**Asthma: diagnosis, monitoring and chronic asthma management**

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| Asthma UK | Guideline | 23 | 1 - 8 | Asthma UK welcomes the proposed change in the guideline recommending children and young people seek the advice of a healthcare professional upon deteriorating symptoms. This is the approach Asthma UK has recommended in our Children's Asthma Action Plans. This approach, over the previously recommended quadrupling of ICS dose, means that the management of deteriorating asthma symptoms would rest with the healthcare professional, rather than the child, young person or their parents / carers. Knowing when to act and contact a healthcare professional is part of asthma self-management, and rates of asthma action plan usage, while improving, are still low. Our Annual Asthma Survey 2018 showed that 46% of children had a written asthma action plan. To increase the impact and uptake of the proposed guideline change, greater awareness of written asthma action plans is needed among healthcare professionals and people with asthma. | Thank you for your comment. We hope the new recommendation will make people aware that written asthma action plans are needed. |
| Asthma UK | Guideline | 23 | 1 - 8 | The proposed guideline could provide further detail on the management of asthma in children and young people. Deteriorating symptoms when using inhaled ICS (and, indeed, at any time) can lead to serious and fatal events, and offering guidance on the management of asthma between noticing the symptom deterioration and managing to consult a healthcare professional may help asthma management in children and young people. A desired time period for seeing a | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |

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| | | | | healthcare professional after first noticing symptom deterioration may also help clarify how to manage asthma in the scenario presented. Asthma UK's written asthma action plans clearly state when help should be sought, with seeing a healthcare professional within 24 hours recommended upon symptom deterioration, and we recommend including this timeframe. | |
| Asthma UK | Evidence review | 18 | 14 - 47 | In the useful discussion on the evidence behind the recommendation, there is a missed opportunity in recommending an area for research. While addressing what to do if a child is not responding to their written asthma action plan, Asthma UK recommends further research into *why* they are not responding. This research recommendation could also cover how people could be supported further in using their action plans to manage their asthma, how digital solutions could potentially help people use their action plans, personalise them and how they could be more interactive to symptoms and triggers. We would also encourage research on expanding access to written asthma action plans to those with poor literacy, and to those whom English is not a first language. Understanding the barriers to self-management and access will ultimately help the uptake of the guidance. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Boehringer Ingelheim Limited | Guideline | General | General | Boehringer Ingelheim welcome the invitation to respond to this NICE NG80 guideline update consultation. | Thank you for your comment. |

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| Boehringer Ingelheim Limited | Guideline | 23 | 4 - 5 | Boehringer Ingelheim support NICE's recommendation that where appropriate, consistent inhaled corticosteroid (ICS) use in children and young people with asthma is important to prevent deterioration. We believe that patients with asthma should be encouraged to remain compliant to all medications, as prescribed. | Thank you for your comment. |
| Boehringer Ingelheim Limited | Guideline | 23 | 4 - 6 | We suggest elaborating on the sentence ending *"…explain that there is no evidence of clinical benefit from increased doses of ICS."*, as we believe that it is not clear that this recommendation relates to 'at deterioration', rather than 'during prevention'. | Thank you for your comment.<br>Following stakeholder comment, we have reworded this recommendation to make this clearer. |
| Boehringer Ingelheim Limited | Guideline | 35<br>36 | 3 - 4<br>1 - 4 | We acknowledge your comment from the committee that there was limited evidence, mostly in adults, and that the new paediatric evidence did not support the previous recommendation that was based on extrapolation from adult data. We agree with NICE's research recommendation for clearer guidance on increasing the dose of ICS in children and young people within a self-management plan, and strongly believe that all treatment strategies for asthma should be investigated separately in paediatric clinical trials. Since the latest (2017) version of the NICE NG80 guideline was published, Boehringer Ingelheim has completed a paediatric programme for Spiriva Respimat (tiotropium), which was subsequently licensed in April 2018 as an add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma who experienced one or | Thank you for your comment. |

