APPENDIX 8: INCLUDED STUDY CHARACTERISTICS TABLES

TEMPLATES FOR STUDY CHARACTERISTICS TABLES

Characteristics of included guidelines – qualitative reviews

Guideline	
Review search parameters	
Databases and websites searched	
Years searched	
Inclusion criteria	**Population**: **Outcome**: **Study design**:
Included studies	
Number of included studies	
Total number of participants	
Study design	
Country and setting	
Method of analysis	
Brief description of method and process of analysis	
Limitations	
Brief description of limitations	

Characteristics of included guidelines – qualitative analyses

Guideline	
Source of personal accounts	
Websites searched	
Year conducted	
Inclusion criteria	
Participants	
Total number of participants	
Country (setting)	
Method of analysis	
Brief description of method and process of analysis	
Limitations	
Brief description of limitations	

Characteristics of included surveys

Guidance	
Source of personal accounts	
Website/publication	
Year conducted	
Inclusion criteria	
Participants	
Total number of participants	
Country and setting	
Method of analysis	
Brief description of method and process of analysis	
Limitations	
Brief description of limitations	

Characteristics of included reviews

Study ID	
Bibliographic reference	
Pathway	
Domain	
Method used to synthesise evidence	
Design of included studies	
Dates searched	
No. of included studies	
Participant characteristics	
Intervention	
Comparison	
Outcome(s)	
Risk of bias	
Pooled effect sizes or summary of findings	
Note.	

Characteristics of included randomised controlled trials

Study ID	
k (total N)	
Participants	
Intervention	
Length of intervention	
Length of follow-up	
Setting	
Study design	
Outcome	
Note.	

KEY PROBLEMS ASSOCIATED WITH SERVICE USER EXPERIENCE

Characteristics of included guidelines – qualitative reviews

Guideline	***Alcohol-use Disorders***
Review search parameters	
Databases and websites searched	MEDLINE, Embase, PsycINFO, CINAHL
Years searched	Database inception to March 2010
Inclusion criteria	**Population**: People who are alcohol dependent or harmful drinkers, families and carers, staff who work in alcohol services **Outcome**: Any narrative description of service user/carer experience of alcohol misuse **Study design**: Systematic reviews and narratives of qualitative studies, qualitative studies
Included studies	
Number of included studies	33
Total number of participants	Not reported
Study design	Qualitative primary studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated).
Limitations	
Brief description of limitations	Detail of the review's method of analysis was limited.

Guideline	***Antisocial Personality Disorder***
Review search parameters	
Databases and websites searched	MEDLINE, Embase, PsycINFO, CINAHL, HMIC
Years searched	Database inception to May 2008
Inclusion criteria	**Population**: People with antisocial personality disorder, psychopathy or personality disorder **Outcome**: Qualitative data on the experience of care **Study design**: Any quantitative or qualitative primary study
Included studies	
Number of included studies	15
Total number of participants	Not reported
Study design	Quantitative or qualitative primary studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	Not clear how many participants were included in the studies and the review overall Detail of the review's method of analysis was limited

Guideline	***Bipolar Disorder***
Review search parameters	
Databases and websites searched	Not reported
Years searched	Not reported
Inclusion criteria	Not reported
Included studies	
Number of included studies	2
Total number of participants	Not reported
Study design	Qualitative primary studies
Country and setting	UK
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	The guideline does not specificy the methods used for qualitative searching of the literature It is not certain whether the two studies identified were from a systematic search Details, such as the number of participants and method of qualitative data analysis of the studies, were not provided

Guideline	***Borderline Personality Disorder***
Review search parameters	
Databases and websites searched	HMIC, MEDLINE, Embase, PsycINFO, CINAHL
Years searched	Database inception to January 2007 for HMIC; other databases till August 2007. Update searches: March 2008/May 2008.
Inclusion criteria	**Population**: People with a diagnosis of personality disorder **Outcome**: qualitative data on the experience of care **Study design**: qualitative studies, surveys or observational studies
Included studies	
Number of included studies	10
Total number of participants	341
Study design	Qualitative primary studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	The authors noted that the qualitative evidence was limited with regards to the treatments reviewed, with an emphasis on dialectical behaviour therapy, and very little on therapeutic communities to support the positive statements made in the personal accounts. The literature on self-harm was not reviewed for this guideline. Detail of the review's method of analysis was limited

Guideline	***Depression***
Review search parameters	
Databases and websites searched	CINAHL, Embase, MEDLINE, PsycINFO, HMIC, PsycEXTRA, PsycBOOKS
Years searched	Database inception to February 2009
Inclusion criteria	**Population**: people with depression and families/carers **Outcome**: qualitative data on the experience of care **Study design**: systematic reviews of qualitative studies, surveys or observational studies
Included studies	
Number of included studies	Total: 3 Systematic review: 1 Primary qualitative studies (not included in the systematic review): N = 2
Total number of participants	Not reported
Study design	Qualitative primary studies and systematic reviews
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	The review included primary qualitative sudies but only searched for systematic reviews. This limits the confidence that all relevant primary qualitative studies were identified. Detail of the review's method of analysis was limited.

