National Institute for Health and Care Excellence

Drug Allergy
Guideline Consultation Table
NICE internal comments table

NCGC ID no.	ID	Type	Stakeholder	Order No	Document	Section No	Page No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
1.	31	NICE	Medicines and Prescribing Centre	1	NICE version	General		Would have been helpful to have line numbers on the NICE version too.	Noted. Thank you for your comment.
2.	32	NICE	Medicines and Prescribing Centre	2	NICE version	General		Terminology: Although 'drug allergy' is a recognised term, throughout other NICE guidance the Medicines and prescribing centre have been advised to use the term 'medicine' rather than 'drug'. The guidance development project has also discussed this and agreed that medicine should be used in preference to 'drug'.	Thank you for your comment. The term drug allergy was in the title of the remit provided by the Department of Health to NICE. Any preference for other terminology would have been better highlighted at an earlier stage of this guideline's development. The GDG agree this is the recognised term and should remain. They also consider that this usage makes clear that the guideline focuses on allergies caused by drug treatments rather than other preparations An explanation for the use of this term has been added to the introduction of the full guideline.
3.	33	NICE	Medicines and Prescribing Centre	3	NICE version	General		Terminology: throughout the guideline person, people and patient are used. Suggest try to use consistent terminology throughout.	Thank you for your comment. We will review to ensure appropriate usage of each term.
4.	34	NICE	Medicines and Prescribing Centre	4	NICE version	General		The guideline does not consider drug intolerances as any point. It may be helpful to distinguish the different between an intolerance and drug allergy, particularly when considering the recording of allergies.	Thank you for your comment. Unfortunately, drug intolerance or adverse reactions to drugs are not within the remit of this guideline.
5.	35	NICE	Medicines and	5	NICE	Introduc	3, line 3	Please explain or define 'idiosyncratic' and	Thank you for your comment the

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			Prescribing Centre		version	tion		'pseudo-allergic' or add to the glossary.	following definitions have been added to the glossary: 'Idiosyncratic' is a reaction to a drug that is not predictable from its pharmacological action. 'pseudo-allergic' refers to clinical features of a reaction to a drug that are consistent with allergy but are not caused by a defined immunological mechanism.
6.	36	NICE	Medicines and Prescribing Centre	6	NICE version	Introduction	3, 4th paragraph	Hypersensitivity is mentioned. May be worth explaining how this is different to a drug allergy or whether this would be considered to be a drug allergy?	Thank you for your comment we have changed this to allergic reactions.
7.	37	NICE	Medicines and Prescribing Centre	7	NICE version	Introduction	4, 4th paragraph	It is not clear why '….and in geographical access to treatment' would impact on the diagnosis of drug allergy.	Thank you for your comment. We have amended the introduction to read: '…variation both in how drug allergy is managed and in access to specialist drug allergy services.'
8.	38	NICE	Medicines and Prescribing Centre	8	NICE version	Key priorities for implementation	10	Terminology: Under 'Documenting new suspected drug allergic reactions' please note other NICE guidance uses the term 'recording' rather than documenting.	. Thank you for your comment. The GDG prefer the term 'documenting'.
9.	39	NICE	Medicines and Prescribing Centre	9	NICE version	Key priorities for implementation	10	Under 'Documenting new suspected drug allergic reactions' it is not clear which health professional should be undertaking this. Is it the prescriber, the health professional identifying the issue or any health professional who is providing care to that patient?	Thank you for your comment, the recommendations are aimed at any health professional providing care to a person with a suspected or confirmed drug allergy.
10.	40	NICE	Medicines and Prescribing Centre	10	NICE version	Key priorities for implementation	10	Under 'Documenting new suspected drug allergic reactions' suggest also recording the medicine dose, form and strength in addition to the number of doses.	Thank you, the GDG agree and this has been added to the recommendation.
11.	41	NICE	Medicines and	11	NICE	Key	10	Under 'Documenting new suspected drug allergic	Thank you for your comment. It is very

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			Prescribing Centre		version	priorities for implementation		reactions' specifically 'which drug or drug classes to avoid in future' – it is likely that this would not always be known. Suggest rewording to reflect this.	important that the healthcare professional documenting a suspected drug allergy and advising the patient on their future actions must determine which drugs and drug classes should be avoided in future. If it is uncertain whether a drug is safe to take then it must be avoided unless and until any further investigations are carried out and updated guidance is documented and given to the patient.
12.	42	NICE	Medicines and Prescribing Centre	12	NICE version	Section 1.2	15	Title – suggest changing 'documenting' to 'recording'.	Thank you for your comment and suggestion, however the GDG preferred the term 'documenting'.
13.	43	NICE	Medicines and Prescribing Centre	13	NICE version	Section 1.2	15	Guideline may wish to make reference to data protection and data sharing legislation. Section 1.3 of the managing medicine in care homes guideline may be of use.	Thank you for your suggestion. Reference to this guideline will be made in Section 3.2 Related NICE guidance.
14.	44	NICE	Medicines and Prescribing Centre	14	NICE version	Recommendation 1.2.1	15	It is also important to record the date when this information was recorded to ensure this is amended if a new allergy presents since the last date of recording.	Thank you for your comment. The GDG believes that the date of recording an allergy would be standard procedure, but that keeping a record up to date is important and this is covered by (recommendation 1.2.5)
15.	45	NICE	Medicines and Prescribing Centre	15	NICE version	Recommendation 1.2.2	15	Suggest recording the medicine dose, strength and form as well as the medicine name.	Thank you for your comment. The recommendation states the minimum amount of information that should be recorded when all details of the reaction may not be known. For all new drug allergies a more detailed record has been recommended.
16.	46	NICE	Medicines and Prescribing Centre	16	NICE version	Recommendation 1.2.2	15	Recommendation 1.2.3 states recording the generic name and proprietary name suggest amending wording in this recommendation to be consistent with terminology.	Thank you for your comment. The recommendation states the minimum amount of information that should be recorded when all details of the

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									reaction may not be known. For all new drug allergies a more detailed record has been recommended.
17.	47	NICE	Medicines and Prescribing Centre	17	NICE version	Recommendation 1.2.2	15	The date when the reaction occurred will not always be known (particularly if happened a long time ago) suggest adding 'wherever possible' at the end of this bullet.	Thank you for your comment. The GDG does not think this amendment is necessary.
18.	48	NICE	Medicines and Prescribing Centre	18	NICE version	Recommendation 1.2.3	16	As for 1.2.2 record medicine dose, strength and form as well as the name.	Thank you for your comment; the recommendation states the minimum information that should be recorded when all details of the reaction may not be known. The GDG has included a more comprehensive list of information to gather in recommendation 1.2.3.
19.	49	NICE	Medicines and Prescribing Centre	19	NICE version	Recommendation 1.2.3	16	Which drug or drug classes to avoid in future – this will not always be known, perhaps amend wording to include 'which drugs or drug classes to avoid for potential drug allergies' or something similar.	Thank you for your comment. It is very important that the healthcare professional documenting a suspected drug allergy and advising the patient on their future actions must determine which drugs and drug classes should be avoided in future. If it is uncertain whether a drug is safe to take then it must be avoided unless and until any further investigations are carried out and updated guidance is documented and given to the patient.
20.	50	NICE	Medicines and Prescribing Centre	20	NICE version	Recommendation 1.2.4	16	This recommendation will be difficult to implement particularly when 'dispensing' as drug allergy status is not recorded on prescriptions issued by GPs other prescribers for dispensing primary care prescriptions by community pharmacists (e.g. FP10 prescriptions). Currently the format of FP10 prescriptions does not allow for recording allergy status. To ensure this recommendation is implemented in practice will require a whole	Thank you for your comment. The GDG felt that there was evidence to support a structured system of documentation, and considered this recommendation to be implementable. Drug allergy status is currently recorded on prescription forms within secondary care, but not in primary care, therefore highlighting an

