National Institute for Health and Clinical Excellence

Upper gastrointestinal bleeding
Scope Consultation Table
17 March – 16 April 2010

Stakeholder	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
British Dietetic Association	General	Thankyou for giving us the opportunity to comment on the draft scope for the Acute upper GI bleeding guideline . The British Dietetic Association welcomes the development of the guidance but does not have any comments to add at the scope stage.	----------
British Society of Paediatric Gastroenterology, Hepatology & Nutrition (BSPGHAN)	4.1.1	BSPGHAN is extremely disappointed and concerned to see this scoping document limited to patients of 16 years old and above. Upper GI bleeding in children and adolescents is not an uncommon presentation to secondary and tertiary services. There is a small but significant morbidity and mortality risk with gi bleeding particular variceal bleeding. This is a missed opportunity to develop evidence based guidelines for children and adolescents and we would ask NICE to reconsider the scope of the proposed guideline.	Thank you for your comment. We agree that the causes and management of UGI bleeding in childhood are generally different from the adult age group, and inclusion would therefore greatly increase the complexity of this guideline. We feel if this topic is to be addressed it will be better in a separate guideline. You may wish to submit a suggestion via the NICE website.
Cook Medical	General	Cook Medical agrees with the proposed scope for the guideline and would like to draw attention to a new technique to treat upper GI bleeding, which has recently been developed and is expected to be available in the UK market in 2010. This technique consists of using a special spray through an endoscope to stop bleeds in the upper GI tract. This technique would classify	Thank you for your comment. We cannot include this in the scope without a product licence (see NICE technical manual)

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		as a "modality" within endoscopic therapy. Its primary application is in the management of non-variceal bleeding. We will be happy to provide NICE with more details on the procedure and ongoing clinical studies.	
Department of Health	General	Thank you for the opportunity to comment on the draft scope for the above clinical guideline. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	----------
Ferring Pharmaceuticals Ltd	4.3.1.c. and 4.3.1.f.	Point for clarification please: The following text in the draft Scope is a little ambiguous as to whether the Clinical Guideline will cover the use of Glypressin (terlipressin acetate) both pre- and post-endoscopy. Currently, the Scope reads as though it will only cover the use of Glypressin pre-endoscopy: ▪ 4.3.1.c: "Initial management and resuscitation including: glypressin and antibiotics for patient with likely variceal haemorrhage" ▪ 4.3.1.f: "Management of variceal upper GI bleeding including: treatment before endoscopy, including pharmacological therapy (antibiotics and Glypressin)" Literature is available on the use of Glypressin both pre- and post-endoscopy, for the prevention of variceal re-bleeding, and Ferring feel it is important to cover both aspects as this is how the drug is routinely used in UK clinical practice.	Thank you for your comment. We agree this is an important topic and we will make recommendations if the evidence permits
GIST (Gastro intestinal stromal tumour) Support UK	General	A UGI bleed is often the first symptom of a GIST. Although GISTs are very rare, the use of EUS rather than simple endoscopy would easily eliminate or suggest this possibility. If the UGIB	Thank you for your comment. We feel that endoscopy would generally identify GIST as a source of UGI bleeding. We agree that EUS should then be used to stage these tumours.

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		is transitory, the correct GIST diagnosis may be missed for months or even years, to the detriment of patient care and prognosis.	The management thereafter would be highly specialised and beyond the remit of this guideline.
NHS Direct	General	NHS Direct welcome the guideline and have no comments on the content of the scope.	----------
NHS Sheffield	General	Would like to see perhaps more consideration of the prevention aspects and something about the recognition of an acute bleed. (Richard Oliver – Joint PEC Chair, NHS Sheffield)	Thank you for your comment. Recognition of an acute bleed will be covered in the introductory sections of the guideline
Royal College of Nursing	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely. The draft scope is comprehensive.	----------
Royal College of Paediatrics and Child Health	4.1.1 4.1.2	The RCPCH believes that exclusion of those 15 years and under from this guideline neglects the majority of paediatric population. We note there is no apparent intention from the scope to examine this problem in this excluded group. We would like to request NICE to include children 15 years and younger as a separate population group. The causes and management are mostly different from the older age group. This is a challenging problem in children, and guidance would be very helpful.	Thank you for your comment. We agree that the causes and management of UGI bleeding in childhood are generally different from the adult age group, and inclusion would therefore greatly increase the complexity of this guideline. We feel if this topic is to be addressed it will be better in a separate guideline. You may wish to submit a suggestion via the NICE website.
Royal Pharmaceutical Society of Great Britain	4.3.1	The RPSGB welcomes the development of this guideline. In the light of the Epidemiology issues highlighted in section 3.1 relating to prescribing in the elderly could the clinical issues to be covered include preventative measures such as lifestyle changes and medicine management issues in relation to medicines linked to gastrointestinal bleeds?	Thank you for your comment on preventative measures. The focus of this guideline is the management of acute upper gastrointestinal bleeding rather than prevention. We recognise the importance of prevention, but there are many aspects to this and to address all would leave us unable to cover other important features of management. For prevention therefore, we have opted to concentrate on the patient population

