Public Health Guidelines

SUNLIGHT EXPOSURE: BENEFITS AND RISKS - Consultation on Draft Scope
Stakeholder Comments Table

23rd December 2014 – 10th February 2015

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Arthritis Research UK **www.arthritisresearchuk.org**	General		Arthritis Research UK welcomes the opportunity to respond to this consultation on the draft Public Health Guideline – Sunlight exposure: communicating the benefits and risks to the general public. Arthritis Research UK is the charity dedicated to stopping the devastating impact that arthritis has on people's lives. Our remit covers all conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis. Together, these conditions affect around ten million people across the UK and account for the fourth largest NHS programme budget spend of £5 billion in England.1 Arthritis is the biggest cause of pain and disability in the UK, and each year 20% of the general population consult a GP about a musculoskeletal problem such as arthritis.2 We fund research into the cause, treatment and cure of arthritis, provide information and educational interventions on how to maintain healthy joints and bones and how to live well with arthritis. We also champion the cause and influence policy change. We work in partnership to achieve our aims and depend on public support and the generosity of our donors to keep doing this vital work.	Thank you for your comments.
Arthritis Research UK **www.arthritisresearchuk.org**	General		ARUK welcomes this guideline. We support the need to communicate effectively to the public on the balance between under and over exposure to sunlight. Vitamin D is essential for good bone health. Low levels of vitamin D are associated with poor muscle strength and weaker bones. 3,4 This can	Thank you for your comments. Thank you for providing this information.

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			be caused by low dietary intake combined with lack of skin exposure to sunlight. Poor musculoskeletal health itself can lead to reduced time outdoors. Additionally, there are some forms of arthritis, such as lupus, scleroderma and psoriatic arthritis, where exposure to sunlight can increase symptoms. Some drugs commonly used for various types of arthritis can increase sun sensitivity. These include: NSAIDs (e.g. ibuprofen, naproxen, celecoxib), hydroxychloroquine, sulfasalazine, methotrexate, tricyclic antidepressants.5	
Arthritis Research UK **www.arthritisresearchuk.org**	General		We are supportive of the recommendations in the guideline, with the following comments: • This guideline is to complement NICE's guideline on increasing supplement use among at-risk groups. It is therefore important to clarify that for groups at risk of Vitamin D deficiency, sunlight exposure should be in addition to supplementation. • We would suggest the need for more information to guide practitioners on what is balanced sunlight exposure, beyond the 'before reddening' guidance which is difficult to implement.	The recommendations in the guideline now signposts to NICE's guideline on vitamin D: increasing supplement use among at-risk groups. The guideline now incorporates a new section 'supporting information for practitioners'. The guideline has been amended accordingly.

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			• Across the guideline we would encourage greater emphasis on the value of working in partnership with community organisations and community leaders in communicating effective messages to target groups. Voluntary and community organisations and community leaders should be included in the 'Who should take action' section.	
Arthritis Research UK **www.arthritisresearchuk.org**	Recommendation 8		We would encourage greater consideration of the balance of advice for infants and young children. We understand the complexity of balancing this message but would encourage greater clarity for parents and carers on how infants and young children can get some exposure to sunlight to increase Vitamin D levels, without risk of burning.	Section 2 provides supporting information for practitioners; this information will also be useful for parents and carers. The information covers: • environmental, biological and behavioural factors • how to benefit from and stay safe in sunlight • sunscreen • when to go out in the sun • advice according to people's age • advice according to people's natural skin colour • clarifying common misconceptions about sunlight exposure. In addition, section 4, implementation approaches, links to SunSmart schools

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				resources in the early years, education and leisure setting.
Arthritis Research UK www.arthritisresearchuk.org	General		**Additional Recommendation/Further guidance required** We would suggest an additional recommendation or further guidance regarding advice tailored to pregnant women. Bones, joints and muscles begin to form before birth. Research supported by Arthritis Research UK at Southampton University 6 has found that musculoskeletal health throughout life is affected by conditions in the womb – and even by a woman's health before she conceives. Women who have a good diet, including enough vitamin D, and are physically active, have babies that go on to have stronger bones throughout life. Improving health for women who are trying to conceive and during pregnancy may reduce the risk of falls and fractures of future generations. Similarly, higher maternal vitamin D levels are linked to higher child bone mass at birth which is maintained into childhood and probably through to adult life.7 Higher maternal vitamin D levels have been associated with improved grip strength at age four years, which may persist to promote lifelong musculoskeletal health. 8 Micronutrient deficiencies impair bone growth. Calcium and vitamin D are both required for the production of normal, healthy bone. Major deficiencies in these leads to bone abnormalities such as rickets.	This guideline complements NICE guideline PH56, 'Vitamin D: increasing supplement use among at-risk groups', which aims to increase supplement use to prevent vitamin D deficiency among at-risk groups including pregnant and breastfeeding women, particularly teenagers and young women.

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Arthritis Research UK www.arthritisresearchuk.org	General		**Additional Recommendation/Further guidance required** We would suggest an additional recommendation or further guidance regarding advice tailored to people who have little or no exposure to the sun because of cultural or medical reasons, or who are housebound.	This guideline complements NICE guideline PH56, 'Vitamin D: increasing supplement use among at-risk groups', which aims to increase supplement use to prevent vitamin D deficiency among at-risk groups including people who have low or no exposure to the sun, for example, those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods.
Arthritis Research UK www.arthritisresearchuk.org			Available Resources and Further Information Arthritis Research UK produces a wide range of information for people with arthritis, their families, friends and carers and a range of educational and training products for the professionals who support them. www.arthritisresearchuk.org We also run health promotion programmes to support people with arthritis to change their behaviour in order to increase health and wellbeing and improve quality of life. Arthritis Research UK has published a report describing a public health approach to musculoskeletal health.9 Taking a life course approach, it	Thank you for providing this information.

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			reviews the determinants of musculoskeletal health, including the impacts of physical activity and diet, together with opportunities for health improvement and emerging research questions. http://www.arthritisresearchuk.org/policy-and-public-affairs/reports-and-resources/reports.aspx We are currently funding a number of trials involving Vitamin D. For further information please visit our website http://www.arthritisresearchuk.org/research/what-we-are-funding.aspx	
Arthritis Research UK www.arthritisresearchuk.org			1 Department of Health (August 2014). Refreshing the NHS Outcomes Framework 2015-2016. Stakeholder engagement. 2 Department of Health (February 2014), 2012-13 Programme budgeting benchmarking tool. 3 Bischoff-Ferrari HA (2010). Contribution of vitamin D to bone health: fall and fracture prevention. Medicographia 32384-390. 4 Visser M et al. (2003). Low vitamin D and high parathyroid hormone levels as determinants of loss of muscle strength and muscle mass (sarcopenia): the Longitudinal Aging Study Amsterdam. J Clin Endocrinol Metab 88(12): 5766-5772. 5 www.arthritisresearchuk.org 6 (2014) http://www.mrc.soton.ac.uk/sws/additional-studies/bonescanning-osteoporosis-study.	Thank you for providing this information.

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			7 Javaid MK et al. (2006). Maternal vitamin D status during pregnancy and childhood bone mass at age 9 years: a longitudinal study. Lancet 367(9504): 36-43. 8 Harvey NC et al. (2014). Maternal Antenatal Vitamin D Status and Offspring Muscle Development: Findings From the Southampton Women's Survey. J Clin Endocrinol Metab 99(1): 330-337. 9 Arthritis Research UK (2014), Musculoskeletal Health: a public health approach	
British Association of Dermatologists	General		•Our principal comment is that the remit of this guidance, and what it actually delivers, are inconsistent, limiting its usefulness for those tasked with delivery of the 'message' to the public. The guidance does not offer evidence-based guidance on the risks and benefits of sunlight exposure, but focuses almost entirely on communication delivery without any advice on the content of the messages. Communication delivery we understood would be only a part of the intended guidance. • The evidence-based messages need to be defined before the channels of communications are agreed, rather than the other way around. •The limited messaging around UVR and vitamin D (rather than around delivery of messaging) does not seem to be adequately evidence-based. This may not be the case but we would be keen to learn more about which evidence sources were used, and how the messages were then extrapolated from this evidence.	NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public as opposed to the risks and benefits of sunlight per se. Recommendation 1.1.3 states the need to communicate consistent, balanced messages about the risks and benefits of sunlight exposure and the groups at risk. It then refers the reader to section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this

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			•The evidence commissioned to form part of the guidance does not address the gaps in evidence around the role of UVR and vitamin D synthesis. •Rather than forming new guidance that seems to insinuate that the risks and benefits of sunlight are somehow equitable, would it perhaps be preferable to use existing sun safety guidance and caveat this with advice on vitamin D intake through diet and supplements?	information has not been systematically reviewed for this guideline. The information in this section on the risk and benefits of sunlight covers: • environmental, biological and behavioural factors • how to benefit from and stay safe in sunlight • sunscreen • when to go out in the sun • advice according to people's age • advice according to people's natural skin colour • clarifying common misconceptions about sunlight exposure. The Committee are aware of two pieces of work in progress at the moment that complements this guideline: • The Scientific Advisory Committee on Nutrition are currently assessing the contribution of vitamin D produced through the skin to vitamin D status in the UK. This will take account: factors that modify the effects of skin exposure to sunlight (for example, sun screen), the risks of skin damage

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			• The timing of this guidance when the SACN review has not been completed is questionable, as the SACN review findings may be pivotal to this guidance's messages. • The order of benefits and risks should be changed to risks and benefits throughout the document. The risks are well understood, the benefits less so. • The assumption seems to be that the only way to counter the risk of low vitamin D status is to increase exposure to sunlight. Except for a small number of people who cannot absorb oral vitamin D, this is just not true. The document should state clearly that when there is a risk of low vitamin D status, then oral supplementation is an effective way of improving vitamin D status for most people. • The document consistently discusses the need to protect the public from under- or overexposure to sunlight. This is the wrong way round.	and other adverse health outcomes associated with sunlight exposure. • The Advisory Group on Non-ionising Radiation are updating their review of the health effects of UV radiation in relation to vitamin D synthesis. Once published, relevant recommendations or results from these pieces of work will be referred to in this guideline. The guideline states that it will complement NICE's guideline on vitamin D: increasing supplement use among at-risk groups. While it does not provide detail on vitamin D supplementation it signposts the reader to the guideline. The order of title and references to benefits and risks have been reversed throughout, though as noted in the considerations PHAC 'agreed that the order of the words 'risks and benefits' does not imply a hierarchy but is used to ensure consistency throughout.

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British Association of Dermatologists	0	1	"malignant non-melanoma" – Malignant non-melanoma is not a commonly used term and is confusing – please refer just to non-melanoma	The guideline has been amended accordingly.
British Association of Dermatologists	0	1	The statement at the foot of page 1 that research suggests there may be other benefits, for example, protection against chronic diseases such as cancer, heart disease and diabetes is very misleading. Consensus does not support this statement and the brief background should reflect consensus and not add this as an afterthought.	The guideline has been amended accordingly.
British Association of Dermatologists	0	2	This consensus statement represents the unified views of the British Association of Dermatologists, Cancer Research UK, Diabetes UK, the Multiple Sclerosis Society, the National Heart Forum, the National Osteoporosis Society and the Primary Care Dermatology Society. As such all authors should be referred to. Please note that this consensus statement also dates back to 2010 and is subject to review following the publication of new evidence (e.g. SACN, and 'Limited exposure to ambient ultraviolet radiation and 25-hydroxyvitamin D levels: a systematic review', British Journal of Dermatology).	The guideline now references the consensus statement but does not list the authors. The Committee are aware of the work of the Scientific Advisory Committee on Nutrition - vitamin D working group, once published their final report will be referred to in this guideline as appropriate.
British Association of Dermatologists	0	2	The link to the consensus statement is to a press release rather than the statement, and the link within that page to the PDF is defunct. The statement is available at http://www.bad.org.uk/for-the-public/skin-cancer/vitamin-d?q=Vitamin%20D or please insert a working link to a PDF.	The guideline has been amended accordingly.

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British Association of Dermatologists	1:3	6	'people who put themselves at risk of UV overexposure, for example by Sunbathing' – insert 'or using sunbeds'. This section should be expanded to include those who put themselves at risk of incidental exposure – such as gardeners, water sportsmen etc. Other occupational exposure should also be covered here as a high-risk group, not just outdoor workers – for example truck drivers (UVA penetrates glass).	This section has been amended; groups at risk are now defined in recommendation 1.1.1. at risk groups are divided into the following categories: • Groups of people who should take extra care to avoid skin damage and skin cancer • Groups who spend a lot of time in the sun and so are at increased risk of skin cancer • Groups with high, but intermittent, exposure to sunlight and so are at increased risk of skin cancer. • Groups who have little or no exposure to the sun for cultural reasons or because they are housebound or otherwise confined indoors for long periods.
British Association of Dermatologists	1.5	8	"Ensure messages are simple, succinct and in line with recommendations 6-9." This is an oxymoron as recommendations 6-9 are not simple and succinct. We feel too much onus is being placed on the people delivering the messages at a local level, to decide what the messages should be and how best to deliver them. However, the guidance also shows that there is no available evidence to guide them on best practice. The statements "There is a lack of evidence on how health and social care practitioners and policy makers should convey	The guideline has been revised, section 2 now provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline. The information

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			messages about the benefits and risks of sun exposure, particularly in the UK" and "There is a lack of evidence on how messages about the benefits and risks of sun exposure can be effectively tailored for different groups" in the Gaps in Evidence section (p. 43-44) reveal the limited utility of this guidance. Despite the lack of evidence, could more advice be given to render this guidance useful 'on the ground', possibly including an algorithm that factors in population type / local demographics, target audience, mode of communication etc, to provide clear examples of campaign options. If not, perhaps the guidance should be postponed until such evidence is available?	in this section on the risk and benefits of sunlight covers: • environmental, biological and behavioural factors • how to benefit from and stay safe in sunlight • sunscreen • when to go out in the sun • advice according to people's age • advice according to people's natural skin colour • clarifying common misconceptions about sunlight exposure.
British Association of Dermatologists	1:5	8	Page 8 states that a skin cancer prevention campaign should also mention the risk of under-exposure. Our current knowledge suggests there is little risk of under-exposure for the majority of fair-skinned people targeted in skin cancer prevention campaigns. The prevention message will be confused by this approach which needs to be nuanced to those at risk of under-exposure due to cultural or religious reasons or dark skin colour.	The guideline has been revised; recommendation 1.1.10 states: 'Use different channels to communicate simple and more complex messages. For example, population-wide messages may focus on sun protection and enjoying the sun safely. More nuanced messages, such as the risk of under- or overexposure for subgroups and individuals, could be included in supporting resources such as leaflets, press statements and websites.'
British Association of Dermatologists	1:5	9	'Develop resources that are downloadable from a central website and easy	Recommendation 1.1.3 now states the need to communicate consistent,

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			to adapt for local use by a range of agencies, to ensure a consistent message and to minimise duplication of effort.' What message do you refer to here? There is as of yet no uniform message – and with the lack of evidence (as mentioned above) this creates a conundrum for those trying to put a campaign into practice.	balanced messages about the risks and benefits of sunlight exposure and the groups at risk. It then refers the reader to section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.** In addition, consideration 6.6 notes that the Committee agreed that a lack of consensus among relevant national bodies on the content of safe sunlight exposure messages will make it more difficult to implement this guideline. A consensus would mean the messages could be made available from a central website. This would ensure that they are consistent and minimise duplication of effort.
British Association of Dermatologists	1:6	9	'advise people to go out in the sunlight for short periods (less than the time it takes for skin to redden or burn) between 11am and 3pm from the beginning of April to mid-October in the UK'. This is the crux of the	These messages are now contained within section 2 which provides supporting information for practitioners; it is made clear that this is based on

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			guidance and yet what evidence is this based on? A review of all available evidence, or isolated studies / statements? The latest review of available literature (January 2015*) that we are aware of states: "Interventional studies demonstrate that UVR can increase vitamin D levels in humans, but extrapolating from them to suggest that UVR is necessary for adequate vitamin D levels may be erroneous... "This study demonstrates that many healthy adults in different populations across the world can maintain adequate serum vitamin D levels despite negligible UVR exposure for several months of the year. Public health campaigns promoting a high vitamin D diet or supplements to healthy adults could positively impact the burden to the individual and the health service of inadequate vitamin D levels and could avoid the negative sequelae of UVR exposure... "While the findings of this review provide useful information for evidence based public health recommendations at the present time, more research is required in the form of prospective clinical trials that accurately record vitamin D intake, its UVR-related synthesis and its storage in the participants throughout the year, in particular in situations of negligible UVR exposure." *Limited exposure to ambient ultraviolet radiation and 25-hydroxyvitamin D levels: a systematic review, British Journal of Dermatology, DOI TBC.	authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.** We do not appear to have received the study mentioned by the cut off for the inclusion in the evidence reviews and from a quick check it does not appear to meet the inclusion criteria for the evidence reviews. NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public as opposed to the risks and benefits of sunlight per se. Section 2 now provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline.