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								system change in primary care with GP computer systems and redesign of the FP10 prescription form. It is not practically possible for all community pharmacists to check the allergy status of all prescriptions dispensed, although many community pharmacies will record this on their own patient medication records for regular attending patients. If allergies are recorded an alert will flag up on the system at the point of dispensing a contra-indicated medicine. Therefore suggest a recommendation that community pharmacists should consider recording the allergy status of all new patients recorded on their patient medication records. Perhaps adding a supplementary recommendation about reviewing existing records too? GDG may wish to discuss this. Alternatively, community pharmacists could check the allergy status with the patient for newly prescribed medicines (as the status is not recorded on the prescriptions). In the hospital setting checking a documented allergy status is common practice.	inequality in delivery of care.
21.	51	NICE	Medicines and Prescribing Centre	21	NICE version	Recommendation 1.2.5	16	Who is this recommendation aimed at? Is it all health professionals who are involved with the care of the patient?	Thank you we have agreed to delete this recommendation.
22.	52	NICE	Medicines and Prescribing Centre	22	NICE version	Recommendation 1.2.6	16	This recommendation is not practical with respect to 'dispensing' in the primary care setting.	Thank you for your comment. The GDG believes that, with the implementation of routine documentation (1.2.1-1.2.3) and the inclusion of drug allergy information on prescriptions (1.2.8); this recommendation will be practical in a primary care setting.

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23.	53	NICE	Medicines and Prescribing Centre	23	NICE version	Recommendation 1.2.8	17	For 'prescriptions issued in any healthcare setting' – this will not be possible in practice for all prescriptions. Approximately 1 billion prescription items were dispensed in the community in 2013 (data from the Health and Social Care Information Centre).	Thank you for your comment. The GDG felt that there was evidence to support a structured system of documentation, and considered this recommendation to be implementable. Drug allergy status is currently recorded on prescription forms within secondary care, but not on primary care prescriptions, therefore highlighting an inequality in delivery of care.
24.	54	NICE	Medicines and Prescribing Centre	24	NICE version	Recommendation 1.2.9	17	Suggest also recording what the allergy was to (medicine name, dose, form and strength).	Thank you for your comment. We have added 'name of the drug', however the dose, form and strength do not belong in this section but are included in recommendation 1.2.3.
25.	55	NICE	Medicines and Prescribing Centre	25	NICE version	Recommendation 1.3.1	17	..'provide written info'. Perhaps the GDG could consider what information providers may wish to include in their information to patients. This could then be included in the recommendation. Suggestions include drug dose, form, strength, related drug classes with the potential for allergy, who to contact before taking medicines, who to inform about drug allergies before any treatment (e.g. GP, dentist, nurse), who to contact if allergy is suspected.	Thank you for your comment the information that should be provided to patients is listed in recommendation 1.2.3. However, we have also indicated that 'structured' information should be provided in the recommendation you refer to in your comment.
26.	56	NICE	Medicines and Prescribing Centre	26	NICE version	Recommendation 1.3.2	17	Suggest including …'if they are unsure' at the end of the recommendation. Medicines can be purchased from non-pharmacies.	Thank you for your comment. The GDG believes it is important for people to check every time they purchase over-the-counter drugs, and the safest advice is to recommend that they always consult a pharmacist (and hence not purchase medicines from shops without pharmacists).
27.	57	NICE	Medicines and	27	NICE	Recom	17	Suggest include drug form and strength too.	Thank you for your comment. We think

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			Prescribing Centre		version	mendation 1.3.4			the information specified is adequate. The drug strength and form is not required after drug allergy has been confirmed or excluded.
28.	58	NICE	Medicines and Prescribing Centre	28	NICE version	Recommendation 1.3.4	18	'any safe alternative drugs that may be used.' – it may not always be known if the drug is safe until the patient has taken it, suggest amend wording to reflect this comment.	Thank you for your comment. It is very important that the healthcare professional documenting a suspected drug allergy and advising the patient on their future actions must determine which drugs and drug classes should be avoided in future and which are safe. If it is uncertain whether a drug is safe to take then it must be avoided unless and until any further investigations are carried out and updated guidance is documented and given to the patient.
29.	59	NICE	Medicines and Prescribing Centre	29	NICE version	Recommendation 1.3.6	18	Suggest cross referencing to recommendation 1.3.1	Thank you for your comment we have moved this recommendation as suggested.
30.	60	NICE	Medicines and Prescribing Centre	30	NICE version	Recommendation 1.41.	18	'document details of the suspected drug allergy in the person's medical records' – does this apply to primary or secondary care or both. Also need to link to recommendations about sharing information. Suggest link to recommendation 1.2.8.	Thank you for your comment. This applies to all locations of care. We have added a link to recommendation 1.2.8 as you suggested.
31.	61	NICE	Medicines and Prescribing Centre	31	NICE version	Recommendation 1.4.3	19	This section should be consistent with terminology, sometimes 'non-selective non-steroidal anti-inflammatories' is used and other times just 'non-steroidal anti-inflammatories'. Also, not sure a patient would understand what a non-selective NSAID is, perhaps include examples in the recommendation of the common ones.	Thank you for your comment. Some recommendations apply to all NSAIDs, and some only to non-selective NSAIDs (that is, NSAIDs other than selective COX-2 inhibitors). This recommendation is written for clinicians. We recommend that clinicians explain carefully to patients which drugs they can and cannot take and provide a full list (1.3.1, 1.3.2).

