Public Health Guidelines

Antimicrobial resistance: changing risk-related behaviours - Consultation on Draft Scope
Stakeholder Comments Table

7th August and 5th September 2014

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ALERE LIMITED	General		Alere Limited ('we') thank the Guideline Development Group for the opportunity to comment on this draft scope. We agree that education of patients and healthcare professionals is a key part of reducing inappropriate antibiotic prescribing in the UK and part of the UK's AMR strategy. Use of point of care diagnostics in primary care, has been demonstrated in many EU countries to improve awareness and education of the need for antibiotics amongst patients and healthcare professionals. Specifically, the C-reactive protein point of care test (CRP POCT) is an aid to help primary care practitioners better identify which patients require antibiotics, and to differentiate from those who do not. In addition it is an important tool to enable objective communication and education regarding the need for antibiotics. Thus CRP POCT has the potential to optimise prescribing practice, promoting rational prescribing of antibiotics in accordance with the Department of Health's Antimicrobial Resistance Strategy. C-reactive protein point of care testing (POCT) is already used routinely in primary care in a number of other countries (including Denmark, Norway, Sweden, Germany, The Netherlands, Switzerland and Finland) where it has helped reduce the rates of antibiotic prescribing by as much as 15-20% (Little P et al. 2013; Hopstaken RM et al. 2003; Cals JWL et al. 2010; Jakobsen KA. 2010; Diederichsen HZ et al. 2000; Bjerrum L et al. 2005; Bjerrum L et al., 2011). CRP testing has recently been included in the recommendations in the draft NICE guideline on pneumonia diagnosis and management (NICE, 2014). Therefore we believe that use of rapid diagnostics, notably CRP POCT, should be included in this evaluation.	Thank you for this information. Please note that there is a separate guideline on Antimicrobial stewardship. This NICE medicines practice guideline will be providing guidance on decisions concerning antibiotic prescribing in a consultation. It will therefore not be included in this public health guideline.

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ALERE LIMITED	3c	4	We feel that it is important to highlight how diagnostics can enable effective use of antibiotics and we therefore suggest that you amend the top bullet to read 'Correct and timely diagnosis including using the latest diagnostics with validated point of care tests in primary care'. This is in line with the current NICE Pneumonia draft guideline.	Thank you. Please see above response.
ALERE LIMITED	4.1.1	6	It is estimated that 80% of antibiotic prescribing occurs in primary care and that over 50% are respiratory tract infections (RTIs) (RCGP, PHE & ASPIC). Physicians prescribe antibiotics for many patients with acute uncomplicated RTIs, which are among the most common acute presentations in primary care (Akkerman EA et al, 2004; Petersen I et al, 2007; Kroening-Roche J et al, 2012). International comparisons confirm that antibiotic resistance rates are strongly related to antibiotic use in primary care (Goossens A et al, 2005). Therefore we feel that it is important that the guideline does not focus on specific patient groups at the expense of the wider population.	Thank you for your comment. As stated in section 4.1.1, we have clarified that the groups covered are 'People of all ages, including children and young people, living at home, in the community or who are in hospital'. We have added reference to people who are the largest consumers of antibiotics and those who misuse antibiotics.
ALERE LIMITED	4.2.1a	6	Interventions to reduce misuse of antibiotics should include an evaluation of how point of care testing in primary care, notably CRP POCT testing, can act as a catalyst for behaviour change amongst patients.	Thank you for your comment. The guideline that is the focus of this consultation (antimicrobial resistance guideline) includes interventions that focus

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				on public education. If we identify evidence that includes information to patients on point of care testing in relation to antimicrobial use, then this may be included. The principles of point of care testing in relation to prescribers' decision making will be included in the Antimicrobial stewardship guideline.
ALERE LIMITED	4.2.1b	7	Interventions to educate people about the type of healthcare they should ask for, to prevent or treat infectious diseases, should include an evaluation of CRP POCT in primary care.	Thank you for your comment. The practice of point of care testing influencing prescribing decisions will be covered by a separate guideline on Antimicrobial stewardship, a NICE medicines practice guideline. The guideline that is the focus of this consultation

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				(antimicrobial resistance guideline) will include interventions for the 'general public about the type of healthcare they should ask for to prevent or treat infectious diseases'. If this includes information to patients on point of care testing then this may be included.
ALERE LIMITED	4.2.1d	7	Interventions that may be delivered at the population, community, organisational or individual level in any setting should include an evaluation CRP POCT in primary care.	Please see response above.
ALERE LIMITED	5	10	We would suggest adding the forthcoming guideline on Pneumonia diagnosis and management to the list of relevant guidance under development.	Thank you. We have added the Pneumonia NICE guideline to the final scope.
ARHAI	Question1		An additional expected outcome should be understanding of why it is important only to use antibiotics responsibly. This leads to another expected outcome which is positive public engagement. The aim must be to get public support (based on understanding) for reducing antibiotic use so that people "feel good" about using antibiotics only when they really need them - in the same way as people feel good about doing recycling.	Thank you for your comment. We have added 'knowledge and awareness of when, why and how antimicrobials should be used' and 'knowledge and awareness of

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				antimicrobial resistance' to the expected outcomes of key question 1.
ARHAI	General		Unclear in this document how the emphasis is divided between "people", "public" and "professionals" and their risk-related behaviours - though partially addressed by statement that this Guideline will complement the guidelines on Antimicrobial Stewardship Inappropriate prescribing is a "risk related behaviour" but the implication is that this guideline is mainly focused on the public's antibiotic use, and infection control by everyone. Clarify that some behaviour change initiatives aimed only at professionals such as training, benchmarking prescribing etc. will not be addressed.	Thank you for your comments. We have provided additional details in the scope to make it clear that the guideline will be looking at evidence of effectiveness and cost-effectiveness of interventions that target the general public and patients, not healthcare professionals. As healthcare professionals will be one of the main deliverers of such interventions, evidence concerning the training they may require in order to communicate effectively with patients will also be covered. Training concerning

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				decisions whether or not to prescribe antimicrobials are not covered as this is being addressed in the Antimicrobial stewardship guideline.
Independent Healthcare Advisory Services (IHAS) a division of Association of Independent Healthcare Organisations (AIHO)	Section 2 – Background	1	Change infection control to be infection prevention and control	Thank you. This change has been made.
Independent Healthcare Advisory Services (IHAS) a division of Association of Independent Healthcare Organisations (AIHO)	Section 4 – 4.1.1	6	Define those who live in crowded conditions as this will mean something different to different groups of people	Thank you for your comment. We have added a hyperlink reference to Shelter's definition of crowded conditions.
Independent Healthcare Advisory Services (IHAS) a division of Association of Independent Healthcare Organisations (AIHO)	Section 4 – 4.2.1	7	There needs to be an addition. Interventions about correct appropriate use of antimicrobials in healthcare. There needs to be much more focus on healthcare workers understanding "Start Smart Then Focus" and compliance with the NICE SSI guidelines	Thank you for your comment. This will be covered by a separate guideline on Antimicrobial stewardship, NICE medicines practice guideline
Independent Healthcare Advisory	Section 4 –	8	d) This is absolutely essential. The BIGGEST issue with antimicrobials is the	Thank you. Prescribing

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Services (IHAS) a division of Association of Independent Healthcare Organisations (AIHO)	4.2.2		prescribing of them. So if you get this right then the rest is much easier to tackle.	will be covered by a separate guideline on Antimicrobial stewardship, NICE medicines practice guideline
Independent Healthcare Advisory Services (IHAS) a division of Association of Independent Healthcare Organisations (AIHO)	Section 4 – 4.3 Question 2	9	Education interventions: 1. Demonstrating the quality of hand washing: Use glo-lite on hands and ask the individual to wash hands with soap and water. Then use a UV torch to demonstrate the quality of individual's hand washing. 2. Transmission of infection: Apply glo-lite on an individual's hand. Then ask him/her to shake hands with others in the group. Then shine the glo-torch on the hands which were shaken to show how easy it is to transmit infections. 3. Key areas in toilets for transmission of infection: Highlight why toilet flush, taps and door handles are dirty and how to avoid picking up germs from these areas	Thank you for this information. This level of detail would not be provided in the scope for the guideline: Evidence that falls within the scope will be considered by the Public Health Advisory Committee (PHAC) as they develop the guidance. If good quality evidence is identified on the interventions you list here which falls within the scope, then it will be taken into account as the recommendations are developed.
Blackpool Council	1	6	To educate and support the providers of Community Care i.e Care Homes, Domiciliary Services to understand the implications of AMR to enable them to act as advocates' for the clients they care for.	We recognise that community and social care settings are key in

