

# Writing clear recommendations

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# The challenges facing NICE

- Around 600 calls a month to our enquiry line from healthcare professionals, many trying to clarify what we're asking them to do in our recommendations

Typical comments in the past have included:

- *No GP is going to read guff of this convoluted, legalistic, and bombastic nature*
- *I'm confused!*
- *The guidance is too unfocused and difficult to follow*

# NICE user research

- Use practical language: focus on actions!
- Keep recommendations short and punchy so they're easy to scan quickly
- Use clear English
- Don't be ambiguous or vague.

# NICE Insights Survey 2016: recommendations

- Shorter sentences, broken down into bite-sized information (easier to scan and digest)
- Use bullets if there are several actions or points in a recommendation
- Recommendations in clear English
- Keep language concise and to the point
- Include less 'NICE speak' and waffle.

# NICE's 1<sup>st</sup> rule of effective writing: Know your reader

- Regulators
- Clinicians
- Commissioners
- Patients, the public and their representatives
- Charities

# Writing for experts

Research showed that:

- 80% of people prefer clear, more natural English
- The more educated the person, the more specialist their knowledge, the greater their preference for plain English.

Avoid unnecessary technical language and use clear, simple, everyday words. It will increase your chances of being read and understood rather than skimmed or binned.



*Mark Morris, former Head of  
Clear English at the  
Department of Health*

# We use shorter words

What alternatives could we use for the following?

- Discontinue
- Facilitate
- Prior to
- The majority of
- Disseminate

# We keep sentences short

- 20-30 words maximum in each sentence
- 1 main idea per sentence
- Avoid repetition



# Use clear English

We avoid:

- adverbs and adjectives like ‘very’, ‘wide’ and ‘absolutely’
- phrases like ‘in the process of’
- jargon like ‘heads up’ and ‘deep dives’
- technical language like ‘transitioned’
- abbreviations

**Plain English Campaign**

Fighting for crystal-clear communication since 1979

## We keep active! (Put verb or subject first)

- Smokers will be helped to quit the habit by pharmacists.
- Pharmacists will help smokers to quit the habit.
- All individuals receiving advice should be followed up and their progress assessed. Where required an additional session should be offered.
- Follow up all individuals who have received advice and assess their progress. Offer an extra session if required.

# We stay active! (Avoid 'zombie' nouns)

- Concentrate first **on the management of** this risk in PTSD sufferers
- Concentrate first on **managing** this risk for people with PTSD
- We **had a discussion about** the matter
- We **discussed** the matter
- **There is under-recognition of PTSD in the NHS**
- PTSD is not fully **recognised** in the NHS
- The recommendations will **consist of descriptions** of actions...
- The recommendations will **describe** actions

# Writing NICE recommendations

We aim for recommendations that:

- Use simple, clear language
- Focus on 1 main action
- Give direct instructions (offer, discuss, record)
- ...and at NICE they do not include a rationale

# Can you improve this?

In line with current British Thoracic Society guidelines, patients with known chronic obstructive pulmonary disease, or other known risk factors for hypercapnic respiratory failure, should have an oxygen saturation of 88-92% maintained, both prior to admission and on admission to hospital. The device used for oxygen delivery, the concentration of oxygen administered and the target saturation should be documented in the relevant patient record.

known or obstructive respiratory failure, or other known factors for hypoxaemic respiratory failure, should have an oxygen saturation of 94% or above both prior to admission to hospital and during the admission. This is in line with the NICE guideline on Acute Stroke. Document the device used to deliver oxygen and the oxygen saturation should be documented in the relevant patient's record.

# Active se

Maintain an ox with known ch other known r failure. Do this admission to hospit is in Thoracic Society gu s. Rec oxygen delivery, the entrat given and the targ ation in the patient's notes record.

# Easier to read

Maintain an oxygen saturation of 88-92% for patients with known chronic obstructive pulmonary disease, or other known risk factors for hypercapnic respiratory failure. Do this before and on admission to hospital, in line with British Thoracic Society guidelines. In the patient's notes record the:

- device used for oxygen delivery
- concentration of oxygen given
- target saturation.

# Another example

Treatment with acute non-invasive ventilation (NIV) must be started within a maximum of one hour of the blood gas measurement that identified the need for it, regardless of the patient's location. A service model whereby the NIV machine is taken to the patient to start treatment prior to transfer for ongoing ventilation will improve access to acute NIV.

# Active sentences

with acute... must  
thin and... d  
ment th... ever  
of the pa...  
whereby Take the N... nt to  
start treatment bef...  
ongoing ventilation...

within an hour of  
d the need for it,  
Use a mobile NIV  
before  
machine to  
transferring the patient them for ongoing ventilation.

# Easier to read

Use a blood gas measurement to identify the need for acute non-invasive ventilation (NIV). Start NIV within an hour. Use a mobile NIV machine before transferring the patient for ongoing ventilation.

# Another example

Continuous positive airways pressure (CPAP) and non-invasive ventilation (NIV) should be coded separately. They are two distinct treatments given for different conditions and separate coding will reduce clinical confusion and improve reporting of outcomes.

# Make it active

ely

# A clearer recommendation

## BEFORE

Continuous positive airways pressure (CPAP) and non-invasive ventilation (NIV) should be coded separately. They are two distinct treatments given for different conditions and separate coding will reduce clinical confusion and improve reporting of outcomes.

## AFTER

Code continuous positive airways

pressure and non-invasive ventilation as two distinct treatments.

# What is the role of editors at NICE?

- Work closely with the guideline development teams
- Ensure all publications:
  - are clear, consistent and easy to read in line with standards set out in 'Writing for NICE'
  - conform to corporate house style, design rules and agreed templates

# Corporate house style

- Sets the tone of the organisation
- Helps ensure consistency and clarity
- Captures our values
- Helps to ensure we use fair and correct language
- Includes advice on making our writing easier to understand
- Saves time and money

# Our tips and tricks

Once you have written your draft, print it out and then edit it. Check:

- Are you repeating yourself?
- Is the structure logical?
- Is it unnecessarily wordy?
- Is the language more complicated than it needs to be?
- Are you writing as you speak?

Over to you