Appendix B: Stakeholder consultation comments table

2018 surveillance of Drug allergy: diagnosis and management (2014)

Consultation dates: 3 to 16 October 2018

Do you agree with the proposal not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Royal College of Physicians	Yes	The RCP is grateful for the opportunity to respond to the above consultation. Our experts note the importance of NICE continuing in their efforts to ensure full implementation across both primary and secondary care. The clinical issue is lack of resource to implement the recommendations.	Thank you for your comments. NICE are aware that guidance sometimes recommends changes in practice which the NHS, local government and social care providers may find difficult to implement, especially when faced with limited resources and differing local budget priorities. Therefore, implementation support materials to put the guidance into practice locally are available here.
NHS England	Not answered	No comments have been received from NHS England colleagues	Thank you.
British Association of Dermatologists	Yes	The British Association of Dermatologists agrees with the proposal not to update this guideline.	Thank you.

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Royal College of Pathologists	Yes	No comments provided	Thank you.
Royal College of Paediatrics and Child Health	Not answered	Royal College of Paediatrics and Child Health to comment on the surveillance review proposal for Drug allergy. We have not received any responses for this consultation	Thank you.
Royal College of Anaesthetists	No	• Box 1 top left cell The definition for anaphylaxis does not match NAP6 experience – skin signs not noted in serious allergy. NAP6 is the largest ever prospective study of anaphylaxis related to anaesthesia and surgery. 100% of NHS hospitals participated in NAP6, which studied every case of life-threatening anaphylaxis during 3 million anaesthetics given in the UK over a yearlong reporting period '"Anaphylaxis – a severe multi-system reaction characterised by: erythema, urticaria or angioedema **and** hypotension and/or bronchospasm" This requires revision to: "It is clear from NAP6 that erythema, urticaria or angioedema may be absent and indeed are more likely to be absent in the most severe cases." • 1.4.3 Is it reasonable to require avoidance of ALL NSAIDs after all allergic reactions to a single NSAIDs. However, this is regarded as an approach lacking subtly. It will result in avoiding drugs the patient may not be allergic too and will inevitably increase opioid use, which is likely a greater	Thank you for your comments regarding the need to revise the definition of anaphylaxis in light of the highlighted NAP6 study. Boxes 1-3 in NICE guideline CG183 describe common and important presenting features of drug allergy but other presentations are also recognised, as noted in the footnote on page 23 of the guideline. As such, no change to the definition is anticipated. In relation to your comment on recommendation 1.4.3 concerning the avoidance of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in patients with suspected NSAID allergy, please note that this was considered during guideline development. The guideline development group (GDG) noted that only a small proportion of patients would require specific treatment with NSAIDs, whilst the majority of people would be able to take alternative painkillers or selective COX-2 inhibitors. The GDG judged that it would not be cost effective to refer people who do not require treatment with NSAIDs. Additionally, a strong signal was not identified through this surveillance review to indicate that the recommendation needs updating. This is an area we will monitor and consider again at the next surveillance review of the guideline. We acknowledge your comment regarding nasal polyps and the likelihood of NSAID tolerance in this population. Whilst no robust evidence was identified to inform this recommendation, the GDG

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		healthcare burden. It is suggested that there should be specialised investigation to assess whether there are safe other NSAIDs. • 1.4.7 "Be aware that people with asthma who also have nasal polyps are likely to have NSAID-sensitive asthma unless they are known to have tolerated NSAIDs in the last 12 months." Query whether there is any robust evidence behind this? The vast majority of patients with nasal polyps are tolerant of NSAIDs. • 1.4.10 "Refer people to a specialist drug allergy service if they need a procedure involving a local anaesthetic that they are unable to have because of suspected allergy to local anaesthetics." Local anaesthetic allergy is extremely rare. Patients should be referred to an allergy clinic for testing to determine the true culprit. The reality is the allergy to a LA is likely a mis-diagnosis (no cases in NAP6).	noted that asthma patients are generally advised to avoid using an NSAID, and the presence of comorbidities such as a history of nasal polyps can put patients at a higher level of risk. As such, the GDG considered that people with asthma who also have nasal polyps are likely to be intolerant of NSAIDs. Recommendation 1.4.7 emphasises to be aware of the likelihood of NSAID-sensitive asthma in these individuals, unless they are known to have tolerated NSAIDs in the last 12 months. During this surveillance review, a strong signal was not identified in this area to suggest that the recommendation needs changing. However, this is an area we will consider again at the next surveillance review of the guideline. Thank you for your comment concerning the need for testing in individuals with suspected allergy to local anaesthetics. This is addressed by the existing recommendation 1.4.10, to refer such people for specialist investigation if they need a procedure involving a local anaesthetic. Whilst we acknowledge that the likelihood of a true allergy will be very low, we feel the recommendation covers the referral of these individuals to confirm their allergy status.
Royal College of Nursing	Yes	As there are no significant new developments, the current guideline seems appropriate, therefore there is no need to update at this stage.	Thank you.

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Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Royal College of Physicians	No	No comments provided	Thank you.
NHS England	Not answered	No comments provided	Thank you.
British Association of Dermatologists	Not answered	No comments provided	Thank you.
Royal College of Pathologists	No	No comments provided	Thank you.
Royal College of Paediatrics and Child Health	Not answered	No comments provided	Thank you.
Royal College of Anaesthetists	Yes	• 1.2.9 This section should include "'Recommendation for safe alternatives where feasible, or a statement that none were identified • 1.3.1 The 'structured' information to give to the patient should be specified and NAP6 provides a template for this. • Recommendations for safe drug alternatives are required.	Thank you for your comment regarding recommendation 1.2.9 and the inclusion of a recommendation for any safe drug alternatives, following specialist drug allergy investigation. Whilst safe alternatives drugs are not explicitly stated to be documented, the recommendation does stipulate that following investigations, allergy specialists should document which drugs or drug classes patients should avoid in future. Please also note that recommendation 1.3.5 lists written information that allergy specialists should provide to people who have undergone specialist drug allergy investigation, and this includes any safe alternative drugs that may be used. We note that this is a topical area as NICE recently published a medicines evidence commentary (MEC) and news feature relating to

			this issue. New evidence indicated that people with a documented 'penicillin allergy' had an increased risk of developing meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*, thought to be due to the increased use of alternatives to beta-lactam antibiotics (Blumenthal et al. 2018). The MEC highlights the importance that only 'true' penicillin allergies are documented, which supports the guideline recommendations. In relation to your comment on recommendation 1.3.1 and structured information, please note that within this recommendation a cross reference is made to see recommendation 1.2.3 of the guideline for providing structured written information to patients. Recommendation 1.2.3 details a structured approach on what information to include when documenting new suspected drug allergic reactions.
Royal College of Nursing	No	The scope has covered the main areas.	Thank you.

Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
Royal College of Physicians	No	No comments provided	Thank you.
NHS England	Not answered	No comments provided	Thank you.
British Association of Dermatologists	Not answered	No comments provided	Thank you.

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Royal College of Pathologists	No	No comments provided	Thank you.
Royal College of Paediatrics and Child Health	Not answered	No comments provided	Thank you.
Royal College of Anaesthetists	No	No comments provided	Thank you.
Royal College of Nursing	No	No comments provided	Thank you.

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