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			We are aware that the committee received the above mentioned study, yet its core findings are not reflected in the guidance's recommendations. Please could you inform us as to whether or not the study was used in the committee's review of evidence? All of the research commissioned by NICE appears to be around the economics and impact of public messaging, not around what the messages should actually contain, i.e. a systematic review of existing evidence around the role of UVR in vitamin D synthesis, or commissioning new research to breach gaps in this clinical evidence. For example, we cannot see reference to the recent modelling study mentioned in the systematic review that reported that 10–20 min of sun exposure (often advocated by public health statements) is inadequate to boost serum vitamin D levels significantly, and that sufficient sun exposure to achieve worthwhile benefit would compromise skin health.	The Committee are aware of two pieces of work in progress at the moment that complements this guideline: • The Scientific Advisory Committee on Nutrition are currently assessing the contribution of vitamin D produced through the skin to vitamin D status in the UK. This will take account: factors that modify the effects of skin exposure to sunlight (for example, sun screen), the risks of skin damage and other adverse health outcomes associated with sunlight exposure. • The Advisory Group on Non-ionising Radiation are updating their review of the health effects of UV radiation in relation to vitamin D synthesis. Once published, the final reports of both these groups will be referred to in this guideline, as appropriate.

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			Please can more information be provided on how the messages contained within this guidance were formed, and more clearly detailing the evidence base for each message.	
British Association of Dermatologists	1.6	9	Current skin cancer prevention advice is to 'spend time in the shade between 11am and 3pm when the sun is at its strongest.' While this is not the same as telling people to stay in the shade (the whole time) as was advocated in previous decades, we need to ensure the wording is very carefully balanced. Fair skinned individuals can burn in less than 10 minutes in the summer between 11am and 3pm. The message regarding the perceived benefits of sunlight – to spend time in the sun – must never be given independently of the skin cancer message as this will be interpreted as two conflicting messages about whether or not to go outside between 11 and 3. Therefore a message that encompasses both issues must be used.	The guideline has been amended, see section 2 'when to go out in the sun'.
British Association of Dermatologists	1:6	10	'Being aware that skin that has less previous sunlight exposure (for example, the back) is more likely to burn so extra care should be taken.' It may be sensible to caveat this with a warning that a base tan does not provide adequate sun protection (less than SPF 6) and therefore use of sunbeds or pre-holiday tanning as a way of preventing sun damage is not advised.	The guideline has been amended, see section 2 'clarifying common misconceptions about sunlight exposure'
British Association of Dermatologists	1:6	10	' Make people aware that tanned skin is an indicator of possible skin damage.'	The guideline has been amended, see section 2 'clarifying common misconceptions about sunlight exposure'

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			A sun tan is damaged skin so the word 'possible' is erroneous. It is the body's protective reaction to skin which has already been damaged by UVR. This message should be made clear.	
British Association of Dermatologists	1:6	10	The UV 400 label is not recognised in the BS EN 1836:2005 standard. Anyone can use the label and take it to mean whatever they wish. Secondly the concept of 100% UV protection is not recognised in the standard and is not achievable.	The guideline has been amended, it now makes reference to sunglasses with wraparound lenses or wide arms to provide side protection, the CE Mark and British Standard (BS EN 1836:2005).
British Association of Dermatologists	1.7	10 and 11	'Apply sunscreen (at least sun protection factor [SPF] 15)' In light of recent research (post the Feb 2012 review), the recommended SPF must be raised from 15 to 30. There is a volume of evidence to support this view. In fact, this very guidance from NICE states in section 5.12: "The Committee was aware of concerns that sunscreen prohibits vitamin D synthesis. Expert testimony clarified that this may be the case when sunscreen is tested in laboratory conditions. But it is unlikely to be the case in reality, because people tend to apply much less sunscreen than the manufacturers recommend and in a patchy fashion", acknowledging that people do not apply enough sunscreen to receive SPF15. The latest research** that "While either sunscreen [15 or 30], if delivering the nominal SPF over the entire exposed skin, would be sufficient to prevent any erythema, the simulation indicates that the combination of the average quantity applied with the variability in thickness over the skin surface will lead to erythema, especially in	To note, NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public as opposed to the risks and benefits of sunlight per se. The guideline has been amended, section 2 now states: 'Sunscreen should offer: • At least 4-star UVA protection or the letters 'UVA' in a circle logo. • At least sun protection factor (SPF)15 to protect against UVB. This needs to be applied liberally (6 teaspoons of lotion for the body of an average adult) according to the manufacturer's instructions. Because

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			SPF15 sunscreen users. People who intend spending long periods outside in strong sunshine would be better advised to use SPF30 labelled sunscreens than SPF15 sunscreens". Further conclusions are: "Sunscreen products carry a sun protection factor (SPF) number (relating to UVB radiation) and (often) a star rating (relating to UVA radiation), both of which indicate the potential protection offered. However, the actual protection gained depends heavily on exactly how people use sunscreen, and typically sunscreens are applied too thinly. Using a product with a high SPF (30) is a practical way of addressing this issue" and "Failure to prevent sunburn is usually due to the way sunscreen products are applied rather than the technical inadequacy of the product. However, one can argue that if the majority of consumers do not use the product in accordance with the recommendation, then this is a technical inadequacy in itself. Low cosmetic acceptance and the high cost of sunscreen products may result in insufficient use." Furthermore, the article in the Journal Photochemistry & Photobiology (April 2011***) by De Villa et al describes research into the effectiveness of reapplication (two coats) to achieve coverage closer to the recommended amount. Their research showed that even with two applications the amount of product on the skin was still lower than the recommended amount. It is the role of this guidance to reflect new and emerging scientific evidence, not to ensure consistency with what is currently being recommended by external stakeholders (i.e. the guidance should determine the advice delivered by external stakeholders, not the other way around). Therefore we feel it imperative that the higher SPF30 is	this level of coverage is difficult for people to achieve, it is prudent to recommend SPF30 to ensure that adequate protection.' These messages are now contained within section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.**

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			recommended to address this issue. The wording 'if applied properly and regularly, SPF15 should be enough' cannot be conveyed to the public and is not sufficient (e.g. what is properly?). For this reason this statement should be deleted. Evidence references: **Pissavini M, Diffey B. The likelihood of sunburn in sunscreen users is disproportionate to the SPF. Photodermatol Photoimmunol Photomed. 2013 Jun;29(3):111-5. doi: 10.1111/phpp.12033. PubMed PMID: 23651270. ***Lodén, M., Beitner, H., Gonzalez, H., Edström, D.W., Åkerström, U., Austad, J., Buraczewska-Norin, I., Matsson, M. and Wulf, H.C. (2011), Sunscreen use: controversies, challenges and regulatory aspects. British Journal of Dermatology, 165: 255–262. doi: 10.1111/j.1365-2133.2011.10298.x Iheanacho, I, Sunscreen SPFs: clear as daylight? DTB Vol 49 DTB2011;49:61, doi:10.1136/dtb.2011.02.0033 Iheanacho, I, Evidence review: Do sunscreens have a role in preventing skin cancer? DTB June 2011 DTB2011;49:69-72, doi:10.1136/dtb.2011.02.0036 De Villa D, Nagatomi AR, Paese K, Guterres S, Cestari TF.	

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			Reapplication improves the amount of sunscreen, not its regularity, under real life conditions. Photochem Photobiol. 2011 Mar-Apr;87(2):457-60. doi: 10.1111/j.1751-1097.2010.00856.x. Petersen B, Datta P, Philipsen PA, Wulf HC. Sunscreen use and failures--on site observations on a sun-holiday. Photochem Photobiol Sci. 2013 Jan;12(1):190-6. doi: 10.1039/c2pp25127b.	
British Association of Dermatologists	1:7	10	'…a hat is far better and more convenient' This should specify 'a wide-brimmed hat' as a cap or similar would not protect the neck and ears.	The guideline has been amended accordingly.
British Association of Dermatologists	1 : 7 And 5.1	10 And 21	'sun screen…' Sunscreen is one word, not two	The guideline has been amended accordingly.
British Association of Dermatologists	1:7	11	'4-star UVA protection' Not all sunscreens use the star system as this was created for use within Boots, so please also refer to the UVA circle logo which is the European standard. An explanation might also be included of the UVA:UVB protection ratio algorithm that is used to determine satisfactory UVA protection offered by products.	The guideline has been amended accordingly.
British Association of Dermatologists	1:7	General	A point should be added regarding 'one-application-a-day' sunscreens, noting the potential dangers arising from improper application and accidental removal.	These messages are now contained within section 2 which provides supporting information for practitioners; it

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				is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.** Re one application- a day sunscreens the committee were of the view that any sunscreen should be applied liberally and this is reflected in the messages on sunscreen in section 2.
British Association of Dermatologists	1:8	11	'Older people should: be encouraged to go out in sunlight for short periods (less than the time it takes for skin to redden or burn) between 11am and 3pm, from the beginning of April to mid-October in the UK' See previous comment. Actively encouraging people to go outside in the middle of the day in the height of summer will be misinterpreted. The two messages (skin cancer and vitamin D) must be combined and used in tandem. Focus should be given to dietary sources of vitamin D and supplementation – again, it is not sufficient for this to simply be addressed in a separate piece of NICE guidance.	Thank you for this comment. Section 2 includes clear messages on when to go out in the sun. The guideline makes clear that it should be read alongside existing NICE guidance on vitamin D: increasing supplement use among at risk groups.
British Association of Dermatologists	1.8	11	'expose at least the forearms and hands (or similar amounts of skin)' What is this calculation based on?	These messages are now contained within section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this

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				information has not been systematically reviewed for this guideline**.**
British Association of Dermatologists	1.11	13	'Encourage children and young people to spend time in the shade and to wear wide-brimmed hats, protective clothing and sunscreen to protect themselves when UV levels are high (above 3 on the UV index)' Given that many people are unaware of the UV index and its associated forecasts, might any health promotion work incorporate information on these and where they can be found? Also, the UV index needs to be used in conjunction with info on skin type – e.g. a UV rating of 4 has very different implications for fair versus dark skin. The BAD and Met Office produce a free-of-charge, non-commercial app (world UV app) which shows the UV index anywhere in the world, automatically geo-located to where you are, or you can select another location. It then provides sun safety information tailored to the UV index that day, and based on your own skin type. We would be happy for this to be used freely. Information about the UV index is also available on the Met Office and BBC websites, although this does not cross reference with advice based on skin type.	Thank you for providing this information – a link is given to this app.
British Association of Dermatologists	1.11	13	'Encourage parents of children at higher risk of skin cancer to provide their child with protective clothing as well as sunscreen'	Thank you for this comment. These messages are now included within section 2; clearer information is provided under a section on

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			From the current wording it is unclear what you define as 'children at higher risk'. Also, all children's and adults' first line of defence is protective clothing, not just those who are at higher risk of skin cancer.	'sunscreen' which states 'No sunscreen offers 100% protection Other sun protection methods, such as clothing and shade, are more effective and cheaper'.
British Association of Dermatologists	3	16	NICE correctly identifies the challenges in maintaining balance between sun safety and vitamin D promotion messages. As above, a useful tool to promote is the UV index, which can be added to weather bulletins.	Thank you for this comment.
British Association of Dermatologists	3	17	An issue at the centre of the consistent messaging difficulty is that various organisations do not agree on some of the core pillars of sun safety advice, for example recommended SPF, vitamin D acquirement practices, time spent out of the sun etc, and as we have shown, this guidance does not clarify these issues. It is vital that this issue is addressed if we are to produce one clear, concise message to communicate to the public. In order to unite these conflicting views, and the lack of evidence-base for the messages contained within this guidance, NICE may wish to conduct an independent audit of the supporting evidence upon which these views are based and construct consistent messages through those means, before issuing this guidance.	Thank you for this comment. Sun exposure messages are now contained within section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.**
British Association of Dermatologists	3	18	The major issue with mass media campaigns for smaller organisations is funding. Whilst commercial funding opportunities do exist, they can be limited in number available and resource that is provided. Smaller	Thank you for raising this issue.

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			organisations rely on health campaigns to increase their profile and fundraising capacity, so will continue to run individual campaigns in tandem to any national, mass media campaign.	
British Association of Dermatologists	4	18	'People at risk of overexposure include outdoor workers and anyone else who generally spends a long time outdoors, for example, because of outdoor leisure pursuits such as sailing or gardening or because they like to sunbathe.' The guidance here is confusing cumulative sun exposure with intense, episodic sun exposure, which are different and carry different risks. Overexposure is certainly not limited to people who 'generally spend a long time outdoors', which in fact relates to chronic but not intermittent exposure. It is intermittent exposure that is linked to sunburn and melanoma (chronic sun exposure is linked more to squamous cell carcinoma) and this does not usually mean people who spend a lot of time outdoors, indeed it is usually people who spend little time outdoors and then sunburn during occasional holidays or weekend leisure time. This is different to people who are in the sun for long periods on a daily basis and who have cumulative sun damage. It is vital that we do not imply that it is people who spend much of their time outside who are at the greatest risk, as this is not the case. See National Cancer Institute (http://www.cancer.gov/cancertopics/pdq/genetics/skin/HealthProfessional/page2):	The guideline has been amended for clarity. Overarching messages are within section 2 and implementation issues for workplaces are included within section 4.

