

**Table 7: Clinical evidence profile: Comparison 3.2. Shared care (above UK equivalent) versus shared care (UK equivalent)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Shared care (above UK equivalent)	Shared care (UK equivalent)	Relative (95% CI)	Absolute		
<b>Lung function: First to last FEV<sub>1</sub> ( % per year) (follow-up 3 years; range of scores: 0-100; Better indicated by higher values)</b>												
1 (Thomas 2008)	observational studies	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	19	30	-	MD 0.5 lower (5.63 lower to 4.63 higher)	VERY LOW	CRITICAL
<b>Lung function: Slope FEV<sub>1</sub> (% per year) (follow-up 3 years; range of scores: 0-100; Better indicated by higher values)</b>												
1 (Thomas 2008)	observational studies	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	19	30	-	MD 2.1 lower (6.52 lower to 2.32 higher)	VERY LOW	CRITICAL

Abbreviations: CI: confidence interval; CF: cystic fibrosis; FEV<sub>1</sub>: forced expiratory volume in 1 second; MD: mean difference

1 The quality of the evidence was downgraded by 2 due to high risk of bias in relation to the selection of the population and high loss to follow-up

2 The quality of the evidence was downgraded by 1 because 1 of the comparators is not representative of current UK practice

3 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 clinical MID