

## Public Health Programme Guidance

### School-based interventions to prevent smoking (PH23) - Consultation on Review Proposal) Stakeholder Comments Table

1<sup>st</sup> Feb – 15<sup>th</sup> Feb 2013

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Action on Smoking and Health	General		We are concerned that the value of school-based interventions has not been considered within the context of their relative cost-effectiveness in reducing smoking prevalence and youth uptake among young people when compared to broader population-based tobacco control measures. Particularly at a time of budgetary constraint and given the overall low success rates of youth smoking prevention programmes, youth-focused interventions within schools may not be the best use of resources. We urge NICE to make this clear in any information it puts out on schools-based interventions.	<p>Thank you for your comment. We recognise that schools and local authorities, like the rest of the public sector, are under considerable financial constraints. We also recognise that efforts to prevent children and young people from taking up (or stopping) smoking may happen outside of – or in partnership with – the school setting.</p> <p>The referral for this guidance from the Department of Health specified the focus on school-based interventions, which is why it – and any subsequent update – will do so. Furthermore, schools and local authorities retain specific responsibilities around health and wellbeing in the new system, and</p>

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				<p>many will wish to tackle smoking – either in this setting alone, or in addition to interventions and activities outside of school – as a key area, and one that features in the public health outcomes framework (eg in domain 2, ‘smoking prevalence in 15 year olds’). The updated guidance will provide information on the effectiveness and cost effectiveness of interventions based in schools.</p> <p>NICE has also developed a range of other guidance on smoking, children and young people, including general <a href="#">guidance on preventing the uptake of smoking by children and young people (PH14)</a> which sets smoking prevention in a broader</p>

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				context. We hope that this will continue to be helpful to those making decisions about, and commissioning, local programmes and services.
<b>Action on Smoking and Health</b>	Recommendation 3		<p>The ASSIST programme has now been tried out within schools in Wales. However, we are concerned that this roll out has not been implemented in a consistent way and is not being properly evaluated. The intervention has been tried in 40 schools out of the 200 secondary schools in Wales in one peer group so far (Year 8) but we understand that there has been no collection of data to measure the effectiveness of the programme. Yet a considerable amount of money - £300,000 for the year 2012/13 – has been allocated for further spending on the ASSIST programme.</p> <p>It would be helpful if NICE could recommend that in addition to RCTs, schools-based measures which are subsequently rolled out more widely should be properly evaluated.</p>	<p>Thank you for your comment. We agree that evaluation is a vital part of the delivery and review of public health interventions and programmes, and also helps to develop the evidence base. PH23 includes a research recommendation specifying the need for further evaluation of peer-led approaches.</p> <p>The proposed partial update will consider the available evidence around SFC interventions, and the Public Health Advisory</p>

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				<p>Committee will consider a range of issues, including gaps in the evidence, as they develop new recommendations. The full guidance will be reviewed for update again in 2015.</p> <p>The remit for NICEs public health guidance, however, is currently England only (although other parts of the UK may find it relevant), and implementation and evaluation in other areas is a matter for local decision.</p>
<b>ASH Cymru/ ASH Wales</b>	Recommendation 3		The ASSIST programme is currently rolled out annually to 40 schools in Wales. The programme is targeted to those deprived areas of Wales and does not go into the same school each year (therefore only training one cohort of year 8 in a school). There have been increasing concerns about the fact that, to date, there has been no evaluation of the programme to scale. There are also	<p>Thank you for your comment.</p> <p>The current guidance was based on the best</p>

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			concerns that the programme is very fixed and does not contain any web or social media content.	available evidence on the time of publication, and although we identified new evidence in relation to ASSIST during the update review process, the expert panel convened to advise NICE on the review decision did not feel that the new evidence would change the current recommendations, and the issues that you raise were not identified within the literature considered (for more information about the evidence identified to inform the guidance update review, please see the related Evidence Update, here: <a href="http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates">http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates</a> )  The guidance will be

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				reviewed again in 2015, when new evidence relating to the original scope and the recommendations will be considered once more.
<b>Association of School and College Leaders</b>	General		School and college leaders do not see any need to update the present guidance. They are well aware of the present guidance and on the whole happy that it they are able to take all reasonable steps to discourage the uptake and practice of smoking, and that the guidance supports them in doing so.	Thank you for your comments
<b>Association of School and College Leaders</b>	General		If it is felt that the guidance should be updated to include an assessment of the effectiveness of the smoke free classroom (SFC) approach, then the revision should be limited to that to avoid confusing the intended audience with wholesale change.	Thank you for your comment. The partial update will only address the SFC approach, other recommendations will remain current.
<b>Association of School and College Leaders</b>	General		In the limited time available for this phase of the process it has not been possible for ASCL to consult its members, who lead virtually all of the secondary schools and colleges in the UK. But it is likely that the SFC approach is little used, and likely to be forgotten by the time a revised guidance document is published. This should, however, be checked before a final decision is made.	Thank you. Please see our previous response.
<b>British Heart Foundation</b>	General		The British Heart Foundation believes that public health guidance on school-based interventions to prevent the uptake of smoking among children should be updated. Smoking is a leading cause of cardiovascular disease and 100,000 smokers die as a result of smoking each year ( <a href="#">ASH, 2011</a> ). Smoking	Thank you for your comments.

