Antimicrobial Resistance

Consultation on draft guideline
Stakeholder comments table

08/09/15 to 20/10/15

ID	Type	Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
01	SH	Association of Independent Healthcare Organisations (AIHO)	Full			**General comment** Agree with the guidance and find it comprehensive.	Thank you for commenting on this draft guideline.
02	SH	Association of Independent Healthcare Organisations (AIHO)	Full	10	13 - 24	We suggest that example of how to educate the public would be good. An example could be - when a patient goes to the surgery there will be an immediately visible poster telling them that unless they are a high risk patient antibiotics will not automatically be prescribed if they have a self-limiting condition such as……. Or a virus, why that is and that the doctor will give them advice on how to treat their condition. Important to back this up with clear verbal and written advice about what steps they can take to help themselves. Patients think that being given a prescription for antibiotics is endorsement and validation that they are ill which is why they feel cheated if they don't get them and why they are so insistent. It's the mantra, "I've been given antibiotics" and therefore the implication I must be poorly. Help should also be given to assist doctors to resist the pressure that patients put them under and realise that ultimately they are doing the patient more harm than good by "giving in" to inappropriate prescriptions. Software flags on their systems as prompts would be useful. Written material could also be developed to help patients to understand why it is important to complete the course	Noted, thank you. Please see recommendations 1.2 and 1.5.1 which focus respectively on: the provision of resources that health professionals can use with the public; and on displaying resources that provide or sign post to information and advice on self-care. Please see recommendation 1.5.2 in the final guideline, which addresses this point.
03	SH	Alere	Full	15	23	**Evidence – effectiveness review** It should be noted that NICE guideline on pneumonia fully reviewed the	Thank you for commenting on this draft guideline.

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						evidence for CRP POCT and recommended that CRP POCT should be considered. Reference: 1. National Institute for Health and Care Excellence. Pneumonia in adults: diagnosis and management (CG191). December 2014.	Noted thank you. Point of care testing is outside the scope of this guideline but the complementary guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use makes a recommendation on this issue and cross refers to the pneumonia guideline (see recommendation 1.1.30 at the above link).
04	SH	Alere	Full	29	16	**Recommendations for Research** It should be noted that Hunter found that compared with current practice, CRP POCT when delivered by a GP or practice nurse resulted in increased Quality Adjusted Life Years and reduced costs.[1] Reference: 1. Hunter R. Cost –effectiveness of point-of-care C-reactive protein tests for respiratory tract infections in England. ADV Ther. 2015;32(1): 69-85.	Noted thank you Please see above.
05	SH	British Dental Association	Full	3	8-9	The section numbering is incorrect, as 1.6 has been omitted. The section numbers should be 1.6 and 1.7 (not 1.7 and 1.8) to be consistent with those in the main text.	Thank you for commenting on this draft guideline. Noted, thank you. This has been amended.
06	SH	British Dental Association	Full	10	4-24	Central provision of some patient information materials would be welcome, to avoid duplication of effort and resources.	Noted, thank you. Your comment has been communicated to our Implementation Team.
07	SH	British Dental Association	Full	10	19-24	Advice about the use of antimicrobials should explicitly include safe disposal, as this is often neglected and it is important to avoid release of antibiotics into the environment via water systems, etc.	Noted, thank you. This has been added to the revised recommendations (see recommendations 1.2.5 and 1.5.3)
08	SH	Deb Group Ltd	Full	4	17	Whilst we support the inclusion of statement 1.1.3 on advice on handwashing in national and local information campaigns, Deb Group recommends that reference to WHO's Five Moments of Hand Hygiene be included, to strengthen the guidance and align with international best practice.	Thank you for commenting on this draft guideline. The advice on handwashing in the guideline is based on the NICE guideline CG 139

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							Healthcare-associated infections: prevention and control in primary and community care but a pragmatic approach has been taken to ensure it is practical for use with the general public at home and in settings such as schools and childcare settings.
09	SH	Deb Group Ltd	Full	9-10	General	As stated in comment 1, 1.7 on advice in healthcare settings should include reference to hand hygiene in line with elsewhere in this guidance. The guidance would be strengthened greatly by recommending the monitoring of hand hygiene compliance with accurate, real-time data, for example as can today be collected through robust electronic monitoring systems. This provision is as much for the general public as for healthcare professionals. Systems such as Deb Group's own Group Monitoring System use an algorithm unique to each ward and based on best practice for staff, visitors and carers in secondary healthcare settings, against the WHO's Five Moments of Hand Hygiene.	Noted thank you Please see above
10	SH	Deb Group Ltd	Full	6	General	Section 1.3 on interventions to reduce inappropriate antimicrobial demand and use rightly advocates the role of primary care healthcare professionals on disseminating advice to the general public. This section could be strengthened, to complement other aspects of the guidance, to include primary care's role as a source of handwashing training.	Noted thank you. In the final guideline, recommendation 1.3 'Local system wide approaches to preventing and limiting the spread of infection' cross-refers to NICE guideline CG 139 Healthcare-associated infections: prevention and control in primary and community care.
11	SH	Healthcare Infection Society				We have received no responses to this consultation	Noted. Thank you for responding to this consultation.
12	SH	NHS Leeds North Clinical Commissioning Group	Full	4	10	Include life channel in GP practice waiting rooms and radio	Thank you for commenting on this draft guideline Recommendation 1.5.1 in the final guideline recommends displaying or signposting to resources which provide advice and information on self-care.

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13	SH	NHS Leeds North Clinical Commissioning Group	Full	4	12	Include bus interiors and shelters	Please see above. No specific evidence was found relating to this area. However in the final guideline, recommendations 1.2.4 and 1.2.5 focus on linking to awareness-raising initiatives for the public and using opportunities that may arise through other local authority activities to distribute information. Recommendation 1.3.1 focuses on resources being made available through multiple routes to provide a co-ordinated system of information.
14	SH	NHS Leeds North Clinical Commissioning Group	Full	4	13	Ensure you include pictorial materials for non English speakers	Noted thank you Recommendation 1.3.2 in the revised guideline recommends that language and literacy needs and the needs of people with sensory disabilities are taken into account when providing information.
15	SH	NHS Leeds North Clinical Commissioning Group	Full	5	17	Include - self care, flu and Winter campaign	Noted, thank you
16	SH	NHS Leeds North Clinical Commissioning Group	Full	6	19	Add another bullet point – Signposting to local minor ailment schemes and community pharmacy to give advice on self care and refer to a GP, if necessary.	Thank you. Minor ailments schemes have been added to recommendation 1.4.15 in the revised guideline.
17	SH	NHS Leeds North Clinical Commissioning Group	Full	6	20, 21, 22	Split this lines into do's and don'ts	Thank you but this is an editorial issue.