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				tackling antimicrobial resistance. Staff working in those settings would be included in the scope for this guideline as one of the key audiences. You may also be interested in NICE's clinical guideline on Infection: Prevention and control of healthcare-associated infections in primary and community care
British Medical Association	General		The BMA supports the paper in general, although we believe that it is limited in it is scope.	Thank you. This guidance is only one part of a suite of work around infection prevention and control, including antimicrobial resistance, at NICE – which in turn is only a part of a health-service and government wide approach to AMR. Scopes at NICE are limited to reflect the requirements of the

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				referral from the Department of Health, and to ensure that what we aim to include is achievable within the time and resources available for the development of the guideline.
British Medical Association	2 (e)	2	The European Strategic Plan on antibiotic resistance (WHO 2011) is broader in concept and highlights the use of antibiotics within the animal food industry and agriculture. Although the draft scope states that antimicrobial use in animals will not be covered, this is a vital issue which should be discussed in the document.	Thank you for your comment. We recognise that this is an important issue. The Department of Health have asked us to focus on this one aspect of tackling antimicrobial resistance. The referral from the DH is listed on the first page of the scope document, and requires that we focus this guidance on human knowledge, attitudes and behaviours.
British Medical Association	4.3 (question 2)		We would reiterate that the public needs to be better informed about what antibiotics should be used for. Poor cleanliness is a significant factor in spreading infectious agents.	Thank you for your comments. Your first comment is covered by

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				question 1, as highlighted in the expected outcome of changes in “knowledge and awareness of when, why and how antimicrobials should be used”. We recognise that poor cleanliness can spread infectious agents, however we need to ensure that we can adequately cover the evidence in the time and resources we have available for this guideline. We have noted that this is a relevant area and may be the subject of future NICE work. In relation to infection prevention and control we aim to cover hand washing behaviour, food hygiene, and behaviour to reduce the spread of airborne diseases.

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Cubist Pharmaceuticals	General	N/A	Cubist supports the NICE's proposed scope for its public health guideline on 'Antimicrobial resistance: changing risk-related behaviours'. As a company, Cubist is acutely aware of the danger of antibiotic resistance and the threat this issue poses to the global population. As one of the few major pharmaceutical companies still actively researching and developing new antibiotics (75% of our employee base is focused on research, development, commercialisation), we are ready and eager to assist Government's, regulators and non-governmental organisations in so far as we are able.	Thank you for this background information.
Cubist Pharmaceuticals	General	N/A	NICE's proposed public health guideline on 'Antimicrobial resistance: changing risk-related behaviours' is markedly similar to NICE's other public health guideline in development – 'Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use'. NICE suggests that both public health guidelines will cover antimicrobial resistance, however, the scope of the latter 'antimicrobial stewardship' guideline does include: 'reducing the use of antimicrobials without increasing harm through changing behaviour of health and social care practitioners and their patients or their carers.' https://www.nice.org.uk/Guidance/InDevelopment/GID-ANTIMICROBIALSTEWARDSHIP Cubist would suggest that NICE further clarify the difference between the two guidelines to minimise the risk of confusion and to ensure that the messaging contained within penetrates the relevant intended audiences.	Please note that the guideline on antimicrobial stewardship is not a public health guideline, it is a Medicines Practice guideline. We (Centre for Public Health) cannot make changes to another centre's scope; and the Medicine and Prescribing centre scope has now been finalised. CPH is working closely with the Medicine and Prescribing centre to ensure minimal overlap between the two

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				guidelines. Scope set out what will and will not be covered in a guideline but do not discuss differences in scope between different guidelines.
Cubist Pharmaceuticals	General	N/A	As resistance varies considerably according to geographical location, Cubist supports the roll out of local educational initiatives in addition to those implemented at a national level.	Thank you for this information.
Cubist Pharmaceuticals	Section 4.2.1		A recent Longitudinal Prize survey of over 1000 GPs, 90% reported feeling pressured to prescribe antibiotics to patients. 70% of GPs admitted to prescribing an antibiotic when they were unsure whether the infection was bacterial or viral. 49% prescribed antibiotics once a week or more without knowing whether they were medically necessarily and most alarmingly of all, 44% of GPs admitted to having prescribing an antibiotic to get the patient to leave the surgery. http://www.longitudeprize.org/blog-post/balance-gps-patient-care-and-antibiotics These statistics suggests that national campaigns to raise public awareness of antimicrobial resistance and the appropriateness of antibiotic prescribing are badly needed. Whilst we do not support in any way the prescribing of antibiotics 'on demand', the commissioning of national (and local) public awareness campaigns should	Thank you for this information.

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			help to alleviate pressure on GPs to prescribe inappropriately.	
Cubist Pharmaceuticals	Section 4.2.1 a)		Interventions to educate people 'how to use antibiotics' should emphasise the need to take antibiotics as directed by a health care provider. Cubist would agree that the dangers of 'overuse' and 'misuse' (such as the sharing of prescribed antibiotics or taking antibiotics for a viral infection) should also be covered.	Thank you for your comment.
Cubist Pharmaceuticals	Section 4.2.1 d)		As resistance varies considerably according to geographical location, Cubist supports the roll out of local educational initiatives that are supported and informed by national campaigns.	Thank you for your comment.
Cubist Pharmaceuticals	Section 4.2.2		Cubist acknowledges the fact that the proposed public health guideline on changing risk-related behaviours does not include within its scope 'educating prescribers about the diagnosis of infectious diseases and prescribing practice' and that this is likely to be covered in NICE's other public health guideline in development on antimicrobial stewardship. However the aforementioned Longitudinal Survey (2014) suggests that educational initiatives specifically aimed at GPs are badly needed. Such interventions are essential if wider public awareness campaigns (such as the ones to be covered by this guideline) are to be successful. Programmes should focus on the appropriateness of various antibiotics and the circumstances in which they should (and should not) be prescribed. The Royal College of GP's TARGET toolkit is one such example of an intervention that would benefit from further investment and dissemination amongst primary care practitioners.	Tackling antimicrobial resistance requires action in clinical, community and public health settings. The current guideline on changing risk-related behaviours is being developed by the Centre for Public Health at NICE, and focuses on shifting general population knowledge, attitudes and behaviours. The other guideline to

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			Where possible, such interventions should be linked with local CCG antibiotic prescribing guidelines and prescribing incentive schemes to increase adherence and encourage good practice within primary care.	which you refer is being developed by the Centre for Clinical Practice, and focuses on prescriber behaviour. Education of healthcare providers on diagnosis and prescribing practice will be covered by the guideline on Antimicrobial stewardship.
Cubist Pharmaceuticals	General		Cubist recognises that the scope for this guideline does not include new drug development. Neither is this aspect of the resistance debate reflected in the scope of NICE's other public health guideline in development on antimicrobial stewardship. Whilst we acknowledge and understand its absence from this guideline, we feel it is essential to note that existing stewardship efforts (particularly within the acute sector) often overemphasise cost instead of patient outcomes, thus favouring generics and limiting the uptake of new antibiotics – acting as a real disincentive for companies to invest in novel antibiotics – the development of which is just as important as effective stewardship and educational campaigns in halting the spread of antimicrobial resistance.	Thank you for your comment. The scope of the Antimicrobial stewardship guideline has been extended to consider the local adoption and use of new antimicrobials. However, it is outside of NICE's remit to advise on drug development.
Cumbria Local Dental Committee	General		Dentists are responsible for 10% of prescriptions for antibiotics in primary care across England. Patients with toothache often expect a prescription for antibiotics which in fact are rarely indicated.	Thank you for this information.

