National Institute for Health and Care Excellence

Seronegative Arthropathies
Guideline Scope Consultation Table
20th May – 8th June 2014

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	AbbVie Ltd	7	General	The inclusion of biological disease modifying agents is essential within the clinical guidelines. Although guidance on their use is provided as part of the technology appraisal guidance, they are a critical step in the treatment algorithm, especially in treatment of axial SpA where treatment options are limited. Therefore guidance on their use in clinical practice, and when to escalate treatment is vital.	Thank you for your comment
SH	AbbVie Ltd	1	3.1 (b)	The symptom based approach would be most appropriate approach to the guideline. The categorisation of patients into a subset of SpA is often difficult due to the lack of well-defined criteria for diagnosis. The previous subsets of SpA do not recognise the newly developed ASAS classification criteria, in which Nr-ax SpA is categorised in the same spectrum of disease as ankylosing spondylitis, known as the axial spondyloarthropathies. Both AS and NR ax SpA patients have similar symptoms and burden of disease and studies have shown that up to 50% of patient diagnosed with NR ax-SpA will go on to develop AS in 10 years. The management of both AS and NR ax-SpA are similar therefore it would be more valid to include NR-AxSpA within this group.	Thank you for your comment
SH	AbbVie Ltd	2	4.3.1 (e)	The draft scope includes pharmacological interventions as one of the key issues that will be covered by the guidelines with respect to the management of seronegative arthropathies, and states: "Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication ('off-label use') may be recommended." AbbVie's position on this matter is that, in indications where licensed drugs are available, medicines unlicensed for that indication should not	Thank you for your comment.

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				be considered for recommendation. Any unlicensed medicine should be considered for recommendation only if no licensed alternative is available for that indication.	
SH	AbbVie Ltd	4	4.4. (a)	In the section on Main Outcomes, the draft scope includes the wording: "Functional capacity (such as the Health Assessment Questionnaire) and participation. Ability to work may be used as a measure of functional capacity." AbbVie's view is that outcome measures quantifying ability to work, covering permanent work disability / early retirement and work instability (namely absenteeism, presenteeism, overall work impairment and daily activity impairment) should be included as main outcomes in their own right. Seronegative arthropathies negatively affect the productivity of people who are active in the labour force. They also negatively affect the probability of being in employment, and the ability to carry out normal daily activities for those not active in the labour force. For ankylosing spondylitis, research conducted in the UK found that 31% of AS patients in working-age experienced loss of full employment (Barlow JH1, Wright CC, Williams B, Keat A. Work disability among people with ankylosing spondylitis. Arthritis Rheum. 2001 Oct;45(5):424-9.). Early retirement is a likely outcome for those patients, with important costs to society derived from loss or production. Research conducted in the Netherlands (Boonen A1, Chorus A, Miedema H, van der Heijde D, Landewé R, Schouten H, van der Tempel H, van der Linden S. Withdrawal from labour force due to work disability in patients with ankylosing spondylitis. Ann Rheum Dis. 2001 Nov;60(11):1033-9.) found that withdrawal from work was 3.1 times higher in patients with AS than expected in the general population. It was also reported that patients without a job experience had a lower quality of life, as measured by the scores obtained in the health assessment questionnaire RAND-36.	Thank you for your comment. We will carry out this work in line with the Guidelines Manual 2012 pending a revision of this manual due in January 2015. As noted in the scope, the impact that functional limitation has on individuals' quality of life will be an important outcome for this guideline and, in many cases, this impact will include compromised ability to work. However, productivity costs are explicitly excluded from consideration at this time.

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				Guidelines shaping the diagnosis and treatment of seronegative arthropathies can play an important role in addressing the socio-economic burden associated with these conditions. It is therefore important that measures quantifying ability to work are included as main outcomes.	
SH	AbbVie Ltd	3	4.3.2	The draft scope suggests that the management of the non-articular complications will not be included, however the spondyloarthropathies are multifaceted diseases which often require management by several subspecialists, therefore within the guideline it is relevant to discuss the importance of assessing for the extra articular manifestations of disease and the impact that these have on choice of therapy.	Thank you for your comment. We have considered this and added a specific review question on how cross speciality of care for people with spondyloarthritis will be organised.
SH	AbbVie Ltd	6	4.6	In the section on Economic Aspects, the draft scope states that: "The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. In line with the reference case for economic evaluation detailed in 'The guidelines manual', productivity costs will not be included in health economic analyses. However, it is possible that the ability to work may be considered as a surrogate measure of broader functional capacity and this may, in turn, contribute to estimates of health-related quality of life.'" AbbVie has put forward relevant arguments for the consideration of measures of outcomes allowing the estimation of productivity costs in the comments on Section 4.4.(a) above. These go beyond the impact that functional capacity has in health-related quality of life. The socio-economic costs of lower work productivity associated with seronegative arthropathies are quite significant and well documented. AbbVie's view therefore is that an approach that takes into account the benefits to society from lowering productivity costs associated with seronegative arthropathies, going beyond surrogate effects on health-related quality of life measures, should be adopted. Conducting economic analyses and presenting results using both the	Thank you for your comment. The inclusion of productivity costs is not in line with our Guidelines Manual (2012).

