NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 17.00 on 12 September 2024 **email: UTIrecurrent@nice.org.uk**

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **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.**

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. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

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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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the new and amended draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the new evidence presented in the evidence review document B and the update information included on page 11 of evidence review A. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. **Please include your answers to these questions with your comments in the table below.** 1. Would it be challenging to implement of any of the new and amended draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives. 2. Would implementation of any of the new and amended draft recommendations have significant cost implications? 3. Is it clear in the draft new and amended recommendations which groups/populations should be offered which treatments or advice? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of General Practitioners
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	None
Confidential comments (Do any of your comments contain confidential information?)	No

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Name of person completing form	Michael Mulholland/ Adrian Hayter/ Anika Mandla

Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • 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. • Include section or recommendation number in this column.
	Guideline	006	011	Rec 1.2.8 The recommendation for using methenamine hippurate as an alternative to daily antibiotic prophylaxis is a positive step toward antimicrobial stewardship. However, the document could benefit from clearer guidance on monitoring protocols. Whilst promising, the evidence is open to bias, it isn't suitable for anyone with undiagnosed urinary tract abnormalities, and the prospect of increased resistance after treatment is surprising and unexplained. It would, however, be helpful for NICE to voice the clinically relevant reasons for its placement in the guideline to facilitate informed discussion with patients and medicines management teams. If methenamine is not recommended in pregnancy [BNF] then we would suggest that this recommendation should say "consider methenamine … in non-pregnant women …" rather than including them in rec 1.2.9. It will be very hard to get an evidence base for safety in pregnancy. We believe this recommendation should be followed by a shared decision making recommendation e.g. as with vaginal oestrogen and antibiotics? Eg, "When considering a trial of methenamine for preventing recurrent UTI, explain that it may reduce the number of UTIs less than an antibiotic, and it may reduce the number of antibiotic-resistant bugs but the evidence is uncertain."
	Guideline	011	009/018	Whilst the evidence for treatment with lactobacilli isn't of the highest quality, this is easily available and present in foodstuffs. In NICE's evidence review, cranberry seems no longer thought to be effective whereas, certain strains of lactobacilli might be. Surely, therefore the emphasis in these two paragraphs might reflect this finding/ comparison.

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	Guideline	General	General	We recommend including practical checklists, decision trees, or flowcharts to help GPs quickly determine the appropriate course of action for different patient demographics.
	Equality and Health Inequalities Assessment	General	General	We welcome the identification of several groups at risk of inequality (e.g., people from lower socioeconomic backgrounds, ethnic minorities, and people with disabilities). However, more actionable recommendations are needed to address barriers these groups may face, such as targeted outreach programs or access to culturally sensitive healthcare services
	Evidence review	General	General	The evidence reviews provide detailed analysis of methenamine hippurate and topical oestrogen, but we believe these could be summarised into key points relevant for GPs, such as indications, contraindications, and specific scenarios where one treatment might be preferred over another. We would value some consideration for reviewing methenamine as it will require some monitoring at least yearly to ensure that the person isn't getting lots of UTIs. Methenamine could end up on repeats forever. We question whether a review 6 months after initiation should be encouraged. Methenamine will be new to many GPs and therefore, we believe, providing information may be helpful. BNF states that methenamine is contraindicated in severe dehydration. It would be good to understand what the risk is. Presumably, methenamine should be withheld if a patient has a risk of dehydration such as vomiting or severe diarrhoea. We understand that if this recommendation goes forward, discussions with BNF will take place to remove the 'less suitable for prescribing"

Insert extra rows as needed

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