

Parkinson's disease

NICE National Institute for
Health and Care Excellence

Consultation on draft guideline – deadline for comments 5.00pm on 15 November 2016

email: PDupdate@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>
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	[Complementary and Natural Healthcare Council (CNHC)]
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	[N/A]
Name of commentator person completing form:	[Michael Watson, CNHC Chair]
Type	[office use only]

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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	<p style="text-align: center;">Comments</p> <p style="text-align: center;">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	<p>We are concerned that this recommendation may imply that</p> <p>Question 1: This recommendation will be a challenging change in practice because</p> <p>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.....</p>
1	Full	144	3453	<p>Under Table 17, the Alexander Technique has been included under the heading '<i>Physiotherapy including (but not restricted to) the following:.... Alexander Technique...</i>'</p> <p>The Alexander Technique is not a strand of physiotherapy. It is one of the disciplines included on CNHC's Accredited Register. As such it has been recognised by the Professional Standards Authority for Health and Social Care under Standard 1 of its Accredited Registers Programme, as a discipline that meets the definition of health care under the Health and Social Care Act 2012 as follows:</p> <p>'Standard 1</p> <p>The Professional Standards Authority will decide whether an occupation is 'health or social care' having regard to the definition of health care set out in the National Health Service Reform and Health Care Professions Act 2002, section 25E (8) as inserted by the Health and Social Care Act 2012, section 228.'</p>
2	Full	144	3453	<p>In addition to comment 1 above, there are published National Occupational Standards (NOS) for the Alexander Technique which have been developed and funded by government. The definition of the Alexander Technique provided in the Overview is as follows:</p> <p>'The Alexander Technique (AT) is a taught practical discipline with significant healthcare implications. AT lessons help people to free themselves from unhelpful postural and movement habits and develop a more intelligent and skilled control of the manner in which they engage in activity.'</p> <p>This definition and the relevant NOS has no connection whatsoever with physiotherapy.</p> <p>The relevant NOS can be found here: https://tools.skillsforhealth.org.uk/competence/show/html/id/2800/</p>
3	Short	35	Table	<p>We are very concerned that the following recommendation (79 in original guideline) has been removed from the draft guideline: '<i>The Alexander Technique may be offered to benefit people with PD by helping them to make lifestyle adjustments that affect both the physical nature of the condition and the person's attitudes to having PD. (1.9.2.2).</i>' The reason provided for removing the</p>

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				<p>Alexander Technique again relate to referral to a physiotherapist. (<i>'This recommendation has been replaced by recommendations from the guideline update....which are included in section 1.7.'</i>) However, as stated in our comments 1 and 2 above, the Alexander Technique is not a strand of physiotherapy and physiotherapists are not trained to offer the Alexander Technique lessons unless they have undertaken training that meets the National Occupational Standards set out at comment 2 above. In which case they could refer to themselves as Alexander Technique teachers, in addition to being physiotherapists.</p>
4	Short	35	Table	<p>In addition to our comment 3, we consider the removal of the Alexander Technique from this guidance as a retrograde step in light of the evidence provided in a RCT (N=93) in which it was reported that one-to-one Alexander lessons with a registered teacher led to an increased ability of people with Parkinson's to carry out everyday activities.¹</p> <p>We would also refer you to a number of other pieces of research which support the results from this RCT, namely the preceding pilot study, as well as case studies and research (N=22) that reported improved postural alignment and balance, and reduced rigidity in people with Parkinson's following an AT-based intervention.^{2,3,4}</p> <p>In addition, we refer you to an analysis demonstrating that people with Parkinson's retained and continued to implement the skills learnt in the AT lessons over the longer term (6 months follow-up).⁵</p> <p>References</p> <ol style="list-style-type: none"> 1. Stallibrass C, et al. Randomized, controlled trial of the Alexander Technique for idiopathic Parkinson's disease. <i>Clin Rehabil</i> 2002;16:695–708. 2. Stallibrass C. An evaluation of the Alexander Technique for the management of disability in Parkinson's disease – a preliminary study. <i>Clin Rehabil</i> 1997;11:8–12. 3. Marcus RL, et al. Long-term effectiveness of Alexander Technique classes for managing symptoms of Parkinson's disease: case studies. 4th World Parkinson Congress, Portland, OR, USA 2016; Poster 40:20. 4. Cohen RG, et al. Lighten up: Specific postural instructions affect axial rigidity and step initiation in patients with Parkinson's Disease. <i>Neurorehabil Neural Repair</i> 2015;29:878–88. 5. Stallibrass C, et al. Retention of skills learnt in Alexander Technique lessons: 28 people with idiopathic Parkinson's disease. <i>J Bodyw Mov Ther</i> 2005;9:150–7.
5	Appendix E	General	General	<p>The Stallibrass et al RCT(1) has not been included in the GRADE profiles. This again results from the mis-categorisation of the Alexander Technique as physiotherapy, as outlined in comments 1 and 2 above.</p> <p>Reference</p> <ol style="list-style-type: none"> 1. Stallibrass C, et al. Randomized, controlled trial of the Alexander Technique for idiopathic Parkinson's disease. <i>Clin Rehabil</i> 2002;16:695–708.
6	Appendix G	46	Table G5.1	<p>The Stallibrass et al RCT1 is listed as an excluded study. The rationale given is that it is 'already included within the Tomlinson 2013 Cochrane review'. However the Cochrane review is of physiotherapy as the intervention. As stated above, the Alexander Technique is unrelated to physiotherapy and so the study should not have been included in the review (see comment 1).</p> <p>We therefore strongly recommend that the Stallibrass et al RCT therefore needs to be considered in the current update as it evaluates an entirely distinctive intervention that will otherwise be</p>

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				omitted and so will mean that patients do not have access to an intervention which could provide benefit. Reference Stallibrass C, et al. Randomized, controlled trial of the Alexander Technique for idiopathic Parkinson's disease. Clin Rehabil 2002;16:695–708.
7	Appendix N	6	Table N6	We welcome mention of the Alexander Technique in the Research recommendations but once again refer to the fact that it is incorrectly categorised as 'Physiotherapy and physical activity'. (see comment 1).
8	General	General	General	Given that government has set out its Accredited Registers programme precisely to enable healthcare professionals to be able to refer to non-regulated practitioners, (the GMC has updated its guidance to doctors accordingly) we see no reason why the Alexander Technique needs to be incorrectly collapsed into a category with physiotherapy. Removal of the Alexander Technique from the physiotherapy category will enable it to be visible as the distinct discipline that it actually is both in the research and the referral pathways. This would be in the best interests of patients by providing clear choice and patient-centred care.
9				

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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