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			While there is no standard measure, sun exposure can be generally classified as intermittent or chronic, and the effects may be considered acute or cumulative. Intermittent sun exposure is obtained sporadically, usually during recreational activities, and particularly by indoor workers who have only weekends or vacations to be outdoors and whose skin has not adapted to the sun. Chronic sun exposure is incurred by consistent, repetitive sun exposure, during outdoor work or recreation. Acute sun exposure is obtained over a short time period on skin that has not adapted to the sun. Depending on the time of day and a person's skin type, acute sun exposure may result in sunburn. Intense intermittent recreational sun exposure has been associated with melanoma and BCC, while chronic occupational sun exposure has been associated with SCC.	
British Association of Dermatologists	4	20	'In 2011, 13,348 cases of melanoma and 102,628 cases of non-melanoma skin cancer were diagnosed in the UK.' The NMSC figure used here is based on incomplete data. The actual figure is that 200,000 patients have 247,000 BCCs removed in the UK in 2010* (though this only counts those who had BCC surgically removed, not those treated with topical preparations). And this does not include SCC. So the commonly cited figure is more than 250,000 cases of NMSC per year. *Clin Exp Dermatol. 2013 Jun;38(4):367-9. doi: 10.1111/ced.12016. Epub 2013 Mar 18. Basal cell carcinoma epidemiology in the UK: the elephant in the room. Levell NJ1, Igali L, Wright KA, Greenberg DC.	Thank you for this comment. The guideline has been amended accordingly.

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British Association of Dermatologists	5.1	21	"The contribution sunlight makes to vitamin D status …was beyond the remit of this guideline." We appreciate that this guidance will feature the findings of the SACN review, possibly as an update, and is designed to be read in conjunction with the NICE guidance on increasing vitamin D supplement use. However, how can sunlight's contribution to vitamin D be beyond the remit of this guidance, if this guidance gives the key messages about the sunlight and vitamin D balance?	Thank you for this comment. NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public as opposed to the risks and benefits of sunlight per se. The Scientific Advisory Committee on Nutrition are currently assessing the contribution of vitamin D produced through the skin to vitamin D status in the UK, once published, the final report will be referred to in this guideline, as appropriate.
British Association of Dermatologists	5.2 AND 5.15	21 AND 24	"The Committee acknowledged that the people at risk of overexposure to sunlight and those at risk of not having enough vitamin D are usually in different groups, so messages can be adapted accordingly." AND "The Committee recognised the importance of persuading children of the benefits and risks of sunlight. This is partly because of the higher risks they face from both low vitamin D status (for example, the development of rickets) and skin cancer (often associated with sunburn in childhood)." These two statements are contradictory. One says those at risk of vitamin D deficiency are not the same as those at risk of overexposure to the sun, while the second statement says that children are at risk of both.	Thank you for this comment. The guideline has been amended more clearly identify the different groups at risk within recommendation 1.1.1.

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			Also these statements do not take into account varying risk levels within groups of children.	
British Association of Dermatologists	5.3	21	"The only consistent message is that the risks can be reduced if people never expose their skin long enough for it to redden or burn." This message is echoed within the recommendations, and provides advice which is retrospective. Different skin types burn faster and more slowly in different conditions, with the only way of knowing how long an individual took to burn in a certain condition being for the individual to be exposed to that situation and to burn. Advice should focus more on making protective precautions a habit as opposed to experimentation on how long skin takes to burn before protective measures are taken.	Thank you for this comment, updated messages within section 2 reflect this comment.
British Association of Dermatologists	5.3	21	"One reason why it is difficult to provide a simple message is that the amount of UV someone gets from sunlight depends on a range of biological, environmental and behavioural factors". For this reason, would it not be more sensible to use the dietary / supplementation messages instead, rather than encouraging people to spend time in the sun which may either place detrimental, increasing skin cancer risk, or ineffective (according to aforementioned modelling study)?	Thank you for this comment. The guideline recognises the balance of risks and benefits. The guideline emphasises that it should be read alongside existing NICE guidance on vitamin D – increasing supplement use among at risk groups.
British Association of Dermatologists	5.6	21	'The Committee noted that once the body has synthesised vitamin D, more time in the sun is harmful and can also break surplus vitamin D	This consideration has been deleted.

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			down.' This is a bit misleading – in terms of skin damage, the sun is harmful even before the level that causes skin to redden or burn, but this implies that skin damage only occurs after this point, rather than this being the point when the worst damage occurs. Also, it is not just the 'surplus' vitamin D that is broken down after the point of reddening. So perhaps change to: 'The Committee noted that once the body has synthesised vitamin D, more time in the sun will actually reduce vitamin D levels, while also increasing skin damage'.	
British Association of Dermatologists	5.8	22/23	"The Committee questioned the usefulness of referring to 'skin types' (I–VI) to help people assess how to benefit more from, and reduce their level of risk from, sunlight exposure. It noted that both practitioners and the public find it difficult to judge skin types. They opted instead to refer to lighter and darker skin types." While we are aware of studies examining public understanding of the Fitzpatrick scale, in our experience, the referencing of Skin Types I-VI, has both been an engaging and useful tool in communication to the public the risks of sun exposure, when supported with appropriate, public-friendly information. Whilst lighter and dark skin permit for an instant understanding, using these terms runs the risk of over-generalisation and lack of detailed reference and meaning.	Thank you for this comment. Skin types are defined in the glossary of the updated guidance.
British Association of Dermatologists	General		We would prefer to see discussion of the "Risks and Benefits" of sunlight exposure rather than the repeated mention of "Benefits and	Thank you for this comment. The title has been amended to 'risks and benefits' and

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			Risks", to reflect where the weight of evidence lies. Skin cancer in the UK is by far the most common cancer and is a rising epidemic, under the pressure of which dermatology services are struggling to cope. The impact of vitamin D deficiency is arguably not of this magnitude, and much of the evidence is emerging, unlike the proven impact of UV damage. While we support guidance that incorporates both the risks and benefits, emphasis on vitamin D benefits must not be at the expense of reducing potentially deadly cancers, and the wording must carefully reflect this. Greater emphasis should be put on the role of dietary vitamin D intake and supplementation, which cannot reasonably be excluded from this guidance as they are the 'safe' alternatives to UVR exposure. UVR and diet / supplements as sources of vitamin D cannot be considered in isolation of one another.	the order changed throughout. However, to note, as stated in the considerations PHAC 'agreed that the order of the words 'risks and benefits' does not imply a hierarchy but is used to ensure consistency throughout the document'
British Association of Dermatologists	5.11	23	"Members were also aware that some people use sunscreen because they want a tan and believe that its use means they can stay in the sun for longer without burning." Is there evidence available to support the first part of this statement, i.e. that people use sunscreen because they want a tan? Sunscreen, when used correctly, prevents tanning so we would be keen to see the evidence behind this as it may help guide our campaign work, and could form an important message about sunscreen application.	The guideline has been amended, it now states…' It may be associated with spending a long time in the sun that increases the risk of sun damage.'
British Association of Dermatologists	5.12	23	"The Committee was aware of concerns that sunscreen prohibits vitamin D synthesis. Expert testimony clarified that this may be the case when sunscreen is tested in laboratory conditions. But it is unlikely to be	The guideline has been amended, it now states in consideration 6.10 'Expert testimony confirmed that frequent, liberal

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			the case in reality, because people tend to apply much less sunscreen than the manufacturers recommend and in a patchy fashion." The notion of relying on poor sunscreen application as a source of Vitamin D in contrast to attempting to advocate proper sunscreen application is unhelpful.	use of high-protection sunscreen may prevent vitamin D synthesis, but only in laboratory conditions. Evidence suggests that it is unlikely to be the case in practice because people tend to apply much less sunscreen than the manufacturers recommend. They also tend to apply it in a patchy fashion.'
British Association of Dermatologists	5.2.9	28	"This section will be completed in the final document." What will this include and will this be circulated, to form part of the stakeholder consultation?	This section may contain further considerations should they be raised at any final meetings of the Committee. These will be published in the final guideline but not circulated for consultation.
British Association of Dermatologists	6	28	The section 'Recommendations for Research' should include research around the health risk / benefit ratio, rather than just research around delivery of messages. The development of more instructive and definitive advice should be a priority, as this guidance fails to add any real clarity to a confusing topic, due to lack of available evidence.	The guideline has been amended accordingly.
British Association of Dermatologists	10	General	Within the key questions, which outline the scope of this guidance, no mention is made as to what the current messages regarding sunlight exposure risks and benefits are, where they come from, or how can these messages be reviewed and amalgamated into one set of concise messages.	NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public as opposed to the risks and benefits of sunlight per se. Sun exposure messages are now

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				contained within section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.**
British Association of Dermatologists	12	43-44	The gaps in the evidence section is striking, and raises the question of the utility and purpose of this guidance.	Thank you for this comment.
British Association of Skin Cancer Specialist Nurses	General		Our association would welcome the recommendation of SPF 30, not 15, since we are aware that some patient groups do not apply enough sunscreen to their skin.	The guideline has been amended and the committee discussion on this issue is outlined in consideration 6.11.
British Association of Skin Cancer Specialist Nurses	General		We would also like to see more information for the general public regarding observing all of their skin for changes and not just focussing their observations on current moles as many melanomas do not arise from existing moles but within normal skin.	The guideline has been amended in line with this comment (see 'how to minimise risks and maximise benefits of sunlight' in section 2).
British Association of Skin Cancer Specialist Nurses	General		Education on the signs of non melanoma skin cancers is worth including within these guidelines also.	The guideline has been amended in line with this comment (see 'how to minimise risks and maximise benefits of sunlight' in section 2).
Cancer Research UK	What is this guideline about?	1	We would recommend the addition of a statement that the guideline does not relate to sunbeds. Specifically, it should be made clear that the benefits in question are being discussed solely in relation to natural	The introduction to the updated guideline has been amended to state 'Artificial UV light exposure (such as from sunbeds) is

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			sunlight and that the guideline cannot be taken to imply that people can accrue health benefits through use of sunbeds.	beyond the remit of this guideline.'
Cancer Research UK	Background	1-2	The guideline states 'protection against chronic diseases such as cancer…' and refers to the Consensus Vitamin D Position Statement for support. We would recommend rewording this paragraph as the evidence for a role of vitamin D in relation to cancer prevention is inconclusive and the Consensus Statement does not assert a role for vitamin D in cancer prevention.	The guideline has been amended in line with this comment.
Cancer Research UK	Background	2	We would advise rewording the paragraph on short versus long term risks of sunlight exposure so that the nature of each, and the relationship between them, is clear. For example, the short term risk (DNA damage associated with sunburn) is the cause of the long term risk of skin cancer. We also recommend highlighting some of the negative aspects of sunburn in and of itself (e.g. pain).	The guideline has been amended in line with your comment.
Cancer Research UK	Background	2	The guideline states that 'It can also damage the eyes' in reference to the risks of sunlight. As this is a health, rather than cosmetic, concern we suggest the paragraph is reordered so that this sentence comes before the information about skin aging and wrinkling.	The guideline has been amended in line with your comment.
Cancer Research UK	1.1	4	The guideline advises relevant stakeholders 'carry out culturally appropriate activities'. We advise the guideline also refers to these activities as being appropriate for the target audience's skin type.	The guideline has been amended in line with your comment.
Cancer Research UK	1.3	6	The guideline lists some groups at higher risk of skin cancer. As burning easily/difficulty tanning are the most important signifiers of	The guideline has been amended in line with your comment.

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			skin type, we would recommend that this aspect is mentioned before skin colour and ideally is included as a separate point in this section. And although factors relating to colouring are secondary in determining skin type, we advise including more examples of phenotypic traits related to skin cancer risk here (see below for our suggestion). Overall, we suggest the guideline's first point in this section is rewritten as 2 separate points as follows: Be aware that groups at higher risk of skin cancer include: - People who tend to burn rather than tan - People with lighter skin, fair or red hair, blue or green eyes, or who have lots of freckles	The guideline has been amended in line with your comment.
Cancer Research UK	1.3	6	The guideline also identifies babies, children and young people as being at higher risk of skin cancer. Statistics show that as with most cancers incidence of skin cancer increases with age http://www.cancerresearchuk.org/cancer-info/cancerstats/types/skin/incidence/uk-skin-cancer-incidence-statistics Rates of skin cancer in young people should be viewed in the context of the overall low incidence of cancer in this group (i.e. young people have higher risk of skin cancer compared to most other cancers, not compared to most other people.) The evidence also suggests that UV-related DNA damage doesn't appear to be more important if it occurs in childhood versus adulthood – e.g. Dennis et al http://www.ncbi.nlm.nih.gov/pubmed/18652979 We would therefore strongly recommend that this portion is changed. We advise moving the information on risk in children, babies and young	The guideline has been amended in line with your comment.

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			people to a separate section that covers risk of sunburn and other short term risks of sunlight exposure (e.g. overheating in babies).	
Cancer Research UK	1.3	6	The guideline refers to 'people who put themselves at risk of UV overexposure' – this could be taken as judgemental, we advise the guideline instead refers to 'people who have high exposure to UV, for example though sunbathing.'	The guideline has been amended in line with your comment.
Cancer Research UK	1.4	7	The guideline recommends that practitioners should 'clearly explain that the actions will increase the benefits of, or reduce the risks from, sunlight'. We advise this is rephrased as: the actions will make you more likely to benefit, and less likely to be harmed, by sunlight exposure.	The guideline has been amended in line with your comment.
Cancer Research UK	1.5	8	The guideline recommends that campaigns should 'Present a balanced picture of the health benefits and risks. For example, a skin cancer prevention campaign should also mention the risk of under- exposure. ' Presenting a balanced picture is very important, but in our view this is possible without always discussing both aspects in depth. For example, by ensuring that skin cancer prevention messages are focused on 'enjoying the sun safely' rather than framed as sun avoidance. This point could also usefully give examples of how different channels can be used to communicate more and less complex messages, as part of an overarching campaign. For example, the SunSmart campaign focuses on sun protection in top line mass media communications (but without implying people should avoid the sun altogether), but messages about the importance of some sun exposure for vitamin D synthesis are	The guideline has been amended in line with your comment.

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			included in supporting resources where there is more space to communicate this – e.g. leaflets, press statements and website. We would recommend presenting advice on how a balanced message can be effectively and appropriately communicated in different campaign circumstances.	
Cancer Research UK	1.5	8	The guideline recommends that campaigns 'Be timed for maximum effect (for example, during dates when people are more likely to go on holiday such as Easter, Christmas, bank and school holidays' We advise including examples relating to UV exposure in the UK, that reflect leisure-type activities and holidays as well as the course of day to day life. CRUK data suggests more people get sunburnt in the UK than do abroad.	The guideline has been amended in line with your comment. Recommendation 1.1.10 now states 'Be timed for maximum effect for example, so they take place during spring and summer when the risk of sunburn is highest in the UK, or when people are more likely to travel abroad.'
Cancer Research UK	1.6	9	The guideline recommends practitioners offer general advice on the benefits and risks of sunlight exposure. As many of the points refer to spending 'less time than to redden or burn' in the sunlight it is important that people understand how long that is likely to be, for them, on a given day. We therefore advise including a point encouraging people to reflect on and learn from their own experience in the section titled 'whenever the opportunity arises'.	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	9	The guideline recommends that practitioners 'explain that prolonged exposure (for example, leading to burning or dark tanning) is not an efficient way to gain vitamin D.'	The guideline has been amended in line with your comment.

