|  |
| --- |
| **Checklist for submitting comments*** Use this comment form and submit it as a **Word document (not a PDF)**.
* Complete the disclosure about links with, or funding from, the tobacco industry.
* Include **page and line number (not section number)** of the text each comment is about.
* Combine all comments from your organisation into 1 response. **We cannot accept more than 1 comments form from each organisation**.
* Do not paste other tables into this table – type directly into the table.
* Ensure each comment stands alone; do not cross-refer within one comment to another comment.
* **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
* **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
* Spell out any abbreviations you use
* For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
* **We do not accept comments submitted after the deadline stated for close of consultation.**

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. |

|  |  |  |
| --- | --- | --- |
|  |  | **Please read the checklist for submitting comments at the end of this form.** We cannot accept forms that are not filled in correctly or arrive after the deadline. In addition to your comments below, we would like to hear your views on these questions:1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?

[Developing NICE guidance: how to get involved](https://www.nice.org.uk/process/pmg22/chapter/introduction) has a list of possible areas for comment on the draft scope.  |
|  | Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please specify). | Royal College of General Practitioners |
|  | Disclosure(please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry). | None |
|  | Name of person completing form | Michael Mulholland/Adrian Hayter  |
| **Comment number** | **Document**E.g. Draft scope or EHIA | Page numberor **‘general’** for comments on the whole document | **Line****number** or **‘general’** for comments on the whole document | CommentsInsert each comment in a new row.Do not paste other tables into this table, as your comments could get lost – type directly into this table. |
| Example | Draft scope  | 003 | 055 | The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because…. |
| Example | EHIA | 043 | 109 | CONFIDENTIAL: Our unpublished study has shown that [X] is more effective than [Y] |
| 1 | Draft scope  | 1 | 15-16 | The extension of the guideline to include children under 8 years is commendable. Early identification and intervention are crucial in this age group. However, it’s important to ensure that assessment tools and interventions are developmentally appropriate for younger children. |
| 2 | Draft scope  | 1 | 22-23 | We believe it is essential to provide guidance that is applicable across various settings, including primary care, where initial presentations often occur. |
| 3 | Draft scope  | 2 | 14-19 | We believe addressing treatment options for individuals who do not respond to initial interventions is essential. The guideline should provide clear pathways for escalation of care, including criteria for considering neuromodulation interventions. |
| 4 | Draft scope  | 2 | 20 | Understanding barriers to accessing and engaging with treatment is crucial. The guideline should offer strategies to improve engagement, particularly for populations that may be underserved or face stigma. |
| 5 | Draft scope  | 3 | 20-26 | Focusing on the accuracy and effectiveness of brief assessment tools is valuable. In primary care, time constraints necessitate efficient screening methods. The guideline should recommend validated tools suitable for use in primary care settings. |
| 6 | Draft scope  | General  | General  | We believe that the guideline should provide clear guidance for primary care practitioners on when to refer patients to specialist services. |

Add extra rows if needed

**Data protection**

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice).