Appendix B: Stakeholder consultation comments table

Consultation dates: 21 August to 11 September 2017

Do you agree with the proposal not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Cambridge University MRC Epidemiology Unit	Agree	No comments	Thank you for your response.
Association for Family Therapy and Systemic Practice	Agree	Agree based on the evidence reviewed	Thank you for your comment.
Centre for Behaviour Change, University College London	Disagree	The production of digital behaviour change interventions is accelerating rapidly. Digital behaviour change interventions (DBCIs) can be defined as any product or service that uses computer technology to promote behaviour change [1] and can, for example, be delivered through computer programs, websites, mobile phones, smartphone applications (apps) or wearable devices. Since the release of the public health guideline for PH6 in October 2007, evidence on the effectiveness of DBCIs (e.g. websites, text messages) has been published. Several systematic reviews and meta-analyses of DBCIs for smoking cessation [2–5], physical activity [6,7], weight loss [8,9], alcohol reduction [10–13] and self-management of chronic conditions, such as diabetes, asthma and COPD [14–16], have found	Thank you for your comment. The evidence-base on digital behaviour change interventions was addressed in the surveillance review for Behaviour change: individual approaches NICE guideline PH49 which has recommended that there should be an update focusing on these interventions. When this update takes place, part of the development process is to check if closely related guidelines need any updating in relation to the new recommendations, it would be at this point that consideration of the recommendations within Behaviour change: general approaches NICE guideline PH6 will be considered. Thank you for providing a list of references, we will ensure that the guideline developers are provided with this information.

		small but significant effects compared with active or wait-list controls. However, as observed effect sizes are heterogeneous and several RCTs contributing to the abovementioned meta-analyses were at high risk of bias, larger trials of high methodological quality are required to advance our knowledge about moderators of treatment effects. Moreover, evidence on the effectiveness of utilising more recent technological devices (e.g. smartphone apps, wearable devices) as delivery platforms for health-related interventions is still scarce. Given that some face-to-face health services are being replaced by digital offerings, often with no evidence to support such decisions, it would be very helpful if NICE were to issue guidance in this area. Commissioners purchasing services need guidance about how to evaluate DBCIs when making decisions (e.g. the extent to which they meet criteria such as acceptability, effectiveness and cost-effectiveness). It might, for example, be useful to outline under section 3.2 (recommendations; delivery) that the way in which an intervention is delivered may have an impact on its effectiveness. Generating recommendations based on existing evidence about the effectiveness of DBCIs (i.e. section 5, recommendations for research), similar to that issued for digitally enabled therapies for mental health conditions, is much needed. References:	

		1. West R, Michie S. A Guide to Development and Evaluation of Digital Interventions in Healthcare. London: Silverback Publishing; 2016. 2. Myung S-K, McDonnell DD, Kazinets G, Seo HG, Moskowitz JM. Effects of Web- and Computer-Based Smoking Cessation Programs. Arch Intern Med 2009;169(10):929–937. PMID: 41045170 3. Shahab L, McEwen A. Online support for smoking cessation: A systematic review of the literature. Addiction 2009;104(11):1792–1804. PMID: 19832783 4. Taylor G, Dalili M, Semwal M, Civljak M, Sheikh A, Car J. Internet-based interventions for smoking cessation. Cochrane Database Syst Rev 2017;(9). 5. Whittaker R, Borland R, Bullen C, Rb L, Mcrobbie H, Rodgers A. Mobile phone-based interventions for smoking cessation. Cochrane Database Syst Rev 2009;(4). 6. Davies CA, Spence JC, Vandelanotte C, Caperchione C, Mummery WK. Meta-analysis of internet-delivered interventions to increase physical activity levels. Int J Behav Nutr Phys Act [Internet] 2012 [cited 2015 Nov 6];9(52):1–13. Available from: http://www.biomedcentral.com/content/pdf/1479-5868-9-52.pdf 7. Muntaner A, Vidal-Conti J, Palou P. Increasing physical activity through mobile device interventions: A systematic review. Health Informatics J [Internet] 2015 Feb 3 [cited 2016 Feb 8];1–19. Available from: http://www.ncbi.nlm.nih.gov/pubmed/25649783 PMID: 25649783	