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			We strongly recommend that the word 'dark' (highlighted) is removed as it is unnecessary and could create confusion with respect to a role for lighter tanning.	
Cancer Research UK	1.6	9	The guideline refers to the time taken for 'skin to redden or burn'. We advise including a brief explanation of what is meant by sunburn. We suggest this is worded as follows: Any pink- or reddening of the skin is a sunburn, skin doesn't have to be raw or blistered.	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	9	The guideline recommends that practitioners 'explain the importance of checking the skin regularly for any changes (such as changes to moles that occur over weeks or several months) and where to go for further advice if they detect changes.' There is no good evidence that self-checking for cancer leads to a mortality benefit. And self-checking has been linked with increased and unnecessary tests and investigations. For example the cases of breast and testicular cancers as discussed here http://www.cancerresearchuk.org/cancer-info/spotcancerearly/cancersymptomvideos/self-checks-for-cancer-evidence/. The US Preventive Services Taskforce assessed the evidence for skin in 2009 and said 'The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for skin cancer by primary care clinicians or by patient skin self-examination. If this service is used, patients should be made aware of the uncertainty about the balance of benefits and harms' http://www.uspreventiveservicestaskforce.org/Page/Document/Recomm	The guideline has been amended in line with your comment.

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			endationStatementFinal/skin-cancer-screening (though note this guidance is currently being updated). For this reason, Cancer Research UK are careful to promote the benefits of people being body aware rather than recommending regimented self-checking. It is also important to highlight changes to non-pigmented lesions, as well as just moles, as there is lower awareness that these may indicate skin cancer (e.g. nodular melanoma) than there is for classic mole-type symptoms. We strongly recommend this guideline is amended to reflect the above concerns. We suggest the following wording: 'explain the importance of knowing your skin and what it normally looks like, so people will be more likely to spot any changes that could be a sign of cancer, such as a new mole, or any moles, freckles or patches of normal skin that change in size, shape or colour. And to tell their doctor if they notice any unusual or persistent changes.'	
Cancer Research UK	1.6	10	The guideline states that practitioners should 'Advise everybody…' We recommend that this guideline is amended to reflect the different balance of risks and benefits of sunlight for people with different skin types. For example, depending on the UV Index somebody with type V skin may be at more risk of vitamin D deficiency than of skin cancer.	Thank you for this comment. The guideline has been amended throughout in line with your comment. Recommendation 1.1.1 in the updated guideline also more clearly identifies at risk groups. Skin types are defined in the glossary.
Cancer Research UK	1.6	10	The guideline recommends action is taken 'to protect their skin when out in bright sunlight…'	The guideline has been amended in line with this comment.

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			Risk of skin cancer is related to the strength of UV, this isn't always apparent from how bright sunlight is – for example even on a cloudy day the UV Index may be 3 or even higher, posing a risk to some people. Therefore we recommend the word 'bright' (highlighted) is replaced by the word 'strong'.	
Cancer Research UK	1.6	10	The guideline offers advice on protecting skin from strong sunlight, and mentions clothing and sunscreen. We strongly recommend that people are also advised to limit time in strong sun and to seek shade as these are important and effective methods of reducing skin cancer risk.	The guideline has been amended in line with this comment.
Cancer Research UK	1.6	10	The guideline states 'If possible, wearing clothing…' We advise that you remove the words 'if possible', as this seems to anticipate (and even condone) people not wanting to do this.	The guideline has been amended in line with this comment.
Cancer Research UK	1.6	10	The guideline mentions 'clothing that protects areas that may be vulnerable to burning…' The phrase 'areas that may be vulnerable to burning' does not make it clear which areas are referred to and could be misunderstood, as it to some extent implies there are areas that definitely aren't vulnerable. Information to try and reduce typical melanoma type exposures – e.g. of the trunk and back – is included in the next point. We recommend removing this phrase.	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	10	The guideline recommends people wear 'long-sleeved top and trousers…'	The guideline has been amended in line with your comment.

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			We recommend that a long skirt is added to these examples.	
Cancer Research UK	1.6	10	The guideline promotes awareness that 'skin that has less previous sunlight exposure (for example, the back) is more likely to burn' As this could be interpreted to suggest that tanning gives meaningful protection (whereas a tan is equivalent to SPF2-4 at most) we recommend rephrasing this point to talk about habitual exposure – we suggest: 'skin that isn't habitually exposed (for example, the back, tummy and shoulders) is more likely to sunburn...' .	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	10	The guideline recommends that practitioners 'Ensure people know that the strength of UV rays in sunlight varies…' This is a very important point and provides context for this guideline as a whole, therefore we advise that it appears earlier.	The guideline has been amended so that overarching messages to cover are addressed in 1.1.3 and message content, such as when to go out in the sun, is addressed in section 2 'supporting information for practitioners'.
Cancer Research UK	1.6	10	The guideline states that 'strength of UV rays in sunlight varies according to where they are.' Location isn't the only factor that needs to be considered in relation to the strength of UV in sunlight, we advise that time of day and year are also included.	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	10	The guideline states that 'UV rays get through cloudy skies but are not so strong' We recommend including information that the UV Index takes account	The guideline has been amended in line with your comment. Section 2 includes 'clarifying common

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of the effect of clouds and various other natural and/or weather phenomena, and tells us the strength of UV reaching us at ground level. We also advise that the guideline explicitly states that some people may still be at risk of burning even on cloudy or rainy days.	misconceptions' and states 'Even if it is cool or cloudy, it is possible to burn in the middle of the day in summer. It is also possible to burn at other times of the day and year.'
Cancer Research UK	1.6	10	The guideline states that 'snow, sand, concrete and water reflect UV rays…' We advise mentioning that reflection of UV may impair the effectiveness of sources of shade – e.g. if you are under a beach umbrella, the surrounding sand may be reflecting sunlight on to your skin.	The guideline has been amended in line with your comment.
Cancer Research UK	1.6	10	The guideline recommends that practitioners 'Make people aware that tanned skin is an indicator of possible skin damage.' We recommend specifically using the phrase 'sun-tanned', to avoid confusion with people who have a naturally tanned appearance or darker skin.	The guideline has been amended in line with your comment.
Cancer Research UK	1.7	10	The guideline recommends sunscreen with 'at least SPF15' We recommend this also specifies 'at least 4 stars' to cover the need for adequate UVA protection.	The guideline has been amended in line with your comment.
Cancer Research UK	1.7	10	The guideline recommends that people 'Reapply sunscreen at least every 2-3 hours…' We advise against giving a timeframe and instead rephrasing this as frequently or often. Specifying every 2-3 hours implies people would normally be spending much longer than this out in strong sun – which goes against	Thank you for this comment, the wording has been amended to 'Sunscreen needs to be reapplied liberally and frequently, including straight after being in water (even if it is 'water-resistant') and after towel

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations to limit time in strong sun and could be harmful, particularly in conjunction with sunscreen. We also recommend adding information about reapplying sunscreen in relation to sweating and rubbing off, not just in relation to towelling off - the main contexts in which sunscreen can be recommended reflect Non-Intentional Sun Exposure behaviour for example sports where sweating is likely to be relevant.	drying, sweating, or when it may have rubbed off.'
Cancer Research UK	1.7	11	The guideline states that 'sunscreen is not a safe alternative…' This point is essential context for this section, we recommend it is made at the beginning.	Thank you, the guideline has been amended in line with your comment.
Cancer Research UK	1.7	11	The guideline states that 'No sunscreen offers 100% protection against sunlight.' While we agree with the wider point, to reflect that sunlight has risks and benefits, we suggest this is phrased as 'protection from the harmful effects of sunlight' or 'protection from sunburn and skin cancer'.	The guideline has been amended in line with your comment.
Cancer Research UK	1.8	11	The guideline offers tailored advice for infants and children. We recommend that consideration is given to the need for practitioners to tailor such advice to skin type	The guideline has been amended in line with your comment and emphasises tailoring throughout.
Cancer Research UK	1.8	12	The guideline offers tailored advice for older people. We recommend the addition of a final bullet that advises older people should 'be aware that risk of skin cancer increases with age, so older people in particular should get to know their skin and tell their doctor about any unusual or persistent changes.'	The guideline has been amended in line with your comment.

Public Health Guidelines

SUNLIGHT EXPOSURE: BENEFITS AND RISKS - Consultation on Draft Scope
Stakeholder Comments Table

23rd December 2014 – 10th February 2015

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Cancer Research UK	1.9	12	The guidelines recommends that practitioners 'Offer advice tailored to people's natural skin colour' Framing this solely around skin colour misses an important nuance of the skin type categorisation. Skin colour may be more readily understood by people, but there is scope to ensure there is a clear burn/tan statement up front. We recommend that the introductory paragraph says: Health, public health and social care practitioners should advise people that the benefits and risks from sunlight exposure are influenced by skin type, which is related to how likely someone is to burn or tan in strong sun and their natural skin tone, as follows:	The guideline has been amended in line with your comment.
Cancer Research UK	1.9	12	The guideline recommends that practitioners advise people with naturally darker skin that they may need more time in sunlight to produce the same amount of vitamin D as people with lighter skin, and that they can be exposed longer before risking sunburn and skin cancer. We recommend this also mentions strength of UV and/or the UV Index as factors influencing vitamin D synthesis and likelihood of sunburn or DNA damage.	The guideline has been amended in line with your comment.
Cancer Research UK	1.10	13	The guideline recommends the development of policies for infants, children and young people. We are disappointed that this guideline only specifically mentions sunscreen as a protective measure, as this implies this is the main/only method of protection. We strongly advise that this recommendation also includes advice	Thank you for this comment. Policies for early years, education and leisure are now included within section 4. The committee did not consider it realistic to recommend limiting school sports timing, given that the school day usually runs

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			around limiting exposure to strong sun between 11am – 3pm (e.g. timing of sports days, PE lessons, being outside for lunch/break), shade (e.g. providing shade structures, good sources of shade) and clothes (e.g. could include school uniform, hats). We also advise that this guideline refers to the fact that sunscreen does not offer the best protection, and that it recommends such policies include other forms of protection (as mentioned above).	from approximately 9am to 3pm. PH32 had found that shade structures and provision of hats was not cost effective, but updated information in section 2 emphasises other sun protection methods. There are cross links across the guidance to section 2 where the updated information on sunscreen is in line with this comment.
Cancer Research UK	1.10	13	The guideline recommends that sunlight exposure policies for infants, children and young people include 'guidelines on how to apply sunscreen' We are not aware of any evidence-based application methods that ensure adequate coverage and are shown to be effective in reducing the risk of sunburn or skin cancer, in particular melanoma skin cancer. There is a risk that 'recommended application guidelines' could lead people following them to (mis)place even more reliance on the effectiveness of sunscreen. We strongly advise that this recommendation is removed. If this recommendation is intended to help schools and similar settings achieve clarity around child protection issues and sunscreen application, this should be made explicit.	Thank you, the wording has been amended for clarity.
Cancer Research UK	1.11	13	The guidelines states that children and young people should be encouraged to undertake sun protection 'when UV levels are high	The guideline has been amended in line with your comment.

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			(above 3 in the UV Index).' We recommend the addition of information on how risk relates to different UV Index levels for different skin types – only people with type I and II skin would need to protect their skin at UV3. We also note that UV3 is not classified as 'high', it is the bottom of the 'moderate' range (UV3-5). http://www.who.int/uv/intersunprogramme/activities/uv_index/en/ and recommend this is amended.	
Cancer Research UK	1.11	13	The guidelines 'Encourage parents of children at higher risk of skin cancer to provide their child with protective clothing as well as sunscreen' We recommend that this point specifically states that the recommendation is made because sunscreen is not the most effective method of protection.	The guideline has been amended in line with your comment.
Cancer Research UK	4 Context – Introduction	18	The document refers to 'rigorous skin protection methods' We recommend that 'rigorous' is rephrased as 'overly zealous'.	The guideline has been amended in line with your comment.
Cancer Research UK	4 Context – Introduction	18	The document refers to 'People at risk of overexposure include…or because they like to sunbathe.' We recommend adding information about short, intense exposures in relation to sunbathing – skin cancer (and particularly melanoma) risk does not simply relate to total length of exposure.	The guideline has been amended in line with your comment.
Cancer Research UK	4 Context – Complex health	19	The document refers to 'An optimal level of sun exposure would maximise the health benefits, minimise the risks and allow people to enjoy the sun without burning.'	The guideline has been amended in line with your comment.

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	messages		We recommend the addition of 'or risking skin cancer' to the end of this sentence as this risk should be made explicit.	
Cancer Research UK	4 Context – Skin cancer	20	The document states that 'Skin cancer incidence rates (melanoma and non-melanoma skin cancer) have increased rapidly in England in the past 30 years partly, perhaps, because of increased travel to sunnier countries (Hiom 2006).' We recommend this point also refers to the use of sunbeds and a desire for a tanned appearance. These factors are also likely to have played a role and it is important not to reinforce misconceptions that it is only abroad that skin cancer is a risk.	Thank you for this comment, the context section has been updated to note that many people like to have a suntan.
Cancer Research UK	4 Context – Skin cancer	20	The document states that 'Melanoma is the second most common cancer in those aged 15 to 34' We recommend it is also stated that this statistic relates to the UK.	The guideline has been amended in line with your comment.
Cancer Research UK	13 About this guideline – what does this guideline cover?	48	The document states that 'The recommendations in this guideline focus on the effect of ultraviolet rays on people's health and wellbeing, as opposed to visible sunlight' We recommend specifying that it is however only considering UV rays as experienced in natural sunlight – i.e. does not relate to sunbeds, and the benefits discussed relate to natural UV, not sunbed use.	The guideline has been amended with your comment.
Cancer Research UK			We agree that delivering consistent, simple tailored messages that take into account equality issues will be a challenge. However, the other 2 areas identified (children and young people, mass media communications) are essentially part of this challenge. Indeed, children and young people could be regarded as a less	Thank you for raising this issue.

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			challenging audience as the education system offers a route to provide rich communication and information with opportunities for reinforcement over a time period of several years, and these groups are if anything less likely to have existing behaviours and attitudes that may need to be challenged than are adults.	
Cancer Research UK	3	18	Sunscreen is likely to be a challenging area. In general it is people's preferred method of protection, though it is the least effective. In addition it is likely to be used in harmful circumstances (Intentional Sun Exposure - ISE). Thus change towards more effective protection behaviours would need to happen within a context where people may not believe their current protective behaviours to be inadequate or even harmful. Persuading people to change a behaviour they believe is 'the right thing' may be harder than behaviour change away from something that is generally accepted to be risky.	Thank you for raising this issue.
Cancer Research UK	3	18	Enabling people to understand their individual risk on a day by day basis – i.e. using tools such as the UV Index to successfully inform their protective behaviours. Including an element of reflecting on and learning from their own experiences, may help to further such understanding, as individual factors of skin type, behaviour and exposure are key.	Thank you for raising this issue.
Cancer Research UK	3	18	The role of the media in people's knowledge, attitudes and behaviours around sunscreen is likely to continue to be a challenge – especially as news and media channels may not see themselves as having a public health remit. CRUK are aware that the media is a common source of health	Thank you for raising this issue.

