

# Consultation on draft guideline – deadline for comments 5pm on 22/03/19

email: Alcoholupdate@nice.org.uk Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not

	filled in correctly.
	We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.
	<ol> <li>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</li> <li>Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li> <li>Would implementation of any of the draft recommendations have significant cost implications?</li> <li>What would help users overcome any challenges? (For example, existing practical resources or national</li> </ol>
	initiatives, or examples of good practice.)
	See section 3.9 of <u>Developing NICE guidance: how to get involved</u> for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons of Glasgow
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	Nil
Name of commentator person completing form:	Dr Richard Hull, Honorary Secretary in consultation with experts in the field.



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Туре		[office use only]				
Comment number	Document [guideline, evidence	Page number Or	Line number Or 'general'	Comments		
	review A, B, C etc., methods or other (please specify which)]	'general' for comments on whole document	for comments on whole document	Insert each comment in a new row.  Do not paste other tables into this table, because your comments could get lost – type directly into this table.		
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that		
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because		
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact		
Example 4	Guideline	37	16	This rationale states that		
Example 5	Evidence review C	57	32	There is evidence that		
Example 6	Methods	34	10	The inclusion criteria		
Example 7	Algorithm	General	General	The algorithm seems to imply that		
1	Guideline	General	General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.		
				The College considers that this an important area to address and supports the general philosophy of the guidance. Alcohol consumption in many parts of the United Kingdom is high and teaching children and young people of the hazards of excessive consumption is part of good health education.		



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				The College considers that any educational intervention should be totally independent of the alcohol industry to avoid conflicts of interest.
2	Guideline	General	General	Our educational reviewer considered the policy is 'generic'. Since all the hyperlink references refer to the PHSE (Personal Social, Health and Economic) policy, it was felt that the document needs to justify why it should be separate policy on its own, from an educational point of view.
3	Guideline	General	General	As many of the potential readers are not familiar with NICE documentation, it would be more helpful if hyperlinks were directed to the information referred to, not to documents which contains other hyperlinks. Senior leadership teams in education need to be able to access information efficiently.
4	Guideline	General	General	The guidance is addressed to the 11 – 18-year group (secondary). Our reviewer felt, it needs to be delivered to Year 6 Primary children as well. Our reviewer has had personal experience of alcohol abuse in Year 6 SEND (Special Educational Needs and Disabilities) groups in an inner-city Primary School. Two pupils were often drunk and came from families where there was alcohol and drug abuse. While the scope of the guideline clearly starts at 11 and the document refers to a future guideline. This needs to be cross referenced. The importance of spiral curriculum starting at primary school level is supported
5	Guideline	General	General	The Guidance does not discuss the needs of Black and Minority Ethnic (BME) populations. There are cultural issues for both children and parents where for many, alcohol may either be used in different ways or there may be abstinence. Would for instance Muslim children be excluded from this group of lessons?  The content needs to be looked at very carefully in the main document in respect to differing cultural attitudes to alcohol. It is noted that this point is referred to in FAQs
6	Guideline	6	1 Para 1.1.10	Our reviewer's experience in C.P. (Child Protection) disclosure training was that staff in schools did not fully understand procedures particularly in relation to SEND leaders. Too often teachers had not been fully briefed as to the key person to go to when a child disclosed sensitive C.P. information. The children themselves often didn't know who to approach for help.  It was felt important to skill teachers in the delivery of the programme as they already have the relationship with the children and are more likely to be trusted by them. Teachers can tailor the



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				programme to the needs of their pupils. It is key that the programme is carefully adjusted to meet the needs of SEND pupils and their parents.
7	Guideline	6	16 Para 1.2.23	Consideration should be given to the use of experience of excessive alcohol consumption including individuals and organisations such as Alcoholics Anonymous or medical services for those with alcohol problems. (however, avoiding normalisation of unhealthy drinking). It is noted that this needs to be tailored to the needs of the individual or group of young people and could in the wrong circumstances be negative (Page 15 Line 25)

Insert extra rows as needed

## **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 response from each organisation.
- Do not paste other tables into this table type directly into the table.
- Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright reasons). 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 have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments
  relating to these recommendations as we cannot accept comments on them.
- We do not accept comments submitted after the deadline stated for close of consultation.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

**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



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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. Further information regarding our privacy information can be found at our <u>privacy notice</u> on our website.