National Institute for Health and Clinical Excellence

Pressure Ulcers
Scope Consultation Table
02.11.11 – 30.11.11

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
1	SH	United Lincolnshire Hospitals NHS Trust	1.0	3.1 (a)	Pressure Ulcers (would it be possible to include previously referred to as…) as all practitioners should now be familiar with/using the term Pressure Ulcers, as this was first defined by EPUAP In 1997	Thank you for your comment. However, Section 3.1 is not evidence based. It is intended to outline epidemiology and so for clarity, this paragraph has not been amended.
2	SH	United Lincolnshire Hospitals NHS Trust	1.1	3.1 (f)	Are these costs not per episode to healing? i.e. additional treatment / management costs incurred by the relevant healthcare service	Thank you for your comment. We agree and have amended Section 3.1 of the scope accordingly.
3	SH	United Lincolnshire Hospitals NHS Trust	1.2	3.2 (a)	The Waterlow risk assessment score is still the most used in clinical settings throughout the UK	Thank you for your comment. Section 3.2 has been amended to include your suggestion.
4	SH	United Lincolnshire Hospitals NHS Trust	1.3	General	The scope appear to be comprehensive and takes account of all of the major issues highlighted/addressed in recent EPUAP Guidance (2009) e.g.: Risk and Skin Assessment, Nutrition, Patients Immobility, Positioning and Repositioning, Use of Support Surfaces, Classification of Pressure Ulceration, Role of dressing and debridement techniques for the management of the same, adjunctive therapies and surgical intervention.	Thank you for your comment.
5	SH	United Lincolnshire Hospitals NHS Trust	1.4	General	Will be applying to be part of the GDG and hopefully can further input to the development if this important guidance. Thank you!	Thank you for your comment.
7	SH	Neurocare Europe Limited	2.0	General	**Comments on draft consultation for Pressure Ulcers** **My name is Ian M. Forrester, I am a stakeholder registered as Neurocare**	Thank you for your comment. We are familiar with the EPUAP/NPUEAP guidelines.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Europe Limited. The following notes represent my comments on the draft document first discussed at the meeting on 10th October 2011. **I attended the above meeting and subsequently studied the comments of all sub-groups carefully. This gave rise to two areas of concern on which I would like to comment.** **1). Previous recent work in the field** **The small group which I was a member of appeared to be unaware of the EPUAP/NPUAP work on the same subject and the resulting comprehensive conclusions and recommendations which where promulgated widely in 2010.** **2). Knowledge of adjunctive therapies** **In discussion it transpired that there was also very little knowledge of adjunctive therapies in my group to the extent that they discussed recommending the exclusion of adjunctive therapies from consideration under this consultation altogether.** **Despite widespread adoption elsewhere in the world, the British medical community appears largely unaware of the potential of electrotherapy in wound healing either in terms of the cost reduction benefits which could be realised or the considerable improvement in patient experience.** **The subject of pressure ulcer management has been extensively researched elsewhere over the last 20 years as a result of which several guidelines have been issued by national medical bodies.**	Section 4.3.1 states that other therapies including electrotherapy will be a key clinical issue covered by the guideline.
8	SH	Neurocare Europe Limited	2.1	General	Continued…. **In the early 1990's the American Agency for Healthcare Policy and Research issued a "clinical practice guideline" on pressure ulcer management to the American medical community which inter alia concluded that "at this time electrotherapy is the only adjunctive therapy with sufficient supporting evidence to warrant recommendation by the panel". This conclusion was supported by ten clinical studies listed in an appendix** **During the period 2008/2010 the European Pressure Ulcer Advisory Panel which included representation from the U.K. teamed with their American colleagues from the National Pressure Ulcer Advisory Panel and issued guidelines which took effect in 2010. The conclusion of this group regarding adjunctive therapies in pressure ulcer healing was that**	Thank you for your comment. We are aware of the planned Cochrane review on electrotherapy and will consider this as part of the evidence review, if it is published during development.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					electrotherapy was the only therapy supported by grade A (RCT) evidence. **Generally in the U.S.A. all of the private medical insurers and the government agencies Medicare and Medicaid will approve (and therefore reimburse the cost of) the use of electrotherapy to treat most forms of ulceration when a period of one month of conventional treatment has not achieved a cure. The evidence base supporting this policy and practice is particularly strong regarding pressure ulceration.** **Recommendations** **That "The Guideline Development Group" be made aware of the above comments and should also be made aware of the pending Cochran Collaboration work on electrotherapy and wound care which although at present an abstract is expected to be published early in 2012.** **Also whilst some of the conclusions I have tentatively reached are based on discussions in the small group setting and may not be representative of the knowledge and experience of the whole group, I would strongly recommend that "The Guideline Development Group" familiarise itself especially with the work of the EPUAP/NPUAP project which a) covered the same subject area and b) employed a broad range of distinguished experts on this subject representing Europe and North America.** **General** **I have personal knowledge of much of the research which has been undertaken in the field of electrotherapy and would be happy to submit details of appropriate clinical studies if the group would find such input helpful.** **I declare my interest in this matter by noting that I am a Director of a Company which manufactures electrotherapy devices which are extensively used in wound healing applications in other countries.**	Thank you for your comment. We are familiar with the EPUAP/NPUEAP guidelines. NICE guidelines are developed by a multidisciplinary group comprising of practitioners based in UK healthcare and lay representatives. Thank you for your comment. Should the group feel that there is evidence available which cannot be identified via systematic searches of the literature, we will issue a call for evidence to help identify any additional studies.
9	SH	Hollister Ltd	3.0	General	No reference to the incidence of Oral Pressure Ulcer measurement and management in the document. This was discussed and agreed at the meeting as relevant to the scope.	Thank you for your comment. It is felt that the prevention and management of pressure ulcers caused by devices requires specific prevention and management strategies that are beyond the scope of this guideline.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						Section 4.3.2 has now been amended to clarify that pressure ulcers caused by devices, including oral pressure ulcers, are outside the scope of the guideline.
10	SH	British Healthcare Trade Association	4.0	4.2 (a)	The need for pressure care devices (static) need to be available to GP practices and community nurse proffesionals via prescription on form fp10.Currently these professional areas have no direct access apart from loan stores and patients purchasing products themselves.	Thank you for your comment. All recommendations in the final guideline will be relevant to primary care, as stated in section 4.2 of the draft scope.
11	SH	British Healthcare Trade Association	4.1	5.1.1	Nice guideline 7, does not currently involve the use of static air technology for pressure ulcer prevention and healing.These products can sometimes prove to be a much economical option proving good results in patients.	Thank you for your comment. The use of devices for the prevention and management of pressure ulcers will be covered by the guideline, as highlighted in Section 4.3.1. The guideline development group will prioritise which devices should be included in the review.
12	SH	Cochrane Wounds Group	5.0		The Cochrane Wounds Group welcomes the opportunity to comment on the scope of the new pressure ulcer guideline.	Thank you for your comment.
13	SH	Cochrane Wounds Group	5.1	3.1a	Moisture rightly flagged here as a potential causative agent (or at least contributory); moisture-management therefore needs to appear in the interventions (in relation to barrier creams, continence management, textiles).	Thank you for your comment. The prevention of moisture lesions and use of barrier creams has now been included in Section 4.3.1.
14	SH	Cochrane Wounds Group	5.2	3.2	This section, whilst headed "Current Practice" is an amalgam of non-evidence based statements that pre-empt the evidence review/guidance production and anecdote about what is current practice. Should try and focus on **what we have evidence is actually practiced**. Some statements e.g., "**limited sitting and lying times are a major aspect of reducing the risks of pressure ulcers for all patients"** is not evidence based and does not acknowledge the fact that for some groups, e.g., those with	Thank you for your comment. As you correctly note, Section 3.2 is not evidence based. It is intended to outline clinical practice. As stated in point a), 'There is a variation in the consistency of approach to pressure ulcer prevention across the NHS in both secondary and primary care'.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					spinal cord injuries, it is not limiting the sitting/lying times that is practiced/emphasised so much as regular pressure relief by weight shifts in the sitting position. Para 3.2b does not apply to some patient groups. Avoid statements like "repositioning patients every two or three hours is generally accepted…." Evidence? Which types of patients?	Section 3.2. b) has been removed in line with your comment.
15	SH	Cochrane Wounds Group	5.3	3.2f and 4.3.1c	Part of the rationalisation has to be pressure ulcer grading tools; methods of classification vary hugely and this leads to confusion. We need a national approach to pressure injury classification.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
16	SH	Cochrane Wounds Group	5.4	4.3.1b	Prevention interventions that are used, and for which practitioners require guidance include: - barrier creams and lotions - skin massage/rubbing - wound dressings used to protect intact skin - different positions such as 30 degree tilt - moving and handling aimed at reducing shear and friction - equipment such as bed cages, leg gutters	Thank you for your comment. Section 4.3.has been amended to include skin massage/rubbing. 4.3.1 also includes: repositioning, which may include the use of different positions and moving and handling; and the use of pressure relieving devices, which may include the use of bed cages and leg gutters. The guideline development group will prioritise which topics will be included in the review. Section 4.4 of the scope has also been amended to include the use of barrier creams and the use of wound dressings.
17	SH	Cochrane Wounds Group	5.5	4.3.1d	Wound dressings MUST be included – a major area of high cost to the NHS and uncertainty for clinicians and service users. We do not know whether "all wounds are equal" in terms of responsiveness to dressings and clearly a wound dressing can itself help to relieve pressure or add to it. This is illustrated by the case of "black heels"; whilst the skin may be intact there has been	Thank you for your comment. The use of wound dressings has been included in the scope in Section 4.3.1.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					tissue necrosis – some advocate the application of hydrocolloid dressings to speed breakdown and the removal of dead tissue. If dressings are not to be addressed this question could not be addressed. Debridement should not be looked at as an end in itself but the evidence review needs to ask the fundamental question of whether debridement is necessary for/speeds healing. This is likely to be different for pressure ulcers than acute wounds. Topical Negative Pressure is now termed Negative Pressure Wound Therapy internationally. Antimicrobials and antibiotics should be addressed.	Thank you for your comment. The use of debridement has been included in Section 4.3.1 of the scope. 'Topical Negative Pressure' has now been amended to 'Negative Pressure Wound Therapy' throughout, in line with your suggestion. The use of antimicrobials and antibiotics has now been included in the scope in Section 4.3.1 as per your suggestion.
18	SH	Cochrane Wounds Group	5.6	4.3.2	It can be very difficult to distinguish between a moisture lesion and a pressure lesion exacerbated by moisture (due to sweat, incontinence etc.). Moisture management must be considered.	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1, as per your comment.
19	SH	Cochrane Wounds Group	5.7	4.4	There is some evidence that HRQL measures such as EQ5D can measure the decrement to QoL due to the pressure ulcer (beyond the underlying health state or illness that pre-existed) (see Essex HN, Clark M, Sims J, Warriner A, Cullum N. Health-related quality of life in hospital inpatients with pressure ulceration: assessment using generic health-related quality of life measures. Wound Repair Regen. 2009 Nov-Dec;17(6):797-805) however more	Thank you for your comment. Quality of life measures will be considered as part of the analysis.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					research is needed in a larger sample of people with different health conditions to further quantify this impact in a broader range of people. Please try to avoid under-estimating the impact in the absence of quantitative evidence – qualitative research suggests the impact as worse than most people thought.	
20	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.0	3.1 a)	This description implies that damage starts at the skin and can extend in towards the deeper tissue layers. This is not the case and very often damage starts in the deeper tissue before presenting on the outer skin surface. Consider EPUAP/NPUAP 2009 definition as this is considered to be the most recognised.	Thank you for your comment. We agree and have amended the scope in line with the EPUAP/NPUAP 2009 definition.
21	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.1	3.1b)	The occiput is a bony prominence in children. This needs rephrasing	Thank you for your comment. We agree that this is confusing and we have clarified this section in the scope.
22	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.2	3.1c)	Recent studies have shown that low BMI increases risk more than high BMI. Morbidly obese are at increased risk but no more so than low BMI. Consider including under nourished too.	Thank you for your comment. Section 4.1.1 includes people who are malnourished. Other subgroups for which differences are identified will be considered as needed during development. This may include those with a low BMI.
22	SH	Beds and Herts Tissue Viability Nurses forum	6.3	3.2a)	Could example include Waterlow as well as or instead of Braden as a large majority of clinical settings use Waterlow rather than braden. As this guideline is for all people in NHS care the mention of specific specialist area tools may be useful, such as Glamorgan for paediatrics, Andersen for AE and Plymouth for maternity.	Thank you for your comment. Section 3.2 (a) has been amended to include Waterlow risk assessment score and Glamorgan scale for paediatric pressure ulcers as examples, however Section 3.2 is intended