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			<p>is a key public health challenge in the UK and the British Heart Foundation (BHF) believes that it is imperative that Government takes further action to prevent a future generation of young smokers from being recruited.</p> <p>It is estimated that every year more than 150,000 children in the UK start smoking, and of these, approximately two-thirds start before the age of 18 (<a href="#">ASH, 2013</a>). The BHF agrees with the recommendation of the Centre for Public Health Evidence to update this public health guidance. We believe that it is essential that Government utilises the opportunity presented by schools to inform and encourage young people into making positive health choices and avoiding taking up smoking.</p> <p>The BHF hopes to engage in an on-going dialogue with NICE on this issue and is able to point to evidence from our projects in the UK that we would be happy to share information on as this is reviewed.</p> <p>For example, as part of the BHF's Hearty Lives Programme, we are investing up to £100,000 in funding and healthcare professionals' resources in a smokefree Blaenau Gwent programme with the aim of preventing uptake of smoking among adolescents and children at primary school age. This involves a multi-faceted approach concentrating on supportive smokefree environments and socially denormalising smoking.</p>	<p>Thank you for this information. We hope that this programme will be evaluated, and that we will be able to consider published evidence on its effectiveness when this guidance is next reviewed for update in 2015.</p>
Department of Health			<b>I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.</b>	Thank you for your comment.
Health Improvement & Development Service Portsmouth	Section 3 peer led interventions		Feel this is very loaded towards 'ASSIST' as a product, should it be more open around the approach?	Thank you for your comment. The original guidance on school based smoking

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				<p>prevention, PH23, recommended ASSIST on the basis of good quality evidence effectiveness – over and above other interventions and approaches that were considered – as well as economic analysis carried out to inform the guidance. The evidence review that informed the original guidance looked at all of the available evidence about relevant interventions (within certain criteria about study type, publication date etc) and this is clearly documented on our website and available to all here: <a href="http://guidance.nice.org.uk/PH23/SupportingEvidence">http://guidance.nice.org.uk/PH23/SupportingEvidence</a></p> <p>You can see the original guidance, and link to the supporting evidence,</p>

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				<p>here:  <a href="http://guidance.nice.org.uk/PH23">http://guidance.nice.org.uk/PH23</a></p> <p>Discussion around ASSIST in the guidance update review proposal reflects the content of the original recommendations, based on the evidence available at the time.</p>
<b>Health Improvement &amp; Development Service Portsmouth</b>	'general'		I feel looking at 'social norms' based approaches to tackling smoking trends with young people (e.g. Evaluation of the R U Different? Social Norms Programme ) show another approach that I feel has a positive impact in this area.	The original evidence reviews for PH23 looked at the USA 'Truth' campaign – a social norms approach - in some detail, but both the review team and the Public Health Interventions Advisory Committee ( who developed the guidance) felt that there was insufficient evidence about how it would translate to a UK setting.

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				Instead, PHIAC made a research recommendation about the need for further work in this area. The guidance update review process did not identify new evidence around this approach, so we are unable to extend the guidance to consider it at this point in time. However, the guidance will be reviewed again for update in 2015.
<b>Health Improvement &amp; Development Service Portsmouth</b>	'general'		With the changes in commissioning services and local authority priorities this is a really important time to underline the importance of tackling smoking at a younger age and to make sure appropriate funding is highlighted for this.	Thank you for your comment.
<b>Mentor</b>	General		We support the proposal to update this guidance at least partially. Ideally, this would include reference to wider prevention work in schools (i.e. relating to drugs and alcohol) since considering these together rather than in isolation helps build a more solid framework of understanding as to 'what works' in prevention.	Thank you for your comment. Although we recognise the importance of general prevention work in schools, the original referral for this guidance focused on smoking prevention. Although the