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			information and advice about sun exposure. We therefore take care to ensure press releases and comments are evidence based and represent a balanced view with regard to vitamin D and are realistic about the potential of sunscreen to protect people. We also note that many media enquiries we receive are framed entirely around sunscreen, or even just SPF. Stories are also frequently illustrated with pictures of people sunbathing. The media also play a role in promoting a desire for a tanned appearance. Examples of CRUK sun and skin cancer press activity over the last year include: • http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2014-06-11-new-clues-to-skin-cancer-development-show-sunscreen-is-not-enough • http://gulfnews.com/life-style/health/sunbathing-may-be-addictive-1.1350835 • http://scienceblog.cancerresearchuk.org/2014/10/24/no-sunbathing-is-not-a-great-new-way-to-lose-weight/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+cancerresearchuk%2FSHhE+%28Cancer+Research+UK+-+Science+Update%29 • http://fashion.telegraph.co.uk/article/TMG11372901/Should-you-wear-suncream-every-day.html	
Cancer Research UK	3	18	CRUK's SunSmart campaign has been running for over 10 years. We welcome the opportunity to share our experience, approach and resources. • Please visit the CRUK SunSmart web pages for examples of a multi-faceted, multi-channel campaign aimed at promoting sun and UV	Thank you for raising this issue. To note that we have referred to sunsmart in a number of places in the updated guideline.

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			protection while retaining a balance with vitamin D synthesis. http://www.sunsmart.org.uk/ • The SunSmart website and leaflet both use a table, based on work by the HPA, that helps people work out when they need to protect themselves from sun damage, based on their skin type and the UV Index. http://www.sunsmart.org.uk/UV-the-sun-and-skin-cancer/when-do-i-need-to-protect-myself/ or download leaflet http://publications.cancerresearchuk.org/downloads/product/HM_HL_Sunsmart_July_2013.pdf • CRUK, together with Nivea Sun, created an online tool (based on the same information as the tables mentioned above) that allows users to assess their sunburn risk for their location, today. We are also planning to improve and update the tool. The tool is located at www.nivea.co.uk/cruksunburnriskapp, but please note has been taken down for the winter months – please contact CRUK if you would like more information on this tool. • CRUK developed guidance for schools on creating their own SunSmart policies – you can download this here http://www.sunsmart.org.uk/schools/schoolpolicyguidelines/ • CRUK have created campaigns aimed at specific audiences, promoting effective methods of protection to encourage people to not just rely on sunscreen. E.g. Made in the Shade (summer 2012). http://www.sunsmart.org.uk/about-sunsmart/sunsmart-history/made-in-the-shade/	
Cancer Research UK	3	18	There are a range of innovative international campaigns that could be included for inspiration. For example, Cancer Foundation in Sweden tapped into World Cup Fever last summer with its shade football pitch -	Thank you for this information.

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			http://www.creativeguerrillamarketing.com/guerrilla-marketing/genius-soccerball-court-created-shadows-swedish-cancer-prevention-campaign/	
Cosmetic Toiletry & Perfumery Association	Section 1, Recommendation 6	9	Recommendation 6 suggests that health, public health and social care practitioners should advise people to go out in the sunlight for short periods (less than the time it takes for skin to redden or burn) between 11am and 3pm from the beginning of April to mid-October in the UK. We do not agree with the implication that people should be exposing their unprotected skin to sunlight between 11am and 3pm from the beginning of April to mid-October in the UK – the period of time when the sun is at its most intense. In addition, no clarification is given for the term 'short periods' which may lead to confusion as to how long the guideline recommends people expose their unprotected skin to sunlight during the time at which UVB radiation is at its highest. A 'short period' of time is very subjective. The instruction to 'go out in the sunlight for short periods (**less than the time it takes for skin to redden or burn**)' is almost impossible for consumers to judge as sunburn develops over time and is not immediately apparent. It will also depend on the month, cloud cover as well as the time of day. This recommendation contradicts the advice given for many years by both the cosmetics industry and other organisations to seek out shade between the hours of 11am and 3pm, wear loose-fitting clothing and a	Thank you, the guideline has been amended in line with your comment. To note that sun exposure messages are now included in section 2 which provides supporting information for practitioners; it is made clear that this is based on authoritative UK sources and the UK consensus vitamin D statement and that the evidence base underpinning this information has not been systematically reviewed for this guideline**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Section 1, Recommendation 6 continued		wide brimmed hat and also to apply sunscreen 15-30 minutes before going out in the sun and re-applying every couple of hours throughout the day. This advice is also given by the British Skin Foundation (www.britishskinfoundation.org.uk/SkinInformation/SkinCancer.aspx) and Cancer Research UK (www.sunsmart.org.uk/UV-the-sun-and-skin-cancer/how-to-enjoy-the-sun-safely/). Such mixed messaging can lead to confusion and could result in excessive sun exposure by individuals. Also 'burning' is not the only damage that can occur. The consumer will also be being exposed to UVA rays. The EU Commission advocates on its website on sunscreen products, http://ec.europa.eu/growth/sectors/cosmetics/products/sunscreen/index_en.htm, that consumers must be aware of the need to 'Avoid excessive sun exposure at peak hours, which is usually between 11am and 3pm'. This advice accompanies the EU Commission Recommendation on the efficacy of sunscreen products and the claims made relating thereto (2006/647/EC). Research has not only shown that sufficient vitamin D can be gained through incidental exposure to UVB during the summer months, but also that sunscreen does not prevent the production of vitamin.	
Cosmetic Toiletry & Perfumery Association	Section 1, Recommendation 7	10 – 11	Recommendation 7 suggests that people who may be out in the sun long enough to burn should apply sunscreen (at least sun protection factor [SPF] 15) to exposed areas of skin half an hour before, and shortly after going out in the sun. The 2006 European Commission	The guideline has been updated in line with your comments (included within section 2).

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Section 1, Recommendation 7 continued		recommendation on the efficacy of sunscreen products and the claims made relating thereto (2006/647/EC) (http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32006H0647&from=EN) states that sunscreen products should be applied before exposure. This is also the advice given by the cosmetics industry, the British Skin Foundation and Cancer Research UK amongst others. This advice in recommendation 7 contradicts recommendation 6, which implies that people should expose unprotected skin to sunlight between 11am and 3pm. It would be useful for the document to highlight that it is important to apply sufficient sunscreen. Sun protection products are often labelled with instructions such as “apply generously” or “apply liberally”. For background information, the recommended amount to be applied is based on 2mg/cm^2 body surface area – the amount used when conducting scientific tests for product efficacy. This works out at about 30-35ml (or grams) of sunscreen for the average body. This can be more easily thought of as a “golf ball” size amount of product per body; or at least six teaspoonfuls.	

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	Section 1, Recommendation 7 continued		With regard to the advice on page 11 – "Tell people: Sunscreen is not a safe alternative to clothing and shade but, rather, offers additional protection. No sunscreen offers 100% protection against sunlight.", we feel it is misleading to say that 'Sunscreen is not a safe alternative' as that appears to call into question the safety of sun protection products, which must be assured by the EU Cosmetic Product Regulation (EC) No 1223/2009 (the strict safety legislation covering the manufacture and supply of cosmetic products in Europe). Industry advice on this matter is "Sunscreens are only part of a sun safe regime and should be used in combination with clothing, hats, sunglasses and seeking the shade. Sunscreens should never be used to extend the time you would normally spend in the sun". We agree that no sunscreen offers 100% protection against sunlight – such claims should not be made nor should the term "sunblock" be used. Recommendation 7 also refers to sunscreens which offer both UVA and UVB protection. It suggests that a minimum of SPF 15 should be used to protect against UVB radiation and at least a 4-star rating for UVA protection. The European Commission also recommends sunscreens should protect against both UVA and UVB rays, as does industry. The Commission recommendation (2006/647/EC) states that the UVA protection should be at least one third of the SPF and that if a product achieves this level the UVA protection should be indicated in a standardised manner. The adopted practice across Europe is to use a symbol consisting of the letters UVA in a circle. This symbol has been	

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			issued by the European Trade Association for cosmetic products, Cosmetics Europe. It should be used to denote that a sunscreen product contains the minimum UVA protection referred to in the Commission Recommendation. Although the star system referred to in the NICE document is widely used within the UK and has promoted UVA protection for many years, it is not used throughout the remainder of the EU and not all products in the UK use the star rating. It is therefore important that only the EU-wide labelling protocol for UVA labelling (UVA in a circle symbol) is referenced in this document.	
Cosmetic Toiletry & Perfumery Association	Section 1, Recommendation 8	11	As per Recommendation 6, CTPA does not agree that people should be advised to go out in the sunlight with no form of sun protection (whether clothing, shade or sunscreen) for short periods (less than the time it takes for skin to redden or burn) between 11am and 3pm from the beginning of April to mid-October in the UK. The term 'short period' is not clear and may lead to confusion as to what is included and does not take account of other UV damage that could occur during that time. It is possible to achieve sufficient sun exposure at other times of the day to synthesise vitamin D. With regard to the advice for older people, older people are more likely to have cumulative actinic damage and unprotected exposure will result in more (e.g. Lentigines).	Thank you for this comment, the guideline has been updated for clarity. The updated guideline includes specific recommendations for older people and there is a section for those with a duty of care within section 4 on implementation. The updated guideline emphasises tailoring throughout.
Cosmetic Toiletry & Perfumery Association	Section 1, Recommend	12	Recommendation 9 suggests that people with naturally dark skin may require more time in sunlight to produce the same amount of vitamin D	Thank you for this comment, the guideline has been amended for clarity.

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	ation 9		as people with lighter skin. In addition they can be exposed for longer before risking sunburn and skin cancer, but should not get to the point where their skin is likely to go red or burn. The cosmetics industry does not recommend that unprotected skin of any type be exposed to sunlight between 11am and 3pm. This recommendation may lead to confusion as to the period of time being suggested for people to remain in the sun without protection and result in sun damaged skin.	
Cosmetic Toiletry & Perfumery Association	General		CTPA appreciates the growing awareness regarding vitamin D deficiency in vulnerable populations. It must also be acknowledged that there is a link between sun exposure and skin cancer. However, the recommendation implies that vitamin D can only be gained during the period between 11am and 3pm. Whilst this period of time is when UVB rays are at their strongest, UVB rays are also present in sunlight during the surrounding periods of time]. It is possible to gain vitamin D in the periods of time before 11am and after 3pm when exposure to UVB rays is lower. England has the fastest growing incidence of melanoma in the world; it is the No1 cancer for 15-35 year olds. The financial burden of skin cancer (which is predominately the non-melanoma or Keratinocyte skin cancer) was >£103M in 2008 in the UK alone and is estimated to be £180M in 2030 due mainly to growing elderly population. Research has been published which demonstrates that UV radiation causes skin cancer and that sunscreens help prevent skin cancer (see references in next section).	The guideline has been amended for clarity.

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			CTPA would like to promote consistent messaging from all sectors with regards to protecting the skin from sunlight. Those messages should be based on an evaluation of all of the available scientific evidence after weighing the apparent contradiction between the need to promote photo-induced vitamin D production and the need to minimise the risk of skin damage and skin cancer. CTPA believes that, whilst the guideline does promote the use of sunscreen, loose clothing and seeking shade, the document does not have consistent messaging with regard to the period when the sun is at its most intense. The guideline promotes the benefits of safe sunlight exposure whilst also recommending exposure of unprotected skin to sunlight during the period of the day when the UVB rays are strongest and, therefore, most harmful.	
Cosmetic Toiletry & Perfumery Association	General		**Useful references** Research demonstrating that UV radiation causes skin cancer: Parkin DM, Mesher D, P Sasieni. Cancers attributable to solar (ultraviolet) radiation exposure in the UK in 2010. Br J Cancer. 2011; 105:S66-S69. Bradford PT, Freedman DM, Goldstein AM, Tucker MA. Increased risk of secondary primary cancers after a diagnosis of melanoma. *Arch Dermatol*2010; 146(3):265-272. National Toxicology Program. Report on Carcinogens, Twelfth Edition. U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program. 2011: 429-430 (http://ntp.niehs.nih.gov/ntp/roc/twelfth/profiles/UltravioletRadiationRelat	Thank you for providing this information.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			edExposures.pdf). Wu S, Han J, Laden F, Qureshi AA. Long-term ultraviolet flux, other potential risk factors, and skin cancer risk: a cohort study. *Cancer Epidemiol Biomar Prev*; 2014. 23(6); 1080-1089. National Cancer Institute. A snapshot of melanoma. National Cancer Institute (www.cancer.gov/aboutnci/servingpeople/snapshots/melanoma.pdf). **Research demonstrating that sunscreens help prevent skin cancer:** Green A, Williams G, Neale R, et al. Daily sunscreen application and beta-carotene supplementation in prevention of basal-cell and squamous-cell carcinoma of the skin: a randomized controlled trial. *Lancet* 1999; 354(9180):723-729. Green A, Williams G, Logan V, Strutton G. Reduced melanoma after regular sunscreen use: randomized trial follow-up. *J Clin Oncol* 2011; 29(3):257-263.	
Department of Health	Page 2 - Who is this guideline for		It's not very clear if the guidance is for England only or covers the Devolved Administrations. The tone of the recommendations suggests that it might be primarily for England, but we think this should be clarified.	Thank you for this comment. The guideline follows a standard template. NICE guidance applies to England.
Department of Health	Chapter 4 Context, page 18,		Draft guidance refers to The NHS Cancer Plan: three year progress report published by the Department of Health in (2003) is a very old document. We feel that reference to a report on 'Trends in awareness	The guideline has been amended in line with your comment.

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	final paragraph		and behaviour relating to UV and sun protection: 2003 to 2013' funded by DH and referenced on page 33, paragraph 3:12 of *Improving Outcomes: A Strategy for Cancer* - Fourth Annual Report or at least both, would be more helpful. www.gov.uk/government/publications/the-national-cancer-strategy-4th-annual-report	
Department of Health	Chapter 4 Context, Page 20, second paragraph – Skin cancer		If guidance is for England only, guidance ought to use published ONS statistics for England (registration) and England & Wales (mortality) rather than statistics for UK. 2012 statistics available at: www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations--england--series-mb1-/no--43--2012/stb-cancer-registrations-2012.html www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-325289	The guideline has been amended in line with your comment.
Doncaster Metropolitan Borough Council	General	N/A	Generally the guidance is very comprehensive and picks up some very poignant issues for us in terms of target groups and how to target them, social media and the balance argument between sun awareness and vitamin D guidance. We are about to embark on the planning for our 2015 skin campaign and therefore will be using this guidance as a template for consideration as well as lessons learnt from our previous campaigns which have been recently captured through knowledge management tools and group reflection.	Thank you for your comments.
Health Research Forum	general		The NICE draft report on sunlight is not suitable for publication. It is poorly organised and fails to provide sufficient detail about causes of variation in intensity of sunlight. It also fails to supply adequate and	The guideline has been amended to improve clarity.

