National Institute for Health and Clinical Excellence

Medicines Concordance

Guideline Consultation Comments Table

29 July 2008 – 23 September 2008

.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ADDISON'S DISEASE SELF-HELP GROUP						This organisation was approached but did not respond.	
SH	ADVERSE PSYCHIATRIC REACTIONS INFORMATION LINK (APRIL)						This organisation was approached but did not respond.	
SH	AGE CONCERN ENGLAND	1	Full	12	16-24	Recs	Prescribers should discuss the impact of the medication on the patient's lifestyle e.g. Diuretics.	Thank you for your comment. We have included potential side effects in the list of suggested topics but the list is not intended to be comprehensive for all medicines and circumstances.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	AGE CONCERN ENGLAND	2	Full	12	16-24	Recs	We suggest that information to patients should also include • Any interaction with other drugs currently taken (prescribed, over-the-counter, or illegal), • Any interaction with alcohol, and • Any effects on driving or on the patient's work.	Thank you for your comment. The GDG did not feel it was possible to be comprehensive for all medicines and circumstances.
SH	AGE CONCERN ENGLAND	3	Full	15	4	Recs	We suggest replacing 'offer' with 'give' to correspond with line 17.	Thank you for your comment. We have reworded the stem to this recommendation.
SH	AGE CONCERN ENGLAND	4	Full	15	4-5	Recs	Prescribers should bear in mind that cognitive impairment as a result of delirium or dementia is very common among older in-patients.	Thank you for your comment.
SH	AGE CONCERN ENGLAND	5	Full	16	6-7	Recs	Current phrasing implies that care is sequential which is not necessarily the case. We suggest replacing 'the next provider' with 'all subsequent and current providers'.	Thank you for your comment. We have altered the stem on this recommendation.
SH	AGE CONCERN ENGLAND	6	Full	18	24-26	Recs	Guidance should clarify how the disability discrimination act (1995) relates to dispensing medication into a compliance aid, and the circumstances in which the prescriber can specify a requirement for this.	Thank you for your comment. We have altered the wording of the recommendations regarding adherence interventions to clarify that these need to be targeted to individual patient need. It is outside the scope of the guideline to clarify the implications of the Disability

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								Discrimination Act in one area.
SH	AGE CONCERN ENGLAND	7	Full	18	24-26	Recs	Prescribers will need to be aware what support is available locally, and whether it is funded by the nhs e.g. Medication visits.	Thank you for your comment.
SH	AGE CONCERN ENGLAND	8	Full	19	20-22	Recs	We suggest that prescribers explore with patients whether they might be eligible for free prescriptions or nhs low income scheme, or whether a pre-payment certificate would be a suitable solution before considering which medication should be omitted.	Thank you for your comment.
SH	AGE CONCERN ENGLAND	9	Full	19	24-25	Recs	Guidance should clarify which type of review is suggested e.g. Medication review, medicines use review.	Thank you for your comment. There is no current consensus as to the terminology in this area. The GDG considered that healthcare professionals carrying out reviews should do a review in line with their competency and training but that all reviews should include assessment of adherence.
SH	AGE CONCERN ENGLAND	10	Full	20	5-8	Recs	We suggest the review includes whether the medicine is effective from both prescriber and patient perspective.	Thank you for your comment. This is included in another recommendation.
SH	AMBULANCE SERVICE						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	ASSOCIATION							
SH	AMGEN UK LTD						This organisation was approached but did not respond.	
SH	ANTICOAGULATION EUROPE						This organisation was approached but did not respond.	
SH	ANTICOAGULATION SPECIALIST ASSOCIATION						This organisation was approached but did not respond.	
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)	1	Full	General			Antimicrobial resistance and health care associated infections pose a major public health risk and currently there is a surfeit of conflicting information available to the public. The non-adherence to antibiotics is a recognised and accepted cause of emerging resistant organisms. As a result, it is recommended that evidence supporting this is included in this guidance in the discussions to highlight the importance of adherence to antimicrobials and recognise it as one of few therapeutic areas where non-adherence will have wider implications for public health and severely limit therapeutic options.	Thank you for your comment. The guideline is a general guideline and is not able to make specific recommendations about non-adherence to antibiotics.
SH	ARHAI (ADVISORY	2	Full	General			Points that are not covered but which appear to fall	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)						within the scope of the guideline include the practical value of the provisional recommendations – the recommendations as they stand are very non-specific and are not followed on by any measurable outcome methods.	recommendations are based on available research evidence in this area. This evidence indicates that advise and information need to be individualised to the needs of each patient.
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)	3	Full	General			Standard information for patients on antimicrobials needs to be commissioned, including a specific pil pertinent to antimicrobials. The wider public health risks for non-adherence to antimicrobials need to be emphasised.	Thank you for your comment. The guideline is a general guideline and is not able to make specific recommendations about non-adherence to antibiotics.
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE	4	Full	9	19	Recs	The importance of adhering to and finishing the prescribed course of antimicrobials should be included	Thank you for your comment. The guidance is intended to be generic and does not cover areas specific to one type of treatment such as antibiotics

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	ASSOCIATED INFECTION)							
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)	5	Full	15	13	Recs	The importance of adhering to and finishing the prescribed course of antimicrobials should be included. Specifying a stop date for antimicrobial courses.	Thank you for your comment. The guidance is intended to be generic and does not cover areas specific to one type of treatment such as antibiotics.
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)	6	Full	66	28	4	In the section 'process of shared decision-making' Mention needs to be made of patient expectations based on health beliefs when participating in shared-decision making – this is particularly pertinent to antimicrobial usage and the widely held public/patient view that antibiotics work against all common colds and 'flu'. The message that antibiotics should only be reserved for serious bacterial infections needs to be clearly conveyed to patients.	Thank you for your comment. We think that we have conveyed this clearly as our guideline is intended to be a generic document and not disease-specific.
SH	ARHAI (ADVISORY COMMITTEE ON ANTIMICROBI	7	Full	346	27	10	There is significant evidence linking inappropriate use of antibiotics with the emergence of resistant organisms (tb, mrsa, esbls etc). Since antibiotic resistance is a major public health issue, it merits being included when discussing review findings, caveat and opportunities for	Thank you for your comment. We have revised this chapter extensively and the reference to externalities such as antibiotic resistance has been

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	AL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTION)						future research. Further, in terms of cost-effectiveness antibiotic resistance has major consequences. It is noted that a systematic review was not undertaken to research for the literature and evidence to support the guidance.	removed. We have added a more comprehensive description of the evidence review.
SH	ARTHRITIS CARE						This organisation was approached but did not respond.	
SH	ASSOCIATION OF CATHOLIC NURSES OF ENGLAND AND WALES						This organisation was approached but did not respond.	
SH	ASSOCIATION OF PSYCHOANALYTIC PSYCHOTHERAPY IN THE NHS						This organisation was approached but did not respond.	
SH	ASTHMA UK	1	Full	9	18	Recs	Amend to '*potential side effects and who these should be reported to.'*	Thank you for your comment. What to do when side effects are experienced has been added to the recommendation.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ASTHMA UK	2	Full	9	20	Recs	Add 'demonstration and observation of the device used to deliver medicine where appropriate'.	Thank you for your comment. The GDG reviewed the wording and did not wish to add further specific information here.
SH	ASTHMA UK	3	Full	10	3	Recs	Add 'support the patient in agreeing on other strategies for managing their condition if they do stop taking their medication.	Thank you for your comment. This section is listing the key recommendations only and other aspects such as support are covered in other recommendations.
SH	ASTHMA UK	4	Full	10	9	Recs	Add ' (important to ensure that this does not appear judgemental)	Thank you for your comment. This recommendation has been altered.
SH	ASTHMA UK	5	Full	10	19	Recs	Add 'being aware of the difference between intentional and non-intentional adherence'.	Thank you for your comment. This section lists only key recommendations and this information is contained in other recommendations.
SH	ASTHMA UK	6	Full	11	25	Recs	After 'questions', add '*and where necessary use prompts….'*	Thank you for your comment. The GDG did not consider it appropriate to give detailed recommendations on communication.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ASTHMA UK	7	Full	12	20	Recs	After 'effects', add '*and who these should be reported to*.'	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	8	Full	12		Recs	Add '*demonstration and observation of devices used to deliver medication*.'	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	9	Full	13	2	Recs	After 'jargon', add '*and tailored to the individual*.'	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	10	Full	13	3-6	Recs	Comment-important not to only mention internet-based resources as many don't have access. Advicelines are also valuable support service	Thank you for your comment. We can only given links to NHS websites.
SH	ASTHMA UK	11	Full	15	11	Recs	Add '*including demonstration and observation of how to use any device used to deliver medication*.'	Thank you for your comment. We have used the term 'use ' the medicine to encompass as many aspects of medicine use as possible. Different issues arise e.g. for skin

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								treatments and the GDG did not feel it appropriate to try and cover all aspects of medicines use for all patients and medicines. `
SH	ASTHMA UK	12	Full	15		Recs	Add new bullet point-'*advised to ensure that repeat prescriptions are correct.'*	Thank you for your comment. This recommendation refers to information for patient.
SH	ASTHMA UK	13	Full	15	14	Recs	Amend to '*potential side effects and who these should be reported to.'*	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	14	Full	15	17	Recs	After 'report', add '*in lay language'*…	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	15	Full	16	5	Recs	After this bullet point, add '*all of the above should be communicated to the patient's general practitioner by means of a discharge summary.'*	Thank you for your comment. There is a separate recommendation about information when patient care is transferred between services

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ASTHMA UK	16	Full	17	3	Recs	After 'medicines', add '*co-morbidities'*	This recommendation is specifically about medicines.
SH	ASTHMA UK	17	Full	17	12	Recs	Add new bullet point 'complementary therapies/medicines in conjunction with their medicines (rather than as alternative)'	Thank you for your comment. The GDG reviewed the wording which is not intended to be exhaustive and did not wish to add further examples. The current examples are taken from the literature on patient experience.
SH	ASTHMA UK	18	Full	18	9	Recs	After this bullet point, add '*discuss and record any difficulties encountered taking the medication eg using inhaler devices.'*	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	19	Full	18	13	Recs	After 'recorded', add '*in the patient record*.'	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ASTHMA UK	20	Full	18	26	Recs	Suggest examples given here to back this up eg demonstrations on how to take devices, contact advicelines/helplines	Thank you for your comment. The GDG reviewed the wording and did not wish to add further examples

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								here.
SH	ASTHMA UK	21	Full	19	5	Recs	Add new bullet point. '*simplify choice of device if this is a problem for the patient.'*	Thank you for your comment. This recommendation has been changed to make clear that list provided are examples.
SH	ASTHMA UK	22	Full	19	14	Recs	Amend to '*consider switching to an alternative (device) which may reduce impact/have a different risk of side effects.'*	Thank you for your comment. This recommendation has been changed to make clear that list provided are examples.
SH	ASTRAZENECA UK LTD	1	Nice	General			Astrazeneca applauds the institute and collaborating centre for looking at this important, and often over-looked, aspect of patient care. Many thanks for the opportunity to comment upon the draft – please find our comments outlined below.	Thank you for your comment.
SH	ASTRAZENECA UK LTD	2	Nice	General			Astrazeneca supports the principles of understanding the individual patient's beliefs and concerns about their medicines and also that adherence interventions should be tailored to an individual rather than using a one-size-fits-all approach.	Thank you for your comments.
SH	ASTRAZENECA UK LTD	3	Nice	General			To aid the end-user, astrazeneca believes reference should be made to different schemes that are available to help support healthcare professionals in supporting the patients themselves to take their medication. For example, astrazeneca provides a service to medicine through the 'making the most of your medicines'	Thank you for this information. The NICE implementation team are developing a resource pack to accompany the guideline and we will pass your information to the,

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							programme which supports community pharmacists post-prescription in supporting patients' adherence, compliance and concordance with their medicines. XXXX Various schemes may be available throughout the uk – a further example being the patient support programme for asthma from astrazeneca and nhs direct. Here, once the decision has been taken to prescribe symbicort smart, there is an optional follow-up patient support programme initiated by nhs direct. Astrazeneca suggests that the reader is pointed to their availability as a useful source of support and information.	
SH	ASTRAZENECA UK LTD	4	Nice	3			Astrazeneca agrees with the definition used relating to adherence and supports the emphasis placed on improving communication levels between patient and healthcare professional.	Thank you for your comment.
SH	ASTRAZENECA UK LTD	5	Nice	4			Within this paragraph, the institute states that, 'it is not within the remit of a guideline to recommend which healthcare professional carries out these roles'. Astrazeneca suggests that whilst the guideline cannot be explicit as to which healthcare professional should carry out the role, it could aid end-users by making reference to the healthcare professional that would most likely support this area – for example within appendix c 'the care pathway' refers to the 'dispensing professional'. These healthcare professionals would seem ideally placed to provide support regarding adherence and it may aid the end-user to flag the	Thank you for your comment. The introduction has been changed.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							potential importance of these particular roles regarding adherence.	
SH	ASTRAZENECA UK LTD	6	Nice	9	1.1.15		The paragraph makes reference to other resources or expert patient groups that may be able to provide support and additional information for the patient. Further, non-promotional information can be sourced from other areas, e.g. XXXX - a site sponsored by astrazeneca and which offers information aimed at both patients and their carers, on a wide range of diseases and conditions, as well as treatment options to help patients understand how a disease develops.	Thank you for your comment.
SH	ASTRAZENECA UK LTD	7	Nice	14	1.2.4		This section states that healthcare professionals should, 'consider using records of prescription re-ordering and pharmacy refill records to alert prescribers and dispensers to non-adherence'. Astrazeneca supports this initiative and suggests it would be useful for the end-user to be pointed towards services to medicine that help them in this respect – for example the 'making the most of your medicines' programme for community pharmacists from astrazeneca.	Thank you for your comment.
SH	ASTRAZENECA UK LTD	8	Nice	15	1.3.6		This paragraph suggests that healthcare professionals 'simplify the dosing regimen if this is a problem for the patient'. Astrazeneca fully supports this directive and suggests that the end-user is directed towards simple ways that this may be achieved – for example, by reducing the number of medicines taken each day by looking for once daily or combination dosing options, etc.	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	Comments Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ASTRAZENECA UK LTD	9	Nice	16	1.4.4		This paragraph states that, 'a review of medicines should include an enquiry into medicine adherence….' again there are difference services to medicine that may be offer support for the healthcare professional here. For example the astrazeneca service to medicine called, 'making the most of your medicines' for community pharmacists.	Thank you for your comment.
SH	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST						This organisation was approached but did not respond.	
SH	AVON, GLOUCESTERSHIRE & WILTSHIRE CARDIAC NETWORK						This organisation was approached but did not respond.	
SH	BANGOR UNIVERSITY	1	Full	21	13	1	The definition of adherence, mentioned here and elsewhere does not consider other definitions e.g. The international consensus proposed by cramer et al [value in health. 11(1):44-47].	Thank you for your comment. The guideline is directed to healthcare professionals and to guidance as to how to involve patients in decisions about medicines. The GDG acknowledge the importance of issues such as persistence in health

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								outcomes research as discussed by Cramer et al but chose to use the current definition for advise to practitioners.
SH	BANGOR UNIVERSITY	2	Full	21	22	1	The statement that "cost savings are demonstrated from a societal view point due to improvements in patient quality of life, indirect costs avoided and effect on productivity" is selectively quoting the who report. The who report makes this assertion on the basis of 2 studies which are not at all representative of the literature.	Thank you for your comment. The introduction has been revised.
SH	BANGOR UNIVERSITY	3	Full	33	14	1	I find it peculiar that the research questions are aimed at identifying differences in adherence among populations defined by age and ethnicity; and not other factors such as dosing regimen, for which there is strong evidence connecting regimens, adherence, and outcomes.	Thank you for your comment. The research recommendations have been revised.
SH	BANGOR UNIVERSITY	4	Full	51	28	3	Need to make the important distinction between adherence with professionals' advice, and adherence with labelling instructions. This distinction is not clear here or elsewhere in the report.	Thank you for your comment. The guideline is addressing adherence to the agreement to take medicines as agreed with the prescriber. We have added to the text to make that clear.
SH	BANGOR UNIVERSITY	5	Full	55	25	3	This sentence needs to be balanced, e.g. With the useful discussion [br j clin pharmacol. 2007 nov;64(5): 711-3]	Thank you for this reference. We agree with the perspectives represented in these letters that concordance is not synonymous with compliance and adherence and are

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								not advocating the use of the term concordance in this guideline.
SH	BANGOR UNIVERSITY	6	Full	60	4	3	The definition of adherence is woolly, and that of compliance lacking. Both terms are synonymous (adherence being the preferred term), and in the context of medicines, are the extent to which a patient's behaviour matches the dosing instructions. Dosing instructions are determined from pharmacokinetic and pharmacodynamic considerations. This (a) removes the need to refer to 'agreement' [patients could arguably disagree with the recommendations of a prescriber, but decide to take their medication – are these non-adherers?]; how does one measure whether a patient has agreed with the prescriber?; and (b) the belief that compliance carries "an implicit assumption that it is the prescriber's role to decide on the correct medication and the patient has a passive role which is to take the medication as he/she has been instructed". How about a definition for persistence, which is arguably the most important aspect of adherence?	Thank you for your comment. The definitions used are those suggested by the NHS SDO report. In this adherence differs from compliance in that adherence suggests the prescriber and patient agree the recommendations. The distinction is important in clinical practice and is not simply applying to dosing instructions but includes whether a medicine should be prescribed at all. We acknowledge the difficulties in measuring agreement and the developing nature of research in these areas is referred to in the chapter. There is a definition of persistence in the glossary and persistence is discussed in relation to health economics. We have included reference to persistence and forgiveness to this chapter.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	BANGOR UNIVERSITY	7	Full	123	9	4	I am fluent in english, but it is not my first language. Should this be 'fluency in english'?	Noted with thanks. This has been revised.
SH	BANGOR UNIVERSITY	8	Full	197	2	7	There is confusion here – why does the introduction refer to concordance?? The issue here is how best to assess adherence – this is independent of anything to do with concordance.	Thank you for your comment. This is a report from the paper which is referenced. We agree that the issue is assessing adherence and following your comment have amended the paragraph to ensure there is no confusion.
SH	BANGOR UNIVERSITY	9	Full	197	24	7	The conclusion (without much explanation) that self-report is most likely to be of use is not justified. Surely it is context specific. If we're talking about immunosuppressants for tissue rejection, then it might be very effective, and cost-effective to invest in electronic monitoring devices. Surely the issue is ***how clinically and cost-effective is direct measurement***? For certain drugs, as alluded to in the guideline, adherence is essential – this would surely merit more sophisticated measurements. Tdm is used routinely; electronic monitoring could be more widely used.	Thank you for your comment. The GDG considered that self-report is the most available method for use within the most clinical contexts. Self report is the most common method used and the GDG wished to assess the advantages and disadvantages of this method so as to make recommendations as to how practitioners should use it. In the experience of the GDG TDM is not widely used nor relevant to many treatments.
SH	BANGOR UNIVERSITY	10	Full	199	Table	7	"self-reporting can identify those who are not adherent. It is most likely those reporting non-adherence are correct." What was self-reporting compared with in these studies? Anything reliable to assess the positive and	Thank you for your comment. The table indicates both advantages

