

Preventing suicide in community and custodial settings

Consultation on draft guideline – deadline for comments 5pm on 12/04/18 email: SuicidePrevention@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal Pharmaceutical Society</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>None</p>

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Name of commentator person completing form:	Sabes Thurairasa			
Type	[office use only]			
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
<p>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.</p>				
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	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.....
1	Short version	8	10	This is the first time that suicide is explicitly stated that it is preventable in the guideline. It would be helpful to state this at the outset of the guidance.
2	Short version	9	22,23,24	It would be helpful to include more explicit link to what national guidelines NICE is referring to. See comment below but also NHS England has recently released guidance on <i>items which should not be routinely prescribed in primary care</i> . Substances included in this (e.g. Co-proxamol and Dosulepin [A NICE "do not do"] are implicated in overdose death data from the ONS)
3	Short version	9	22,23,24	<p>Evidence review 6 highlights the success of restricting paracetamol and highlights two ways of tackling this</p> <p><i>"medication management could 302 prevent self-poisoning by reduced package size of paracetamol at a population level and/or 303 monitoring repeat prescriptions at an individual level."</i></p> <p>Does the committee think it would be appropriate for the NHS to monitor this in a systematic manner?</p>

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4	Short version	9	22,23,24	It may be helpful to highlight that particular professions in healthcare services may have routine access to means i.e. medicines as one of the main target groups of NICE guidelines are healthcare professionals. Recommendation 1.7.2 does refer to “occupational groups with high risk of suicide”. It is covered on page 14 but an example here might be assist readers.
5	Short version	9	22,23,24	NICE CG16 Recommendations 1.2.1.12 – 1.2.14 have recommendations on reducing access to means, Service users at risk of self-poisoning in primary care. Could the committee consider referencing this in relation to suicides where the means has been obtained from healthcare services?
6	Short version	10	12	Certain groups such as healthcare professionals have access to powerful medications as means. It might be helpful to give as examples in the main body of recommendation although it is covered on page 14

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.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- 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.

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 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.

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