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| | | | | more severe asthma exacerbations in the preceding year. The doses of ICS that Spiriva Respimat can be added to (moderate or high dose ICS, according to NICE NG80) are outlined in the SmPC available at medicines.org.uk. | |
| Boehringer Ingelheim Limited | Guideline | 35 | 13 - 23 | Boehringer Ingelheim support NICE's view on the importance of personal asthma action plans, as well as encouraging as needed asthma reviews in addition to the annual review. | Thank you for your comment. |
| British Thoracic Society | Guideline | General | General | We support the changed recommendation relating to 1.10.3. We note that NICE have reversed a previous recommendation to quadruple ICS in connection with acute asthma and to focus on self-management and adherence instead. This is welcome and a sensible decision given the paucity of data. | Thank you for your comment. |
| GlaxoSmithKline | Guideline | General | General | GSK would like to thank you for the opportunity to comment on the draft NICE Asthma diagnosis, monitoring and chronic asthma management guideline (NG 80).<br><br>We note that BTS, SIGN and NICE will be producing a joint guideline on chronic asthma and welcome this opportunity for alignment and re-evaluation of the full body of evidence for the practical and clinical use by primary care providers in the UK. | Thank you for your comment. |

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| GlaxoSmithKline | Guideline | 23 | 4 | **Section 1.10 Self-management**<br>We are concerned that the context around the statement 'Encourage consistent ICS use to prevent deterioration…' is unclear. Does this specifically refer to patients experiencing deteriorating symptoms or is it a general statement encouraging adherence? As the paragraph goes on to discuss pharmacological management and controlling symptoms, we presume it is the former. | Thank you for your comment.<br>Following stakeholder comment, we have reworded this recommendation to make this clearer. |
| GlaxoSmithKline | Guideline | 23 | 4 - 6 | Our suggested wording that would address are concerns in comments 2 to 6 would be:<br><br>*For children and young people aged 5 to 16 with a diagnosis of asthma a self-management plan should be used to include advice on monitoring their asthma symptom control (see also section 1.13 on monitoring asthma control). Patients with asthma should be encouraged to take ICS at the prescribed dose regularly. If patients have not maintained consistent ICS use and experience deterioration in symptoms, they should be advised to restart ICS and take it regularly to help them regain control of their asthma.*<br><br>*Patients who experience deterioration in symptoms despite consistent use of their prescribed dose of ICS should contact a primary health care professional for a clinical review. This clinical review may result in a change in ICS dose prescribed in accordance with appropriate treatment guidelines. There is limited evidence of clinical benefit to support patients* | Thank you for your comment. The committee agreed that it is not possible for healthcare professionals to know whether children and young people with asthma are maintaining consistent ICS use. The wording of your suggestion relies on healthcare professionals knowing who is maintaining consistent ICS use and who is not. |

