National Institute for Health and Clinical Excellence

CG50: Acutely ill patients in hospital
Guideline Review Consultation Comments Table
8-21 November 2010

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
British Thoracic Society	Yes			
Mid Yorkshire Hospitals NHS Trust	Yes			
City Hospitals Sunderland	No	With regard to clinical areas 1 & 2 (re Track and Trigger systems), there is no mention of the proposed NEWS (Royal College of Physicians). Although I don't believe this has "gone live" as yet, I thought it would be worthy of mention as I believe it is coming out soon(?). I would like to see what NICE will be recommending in term of it's use included in this review document.		
GDG member	No	Clinical area 1: Are there any parameters in addition to those considered in the guideline (heart rate, respiratory rate, systolic BP, levels of consciousness, oxygen saturation and temperature)? Clinical area 2 suggests that "…currently there is still no direct comparative study on the accuracy of different systems…" Ref: Prytherch D, Smith GB, Schmidt PE,	It would be helpful if the guidelines included recommendations regarding the use of a standardised method of communicating patient deterioration (e.g., RSVP or SBAR) between staff. References: 1. Featherstone P, Chalmers T, Smith GB. RSVP: a system for communication of deterioration in hospital patients. Br J Nurs.	

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		Featherstone PI. ViEWS - towards a national Early Warning Score for detecting adult inpatient deterioration. Resuscitation 2010; 81: 932–937. A new paper-based, Early Warning Score (ViEWS) was compared with 33 published others using the same database of vital signs [n = 198,755 observation sets collected from 35,585 consecutive, completed acute medical admissions] and mortality at a specified periods after vital signs measurement (ranging from 12 to 120 hours after EWS measurement). EWS performance was measured using the area under the receiver-operating characteristics (AUROC) curve. ViEWS performed better than the 33 other EWSs for all outcomes tested. The AUROC (95% CI) for ViEWS using in-hospital mortality with 24 h of the observation set was 0.888 (0.880–0.895). The AUROCs (95% CI) for the 33 other EWSs tested using the same outcome ranged from 0.803 (0.792–0.815) to 0.850 (0.841–0.859). ViEWS was designed by including all six of the essential vital signs recommended by NICE (HR, RR, sBP, conscious level, SpO2, Temperature) but also includes fractional inspired oxygen concentration (FiO2).	2008;17:860-864. Thomas CM, Bertram E, Johnson D. The SBAR communication technique: teaching nursing students professional communication skills. Nurse Educ. 2009;34:176-180.	
South Wales Critical Care Network	Yes			

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Royal College of Physicians	Yes	The Royal College of Physicians is grateful for the opportunity to comment on the review proposal. We agree that presently there is insufficient evidence to warrant an update and believe that more studies are required. The RCP is particularly interested in the delivery of acute care in hospitals and has started several work-streams relevant to the guidance. We are collecting data likely to be helpful in the next reconfiguration of the guidelines and would be pleased to contribute more directly at a relevant juncture. Please feel free to make contact about this.		
Obstetric Anaesthetists' Association	No		Pregnant women have different physiology to non-pregnant, and also have particular diseases e.g. pre-eclampsia. This is of importance when using EWS charts as the thresholds for physiological values triggering an alert may need to be altered. This has been discussed by Swanton et al. A national survey of obstetric early warning systems in the UK. Int J Obstet Anesth 2009;18:253-7. Several abstracts have also been published investigating the performance of EWS charts in obstetrics: Kodikara & McGlennan Int J Obstet	

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			Anesth 2009;18:S9 Tufail et al Int J Obstet Anesth 2009;18:S20 Singh & McGlennan Int J Obstet Anesth 2010;19:S7 Treadgold & Collis Int J Obstet Anesth 2010;19:S9 Allman et al Int J Obstet Anesth 2010;19:S11 O'Connor & Reid Int J Obstet Anesth 2010;19:S12	
Intensive Care Society's Patient Liaison Committee (CritPal)	No	CritPal welcomes the review but is concerned that there is not any proposal to review the effectiveness of the Guideline and its implementation. We know from patients' and relatives' reports that patients continue to receive less than optimal treatment on the acute wards following transfer from intensive care. Possibly, because this is a complex are requiring fundamental changes and rethinking of clinical practice, the Guideline should be reviewed in again in two years' time. We also think that a review in two years would be appropriate because the work being done by the RCP on NEWS will have been trialled and views formed about NEWS.		
British Association of Dermatologists	Yes			