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			with the highest risk for upper GI bleeds i.e: the acutely ill patients in high dependency and intensive care units. Please also note that some of the other prevention issues are covered elsewhere (see related guidelines as listed in section 5 of the scope).
United Kingdom Clinical Pharmacy Association (UKCPA)	General	Generally agree that the scope covers the important and relevant issues	----------
United Kingdom Clinical Pharmacy Association (UKCPA)	4.3.1 a)	To include marginal effectiveness benefit (if any) of PPI vs. H2A in critical care and marginal cost-effectiveness of PPI vs. H2A in Critical Care. QALY not a useful measure in critical care it is length of stay in Critical care, length of stay in hospital and mortality. Any evidence to support use in particular sub groups in critical care e.g prophylaxis post surgery	Thank you for your suggestion. Prophylaxis in the critical care unit will be considered, but it is inappropriate to include an extensive, specific list of interventions in the scope. We will use an appropriate unit of effectiveness in any cost effectiveness analysis
United Kingdom Clinical Pharmacy Association (UKCPA)	4.3.1 e)	Guidance on the timing of reintroduction of antiplatelet therapy, particularly in high risk groups should be included within this section.	Thank you for your comment. We agree this is an important topic and we will make recommendations if the evidence permits
United Kingdom Clinical Pharmacy Association (UKCPA)	4.3.1 f)	Length of treatment post endoscopy also important issue for both antibiotics and use of glypressin in variceal bleeding, as large variation in trials.	Thank you for your comment. We agree this is an important topic and we will make recommendations if the evidence permits
United Kingdom Clinical Pharmacy Association (UKCPA)	4.3.2	The specific question of the reliability of h.pylori testing in the acute peptic ulcer bleeding scenario is important and some guidance would be useful. Other aspects sufficiently addressed in the dyspepsia guideline	Thank you for your comment. This topic was not prioritised at the stakeholder meeting but we will discuss this again with the Guideline development Group. We have amended 4.3.2
Welsh Assembly	General	Thank you for giving the Welsh Assembly	----------

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Government		Government the opportunity to comment. Please note that we have no comments to make at this stage.	

These stakeholder organisations were approached but did not respond

Aintree University Hospitals NHS Foundation Trust
Airedale Acute Trust
Anticoagulation Europe
Association of British Insurers (ABI)
AstraZeneca UK Ltd
Atrial Fibrillation Association
BMJ
Bolton PCT
Boston Scientific Limited
Brighton and Sussex University Hospitals Trust
British National Formulary (BNF)
British Nuclear Medicine Society
British Society for Interventional Radiology
British Society of Gastroenterology
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Care Quality Commission (CQC)
College of Emergency Medicine
Commission for Social Care Inspection
Connecting for Health
Department for Communities and Local Government
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Ferring International Center
Gloucestershire Hospitals NHS Trust
GP Care
ICUsteps
Institute of biomedical Science
Institute of Liver Studies
Intensive Care Society
Leeds PCT
Leeds Teaching Hospitals NHS Trust
Liverpool PCT Provider Services
Luton & Dunstable Hospital NHS Foundation Trust
Manchester Community Health

Medicines and Healthcare Products Regulatory Agency (MHRA)
Merck Sharp & Dohme Ltd
Ministry of Defence (MoD)
National Patient Safety Agency (NPSA)
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
NETSCC, Health Technology Assessment
NHS Clinical Knowledge Summaries Service (SCHIN)
NHS North of Tyne
NHS Plus
NHS Quality Improvement Scotland
North Tees and Hartlepool Acute Trust
Oesophageal Patients Association
Pancreatic Cancer UK
Patients Council
PERIGON Healthcare Ltd
Pfizer Limited
Poole and Bournemouth PCT
Primary Care Society for Gastroenterology (PCSG)
psc-support
Royal Bolton Hospitals NHS Foundation Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Pathologists
Royal College of Physicians London
Royal College of Radiologists
Royal College of Surgeons of England
Royal Society of Medicine
Sandwell PCT
Sanofi-Aventis
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence (SCIE)
Social Exclusion Task Force
Society for Acute Medicine
South Tees Hospitals NHS Trust
Stroke Association, The
Syner-Med Pharmaceutical Products Ltd
UCLH NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust

Welsh Scientific Advisory Committee (WSAC)
Western Health and Social Care Trust
Wirral University Teaching Hospital NHS Foundation Trust
York NHS Foundation Trust