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18	SH	NHS Leeds North Clinical Commissioning Group	Full	6	26	Include - patient should complete the course	Recommendation 1.2.2 in the revised guideline states 'as instructed by their healthcare professional' which committee members felt would include the duration for which the antimicrobial should be taken
19	SH	NHS Leeds North Clinical Commissioning Group	Full	7	6	Include - and encourage children and staff to wash hands before meal times	'Before eating' is included in recommendation 1.4.4
20	SH	NHS Leeds North Clinical Commissioning Group	Full	8	17	New bullet - self care	Noted thank you
21	SH	NHS Leeds North Clinical Commissioning Group	Full	9	24	Ensure the comment includes that the minor ailment service can be used as a resource.	This has been added to recommendation 1.4.15 in the revised guideline.
22	SH	NHS Leeds North Clinical Commissioning Group	Full	10	3	Include – "when to worry" document published by Royal College of General Practitioners.	Thank you for your suggestion, which has been passed to implementation colleagues.
23	SH	NHS Leeds North Clinical Commissioning Group	Full	10	12	Include – and minor ailment schemes.	Noted, thank you
24	SH	NHS Leeds North Clinical Commissioning Group	Full	10	18	Include – such as non prescription pads	Thank you for your suggestion, which has been passed to implementation colleagues.
25	SH	NHS Leeds North Clinical Commissioning Group	Full	12	1	Ensure – need to consider different needs of the population to reflect culture, ethnicity and languages spoken.	Noted thank you. Recommendation 1.3.2 in the final guideline reflects this point.

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26	SH	NHS Leeds North Clinical Commissioning Group	Full	12	8	Ensure that you include the evaluation of the campaign and identify what did work and what didn't work.	Noted thank you. Please see the above comment. .In addition, the Committee Discussion section highlights the importance of evaluating interventions designed to change behaviour and as a gap in the evidence.
27	SH	NHS Leeds North Clinical Commissioning Group	Full	12	18	Include – cultural groups and ethnic groups seldom heard from.	Noted thank you. Please see the above comments. In addition recommendation 1.3.2 reflects this point.
28	SH	[MRSA Action UK]	Full	General		MRSA Action UK welcomes this guideline as tackling antimicrobial resistance should, in our view, be a partnership approach between healthcare professionals and the general population – without partnership and mutual support the challenges faced will not be tackled effectively.	Thank you for commenting on this draft guideline. This guideline and the complementary guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use aims to take such an approach.
29	SH	[MRSA Action UK]	Full	24	5 - 8	Preventing Infection: We believe not making a recommendation on interventions designed to improve behaviour when coughing and sneezing (such as using and disposing of tissues), is not something we can concur with. There may be gaps in evidence and this may not get buy in for any media campaigns we would hope to see – making what would appear to be a common sense approach a challenge to implement. There have been TV campaigns on limiting the effects of respiratory illness which we believe are important.	Noted, thank you. However, as no evidence was identified on respiratory hygiene including the use of tissues in the reviews considered by the committee, they were unable to make recommendations in this area.
30	SH	[MRSA Action UK]	Full	28	13 - 28	Preventing Infection: We agree that education in schools is vital, particularly among students who have little or no knowledge of antibiotics. We agree that hand washing behaviour is a habitual practice that, if established when young, is more likely to continue throughout life. A challenge here is getting government departments to improve collaboration. MRSA Action UK has approached DfEE in the past to	Noted thank you Your comments have been passed to the NICE implementation team. E-bug resources are noted as examples of resources which may be helpful in implementing the guideline, in the 'Putting this

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						request that the PHE e-bug resource is made a part of the national curriculum, incorporating hand hygiene education, but have been advised that social science subjects have always been voluntary to be agreed at a local level. This, we believe is an opportunity lost. The e-bug resource has been developed for all children's and young people's age ranges, is fun and interesting and we believe should be part of mainstream education. Whilst this may be beyond the scope of the NICE guideline, we would like to see e-bug promoted as a resource.	guideline into practice' section.
31	SH	[MRSA Action UK]			2 - 13	We agree that research to determine the effectiveness of different intervention components will mean more effective interventions to reduce inappropriate antimicrobial use. We think this will be a huge challenge and will need to be delivered in partnership with patients/public and healthcare professionals. A way of determining the priorities has been trialled with the James Lind Alliance who are currently identifying research priorities for healthcare associated infections (HCAI) and may be a useful resource for helping to identify priorities. We are members of the HCAI Priority Setting Partnership (PSP).	Noted, thank you
32	SH	[MRSA Action UK]				In terms of the guideline title – we believe antimicrobial resistance is the correct term to use for the title. Any public information should be titled according to what messages are being relayed. In most instances it is more likely to make reference to antibiotic resistance – for example when you are talking about MRSA. However the term anti-virals is used to talk about the treatment for flu for example, but the public are more likely to have seen messages that antibiotics don't work for flu, so the public are used to hearing the appropriate description – it should be specific to the interventions we are trying to promote. A worsening condition as a consequence of flu, could be pneumonia for which antibiotics would be an intervention. If we are to 'educate' then it has to be the right message and it has to be safe.	Noted. Thank you for commenting on this issue. Several stakeholders commented on this issue and the majority agreed that 'antimicrobial' is the most appropriate term to use.
33	SH	Royal College of General Practitioners	Full	4	1 and general	People have the right to be involved and make informed decisions, but who sets the standard by which we define informed? A patient comes to see a GP with symptoms suggestive or an upper respiratory tract. History and clinical examination confirm (as much as can be reasonably expected) that the patient has a viral URTI. The doctor tells the patient of the diagnosis and prognosis - i.e. no	Thank you for commenting on this draft guideline Noted thank you. The complementary