Guideline	***Drug Misuse: Psychosocial Interventions***
Review search parameters	
Databases and websites searched	Not reported
Years searched	Not reported
Inclusion criteria	Not reported
Included studies	
Number of included studies	11
Total number of participants	Not reported
Study design	Qualitative and quantitative studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of studies (not explicitly stated)
Limitations	
Brief description of limitations	The methods used in the review were not reported including how the studies were identified and the method of analysis

Guideline	***Psychosis with Coexisting Substance Misuse***
Review search parameters	
Databases and websites searched	CINAHL, Embase, MEDLINE, PsycINFO, HMIC, PsycEXTRA, PsycBOOKS
Years searched	Database inception to 2010
Inclusion criteria	**Population**: People with psychosis and coexisting substance misuse **Outcome**: Qualitative data on the experience of psychosis and coexisting substance misuse **Study design**: Systematic reviews of qualitative studies, qualitative studies
Included studies	
Number of included studies	21
Total number of participants	Not reported
Study design	Qualitative studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	The author of the review noted several of the included studies had limited description of the methodology and data analysis procedures. In addition, a variety of approaches were used and the population varied across studies. This limited the synthesis of the studies due to the heterogeneity among the included studies. It was not always clear to which population the extracted themes were relevant, making it difficult to assess the generalisability of the findings

Guideline	***Self-harm: Longer-term Management***
Review search parameters	
Databases and websites searched	CINAHL, Embase, MEDLINE, PsycINFO, HMIC, PsycEXTRA, PsycBOOKS
Years searched	From 2006
Inclusion criteria	**Population**: People who self-harm by any method in longer-term management **Outcome**: Any narrative description of service user experience of self-harm **Study design**: Systematic reviews of qualitative studies, qualitative studies, observational studies and quantitative studies
Included studies	
Number of included studies	Systematic review: 1 Primary studies: 33
Total number of participants	Not reported
Study design	Qualitative and quantitative studies
Country and setting	Not reported
Method of analysis	
Brief description of method and process of analysis	Thematic analysis of qualitative studies (not explicitly stated)
Limitations	
Brief description of limitations	Detail of the review's method of analysis was limited

Characteristics of included guidelines – qualitative analyses

Guideline	***Depression***
Source of personal accounts	
Websites searched	Healthtalkonline (http://www.healthtalkonline.org)
Year conducted	2008
Inclusion criteria	Personal accounts from people with depression
Participants	
Total number of participants	38
Country (setting)	UK (any setting)
Method of analysis	
Brief description of method and process of analysis	The review team for this guideline used a thematic analysis of interview transcripts to identify emergent themes relevant to the experience of people with depression that could inform the guideline. Each transcript was read and re-read, and sections of the text were collected under different headings using a qualitative software program (NVivo). Two reviewers independently coded the data and all themes were discussed to generate a list of the main themes. The anticipated headings included: 'the experience of depression, 'psychosocial interventions', 'pharmacological interventions' and 'healthcare professionals'. The headings that emerged from the data were: 'coping mechanisms', 'accessing help and getting a diagnosis of depression', 'stigma and telling people about depression' and 'electroconvulsive therapy'. The methods adopted by Healthtalkonline to collect interviews were two-fold. First, the participants were asked to describe everything that had happened to them since they first suspected a problem. The researchers tried not to interrupt the interviewees in order to have a relatively unstructured, narrative dataset. The second part was a semi-structured interview in which the researcher asked about particular issues that were not mentioned in the unstructured narrative but were of interest to the research team.
Limitations	
Brief description of limitations	The guideline review team reported that as they relied on transcripts collected by other researchers with their own aims and purposes, information on issues that are particularly pertinent for people with depression that could be used to inform recommendations may not have been collected. Moreover, the review team did not have access to the full interview transcripts and therefore had a selective snapshot of people's experience.

Guideline	***Drug Misuse: Psychosocial Interventions***
Source of personal accounts	
Websites searched	WIRED website (http://www.wiredinitiative.com/research-addiction.htm)
Year conducted	2006
Inclusion criteria	Not reported
Participants	
Total number of participants	Not reported
Country and setting	UK (any setting)
Method of analysis	
Brief description of method and process of analysis	The guideline review team took extracts from peronal stories on the WIRED website
Limitations	
Brief description of limitations	Little information about the method used to extract themes and the number of personal stories used

