



2021 surveillance of patient experience in adult NHS services (NICE guideline CG138)

Surveillance report

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Surveillance decision

We will not update the [NICE guideline on patient experience in adult NHS services](#).

Reasons for the decision

No update is proposed for all areas of the guideline. There was limited new evidence and this generally supported existing recommendations. In addition, the themes of patient experience that are covered by the guideline are general in nature and do not change rapidly over time.

Recommendations 1.5.20 to 1.5.27 were not included within the current surveillance review as they have been replaced by [NICE's guideline on shared decision making](#).

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

Overview of 2021 surveillance methods

NICE's surveillance team checked whether recommendations in NICE's guideline on patient experience in adult NHS services remain up to date.

The surveillance review started in 2019 but was paused in March 2020 when efforts were focused on developing COVID-19 rapid guidelines in response to the pandemic. The review of the guideline resumed in January 2021.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews and national policy.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and National Institute for Health Research (NIHR) signals or alerts.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether the guideline needed updating.
- Consulting on the proposal with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

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 evidence related to the whole guideline.

We found 18 studies in a search for systematic reviews between January 2016 and January 2021. We also included 9 studies identified by searches in an Evidence Update (2014) and previous surveillance (2016). From all sources, we considered 27 studies to be relevant to the guideline.

See [appendix A](#) for details of all evidence considered, and references.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 1 study was assessed as having the potential to change recommendations. Therefore, we plan to check the publication status regularly and evaluate the impact of the results on current recommendations as quickly as possible. The study is [Improving the safety and continuity of medicines management at care transitions](#).

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We received 9 questionnaire responses from experts which included 4 consultant physicians, 2 consultant surgeons, 2 specialist nurses, 1 pharmacist and a professor of patient involvement.

Five topic experts thought the guideline should be updated and 4 experts identified that it should not be updated.

The main reasons experts indicated the guideline should be updated related to the following specific points (with a summary response provided here):

- Broaden the patient independence recommendation to cover a greater scope of settings such as custodial or secure patient environments.
 - On considering this matter we reflected that these recommendations could equally apply to adult NHS services in secure settings, subject to specific constraints of those environments. In addition, consideration of specific patient groups is covered across the NICE guideline suite, including separate NICE guidelines on custodial settings.
- Offer specific guidance on patient experience for older people.
 - We checked the guideline development process, where it was recognised that older people would be key beneficiaries of the NICE guideline, and they may have multiple-morbidities or be socially vulnerable. The guideline covers patient experience for all people who receive healthcare for all adult age groups. In addition, numerous [NICE guidelines on older people](#) and specifically on areas such as [multimorbidity](#) and [dementia](#) address in detail the needs of an older and an ageing population and cover many of the themes outlined in NICE's guideline on patient experience, for these populations. Therefore, as this area is addressed in other NICE products it will not be added to the NICE guideline on patient experience.
- Offer patients NHS online feedback to improve patient experience.
 - We checked that new evidence on patient feedback reinforces recommendation 1.3.12 in the NICE guideline, which states that patients should be encouraged to give feedback on the care that they receive and that clinicians should respond to any feedback given. The guideline does not outline specifically how patient feedback should be addressed. The guideline committee did not review evidence on methods of feedback but were aware that different methods can elicit different aspects of feedback and therefore multiple formats should be available and used. The government has outlined a vision for the future of digital healthcare in its policy paper [The future of healthcare: our vision for digital, data, and technology in health and care](#) (2018), which notes the need for improved online services and other technology infrastructure in the NHS and to build an open culture where feedback is welcomed. Other national feedback tools include the [NHS England friends and family test](#), which is a mandatory test to ask people if they would recommend the services they have used and offers supplementary follow-up questions. The guideline recommendations which cover feedback and complaints are in line with these recent developments and are complemented by these initiatives. Overall, the evidence is consistent with the NICE guideline recommendations, which cover different forms of patient feedback. Tools such as the friends and family test are already in routine use in the NHS.

- Highlight the importance of care records within acute and primary services and the need for shared care records across health providers to improve continuity of care.
 - No evidence was submitted relating to this area, which is technically covered in recommendation 1.4.3 that notes clear and timely exchange of patient information between health and social care professionals; there is also a link to the [Health and Social Care Safety and Quality Act 2015](#), which provides details about the duty to share information. It was also suggested that this section should advise local explanation of the multidisciplinary team pathway in order that patients understand any apparent inconsistency between different practitioners. However, such explanations are likely to come under the remit of local services.
- Highlight the role of new technologies in providing information, communication and gathering views.
 - Given the general nature of the recommendations, the NICE guideline is broadly consistent with intelligence supporting the use of new technology for providing information and communications. More detailed and context derived evidence-based recommendations concerning the adoption of new or emerging technologies (for example, for communication and consultation) are outlined in NICE guidelines for specific conditions.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to not update the guideline, we consulted stakeholders.

Three stakeholders commented: 1 NHS foundation trust, 1 charity and 1 university department. All 3 disagreed with the proposal to not update the guideline. One stakeholder raised concerns that the guideline might not be implemented effectively across the NHS. While we acknowledge this issue, it relates directly to the implementation at the local level and cannot be addressed by the current review of the guideline. Furthermore, we did not identify or receive any evidence that might suggest solutions or approaches that could be recommended within the remit of the guideline. Another stakeholder identified that the guideline should directly address the needs of people with learning difficulties. While the NICE guideline cannot anticipate all people's experience of using NHS services it is intended to cover the components of a good patient experience. It aims to make sure that all adults using NHS services have the best possible experience of care. In addition, the guideline clarifies the need to make sure services are equally accessible to, and supportive of, all people using adult NHS services. One stakeholder raised the point that the NICE

guideline usually refers to patients with a condition (singular). We will refresh the language to mention 'condition (or conditions)', thereby acknowledging multimorbidity is an issue for many patients. We will also include a cross-reference to [NICE's guideline on multimorbidity](#).

See [appendix B](#) for full details of stakeholders' comments and our responses.

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

Equalities

Three related equalities issues were identified during the surveillance process, highlighted by 2 topic experts and 1 stakeholder. They concern the need for specific guidance on patient experience for older people, people with learning disabilities and people in custodial or secure patient environment settings.

The remit for the NICE guideline is general patient experience in the NHS and the needs of specific groups were not addressed within the development of this guideline. While the NICE guideline cannot anticipate all people's experience of using NHS services, it is intended to cover the components of a good patient experience. It aims to make sure that all adults using NHS services have the best possible experience of care. NICE guidelines for specific populations – such as older people, people with learning disabilities and people in custodial or secure patient environment settings - cover specific recommendation for population groups. These guidelines cover many of the themes outlined in NICE's guideline on patient experience for these populations.

Example guidelines are: [care and support of people growing older with learning disabilities](#), [mental health problems in people with learning disabilities](#), [challenging behaviour and learning disabilities](#), [older people](#), [multimorbidity](#) and [dementia](#).

The specific issues are discussed in [appendix A](#) and [appendix B](#).

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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