

NICE PUBLIC HEALTH PROGRAMME GUIDANCE
Contraceptive services for socially disadvantaged young
people

1st meeting of the Programme Development Group

Thursday 19th February 2009

Royal College of Anaesthetists, Red Lion Square, London WC1R 4SG.

Final Minutes

Attendees:	<p><i>PDG Members</i></p> <p>Anne Weyman – Chair. Amar Abass, Penny Barber, Simran Chawla, Pat Farley, Karen Harrison, Ruth Hine, Lesley Hoggart, Rhiannon Holder, Pauline McGough , Karen Spooner, Faye Sutton , Kim Tanner.</p> <p><i>NICE</i></p> <p>Chris Carmona (CC), Alastair Fischer (AF), Mike Kelly (MK) – pm only, Kay Nolan (KN), Patricia Mountain (PM), Clare Wohlgemuth (CW), Tricia Younger (TY)</p> <p><i>Contractors – SchARR</i> Sue Baxter (SB), Hazel Pilgrim (HP)</p>	
Apologies:	<p><i>PDG Members</i></p> <p>Gill Frances, Terri Ryland, Babs Young</p> <p><i>Contractors – SchARR</i> Lindsay Blank. Nick Payne</p>	
Authors	Patricia Mountain	

Item		Action
1	<p>Welcome, Introductions and Aims of the Meeting</p> <p>One member had resigned from PDG, and two new members were introduced: Pauline McGough and Karen Spooner.</p> <p>PDG members unable to attend the induction day on 28th January will be invited to the induction of another PDG.</p> <p>Community members will also be invited to a training day organised by the NICE Public and Patient Involvement Programme (PPIP).</p> <p>Declarations of interest were: Penny Barber - personal non pecuniary interest Lesley Hoggart- personal non pecuniary interest, personal non pecuniary Rhiannon Holder - personal non pecuniary interest Pauline McGough - personal non pecuniary interest Anne Weyman – personal non pecuniary interest</p>	
2	<p>Overview of process and key dates</p> <p>TY gave a brief overview of the guidance process and key meeting dates. Members were asked to note a change of PDG date - the two day meeting in July 2010 is now on 14th and 15th July, not 7th and 8th July 2010 as formerly.</p>	
3	<p>Interface with PHSE guidance</p> <p>TY explained the scope and remit of the NICE guidance currently underway on <i>Personal, social and health education focusing on sex and relationships and alcohol education</i> (PSHE) and how it relates to this contraceptive services guidance.</p> <p>The PSHE guidance focuses on sex and relationships education and alcohol education. It does not cover the effectiveness of contraceptive services or the provision of contraception.</p>	
4	<p>Assessing capacity to consent – the Fraser Guidelines</p> <p>Penny Barber gave a presentation on the Fraser guidelines. This was followed by discussion.</p>	
5	<p>Mapping review</p> <p>HP and SB from the School of Health and Related Research at Sheffield University (SchARR) presented the mapping review. The key points raised were:</p> <ul style="list-style-type: none"> • Consider ways of getting further information by capturing learning at a local level. • Definition of contraceptive services- Does it include sexual health information? • Definition of success criteria for a contraceptive service 	

	<ul style="list-style-type: none"> The problem of bias and gaps in the studies captured by the review, such as examples of good practice will not have been evaluated or published and will therefore not be in evidence base. <p>Evidence not available in the peer-reviewed literature may be addressed in other ways, such as testimony from experts. All communications between the collaborating centre and the PDG should be through NICE.</p>	
6	<p>Proposals for forthcoming reviews</p> <p>Proposals for the organisation of further evidence reviews were discussed, together with the issues and areas to be covered in each review.</p>	
7	<p>Discussion of proposal for forthcoming reviews</p> <p>The main points discussed were:</p> <ul style="list-style-type: none"> Lack of cost- effectiveness data so modelling will be important. The qualitative review could be limited to UK data only. The evidence will be divided by 3 settings: education; health service; community. Education settings will include interventions that are non-curriculum based i.e. clinics/services provided in or near education settings. Different schools will allow different interventions – proposals will have to go through board of governors and so provision may vary Categorisation may not be clear cut; for example Brook could be categorised with the health services but also does some work in and near schools. Sure Start Plus, children’s services and Connexions don’t fit easily into these categories and may be considered in the ‘community’ review. Contraception services within abortion and termination services would be included in the health services review Different settings will have a big impact, even if the provider is the same - a very different experience e.g. getting an injection in a healthcare setting as opposed to at home. Health outreach services should be considered Residential care, for looked after children for example, may be considered under ‘community’. Post natal contraceptive services are provided in the home and in community settings not only in healthcare setting. Condom distribution in clubs – ‘community setting’ Advice through mass media e.g. websites – ‘community setting’. Pharmacies: could be categorised as community or health service. Young people may prefer young people’s drop-in centres as they can sign post services and provide details on different types of contraception. No stigma attached to going to the drop-in centre. This may be important for those not at school, college, youth clubs etc There will be different issues for those under 16 as opposed to those over 16. Need to be mindful of age difference when analysing 	

	<p>evidence.</p> <ul style="list-style-type: none"> • The reviews will need to consider all aspects: who and where but what they are providing e.g. advice, condoms, emergency contraception etc. 	
8	<p>Economic reviewing and modelling – the NICE approach</p> <p>An introduction to health economics and the role of cost effectiveness evidence in the development of NICE guidance.</p> <p>The main topics covered were:</p> <ul style="list-style-type: none"> • Quality Adjusted Life Year and its relevance in this guidance • Demonstrations of cost-effectiveness when services are provided outside the NHS • Which contraceptives are the most cost-effective? • Costs of providing services • Adherence to contraception in relation to cost- effectiveness. • Success criteria for a contraceptive service provision • Training costs 	
9	<p>PDG Members, experts, co-optees</p> <p>Membership gaps may be filled by co-opted members. Some gaps were identified:</p> <ul style="list-style-type: none"> • Learning disabilities • Lesbian, gay, bisexual, and transgender people • Homeless young people • Young people who are sexually exploited/trafficked • Young men • Groups that are not in touch with services 	
10	<p>Any Other Business</p> <p>Professor Kelly welcomed the PDG and looked forward to his participation in some future meetings</p> <p>DATE OF NEXT MEETING: Thursday 2nd April 2009 Royal College of Paediatrics and Child Health, 5-11 Theobalds Road, London WC1X 8SH</p> <p>PLEASE NOTE CHANGE OF VENUE</p>	
11	<p>The meeting closed at 4pm.</p>	