	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 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.
	We would like to hear your views on these questions:
	 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?
	 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
	See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when
	commenting.
Organisation name –	
Stakeholder or	[Complementary and Natural Healthcare Council]
respondent (if you are	
responding as an	
individual rather than a	
registered stakeholder	
please leave blank):	
Disclosure	
Please disclose any past	[Insert disclosure here]
or current, direct or	
indirect links to, or	
funding from, the	
tobacco industry.	
Name of commentator	
person completing	[Michael Watson] Chair, CNHC
form:	

Туре		[office use only]				
Comment	Document	Page	Line	Comments		
number	(full version, short version or the appendices	Or Or <u>'general'</u> for comments on the whole document	Or Or <u>'general'</u> for comments on the 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.		
1	Full	5	20	We propose that this section includes a statement about accredited registers and the government recommendation of their use*. The Accredited Register Programme is a government-backed programme to accredit voluntary registers and is a guarantee of standards. All practitioners on CNHC's Accredited Register have met UK wide standards, hold professional indemnity insurance, abide by a strict Code of Conduct, Ethics and Performance and must take part in CPD each year. *('Both the Government and the Professional Standards Authority recommend that when a patient or service user chooses to visit a health or care practitioner who is unregulated, only those on an accredited register are consulted.' – Parliamentary Under Secretary of State for Public Health, Jane Ellison MP, November 2015)		
2	Full	5	26-27	The current NICE guideline on low back pain and sciatica includes a recommendation to consider manual therapy (such as massage) for managing low back pain as part of a treatment package including exercise. We propose including a statement about accredited registers here so that community pharmacists may direct patients to suitably qualified massage practitioners on an accredited register such as CNHC's.		
3	Full	6	17-18	In recognition of the preferences of the public, where large numbers of people choose to use complementary healthcare approaches*, we agree that community pharmacists should hand out leaflets and explain their content. We propose that this includes information about accredited registers as the public may not be aware that many complementary therapies are not regulated by law in the UK. The public may also not be aware that the government recommends consulting an accredited register when looking for a complementary therapist as they are not regulated by law (see point 1 above). Pharmacists could be integral in educating the public about this as a local healthcare resource. *(Data from a 2010 national survey in England found that 44% of 7630 respondents had used Complementary and Alternative Medicine services in their lifetime: http://onlinelibrary.wiley.com/doi/10.1111/j.1742-1241.2010.02484.x/abstract)		
4	Full	7	1-3	We propose that accredited registers are mentioned here due to the important health and wellbeing information / resources community pharmacies provide to the public. The recent Royal Society of Public Health (RSPH) /Professional Standards Authority (PSA) report ' <u>Untapped Resources: Accredited Registers in the Wider Workforce</u> ' highlights that 'practitioners registered with CNHC support public health by encouraging their clients to make a range of lifestyle changes. These include improvements to diet and nutrition, support with giving up smoking and losing weight, support with reducing stress, improving sleep, managing pain and other symptoms, as well as overall enhancements to wellbeing. All CNHC registrants are committed to enhancing the UK public's health and wellbeing.'		
5	Full	7	22-24	As stated in the RSPH / PSA report cited at point 4 above, CNHC registrants support public health by encouraging their		

				clients to make a range of lifestyle changes including support with giving up smoking. Community pharmacies should therefore be aware of these services and be able to direct people to an accredited register such as CNHC's, so they can find a suitably qualified, insured and ethical therapist.
6	Full	9	4-6	We propose that accredited registers are mentioned when referring people to other behavioural support services not available at the pharmacy. Again, community pharmacies should be aware of complementary services and be able to provide information to people, so they can find a qualified, insured and ethical therapist on an accredited register such as CNHC's.
7	Full	9	9-25	We are keen to help integrate complementary therapies within conventional healthcare available on the NHS. Establishing a formal referral process with other services is essential to this. Current General Medical Council guidance* confirms that doctors can refer patients to practitioners on accredited registers. Community pharmacists should be aware of this when considering referrals and signposting. *(Good Medical Practice: Delegation and Referral; Referral point 8)
8	Full	15	1-7	As noted in the RSPH / PSA report – Untapped Resources, cited in point 4 above, the complementary health disciplines registered by CNHC provide support in relation to public health and lifestyle change. Many cancer services provided access to complementary healthcare provided by CNHC registrants. Access to complementary healthcare is also provided in mental health services such as Birmingham & Solihull NHS Foundation Trust and in the community via eg Mind Centres. We therefore agree that further primary research would be useful on the points raised and propose that this includes the role that complementary healthcare approaches can play in the areas mentioned, particularly on the overall enhancement of wellbeing.
9	Full	18	14-16	We fully support making the public aware of community pharmacists that are qualified or specialists in certain areas. We are aware of pharmacists that are also qualified as complementary therapists, as some are registered with CNHC in disciplines including: Hypnotherapy, Nutritional Therapy, Reflexology and Reiki.
10	Full	18	17-18	By making people aware of complementary therapies that can improve their health and wellbeing, and the government recommendation to consult those only on accredited registers, this will help improve the public perception of the pharmacy as a trusted health and wellbeing hub.
11	Full	18	20-23	Complementary and Natural Healthcare Council (CNHC) was set up with government funding and support. Our sole purpose is to protect the public, we have no profit motive underlying any information or resources we provide and so would wish to see information about CNHC included in any resources provided.
12	Full	19	15-18	We fully support this statement and agree that raising awareness is the first step to helping people change their behaviour. We have a Local Champions initiative in which CNHC registrants provide local outreach to educate the public about CNHC and the need to look for registered practitioners. Our Local Champions could support community pharmacists in their area to help educate members of the public and to provide information as part of a discussion, rather than just handing out a leaflet.
13	Full	22	16-18	We agree that it is important for community pharmacies to become part of existing health and care pathways, acting as health and wellbeing hubs. As stated in point 9 above it is essential that community pharmacies provide information

				about accredited registers such as CNHC's to ensure that the public has access to information about services such as complementary healthcare, which are designed to support enhancements to overall health and wellbeing.
14	Full	23	11-13	We propose that community pharmacists could make referrals to complementary therapists on accredited registers such as CNHC's in line with current General Medical Council guidance*. Referrals could be made to support members of the public to address a range of issues such as making lifestyle changes, support to stop smoking, weight management, nutritional changes and for the overall enhancement of wellbeing. This would support community pharmacies with acting as health and wellbeing hubs. *(Good Medical Practice: Delegation and Referral; Referral point 8)
15	Full	28	16-22	As stated in points 4, 5 and 8 above practitioners on accredited registers and in particular, the complementary health practitioners registered with CNHC, have been recognised by the Royal Society for Public Health and the Professional Standards Authority, as having a key role to play as part of the wider public health workforce. Complementary healthcare in particular has a role to play in promoting wellbeing, providing support for the management of long term conditions and for the self-care of minor ailments. Given the wide use of complementary health services it is essential that community pharmacies provide both information and access to these services so that the public has access to competent, safe and registered practitioners,

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 <u>NICE Pathways</u>.

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.