

## Appendix B: Stakeholder consultation comments table

### 2019 surveillance of [Respiratory tract infections \(self-limiting\): prescribing antibiotics](#) (2008)

Consultation dates: 19 March to 1 April 2019

Do you agree with the proposal to withdraw recommendations 1.1 to 1.6 from the CG69 Respiratory tract infections (self-limiting): prescribing antibiotics guideline?			
Stakeholder	Overall response	Comments	NICE response
Primary care respiratory society	Yes	The replacement of this generic and not very practical guideline with the new suite of more specific guidelines on managing common respiratory infections is more useful.	<p>Thank you for your comment and indicating agreement with the surveillance proposal.</p> <p>Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdraw all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs:</p> <p><a href="#">Sinusitis (acute)</a> NG79 – published October 2017</p> <p><a href="#">Sore throat (acute)</a> NG84 – published January 2018</p> <p><a href="#">Otitis media (acute)</a> NG91 – published April 2018</p>

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			<p><a href="#">Cough (acute)</a> (NG120) – published February 2019.</p> <p>This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.</p>
Royal College of Nursing and Association of Respiratory Nurse Specialists	Yes	<p>1.1 Is very much standard practice and actually could be limiting if left in because clinical assessment should be carried out in patients with varying presenting conditions beyond the list supplied. Not sure that the NG15 is as clear on clinical assessment as 1.1 CG69 but as above it is common practice.</p> <p>1.2 Common cold not included in MOCI- however we agree that this is common practice and clinicians will consider common cold when assessing</p> <p>Overall the suggestions to remove sections 1.1 to 1.6 seem to be a reasonable suggestions- however, once removed there would not be much of the guideline left? We would advise either leave the guideline as it is or withdraw it completely</p>	<p>Thank you for your comments and indicating agreement with the surveillance proposal.</p> <p>Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdraw all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs:</p> <p><a href="#">Sinusitis (acute)</a> NG79 – published October 2017</p> <p><a href="#">Sore throat (acute)</a> NG84 – published January 2018</p> <p><a href="#">Otitis media (acute)</a> NG91 – published April 2018</p> <p><a href="#">Cough (acute)</a> (NG120) – published February 2019.</p> <p>This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.</p> <p>Please note, NICE also provides a pathway which links all the recommendations from across the guidelines in a useful and coherent way, see the NICE Pathway on <a href="#">self-limiting respiratory tract and ear infections – antibiotic prescribing</a>.</p>

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Royal College of Paediatrics and Child Health	Yes	The recommendations are covered by other existing guidelines or are merely stating what should be standard clinical practice	<p>Thank you for your comment and indicating agreement with the surveillance proposal.</p> <p>Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdraw all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs:</p> <p><a href="#">Sinusitis (acute)</a> NG79 – published October 2017</p> <p><a href="#">Sore throat (acute)</a> NG84 – published January 2018</p> <p><a href="#">Otitis media (acute)</a> NG91 – published April 2018</p> <p><a href="#">Cough (acute)</a> (NG120) – published February 2019.</p> <p>This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.</p>
Association of Respiratory Nurse Specialists	Yes	<p>1.1 Is very much standard practice and actually could be limiting if left in because clinical assessment should be carried out in patients with varying presenting conditions beyond the list supplied.</p> <p>Not sure that the NG15 is as clear on clinical assessment as 1.1 CG69 but as above it is common practice.</p> <p>1.2 Common cold not included in MOCI- however we agree that this is common practice and clinicians will consider common cold when assessing</p>	<p>Thank you for your comments and indicating agreement with the surveillance proposal.</p> <p>Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdraw all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs:</p> <p><a href="#">Sinusitis (acute)</a> NG79 – published October 2017</p> <p><a href="#">Sore throat (acute)</a> NG84 – published January 2018</p>

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		Overall the suggestions to remove sections 1.1 to 1.6 seem to be a reasonable suggestions- however, once removed there won't be much of the guideline left? We would advise either leave the guideline as it is or withdraw it completely	<p><a href="#">Otitis media (acute)</a> NG91 – published April 2018</p> <p><a href="#">Cough (acute)</a> (NG120) – published February 2019.</p> <p>This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.</p> <p>Please note, NICE also provides a pathway which links all the recommendations from across the guidelines in a useful and coherent way, see the NICE Pathway on <a href="#">self-limiting respiratory tract and ear infections – antibiotic prescribing</a>.</p>
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**Do you agree with the proposal to retain recommendation 1.7 in the CG69 Respiratory tract infections (self-limiting): prescribing antibiotics guideline?**

Stakeholder	Overall response	Comments	NICE response
Primary care respiratory society	Yes	No comments provided	Thank you for your response.
Royal College of Nursing and Association of Respiratory Nurse Specialists	Yes	It is unclear why this will be on a redacted full version when proposing keeping this section in?	Thank you for your response. Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdrawal all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs. This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.