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		East and North Herts NHS Trust				to be an introduction to the guideline scope, not an inclusive list.
23	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.4	3.2c)	Use antimicrobials rather than antiseptics	Thank you for your comments. Section 3.2 has been amended as per your suggestion.
24	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.5	3.2	Use antimicrobials rather than antiseptics . Suggest treatment is separated out if it is to be included. Treatment of a pressure ulcer requires preventative techniques to include nutritional support plus wound care that is no different to other wounds. Main focus needs to be on prevention	Thank you for your comments. Section 3.2 has been amended as per your suggestion. Management of pressure ulcers will be included in this guideline as stated in section 4.3.1. We have clarified this section in the scope.
25	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.6	4.3.1b)	Use term pressure reducing surfaces as well as pressure relieving	Thank you for your comment. For the purposes of this guideline, the term 'pressure relieving devices' is used as an umbrella term for all pressure-reducing and pressure-redistributing support surfaces and devices. This has been further clarified in section 4.3.1.
26	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS	6.7	4.3.1b)	Welcome inclusion of training and support for staff – suggest this is mandated	Thank you for your comment. It is not within the remit of NICE guidelines to mandate training for healthcare professionals. .

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Trust				
27	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.8	4.3.2a)c	Whilst moisture lesions aren't being included they are often associated with or confused for pressure ulcers. A differentiation between the 2 definition might be helpful	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1.
28	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.9	4.3.1d)	Management of heel ulcers to include when not to debride and intact deep tissue injury/blood blisters etc	Thank you for your comment. The management of heel ulcers has been included as a clinical area in the scope, as stated in section 4.3.1. The guideline development group will prioritise the topics reviewed in this area according to the development time available and will consider whether to include 'when not to debride and intact deep tissue injury and blood blisters'.
29	SH	Beds and Herts Tissue Viability Nurses forum East and North Herts NHS Trust	6.10	4.4	Consideration that some patients develop unavoidable ulcers at life's end and so these outcomes are not achievable for them.	Thank you for your comment. We appreciate your comment however, the guideline covers all populations and as such, not all of the main outcomes in the scope will be relevant to all patients.
30	SH	The Royal College of Pathologists	7.0	4.1.1	The emphasis is on NHS providers. Given the number of private providers of nursing and residential care, and acknowledging the role of the CQC in monitoring these providers, it would be helpful if the guidance applied to all primary and secondary care providers who deal with patients at risk of pressure ulcers	Thank you for your comment. NICE's remit is to provide guidance for where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. Clarification on this has been provided in section 4.2.
31	SH	The Royal	7.1	4.3.1 d)	One of the most important complications of pressure ulcers is	Thank you for your comment. Section 4.3.1

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		College of Pathologists			infection. this can be life threatening and the rationale for antibiotic management is often not clearly understood. It is important therefore to include guidance on the management of infected pressure ulcers, including the use of topical, oral or parenteral antibiotics.	of the scope has been amended to include the use of antimicrobials and antibiotics.
32	SH	Muscular Dystrophy Campaign	8.0	4.1.1	Groups that WILL be covered, looks at only those having NHS care provided or commissioned, this needs to include Social Care provided as some patients do not receive NHS commissioned Care but need provision.	Thank you for your comment. NICE's remit is to provide guidance for where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. Clarification on this has been provided in section 4.2.
33	SH	Muscular Dystrophy Campaign	8.1	4.3.1.(b)	This is imperative for health professionals to be aware of, can be interpreted wrongly.	Thank you for your comment. We agree that this is an important area.
34	Non reg	APA Parafricta Ltd	9.0	4.3.1 [b]	My comments are as follows. No mention is made of the prevention of skin breakdown due to excess friction and shear. The three external forces of friction, pressure and shear are all factors in the breakdown of fragile skin.	Thank you for your comment. The guideline development group may consider the prevention of friction and shear when considering the use of devices for prevention of pressure ulcers; however the group will prioritise the topics reviewed in accordance with the development time available.
35	Non reg	APA Parafricta Ltd	9.1	4.3.1 [d]	My comments are as follows. No mention is made of the medical devices that can prevent the deleterious effects of friction and shear on fragile skin and that lower the threshold at which pressure damage can occur. Low friction garments and bedclothes are now listed on the Drug Tariff as part of the arsenal of products that address friction and shear.	Thank you for your comment. The guideline development group may consider the prevention of friction and shear when considering the use of devices for prevention of pressure ulcers; however the group will prioritise the topics reviewed in accordance with the development time available.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
36	Non reg	APA Parafricta Ltd	9.2	General	If the committee looks at available references on the above issues, such as EPUAP and NPUAP [European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel {USA}] the members highlight the issue of friction and shear. See http://www.epuap.org/archived_reviews/EPUAP_Rev7.2.pdf and http://www.epuap.org/archived_reviews/EPUAP_Rev6.3.pdf and also http://www.npuap.org/positn1.htm	Thank you for your comment. The guideline development group may consider the prevention of friction and shear when considering the use of devices for prevention of pressure ulcers; however the group will prioritise the topics reviewed in accordance with the development time available.
37	Non reg	APA Parafricta Ltd	9.3	General	I can provide papers showing at the beneficial effects of friction and shear reducing technology if required.	Thank you for your comment. Should we feel that evidence exists that is not identified during systematic literature searches, we will issue a call for evidence during which stakeholders may submit relevant references.
38	SH	Department of Health	10.0		No comments	Thank you.
39	SH	Trafford NHS Provider Services	11.0	3.1.2	There is confusion around foot/heel ulceration in patients who have a diagnosis of diabetes. If the ulceration has originated from a pressure situation and not ischemia or neuropathy should this not be covered in guidance related to pressure ulceration? With regard to diabetic foot ulceration should this not be ulceration in a patient with Diabetes? More clarity is needed for nurses who do not have the in-depth knowledge present in highly specialised podiatry services.	Thank you for your comment. This guideline focuses on pressure ulcers. Section 4.3.2 has been amended to clarify that ulceration resulting from ischaemia or neuropathy is excluded. Management of diabetic foot ulcers in covered by the remit of other NICE guidelines. For further information on the 'Diabetic foot problems – in patient management' guideline see http://guidance.nice.org.uk/CG119. For further information on the 'Type 2 Diabetes – footcare' guideline see http://guidance.nice.org.uk/CG10 .
40	SH	Trafford NHS	11.1	3.3.2 (e)	How will hydration status be accurately assessed in primary care?	Thank you for your comment. The