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						cure, with time you will get better and safety nets appropriately. Yet the patient still wants an antibiotic as they want to get better faster and just in case it isn't. The patient and doctor have a discussion about the symptoms but the patient still insists. Is the patient making an informed decision? Medicine is normative. Doctors have to make decisions based on best current evidence - which in effect sets these norms. In other words evidence sets some of the norms by which doctors have to practice. A patient may or may not wish to believe the evidence that a doctor has based his/her decision on and wish for a course of treatment that goes against current evidence - i.e. norms. How is this then an 'informed decision'? Also how does this then square with the sentence in 'Your care' - "Health and care professionals should support your choice wherever possible"? Is a situation when it is not possible one where the patient's interpretation of the evidence is incorrect? I would suggest that ultimately the decision has to lie with the doctor as to whether a patient has made an informed choice when considering the appropriateness of antimicrobial prescribing where the evidence indicates that they are not needed. (GW)	guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use makes recommendations focusing on prescribing.
34	SH	Royal College of General Practitioners	Full	6	3 to 19	Two aspects here that may be helpful: 1) epidemiological information using natural frequencies. e.g. when you have X,Y,Z symptoms there is a 1 in 10chance that you have a viral illness. 2) That viral illnesses have no cure (not just that antibiotics don't work, nothing does!). So if you do go and see a doctor and (s)he confirms that you have a viral illness, you can't really expect them to be able to give you anything that will cure / shorten the course and so on. In effect the message is self-limiting = time will cure you = it is part of being human that we get viral illnesses, so you are just going to have to live with this aspect of being a human being. 3) Coughing - this symptom alone causes a large number of GP (General Practitioner) consultations, with patients thinking that they must need some sort of treatment as they are still coughing.	Noted thank you The issue of coughing was discussed but the committee were mindful that current cancer prevention campaigns recommend that people seek a GP's advice for a persistent cough. It has not therefore been added as an example of a self- limiting illness Recommendation 1. 2.3 in the revised guideline now includes reference to not asking for antimicrobials when going on holiday and as a 'stand by' measure.

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						Significant effort should be directed at explaining that it is a common symptom in upper respiratory tract illnesses and likely to be of little significance unless there are alarm symptoms - such as cough and persistent trouble breathing. AND to add to the bullet points: ask not for them to take with them for travel - 'just in case' they get ill. e.g. antibiotics for diarrhoea when travelling to a low middle income country (GW)	
35	SH	Royal College of General Practitioners	Full	7	1 to 15	An issue I have encountered here is about how long to stay away from child care. Some general guidance from NICE would be helpful for parents and child care settings. It is also important to emphasis the importance of exclusions. I have found that some parents are all too keen to take their children back to a child care facility as soon as they can. This may in some circumstances result in the spreading of infection. (GW)	Noted, thank you. Recommendations 1.4.5 and 1.4.10 in the revised guideline make reference to Public Health England's' Infection control in schools and childcare settings' which includes advice on how long children should be away from school/childcare when they have an infection.
36	SH	Royal College of General Practitioners	Full	10	1 to 3	This is unlikely to have a big effect. There is evidence to suggest that most doctors know this, but prescribe antimicrobials for a host of different reasons depending on the context. One example is expediency - the doctor is running late and rather than have a long discussion about why a patient does not need an antibiotic for what they judge is a viral illness, the prescribe one to get the patient out of the door so they can see the next patient. This suggestion may be result in more pop-ups on a GPs computer system that just end up being ignored. However there is an opportunity cost to Clinical Commissioning Group Information Technology departments and vendors in having to devise such a system. (GW)	Noted, thank you. The complementary guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use makes recommendations to support GPs in this area. Your comment on potential costs has been passed to the Resource Impact Assessment team.
37	SH	Royal College of General Practitioners	Full	12	15	Social norms - especially if we also include cultural norms are likely to be one of the most important contextual factors to try to change. Such norms like: - Better safe than sorry / just in case - New is better - A pill for every ill - It's my right to have ... (GW)	Noted thank you. The issue of social norms is discussed in the Committee Discussion section and was included in Expert Paper 1.
38	SH	Royal College	Full	22	4 to 5	OTC (over the counter) medications are not particularly effective,	Noted, thank you.

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		of General Practitioners				other than to reduce pain. This was the conclusion of the MHRA's (Medicines & Healthcare products Regulatory Agency) OTC medicines for coughs and colds in 2009. This is potentially misleading. There is no cure for a viral URTI - we need to be HONEST with patient about what to expect. You will feel terrible, you will hurt and you will likely have a cough that goes on for much longer than you expected. Rest, fluids and take something for any pain you may have. Self-limiting viral illnesses are part of life and we humans have yet to invent a 'cure'. (GW)	However, the MHRA review relates to over the counter coughs and colds remedies for children and not to other self-limiting illness or other populations. Over-the-counter cough and cold medicines for children (MHRA 2009). This limitation has been noted in the revised guideline.
39	SH	Royal College of General Practitioners	full	General	general	We would suggest the title should remain as "antimicrobial resistance" as technically it is not just bacteria that is in the guideline. (DM)	Noted. Thank you for commenting on this issue.
40	SH	Royal College of General Practitioners	full	General	general	There should be more discussion of the pros and cons of the widespread practice of "delayed prescribing" of antibiotics. There should be more emphasis on the need for drug companies to invest and develop new antibiotics. There should be a comment of the global misuse of antibiotics, including in the food industry which contributes hugely to resistance ie. it is not just over-prescribing antimicrobials by doctors that is causing resistance. There should be more discussion on how appropriate self-care for self- limiting illness should be encouraged and promoted through widespread mass media public health campaigns.(DM)	Noted, thank you. Delayed prescribing has been added to recommendation 1.5.4 and to the Committee Discussion section. Noted, however antimicrobial use by the food industry is beyond the scope of this guideline Please see recommendations 1.2.4; 1.5.1 and the Committee Discussion section.
41	SH	Royal College of General Practitioners	Full	1	General	Thinking about the title of this draft guideline and subsequently reading this through, it actually has little impact on a general practitioner beyond what has already been published by NICE as it is largely concerned with public health measures to educate the public BEFORE they see a general practitioner. (SD)	Noted, thank you
42	SH	Royal College of General Practitioners	Full	10	1	This recommendation will be a challenging change in practice, as it will challenge the clinical judgement of a GP to prescribe what he/she believes is required. If a prompt was to appear for every antibiotic, "alert fatigue" would ensue and it would quickly be ignored. (SD)	Noted thank you. However, the complementary NICE guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use also recommends that decision support aids are considered as part of antimicrobial stewardship interventions.

