

## Examples of good comments

### Describe dilemmas in clinical decision making in every day practice

'Should we be performing colonoscopy for suspected indolent presentations? Is clinical assessment (history and examination) good enough for grumbling recurrent abdominal pain without weight loss, anaemia or change in bowel habit and with negative FOB? Or are we running a risk of missing malignancy by not confirming a more benign pathology? Digging out PPV/NPV of features or even better a scoring system would be great. (Diverticular Disease)'

'Surely not all symptoms carry equal weight as signifying possible Lyme Disease in the absence of a suggestive history of tick exposure and presumably in the absence also of erythema migrans, or we would diagnose Lyme Disease anyway? So which symptoms are more important to remain concerned about for possible Lyme Disease if there is no rash and no history of tick bite?' (Lyme Disease)

'Early referral for isotretinoin if scarring is starting to occur (and what is scarring? Some people suggest destructive change only, others change AND hyperpigmentation suggest scarring and hence start isotretinoin – is this an over diagnosis/ overtreatment?)'. (Acne)

'The organisation of 'first fit clinics' - when epilepsy is first diagnosed in adults, there are obviously very significant implications regarding driving and work etc, and on many occasions I have seen patients wait a very long time to be seen, and this provokes significant anxiety for the patient, and also has a significant impact upon their quality of life'. (Epilepsy)

### Challenge the position NICE has taken

'I thought the evidence was that neither CENTOR nor FEVERPAIN predicted complication rates adequately in order to determine who should have antibiotics if reduction in complication rates was the desired outcome, rather than to treat bacterial tonsillitis (which may not lead to complications)'. (Sore Throat)

### Highlight conflicts between evidence and patient preference

'There is a large cohort of people and internet information that disagrees with orthodox medical model. So is there evidence for NOT using TSH to monitor response to therapy. People who are using T3 or alternative 'armour thyroid' are convinced it is the right thing. The evidence says it isn't, which often puts GPs in the middle. Any help gratefully accepted'. (Thyroid Disease)

'What can we do about the lack of acceptability of CPAP to patients and their partners?' (Sleep Disordered Breathing)

**Provide your comments in a concise, bullet point style, if this works best for you**

'Interested in how we manage raised TSH with normal T4. How often do we repeat the TFTs? When to do antibodies? What if positive, do we then do with raised TSH? How often you need to check TFTs with people on thyroxine'. (Thyroid Disease)

**Provide broad, holistic comments, especially things other medical groups might not consider**

'I hope this guidance will be practical and workable for the staff who work in care homes-a very difficult job. It is important, I think, not to overburden staff with paperwork and forms so they can focus on the job of caring for their residents'. (Safeguarding in Care Homes)

'Driving is an important issue - I am aware that patients have to inform DVLA once diagnosed, but what should I advise patients when I refer them with a suspicion of OSA? Especially Type 2 licence holders'. (Sleep disordered breathing)

**For draft recommendations, highlight implementation issues relevant to you and your practice.**

'I suspect spirometry is routine in most practices and patients generally like investigation locally. Working at scale is not a one size fits all solution, especially in rural areas with poor public transport connections like my practice area. I am not that comfortable with NICE recommending (although I appreciate it is a "consider") how services are implemented and commissioned. Commissioners' will see this as a green light to centralise a service that I feel currently sits well in individual general practices'. (Asthma)

**Comment on sections where you feel the recommendations are unclear**

'This document is a little confusing in the way it switches from acute to chronic pancreatitis discussion in the text'. (Pancreatitis)

'The guideline talks about moderate and severe episodes. What does this mean in practice?'(Pancreatitis)