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Provider Services				guideline will consider assessment of hydration as part of risk assessment, as stated in Section 4.3.1.
41	SH	Trafford NHS Provider Services	11.2	4.3.1.(c)	Too much emphasis is placed on wound management dressings.	Thank you for your comment. Section 4.3.1 has been amended in line with comments from stakeholders and the use of wound dressings has now been included in the scope.
42	SH	Trafford NHS Provider Services	11.3	Critical clinical issues. Equipment / devices	Current guidelines suggest 'high specification foam' or 'alternating pressure / high-tech pressure relieving systems' Specific guidance is required on what accurately constitutes the minimum technical requirements in each of these categories. It is impossible to establish how to procure cost effective equipment with such loose terminology as interpretation varies widely. Industry use NICE terminology to market products and this can be misleading if non-clinicians / commissioners are procuring equipment based of industry provided information. Industry information / evidence is generally biased and poor, sales obviously being the primary focus. Guidance is required on mattress technical specification, size dimensions to include minimum depth requirements. Infection control specification is also important in the guidance.	Thank you for your comment. Providing specific guidance on technical specifications is outside the remit of this guideline. Infection control is covered by the remit of another clinical guideline due to be published by NICE in March 2012. For further information on Infection Prevention and Control guideline see http://guidance.nice.org.uk/CG/WaveR/85
43	SH	Trafford NHS	11.4	Reverse	Clarity is required on how to classify recurrent pressure ulceration.	Thank you for your comment. Section 4.3.1

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Provider Services		grading	Recurrence in previously healed category 3 or 4 ulceration; due to scar tissue in the healed wound replacing the 'normal tissue layers'. Skin anatomy in sites that do not have the same skin structure (Bridge of the Nose, Malleolus etc).	includes ulcer assessment and grading and this may include the classification of recurrent pressure ulcers. The guideline development group will prioritise the topics reviewed according to the development time available. Section 4.3.2 has also been amended to clarify that pressure ulcers caused by devices are outside the scope of the guideline.
44	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.0	General	The JLAPUP welcomes the opportunity to comment on the scope of the new pressure ulcers clinical guidance.	Thank you for your comment.
45	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.1	General and 3.2	Equality issues need to be addressed in relation to ethnicity, age, gender and disability. The term "disability" does not refer to a homogenous group and the GDG must anticipate and consider the individual impairments of those who are covered under disability in the Equality Act of 2010, many will have co-morbidities or multiple impairments. Patient education must consider the needs of all disabled people and their carers including the provision of information in a variety of formats to meet the needs of those with sensory impairments or learning disabilities. People with neurological/ spinal conditions including multiple sclerosis, spina bifida and spinal cord injury (SCI) will be covered under disability in the Equality Act 2010 with many being at particular risk of pressure ulcers. For example, all spinal cord injured people with resultant degrees of paralysis will have a life-long high risk of developing pressure ulcers. Opportunities will arise in the guidance to promote equality of	Thank you for your comment. Equality issues are considered at every stage of the guideline development process, including scoping, in line with the Equality Act 2010.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					opportunity. Disabled people are underrepresented in employment and positions in public life The development of pressure ulcers is likely to limit any social/public interaction for long periods. Effective prevention techniques and treatments that speed up healing should be actively promoted facilitating equality in these disabled people the opportunity to partake in public life. It may be more difficult to recognise the early stages of pressure ulcers in people with dark coloured skin. It is important that this is addressed under assessment and recognition. Skin tends to be more fragile in older people who are often less mobile. It is important their needs are given specific consideration in prevention, assessment and treatment of PU, including where there is cognitive impairment. Specific consideration must be given to the latter including people with a learning disability of any age.	Thank you for your comment. Skin assessment will be included in this guideline as stated in section 4.3.1 and this will be an important consideration for the guideline development group Section 4.1 has been amended to highlight that other populations for which differences in prevention or management are identified will be considered as needed during development. This may include people with cognitive impairment or older people.
46	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.2		This "Current Practice" section is a combination of "recommendations" without an accompanying evidence base ("all pressure wounds should be assessed…" etc.) and vague assertions re. current practice. This section should strive not to pre-empt the evidence review and to be tentative in its assertions regarding (un-evidenced) current practice.	Thank you for your comment. As you correctly note, Section 3.2 is not evidence based. It is intended to outline clinical practice. As stated in point a) '**There is a variation in the consistency of approach to pressure ulcer prevention across the NHS in both secondary and primary care'.**
47	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.3	3.1a	Whilst moisture is mentioned under epidemiology there is no mention of incontinence and its relationship to the formation of pressure ulcers. The relationship between incontinence and/or skin moisture and pressure ulceration is viewed as crucial by service users. This is particularly pertinent to those with neurological impairment where double incontinence is a common feature, along with immobility and impaired skin sensation.	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1.
48	SH	James Lind	12.4	3.2a	People with neurological, and particularly sensory, impairment	Thank you for your comment. However,

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)			generally are at risk – spinal cord injury is one example of this. People with reduced skin and pain sensation, people with bladder and bowel dysfunction, people with cognitive impairment and those with acute conditions for example who undergo nerve blocks/ spinal anaesthesia to control pain following surgery are also likely to be at risk.	Section 3.2 is intended to be an introduction to the guideline scope, not an inclusive list of populations at increased risk of pressure ulcers.
49	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.5	3.2 b	This paragraph inadvertently implies that it is always or usually possible to limit sitting and / or lying times. Clearly this is not the case for some groups e.g. those with spinal cord injury, and this document should avoid giving this impression. Importantly this scoping document seems to be pre-empting the evidence review/guideline production process by pre-stating which interventions are effective under the heading "Current Practice" ("limiting sitting and lying times" ….appropriate support surfaces"… "repositioning …every two or three hours"). Where is the evidence presented that these strategies are implemented or effective?	Thank you for your comment. As you correctly note, Section 3.2 is not evidence based. It is intended to outline clinical practice. As stated in point a) '**There is a variation in the consistency of approach to pressure ulcer prevention across the NHS in both secondary and primary care'.** However, we agree that it is confusing and this paragraph has been removed.
50	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.6	3.2 f	JLAPUP members are concerned about the variation in the consistency of approach to pressure ulcer prevention across the NHS and agree that there is a need for guidance to rationalise the approaches used for the treatment and care of established pressure ulcers and to ensure practice is based on the best available evidence. This should also apply to assessment. A nationally recognised grading system for grading existing Pressure Ulcers is needed and should be promoted by the new guideline to reduce the confusion that currently exists.	Thank you for your comment. We agree and stakeholders have emphasised the importance of this issue. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
51	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.7	4.1.1b	There are equality issues. We agree that specific consideration should be given to the particular needs of: people with neurological disease or injury but other groups such as those with a learning disability or cognitive impairment should also be addressed.	Thank you for your comment. Equality is considered throughout the development of NICE guidelines, including scoping. Section 4.1 has been amended to highlight that other populations for which differences in prevention or management are identified will be considered during development.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						This may include people with cognitive impairment or learning difficulties.
					There is inconsistency. In section 3 you refer to obesity. This is a more understandable term. Bariatric usually refers to equipment or surgery rather than people. Is 'bariatric' synonymous with 'morbidly obese'?	Thank you for your comment, we agree. Section 4.1.1 has been amended to refer to 'people who are morbidly obese'.
52	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.8	4.2b	It is not clear that it covers NHS funded care in the patient's own home or care given by family members or friends in preventing pressure ulcers. This is particularly relevant to the drive for 'personalisation' in relation to NHS funded Continuing Healthcare; for example, where Personal Health Budgets including Direct Payments are being piloted, and for people living in the community whose care in jointly funded by the NHS and Social Services Departments.	Thank you for your comment. We have now amended section 4.2 to make it clearer that we are including community-care settings (including the home) and settings where NHS healthcare is provided or commissioned. NICE guidance makes recommendations directly to healthcare workers and this may include their role in educating patients and carers in preventing pressure ulcers.
53	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.9	4.3.1 4.3.1c	We particularly hope that the guideline will recommend use of a standardised, nationally recognised grading system for Pressure Ulcers for use across the NHS/care system. Currently different approaches and grading systems are used leading to widespread confusion.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
54	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.10	4.3.1.b	Skin assessment should address issues of moisture (including but not restricted to that due to incontinence) as well as skin integrity. Prolonged exposure to moisture influences skin integrity and susceptibility to pressure injury. Continence devices along with skin care and the use of barrier creams need to be addressed. Many of those who are at risk of PU have combined bladder and bowel dysfunction. There must be a holistic approach.	Thank you for your comment. The prevention of moisture lesions and use of barrier creams has now been included in Section 4.3.1.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Changes in pain and altered sensation need to be considered in prevention.	Risk assessment will be considered in the guideline, as highlighted in Section 4.3.1. Changes in pain and altered sensation may be considered as part of this, however the guideline development group will prioritise the topics reviewed in this area according to the development time available.
					It is vital that choice of pressure relieving devices considers individual patient and or partner/carer needs along with addressing equality and human rights issues. Providing a single mattress for somebody who sleeps with a partner is unacceptable. When assessing the cushion needs of a younger active self propelling manual wheelchair user it is important that moisture produced by sweating is taken into account.	The guideline will consider the use of pressure relieving devices for both the prevention and management of pressure ulcers. Equality and human rights issues will be considered throughout development of the guideline and both of these issues will be considered when making recommendations.
					Other interventions that must be considered: - the application of dressings, creams, lotions to intact skin as pressure ulcer prevention; - skin rubbing and massage; - positioning e.g., the 30 degree tilt;	Thank you for your comment. The guideline development group will prioritise the preventative interventions that are used and will assess whether to specifically include positioning and moving and handling techniques and the use of bed clothing and clothing in the guideline. Section 4.3.1 of the scope outlines that the