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Cumbria Local Dental Committee	4.2.1 b)		Could include an additional bullet point 'antibiotics are seldom the most appropriate treatment for toothache'	Thank you for your suggestion. We have noted that this is the type of information that would be included, but it has not been added to the scope as the list of potential content of an intervention is not meant to be exhausted.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you.
Great Western Hospitals NHS Foundation Trust	2b	1	What is resistance? The wording says 'are able to withstand attack by antimicrobials' I feel that the term resistance needs to be explained so that anybody in the general public with no prior knowledge of resistance can actually understand what this term means.	Thank you for your suggestion. We agree that it is important that this term is widely understood. Further definition is provided above and below the sentence you quote. All NICE documents go through an editing process to ensure they are as accessible as possible to a wide audience. Furthermore, where the accessibility of

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				information and education-based interventions is reported in the evidence, it will be considered by the Public Health Advisory Committee as they develop the guidance.
Great Western Hospitals NHS Foundation Trust	3a	3	For everyday routine operations, antibiotics are given. Without them, these operations become more high risk. This needs to be highlighted to the public and everybody else too. It is not just the very young or old or those with chronic disease. It is everybody.	Thank you for your comment. The scope provides only a broad overview of the need for the guideline.
Great Western Hospitals NHS Foundation Trust	3c	4	I feel that everybody should know why we should not share antibiotics and why we should finish a course.	Thank you for your comment.
Great Western Hospitals NHS Foundation Trust	General		As the report is for the public as well as healthcare professionals and will also be read by students, others who are not aware of the facts; it is important to show the basic facts. Without these, it is difficult to comprehend the rest.	Thank you for your comment. The document that went out for consultation with stakeholders and on which you have provided comments is the scope, and is aimed at stakeholder organisations for the guideline. The purpose

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				of the scope is to primarily provide details as to what will and will not be covered in the guideline and provide a broad background to pertinent issues. As the guideline is developed, NICE's editors will ensure that it is written in a way that is clear and accessible to a wide range of readers, in a way that will address the issues you raise. For people requiring further information than is set out in the scope, references are provided.
HCAI Service User Research Forum	general		We welcome the scope of the guidance and the questions to be answered.	Thank you.
HCAI Service User Research Forum	general		However it is vital that the guidance will be mindful of the need to consider people with long term conditions and disabilities which may make them prone to specific or general infections, and the need for individualised care plans with regards to prevention and treatment of infections sometimes including	Thank you for your comment. Section 4.1.1 highlights the need to "focus on people whose

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			prescribing of antibiotics to self treat or taken long term to prevent infections from occurring when other measures have failed.	social and economic circumstances or health puts them at greater risk of acquiring or transmitting infectious diseases and antimicrobial resistant strains", examples are provided and not meant as an exhaustive list. Care plans are out of scope for this guideline.
HCAI Service User Research Forum	general		For some people prone to regular urinary tract infections, or bacterial chest infections they have been taught to recognise changes and symptoms that point to infection and prescribed antibiotics to take when an infection occurs often preventing hospital admissions, and improving the patients quality of life by reducing morbidity. Prompt treatment often prevents the infection taking hold and to shorter courses of antibiotics. Issuing guidance that would discourage this would not help the fight against antibiotic resistance.	Thank you for this information. We have noted the importance of ensuring people do not change their antimicrobial use in a way that may cause harm – this has been included in the 'potential considerations' section. Please note that this guideline will not be providing advice on specific medicines and their uses.

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HCAI Service User Research Forum	general		In the real world patients, many of whom have mobility or other impairments cannot get urgent GP appointments, and others lack transport especially in rural areas. It is vital that great thought is given to equality issues as people who do not have recurrent or regular infections treated quickly and effectively will not be able to actively partake in public life. NICE has a duty to promote equality of opportunity.	Thank you for your comment. We undertake equity audit throughout the guideline process and look at the differential impact of all recommendations. Appendix B, potential considerations highlights this. Where evidence is available, the committee will consider the impact and effectiveness of interventions in relation to a range of different populations. The guideline process will ensure that no vulnerable group is discriminated against.
HCAI Service User Research Forum	general		Clarification is required as to how evidence/ data will be collected enabling the outcomes of the guidance to be evaluated.	Thank you for your comment. We do not provide this level of detail in Scope documents. This is detailed in the review protocol agreed between

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				the NICE team and the team that is commissioned to do the review(s). This information is provided when the evidence reviews are published alongside the draft guideline for stakeholder consultation.
HCAI Service User Research Forum	3 c	Page 4	The term not self medicating, needs defining. The general public cannot buy antibiotics over the counter in the UK to "self medicate" unlike some other countries. All antibiotics have to be obtained with a prescription and most adults in the community take their own medication. In the past decade there has been a big push for self-care of long term conditions, with patients given the necessary skills to recognise and act on changes. For some people prone to regular urinary tract infections, or bacterial chest infections they have been taught to recognise changes and symptoms that point to infection and prescribed antibiotics to take when an infection occurs often preventing hospital admissions,and improving the patients quality of life by reducing morbidity. Prompt treatment prevents the infection taking hold and to shorter courses of antibiotics.	Thank you for your comments. This guideline covers all antimicrobial use and as such self-medication is possible for certain classes of antimicrobial, for example some antifungals. Changes have been made to the scope: we have defined self-medicating: 'taking an antimicrobial without prescription or advice from a healthcare professional'. While the public cannot buy

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				antibiotics over the counter in the UK they may be buying them on the internet, so we have also included 'buying antimicrobials on the Internet or using counterfeit antimicrobials'. We have also noted in Appendix B on potential considerations that the Public Health Advisory Committee (PHAC) will consider 'Any adverse or unintended effects. In particular, a reduction in the prescribing or use of antimicrobials when they are really needed.'
HCAI Service User Research Forum	4.2.1 a)	page 6	As above re 'self-medicating'	Thank you. We have defined self-medicating as 'taking an antimicrobial without prescription or advice from a healthcare professional'.

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Health and Social Care Board, Northern Ireland	**4.2.2 "Activities and measures that will not be covered- Educating prescribers about the diagnosis of infectious diseases and prescribing practice."**	8	Diagnosis is probably not an issue however prescribing practice is a key driver in future antibiotic seeking behaviour and educating prescribers on it should be considered for inclusion. Educating on diagnosis is not an issue as prescribers continue to prescribe even when they know the antibiotic will not work, so the diagnosis is correct but the prescription is wrong (as widely reported in mainstream news recently http://www.theguardian.com/society/2014/aug/19/antibiotics-wrongly-prescribed-by-many-gps-survey-finds) Previous prescribing practice has been shown to be one of the key drivers in a patient's perception of whether they need an antibiotic or not, it is therefore intrinsically linked to public attitude to antibiotics. Whilst only 16% of the public believe antibiotics work for coughs and colds GPs continue to prescribe, showing an incorrect assumption that the patient actually wants an antibiotic and delivering a message at odds with what the patient believes.	Thank you for your comments. Please note that a separate guideline on Antimicrobial stewardship, will be addressing decisions concerning antibiotic prescribing. It will therefore not be included in this public health guideline.
Health and Social Care Board, Northern Ireland	**4.1.1**	6	**Groups to be covered** The groups suggested are likely to be taking antibiotics for a valid reason, although may not be taking them correctly. Consider larger groups who request or take antibiotics that are not needed as well, and require a shift of attitude towards antibiotics. Maybe elderly, parents of young children, new entrants from countries where antibiotics are overused	Thank you. We have added to the final scope that 'There will be a particular focus on people who regularly take a lot of antibiotics, such as young children and older people and

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			or available over the counter.	people who misuse antibiotics.'
Health and Social Care Board, Northern Ireland	**4.2.1 (a)**	6	Under self-medication also cover purchasing on-line? This is likely to grow as delivery times fall and perceived waiting time for a GP grow, meaning many people will consider ordering antibiotics online as a quicker option than seeing a GP. Links with counterfeit medicines as well.	Thank you for your suggestion. We have added to the final scope 'buying antimicrobials on the Internet or using counterfeit antimicrobials.'
Infection Prevention Society	2f)	2 & 3	The guidance is aimed at many different groups of people (commissioners, managers, public health professionals, voluntary sector workers, patients and members of the public). Are there going to be multiple versions of the guidance that are able to cater to all audiences?	Thank you for your question. One guideline will be developed which provides details of who specific recommendations are for (not all recommendations will necessarily be relevant to all audiences). The guideline is edited to ensure it is as accessible to a wide audience; and stakeholder consultation ensures that where something is not understood as intended, that this can be rectified.

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				We also usually provide a local government briefing on published guidelines (at a later date).
Infection Prevention Society	2a) to g)	3 to 5	Suggested new order for improved flow points - a), b), g), d), c), e), f)	Thank you for your suggestion but we feel the current order is logical.
Infection Prevention Society	3a)	3	It could be more explicitly stated in this section that this means AMR will have a particularly large impact on vulnerable populations and will exacerbate health inequalities.	Thank you for your comment. We do state that 'People from lower socioeconomic groups experience higher rates of infectious disease and poorer outcomes.' Appendix B, potential considerations also highlights the need to consider the diversity of the population and the need to consider 'whether interventions lead to a widening in health inequalities and any trade-offs between

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				equity and efficiency'. We also undertake equity audit throughout the guideline process and look at the differential impact of all recommendations.
Infection Prevention Society	4.1.1	6	Should state somewhere that, while we need to ensure the judicious use of antibiotics, the timely administration of the correct antibiotics in those who are immunosuppressed is extremely important.	Thank you for this information. The scope is intended to provide a broad overview of relevant issues. We have noted the importance of ensuring any changes in antimicrobial use do not cause harm – this has been included in the 'potential considerations' section.
Infection Prevention Society	4.2.1		'Suitable **alternatives** to antimicrobials' – do we mean other methods of symptom control for non-bacterial infections e.g. Lemsip for colds	Thank you. Yes, this is an example. We have added to the scope 'For example, using over-the-counter medicines for the symptoms of a cold'.