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43	SH	Royal College of General Practitioners	Full	10	5	Having standardised or even local-specific resources for self-management of conditions would be useful, though patients need to feel they are not being "fobbed off" with a leaflet. Otherwise they may simply just go to A+E or the OOH service where they may feel they have a better chance of getting what they want. The challenge of dealing with an increasingly consumerist attitude to healthcare is not addressed by this recommendation, especially in light of the ease of which patients can complain if they don't get what they want via Friends and Family, the practice, the CCG, the GMC If they really wanted to. (SD)	Noted, thank you. The complementary NICE guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use makes recommendations to support GPs in this area.
44	SH	Royal College of General Practitioners	Full	10	9	Once a patient has booked an appointment it is too late to tell them that the GP is not the appropriate place to come for their self-limiting illness. How to "divert" patients safely and effectively will be different for each practice. Some practices will triage their patients, others don't. Education of the public is crucial, yet not always within the remit and the possibility of GP practices to undertake. For those encouraging patients to book online then the practice website would an ideal place for a "symptom sorter". For those booking on the phone perhaps a recorded message to be be played whilst patients on hold could educate. (SD)	Noted, thank you.
45	SH	Royal College of General Practitioners	Full	10	19	Instructions on taking antimicrobials could be included in the default instructions on the prescribing information, thereby minimising the extra bits of paper handed over to the patient, and enabling the transfer of information even when there is an electronic prescription. Handing over a leaflet is no guarantee that it will be read or followed, which presents a challenge. (SD)	Noted, thank you. Your suggestion has been passed to our Implementation team.
46	SH	Royal College of General Practitioners	Full	General		"Antimicrobial "as a title is consistent and accurate - when peoples see it they generally read and understand it to mean antibiotic. (SD	Noted. Thank you for commenting on this issue.
47	SH	Royal College of Pathologists	Full	General	General	The Guideline aims to change the behaviour of people with regard to the use of antimicrobials in order to reduce the emergence and spread of resistant organisms. This is primarily a sociological problem, albeit one with important clinical consequences. However, the Guideline focuses on the medical and microbiological consequence without apparently acknowledging the sociological nature of the challenge. There is no attempt to establish an underpinning theory that describes or explains the complex behaviours that lead people to seek, prescribe or use antimicrobials. Such a theory would act as a framework on which could be built a	Thank you for commenting on this draft guideline Your comments were discussed by the committee. The focus of the guideline is on changing risk- related behaviours in the general population. Much of the evidence identified by the reviews however, related to educational interventions and as such the recommendations focus on this area. The

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						coherent and comprehensive understanding of the motives that drive antimicrobial use. It would also be of value as something to react against, helping to establish and hone arguments of the drivers of antimicrobial seeking behaviour. There is a narrow focus on education, leading to the impression that all that is required to change behaviour is more knowledge. This represents a very limited, and probably limiting, viewpoint which will probably result in little change in either antimicrobial seeking or prescribing behaviour. To illustrate this with just one example, Hawker and colleagues (J. Antimicrob. Chemother. (2014) 69: 3423-3430) have demonstrated that primary care prescribers have responded in a complex way to advice on antibacterial prescribing for common conditions such as coughs, colds and urinary tract infections that cannot be explained simply due to lack of knowledge. Although Michie's COM-B model receives a mention in the qualitative and theory-based evidence section (page 19), this model of behaviour change does not in itself provide insights into antimicrobial-seeking behaviour and indeed has limited evidence to support it as a behaviour change tool.	committee and the guideline recognise the importance of underpinning theories of behaviour change and note that more research is needed in this area (see the Committee Discussion section and Recommendations for research in the revised guideline). Reference is made to the COM B model as expert testimony highlighted qualitative evidence categorised according to this model and used it as a theoretical basis for proposing areas that have the potential to be effective in changing people's behaviour. This model is recommended in NICE's guideline on behaviour change: individual approaches
48	SH	Royal College of Pathologists	Full	General	General	The recommendations cannot be considered to be sufficiently developed to be implemented as they stand. While the recommendations to encourage hand washing and food hygiene are uncontroversial, the recommendations as set out in the Guideline do not pass the SMART test. They are not specific or measurable and responsibility for implementation is not attributed to any body or organisation. It is unclear whether they are reasonable given the lack of evidence for them and there is no timeline set out for actions. The set of recommendations aimed at reducing inappropriate antimicrobial demand are similarly not SMART, especially with regard to their evidence base. It is depressing that the Guideline has very little to say that is new and innovative, a deficit which may reflect the lack of a theory to explain people's behaviour towards antimicrobials.	The recommendations follow a specific format which is common to all NICE public health guidelines. They are also published in NICE pathways where recommendations are grouped according to the specific audience to which they relate. See Antimicrobial stewardship - NICE Pathways which includes the recommendations from the complementary guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use, as an example.
49	SH	Royal College of Pathologists	Full	6	3	Discouraging patients from attending GP surgeries should be managed with absolute caution and care. Passing responsibility from GPs onto patients for the diagnosis of, for example, respiratory tract infections, is something that is inherently dangerous. It is inevitable that patients will die because they took to heart the self-care message, even if "red-flags" are part of the message. It is not a	The draft recommendations did not intend people to self- diagnose, but to provide information and support to help them recognise the symptoms of self- limiting conditions that they can safely manage at