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					- specific moving and handling techniques aimed at reducing shear and friction (and the risks inherent in poor handling technique); - consideration of bed clothing and clothing generally (e.g., special textiles, clothing seams, duvets vs. sheets) aimed at reducing pressure, shear, friction.	guideline will cover repositioning; and the use of pressure relieving devices. Section 4.3.1 of the scope has been amended to include the use of barrier creams and the use of wound dressings.
55	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.11	4.3.1d	It makes no sense at all to exclude wound dressings from the treatment/management guideline since these represent a major cost to the NHS and a major source of clinical uncertainty. The argument that "pressure ulcers are just wounds" is not helpful – these are wounds that are due to and particularly susceptible to external pressure, shear and friction. Clearly applied dressings can play a role in exacerbating or ameliorating pressure, shear and friction. Furthermore the viewpoint that pressure ulcers are merely a wound like any other sort is not evidence based – there is little pathophysiological research in wounds – and pressure ulcers might benefit from particular approaches (or not). Finally	Thank you for your comment. The use of wound dressings has been included in Section 4.3.1 as per your suggestion.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					there is no wound dressing guideline so where does the practitioner go for guidance? NB. Choice of dressing is a particularly important uncertainty for specific types of pressure damage such as "black heels". Dressings must be re-instated. The role of barrier creams is omitted. Topical Negative Pressure Therapy is now internationally known as Negative Pressure Wound Therapy.	 Thank you for your comment. The prevention of moisture lesions, including the use of barrier creams, has now been included in Section 4.3.1, as per your suggestion. 'Topical Negative Pressure' has now been amended to 'Negative Pressure Wound Therapy' throughout as per your suggestion.
56	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.12	4.3.2	It is often clinically difficult to make a distinction between a moisture lesion and pressure damage co-existing with and possibly triggered or worsened by, prolonged exposure to moisture. It is vital that the role of moisture and related skin lesions are considered in pressure ulcer prevention.	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1, as per your suggestion.
57	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.13	4.4	Qualitative evidence has been vital in establishing the true impact of pressure ulcers on patients and their carers and there has been only a very small amount of research that has attempted to measure the additional impact (beyond co-morbidities) of pressure ulceration. It is therefore important that any evidence review does not underestimate the quality of life impact of pressure ulceration. There is evidence that HRQoL measures such as the EQ5D are able to detect the additional impact of pressure ulceration beyond the underlying health state or illness that pre-dated the pressure injury (see Essex HN, Clark M, Sims J, Warriner A, Cullum N. Health-related quality of life in hospital inpatients with pressure ulceration: assessment using generic health-related quality of life	Thank you for your comment. Quality of life measures will be considered as part of the analysis.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					measures. Wound Repair Regen. 2009 Nov-Dec;17(6):797-805) however more research is needed in a larger sample of people with different health conditions to further quantify this impact in a broader range of people.	
58	SH	James Lind Alliance Pressure Ulcer Priority Setting Partnership (JLAPUP)	12.14	4.5	The important message is that the GDG needs to take great care not to underestimate the negative quality of life impact of pressure ulceration. Small changes in quality of life which can be hard to measure may be valued greatly by people with pressure ulcers. While some members of the group stress that the evidence that exists suggests that the EQ5D can discern a negative quality of life impact of pressure ulceration, other members feel strongly that there are still disability equality issues relating to NICE's calculation of the QALY and the preference for the EQ5D when used for example in people with long term paralysis who are at increased risk of pressure ulcers (see minutes of NICE Citizen's Council 31 January – 2 February 2008). All agree that it is important to pursue further research on HRQoL measures, to take into account evidence from patient groups such as those with spinal cord injury, and to consider the complex factors that interplay in the aetiology and treatment of pressure ulcers.	Thank you for your comment. Quality of life measures will be considered as part of the analysis.
59	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.0	3.1 b	Heels pressure ulcer used to be the second most likely location for pressure ulcers however this is evidence to show that incidents of heel pressure ulcers are increasing. In some trusts the incident data is showing a trend of increasing number of heel pressure ulcers. Heels on patients who are known to have PVD / ischaemia are very vulnerable to tissue damage. Often it is not possible to distinguish whether the development of the heel lesion is caused by pressure /shearing or it is the result of vascular events in the lower limb. Some guidance on the distinction between lesions with different aetiology is needed.	Thank you for your comment. We agree and acknowledge that the incidence of heel pressure ulcers is increasing. Section 4.3.1. includes the management of heel ulcers. Section 4.3.2 has been amended to clarify that ulceration resulting from ischaemia or neuropathy is excluded. Management of diabetic foot ulcers in covered by the remit of other NICE guidelines. For further information on the 'Diabetic foot problems – in patient management' guideline see

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						http://guidance.nice.org.uk/CG119. For further information on the 'Type 2 Diabetes – footcare' guideline see http://guidance.nice.org.uk/CG10 .
60	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.1	3.1 b	Also some pressure ulcer occurs in very usual location e.g. bridge of nose (with the use of mask, mucous membrane because of ET tube). The guideline needs to bring to the attention of clinicians that pressure ulcer occurs wherever the pressure is not off – loaded.	Thank you for your comment. It was felt that the prevention and management of pressure ulcers caused by devices requires specific prevention and management strategies that are beyond the scope of this guideline. Section 4.3.2 has now been amended to clarify that pressure ulcers caused by devices, including oral pressure ulcers, are outside the scope of the guideline.
61	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.2	3.1 d	There is evidence to show that the incidents of pressure ulcer in primary care setting is greater than those in secondary care setting. Many TVNs in acute Trust have collected data on patients admitted to hospital with pressure ulcers and the number of these community acquired pressure ulcer far exceeds normal expectation.	Thank you for your comment. The guideline relates to and will make recommendations relevant to both primary and secondary care.
62	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.3	3.2 a	Risk assessment tools need to be used in conjunction with clinical judgement and observations gleamed during skin inspection.	Thank you for your comment. We agree. The use of risk assessment in conjunction with clinical judgement, as well as skin assessment, will be considered by the guideline.
63	SH	Royal Berkshire Foundation Trust,	13.4	3.2 a	In the UK the Waterlow scale is the most commonly used risk assessment scale. However, a number of acute Trusts have adopted the Braden scale instead.	Thank you for your comment. Section 3.2 (a) has been amended to include the Waterlow risk assessment score and Glamorgan scale for paediatric pressure ulcers as examples, however Section 3.2 is

