APPENDIX 10: LIST OF EXCLUDED STUDIES

Reference	Notes	Eligibility
van Servellen et al. (2006) Continuity of care and quality care outcomes for people experiencing chronic conditions: a literature review. Nursing and Health Sciences, 8, 185-195.	Review of the clinical trial literature to see what extent informational, management and relational continuity of care are associated with quality care indicators	Exclude – aim of review was not to evaluate the effect of continuity interventions
Rowe et al. (2001) Improving communication between health professionals and women in maternity care: a structured review. Health Expectations, 5, 63–83.	Review of the effectiveness of interventions aimed at improving communication between health professionals and women in antenatal care. Interventions that provided information or gave women control were beneficial.	Exclude – topic covered by a more recent general review of communication (PARRY2008)
Mistiaen P, Poot E. Telephone follow-up, initiated by a hospital-based health professional, for postdischarge problems in patients discharged from hospital to home. Cochrane Database of Systematic Reviews 2006, Issue 4.	Cochrane review that assessed the effects of follow-up telephone calls in the first month post discharge, initiated by hospital-based health professionals, to patients discharged from hospital to home.	Exclude - not relevant
Gaston & Mitchell (2005) Information giving and decision-making in patients with advanced cancer: a systematic review. Social Science & Medicine, 61, 2252–2264.	Review performed on decision-making and information provision in patients with advanced cancer. Findings showed that almost all patients expressed a desire for full information, but only about two-thirds wished to participate actively in decision-making. Active decision-making was more common in patients with certain cancers (e.g. breast) than others (e.g. prostate). A number of simple interventions including question prompt sheets, audio-taping of consultations and patient decision aids were shown to facilitate such involvement.	Exclude - not relevant
Mujezinovic F, Prosnik A, Alfirevic Z. Different communication strategies for disclosing results of diagnostic prenatal testing. Cochrane Database of Systematic Reviews 2010, Issue 11.	Cochrane review that assessed whether different methods of communication (telephone, fax, email, face to face) have any impact on the parents' satisfaction and anxiety levels.	Exclude – GDG considered that participant outcomes could not be generalised to people with mental health problems.

Coulter, A (2007) Evidence on the effectiveness of strategies to improve patients' experience of cancer care. London: Macmillan Cancer Support	Summarised evidence from Coulter & Ellins (2006) that was particularly relevant to people with cancer.	Exclude – reviewed subset of evidence included in the review by Coulter & Ellins (2006)
Andershed (2006) Relatives in end-of-life care – part 1: a systematic review of the literature in the last five years, January 1999-February 2004. Journal of Clinical Nursing, 15, 1158-1169.	Review of the relatives' situation in the care of the dying. Findings showed that the family's feelings of security and trust in the professional were of great importance. In turn the relative's satisfaction could be viewed as a prerequisite to get to know the family and prevent conflicts.	Exclude – concerned with family experience
Mowat (2008) The Potential for Efficacy of Healthcare Chaplaincy and Spiritual Care Provision in the NHS. Aberdeen: Mowat Research.	Review of the research on the efficacy of healthcare chaplaincy and spiritual care in the UK. Literature is categorised into different themes reflecting common current concerns in the area (e.g. multi-faith issues). The authors then discuss the relation of themes to the stages of the patient/family/carer 'journey' through the healthcare service (admission, assessment, treatment, protecting health/improvement, discharge/death, and community links/aftercare).	Exclude – not HP or service intervention
Fallowfield et al. (2002) Truth may hurt but deceit hurts more: communication in palliative care. Palliative Medicine, 16, 297–303.	Review of the literature on the concealment of truth in palliative care. Findings show terminally ill patients and their families like to be given honest information about their prognosis.	Exclude – concerned with palliative care
Bauman et al. (2003) Getting it right: why bother with patient-centred care? MJA, 179, 253-256.	Review of patient-centred care approaches in primary care, mostly focusing on chronic illness. Findings showed that patient-centred care results in increased adherence to management protocols, reduced morbidity and improved quality of life for patients.	Exclude – primary care specific
Harding & Higginson (2003) What is the best way to help caregivers in cancer and palliative care? A systematic literature review of intervention and their effectiveness. Palliative Medicine, 17, 63-74.	Review of interventions for carers of patients using home cancer and palliative care services. Interventions comprised home nursing care, respite services, social networks and activity enhancement, problem solving and education, and group work.	Exclude – interventions for carers

	Authors concluded that the current evidence contributes more to what a carer needs in an intervention (accessible, targeted to their needs) than to effectiveness.	
Shields et al. (2006) Family centred care: a review of qualitative studies. Journal of Clinical Nursing, 15, 1317-1323.	Review of qualitative studies of the use of family centred care in children's hospitals. Findings showed that parents wanted to be more involved in discussions about children's care.	Exclude – interventions for children
Corlett & Twycross (2006) Negotiation of parental roles within family-centred care: a review of the research. Journal of Clinical Nursing, 15, 1308-1316.	Review of children's nurses' negotiations with parents in relation to family-centred care. Findings showed conflict around the negotiation of care. Parents wanted to be involved in their child's care but found that nurses' lack of communication and limited negotiation meant that this did not always occur. Nurses appeared to have clear ideas about what nursing care parents could be involved with and did not routinely negotiate with parents in this context.	Exclude – interventions for children
Staricoff (2004) Arts in Health: A review of the literature. London: Arts Council England.	Review exploring the relationship of the arts and humanities to healthcare and the influence and effects of the arts on health. Findings showed that attention to visual art and music in the health care environment can be beneficial for patient outcomes in both inpatient and outpatient departments.	Exclude – not a review of interventions
Légaré F, Ratté S, Stacey D, Kryworuchko J, Gravel K, Graham ID, Turcotte S. Interventions for improving the adoption of shared decision making by healthcare professionals. Cochrane Database of Systematic Reviews 2010, Issue 5.	To determine the effectiveness of interventions to improve healthcare professionals' adoption of Shared decision making.	Exclude – A similar review relating to mental health is included (DUNCAN2010)