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Infection Prevention Society	4.2.1	6-7	Activities and measures that will be covered – there needs to be a tougher approach to this. The general public are not necessarily reading leaflets, GP's and primary care need to be much more proactive in this education process, it requires more than "just telling". This is something that could be introduced in schools and colleges, educate people from a young age on the use of antimicrobials, hand hygiene etc.	Thank you for your comment. The purpose of the scope is to primarily provide details as to what will and will not be covered in the guideline and provide a broad background to pertinent issues. Evidence concerning effectiveness of educational interventions to change knowledge and behaviour in relation to antimicrobial use and infection prevention will be covered as part of the guideline development process.
Infection Prevention Society	4.2.2	7	Activities and measures that will not be covered – without policies there is threat that this campaign could become diluted. We need hard data, can only be obtained through surveillance, otherwise we are relying on soft intelligence, which will not have the same impact on changing behaviours as hard data. Education is key to changing behaviours and practice, this must be part of the strategy.	Thank you for your comment. The Department of Health referral for this work asks us to consider the effectiveness of educational interventions to change knowledge

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				and behaviour in relation to antimicrobial use and infection prevention in the public. NICE does not produce the national antimicrobial strategy.
Infection Prevention Society	4.2.2 d)	8	It states that educating prescribers about the diagnosis of infectious diseases and prescribing practice will not be covered by this guideline and yet in 4.2.1 c) and d) it wants to focus on interventions which educate health and social care professionals about practices that can reduce the spread of AMR and "prescribers and dispensers telling individuals how important it is to use antimicrobials properly and the dangers of over-use". I would think that this would first mean focusing on prescribing practice to ensure that the patient needs the antibiotic (unless this is being covered elsewhere in another guidance document). Indeed the referral from the DoH (Appendix A, page 11) states that the guidance includes healthcare professionals and is about the importance of the appropriate use of antimicrobials – I'm not sure how you do this without covering prescribing practice.	Thank you for your comment. We agree with your logic. There will be separate guideline on Antimicrobial stewardship which will be providing guidance on decisions concerning antibiotic prescribing. This will be published prior to the public health guideline on antimicrobial resistance. Prescribing practice will therefore not be included in this public health guideline. The two guidelines will complement one another.

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Infection Prevention Society	4.3		One of the measurable outcomes could be 'GP attendances relating to cold, coughs and sore throats'.	Thank you for your suggestion. This may be a proxy measure for a reduction in antibiotic requests for colds and coughs. The outcomes list is not exhaustive, if studies in the evidence review report this as an outcome, it will be reported in the review.
Infection Prevention Society	4.3		Question 1: interactive booklet	Thank you for this information, however we do not list potential interventions in this section.
Infection Prevention Society	4.3		Question 2: UV light box demonstrations with general public and schools Real life stories associated with AMR	Thank you for this information, however we do not list potential interventions in this section.
Infection Prevention Society	4.3 (question 1&2)	8/9	Before exploring interventions aimed at behaviour change it would seem appropriate to firstly explore people's behaviour i.e. why do the public ask for antimicrobials, why do they not use them correctly? Many papers focus on this very issue e.g. Charani et al (2011) Behavior Change Strategies to Influence Antimicrobial Prescribing in Acute Care: A Systematic Review, Clinical Infectious Diseases 2011;53(7):651–662	Thank you for this information. A qualitative review will be undertaken for this guideline which should cover this.

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London School of Hygiene and Tropical Medicine	4.2.1. e	7	I do not think that QALYs will be appropriate for three reasons. First, the core aims of the intervention is not to affect health, but to achieve process measures – the following section (4.3) outlines key outcomes which are process. This is the focus of the interventions and so any CEA should have this as the outcome. This is linked to my next point, as: second, the QALY impact will be intensely marginal at best as the current burden of resistance is actually relatively low, the differential impact of not taking the drug will be very low as it will apply in community settings only (there is not patient choice in hospital) and if it is about taking a drug with no effect then not taking it will not increase QALYs or indeed decrease them (since the drug has no effect in the first place) and hence there should be no impact on QALYs **for that person**, but there should be impact on future resistance rates – a point I make later. Some evidence on the very marginal nature can be found in various papers by Oppong et al (European Journal of Health Economics, 2011 (2 papers); Applied Research in Quality of Life, 2011; British Journal of General Practice, 2013). Third, the impact on health is not on the current health of the patient, but on reduction in future resistance and thus future health. If anything one may find that these interventions reduces current health as some people who may have benefitted will not take the drugs, but that is fine if it reduces growth of resistance and much worse health loss in the future. But then the issue is whether you will be able to assess this future loss averted (tricky to say the least) and do you want to discount it (no I would argue).	Thank you for your comments. We shall consider using the cost-effectiveness analysis you suggest with the outcomes being those outlined in section 4.3 of the draft scope
London School of Hygiene and Tropical Medicine	4.2.1. e		A separate point is the scope of the exercise being narrow on the specific issue and taking a health care perspective. In this respect I would encourage you to see the wider picture, as outlined in: Smith RD, Coast J. Antimicrobial resistance: the true cost. British Medical Journal, 2013; 346: 20-22 (BMJ 2013;346:f1493).	Thank you for your suggestions. We will continue to use a healthcare perspective but will also attempt to

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			Further, a societal perspective as you say is tricky, but one method which could be used is macro-economic modelling. This has be applied to AMR before (see refs below) but not in recent years, although there have been several applications relating to other infectious and chronic diease (published in Lancet, BMJ, Health Economics, European Journal of Health Economics, Soc Sci Med etc) and it is a method recognised and advocated by WHO as a method for economic analysis. 1. Smith RD, Yago M, Millar M, Coast J. Assessing the macroeconomic impact of a healthcare problem: the application of computable general equilibrium analysis to antimicrobial resistance. Journal of Health Economics, 2005; 24: 1055-1075. 2. Smith RD, Yago M, Millar M, Coast J. A macro-economic approach to evaluating policies to contain antimicrobial resistance: a case study of methicillin-resistant staphylococcus aureus (MRSA). Applied Health Economics and Health Policy, 2006; 5: 55-65.	use a societal perspective as you suggest.
NHS England	4.3 Q1	8	• While educating the public about correct use of antimicrobials we should also raise the profile of alternative remedies and also accurate information re the normal course of coughs and colds, how long they usually last etc. Encourage self- management and realistic expectations.	Thank you. This would be included. Alternatives to antimicrobials have been highlighted in the 'areas covered' in section 4.2.1a) and we have added an example of 'using over- the-counter medicines for the symptoms of a cold' for clarification. We have

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				also added to key question outcomes 'knowledge and awareness of when, **why and how** antimicrobials should be used' which would cover the issues you raise.
NHS England	4.2 e)	7	• Maybe it would be useful to review prescribing trends over time as part of your economic evaluation? •	Thank you for your suggestion. We shall consider this when we undertake the economic evaluation.
NHS England	4.1.1	6	Although it is entirely appropriate for PH work to focus on groups that are at higher risk, messaging to the public should be inclusive to avoid the perception of only applying to "them and not me".	Thank you. It is stated in 4.1.1 that the guideline will cover interventions for 'People of all ages, including children and young people, living at home, in the community or who are in hospital' No members of the public have been excluded.
NHS West Kent Clinical Commissioning Group	2f		It is good to see members of the public (prone to infection) invited to make comments. However, which groups are included in "other members of the public"? I would like to see well members of the public included in addition.	Thank you for your comment. This refers to which groups of people

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				may find the guideline of interest, as worded it includes all members of the public and therefore those who are 'well'.
NHS West Kent Clinical Commissioning Group	3b		Days lost at work mainly cover coughs/colds/flu for which antibiotics are not recommended. I read a paper published in J of antimicrobial chemotherapy which concluded that the prescribing rate for coughs/colds in 1995 was more than a third lower than that for 2011 and that a quarter of practices in 2011 prescribed antibiotics to 41% or fewer coughs/colds, also suggest that substantially lower rates of prescribing could be achieved. Perhaps this point should be highlighted here?	Thank you for this information. The scope provides only a broad overview on the need for the guideline.
NHS West Kent Clinical Commissioning Group	3c		Not ordering over internet	Thank you. We have added 'buying antimicrobials on the Internet' to section 4.2.1 on areas covered.
NHS West Kent Clinical Commissioning Group	3d		The importance of HCP not giving in to patient "demand" cannot be underestimated	Thank you for your comment.
NHS West Kent Clinical Commissioning Group	3f		Handwashing starts at home as a child. Good habits die hard.	Thank you for your comment.
NHS West Kent Clinical Commissioning Group	4.1.1		Need to include the ethnic minorities who may have different health seeking behaviours	Thank you for your comment. Appendix B, potential considerations highlights the need to