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							negative predictive value of asking patients? There are numerous studies showing how unreliable self reporting is. Time to move on to more robust methods of assessment.	and disadvantages of self-reporting. We have amended this sentence as it means those reporting non-adherence are likely to be telling the truth. Self-reporting was compared with other methods such as electronic monitoring, pill counts and direct methods of measuring adherence. We have now changed the evidence reviews to add more data regarding reliability reported by the reviews. Even though self-reporting can be unreliable it was still thought important to understand its limitations and the reviews considered it a useful measure to begin assessing adherence.
SH	BANGOR UNIVERSITY	11	Full	224	2	8	There is a wealth of evidence across a number of medicines and disease areas supporting the inverse relation between dosing frequency and adherence. This does not support the statement that "the quality of evidence was low"	Thank you for your comment. There is a lot of evidence on dosing regime but this is often confounded by comparing different medicines. We were looking specifically for studies which used the same medication, in order to avoid confounding. We have

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								now explained this in the method section of the dosing regime question in order to clarify it.
SH	BANGOR UNIVERSITY	12	Full	328	18	10	See: understanding medication compliance and persistence from an economics perspective. Value health. 2008 jan 8. [epub ahead of print]	Thank you for pointing out this reference. We have now included it in the narrative.
SH	BANGOR UNIVERSITY	13	Full	330	10	10	The economics section is rather weak, and jumps from one area to another. The section on drug forgiveness, for instance, is better suited elsewhere (e.g. Section on dosing frequency)	Thank you for your comment. We have revised the economic chapter and hope that in so doing we have improved the flow of the narrative.
SH	BANGOR UNIVERSITY	14	Full	333	27	10	There seems to be some confusion here. The hughes paper was not intended to assess the cost-effectiveness of interventions to increase adherence; rather to assess the impact of non-adherence on cost-effectiveness of pharmaceuticals.	Agreed. We have revised the narrative to reflect this.
SH	BANGOR UNIVERSITY	15	Full	335	28	10	According to the definition used in the report, adherence is not a rate	Agreed, although where original documents have referred to "adherence rates" we may have used the term when referencing the originals.
SH	BARNSLEY HOSPITAL NHS FOUNDATION						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	TRUST							
SH	BARNSLEY PCT						This organisation was approached but did not respond.	
SH	BERKSHIRE HEALTHCARE NHS TRUST						This organisation was approached but did not respond.	
SH	BOEHRINGER INGELHEIM LTD						This organisation was approached but did not respond.	
SH	BOLTON PCT						This organisation was approached but did not respond.	
SH	BOURNEMOUTH AND POOLE PCT						This organisation was approached but did not respond.	
SH	BRISTOL PCT						This organisation was approached but did not respond.	
SH	BRISTOL-MYERS SQUIBB PHARMACEUTICALS LTD						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	BRITISH ASSOCIATION FOR PSYCHOPHARMACOLOGY						This organisation was approached but did not respond.	
SH	BRITISH ASSOCIATION OF STROKE PHYSICIANS (BASP)						This organisation was approached but did not respond.	
SH	BRITISH GERIATRICS SOCIETY						This organisation was approached but did not respond.	
SH	BRITISH HEART FOUNDATION	1	Nice	General			The british heart foundation (bhf) welcomes the opportunity to respond to this consultation. The bhf is leading the battle against heart and circulatory disease – the uk's biggest killer. We invest heavily in research, prevention and care services to meet our objectives and rely predominantly on voluntary donations to meet our aims. One of our principle goals is to improve the care that heart patients receive through improving nursing and other allied professional services. The bhf will continue to fund and support specialist practitioners because of demand from nurses, health trusts and most importantly heart patients.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	BRITISH HEART FOUNDATION	2	Nice	3			In the 4th paragraph the 2nd sentence should be reworded as the bhf believes that "patients have the right to be involved in decisions about medicines to the extent that they wish" goes too far. It potentially undermines the responsibility of health care professionals. Health care professionals have a responsibility that extends beyond "to facilitate and support patients" to ensure efficacy and safety of prescribed medicines.	Thank you for your comment. The introduction has been altered.
SH	BRITISH HEART FOUNDATION	3	Nice	4			It isn't clear if this paragraph talks about carers or health professionals. Therefore, the bhf thinks it should be reworded as patients can't always have the right to decide who should be involved in their care e.g. Which nurse is looking after them in a hospital ward. In addition, we believe that instead of writing 'carers should have access to same level of information and support' it should say that 'carers should have access to an appropriate level of information and support.'	Thank you for your suggestion. We have amended the introduction.
SH	BRITISH HEART FOUNDATION	4	Nice	5			In the 3rd paragraph it should say 'treatment and care, and the information patients are given about it, should be culturally appropriate, jargon free and in plain english.'	Thank you for your comment. This section is not part of the recommendations but is a section that is standard in NICE guidance. We have passed your comments to NICE.
SH	BRITISH HEART FOUNDATION	5	Nice	9	1.1.9		The second sentence should be extended to: "the discussion should be at the level as it is expected and understood by the patient."	Thank you for your comment. There is a separate recommendation about understanding by the patient.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	BRITISH HEART FOUNDATION	6	Nice	9	1.1.13		Bhf believes that the list should include information about: • Balancing benefits and risks of the medicine • Advice on interactions with food or with medicines • Advice on how to stop some medications to prevent withdrawal symptoms	Thank you for your comment. We have altered the wording of this recommendation. The GDG did not wish to provide an exhaustive list of possible information as this will differ for individual patients and different medicines.
SH	BRITISH HEART FOUNDATION	7	Nice	10	1.1.17		It isn't clear what the word 'structured' means in this context. We believe it should say: 'information for patients should be logical and clear and when possible tailored to the needs of the patient.'	Thank you for your comment. We have altered the recommendation as suggested.
SH	BRITISH HEART FOUNDATION	8	Nice	10	1.1.18		The following question should be added: what does the patient want to get out of it (the treatment)?	Thank you for your comment. We have altered the wording of this recommendation to make the meaning clearer.
SH	BRITISH HEART FOUNDATION	9	Nice	10	1.1.20		The paragraph isn't clear. The 1st sentence should be reworded to the following: 'be aware that after discussion the patient might decide to stop taking a medication.'	Thank you for your comment. This recommendation has been amended.
SH	BRITISH HEART FOUNDATION	10	Nice	11	1.1.25		Instead of 'this may include' it should say 'it should include'.	Thank you for your comment. This recommendation has been changed following stakeholder comment. However the evidence indicates that patients differ in the information they

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								require and we have indicated this in the recommendation.
SH	BRITISH HEART FOUNDATION	11	Nice	12	1.1.28		The following bullet point should be included: • Provide contact number or written information in case of any queries.	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.
SH	BRITISH HEART FOUNDATION	12	Nice	13	1.1.30		The following bullet point should be included: • Specialist medicines, which are hard to acquire need to be given at transfer assuring the uninterrupted medication of the patient.	Thank you for your comment. WE have added a bullet point on informing patients how to get further supplies which the GDG considered covered this issue.
SH	BRITISH HEART FOUNDATION	13	Nice	13	1.1.35		To ensure consistency throughout the document, the word 'doctor' in the first bullet point should be replaced by 'prescriber'. The third bullet point should be complemented by adding 'how to reduce and stop medication they may have been taking for a long time particularly those known to cause withdrawal symptoms'	Thank you for your comment. We have added the phrase suggested.
SH	BRITISH HEART FOUNDATION	14	Nice	15	1.3.6		Bhf believe 'minimise changing the dosing regime' should be added to this point.	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	BRITISH HEART FOUNDATION	15	Nice	15	1.3.8		The following bullet points should be included: • State list of side effects, including all possible as well as rarer side effects to fully inform the patient • Consider possible interactions with other pharmacological and non-pharmacological products	Thank you for your comment. This recommendation refers to dealing with side effects if these are a problem for the patient.
SH	BRITISH HEART FOUNDATION	16	Nice	15	1.3.10		Bhf believes that this paragraph should be amended to include referral of patients who have problems with covering the cost of prescriptions to social services or a benefits advisor. The patient should be also informed about the prescription 'pre-payment certificates' scheme and other help with health costs. Patients should be encouraged to buy over the counter drugs rather than prescription drugs where appropriate or available (e.g. Ibuprofen) as it is sometimes cheaper.	Thank you for your comment. We have altered this recommendation
SH	BRITISH HEART FOUNDATION	17	Nice	16	1.4.1		This sentence should be changed to: 'offer repeat information and review to patients on a regular basis especially when treating long-term conditions with multiple medications.'	Thank you for your comment. The GDG did not consider that adding on a regular basis improved the recommendation.
SH	BRITISH HEART FOUNDATION	18	Nice	16	1.4.3		The sentence should be changed to: 'patients should be offered an appointment to review prescribed medicines at regular intervals.'	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	Comments Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	BRITISH HEART FOUNDATION	19	Nice	16	1.4.5		'prescribing doctor' should be replaced with 'prescriber' to be consistent throughout the document.	Thank you for your comment. This was intended to be prescriber.
SH	BRITISH NATIONAL FORMULARY (BNF)						This organisation was approached but did not respond.	
SH	BRITISH PAIN SOCIETY	1	Nice	General			Nowhere in the document does it appear to mention that the information provided should be relevant to the condition being treated. This is particularly pertinent to the practice of pain medicine, where many drugs are used off-license. In the introduction (page 4) it states that "the guideline will assume that prescribers will use a drug's summary of product characteristics to inform their decisions for individual patients". It is our view that further clarification is required for off-license prescribing.	Thank you for your comment. The recommendations include a recommendation that the healthcare professional explain to the patient how the proposed treatment addresses the patients problem. Specific issues relevant to particular medicines are outside the scope of the guideline.
SH	BRITISH PAIN SOCIETY	2	Full	154	4	4	We note the gdg concerns and that they were reassured – "the gdg considered it important to reassure clinicians that increasing patient involvement may not affect consultation times". Nonetheless, reassurance is only that it may not affect consultation times. Looking at the table, it would seem that, in the uk, two rcts found no increase in consultation times and two rcts reported an increase in consultation times. It is our anecdotal opinion that providing more information and encouraging more discussion will increase patient contact time with	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							healthcare professionals during the prescription, dispensing and review of medicines. We hope that some attempt will be made to incorporate the uncertainty of the evidence base concerning consultation times into the cost impact report and tools that will accompany publication of the guideline.	
SH	BRITISH PAIN SOCIETY	3	Full	General			There is an assumption within the guideline that compliance relates to failure to take medicines as recommended. Another problem concerning adherence to agreed recommendations are patients who misunderstand written information or verbal instructions and take too much. A further minor group of patients are those who choose to use excess medication, particularly relevant to the prescription of opiates and benzodiazepines. We feel that some reference to these issues should be included in the guideline.	Thank you for your comment. Failure to take medicine as recommended does include taking more than recommended.
SH	BRITISH PAIN SOCIETY	4	Nice	General			The document acknowledges the range of healthcare professionals involved in the prescribing, dispensing and reviewing of medicines and that they should be aware of and work within legal and professional codes (introduction – page 4). It might be helpful to add that, if unsure, an individual healthcare professional should refer to another for an informed answer.	Thank you for your comment. We have added a recommendation about the need for good communication between professionals.
SH	BRITISH PSYCHOLOGICAL SOCIETY,						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	THE							
SH	BRITISH SOCIETY FOR HEART FAILURE						This organisation was approached but did not respond.	
SH	BRITISH THORACIC SOCIETY						This organisation was approached but did not respond.	
SH	BRITISH THYROID FOUNDATION						This organisation was approached but did not respond.	
SH	BROOK LONDON						This organisation was approached but did not respond.	
SH	BUCKINGHAM SHIRE PCT						This organisation was approached but did not respond.	
SH	BURNTWOOD, LICHFIELD AND TAMWORTH PRIMARY CARE TRUST						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	CALDERDALE PCT						This organisation was approached but did not respond.	
SH	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (ADDENBROOKES)						This organisation was approached but did not respond.	
SH	CAMBRIDGESHIRE & PETERBOROUGH MENTAL HEALTH TRUST						This organisation was approached but did not respond.	
SH	CAMERON GRAHAM LTD						This organisation was approached but did not respond.	
SH	CHARTERED SOCIETY OF PHYSIOTHERAPY (CSP)						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	CHESHIRE AND MERSEYSIDE CARDIAC NETWORK						This organisation was approached but did not respond.	
SH	CHESTERFIELD PCT						This organisation was approached but did not respond.	
SH	CITY AND HACKNEY TEACHING PCT						This organisation was approached but did not respond.	
SH	CLINOVIA LTD						This organisation was approached but did not respond.	
SH	COMMISSION FOR SOCIAL CARE INSPECTION	1	Full	23	23	1	The scope of the guidance includes adults who are nhs patients. But this section 'healthcare setting' has made no reference to people who live in care homes and are recipients of nhs services through a general medical practitioner and community pharmacy. There are very distinct issues that affect concordance for this group of the population. Although nhs patients, the majority are unlikely to attend a gp surgery when their medication is reviewed or a new prescription initiated. Prescribing decisions may be made following a telephone conversation and may not involve a direct consultation with the person concerned.	Thank you for your comment. NICE guidance provides guidance only to NHS settings. The administration of medicines is outside the scope of this guidance. The view of the GDG was that all patients who have capacity are entitled to be involved in the decision making process. Recommendations have been made regarding assessment of capacity and in regard to patients on multiple

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							There is concern that decisions are made without including the person or a representative of that person because the dialogue is between prescriber/reviewer and care home worker. Current concerns about inappropriate prescribing of anti-psychotic drugs for people with dementia in care homes and covert administration of medicines are prime examples of problems that link directly with this guidance. The recent report by appg 'always a last resort' (april 2008) describes poor practice in prescribing and makes recommendations. It is important to note that people who are looked after in care homes do not necessarily lack capacity to consent to treatment. And for those who do lack capacity in this field of concordance, it is vital that an advocate of the person becomes part of the process rather than care home staff who provide day to day care. We recommend that particular attention be given in this guidance to decision making about people who live in care homes and are nhs patients.	medications.
SH	CONNECTING FOR HEALTH						This organisation was approached but did not respond.	
SH	CONTINENCE ADVISORY SERVICE						This organisation was approached but did not respond.	