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				<p>final 2010 guidance includes a research recommendation about the need for further evidence of the effectiveness of delivering tobacco use prevention alone or as part of a larger substance misuse programme, we did not identify additional evidence in the update review process that would prompt a change in the recommendations. However, the issue of substance misuse (including alcohol and tobacco) prevention programmes in schools was discussed at the expert panel meeting, and has also arisen in other areas. Consequently, we are taking it to the first stage of the CPHE topic selection process for consideration (you can</p>

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				read more about how CPHE guidance topics are selected and referred here: <a href="http://publications.nice.org.uk/the-nice-public-health-guidance-development-process-third-edition-pmg5">http://publications.nice.org.uk/the-nice-public-health-guidance-development-process-third-edition-pmg5</a> ).
<b>Mentor</b>	3 (Recommendation 3)		The Unplugged intervention (Faggiano et al., 2012) is not primarily peer-led. The intervention was delivered in three formats: basic curriculum alone [teacher-led] (basic arm), and basic curriculum with the addition of activities involving either peers (peer arm) or parents (parent arm). The peer arm included seven meetings to be conducted by two students which were selected by their class-mates, while the parent arm included three workshops organized by experts from the EU-Dap local centre during extracurricular time. The three intervention arms were combined for analysis. This intervention should therefore be considered under 'adult-led' interventions.	Thank you for your comment. The Faggiano et al paper was discussed in the expert panel meeting with other 'peer-led' evidence, and the other papers on 'Unplugged' with the 'adult-led' evidence. We agree that this was not clearly presented in the consultation paper, and will rectify it in the decision paper.
<b>NHS Hampshire</b>	Section 3, Recommendation 1 A whole-school		The new evidence in relation to school and community-based interventions (Carson et al, 2011) that " <i>multi-component interventions incorporating both school and community components</i> " appeared to be ineffective (compared to usual education), is particularly relevant for organisations planning and	Thank you for your comment. The expert panel discussed this paper in some detail,

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	approach		<p>commissioning work programmes in this area. It is important to have up to date recommendations if there is some doubt as to whether community-based interventions are effective alongside school-based interventions.</p> <p>However, there is some best practice experiences from the national programme delivering community alcohol partnership work; that integrated local school-community-based interventions are effective. Therefore, a revised recommendation on this aspect would be welcome.</p>	<p>and concluded that this – taken along with other evidence discussed, and taking into account the quality and applicability of the evidence - provided broad support for the current recommendation. There was no other evidence identified in the published literature which was relevant to this recommendation, so the expert group suggested that there was no reason to update it.</p>
NHS Hampshire	Section 3, Recommendation 2 adult-led interventions		<p>The consultation also comments that the second paper on “<i>implementation, intention, manipulation</i>” (Conner and Higgins, 2010) “looked promising... and had the potential to enhance the guidance and current practice”. If this is the case, it would be useful for a revision of this recommendation to take account of this new evidence.</p>	<p>Thank you for your views. The expert panel concluded that although this paper looked promising, there were some methodological issues and further evidence would be needed to prompt a full update of this area of the guidance. A UK based</p>

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				trial relevant to this intervention is currently underway, and the guidance will be reviewed again for update in 2015.
NHS Hampshire	Section 3, Recommendation 1 Adult-led interventions		The evidence relating to the Smokefree Class Competition will be considered as part of a review of this recommendation; however, this review should also take account of other new evidence mentioned above.	Thank you. Please see the response above.
NHS Hampshire	Section 3, Recommendation 3, Peer-led interventions		The new evidence relating to the possibility of increased effectiveness of peer-led interventions within specific gender and social groups and in relation to social networking, would have implications for commissioners of peer-led programmes. It would therefore be helpful for a review of this recommendation, to discuss in more detail the effectiveness of particular aspects of this type of intervention. Further information on cost effectiveness would also be very relevant for commissioners.	Thank you for your comment. Although the expert panel noted new evidence that provided some detail about the impact of peer-led interventions with these groups, they did not feel it was sufficient to change the current recommendations and therefore they will not be updated at this time.  For more information about the evidence discussed, you may find the associated Evidence Update on this topic helpful:

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				<a href="http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates">http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates</a>  The evidence update has been produced in parallel with the guidance update review, and covers the evidence discussed by the expert panel,  The guidance will be reviewed for update again in 2015.
NHS Hampshire	Section 3, Recommendation 5, Co-ordinated Approach		Any evidence relating to multi-risk behaviour (smoking, alcohol, drugs etc.) would be of relevance to commissioners of prevention programmes with young people. It is important that these risky behaviours are not treated in isolation; therefore a recommendation on a more combined approach would be helpful. The consultation document states that " <i>The expert group noted that the guidance as a whole will potentially need updating to reflect changing responsibilities and structures for public health and healthcare commissioning and delivery, and also significant changes to the education system, the management of schools and to the curriculum</i> ". With this in mind, the necessity for "smart" commissioning and joint working with other partners is even more applicable.	Thank you for your comment.
NHS Hampshire	Cost Effectiveness		The consultation states that there is more evidence available in relation to the cost-effectiveness of the ASSIST programme, particularly with regards to the	The expert panel did discuss evidence that provided further