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						simple matter to differentiate between conditions that do not need antibacterial treatment and those that do. If it were, there would be much better antibacterial prescribing by GPs instead of their poor adherence to guidelines as demonstrated by Hawker and colleagues (J. Antimicrob. Chemother. (2014) 69: 3423-3430). Instead, patient attendance at primary care settings should be seen as a positive opportunity for healthcare interventions, e.g. stop smoking messages, that can have long term health benefits including reducing the risks of future respiratory infections.	home. This has been clarified in the revised guideline, along with recommending additional sources of reliable health advice such as NHS Choices, community pharmacies and minor ailment schemes. The revised guideline also states sources of advice that people can use if they are unsure if their condition is self- limiting. These include 111, local advice or help lines and local triaging arrangements (see Recommendations 1.2.1 and 1.5.1 in the revised guideline). In addition, the revised guideline recommends that explicit advice is given on when to seek medical help, which symptoms should be considered 'red flags' and safety netting advice (advice on what to do if someone's condition deteriorates or if they develop adverse effects as a result of treatment) (See recommendations)1.2.1, 1.4.15 and 1.5.6.
50	SH	Royal College of Pathologists	Full	10	9	The criticism of patients implicit in the statement that patients should be told that GPs and A&E should not be the first point of call for treatment and information of self-limiting conditions is unwarranted. It is based on the assumption that patients should know that they have a self-limiting condition, which may not be at all obvious to a sick patient who has found it impossible to sleep for the last two or three days, for example. It also ignores the point that patients attend primary care and A&E for reasons other than to receive a prescription for antibacterials. Patients may attend in order to receive a sick note for work, or to receive reassurance that they don't have a more serious condition. In addition, encouraging people to use "pharmacies and other reliable health resources" should be backed by evidence that these alternative resources are reliable and safe.	Please see above and note Expert Paper 4 on the role of community pharmacists in providing advice to the public
51	SH	Royal College of	Full	11	7	The suggestion that a local antimicrobial strategy could be useful states the obvious. It would be useful here to highlight the various	Noted, thank you. Please see recommendations 1.1.1 and 1.1.2 in the

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		Pathologists				bodies (health and local authority) that should be included in developing, resourcing and implementing such a strategy.	revised guideline.
52	SH	Royal College of Pathologists	Full	14	13	The content of the section describing the Committee's discussion appears to be highly speculative, being based on little evidence. While this may be a consequence of the poor evidence base of the subject of this Guidance, the Committee should have avoided the temptation to speculate. A lot of the content of the Committee's discussion gives the impression of being driven by "folk-psychology" rather than sound theory or empirical evidence.	The committee's recommendations are based on the best available evidence identified through the reviews and expert testimony. Where there is insufficient evidence to support recommendations for practice, recommendations will not be made. For example in this guideline, the committee has not made recommendations on the use of tissues as no evidence was identified in this area. The Committee discussion section highlights the limitations of the evidence and the 'gaps in the evidence' are also noted in the guideline. Recommendations for research are made to help address those gaps.
53	SH	Royal Society for Public Health	Full	General		To effectively change antimicrobial resistance risk-related behaviours in the general population, there must be a sea-change in our approach to public health more generally. To encourage healthy behaviour, we must move away from a top-down approach on advice giving and instead look to mobilise communities, empowering them to take responsibility for their own health. Engaging the wider public health workforce is a crucial part of this. Defined as "any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work", the wider workforce could be instrumental in encouraging greater compliance with prescribed medicines and provide information on the appropriate response to self-limiting conditions. The level of compliance with prescribed medical treatments varies considerably according to the length and complexity of the prescribed treatment. One study, for example found that 70% of	Thank you for commenting on this draft guideline Noted, thank you

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						patients were compliant with a twice daily dosage; however, this dropped to 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). With the relevant training, members of the wider public health workforce, such as health trainers and health champions, who are drawn from within the communities they serve and are based within a wide range of locations such as GP surgeries, pharmacies, community venues and prison and probation, could be instrumental in supporting people to avoid risk-related behaviours, particular those in the most deprived groups and those typically seen as 'hard to engage'. There is an extensive body of research demonstrating the utility of health trainers and health champions for supporting positive behaviour change. According to the national health trainer service database, the Data Collection and Reporting System, between 2012 and 2015 health trainers were successful in supporting 83% of their clients to either fully or partly achieve their behaviour change goals. There is also a strong body of qualitative evidence demonstrating the efficacy of the health trainer model, with clients valuing the personalised support and greater time health trainers are able to provide. Health trainers and health champions offer a cost-effective way of accessing individuals who are most in need of health support and advice. Working alongside other healthcare professionals, these roles, as well as other members of the wider workforce, could be a valuable resource for reducing antimicrobial resistance risk-related behaviours.	
54	SH	UK Clinical Pharmacy Association (UKCPA) Pharmacy Infection	Full version	General	General	What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) Each year we are directed to the EAAD website for resources to raise awareness of antimicrobial resistance in our organisations. The infographics are very good for health-professionals in adult	Thank you for commenting on this draft guideline Noted, thank you. Recommendation1.3.2 considers the needs of different groups.

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		Network				institutions, but contain information that is less relevant in paediatrics (e.g. C.diff rates are not such an issue in paeds, and campaign materials which focus on C.diff which are less relevant to those working in paediatrics). The infographics also emphasise costs associated with antimicrobial resistance, this makes the general public sceptical because the issue is portrayed as an economic one, rather than patient-centred care. The quizzes and computer games on e-bug are good for children, but NHS and EAAD campaign posters are usually adult-orientated and it would be good if there were some campaign posters available on "antibiotic resistance" aimed at families and children.	
55	SH	UK Clinical Pharmacy Association (UKCPA) Pharmacy Infection Network	Full version	General	General	Do you have a view on the guideline title? The focus for the guideline scope was on all antimicrobials, for example antibiotics, antivirals, and antifungals. However, most of the evidence on which this draft guideline is based, relates to the use of antibiotics and the prevention of antibiotic resistance. In addition, although the term 'antimicrobial resistance' is the technically correct term, the term 'antibiotic resistance' is more widely recognised. Therefore, should the guideline be renamed to 'antibiotic resistance'? We agree that using the term "antimicrobial resistance" is potentially confusing for the general public, and that using the term "antibiotic resistance" would be more appropriate, but this is clearly explained in the introduction, so there is no need to change the title. The current title indicates that it is related to other guidance on the same topic (NG15).	Noted. Thank you for commenting on this issue.
56	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	7	6	Soap and water required for virus but many will use alcohol gel bought in pharmacies – education needed only appropriate for bacterial causes	Thank you for commenting on this draft guideline Noted, thank you. Handwashing is the preferred option but the committee noted there may be some circumstances in which handwashing facilities may not be available or accessible and in which handrubs could be used. For example, when teaching staff are unable to leave a class unattended to go and wash their hands