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	CONWY & DENBIGHSHIRE ACUTE TRUST						This organisation was approached but did not respond.	
SH	CONWY LHB						This organisation was approached but did not respond.	
SH	CORNWALL & IOS PCT						This organisation was approached but did not respond.	
SH	CORNWALL ACUTE TRUST						This organisation was approached but did not respond.	
SH	COVENTRY AND WARWICKSHIRE CARDIAC NETWORK						This organisation was approached but did not respond.	
SH	DAIICHI SANKYO UK						This organisation was approached but did not respond.	
SH	DATAPHARM COMMUNICATIONS LTD						This organisation was approached but did not respond.	
SH	DAVID LEWIS						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	CENTRE, THE							
SH	DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT						This organisation was approached but did not respond.	
SH	DEPARTMENT OF HEALTH	1	NICE	3			Could you please consider deleting "estimated" at the beginning of the sentence as it appears to be repeated later, in the same sentence.	Thank you for your comment. The introduction has been altered.
SH	DEPARTMENT OF HEALTH	2	NICE	4			It is stated that the guideline will assume that prescribers will use the medicines' summary of product characteristics. We believe that very few prescribers have access to the spc, and wonder whether it may be more beneficial to state that they should use the bnf or the spc.	Thank you for comment. The introduction has been altered.
SH	DEPARTMENT OF HEALTH	3	NICE	5			It is stated that good communication should be supported by evidence-based written information, tailored to the patient's needs. In our opinion, evidence-based written information is not always available for all medicines. Could you please therefore consider re-phrasing the text to read "supported by evidence-based written information where possible, tailored to the patient's needs".	Thank you for your comment. This section is not part of the recommendations but is a section that is standard in NICE guidance. We have passed your comments to NICE.
SH	DEPARTMENT OF HEALTH	4	NICE	5			We would query whether this needs to be to be more specific, and to read "if the patient wishes, families and	Thank you for your comment. This

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							carers should have the opportunity to be involved in the decision about treatment and care; otherwise, gps may be required to always involve families and carers, and this an additional burden on them". Could you please clarify this, and also, whether it should say that they should be involved in the decision about the medicines to be prescribed for them.	section is not part of the recommendations but is a section that is standard in NICE guidance. We have passed your comments to NICE.
SH	DEPARTMENT OF HEALTH	5	NICE	6			Under key priorities for implementation, we feel that there needs to be a section on the identification of practical and perceptual barriers to adherence, as recommended in the nihr sdo report.	Thank you for your comment. These have been changed.
SH	DEPARTMENT OF HEALTH	6	NICE	6	Bullet point 6		This currently states "be aware that a shared decision may mean an agreement not to prescribe the medicine, or for the patient to stop taking the medicine" – could you please clarify whether it should say that this should be an informed decision (that is, that the prescriber has tried to determine the barriers that are stopping the person from taking the medicine, and provided information to make the person understand the consequences of not taking that medicine and, if having provided this information, the patient still decides not take the medicine, then this should be recorded). In our view, a record of both the patient's decision not to take the medicine *and* the explanation provided by the prescriber should be included in the record.	Thank you for your comment. We have changed the recommendations to make clear that records need to be made both of information and the decision.
SH	DEPARTMENT OF HEALTH	7	NICE	7			This states "record the discussion of decisions about medicines…where there are concerns. Could you please clarify whether this should read "where there are differences of opinion between the prescriber and the	Thank you for your comment. We have amended the recommendations about what should be recorded

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							person about a treatment decision, then a record should be made in the notes about why a patient does not want to be prescribed the medicine in question". In such a situation, where the patient does not want the medicine prescribed, we feel that the prescriber should make every effort to ascertain the reason why the patient does not want the medicine prescribed, and to explain the risks and benefits of taking the medicine. If it is because they have some misinformation then, in our view, the prescriber should provide evidence (where possible) about the misinformation, or try to correct that viewpoint. If, after having taken into account the values and beliefs the patient may have and having provided the information to the person (and they still do not want the medicine prescribed for them), a record should, we feel, be made in the notes (and also that the patient has been provided with the appropriate information, that is, that this is an informed decision).	emphasising the importance of decisions being fully informed.
SH	DEPARTMENT OF HEALTH	8	NICE	7	Bullet point 2		Could blood levels of appropriate medicines be measured to check if the patient is taking the medicine? We would welcome clarification of this.	Thank you for your comment. The remit for the guideline is 'involving patients in decisions about medicines'. Blood levels can alert a practitioners to assess adherence but blood levels may also be affected by pharmacokinetics and bioavailability and a decision to use blood levels as an indicator of adherence is unlikely

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								to be suitable for most medicines or patients.
SH	DEPARTMENT OF HEALTH	9	NICE	7	Bullet point 3		Regarding the statement *"be aware that adherence can be improved but no specific intervention can be recommended for all patients"*, could you please consider offering some practical advice in order to improve adherence.	Thank you for your comment. This section is stating only the key priorities for implementation at the time of the draft guidance.
SH	DEPARTMENT OF HEALTH	10	NICE	9	1.1.9		In our opinion, it may be better to say "explain the goals of the treatment to patients, openly discussing the pros and cons of the medicines that may be suitable for the patient and their condition".	Thank you for your comment. We have used stakeholder comments and suggestions from the editors to review wording of recommendations.
SH	DEPARTMENT OF HEALTH	11	NICE	9	1.1.13		We feel that it may be helpful to add a bullet as follows: *"the consequences of not taking the medicines on the patient and/or the condition".*	Thank you for your comment. This point is covered by another recommendation.
SH	DEPARTMENT OF HEALTH	12	NICE	9	1.1.13, bullet point 7		Could you please consider adding *"and how long for".*	Thank you for your comment. This has been added.
SH	DEPARTMENT OF HEALTH	13	NICE	9	1.1.15		Could you please consider adding *"reliable"* after *"more".*	Thank you for your comment. We have added 'reliable'.
SH	DEPARTMENT OF HEALTH	14	NICE	10	1.1.19		This states that healthcare professionals have a duty to help patients to make decisions about their treatment, which are informed by an understanding of the likely benefits and risks rather than by patients' beliefs". We	Thank you for your comment. There is a recommendation to say that healthcare professionals should make

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							feel that, however much patients understand the risks and benefits, they may still be influenced by their beliefs. As long as it is an informed decision however, we consider that the healthcare professional needs to make a note in the record that risk and benefits have been explained (but that the patient has decided to still not have the treatment).	record particularly when they believe that a patients decision not to take medicines will have an adverse effect.
SH	DEPARTMENT OF HEALTH	15	NICE	10	1.1.22		Could you please consider adding *"and has been provided with the appropriate information to make an informed decision"*.	Thank you for your comment. We have added this to the recommendation.
SH	DEPARTMENT OF HEALTH	17	NICE	13	1.1.30, bullet point 1		Could you please consider adding (after *"discharge"*), *"and for how long".*	Thank you for your comment. We have added 'for how long' to the bullet points.
SH	DEPARTMENT OF HEALTH	18	NICE	15	1.3.7		In our view, it may be more beneficial to say, *"simplify the dosing regimen as much as possible if this is a problem for the patient (it may not be possible to change the dosing regimen for some medicines)",* and; *"provide alternative packaging"…..*	Thank you for your comment. We have altered the wording of these recommendations.
SH	DEPARTMENT OF HEALTH	18	NICE	15	1.3.8, bullet point 4		Could you please consider switching to an alternative that has a different risk of side effects by adding *"if possible",* though we do appreciate that it may not always be possible to switch to an alternative.	Thank you for your comment. We have altered the wording of these recommendations.
SH	DEPARTMENT OF HEALTH	19	NICE	16	1.4.3		We feel that it may be more beneficial to say *"patients should be able to ask to have their medicines reviewed"*.	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	Comments Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
								recommendation refers to the decision to prescribe any particular medicine rather than the review process itself.
SH	DEPARTMENT OF HEALTH	20	NICE	18	Last paragraph		This states that "there is a new and growing agenda relating to new non-medical prescribers". We feel that it may be better to say that non-medical prescribers are playing an important part in improving access to medicines, working alongside medical prescribers. The next sentence appears to imply that there may be problems with the skills of non-medical prescribers. May we just clarify that all non-medical prescribers must go through an additional training programme (which includes supervised medical practice) before they can become prescribers, and are annotated on the respective professional registers.	Thank you for this information. The research recommendations have been amended following stakeholder feedback.
SH	DEPARTMENT OF HEALTH	21		General			In our view, it may be beneficial to change the title to "informed adherence to medicines – determining the reasons why people do not take their medicines as intended. – (shared decision making) involving adults and carers in decisions about prescribed medicines". Many people could be confused by the term "concordance", and we feel that it would be better to make a shift to "informed adherence", in order to be consistent with the nihr sdo review of this topic.	Thank you for your comment. The GDG agree that the term concordance is potentially confusing and have discussed the title with NICE.
SH	DEPARTMENT OF HEALTH	22		General			We consider that the key question to be addressed is why people do not take their medicines in the first	Thank you for your comment. We

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							instance. In our opinion, this should be considered from a patient's perspective, necessitating either a sub-section within the introduction, or a separate section on "why people do not take their medicines as prescribed", before going into "patient-centred care" & key priorities for implementation.	have altered the introduction to more clearly explain the structure of the guideline.
SH	DEPARTMENT OF HEALTH	23		General			We believe that the guidance for what action needs to be taken should follow logically from the information ascertained about why people do not take their medicines as intended. In our opinion, there are two main perspectives that need consideration, ie, Practical reasons and/or barriers why people do not take their medicines as intended, and; Beliefs, values and perceptions about the medicines prescribed that result in patients not taking their medicines as intended (ie, they do not want to take the medicines for whatever reason). We feel that shared decision making would follow on from understanding why people do not take their medicines.	Thank you for your comment. We have used the principles of practical and perceptual barriers to inform advice regarding interventions to improve adherence.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							We believe that the guidance should contain something regarding what practitioners can do to facilitate optimal adherence.	
SH	DEPARTMENT OF HEALTH	24		General			In our view, the guidance (as developed) appears to focus mainly on what gps can do to change the behaviour of patients. Whilst the gp model of consultation is really important in helping to change the behaviour of the patient, who is enabled and empowered to ask the right questions, and to be involved in the decision making process for the medicine prescribed, we consider that it is equally important that patients get more support to take their medicines as prescribed, outside of the medical consultation. The current guidance appears to place the burden of delivery mainly on the gp. We feel that the help of other professionals, in helping adherence, needs to be strengthened within the guidance. An ideal opportunity exists to provide adherence support, when medicines are dispensed or reviewed. In our opinion, this could tie in with the government's white paper, published in april 2008 – pharmacy in england, building on strengths, delivering the future, utilising the pharmacist's skills to deliver better adherence support.	Thank you for your comment. The guidance is directed to all healthcare professionals who are involved in prescribing, dispensing and reviewing medicines. The term used throughout is healthcare professional precisely to include the different professional groups involved in medicines.
SH	DEPARTMENT OF HEALTH	25		General			The government believes that more support is needed for people who are newly prescribed a medicine to treat a long-term condition. It will therefore discuss with the	Thank you for this information. Service delivery and organisation are

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							nhs employers and the pharmaceutical services negotiating committee, how such a service could be incorporated into the community pharmacy contractual framework. Proposals for such a service are expected to be developed by spring 2009, and we feel that it may be helpful to include this within the guidance.	outside the scope of the guideline.
SH	DEPARTMENT OF HEALTH	26		General			The current advanced level medicine use review service (provided by accredited pharmacists in accredited services) and the full clinical medication review service (which is a totally commissioned enhanced Service) are, we believe, both helpful in providing adherence support.	Thank you for your comment.
SH	DEPARTMENT OF HEALTH	27		General			Throughout the guidance, we consider that there needs to be some consistency between the terms "medicines" and "medication". Our preference is to use the term "medicine" wherever possible, recognising that (for Example) for medication reviews, the term "medication" has to be used. Could you please also consider replacing the term "drugs" with "medicines".	Thank you for your comment. We have changed terminology in the guideline so that the term medicines is used throughout.
SH	DEPARTMENT OF HEALTH, SOCIAL SECURITY						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	AND PUBLIC SAFETY OF NORTHERN IRELAND							
SH	DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST						This organisation was approached but did not respond.	
SH	DET NORSKE VERITAS - NHSLA SCHEMES						This organisation was approached but did not respond.	
SH	DEVON PCT	1	Full	General			Don't lose sight of "increasing the effectiveness of adherence interventions might have a far greater impact on the health of a population than any improvements in specific medical treatments." Who 2003	Thank you for your comment.
SH	DEVON PCT	2	Full	14	8	Recs	Realistic? Some patients have lists of variable quality. Propose patient access to accurate therapeutic record via nhs spine	Thank you for your comment. The purpose of the list is to reflect what the patient is actually taking rather than what is recorded on NHS records.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	DEVON PCT	3	Full	14	14	Recs	Realistic? Propose prescribers should be obliged to record reason for starting and stopping medications on it record.	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	DEVON PCT	4	Full	17	12	Recs	Which member of staff is responsible for concordance issues? What is the process? Discussed in devon pct submission.	Thank you for your comment. The service delivery configuration is outside of the scope of a clinical guideline.
SH	DEVON PCT	5	Full	19	1	Recs	Medication administration records or tick charts can be used, but patients often don't bother. Scanning bar codes?	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	DEVON PCT	6	Full	34	8	1	Glossary definition of concordance in 5 parts (A) Agreed therapeutic decisions (B) Patient support in medicine taking = Improved adherence (C) Prescribing communication= common therapeutic record (D) Reflects social values but does not address medicine taking (administration) (e) may not lead to improved adherence; as a consequence of (a) but not as a justification of not	Thank you for your comment. We believe that the definition of concordance captures all the points mentioned.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							addressing (b)	
SH	DEVON PCT	7	Full	63	10	3	The public do not and will never understand relative risk. Everyone believes that they are going to win the lottery though it is statistically very unlikely. Decisions are often swayed by emotions.	Thank you for your comment.
SH	DEVON PCT	8	Full	86	33	4	XXXX, XXXX, XXXX confirm my assertion that a medicine reminder chart improves adherence. If chart available on a web-site (nhs spine) patients could update their own "virtual" version of the chart, plus reconcile stock remaining, plus re-order further supplies. Access further information, (pils, long term conditions sites etc)	Thank you for your comment.
SH	DEVON PCT	9	Full	General			A piece of research i completed but never published in sheffield, recorded 1250 questionnaires given to patients via 12 pharmacies about repeat dispensing with a further 450 postal questionnaires returned of people proven to be on repeat dispensing. The headline result was that 45% of patients on repeat dispensing had seen their doctor for this the latest supply of medications. Further analysis flagged up frequent gp attenders were receiving more medication.	Thank you for this information.
SH	DEVON PCT	10	Full	95	11	4	I concur that lots of patients aren't very interested in their medicines. Maybe a failure of concordance is the failure to engage the interest of the patient.	Thank you for your comment.
SH	DEVON PCT	11	Full	118	14	4	Pils are written by drug companies with the main aim of protecting themselves from litigation.	Thank you for your comment.
SH	DEVON PCT	12	Full	119	19	4	The provision of information about duration of treatment is unusual even in the bnf. Similarly pils may refer	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							dosage to be at the doctor's discretion, rather than stating the usual range of doses. Historically 60+ years ago labels on prescription medicines omitted the name of the drug! Take "the powder" etc.	
SH	DEVON PCT	13	Full	173	13	5	Particularly relevant research. Why do people simply not bother to take their medicines? They apparently don't consider their health as a high priority? In the elderly population that i visit, unconscious non adherence is more common than people choosing not to take their meds.	Thank you for your comments.
SH	DEVON PCT	14	Full	194	23	6	Hiv concordance is frequently cited. That may be the research that has been done, but it represents the views of a relatively narrow (younger) population.	Thank you for your comment. We recognise that the population taking HIV medicine may not be representative of medicine taking in general but it is one of the areas where much research has been done.
SH	DEVON PCT	15	Full	245		8	Drug formulation and/or packaging affect adherence. Inconclusive evidence	Thank you for your comment. I am afraid that I do not know which part of the text your comment is referring to.
SH	DEVON PCT	16	Full	315		9	Dosette; "the universal panacea". More than a quarter of a million people in the uk get their medicines in a pharmacy dispensed monitored dosing system. This is a big problem in terms of funding and practical management. Despite the lack of evidence for any benefit, your report manages only half a page on the subject.	The evidence reviews in the draft document inadequately separated out reminders from packaging and multi-compartment systems. We have reviewed the evidence reviews in this area and altered the structure of this

