

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 37: Minutes of the meeting held on 19th June 2009

Reducing differences in the uptake of immunisations and Promoting mental wellbeing at work

Attendees	<p>Members Catherine Law, Susan Michie, Amanda Hoey, Muriel James, Alasdair Hogarth, Dale Robinson, KK Cheng, Mike Owen, Joyce Rothschild, John Barker, Ann Hoskins (left at 4pm), David McDaid, Mike Bury, David Sloan, Matt Kearney (left at 3pm), Dagmar Zeuner, Mike Rayner, Mark Sculpher (left at 3pm), Philip Cutler, Stephanie Taylor, Bren McInerney, Jane Putsey, Stephen Walters, Joanna Cooke, Lesley de Meza, Stephen Morris, Adam Oliver, Toby Prevost</p> <p>NICE staff – All day Mike Kelly, Emma Stewart</p> <p>NICE staff – AM only Tricia Younger, Kay Nolan, Chris Carmona, Patti White, Alastair Fischer</p> <p>NICE staff – PM only Jane Huntley, Amanda Killoran, Peter Shearn, Denise Woods</p> <p>Non-public observers Rachael Paterson (Editing, NICE), Katie Perryman Ford (Implementation, NICE)</p> <p>Contractors Rachel Smith (Greenstreet Berman), Nina Williams (Greenstreet Berman)</p> <p>Co-opted members – AM only Anthony Harnden (Department of Primary Care, University of Oxford, Member of the Joint Committee on Vaccination and Immunisation), Helen Bedford (Senior Lecturer in Children’s Health at University College London), David Elliman (Consultant community paediatrician at Great Ormond Street Hospital for Children), Andrew Hall (Chairman, Joint Committee on Vaccination and Immunisation)</p> <p>Co-opted members – PM only Richard Preece (Freelance Consultant in Occupational Medicine), Cary L Cooper (Pro Vice Chancellor and Professor of Organisational Psychology and Health, Lancaster University and Managing Director, Robertson Cooper Ltd), Linda Seymour (Head of Policy, Sainsbury Centre for Mental Health), Peter Kelly (Occupational Health Psychologist, Higher Scientific Officer, Health Psychology Unit, Health and Safety Executive), Mark Petticrew (Professor of Public Health Evaluation, London School of Hygiene and Tropical Medicine), Ben Wilmott (Senior Public Policy Advisor, Chartered Institute of Personnel Development), Helen Kirk (Director, HK Consulting), Amanda Brown (Head of Employment Conditions and Rights, National Union of Teachers)</p>
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Author	Emma Stewart
Audience	Members of PHIAC; The Public

Agenda Item	Minutes	Action
1. Welcome and introductions. (Chair)	The Chair welcomed members to the 37 th PHIAC meeting. The meeting was declared quorate. Bren McInerney was welcomed as a new committee member.	
2. Apologies (Chair)	Apologies were received from: PHIAC members Tracey Sach – maternity leave, Ruth Hall – on sabbatical, Sue Atkinson, Richard Cookson, Andrew Hopkin	
3. Declarations of Interest (All)	<p>Declarations of interest in relation to <i>Immunisation</i> 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-optees and experts were asked to declare these interests again, and any additional declarations were requested.</p> <p>Personal non-pecuniary interests:</p> <p>Personal pecuniary interests: PHIAC members: Mike Owen – Mike has a potential interest as a General Practitioner who may benefit from any agreement recommending enhanced immunisation.</p> <p>Matt Kearney – Matt has a potential interest as a General Practitioner who may benefit from any agreement recommending enhanced immunisation.</p> <p>Non- PHIAC members: Anthony Harnden – Anthony has a potential interest as a General Practitioner who may benefit from any agreement recommending enhanced immunisation.</p> <p>Personal Family interests: None</p> <p>Personal non-pecuniary interests: PHIAC members:</p>	

	<p>David Sloan - David has contributed to research used to inform the cost effectiveness analysis of neonatal hepatitis B vaccination.</p> <p>Non- PHIAC members: David Elliman – Has spoken on this topic in the past and will do so in the future. Andrew Hall – Andrew is Chair of the Joint Committee on Vaccines and Immunisation Helen Bedford – has spoken on this topic in the past and will do so in the future.</p> <p>Non- Personal pecuniary interests: PHIAC members: Catherine Law – Catherine has carried out research in this area, funded by a grant from the Department of Health. She may wish to bid for research funds to study this area in the future. Stephen Walters – The department that Stephen works for (SchARR, University of Sheffield) has contracts and/ or research grants with the NIHR, HTA and NICE.</p> <p>Potential interest due to future research funding: PHIAC: KK Cheng, Susan Michie, Toby Prevost</p> <p>Non-PHIAC Helen Bedford, David Elliman, Anthony Harnden</p> <p>It was agreed that the above declarations would not prevent any members from taking part in the meeting.</p>	
<p>4. Immunisation (All)</p>	<p>Tricia Younger, Associate Director at NICE, provided an overview of the stakeholder comments on the evidence and draft guidance.</p> <p>Rachel Smith from Greenstreet Berman fieldwork contractors provided an overview of the feedback from the fieldwork.</p> <p>The committee had an opportunity to ask questions and comment on the fieldwork.</p> <p>Chris Carmona, analyst at NICE, presented the findings from the equality impact assessment undertaken on the guidance. It was agreed that any revisions to the guidance would be made in response to this analysis.</p> <p>Catherine Law summarised the morning's discussions as follows:</p> <ul style="list-style-type: none"> • The committee agreed that both GPs and Health Visitors have a leadership role in ensuring that children are immunised. • The recommendations need to emphasise the importance of easier to reach services. • Immunisation data issues need to be clearly articulated – it was clear from the fieldwork that 	