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Reading, Berkshire.				intended to be an introduction to the guideline scope, not an exhaustive list.
64	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.5	3.2 a	There are other risk assessment tools for other groups of patients e.g. the Glamorgan scale for children and the Walsall tool for patients / clients in community settings.	Thank you for your comment. Section 3.2 (a) has been amended to include the Waterlow risk assessment score and Glamorgan scale for paediatric pressure ulcers as examples, however Section 3.2 is intended to be an introduction to the guideline scope, not an exhaustive list.
65	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.6	3.2 b	Malnutrition is also a major risk factor in pressure ulcer development. Some researches have shown that malnutrition predisposed the patient to develop serious pressure ulcer (grade 3 or 4).	Thank you for your comment. We agree. Special consideration will be given to people who are malnourished and Section 4.1 has been amended to include this population.
66	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.7	3.2 f	There needs for a rationalised and unified approach to determining the severity of pressure ulcers i.e. grading / categorising systems. The current EPUAP system needs to be revised to include the "unstageble" and "Deep Tissue Injury under intact skin". The guideline needs to be generic enough to be adopted across the various care setting but also need to be evidence based.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1. However, it is not within the remit of NICE guidelines to revise existing grading schemes.
67	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.8	4.1.1 b	Why this specific group listed here? Other groups e.g. elderly care patients, those who have long term conditions which affect their mobility e.g. Multiple Sclerosis, Parkinson Disease, Dementia etc are also exceedingly high risk of pressure ulcers.	Thank you for your comment. Special consideration will be given to people who are immobile and Section 4.1 has been amended to include this population. However, this list is not exhaustive and any additional groups identified during development will be given specific consideration.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
68	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.9	4.2	Settings – is it possible to develop prevention guidelines for people living at home but are of high risk of pressure ulcer development. Some groups of patients could and should take responsibility of prevention.	Thank you for your comment. We have now amended section 4.2 to make it clearer that we are including community-care settings (including the patients' home) where NHS healthcare is delivered or commissioned. Personal responsibility will be addressed in Section 4.3.1 c) patient and carer education including self assessment.
69	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.10	4.3.2 a a	Diabetic foot ulcers developed often as results of sensory deficit and inappropriate pressure distribution of everyday foot ware and as such they are a form of pressure ulcer. They should be included.	Thank you for your comment. Section 4.3.2 has been amended to clarify that ulceration resulting from ischaemia or neuropathy is excluded from the guideline. Management of diabetic foot ulcers in covered by the remit of other NICE guidelines. For further information on the 'Diabetic foot problems – in patient management' guideline see http://guidance.nice.org.uk/CG119. For further information on the 'Type 2 Diabetes – footcare' guideline see http://guidance.nice.org.uk/CG10 .
70	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.11	General	It is not uncommon to have incidents when patient was on the Liverpool Care Pathway in an end of life situation where patient's comfort overrides the consideration for frequent repositioning. As a result patient developed pressure ulcers. These ulcers are known as Kennedy Ulcers in the USA with the recognition that at end of life there are multiple organ failures and skin break down is sometimes impossible to avoid as the skin (an organ) also failed at such time. There needs to be consensus among clinicians as (a) whether to recognise that these are unavoidable pressure ulcers (b) which area of care should be the prevailing philosophy –	Thank you for your comment. Section 4.3.2 has been amended to clarify that, given their low incidence, the prevention and management of Kennedy Terminal Ulcers is excluded from the guideline.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					comfort for patient at the end of live OR continuing prevention of skin breakdown and (c) guidance on how to reconcile the differing priorities of care.	
71	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.12	General	The essential interventions in pressure ulcer prevention are (a) the regular inspection of skin condition over pressure areas (b) report and record any abnormal changes noted. The guideline needs to highlight the importance of reporting (both at nurses' handover time and documenting in nursing record) the skin conditions over pressure areas.	Thank you for your comment. Skin assessment and patient/carer education is included in Section 4.3.1 of the draft scope and regular inspection may be covered as part of this. We agree that documentation and reporting of pressure ulcers are important. Education and training of healthcare professionals is included in Section 4.3.1 of the scope and documentation and reporting may be covered as part of this. The guideline development group will prioritise topics for review according to the final scope and development time available.
72	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.13	General	A multi disciplinary approach is vital in tackling the problem of pressure ulcers in all care settings Other MDT members also have important role to play if we are serious about "Getting to Zero" on needless skin breakdown. All members need training in recognition of at risk groups and importance of team work and prompt actions.	Thank you for your comment. The guideline development group will consist of a multidisciplinary group of professionals involved the in care of patients with pressure ulcers. Training and education for healthcare professionals is included in the scope as per Section 4.3.1.
73	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.14	General	All grade 3, 4 pressure ulcer must be reviewed by Tissue Viability Nurse to ensure best patient outcomes.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
74	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.15	General	Root Cause Analysis on each and every cases of grade 3, 4 pressure ulcer incident must an integral part of the pressure ulcer prevention strategies.	Thank you for your comment. This is outside the remit of NICE guidelines.
75	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.16	General	Guidance should discuss the merits and pitfalls of photographic documentation as a form of wound assessment.	Thank you for your comment. The use of photographic documentation will be considered by the Guideline Development Group during the guideline development process, when considering assessment of pressure ulcers.
76	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.17	General	Some consensus on the use of negative pressure wound therapy in management of deep pressure ulcer should be included in the guideline.	Thank you for your comment. An evidence based review will be carried out to establish the evidence on the use of negative pressure wound therapy. In the absence of high quality evidence, we will consider adopting consensus methods to make a recommendation.
77	SH	Royal Berkshire Foundation Trust, Reading, Berkshire.	13.18	General	Guidance on support surface and postural management for seating should be included in the guideline.	Thank you for your comment. Support surfaces and postural management for seating will be considered when reviewing the evidence on the use of devices for prevention and management of pressure ulcers, as stated in section 4.3.1.
78	SH	Royal College of Paediatrics and Child Health	13.19	General	The scope of this proposed guideline looks excellent and we welcome this initiative.	Thank you for your comment.
79	SH	MS Society	14.0		About the MS Society Established in 1953 and with over 38,000 members and 290	Thank you.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					branches, the MS Society is the UK's largest charity for people affected by multiple sclerosis (MS) and the largest not-for-profit funder of MS research in Europe. There are approximately 100,000 people with MS in the UK and, with approximately 50 new people diagnosed every week, it is one of the most common neurological conditions affecting adults. We are committed to bringing high quality of health and social care within reach of everyone affected by MS.	
80	SH	MS Society	14.1	4.3.2a	We believe it is important to include a more extensive list of those at risk such as those with incontinence, reduced mobility and those who pain sensitivity is elevated or reduced.	Thank you for your comment. However, Section 3.2 is intended to be an introduction to the guideline scope, not an inclusive list of populations at increased risk of pressure ulcers.
81	SH	MS Society	14.2	4.3.1.b	In the areas of prevention that are included there is no mention of using pain and discomfort as a predictive indicator for pressure ulcers. We would strongly encourage that guidance on establishing a dialogue between patients and healthcare professionals regarding pain and discomfort that patients are experiencing is included. If patients are encouraged to highlight initial pain when possible, healthcare professionals can be alerted to the possible development of pressure ulcers which can then be addressed and hopefully prevented. There is no mention of massage; we advocate the inclusion of the possible benefits of massage in the guideline.	Thank you for your comment. Section 4.4, outlining the main outcomes to be used in the reviews, has been amended to include pain as an outcome measure for reviews looking at management of pressure ulcers. Thank you for your comment. Section 4.3.1 has been amended to include the use of skin massage/rubbing for prevention of pressure ulcers.
82	SH	MS Society	14.3	4.3.1 d	In the management of pressure ulcers there was no mention of the use of wound dressings. There is currently no guidance on the use	Thank you for your comment. The use of wound dressings is now included in Section

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					of which dressings are most appropriate. It would be helpful if NICE could evaluate the range of wound dressings and include in this guidance so that practice is based on the best evidence currently available. There was no mention of the use of creams or topical applications both of which, we believe, should be included.	4.3.1. The use of barrier creams is now included in Section 4.3.1.
83	SH	MS Society	14.4	4.3.2	We disagree with the decision not to include the prevention and management of moisture lesions in the update of NICE clinical guideline 29 and NICE clinical guideline 7. Due to the skin damage that occurs with incontinence in conditions including MS, there is an elevated risk of pressure ulcers developing. Whilst we do not have data on the proportion of people with MS who have pressure ulcers at some point, we know that 30% of people with MS will be affected by incontinence putting that group at a much elevated risk of pressure ulcers (Zajicek et al. BMC Neurology 2010, 10:88 http://www.biomedcentral.com/1471-2377/10/88).	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1. Thank you for your comment. The NICE guideline on Multiple Sclerosis is currently being updated. Section 4.1.1 has been amended to include people with multiple sclerosis as a specific subgroup for this guideline.
84	SH	British Society for Antimicrobial Chemotherapy (BSAC)	15.0	4.3.1.c	Include microbiological investigations	Thank you for your comment. Microbiological investigations are considered routine for all wounds in secondary care and therefore will not be considered in the current guideline. For further information on the 'Infection control' guideline see http://guidance.nice.org.uk/CG/WaveR/85
85	SH	British Society for Antimicrobial Chemotherapy	15.1	4.3.1.d	Include use of topical and systemic anti-infective agents; also referral to specialists (plastic/infection/etc etc)	Thank you for your comment. The use of antimicrobials and antibiotics has been included in Section 4.3.1 of the scope. Referral to specialists is outside the scope

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		(BSAC)				of the current guideline.
86	Non Reg	North East London Community Services	16.0	Point 4.3.1 Management	It is mentioned that the use of sheepskin is what will be part of the management plan. The use of sheepskin is questionable in the management of pressure ulcers and I'm not sure if it was going to be raised to highlight the need to not use them or to use them?	Thank you for your comment. An evidence based review will be carried out to identify whether the use of sheepskins for the management of pressure ulcers will be recommended will be carried out as part of the review of pressure-relieving devices.
87	Non Reg	North East London Community Services	16.1	In section 4.3.2 Exclusion	In this section the issue of moisture lesion has been highlighted to be excluded but this I feel is an issue that needs to be inclusive to this document. Moisture lesions are always questioned by practitioners during any training and understanding the different aetiologies of development is paramount in differentiating between pressure damage and moisture lesion.	Thank you for your comment. The prevention of moisture lesions has now been included in Section 4.3.1.
88	SH	Leicestershire Partnership NHS Trust	17.0	3.2b	has repositioning at every 2-3 hours most clinicians would have 2 hours as the max in a hospital setting. EPUAP don't define a time but state "An individual should be repositioned with greater frequency on a non pressure-redistributing mattress than on a viscoelastic foam mattress. The repositioning frequency should depend on the pressure-redistributing qualities of the support surface."	Thank you for your comment. As you correctly note, Section 3.2 is not evidence based. It is intended to outline clinical practice. As stated in point a) '**There is a variation in the consistency of approach to pressure ulcer prevention across the NHS in both secondary and primary care'.** Thank you for your comment. Section 3.2b has been amended in line with your comments.
89	SH	Leicestershire Partnership NHS Trust	17.1		Key issues; I think mental capacity and best interests is key. Many pressure ulcers on investigation have non concordance at their heart and the pt lacking capacity to understand the risks of their behaviour; nurse's need guidance on how to manage this	Thank you for your comment. Section 4.1 of the draft scope states that specific consideration will be given to population subgroups for which differences are identified. These groups may include people with cognitive impairment.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						The guideline will consider the role of patient and carer education in prevention of pressure ulcers (as stated in section 4.3.1 of the draft scope) and concordance to prevention strategies and interventions will be considered by the guideline development group during development.
90	SH	British Association Of Dermatologists	18.0	General	Heel and sacral pressure ulcers need to be singled out as common and important areas susceptible to pressure ulceration.	Thank you for your comment. The prevention and management of sacral and heel pressure ulcers will be considered throughout the guideline. However, stakeholders emphasised the importance of including the management of heel pressure ulcers in the guideline, due to their increase in prevalence and specific management considerations. In order to account for these specific considerations, the management of heel pressure ulcers will be considered separately and is therefore included in Section 4.3.1 of the finalscope.
91	SH	British Association Of Dermatologists	18.1	General	Patients on intensive care units are in the at-risk group.	Thank you for your comment. Section 4.1.1 of the finalscope now states that 'Specific consideration will be given to groups such as people who are immobile, people with neurological disease or injury, people who are malnourished, people who are morbidly obese and older people. Other subgroups for which differences are identified will be considered as needed during development'. People in intensive care units may be identified as requiring specific consideration

