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|  | | **Please read the checklist for submitting comments at the end of this form.** We cannot accept forms that are not filled in correctly.  We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.  In addition to your comments below on our guideline documents, we would like to hear your views on these questions:   1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.   See [[Developing NICE guidance: how to get involved](http://www.nice.org.uk/process/pmg22/chapter/how-you-can-get-involved)](https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-how-to-get-involved-2722986687/chapter/commenting-on-a-draft-guideline) for suggestions of general points to think about when commenting. | | |
| Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank): | | Royal Pharmaceutical Society | | |
| Disclosure  Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. | |  | | |
| Name of commentator person completing form: | | Heidi Wright | | |
| Type | | [office use only] | | |
| **Comment number** | **Document**  **[guideline, evidence review A, B, C etc., methods or other (please specify which)]** | Page number  Or **‘general’** for comments on whole document | Line number  Or **‘general’** for comments on whole document | Comments Insert each comment in a new row.  Do not paste other tables into this table, because your comments could get lost – type directly into this table. |
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| 1 | Guideline | 6 | 3 | We are concerned this recommendation could lead to patients’ appropriate treatment being delayed unnecessarily due to hesitation on the part of the prescriber. |
| 2 | Guideline | 9 | 21 and 28 | In these two recommendations it should be explicitly clear who has to create the management plan. It suggests here that the HCP in secondary care will do it but if the management plan contains some of the information it suggests from line 20 onward on page 7 it may not be appropriate for that HCP to undertake this prior to the HCP in primary care reviewing particularly if they have to start the prescribing process. This could lead to confusion and duplicated work. This section needs to be reviewed and made clearer. |
| 3 | Guideline | 12 | 8 | There are times when you may need to withdraw the medication (perhaps slowly) to see if the condition has resolved e.g. z-drugs or if it believed that the medicine is no longer benefiting the person, or if ongoing benefit is unclear. It may not always be clear the issue has gone away, and it is important to discuss this and encourage the patient to try. |
| 4 | Guideline | 15 | 14 | We do not believe this would work, the patient would just take their normal dose or at the first hint of a problem would be taking more than agreed. In practice, if you safety net appropriately, have an open discussion and the patient feels part of the discussion they should be able to come back to you if they are struggling. |
| 5 | Guideline | 15 | 22 | Also consider if on two or more benzodiazepines switching to an equivalent dose of one before reduction. |
| 6 | Guideline | 16 | 20 | The guidance has a list of ‘do nots’ but does not provide any practical guidance on interventions. We would suggest that referring people to peer support groups (possibly online) should be included as well as the need for services including psych-social interventions. |
| 7 | Guideline | General | General | The guidelines mention ‘slow tapering’ but we feel that this is open to too much interpretation and could be harmful. The guidance should include information on tapering rates, the interval between dose reductions, how to reduce doses and the overall duration of taper. The guideline appears to focus on quick withdrawal based on other incentivising factors such as SMART goals and this is not appropriate for this category of medicines. We believe that the patient should be empowered to be in control of the speed of tapering |
| 8 | Guideline | General | General | There is no real mention throughout about the importance of communication with all those involved in the patients care e.g. community pharmacists important particularly where abuse is a factor, leading to for example over-ordering which sometimes gets missed by prescribers. This can not only facilitate early intervention in the case of issues that arise but can also prevent the patient from having to repeat aspects of their conditions or circumstances they may not want to. This should be with patients consent and may not be necessary in every case. |
| 9 | Guideline | General | General | There are gaps in the guidelines around the withdrawal aspect which should include practical steps that professionals need to support patients   * Tapering – including duration of taper * Dose reduction – including how to reduce medicines |

Insert extra rows as needed

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| **Checklist for submitting comments**   * Use this comment form and submit it as a **Word document (not a PDF)**. * Complete the disclosure about links with, or funding from, the tobacco industry. * Include **page and line number (not section number)** of the text each comment is about. * Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**. * Do not paste other tables into this table – type directly into the table. * Ensure each comment stands alone; do not cross-refer within one comment to another comment. * **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.** * **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted. * Spell out any abbreviations you use * For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline. * **We do not accept comments submitted after the deadline stated for close of consultation.**   You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](http://pathways.nice.org.uk/).  **Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.  Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.  **Data protection**  The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties.Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.  By submitting your data via this form you are confirming that you have read and understood this statement.  For more information about how we process your data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice). |