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	Analysis		facilitation of the programme by teaching staff rather than by outside trainers. This would have clear implications for commissioners of ASSIST and peer-led interventions, therefore, an analysis of this new evidence and subsequent recommendation, would be helpful.	information about the cost effectiveness of ASSIST, and you can read more about it in the Evidence Update that was produced in parallel to this guidance update review: <a href="http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates">http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates</a>  However, the panel did not feel that this information would change the current recommendation in any way, therefore this area of the guidance will not be updated at this time. The guidance will be considered for update again in 2015.
Oxford Health NHS Foundation Trust	1		Do Healthy Schools Teams still exist. If not who will monitor NHSS status. Is PSHE still a statutory part of the curriculum?	NICE understands that the healthy schools initiative has now come to an end, although many schools may still choose to continue to follow the principles of

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				the initiative. Some aspects of PSHE are currently statutory, but not tobacco education. For more information about health in schools and the curriculum, you may find it helpful to contact the Department for Education <a href="http://www.education.gov.uk/">http://www.education.gov.uk/</a>
<b>Oxford Health NHS Foundation Trust</b>	3.8		Evidence based ASSIST peer-led interventions are expensive and time consuming. Many areas will not be able to fund this.	Thank you for your comment. NICE makes recommendations about the effectiveness and cost effectiveness of public health interventions and programmes. The economic analysis carried out for the original guidance suggests that the implementation of ASSIST would be cost effective, however the decision about whether to implement a

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				<p>programme such as ASSIST is one that should be taken locally, as part of a considered and strategic response to local public health need.</p> <p>You can read more about the evidence – including additional evidence on the cost effectiveness of ASSIST – that was discussed by the panel during this update review in the associated Evidence Update produced in parallel with our update decision:</p> <p><a href="http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates">http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates</a></p>
<b>Oxford Health NHS Foundation Trust</b>	4		Does Academy status remove the statutory nature of health and well being to be included in the curriculum?	For information about health in schools and the curriculum, you may find

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				it helpful to contact the Department for Education <a href="http://www.education.gov.uk/">http://www.education.gov.uk/</a>
<b>Oxford Health NHS Foundation Trust</b>			By adding - schools should nominate a smoking prevention champion/lead. This may give more importance to the subject.	Thank you for your comment. We did not identify evidence during the current update review to support your suggestion – however, the guidance will be considered for update again in 2015 and if appropriate evidence is available on the issue you raise it will be considered.
<b>Oxford Health NHS Foundation Trust</b>	5		Are there any other recommended evidence based tobacco education interventions other than ASSIST that can be listed?	The range of evidence and interventions considered during the development of PH23 are described in its scope, the reviews and economic analysis that informed its development , and the original full guidance document, all of which you can see

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				<a href="#">here.</a>
<b>Oxford Health NHS Foundation Trust</b>	general		Stats and current policies need updating	Thank you for your comment. As set out in the consultation paper, we recognise that many of the structures and functions described in the original guidance have changed, along with the policy context, and we propose to update the contextual and background information in the guidance accordingly.
<b>Royal College of Nursing</b>			Feedback suggests that there are no comments to submit on behalf of the RCN to inform on the above review proposal.	Thank you for responding.
<b>Royal College of Physicians (RCP)</b>	Recommendation 2		We note the recommendation to update recommendation 2 which appears to be in light of more recent studies on smoke-free classes. It appears that the new evidence will strengthen the recommendation <u>not</u> to use smoke-free class competitions in schools. We would support this as there is an administrative burden involved in checking smoking status regularly. There are also concerns regarding the negative feelings directed to any students who smoke in a class or lie about their smoking We believe these are likely to far outweigh any limited effectiveness.	Thank you for your comment – we agree.
<b>Royal College of Physicians (RCP)</b>	Recommendation 3		The recommendation on peer-led interventions is predominantly based on one RCT carried out in the UK. We would strongly suggest that further research is	Thank you for this comment; NICE shares

