

National Institute for Health and Clinical Excellence

Dyspepsia / GORD

Stakeholder Comments – Draft scope

Please enter the name of your registered stakeholder organisation below.

NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Stakeholder organisation:	Royal Pharmaceutical Society
Name of commentator:	Helen Chang (Professional Support Pharmacist, RPS Support Manager)
Questions to Stakeholders	Comment
1. Do you agree with all the areas that NICE propose to cover? If not, why?	The Royal Pharmaceutical Society are disappointed that the role of pharmacists will not be covered in these guidelines, however agree with the other areas that NICE propose to cover.
2. Does the scope omit any important areas? If so, which are omitted and why are they important?	<p>The scope omits information about the role of community pharmacist in the management of patients with dyspepsia symptoms, provision of patient information, recording of adverse events, and particularly, the use of over-the-counter drugs, antacids, or alginates.</p> <p>Community pharmacists are well placed to offer initial and ongoing advice to patients with dyspepsia and GORD symptoms. They are able to identify when patients should be referred to their GP e.g. when alarm symptoms are present; provide advice about over-the-counter treatments for dyspepsia; and provide appropriate lifestyle advice to help patients manage their symptoms. Community pharmacists can additionally provide medication use reviews and additional advanced services (e.g. new medicines service), which provide opportunities to identify medicines that may cause dyspepsia or GORD symptoms and offer appropriate advice to patients.</p> <p>Pharmacists have also been involved in a pilot of dyspepsia clinics which have improved patient access to screening, advice and access to medication, and patients' overall quality of life.</p>
3. Do you agree that a new guideline with the areas proposed for evaluation should completely replace the existing guideline and if so, why? If you do not agree, please state your reasons why	We agree that a new guideline should replace the existing guidelines as they were developed many years ago and new community pharmacy services, and over-the-counter and pharmacy only medicines for the treatment of reflux symptoms and dyspepsia have become available.

4. If we are not able to cover all the areas that stakeholders suggest, which areas do you feel should be prioritised and why?	<p>We believe that it is important to highlight the role of community pharmacists as they provide the first point of contact for dyspepsia and GORD sufferers and can help patients to manage their symptoms.</p> <p>As experts in medicines, pharmacists can also offer advice on how to take medicines, adverse effects, possible interactions and cautions, to raise patients' awareness and increase their understanding of their condition and therapy, which will encourage medicines adherence and empower self-care.</p>
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Comment No.	Section number	Comments
	Indicate number or 'general' if your comment relates to the whole document	Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table

Example	3.4.6	Our comments are as follows
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Please email this form to: Dyspepsia@nice.org.uk

Closing date: 5pm on Monday 11 June 2012

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.