Guideline	***Psychosis with Coexisting Substance Misuse***
Source of personal accounts	
Websites searched	Healthtalkonline (http://www.healthtalkonline.org/), Dual Recovery Anonymous (http://draonline.org/), Meriden Family Programme (http://www.meridenfamilyprogramme.com/), Talktofrank (http://www.healthtalkonline.org/), Foundations Associates (http://dualdiagnosis.org/), Bipolarworld (http://www.bipolarworld.net/), and Rethink (http://www.rethink.org/)
Year conducted	2009
Inclusion criteria	Personal accounts from people with bipolar disorder, schizophrenia, schizoaffective disorder, or psychotic disorder with coexisting problematic or dependent substance use
Participants	
Total number of participants	48
Country and setting	Majority from UK, but some from US (any setting)
Method of analysis	
Brief description of method and process of analysis	The guideline review team undertook their own thematic analysis of the narrative accounts to explore emergent themes. Each transcript was read and re-read and sections of the text were collected under different headings using a qualitative software programme (NVivo). Initially, the text from the transcripts was divided by a member of the guideline review team into six broad headings emerging from the data: 'impact and experience of psychosis and coexisting substance misuse'; 'access and engagement'; 'experience of treatment'; 'carers' perspectives'; and 'support and services'. Under these broad headings, specific emergent themes were identified separately and coded by two researchers. Three GDG members also individually coded the narrative accounts into emergent themes. Overlapping themes, and themes with the highest frequency count across all narrative accounts, were extracted and regrouped under subsections.
Limitations	
Brief description of limitations	The guideline review team reported that some of the accounts were written in retrospect, whereas others were written more recently, or in the present. This may have had an impact on the way in which the experiences were recalled; moreover, the accounts cover different time periods which may affect factors such as attitudes, and information and services available.

Guidance	***Service User Experience in Adult Mental Health***
Source of personal accounts	
Website	Healthtalkonline (http://www.healthtalkonline.org/mental_health/experiences_of_psychosis)
Year conducted	2010
Inclusion criteria	Personal accounts from people with psychosis (many had received a diagnosis of schizophrenia)
Participants	
Total number of participants	31
Country and setting	UK (any setting)
Method/limitations of the analysis	
Brief description	• Qualitative researchers are usually reluctant to use numbers in the analysis because the sampling strategies typically aim to represent a wide range of perspectives and experiences, rather than to replicate their frequency in the wider population. Thus, even if an experience is relatively rare, it would be included. If this approach to collecting the sample is taken it is important that the analysis reflects the diversity of experiences, not just those that are most frequent. This explains why, although some qualitative researchers may use terms such as 'few', 'many' or 'some' in describing their data, they tend to avoid relative frequencies (for example, '54% of our sample liked their doctor'), which would be misleading if they were assumed to apply to the wider population. • Participants in the sample often disagree with each other – and for important reasons. This is appropriate and evidence of a diverse sample. • The stories that people told were not organised into discrete events along an easily identifiable 'care pathway'; instead relevant parts have been extracted from the dataset as a whole. Whilst this provides relevant information about the experiences of services, a deeper understanding of the data can be gained if they are understood in context. • Related to the above point: these data have been somewhat artificially separated; that is, sometimes access, assessment, referral to inpatient care, and experience of an inpatient unit could happen in a matter of hours and be counted as one event in the context of the stories that people told. • Participants were not always aware who was treating them (primary or secondary care/different professionals) and whether this intervention was voluntary or compulsory. • Participants were asked about their life histories, and accordingly some data on their experiences of services may not be contemporary, but where this happens it is noted.

Characteristics of included surveys

Guidance	**People First Survey**
Source of personal accounts	
Website/publication	Conducted by Mind. Rogers, A., Pilgrim, D., Lacey, R. (1993) *Experiencing Psychiatry: User Views of Services*. London: Macmillan/ Mind Publications.
Year conducted	1990
Inclusion criteria	People who had received at least one period of inpatient treatment in a psychiatric hospital in England and Wales
Participants	
Total number of participants	516
Country and setting	UK (any setting)
Method of analysis	
Brief description of method and process of analysis	The survey was conducted by Mind in collaboration with Roehampton Institute, London. One thousand interview schedules were distributed mainly through local Mind associations, but also mental health self-advocacy groups and workers in statutory mental health services. Responses were received from 516 service users—a 52% response rate.
Limitations	
Brief description of limitations	As with all surveys, the findings from this survey were limited to the questions that were asked, and many dimensions of person-centred care were not covered.

Guidance	***Community Mental Health Survey***
Source of personal accounts	
Website/publication	http://www.nhssurveys.org/surveys/511
Year conducted	2010
Inclusion criteria	Service users aged 16 and over, who had been seen at a NHS trust between 1 July 2009 and 30 September 2009 and had received specialist care or treatment for a mental health condition
Participants	
Total number of participants	17,000 +
Country (and setting)	UK (community mental health services)
Method of analysis	
Brief description of method and process of analysis	Coordinated by the mental health survey coordination centre at the National Centre for Social Research. The survey involved 66 NHS trusts in England (including combined mental health and social care trusts, foundation trusts and primary care trusts that provide mental health services). Responses were received from more than 17,000 service users—a 32% response rate.
Limitations	
Brief description of limitations	As with all surveys, the findings from these surveys were limited to the questions that were asked, and although many dimensions of person-centred care were covered, not all were. In addition, the response rate was rather low, therefore the results may not generalise to all people who use mental health services.

Guidance	***Inpatient Service User Survey***
Source of personal accounts	
Website/publication	http://www.nhssurveys.org/surveys/520
Year conducted	2009
Inclusion criteria	People aged 16-64, who had stayed on an acute ward or a psychiatric intensive care unit (PICU)* for at least 48 hours between 1 July 2008 and 31 December 2008 and were not current inpatients at the time of the survey
Participants	
Total number of participants	7,500 +
Country and setting	UK (acute ward or a psychiatric intensive care unit)
Method of analysis	
Brief description of method and process of analysis	Coordinated by the mental health survey coordination centre at the National Centre for Social Research. The survey involved 64 NHS trusts providing mental health inpatient services. Responses were received from more than 7,527 people who used services—a 28% response rate.
Limitations	
Brief description of limitations	As with all surveys, the findings from these surveys were limited to the questions that were asked, and although many dimensions of person-centred care were covered, not all were. In addition, the response rate was rather low, therefore the results may not generalise to all people who use mental health services.
Note. * 'Other types of wards were not included in the scope of the survey. This included rehabilitation, secure and specialist units, for example, for people requiring treatments for substance misuse or wards which primarily served people with a learning disability. This is because service provision varies between trusts, and the services received would be very different.' (Care Quality Commission, 2009)	

INTERVENTIONS TO IMPROVE SERVICE USER EXPERIENCE

Characteristics of included reviews

Study ID	**CHAUDHURY2005**
Bibliographic reference	Chaudhury, H., Mahmood, A. & Valente, M. (2005) Advantages and disadvantages of single-versus multiple-occupancy rooms in acute care environments: a review and analysis of the literature. *Environment and Behavior, 37*, 760-786.
Pathway	Acute (not Mental Health Act)*
Domain	The way that services and systems work
Method used to synthesise evidence	Narrative synthesis
Design of included studies	Search not restricted to particular design – covers all types of studies
Dates searched	Not stated
No. of included studies	Not stated (8 studies focus on patient satisfaction)
Participant characteristics	Inpatients, healthcare professionals
Intervention	Single-occupancy rooms
Comparison	Multiple-occupancy rooms
Outcome(s)	Satisfaction
Risk of bias	Potential risk of bias due to the unsystematic way in which studies were searched and selected and due to the limited detail on the quality of the included studies
Pooled effect sizes or summary of findings	Studies on patient satisfaction demonstrate that private rooms are positively related with patients' satisfaction with their hospital stay
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act)	

Study ID	**COULTER2006**
Bibliographic reference	Coulter, A & Ellins, J. (2006) *Patient-focused Interventions: A Review of the Evidence*. Quest for Quality and Improved Performance Programme. London: The Health Foundation.
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals/ the way that services and systems work
Method used to synthesise evidence	Narrative synthesis
Design of included studies	Systematic reviews, RCTs, quasi-experimental studies, controlled observational studies, uncontrolled observational studies
Dates searched	1998 to 2006
No. of included studies	35 (2 mental health; Bekker *et al.*, 1999; Warner *et al.*, 2000)
Participant characteristics	Service users
Intervention	'Patient-focused' interventions
Comparison	Various
Outcome(s)	Service user experience, including communication and psychological outcomes
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	Bekker *et al.* (1999) made no specific conclusion regarding interventions (for people mental health disorders) to improve service user decision-making, other than call for further research Warner *et al.* (2000) found no evidence to suggest that patient-held shared care records in service users with long-term mental illness improved satisfaction

Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.

Study ID	**DEVLIN2003**
Bibliographic reference	Devlin, A. S. & Arneill, A. B. (2003) Health care environments and patient outcomes: a review of the literature. *Environment and Behavior, 35*, 665-694.
Pathway	Acute (not Mental Health Act)*
Domain	The way that services and systems work
Method used to synthesise evidence	Narrative synthesis
Design of included studies	Not stated
Dates searched	Not stated
No. of included studies	Not stated
Participant characteristics	Inpatients, healthcare professionals
Intervention	'Patient-centred' interventions that focus on aspects of the physical environment
Comparison	Not stated
Outcome(s)	Satisfaction
Risk of bias	Potential risk of bias due to the unsystematic way in which studies were searched and selected and due to the limited detail on the quality of the included studies
Pooled effect sizes or summary of findings	Environmental aspects of the hospital environment may have an impact on service user experience. The authors stated that in two studies there was greater satisfaction with care when a 'homelike' environment was adopted in hospitals, compared with traditional units.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act)	

Study ID	**DUNCAN2010**
Bibliographic reference	Duncan, E., Best, C. & Hagen, S. (2010) Shared decision making interventions for people with mental health conditions. *Cochrane Database of Systematic Reviews,* Issue 1: Art. No.: CD007297. DOI: 10.1002/14651858.CD007297.pub2
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals/ the way that services and systems work
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	Cluster RCT
Dates searched	Inception to November 2008
No. of included studies	2 (Hamann *et al*., 2006; Loh *et al*., 2007)
Participant characteristics	Inpatients with schizophrenia/people with depression treated in primary care (number of participants = 518)
Intervention	Shared decision-making aids (participants received decision aids, staff received training)
Comparison	Control participants and staff did not receive the intervention
Outcome(s)	Satisfaction
Risk of bias	The review was well conducted, but included studies had significant risk of bias
Pooled effect sizes or summary of findings	One study did not find any difference between groups in terms of satisfaction (Hamann *et al*., 2006). The other study found a statistically significant difference, with the intervention group achieving higher levels of satisfaction (Loh *et al*., 2007).

Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.

Study ID	**HAMANN2003**
Bibliographic reference	Hamann, J., Leucht, S., & Kissling, W. (2003) Shared decision making in psychiatry. *Acta Psychiatrica Scandinavia, 107,* 403-409.
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Narrative synthesis
Design of included studies	Observational study
Dates searched	Not reported
No. of included studies	4 (Bedi *et al.*, 2000; King *et al.*, 2000; Rokke *et al.*, 1999; Bunn *et al.*, 1997)
Participant characteristics	Depression; mixed anxiety and depression; schizophrenia
Intervention	Shared decision-making interventions/ elements of shared decision-making
Comparison	None used
Outcome(s)	Satisfaction
Risk of bias	The review had some limitations due to the search strategy and inclusion of poor quality studies
Pooled effect sizes or summary of findings	Three studies found that there were, statistically, no significant differences between the two treatment groups in terms of service users' satisfaction with care when particpants in each group chose their treatment option. In one study where a formal model of shared decision-making was used, more service users chose to continue treatment than to discontine treatment, however this was not a comparative study, which limits the conlusions that can be drawn.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**KINNERSLEY2007**
Bibliographic reference	Kinnersley, P., Edwards, A. G. K., Hood, K., et al. (2007) Interventions before consultations for helping patients address their information needs. *Cochrane Database of Systematic Reviews*, Issue 3. Art. No.: CD004565. DOI: 10.1002/14651858.CD004565.pub2
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis of all studies, and meta-analysis of five outcomes
Design of included studies	RCT
Dates searched	Dates varied according to database searched. All databases were searched from 1986 or earlier to September 2006.
No. of included studies	33
Participant characteristics	Service users and/or their representatives (or carers) before 'one-to-one' consultations with doctors or nurses in healthcare settings (number of participants = 8,244)
Intervention	Interventions helping service users to address their information needs in a consultation (for example, question prompt sheets, coaching sessions)
Comparison	Dummy interventions; usual care
Outcome(s)	Experience or perception of care (for example, satisfaction)
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	The review found a small but statistically significant effect on patient satisfaction in the treatment group compared with the control group (SMD 0.09, 95%CI, 0.03 to 0.16). In a sub-group analysis by the type of intervention delivered, written materials produced a small effect on patient satisfaction which had a borderline statistically significant effect compared with a control group (SMD 0.08, 95% CI, 0.00 to 0.16). When the intervention was delivered via coaching, the effect was small and statistically significant (SMD 0.23, 95% CI, 0.08 to 0.38). A further sub-group analysis also found that the treatment effects for delivering the intervention immediately before the consultation led to a small and statistically significant effect in patient satisfaction (SMD = 0.10, 95%CI, 0.02 to 0.17) compared with a control group, while there was no statistically significant difference when the interventions was delivered some time before the consultation (SMD = 0.07, 95% CI, -0.20 to 0.34).
Note. *Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**LEWIN2001**
Bibliographic reference	Lewin, S., Skea, Z., Entwistle, V. A., *et al.* (2001) Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews*, Issue 4, Art. No.: CD003267. DOI: 10.1002/14651858.CD003267
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCTs, controlled clinical trials, controlled before-and-after studies, and interrupted time series studies
Dates searched	Dates varied according to database searched. All databases were searched from 1987 or earlier to December 1999.
No. of included studies	17
Participant characteristics	Healthcare providers (both qualified and in training); some interventions were also directed at service users as well as healthcare providers.
Intervention	Interventions directed at healthcare providers and intending to promote person-centred care within clinical consultations
Comparison	No training; minimal information
Outcome(s)	Satisfaction
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	There were seven studies that compared the effectiveness of person-centred training with no intervention on service users' satisfaction. Two of the seven studies demonstrated that in at least two measures of patient satisfaction, there was a statistically significant difference in the treatment group compared with no intervention. However, the remaining five studies demonstrated no statistically significant difference between groups. There were also three studies that compared person-centred training for providers plus person-centred materials for patients compared with no intervention. One study found a statsistically significant difference in favour of the treatment group compared with no intervention. While the remaining two studies found no statistically significant differences between groups.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**MURRAY2005**
Bibliographic reference	Murray, E., Burns, J., See Tai S., et al. (2005) Interactive health communication applications for people with chronic disease. *Cochrane Database of Systematic Reviews*, Issue 4, Art. No.: CD004274. DOI: 10.1002/14651858.CD004274.pub4
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a meta-analysis
Design of included studies	RCT
Dates searched	1990 to 2003
No. of included studies	24
Participant characteristics	Adults and children with chronic disease (community patients, primary care patients, outpatients, inpatients included) (number of participants = 3,739)
Intervention	IHCAs (interactive health communication applications) – defined as any package requiring the user to interact directly with any form of computer, and containing health information plus at least one of peer support, decision support or behaviour change support
Comparison	Normal care; non-interactive forms of patient education (for example, written, audiotape, video, group or one-to-one didactic sessions led by peers or professionals); interactive educational sessions led either by peers or professionals
Outcome(s)	Satisfaction
Risk of bias	
Pooled effect sizes or summary of findings	IHCAs had a statistically significant positive effect on: • knowledge (SMD = 0.46, 95% CI, 0.22 to 0.69) • social support (SMD = 0.35, 95% CI, 0.18 to 0.52) • clinical outcomes (SMD = 0.18, 95% CI, 0.01 to 0.35) • behavioural outcomes (SMD = 0.20, 95% CI, 0.01 to 0.40) Other outcomes that were positive but were not statistically significant were: • self-efficacy (SMD = 0.24, 95% CI 0.00 to 0.48) • binary behavioural outcomes (for example, number of participants taking medication; Odds ratio = 1.66, 95% CI 0.71 to 3.87) It was not possible to determine the effects of IHCAs on emotional or economic outcomes
Note. *Non-acute = access, assessment, community care, discharge back to primary care	

