

National Institute for Health and Care Excellence

Antimicrobial stewardship

Medicines practice guideline stakeholder consultation

Closing date: 5pm, Wednesday 2nd April

NICE is unable to accept comments from organisations not registered as stakeholders for this guideline or from individuals. See the information on the specific [consultation web page](#) for further details.

Please note: Comments submitted on draft medicines practice guideline scopes are published on the NICE website.

Please provide comments on the draft scope on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 3 b) and the page number. If your comment relates to the scope as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website.

Stakeholder organisation:		Faculty of General Dental Practice (UK)
Name of commentator:		Nikolaus Palmer Editor "Antimicrobial Prescribing for General Dental Practitioners", FGDP(UK) 2012
Section number Number only (do not write the word 'section'). Alternatively write ' general '	Page number Number only (do not write the word 'page/pg'). See example in cell below	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
E.g. 5.3.2.b)	7	Our comments are as follows
Proformas that are not correctly submitted as detailed in the line above may be returned to you		
4.e	5	Prescribing data for urgent care should be collected and monitored. Evidence exists from dental out-of-hours services that antimicrobials are overused and misused. There is every likelihood that this is so for all primary care urgent services. Collection of robust data may in itself act as a trigger for behavioural change.
5.2a	6	Not sure whether the setting only includes publically funded health and social care. There is evidence of overuse in the private care setting and this should be included as antimicrobial resistance affects the community at large.
5.3.1a	6	We wholeheartedly agree that behaviour change of prescribers in the main but also patient behaviours in relation to antimicrobial prescribing are the key issues.
5.3.2b	7	Whilst we agree that treatment of specific conditions is not within the scope of this guideline, we firmly believe that evidence based guidelines to signpost appropriate prescribing for clinical conditions are essential in reducing antimicrobial resistance and improving stewardship.
5.4.a	7	Clinical outcomes would better be described as "reduced" mortality and morbidity and likewise "reduced" time to clinical cure, "reduced" infection rates and reinfection rates
5.4	8	All the outcomes listed need to be specific (see for 5.4.a)
5.5a &b	8	These review questions seem appropriate taking into account the scope and the setting
5c	9	Whilst we understand this question is in draft form it needs rethinking – perhaps it should read "what systems and processes (behaviours?) are more effective and cost effective at reducing the emergence of antimicrobial resistance? We don't think it's possible to define "usual" care.

Please add extra rows as necessary

Please email this form to: AMSGuidance@nice.org.uk

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PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.