	<p>people need further information on this.</p> <ul style="list-style-type: none"> • Looked after Children need to be carefully considered and the wording in recommendation 5 amended to reflect this. • The committee discussed marketing and media approaches to increase the uptake of immunisation. Where possible, cross reference to the NICE Behaviour Change guidance should be made. • The committee acknowledged that despite the challenges of interpreting the scope, the draft guidance has a clear aim – which is to provide guidance on how to increase uptake in settings and among populations and groups where immunisation coverage is low. This will vary by place and vaccine. <p>Kay Nolan, analyst at NICE, presented the potential changes to each recommendation based on the fieldwork comments. The changes were agreed with the following additional points or changes to be included:</p> <p>Recommendation one:</p> <ul style="list-style-type: none"> • The role of the health child team/ health visiting team should be clarified. • The recommendation should make it clear that some older children may be competent to decide on whether they are immunised. This recommendation should refer to the guidelines set out in the Green Book regarding consent. • The term ‘carer’ should be revised to include people with parental responsibility. • The term ‘signpost’ should be changed to ‘referral’ • It should be made clear that if ‘immediate’ vaccination is not possible, they should be referred. • A & E – it should be made clear that it was about starting a discussion about immunisation rather than always trying to immunise within A&E. • PHIAC did not think that waiting lists for immunisations were appropriate and therefore should not be included in the guidance. • Provision of information should be active, not passive. <p>Recommendation two:</p> <ul style="list-style-type: none"> • It was agreed that a minimum of compatible information systems should continue to be recommended. • Private providers should be encouraged to report vaccinations to the local PCT. Refer to General Medical Council guidance on this. • There is a need for clarification on school records and data protection issues. • Children who give consent should be added to all recommendations. <p>Recommendation three:</p> <ul style="list-style-type: none"> • Those in a parental caring role also need information. 	NICE team
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	<ul style="list-style-type: none"> • As national guidance changes, so too do local protocols. <p>Recommendation four:</p> <ul style="list-style-type: none"> • Do not mention specific vaccines, but mention school leaver boosters. • The term ‘local GP’ should be changed to ‘GP practice’. • Reference should be made to the ‘healthy child team’, and it should be clear what is meant by this term. • Children’s centres to be added to the title. <p>Recommendation five:</p> <ul style="list-style-type: none"> • Need to strengthen the section re low immunisation groups. In particular the sections on looked after children that are more at risk. • The recommendation needs to make it clear that it is important there is clarity about who has responsibility for who looks after the child. • Amend wording to ‘Use the annual health plan reviews’. • The recommendation should be to social services rather than drawing this group out in recommendation. • Take out some of the detail, and ensure the main principles are drawn out so it is very clear what is being recommended. <p>Recommendation six:</p> <ul style="list-style-type: none"> • A number of lines should be added so it is very clear why this exemplar is being used. As it is thought to be useful in the field, it should remain. • The heading should mention targeted vaccinations, and use the neonatal hepatitis B vaccination as an exemplar. • General issues should be drawn out about targeted vaccinations, but the specifics of neonatal Hepatitis B vaccinations should also be specified. • A further topic referral should be made re other targeted vaccinations. <p>The research recommendations for the topic were discussed and agreed.</p> <p>Implementation consideration – NICE team to report back to implementation colleagues that partnership working and children services should be specifically targeted when implementing the guidance.</p> <p>Tricia Younger outlined the next steps in guidance production.</p> <p>Thanks were given to NICE colleagues and co-opted members.</p>	
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		Topic Selection
<p>5. Declarations of Interest (All)</p>	<p>Declarations of interest in relation to <i>Promoting Mental Wellbeing at work</i> 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-optees and experts were asked to declare these interests again, and any additional declarations were requested.</p> <p>Personal pecuniary interests: PHIAC members: None</p> <p>Non- PHIAC members: Cary L Cooper – Cary is a managing director of Robertson Cooper Ltd.</p> <p>Personal Family interests: PHIAC members: None</p> <p>Non- PHIAC members: Peter Kelly – Peter’s wife works for Lilly Oncology.</p> <p>Personal non-pecuniary interests: PHIAC members: None</p> <p>Non- PHIAC members: Cary Cooper – Cary is the chairman of the British Association of Counselling.</p> <p>Non- Personal pecuniary interests: PHIAC members: Stephen Walters – The department that Stephen works for (SchARR, University of Sheffield) has contracts and/ or research grants with the NIHR, HTA and NICE.</p> <p>Non- PHIAC members: Ben Wilmott – Ben has a potential interest due to his work at the Chartered Institute of Personnel Development (CIPD). CIPD is a non profit organisation, but it does have a commercial arm which is linked to this topic area.</p> <p>Potential interest due to future research funding: PHIAC: KK Cheng, Susan Michie, Toby Prevost</p> <p>Non-PHIAC Mark Peticrew</p> <p>It was agreed that the above declarations would not prevent</p>	