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| | | | | *increasing their own dose of ICS within a self-management plan.* | |
| GlaxoSmithKline | Guideline | 23 | 5 | **Section 1.10 Self-management**<br>Line 5 states 'there is *no evidence* of clinical benefit from increased doses of ICS'. However, in the rationale section (Page 34, Line 26 and Page 35, Line 3), the guideline states that there was one small study (this is what supported the initial inclusion of increased doses of ICS as part of a self-management plan in the guideline), but the committee now agree that is *limited* evidence. We suggest amending the wording to reflect the evidence that has been reviewed. | Thank you for your comment. The "limited evidence" description refers to the evidence reviewed in 2017, which was adult evidence and one child study, Yousef 2012. Yousef 2012 did not meet our inclusion criteria because the duration of follow-up was less than 3 months. There was no evidence of clinical benefit in the child study reviewed in the 2020 update (Jackson 2018). |
| GlaxoSmithKline | Guideline | 23 | 5 | **Section 1.10 Self-management**<br>We believe the above sentence (from point 3) refers to no or limited evidence for ICS dose increase as part of a *self- initiated* and *self-management plan* however we believe it is not sufficiently clear. Our concern is that children, young people, carers or healthcare providers may conclude that there is limited evidence for increasing ICS dose at all.<br><br>Fluticasone furoate/ vilanterol (FF/VI) 92/22mcg and 184/22mcg is an ICS/LABA with two strengths of ICS which has been assessed and approved by the European Medicines Agency (EMA) for use in asthma in adults and adolescents 12 years and above.<br><br>As per the licence and summary of product characteristics FF/VI 92/22mcg once daily should be | Thank you for your comment. The "limited evidence" description refers to the evidence reviewed in 2017, which was mostly adult evidence and one child study, Yousef 2012. Yousef 2012 did not meet our inclusion criteria because the duration of follow-up was less than 3 months. There was no evidence of clinical benefit in the child study reviewed in the 2020 update (Jackson 2018).<br>The purpose of this review was to assess whether an escalation in ICS preventer therapy was effective for children and young people within supported self-management. Adjusting doses of ICS in the pharmacological treatment pathway (sections 1.7 and 1.8) was beyond the scope of this review. |

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| | | | | considered for adolescents 12 years and above who require a low to mid dose of ICS in combination with a LABA. If patients are inadequately controlled on FF/VI 92/22mcg, the dose can be increased to 184/22mcg, which may provide additional improvement in asthma control. Furthermore, FF/VI 184/22mcg should be considered for adults and adolescents 12 years and over who require a higher dose of ICS in combination with a LABA.<br><br>This is with the proviso that patients are regularly assessed by a healthcare professional, that usage is regular and daily in order to maintain control even when asymptomatic and that the dose should be titrated to the lowest dose at which effective control of symptoms is maintained. (Relvar Ellipta SPC 92/22mcg 2018; Relvar Ellipta SPC 184/22mcg 2018).<br><br>We suggest that a clinical review is recommended which may result in a change in ICS dose in accordance with appropriate treatment guidelines. | |
| GlaxoSmithKline | Guideline | 23 | 6 | **Section 1.10 Self-management**<br>This section discusses how to prevent deterioration and regain control of asthma. It emphasises the need for consistent use of ICS twice:<br>1) encourage consistent ICS use to prevent deterioration (line 5)<br>2) for people who have not maintained consistent ICS use, restarting ICS and taking it regularly… (line 6) | Thank you for your comment.<br>Following stakeholder comment, we have reworded this recommendation to make this clearer.<br><br>The committee agreed that it is not possible for healthcare professionals to know whether children and young people with asthma are maintaining consistent ICS use. Therefore, we cannot use wording that |

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| | | | | However, it does not provide guidance on what to do when patients *are* consistently using ICS. We suggest additional wording should be added for patients who are taking ICS consistently but still require additional care. | suggests healthcare professionals should know who is consistently taking ICS and who is not. |
| National Paediatric Respiratory Nurses Group | Guideline | General | General | NPRANG committee have reviewed this document and are in support of the 2020 Guideline as it stands. We would like to see more resources and education towards Primary Care to ensure consistent advice and support is given to children and prevent admissions to hospital. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Neonatal and Paediatric Pharmacists Group | Guideline | General | General | We support the recommended changes to the guideline. | Thank you for your comment. |
| North Central London Joint Formulary Committee | Guideline | General | General | There is no guidance regarding using peak flow readings in addition to symptoms in the self-management plans. It would be helpful to clarify whether the plans should use best or predicted peak flows. At present we use plans with guidance based on readings below 70% and below 50% best peak flow. This has generated a lot of discussion when we built local templates and our local consultants suggested best readings should be used. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| North Central London Joint Formulary Committee | Guideline | General | General | How long should inhaled steroids be stopped for before FeNo testing? | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will |