Study ID	**NICOLSON2009**
Bibliographic reference	Nicolson, D., Knapp, P., Raynor, D. K., et al. (2009) Written information about individual medicines for consumers. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD002104. DOI:10.1002/14651858.CD002104.pub3.
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCT
Dates searched	Dates varied according to database searched. Most databases were searched from January 1970 to March 2007.
No. of included studies	25 (2 mental health: Peveler *et al*., 1999; Robinson *et al*., 1986). In a further two studies†, medication for mental health problems was provided but the population was outside the scope of the guidance (one study included people with learning disabilities and the other excluded people with psychiatric problems).
Participant characteristics	Participant characteristics of included studies: inpatients, outpatients and primary care patients who had received written information about a prescribed or over-the-counter medicine (number of participants = 4,788). Participant characteristics of studies that focused on mental health problems: psychiatric inpatients and primary care patients with depression.
Intervention	Interventions where service users received written information about an individual drug (for example, medicine pack insert or information contained on websites)
Comparison	No information; spoken information only; manufacturer information only
Outcome(s)	Satisfaction; satisfaction with information (note, the mental health studies did not report satisfaction or related outcomes)
Risk of bias	The review was well conducted, but included studies of variable risk of bias
Pooled effect sizes or summary of findings	The two included mental health studies did not report outcomes relevant to service user experience of care or satisfaction with care. However three non-mental health studies measured satisfaction. Two studies found that receiving information resulted in greater satisfaction with the information provided compared with not receiving information. However, this difference was only statistically compared in one trial, which found a statistically significant difference (Gibbs *et al*, 1989), and was not tested in the second trial (McBean & Blackburn, 1982). Knapp and colleagues (2004) found that service users were more satisfied when they received numerical risk information about side effects compared with verbal information; this difference was statistically significant for one of two side effects (p <0.05).

Note. *Non-acute = access, assessment, community care, discharge back to primary care.
† Desponds, G., van Melle, G. & Schelling, J.L. (1982) [Comparative study of a new package insert for benzodiazepines adapted for patients]. *Schweizerische Medezinische Wochenschrift*, *112*, 1376-1382 [in French]; Strydom, A. & Hall, I. (2001) Randomized trial of psychotropic medication information leaflets for people with intellectual disability. *Journal of Intellectual Disability Research, 45*, 146-151.