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				NHS and PSS perspective and a wider societal perspective would be very useful, as this would allow highlighting further the importance of considering work productivity variables as outcomes influencing the clinical and cost-effectiveness of different strategies for managing patients with seronegative arthropathies.	
SH	AbbVie Ltd	5	4.5.5 (24)	As part of this scope, it will assess the efficacy of conventional DMARDs in controlling symptoms of axial disease. DMARDs are not currently recommended in the treatment algorithm (EULAR/ASAS or BSR guidelines) for treatment of axial disease, and are often used inappropriately; therefore as part of this process it would be useful to highlight the situations when DMARDS should be used.	Thank you for your comment.
SH	British Association For Sexual Health And HIV	1	General	We support the use of the term spondyloarthritis rather than the previous terminology of seronegative arthropathies.	Thank you
SH	British Association For Sexual Health And HIV	2	General	A symptom-based approach would be more useful than a condition-based approach.	Thank you
SH	British Association For Sexual Health And HIV	3	General	We support the inclusion of biological disease modifying anti-rheumatic drugs in the guideline.	Thank you
SH	British Association For Sexual Health And HIV	5	General	There are advantages of excluding juvenile idiopathic arthritis as children are a separate group with different symptoms and so perhaps should have a separate guideline. Exclusion would also simplify a guideline which will be fairly complex with adult conditions and those transitioning into adult care.	Thank you
SH	British Association For Sexual Health And HIV	6	3.1 (b)	Reactive arthritis should be included but it is associated with inflammation of the urethra, rather than the urinary tract.	Thank you for spotting this, we have now amended in the scope
SH	British Association For Sexual Health And HIV	7	3.2 (d)	There is no mention in the investigations of screening for genital tract infection (and other sites dependant on sexual practice). This is particularly important in the context of reactive arthritis as tests for Chlamydia trachomatis should be performed using nucleic acid amplification tests. There is the potential to discriminate against sexual orientation and practice as, if this is not identified in the consultation, tests for C. trachomatis and Neisseria gonorrhoeae will not be taken from the	Thank you for your comment. Initial testing will be covered in 4.3.1.c) of the scope. A review question has been included in the scope for the diagnostic utility of testing for salmonella, shigella, yersinia, campylobacter and chlamydia.

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				appropriate sites and infections may be missed.	
SH	British Association For Sexual Health And HIV	8	3.2 (e)	Antibiotic therapy will be needed for any infection identified. The guideline should also consider the question - 'Is only a standard course of antibiotics required to treat the infection identified or will a longer course of antibiotic therapy alter the course of sexually acquired reactive arthritis?'.	Thank you for your comment. We have amended the scope to reflect your comment and added a review question on the use of longer term antibiotics to treat reactive arthritis.
SH	British Association For Sexual Health And HIV	9	4.3.1 (a)	Initial investigation should include screening for genital infection as detailed in comment 7 above when reactive arthritis is being considered.	Thank you for your comment. We have now added a review question about this.
SH	British Association For Sexual Health And HIV	10	4.3.1 (e)	Antibiotic therapy should be included either in the pharmacological interventions or as a separate section. The question regarding the use of standard or longer course antibiotic therapy should be considered, as detailed in comment 8 above.	Thank you for your comment. We have now added a review question about this.
SH	British Association For Sexual Health And HIV	11	4.3.2 (b)	Section 4.3.2 lists the issues that will not be covered and (b) includes management of the non-articular complications of spondyloarthritis. Urethritis is not a complication but part of symptomatic management and recommendations for management should be included.	Thank you for your comment. We have considered this and added more clarity to section 4.3.2 of the scope. We propose to address the management of articular manifestations of reactive arthritis.
SH	British Association For Sexual Health And HIV	12	4.5	We would like to propose an additional review question about antibiotic therapy in reactive arthritis when C. trachomatis is identified. This question is detailed above in comment 8.	Thank you for your comment. An additional review question has been added to the scope.
SH	British Association For Sexual Health And HIV	4	4.5.6 (31)	Young people and those transitioning care have specific needs so this group should be included. It is important to consider what information should be provided to individuals with spondyloarthritis and information should also be available that is appropriate for young people.	Thank you, we have included a question on transition to adult services and we have now added a statement that we have now stated that we will cross refer to the 'Transition from children's to adult's services' guidance which is currently in development for generic advice on transition to adult services. We have also indicated that we will cover the transition from paediatric to specialist adult rheumatology services as well. We have included a question on which information that young people and adults find useful. When reviewing the evidence