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University College London Hospitals NHS Foundation Trust	Yes	YES, although dissemination and implementation would be aided by some additional points as below. 1) The Royal College of Physicians is about to publish a recommended national/NHS early warning scoring system, probably based on the Prytherch DR 2010 'ViEWS' paper in Resuscitation 2010; 81(8):932-7. The suggested system area under the receiver-operating characteristics curve (95% CI) using mortality with 24h of the observation set was 0.888 in this analysis. It is our view that this is a level of sensitivity and specificity which is worthy of endorsement. 2) The Jones D, Bellomo R, DeVita MA review paper 'Effectiveness of the Medical Emergency Team: the importance of dose' in Crit Care 2009; 13(5):313; highlights that there needs to be a sufficient level of activity of critical care outreach to make a significant difference; e.g., there is an inverse correlation between the number of calls to outreach and number of cardiac arrests. 3) The NIHR Service Delivery and Organisation funded 'Evaluation of outreach services in critical care' (http://www.sdo.nihr.ac.uk/files/project/74-final-report.pdf) found that “Patients with CCOS visit(s) post-discharge from the critical care unit, when matched by patient characteristics or propensity score, were most associated with decreased hospital mortality and decreased post-critical care unit, hospital length of stay. The		

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		difference in mean total cost per patient between patients receiving CCOS visit(s)) post-discharge and matched controls ranged from - £ 289 to- £ 34. Though not statistically significant, the differences indicated a high probability that CCOS visits following discharge from critical care were cost effective, regardless of willingness to pay. 4) We note that the nature of the response to acute illness remains very variable. The DoH 2009 framework of competencies for recognising and responding to acutely ill patients in hospital was largely developed to support NICE CG50, and again is worthy of endorsement and reinforcement.		
Resuscitation Council (UK)	Yes			
British Association of Critical Care Nurses	Yes			
NIHR Kings' Patient Safety & Service Quality Research Centre, Kings' College London	Yes		Our ethnographic study using standard methods (observations, semi-structured interviews, documentary review and analysis of routine data) explored how safety tools and technologies were used in practice in two inner city NHS Trusts. This research highlights a number of issues relevant to the implementation of CG50: • Research to date has focused on the effectiveness	

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			of *individual* safety tools and systems such as track and trigger, intelligent assessment technologies and outreach services. Our findings illustrate the hidden mediation work that goes on to ensure these tools and technologies 'perform' in practice and their *collective* usefulness in shaping understandings of deterioration and triggering behaviour. • Whilst the tools and technologies enhanced safety, there were additional *unintended* consequences (e.g. inattention to markers outside EWS.) Intra- and interprofessional tension also resulted from different understandings and applications of the tools and technologies. We therefore recommend that the guideline needs to add in the following: • Tools and technologies, designed to work at different stages of the acutely ill pathway, work synergistically	

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			to improve recognition and response behaviour. Trusts need to ensure they offer a comprehensive response system which addresses all of the following: crisis detection and calling for help, crisis response, and a quality improvement and governance structure. • The tools and technologies need to be embedded within a flexible, adaptive approach to improving safety for the acutely ill patient. This needs to move away from a model of dependence on technologies and preoccupation with finding the 'perfect tool' to an approach which focuses on understanding *how* to gain the most out of each tool or system and to value staff's role in risk assessing, monitoring and escalating acutely ill patients. Education and training efforts must focus on building an understanding that the value of a safety tool is contingent on the 'craft' of the person using it.	

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			We are finalising a paper for the BMJ for submission in December 2010	
Surrey and Sussex Healthcare NHS Trust	Yes		The effectiveness of critical care outreach is difficult to quantify in monetary point of view and impact on morbidity and mortality but the unmeasured attribute of quality of care has not been measured and studied. I think this is an important but difficult facet to measure of the critical care outreach service.	

These organisations were approached but did not respond:

5 Boroughs Partnership NHS Trust
Age UK
Aintree University Hospitals NHS Foundation Trust
Airedale Acute Trust
Aksys Healthcare Ltd
Association for Clinical Biochemistry
Association for Psychoanalytic Psychotherapy in the NHS (APP)
Association of Clinical Biochemists, The
Association of Medical Microbiologists
Avon, Gloucestershire & Wiltshire Cardiac Network
Barking Havering & Redbridge Acute Trust
Barnet & Chase Farm Hospitals Trust
Barnsley PCT
Bedford Hospital NHS Trust
Birmingham City University
Bolton Council
Bolton Hospitals NHS Foundation Trust
Bradford & Airedale PCT
Bradford Hospitals NHS Trust
British Association for Counselling and Psychotherapy
British Association of Art Therapists
British Association of Stroke Physicians (BASP)
British Dietetic Association
British Geriatrics Society
British Heart Foundation
British Infection Society
British National Formulary (BNF)
British Orthopaedic Association
British Psychological Society, The
British Renal Society
British Society of Interventional Radiology
British Thoracic Society
Buckinghamshire Chilterns University College
Calderdale PCT
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Cardiff and Vale NHS Trust
Care Quality Commission (CQC)
Central North West London NHS Trust
Chartered Society of Physiotherapy (CSP)
Clatterbridge Centre for Oncology NHS Trust
Clinical Practice Research Unit
College of Emergency Medicine
College of Emergency Medicine
Connecting for Health