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								section to clarify this.
SH	DEVON PCT	17	Full	General			The fundamental debate is about the historical patriarchal nature of healthcare provision. The clear intention of concordance is to reverse this trend. Two outcomes to consider are (1) is the negative outcome of deliberate non adherence acceptable in a state funded health care system? E.g. Counsel patient about side effects of diuretics, they stop taking the tablets and are admitted with fluid overload (average cost hospital stay - 2k) (2) is there any evidence that better informed patients have superior health outcomes? It is common knowledge that taking exercise & eating less is good for your health, yet there is an obesity epidemic.	Thank you for your comment.
SH	DEVON PCT	18	Full	General			My worst fear is that unless the government official reading this report has a superior understanding of the subtle difference between concordance and adherence, they may conclude that the big expensive problem of non adherence has been effectively addressed and will not be reviewed for the foreseeable future, whereas this is not the case.	Thank you for your comment.
SH	DIABETES UK	1	Full	11	5 - 19	Recs	The implementation guidance for this guideline needs to consider how healthcare professionals can access training and support to further develop consultation skills that will enable the effective implementation of recommendations such as 1.1.3, 1.1.4, 1.1.16	Thank you for your comment.
SH	DIABETES UK	2	Full	12	9-10	Recs	Recommendation 1.1.10 is relevant and naturally follows on from recommendation 1.1.1	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	DIABETES UK	3	Full	12	16 - 24	Recs	Recommendation 1.1.13 – it would be useful to add to the list of bullet points : • What an individual can do if they suspect they are experiencing side effects and who they can contact in case of emergency	Thank you for your comment. We have amended the recommendation as suggested.
SH	DIABETES UK	4	Full	12	16 - 24	Recs	Recommendation 1.1.13 – it would be useful to add to the list of bullet points : • Reporting of adverse events to the mhra using the yellow card scheme	Thank you for your comment. 'Yellow card ' reporting is outside the scope of this guidance.
SH	DIABETES UK	5	Full	12	16 - 24	Recs	Recommendation 1.1.13 – it would be useful to add to the list of bullet points the following points from recommendation 1.1.28: • any special considerations (for example, drug interactions, storage)	Thank you for your comment. We have reviewed this recommendation to ensure that it is clear that the list provided is not exhaustive. The GDG recognised that it was not possible to provide a comprehensive list and this needs to be adapted to individual patients and treatments.
SH	DIABETES UK	6	Full	13	3 - 6	Recs	Recommendation 1.1.15 - diabetes uk would like to ask whether the information contained on these websites about different medical conditions has been verified as being evidence based? We noted that on one of the websites identified they sign post to australian based information and there may be differences in detail even where recommendations about care are the same between the uk and australia. The department of health is currently piloting an accreditation scheme for information. More about the accreditation process can	Thank you for your comment. The final draft of the guideline will refer to NHS websites only.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							be found here: http://www.dh.gov.uk/en/healthcare/patientchoice/choice/betterinformationchoiceshealth/informationaccreditation/index.htm	
SH	DIABETES UK	7	Full	14	12 - 18	Recs	Recommendation 1.1.25 would benefit from a point regarding ensuring people are made aware of systems that may impact on medicines concordance and how they work – for example ensuring that a full explanation of the options and operation of a repeat prescribing system is given to an individual.	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	DIABETES UK	8	Full	15	4 -16	Recs	Recommendation 1.1.28 – please add a bullet point regarding "changes to medication and the reason why"	Thank you for your comment. This recommendation is about information to the patient.
SH	DIABETES UK	9	Full	16	5	Recs	Please add a bullet point recommending the copying of the report to relevant healthcare professionals. Whereas this is covered in recommendation 1.1.30 it would be beneficial to have this as a recommendation explicitly for discharge from hospital	Thank you for your comment. We have changed the recommendation ti make it clear that information would be provided for patient and all subsequent health care providers.
SH	DIABETES UK	10	Full	17	9 -17	Recs	It is important to note in this recommendation that one of the reasons for an individual believing they are taking too many medications may be the cost involved in paying for prescriptions. Healthcare professionals must make every effort to support and advise individuals as to any options available to them to help pay for prescription charges, to help address this issue as a barrier to	Thank you for your comment. Prescription charges are covered in another recommendation. The evidence here was not related purely to cost.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							medicines concordance.	
SH	DIABETES UK	11	Full	17	16-17	Recs	Choice about whether or not to take a medication must be supported by the provision of information about the benefits and risks of not taking a particular medication that has been prescribed.	Thank you for your comment.This aspect in covered in another recommendation.
SH	DIABETES UK	12	Full	18	9	Recs	Recommendation 1.2.3 would benefit from a bullet point regarding exploring what barriers are being experienced by the individual.	Thank you for your comment. This recommendation refers only to assessing non-adherence, later recommendations consider exploring the barriers to adherence.
SH	DIABETES UK	13	Full	19	20 - 22	Recs	Recommendation 1.3.10 –the wording of this recommendation needs to be altered. All the medications an individual is prescribed may be important for their health. The recommendation should be focussed on ensuring that individuals who have to pay for prescriptions are supported and provided with information about any options available to them to help pay for prescription charges, to help address this issue as a barrier to medicines concordance. Individuals should not be put in a position where they have to decide not to take medications as a result of being unable to afford all their medications.	Thank you for your suggestion. This recommendation has been revised.
SH	EDUCATION FOR HEALTH						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	FELLOWSHIP OF POSTGRADUATE MEDICINE						This organisation was approached but did not respond.	
SH	FERRING PHARMACEUTICALS LIMITED						This organisation was approached but did not respond.	
SH	GLAXOSMITHKLINE UK						This organisation was approached but did not respond.	
SH	GOOD HOPE HOSPITALS NHS TRUST						This organisation was approached but did not respond.	
SH	GUYS AND ST THOMAS NHS TRUST						This organisation was approached but did not respond.	
SH	H.E.A.R.T. UK	1	Nice	General			We wholeheartedly welcome this guideline which provides a very useful framework for improving the use of medicines in general. Anything that improves the patient's understanding of their condition is to be applauded, however this guideline expects a lot of both patient and clinician. The patient must quickly learn about their condition and subsequent medication whilst the clinician must assess the patient's understanding of,	Thank you for your comment. The GDG considered that healthcare professionals with good communication can achieve this and many already are.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							and attitude to their condition, possibly within a few minutes of an initial consultation.	
SH	H.E.A.R.T. UK	2	Nice	General			Adherence is not only influenced by understanding the benefits and potential side-effects of any given medication but also by the perceived effect on symptoms. Consequently there is a greater need for follow-up/re-assessment of a patients whose status is monitored by clinical tests, *e.g.*, cholesterol/lipid measurements during lipid modification by statin therapy.	Thank you for your comment. Interventions to increase adherence need to be individualised to each patient and further monitoring will be relevant for some patients but not all.
SH	H.E.A.R.T. UK	3	Nice		1.1.28 1.1.29		The elements relating to the importance of addressing all aspects of medication and adherence on discharge from hospital are especially important for primary care practitioners, since our experience is that poor adherence due to lack of guidance on medication before discharge is a major barrier to adherence in primary care, yet we tend to assume the patient has been fully briefed.	Thank you for your comment
SH	H.E.A.R.T. UK	4	Nice		1.1.3		We would like to see specific reference to discussion of the relative frequency of side effects listed in patient information leaflets, and, even more importantly, to the balance of risks and benefits. Mismatch between patient's understanding of risks and benefits is, in our experience, a major barrier to long term adherence	Thank you for your comment. We have added a recommendations about PILS leaflets following stakeholder comments.
SH	H.E.A.R.T. UK	5	Nice		1.3.3 1.3.5		Involving the patient in decision making and in their own health should also include keeping them fully informed of the benefits accruing from their medication. This brings us back to the vexed question of the nice recommendation for lipid modification that in primary	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							care, patients should not have their cholesterol monitored after implementation of statin therapy, which we strongly disagreed with.	
SH	H.E.A.R.T. UK	6	Full	8.13		8	We agree that patients should be encouraged to monitor their condition in order to improve adherence. Therefore we strongly disagreed with the nice recommendation for lipid modification that in primary care, patients should not have their cholesterol monitored after implementation of statin therapy. Our concerns were supported by evidence from a recent study (*mcginnis et al. 2007*) in which it was found that compared with statin therapy continuers, fewer discontinuers had follow-up and/or laboratory visits with a provider within 6 months after the start of statin therapy. *Mcginnis b, olson kl, magid d, bayliss e, korner ej, brand dw, steiner jf.factors related to adherence to statin therapy. Ann pharmacother. 2007 nov;41(11):1805-11.*	Thank you for your comment.
SH	H.E.A.R.T. UK	7	Full	4.9		4	We believe that education of providers as well as patients to enable them to explain medication to their patients to engage in sdm is vitally important. *Mcginnis et al.* (see point 7) found that more statin therapy continuers than discontinuers trusted their providers and felt that providers had adequate knowledge to answer their questions. In contrast, more discontinuers felt the statin was of limited benefit/unsure of the benefit and believed that their providers were not interested in their input on their medical condition.	Thank you for your comment. We have looked at the reference you have brought to our attention and have not included it. The reason for this is that we included only RCTs and Systematic Reviews for this question.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	HAMMERSMITH AND FULHAM PCT						This organisation was approached but did not respond.	
SH	HAMPSHIRE PARTNERSHIP NHS TRUST						This organisation was approached but did not respond.	
SH	HARROGATE AND DISTRICT NHS FOUNDATION TRUST						This organisation was approached but did not respond.	
SH	HCPC-EUROPE (HEALTHCARE COMPLIANCE PACKAGING COUNCIL OF EUROPE)	1	Full	21	20	1	Cost estimation: the source for the gbp 100m should be cited, and as in the recent white paper, a remark made that this is almost certainly a big underestimate. Hcpc-europe expects a major source of savings to be the prevention of avoidable hospital and care home admissions in addition to the benefits as indicated in the who report.	Thank you for your comment. The introduction has been revised.
SH	HCPC-EUROPE (HEALTHCARE COMPLIANCE PACKAGING COUNCIL OF	2	Full	197	24	7	Electronically assisted packaging can provide a factual record of dosage events that can be communicated to the healthcare professional to enable a more objective discussion of concordance.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	EUROPE)							
SH	HCPC-EUROPE (HEALTHCARE COMPLIANCE PACKAGING COUNCIL OF EUROPE)	3	Full	239	2	8	Heading of chapter 8.7: the heading should be clearly split in two separate ones related to the key clinical questions: a) does drug formulation affect adherence and b) does drug packaging affect adherence?	Thank you for your comment. This has been altered accordingly.
SH	HCPC-EUROPE (HEALTHCARE COMPLIANCE PACKAGING COUNCIL OF EUROPE)	4	Full	239	3	8	In chapter 8.12 heneghan (2006) is cited in the context of the key clinical question: do reminders (and what type of reminders, text messaging etc.) Increase adherence to prescribed medication? The (heneghan, c. J., glasziou, p., and perera, r., 2006) paper (ref. 112) is the key meta-analysis providing significant evidence that packaging which includes a reminder system can improve patient adherence to prescribed medication. Heneghan (2006) clearly focus on packaging with a reminder system for the day of the week or the time that the medication was to be taken and excludes reminders that were separate to the intervention (e.g. Mailed reminders) and electronic systems. Therefore hcpc-europe kindly would like to suggest to include heneghan (2006) in chapter 8.7 for providing an answer to the key clinical question: does drug packaging affect adherence?	Thank you for your comment. The evidence reviews in the draft document inadequately separated out reminders from packaging and multi-compartment systems. We have reviewed the evidence reviews in this area and altered the structure of this section to clarify this.
SH	HCPC-EUROPE	5	Full	351	5	10	A wide variety of innovative packaging solutions for the measurement, communication, and improvement of	Thank you for your comment

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	(HEALTHCARE COMPLIANCE PACKAGING COUNCIL OF EUROPE)						adherence are available and continually improving. Further research should be conducted in close collaboration with the packaging industry to establish best practice and standards. This best practice should include features such as readability, use of colour and graphics, and other issues recommended in the guidelines. Development of packaging and monitoring solutions that assist and measure adherence should be considered when: - A patient needs support to keep a medication schedule - Adherence is vitally important to outcome - Consideration is being given to adjust dosage levels For supporting the patient and interventions consider packaging solutions that provide reminders and record dosage events whenever memory is likely to be a problem. Other packaging solutions can encourage the patient to record side effects and quality of life information.	
SH	HEALTH AND SAFETY EXECUTIVE						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	HEALTHCARE COMMISSION	1	Nice		1.1.1		It would be helpful to 'encourage' patients to be involved by explaining the value of their involvement rather than just offering to involve them	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.
SH	HEALTHCARE COMMISSION	2	Nice		1.1.8		Suggest adding 'when administering' to 'prescribing dispensing' etc	Thank you for your comment. The administration of medicines is outside the scope of the guideline.
SH	HEALTHCARE COMMISSION	3	Nice		1.1.28		Suggest adding 'address any concerns about the medicines the patient may have'	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.
SH	HEART OF ENGLAND ACUTE TRUST						This organisation was approached but did not respond.	
SH	HELP THE HOSPICES						This organisation was approached but did not respond.	
SH	HERTFORDSHIRE PARTNERSHI						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	P NHS TRUST							
SH	JANSSEN-CILAG LTD						This organisation was approached but did not respond.	
SH	JOINT EPILEPSY COUNCIL (JEC)						This organisation was approached but did not respond.	
SH	KENT CARDIAC NETWORK						This organisation was approached but did not respond.	
SH	LEEDS MENTAL HEALTH TEACHING TRUST						This organisation was approached but did not respond.	
SH	LEEDS PCT						This organisation was approached but did not respond.	
SH	LEUKAEMIA CARE						This organisation was approached but did not respond.	
SH	LILLY UK						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	LIVERPOOL PCT						This organisation was approached but did not respond.	
SH	LLOYDSPHARMACY						This organisation was approached but did not respond.	
SH	LMCA						This organisation was approached but did not respond.	
SH	LNR CARDIAC NETWORK						This organisation was approached but did not respond.	
SH	LUNDBECK LTD						This organisation was approached but did not respond.	
SH	LUTON & DUNSTABLE HOSPITAL NHS FOUNDATION TRUST						This organisation was approached but did not respond.	
SH	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	MANCHESTER MENTAL HEALTH AND SOCIAL CARE NHS TRUST						This organisation was approached but did not respond.	
SH	MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)	1	Full	General			The mhra strongly supported the development of a guideline on medicines concordance. We now endorse the key priorities for implementation. We are pleased that the statutory patient information leaflet (pil) is mentioned in the document as a part of the information package patients may receive to promote concordance.	Thank you for your comment.
SH	MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)	3	Full	118	5	4	Mhra was pleased that the gdg reviewed the committee on safety of medicines patient information working group 2005 report *always read the leaflet.* It is true that in the past pils were widely perceived as not helpful in providing information. However, since the publication of the above report, legislation has come into force that requires pils to be tested with target users, makes improvements to the order of information and requires companies to provide pil information in formats suitable for the blind and partially sighted on request. The work to implement this has been overseen by the commission on human medicines expert advisory group on patient information which includes representatives from patient organisations, healthcare professionals and information design expertise.	Thank you for your comment. We have added a recommendation regarding PILs following stakeholder comments. Thank you for drawing our attention to new developments in the area of PILS. We have included a paragraph on the legislation amendments in regard to patient information leaflets.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							New pils developed since user testing was introduced in 2005 have to demonstrate that the information is accessible and can be understood by target patients. We recommend that the outcome from the above report and its impact on the utility of pils as an available and accessible source of information for patients be reflected in this report. Mhra is committed to making pils more accessible so that they are available before medicines are dispensed. This would mean they could be used in the discussion between health professionals and patient. Options for online access to all pils are being explored. We recognise that, at this transition stage, the evidence that new pils are found helpful by patients and that they may be of benefit as an aid to help in improving concordance is anecdotal at best. We do not think that this is a reason not to include information on what has been done to implement the report in practice and highlight the unique position held by pils in the provision of information about medicines to support the information given by health professionals.	
SH	MEDICINES AND HEALTHCARE PRODUCTS	4	Full	126	22	4	The mhra leaflet on side effects (taking medicines) is provided free on request as a resource for healthcare providers and patients.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	REGULATORY AGENCY (MHRA)							
SH	MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)	5	Nice		1.1.15		As comment 2 above	Thank you for your comment.
SH	MEDICINES FOR CHILDREN RESEARCH NETWORK (MCRN)						This organisation was approached but did not respond.	
SH	MENTAL HEALTH ACT COMMISSION						This organisation was approached but did not respond.	
SH	MENTAL HEALTH NURSES ASSOCIATION						This organisation was approached but did not respond.	
SH	MERCK PHARMACEUT						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	ICALS							
SH	MERSEY CARE NHS TRUST						This organisation was approached but did not respond.	
SH	MILTON KEYNES PCT						This organisation was approached but did not respond.	
SH	MIND	1	Full	General			Mind welcomes the draft guideline – decision-making about medicines is an extremely important issue for people with mental health problems. Medicines for mental health problems have the potential for very serious adverse effects, people's ability to make their own decisions may be underestimated, the possibility of compulsion under the mental health act can affect decision-making and people's willingness to share decision-making with their doctor, and although often not as readily available as medicines, there are other treatment approaches in mental health that can be used to complement or as an alternative to drug treatment. All these factors are critical to shared decision-making. The lack of active choice in taking psychiatric drugs is illustrated by the findings of a project carried out for mind, *coping with coming off* by XXXX. Of the 204 participants (all of whom had had experience of stopping or trying to stop taking a psychiatric drug), " nearly one third (30 per cent) had been compelled to take	Thank you for this information.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							[psychiatric drugs] under the mental health act. Just over half (52 per cent) had been in a situation where they felt that if they did not comply they would be compelled. Seventy per cent had felt pressured to take them, and the same proportion had felt powerless or passive about taking them. Just over half (54 per cent) felt they had experienced free choice on at least one occasion." This is therefore an important and urgent agenda.	
SH	MIND	2	Full	9		Recs	We welcome the key priorities for implementation. Lack of information remains a major issue for mental health service users. In its 2008 survey of users of community mental services, the healthcare commission found that, "a greater share of service users report that they are definitely involved in decisions about their medication, up from 40% in 2004 to 44% in 2008. But almost a third (32%) of those who had been given new prescriptions over the previous year say that they were not told about possible side effects - although this has fallen from 35% in 2004."	Thank you for this information.
SH	MIND	3	Full	9	24	Recs	We particularly welcome the two recommendations concerning agreement not to prescribe, or to stop a medicine, and the patient's right to decide not to take a medicine.	Thank you for your comment.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	MIND	4	Full	9	24	Recs	In a project carried out for mind, *coping with coming off* by XXXX, the experiences of over 200 people who had stopped, or tried to stop, taking a psychiatric drug were investigated. The majority of those stopping a neuroleptic or mood stabilising drug did so without the support of their doctor – they either acted against advice or without telling their doctor. This was usually because they feared opposition, possibly backed up by coercion or compulsion. Therefore it is particularly helpful to have this recommendation which makes it explicit that the shared decision may be not to prescribe or to stop medication.	Thank you for this information.
SH	MIND	5	Full	10	1	Recs	For the same reason we welcome the recommendation setting out the patient's right to decide not to take a medicine. As stated above people may not discuss their intention to stop taking a medicine because of fearing opposition. This means that they may stop medication without being as informed as they could be about how to go about it, and without support. (see also p179 lines 20-24.) They may also fear losing access to other forms of treatment or support. Therefore it would be helpful to include a reference to maintaining support to the person, for example continuing to treat using other strategies and/or providing information and support to help the person come off medication (where relevant). This point applies to the previous recommendation as well.	Thank you for your comment. These recommendations are only the key recommendations, the points you suggest are covered in other recommendations
SH	MIND	6	Full	10	1	Recs	The caveat about capacity in this sentence could be read as undermining the intent behind the	Thank you for your comment. These