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57	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	8	12	Advising schools and children that antibiotics do not cure viral infections is not helpful because neither they nor their GP currently knows whose infection is viral and whose is bacterial. Consequently the information that antibiotics do not cure viral infections has little impact on antibiotics expectations[1], rather antibiotics tend to be expected when a) an illness is perceived to be more severe or b) an illness has symptoms which a clinician previous prescribed antibiotics for. [2-5] A stronger approach would be to base the description of who needs medical assessment on symptoms and to try to address common misapprehensions about which symptoms indicate a need for antibiotics. 1. Cabral, C. Ingram, J. Lucas, P. Redmond, N. The influence of clinical communication on parents' antibiotic expectations for children with Respiratory Tract Infections. Annals of Family Medicine (forthcoming). 2. Ingram, J., Cabral, C. Hay, A.D., Lucas, P.J., Horwood, J. (2013) Parents information needs, self-efficacy and influences on consulting for childhood respiratory tract infections: a qualitative study. BMC Family Practice 14: 106. 3. Cabral C, Ingram, J., Hay, A.D., Horwood, J. (2014) ''They just say everything's a virus''—Parent's judgment of the credibility of clinician communication in primary care consultations for respiratory tract infections in children: A qualitative study. Patient Education & Counselling 95: 248-253. 4. Cabral, C. Lucas, P.L. Ingram, J.C. Hay, A. Horwood, J. (2015) It's safer to... Safety for parents consulting and clinicians prescribing antibiotics for children with respiratory tract infections: an analysis across four linked qualitative studies. Social Science & Medicine. 136-137 pp.156- 164. 5. Lucas, P. Cabral, C. Hay, AD, Horwood, J. (2015) A systematic review of parent and clinician views and perceptions that influence prescribing decisions in relation to acute childhood infections in primary care. Scandinavian Journal of Primary Health Care 33:1	Noted, thank you. This point has been removed from the revised guideline.
58	SH	DH advisory committee on Antimicrobial Resistance and Healthcare	Full	General	General	We think the guideline should include advice regarding which symptoms should lead to patients seeking pharmacist advice, which symptoms should lead patients seeking medical advice and that advice to seek medical help does not mean they need or will be given an antibiotic – that this remains at the discretion of their GP/nurse [we need to empower GPs/nurses].	Noted, thank you. The revised guideline provides information and support to help people recognise the symptoms of self- limiting conditions that they can safely manage at home. This has been

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		Associated Infections (ARHAI)					clarified in the revised guideline, along with recommending sources of reliable health advice such as NHS Choices, community pharmacies and minor ailment schemes. The revised guideline also states sources of advice that people can use if they are unsure if their condition is self- limiting. These include 111 and local advice or help lines and local triaging arrangements (see Recommendations 1.2.1 and 1.5.1 in the revised guideline). In addition, the revised guideline recommends that explicit advice is given on when to seek medical help, which symptoms should be considered 'red flags' and safety netting advice (advice on what to do if someone's condition deteriorates or if they develop adverse effects as a result of treatment) (See recommendations 1.2.1, and 1.5.6). The complementary guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use makes recommendations to support prescribers in this area.
59	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	10	5	We were pleased to see the recommendation that electronic or paper leaflets should be given to patients by healthcare professionals as these have been shown to reduce antibiotic consumption.	Noted thank you
60	SH	DH advisory committee on Antimicrobial Resistance	Full	General	General	Due to the absence of references, it is not clear which evidence the committee has used in reaching its commendations. Given this, the committee might wish to include some of the following evidence, noting that:	Please see the committee discussion section of the revised guideline which identifies the evidence on which the recommendations are based. The evidence statements can be

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		and Healthcare Associated Infections (ARHAI)				(i) many patients do not currently regard antibiotic resistance as their problem or responsibility,[1] (ii) that there is a growing evidence that the routine use of primary care antibiotics increases patients' risks of carrying, or being infected by, an antibiotic resistance bacterium[2-4] (iii) there is evidence for some interventions that can help patients reduce help seeking[5] and antibiotic consumption[6] (iv) recent evidence regarding the natural history of infection symptoms in children[7] suggests some illnesses may be longer than previously thought[8] (v) day care nurseries are an important location for infection transmission and that they could consider structural changes in care provision to reduce the need for parents to send children when they are unwell[9] 1. Brooks L, Shaw A, Sharp D, et al. Towards a better understanding of patients' perspectives of antibiotic resistance and MRSA: a qualitative study. Fam Pract 2008;**25**(5):341-48. 2. Costelloe C, Metcalfe C, Lovering A, et al. Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis. Bmj 2010;**340**(May18_2):c2096. 3. Costelloe C, Lovering A, Montgomery A, et al. Effect of antibiotic prescribing in primary care on meticillin-resistant Staphylococcus aureus carriage in community-resident adults: a controlled observational study. Int J Antimicrob Ag 2011;**39**(2):7. 4. Costelloe C, Williams OM, Montgomery A, et al. Antibiotic Prescribing in Primary Care and Antimicrobial Resistance in Patients Admitted to Hospital with Urinary Tract Infection: A Controlled Observational Pilot Study. Antibiotics 2014:29-38. 5. Andrews T, Thompson M, Buckley DI, et al. Interventions to Influence Consulting and Antibiotic Use for Acute Respiratory Tract Infections in Children: A Systematic Review and Meta-Analysis. Plos One 2012;**7**(1):e30334. 6. Vodicka TA, Thompson M, Lucas P, et al. Reducing antibiotic prescribing for children with respiratory tract infections in primary care: a systematic review. British Journal of	found in the supporting document on the NICE website as can the evidence reviews. Studies which met the inclusion criteria outlined in the review protocols were included in the reviews.