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32.	62	NICE	Medicines and Prescribing Centre	32	NICE version	Recommendation 1.4.4	19	Need to consider if the decision to use a COX-2 is clinically appropriate with other co-morbidities and other medicines currently being taken by the patient (e.g. cardiovascular risk). Suggest adding wording to the recommendation to reflect this comment.	Thank you for your comment. We consider that this is addressed through specifying that the benefits and risks should be discussed before prescribing COX-2 inhibitors.
33.	63	NICE	Medicines and Prescribing Centre	33	NICE version	Recommendations 1.4.8 and 1.4.9	19	Suggest seeking microbiologist advice before referring to a specialist drug allergy service to ensure no other alternative antimicrobial can be used. Cross ref with guidance being developed on antimicrobial stewardship.	Thank you for your comment. The recommendations are specifically for referral to a specialist allergy service for the small number of people who require treatment with a beta lactam rather than the larger group where an alternative treatment may be an option. We have added the antimicrobial stewardship guideline to our list of related guidance.
34.	64	NICE	Medicines and Prescribing Centre	34	NICE version	Recommendations 1.4.8 and 1.4.9	19	Suggest including examples of some beta lactam antibiotics.	Thank you for your comment. We do not think providing examples would be helpful due to the large number available.
35.	65	NICE	Medicines and Prescribing Centre	35	NICE version	Section 2.2.	22, 1st paragraph	'However in current practice information is usually not provided unless drug allergy is confirmed by specialists' – it is not clear what this means. From practice patients will volunteer allergy status when asked in a secondary care settings and this is often not confirmed with specialists.	Thank you for your comment. This means that patients are currently rarely provided with information about their condition by healthcare professionals except when they are seen by specialists.
36.	66	NICE	Medicines and Prescribing Centre	36	NICE version	Section 2.2	22, 3rd paragraph	Agree with this, however see comment on recommendation 1.3.1.	Noted, thank you for your comment.
37.	67	NICE	Medicines and	37	NICE	Section	23, line	If clinically appropriate. Need to consider co-	Thank you for your comment. We

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			Prescribing Centre		version	2.3	2	morbidities and drug interactions with other medicines being taken.	have amended the question to include 'if clinically appropriate'
38.	68	NICE	Medicines and Prescribing Centre	38	NICE version	Section 2.4	24, line 3	Need to explain what 'oral antibiotic challenge' is, suggest explaining what this is and who would undertake it.	Thank you for your comment. An oral antibiotic challenge would consist of a supervised, incremental dose oral antibiotic administration; to be followed by administration over the subsequent 2 days (if supervised challenge negative).
39.	69	NICE	Medicines and Prescribing Centre	39	NICE version	Section 3.2	25	Published guidance –suggest making links to guidance for NSAID usage and also antimicrobials. Guidance under development – suggest adding in guidance relating to antimicrobials: PH – antimicrobial resistance: changing risk-related behaviours MPG – antimicrobial stewardship	Thank you for your comment. We will add the link as suggested in your comment. We have also amended our introduction to both the Full and the NICE versions of the guideline, to include the detail you suggest.

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40.	67	SH	British Association of Dermatologists	1	Full	General	General	The British Association of Dermatologists agrees with and would like to support the feedbacks submitted by the British Society for Cutaneous Allergy	Thank you for your comment.
41.	74	SH	British Society for Allergy and Clinical Immunology (BSACI)	5	Full	General	General	Non immediate reactions also include 'urticaria' and this is never mentioned	Thank you for your comment. The GDG consider that it is possible to have an urticated exanthem that is delayed but this is not true urticaria, which is by definition mast cell mediated and therefore not t cell mediated (delayed).
42.	75	SH	British Society for Allergy and Clinical Immunology (BSACI)	6	Full	General	General	Be aware of maintaining either the acronyms or the full names: DRESS/DHS are often spelt with both names and SJS/TEN, AGEP are not	Thank you for your comment, this has been amended.
43.	76	SH	British Society for Allergy and Clinical Immunology (BSACI)	7	Full	General	General	Among non immediate rare reactions :add Nephritis	Thank you for your comment, this has been added.
44.	79	SH	British Society for Allergy and Clinical Immunology (BSACI)	10	Full	General	General	Do people with a severe reaction to NSAID have to avoid necessarily paracetamol? Not clear.	Thank you for your comment. We do not classify paracetamol as an NSAID and it does not need to be avoided by someone who has had a reaction to an NSAID.
45.	80	SH	British Society for Allergy and	11	Full	General	General	For allergy during Anaesthsia' there is no hint of explanation of what the culprit could be in relation	Thank you for your comment. The question reviewed was regarding

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			Clinical Immunology (BSACI)					to the time of drug administration.Just a general statement on the various possibility would be helpful	referral to specialist drug allergy services. The point you raise is a specialist area, and not addressed in the guideline.
46.	1	SH	British Infection Association	1	Full	General	General	There is a significant problem with patients being incorrectly labelled as allergic to antibiotics, usually penicillin. Sometimes, further history taking reveals that the "allergy" is not an allergy but a common side-effect. Sometimes patients are inappropriately prescribed an antibiotic that they are supposed to be allergic to. In these cases, it would be very useful to the future treatments of many of these patients if they could have the allergy label removed. This is extraordinarily difficult because experience shows that successive admissions to hospital (for example) leads to a reassertion of the allergy label because of frequent previous documentation of the "allergy". In other words, once labelled "allergic", always labelled "allergic". Strategies need to be researched and developed to enable de-labelling to occur and to be maintained. These need to be electronic and non-electronic. The guidance also mentions that allergy testing should be offered to patients who will require the antibiotic in the future or who are at high risk of requiring it. This does not take account of those, many more, patients for whom a second line agent is used. Sometimes these are less efficacious, sometimes more toxic, frequently both. Therefore, we believe that patients at risk of serious, life-threatening infections such as endocarditis, should be offered allergy testing	Thank you for your comment. We agree that many people are incorrectly labelled as allergic to antibiotics. The purpose of our recommendations is to ensure that people with a possible allergy are thoroughly assessed so that a healthcare professional can make an informed judgement as to whether they should be suspected as having had a drug allergic reaction or not. Recommendations have been made for detailed records to be made, maintained and shared in order to prevent incorrect labelling of patients. A research recommendation has also been made for designing systems to document drug allergy including structured patient records and improvements to coding within electronic record keeping. Chapter 11 (Referral to specialist drug allergy services) carefully considers the clinical and cost effectiveness of referral for patients who would otherwise require second-line drugs,

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								anyway.	and concludes that this would only be cost effective for certain patients, such as those who are likely to have frequent future need of beta-lactam antibiotics. The GDG believes that people at risk of endocarditis in the future will be covered by recommendation 1.4.8 for those people requiring treatment with a beta-lactam antibiotic.
47.	2	SH	British Society Cutaneous Allergy	2	Full	General	General	Frequent mention is made to a specialist drug allergy service but there is no comment on how this is constituted or defined to enable it to provide diagnosis in an effective and efficient manner of both immediate and delayed hypersensitivity reactions	Thank you for your comment. Service provision is determined at a local level. The organisation of specialist services was not within the scope of this guideline.
48.	3	SH	British Society Cutaneous Allergy	4	Full	General	General	The document considers both immediate and non-immediate (delayed) type allergy. The document in considering investigation appears to focus on immediate hypersensitivity (IgE; prick & intradermal tests). Investigation of non-immediate reactions should include patch testing. An expert with knowledge of delayed type hypersensitivity reactions and how to investigate these should be a member of the team. A collaborative approach is likely to lead to better patient outcomes	Thank you for your comment. Membership if the GDG included a Consultant Dermatologist. The guideline focused on diagnostic tests that could be undertaken in a non-specialist setting and specialist investigations were outside of the scope of this guideline.
49.	26	SH	Department of Health	1	FULL	General	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
50.	68	SH	Royal College of Nursing	1	Full	General	General	The Royal College of Nursing is a registered stakeholder for this guidance. The Royal College of Nursing was invited to comment on the draft drug allergy clinical guideline. The document was circulated to RCN	Thank you for your comments.

