Evidence Flowers: Improving accessibility and engagement with evidence based guidance.

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Background: NICE Clinical guidelines are based on large volumes of synthesised evidence, but the technical language, reading time, as well as identification of core guidance in the guideline, may deter engagement and subsequent application into to practice. Therefore, we explore the feasibility of summarising core guidance information within NICE clinical guidelines for osteoarthritis and depression visually as "evidence flowers".

Aims: To suggest a simple, visual and novel method of expressing core guideline recommendations to improve stakeholder accessibility and engagement with clinical guidelines.

Methods: Two recent NICE guidelines (NICE depression guideline 2009; NICE OA guideline 2014) were selected and evidence flowers representing core recommendations of the guidelines were created. Strength of the research evidence behind each recommendation, graded within the guidelines based on the GRADE system (http://www.gradeworkinggroup.org/), was indicated by using different coloured 'petals' in the evidence flowers. Narrative summary of the information on the petal was kept brief and written in plain language. NICE working group members gave informal feedback on agreement of the evidence flowers with the original evidence in the guidelines. Stakeholders' (non-academic GPs, Allied Health Professionals and health service managers) engagement with the clinical guideline was assessed via structured questionnaires before and after seeing the evidence flowers. Accessibility and acceptability of the evidence flowers were also evaluated.

Results: Evidence flowers for the two clinical guidelines will be presented with comments on stakeholders' accessibility and engagement with the guideline recommendations. Feedback and comments on agreement with original evidence by guideline working group members will also be discussed.

Conclusions: Evidence flowers are novel and visually stimulating for collating and presenting evidence to stakeholders and policy makers. We propose that they are used in conjunction with clinical guideline core statements to promote and facilitate stakeholder engagement with evidence as well as bridge the gap between research evidence and clinical practice.