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| | | | | | be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| North Central London Joint Formulary Committee | Guideline | 7 | 18 - 24 | Spirometry would be really difficult to do in patients aged 5 years as suggested by NICE. It can only really be done once a patient is a teenager. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| North Central London Joint Formulary Committee | Guideline | 23 | 1 - 8 | The removal of the recommendation to increase the dose of ICS from self-management plans moves away from autonomous management, and results in involving a healthcare care professional at an earlier stage. The committee rightly recognises that this creates a void in the guidelines if a patient's condition worsens. The recommendation to increase the dose of ICS is replaced with a recommendation to review the self-management plan which is no longer a self-care option. The committee states that the increase in resources needed to review self-management plans is likely to be offset by a reduction of asthma exacerbations. However, in practice, the appointments made as child's conditions worsens to review the management plan will likely create a higher demand on acute primary care appointments rather than intended reviews of self-management plans.<br><br>There is also a likelihood that the removal of what essentially was a step in treatment, will result in an | Thank you for your comment. Emergency admissions are very costly compared to the cost of reviewing a management plan. On this basis, the cost of an increased number of management plan reviews should be offset by a reduced number of emergency admissions. LABA+ICS was beyond the scope of this review. |

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| | | | | increase of prescribing of LABA+ICS combinations which in turn will raise drug expenditure. | |
| North Central London Joint Formulary Committee | Guideline | 31 | 16 - 20 | Strongly agree with the recommendation for further research to ascertain whether increasing the ICS dose when asthma control has deteriorated should be included in a personalised asthma plan for CYP. | Thank you for your comment. |
| North Central London Joint Formulary Committee | Guideline | 35 | 20 - 23 | This detail of what a review should involve should also be included in Recommendation 1.10.3 to ensure that the quality of self-management programme reviews for children and young people also increases along with the volume of reviews. | Thank you for your comment. The purpose of this review was to assess whether an escalation in ICS preventer therapy was effective for children and young people within supported self-management. It was beyond the scope of this review to detail what should be included in a self-management programme and/or plan. |
| Primary Care Respiratory Society | Guideline | 23 | 1 - 8 | Rec 1.10.3. We would suggest that the information in the self-management plan should be discussed with the parent/child as well as being provided in writing. Also, the information should include how to contact their healthcare professional. | Thank you for your comment. The purpose of this review was to assess whether an escalation in ICS preventer therapy was effective for children and young people within supported self-management. It was beyond the scope of this review to detail what should be included in a self-management programme and/or plan. |
| Primary Care Respiratory Society | Guideline | 23 | 1 - 8 | Rec 1.10.3. We would suggest that information also include an explanation of what ICS means and it should be confirmed with the parent/patient which inhaler is being referred to, pictures on the self-management plan would be helpful. | Thank you for your comment. The purpose of this review was to assess whether an escalation in ICS preventer therapy was effective for children and young people within supported self-management. It was beyond the scope of this review to detail what should be included in a self-management programme and/or plan. |
| Primary Care Respiratory Society | Guideline | 23 | 1 - 8 | Rec 1.10.3. There is some concern regarding the move away from a recommendation to increase the dose of ICS when asthma symptoms are worsening. Evidence (and experience) suggests that the majority of exacerbations occur among patients who are | Thank you for your comment. |

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| | | | | less/not compliant with their ICS medication for whom an increase in the anti-inflammatory component of their treatment would likely be optimal in regaining control of their symptoms. It is clear that there is a need for further evidence on the use of increased doses of inhaled corticosteroids to control worsening asthma in children and we are pleased to see that this topic forms part of the research questions associated with this guidance document. | |
| Primary Care Respiratory Society | Guideline | 23 | 1 - 8 | Rec 1.10.3. We recommend that you are more explicit that because you no longer recommend an increase in inhaled corticosteroids that the clinical intervention required defaults to the use of oral corticosteroids. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of General Practitioners | Guideline | General | General | The RCGP is disappointed that NICE has not considered updating the whole of the NICE guidance on Asthma. We agree with the minor changes made regarding the recommendation of quadrupling of corticosteroids in children however we request that NICE review its guidance for asthma relating to primary care to ensure it is:<br><br>• With consideration of more pragmatic national asthma guidance that has been more positively received by primary care e.g. SIGN, BTS<br>• Practical to use for primary care physicians | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |

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| | | | | • Includes more emphasis on shared decision making for asthma care | |
| Royal College of Nursing | Guideline | General | General | The Royal College of Nursing welcomes the opportunity to comment on the NICE guidance for diagnosis, monitoring and chronic asthma management. | Thank you for your comment. |
| Royal College of Nursing | Guideline | General | General | Suggest adding advanced practitioners to the guidance audience as a key senior decision maker in general practice https://www.rcn.org.uk/professional-development/advanced-practice-standards<br>Suggest – GP, advanced practitioners and practice nurses…. | Thank you for your comment. In light of your comment, the who is it for? section has been amended to include advanced practitioners. |
| Royal College of Nursing | Guideline | General | General | Post attack reviews – there is a lack of clarity and importance of post exacerbation follow up particular for those following hospital admission, emergency department or out of hours general practice assessment. The learning from the National Review if Asthma Deaths (2019) recommended this. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Nursing | Guideline | General | General | We aware that of the following communique that was recently (July 2019) agreed by NICE, British Thoracic Society and Scottish Intercollegiate Guidelines Network (SIGN) about the update of a comprehensive Asthma guideline:<br><br>"The British Thoracic Society (BTS), Scottish Intercollegiate Guideline Network (SIGN) and the National Institute for Health and Care Excellence | Thank you for your comment. Details of NICE guidance in consultation is published on our website and updated on a regular basis. |

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| | | | | (NICE) will today announce that future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children will be produced jointly by the three organisations.<br><br>The Guideline will:<br><br>• support health professionals in making accurate diagnoses and providing effective treatments to control the condition and prevent acute asthma attacks<br>• promote good practice and include recommendations in areas where differences in guidance had previously existed between the organisations"<br><br>In order to support healthcare professionals and people with asthma, it would be worth mentioning in this guidance, this imminent project, which will subsequently lead to an update of this new NICE guidance. | |
| Royal College of Nursing | Guideline | 5 | 23 | Occupational questions positive addition and referral pathway. | Thank you for your comment. |
| Royal College of Nursing | Guideline | 6 | 20 | Diagnostic hubs – positive to include in this guidance, however, this section could be strengthened as their development has moved on from 2017 and could include examples of best practice. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic |

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| | | | | | Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Nursing | Guideline | 13 - 16 | General | Useful assessment guidance and the Table 1 and algorithms are clear. | Thank you for your comment. |
| Royal College of Nursing | Guideline | 28 | 3 | Treatment algorithms linked to – these are 2017/2018 – are they to remain unchanged? | Thank you for your comment. The treatment algorithms were not changed during this update. (https://www.nice.org.uk/guidance/ng80/resources) This is because this update was about the self-management plan. It was not about the pharmacological treatment pathways. |
| Royal College of Paediatrics and Child Health | Guideline | General | General | There is not much mentioned on devices or the need to use with a spacer, this should be added for the paediatric sections. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Paediatrics and Child Health | Guideline | General | General | The reviewer was happy with the new information on having to seek medical attention with the appropriate professional because that is the safest approach, specifically for children. The compliance and use of MDI varies a lot even when it is being used correctly. Hence it is important to see a professional who can check the proper use of inhalers, discuss compliance and take or refer appropriately instead of asking the patients/carers to gradually increase the dose of inhaled corticosteroid. | Thank you for your comment. |
| Royal College of Paediatrics | Guideline | General | General | The reviewer was happy with this guideline. | Thank you for your comment. |