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								staff and Drug Allergies, Critical Rehabilitation and Emergency Nursing contact list for their views. Find below comments received from the reviewers.	
51.	69	SH	Royal College of Nursing	2	Full	General	General	Our members were in agreement with the guidelines; however one person did comment that when a GP has identified a patient as having an allergy they should refer that patient to an allergy specialist centre.	Thank you for your comment. The GDG considered which patients should be referred to specialist drug allergy services for assessment, with regard to the clinical and cost effectiveness of referral, in Chapter 11 of the guideline. The GDG concluded that it is appropriate for certain groups of patients to be referred, but it would not be cost effective to refer all patients with a suspected allergy.
52.	49	SH	Royal College of Physicians (RCP)	1	Full	General	General	The RCP is grateful for the opportunity to comment on the draft guideline. Our experts in allergy broadly welcome the document and feel that it is well researched and comprehensive. However, our experts in clinical pharmacology have raised a number of important concerns which they feel could have been avoided if a clinical pharmacologist had been included on the GDG. These issues have been highlighted below.	Thank you for your comments.
53.	61	SH	Royal College of Physicians (RCP)	14	Full	General	General	Evidence summaries We note that the evidence for many of the recommendations is graded of low or very low quality. Only data on what information to give was graded moderate.	Thank you for your comment. Most data came from observational studies. The system for rating evidence, GRADE, considers such data to start as 'low'. Patient information was based on qualitative data which is appraised differently and the evidence in this section was of better quality (moderate).

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54.	62	SH	Royal Pharmaceutical Society	1	Full	General	General	The Royal Pharmaceutical Society welcomes the update to the NICE guidelines on drugs allergy: diagnosis and management of drug allergy in adults, children and young people. We are pleased that pharmacy and pharmacists have been highlighted in the care and management pathway of drug allergies. Pharmacists as the experts in medicines usage have a vital role in ensuring that medicines are used correctly and safely.	Thank you for your comment.
55.	19	SH	Digital Assessment Service, NHS Choices	1	Full	General	General	DAS welcome the guideline and have no comments on its content.	Thank you for your comment.
56.	21	SH	NHS England	1	Full	General	General	Thank you for the opportunity to comment on the engagement exercise for the above guidance. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for your comment.
57.	4	SH	British Society Cutaneous Allergy	3	Appendices	3.2	8	The investigation of patch testing is mentioned in the scope but appears not to have been considered in the full document.	Thank you for your comment. Patch testing is mentioned in the 'Current practice' section of the scope, but it was not one of the key clinical issues prioritised in the scope.
58.	50	SH	Royal College of Physicians (RCP)	2	Full	1	10 line 3	'Other reactions are caused by drug intolerance, idiosyncratic reactions and pseudo allergic reactions' These terms require definition and do not likely cover all mechanisms of adverse drug reaction. See Aronson & Ferner Clarification of terminology in drug safety. Drug Safety 2005; 28: 851-70	Thank you for your comment. We have edited the introduction and clarified the text.
59.	51	SH	Royal College of Physicians	3	Full	1	10 line 4	'The British Society for Allergy and Clinical Immunology (BSACI) defines drug allergy as an	Noted, thank you for your comment. However, we hope these guidelines will

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			(RCP)					adverse drug reaction with an established immunological mechanism' Agreed. However, many clinicians equate 'drug allergy' with immediate (Type I) hypersensitivity reactions. Agreed too that the rider 'clinical features compatible…' is reasonable.	highlight the many different types of drug hypersensitivity and allergy.
60.	52	SH	Royal College of Physicians (RCP)	4	Full	1	10 line 12	'There is also evidence that these reactions are increasing: between 1998 and 2005, serious adverse drug reactions rose 2.6-fold.' Our experts in clinical pharmacology are not aware of any good studies of incidence, only counts of reports –which is not the same.	Thank you for your comments. We have added further referencing.
61.	53	SH	Royal College of Physicians (RCP)	5	Full	1	10 line 19	'Therefore, penicillin allergy can potentially be excluded in 9% of the population' This statement should be looked at as it appears to suggest that the proportion of people who do not believe they are allergic to penicillin, but in fact are, is greater than 10%.	Thank you for your comment, we have reviewed the introduction and think this is clear.
62.	54	SH	Royal College of Physicians (RCP)	6	Full	1	10 line 21	1:1000 is not common Frequency categories [for adverse drug reactions] are defined using the following convention: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000); not known (cannot be estimated from the available data).	Thank you for your comment. 1:1000 on its own is not common, however, in conjunction with 5–10% of people with asthma, becomes more common.

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								Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.	
63.	55	SH	Royal College of Physicians (RCP)	7	Full	1	10 line 22	'In these people, fatal reactions can occur with small doses of NSAIDs' This must be rarer than fatal anaphylaxis to penicillin (which accounts for about 1:100000 deaths)	Noted, thank you for your comment.
64.	71	SH	British Society for Allergy and Clinical Immunology (BSACI)	2	Full	1	10 line 25	Add a ref	Thank you for your comment. Further references have been added to the introduction.
65.	56	SH	Royal College of Physicians (RCP)	8	Full	1	10 line 29	'Computerised primary care record systems are often unable to distinguish between intolerance and drug allergy and this can lead to a false label of drug allergy, particularly if the person's reaction took place many years previously and details about their reaction have been lost.' Agreed. It is true generally that neither patients nor clinical staff distinguish clearly between ADRs generally and allergic ADRs specifically.	Thank you for your comment. The GDG consider that the implementation of this guideline will lead to improvements in level of detail and accuracy in the recording and documentation of drug allergy.
66.	57	SH	Royal College of Physicians (RCP)	9	Full	3.1	14 line 20	Table The table makes it clear that the focus is on Type I hypersensitivity. A question asking whether it is clinically necessary to avoid NSAIDs in all patients with asthma would be a good addition.	Thank you for your comment. We would consider this to be an asthma management question rather than a general drug allergy topic.
67.	72	SH	British Society for Allergy and Clinical	3	Full	3.1	15	Under 'review questions' add amoxicillin, correct cofactor with cefaclor and suxe with suxamethonium	Thank you for your comment. Amoxicillin is listed at the foot of the previous page. We have made the