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							recommendation. (and arguably a person who lacks capacity cannot 'decide'.) If a statement about capacity is needed at this point, a possible rephrasing could be to say: "accept the patient's right to decide not to take a medicine, even when you do not agree with the decision. Where the patient lacks capacity to make decisions about medical treatment you must act in their best interests which involves taking into account their past and present wishes and feelings."	recommendations are only the key recommendations, the points you suggest are covered in other recommendations
SH	MIND	7	Full	10	4	Recs	We should welcome a recommendation in the key priorities that gave a greater sense of learning from the patient, especially in the light of chapter 5's discussion of patient behaviour and the trade-offs people make between benefits and harms as they appraise the effects of treatment. This could be "to elicit patients' own appraisals of their treatment". At least there could be an additional bullet point in the list of discussions/decisions recorded, eg "information provided by the patient about treatment effects and his/her appraisal of them".	Thank you for your comment. This point is covered in the recommendations about reviewing medicines.
SH	MIND	8	Full	12	16	Recs	Any likely problems with withdrawal should also be addressed.	Thank you for your comment. This is covered in another recommendation.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	MIND	9	Full	17	18	Recs	Rather than simply being aware that patients evaluate medicines using their own indicators, healthcare professionals can actively learn from these evaluations and strategies.	Thank you for your comment. The intention here is to alert professionals to these evaluations.
SH	MIND	10	Full	18	1	Recs	We welcome the reference to a non-judgemental approach to assessing adherence.	Thank you for your comment.
SH	MIND	11	Full	18	18	Recs	It is not clear whether 'beliefs and concerns' and 'practical problems' would include the actual effects of medicines reported by the patient. An explicit reference to these would be helpful.	Thank you for your comment. It is intended that effects of the medicines when reviewing medicines. We have clarified this point.
SH	MIND	12	Full	18	24	Recs	While recognising that this section is about increasing adherence, we should prefer the goal here to be to support "the patient's safe and effective use of medicines in line with their informed choice" (or something similar). The statement in the health economics section (p 330, lines 12-19) about the relationship between clinical benefit and adherence is very important and should be reflected here too. (this is the case even if the patient was fully involved in the decision.)	Thank you for your comment. We have changed the title of this section and added narrative to make clear the intention if the recommendations
SH	MIND	13	Full	19	8	Recs	We welcome the guidance on managing side effects. An example of "other strategies" would be "other types of treatment (where relevant), for example psychological therapies".	Thank you for your comment.
SH	MIND	14	Full	21	15	1	We welcome the attention given in the guideline to decision-making, not just adherence, and the general	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							approach that patients have a right to be involved in decisions about medicines to the extent that they wish and that it is healthcare professionals' role to facilitate and support involvement in decision-making.	
SH	MIND	15	Full	52	6	3	We also welcome the recognition that effective engagement in decision-making is particularly important for those who frequently experience health inequalities, and that this includes people with mental health problems, and that there is a duty to make dda In this context Areasonable adjustments.	Thank you for your comment
SH	MIND	16	Full	169	1	4	The chapter on patients' experiences of medicine-taking is very valuable, although it could benefit from direct testimony. It shows people making rational decisions and trade-offs between harms and benefits and experimenting with treatment strategies. As stated above, the recommendations based on this chapter should be more positive about using patients' evaluations of treatment in shared decision-making.	Thank you for your comment. Qualitative literature was used to gather patient information in as systematic and rigorous way as other evidence.
SH	MIND	17	Full	224		8	We welcome the clarification that the gdg recommendation on injectable antipsychotic drugs is in support of informed adherence only. This is very important and necessary distinction as this is inevitably a more controlling regime.	Thank you for your comment.
SH	MIND	18	Full	233		8	The impact of prescription charges is very important – mind is aware from contacts with service users that prescription charges can be a significant barrier to maintaining treatment. Alternatively, people on low incomes (but not eligible for free prescriptions) may get their prescriptions dispensed but cut back on other	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							essentials, which would count as success for adherence but not support their health and wellbeing in other ways. As indicated in the table, short dispensing time frames may be used when patients are suicidal. Such prescribing/dispensing decisions should be made on the basis of health need and not be distorted by the economic position of the patient. Mind's view is that prescriptions should be free to the patient.	
SH	MIND	19	Full	247		8	We agree with the ways suggested of managing side effects, although these are clearly important in their own right for the health and wellbeing of the patient, not only as a means to increasing adherence.	Thank you for your comment.
SH	MIND	20	Full	263		8	We agree with the gdg's comments as to patients' rational and coherent behaviour with regard to medicines, which is supported by the evidence in chapter 5.	Thank you for your comment.
SH	MIND	21	Full	327	18	10	This section talks about improved adherence with treatment and improved patient satisfaction and related wellbeing as outcomes of patient involvement and shared decision-making. We should also add the possibility of better decisions and health outcomes, not just through adherence but through prescribing being better focused on what matters most to patients and informed by their appraisal of the effects of medicines and other treatment strategies.	Thank you for your comment.
SH	MIND	22	Full	330	12	10	The statement at lines 12-19 about the relationship between clinical benefit and adherence is very important and should be made in the sections on adherence as well.s	Thank you for your comment. This is already included in the section of interventions to increase adherence.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	MTS MEDICATION TECHNOLOGIES LTD						This organisation was approached but did not respond.	
SH	NAPP PHARMACEUTICALS						This organisation was approached but did not respond.	
SH	NATIONAL DIABETES CONSULTANT NURSE GROUP						This organisation was approached but did not respond.	
SH	NATIONAL ENDOMETRIOSIS SOCIETY						This organisation was approached but did not respond.	
SH	NATIONAL INSTITUTE FOR MENTAL HEALTH IN ENGLAND (NIMHE)						This organisation was approached but did not respond.	
SH	NATIONAL OSTEOPORO						This organisation was approached but did not respond.	

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	SIS SOCIETY							
SH	NATIONAL PATIENT SAFETY AGENCY (NPSA)						This organisation was approached but did not respond.	
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	1	Full	General			The npa welcomes the opportunity to respond to this consultation on *medicines concordance and adherence.*	Thank you for your comment.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	2	Full	General			The npa welcomes the government's commissioning of research into the reasons for patient's not complying with their medication regimes.	Thank you for your comment.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	3	Full	General			There will be significant costs involved in implementing this guidance both in terms of additional training required in the skills healthcare professionals will need to elicit information and deliver messages to the patient and in the time taken to deliver the service. Pharmacists are the healthcare professional who sees patients most frequently and are therefore the person who will spend most time supporting and informing patients. Clear guidance needs to be given for commissioners and service providers.	Thank you for your comment which we have passed to the Implementation Team.
SH	NATIONAL PHARMACY ASSOCIATION	4	Nice	General			The guideline states that prescribers will use a drug's summary of product characteristics (spc) to inform their decision making for individual patients. Prescribing	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	(NPA)						should be evidence based and not solely based on the (spc).	introduction has been altered.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	5	Full	General			Good communication is not only essential between health professional and patient but between health care professionals. Access to care records by those based outside the gp practice including pharmacists is necessary to ensure consistent messages are given, that all health care professional (hcp) know what has been agreed and in the cases of medication changes are all fully aware of all the changes. If patient/ hcp communications are not recorded and accessible to all then the risks are; • Patients will be asked the same question(s) several times by different hcp and the dialogue will not be progressed • Patients will be alienated by repetitive questioning • Patient information which informs concordance will not be available to all hcp involved with the patient • Patients may be given mixed or incorrect messages	Thank you for your comment.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	6	Full	General			There is data available detailing the small amount of information which a patient remembers after a medical consultation. Patients will not remember all the information given which this document expects to be given to them, the dialogue between patient and hcps needs to be ongoing and developed each time a medicine is prescribed or dispensed with the hcp checking concordance and patient understanding and giving the patient more information as required.	Thank you for your comment. The GDG agree that this is a dynamic and ongoing process.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	7	Full	General			References to the prescriber as 'doctor' should be changed to 'prescriber' reflecting the increasing roles of non medical prescribers.	Thank you for your comment. Historically prescribers have been medically qualified and we have retained this when discussing the evidence. Elsewhere prescriber of healthcare professional is used.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	8	Full	11	11	Recs	Many of these examples of making information accessible are not available in community pharmacies for example pictures and symbols.	Thank you for your comment. We have passed your comment to the Implementation team.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	9	Full	12	11	Recs	Prescriptions are frequently dispensed before the patient presents at the pharmacy to collect them, for example pharmacies collect prescriptions from gp surgeries and they are dispensed ready for collection. With the roll out of the electronic prescription service the incidence of this is likely to increase. Therefore these interactions with patient will occur when medication is supplied to the patient.	Thank you for your comment. Service organisation is outside the scope of NICE guidance. The GDG considered that mechanisms to ensure patient involvement and communication remain important.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	10	Full	12	16	Recs	Pharmacists currently inform patients about new medication including how to take it. Further discussions covering all the information in paragraph 1.1.13 will take a significant amount of time and this needs to be costed. Funding for community pharmacist to deliver their elements of the service, over and above that which is already given as an essential service, could either be nationally through the funding arrangements of the pharmaceutical contractual framework or locally as	Thank you for your comment. The information listed in this recommendation may not be necessary for all patients and if the prescriber has already informed the patient duplication is not required.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							either a national of local enhanced service. Nice should give pcts clear commissioning guidance.	
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	11	Full	12	16	Recs	The list of information given to the patient should be consistent and this list should be identical to the list on page 15 line 4 paragraph 1.1.28.	Thank you for your comment. We have altered the lists to ensure they are similar.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	12	Full	12	16	Recs	The existing essential service for pharmacy *repeat dispensing* is for patients who are stable on long term medication. Pharmacists are obliged to ask patients a series of questions each time the medication is dispensed including If they need all their medication.	Thank you for this information.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	13	Full	12	16	Recs	The advanced pharmaceutical service medicine use review (mur) is a concordance review which can be delivered by all pharmacists who are accredited and have an approved consultation area. However this can only be offered to patients who have been collecting medication from the pharmacy for the last three months and patients can only have an mur once a year. This service could be extended so that it can be repeated at regular intervals until the patient has the understanding they require of their condition and medicines and concordance has been agreed. Alternatively patients could request an mur if they want information about their medication which is over and above that which would be provided as part of the essential service of dispensing.	Thank you for this information.
SH	NATIONAL PHARMACY ASSOCIATION	14	Full	12	16	Recs	The government announced the development of a new service to support patients newly prescribed medication for a long term condition. (*pharmacy in england building*	Thank you for this information.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	(NPA)						*on strengths –delivering the future* dh april 2008.) Proposals form nhs employers and psnc showing how this service could be introduced with the pharmaceutical contractual framework are due in spring 2009. This service should offer a contractual mechanism for supporting concordance for this group of patients.	
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	15	Full	14	12	Recs	This statement implies that all healthcare professionals involved with a patient have access to the patient's care record. This is not the current position and needs to be addressed so that pharmacists and hcps in secondary can access the patients care record so that they understand the current situation and can update the record to include new information.	Thank you for your comment. WE have not specified where information should be recorded as this needs to be agreed between professionals but have emphasised the need for robust communication between professionals.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	16	Full	16	6	Recs	The community pharmacists who will dispense the patient's medication should also receive or have access to this information.	Thank you for your information. The organisation of local services is outside the scope of the guideline.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	17	Full	16	18	Recs	The example of 'dosette box' should not be given, but as in paragraph 1.1.29 state compliance aid or reminder system.	Thank you for your comment. We have changed this recommendation.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	18	Full	16	21	Recs	Healthcare professionals will also need to support patients concordance for specific conditions, e.g. People who are shift workers or fasting for a period e.g. For ramadan.	Thank you for your comment.
SH	NATIONAL PHARMACY	19	Full	19	12	Recs	An alternative formulation, if available, may also aid compliance e.g. A dispersible tablet or liquid if the	Thank you for your suggestion, but

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	ASSOCIATION (NPA)						problem is swallowing.	this recommendation is specifically about side effects.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	20	Full	19	20	Recs	If the costs of prescriptions are a problem the prescriber/ supplier of the medication should inform patients of the option of buying a pre-payment certificate which will reduce the costs if the patients are on two or more items per month. The prescriber should be consulted if payment is still a problem.	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	21	Full	20	3	Recs	This sentence doesn't say what it means	This recommendation has been revised.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	22	Full	20	3	Recs	If patients are allowed to request a mur from their pharmacist then the guidelines for the mur service will need to be reviewed as currently patients are only able to have one per year.	Thank you for your comment. The guidance has not specified who should do medication reviews.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	23	Full	20	8	Recs	If a review for a follow up mur is to be included then, as above the guidelines for the frequency for murs will need to be amended to allow pharmacists to one undertake more than one mur per patient per year.	Thank you for your comment. The guidance has not specified who should do medication reviews.
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	24	Full	23	25	1	The supply of medication should be included in this sentence along with initiation and review	This refers to the scope of the guideline, which cannot be changed at this stage.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	NATIONAL PHARMACY ASSOCIATION (NPA)	25	Appendix c				This care pathway differentiates the dispensing professional from healthcare professionals, pharmacists are the healthcare professional with the expertise in medicines, therefore there should be no differentiation between a dispensing professional and a healthcare professional.	Thank you for your comment. The term dispensing professional was used to cover both medical and non-medical dispensers.
SH	NATIONAL PRESCRIBING CENTRE						This organisation was approached but did not respond.	
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	1	Full	General			We welcome this guidance and its contribution in highlighting the complexities of medicines taking. It would be easy to be overwhelmed by the issues highlighted and do nothing. Therefore it would be helpful for nice to commission a resource pack with signposting information and 'real-life' examples of best practice which would support those seeking to implement the recommendations.	Thank you for your comment. We have passed your comment to the NICE Implementation team who will be developing a resource pack for this guideline.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	2	Full	General			Although we would agree this guideline should not be prescriptive about which professionals are responsible for providing information at the different stages we believe it will be very important that decisions are made on these issues at local level. Without clarity on 'who is doing what' there is a great risk of duplication of work (for example between doctors and pharmacists) or conversely patients 'falling between stools' as each health professional assumes someone else is doing it. Many hospital clinical pharmacists already discuss	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							medication with and provide information to hospital patients as recommended in the guideline. This role should be acknowledged locally as part of plans to implement the guidance.	
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	3	Full	General			There appears to be some repetition of ideas and evidence in the document, for example page 219 where evidence from a cochrane review and the updated version of the same cochrane review are given.	Thank you for your comment. The NICE process requires clear record of the evidence used – we therefore report on the Cochrane review and the update done by the technical team.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	4	Full	General			As a general rule patients should be given the name of their medicines generically to avoid confusion for the patient with one prescriber/ dispenser referring to a medicine by one name and another by the other name (obviously combination products are an exception to this and a small number of medicines that should be prescribed by brand). Confusion with names has resulted in patients doubling their dose because they thought the brand and generic names of the same drug were two different medicines.	Thank you for your comment.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	5	Full	12	1	Recs	1.1.8 Ask if the patient has any specific concerns about their medicines, whenever you prescribe, dispense or review medication. Address these concerns. 80% medication is prescribed using repeat prescriptions	Thank you for your comment. WE agree that clinical judgement is required and the recommendations are intended to alert practitioners to regularly review patients concerns

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							where there is no prescriber- patient contact. It is therefore not possible to ask the patient if they have any concerns *whenever* prescribing occurs. More realistic would be to ask the patient about their concerns when a new medicine is prescribed or whenever medication is reviewed with the patient. Community pharmacists also need to use professional judgement in this respect. To ask every patient, every time their medication is dispensed would be time consuming and irritating for many patients who are stable on long term medication. We think it would be better to target patients receiving a medicine for the first time and when they receive a second prescription i.e. Once they've had some experience of taking the medicine but after that only on an occasional but systematic basis. Of course this should be accompanied by information to make sure that patients know that if they have any concerns they can contact their prescriber or pharmacist.	about medicines. The GDG reviewed the wording but did not wish to change it
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	6	Full	12	24	Recs	In addition to informing the patient if they need to continue the medicine the prescriber should also check that the patient knows how and where to get a further supply. This is an issue particularly when medicines are started in hospital (including at out-patients) and are to be continued in primary care. better communication is needed between prescribers and pharmacists at the primary/secondary care interface. If a patient is to be discharged on a medicine	Thank you for your comment. We have included a bullet point about informing patients re ongoing prescription and a recommendation about the need for robust communication between professionals.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							that is not commonly prescribed in primary care, the community pharmacist should be given advance warning so the medicine can be ordered in for the patient. The patient should also be advised when to order their next prescription to ensure medication is available before the previous supply runs out.	
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	7	Full	13	18	Recs	1.1.20 Be aware that a shared decision may mean an agreement not to prescribe a medication or for the patient to stop taking a medication. If in the healthcare professional's view this may have an adverse effect, then this must be recorded. We appreciate the discussion over the use of the term 'shared decision' (page 64) however we are still concerned that a health professional may 'agree' with a patient to undertake a course of action that they consider may have an adverse effect on the patient. We think it is more appropriate to say that 'a health professional, having discussed the relevant information with the patient, will respect the patient's decision when a consensus cannot be reached between the patient and the health professional. This may mean not prescribing a medication, not prescribing the prescriber's medication of choice or acknowledging the patient's decision to stop taking a medication'. This is recognised in 1.1.22 but could be clearer in 1.1.20 Whilst accepting a patient's choice not to take	Thank you for your comment. We have altered the wording of these recommendations to refer to the need for informed decision-making and the reporting of this.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							medication it should be clear that this does not apply in the opposite scenario i.e. Prescribers are not obliged to prescribe where a patient wants medication when the prescriber does not think is in the best interests of the individual patient and/or wider health community. In addition to recording the decision, a record should also be made of the key factors that influenced the decision. This would enable other health professionals accessing the notes to understand the background and rationale for the decision.	
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	8	Full	14 18	12 12	Recs	With an increasing number of health care professionals involved in the care of an individual patient this guideline highlights the need for access to a 'real-time' electronic patient record where each prescriber and dispenser has access to the patient's medication history , the medicines related information the patient has been given and decisions taken. Where the decision is not what would normally be expected, the factors influencing the decision should be listed.	Thank you for your comment.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	9	Full	14	22	recs	Although the statement, 1.1.27 'be aware that simple interventions to increase patient involvement do not necessarily increase the overall length of consultation' is technically correct i think many health professionals reading the guidance will see this as a very clever use of words and will be frustrated that any increased time and effort they give to shared decision making will not be	Thank you for your comment. The GDG took this issue very seriously but were reassured by the evidence. Most of the studies found in the review used interventions that were far more complex then those

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							recognised. Whilst simple interventions do not necessarily increase overall length of consultation the trial evidence presented in chapter 5 demonstrates that often they do and this is particularly evident when the baseline consultation time is relatively short, e.g. <10 minutes i.e. Typical of the majority of consultations in general practice. In the uk evidence a number of the trials demonstrated an increase in consultation time. Admittedly these were not always significant but that could be an issue of the trials not being sufficiently powered. Many of the trials cited where the consultation length was not increased were trials outside of the uk and/or had substantially longer baseline consultation times- for example many of the trials cited had consultation times greater than 15 minutes in the control group with one having 60 minute consultations.	recommended in this guideline. The guideline is not directed solely at general practice or indeed at medical prescribers but at all those who are involved in making decisions with patients about medicines. Many of these non-medical prescribers and reviewers have longer consultation times than UK general practice 10 minute consultation.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	10	Full	15	10	Recs	A requirement to inform patients of all potential side-effects would be very burdensome for the prescriber and could cause unnecessary anxiety for the patient. It would be preferable for prescribers to highlight common, side effects and those which require immediate action on the part of the patient (e.g. Sore throat with methotrexate). Patients should also be made aware of other changes which if they are not warned about may cause concern e.g. Orange urine and staining of soft contact lenses with sulfasalazine. Information on side-	Thank you for your comment. We have altered the wording of this recommendation.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							effects is available in the patient information leaflet but other resources where patients can obtain more information should also be flagged up to the patient.	
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	11	Full	16	6	Recs	If medication is to be continued but changes to the dose are required e.g. Titration of ace- inhibitors, this should be clearly stated in the information provided by one prescriber to the next. In the past patients have remained on sub-optimal or excessively high doses of medication because of poor communication between prescribers at the interface.	Thank you for your comment.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	12	Full	18	10	Recs	Whilst failure to order medication for a sustained period of time may be a good indicator that a patient is not taking the medication, the converse is not true. It is common to visit patients at home and find large quantities of medication being stored. When patients are asked about this they will confess to ordering medication they don't intend to take 'not to disappoint the doctor'.	Thank you for your comment.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	13	Full	19	20	Recs	The cost of prescriptions is no longer an issue for patients in wales following the abolition of the prescription charge. However the cost of collecting their prescription/ medicines could become an issue especially for patients living in rural areas with increasing fuel costs.	Thank you for your comment. The recommendation is included as guidance covers England and Wales.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	14	Full	25	20	1	Section 1.4.1 is an exact duplication of the text immediately preceding it in lines 3-17 of page 25.	Noted. This has been revised.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	15	Full	30	23-24	1	This sentence seems unnecessary. It suggests the reader isn't reading the full guidance document when in fact they are.	Noted. This has been revised.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	16	Full	31	24	1	In this sentence it is unclear to whom and to what the 'accountability' refers. Is it accountability for taking part in the decision making process, or for the final decision or adhering to their medicines or something else?	Thank you for your comment. The research recommendations have been revised.
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	17	Full	64	3-13	3	This is a very important point- the emphasis should be on whether patients are given the opportunity for shared decision making process- not whether there is a shared decision on every occasion. For some patients a shared decision is not their preference.	Thank you for your comment
SH	NATIONAL PUBLIC HEALTH SERVICE FOR WALES	18	Full	228 231		8	We would advise against the use of qd as a term to describe once daily dosing. From experience we are aware that this can easily be misread for qds, particularly as many doctors and pharmacists in the uk prefer to use od as shorthand for 'once daily'.	Thank you for your comments. This has now been changed.
SH	NATIONAL SPINAL INJURIES						This organisation was approached but did not respond.	