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| and Child Health | | | | | |
| Royal College of Paediatrics and Child Health | Guideline | General | General | This draft consultation addresses the research question understanding if higher doses of steroids would be beneficial. To study this it is vital to ensure good adherence and inhaler technique. There should be clear documentation of the correct inhaler technique or a link/video demonstrating this to have consistency in practise. | Thank you for your comment. Although NICE has recommendations on inhalers, it is beyond our remit to provide education. Furthermore, it was beyond the scope of this review to detail a comprehensive list of what should be included in a self-management programme and/or plan. |
| Royal College of Paediatrics and Child Health | Guideline | General | General | The changes made to this guideline update are appropriate. | Thank you for your comment. |
| Royal College of Paediatrics and Child Health | Guideline | 6 | 6 - 16 | Rec 1.2. Diagnosis in young children requires more guidance on soliciting relevant symptoms if objective tests are not possible. | Thank you for your comment. The purpose of this review was to assess whether an escalation in ICS preventer therapy was effective for children and young people within supported self-management. Diagnosis of asthma was beyond the scope of this review. |
| Royal College of Paediatrics and Child Health | Guideline | 7 | 3 - 5 | Rec 1.3.2. FeNO will give misleadingly high readings in those with allergic rhinitis with blocked nose even in the absence of asthma. The value of FeNO for either diagnosis or monitoring as a component of management remains a controversial area. Too much reliance is placed on this parameter in the guideline. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Paediatrics and Child Health | Guideline | 7 | 19 - 24 | Rec 1.3.5. FEV1 of <70 as a marker of obstructive airway disease is not applicable to children. Most, even with severe disease, have higher levels. There are many publications on which test is best for children | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic |

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| | | | | over the last 50 years. Flow volume loops using FEF50 is a much more sensitive marker. | Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Paediatrics and Child Health | Guideline | 17 | 9 - 11 | Rec 1.5.5. An additional important cause of poor control is co-morbidity such as allergic rhinitis. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Paediatrics and Child Health | Guideline | 20 | 7 - 12 | Rec 1.7.6. The section on MART particularly for children gives a very conflicting message. The only established role for MART is in adults particularly those with poor concordance. There is no evidence that MART is effective in those with poor control despite good concordance. | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| Royal College of Paediatrics and Child Health | Guideline | 22 | 11 - 13 | Rec 1.9.1. Adherence has the same pejorative meaning as compliance, namely paternalism. The whole aim of management must be to reach an accord with the patient and parents/carers in relation to both the treatment regimen and the PAAP (supported asthma action self-management plan) which in turn is more likely to achieve concordance. | Thank you for your comment. We will use pass your comment to the NICE surveillance team for consideration at the next review of CG76 Medicines adherence, to ensure that this guideline is up to date. |
| Royal College of Paediatrics and Child Health | Guideline | 25 - 26 | General | Do they need to hyperlink the ICS doses on pages 25 / 26 to where ICS doses are mentioned in sections 1.7 & 1.8? | Thank you for your comment. We have included these hyperlinks. |
| The British Society for | Guideline | General | General | On the whole I personally am happy with these guidelines from the point of view of adult asthma | Thank you for your comment. We will use your comment to help inform the scope of future UK-wide guidance for |

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| Allergy & Clinical Immunology | | | | diagnosis and management. My only comment would be that the guidelines, although recommending FeNO measurement as part of the diagnostic algorithm for asthma in both adults and children, also emphasise that elevated FeNO alone neither confirms nor excludes the diagnosis in children or adults (see algorithms B and C in the guidelines), which makes it hard to see why they could be cost-effective, particularly as their routine measurement would require considerable investment to enable FeNO measurement in primary care. | the diagnosis and management of chronic asthma in adults, young people and children guidance, which will be developed jointly by NICE, the British Thoracic Society (BTS) and the Scottish Intercollegiate Guideline Network (SIGN). |
| The British Society for Allergy & Clinical Immunology | Guideline | General | General | It is nice to see that the importance of allergy testing and identification of triggers, earlier in the asthma pathway has been elevated. | Thank you for your comment. |

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*