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			Immunology (BSACI)						other suggested corrections.
68.	27	SH	Association of Anaesthetists of Great Britain and Ireland	1	Full	3.1. table 1	15	Spelling of suxamethonium	Thank you for your comment, we have edited this.
69.	28	SH	Association of Anaesthetists of Great Britain and Ireland	2	Full	3.1. table 1	15	Is there any place for reviewing the role of pholcodine in anaphylaxis (European evidence not in English language – anaphylaxis in neuromuscular blocking drugs)	Thank you for your comment, however, this was not included in the scope of the guideline.
70.	29	SH	Association of Anaesthetists of Great Britain and Ireland	3	Full	3.2.1	16	? Missed out significant stakeholders – Europeans (France and Denmark) and Australians	Thank you for your comment. Stakeholders delivering NHS care are invited to register to participate in the public consultations for the development of NICE guidance.
71.	73	SH	British Society for Allergy and Clinical Immunology (BSACI)	4	Full	Algorithm	34	Under algorithm 'oset usually 1hour' add from the last dose administration	Thank you for your comment. The assessment section has been revised, following comments received.
72.	58	SH	Royal College of Physicians (RCP)	10	Full	Algorithm	34	Algorithm This deals with immediate and delayed hypersensitivity. However, the algorithm needs work as it would make more clinical sense to organise by time from (first) exposure to onset. It is also unclear why the treatment is by drug, although NSAIDs appear twice. We believe it is right to warn of asthma + nasal polyps, but what about asthma without nasal polyps, and why continue treatment with an NSAID if the patient has had a (suspected)	Thank you for your comment. The GDG consider an algorithm organised by symptom to be more helpful for clinical practice. However, we have revised and re-ordered the algorithm for greater clarity, with regards to management and referral.

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								allergic reaction? This could potentially be life threatening. Our experts in clinical pharmacology feel that this is inconsistent with the recommendation at line 13 page 41/165 that 'in future they need to avoid all other non-selective NSAIDs, including over-the-counter preparations.'	Thank you for your comment. The heading was incorrect and we have now amended this.
73.	59	SH	Royal College of Physicians (RCP)	11	Full	4.1	35 line 14	This should also refer to angioedema with ACE-Is	Thank you for your comment, reactions with ACE inhibitors do not typically occur within one hour of drug intake.
74.	5	SH	British Society Cutaneous Allergy	1	Full	4.1	36	The scope does not exclude allergic reactions to topical drugs but these appear to have been excluded in the full document. It should be made explicit that allergy to topical drugs has not been considered.	Topical drugs were not prioritised for inclusion in this guideline and not listed in the areas included in the scope.
75.	30	SH	Association of Anaesthetists of Great Britain and Ireland	4	Full	4.1	36 line 11 [rec 1.2.3]	This is an overstatement until a diagnosis is made – suggest a change in text which points out that until test results are available an informed decision / advice can be taken / given	Thank you for your comment. When a healthcare professional first assesses a patient and determines whether the patient should be classified as having a suspected drug allergy, they should then advise which drugs or drug classes should be avoided from that point onwards. If further investigations are conducted later (if referred to specialist services) then this advice may be reconsidered and changed at a later point, however the patient must in the meantime know, and their medical records must state, the drugs they should avoid.
76.	31	SH	Association of Anaesthetists of	5	Full	4.1.4	37 line 12	Correct timing for this statement to be made	Thank you for your comment; however we are unclear about your query.

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			Great Britain and Ireland						
77.	32	SH	Association of Anaesthetists of Great Britain and Ireland	6	Full	4.2.9.	39 line 21	Should include whether referral to allergy specialist has been made (and to whom)	Thank you for your comment, the majority of people are not referred to specialist services. However, the GDG believe it is standard procedure that when patients are referred to specialists that this would be documented within the patient's records.
78.	60	SH	Royal College of Physicians (RCP)	12	Full	4.2	39 line 25	'the generic and proprietary name of the drug taken' This should include a reminder that the reaction is sometimes to excipients such as tartrazine	Thank you for your comment. The GDG did not consider this to be a common cause for drug allergy.
79.	33	SH	Association of Anaesthetists of Great Britain and Ireland	7	Full	4.2	39 line 33	Avoid until evidence refutes or confirms allergy, otherwise risk not getting first line treatment	Thank you for your comment, Although the guideline states that all reactions due to general anaesthesia are to be referred for specialist assessment, the vast majority of other drug reactions are not referred and therefore it would be inappropriate to include this in a generic recommendation.
80.		SH	Royal College of Physicians (RCP)	13	Full	4.2	40 line 17	Are drug allergy bracelets/necklaces of any value? Should patients be encouraged to buy them?	The GDG did not find evidence to specifically recommend bracelets or necklaces, although written patient held information has been recommended in this guideline.
81.	34	SH	Association of Anaesthetists of Great Britain and Ireland	8	Full	4.2.25.	41 line 15	Need to comment on testing here – may be negative	Thank you for your comment, please refer to the recommended criteria for referral.
82.	77	SH	British Society for Allergy and Clinical	8	Full	4.2.26	41 line 17	Under non specialistic Management Algorithm: what is the meaning of giving the single dose on the first day? How many days ?	Thank you for your comment. After the single dose has been administered without a reaction, it could be continued

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			Immunology (BSACI)						according to clinical need.
83.	78	SH	British Society for Allergy and Clinical Immunology (BSACI)	9	Full	4.2.30	41 line 40	Everybody need NSAIDs , even children!; so cross out 'who need NSAIDs'	Thank you for your comment. Not all people need NSAIDs. Of those people who have a disease or condition that is commonly treated using an NSAID; many could take an alternative painkiller or an alternative anti-inflammatory, or both. This recommendation refers to people who require an NSAID because there are no suitable (adequately effective) alternative painkillers or anti-inflammatories for them.
84.	35	SH	Association of Anaesthetists of Great Britain and Ireland	9	Full	4.3.3.	42 line 23	Should test – there are issues with the longer term use with COX 2 inhibitors Some trusts do not make Cox-2 inhibitors available to prescribe. If they are to be recommended then require a statement about availability	Thank you for your comment. This research recommendation proposes that research should be conducted to determine whether patients who have experienced a severe reaction to a non-selective NSAID should be referred to specialist services for assessment or not. COX 2 inhibitors should be prescribed according to best practice. The recommendations do not provide guidance on the duration of treatment. Availability is determined at a local level and is not within the remit of NICE guidance.
85.	13	SH	The Royal College of Anaesthetists	5	Full	4.3	42	Lay comment: Key Research Recommendations There was general agreement with these recommendations, particularly the last two	Thank you for your comment.

