

8-year surveillance 2016 – Acutely ill adults in hospital (2007) NICE guideline CG50

Appendix B: stakeholder consultation comments table

Consultation dates: 14/1/2016-27/1/2016

Stakeholder	Do you agree with the proposal not to update the guideline?	Comments	NICE response
British Association of Critical Care Nurses	Agree	Whilst we acknowledge that NICE have undertaken an extensive current literature review and from this no new empirical evidence has come to light to warrant a full review of the guideline, it does need to be acknowledge that the initial NICE 50 guideline is referenced to old research in the guideline	<p>Thank you for your comment.</p> <p>CG50 Acute illness in adults in hospital was published in July 2007 and underwent surveillance in December 2010 following NICE standards. In the current surveillance review, as well as in the previous one published in 2010, we did not identify any new evidence that would impact on the current guidance.</p> <p>Whilst we acknowledge your comments about the age of the guideline. We do not routinely update guidelines where new evidence is not considered to impact on the guideline recommendations. This is to ensure that we focus our resources on areas where</p>

			guideline recommendations are felt to be out of date.
Royal College of Physicians (RCP)	Disagree	<p>The RCP is grateful for the opportunity to respond to the Surveillance Review of CG50 – Acute illness in adults in hospital: recognising and responding to deterioration.</p> <p>We would like to make specific comment with regard to the National Early Warning Score (NEWS) and references to it within the NICE surveillance review proposal. In producing this response we have liaised with the NEWS Development Group, the Faculty of Intensive Care Medicine, and the Society for Acute Medicine.</p> <p>The RCP believes it is vital that NICE recommends NEWS and includes a note to that effect within the guideline. NEWS has been an extraordinary success for all groups and the majority of hospitals have transferred onto it. It would therefore be extremely damaging for NICE to contradict this within this guideline, other guidance or communications.</p> <p>A huge amount of work has gone into NEWS and we are in the final stages of developing an update so a consistent recommendation from NICE is required.</p> <p>An extensive review has been conducted of what was generally poor quality data and data has been published demonstrating that NEWS outperforms other systems in terms of sensitivity and specificity in detecting patients at risk of clinical deterioration.</p> <p>Should NICE recommend another system or not endorse NEWS it would set the whole area back</p>	<p>Thank you for your comment.</p> <p>NICE guidelines make recommendations based on the best available evidence. Whatever evidence used, is selected and quality assessed using clear and appropriate methods as described in the NICE manual (Developing NICE guidelines: the manual).</p> <p>CG50 recommends the use of multiple-parameter or aggregate weighted scoring systems as a choice of physiological track and trigger systems. These systems should measure heart rate, respiratory rate, systolic blood pressure, level of consciousness, oxygen saturation and temperature. And additional monitoring should be considered in specific clinical circumstances.</p> <p>In the current surveillance review none of the new evidence considered was thought to have an impact on the current recommendations. The evidence reviewed included studies about NEWS: we assessed three systematic reviews (SR) about Early Warning System Scores (EWSS) and five observational</p>

		considerably.	<p>studies highlighted by topic experts in this area. In general, the SRs found EWSS had good predictive values for important outcomes but more research is needed. The observational studies noted that NEWS seemed to perform better than other track and trigger systems (TTS) in some of the clinical outcomes measured but the overall quality of the studies was low or very low and the clinical relevance of these differences needs to be assessed in further studies. New evidence and topic expert feedback suggest that there has been some advancement in TTS assessment but more work needs to be done.</p> <p>The current CG50 recommendations did not contradict the use of NEWS or other multiple-parameter or aggregate weight scoring systems as described above. But did not recommend the use of one over another given the evidence available. This area will be examined again at the next surveillance review of the guideline.</p>
The National Council for Palliative	Agree	Agree doesn't need to be updated but it is important that any supporting information relates this guideline to the end of life care clinical guideline and the	Thank you for your comment. Dying patients receiving palliative care are outside the scope of

Care		<p>supportive and palliative care guidance which is currently being scoped for review. Managing clinical uncertainty and initiating Treatment escalation plans is a key aspect of end of life care and may need to make this explicit eg good practice case study AMBER care bundle for patients whose recovery is uncertain</p> <p>http://www.ambercarebundle.org/homepage.aspx</p> <p>Helpful to support implementation of good practice</p>	<p>CG50. However, we agree those areas are linked to CG50.</p> <p>A guideline covering the care of dying adults in the last days of life guideline (NG31) was recently published in December 2015. CG50 was identified as a related NICE guideline to NG31 through our surveillance process. We have passed this information to the NICE pathways team and they will consider adding NG31 into the CG50 pathway.</p> <p>Supportive and palliative care in adults is currently in development and once it is published, NICE will consider adding this guideline to the CG50 pathway.</p>
The Royal College of Nursing	No comments	The Royal Collage of nursing informed us that the feedback they have received from nurses working in this area of health suggested that there were no comments to submit on behalf of the Royal College of Nursing.	Thank you for your answer.
Stakeholder	Do you agree the guideline should be added to the static list?	Comments	NICE response
British Association of Critical Care Nurses	Agree		Thank you for your answer.
Royal	Disagree	See comments with regard to the question of update.	Thank you very much for your

College of Physicians (RCP)			comments. In light of information provided through the consultation process, we propose not to transfer this topic to the static list, and the guideline will continue to undergo regular surveillance.
The Royal College of Nursing	No comments	The Royal Collage of nursing informed us that the feedback they have received from nurses working in this area of health suggested that there were no comments to submit on behalf of the Royal College of Nursing.	Thank you for your answer.