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						during this process.
92	SH	British Association Of Dermatologists	18.2	General	The role of lubricants and emollients in the prevention of pressure ulcers needs to be addressed.	Thank you for your comment. Section 4.3.1 of the final scope has been amended to include the role of barrier creams in the prevention of moisture lesions.
93	SH	British Association Of Dermatologists	18.3	General	The impact of nursing staffing levels in wards and nursing homes undoubtedly have an impact on the incidence of pressure ulcers, can this be quantified?	Thank you for your comment. It is not within the remit of NICE guidelines to quantify staffing levels.
94	SH	British Association Of Dermatologists	18.4	General	Does the implementation of strict turning policies make a difference?	Thank you for your comment. The guideline will carry out an evidence based review of the effectiveness of repositioning as stated in section 4.3.1 of the draft scope.
95	SH	British Association Of Dermatologists	18.5	General	Comments on the different dressings and mattresses available and any evidence on efficacy should be included.	Thank you for your comment. The use of pressure relieving devices, including mattresses, for prevention and management of pressure ulcers is included in Section 4.3.1 of the draft scope. The draft scope has been amended in line with your comment to include the use of wound dressings in the management of pressure ulcers.
96	SH	British Association Of Dermatologists	18.6	General	Mention of larval therapy for deep necrotic ulcers when surgical debridement cannot be performed should also be mentioned as an option in the treatment section.	Thank you for your comment. Section 4.3.1 of the final scope states that the use of debridement techniques, including larval therapy, will be included in the guideline. This will cover the use of debridement techniques in all grades of pressure ulcer.
97	SH	British Association Of Dermatologists	18.7	General	It needs to be made clear that ischaemic lower leg ulceration is being excluded from this sub group.	Thank you for your comment. The final scope has been amended in line with your comment and section 4.3.2 now states that

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						the management of ulceration caused by ischaemia will not be covered by the guideline.
98	Non reg	Launceston Hospital	19.0		I believe the scope should include; End of life care and pressure ulcer development/prevention Avoidable/Unavoidable Safeguarding related to pressure ulcer development Should look at the development of moisture lesion/deep tissue injury and unstageable. Also potentially changing from the EPUAP grading system back to Sterling. EPUAP too confusing for clinicians and not precise	Thank you for your comment. Section 4.1.1 has been amended to note that other population subgroups for who differences in prevention and management are noted may be given special consideration during development. This may include people undergoing end of life care. Section 4.3.1 of the draft scope states that grading of pressure ulcers will be considered in the guideline and avoidable/unavoidable pressure ulcers may be considered as part of this review. The guideline development group will prioritise topics for review in this area depending on the development time available. We agree that safeguarding is an important issue and this will be raised in the guideline narrative. Section 4.3.1 of the draft scope has been amended in line with your comment and will consider the prevention of moisture lesions. As highlighted in Section 4.3.1 of the draft scope, the guideline will conduct an

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					enough.	evidence based review of the effectiveness of different grading systems.
99	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.0	3.1 a	Our comments are as follows: It is recommended that NICE use the **NPUAP/EPUAP** International guidelines statement to define a Pressure Ulcer. According to the international guidelines, moisture is not defined as being a main causative factor to pressure ulcer development. The international definition clearly states that 'Pressure or Pressure in combination with shear' is the main contributing factors to pressure ulceration and although other factors may be associated with pressure ulcer development, the significance of these factors is yet to be elucidated.	Thank you for your comment. We agree and have amended the scope in line with the EPUAP/NPUAP 2009 definition
100	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.1	3.1 c	Pressure ulcers are associated with underweight rather than overweight patients. It is considered that statement 3.1c should say no more than **'Pressure ulcers are more likely to occur in people who have impaired mobility'.**	Thank you for your comment. However, section 3.1 is intended to provide an introduction to the guideline scope, not an exhaustive list of populations at high risk of development pressure ulcers.
101	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.2	3.1 d	This section refers to outdated cost and prevalence data and there are no references in the scoping document to the source.	Thank you for your comments. We acknowledge in Section 3.1 that the cost data provided is outdated however no more recent data was available. Section 3.1 is intended to provide an introduction to the guideline scope and it is standard NICE practice to not include references.
102	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.3	3.1 e	What references support this statement?	Thank you for your comment. Section 3.1 is intended to provide an introduction to the guideline scope. It is standard NICE practice to not include references.
103	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.4	3.2 b	Our comments are as follows, it is good to see that immobility and repositioning has been considered as important factors in pressure ulcer prevention/management and we would agree with this section. 'However could the statement that repositioning	Thank you for your comment. Section 3.2. is intended to provide an overview of current practice however, we agree this may be misleading and the section has

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					patients every 2-3 hours is generally accepted' be misinterpreted. Repositioning schedules should be based on an individualised holistic assessment of the patient, a thorough inspection of the skin and consideration of the support surface in use. This section needs greater emphasis on these aspects.	been clarified in line with your comments.
104	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.5	4.1 b	Why has bariatric patients been given specific consideration when the current scoping document is aimed at all patient groups where NHS care is provided or commissioned?	Thank you for your comment. The guideline will be applicable to all age groups in all settings where NHS care is provided or commissioned. However, it is acknowledged that specific populations will require special consideration for some aspects of prevention and management. It was felt that people who are morbidly obese may require special consideration in regards to the use of pressure relieving devices. Section 4.1.1 has been amended to provide clarification and acknowledge that there may be other population subgroups for which special considerations are identified during guideline development.
105	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.6	4.3.1a	Based on our published observations (Buttery 2009; Phillips 2010), it is clear that there is a complete disconnect between risk assessment and preventative interventions; this is supported by others such as Vanderwee (2007). There is conclusive evidence that it is probably not the type of risk assessment tool that matters, but rather the **timing** of the preventative care and this should be emphasised in any new guidance. The current guidelines simply state risk assessment within 4 hours, yet makes little comment on the immediacy of intervention. We audit, on average, the care of 30,000 patients per annum and consistently see a failure to provide preventative interventions before damage occurs.	Thank you for your comment. The guideline development group will consider the prevention of pressure ulcers and the timing of these strategies may be considered as part of this. The GDG will prioritise the topics reviewed in this area according to the development time available.
106	SH	ArjoHuntleigh	20.7	4.3.1b	Nurses continually seek guidance as to which support surface –	Thank you for your comment. The use of

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		(formally Huntleigh Healthcare)			mattress replacement or overlay, active (alternating) or reactive (foam, low air loss) etc and need in our view, a definitive instruction to link assessment with intervention	pressure relieving devices for both prevention and management of pressure ulcers is included already in Section 4.3.1.
107	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.8	4.4	Consider adding cost efficiency	Thank you for your comment. Cost effectiveness is considered throughout the guideline (see Section 5.5).
108	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.9	General	In our view it is important that the Iglesias and Nixon published RCT (overlay vs. mattress replacement) is included in the updated guideline. This gives very clear direction regarding cost-effectiveness and in these difficult economic times it is imperative that this evidence is shared with health care providers. We petitioned to have this paper included in the first guideline and it was rejected on account of timing (published just before the guideline); we were assured that it would be included in the next scheduled update	Thank you for your comment. We will consider this as part of the evidence based review on the use of pressure relieving devices.
109	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.10	General	There were some comments in the scope sub group feedback that suggest that 'pressure relieving' devices were the most costly part of pressure ulcer management when evidence shows that this can count for < 3% of the cost of treating pressure ulcers (Bennet et al 2004)	Thank you for your comment.
110	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.11	General	The scoping document discusses the need for 'mobilising, positioning and repositioning interventions', but does not consider beds, hoists or repositioning aids that can assist with reducing the risk of tissue injury through poor manual handling procedures.	Thank you for your comment. The guideline development group will consider the use of pressure relieving devices, which includes beds and repositioning and will consider whether to look at hoists and repositioning aids. The guideline development group will prioritise the topics for review according to the development time available.
111	SH	ArjoHuntleigh (formally Huntleigh	20.12	General	Several of the sub groups suggested removal of the terms 'chair or bed bound' and one group wanted them classified as wheel chair users. There are many patients in the hospital/community	Thank you for your comment. Section 4.1 of the draft scope has been amended to clarify that specific consideration will be