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						General Practice 2013;**63**(612):E445-E54. 7. Thompson M, Vodicka T, Cohen H, et al. Duration of symptoms of respiratory tract infections in children: systematic review. Brit Med J 2013. 8. NICE. Respiratory tract infections – antibiotic prescribing: Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care, 2008. 9. Carroll FE, Rooshenas L, Owen-Smith A, et al. Factors influencing parents' decision-making when sending children with respiratory tract infections to nursery. Journal of public health 2015.	
61	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	General	General	Consistency of messaging is vital for behaviour change – we are more likely to effect a change in public behaviour if, irrespective of which part of the NHS they consult (NHS choices, A&E, pharmacist, GP) they receive the same messages regarding which symptoms do (and do not) require pharmacist/medical attention, what to expect (natural history) and self-care. This will reduce some of the "shopping" that currently goes on. We also need to make clear that different messages are needed for patients with and without underlying medical conditions (e.g. immune-deficiency, COPD) that make them more vulnerable to infection. We think we should also tackle some of the common "non-medical" reasons many patients seek help e.g. "going on holiday", "script just in case I get worse", "been up all night with child". Any public information campaign would be greatly strengthened by parallel initiatives to try to ensure clinician prescribing behaviour and advice was in line with the public information messages, since this is an important influence on public understanding of when antibiotics are needed.[1,2] For example, if public information campaigns are trying to inform the public that the presence of coloured (yellow/green) phlegm is not necessarily an indicator that antibiotics are needed but clinician are still prescribing for this sign, as some do,[3,4] this will undermine the public information campaign. 1. Cabral, C. Ingram, J. Lucas, P. Redmond, N. The influence of	Noted thank you The importance of ensuring consistent messages from different practitioners has been added to recommendation 1.1.2 the revised guideline and is discussed in the Committee Discussion section (see page 30). The needs of vulnerable groups are also reflected in the Committee Discussion section. Recommendation 1.2.3 in the revised guideline refers to requests for 'stand-by' antimicrobials and for holidays. Please see NICE guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use | Guidance and guidelines | NICE which aims to change prescribing practice.

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						clinical communication on parents' antibiotic expectations for children with Respiratory Tract Infections. Annals of Family Medicine (forthcoming). 2. Cabral C, Ingram, J., Hay, A.D., Horwood, J. (2014) ''They just say everything's a virus''—Parent's judgment of the credibility of clinician communication in primary care consultations for respiratory tract infections in children: A qualitative study. Patient Education & Counselling 95: 248-253. 3. Brookes-Howell L, Hood K, Cooper L, Coenen S, Little P, Verheij T, et al. Clinical influences on antibiotic prescribing decisions for lower respiratory tract infection: a nine country qualitative study of variation in care. BMJ Open. 2012;2. 4. Fischer TF, Fischer S, Kochen MM, Hummers-Pradier E. Influence of patient symptoms and physical findings on general practitioners' treatment of respiratory tract infections: a direct observation study. BMC Family Practice. 2005;6(1):6-13.	
62	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	12	General	Current PHE daycare nursery advice on when children can and should not attend is based on medical diagnoses. This is not helpful for parents and advice should be based on symptoms to ensure national consistency.	Noted, thank you.
63	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	19	14	Pharmacist may have access to point of care testing for Strep group A or this may be projected and should be encouraged as a means to reduce empirical antibiotic prescription for pharyngitis. 16-24 age group prefer pharmacy use	Noted, thank you. However point of care testing is beyond the scope of this public health guideline. It is however considered by NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use
64	SH	DH advisory committee on Antimicrobial Resistance and Healthcare	Full	29	General	We have suggestions for two research recommendations the committee may wish to consider: 1. To establish the natural history of common infection symptoms in people choosing not to consult. This is because current evidence is derived entirely from patients who have consulted, and we could be	Thank you for suggesting these. However the research recommendations have to be based on the gaps in the evidence considered by the committee.

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		Associated Infections (ARHAI)				misleading the general population by using evidence from this latter population 2. There is an absence of evidence regarding interventions to help patients (and parents) know when to consult – we need interventions to help patient help seeking decision making in order to help reduce inappropriate antibiotic use	
65	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	30	7	Further trials of point of care testing in primary care to limit antibiotic prescription are required	Noted, thank you. However this is beyond the scope of this public health guideline. Point of care testing is however considered by NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use
66	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	General	General	Currently a prescription of antibiotics is perceived as the 'safe' option for children with a severe appearing RTI (& perhaps other patient groups) by both parents and clinicians.[1] Public information messages need to address this and other misapprehensions (e.g. that the 'resistance' is a feature of the individual body and therefore individual can avoid the future problems by themselves no taking 'too many' antibiotics). 1. Cabral, C. Lucas, P.L. Ingram, J.C. Hay, A. Horwood, J. (2015) It's safer to... Safety for parents consulting and clinicians prescribing antibiotics for children with respiratory tract infections: an analysis across four linked qualitative studies. Social Science & Medicine. 136-137 pp.156-164.	Noted thank you. Please see recommendation 1.2.4 in the revised guideline which relates to public information.
67	SH	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	Full	General	General	We agree that childcare settings are an important focus for public health interventions around AMR but suggest that day and residential care settings for elderly people are also important setting within the community.	Noted, thank you. The committee agreed this is an important area. However no evidence was identified in the reviews considered by the committee on which to base recommendations. In the revised guideline, this has been highlighted as a gap in the evidence and a recommendation for research has been made.

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68	SH	The British Society for Antimicrobial Chemotherapy (BSAC)	Full	General	General	Members of The British Society for Antimicrobial Chemotherapy (BSAC) have no comments for this draft guideline consultation.	Thank you for responding to this consultation
69	SH	Royal College of Paediatrics and Child Health	Full	General	General	Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the Antimicrobial stewardship draft guideline. We have not received any responses for this consultation.	Thank you for responding to this consultation
70	SH	NHS England	Full	General	General	Thank you for the opportunity to comment on the above clinical guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for responding to this consultation Noted thank you
71	SH	Department of Health	Full	General	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for responding to this consultation Noted thank you
72	SH	Royal College of Nursing	Full	General	General	This is to inform you that the Royal College of Nursing have no comments to submit to inform on the above draft guideline consultation at this time.	Thank you for responding to this consultation Noted thank you
73	SH	Merck Sharp & Dohme (MSD) UK	Full	General	General	MSD would like to thank you for the opportunity to comment on the Draft guideline on Antimicrobial stewardship - changing risk-related behaviours in the general population. MSD fully support effective and responsible antimicrobial stewardship. MSD do not have any comments relating to the draft version of the proposed guideline.	Thank you for responding to this consultation Noted thank you
74	SH	Public Health England	Full	General		Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why? • Getting the public to change behaviour and go to a pharmacy for advice. • Changing prescribing habits in primary care.	Thank you for your comments on this draft guideline Noted thank you. Your comments have been passed to our implementation team.
75	SH	Public Health England	Full	General		What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) • Use and building on current national initiatives will be important rather than developing new materials. • The development of a standard for antibiotic	Noted thank you. Your comments have been passed to our implementation team.