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				consider whether effectiveness and cost effectiveness varies according to diversity of the population, including ethnicity. We also undertake equity audit throughout the guideline development process and look at the differential impact of all recommendations.
NHS West Kent Clinical Commissioning Group	4.2.1.d		Need to target specific wards of local council e g. those who have highest rates of pre 72 hour / GP CDI, GPs who prescribe highest rates of antibiotics/high risk antibiotics. Map with ethnic minorities in those wards who may have different health behaviours. Target schools	Thank you for your comment. We do not provide this type of information in the scope. The purpose of the scope is to primarily provide details as to what will and will not be covered in the guideline.
NHS West Kent Clinical Commissioning Group	Appendix B		Need to link up all prescribers with local Trust, Community Pharmacists, Community Health Services, local hospice, OOH, local schools, local play schools etc in this campaign. To include Non Medical Prescribers (NMP), community health teams eg respiratory, Incontinence teams (cather related infectiosn) is a whole system package of people, DIPCI etc	Thank you for your comment. We do not provide this type of information in the scope. The purpose of the

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				scope is to primarily provide details as to what will and will not be covered in the guideline.
Public Health England	General		In general, Public Health England (PHE) agree that there is a need for guidance related to behaviour change and AMR. However, we feel that the scope of this guidance should be further refined to make the audience much clearer and which specific behaviours and behavioural outcomes it aims to address. In particular, the scope seems to emphasise interventions which are focussed on public behaviours, with only occasional mention of prescribing practice. Although we agree with the basic principles set out in this guidance in relation to antibiotic prescribing and infection prevention and control, we note that these are not new messages and have been stressed on many occasions over the last 20 years without tangible impact on behaviour. For example, during this period, trends in community antibiotic prescription has dipped and then risen, including prescribing for coughs and colds. Therefore, we would welcome consideration of why previous guidance has been unsuccessful in changing behaviours and suggest this would be beneficial to explore further.	Thank you for your comments. Changes have been made to clarify which groups are the targets of interventions in the guideline, i.e. the general public and patients. Prescribing practice is not included as this will be covered by the separate guideline on Antimicrobial stewardship As part of the evidence review process the review team will look at evaluations of interventions for evidence of effectiveness. Qualitative studies will also be

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				included, which may provide relevant information.
Public Health England	General		We suggest it should be acknowledged that seeking antibiotics is anticipated behaviour by members of public (including many healthcare professionals), to expedite their own or family member's recovery (especially where children are unwell). If taking antibiotics is perceived to be the quickest route to achieve recovery, it is highly this will be demonstrated in their behaviour. We feel that interventions should focus in parallel (and with equal emphasis) on education and behaviour change for both the public and healthcare professionals, particularly to reduce complacency in the latter and better equip them with strategies to work with patients to negotiate appropriate prescribing.	Thank you for your comment. We agree that a focus on education and behaviour change in the public and healthcare professionals is important, however NICE has received separate referrals from the Department of Health for different types of guidelines, and at present one guideline is being developed by the Medicine and Prescribing centre which focuses on prescribing practice (Antimicrobial stewardship) and another guideline is being developed by the Centre for Public Health (CPH) which covers interventions aimed at

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				the public/patients. The two guidelines will complement one another and CPH is working closely with the Medicine and Prescribing centre to ensure minimal overlap between the two guidelines.
Public Health England	General		We note that the title of the document refers to 'changing risk-related behaviours'. However, the scope itself refers to 'educating' people and 'educational' interventions. We know that information and education, whilst a pre-requisite for behaviour change, may well not in themselves change behaviour. We suggest that the scope should re-focus on interventions aimed at behaviour change as well as education.	Thank you for your comment. We agree that changes in knowledge do not necessarily lead to changes in behaviour. The Department of Health referral specifies that we look at educational interventions. Outcome measures may include changes in behaviour, and we have specified some expected behavioural outcomes in section 4.3

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Public Health England	General		NICE may also wish to be aware that the PHE and DH Behavioural Insights Teams have conducted a literature review and behavioural analysis which is highly relevant to this guidance and is intended for publication in the autumn. We would be happy to share these with you once finalised (please contact Anna.Sallis@phe.gov.uk).	Thank you very much for this information.
Public Health England	2a	1	This first paragraph states that the focus of the guidance will be on education in relation to three areas. We feel that this paragraph should state that the focus will be on behaviour change interventions supported by education and that the behaviours should be listed up front in this section. Whilst we agree that, as a prerequisite to behaviour change, people need to know which behaviours to change and the reasons for this, this is not the 'active ingredient' and should not necessarily be the focus. The focus should be on interventions which have effectively changed the behaviours demonstrated to have an impact upon AMR.	Thank you for your suggestion, however this reflects the Department of Health referral which specifies that we look at educational interventions. Outcome measures may include changes in behaviour, and we have specified some expected behavioural outcomes in section 4.3
Public Health England	3c	4	It is unclear whether the five bullet points refer to the risk-related behaviours that the guidance will be seeking evidence and interventions to address? With regards to the final sentence: "Preventing infection and minimising the spread of any infections is ~~also~~ vital." We suggest that this should be up front rather than included at the end as an afterthought. This will maintain consistency of message that the most important action/the best strategy is to prevent infection in the first place	Section 3 covers the broad evidence concerning the need for the guideline, while section 4 clarifies what will be covered in the guideline. In relation to 3c) 'correct and timely

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				diagnosis' will not be covered in this guideline as this is not part of the referral for this work (please see responses above).
Public Health England	3d	4	*Klebsiella pneumonia* should be *Klebsiella pneumoniae*	Thank you. This change has been made.
Public Health England	4.1.1	6	We strongly suggest that the 'groups that will be covered' should be reviewed. The current focus on 'risk groups' relates more to groups that will suffer 'greatest harm' from resistance or will benefit most from slowing resistance, rather than those groups that drive resistance by their actions i.e. by overconsumption or over-prescribing of antibiotics; are at greatest risk of misusing antibiotics (public or professional); or have poor infection prevention and control practices (public or professional). Consideration of the evidence relating to which groups display such behaviours will assist the focus of the guidance e.g. parents of young children are more likely to seek antibiotics inappropriately. In addition, the guidance may wish to focus on specific areas/groups to target in relation to antibiotic consumption, for example: 1. According to the ONS (http://www.ons.gov.uk/ons/rel/vsob1/parents--country-of-birth--england-and-wales/2012/sb-parents--country-of-birth--2012.html), approximately 1/3 of children now born in the UK have a parent born outside the UK. We need to consider what influence this has on different cultural norms with regard to	Thank you for your suggestion. We have added 'There will be a particular focus on people who regularly take a lot of antibiotics, such as young children and older people and people who misuse antibiotics' to section 4.1.1. Appendix B 'Potential considerations' highlights the need to consider whether effectiveness and cost effectiveness varies according to diversity of the

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			(inappropriate) antibiotic use and, how interventions might be targeted to address this. 2. We need to consider to what extent increased access and use of the internet is driving demand for antibiotics. For example, self-diagnosis using information from the internet, and treatment advice sourced from the internet. If this is a factor, how could it best be countered? 3. We should also consider to what extent admissions reflect poor prescribing in the community. How do we better distinguish between those who urgently need antibiotics in context from those who are over-treated with unnecessary antibiotics? We also suggest that it would be beneficial to be more specific about who 'everyone' encompasses to clarify that the guidance is also for medical professionals (for example stating secondary care professionals and GPs) in addition to patients and the public as the current emphasis implies that the focus is on public awareness raising.	population. The qualitative evidence review may provide information relevant to point 1. If relevant evidence is identified that covers the issues you raise concerning the use of the internet as a resource for information on self-diagnosis and treatment options in relation to antimicrobial resistance then it will be considered by the Public Health Advisory Committee as they develop the guidance. With regards to point 3, this is beyond the remit of the referral for this guideline. We have clarified what we mean by 'everyone

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				by changing the wording to ' People of all ages, including children and young people, living at home, in the community or who are in hospital'. Please note that we are only including educational interventions that target the general public and patients – not healthcare professionals. Training for healthcare professionals to improve communication with patients would be included.
Public Health England	4.1.2	6	The scope states that no groups are 'not covered'. However, in 4.2.2 d, the scope states that 'prescribing practice' is out of scope? This would suggest that prescribers were outside of the scope of the guidance, we suggest that this should be clarified.	Thank you for your comment. Changes have been made in section 4.2.2 on activities not covered to clarify what we mean by prescribing practice: 'clinical decisions concerning whether to prescribe an antimicrobial'. We have

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				also highlighted that 'Education of healthcare professionals about hygiene practices to prevent the spread of infectious diseases' to ensure it is clear what will not be covered. We are only including educational interventions that target the general public and patients – not healthcare professionals, but healthcare professionals will be delivering some of the interventions and training for healthcare professionals to improve communication with patients would be included.
Public Health England	4.2.1 b	7	'Interventions to educate people…' We suggest that this section should include advice relating to routine uptake of vaccines in the UK not just when abroad in order to continue the message of preventing the infection in the first place	Thank you for your comment. Please note that these are examples only of interventions, not an exhaustive list.