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								concerning COX2 inhibitors and oral antibiotic challenges.	
86.	36	SH	Association of Anaesthetists of Great Britain and Ireland	10	Full	5.5	55	Sensible conclusion re use of an algorithm	Thank you for your comment.
87.	6	SH	British Society Cutaneous Allergy	5	Full	5.5	55	Non immediate reactions to local anaesthetic are often localised to the site of injection and if the patient is highly sensitised may begin within a few hours of injection. In our experience non immediate reactions to local anaesthetic are not uncommon in comparison to immediate hypersensitivity that is rarely seen.	Thank you for your comment. We have amended our recommendation and this is now covered by the timing of 'under three days' for non-immediate reactions. Also, the referral guidance covers immediate and non-immediate reactions.
88.	37	SH	Association of Anaesthetists of Great Britain and Ireland	11	Full	6.6	65	Should text state that high clinical suspicion with negative tryptase still requires testing?	Thank you for your comment, the GDG agreed that a normal serum tryptase, taken acutely does not exclude drug allergy and this is stated in 'Relative Values of Different Outcomes', in the Linking evidence to recommendations table.
89.	66	SH	Royal College of Pathologists	4	Full	7.1	67	Chlorhexidine is an emerging important cause for drug reactions. Yet is only mentioned briefly under specific IgE. Some may consider it not a drug, but warrants mention somewhere to raise awareness. With regard to data on this many drug allergy centres test for this in conjunction with skin and intradermal testing and should be able to provide useful data on sensitivity and specificity in addition to cut off values.	Thank you for your comment. Those sections of this guideline covering assessment of drug allergies, documentation and providing information apply to all drugs that can cause allergic reactions. In the section on referral to specialist services, 4 groups of drugs were investigated particularly, in line with the scope for this guideline, because they are particularly common or important.
90.	38	SH	Association of Anaesthetists of Great Britain and Ireland	12	Full	7.6	77	Should IgE testing be made more explicit for Neuromuscular blocking drugs – included in small print More specifics about investigating for GA and LA	Thank you for your comment. We looked at IgE for neuromuscular blocking agents and results were inconclusive, We were therefore unable

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								reactions would be useful – anaesthetists may be very aware but other practitioners may not e.g. patient presenting in general practice (cross-referral to BSACI testing guidelines)	to make recommendations on the basis of insufficient evidence. The scope of the guideline was limited to the management of drug allergy by non-drug allergy specialists.
91.	39	SH	Association of Anaesthetists of Great Britain and Ireland	13	Full	8.1	79	Other reasons for drugs given when allergy label has been attached but not confirmed by testing - people do not think the reaction was true allergy . Text has already stated how many people have the label with no good evidence	Thank you for your comment.
92.	11	SH	The Royal College of Anaesthetists	3	Full	9	100	Lay comment: it is noted that emphasis is given to providing patients with information about their allergic reaction; at the same time lay members advise that a record of the allergic reaction is also kept centrally for that patient by the healthcare provider.	Thank you for your comment. We agree that it is important that information is both given to patients (Chapter 9) and recorded in medical records (please see Chapter 8).
93.	14	SH	The Royal College of Anaesthetists	6	Full	9.2	100	Lay comment: The general feeling is that the patient should have the same information as the clinician. As suggested in the guideline patients often have the most reliable source of information on their own conditions /restrictions and given this they can advise of these in future clinical situations.	Thank you for your comment. The recommendation states that the person should be provided with information (recommendation 1.2.3), which is the same information shared with health professionals.
94.	40	SH	Association of Anaesthetists of Great Britain and Ireland	14	Full	10.1	110	There are risk in taking Cox-2 inhibitors which do not relate to allergy but are still significant – needs to be acknowledged	Thank you for your comment, our recommendation states that the risks and benefits associated with using selective COX-2 inhibitors should be discussed when considering use. The recommendation has been amended to include the phrase 'low risk for drug allergy' in order to clarify that the risk does not specifically relate to cardiovascular events.

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									Selective COX-2 inhibitors, like all other drugs should be prescribed in line with all recommendations made in the BNF. The GDG has amended the recommendation to read: 'Discuss the benefits and risks (including low risk of drug allergy) when introducing a selective COX-2 inhibitor, offering the lowest starting dose and only give a single dose on the first day.'
95.	41	SH	Association of Anaesthetists of Great Britain and Ireland	15	Full	10.6	122-123	The evidence for asthma and cutaneous reactions appears to contradict the conclusion	Thank you for your comment. Asthmatic reactions were less common, but the GDG considered that the potential for a severe reaction was higher.
96.	9	SH	British Society Cutaneous Allergy	6	Full	11.7.1.1	128	When investigating severe non immediate reactions patch testing would be the most appropriate initial skin test and yet this is not considered in costings etc.	Thank you for your comment. Patch testing was not included in the clinical issues to be covered in the scope.
97.	7	SH	The Royal College of Anaesthetists	1	Full	11.11	138	Clinical comment: It has been suggested that the advice to use a local anaesthetic from a different class could be more specific and recommend that, if an amide anaesthetic was used, an ester local anaesthetic should be considered and vice versa.	Thank you for your comment, the focus of the review was to consider who should be referred to specialist services for local anaesthetics and specialist services would determine which anaesthetic to be used.
98.	12	SH	The Royal College of Anaesthetists	4	Full	11.11	138	Lay comment: For statement "…it is noted that in the case of some dental procedures some individuals may choose to undergo the procedure without any anaesthetic." Some dental procedures without anaesthetic would be very difficult to tolerate for adult patients; therefore this would certainly not be applicable to children who would need some level of pain relief. An additional statement about children allergic to anaesthetics	Thank you for your comment. The guideline notes that only some patients undergoing some procedures would choose not to receive any anaesthetic. The recommendation states that people requiring a local anaesthetic, which would include children, should be referred to specialist services if they have previously had a

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								undergoing dental treatment should be added, especially around discussing possible alternatives with parents and carers.	suspected allergic reaction to a local anaesthetic.
99.	42	SH	Association of Anaesthetists of Great Britain and Ireland	16	Full	11.12	139	Ideally all patients should be tested before further GA but it may not be possible for some who require urgent / emergent care. Safe alternatives and alternative techniques exist. Need to change this guidance	Thank you for your comment, the GDG felt that urgent testing should be offered in these cases, but if not possible then specialist advice should be sought. However, this would be outside the scope of this guideline.
100	8	SH	The Royal College of Anaesthetists	2	Full	11.12	139	Clinical comment: The recommendation that, following allergic reaction to general anaesthesia, it is not safe to undergo a further anaesthetic until referral and investigation by a specialist centre raises the question of who to refer to and the resources available. Useful suggested resources were: : http://www.bsaci.org/find-a-clinic/index.htm and: Alex TD Mills, Paul JA Sice, and Sarah M Ford Anaesthesia-related anaphylaxis: investigation and follow-up. Contin Educ Anaesth Crit Care Pain (2014) 14 (2): 57-62. The shortage of specialists to comply with this requirement was also highlighted and is described in the document attached to this response.	Thank you for your comment. Referral is to the appropriate specialist able to deliver the care required and resources would need to be determined at a local level.
101	15	SH	The Royal College of Anaesthetists	8	Full	11.2	139	Lay comment: It is noted in this section that allergy to a GA is a serious patient safety issue and it is reassuring it has been highlighted in this Guideline.	Thank you for your comment.
102	18	SH	The Royal College of Anaesthetists	11	Full	11.2	139	Lay comment: It is noted in this section that allergy to a GA is a serious patient safety issue and it is reassuring it has been highlighted in this Guideline.	Thank you for your comment.
103	22	SH	British Medical	1	NICE	General	General	We support this draft guideline; in general it is a	Thank you for your comment.

