

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 39: Minutes of the meeting held on 11th September 2009

Prevention of unintentional injuries among under 15s in the home

Attendees	<p>Members Catherine Law, K K Cheng, Ann Hoskins, Mike Bury, Dagmar Zeuner (left at 12.30), Richard Cookson, Joanne Cooke, Mike Owen (left at 3.30pm), John Barker, David McDaid, Matt Kearney, Muriel James, Alasdair Hogarth, David Sloan, Amanda Hoey, Mike Rayner, Philip Cutler (left at 3pm), Bren McInerney, Stephen Walters, Stephen Morris, Adam Oliver, Sue Atkinson, Andrew Hopkin</p> <p>NICE staff Mike Kelly (arrived at 11am), Emma Doohan, Simon Ellis, James Jagroo, Lesley Owen, Hillary Chatterton</p> <p>Non-public observers Tiffany Moxham (PenTAG), Aidan Moss, (GHK Fieldwork Contractor), Richard Lloyd (GHK Fieldwork Contractor), Peter Shearn (NICE), Louise Millward (NICE)</p> <p>Contractors PenTAG – Mark Pearson, Martin Pitt, Rob Anderson</p> <p>Co-opted members</p> <ul style="list-style-type: none"> • Heather Ward – Chair of the Preventing Unintentional Injuries in Children (PUIC) Programme Development Group (PDG) and Honorary Research Fellow at Centre for Transport Studies, University College London. • Carolyn Cripps - community member of the PUIC PDG and member of London Home & Water Safety Council, member Institute of Home Safety, and consultant/trainer in burns prevention and home safety. • Lisa Irving - member of the PUIC PDG and Public Health Nurse (Accident Prevention) at Northumberland Care NHS Trust. • Rob Taylor - member of the PUIC PDG and Station Manager, Community Fire Safety at Merseyside Fire and Rescue Service
Authors	Emma Doohan, Simon Ellis
Audience	Members of PHIAC; The Public

Agenda Item	Minutes	Action
<p>1. Welcome and introductions. (Chair)</p> <p>2. Apologies (Chair)</p>	<p>The Chair welcomed members to the 39th PHIAC meeting. The meeting was declared quorate.</p> <p>Apologies were received from:</p> <p>PHIAC members Tracey Sach (maternity leave), Ruth Hall, Toby Prevost, Mark Sculpher, Susan Michie, Mike Rayner, Valerie King, Stephanie Taylor, Joyce Rothschild, Dale Robinson, Jane Putsey, Lesley de Meza</p>	
<p>3. Declarations of Interest (All)</p>	<p>Declarations of interest in relation to prevention of unintentional injuries among under 15s in the home were requested.</p> <p>A number of declarations of interest had been received in writing prior to the meeting. Catherine Law and Mike Kelly had reviewed these and agreed that they did not prevent anyone from participating in the whole meeting.</p> <p>PHIAC members, co-opted members and collaborators were asked to declare these interests again, and any additional declarations were requested.</p> <p>The following declarations were made:</p> <p>Personal pecuniary interests: PHIAC members: None</p> <p>Non- PHIAC members: Heather Ward – Heather has paid work in the field of injury prevention Lisa Irving – Lisa has paid work in the field of injury prevention.</p> <p>Personal Family interests: PHIAC members: None</p> <p>Non- PHIAC members: None</p> <p>Personal non-pecuniary interests: PHIAC members: None</p> <p>Non- PHIAC members: Heather Ward – Heather is Chair of the PDG on Preventing Unintentional Injury to Children and Young People under 15 years.</p> <p>Non- Personal pecuniary interests: PHIAC members: Catherine Law – Catherine has carried out research in to</p>	

	<p>injuries in the home in children and received research funding for this research. She may wish to bid for such funds in the future.</p> <p>Stephen Walters – The department that Stephen works for (SchARR, University of Sheffield) has contracts and/ or research grants with the NIHR (National Institute for Health Research), HTA (Health Technology Assessment programme) and NICE.</p> <p>Non PHIAC: Carolyn Cripps – Carolyn works with ROSPA which could have such interests.</p> <p>Potential interest due to future research funding: PHIAC: <i>KK Cheng</i></p> <p>Non-PHIAC None.</p> <p>It was agreed that the above declarations would not prevent any members from taking part in the meeting.</p>	
4. Minutes of the last meeting	The minutes of the July PHIAC meeting were considered and agreed with some minor changes.	
5. AOB – part one	As the review team were running late it was agreed that some of the AOB items would be discussed at this point in the agenda: <ul style="list-style-type: none"> • The NICE public health methods and process manuals have now been printed and are available for PHIAC members to collect. Copies will also be made available at future meetings. • Format of PHIAC 1 – the role of lay and practitioner discussants was considered. • The NICE conference is on 2nd and 3rd December. ED to email the committee to confirm this. Further details will follow in due course. 	Emma Doohan
6. Providing public information to prevent unintentional injuries among under 15s in the home: Considering the evidence	<p>Mark Pearson from the Peninsula Technology Assessment Group (PenTAG) collaborating centre presented the findings from:</p> <ul style="list-style-type: none"> • The effectiveness review of home safety equipment and risk assessment schemes • The qualitative review on barriers to, and facilitators of, the prevention of unintentional injury in children in the home <p>Rob Anderson and Martin Pitt from PenTAG then presented the findings from the cost effectiveness review and the economic modelling report.</p> <p>The lead PHIAC technical discussants, Mike Bury and Stephen Morris, commented on the key issues relating to the</p>	

