Consultation on draft guideline – deadline for comments 17.00 on 11/09/2019 email: infections@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

We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
3. For the guideline:
   - Are there any recommendations that will be a significant change to practice or will be difficult to implement? If so, please give reasons why.
   - What are the key issues or learning points for professional groups?

See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.

<table>
<thead>
<tr>
<th>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</th>
<th>British Association of Dermatologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>None</td>
</tr>
<tr>
<td>Name of commentator person completing form:</td>
<td>Prof Nick Levell on behalf of the Therapy &amp; Guidelines sub-committee of the British Association of Dermatologists</td>
</tr>
<tr>
<td>Type</td>
<td>[office use only]</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Comment number</th>
<th>Document (guideline, evidence review or the visual summary)</th>
<th>Page number or ‘general’ for comments on the whole document</th>
<th>Line number or ‘general’ for comments on the whole document</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General</td>
<td></td>
<td></td>
<td>Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. Reducing overuse of topical antibiotic steroid combinations, particularly in primary care but also in secondary care. Relative benefits of topical vs systemic antibiotics and topical antibiotics vs antiseptics. Optimal length of treatment/dosage. Differences between management in children and adults. Hazards of topical antiseptics (e.g. potassium permanganate ingestion). Evidence of topical antiseptics vs saline in impetigo.</td>
</tr>
<tr>
<td>2</td>
<td>General</td>
<td></td>
<td></td>
<td>What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) There is a lot of information out there and some good reviews, but this knowledge is not that widely known.</td>
</tr>
<tr>
<td>3</td>
<td>General</td>
<td></td>
<td></td>
<td>Are there any recommendations that will be a significant change to practice or will be difficult to implement? If so, please give reasons why. All above. Influence of pharma marketing over the years. Possibility that MHRA might recommend potassium permanganate should be discontinued in community.</td>
</tr>
<tr>
<td>4</td>
<td>General</td>
<td></td>
<td></td>
<td>What are the key issues or learning points for professional groups? Don’t use topical antibiotic steroid combinations long-term. Don’t use topical antibiotics except in some very specific situations.</td>
</tr>
</tbody>
</table>

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
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- 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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