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Healthcare)			setting that are confined to bed or chair that do not use wheel chairs.	given to people with neurological disease or injury.
112	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.13	General	There are two papers which were not included in your summary – Finnegan (2008) and Clark (2001); it is important that these are now incorporated into the new guideline.	Thank you for your comment and we note the studies you mention. We will consider these as part of the evidence based review if they are identified as part during our systematic searches of the evidence.
113	SH	ArjoHuntleigh (formally Huntleigh Healthcare)	20.14	General	It would be beneficial to have someone with patient handling experience added to the guideline development group who could advise on safe handling and repositioning to prevent tissue injury.	Thank you for your comment. We agree and will co-opt an expert in manual handling to the guideline development group where needed.
114	SH	Tissue Viability Society	21.0	General	The update to the previous documents are welcome and the revised brief largely reflects discussions at the stakeholder consultation meeting in October 2011. There are a small number of points for further clarity.	Thank you.
115	SH	Tissue Viability Society	21.1	3.1c	The definition of the term PU and the scope of the guidelines needs to be clarified in relation to device related ulcers including prosthesis, body braces and plaster casts. The current PU definitions, aetiological frameworks, risk assessment tools and epidemiological literature do not apply to device related ulcers. There needs to be absolute clarity within the brief whether device related ulcers are included or excluded. It is noteworthy that the prevention and treatment sections do not cover the prevention and treatment of device related ulcers.	Thank you for your comment. We agree. Section 4.3.2 has been amended in line with your comment to clarify that the prevention and management of device related ulcer is excluded from the guideline.
116	SH	Tissue Viability Society	21.2	3.2b	Where is the evidence that 'repositioning patients every 2 or 3 hours is generally accepted as an effective method for preventing pressure ulcers'	Thank you for your comment. Section 3.2. is intended to provide an overview of current practice however, we agree this may be misleading and the section has been clarified in line with your comments.
117	SH	Tissue Viability Society	21.3	3.2c	What is a 'pressure wound'?	Thank you for your comment. Section 3.2 has been clarified in line with your comment.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
	SH	Tissue Viability Society	21.4	3.2e	'Contributory factor' to what? Non healing? If anything 'is causing systemic illness or cellulitis' it would be treated with antibiotics – is the focus here about healing?	Thank you for your comment. Section 3.2. is intended to provide an overview of current practice and is not an exhaustive guide to management.
118	SH	Tissue Viability Society	21.5	4.1.1b	There is no epidemiological evidence that bariatric patients are at greater risk of pressure ulcers. The principles of care are the same, it is the implementation of principles of prevention and treatment which are difficult in practice.	Thank you for your comment. We agree. People who are morbidly obese will be given special consideration throughout the guideline so that we can account for these differences.
119	SH	Tissue Viability Society	21.6	4.3.1b 4.3.1d 4.4	Evidence from the QOL literature identifies that pain is the main impact upon QOL. Recently reported prevalence data indicates that circa 60% of patients with a PU have pain (including inflammatory and neuropathic pain). Pain is also reported prior to PU development. There is an absence of pain in the clinical management and outcomes sections. This is an omission. Pain is important in prevention and healing since patients report being afraid to move because of pain and some cannot tolerate air mattresses. As moving is a key component of prevention and management pain management needs to be a central component practice.	Thank you for your comment. Section 4.3.2 has been amended to include pain as an outcome.
120	SH	Tissue Viability Society	21.7	4.3.1a 4.3.1b	Skin assessment should be part of the risk assessment process Skin assessment is not a preventative intervention. .	Thank you for your comment. We agree and Section 4.3.1 has been amended in line with your comments.
121	SH	Tissue Viability Society	21.8	4.3.2a	See point 2 above The definition of the term PU and the scope of the guidelines needs to be clarified in relation to device related ulcers including prosthesis, body braces and plaster casts, face masks, nasogastric tubes, tracheotomies, etc. The current PU definitions, aetiological frameworks, risk	Thank you for your comment. Section 4.3.2 of the scope has been amended to clarify that the prevention and management of pressure ulcers caused by devices is excluded from the guideline.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					assessment tools and epidemiological literature do not apply to device related ulcers. There needs to be absolute clarity within the brief whether device related ulcers are included or excluded. It is noteworthy that the prevention and treatment sections do not cover the prevention and treatment of device related ulcers.	
122	SH	Tissue Viability Society	21.9	4.4	As point 7 above – pain is the main impact of PUs on patients	Thank you for your comment. Section 4.3.2 has been amended to include pain as an outcome.
123	SH	Tissue Viability Society	21.10	4.4c	This has been amended in the draft scope from proportion of people who 'develop' new pressure ulcers to the proportion of people who 'do not develop' pressure ulcers. It is not clear why this has changed. The literature and current NHS reporting systems all use the the proportion of people who develop PUs.	Thank you for your comment. We agree and Section 4.3.2 has been amended to 'people who develop new pressure ulcers'.
124	SH	Infection Prevention Society	22.0	4.31.b	There is no mention of skin barrier products e.g., films or creams etc., in the prevention criteria	Thank you for your comment. Section 4.3.1 has been amended to include the use of barrier creams in the prevention of pressure ulcers.
125	SH	Infection Prevention Society	22.1	4.31.d	Could aseptic technique be added to this section	Thank you for your comment. The use of aseptic technique is covered by another NICE guideline. For further information on the 'Infection control' guideline see http://guidance.nice.org.uk/CG/WaveR/85
126	SH	Infection Prevention Society	22.2	Overall	There appears to be a general lack of information on documentation practices. This can have significant implications if legal action is taken and documentation is inadequate and must be included.	Thank you for your comment. We agree that documentation is important and this may be covered by 'Education and training for healthcare professionals'. The guideline development group will prioritise topics for review according to the final scope and development time available.
127	SH	Leeds	23.0	General	Scope appears to now be appropriate and will address all relevant	Thank you.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Teaching Hospitals NHs Trust			aspects that should be included in the guideline	
128	SH	Royal College of Nursing	24.0	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely.	Thank you.
129	SH	Royal College of Nursing	24.1	4.2	Does this scope include nursing / care homes?	Thank you for your comment. Section 4.2 of the scope states that the guideline is applicable to all settings in which NHS care is delivered or commissioned. The recommendations may be applicable to those providing care in other settings.
130	SH	Royal College of Nursing	24.2	4.3.1	In this section should incontinence be included as this is an element of the skin bundle and is a contributing factor to skin breakdown on the sacrum and buttocks.	Thank you for your comment. Section 4.3.1 has been amended to include the prevention of moisture lesions.
131	SH	Royal College of Nursing	24.3	4.3.1 b)	What about End of life care and pressure ulcer development/prevention?	Thank you for your comment. Section 4.1.1 has been amended to note that other population subgroups for whom differences in prevention and management are noted may be given special consideration during development. This may include people undergoing end of life care.
132	SH	Royal College of Nursing	24.4	4.3.1 b)	What about safeguarding related to pressure ulcer development?	We agree that safeguarding is an important issue and this will be raised in the guideline narrative.
133	SH	Royal College of Nursing	24.5	4.3.1 c)	It is welcome that grading of pressure ulcers will be included in this scope as there is some issues nationally with identifying the grade of pressure ulcers and the clarity required around this area of practice.	Thank you for your comment.
134	SH	Royal College of Nursing	24.6	General	The scope should look at the development of moisture lesion/deep tissue injury and un-stageable.	Thank you for your comment. Section 4.3.1 has been amended to include the prevention of moisture lesions. The guideline will consider all grades of pressure ulcer.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
135	SH	Royal College of Nursing	24.7	General	It should also look at potentially changing from the EPUAP grading system back to Sterling. EPUAP seems too confusing for clinicians and is not precise enough.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
136	SH	Spinal Injuries Association	25.0	3.1a	Spinal Cord Injury (SCI) nearly always results in double incontinence. The role that this incontinence plays in the development of pressure sores should be specifically acknowledged, particularly in a district general hospital setting, where the mismanagement of bladder and bowels and failure to appreciate that SCI patients lack skin sensation may directly lead to a pressure ulcer in SCI patients.	Thank you for your comment. Section 4.3.1 of the draft scope has been amended to include the prevention of moisture lesions.
137	SH	Spinal Injuries Association	25.1	3.1d	Some medical professionals within the Spinal Injuries Centre Service estimate that up to 25% of all cases of pressure sores may be attributed to SCI people. As such there should be specific reference in this document to the effects of pressure ulcers on Spinal Cord Injured patients. SIA would strongly support any research into this area which could bring clarity to the incidence of pressure sores in SCI people.	Thank you for your comment. Section 4.1.1 states that specific consideration will be given to people with neurological disease or injury.
138	SH	Spinal Injuries Association	25.2	3.1f	The financial costs are substantially increased when considering the incidence of pressure sores in SCI people that are acquired in district general hospitals whilst they await transfer to a specialist Spinal Cord Injuries Centre. The subsequent treatment of pressure sores in these SCI Centres, comes at a great cost to the NHS and one which could be easily avoided with the correct preventative treatment of an SCI patient whilst they await transfer. Subsequent rehabilitation is delayed, inpatient-time is extended, as well as huge implications for future well-being of the patient.	Thank you for your comment.
139	SH	Spinal Injuries Association	25.3	3.2a	"Spinal injury" should be rephrased as "Spinal Cord Injury", thereby acknowledging the impact that paralysis, incontinence and lack of sensation have on the development of pressure sores.	Thank you for your comment. Section 3.2 has been amended in line with your comment.
140	SH	Spinal Injuries Association	25.4	3.2 b	Spinal Cord Injured people experience full or partial paralysis of either the lower or of all four limbs. As such they have no option but to sit or lie for long periods as the vast majority are unable to stand.	Thank you for your comment. We agree. This paragraph has been removed from the draft scope.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
141	SH	Spinal Injuries Association	25.5	3.2 f	SIA supports the call for guidance to rationalise the approaches used for the treatment and care of established pressure ulcers and to ensure practice is based on the best available evidence. This would be greatly facilitated by establishing a nationally recognised grading system for grading existing Pressure Ulcers.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
142	SH	Spinal Injuries Association	25.6	4.1.1b	SIA welcomes the proposal to give specific consideration of those with a neurological disease or injury, including the estimated 40,000 SCI patients in the UK.	Thank you.
143	SH	Spinal Injuries Association	25.7	4.2b	The scope should also specifically look at care in a person's own home, such as where a care package is provided through NHS Continuing Healthcare.	Thank you for your comment. Section 4.2 has been amended to clarify that the guideline covers care provided in the patient's own home.
144	SH	Spinal Injuries Association	25.8	4.2d	The guidelines will also be important for those administering care to relatives at home.	Thank you for your comment. Section 4.2 has been amended to clarify that the guideline covers care provided in the patient's own home.
145	SH	Spinal Injuries Association	25.9	4.3.1 4.3.1c	As per point 6, above, SIA believes that a nationally recognised grading system for grading existing Pressure Ulcers for use across NHS/care system should be established to facilitate better understanding and treatment across the health service.	Thank you for your comment. Grading of pressure ulcers will be included in this guideline as stated in section 4.3.1.
146	SH	Spinal Injuries Association	25.10	4.3.1.b	SIA believes there should be a holistic approach to the treatment and prevention of pressure sores. In terms of prevention this scope should also consider: Mobility and other equipment (e.g. wheelchair cushions) Continence devices Clothing Moving and handling techniques	Thank you for your comment. We agree. Section 4.3.1. of the scope includes the use of pressure relieving devices, which will include the use of wheelchair cushions and clothing. We have amended Section 4.3.1 of the scope to include the prevention of moisture lesions and this may include the use of continence devices. Section 4.3.1 of the scope also includes repositioning and this may include moving and handling techniques.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						However, the guideline development group will prioritise the topics reviewed according to the final scope and the development time available.
147	SH	Spinal Injuries Association	25.11	4.3.1d	There are numerous early treatments to a pressure sore which SIA feels should be included in this scope, including specific dressings and barrier creams which may halt the progression of a pressure sore before the need for those treatments listed. Emphasis should be placed on the need to relieve pressure from sitting/lying on the affected area of skin.	Thank you for your comment. Section 4.3.1 has been amended to include the prevention of moisture lesions and use of barrier creams.
148	SH	Spinal Injuries Association	25.12	4.3.2	Moisture lesions which are formed as a result of incontinence should be considered within this scope, due to the high incidence of incontinence/moisture leading to tissue breakdown instigating pressure ulcers or exacerbating existing ones in SCI people.	Thank you for your comment. Section 4.3.1 has been amended to include the prevention of moisture lesions and use of barrier creams.
149	SH	Spinal Injuries Association	25.13	4.4	When assessing quality of life, this study should seek to understand to ongoing effects that a pressure ulcer may frequently have on the life of a SCI patient (e.g. curtailment of sitting times in a wheelchair and thereby ability to participate in normal activities of daily living) as these are likely to be lifelong, as is the condition. The assessment should be holistic and try to appreciate all aspects of an SCI patient's life.	Thank you for your comment. Quality of life measures will be considered as part of the analysis.
150	SH	Spinal Injuries Association	25.14	4.5	Cost effectiveness should take into account not only the cost effectiveness of a treatment, but also the money that is saved in correctly treating SCI patients to prevent them acquiring pressure ulcers in a community setting. As mentioned under point 3, the cost of dealing with pressure sores in specialist SCI Centres is substantial, yet these are costs that can often be prevented by simply ensuring the right preventative care (e.g pressure relief) whilst a patient is awaiting transfer to an SCI Centre. SIA believes it is unacceptable for an SCI patient to leave any hospital in a worse state due to avoidable complications (notably pressure ulcer) than when they were admitted, and this occurs all too frequently in acute SCI patients admitted to District General Hospitals or not transferred to specialist SCI Centres in a timely	Thank you for your comment. Cost effectiveness will be considered for the whole patient population and we are not able to consider cost effectiveness in regards to a specific population.

