National Institute for Health and Care Excellence

Surveillance programme

Surveillance review consultation document

4-year surveillance review of CG138: Patient experience in adult NHS services

# Background information

Guideline issue date: February 2012

2-year review: 2014 (no update)

# Surveillance proposal for consultation

We will not update the guideline at this time.

## Reason for the proposal

### Approach taken

NICE is committed to keeping guidelines current. A check of the need to update a guideline (surveillance review) is usually undertaken by NICE every 2 years, and is always undertaken at least every 4 years from the date of guideline publication. This seeks to identify recommendations that are no longer current or need to be revised. Given the number of published guidelines that make up NICE's guideline topics, the number of checks needed is considerable. To address this, adaptive processes and methods are used for checking that published guidelines are current.

For this guideline, Cochrane reviews that were used to inform the recommendations during development were checked to determine whether they had undergone an update. The results presented in any updated Cochrane reviews were checked against the guideline recommendations to assess any potential impact. Furthermore, we checked the status of any legislation or policy documents that had been used to inform the guideline recommendations to determine whether these had been updated.

The above approach was taken due to nature of the guideline. This guideline is directed to generic patient experience in all settings and provides a framework that describes the key requirements for providing a high quality patient experience within the NHS. As a result, development of recommendations took into account:

* Existing NICE recommendations related to patient experience
* Selected systematic literature reviews for specific interventions that may improve patient experience
* Guideline Committee consensus

It was felt that a targeted call for evidence during consultation to supplement the surveillance review would ensure that we capture the issues important to people affected by the guideline.

### New evidence

We checked five Cochrane systematic reviews which related to the following section and review questions in the guideline:

[Enabling patients to actively participate in their care](http://www.nice.org.uk/guidance/cg138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care):

* What methods of presenting information improve a patient’s understanding of the risks and benefits associated with their treatment options?
* What is the clinical and cost-effectiveness of decision aids versus no intervention, usual care, alternative interventions, or a combination?

Four of the five Cochrane reviews had published updated conclusions since the guideline was developed. The reviews included evidence on personalised risk communication, decision aids for patient-practitioner communication, midwife-led continuity models of care and interventions to communicate contraceptive effectiveness. None of the new evidence was thought to have an effect on current recommendations.

The Guideline Committee Chair was asked whether this new evidence would affect current recommendations in the guideline. It was noted that there is new research in this area but no specific details were provided.

None of the policy documents or legislation used to inform the guideline have been updated since the guideline was developed.

No equalities issues were identified during the process.

**Summary**

None of the new evidence considered in surveillance of this guideline was thought to have an effect on current recommendations.

## Call for evidence

Due to the modified approach used for identifying new evidence relevant to this guideline, NICE would like to invite stakeholders to notify NICE of new evidence that directly addresses the guideline questions that they think could impact on the guideline recommendations. Please note that we will only consider the following study types as part of the surveillance :

* Systematic reviews of randomised controlled trials and cohort studies
* Randomised controlled trials
* Cohort studies
* Economic studies directly applicable to the UK including cost-utility analyses, full economic analyses or comparative cost analyses

### Studies will be considered if published between 9 August 2013 (the search date for the last surveillance review) to date.

A final decision on whether the guideline needs to be updated will be based on the evidence and intelligence identified through the surveillance process and the call for evidence.

NICE will not consider the following material as part of a call for evidence:

* Promotional material
* Unsubstantiated or non-evidence-based assertions of effectiveness
* Opinion pieces or editorial reviews
* Potentially unlawful or other inappropriate information.

Please refer to the consultation comments form for full details and instructions on the call for evidence process.

## Further information

See [Appendix 1](#_Appendix_1:_summary) for further information.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](http://www.nice.org.uk/article/pmg20/chapter/13-ensuring-that-published-guidelines-are-current-and-accurate) in ‘Developing NICE guidelines: the manual’.

