all approved HSE national PPPGs (including clinical and non-clinical).
• Act as a contact focal point for HSE national PPPGs

Transition period
• A 3 year transition period will be required to update all existing approved HSE national PPPGs
• The updated HSE national PPPGs will be migrated onto the new proposed system once they have met the required standards
• Phase I of the PPPG Project is completed this included the development of the PPPG Framework and a number of key supporting training resources and tools, website and information sessions to support implementation etc
• Phase II is the next stage of the project and requires the nomination of a National Director on behalf of the HSE Leadership Team to lead its implementation as this involves:
  Establishment of a National HSE PPPG Governance Group to act as a centralised resource to provide clear governance to standardise the process for the development and the process of approval of all HSE national PPPGs and to oversee the establishment of a HSE National Central Repository (NCR) where they can be accessed.
  (1st PPPG Governance Group meeting was held on 1st July 2019 and the process for establishing NCR is under way ).
This guide and tool kit was developed by the DoH in 2018 to support staff involved in the development and implementation of National Clinical Guidelines including policies, procedures, protocols, guidelines and audit recommendations. This guide provides the theory, steps and tools for each stage of implementation. Useful templates and worked examples are included in this guide. 
## Title of National PPPG:

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Publication Date</th>
<th>Date for Revision</th>
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</table>

### Implementation Plan for: (Insert name of Region/Service)

<table>
<thead>
<tr>
<th>PPPG recommendation or number(s)</th>
<th>Implementation barriers / enablers</th>
<th>Action / intervention / task to implement recommendation</th>
<th>Lead responsibility for delivery of the action</th>
<th>Timeframe for completion</th>
<th>Expected outcome and verification</th>
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<td>Year 1</td>
<td>Year 2</td>
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Ref: Implementation Guide and Toolkit for National Clinical Guidelines Department of Health (DoH) September 2018
Implementation of overall PPPG

While the implementation plan is specific to the individual recommendations in the PPPG, some actions will assist with PPPG implementation as a whole. These include establishing an implementation team; developing a dissemination and communication plan and developing specific implementation tools and resources. In the boxes below, please give a high-level description of how these actions will be incorporated into the implementation of your PPPG:

**Implementation team:** Describe the structure and governance of your implementation team, list your implementation team members and specify meeting frequency. Outline planned training and capacity building for team members.

**Dissemination and communication plan:** Describe your communications strategy and dissemination plan for distributing, sharing, promoting and applying guideline recommendations e.g. publications/articles, presentations, awareness-raising activities, media, knowledge transfer, collaboration and networking.

**Implementation tools:** List the supporting tools and resources developed to support this PPPG and where these tools can be accessed, e.g. materials on website, patient information leaflets, training linked to CPD, e-learning, podcasts, study days, research, checklists, audit tools, seminars, conference, patient pathways, toolkits, algorithms, teaching aids, presentations.
Link to PPPG website: www.qualityimprovement.ie
Resources Developed

- **PPPG Website** [www.qualityimprovement.ie](http://www.qualityimprovement.ie)

- **PPPG Programme (Accredited Category 1 NMBI 4.5 CPD Credits)**
  
  - **Part 1** – Overview of PPPG Framework for developing PPPGs
  - **Part 2** – Finding and Appraising the Evidence
  - **Part 3** – Monitor, Audit, Evaluate and Review

- **e-Learning Video** on HSELand
You can access the PPPG Video by logging into HSELandD and type PPPG into search.
Resources available on PPPG website

www.qualityimprovement.ie

- NCEC Standards for Clinical Practice Guidance (2015)
- HSE National Template for developing PPPGs (2016)
- HSE Checklist for developing Clinical PPPGs (word version)
- HSE Checklist for developing Non-Clinical PPPGs (word version)
- Membership of the PPPG Development Group Template (word version)
- Membership of the Approval Governance Group Team (word version)
- Conflict of Interest Declaration Form Template (word version)
- PPPG Peer Review Feedback Template (word version)
## Useful Websites

<table>
<thead>
<tr>
<th>Website</th>
<th>URL</th>
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<tbody>
<tr>
<td><strong>Health Improvement Scotland: Methodology toolkit</strong></td>
<td><a href="http://www.healthcareimprovementscotland.org/about_us/what_we_do/knowledge_management/knowledge_management_resources/methodology_toolkit.aspx">http://www.healthcareimprovementscotland.org/about_us/what_we_do/knowledge_management/knowledge_management_resources/methodology_toolkit.aspx</a></td>
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<tr>
<td><strong>National Institute for Health and Care Excellence (NICE), UK:</strong></td>
<td></td>
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<tr>
<td>NICE guidance:</td>
<td><a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a></td>
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<tr>
<td>NICE standards and indicators:</td>
<td><a href="https://www.nice.org.uk/standards-and-indicators">https://www.nice.org.uk/standards-and-indicators</a></td>
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<tr>
<td><strong>Department of Health:</strong></td>
<td></td>
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<tr>
<td><strong>Department of Health</strong></td>
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</tbody>
</table>
Brid Boyce
HSE National Quality Improvement Lead
Member of the HSE National Quality Team

Twitter: @NationalQI
Web: www.qualityimprovement.ie
Email: Brid.boyce@hse.ie
Phone: 087 2264615