RCSLT response to the NICE quality standard on Perioperative care in adults

15 July 2026

On 2 July, the National Institute for Health and Care Excellence (NICE) published a quality standard on Perioperative care in adults (QS216), to improve the quality of care before, during and after surgery.

The Royal College of Speech and Language Therapists (RCSLT) made a submission to the consultation on the draft guideline. As detailed below, we highlighted the need for communication disability, difficulty, and difference to be identified and appropriately supported.

We are pleased that the final quality standard has been strengthened in line with our recommendations.

1. Equality and Health Assessment - adults' communication needs have been added to the Equality and Health Assessment.
2. Quality Standard 1 – Point of contact – has been amended so that the audience descriptors for perioperative care teams specifically mention adults with communication or cognitive difficulties.
3. Quality Standard 4 – Discussion with a healthcare professional – has been strengthened so that it includes communicating in an accessible way, taking into account needs and preferences
4. Quality Statement 5 - Information and support for modifiable risk factors – has been expanded to mention accessibility, individual approach, personal preferences and coexisting conditions.

These changes strengthen the recognition of communication needs throughout perioperative care and reinforce the importance of accessible communication and shared decision making, helping to ensure adults receive information and support in ways that meet their individual needs.

The RCSLT hopes the new quality standard will support more accessible, person-centred perioperative care and help ensure that adults receive information and support in ways that meet their individual communication needs.

References

https://www.nice.org.uk/guidance/qs216

The RCSLT consultation comments on the draft quality standard

Question 4: Equality and Health Inequalities Assessment

	RCSLT	NICE Response
36	The RCSLT welcomes consideration in the EHIA of the fact that adults with learning disabilities, cognitive impairment or dementia may have varying information and communication needs. However, it is also important to consider that some individuals will have specific communication needs, communication difficulty or communication difference, in the absence of a learning disability or cognitive impairment. Communication is critical for understanding and making decisions, weighing up risk and safety as part of shared decision making. Consideration must be given to communication difficulties to ensure people can understand and communicate effectively which underpins this whole Guideline. Adults with communication difficulties should be identified as a vulnerable patient group and added to the EHIA.	Thank you for your comment. Adults with communication needs has been added to the Equality and Health Inequalities Assessment. In addition, the quality standard highlights, within the equality, diversity and language section, the importance of providing information in a way that adults can easily read and understand, either independently or with support, to enable effective communication with healthcare services. This includes using formats that meet their needs and preferences, in line with NHS England's Accessible Information Standard or equivalent standards in the devolved nations.
37	The information at the end of the Quality Standard on Diversity, equality and language is also welcome, emphasising the importance of providing people with information they can read and understand themselves, with reference to the Accessible Information Standard. However, due to the importance of this issue in relation to statements 4 and 5, these considerations should also be included as specific equality and diversity considerations for those statements. NG180 Perioperative care in adults makes specific reference to communicating with people with learning disability but there is no specific mention in these statements.	Thank you for your comment. The diversity, equality and language section of the quality standard outlines requirements for accessible information and includes a reference to NHS England's Accessible Information Standard. To avoid duplication, this level of detail is not found within individual quality statements. However, greater emphasis has been placed on the clear and accessible communication of information for adults undergoing surgery. This is reflected in the audience descriptors for healthcare professionals in quality statement 4 and the addition of a definition of information and support in quality statement 5.

Statement 1: Adults having surgery have a point of contact in the perioperative care team

80	Section of the quality statement on what it means for different audiences including healthcare professionals: Whilst this section highlights provisions to meet information and support needs, it could	Thank you for your comment. Following your comment, additions have been made to the audience descriptors for the perioperative care team in quality statement 1, and it now specifically mentions adults with

	specifically mention people with communication difficulties and cognitive difficulties. This should be explicitly added to maximise and support better shared decision making.	communication or cognitive difficulties. In this section, it has also been added that opportunities for shared decision making should be maximised by the perioperative care team.

Statement 4: Adults having surgery discuss their clinical assessment, perioperative risks and treatment options with their healthcare professional, before surgery

92	Quality Statement 4 talks repeatedly about the need to communicate findings in an understandable way so the person understands, however there is no reference to accessible information, plain English or supported communication. We recommend adding in access to additional communication support to support this understanding in this section. The rationale for this statement should be strengthened by clearly recognising the need for healthcare professionals to tailor discussions for the individual's needs. The section of the QS on diversity, equality and language, the EHIA and NG180 Perioperative care in adults, all mention that information must be made accessible for individuals, but this is not acknowledged within the statement itself. This statement should also refer to CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services	Thank you for your comment. The diversity, equality and language section of the quality standard outlines requirements for accessible information and includes a reference to NHS England's Accessible Information Standard. To avoid duplication, this level of detail is not found within individual quality statements. However, additional detail has been added to the audience descriptors for healthcare professionals in quality statement 4 to support clear and accessible communication.
93	The quality measure for this statement only measures that the healthcare professional had a discussion, not the patient's experience of this or whether it was appropriate to their needs. Developments to recording patients' needs such as the Reasonable adjustments flag and Accessible Information Standard should enable services to collect more detailed data about this. The quality measures would be strengthened by considering communication support e.g. - Proportion of adults having surgery who required communication support, who received this to enable them to have a discussion with their healthcare professional	Thank you for your comment. The QSAC discussed the patient experience of the discussion, and whether it was appropriate to their needs. They considered a range of measures, including Patient Reported Experience Measures (PREMs), Patient Reported Outcome measures (PROMs) and the Shared Decision Making Questionnaire (SDM-Q-9). However, the QSAC concluded that the use of these measures in practice is variable, with differences between emergency and elective settings, and that they are inherently subjective. Overall, the QSAC agreed that the quality statement and corresponding quality measures were appropriate as currently written. Additional information has been added to the audience

	about risks and treatment options, before surgery.	descriptors for healthcare professionals to promote a more patient-centred discussion, including recognising that adults may have perspectives that differ from those of their healthcare professional, and encouraging the use of structured shared decision making approaches, such as the Benefits Risks Alternative Nothing (BRAN) framework, to support the discussion. Clear and accessible communication is also emphasised, including encouraging adults to express their needs and preferences.

Statement 5: Adults having surgery are given information and support to reduce their modifiable risk factors, before surgery

99	The rationale for this statement should be strengthened by clearly recognising the need for healthcare professionals to tailor information to the individual's needs. Furthermore, explicitly adding in communication support would be a helpful enabler for this Quality Standard. Rationale: The section of the QS on diversity, equality and language, the EHIA and NG180 Perioperative care in adults, all mention that information must be made accessible for individuals, but this is not acknowledged within the statement itself. This statement should also refer to CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services	Thank you for your comment. Following your comment, further detail has been added to the audience descriptors for healthcare professionals in quality statement 5 to support an individualised approach, consistent with NICE's guideline on patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138). The diversity, equality and language section of the quality standard outlines requirements for accessible information and includes a reference to NHS England's Accessible Information Standard. To avoid duplication, this level of detail is not found within individual quality statements.
100	The need to ensure that information is actually accessible to the individual receiving it, should be considered in the quality measures for this standard e.g. - Proportion of adults having surgery who receive accessible and tailored information… - Numerator – the number in the denominator who receive accessible and tailored information.	Thank you for your comment. The QSAC discussed the quality measures for this quality statement, considering their measurability in practice and their alignment with the quality statement. They agreed that the quality measures were appropriate as written. Additional detail has been added to the audience descriptors for healthcare professionals in quality statement 5 to support an individualised approach. Further, a definition of information and support has been added to the quality statement, clarifying that information should be clear, accessible, and evidence□based.