# Appendix 1: summary of new evidence

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| Cochrane systematic reviews |
| Study | Related review question | Status | Key findings | Impact on guideline recommendations |
| Akl EA, Oxman AD, Herrin J, Vist GE, Terrenato I, Sperati F et al. [Using alternative statistical formats for presenting risks and risk reductions](http://www.ncbi.nlm.nih.gov/pubmed/?term=Using+alternative+statistical+formats+for+presenting+risks+and+risk+reductions). Cochrane Database of Systematic Reviews. 2011; 3:CD006776.  | [Enabling patients to actively participate in their care](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care)*Risk communication*What methods of presenting information improve a patient’s understanding of the risks and benefits associated with their treatment options? Recommendations [1.5.20-1.5.27.](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care) | No update | N/A | None, review has not been updated since guideline was developed. |
| Edwards AG, Evans R, Dundon J, Haigh S, Hood K, Elwyn GJ. [Personalised risk communication for informed decision making about taking screening tests](http://www.ncbi.nlm.nih.gov/pubmed/23450534). Cochrane Database of Systematic Reviews. 2006;(4):CD001865.  | [Enabling patients to actively participate in their care](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care)*Risk communication*What methods of presenting information improve a patient’s understanding of the risks and benefits associated with their treatment options?Recommendations [1.5.20-1.5.27.](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care) | Update published 2013 (including a search done up to 2012) | The guideline currently recommends that risks and benefits should be personalised as far as possible and offers guidance on principles to follow when discussing risks and benefits. The new evidence from the updated Cochrane review supports this recommendation by reporting an increase in knowledge with personalised risk communication. As such, this updated Cochrane review is unlikely to impact on guideline recommendations.  | The new evidence is unlikely to impact on the guideline recommendations. |
| Stacey D, Bennett CL, Barry M, Col NF, Eden KB, Holmes-Rovner M et al. [Decision aids for people facing health treatment or screening decisions](http://www.ncbi.nlm.nih.gov/pubmed/24470076). Cochrane Database of Systematic Reviews. 2011.  | [Enabling patients to actively participate in their care](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care)*Decision aids*What is the clinical and cost-effectiveness of decision aids versus no intervention, usual care, alternative interventions, or a combination?Recommendations [1.5.20-1.5.27.](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care) | Update published 2014 (including a search done up to 2012) | Overall, 33 new articles have been included in this updated review. The updated Cochrane review reports the value of decision aids in increasing patient knowledge and having a positive effect on patient-practitioner communication. The guideline recommends that clinicians should be aware of the value and availability of patient decision aids and other forms of decision support such as counselling or coaching. If suitable high-quality decision aids are available, they should be offered to the patient. The results of this updated Cochrane review are supportive of the guideline recommendation. As such, this updated Cochrane review is unlikely to impact on guideline recommendations. | The new evidence is unlikely to impact on the guideline recommendations. |
| Hatem M, Sandall J, Devane D, Soltani H, Gates S. [Midwife-led versus other models of care for childbearing women](http://www.ncbi.nlm.nih.gov/pubmed/26370160). Cochrane Database of Systematic Reviews. 2008;(4):CD004667.  | [Enabling patients to actively participate in their care](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care)*Decision aids -* Continuity of care (midwife-led care)What is the clinical and cost-effectiveness of decision aids versus no intervention, usual care, alternative interventions, or a combination?Recommendations [1.5.20-1.5.27.](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care) | Update published 2015 (including a search done up to 2015) | The Cochrane review concluded that women who received midwife-led continuity models of care were less likely to experience intervention and more likely to be satisfied with their care compared with women who received other models of care. The conclusions of the review are similar to the evidence already included in the guideline as the Guideline Committee considered midwife-led care as an example of an intervention that improves continuity of care, which has good evidence of benefit and an absence of evidence of harm. As such, this updated Cochrane review is unlikely to impact on guideline recommendations which promote continuity of care.  | The new evidence is unlikely to impact on the guideline recommendations. |
| Lopez LM, Steiner MJ, Grimes DA, Schulz KF. [Strategies for communicating contraceptive effectiveness](http://www.ncbi.nlm.nih.gov/pubmed/23633337). Cochrane Database of Systematic Reviews. 2008;(2):CD006964.  | [Enabling patients to actively participate in their care](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care)*Decision aids* What is the clinical and cost-effectiveness of decision aids versus no intervention, usual care, alternative interventions, or a combination?Recommendations [1.5.20-1.5.27.](https://www.nice.org.uk/guidance/CG138/chapter/1-Guidance#enabling-patients-to-actively-participate-in-their-care) | Update published 2013 (including a search done up to 2013) | The updated Cochrane review concluded that there was limited evidence about what helps people choose an appropriate method of contraception. The conclusions of the review are similar to the evidence already included in the guideline. As such, this updated Cochrane review is unlikely to impact on guideline recommendations relating to presentation of information to patients. | The new evidence is unlikely to impact on the guideline recommendations. |
| Legislation |
| Document | Related review question | Status | Key findings | Impact on guideline recommendations |
| National Institute for Health and Clinical Excellence. Social value judgements: principles for the development of NICE guidance*.* (2nd edn.), 2008. | No specific related question. The document is discussed within the cost-effectiveness criteria methods section. | No update | N/A | None, document has not been updated since guideline was developed. |
| Policy |
| Document | Related review question | Status | Key findings | Impact on guideline recommendations |
| Department of Health. High quality care for all - NHS next stage review final report*.* 2008. | Discussed in the setting the scene section. | No update | N/A | None, document has not been updated since guideline was developed. |
| Department of Health. High quality care for all: our journey so far*.* 2009. | Discussed in the setting the scene section. | No update | N/A | None, document has not been updated since guideline was developed. |
| Department of Health and dep. Essence of care 2010*.* London: The Stationery Office, 2010. | Discussed in the essential requirements of care section. | No update | N/A | None, document has not been updated since guideline was developed. |
| NHS Confederation. Feeling better? Improving patient experience in hospital*.* London: The NHS Confederation, 2010. | Discussed in the setting the scene section. | No update | N/A | None, document has not been updated since guideline was developed. |