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					and drafting recommendations the GDG will be mindful of the need for age-appropriate information.
SH	British Association For Sexual Health And HIV	13	4.5.7	We would like to propose an additional review question in the ongoing management section - 'What is the effectiveness of antibiotic therapy in the prevention of flare episodes in reactive arthritis?'.	Thank you for your comment. Prevention of flare episodes has not been included in the scope but we have added a new question on access to care for the management of flare episodes.
SH	British Infection Association	1	General	We are content with the scope as suggested.	Thank you for looking over the draft scope.
SH	British Orthopaedic Association	2	General	Other than the previous comment the BOA agrees with the views of the draft scope.	Thank you
SH	British Orthopaedic Association	1	4.3.1 & 4.5.8	Both make reference to 'spinal straightening' that may be required but other spinal surgery may or not be appropriate. The scope could be broadened to include 'spinal surgery' or 'spinal fusion'.	Thank you for your comment. The term 'spinal surgery' has now been used throughout the scope.
SH	British Society for Rheumatology	1	3.1 b	Undifferentiated spondyloarthritis does not include axial spondyloarthritis. Axial spondyloarthritis encompasses ankylosing spondylitis and non radiographic spondyloarthritis	The current definition does include axial spondyloarthritis and therefore is covered by the scope.
SH	British Society for Rheumatology	3	3.2 e	Rather than say spinal straightening, we should say 'spinal osteotomy'	Thank you for your comment. We have now amended the scope as per your suggestion.
SH	British Society for Rheumatology	2	3.2a	The phrase 'diagnosis can be slow' should be replaced with 'There is a known 8-10 year delay in diagnosis of spondyloarthritis'	Thank you for this suggestion, we have amended the scope accordingly.
SH	British Society for Rheumatology	4	4.1.1 b	Rather than saying that women with AxSpA need specific consideration, we should probably say that those fulfilling the 'clinical arm' of the ASAS criteria need specific consideration	Thank you for your comment. ASAS is one of the criteria we will be using to identify studies alongside other criteria such as CASPAR and New York. We will review on the basis of purely axial (radiographic and non-radiographic) or peripheral symptoms.
SH	British Society for Rheumatology	5	4.4a	We should be using the BASFI rather than the HAQ for functional assessment in axial disease	Thank you for your comment; we have now added BASFI as an example of measures that could be used for this outcome.
SH	British Society for Rheumatology	6	4.4g	Also include BASDAI50, ASAS20/50/70	Thank you for your comment, we have added in BASDAI along with the ACR20/50/70.
SH	British Society of	1	1.0	I believe a condition based approach covering guidelines on	Thank you for your comment. Both options

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	Paediatric and Adolescent Rheumatology			assessment of disease activity including radiological would be useful. This would be a big piece of work, but it will save work for NHS England and the UK Rheumatology units if it is done well by NICE. Would also allow rationing for population, rather than decisions being lead on an individual patient basis eg through individual funding requests. If not done by NICE the work will be done in bits by many different groups and centres.	were considered in light of the views of the attendees at the Scoping Workshop and the comments received at consultation and on balance it has been agreed that a symptom based approach was appropriate for this guideline. This does not preclude the developers from using a condition-based approach where necessary
SH	British Society of Paediatric and Adolescent Rheumatology	2	2.0	Yes, biologics should be covered	Thank you
SH	British Society of Paediatric and Adolescent Rheumatology	3	3.0	Yes, transition of care from Paediatric to Adult Rheumatology departments (of JIA, which encompasses the most of the equivalent conditions) should be covered. This should be considered an important part of adult management.	Thank you, we have now stated that we will cross refer to the 'Transition from children's to adult's services' guidance which is currently in development for generic advice on transition to adult services. We have also indicated that we will cover the transition from paediatric to specialist adult rheumatology services as well.
SH	British Society of Paediatric and Adolescent Rheumatology	4	4.0	This depends on the multiple technology appraisal that NICE is planning on JIA. If that will cover management of JIA in adults, then this guideline does not need to cover JIA, and indeed perhaps should not repeat same territory as may cause confusion if different / different emphases.	The planned MTA (Juvenile idiopathic arthritis - etanercept, adalimumab, tocilizumab and abatacept [ID783]) will cover the licensed indications for these drugs. Any adult with spondyloarthritis (whether or not they had previously been diagnosed with JIA) will be covered in the guideline. The stakeholder workshop discussed whether children with JIA should be included and concluded that the focus of the guideline should be on adults with spondyloarthritis.