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	CENTRE							
SH	NCRI CONSUMER LIAISON GROUP						This organisation was approached but did not respond.	
SH	NEONATAL & PAEDIATRIC PHARMACISTS GROUP (NPPG)						This organisation was approached but did not respond.	
SH	NEWCASTLE PCT						This organisation was approached but did not respond.	
SH	NEWCASTLE, NORTH TYNESIDE & NORTHUMBERLAND MENTAL HEALTH TRUST						This organisation was approached but did not respond.	
SH	NHS BEDFORDSHIRE						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	NHS CLINICAL KNOWLEDGE SUMMARIES SERVICE (SCHIN)						This organisation was approached but did not respond.	
SH	NHS DIRECT	1	Full	General			The dh information prescription programme addresses the provision of information to patients as a way of promoting self-care for patients with long term conditions. The final report from the pilots is now available on the dh website and the recommendations for implementation at local level. One particular pilot did address the need for information about medicines as part of the programme	Thank you for this information.
SH	NHS DIRECT	2	Full	General			The dh programme for information accreditation needs to be considered in particular when suggesting possible sources of medicines information.	Thank you for your comment. We refer to NHS websites where appropriate and NICE will be producing a resource pack to support the guideline.
SH	NHS DIRECT	3	Full	12	3	Recs	Listed examples do not cover other media and access issues, e.g. Nhs direct via telephones can do this and has a team of trained medicines information advisors supported by ukmi pharmacist network across england and wales. Xpil is a an example of a service for braille copies of the patient information leaflets in medicines.	Thank you for your comment. We will include NHS Direct in the suggested sources of information.
SH	NHS DIRECT	4	Full	General			Where do otc medicines come into this guidance vs prescribed medicines as more medicines become p	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							from pom and pharmacists are involved in discussions about self-care.	scope of this guideline only covers prescribed medicines.
SH	NHS DIRECT	5	Full	15	19	Recs	Practically useful to list brand where appropriate and form to ensure safety	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	NHS DIRECT	6	Full	General			When discussing side effects it would be good to address yellow card reporting.	Thank you for your comment. 'Yellow card' reporting is outside the scope of the guidance.
SH	NHS DIRECT	7	Full	General			When providing information to patients from published material due consideration must be given to copyright legislation. Organisations such as nhs direct has existing copyright agreements in place to be able to reproduce from certain sources that may present problems for individual organisations which may lead to increased cost particularly when hard copy materials in our experienced are requested in a significant number of cases.	Thank you for this information.
SH	NHS KIRKLEES						This organisation was approached but did not respond.	
SH	NHS PLUS						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	NHS PURCHASING & SUPPLY AGENCY						This organisation was approached but did not respond.	
SH	NHS QUALITY IMPROVEMENT SCOTLAND						This organisation was approached but did not respond.	
SH	NHS SHEFFIELD						This organisation was approached but did not respond.	
SH	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST						This organisation was approached but did not respond.	
SH	NORTH EASTERN DERBYSHIRE PCT						This organisation was approached but did not respond.	
SH	NORTH STAFFORDSHIRE COMBINED HEALTHCARE						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	NHS TRUST							
SH	NORTH YORKSHIRE AND YORK PCT						This organisation was approached but did not respond.	
SH	NOTTINGHAM CITY PCT						This organisation was approached but did not respond.	
SH	NOTTINGHAM UNIVERSITY						This organisation was approached but did not respond.	
SH	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST						This organisation was approached but did not respond.	
SH	NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	1	Full	9	11	Recs	Offer alternative, non-pharmacological treatments, e.g. Cbt	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	NUTRICIA LTD (UK)						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ORPHAN EUROPE (UK) LTD						This organisation was approached but did not respond.	
SH	OXFORDSHIRE & BUCKINGHAMSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST						This organisation was approached but did not respond.	
SH	PARKINSON'S DISEASE SOCIETY						This organisation was approached but did not respond.	
SH	PERIGON HEALTHCARE LTD						This organisation was approached but did not respond.	
SH	PFIZER LIMITED						This organisation was approached but did not respond.	
SH	PHARMACEUTICAL SERVICES NEGOTIATING						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	COMMITTEE							
SH	PLYMOUTH PCT						This organisation was approached but did not respond.	
SH	POWYS LOCAL HEALTH BOARD						This organisation was approached but did not respond.	
SH	PRIMARY CARE CARDIOVASCULAR SOCIETY						This organisation was approached but did not respond.	
SH	PRIMARY CARE PHARMACISTS' ASSOCIATION						This organisation was approached but did not respond.	
SH	PROCTER AND GAMBLE PHARMACEUTICALS						This organisation was approached but did not respond.	
SH	ROCHE DIAGNOSTICS						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROCHE PRODUCTS LIMITED						This organisation was approached but did not respond.	
SH	ROTHERHAM ACUTE TRUST						This organisation was approached but did not respond.	
SH	ROYAL BROMPTON & HAREFIELD NHS TRUST						This organisation was approached but did not respond.	
SH	ROYAL COLLEGE OF GENERAL PRACTITIONERS						This organisation was approached but did not respond.	
SH	ROYAL COLLEGE OF MIDWIVES						This organisation was approached but did not respond.	
SH	ROYAL COLLEGE OF NURSING	1	Full	General			With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the royal college of nursing (rcn) is the voice of nursing across the uk and the largest professional union of nursing staff in the world. Rcn members work in a variety of hospital and community settings in the nhs and the independent	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							sector. The rcn promotes patient and nursing interests on a wide range of issues by working closely with the government, the uk parliaments and other national and european political institutions, trade unions, professional bodies and voluntary organisations. The rcn welcomes this guideline. It is interesting and seeming good practice.	
SH	ROYAL COLLEGE OF NURSING	2	Full	General			The guideline needs to emphasise effective liaison between secondary and primary care services. This could be addressed through the care pathway?	Thank you for your comment. We have made recommendations about communication between different services.
SH	ROYAL COLLEGE OF NURSING	4	Full	10	1-3	Recs	We need to ensure that people with mental health problems are not allowed to reject medication because of their illness, rather than because of informed consent.	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ROYAL COLLEGE OF NURSING	5	Full	19	5	Recs	Prescribers need to work closely with pharmacist to simplify the dosing regimen.	Thank you for your comment.
SH	ROYAL COLLEGE OF NURSING	6	Full	19	6-7	Recs	Are extra costs incurred for the use of special packaging e.g. For visually impaired people or people with specific literacy problems?	Thank you for your comment. Interventions such as alternative packaging are required if the patient is otherwise unable to use the

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								medicine. Extra costs may be incurred but the medicine may otherwise be wasted.
SH	ROYAL COLLEGE OF NURSING	7	Full	19	20-22	Recs	There are ethical implications of asking patients if costs of prescriptions are a problem including embarrassment of the patient.	Thank you for your comment. The evidence indicates that this can be a problem for patients and the GDG considered it important to ensure practitioners were aware of this.
SH	ROYAL COLLEGE OF NURSING	8	Full	19	20-22	Recs	Patients would need more information to decide which medications are important and weigh up the alternatives. Surely they are all important otherwise they would not be prescribed?	Thank you for your comment. The evidence indicates that patients differ from healthcare professionals in their views of balance of benefits and risks of medicines.
SH	ROYAL COLLEGE OF NURSING	9	Full	19	20-22	Recs	There is a danger of asking people to weigh up which condition they have to forego treatment for which could be very distressing.	Thank you for your comment. The recommendation does not say that patients have to make a choice but to alert practitioners to the fact that patients may wish to make a choice.
SH	ROYAL COLLEGE OF NURSING	10	Full	16	21-23	Recs	What are the skills required by the prescriber in exploring health belief behaviour?	Thank you for your comment. The recommendations in relation to communication provide some guidance in this area.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROYAL COLLEGE OF NURSING	11	Full	16	21-23	Recs	A framework to explore this within the guideline would be useful as a baseline.	Thank you for your comment. A resource pack to support the guideline is being prepared by NICE and this will include reference to competency frameworks such as those produced by the National Prescribing Centre
SH	ROYAL COLLEGE OF NURSING	12	Full	16	21-23	Recs	There may be training implications for health professionals.	Thank you for your comment.
SH	ROYAL COLLEGE OF NURSING	13	Full	17	7-8	Recs	Patients should be on the least restrictive medicine regime where possible e.g. Monotherapy. Polypharmacy needs to be rationalised with the patient due to concerns over amount of medication to be taken.	Thank you for your comment. The evidence indicates that many patients manage polypharmacy well. Interventions need to be directed to individual needs of patients.
SH	ROYAL COLLEGE OF NURSING	14	Full	16	21-23	Recs	The challenge is to explore health beliefs regarding why people stop taking their medicines.	Thank you for your comment
SH	ROYAL COLLEGE OF NURSING	15	Full	General			Darzi review recommendations in personalised care and extending choice. Nhs choices website identifies 20 pilot projects whereby patients stated they want more time and information during consultations. Cross reference with the expert patient programme.	Thank you for your comment. We have passed this information to the NICE implementation team.
SH	ROYAL COLLEGE OF NURSING	16	Full	General			Review existing pct 'medicines use reviews' process and repeat dispensing of medicines	Thank you for your comment. This is

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								outside the scope of the guideline.
SH	ROYAL COLLEGE OF NURSING	17	Full	General			Patients and professionals need to understand the message that sub optimal care results from non adherence to medication. Patients need to be advised to report side effects rather than just stop taking medicines. This should be done on an individual basis rather than through a poster or leaflet campaign.	Thank you for your comment
SH	ROYAL COLLEGE OF NURSING	18	Full	19	24-25	Recs	Long term conditions – pharmacists needs to be involved in giving advice at various stages of treatment rather than just when prescription is initiated. Patients may seek advice or impart problems related to side effects, especially in cases of multiple medications. Level of support can be incorporated into contracting frameworks to include medical and non medical prescribers. Audits of adherence trends need to be produced. Patient interviews would help to learn about medicine taking behaviour.	Thank you for your comment. It is outside the role of guidelines to indicate which professional carries out which role.
SH	ROYAL COLLEGE OF NURSING	19	Full	General			Organisations need to identify systems as to how people should be supported to take their medication, as well as measuring adherence trends. Although it needs to be recognised that some people will choose to stop taking their medication despite advice and support. Reasons given for non adherence will need to be recorded in patient notes and audited as part of contracts.	Thank you for your comment.
SH	ROYAL COLLEGE OF NURSING	20	Full	21	20-27	1	We would like to think that the guideline is geared to improving patient care and not perceived as a cost saving exercise.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROYAL COLLEGE OF NURSING	21	Full	23	13	1	What about patients in nursing homes and the private sector, we consider that they would need this information just as much!	This refers to the scope of the guideline, which cannot be changed at this stage.
SH	ROYAL COLLEGE OF NURSING	22	Full	27 - 28	28 onwards	1	The membership seems heavy on medical staff and light on nursing staff and yet it will be mainly nurses who apply any recommendations.	There are three GDG members who have a nursing background, which we believe is appropriate for this particular guideline.
SH	ROYAL COLLEGE OF NURSING	23	Full	54	17-22	3	Vignettes of examples of real world practices to encourage shared decision making would be useful in this section.	Thank you for your comment. The NICE Implementation team are developing a resource pack to accompany the guideline.
SH	ROYAL COLLEGE OF NURSING	24	Full	57	10-22	3	We need to ensure this is highlighted.	Thank you for your comment
SH	ROYAL COLLEGE OF NURSING	25	Full	60	28	3	Is the word concordance one everyone will understand? Some-one with limited education or English may well not understand and nurses need to ensure that the language they use is understood by the patient.	Thank you for your comment. We are not advocating common use of the word concordance – in the guideline we have looked at the processes of involving patients in decisions and of adherence to medication.
SH	ROYAL COLLEGE OF NURSING	26	Full	122	18 onwards	4	Whilst we welcome this initiative, we would also welcome more resources targeted on patient care.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROYAL COLLEGE OF NURSING	27	Full	177	6	5	Does this invalidate the data? Surely the drug 'attacks' the illness which has affected man or woman not an illness that is just in man.	Thank you for the comment. The study is reporting the reasons women gave for not taking medicines.
SH	ROYAL COLLEGE OF NURSING	28	Full	347	27 onwards	10	Reporting needs to be full and accurate. Also needs to be simple and easy for clinicians to do quickly and readily.	Agreed, but reporting in this context refers to minimum reporting standards for economic evaluation, not clinical reporting. Having said this, we have now revised this chapter and removed this list.
SH	ROYAL COLLEGE OF NURSING	29	Full	General			There appears to be a lot of reliance on the euro, can we be sure that data collected from european studies would be replicated here in great britain?	Thank you for your comment. We have clearly identified where research was carried out and the GDG used this information when reviewing the evidence.
SH	ROYAL COLLEGE OF NURSING	30	Full	General			There is an amount of american data / will the final document reflect that healthcare in the us is funded differently to that here in great britain? We should note that for many in the usa healthcare has become a luxury whilst here in great britain it remains free at the point of delivery paid for by taxation.	Thank you for your comment. We have clearly identified where research was carried out and the GDG used this information when reviewing the evidence.
SH	ROYAL COLLEGE OF NURSING	31	Full	General			As stated earlier, it would be useful to identify areas of good practice within the document as vignettes.	Thank you for your comment. The Implementation team are developing a resource pack to support the

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								guideline which will contain this type of information.
SH	ROYAL COLLEGE OF NURSING	32	Full	General			Draft support tools to be developed with the guideline need to add value to the prescribing and medicine taking relationship between the prescriber and the patient. One size may not fit all situations.	Thank you for your comment.
SH	ROYAL COLLEGE OF NURSING	33	Full	General			Consultation on the guidance needs to take place with patient or service user groups, user friendly accessible publications will be required for people who experience problems with written communication.	Thank you for your comment. NICE Editorial and Implementation teams are developing publications for patients.
SH	ROYAL COLLEGE OF NURSING	34	Full	General			This guideline is necessary to encourage practitioners who prescribe to understand people's behaviour when taking or not taking medicines. Support should be available in a person centred way in that the most appropriate person should be engaged with the patient to support them in taking their medicines or monitoring and reporting side effects. This will involve a wide range of health professionals in providing that support, as well as encouraging the use of social networks to remind people when to take their medicines.	Thank you for your comment.
SH	ROYAL COLLEGE OF NURSING	35	Full	General			Need to prevent a culture of 'perverse incentives' in terms of follow up of patients re their medication, particularly in secondary care and what may be classed as unnecessary follow ups. Discussion required re how practice based commissioners would interpret this and how secondary	Thank you for your comment. We have passed this to the Implementation team.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							and primary care services can work more effectively to gain medicines adherence. Care pathway needs to address this in terms of shared care agreements. Specialist nurses may provide advice and support across both sectors.	
SH	ROYAL COLLEGE OF NURSING	36	Full	General			Broadly welcome the guideline but it needs to be acknowledged that there will be a cost to providing support to patients in adhering to medicine regimes. This has not been fully costed out although this would be cost effective in terms of reducing the £100 million waste of unused or unwanted medicines annually.	Thank you for your comment. NICE guidance is accompanied by a costing report at the time of publication.
SH	ROYAL COLLEGE OF NURSING	37	Full	41	22-24	2	Gdg recognise that due to time constraints a full systematic review of the evidence was not carried out which may have meant that some useful evidence was missed. This could be addressed by an update of the evidence prior to the first review of the guideline following publication. In general the evidence provided supports the development and direction of the guideline.	Thank you for your comment. We did indeed conduct an update of the evidence before the consultation of the first draft to ensure that any important studies would have been picked up.
SH	ROYAL COLLEGE OF NURSING	38	Nice	5			We are pleased to see specific consideration of minority groups and specific groups of people including people with learning disabilities, and the need for person centred care.	Thank you for your comment. This section is not part of the recommendations but is a section that is standard in NICE guidance. We have passed your comments to NICE.
SH	ROYAL COLLEGE OF NURSING	39	Nice	5			This version would not be suitable for all patient groups. There is a cost in reiterating messages through the production of materials, who will pay for this? Has this	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							been costed out? This will involve user friendly information about the product and possible further support to promote adherence. Information on prescription model may offer some guidance or can be cross referenced with the guideline.	
SH	ROYAL COLLEGE OF NURSING	40	Full	General			One may foresee possible problems with the information required from in-patient areas to either the patient or future care provider and it may take some systems change to ensure that this happens in a timely way.	Thank you for your comment.
SH	ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH						This organisation was approached but did not respond.	
SH	ROYAL COLLEGE OF PHYSICIANS	1	Full	general			We welcome the principles behind the Draft Guideline and hope that it will help all prescribing practitioners to understand better the patient perspective and help them to relate better to patients as individuals when discussing medication.	Thank you for your comment.
SH	ROYAL COLLEGE OF PHYSICIANS	2	Full	general			We are aware that some studies have shown that discussions with patients on this basis, if conducted properly, do not add significantly to the overall consultation time. However we have concerns that strict adherence - to the guidelines not the treatment - would probably require an extra 2-3 minutes whenever a new medication is prescribed. There will be issues of duplication if hospital doctors, as many do, do not prescribe directly but by requesting the GP to do so -	Thank you for your comment. If the decision to prescribe is made by a hospital doctor then that doctor should have the discussion with the patient as that doctor is likely to be in best position to discuss issues with the patient. The guidance needs to be individualised to each patient and the