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			sufficiently detailed advice. I am a scientist who has published journal articles on vitamin D and sunlight but I also have more than 40 years experience of writing and explaining health science for the layman and others. This document serves neither the lay person wanting advice about sunlight nor people with a more professional background who want to understand it so they can explain it to others.	
Health Research Forum	general		Certain key words necessary to explain the availability of sunlight do not occur in the document, showing in the simplest way that the attempt to explain basic variables is poorly thought through. While the word "geography" is used the word "north" does not occur showing that the basic detail of geographical variation has not been explained. The words "angle", "degree", and "atmosphere" do not occur in the document. This tells us that the way in which the intensity of the sun's rays varies with the angle of the sun has not been explained adequately and so the seasonal and daily variation in the sun's intensity cannot be fully understood. It may be that those who drafted the document aimed to keep it as simple as possible. However by doing so they have made it difficult for an intelligent person to understand. My judgement in saying this is based, as I say above, on more than 40 years experience writing about science and medicine for lay people.	The guideline has been amended to make clearer the ways in which the sun's intensity varies.
Health Research Forum	general		The most serious omission of all is the failure to tell the reader that food cannot supply more than about 5% of the optimum requirement of vitamin D (assuming 75 nmols/L 25(OH)D as optimum and a European diet). Even if your writers take issue with expert opinion and choose a lower figure for the optimum level of vitamin D food still provides only a small part of the optimum. This needs to be explained so that the reader	The guideline has been amended to clarify this point.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			appreciates the importance of sun exposure and does not think an adequate diet will manage the issue.	
Health Research Forum	What is this Guideline about?	page1 first blob	It would be better to reverse the order of words and refer to "benefits and risks" rather than "risks and benefits", as is done later in the document. The reason being that the benefits are much greater than the risks and have been seriously neglected in the past.	The guideline has been amended in line with your comment.
Health Research Forum	What is this Guideline about?	Page 1 – penultimate par	You write "UVB helps". The verb "helps" is wrong because it suggests that UVB may not be fully necessary. I suggest the following wording: "UVB is necessary for the skin to form vitamin D."	The guideline has been amended in line with your comment.
Health Research Forum	What is this Guideline about?	Page 2 – top	Reference to the CRUK Consensus Document is not wise because it is inconsistent internally and is in any case out of date. CRUK for many years wrongly recommended avoidance of direct sunlight. Their Consensus document reflects this position which has probably caused a very great deal of illness including cancer over the years.	The guideline has been amended.
Health Research Forum	What is this Guideline about?	Page 2 – 3rd par	This paragraph shows the inadequate way in which the background is explained. Perhaps an experienced science or medical writer is needed to edit the document. The document proper opens with a consideration of who should give advice and how this should be done when it is not yet clear what the advice is. The document should begin with a full explanation of the background followed by advice.	The guideline, including this section, has been amended for clarity.

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Health Research Forum	Draft recommendations		Sunbathing should not be presented as a forbidden act with negative consequences. Sunbathing which generally involves removal of clothes and the presentation of a greater skin area to the sun is beneficial so long as it does not continue too long and cause burns. Also people enjoy it. If the document condemns sunbathing it will immediately loose sympathy from many readers. And the advice will produce health disadvantage through lower vitamin D levels.	Thank you for raising this issue.
Health Research Forum	Recommendation 6 –	Page 4 – 3rd par	After through editing the advice in Recommendation 6 should be given at the beginning of the document.	The structure of the updated guideline has been amended and this information is now in section 2.
Health Research Forum	Recommendation 6	Page 10 – 3rd blob par	Tanning should not be presented as a negative process associated with damage. It is a normal healthy physiological process.- more comments follow.	Thank you for this comment. The guideline aims to balance the risks and benefits.
Health Research Forum	Recommendation 7	Page 10 – last par	What authority and evidence do you have for suggesting that suncream should be put on half an hour before leaving the house. I believe that the origin of this advice is the marketing departments of suncream companies. If you have any other evidence for the benefit of this advice please advise me. The vast majority of people can perfectly well put on suncream when they are in the sun and some exposure to the sun without sun being blocked will be beneficial. More advice/information needs to be given about when the sun is strong – season, time of day, clouds etc. Also advice needs tro be given about how long can be spent in the sun, which as you know is very variable – but that needs to be said even if	The Committee aligned messages in this guideline with information from authoritative sources (see section 2). The guideline has been amended for clarity.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			times are not given.	
Health Research Forum	Recommendation 8	Page 11 – 6th par	The word “infants” should be defined for lay readers. There are many benefits of allowing children to run about in the sun. It is not clear from what is said here how the balance of risks and benefits for children has been estimated. My worry is that benefits for infants have not been seriously studied. For example: type 1 diabetes, a devastating disease which may strike in infancy, is associated with vitamin D deficiency and may be caused by it.	Thank you for this comment. This information is now in section 2 and has been updated to state ‘Infants and children aged under 5 should be encouraged to spend time in the shade between 11am and 3pm in the UK, from the beginning of April to mid-October. Their parents and carers should be given advice on vitamin D supplements (see NICE's guideline on vitamin D: increasing supplement use among at-risk groups).’
Health Research Forum	Recommendation 8	Page11 –last par	Older people need to be encouraged to remove as many clothes as possible so as to expose a maximum skin area. They also need to be reminded that skin in areas not frequently exposed will be more sensitive and should be exposed cautiously.	Thank you for this comment. This information is now in section 2 and has been updated to state ‘Older people should be: Given consistent, tailored sun safety advice advised on the use of vitamin D supplements made aware that the risk of skin cancer increases with age, so they should tell their doctor about any unusual or persistent changes to their skin (see NHS Choices information on skin cancer

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				symptoms).'
Health Research Forum	Recommendation 11	Page 13 — 1st blob – 2d subhead	The report says: "the importance of knowing how their own skin reacts (based on their own experience)" – this is a very important point which needs to made at the beginning of this document with fuller explanation.	The guideline has been amended in line with your comment.
Health Research Forum	Chapter 4 - Context	Page 18 –	This section is helpful but should be at the beginning of the document because these points should be understood before being given advice.	Thank you for this comment. The guidance follows a standard template.
Health Research Forum	Chap 4 - Skin Cancer	Page 20	Figures for cases of melanoma are not reliable because diagnosis has varied and become less strict. Comparison of change with time should be made on the basis of deaths. Deaths from non-melanoma skin cancer are generally the result of neglect, often in old people. This needs to be explained and people with early skin cancer urged to seek treatment.	Thank you for this comment. PHAC were of the opinion that the statements and references were appropriate.
Health Research Forum	Chap 5 - Considerations	Page 22 par 5.6	This par needs to be reworded. It is not necessarily harmful to remain in the sun when vitamin D synthesis reaches equilibrium. The benefit/risk equation changes because known benefits cease whereas risk may be expected to increase. But in the UK this risk is not large and may be smaller for those with high vitamin D levels. To say that surplus vitamin D is broken down is again misleading because a chemical equilibrium has been reached at which vitamin D is broken down at the same speed at which it is synthesised. There is no surplus for most people.	The wording of this section has been amended.
HQT Diagnostics (www.hqt-diagnostics.com)	General	General	Skin is better protected against sunlight if Omega-3 EPA (EicosaPentaenoicAcid) is higher and Omega-6 level is lower.	The evidence-base underpinning factors

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Optimum is: **Omega-3 Index >8%** **Omega-6/3 ratio <3:1** Advice should be given about eating oily fish such as Salmon and reducing consumption of foods high in Omega-6 such as Sunflower seeds, Corn, Soyabeans and Cottonseed. References: http://ajcn.nutrition.org/content/97/3/646.full.pdf+html http://carcin.oxfordjournals.org/content/24/5/919.full.pdf+html http://www.jlr.org/content/47/5/921.full.pdf+html http://www.expertomega3.com/omega-3-benefits/skin-atopic-dermatitis.asp http://authoritynutrition.com/optimize-omega-6-omega-3-ratio/ http://www.hqt-diagnostics.com/ http://www.omegaquant.com/omega-3-index/ http://www.omegametrix.eu/wasistomega3index.html	that modify the effect of skin exposure to sunlight were beyond the remit of this guideline. NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public; the Committee aligned messages to be communicated with national advice from NHS Choices and the vitamin D consensus statement to achieve some consistency. The Committee were aware that the Scientific Advisory Committee on Nutrition is currently assessing the contribution of vitamin D produced through the skin to vitamin D status in the UK. This will take account: factors that modify the effects of skin exposure to sunlight, the risks of skin damage and other adverse health outcomes associated with sunlight exposure. It may be that SACN will consider the role of omega 3 in relation to protecting skin from sunlight.
HQT Diagnostics (www.hqt-diagnostics.com)	General	General	Advice should be given about reducing alcohol intake	The evidence-base underpinning factors that modify the effect of skin exposure to

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Reference: http://www.sunlightinstitute.org/alcohol-and-melanoma-more-proof-deadly-skin-cancer-not-caused-sunlight	sunlight were beyond the remit of this guideline. NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public; the Committee aligned messages to be communicated with national advice from NHS Choices and the vitamin D consensus statement to achieve some consistency. As above, this may be an area under consideration by the SACN vitamin D working group.
HQT Diagnostics (www.hqt-diagnostics.com)	General	General	Natural increase in Vitamin D from the sun is protective against Non Melanoma Skin Cancers Advice should be given to increase exposure to the sun slowly and carefully to build up protection References: http://vitamindwiki.com/tiki-index.php?page_id=4926	Thank you for this comment. The wording of messages has been amended for clarity. Messages have been moved to section 2 and are based on authoritative sources of advice.
HQT Diagnostics (www.hqt-diagnostics.com)			There is significant information and advice about optimising time in the sun at:	Thank you for providing this information. The Committee aligned

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			http://www.vitamindwiki.com/Optimize+vitamin+D+from+the+sun http://vitamindwiki.com/tiki-index.php?page_id=3642 http://vitamindwiki.com/tiki-index.php?page_id=3262 http://vitamindwiki.com/tiki-index.php?page_id=1462	messages to be communicated with national advice from authoritative sources of information (see section 2 of the updated guideline for details).
Johnson & Johnson Limited	GENERAL		Johnson & Johnson Limited welcomes the development of NICE guidance on sunlight exposure and the opportunity to comment on the draft guidance. As a manufacturer of sunscreen products Johnson & Johnson Limited is limiting its comments to those recommendations that are specifically associated with the use or potential use of sunscreen products.	Thank you for your comments.
Johnson & Johnson Limited	Section 1 – Draft Recommendations Recommendation 7	10	Johnson & Johnson Limited recommends that language should be changed from "Advise people who may be out in the sun long enough to burn to" to "Advise people who will be outdoors and exposed to sunlight to". This would provide a single consistent message and removes the need for individuals to estimate how long they will be "out in the sun" or to estimate what time might be "long enough to burn" given the variables that would need to be considered for each individual. Johnson & Johnson Limited recommends that advice be strengthened regarding the time of application of sunscreen prior to exposure. It proposes that the guidance reflect advice to ideally apply sunscreen half an hour before exposure and at a minimum 15 minutes before exposure to sunlight.	Thank you for this comment, the wording of this recommendation has been amended.

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Johnson & Johnson Limited	Section 1 – Draft Recommendations Recommendation 7 Continued		Johnson & Johnson Limited proposes that the wording around reapplication of sunscreen be strengthened to state "Reapply sunscreen liberally and frequently (and at least every 2 hours) and straight after being in water, sweating or towel drying". The recommendation would further support effective utilization of sunscreen by providing clarity on what constitutes liberal application. In this regard Johnson & Johnson Limited proposes defining liberal application as the use of 6 teaspoons of lotion (approx. 36 grams) for the body of one average adult person which is in line with EU Commission Guidelines on Sunscreens. With regard to UVB protection Johnson & Johnson Limited recommends that guidance should not reference only the need to look for 4-star UVA protection as this system is not used universally by all manufacturers. Users should also be made aware that they can look for a UVA logo on packaging which guarantees a UVA Protection Factor (UVA PF) that is greater than or equal to one third of the SPF rating and with a critical wavelength greater than or equal to 370nm.	Thank you for this comment, the guideline has been amended in line with your comment.
Johnson & Johnson Limited	Section 1 – Draft Recommendations Recommendation 12		Johnson & Johnson Limited proposes that recommendation 12 also include a suggestion that employers, managers and practitioners in the public, private, voluntary and community sectors should consider making sunscreen available to those workers required to work whilst directly exposed to sunlight.	Thank you for this comment. The committee did not consider the cost effectiveness of this suggestion. Specific issues for workplaces is now included within section 4.
National Osteoporosis Society	General		The National Osteoporosis Society welcomes this positive guideline which recognises the importance of vitamin D for good bone health; the	Thank you for your comments.

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			need for greater information for the public on the benefits and risks of sunlight exposure; practical advice; and the need for simple public health messages.	
National Osteoporosis Society	1	7	Groups at higher risk of having low vitamin D levels includes 'people who have little or no exposure to the sun, for example because of cultural or medical reasons, or who are housebond or otherwise confined indoors for long periods'. We feel it would be helpful if these examples made it explicitly clear that healthy, able-bodied workers who remain indoors throughout the day may be at higher risk.	The guideline has been amended in line with your comments.
National Osteoporosis Society	1	9-10	We welcome the clear simple messages that NICE has developed on safe sunlight exposure. These fit broadly with those developed by the National Osteoporosis Society in partnership with other organisations. We feel that the following points could be strengthened: • Vitamin D can only be produced while in direct sunlight, not while sitting in a sunny window. This is particularly relevant when considering those who have restricted mobility, care home residents, etc. • Vitamin D can only be produced when the sun is high in the sky – when your own shadow is shorter than you are tall. • Only short periods of exposure to the sun are needed to make vitamin D – being out for longer periods doesn't increase this health benefit. • If sunlight is avoided, vitamin D supplementation should be considered. • Advice on exposure applies for UK settings – what additional care should someone take when on holiday?	Thank you for these comments. The guideline has been amended for clarity. Messages are in section 2 and information for specific settings – such as for those with a duty of care - is in section 4. The guideline emphasises that it should be read alongside NICE guidance on vitamin D – increasing supplement use among at risk groups.