Study ID	**OCONNOR2009**
Bibliographic reference	O'Connor, A. M., Bennett, C. L., Stacey, D., et al. (2009) Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews*, Issue 3, Art. No.: CD001431. DOI: 10.1002/14651858. CD001431.pub2.
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a meta-analysis
Design of included studies	RCT
Dates searched	Inception to July 2006
No. of included studies	55
Participant characteristics	Service users making decisions about screening or treatment options for themselves, for a child, or for an incapacitated significant other
Intervention	Decision aid interventions – any intervention designed to help people make specific and deliberative choices among options (including the status quo) by providing (at the minimum) information on the options and outcomes relevant to a person's health status and implicit methods to clarify values
Comparison	No intervention; usual care; alternative interventions; or a combination
Outcome(s)	Satisfaction
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	Six out of 11 studies found a statistically significant difference when decision aids were used compared with a control group on satisfaction with either: the decision; process of decision-making; opportunities to participate in decision making; and/or outcomes. The remaining five studies found no statistically significant differences between groups.
Note. *Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**PARRY2008**
Bibliographic reference	Parry (2008) Are interventions to enhance communication performance in allied health professionals effective, and how should they be delivered? Direct and indirect evidence. *Patient Education and Counselling, 73*, 2, 186–195.
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Narrative synthesis
Design of included studies	Primary studies: case-control, within-subjects multiple baseline, cohort; and systematic reviews.
Dates searched	Inception to July 2006
No. of included studies	5 primary studies and 9 systematic reviews.
Participant characteristics	Qualified/trainee allied health professionals
Intervention	Interventions enhancing communication or encompassing clinical skills more broadly, with communication a major component
Comparison	N/A
Outcome(s)	Satisfaction
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	Studies evaluating effects of communication skills interventions for allied health professionals is very limited and of variable quality. Preliminary evidence from two small, within-subjects controlled design studies (Ducharme & Spencer, 2001; Mozzoni & Bailey, 1996) suggests targeted training for qualified clinicians can improve clinicians' performance and service user outcomes. It was not clear which service user outcomes and whether this included service user experience of care. Evidence from the systematic reviews indicates that there was some evidence of effectiveness for interventions aimed at improving clinical communication performance, including aspects of trainees' attitudes, trainees' behaviours, and service user satisfaction.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**PITKETHLY2008**
Bibliographic reference	Pitkethly, M., MacGillivray, S., Ryan, R. (2008) Recordings or summaries of consultations for people with cancer. *Cochrane Database of Systematic Reviews*, Issue 1, Art. No.: CD001539. DOI: 10.1002/14651858.CD001539.pub2
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCT, quasi-experimental
Dates searched	Two updates conducted. Update #1: databases searched from various dates to January 2003 Update #2: databases searched from various dates to May 2007
No. of included studies	16
Participant characteristics	Adults or children diagnosed with cancer and their close families (number of participants = 2,318)
Intervention	Interventions offering or giving patients with cancer video recordings, audio recordings or written summaries of their consultations with practitioners
Comparison	No recording or summary given/consultation as usual; standardised information given not related to consultation
Outcome(s)	Experience of healthcare (satisfaction; participation in subsequent consultations; complaints and litigation, and so on)
Risk of bias	The review was well conducted, but included studies were of variable quality
Pooled effect sizes or summary of findings	Many of the participants found recordings or summaries of their consultations valuable, with between 60 and 100% of participants (across twelve studies) reading the summary or listening to the recording at least once. The recordings were used to help inform family and friends (range 41.5 to 94.4% of participants in nine studies). Five out of nine studies reported better recall of information for those receiving recordings or summaries. Three out of ten studies found that participants provided with a recording or summary were more satisfied. The review found that in three out of ten studies that measured satisfaction, service users with a recording or summary of the consultation were statistically more satisfied with their care than the control group. An additional study showed higher satisfaction in the treatment group compared with the control group but the difference was not statistically significant. In the comparison of audio-taped summaries compared with written information, two studies reported that a tape was a more effective reminder than written information. The remaining comparison groups found no statistically significant differences between groups, including consultation tapes compared with standardised tapes, and information plus consultation tape compared with information alone and compared with a control group.
Note. * Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**REEVES2008**
Bibliographic reference	Reeves, S., Zwarenstein, M., Goldman, J., *et al.* (2008) Interpersonal education effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews*, Issue 1, Art. No.: CD002213.
Pathway	Acute (not Mental Health Act)*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCT, controlled before and after
Dates searched	1999 to 2006
No. of included studies	6
Participant characteristics	Health and social care professionals (for example, chiropodists/podiatrists, complementary therapists, dentists, dieticians, doctors/physicians, hygienists, psychologists, psychotherapists, midwives, nurses, pharmacists, physiotherapists, occupational therapists, radiographers, speech therapists and social workers) and service users
Intervention	Interprofessional education interventions
Comparison	Control groups receiving no education intervention
Outcome(s)	Satisfaction
Risk of bias	The review was well conducted, but except for one included study rated as high quality, the remaining were moderate quality
Pooled effect sizes or summary of findings	Two out of six studies reported outcomes relating to patient satisfaction, one of which reported statistically significant differences between treatment and control groups in favour of the treatment group. However, the second study showed no statistically significant difference between groups, with higher satisfaction scores in the control group. The review also explored other outcomes that were not the focus of this guidance.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act).	

Study ID	**SAULTZ2004**
Bibliographic reference	Saultz, J. W. & Albedaiwi, W. (2004) Interpersonal continuity of care and patient satisfaction: a critical review. *Annals of Family Medicine, 2*, 445-451.
Pathway	Acute (not Mental Health Act) and non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Narrative synthesis
Design of included studies	RCTs, cohort studies, correlation studies and reviews
Dates searched	1966 to 2002
No. of included studies	30 (22 original research reports from 20 studies plus 8 reviews)
Participant characteristics	Healthcare professionals (for example, doctors, midwives, pharmacists), service users and carers.
Intervention	Interpersonal continuity of care
Comparison	Control groups with no focus on continuity of care
Outcome(s)	Satisfaction
Risk of bias	Moderate: 14 out of 20 studies had a quality score of 5/10 or more but confounding factors limit the conclusions that can be drawn.
Pooled effect sizes or summary of findings	The data suggest a consistent positive association between continuity of interpersonal care and service user satisfaction. Two RCTs found significantly higher satisfaction scores in parents of low-income children in the US seen in a community clinic with continuity compared with no continuity after 12 to 18 months' follow-up (Alpert *et al*., 1976; Becker *et al*., 1974). Wasson and colleagues (1984) found that men aged 55 and older also reported significantly higher satisfaction after 18 months in a Veterans Administration clinic with continuity compared with no continuity. Rowley and colleagues (1995) found that pregnant women in Australia were significantly more satistfied with antenatal clinics offering continuity of care compared with no continuity. Data were not reported for any study included in the review. Four cohort studies found a positive association between continuity of care and satisfaction scores, and 10 out of 12 correlation studies found positive attitudes among patients receiving continuity of care and a stronger personal professional-patient relationship.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act); Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**SHEPPERD2010**
Bibliographic reference	Shepperd, S., McClaran, J., Phillips, C. O., *et al.* (2010) Discharge planning from hospital to home. *Cochrane Database of Systematic Reviews*, Issue 1, Art. No.: CD000313.
Pathway	Acute (not Mental Health Act)*
Domain	The way that services and systems work
Method used to synthesise evidence	Cochrane review with a meta-analysis
Design of included studies	RCT
Dates searched	Inception to 2009 (Cochrane databases, MEDLINE, Embase); inception to 1996 for other databases
No. of included studies	21
Participant characteristics	Hospital inpatients (number of participants = 7,234)
Intervention	Discharge plans tailored to the individual service user
Comparison	Routine discharge care not individualised
Outcome(s)	Satisfaction
Risk of bias	The systematic review was well conducted; individual studies had low risk of bias.
Pooled effect sizes or summary of findings	In three trials service users allocated to discharge planning reported increased satisfaction.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act).	

