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| **Checklist for submitting comments*** Use this comments form and submit it as a **Word document (not a PDF)**.
* Complete the disclosure about links with, or funding from, the tobacco industry.
* Include **document name,** **page number and line number** of the text each comment is about.
* Combine all comments from your organisation into 1 response form. **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. You 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.  |

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|  | **Please read the checklist above before submitting comments.** **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. **Please include your answers to these questions with your comments in the table below.**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.)

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 (if you are responding as an individual rather than a registered stakeholder please specify). | Royal Pharmaceutical Society |
| Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry). |  |
| Name of person completing form | Heidi Wright |

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| **Comment number** | **Document**[e.g. guideline, evidence review A, B, C etc., methods, EIA] | Page number**‘General’** for comments on whole document | Line number**‘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.
* Include section or recommendation number in this column.
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| 1 | Guideline | General | General | In general, we welcome the content of this guideline. However, we are aware that pharmacists, especially those working in primary care (GP practice, Community and Care Homes) could be better utilised to identify and provide vaccinations in the general population. We would welcome more inclusion of the pharmacy profession within this guideline. |
| 2 | Guideline | General | General | There may be an issue in some places with healthcare professionals offering incentives like chocolates or vouchers in return for people getting vaccinated. Vaccines are medicines and not normal items of commerce and we believe that this approach may actually erode trust in healthcare professionals in the longer term. As is mentioned in this guidance document we believe we should be informing people professionally so they can make educated decisions and provide informed consent to being vaccinated and incentives should not be used. |
| 3 | Guideline | 4 | 4 | We believe that the vaccination lead should also be responsible for vaccine orders and storage governance |
| 4 | Guideline | 5 | 1 | Secondary and tertiary care providers would find it hard to identify people who are unvaccinated without access to GP records and health care to health care professional referral might be more effective than "signposting". It is important that whoever gives vaccines records it on a central database so there is one single national record (ideally covering all the home nations). |
| 5 | Guideline | 6 | 2 | Any "local problem" is likely to be mirrored throughout the country. There are national / societal barriers to vaccine uptake so the research on barriers to vaccine uptake should also be undertaken at a national level. As well as incentives to vaccine uptake the advantages and disadvantages of disincentives to vaccinations should be explored e.g., look at what other countries have done. Different approaches need to be explored in a scientific way to gain evidence for or against such an approach.  |
| 6 | Guideline | 7 | 4 | A coordinated approach is extremely important which means a move away from competition between different service providers and having a "place-based" approach to vaccination. |
| 7 | Guideline | 10 | 9 | In this section about keeping records up to date there should also be a recommendation that vaccine records are shared electronically and easily accessible to anyone providing care to that individual patient across health and social care. |
| 8 | Guideline | 11 | 21 | Medicines use reviews are being phased out and will no longer be part of the community pharmacy contractual framework from April 2022. We would suggest using the term medicine review instead |

**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).