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			Association					useful document.	
104	43	SH	Association of Anaesthetists of Great Britain and Ireland	17	NICE	Intro	4 [para 1]	Cannot deny GA – this needs to be stated in a different way – sensationalist as it stands	The wording states: 'these patients, may be denied' a general anaesthetic in the future' and we think this is accurate. Thank you for your comment.
105	44	SH	Association of Anaesthetists of Great Britain and Ireland	18	NICE	Intro	4 [para 3]	Is there a figure which can be quoted instead of saying a majority of cases – all other comments have exact figures	Thank you for your comment The introductory text has been amended.
106	45	SH	Association of Anaesthetists of Great Britain and Ireland	19	NICE	intro	5	Most prescribers refer to the BNF for information	Thank you for your comment, NICE's advice is to refer to Summary of Product Characteristics. We are aware that most health professionals would refer to BNF.
107	16	SH	The Royal College of Anaesthetists	9	NICE	Patient Centred Care	6	Lay comment: A reference to transition from child to adult services was mentioned in the NICE guideline, but did not appear in the Full Version. It was felt this is a very important area, as young people with long term health needs moving from Paediatric to adult services need to take their drug allergy details with them to prevent errors occurring.	Thank you for your comment. The recommendations applying to documentation and patient information would apply to all people including those in transition between services.
108	46	SH	Association of Anaesthetists of Great Britain and Ireland	20	NICE	Intro	7	Need to be explicit in the text when must refers to a legal obligation as compared to consideration of consequences	Thank you for your comment. The word 'must' was not used in any of the recommendations of the guideline.
109	70	SH	British Society for Allergy and Clinical Immunology (BSACI)	1	Full	Intro	10 line 2	'not all' but 'only a minority'	Thank you for your comment; we have amended the text as suggested.
110	17	SH	The Royal College of Anaesthetists	10	NICE	Intro	11	Lay comment: It was felt that perhaps the NICE suggestions for referrals may not be workable due to a shortage of Allergy specialists.	Thank you for your comment. This is an implementation issue which is outside of the remit of this guideline. Implementation tools will be developed

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									and published alongside the final version of this guideline.
111	63	SH	Royal College of Pathologists	1	NICE	1.1.4	15	Measuring tryptase can be helpful but the fact that anaphylaxis can occur in the absence of a raised tryptase should be highlighted (only briefly mentioned in full version but important point). Patients have not been referred for assessment due to normal tryptase despite good clinical history!	Thank you for your comment. The NICE version only includes the recommendations, Further detail can be found in the full guideline within the Linking evidence to recommendations statements.
112	23	SH	British Medical Association	2	NICE	1.1.4 1.1.5	15	Measuring mast cell tryptase when diagnosing acute allergic reactions is not a test commonly available for GPs, perhaps the guideline could also recommend that this test should be made available to GPs and to district hospitals.	Thank you for your comment. This test is available in all fully accredited pathology laboratories and should be available to all GPs.
113	24	SH	British Medical Association	3	NICE	1.2.2 1.2.3 1.2.4	15-16	There is some misunderstanding about the difference between drug allergies and drug adverse reactions, and the IT systems GPs use do not really make it easy to distinguish between the two. In addition, Read codes for allergies are inadequate and it is difficult to find the correct code to use.	Thank you for your comment. The GDG recognises that the current system for recording GP's patient records is inadequate and the focus of this guideline is to improve documentation on drug allergy.
114	47	SH	Association of Anaesthetists of Great Britain and Ireland	21	NICE	1.2.3	16	Need to include whether referral to allergy centre has been undertaken – must ensure not left to someone else and the it doesn't get done	The majority of people would not be referred to specialist services. The documentation list covers the main areas to record and is not meant to be exhaustive. Information on referrals made will in any case be routinely recorded in GP data systems so can be checked.
115	25	SH	British Medical Association	4	NICE	1.2.8	17	"Ensure that information about all drug allergy status is included in all prescriptions issued in any healthcare setting" - it is not currently possible to add drug allergy history to FP10s, so perhaps the guidance should include the need to change FP10	Thank you for your comment. The GDG felt that there was evidence to support a structured system of documentation, and considered this recommendation to be implementable.

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								format.	Drug allergy status is currently recorded on prescription forms within secondary care, but not on primary care prescriptions, therefore highlighting an inequality in delivery of care.
116	20	SH	Anaphylaxis Campaign	1	NICE	1.4.2	18	In the Recommendations – (1.4 Non-specialist management and referral to specialist services) – we feel there should be a specific recommendation to refer children who have suspected allergic reactions to antibiotics. Some children experience a number of occasions during their childhood when it is necessary to prescribe antibiotics. Rather than just avoiding treatment with antibiotics or giving them and risking a reaction, we feel they should be referred for testing to confirm or rule out the presence of allergy.	Thank you for your comment. Chapter 11 (Referral to specialist drug allergy services) considers the clinical and cost effectiveness of referral for patients (adults and children) who have suspected allergic reactions to beta-lactam antibiotics. The GDG recommended that people (including children) who need treatment for a disease which can only be treated with a beta-lactam, and those who are likely to need beta-lactams frequently in future should be referred to specialist services. Referral should also be considered for those with suspected allergy to both beta-lactams and other classes of antibiotics. However, the GDG found that it would not be cost effective to refer all patients with suspected allergy to specialist services, as many would in future have only occasional need for beta-lactams and would be able to take second-line drugs with small or no difference in health outcomes.
117	48	SH	Association of Anaesthetists of Great Britain	22	NICE	1.4.6	19	Reorder – and place after 1.4.3.	Thank you for your comment. We have considered your suggestion, but the GDG believe the current order to be