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			This section also refers to interventions to 'educate' not achieve change behaviour; we suggest that this should be amended. For example, knowing how to use antibiotics and the dangers of incorrect use do not necessarily mean somebody will take them as directed. We also suggest that this section should also address the role of reinforcing factors such as doctors continuing to prescribe for colds/flu etc.	Interventions concerning vaccination uptake are not included as these have been addressed in Reducing differences in the uptake of immunisations NICE public health guidance 21 (2009). We agree with your comment that changes in knowledge do not necessarily lead to concomitant changes in behaviour. The focus of the referral is however on educational interventions. The evidence review will look at both changes in knowledge and behaviour as outcomes of such interventions. A qualitative review looking at factors associate with the use

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				and misuse of antimicrobials is being commissioned. If there is evidence concerning the role of reinforcing factors such as doctors continuing to prescribe for colds/flu, etc then this would be included in the review.
Public Health England	4.2.1 c	7	'Interventions to educate...reduce the spread of antimicrobial resistance'. We suggest that this should include reduction of respiratory transmission. We also suggest that this should include a focus on behaviour change (and education if the knowledge is not already present) rather than just interventions to educate.	Thank you for your suggestion to include interventions that reduce respiratory transmission of microbes, this has now been included. Please see responses above concerning adding behaviour change to educational interventions.
Public Health England	4.2.1 d	7	We suggest that the examples of population and individual interventions set out in 4.2.1 d should be strengthened and query whether 'media campaigns' should be classed as an intervention or whether it is awareness-raising?	Thank you for your comment. Awareness raising would be an intervention.
Public Health England	4.2.1 e		We suggest that separate perspectives for local government and the NHS may not be helpful. DsPH are central to a whole health economy approach	Thank you for your suggestion. We will

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			and, additionally, variation in local and regional arrangements mean that key professionals will be located within different structures depending on location. Both would sit together within the 'public sector perspective'.	undertake a public sector perspective, as you suggest. However, in some cases local government and the NHS might each wish to look at it from their own perspective, and the current scope would allow for that.
Public Health England	4.2.1 e	8	We suggest that it would be helpful to define what 'reasonable steps' refers to in relation to the identifying ineffective measures and approaches.	Thank you for your comment. This is standard text in all our scopes and not subject to further information – please see Appendix B for the types of considerations we expect our expert group to take into account.
Public Health England	4.2.2 d	8	We are unclear why 'prescribing practice' has been included in activities that will not be covered. We would consider behaviour change interventions aimed at reducing antimicrobial prescribing in primary and secondary care to be key and note that it is listed as an outcome at 4.3 Q1. We suggest this should be reworded to make it clearer what this exclusion refers to and a clear list included (at the front of the guidance) stating the target behaviours for each population.	Prescribing practice is not included as this is subject to a separate guideline on Antimicrobial stewardship. We have clarified what we mean

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				by 'prescribing practice': by changing the wording to 'clinical decisions concerning whether to prescribe an antimicrobial'. We have specific templates for all our products. This is the scope document, not the guideline (there will be stakeholder consultation on the draft guideline when it is published). If you are suggesting that there should be exclusion criteria at the beginning of the scope document, this would not be in line with the template for the scope.
Public Health England	Section 2 f - General		As the scope states that the guidance is "also aimed at commissioners, managers and professionals with responsibility for prescribing and dispensing antimicrobials" we suggest that NICE may want to consider evidence relating to the impact of sharing information on resistance patterns.	Thank you for your suggestion but sharing information on resistance patterns is beyond the remit of the department

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			Sharing information on resistance patterns is anecdotally helpful, since resistance patterns vary from country to country and hospital to hospital. Physicians and pharmacists benefit from being informed about resistance patterns in their geographic locations at various points in time. Although, this area requires investment of time and resources, we suggest it could have a significant impact on prescribing. We suggest consideration should be given to the benefits of suppression of certain susceptibilities by the microbiologist versus the benefit (in terms of improving understanding, antibiotic prescribing and adherence) of reporting each pathogen with the accompanying antibiogram.	of Health referral for this guideline. The guideline is for commissioners, managers and professionals with responsibility for prescribing and dispensing antimicrobials in relation to public education interventions on 'the importance of the using antimicrobials correctly, the dangers associated with their overuse and misuse, changes in behaviour that can avert the problems associated with the misuse of antimicrobials, such as infection prevention and control measures' – as stated in section 2a). Changes in prescribing are a potential expected outcome of education interventions.

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Public Health England	4.3 - General	8	We suggest that the questions on expected outcomes that provide evidence of effectiveness may need reworking to fully assess and address risk-related behaviours.	Thank you for your comment. We have amended the expected outcomes in line with stakeholder comments.
Public Health England	4.3, Q1	8	We suggest that the word 'educational' is removed so that this refers to 'Which interventions' not 'Which educational interventions'.	Thank you for your comment but the Department of Health referral for this work specifies that we are looking at the effectiveness of educational interventions to change knowledge and behaviour in relation to antimicrobial use and infection prevention in the public.
Public Health England	4.3, Q1	8	We suggest that the focus should be on behavioural outcomes such as 'use' and 'prescribing' not knowledge, awareness, ability and confidence.	Please see response above.
Public Health England	4.3, Q1	8	We query why Q1 is only focused on changing public/patient behaviour. We feel that there should also be a focus on reducing primary care providers issuing prescriptions for self-limiting infections, and that secondary care prescribing should also be considered.	Please see responses above concerning the remit of the referral for this guideline. Prescribing and

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			We also feel that correct and timely diagnosis should be considered along with the other outcomes/behaviours listed by WHO at 3c.	diagnosis will be covered in the Antimicrobial stewardship guideline.
Public Health England	4.3, Q2	9	As before, we suggest that this should be changed to 'interventions' not just educational interventions. We also suggest that this question should make it clear that the target group encompasses the public, patients and healthcare professionals.	Thank you for your comment. We have made changes so that it is clear that the target groups for interventions is the general public and patients only – not healthcare professionals.
Public Health England	Appendix B		We suggest that in addition, the PHAC may wish to consider: • Whether interventions are based on an underlying theory or conceptual model. • Whether it is fully understood which behaviours require an 'intervention'?	Thank you, we specify in Appendix B that the PHAC will consider 'Whether interventions are based on an underlying theory or conceptual model'. The PHAC will consider all of the available evidence that falls within the scope as they develop the guidance, and their discussion and final recommendations will be based on that evidence.

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Royal College of General Practitioners	General	all	This represents a comprehensive approach with no excluded groups. (MM)	Thank you.
Royal College of General Practitioners	General	all	Consideration should be given for inclusion of methods for 1. Quarterly standardised monitoring the individual prescribing patterns of individual GPs and hospital Doctors and feedback by HSCIC. 2. Quarterly standardised of antibiotics in out of hours services and feedback by HSCIC. 2. Use of point of care testing to reduce antibiotic prescribing (MH)	Thank you for your comment. This suggestions fall outside of the remit of the Department of Health referral for this guideline (please see Appendix A). Point of care testing will be looked at in separate guideline on Antimicrobial stewardship, although this will not cover the methods involved, but whether it should or should not be part of prescribing practice, and under what circumstances.
Royal College of Nursing	Section 3; The need for guidance	Page 3	One of our reviewers felt that the draft scope appears to be comprehensive and covers the main groups to be considered for antimicrobial therapy, however, it may benefit from including 'lower-socioeconomic groups' as these may require additional consideration, especially in light of the comments made in section 3	Thank you for your comment. We undertake equity audit throughout the guideline development process

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				and look at the differential impact of all recommendations. Appendix B, potential considerations highlights this. Where evidence is available, the committee will consider the impact and effectiveness of interventions in relation to a range of different populations. The guideline process will ensure that no vulnerable group is discriminated against.
Royal College of Nursing	3f Hand washing	Page 5	Hand hygiene - the proposed draft scope is correct in that hand hygiene is an important public health intervention however it is not the only one and attention on this should not exclude other interventions such as respiratory etiquette.	Thank you. We have added the following to 3f): 'A range of behaviours can help reduce the transmission of infections. These include hand washing, use of tissues when coughing and sneezing, good food hygiene and generally keeping the