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					However, we have picked two specific areas of JIA, enthesitis-related and psoriatic-related juvenile idiopathic arthritis, which are similar to the conditions experienced in adults
SH	Department of Health	1	General	Thank you for the opportunity to comment on the draft scope for the above clinical guideline. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for looking over the draft scope.
SH	NHS England	1	General	Thank you for the opportunity to comment on the draft scope for the above clinical guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for looking over the draft scope.
SH	Psoriasis Association	1	General	It is correct to include biological disease modifying anti-rheumatic drugs in the guideline as they offer an important treatment option, that have been through NICE appraisals, for those with the most damaging forms of the diseases. The patients for whom these treatments are licensed and approved should have access to them, and their inclusion in this NICE Guideline could help to ensure equity of access across the country.	Thank you
SH	Psoriasis Association	2	General	Transition of care should also be included in this guidance as it is an area relevance to people affected by spondyloarthropathies. It would therefore be relevant to take note of the NICE Guideline on Transition from children's to adult services due to be published in February 2016.	Thank you for your comment; we will add this to the *guidance in development section*. We have now stated that we will cross refer to the 'Transition from children's to adult's services' guidance which is currently in development for generic advice on transition to adult services. We have also indicated that we will cover the transition from paediatric to specialist adult rheumatology services as well.
SH	Psoriasis Association	3	3.2 (b)	The Psoriasis Association supports that early diagnosis is important – with timely referral in order for patients to access relevant, effective treatments for their spondyloarthritis.	Thank you
SH	Psoriasis Association	4	4.1.1	Patient subgroups identified as needing specific consideration – people with comorbidities related to HLA B27 – communication between	Thank you for your comment. We have considered this and added a review

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			(b)	specialists should be encouraged and recommended especially where drugs are licensed to treat both conditions	question on how cross speciality of care for people with spondyloarthritis will be organised.
SH	Psoriasis Association	5	4.3.1 (h) and (i)	Management of flare episodes – the Psoriasis Association feels that the issue of timely re-access to relevant services and specialists must be covered by the Guideline as is frequently an area where patients report difficulties. The recognition of the spodyloarthropathies as long term conditions is of particular importance with appropriate levels of ongoing management and review.	Thank you for your comment. We have amended the scope by adding in a new question on access to care for the management of flare episodes
SH	Royal College of General Practitioners	1	General	I see no major gaps in the remit and agree with the need to consider the factors above. One issue that we are faced with includes the management of symptoms after a treatment course, sometimes years after initial treatment. There is also a need to consider the recognition of the sequalae of treatments both in the short term and long term (e.g. osteoporosis). The classification of conditions likely to be considered is helpful but patients present with symptoms and this approach is helpful. Considering the presentation in children, the transition to adulthood will be important (IR)	Thank you for taking the time to comment on this draft scope. Length of follow-up will be one of the factors taken into account when the GDG agrees on important outcomes and the time-frame at which they should be measured. The long-term sequelae of treatment is an important factor and we have added it to the scope as both a topic and as a draft review question. Thank you. We have now stated that we will cross refer to the 'Transition from children's to adult's services' guidance which is currently in development for generic advice on transition to adult services. We have also indicated that we will cover the transition from paediatric to special adult rheumatology services as well.
SH	Royal College of General	2	General	The issues below are highlighted by this editorial Papagoras C, Drosos AA (2012) Seronegative Spondyloarthropathies:	Thank you for providing this reference.

