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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.)
4. 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 (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 and Dr Hayley Gorton |

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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  | 23 | 10 | Rec 1.2.3 Please define how community pharmacy teams can access and refer to specialist teams. There is no infrastructure currently in place to support this. |
| 2 | Guideline | 17 | 8 | We are delighted that the work on community pharmacy has been included in this guidance. This section, however, seems most relevant to general practice rather than primary care, which incorporates community pharmacy, dental & opticians as well. The editorial https://econtent.hogrefe.com/doi/10.1027/0227-5910/a000817 on the role of primary care in suicide prevention might be noteworthy.  |
| 3 | Guideline | 31 | 4-14 | Rec 1.12.2-1.12.4 This is an appropriate recommendation. However, more work is needed to improve two-way communication between prescribers and community pharmacy so that pharmacists and their teams can support individuals. Pharmacists working in GPs and PCNs are well placed to have these discussions. This 2-way communication was identified in the work (Gorton, 2019), which has already been cited in evidence. Can we also direct you to these works <https://doi.org/10.1211/CP.2019.20206034> in which t the concept of ‘circle of care’ is discussed and <https://www.sciencedirect.com/science/article/pii/B9780128193785000064?via%3Dihub> . In this book chapter preliminary data relating to attitudes and experience of pharmacy staff who accessed additional training on suicide awareness is included (hosted by the Centre for Pharmacy Postgraduate Education (CPPE)). The analysis has now been completed and we can share a draft manuscript on request. It is noteworthy, however, that there is limited research on the extent and effectiveness of restricting prescription quantities. Restriction of OTC paracetamol pack size has been proven to be an effective intervention, and this is implemented by law. Restriction of prescription quantities seems pragmatic but we must be vigilant to any potential unintended harm.  |
| 4 | Guideline | 31 | 18 | Rec 1.12.5 Almost all community pharmacy staff with patient-facing roles completed the Zero Suicide Alliance training in 2021. Additional, specific training might be valuable.  |
| 5 | Guideline  | 32 | 1 | Rec 1.13 It is indicated that this will include pharmacist, pharmacy technicians and their teams working in community pharmacy and general practice. It would be helpful to indicate the extent of training expected of these teams. The HEE framework of core mental health competencies for all healthcare professionals <https://www.hee.nhs.uk/sites/default/files/documents/Pharmacy%20Framework%202020.pdf> might be useful |
| 6 | Guideline  | 33 | 19 | There are no formal clinical supervision pathways in place for community pharmacy. A framework/model of how this might be achieved would be useful. |

Insert extra rows as needed

**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.

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