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National Osteoporosis Society	1	9-10	Recommendation 6 advises that short periods of sunlight exposure should be sought between 11am and 3pm. We recognise that this is a change to the messages people are used to and may lead to public confusion. The document does not expand on the reasons for this and adding this information would aid understanding.	The guideline has been updated for clarity.
National Osteoporosis Society	1	9-10	Recommendations 6 & 7 are inconsistent. Recommendation 6 suggests going out for short periods without sunscreen then put sunscreen on then. But advice in recommendation 7 for sunscreen is to put it on at least half hour before. This will be complex to implement and may lead to public confusion. This inconsistency could be clarified by explaining that if you are just popping out for a few minutes e.g. to put washing out there is no need for sunscreen. If you are planning to be out for longer periods then put sunscreen on before you go out – you will still make vitamin D if out for longer periods.	The guideline has been amended for clarity. The guideline has been amended to make it clearer that exposure of unprotected skin to sunlight should only be when the length of exposure will be short. If it is known that exposure will be for a longer time period, then sunscreen should be applied half hour before exposure.
National Osteoporosis Society	1	14	Sunlight exposure may be limited by a lack of available outdoor spaces. When designing workplaces and homes, consideration should be encouraged to providing access to a pleasant outdoor environment.	Thank you for raising this issue.
National Osteoporosis Society	1	14	The issue about direct sunlight on skin, rather than sitting in sunny windows, should be reinforced in recommendation 13.	The guideline has been amended accordingly.
National Osteoporosis Society	General		Throughout the document uses various terminology – sunlight, bright sunlight, sunshine – are these all interchangeable? Standardisation or	The guideline has been amended to clarify.

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			clarification could be helpful and provided in the glossary.	
National Osteoporosis Society			We agree that developing clear simple messages will provide a challenge, however, we have been running a public health campaign – "the sunlight campaign" - on safe sun exposure for 7 years and believe that this can be done effectively.	Thank you for raising this issue.
National Osteoporosis Society			We agreed that securing funding for this work will prove to be a challenge. We are keen to work with Public Health teams to support implementation of these important health messages.	Thank you for raising this issue.
NCT	General		Helpful to have clarity on who should take action – it will be more useful when the final guidance is published to have details of what actions are proposed to disseminate the messages and implementation plans for different audiences and groups of the population.	Thank you for your comments.
NCT	General		To enable public health leads, commissioners and senior managers to prioritise this issue, it would be helpful to have a range of outcomes which could be influenced by implementation of the guidance. An idea of the scale of the problem would help as there are complex message to communicate and therefore resources need to be allocated to develop clear and consistent messages.	Thank you for these comments.
NCT	Recommend ation 3	Page 6	"local, regional and national epidemiological data and demographic and risk assessments to identify which groups, behaviours or activities put people at risk of under- or overexposure to sunlight " are recommended. However the cost of conducting large surveys of exposure to the sun, sunburn prevalence and plasma vitamin D levels are likely to preclude	The guideline has been amended to clarify.

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			frequent conducting of these studies. The cost effectiveness data needs to be further developed as research becomes available and communicated to	
NCT	Recommendation 6	Page 9	"explain that prolonged exposure (for example, leading to burning or dark tanning) is not an efficient way to gain vitamin D " Use of the word 'efficient' is odd here as some people may not be concerned about efficiency; they may be more motivated by gaining a 'healthy looking' tan. Surely 'leading to burning is not a safe way to gain vitamin D or to care for your skin'. There may be a separate point about dark tanning is not an efficient way to gain vitamin D.	The guideline has been amended accordingly.
NCT	Recommendation 6	Page 10	In general people are more likely to take public health messages seriously, and act appropriately, if the reasoning is explained.	The guideline has been amended accordingly
NCT	Recommendation 7		Consideration should be given to including a message about how much sunscreen to apply – eg to read the label	The guideline has been amended accordingly
NCT		Page 19-20	Would be helpful to make it clear that 'there is no consensus on the ideal cut-off values for vitamin D deficiency, because they are currently based on the prevention of osteoporotic outcomes, and other outcomes might also be relevant.[1,2] In addition whether these need to be varied by season. 1. Arnson Y, Amital H, Shoenfeld Y. Vitamin D and autoimmunity: new aetiological and therapeutic considerations. *Ann Rheum Dis* 2007;66:1137-42. 2. Brouwer-Brolsma EM, Bischoff-Ferrari HA, Bouillon R, Feskens	Thank you for this comment. The updated guideline notes that it should be read alongside any recommendations from SACN and existing NICE guidance on vitamin D – increasing supplement use among at risk groups.

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			EJ, Gallagher CJ, Hypponen E, et al. Vitamin D: do we get enough? A discussion between vitamin D experts in order to make a step towards the harmonisation of dietary reference intakes for vitamin D across Europe. *Osteoporos Int* 2013;24:1567-77.	
NCT		Page 21	"The Committee aligned messages in this guideline with national advice from NHS Choices and the vitamin D consensus statement to achieve some consistency" Consistency is obviously important to achieve public understanding and behaviour change, but this sentence implies that NICE followed NHS Choices and the consensus statement without considering the evidence which has accumulated in the interim. However the statement from the NHS "*The larger the area of skin that is exposed to sunlight, the more chance there is of making enough vitamin D before you start to burn*" Is helpful for the public when using this guidance.	Thank you for this comment. More information on the authoritative sources considered and the approach taken by the PHAC are provided in section 2 of the updated guidance and a linked paper.
NCT	5.10 and 5.16	Page 24	The advantage of admitting that some areas need further research and that evidence is not clear about the length of time each person can spend in the sun as there are so many variables is important to communicate so that people are encouraged to take responsibility for their own actions and those of their children. This also reduces the possibility that recommendations will be reversed in the future thereby limiting confidence in health messages.	Thank you for raising this issue.
NCT	Definitions	Page 30	Low vitamin D . Would be appropriate here to include the information that there is widespread discussion of the appropriate definitions of low vitamin D	Thank you for this comment. The updated guideline notes that it should be read alongside any recommendations from

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			status, (deficiency and insufficiency) and that these are different in other countries.	SACN and existing NICE guidance on vitamin D – increasing supplement use among at risk groups.
NCT			Implementation is likely to be particularly difficult in education and residential settings where staff are not accustomed to reading NICE guidance. Multidisciplinary training will be necessary as well as materials and we resources as the subject is not well understood.	Thank you for raising this issue.
NCT			Need emphasis on priorities, eg addressing vitamin D deficiency among some groups of the populations who are most at risk including young women of Asian and African descent who may become pregnant. Of course, this could be effected by supplements and/or sun exposure.	Thank you for raising this issue.
NCT			See comment on recommendations above: People are more likely to take public health messages seriously, and act appropriately, if the reasoning is explained.	Thank you for raising this issue.
NCT			There is a real danger that campaigns are more likely to reach well-educated people and thereby increase inequalities. Public health campaigns need to address those most at risk of sunburn, cataracts or vitamin D deficiency	Thank you for raising this issue.
NHS Choices	General	Full	The Digital Assessment Service welcome the guidance and have no comments are part of the consultation	Thank you for your comment.
NHS England	General		I wish to confirm that NHS England has no substantive comments to make regarding this consultation	Thank you for your comment.
NHS Wales	General		I question whether a policy such as that referred to in question two can realistically cover everyone's needs? This is linked to similar questions	NICE was asked by the Department of

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			relating to whether the universality of the document is achievable. It is commendable to try to bring the work in this area together in this way to reduce criticisms of public health messaging producing conflicting guidance, but all that this guidance serves to do is highlight the difficulties with producing a single, simple, consistent and coherent message about sunlight. The document is trying to be all things to all people, but feels like a form of Public Health roulette... “today’s sunlight message is...”	Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public. As part of their work, the committee considered authoritative sources of information - the updated guideline provides more information on this (see section 2).
NHS Wales	General		Awareness messages delivered by healthcare professionals (HCP) are likely to be very difficult to develop and deliver and also become confused. A HCP will need to go through a number of processes to arrive at an appropriate message for a given individual; this will turn this type of process from a brief intervention type approach to a cumbersome process. In addition, because of the need for individual tailoring of the message any transfer of the message from person A to person B (which is what we often rely on in Public Health) is likely to carry with it significant risks. Would suggest that the guidance should be reduced to be very specific and relate only to certain groups, for example, schools and playgroups and outdoor workers; then the guidance has a chance of producing meaningful outcomes.	Thank you for raising this issue. The guideline covers all population groups but stresses the importance of tailoring advice throughout and information for specific groups or settings is given in the recommendations and also in section 4.
NHS Wales	General		What is the epidemiology of sunlight risks and benefits? Are they quantifiable?	Thank you for this comment – this information was not available for the

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			If such data are available, are they meaningful at regional and local levels? It would be sensible to provide guidance on data in the form of a detailed epidemiological plan so that all areas are, in theory, carrying out the same analysis, producing data that are meaningful comparable and allowing different areas to prioritise the issue.	committee but recommendations 1.1.14 to 18 in the updated guideline emphasise the importance of addressing local needs.
NHS Wales	Section 5.5 / 5.10		It is stated that the committee members agreed that complex evidence can be combined. Having been involved in the delivery of a brief intervention programme for some years, the reason that the model that we use works is that it is based on a single simple message and clear evidence. It is not realistic to expect to combine complex and apparently conflicting pieces of evidence; the reality of this document is “sun is bad and sun is good”.	Thank you for raising this comment. NICE was asked by the Department of Health to develop public health guidance about communicating the benefits and risks of sunlight exposure to the general public. The guideline aims to provide a balanced approach to minimising the risks and maximising the benefits.
Optical Confederation & College of Optometrists	General		We feel that the Guideline must contain more robust advice for eye health in relation to UV exposure. The skin on the eye lid is very thin and delicate so it’s vital to protect this area from UV rays. There is strong evidence that ultraviolet radiation (UVR) exposure is associated with the formation of eyelid malignancies [basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)], photokeratitis, climatic droplet keratopathy (CDK), pterygium, and cortical cataract. (Yam and Kwok 2013) Ultraviolet light and ocular diseases. Int Ophthalmol. 2013 May 31	Thank you for this comment. Information on sunglasses and wraparound lenses is provided in section 2 of the updated guideline.
Optical Confederation & College of Optometrists	General		Certain adults are also at increased risk of UV exposure, for example after cataract surgery or that have a risk of skin cancers. We would welcome a recommendation for these adults also to have UV protection	Thank you for raising this issue. The evidence reviews did not identify any specific interventions for this group, but

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			on their vision correction (on the NHS if they are eligible).	section 2 includes information on sunglasses and wraparound lenses.
Optical Confederation & College of Optometrists	General		Repeated exposure to UV may cause long term damage which could affect sight in later life. Tanning beds use ultraviolet lights that produce both UVA and UVB rays, which can be more powerful in their effect than the sun as the light is concentrated and directed straight at the face.	Thank you for this comment, sunbeds are outside the remit of this guideline.
Optical Confederation & College of Optometrists	General		Optometrists and Dispensing Opticians should be included in the targeted list of Health Practitioners for enhanced knowledge, abilities and confidence in giving tailored advice on the benefits and risks of sun exposure and further be considered key players in delivering the messages about UV exposure and its potential effect on eyesight and ocular tissues such as eyelids.	The guideline has been amended accordingly.
Public Health England Centre for Radiation, Chemical and Environmental Hazards	General		PHE CRCE welcomes the move towards a balanced approach to the benefits and risks of exposure to sunlight. We suggest that people develop an awareness of their risk of sunburn for the solar environment where they live. The risk is increased when they move to other geographical areas where environmental conditions, such as temperature, are not a good indicator of solar UV levels. We should also be aware of changes to local conditions, such as reduced stratospheric ozone events, that may result in significantly increased solar UV levels, especially in the Spring. Therefore, the message can never be simple – but “don’t burn” is a good start.	Thank you for your comments. Section 2 notes that the intensity of sunlight varies according to a range of factors and a link is given to UV index forecasts from the Met Office.
Public Health England Centre	1	4	The scientific evidence for the amount of solar UV required to produce	Thank you for your comments.

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for Radiation, Chemical and Environmental Hazards			erythema is relatively well known and it is reasonable to use this as a surrogate for the risk of non-melanoma skin cancers. We can conjecture about the link between UV exposure and malignant melanoma, but the evidence is suggesting that early years exposure and/or higher than usual bursts of exposure are risk factors. The “don’t burn” message would seem to protect the public. What is much less certain is the level of solar UV exposure for benefit and particularly for the production of vitamin D. The conclusion of SACN and AGNIR are awaited and we agree that these conclusions should be taken into account in the final guideline. We also recognise the wider benefits of the public being out of doors, which include fresh air and possibly exercise.	
Public Health England Centre for Radiation, Chemical and Environmental Hazards	14	14	It is important that the message is both relevant for the intended population and the activities being carried out. This may mean that there is not a single consistent message, but a small group of messages. A specific example would be for people going on holiday to a location with significantly higher solar UV levels than in their home location, or advice in the Spring when adaptation to solar UV is lower, but the risk of higher than usual solar UV levels arising from reduced stratospheric ozone levels is not trivial.	Thank you for your comments. Section 2 notes that the intensity of sunlight varies according to a range of factors and a link is given to UV index forecasts from the Met Office.
Royal College of General Practitioners	General	General	This guidance is non-specific and does not have specific suggested safe doses of sunlight. It refers to under or over exposure, which is unclear and relatively meaningless for use by primary care and the general public.	Thank you for this comment. As consideration 6.5 ‘It is not possible to provide a simple definitive message telling different groups how often and how long they can be exposed to sunlight to

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			In 2010, NHS Choices quotes "The report quotes data from a study in which Caucasian British people were given a dose of simulated sunlight equivalent to midday summer sun for 13 minutes, three times a week for six weeks during the winter months" http://www.nhs.uk/news/2010/12December/Pages/sunlight-exposure-and-vitamin-d-advice.aspx It would helpful to have some more specific guidance on exact amounts of exposure for different skin types. It would be useful to link this with guidance on exercise e.g, a brisk walk outside for 20 minutes every day. It would useful to have this in a various risk formats.	ensure minimum risk but maximum benefit. That is because the amount of UV someone gets from sunlight depends on a range of biological, environmental and behavioural factors. But the Committee agreed that advice on preventing both skin cancer and low vitamin D status can be combined. It heard that short (less than the time it takes for skin to redden or burn), frequent periods of sunlight exposure are best for vitamin D synthesis. In addition, this type of exposure is less likely to result in skin cancer.'
Royal College of General Practitioners	General	General	There is no reference to sunbeds and the NHS advice to the general public http://www.nhs.uk/chq/Pages/852.aspx?CategoryID=87	Thank you for this comment. As noted in the introduction to the guideline, 'Artificial UV light exposure (such as from sunbeds) is beyond the remit of this guideline.
Royal College of General Practitioners	General	general	There is no reference to wearing wide brimmed hats for people with male pattern baldness and the elderly to prevent solar keratosis on the scalp and pinna as well as cataracts.	Thank you for this comment. Section 2 of the updated guideline states 'It is important to wear clothing that protects the skin and apply sunscreen. Protective clothing includes a broad-brimmed hat that shades the face, neck and ears, a

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				long-sleeved top, and trousers or long skirts in close-weave fabrics that do not allow sunlight through. It also includes sunglasses with wraparound lenses or wide arms to provide side protection, and have the CE Mark and British Standard (BS EN 1836:2005).'
Royal College of Pathologists	General		The document is clearly written and appears comprehensive. The economic issues regarding the burden of skin cancer are briefly dealt with and referenced. This burden may impact on staffing numbers required in dermatology, plastics, Mohs specialists and pathologists/dermatopathologists and this issue could perhaps be developed further.	Thank you for your comments.
Royal College of Physicians (RCP)	General	General	The RCP is grateful for the opportunity to respond to the draft guideline consultation. We have liaised with the British Association of Dermatologists and wish to endorse their response. We believe that it is important that the public are made aware of definite risks (sun damage and skin cancer) more than potential benefits (reddening of skin, increased Vitamin D levels and possible health benefits thereof)	Thank you for your comments.
Royal National Institute of Blind People	General		**About the RNIB:** Royal National Institute of Blind People (RNIB) is the UK's leading charity providing information, advice and support to almost two million people with sight loss.	Thank you for your comments.