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	Practitioners			Evolving Concepts Regarding Diagnosis and Treatment. J Spine 1:e102. doi:10.4172/2165-7939.1000e102	
SH	Royal College of General Practitioners	3	4.5.1.1 Page 8	How to identify patients with pre-radiographic axial SpA? Does alternate buttock pain have any prognostic value as a symptons. Could a Hamilton risk assessment tool help primary care to identify Seronegative arthopathies earlier?	Thank you, we have included a question on risk assessment for spondyloarthritis intended to identify evidence for both non-radiographic and radiographic presentations of spondyloarthritis.
SH	Royal College of General Practitioners	7	4.5.6 and 4.5.7 page 11	What opportunities are there for self care and self management?	Thank you for your comment. Our review question on information has been expanded to include information on self-management.
SH	Royal College of General Practitioners	5	4.5.5.24 Page 10	Could aggressive treatment with TNFα inhibitors at earlier stages provide a relief significant enough to justify the costs? What kind of pathologic processes take place at this stage of the disease?	Thank you for your comment. Unfortunately this is beyond the scope of this guideline as the Technical appraisal has indicated that TNFα inhibitors are indicated in those people who have failed two biological disease-modifying anti-rheumatic drugs
SH	Royal College of General Practitioners	6	4.5.5.24 & 25 page 10	Could early anti-TNFα treatment be more effective than late treatment in preventing axial ankylosis?	Thank you for your comment. Unfortunately this is beyond the scope of this guideline as the Technical appraisal has indicated that TNFα inhibitors are indicated in those people who have failed two biological disease-modifying anti-rheumatic drugs
SH	Royal College of General Practitioners	4	4.5.1.7 Page 8	What is the disease burden of patients with pre-radiographic axial SpA as compared to patients with overt AS?	The guideline will seek to provide recommendations on effective and cost-effective management of NR-AxSpA, but will not undertake a comparison with other conditions in the scope.
SH	Royal College of Nursing	1	General	This is to inform you that the Royal College of Nursing have no comments to submit to inform on the draft scope consultation of the Seronegative athropathies clinical guidelines. Thank you for this opportunity and we look forward to participating in the next stage of the	Thank you for looking over the draft scope.

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				process.	
SH	Royal College of Paediatrics and Child Health	1	General	Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the Seronegative Arthopathies draft scope. We have not received any responses for this consultation.	Thank you for looking over the draft scope.
SH	Royal College of Physicians	1	General	Please take this email as confirmation that the RCP wishes to endorse the response submitted by the British Society for Rheumatology (BSR) with regard to the above draft scope.	Thank you
SH	UCB Pharma	1	3.1	We suggest alignment with the ASAS definitions of axial and peripheral SpA for the most up-to-date and recognised nomenclature by experts in this field. In addition this should follow throughout the remainder of the scoping document e.g. sections 4.3.2 & 4.5	Thank you for your comment. ASAS is one of the criteria we will be using to identify studies alongside other criteria such as CASPAR and New York. We will review on the basis of purely axial (radiographic and non-radiographic) or peripheral symptoms
SH	UCB Pharma	2	3.1 b	As per the previous comment we would suggest that all conditions are included as per the ASAS definitions e.g. juvenile SpA	Thank you for your comment. Consensus from the Stakeholder consultation and Scoping workshop supports not including JIA.
SH	UCB Pharma	3	4.1.1	As per the above comments we would suggest that all groups defined by the ASAS group are considered as part of the scoping.	Thank you for your comment. ASAS is one of the criteria we will be using to identify studies alongside other criteria such as CASPAR and New York. We will review on the basis of purely axial (radiographic and non-radiographic) or peripheral symptoms.
SH	UCB Pharma	4	4.1.1 b	We would like to understand more about the rationale for selecting these sub groups	Thank you for your comment. We have added more clarification about our rationale in section 2.2 of the scope.
SH	UCB Pharma	5	4.1.1 b	For the women subgroup we suggest it should be in axSpA as opposed to only nr-axSpA	Thank you for your suggestion. We have amended to scope to reflect this.
SH	UCB Pharma	6	4.1.1.b	When considering the patient subgroup of women with non-radiographic axial Spondyloarthritis, this should encompass the issue of fertility and pregnancies and consider the limited and often contradictory advice available to professionals and the public.	Thank you for your comment. This issue would be covered by the review question on the long term complications which would feed into the review question on information.
SH	UCB Pharma	7	4.3.1	We would suggest inclusion of service provision parameters such as:	Thank you for your comment, we have now added a question on how care should be