	any members from taking part in the meeting.	
6. Workplace Mental Health (All)	<p>Amanda Killoran, analyst at NICE, provided an overview of the stakeholder comments on the draft guidance.</p> <p>Nina Williams, from Greenstreet Berman fieldwork contractors provided an overview of the comments from the fieldwork.</p> <p>The committee were given an opportunity to comment or ask questions on the fieldwork comments.</p> <p>It was agreed that the following should be added/ revised:</p> <ul style="list-style-type: none"> • Reducing risk and promoting mental wellbeing at work are two sides of the same coin. This should be added to the considerations section. • The current economic climate should be acknowledged – this should be added to the introduction. • The idea of stress needs to be clarified (harmful and non harmful). • It should be clear that this guidance helps businesses to fulfil their statutory duties. • Clarity must be made about why businesses should sign up to this. At the moment it's not clear and this should be put up front in the guidance. • It was considered important to emphasise the economic costs of presenteeism. • The impression that is given in the guidance is that the cost-effectiveness evidence is weak. The guidance present the other available evidence such as the Foresight report which supports the findings in the guidance. • Definition of presenteeism to be added. • It is important that the guidance identifies particular groups (eg age, gender) that will need to be targeted. <p>The committee then considered the changes to each recommendation in light of the fieldwork and stakeholder comments.</p> <p>The following amendments/ additions were agreed:</p> <p>Context:</p> <ul style="list-style-type: none"> • The language must be easily understood by Small and Medium Enterprises (SMEs). NICE will work with the Federation of Small Businesses (FSB), to ensure the recommendations are phrased in a way that is relevant to their members. • When talking about work related stress, it was agreed that we should use the definition that is well known in the workplace and is on the Health and Safety Executive website. • Employees and employers can suffer from mental ill health. 	

	<ul style="list-style-type: none"> • The committee felt that it would be helpful for the costing tool to be an interactive tool so different size companies could consider the costs to their organisations. • The discussion of stress in the considerations should acknowledge that stress comes from many sources which are external to the workplace but that employers have a duty of care which includes the identification of workplace stressors and action to ameliorate it. <p>Recommendation one:</p> <ul style="list-style-type: none"> • It was felt important to be explicit about performance indicators. • The recommendation should be edited to make the language simpler and more accessible. • Examples to be used/ added where justified by the evidence. <p>Recommendation two:</p> <ul style="list-style-type: none"> • Clear links to legal duties should be made. <p>Recommendation three:</p> <ul style="list-style-type: none"> • Some guidance on flexible working to be added. There needs to be a clear caveat re flexible working not always being realistic or reasonable. ‘Reasonably practical’ should be used instead of ‘feasible’. <p>Recommendations four and five, agreed changes:</p> <ul style="list-style-type: none"> • The Chartered Institute for Personnel and Development, Investors in People and Health and Safety Executive competency framework should be referenced. Add link to this to the recommendation. • Target population not correct terminology. Should talk about ‘who should benefit’. This needs to be addressed for all NICE guidance. MK to speak to editing about this. • ‘Such as’ should be changed to ‘including’. <p>It was agreed that the recommendations would be redrafted in line with these comments</p> <p>The research recommendations for the topic were discussed and agreed.</p> <p>Denise Woods highlighted to the committee the main implementation strategy from the guidance. The following important implementation issues were highlighted by the committee:</p> <ul style="list-style-type: none"> • Performance indicators should be drawn out. • It is important to try and get the agreement of chief executives/ directors in order for the guidance to be properly implemented. • NHS to be considered in its own right for implementing the guidance. • The development of a costing tool 	<p>Implementation</p> <p>Mike Kelly</p>
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	Jane Huntley outlined the next steps in guidance production. The guidance is due to be published on 28 th October. Thanks were given to the co-opted members.	
7. Minutes of PHIAC 36 (all)	The minutes of PHIAC 36 were considered and approved with some minor editing changes.	
8. Topic suggestions (All)	The following topic was suggested by the committee for referral to the public health topic selection panel: Mass media and immunisation. Guidance on different types of targeted vaccinations. Interventions to help the health of the unemployed	ES to refer to the topic panel
9. AOB (Chair)	<ul style="list-style-type: none"> • Sharon McAteer has resigned from the committee. • New members are to be recruited from September 2009 onwards to replace those leaving in March 2010. • CL and MK to consider the composition of PHIAC. Commissioning and training recommendations – it has been agreed that these won't be included unless there is specific evidence and detail which adds value to the topic area. • An invitation has been received from the Department of Health for PHIAC members to attend an evening meal and seminar on Thursday 16th July. MK to email PHIAC with further information and to set out the objectives of the meeting. 	
10. Close	The meeting closed at 4.30pm	