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Royal College of Paediatrics and Child Health	Yes	No comments provided	Thank you for your response.
Association of Respiratory Nurse Specialists	Yes	It is unclear why this will be on a redacted full version when they are proposing keeping this section in?	Thank you for your response. Initially we proposed to withdraw recommendations 1.1 and 1.2 from NICE guideline CG69, replace recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retain recommendation 1.7. However, following feedback obtained through this consultation, we subsequently revised our position and decided to withdraw all recommendations and incorporate any relevant evidence from NICE guideline CG69 into the relevant APGs. This will mean that NICE are not maintaining a guideline with one recommendation and prevent the need for users to navigate across guidance to find relevant recommendations.

#### Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Primary care respiratory society	Yes	We note that sore throat is not covered by the newer specific antimicrobial guidelines.	Thank you for your comment. The following newer APG covers sore throat: <a href="#">Sore throat (acute)</a> NG84 – published January 2018. This guideline was included in our exceptional review.
Royal College of Nursing and Association of Respiratory Nurse Specialists	No	No comments provided	Thank you for your response.

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Royal College of Paediatrics and Child Health	Yes	<p>There is a statement in 1.7 on clinical features of infection requiring immediate antibiotics, from prospective cohort study in adults (2), which requires greater clarity. This relates to the presence of crackles on auscultation of chest.</p> <p>Crackles can be inspiratory, expiratory, coarse or fine. It is fine inspiratory crackles which suggest pneumonia requiring antibiotics.</p> <p>Primary Ciliary Dyskinesia should be added to the list of specific conditions requiring antibiotics.</p>	<p>Thank you for your comment. The full paper of the prospective cohort study (2) does not clarify a description of crackles. We have reported a summary of the study findings based on the published abstract. Despite uncertainty in the description, our assessment is unchanged: there was insufficient evidence to amend or update the recommendation 1.7.</p> <p>On reviewing existing literature, we did not identify evidence to support a change to the guideline with reference Primary Ciliary Dyskinesia. However, the recommendation does state that people with a pre-existing comorbidity, such as lung disease, should be considered for immediate antibiotic prescription and/or further appropriate investigation.</p> <p>(2) Moore M, Stuart B, Little P, Smith S, Thompson MJ, Knox K, et al. (2017) Predictors of pneumonia in lower respiratory tract infections: 3C prospective cough complication cohort study. <i>European Respiratory Journal</i> 50(5):11</p>
Association of Respiratory Nurse Specialists	No	No comments provided	Thank you for your response.
<b>Do you have any comments on equalities issues?</b>			
<b>Stakeholder</b>	<b>Overall response</b>	<b>Comments</b>	<b>NICE response</b>
Primary care respiratory society	No	No comments provided	Thank you for your response.

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Royal College of Nursing and Association of Respiratory Nurse Specialists	Yes	One concern is that you will only be providing guidance for children in relation to otitis media when the guidelines are intended for both children and adults.	Thank you for your comment. Whilst this presents a gap, acute otitis media is less common in adults with reports indicating the incidence of acute otitis media in adults 0.25% per annum ( <a href="#">Acute Otitis Media in Adults</a> ). However, we will log this issue for detailed consideration during the next surveillance review of the NICE guideline <a href="#">Otitis media (acute)</a> (NG91).
Royal College of Paediatrics and Child Health	No	No comments provided	Thank you for your response.
Association of Respiratory Nurse Specialists	Yes	One concern is that you will only be providing guidance for children in relation to otitis media when the guidelines are intended for both children and adults.	Thank you for your comment. Whilst this presents a gap, acute otitis media is less common in adults with reports indicating the incidence of acute otitis media in adults 0.25% per annum ( <a href="#">Acute Otitis Media in Adults</a> ). However, we will log this issue for detailed consideration during the next surveillance review of the NICE guideline <a href="#">Otitis media (acute)</a> (NG91).

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