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			We are a membership organization with over 13,000 members throughout the UK and 80 percent of our Trustees and Assembly members are blind or partially sighted. We encourage members to get involved in our work and regularly consult them on matters relating to Government policy and ideas for change. As a campaigning organization we act or speak for the rights of people with sight loss in each of the four nations of the UK. We also disseminate expertise to the public sector and business through consultancy on products, technology, services and improving the accessibility of the built environment. RNIB is pleased to have the opportunity to respond to this consultation	
Royal National Institute of Blind People	General		**Accessible information:** We believe this guideline should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English." The Equality Act expressly includes a duty to provide accessible information as part of the reasonable adjustment duty. Online information on websites should conform to the W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG)	Thank you for this comment. Recommendation 1.1.11 states 'Ensure that the format and content of national campaigns are developed and piloted with the target audience. If feasible, do the same for local activities and supporting resources.' Recommendation 1.1.12 states 'Ensure that campaigns tackle health inequalities by taking into account cultural, religious and group norms about sunlight exposure. Outline what different groups should do to

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			1.0, level AA, as required by the NHS Brand Guidelines and the Central Office of Information. With regard to the accessibility of print materials, including downloadable content such as PDF files, we would request that wherever possible they comply with our "See it Right" guidelines: http://www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx	minimise their risks and maximise their benefits and how this may vary on an individual basis. Messages should also be conveyed in languages spoken locally.'
Royal National Institute of Blind People	General		We welcome draft guidance on 'Sunlight exposure: benefits and risks'. Whilst the guidance highlights the risks of skin cancer caused by UltraViolet (UV) exposure, it does not discuss the risk of UV-associated eye diseases and eye protection. We would like to see information on: • Ultraviolet-associated eye diseases- There are numerous studies demonstrating that lifelong exposure to UV rays cause cataract, age-related macular degeneration, squamous cell carcinoma of the cornea and conjunctiva, pterygium, photokeratitis and photoconjunctivitis. These conditions are disabling and cause a significant disease burden. (Delcourt et al., 2014; McKnight et al., 2014; Di Girolamo et al., 2013; Mencucci et al., 2014) • Eye protection – The amount of UV radiation exposure to the eyes and face can be reduced through appropriate sunglasses	Thank you for this comment. Section 2 of the updated guideline states 'It is important to wear clothing that protects the skin and apply sunscreen. Protective clothing includes a broad-brimmed hat that shades the face, neck and ears, a long-sleeved top, and trousers or long skirts in close-weave fabrics that do not allow sunlight through. It also includes sunglasses with wraparound lenses or wide arms to provide side protection, and have the CE Mark and British Standard (BS EN 1836:2005).'

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			(with a UV 400 label and CE Mark and British Standard BS EN 1836:2005) and wide brimmed hats.	
Royal National Institute of Blind People	General		**References** Delcourt C, Cougnard-Grégoire A, Boniol M, Carrière I, Doré JF, Delyfer MN, Rougier MB, Le Goff M, Dartigues JF, Barberger-Gateau P, Korobelnik JF. Lifetime exposure to ambient ultraviolet radiation and the risk for cataract extraction and age-related macular degeneration: the Alienor Study. Invest Ophthalmol Vis Sci. 2014 Oct 21;55(11):7619-27. doi: 10.1167/iovs.14-14471. McKnight CM, Sherwin JC, Yazar S, Forward H, Tan AX, Hewitt AW, Smith E, Turton D, Byrd P, Pennell CE, Coroneo MT, Mackey DA Pterygium and conjunctival ultraviolet autofluorescence in young Australian adults: the Raine study. Clin Experiment Ophthalmol. 2014 Oct 13. doi: 10.1111/ceo.12455. [Epub ahead of print] Di Girolamo N, Atik A, McCluskey PJ, Wakefield D. Matrix metalloproteinases and their inhibitors in squamous cell carcinoma of the conjunctiva. Ocul Surf. 2013 Jul;11(3):193-205. doi: 10.1016/j.jtos.2013.01.006. Epub 2013 Mar 28. Mencucci R, Favuzza E, Boccalini C, Lapucci A, Felici R, Resta F, Chiarugi A, Cavone L. CoQ10-containing eye drops prevent UVB-induced cornea cell damage and increase cornea wound healing by	Thank you for providing this information.

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			preserving mitochondrial function. Invest Ophthalmol Vis Sci. 2014 Oct 9;55(11):7266-71. doi: 10.1167/iovs.14-15306. PMID: 25301877 [PubMed - indexed for MEDLINE]	
The Royal College of Nursing	General		The Royal College of Nursing have no comments to submit to inform on the above draft guideline consultation.	Thank you for your comment.
The Royal College of Paediatrics and Child Health	General		A useful reference document but some good or useful messages are buried and it could it be edited or the order reviewed and made more accessible. Will a practical ('What works') User guide be available? Makes reference to the importance of '…short simple information and messages …' (5.10) (5.16) How is it intended to be used? Examples of useful messages scattered in document: (5.5 frequent periods of exposure; can't differentiate skin types and risk easily; reminders re cataracts though data limited; avoid reddening / burning ; cancer data etc.).	Thank you for your comments. The guideline has been restructured for clarity. Sunlight exposure messages are all now included in section 2 of the guideline and information for specific settings, such as early years is included in section 4.
The Royal College of Paediatrics and Child Health	General		Index to help identify answers to particular questions would be helpful ; currently a reference document not a User guide	Thank you for this comment, the guideline follows a standard template.
The Royal College of	5.11		Sunscreen details: data few or scattered in document. Are these all that	Thank you for this comment. Sunlight

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Paediatrics and Child Health			is known?	exposure messages are all now included in a new section (2) 'supporting information for practitioners'.
The Royal College of Paediatrics and Child Health	Context p18 / Background p1	Pps 1 /18	'Back ground' is not as useful as the much later Context but overlap and so consider putting some of the latter data earlier? For example, basic facts on skin cancer data (p20) Vitamin D needs (and excess) etc. before recommendations.	Thank you for this comment, the guideline follows a standard template.
The Royal College of Paediatrics and Child Health	Recommend ations 6-9		These are the basics for all and I would put 6-9 higher in the list of recommendations.	Thank you for this comment. Sunlight exposure messages are all now included in a new section (2) 'supporting information for practitioners'.
The Royal College of Paediatrics and Child Health	General		Encouraging seeing specific reference to children in many of the recommendations (both the need for adequate sunlight exposure as well as avoiding excessive exposure).	Thank you for your comment.
The Royal College of Paediatrics and Child Health	Recommend ation 3	Pg 6,7	Children and young people with a neurodisability are included, in general terms, as being in an at-risk group for low vit D (under the category of: people who have little or no exposure to the sun, for example because of cultural or medical reasons, or who are housebound or otherwise confined indoors for long periods – pg7).	Thank you for this comment. This wording of at risk groups quoted is consistent with CMOs statement on at risk groups and existing NICE guideline on vitamin D – increasing supplement use among at risk groups. The introduction to the guideline on sunlight exposure states that it should be read in conjunction with the existing

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			However, it should be added that another group at risk are people on medications that lower vit D levels (the only mention of medication in this guidance appears earlier in ref 3, on page 6, but this is in relation to the risk of sun over exposure leading to skin cancer for patients taking drugs causing immunosuppression). Those with medical and physical disorders (such as a neurodisability), are more likely to be taking drugs that lower vit D levels (e.g. several of the anti-epileptic drugs), and this therefore places such patients in more than one of the risk categories for low vit D levels.	guidance on vitamin D. The list of examples is not exhaustive and would include the additional groups states.
The Royal College of Paediatrics and Child Health	Overall		Generally well-balanced guidance	Thank you for your comment.
The Royal College of Paediatrics and Child Health	Recommendation 2	5-6	‘’Ensure the policy states that information should:" Need to keep balanced message. As well as stressing importance of sun protection need to stress importance of adequate sun exposure.	Thank you for this comment. Recommendation 1.1.9 in the updated guideline notes that campaign messages should present a balance picture of the risks and benefits.
The Royal College of Paediatrics and Child Health	Recommendation 7		Practically, many of us advise a short period of sun exposure prior to application of sunscreen (as outlined elsewhere in document). Although advice in guidance is reasonable (and we have noted that it is for those "who may be out in sun long enough to burn"), there is a risk that this becomes a default (especially if this recommendation is read or reproduced in isolation) and could lead to children always having	Thank you for this comment. Sunlight messages on sunscreen are now in a new section (2) on supporting information for practitioners. It states that ‘No sunscreen offers 100% protection’.

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			sunscreen on before any sun exposure in Summer holidays, if followed to the letter. Needs to be some acknowledgement of an alternative approach to allow/accommodate some exposure without sunscreen.	
The Royal College of Paediatrics and Child Health	Recommendation 8		Along similar lines to concerns re Recommendation 8, we feel there needs to be some caution in stating that "children in the UK should be kept in the shade as much as possible between 11am-3pm April to October etc". In its current form, this states this should happen irrespective of sunscreen application. Is this really what we want schools and nurseries to be implementing across the country? It will not help obesity if everyone is advised to be in shade for 4 hours in middle of the day for half the year. As stated it seems unrealistic, open to criticism and doesn't balance benefits of exposure with risk. Or consider benefits of outdoor pursuits. Statement needs to be finessed in our view.	Thank you for this comment. The wording has been amended in the updated guideline to note that 'Infants and children under 5 should be encouraged to spend time in the shade between 11am and 3pm …'More specific information for early years and schools settings is given in section 4.
The Society and College of Radiographers	General Risks		The "use of sunbeds in Scotland" – the 2009 law prohibits (under health and safety legislation) those under 18years of age to use or purchase a sunbed. To protect the public from the risk of skin damage and the increased risk of developing skin cancer as a result of sunbed use by ensuring that those who intend to use a sunbed are fully informed of these risks. This measure is part of comprehensive legislation contained in Part 8 of the Public Health etc. (Scotland) Act 2008 which regulates the use, sale and hire of sunbeds. The actual regulations are here: http://www.legislation.gov.uk/ssi/2009/388/contents/made	Thank you for providing this information.

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			This is a useful briefing for employers of sunbed facilities: http://www.scotland.gov.uk/Topics/Health/Policy/Public-Health Act/Implementation/MaterialsForSunbedOperators2/GuideEmployersSu nbedPremises A public notice poster must be displayed in sunbed premises – see http://www.scotland.gov.uk/Topics/Health/Policy/Public-Health-Act/Implementation/MaterialsForSunbedOperators2/sunbedposter	
The Society and College of Radiographers	General Risks		Wording is clear to the public in the Scottish documents : *sunbed use 'will' increase your risk of cancer* Just one session a month can double the average individual's annual exposure to ultraviolet radiation. It is not possible to measure exposure at ultraviolet radiation wavelengths. The risk of melanoma was increased by 75% in people who started using sun beds regularly before the age of 30" They described the risks as being akin to asbestos or smoking. (International Agency for Research in Cancer (IARC) July 09) The IARC has also reclassified UV tanning devices as Class 1 carcinogens. Warning notices should be capable of being read from the outside of the premises. The operator should have a duty to ensure that the notices are understood by potential clients. Session should be sold singly and not as a course of therapy paid in advance. The operator should check for any previous post therapy adverse effect before taking money.	Thank you for providing this information.
The Society and College of Radiographers	General Risks		The actual NICE consultation document **does not say anything** about sun-beds. The SCoR believes it is better to mention it and clearly state the risks. The public would expect some words on sun bed use in a	Thank you for this comment. The introduction to the updated guideline states that 'Artificial UV light exposure

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			guide that talks about sunlight exposure – even though it is artificial UV light, the sun bed still provides UV and many sun bed manufacturers do extol the virtues of sun bed use because of the benefits from UV exposure.	(such as from sunbeds) is beyond the remit of this guideline.
The Society and College of Radiographers	General Benefits	20	In terms of the benefits of sunlight (UV) exposure, the SCoR does agree with the points about Vitamin D etc and the skin cancer risks are evident on page 20 of the NICE guide. The SCoR do like the fact that the independent Advisory Group on Non-ionising Radiation (AGNIR) have given evidence about sunlight exposure (particularly) the amount of sunlight exposure across various geographical UK areas (on one particular day) – Glasgow and Lerwick (Shetland) got much lower exposure levels that other parts of England.	Thank you for your comments.
The Society and College of Radiographers	General		The use of the UV index, where the green colour means low exposures and the red/orange colours mean high exposures is helpful in getting the message out there about when it is “too risky” to be in the sun – weather channels should be encouraged more to detail these UV indices (even out-with the summer periods).	Thank you for this comment. UV index is defined in the glossary and a link is given to the Met Office website for UV index forecasts.

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Document processed	Stakeholder organisation	Number of comments extracted
Arthritis Research UK.doc	Arthritis Research UK www.arthritisresearchuk.org	6
British Association of Dermatologists.doc	British Association of Dermatologists	41
British Association of Skin Cancer Specialist Nurses.doc	British Association of Skin Cancer Specialist Nurses	3
Cancer Research UK.doc	Cancer Research UK	45
Cosmetic Toiletry & Perfumery Association.doc	Cosmetic Toiletry & Perfumery Association	6
Department of Health.docx	Department of Health	3
Doncaster Metropolitan Borough Council.doc	Doncaster Metropolitan Borough Council	1
Health Research Forum.doc	Health Research Forum	5
HQT Diagnostics.doc	HQT Diagnostics (www.hqt-diagnostics.com)	3
Johnson & Johnson Limited.doc	Johnson & Johnson Limited	4
National Osteoporosis Society.doc	National Osteoporosis Society	8
NCT.doc	NCT	10
NHS Choices.doc	NHS Choices	1
NHS England.doc	NHS England	1
NHS Wales.docx	NHS Wales	4
Optical Confederation & College of Optometrists.doc	Optical Confederation & College of Optometrists	4

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Public Health England Centre for Radiation, Chemical and Environmental Hazards.doc	Public Health England Centre for Radiation, Chemical and Environmental Hazards	3
Royal College of General Practitioners.doc	Royal College of General Practitioners	3
Royal College of Pathologists.doc	Royal College of Pathologists	1
Royal College of Physicians (RCP).doc	Royal College of Physicians (RCP)	1
Royal National Institute of Blind People.docx	Royal National Institute of Blind People	5
The Royal College of Nursing.doc	The Royal College of Nursing	1
The Royal College of Paediatrics and Child Health.doc	The Royal College of Paediatrics and Child Health	11
The Society and College of Radiographers.doc	The Society and College of Radiographers	5