

Surveillance proposal consultation document

2018 surveillance of [Rehabilitation after critical illness in adults](#) (NICE guideline CG83)

Proposed surveillance decision

We propose to not update the NICE guideline on Rehabilitation after critical illness in adults at this time; but to undertake an exceptional surveillance review of the guideline following publication of two scopes of closely related guidelines that have been referred to NICE on 'Rehabilitation for chronic neurological disorders including traumatic brain injury' and 'Rehabilitation after traumatic injury' (provisional date January 2020).

During surveillance editorial or factual corrections were identified, which will be addressed through editorial amendments.

Reasons for the proposal to not update the guideline

The guideline was developed to be a high level, principle based guideline. While there is some evidence related to the scope of NICE guideline CG83 concerning mobilisation strategies, aiding sleep, early rehabilitation programmes, and reflecting changes to service specifications, there is a suite of closely related guidelines on rehabilitation that are due to be developed soon, which should be considered prior to any decision to update NICE guideline CG83. It is therefore proposed that an exceptional surveillance review is undertaken when these guidelines' scopes are published. This will ensure that there is no duplication between the new NICE guidelines and NICE guideline CG83, and to identify whether there are gaps which could be addressed via a potential update of NICE guideline CG83.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [Rehabilitation after critical illness in adults](#) (NICE guideline CG83) remain up to date. The surveillance process for NICE guideline CG83 followed the static list review process. It consisted of:

- Feedback from topic experts and voluntary and community sector organisations via a questionnaire
- A search for new or updated Cochrane reviews
- A search for on-going research

- Examining related NICE guidance and quality standards
- Consultation on the decision with stakeholders (this document).

After consultation on the decision we will consider the comments received and make any necessary changes to the decision. We will then publish the final surveillance report containing the decision, the summary of the evidence used to reach the decision, and responses to comments received in consultation.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new Cochrane reviews related to the whole guideline. We found 4 relevant Cochrane reviews published between August 2011 and February 2018. [1-4]

Topic experts identified 28 published studies, of which 10 were within the [scope](#) of the guideline. [3, 5-13]

We also considered the 6 studies identified in previous surveillance in [2012](#). [14-19]

The surveillance review in [2014](#) did not identify any new studies.

Evidence was identified on the following rehabilitation strategies which are not currently in the recommendations in NICE guideline CG83: mobilisation [1, 2, 5, 9-12, 18, 19] and aiding sleep [3]. However, the evidence on the effectiveness of mobilisation strategies on physical and psychological outcomes was mixed; and the evidence on strategies that aim to aid sleep was low quality.

A small body of evidence was identified concerning early rehabilitation programmes in critical care that appear to be relevant to the research recommendation 'For patients at high risk of critical illness-associated morbidity, what is the clinical effectiveness and cost effectiveness of organised critical care rehabilitation versus usual care on physical and psychological functioning, participation and quality of life?'. [5-8]

Ongoing research

A Cochrane review protocol was identified on assessing [follow-up services for improving long-term outcomes in intensive care unit survivors](#).

Related NICE guidance

NICE guideline CG83 does not include clinical subgroups of patients whose specialist rehabilitation needs are already routinely assessed and delivered as part of their care pathway, including patients with conditions for which published guidelines already exists. Since the publication of NICE guideline CG83 in March 2009 there have been

related NICE guidelines published which should be considered for cross-referencing to, these are detailed in the editorial amendments section.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and voluntary and community sector organisations.

Six topic experts responded about NICE guideline CG38. They all indicated that the guideline should be updated. Many of the areas identified as requiring an update were out of scope as they focused on areas already covered by existing NICE guidelines, in particular in relation to delirium (see [Delirium: prevention, diagnosis and management](#) NICE guideline CG103) and post-traumatic stress disorder (see [Post-traumatic stress disorder: management](#) NICE guideline CG26). Evidence was also identified on research on specific interventions, rather than components of an overall rehabilitation strategy – the latter of which was the focus of the guideline.

Topic experts also highlighted that the uptake and implementation of the recommendations is low, partly due to changes in service configurations and possibly due to the guideline providing mostly high-level, principle-based recommendations. Low uptake of the guidance recommendations was also identified in a published study which identified that in April 2013 only 27.3% of organisations reported follow-up of patients at 2–3 months following hospital discharge (recommendation 1.23); and only 6.8% reported that a rehabilitation programme was available following hospital discharge for post critical illness patients (recommendation 1.25). [13] However, there was nothing to suggest that the low uptake was because of unclear or controversial recommendations.

One voluntary and community sector organisation responded. They indicated that the guideline should be updated due to there being new published evidence on rehabilitation, however no references were provided.

Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision is to not update the guideline, we are consulting on the decision.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified editorial or factual corrections which should be actioned: A Cross-reference to

- [Intermediate care including reablement](#) (NICE guideline NG74) should be added to recommendation 1.21
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (NICE guideline NG27) should be added to recommendation 1.20
- [Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#) (NICE guideline CG138) should be added to recommendation 1.1
- [Delirium: prevention, diagnosis and management](#) (NICE guideline CG103) should be added to recommendation 1.9
- [Decision making and mental capacity](#) should be added when it is published.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided not to update at this time. A surveillance review will be scheduled following the publication of the scopes for the 'Rehabilitation for chronic neurological disorders including traumatic brain injury' and 'Rehabilitation after traumatic injury' NICE guidelines.

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