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				home clean', details on respiratory etiquette have also been added to 4.2.1c) and as an expected outcome for key question 2 in section 4.3.
Royal College of Nursing	4.1 Focus	Page 6	The RCN does not agree that the suggested people listed are all more at risk of transmitting antibiotic resistant strains of infectious diseases. Whilst some may be, we believe the greatest focus for the scope should be on the largest consumers of antibiotics and interventions to change behaviour affecting these groups. Hand hygiene (as referenced earlier) will not prevent the transmission of TB and TB control is only one example of an infection with resistance. We feel the scope is too narrowly focused with its example.	We agree, as stated the people listed are examples (not an exhaustive list) of those 'whose social and economic circumstances or health puts them at greater risk of acquiring **or** transmitting infectious diseases and antimicrobial resistant strains' (bold and underline added here for clarity). We have added that 'There will be a particular focus on people who regularly take a lot of antibiotics, such as young children and older people and

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				people who misuse antibiotics.'
Royal College of Nursing	4.3 questions & outcomes	Page 8	Question 1 – whilst the role and benefit of education is important to understand to achieve the expected outcomes we are not confident that this will necessarily impact significantly on the expected outcomes. Without evaluation of the guideline once complete we will be unable to identify what impact the guideline has had, therefore creating a further void in the evidence base. We recommend that NICE recommend evaluation take place. Question 2 – the role of the internet has not been included. As this is a significant behaviour driver for contact with healthcare and also provision of information e.g. NHS choices this should be included within the scope.	Thank you for your comment. This guideline is only one of a suite of guidance NICE has produced or is in the process of producing that focuses on aspects of reducing antimicrobial resistance (AMR) and / or infection prevention and control. Furthermore, there are a range of other programmes and activities across the NHS and government that are also aimed at tackling AMR and which may impact on relevant outcome measures. NICE does not at present formally evaluate the impact of its own guidelines, although our

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				implementation team do follow up with organisations and practitioners post-publication, and monitor some impact measures. With regards to the comment on question 2, interventions delivered remotely (i.e. including internet based) will be included in the evidence review for this guideline – this information has been added to 4.2.1 d) on areas covered.
Royal College of Nursing	General	General	The guideline in order to be impactful should focus on the role of local authorities as opposed to the traditional focus on health professionals (HCPs). Whilst HCP are clearly an important group their effectiveness is reliant on support for other organisations such as Las in order to affect change in schools, social care services etc.	Thank you for your comment. As stated in section 2f) the guideline 'is aimed at commissioners, managers and professionals with public health as part of their remit working within the

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				NHS, social services, local authorities and the wider public, private, voluntary and community sectors.'
Royal College of Nursing	General	General	The scope has not considered the need to improve population health and self-care to reduce the need for contact with healthcare and potential exposure to antibiotics. Nutrition and hydration are two simple interventions that can have a significant impact on well-being and health of the immune system. We feel the scope should include these elements as an integral part of the ambition to reduce the demand for antibiotics.	Thank you for your suggestion, however, scopes are limited to reflect the specific requirements of the referral from the Department of Health (please see Appendix A), and to ensure that what we aim to include is achievable within the time and resources available for the development of the guideline. The guideline is focussing on educational interventions to change knowledge and behaviour in relation to antimicrobial use and infection prevention in the public, all of which, if

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				effective would have an impact on population health.
Royal College of Nursing	General	General	The RCN is concerned that this scope represents a focus on historical approaches to reducing demands for antibiotics however these have to date, made little impact. It would be very helpful to understand as part of this work why these have not worked specifically in relation to demands to GPs on antibiotics for coughs and colds.	Thank you for your comment. There will be a review of qualitative research which may – if it is available – shed some light on this issue
Royal College of Paediatrics and Child Health	4.1.1	6	We think it should be explicit that the groups covered include adults and children (we appreciate that it says 'everyone' but think that this could be clearer).	Thank you for your comment. We have changed the wording to 'People of all ages, including children and young people, living at home, in the community or who are in hospital.'
Royal College of Paediatrics and Child Health	2e	2	The "WHO Antimicrobial resistance: global report on surveillance 2014" should be added to this list.	Thank you for your suggestion, it is referenced elsewhere in the document, but as it is a surveillance document, it would not be suited to this section on policy-related documents.
Royal College of Paediatrics and Child Health	4.2.1b	7	This section should look at interventions to educate health and social care professionals and the public about the other potential harms associated with	Thank you for your suggestion, however,

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			antibiotics (beyond antibiotic resistance), such as side-effects (diarrhoea, rash), anaphylaxis, impact of altering the human microbiome in terms of obesity, heart disease, diabetes etc.	scopes are limited to reflect the specific requirements of the referral from the Department of Health (please see Appendix A), and to ensure that what we aim to include is achievable within the time and resources available for the development of the guideline. The guideline is focussing on educational interventions to change knowledge and behaviour in relation to antimicrobial use and infection prevention in the public, if a component of these interventions is to provide information on harms associated with antibiotics, then this will be noted, however the guideline is not about providing

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				recommendations concerning potential clinical side-effects of antimicrobials.
Royal College of Paediatrics and Child Health	4.2.1b	7	This section about educating people on the types of healthcare they should consult, should also look at education about the natural history of self-limiting infections such as colds, coughs, tonsillitis i.e. how many days are symptoms likely to last.	Thank you. We have changed the wording in 4.2.1a) and outcomes for key question 1 from 'how to use antimicrobials' to include 'when' and 'why' – this will ensure the points you raise are included in the evidence review.
Royal College of Paediatrics and Child Health	4.2.1c	7	In section about reducing the spread of antimicrobial resistance, need to expand beyond hand washing and food hygiene to include isolation of patients in hospital (including waiting areas), use of gloves, gowns etc.	Thank you for your comment. The guideline will focus on interventions aimed at the public, not healthcare professionals; as such isolation and use of protective clothing will not be included. Please note that these are addressed in 'Infection: prevention and control of healthcare-associated

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				infections in primary and community care' NICE clinical guideline 139 (2012)
Royal College of Pathologists	General		The topic is clearly important and the introduction summarises the key issues. Overall the scope of the guideline seems very appropriate. However, the inclusion of initiatives to prevent transmission of resistant organisms makes the scope very broad and there is potential for there to be significant overlap with existing guidance on infection control and prevention practices.	Thank you for your comments. We agree that the inclusion of infection prevention makes this a potentially broad piece of work. We have therefore (and in line with the Department of Health referral) limited the guideline to interventions that target the general public and patients (not healthcare professionals). As part of the guideline development process we ensure that we are aware of recommendations in existing NICE guidance and check for overlaps, etc.
Royal College of Pathologists	4.2.1		The focus of most antimicrobial prescribing interventions seems to be on	Thank you for your

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			reducing prescribing. This is important, but improving the use of antibiotics is more important. This will result in optimal outcomes from the treatment of infection and the prevention of some of the complications that can predispose to or facilitate the emergence of antibiotic resistance. The first bullet in this section on educating people on how to use antibiotics seems rather brief. There could be at least two main areas encompassed by this subject area. Firstly, there are general measures that individuals need to take to prevent the emergence of resistance, such as completing the treatment course etc. Then there is also education about symptoms and signs of infection which should alert the individual that they might need antibiotics. This could be as important as education about when antibiotics will not be of benefit.	comment. Please note that we think your first point is addressed within the scope in 4.2.1. In relation to the first bullet: 'how to use antimicrobials' – and this has now been changed to include 'when' and 'why' antimicrobials should be used , following on from this we identify interventions that cover 'the dangers of overuse and misuse (including 'self-medication – taking an antimicrobial without prescription or advice from a healthcare professional, sharing antimicrobials, not completing or missing doses, buying antimicrobials on the Internet or using counterfeit antimicrobials') which

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				addresses your first identified area. In relation to education about symptoms and signs of infection which should alert the individual that they might need antibiotics, we also have as an expected outcome for key Q1 (section 4.3) 'knowledge and awareness of when, why and how antimicrobials should be used'.
Royal Pharmaceutical Society	General		The Royal Pharmaceutical Society (RPS) agrees that the appropriate prescribing of antimicrobials by healthcare professionals and the proper use of prescribed antimicrobials by patients is essential to minimise the risk of further antimicrobial resistance and to preserve the effectiveness of existing antimicrobials. Furthermore there must be a reduced expectation by the public of receiving an antibiotic treatment for conditions that are unlikely to be bacterial or are self-limiting. The RPS believes that pharmacy currently has a very positive impact on antimicrobial stewardship and infection control and that pharmacists are in a position to further contribute to these areas.	Thank you.
Royal Pharmaceutical Society	4.2.1 Activities		Community pharmacy is highly accessible to patients and the public, having	Thank you for this