Study ID	**WETZELS2007**
Bibliographic reference	Wetzels, R., Harmsen, M., VanWeel, C., *et al.* (2007) Interventions for improving older patients' involvement in primary care episodes. *Cochrane Database of Systematic Reviews,* Issue 1, Art. No.: CD004273. DOI: 10.1002/14651858.CD004273.pub2
Pathway	Non-acute*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCT, quasi-randomised
Dates searched	Inception to June 2004
No. of included studies	3
Participant characteristics	Older service users (all 65 years or older), families and carers, and GPs (number of participants = 433)
Intervention	Patient-focused interventions with the intention of increasing service users' involvement in the primary medical care consultation (administered either before, during, or after the patient/healthcare provider consultation)
Comparison	Untrained/usual care
Outcome(s)	Satisfaction; service users' evaluations of care and procedures used for complaints and comments
Risk of bias	The systematic review was well conducted. Included studies were few and generally small, with short-term follow-up, and moderate risk of bias.
Pooled effect sizes or summary of findings	The booklet and pre-visit session in one study was associated with significantly more satisfaction with interpersonal aspects of care for the intervention group, although there was no significant difference in overall satisfaction between intervention and control groups. There was no long-term follow-up to see if effects were sustained.
Note. * Non-acute = access, assessment, community care, discharge back to primary care.	

Study ID	**ZWARENSTEIN2009**
Bibliographic reference	Zwarenstein, M., Goldman, J. & Reeves, S. (2009) Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, Issue 3, Art. No.: CD000072. DOI: 10.1002/14651858.CD000072.pub2
Pathway	Acute (not Mental Health Act)*
Domain	The relationship between individual service users and professionals
Method used to synthesise evidence	Cochrane review with a narrative synthesis
Design of included studies	RCT
Dates searched	Inception to 2007
No. of included studies	5
Participant characteristics	Health and social care professionals, service users
Intervention	Tools or routines designed to improve practice-based interprofessional collaboration
Comparison	No intervention/alternative intervention
Outcome(s)	Satisfaction
Risk of bias	The systematic review was well conducted. Of the five included RCTs, one was rated as high quality by the review authors and four as moderate quality.
Pooled effect sizes or summary of findings	Although service user satisfaction was a primary outcome of the review, the studies included did not routinely measure this outcome or it did not meet the review's outcome criteria and was therefore not extracted. However, there was some evidence that audit activity and quality of care might increase when external facilitators encourage collaborative working.
Note. *Acute (not Mental Health Act) = assessment and referral in crisis, hospital care, discharge/ transfer of care (not under the Mental Health Act).	

Characteristics of included randomised controlled trials

Study ID	**PRIEBE2007**
Bibliographic reference	Priebe, S., McCabe, R., Bullenkamp, J., *et al.* (2007) Structured patient-clinician communication and 1-year outcome in community mental healthcare. Cluster randomised controlled trial. *British Journal of Psychiatry, 191,* 420–426.
k (total N)	1 (507 service users; 134 clinicians)
Participants	Adults (18 to 65 years) with a diagnosis of schizophrenia or related disorder
Intervention	Structured 'patient-clinician' communication
Length of intervention	Mean number of meetings = 5.21
Length of follow-up	12 months
Setting	Community psychiatric services (Spain)
Study design	Cluster RCT
Outcome	Satisfaction (Client Satisfaction Questionnaire–8)

Study ID	**SWANSON2006**
Bibliographic reference	Swanson, J.W., Swartz, M. S., Elbogen, E. B., *et al.* (2006) Facilitated psychiatric advance directives: a randomized trial of an intervention to foster advance treatment planning among persons with severe mental illness. *American Journal of Psychiatry*, *163,* 1943-1951.
k (total N)	1 (469 service users)
Participants	Adults (18 to 65 years) with a diagnosis of schizophrenia or related disorder, bipolar disorder or depression with psychotic features
Intervention	Facilitated psychiatric advance directive session
Length of intervention	Median = 21 days
Length of follow-up	1 month
Setting	Community and hospital psychiatric services (US)
Study design	RCT
Outcome	Perception of whether need for treatment was met (1 item on the Mental Health Statistics Improvement Program Consumer Survey index of treatment satisfaction)