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							who then will in principle have to make sure that everything has been gone through with the patient. Doing this properly will significantly increase the length of consultation time, and in cases of shared care and GP prescribing could mandate a further, new appointment in general practice.	GDG did not believe that checking that the patient had been given adequate information by another professional would be a lengthy or time consuming process.
SH	ROYAL COLLEGE OF PHYSICIANS	3	Full	general			From a patient/carer perspective the concept of concordance i.e. shared decision making and review is extremely important and we would have expected this approach, if carried out properly, to do much to increase adherence. The fundamental shift of attitude from "compliance" is notable, particularly the acknowledgement that patients are often acting reasonably in not taking the prescribed medicines, but have not usually felt able to go back to the doctor/prescriber to discuss options. The phrase "adherence" can be viewed as patronising, but in the sense used in the draft guidelines we can accept that it is a measurable concept whereas concordance is not. However, we like less the wider definition (set out in the Scope document) of "concordance" i.e. to encompass also patient support in medicine taking as well as prescribing communication as this could undermine the strength of the fundamental concept of the patient - doctor/prescriber relationship and pass the buck to others. A good deal of research has been done in the field of	Thank you for your comment. The recommendation regarding recording of consultation relates to specific issues about medicines that are important for patient continuing care and we have reworded the recommendation to make this clearer.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
							HIV on adherence to medication. The broad principles as outlined in the proposed NICE guideline are sensible, but if adhered to will lengthen consultations (particularly concerning the advice to record all detailed discussions with the patient). We have found that multidisciplinary input from doctors, nurses, adherence specialist nurses and pharmacists has been useful in improving adherence to antiretroviral regimens. Patient reminders such as alarms set on mobiles and aids such as dosset boxes have also proved useful. Self reported and physician assessed adherence has usually been found to be deficient.	
SH	ROYAL COLLEGE OF PHYSICIANS	4	Full	general			Prescribing practitioners will need to be mindful of the draft NHS Constitution when working out the best approach to this topic.	Thank you for your comment.
SH	ROYAL COLLEGE OF PHYSICIANS	5	Full	general			The notes on the scope of the guidance propose research on shared decision-making and the consultation, barriers and interventions to adherence and groups for special consideration. The guidance woul be stronger if this was conducted prior to the issuing.	Thank you for your comment.
SH	ROYAL COLLEGE OF	6	Full	general			The document would be improved by indicating what the responsibilities of the patient are in terms of the 'contract	Thank you for your comment. NICE

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	PHYSICIANS						of care.	clinical guidelines are directed at healthcare professionals.
SH	ROYAL COLLEGE OF PHYSICIANS	7	Full	13	15	Recs	Para 1.1.19 The project on the explanation of benefits and risks undertaken by the RCP Patient & Carer Involvement Steering Group would indicate that training may be needed in this area.	Thank you for this information.
SH	ROYAL COLLEGE OF PHYSICIANS	8	Full	15	17	Recs	Para 1.1.29 and 1.1.30 We do not think patients distinguish between hospital "discharge" and "transfer of services" All changes from one responsible practitioner to another should be treated as "transfers" and the patient provided with a copy of appropriate documentation.	Thank you for your comment. After careful consideration we have revised the recommendations in light of the stakeholder comments, editorial suggestions and GDG deliberations.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	1	Full	General			The college welcomes the guidance, recognising the importance of medicines adherence and the role for doctors in supporting patients to understand the reasons for their prescribed medicines and to take a partnership approach to the agreed treatment regime.	Thank you for your comment.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	2	Full	General			The full guideline is very long and rather difficult to navigate for readers owing to the repetition and overlap. It would benefit from further editing to make it more readable and less repetitive. It might also be helpful to relate the sections to the 5 key areas identified within the remit (see below). '… *on involving patients in decisions about prescribed medicines. The guidelines should cover:*	Thank you for your comment. The final draft of the Full guideline will use hyperlinks to help navigation. The recommendations in the NICE versions have been reorganised.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							▪ *Approaches to achieving informed agreement between the prescriber and the patient on medicines to be taken* ▪ *Communication with patients around medicine-taking, including the provision and use of medicines information* ▪ *Dealing with poly-pharmacy and co-morbidity* ▪ *The skills and competencies required by prescribers* ▪ *Medication review*'	
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	3	Full	General			As drafted, the guideline and recommendations focus on the first two bullet points and, to a lesser extent, the last. The 2 sections '*dealing with poly-pharmacy and co-morbidity*' and '*the skills and competencies required by prescribers*' are much less well covered and should be addressed within the document or flagged for future work. Much of the proposed guidance reflects changes in society – patient autonomy, human rights, less authoritarian medical practice etc. The guideline refers to gmc guidance in '*good medical practice*' (2006) and '*consent: patients and doctors making decisions together*' (2008) but it would be more helpful if the guidance included clearer advice about how 'partnership' with patients should work in practice.	Thank you for your comment. Poly-pharmacy and co-morbidity and competencies were included in the key clinical questions. We did not search separately for evidence about single medications or poly pharmacy. Much of the evidence about adherence interventions and review is already targeted at patients on multiple medications. We have made specific recommendations for patients on poly pharmacy where the evidence supported this. The GDG discussed the issue of competencies and felt that the specific recommendations of the

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								guideline indicate the areas practitioners need to be competent in. The GDG viewed that 'partnership' is a process and needs to be negotiated continually between professional and patients.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	4	Full	General			The college is concerned about the practicality of engaging all patients to this extent and documenting same within short consultation appointments. It may be helpful for the guidance to acknowledge this challenge and suggest that time should be set aside during certain key consultations for full discussion of medication with patients. The college also suggests the guidance includes the general reminder that language used by doctors when discussing medicines should be understandable to patients at all levels including those with learning dificulties.	Thank you for your comment. We have clarified the recommendations to indicate that recording is required specifically where significant issues are raised and not in detail for all consultation. We have also added a recommendation regarding patients with learning disabilities.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	5	Full	General			**Public awareness of costs** - the college notes that the information to be offered to patients does not include costs (other than questions relating to the affordability of prescription charges) and questions whether this information should be available to the public who are both users and funders of healthcare.	Thank you for your comment. The GDG were not aware of any evidence that this information is required when involving patients in decisions about medicines.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	6	Full	General			In paragraph 1.1.6 (page 11, line 24) the authors recommend open-ended questions. This is in line with good practice. The guideline should be 'proofed' to ensure consistency, for example by avoiding the recommendation for closed questions in paragraph 1.3.1 (page 18, line 18).	Thank you for your comment. While open-ended questions are the basis of individual communication, closed questions can be required to elicit important negatives.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	7	Full	General			Paragraph 1.3.2 (page 18, line 21) should include the point that, when patients do not take their medicines, the prescriber should reconsider to what extent the prescription is necessary and appropriate.	Thank you for your comment. The reference provided does not appear correct. There is a recommendation that both practitioner and patient should review the need for medicines.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	8	Full	General			Minor point: paragraph 3.2 (page 52, line 17): byrne and long (byrne ps, long bel. Doctors talking to patients. London: hmso, 1976) are usually credited with the first analysis of large numbers of audio-taped consultations and evidence that shared goals lead to effective consultations.	Thank you for your comment. We are aware of the work of Byrne and Long (1976). The section is intended as an overview.
SH	ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH	9	Full	General			Recommendations 1.4.1 (page 19, line 24): this might benefit from the addition of a check list for reviews of medication including: ▪ Effectiveness of each medicine prescribed ▪ Drug interactions ▪ Side effects ▪ Whether continued prescription is necessary and appropriate.	Thank you for your comment. We have altered the recommendations about review of medicines to indicate the areas which should be reviewed.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROYAL COLLEGE OF PSYCHIATRISTS						This organisation was approached but did not respond.	
SH	ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS						This organisation was approached but did not respond.	
SH	ROYAL PHARMACEUTICAL SOCIETY GB	1	Full	3	1	NICE	Change 'the prescription of drugs is now…' to 'the prescribing of drugs (actually prefer the word medicines as drugs often associated with illicit drugs such as heroin)	Thank you for your comment. The introduction has been altered.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	2	Full	3	14	NICE	Change sentence order 'attention is therefore required to the decision making process between prescribers and patients' to 'attention to the decision making process between prescribers and patients is therefore required'	Thank you for your comment. The introduction has been altered.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	3	Full	4	7	NICE	Add in the word 'the' between 'have access to **the** same levels…'	Thank you for your comment. The introduction has been altered.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	4	Full	4	14	NICE	Add 'and individual competencies' at the end of the last sentence	Thank you for your comment. The introduction has been altered.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	ROYAL PHARMACEUTICAL SOCIETY GB	5	Full	5	2	NICE	Maybe add in a short paragraph about the supply of medicines over the counter and via patient group directions	Thank you for your comment. Please note that the patient-centred care section is a standard section across NICE guidelines.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	6	Full	5	21	NICE	Link to information prescriptions	Thank you for your comment. Please note that the patient-centred care section is a standard section across NICE guidelines.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	7	Full	6	12	NICE	Under 5th bullet point i would add ' – effects of sickness such as vomiting' – need to consider this when talking medicines such as oral contraception, insulin etc	Thank you for your comment. This recommendation has been altered but the list is intended as possible information and cannot be comprehensive for all circumstances.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	8	Full	7	2	NICE	This specifically states that records should be made in the patients' records. Not all healthcare professionals who interact with the patient throughout the prescribing and dispensing process will have access to the patient's notes e.g. Pharmacists. I agree that records should be made but i think it should read ' in the appropriate records (patients' records where available) etc'	Thank you for your comment. We have amended the recommendation.
SH	ROYAL PHARMACEUTICAL SOCIETY	9	Full	8	27	NICE	Add 'including medicines use reviews (murs)' at the end of the sentence	Thank you for your comment. Medication review is not a specific

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	GB							term.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	10	Full	9	16	Recs	See point 7 above	Thank you for this information.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	11	Full	10	2	Recs	Add nhs choices and information prescriptions as two additional sources of information	Thank you for this information.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	12	Full	10	25	Recs	Add an electronic link to the mental capacity act so it is easier to access	Thank you for this information. We will add a link.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	13	Full	11	10	Recs	See point 8 above	Thank you for your comment.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	14	Full	13	1	Recs	Include 'and expected duration of treatment' at the end of this bullet point starting 'clear information on which medications (and change medications to medicines)	Thank you for your comment. We have altered the recommendation
SH	ROYAL PHARMACEUTICAL SOCIETY GB	15	Full	13	5	Recs	Any use of compliance aids needs to be assessed using criteria established under the dda	Thank you for this information
SH	ROYAL PHARMACEUTICAL SOCIETY	16	Full	14	18	Recs	Might be better to substitute 'pharmacy refill records' with 'pharmacy patient medication records' as this is the term that is widely used and recognised	Thank you for this information. We have altered the recommendation

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	GB							according to your advice.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	19	Full	15	5	Recs	Dda assessment may be helpful to determine levels of support required	Thank you for your comment.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	20	Full	15	25	Recs	Again, a dda assessment may be helpful here	Thank you for your comment.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	21	Full	15	28	Recs	Add a sentence 'advise patients on the prescription prepayment certificate'	Thank you for your comment. We have altered the wording of this recommendation.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	22	Full	16	6&7	Recs	This sentence doesn't make sense – maybe change to 'patients should have the right to decide to a review of their prescribed medicines at regular intervals according to patient choice or need'	Thank you for your comment. We have altered the recommendation as suggested.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	23	Full	16	14	Recs	Change 'prescribing doctor' to 'prescriber' as both pharmacists and nurses now have independent prescribing rights, and other professionals will have in the future.	Thank you for your comment. This was an error and has been changed.
SH	ROYAL PHARMACEUTICAL SOCIETY GB	24	Full	General comment			Consistency between the use of the words drugs, medicines and medications as all three are used throughout the document	Thank you for your comment. We have altered the wording and used 'medicines' throughout the document.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	SACAR						This organisation was approached but did not respond.	
SH	SANDWELL PCT						This organisation was approached but did not respond.	
SH	SANE						This organisation was approached but did not respond.	
SH	SANKYO PHARMA UK						This organisation was approached but did not respond.	
SH	SARCOMA UK						This organisation was approached but did not respond.	
SH	SCHERING-PLOUGH UK AND IRELAND	1	Full	General			We are pleased that the guidance provides advice for patients who have been discharged from inpatient settings, but we would ask that patients discharged from secondary care, outpatient or inpatient, are named and filed under the same heading. The concordance/adherence of this group of patients is just as applicable to the recommendations set out by nice and it would seem that the trials in the draft report's evidence base do include these patients.	Thank you for your comment. We have altered the recommendations in line with your comment.
SH	SCHERING-PLOUGH UK AND IRELAND	2	Full	General			Overall this guideline is thoroughly researched and will serve to raise awareness in the clinical community of this important issue.	Thank you for your comment

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN)						This organisation was approached but did not respond.	
SH	SEDGEFIELD PCT						This organisation was approached but did not respond.	
SH	SEFTON PCT						This organisation was approached but did not respond.	
SH	SERVIER LABORATORIES LTD						This organisation was approached but did not respond.	
SH	SHEFFIELD CARE MENTAL HEALTH TRUST						This organisation was approached but did not respond.	
SH	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	SHEFFIELD PCT						This organisation was approached but did not respond.	
SH	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST						This organisation was approached but did not respond.	
SH	SKIN CARE CAMPAIGN						This organisation was approached but did not respond.	
SH	SOCIETY AND COLLEGE OF RADIOGRAPHERS						This organisation was approached but did not respond.	
SH	SOLIHULL PCT						This organisation was approached but did not respond.	
SH	SOUTH ASIAN HEALTH FOUNDATION						This organisation was approached but did not respond.	
SH	SOUTH ESSEX PARTNERSHIP NHS						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	FOUNDATION TRUST							
SH	SOUTH STAFFORDSHIRE HEALTH AUTHORITY						This organisation was approached but did not respond.	
SH	STAFFORDSHIRE AMBULANCE HQ						This organisation was approached but did not respond.	
SH	STAFFORDSHIRE MOORLANDS PCT						This organisation was approached but did not respond.	
SH	STOCKPORT PCT						This organisation was approached but did not respond.	
SH	SURVIVORS UK						This organisation was approached but did not respond.	
SH	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	1	Full	General			A useful document, but one that describes initiatives and approaches that are already largely embedded in practise.	Thank you for your comment. The GDG were very pleased to learn that the guidance is already embedded in