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			(4.3.2a)	- referral to rheumatologists - collaboration between specialties in treating SpA This is in reflection of the delayed diagnosis and treatment typically experienced by axSpA and PsA patients as a result of being retained within primary care and dermatology settings	organised?
SH	UCB Pharma	10	4.4	- this section is currently reflecting mostly PsA outcomes, rather than axSpA. We ask that the scope should clearly indicate outcomes across the SpA spectrum. - the outcomes to be considered should also capture other outcomes relevant to patients for the conditions in scope, such as mobility and workplace/household productivity	Thank you for your comment, we have now added mobility to the list of outcomes, and we have indicated that ability to work will be included as a proxy measure of functional capacity.
SH	UCB Pharma	8	4.3.2	Given the complexities and significant burden of co-morbidities in the SpA patient we strongly suggest that scoping should be broadened to include co-morbidity management. In addition the separation out of the HLA B27 group feels inappropriate as it defines the disease in many cases. In addition we would suggest non-articular considerations need to be covered in the scope as they represent a significant part of the disease management.	Thank you for your comment. We have considered this and added a specific review question on how cross speciality of care for people with spondyloarthritis will be organised. The management of non-articular symptoms is considered outside of this scope unless management is altered to treat articular symptoms. We have added more clarity to section 4.3.2 of the scope.
SH	UCB Pharma	9	4.3.2g	Can you confirm this exclusion assumes that all biologics have passed through an STA or MTA in these conditions, which is not he case? We would ask that this be considered within the scoping or request that the relevant MTAs or STAs are scheduled to ensure no bias.	Thank you for your comment. This statement assumes that biologics for psoriatic arthritis are covered by either an MTA or an STA.
SH	UCB Pharma	12	4.6	Working life and physical activity is severely affected by the SpA diseases. There are several pieces of research highlighting potential productivity losses that are vital in supporting health systems to prioritise their services and treatments. We ask that productivity costs are to be included in the scoping.	Thank you for your comment. The inclusion of productivity costs is not in line with our Guidelines Manual (2012).
SH	UCB Pharma	11	4.5.5	We would suggest alignment with the ASAS group for the review	Thank you for your comment. ASAS is one

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				questions	of the criteria we will be using to identify studies alongside other criteria such as CASPAR and New York. We will review on the basis of purely axial (radiographic and non-radiographic) or peripheral symptoms.

These organisations were approached but did not respond:

Arthritis and Musculoskeletal Alliance

Association of Anaesthetists of Great Britain and Ireland

Barnsley Hospital NHS Foundation Trust

British Medical Association

British Medical Journal

British Nuclear Cardiology Society

British Psychological Society

British Red Cross

British Society of Gastroenterology

British Society of Skeletal Radiologists

Care Quality Commission

Chartered Society of Physiotherapy

College of Occupational Therapists

CWHHE Collaborative CCGs

Department of Health, Social Services and Public Safety - Northern Ireland

Dudley Group NHS Foundation Trust

East and North Hertfordshire NHS Trust

GP update / Red Whale

Health & Social Care Information Centre

Health and Care Professions Council

Healthcare Improvement Scotland

Healthcare Quality Improvement Partnership

Humber NHS Foundation Trust

Medicines and Healthcare products Regulatory Agency

Ministry of Defence (MOD)

National Ankylosing Spondylitis Society

National Clinical Guideline Centre

National Collaborating Centre for Cancer

National Collaborating Centre for Mental Health

National Collaborating Centre for Women's and Children's Health

National Deaf Children's Society

National Institute for Health Research

National Rheumatoid Arthritis Society

NHS Choices

NHS Hardwick CCG

NHS Health at Work

NHS Sheffield CCG

Nursing and Midwifery Council

PHE Alcohol and Drugs, Health & Wellbeing Directorate

Primary Care Rheumatology Society

Psoriasis and Psoriatic Arthritis Alliance

Public Health England

Public Health Wales NHS Trust

Royal College of Anaesthetists

Royal College of General Practitioners in Wales

Royal College of Midwives

Royal College of Obstetricians and Gynaecologists

Royal College of Pathologists

Royal College of Psychiatrists

Royal College of Radiologists

Royal College of Surgeons of England

Royal Free Hospital NHS Foundation Trust

Royal Pharmaceutical Society

Scottish Intercollegiate Guidelines Network

Sheffield Teaching Hospitals NHS Foundation Trust

Social Care Institute for Excellence

South West Yorkshire Partnership NHS Foundation Trust

Welsh Government

Welsh Scientific Advisory Committee