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	and measures that will be covered		been described as the window into the NHS on every high street, and offers huge potential to deliver public health messages such as around the stewardship of antibiotics. A core role of the community pharmacist is to help the public and patients with their self care requirements and to recommend medicines for self limiting conditions. Pharmacists already advise the public and patients that many infections are likely to be self-limiting and will not be helped by antibiotics and, where appropriate, suggest treatments that will provide symptomatic relief. The use of minor ailment schemes whereby patients can receive symptomatic treatments for infections can decrease visits to a GP by 50% and reduce the number of prescribed antibiotics [1]. Crucially, pharmacists have the knowledge and expertise to identify if a patient's symptoms are persistent or potentially serious requiring referral to a medical practitioner. Pharmacists are all acutely aware of the challenges posed by medicines adherence. Where an antibiotic has been prescribed, the pharmacist will help the patient overcome any troublesome side-effects that often impair them from completing the full course. The pharmacist will also stress the need to dispose of any unwanted antibiotics correctly, rather than save them for another infection. Additionally pharmacists are ideally placed to also advise patients on ways of improving hygiene, and help maximise vaccination uptake [2] to reduce infections. [1. Porteous, T., et al., Preferences for self-care or consulting a health professional in minor illness; a discrete choice of experiment. British Journal of General Practice, 2006. 56: p.911-917.] [2. Warner, J.G., et al., Increasing seasonal influenza vaccination uptake using community pharmacies:	information. Interventions delivered by pharmacists will be in the inclusion criteria for the evidence review, as highlighted by the inclusion of interventions delivered by 'prescribers and dispensers'. Thank you for the references. There will be a call for evidence at a later date.

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Royal Pharmaceutical Society			experience from the Isle of Wight, England. Int J Pharm Pract, 2013. 21(6): p. 362-7.]	
Royal Pharmaceutical Society	4.2.1		Within pharmacy, an Expert Practice Curricula for Infection and Antimicrobial Stewardship has been produced by the United Kingdom Clinical Pharmacy Association Infection Management Group, with RPS as an affiliated group, to support pharmacists wishing to specialise in this important clinical area with the knowledge skills, experience and behaviours to advance their practice which will include interventions aimed at reducing the spread of antimicrobial resistance.	Thank you for this information. Please note that we do not provide this detail within a scope document. The purpose of the scope is to primarily provide details as to what will and will not be covered in the guideline.
Royal Society for Public Health	**4.2.1**	6-7	Our comments relate to compliance with prescribed medicines as a means to reduce antimicrobial resistance. The rate of compliance with prescribed medical treatments varies considerably according to the length and complexity of the prescribed treatment. One study found that 70% of patients were compliant with a twice daily dosage, compared with just 39% for a four times a day dosage (Kardas, 2002). Similarly, a study examining antibiotic use in children found that after three days 44% of children were fully compliant, reducing to 29% after six days and just 18% after nine days (Kardas, 2002). With conditions such as tuberculosis that require a long course of medication, non-compliance is a particular issue (Health Protection Agency, 2012). We would suggest that health trainers and health champions, particularly those based within GP surgeries and pharmacies, could be instrumental in encouraging greater compliance. There is a growing body of research demonstrating the utility of health trainers and health champions for supporting positive behaviour change. According to	Thank you for this information. Please note that we do not provide this detail within a scope document. The purpose of the scope is to primarily provide details as to what will and will not be covered in the guideline.

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			the Data Collection Reporting System report released in 2013, health trainers were successful in supporting clients to increase their intake of fruit and vegetables by an average of 57%, decrease their intake of fatty foods by an average of 55% and in the lowest and second lowest quintile, decrease their intake of alcohol by 43% and 46% respectively (Shircore, 2013). Similarly, the Age UK health champion initiative, Fit as a Fiddle, found that the percentage of participants consuming five portions of fruit and vegetables per day increased from 37% to 47% (Ecorys UK, no date given). Health trainers and health champions, primarily based within the most deprived communities, provide a cost-effective method of accessing individuals most in need of health support and advice.	
Scottish Antimicrobial Prescribing Group	General		The Scottish Antimicrobial Prescribing Group (SAPG) agrees that the appropriate prescribing of antimicrobials by healthcare professionals and prudent and informed use of antimicrobials by patients is essential to tackle antimicrobial resistance and to preserve the current antimicrobial resource. SAPG working with local Antimicrobial Management Teams have had an impact on antimicrobial stewardship at national and NHS board level and will continue to consolidate gains in this area whilst striving to identify areas for further improvement.	Thank you. Please note that the guideline on Antimicrobial stewardship, NICE medicines practice guideline will be providing guidance on decisions concerning antibiotic prescribing. The public health guideline will address the use of antimicrobials by patients.
Scottish Antimicrobial	4.2.1 Activities	a and b	SAPG suggests that the term ‘people’ be sub-divided into ‘health and social	Thank you for your

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Prescribing Group	and measures that will be covered		scare staff' and 'patients and the public' as interventions required and delivery methods will be different.	comments. We have provided additional details in the scope to make it clear that the guideline will be looking at evidence of effectiveness and cost-effectiveness of interventions that target the general public and patients, not healthcare professionals.
Scottish Antimicrobial Prescribing Group	4.2.1		Should interventions using quality improvement methodology be included as they are important and effective for changing behaviours.	Thank you. We will only be including educational interventions aimed at the public, so QI methods will not be included.
TB Alert	General		TB Alert welcomes the development of public health guideline aimed at delaying antimicrobial resistance (AMR). The focus particularly on individuals and communities whose life circumstances and life styles make them disproportionately vulnerable is in keeping with our experiences where social/economic; health system/healthcare team; condition-related; therapy-related and patient-related factors affect adherence and consequently lead to resistance tuberculosis or multi-drug resistance tuberculosis (MDRTB).	Thank you.
TB Alert	Section 4.3		We agree with the overarching questions that would be addressed within the guideline; however we see the outcomes as not only an improvement on behaviour and knowledge but also on the health service in terms of avoiding the	Thank you for your comment.

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			very high cost of treating drug-resistant disease.	
University College London Hospitals NHS FT	General		All standard content. Emphasis is on education so need to address use of smartphone Apps and e-learning.	Thank you. We have added to section 4.2.1 d) that 'd) Interventions may be delivered … by any mode of delivery (for example via the Internet, apps, face-to-face).'
University College London Hospitals NHS FT	General		Use of social media such as facebook, twitter, viral videos, you tube, etc as both advertising campaigns as well as educational.	Thank you. These would be included in the inclusion criteria for the evidence review.
University College London Hospitals NHS FT	General		Must involve patient groups extensively both hospital patient groups e.g. SURF and pressure groups MRSA action, C difficile groups	Thank you for your comment.

Document processed	Stakeholder organisation	Number of comments extracted	Comments
Alere International.doc	ALERE LIMITED	7	
ARHAI.doc	ARHAI	2	
Association of Independent Healthcare Organisations.doc	Independent Healthcare Advisory Services (IHAS) a division of Association of Independent Healthcare	5	

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	Organisations (AIHO)		
Blackpool Council.doc	Blackpool Council	1	
British Medical Association.doc	British Medical Association	3	
Cubist Pharmaceuticals.doc	Cubist Pharmaceuticals	8	
Cumbria Local Dental Committee.doc	Cumbria Local Dental Committee	2	
Department of Health.doc	Department of Health	1	
Great Western Hospitals NHS Foundation Trust.doc	Great Western Hospitals NHS Foundation Trust	4	
HCAI Service User Research Forum.doc	HCAI Service User Research Forum	7	
Health and Social Care Board, Northern Ireland.doc	Health and Social Care Board, Northern Ireland	3	
Infection Prevention Society.doc	Infection Prevention Society	12	
London School of Hygiene and Tropical Medicine.doc	London School of Hygiene and Tropical Medicine	2	
NHS England.doc	NHS England	3	
NHS West Kent Clinical Commissioning Group.doc	NHS West Kent Clinical Commissioning Group	8	
Public Health England.doc	Public Health England	22	
Royal College of General Practitioners.doc	Royal College of General Practitioners	2	
Royal College of Nursing.doc	Royal College of Nursing	7	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	5	

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Royal Pharmaceutical Society.docx	Royal Pharmaceutical Society	4	
Royal Society for Public Health.doc	Royal Society for Public Health	1	
Scottish Antimicrobial Prescribing Group.docx	Scottish Antimicrobial Prescribing Group	3	
TB Alert.doc	TB Alert	2	
University College London Hospitals NHS FT.doc	University College London Hospitals NHS FT	3	