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			needed in this area.	your concern. One of the research recommendations of the 2010 guidance called for more evidence on peer-led interventions in the UK. NICE is due to reconsider this guidance in 2015 and we will look closely at this issue.
<b>Solent NHS Trust</b>	General		The implementation of the guidance may need to be re assessed, as suggested, due to recent changes in structures for public health and healthcare commissioning and delivery. In addition the significant changes to the education system both in terms of curriculum and management will influence the outcomes in schools. The removal of the "Health and Wellbeing" section in school Ofsted reports has seriously affected this.	Thank you for your comment. . As set out in the consultation paper, we recognise that many of the structures and functions described in the original guidance have changed, along with the policy context, and we propose to update the contextual and background information in the guidance accordingly.
<b>Solent NHS Trust</b>	Recommendation 2		Suggestions through new research evidence that additional efforts are needed to prevent smoking among specific high risk groups, such as adolescent females, would be supported by local intelligence and welcomed.	Thank you for your comment.
<b>Staffordshire Local Authority</b>	Section 3		Whole school approach is essential, whole school systems and policy must be	Thank you for this

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	recommendation 1		in place, known, understood and adhered to by the whole school community.	observation.
Staffordshire Local Authority	Recommendation 2		Good PSHE education lessons would include and allow this skill to be practised in a safe environment on various themes.  Page 6 with regard to 'Smoke Free Class' initiative we agree this would be likely to cause more problems, would be difficult to implement and monitor and would regardless still need to be complimented by an effective PHSE programme.	Thank you for your comment. We will be updating the guidance in relation to the SFC and hope to address the issues you raise.
Staffordshire Local Authority	Recommendation 3		In Staffordshire ASSIST commissioned for 3 years in order for it to become well established within school. Extended from training initial group and then peer train subsequent years.sustainability main concern	Thank you for this information. We will be reviewing this guidance for update again in 2015, and would be interested to hear then about any audit, process or evaluation outcome you undertook of ASSIST in your area.
Staffordshire Local Authority	Recommendation 4		Good PSHE education lessons need to be delivered by well trained teachers within a school ethos which believes in PSHEed	Thank you for your comment.
Staffordshire Local Authority	Recommendation 5		This is good in principle, an ideal way to implement this if school, parents community would adopt a co ordinated approach but in reality we question this happening.	Thank you for your comment.
Staffordshire Local Authority	Recommendation 5 Page 10 – Cost effectiveness		Teaching staff still need to be trained. What if the trained teacher left, would need to start over again therefore increase in costs, would staff take this on board with everything else they have to do ? It needs commitment from Headteacher to fully endorse this type of programme. Throughout	Thank you for this comment. Although PSHE may be one platform from which to

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	analysis		sustainability needs to be considered. A well planned progressive programme of PSHE education regularly taught by well trained teachers who would address the needs of the young people would provide a most cost effective intervention	deliver smoking prevention initiatives, the original referral for this guidance asked NICE to develop guidance on the effectiveness and cost effectiveness of school based smoking prevention per se. We were not asked to specifically focus on PSHE – for further information about the current status and plans for PSHE, you may find it helpful to contact the Department for Education <a href="http://www.education.gov.uk/">http://www.education.gov.uk/</a>
Staffordshire Local Authority	General Comment		What might have been interesting to see would have been any advice around programmes based around young peoples perceptions of manipulation by the tobacco industry. There's the well publicised "The Truth" project in the USA, the strongly promoted "Operation Smokestorm" in the UK and now "The Resistance" being pioneered in Dudley, all based around raising awareness of tobacco industry manipulation. Perhaps there's no literature on it, but given it's popularity as a concept, it really ought to at least be mentioned in the NICE guidance - even if only to say it needs proper research	Thank you for your comment. NICE public health guidance is produced according to a clear set of <a href="#">processes and methods</a> , now in their third edition, which have been the subject of extensive consultation.

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				<p>These describe the way in which guidance is developed, including quality criteria for evidence, and systematic literature search techniques. As you know, NICE guidance is base on published evidence that is quality-assessed. The original full guidance documents, and the reviews and economic analysis that informed in, describe the range of evidence and interventions considered during development, and you can see them <a href="#">here</a>. The review teams looked for evidence about the effectiveness of a range of approaches including 'social norms'/ the impact of interventions from industry, and also considered how well they would apply in a UK setting. This included a</p>

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				<p>detailed consideration of evidence around the USA 'Truth' campaign - however, the Public Health Interventions Advisory Committee (who developed the original guidance) felt that the intervention was very US-focused and might not be applicable here. PH23 consequently includes a research recommendation calling for more evidence on this type of approach in the UK – however, we did not identify evidence on this approach during this review update process that would prompt a change to current recommendations. The Evidence Update that has been produced in parallel with this update review, which sets out all of the new evidence</p>

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				considered by the expert panel, may be of interest to you: <a href="http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates">http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates</a>

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