

Behaviour change: digital and mobile health interventions

Consultation on draft guideline – deadline for comments 5pm on 06/03/2020

email: Behaviourchange@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 guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, 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 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):	Royal Society for Public Health
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None

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Name of commentator person completing form:		Louisa Mason		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or '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.				
1	Guideline	General	General	<p>We increasingly live in a digital age, and opportunities presented by advances in technology to improve the health of the population should be utilised when appropriate, such as the NHS app. However, we caution using digital and mobile health interventions prior to conducting a full and detailed impact assessment for local areas.</p> <p>Our report New Filters, highlighted that although many young people use social media as a source of health information, it can have a negative impact on mental health. We would be hesitant about using digital health interventions that have similarities with social media, and would like clarity on the digital and mobile health interventions included in the Guideline. We welcome that the Government is minded to place Ofcom as the regulator for social media platforms, and would want similar regulation for apps used for health interventions.</p> <p>As detailed in the Guideline, engagement with digital and mobile interventions will vary across different groups. We are concerned that these interventions have the potential to exacerbate health inequalities if not implemented correctly. For instance, individuals without the technology required to access mobile and digital interventions would be deprived of these services.</p> <p>There should also be consideration for groups who may not benefit from these interventions, including vulnerable groups such as people with eating disorders. The Guideline notes this as a potential consequence, and we want to see more information on how the public will be protected, especially vulnerable groups.</p> <p>It is reassuring to see that the Guideline includes recommendations for research, particularly around engagement, under-served groups, and associated harms. We suggest doing a full audit of the health needs of local areas, including a full impact assessment, before introducing digital and mobile health interventions, and to tailor their implementation if necessary to the individual needs of specific areas.</p>

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				If digital and mobile health interventions are deemed appropriate for use and introduced accordingly, we advise healthcare professionals are trained on using these tools alongside and to enhance existing services.
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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.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE 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
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. 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.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

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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