	<p>evidence. These were</p> <ul style="list-style-type: none"> • Effectiveness review: <ul style="list-style-type: none"> ○ Structural factors (such as absence of a fire alarm) ○ 'Situating' practices including cultural and social norms ○ Social and ethnic inequalities ○ Social desirability reporting ○ Barriers to the installation of a fire alarm (such as a stranger having to enter your home in order to fit an alarm). • Economic reviews: <ul style="list-style-type: none"> ○ How to match up the empirical findings with the modelling work and where the estimates used in the model came from. ○ What costs should be considered (should the committee only consider public sector costs?) ○ The most appropriate cost per QALY threshold. 	
<p>7. Preventing unintentional injuries among under 15s in the home: Considering the evidence</p>	<p>The committee discussed the evidence in further detail and then Catherine Law summarised the morning's discussions as follows:</p> <ul style="list-style-type: none"> • It should be made clear in the guidance that this is part of a suite of guidance on preventing injuries in children. • The technical assessment of equipment is not within the scope. • Socio-economic and ethnic inequalities are important factors, however it is difficult to make recommendations targeted at particular groups because of lack of evidence. • The effective implementation and uptake of these interventions will rely on good community engagement. NICE community engagement guidance should be referred to where appropriate. • The committee agreed that context was important. For example, the barriers and facilitators review highlighted that some people were concerned about people coming into their home to fit safety equipment. • Interventions should be appropriate to the stages of development of the children in the home. • It is important to also educate families when providing safety equipment. 	
<p>8. Preventing unintentional injuries among under 15s in the home: Agreeing and drafting the recommendations</p>	<p>The lead lay discussant, Muriel James, and the lead practitioner discussant, Sue Atkinson, commented on some of the key issues.</p> <p>The committee considered a tabled paper with some outline areas for draft recommendations.</p> <p>Catherine Law summarised the discussions as follows:</p> <ul style="list-style-type: none"> • There was support from the committee to develop recommendations around the supply and installation 	

	<p>of a range of safety equipment, including smoke alarms and carbon monoxide detectors.</p> <ul style="list-style-type: none"> • Reference should be made to the variety of approaches possible. • The recommendations should include reference to education (and reinforcement), including the role of health visitors. • Reference should be made to the importance of the initial installation and ongoing maintenance of safety equipment, including follow-up interventions. • Reference should be made to the continuing development of technology and the importance of equipment that is long-lasting and tamper proof. • Interventions should target households at greatest need, including: those without equipment; which have had previous incidents; and high occupancy households. These are often low income households. There will be different ways to do this, depending on the availability of local data and the potential for sharing information between agencies. • There may be opportunities for local statutory agencies to identify and cross-refer households at risk. • Interventions should be tailored to meet the specific needs of different communities and households, taking into account cultural practices and social norms. • The recommendations should note the importance of the child development context. • There are a number of important facilitators and barriers to these interventions, such as being able to trust people to come into homes to fit equipment. • Some households will be unable to make changes to their homes (eg tenants), so interventions will need to target landlords too. • There is a role for primary care staff and others who visit people in their homes (eg health visitors) to identify high need households, conduct risk assessments and ensure interventions are delivered. 	
<p>9. Preventing unintentional injuries among under 15s in the home: Drafting the research recommendations</p>	<p>The potential research recommendations for this topic were considered. It was agreed that the following areas needed further research:</p> <ul style="list-style-type: none"> • Differential effectiveness according to socio-economic status • More about barriers and facilitators for deprived households • Interventions to prevent falls • What kinds of education (e.g. leaflets or advice) • Relative cost of different interventions, including is it more cost effective to target different groups for specific interventions • What causes serious rather than minor (common) injuries? • How can learning from local practice be achieved? • It was agreed in principle that it would be desirable to 	<p>MK</p>

	<p>produce a combined set of research recommendations for the suite of unintentional injury guidance. This will need further consideration in NICE.</p> <ul style="list-style-type: none"> • The committee discussed the uptake of research recommendations in general. The committee queried: <ul style="list-style-type: none"> ○ Whether it was appropriate to focus recommendations so strictly on the potential to update guidance after 3 years, given the low uptake of research recommendations by researchers and it being unlikely that research could be conducted and reported in this timeframe. ○ That the context and thinking behind the research recommendations should be maintained when sending to researchers and funding bodies. <p>Simon Ellis, the Associate Director for this guidance, outlined the next steps in guidance production.</p>	NICE to consider
10. Training for the new expense management system	<p>A short presentation was given to the committee regarding the new online expense system.</p> <p>Enquiries about how to use the system should be sent to: The Software (Europe) helpdesk by calling 01522 881300 or support@software-europe.co.uk or Chris Hay on 0161 870 3032.</p>	ED
11. Topic selection – possible topics for the future	None were discussed.	
12. AOB – part two	<ul style="list-style-type: none"> • Length of term on the committee – the committee were informed that the board have revised the policy relating to committee membership. Members can now stay on the committee for up to 10 years. Letters are to be sent to the members regarding this. The members were keen to find out whether it may be possible to have gap years from the committee. MK to report back. • Taxi use – in line with NICE policy, members were asked to use taxis judiciously. • The committee thought it might be more helpful to have the lay and practitioner discussants as the first slot on the agenda to set the scene before the evidence is presented. This should be trialed at the October meeting. • The committee commented on the usefulness of the paper setting the legislative context of the guidance for the topic considered earlier. This should be sent with the papers rather than just tabled on the day. MK to discuss at the CPHE senior team meeting. • There was concern about the balance of the committee discussions – some felt there should be greater balance between the economic and effectiveness discussions. This should be monitored in the future. 	MK PHIAC members ED/ October meeting MK

13. Close	The meeting closed at 4.30pm.	