ConvaTec
Cornwall & Isles of Scilly PCT
Coventry and Warwickshire Cardiac Network
Department of Health
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Dudley Group of Hospitals NHS Trust
East and North Herts NHS Trust
East Kent Hospitals University Foundation Trust
Faculty of Intensive Care Medicine
General Chiropractic Council
General Osteopathic Council
Gloucestershire Acute Trust
Good Hope Hospitals NHS Trust
Greater Manchester Critical Care Network
Guys and St Thomas NHS Foundation Trust
Hampshire PCT
Health and Safety Executive
Heatherwood and Wexham Park Hospitals Trust
Herts & Beds Critical Care Network
Home Office
Humber NHS Foundation Trust
ICUsteps
Institute of biomedical Science
Intensive Care National Audit & Research Centre (ICNARC)
James Whale Fund for Kidney Cancer
Kent & Sussex Hospital
Kidney Research UK
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
LEO pharma
Leukaemia CARE
Liverpool John Moores University
LNR Cardiac Network
London Clinic, The
London Network of Nurses & Midwives Critical Care Group
Lundbeck Ltd
Luton & Dunstable Hospital NHS Foundation Trust
Maidstone and Tunbridge Wells NHS Trust
Manchester Children's Hospital Trust
Manchester Royal Infirmary
Meat & Livestock Commission
Medicines and Healthcare Products Regulatory Agency (MHRA)
Medway NHS Foundation Trust
Mental Health Act Commission
Mid Staffordshire General Hospitals NHS Trust
Mid Trent Critical Care Network

National Outreach Forum
National Patient Safety Agency (NPSA)
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
Newcastle Upon Tyne Hospitals NHS Foundation Trust
Newcastle Upon Tyne Hospitals NHS Foundation Trust
NHS Calderdale - substance misuse commissioning programme
NHS Direct
NHS Oxfordshire
NHS Plus
NHS Quality Improvement Scotland
NHS Sheffield
Norfolk and Norwich University Hospital NHS Trust
North Cumbria Hospitals NHS Trust
North East & Cumbria Critical Care Network
North East London Cancer Network
North Middlesex University Hospital NHS Trust
North Tees & Hartlepool NHS Foundation Trust
North Trent Critical Care Network
North West London Critical Care Network
North West Midlands Critical Care Network
North West Wales NHS Trust
Northumbria Acute Trust
Nottingham City Hospital
Nutricia Ltd (UK)
Nutrition Society
Outreach Nurses in Kent (ONIK)
Oxford Radcliffe Hospitals NHS Trust
Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust
Pancreatic Cancer UK
Peninsula Clinical Managed Cardiac Network
Pennine Acute Hospitals NHS Trust
PERIGON Healthcare Ltd
Pfizer Limited
Queens Hospital NHS Trust (Burton upon Trent)
Renal Association
Rotherham Acute Trust
Royal Berkshire NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal College of Nursing
Royal College of Pathologists
Royal College of Physicians Edinburgh
Royal College of Speech and Language Therapists
Royal Hospitals
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal Shrewsbury Hospital NHS Trust

Royal United Hospital Bath NHS Trust
Royal Wolverhampton NHS
Sacyl
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield PCT
Shrewsbury & Telford Hospital NHS Trust
Siemens Medical Solutions Diagnostics
Social Care Institute for Excellence (SCIE)
Society and College of Radiographers
Society for Acute Medicine
Society of British Neurological Surgeons
Society of Vascular Nurses
South East London Cardiac Network
South Manchester University Hospitals NHS Trust
South Tees Hospitals NHS Trust
Southport & Ormskirk Hospital NHS Trust
St Helens & Knowsley NHS Trust
Surrey Wide Critical Care Network
Sussex Critical Care Network
Teenagers and Young Adults with Cancer (TYAC)
Tees Esk & Wear Valleys NHS Trust
Tees Valley and South Durham Critical Care Network
Thames Valley Critical Care Network
The Royal Society of Medicine
UCLH NHS Foundation Trust
UK Clinical Pharmacy Association
United Lincolnshire Hospitals NHS Trust
University Hospital Aintree
University Hospital of North Staffordshire Acute Trust
University Hospitals Coventry & Warwickshire NHS Trust
University of North Durham
Urgent Care Board
Walton Centre for Neurology and Neurosurgery NHS Trust
Welsh Assembly Government
Welsh Scientific Advisory Committee (WSAC)
Western Cheshire Primary Care Trust
Whipps Cross University Hospital NHS Trust
Wirral Hospital Acute Trust
Worcestershire Acute Hospitals NHS Trust
York NHS Foundation Trust