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			and Ireland						correct.
118	81	SH	British Society for Allergy and Clinical Immunology (BSACI)	12	NICE	1.4.11	12/20	For General Anaesthetic allergy assessment it is important that the referrer provides if at all possible the anaesthetic chart and any associated nursing/ medical notes with the referral letter.	Thank you for your comment. We agree this is an important issue, but this is a specialised area outside of the scope of this guideline.
119	64	SH	Royal College of Pathologists	2	NICE	2.3	23	A number of drug allergy centres including ours at Southampton have done a significant number of COX-2 challenges. Pooled data between centres would provide valuable data.	Thank you for your comment.
120	65	SH	Royal College of Pathologists	3	NICE	2.4	24	This is an important point/concept. I could not see reference to this article, which is worth review: J Allergy Clin Immunol. 2011 Jan;127(1):218-22. doi: 10.1016/j.jaci.2010.08.025. Epub 2010 Oct 28.The role of penicillin in benign skin rashes in childhood: a prospective study based on drug rechallenge.Caubet JC1, Kaiser L, Lemaître B, Fellay B, Gervaix A, Eigenmann PA.	'Thank you for your comment. The study you are referring to was recruiting children in the emergency department. The GDG did not consider this to be current practice across all Allergy centres and research to clarify this issue was therefore prioritised. Further research into this question will assist in formulating recommendations and guidelines specific to children/young people. The existing EAACI guidelines are not child specific and incorporate testing regimens that are not acceptable or practicable for use in paediatric practice'.
121		SH	Royal College of Paediatrics and Child Health	1	NICE	2.4	24	Comment from the Paed Immunology CSAC are as follows: We regularly use oral antibiotic challenge in children in the manner described here and do not consider that this is a "research priority" but rather it is standard practice. See Eigenmann et al J Allergy Clin Immunol 2011;127:218-22 for an evidence base.	'Thank you for your comment. The study you are referring to was recruiting children in the emergency department. The GDG did not consider this to be current practice across all Allergy centres and research to clarify this issue was therefore prioritised. Further research into this question will assist in formulating recommendations and

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									guidelines specific to children/young people. The existing EAACI guidelines are not child specific and incorporate testing regimens that are not acceptable or practicable for use in paediatric practice'.

These stakeholders were invited to comment but did not respond:

Action Against Allergy
ADDEPT
Aintree University Hospital NHS Foundation Trust
Alder Hey Children's NHS Foundation Trust
Allergy Alliance
Allergy UK
Allocate Software PLC
Anglian Community Enterprise
Archimedes Pharma Ltd
Association of Clinical Pathologists
Association of Young People with ME
Atrial Fibrillation Association
Barnsley Hospital NHS Foundation Trust
Barts Health NHS Trust
Boehringer Ingelheim
Boots
British Dental Association
British Dental Trade Association
British Infection Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Pharmacological Society
British Psychological Society
British Red Cross
British Society for Immunology
British Society for Medical Dermatology
Cambridge University Hospitals NHS Foundation Trust
Capsulation PPS
Capsulation PPS
Care Quality Commission (CQC)
Central & North West London NHS Foundation Trust
Central London Community Health Care NHS Trust
Clarity Informatics Ltd
Company Chemists Association Ltd
Croydon Clinical Commissioning Group
Croydon Health Services NHS Trust

Croydon University Hospital
Cumbria Partnership NHS Trust
Cygnet Health Care
Cygnet Hospital Harrow
Department of Health, Social Services and Public Safety - Northern Ireland
Division of Education and Child Psychology
East and North Hertfordshire NHS Trust
East Kent Hospitals University NHS Foundation Trust
Economic and Social Research Council
Epilepsy Action
Ethical Medicines Industry Group
Faculty of Intensive Care Medicine
Faculty of Pharmaceutical Medicine
Faculty of Sport and Exercise Medicine
Five Boroughs Partnership NHS Trust
Greater Manchester & Beyond Coalition of PLW & HIV
Greater Manchester West Mental Health NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Health & Social Care Information Centre
Health and Care Professions Council
Healthcare Improvement Scotland
Healthcare Infection Society
Healthcare Quality Improvement Partnership
Healthwatch East Sussex
Herts Valleys Clinical Commissioning Group
Hindu Council UK
Hockley Medical Practice
Humber NHS Foundation Trust
Imutest Limited
Independent Healthcare Advisory Services
Institute of Biomedical Science
Integrity Care Services Ltd.
Kettering General Hospital
Lancashire Care NHS Foundation Trust
Leeds Community Healthcare NHS Trust
Leeds North Clinical Commisioning Group
Leeds South and East Clinical Commissioning Group
Leeds Teaching Hospitals NHS Trust
Local Government Association

Luton and Dunstable Hospital NHS Trust
Meda Pharmaceuticals Limited
Medicines and Healthcare products Regulatory Agency
Mind
Ministry of Defence (MOD)
National Allergy Strategy Group
National Clinical Guideline Centre
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Deaf Children's Society
National Institute for Health Research Health Technology Assessment Programme
National Institute for Health Research
National Patient Safety Agency
National Pharmacy Association
Neonatal & Paediatric Pharmacists Group
Newcastle upon Tyne Hospitals NHS Foundation Trust
NHS Barnsley Clinical Commissioning Group
NHS Connecting for Health
NHS County Durham and Darlington
NHS Cumbria Clinical Commissioning Group
NHS Direct
NHS Greater Manchester Commissioning Support Unit
NHS Health at Work
NHS Improvement
NHS Luton CCG
NHS Medway Clinical Commissioning Group
NHS Plus
NHS Sheffield
NHS South Cheshire CCG
NHS South of England
NHS Wakefield CCG
NHS Warwickshire North CCG
NHS West Lancashire CCG
NHS West Suffolk CCG
Norfolk Community Health and Care NHS Trust
North Essex Partnership Foundation Trust
North of England Commissioning Support
North West London Hospitals NHS Trust

North West London Perinatal Network
Northumberland, Tyne & Wear NHS Trust
Nottingham City Council
Nottinghamshire Healthcare NHS Trust
Nursing and Midwifery Council
Oxford Health NHS Foundation Trust
Oxfordshire Clinical Commissioning Group
PharmaPlus Ltd
PHE Alcohol and Drugs, Health & Wellbeing Directorate
Plymouth Hospitals NHS Trust
PrescQIPP NHS Programme
Primary Care Pharmacists Association
Primrose Bank Medical Centre
Protomed
Public Health Agency
Public Health England
Public Health Wales NHS Trust
Public Health Wales NHS Trust
Queen Elizabeth Hospital King's Lynn NHS Trust
Rarer Cancers Foundation
RDaSH NHS Foundation Trust
Roche Diagnostics
Roche Products
Royal Brompton Hospital & Harefield NHS Trust
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Society of Medicine
Royal Victoria Infirmary
Scottish Intercollegiate Guidelines Network
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
South East Coast Ambulance Service NHS foundation Trust
South London & Maudsley NHS Trust
South Tyneside NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust
Southport and Ormskirk Hospital NHS Trust
Spectranetics Corporation
St Andrews Healthcare
St Mary's Hospital
Staffordshire and Stoke on Trent Partnership NHS Trust
Stockport Clinical Commissioning Group
The College & Fellowship of Podiatric Medicine
The Patients Association
UK Clinical Pharmacy Association
UK Liver Alliance
University Hospital Birmingham NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham
University of Southampton
Walsall Local Involvement Network
Welsh Government
Welsh Scientific Advisory Committee
Western Sussex Hospitals NHS Trust
Westminster Local Involvement Network
Wigan Borough Clinical Commissioning Group
Wirral University Teaching Hospital NHS Foundation Trust
Worcestershire Health and Care NHS Trust
York Hospitals NHS Foundation Trust