		8. Liu F, Kong X, Cao J, Chen S, Li C, Huang J, et al. Mobile phone intervention and weight loss among overweight and obese adults: a meta-analysis of randomized controlled trials. Am J Epidemiol [Internet] 2015 Mar 1 [cited 2015 Dec 2];181(5):337–48. Available from: http://www.ncbi.nlm.nih.gov/pubmed/25673817 PMID: 25673817 9. Lyzwinski LN. A Systematic Review and Meta-Analysis of Mobile Devices and Weight Loss with an Intervention Content Analysis. J Pers Med 2014;430:311–385. 10. Black N, Mullan B, Sharpe L. Computer-delivered interventions for reducing alcohol consumption: meta-analysis and meta- regression using behaviour change techniques and theory. Health Psychol Rev Taylor & Francis; 2016;10(3):341–357. 11. Khadjesari Z, Murray E, Hewitt C, Hartley S, Godfrey C. Can stand-alone computer-based interventions reduce alcohol consumption ? A systematic review. Addiction 2010;106:267–282. 12. Nair NK, Newton NC, Shakeshaft A, Wallace P, Teesson M. A Systematic Review of Digital and Computer-Based Alcohol Intervention Programs in Primary Care. Curr Drug Abuse Rev [Internet] 2015 Jan [cited 2016 Jan 22];8(2):111–8. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26373848 PMID: 26373848 13. Riper H, Blankers M, Hadiwijaya H, Cunningham J, Clarke S. Effectiveness of Guided and Unguided Low-Intensity Internet Interventions for Adult Alcohol Misuse: A Meta- Analysis. PLoS One 2014;9(6):e99912.	

		14. Jones KR, Lekhak N, Kaewluang N. Using mobile phones and short message service to deliver self-management interventions for chronic conditions: a meta-review. Worldviews Evidence-Based Nurs [Internet] 2014 Apr [cited 2016 Feb 8];11(2):81–88. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24597522 PMID: 24597522 15. Kitsiou S, Paré G, Mirou J, Gerber B. Effectiveness of mHealth interventions for patients with diabetes: An overview of systematic reviews. PLoS One 2017;1–16. 16. McCabe C, McCann M, Brady A. Computer and mobile technology interventions for self-management in chronic obstructive pulmonary disease. Cochrane Database Syst Rev 2017;(5).	
Royal College of Nursing	Agree	Agree but to make sure the resource on supporting these interventions in clinical practice are referenced	Thank you for your comment. Please see the response below concerning references.
Do you have any comments on equalities issues or any areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Cambridge University MRC Epidemiology Unit	No	No comments	Thank you for your response.
Association for Family Therapy and Systemic Practice		The gaps in evidence 'that noted few studies explicitly addressing the comparative effects that behaviour change interventions can have on health inequalities, particularly in relation to cultural differences' is an important aspect and wondered if	Thank you for your comment. There is a research recommendation in Behaviour change: individual approaches NICE guideline PH49, which addresses health inequalities (research recommendation 5.3). This guideline also provides recommendations on

		this is a current research recommendation? We note also the health inequalities mentioned relating to low income and some of the behaviour change approaches and hope that there is also a research recommendation in this area. Cultural and other differences between people can make a big difference to the appropriateness and acceptability of behaviour change approaches, and this is important since those marginalised will likely already be disadvantaged by health inequalities. Health inequalities often reflect social inequalities and addressing the ways in which society is unequal can also be an important consideration within this context.	ensuring interventions meet individual needs, including considering cultural and other differences.
Centre for Behaviour Change, University College London	N/A	No comments	Thank you for your response.
Royal College of Nursing		• To check that the guidelines reference the resources on MECC http://www.makingeverycontactcount.co.uk/ we have endorsed this resource • Also to add the RSPH and PHE resource on measuring outcomes everyday interactions https://www.rsph.org.uk/our-work/policy/measuring-public-health-impact.html we have also endorsed this • PHE All our health https://www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework resources for All our health https://www.gov.uk/government/collections/all-	Thank you for providing these references. We will pass this information on to the NICE Adoption and Impact team and ask them to consider adding these to the tools and resources webpage for Behaviour change: general approaches NICE guideline PH6.

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