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
								practice is some areas.
SH	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	2	Full	9	14	Recs	Some emphasis on exploration of non-pharmacological interventions could be given at this point.	Thank you for your comment. This is covered in another recommendation.
SH	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	3	Full	13	6	Recs	Suggests that patient be directed to medication related websites. One of those quoted (www.patient.co.uk) provides an on-line pharmacy. Facilitating the purchase on medicines on-line (rather than face-to-face in a real pharmacy) is unlikely to improve compliance with prescribed medicines and might even reduce compliance further in some cases. If direction to websites is to stay then some general warning about the variable quality of the information they provide is required and also a reminder to advise patients to get additional advice before making purchases etc.	Thank you for your comment. The final guideline will refer to NHS websites only.
SH	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	4	Full	13	10	Recs	Mention could be made here of the value of medication education groups facilitated by pharmacists – especially in mental health.	Thank you for your comment. We have passed your comment to the Implementation team who are developing a resource pack to accompany the guideline.
SH	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	5	Full	19	20	Recs	This statement requires expansion. Who is it aimed at? In most cases only the prescriber has enough information to take decisions with regard to which medication is the most important and which may be omitted.	Thank you for your comment. We have altered this recommendation.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	TAKEDA UK LIMITED						This organisation was approached but did not respond.	
SH	TAMESIDE AND GLOSSOP ACUTE TRUST						This organisation was approached but did not respond.	
SH	TEVA UK LIMITED						This organisation was approached but did not respond.	
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	1	Nice	General			Abpi welcomes the nice guideline to medicines concordance and adherence: involving adults and carers in decisions about prescribed medicines. We fully support the principles of the guideline. Our comments focus on the target audience and content of the guideline.	Thank you for your comment.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	2	Nice	General			Looking at the target audience, we would welcome an extension to the guideline to include children and teenagers. When medicines are prescribed to children and teenagers, it is important that healthcare professionals communicate directly with the patients. Whilst we acknowledge that this does not apply to very young children we believe it is important to establish good communications between patients and the prescriber early on. Teenagers in particular will be commonly responsible for taking their medication and it	Thank you for your comment. Children and teenagers were outside the scope of the guideline.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
							is crucial that the healthcare professional discusses their concern about medicines taking.	
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	3	Nice	General			Overall abpi would recommend the importance of signposting patients to further information. In particular signposting patients to patient groups, support groups and information like medicines guides (www.medicines.org.uk)	Thank you for your comment.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	4	Nice	4			"the guideline will assume that prescribers will use a drug's summary of product characteristics (smpc) to inform their decisions for individual patients". Abpi fully supports this statement as the smpc provides the licensed information and is regularly updated at www.medicines.org.uk. However it is now possible to go beyond the smpc for further information such as medicines guides available at the above website or via nhs direct and nhs choices are developing a set of medicines information on their website.	Thank you for this information.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	5	Nice	6			We fully support the approach that if a patient has decided not to take the medication to respect this decision as long as it is an informed decision.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	6	Nice	8	1.1.3		This should also include exploring if there are any alternative treatments the patient might prefer.	Thank you for your suggestion. We have balanced the various suggestions from the stakeholders with the GDG and have revised the recommendations.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	7	Nice	11	1.1.2.7		This guideline provides for a new approach for a relationship between healthcare professionals and patients, which we welcome. We fully support that this new approach will not necessarily take more time but forms rather a new contract between patients and their healthcare professionals.	Thank you for your comment.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	8	Nice	13	1.1.3.4		Abpi believes it is important to recognise that patients might have strong concerns about the amount of medication prescribed and it is therefore important that the prescriber discusses the benefits and risks for reducing prescribed medication intake.	Thank you for your comment.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUT	9	Nice	16	1.4.4		When a medication review takes place it is also very important that patients are signposted to support groups and other information sources like the medicines guides, in order to help patients make the right choices for their particular needs.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	ICAL INDUSTRY (ABPI)						It might also be appropriate to refer patients to patient support programmes that the company producing the medication, might offer.	
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	10	Full	9	9	Recs	Providing information before prescribing where possible is vital. This informs the patient and will significantly reduce waste.	Thank you for your comment.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	11	Full	13	6	Recs	We suggest you also include the website for medicine guides ie www.medicines.org.uk or nhs direct	Thank you for this information. The final guideline will refer to NHS websites.
SH	THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY (ABPI)	12	Full	18	10	Recs	This recommendation could be stronger. There is no excuse with computerised records not to review patients with longterm conditions on a regular basis by inspecting their prescription re-orders. Suggest you delete "consider" and start recommendation with "use"	Thank you for your comment. Consider is used in the recommendation as the GDG believed that multiple methods are required and these need to be used as prompts for healthcare professionals.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	THE BRITISH PSYCHOLOGICAL SOCIETY						This organisation was approached but did not respond.	
SH	THE CHARTERED SOCIETY OF PHYSIOTHERAPY						This organisation was approached but did not respond.	
SH	THE NATIONAL CENTRE FOR YOUNG PEOPLE WITH EPILEPSY						This organisation was approached but did not respond.	
SH	THE NATIONAL PHARMACEUTICAL ASSOCIATION						This organisation was approached but did not respond.	
SH	THE NEUROLOGICAL ALLIANCE						This organisation was approached but did not respond.	
SH	THE PHARMACEUT	1	Full	9	8	Recs	Patient concerns are subjective and may be difficult to address satisfactorily.	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	ICAL SERVICES NEGOTIATING COMMITTEE (PSNC)							GDG agree that patient concerns may be subjective and difficult to address but as they do influence medicine-taking it is important and healthcare professionals engage with patients concerns.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	2	Full	9	13	Recs	Community pharmacists as yet have no/limited access to patient clinical records so difficult currently to confirm diagnosis although they give out the majority of information on medicines at the point of dispensing or during medicines use reviews. Pharmacy access to the summary care record/clinical records should be recommended.	Thank you for your comment. Healthcare professionals need to act within their own expertise and competency. Service organisation is outside the scope of the guideline.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	3	Full	9	14-22	Recs	The pharmacy white paper introduces a services for newly diagnosed patients with long term conditions which will cover this – should be cross referenced	Thank you for this information. The Pharmacy white paper is referenced in the Full guideline.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	4	Full	9	24-27	Recs	See comment 2. No access to clinical records means that recording onto electronic patient clinical records where adverse drug effects or non adherence are reported cannot be made by all healthcare professionals dealing with patient medication until access is available to all. Community pharmacists currently record on their patient medication records (pmrs) so 'appropriate records' should be used.	Thank you for your comment. The GDG considered that recording was important but that significant issues also needed to be communicated to prescriber and other relevant health providers.

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	5	Full	10	1-3	Recs	See comment 4	Thank you for your comment. This page is listing key recommendations and has been altered.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	6	Full	General			Prescribing is now carried out by several healthcare professionals including doctors, nurses and pharmacists so the term 'prescriber' should be used throughout except where making historical references..	Thank you for your comment. We have ensured that the word prescriber is used where appropriate.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	7	Full	General			Access to information by patients requires a link to information prescriptions	Thank you for your comment. The research evidence indicates that a variety of formats of information are required.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	8	Full	13	25-27	Recs	See comment 4	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	9	Full	16	4-5	Recs	Compliance aid use will need an assessment under the disabilities discrimination act (dda).	Thank you for this information.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	10	Full	16	6-7	Recs	Agree that information needs to be transferred to enable continuity of treatment but it is more difficult for information to be transferred to community pharmacists without electronic access?	Thank you for this comment. We agree that robust mechanisms of communication need to be developed.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	11	Full	16	17-18	Recs	Unless the use of a dosette box is made through dda assessment there is currently no nhs funding for provision apart from some isolated locally commissioned services.	Thank you for this information. The recommendations have been changed to indicate that assessment of individual needs is required before these interventions are used.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	12	Full	18	10-11	Recs	Replace 'pharmacy refill records' with 'pharmacy patient medication records (pmrs)' which is the term in general use.	Thank you for this information. We have changed the term according to your advice.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	13	Full	18	24-26	Recs	Reference to dda required here – see comment 12	Thank you for your comment. We have added a reference to the DDA at the start of the guideline.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	14	Full	19	5	recs	Regimen simplification is not always possible so this sentence should include 'where possible'	Thank you for your comment. We have reworded these recommendations.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	15	Full	19	20-22	Recs	Advice should be given as to what the medicines are for to ensure informed patient choice but the patient must make the decision as to which they want. If the patient has regular prescriptions they should be advised about prescription prepayment certificates which may provide cost savings for the patient.	Thank you for your comment.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	16	Full	37		1	The definition of a healthcare professional should include pharmacists as they have a major input into patient compliance and may also prescribe.	Thank you for your comment. The list was not intended to be complete but should have included pharmacist.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	17	Full	49	6	2	I would like to raise concern that the relationship between the nice guidance and other national guidance did not include a cross reference to the community pharmacy contractual framework which encompasses murs as an advanced service and clinical medication reviews as an enhanced service and sets out their service specifications as agreed with dh available at XXXX	Thank you for your comment. NICE guidance does not address service delivery.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	18	Full	49	19	2	No reference made to 'a guide to medication review' by the university of keele/npc plus/medicines partnership programme	Thank you for your comment. The document referred to is a guide for providers of care and will be referenced in the resource pack being developed to accompany this guidance..
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	19	Full	61	23-30	3	This paragraph is confusing as it opens with healthcare professionals but reverts to doctor when prescribing is mentioned (line 25-28). See comment 6.	Thank you for your comment. We have amended this to healthcare professional as more appropriate.
SH	THE PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)	20	Full	General			Could the list of researchers either be put into alphabetical order or date of research order? Or is the list according to weight of evidence?	Thank you for your comment. The list in the evidence tables is according to hierarchy of evidence.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	THE PHOENIX PARTNERSHIP						This organisation was approached but did not respond.	
SH	THE ROYAL SOCIETY OF MEDICINE						This organisation was approached but did not respond.	
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	1		General			The society and college of radiographers feels this is a well written document and agrees with the importance of shared decision making between practitioners and patients and that good written information is imperative.	Thank you for your comment.
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	2	NICE		1.1.10		Good note that patients should be offered information about medication before it is prescribed.	Thank you for your comment
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	3	NICE		1.1.20 1.1.22		Good note that a shared decision may mean the patient does not want the medication recommended.	Thank you for your comment
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	4	NICE		1.1.2		Good note that effective communication will need to differ for different patients.	Thank you for your comment

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	Comments Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	5	NICE		1.1.19		Good note on the importance of informed consent.	Thank you for your comment
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	6	NICE		1.1.24		Good note on the importance of giving patients and carers autonomy in their care i.e. Listing drug reactions.	Thank you for your comment
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	7	Full	4.0		NICE	Good note on the importance of more research into patient compliance and shared decision making processes.	Thank you for your comment.
SH	THE SOCIETY AND COLLEGE OF RADIOGRAPHERS	8	FULL	4.3		NICE	Good note especially on the value of research into patients with multiple morbidities and issues surrounding such conditions.	Thank you for your comment
SH	THE STROKE ASSOCIATION						This organisation was approached but did not respond.	
SH	TRAFFORD PRIMARY CARE TRUST						This organisation was approached but did not respond.	

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	TRAFFORD PRIMARY CARE TRUSTS						This organisation was approached but did not respond.	
SH	UK CLINICAL PHARMACY ASSOCIATION						This organisation was approached but did not respond.	
SH	UK PSYCHIATRIC PHARMACY GROUP AND COLLEGE OF MENTAL HEALTH PHARMACISTS (UKPPG/CMHP)	1	Full	12	6	Recs	See www.choiceandmedication.org.uk website on mental health medication, it's all there, and with no adverts either.	Thank you for this information.
SH	UK PSYCHIATRIC PHARMACY GROUP AND COLLEGE OF MENTAL HEALTH PHARMACISTS	2	Full	12	16	Recs	We fully support that providing non-interactive information in written form achieves far less than "education" and may achieve little. However, as a basis or support to decision-making, written information has a role. Very many people with mental health problems have a deep interest in their medicines and there are high rates of non-concordance. The amount relating to mental health drugs on the two websites mentioned is low (patient.co.uk has about the same as the pils,	Many thanks for your suggestion. However, we are only able to link NHS websites.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	(UKPPG/CMHP)						easyhealth has nothing). Whilst we understand that your guidelines can only mention a very few websites, the ukppg/cmhp particularly commends to the gdg the www.choiceandmedication.org.uk mental health medication website, a collaborative project between ukppg, nimhe, csip and psi (pharmaceutical schizophrenia initiative), which is in the later stages of development and will be fully in place by january 2009. It includes very many of the requirements in the draft guidelines. It will be launched on 9th october 2008, world mental health day (well, the day before anyway) at house of commons.	
SH	UK PSYCHIATRIC PHARMACY GROUP AND COLLEGE OF MENTAL HEALTH PHARMACISTS (UKPPG/CMHP)	3	Full	13	1	Recs	See www.choiceandmedication.org.uk website on mental health medication, it's all there in fairly plain english (other languages to follow).	Many thanks for your suggestion. However, we are only able to link NHS websites.
SH	UK PSYCHIATRIC PHARMACY GROUP AND COLLEGE OF MENTAL	4	Full	13	6	Recs	See www.choiceandmedication.org.uk website on mental health medication, it's all there e.g. How it works, benefits, side effects, how to take it, missing a dose, duration of therapy etc.	Many thanks for your suggestion. However, we are only able to link NHS websites.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	HEALTH PHARMACISTS (UKPPG/CMHP)							
SH	UK PSYCHIATRIC PHARMACY GROUP AND COLLEGE OF MENTAL HEALTH PHARMACISTS (UKPPG/CMHP)	5	Full	17	9	Recs	See www.choiceandmedication.org.uk website on mental health medication, which has sections what will happen if they do not take medicine, non-pharmacological alternatives, how to reduce and stop medication, and combinations. You'll have got the message by now so we'll not add any more comments.	Many thanks for your suggestion. However, we are only able to link NHS websites.
SH	UNITE / MENTAL HEALTH NURSES ASSOCIATION						This organisation was approached but did not respond.	
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	1		General			Thank you for the opportunity to comment on the draft proposals. I have included some general comments and then some specific points picked up by some of our members.	Thank you for your comment.
SH	UNITED KINGDOM	2		General			We welcome the recommendation on dedicated research streams as this will add to our knowledge	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	CLINICAL PHARMACY ASSOCIATION (UKCPA)						(including all health professionals) on how to help patients get the best from their medicines.	
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	3		General			We now have non medical prescribing / prescribers and there is a need for multi-disciplinary education and skill set development on adherence / concordance. We think that postgraduate educational institutions could be tasked to deliver this training.	Thank you for your comment. We passed your comments on to NICE Implementation team.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	4		General			Good timing as it complements the darzi report and being patient focussed and putting patient at the centre. Trusts are not good at being patient focussed and in order to obtain foundation status this is an area that all trusts need to develop.	Thank you for your comment.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	5		General			The concordance document seems to emphasise the role of the physician more than other roles. It does not discuss as much the role of the other healthcare professions. Even in the trials, how do we know whether concordance was affected by other hcps. Were the patients told not to speak to anyone else whilst being told about heir medications?	Thank you for your comment. It is not the role of NICE guidance to decide which professional should carry out any specific role. The recommendations specifically use the term healthcare professional to cover all health professionals who are involved in prescribing, reviewing or dispensing medicines.
SH	UNITED KINGDOM CLINICAL	6		General			Despite what it says in the document, workload will increase significantly on the wards and in the clinics.	Thank you for your comment. The

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	PHARMACY ASSOCIATION (UKCPA)							available evidence is that consultation length is not necessarily longer.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	7		General			When talking about patient information leaflets, it would be ideal to provide one during the consultation but how will this work in practice. This could also lengthen the consultation. What happens if a drug is being used outside its licence. The pil could give conflicting information.	Thank you for your comment. We have added a recommendation to advise practitioners about this issues.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	8		General			There was a discussion regarding compliance aids. It is a shame that the social issue of the use of compliance aids was not discussed. That is compliance aids does not solve issue of compliance. The situation that a carer cannot give a solid dosage form unless it is in a "dosett box" but can give 5ml of digoxin liquid is ludicrous.	Thank you for your comment. This issue is outside the scope of the guideline.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	9		General			Need to clarify difference between strength, dose and time interval-1 to 2 xmg tablets, 4 times a day, every 4 to 6 hours. What to do if too much taken as well as if miss a dose. Important instructions on how medicine should be taken and why –at night because works better.	Thank you for your comment.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION	10		General			Asking questions needs to have a basic skill set (no mention of within context of competency framework for healthcare professionals) and understanding of intentional and non intentional concordance.	Thank you for your comment. The GDG hoped that the guideline will be used to inform training and practice.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	(UKCPA)							
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	11		General			Verbal and non verbal (pil) information.	Thank you for your comment. The GDG did not consider that the PIL in its present form is always appropriate for the patient and we have added a recommendation to this effect.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	12		General			May need 3rd party translator.	Thank you for your comment. Interpreters are on example of ensuring patients are able to communicate and be involved in decisions about medicines.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	13		General			Provide pil and explain important points.	Thank you for your comment. The GDG did not consider that the PIL in its present form is always appropriate for the patient and we have added a recommendation to this effect.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	14		General			May be more than one next' care provider' (or a team).if medicines involved not just gp/nurse who will require this information for example pharmacist especially if providing compliance aids.	Thank you for your comment. We have altered the recommendation to ensure all relevant professionals receive information.
SH	UNITED KINGDOM	15		General			Obtaining medicines and any exemptions/benefits. Different brands/colours/generic medicine.	Thank you for your comment.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
	CLINICAL PHARMACY ASSOCIATION (UKCPA)							
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	16		General			Altering the dose or more frequent dosing.	Thank you for your comment.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	17		General			Sudden increases in medicine taking, if patient becomes more compliant may result in different outcomes which turn should be monitored.	Thank you for your comment.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	18		General			Include prompting by third party.	Thank you for your comment. The recommendations are directed to healthcare professionals.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	19		General			Costs and access to repeat prescriptions.	Thank you for your comment. We have clarified our recommendation about issue of of prescriptions charges to patients.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	20		General			Introduction- review of medicines-need to clarify if this is with or without access to full patient records or only prescribing data required which could be used to check what patient understands medicines are for etc	Thank you for your comment. The GDG recognised that review of medicines takes place in a variety of settings and that the most important issue is for adequate communication between professionals so that action can be to support the patient is an issue is identified.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	21		General			Should say prescriber not prescribing doctor as could be pharmacist or nurse.	Thank you for your comment. We have altered terminology to ensure prescriber is used to cover any healthcare professional who can prescribe.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	22		General			Competences-how does this relate to npc 'concordance competency framework for healthcare professionals' which was led by dr. Wendy clyne.	Thank you for your comment. The GDG did not consider it had the appropriate knowledge or role to decide on competencies but expect that each professional is acting within the competencies laid down by their own professional bodies which may be informed by frameworks such as those developed by National Prescribing Centre.

Type	*Stakeholder*	*Order No*	*Document*	*Page No*	Line No	Section	**Comments** Please insert each new comment in a new row.	*Developer's Response* Please respond to each comment
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	23		General			Special consideration to be given to those frequently in and out of hospital/clinics with changed medication.	Thank you for your comment. We have made specific recommendation about transfer of information between services.
SH	UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION (UKCPA)	24		General			Dr XXXX (pharmacist)	Thank you for your comment.
SH	UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST						This organisation was approached but did not respond.	
SH	UNIVERSITY OF BRISTOL						This organisation was approached but did not respond.	
SH	WALSALL PCT						This organisation was approached but did not respond.	
SH	WELSH ASSEMBLY GOVERNMEN						This organisation was approached but did not respond.	

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	T							
SH	WELSH SCIENTIFIC ADVISORY COMMITTEE (WSAC)						This organisation was approached but did not respond.	
SH	WEST LONDON MENTAL HEALTH NHS TRUST						This organisation was approached but did not respond.	
SH	WEST MIDLANDS AMBULANCE SERVICE NHS TRUST						This organisation was approached but did not respond.	
SH	WESTERN CHESHIRE PRIMARY CARE TRUST						This organisation was approached but did not respond.	
SH	WESTERN HEALTH AND SOCIAL CARE						This organisation was approached but did not respond.	

Type	***Stakeholder***	***Order No***	***Document***	***Page No***	**Line No**	**Section**	**Comments** Please insert each new comment in a new row.	***Developer's Response*** Please respond to each comment
	TRUST							
SH	WITHYBUSH HOSPITAL						This organisation was approached but did not respond.	
SH	WYETH						This organisation was approached but did not respond.	
SH	YORK NHS FOUNDATION TRUST						This organisation was approached but did not respond.	