	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					manner.	

These organisations were approached but did not respond:

3M Health Care UK
Abbott Laboratories
Aguettant Limited
Alder Hey Children's NHS Foundation Trust
All Wales Dietetic Advisory Committee
All Wales Senior Nurses Advisory Group
All Wales Tissue Viability Nurse Forum
Anglesey Local Health Board
Anglian Community Enterprise
Ashford and St Peter's Hospitals NHS Trust
Aspen Medical Europe
Association for Perioperative Practice
Association of British Healthcare Industries
Association of Surgeons of Great Britain and Ireland
Associazione Infermieristica per lo Studio delle Lesioni Cutanee
B. Braun Medical Ltd
Barchester Healthcare
Barnsley Hospital NHS Foundation Trust
BES Rehab Ltd
Bradford District Care Trust
British Association for Parenteral & Enteral Nutrition

British Dietetic Association
British Geriatrics Society
British Healthcare Trades Association
British Medical Association
British Medical Journal
British National Formulary
British Pain Society
British Psychological Society
British Society of Rehabilitation Medicine
Buckinghamshire Hospitals NHS Trust
Buckinghamshire Primary Care Trust
Calderdale and Huddersfield NHS Trust
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire & Peterborough Mental Health Trust
Camden Link
Cardiff and Vale University Health Board
Cardiff University
Care Quality Commission (CQC)
Central & North West London NHS Foundation Trust
Central London Community Healthcare
Chartered Society of Physiotherapy
City Hospitals Sunderland NHS Foundation Trust
Colchester Hospital University NHS Foundation Trust
College of Occupational Therapists
Community District Nurses Association
ConvaTec Ltd

Co-operative Pharmacy Association
Covidien Ltd.
Craegmoor
Croydon Primary Care Trust
Cytori Therapeutics Inc
Department for Communities and Local Government
Department of Health, Social Services and Public Safety - Northern Ireland
Dorset Primary Care Trust
Dudley Group Of Hospitals NHS Foundation Trust
Epsom & St Helier University Hospitals NHS Trust
Equalities National Council
European Pressure Ulcer Advisory Panel
Faculty of Dental Surgery
Faculty of Public Health
First Technicare Ltd
Foot in Diabetes UK
Forest Laboratories UK Ltd
Frontier Therapeutics Limited
George Eliot Hospital NHS Trust
Gloucestershire Hospitals NHS Foundation Trust
Great Western Hospitals NHS Foundation Trust
Greater Manchester West Mental Health NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Hampshire Partnership NHS Trust
Hayward Medical Communications
HCAI Research Network
Healing Honey International Ltd

Health Protection Agency
Health Quality Improvement Partnership
Healthcare Improvement Scotland
Help the Hospices
Hertfordshire Partnership NHS Trust
Hill-Rom
Hollister Ltd
Hospital Infection Society
Humber NHS Foundation Trust
Infection Control Nurses Association

James Paget University Hospitals NHS Foundation Trust
Johnson & Johnson
Karomed Limited
Kaymed
KCI Europe Holding B.V.
KCI Medical Ltd
Kettering General Hospital
Kimal PLC
King's College Hospital NHS Foundation Trust
Kingston Primary Care Trust
Knowsley Primary Care Trust
Lancashire Care NHS Foundation Trust
Limbless Association
Liverpool Community Health
Liverpool Primary Care Trust
Luton and Dunstable Hospital NHS Trust
Maersk Medical Ltd

Maidstone and Tunbridge Wells NHS Trust
Marie Curie Cancer Care
Medical Support Systems Limited
Medicines and Healthcare products Regulatory Agency
Medway Community Centre
Medway NHS Foundation Trust
Mid Staffordshire NHS Foundation Trust
Ministry of Defence
Molnlycke Health Care Ltd

Napp Pharmaceuticals Ltd
National Cancer Action Team
National Institute for Health Research Health Technology Assessment Programme
National Nurses Nutrition Group
National Patient Safety Agency
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
NCC Women & Childrens Health
Nester Healthcare Group Plc

Newcastle upon Tyne Hospitals NHS Foundation Trust
NHS Bournemouth and Poole
NHS Clinical Knowledge Summaries
NHS Connecting for Health
NHS Cornwall and Isles Of Scilly
NHS Direct
NHS Herefordshire
NHS Plus
NHS Sheffield

NHS South Birmingham
NHS West Essex
Nightingale Care Beds Ltd
Norfolk Community Health and Care NHS Trust
North East London Cancer Network
Northampton General Hospital NHS Trust
Northamptonshire Primary Care Trust
Northern Tissue Viability Professional Forum
Northumberland Care Trust
Norwich District Hospital Foot Health Services
Nuffield Health
Nuffield Orthopaedic Centre
Nutricia Clinical Care
Outer North East London Community Services
Oxford Health NHS Foundation Trust
Oxford Radcliffe Hospitals NHS Trust
Pegasus Limited
PERIGON Healthcare Ltd
Pfizer
Pilgrims Hospices in East Kent
POhWER
Poole Hospital NHS Trust
PURSUN UK
Queen Elizabeth Hospital King's Lynn NHS Trust
ROHO Group, The
Rotherham Primary Care Trust
Royal Brompton Hospital & Harefield NHS Trust

Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Free Hampstead NHS Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Royal Pharmaceutical Society
Royal Society of Medicine
Royal West Sussex NHS Trust
Salisbury NHS Foundation Trust
Sanctuary Care
Scottish Intercollegiate Guidelines Network
Section of wound healing
Sheffield Childrens Hospital
Sheffield Primary Care Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Skin Care Campaign
Sky Medical Technology Ltd
Smith & Nephew Healthcare Ltd
SNDRi

Social Care Institute for Excellence
Society of Chiropodists & Podiatrists
Solent Healthcare
South Asian Health Foundation
South Devon Healthcare NHS Foundation Trust
South Essex Partnership NHS Foundation Trust
South Staffordshire Primary Care Trust
South West London Elective Orthopaedic Centre
Southend Hospitals NHS Foundation Trust
Southern Alliance of Tissue Viability Nurses
SSL International plc
STM Healthcare
Stockport NHS Foundation Trust
Sue Ryder Care
Surgical Dressing Manufacturers Association
Surgical Materials Testing Laboratory
Synidor
Systagenix
Talley Group Ltd
Tameside Hospital NHS Foundation Trust
Tempur-Med
The Association of the British Pharmaceutical Industry
The National Association of Assistants in Surgical Practice
The Patients Association
The Princess Alexandra Hospital NHS Trust
The Relatives and Residents Association

The Rotherham NHS Foundation Trust
The University of Glamorgan
The Walton Centre for Neurology and Neurosurgery

Tomorrow-Options

UK Clinical Pharmacy Association
UK Specialised Services Public Health Network
Unison

University College London Hospital NHS Foundation Trust
University Hospital Birmingham NHS Foundation Trust
University Hospital of North Staffordshire NHS Trust
Urgo Medical Ltd
Vernon Carus Limited
W.L. Gore & Associates
Walsall Teaching Primary Care Trust
Welsh Government
Welsh Scientific Advisory Committee
Welsh Wound Network
West Middlesex University Hospital NHS Trust
West Midlands Ambulance Service NHS Trust
West Suffolk Hospital NHS Trust
Western Cheshire Primary Care Trust
Western Sussex Hospitals NHS Trust
Westmeria Healthcare Ltd
Whipps Cross University Hospital NHS Trust
Worcestershire Acute Hospitals Trust
Wound Care Alliance UK

Wye Valley NHS Trust
York Hospitals NHS Foundation Trust
Your Turn