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						prescribing, which is age, sex and deprivation adjusted for practices and financial penalties to primary care for exceeding this.	
76	SH	Public Health England				Do you have a view on the guideline title? • The current title including antimicrobial stewardship is valid and should not be changed. • It is important that the title includes Antimicrobials as the principles for resistance developing are similar across others. In addition the term used internationally is Antimicrobial Stewardship not Antibiotic Stewardship; in the UK AMR strategy is Antimicrobial Resistance and not Antibiotic Resistance.	Noted. Thank you for commenting on this issue.
77	SH	Public Health England	Full	6	18/19	• Soap and water required for virus but many will use alcohol gel bought in pharmacies – education needed as gel only appropriate for bacterial causes. Alcohol gel is not effective for e.g. *C. difficile*. • Add - After blowing nose, coughing or sneezing.	Noted, thank you. Handwashing is the preferred option but the committee noted there may be some circumstances in which handwashing facilities may not be available or accessible and in which handrubs could be used. For example, when teaching staff are unable to leave a class unattended to go and wash their hands.
78	SH	Public Health England	Full	6	29	• "Use antimicrobials obtained from anywhere other than their healthcare professional or pharmacy (for example, from the Internet). " There are legal internet pharmacies where medicines are obtained following remote consultation. This should be made clearer.	Noted, thank you. This has been amended in the revised guideline
79	SH	Public Health England	Full	9	24	• 1.6.3 – consider inserting a line, 'the information should explain to students the importance of being up to date with immunisations.'	This has been amended in the revised guideline
80	SH	Public Health England	Full	10	19	• 1.7.5 should include information about safety netting, what to do if symptoms worsen. Particularly important e.g. with GPs if treating potentially resistant infection	Noted, thank you. This has been amended in the revised guideline

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81	SH	Public Health England	Full	10		• Pleased to see recommendation for providing written or verbal information when not prescribing.	Noted thank you
82	SH	Public Health England	Full	11	7	• Local area – suggest whole health and social care approach.	Noted thank you. Please see recommendation 1.1 in the revised guideline.
83	SH	Public Health England	Full	General		• Guidance should encourage that that interventions are evaluated and results shared.	Noted thank you The committee and the guideline recognise the importance of this (see the committee discussion section).
84	SH	Public Health England	Full	General		• It is important for campaigns to move from awareness raising only to having an aim of increasing knowledge and changing behaviour using behaviour change principles/strategies.	Noted, thank you. The committee and the guideline recognise the importance of behaviour change and note that more research is needed in this area (see the committee discussion section and recommendations for research in the revised guideline).
85	SH	Public Health England	Full	General		• Pleased to see suggestions that campaigns should make use of national initiatives (e-bug and Antibiotic Guardian) which have been developed and evaluated. Also pleased to see the reference to European Antibiotic Awareness Day	Noted thank you
86	SH	Public Health England	Full	4	15	• Suggest adding norovirus.	Noted thank you. The winter vomiting bug is included as an example or a self- limiting condition in the 'terms used in this guideline' section.

Document processed	Stakeholder organisation	Disclosure on tobacco funding / links	Number of comments extracted	Comments
0 - INTERNAL MPC response to the PH guideline on AMS consultation_Final.doc	NICE Medicines and Prescribing Centre (internal comments)	Not applicable	42	
[AIHO] Changing risk-related behaviour comments AIHO.doc	Association of Independent Healthcare Organisations (AIHO)	[Insert disclosure here]	2	
[Alere] Comments on antimicrobial-resistance-changing-riskrelated-behaviours-in-the-general-	Alere	None	2	

population-comments-form-guideline2.doc				
[BDA] _antimicrobial-resistance-changing-riskrelated-behaviours-in-the-gene....doc	British Dental Association	N/A	3	
[Deb Group] AMR Stewardship Consultation Response October 2015 FINAL.doc	Deb Group Ltd	N/A	3	
[HIS] antimicrobial-resistance-changing-riskrelated-behaviours-in-the-general-population-comments-form-guideline2.doc	Healthcare Infection Society	None	1	
[LNCCG] - antimicrobial-resistance-changing-riskrelated-behaviours-in-the-general-population-comments-form-guideline.doc	NHS Leeds North Clinical Commissioning Group	N/A	16	
[MRSA Action UK] amr-general-population-comments-form-guideline2.doc	[MRSA Action UK]	[None]	5	
[RCGP] RCGP RESPONSE ANTIMICROBIAL.doc	Royal College of General Practitioners	nil	14	
[RCPath] Comments on antimicrobial-resistance-changing-riskrelated-behaviours-in-the-general-population.doc	Royal College of Pathologists	N/A	6	
[RSPH] 20th Oct RSPH consultation response.docx	Royal Society for Public Health	N/A	1	
[UKCPA] NICE draft guideline Antimicrobial stewardship - changing risk-related behaviours.doc	UK Clinical Pharmacy Association (UKCPA) Pharmacy Infection Network	Not applicable	2	
[ARHAI] antimicrobial-resistance-changing-riskrelated-behaviours-in-the-general-population-comments-form-guideline2_ARHAI FINAL.doc	DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI)	None	12	
	The British Society for Antimicrobial Chemotherapy (BSAC)	None	1	
	Royal College of Paediatrics and Child Health	None	1	
	NHS England	None	1	
	Royal College of Nursing	None	1	
	Department of Health	None	1	
	Merck Sharp & Dohme (MSD) UK	None	1	
	Public Health England	Nothing to disclose	13	