

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 36: Final Minutes of the meeting held on 22nd May 2009

School based interventions to prevent smoking among children

Attendees	<p>Members Catherine Law, Muriel James, Joanne Cooke, Mike Owen, Alasdair Hogarth, Jane Putsey, Bren McInerney, David Sloan, Dale Robinson (left at 3.30pm), John Barker, Toby Prevost, Stephen Morris, Stephanie Taylor, Adam Oliver, Susan Michie, KK Cheng, Dagmar Zeuner, Andrew Hopkin (left at 2.30pm), David McDaid, Mike Rayner</p> <p>NICE staff Mike Kelly, Emma Stewart, Patricia Mountain, Catherine Swann, Patti White, Andrew Hoy, Jane Cowl</p> <p>Non-public observers Suzi Peden (Interventional Procedures, NICE)</p> <p>Contractors Catherine Meads (West Midlands Collaborating Centre (WMCC)), Yen Fu Chen (WMCC), Olalekan Uthman (WMCC), Mark Jit (WMCC), Linda Bauld (University of Bath) (all contractors left at 3pm)</p> <p>Experts Lisa Gill (Roy Castle Lung Foundation), Ekow Armah (National Coordinator, Healthy Schools Programme, Department of Health), Lucy Holdstock (Tobacco Policy Manager, Department of Health) (Arrived at midday), Judith MacMorran (Senior health promotion specialist, Newcastle PCT)</p>
Author	Emma Stewart
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 36th PHIAC meeting. The meeting was declared quorate.</p> <p>Apologies were received from:</p> <p>PHIAC members Philip Cutler, Tracey Sach – maternity leave, Matt Kearney, Joyce Rothschild, Ann Hoskins, Lesley de Meza, Stephen Walters, Richard Cookson, Sue Atkinson, Mike Bury, Mark Sculpher, Valerie King, Ruth Hall, Sharon McAteer</p>	
<p>3. Declarations of Interest (All)</p>	<p>Declarations of interest in relation to <i>School based interventions to prevent smoking among children</i> were requested.</p> <p>No declarations of interest had been received in writing prior to the meeting.</p> <p>PHIAC members, co-optees and experts were asked to declare any interests they have in relation to the business of the day.</p> <p>Personal pecuniary interests:</p> <p>None</p> <p>Personal Family interests:</p> <p>None</p> <p>Non- Personal pecuniary interests:</p> <p>None (other than potential future research funding as listed below).</p> <p>Personal non-pecuniary interests:</p> <ul style="list-style-type: none"> • Mike Rayner – trustee of the National Heart Forum. • Mike Owen – may be a potential beneficiary from implementing the guidance in his General Practice. He may also be asked as a result of the recommendations to teach/ act as a resource to schools. <p>Potential interest due to future research funding: PHIAC: Susan Michie, KK Cheng, Toby Prevost</p> <p>It was agreed that the above declarations would not prevent any members from taking part in the meeting.</p>	
<p>4. Smoking and schools (All)</p>	<p>Catherine Swann, Associate Director at NICE, provided a short outline of the development of the guidance to date.</p> <p>Catherine Mead from the West Midlands Collaborating</p>	

	<p>Centre presented an overview of the main findings from the effectiveness review.</p> <p>Linda Bauld from the University of Bath presented an overview of the qualitative review of evidence.</p> <p>Mark Jit from the West Midlands Collaborating Centre presented an overview of the cost-effectiveness evidence, including the economic modelling.</p> <p>Andrew Hoy, analyst at NICE, reported to the committee that no substantive comments had yet been received from the stakeholder consultation.</p> <p>Toby Prevost, lead PHIAC discussant for effectiveness, commented on the effectiveness review.</p> <p>Stephen Morris, lead PHIAC discussant for health economics commented on the health economics review. He also explained that some of his comments had already been communicated to the collaborating centre and amendments to the reviews had been made.</p> <p>The experts were invited to comment on the topic. The following experts commented: Ehow Armah, Lisa Gill, Judith MacMorran</p> <p>Mark Jit and Catherine Mead responded to the queries raised about the health economics and effectiveness data. It was agreed that the collaborating centre would do some additional work on the effectiveness review and some minor adjustments would be made to the health economics review.</p> <p>PHIAC were given a chance to discuss the evidence and ask any further questions to the collaborating centres.</p> <p>Catherine Law summarised the morning's discussions as follows:</p> <ul style="list-style-type: none"> • The committee commented that it was difficult to define exactly what it was in the different interventions considered that made them effective. • The evidence considered seemed to suggest that the interventions did not necessarily prevent the uptake of smoking, but delayed the onset of smoking. Nevertheless, this delay was considered to be beneficial, as the evidence also suggested that individuals starting to smoke later in life were more likely to stop smoking subsequently. This should be made clear in the guidance. • The reviews showed that generally interventions did have an effect, even if the effects were only small – although small effects are important when considering population-level changes and benefits. • The economic reviews have shown that school based interventions are generally cost effective according to NICE's QALY threshold. • The committee discussed what additional evidence 	<p>Collaborating Centre</p> <p>NICE Team</p>
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	<ul style="list-style-type: none"> • There is a need to consider more explicitly the method of how to get from the evidence to the recommendations (the committee felt it would be helpful to include a conceptual model to help explain this process). • The guidance should recognise that local circumstances and context vary. • Evaluation of innovation should follow guidelines from the NICE behaviour change guidance <p>Lucy Holdstock from the tobacco control team at the Department of Health was given an opportunity to feedback any thoughts to the committee, particularly from a policy perspective.</p> <p>The committee were reminded of the NICE programme guidance which is currently being developed on 'Personal, Social and Health Education (PSHE)' guidance Where possible, the PSHE guidance should cross refer to this guidance, and this guidance should try and highlight potential links with the PSHE guidance.</p> <p>It was thought that it might be helpful to draw out the main findings from the best quality evidence to help refine the recommendations.</p>	
<p>6. Smoking and schools (All)</p>	<p>The chair summarised what had been agreed in discussions :</p> <ul style="list-style-type: none"> • A small but significant effect size can be identified from the evidence. • This guidance can help to improve/ reinforce current school guidance and practice on this topic. • This guidance will also complement and add to the current tobacco control context (such as legislation, existing school based guidance and PSHE guidance) • The recommendations should be developed along the lines of the areas identified by the NICE team. • The high quality studies should be used to develop the recommendations, particularly to add information about delivery and content. (in line with today's discussions). • The guidance will be developed along the normal process and sent to the committee for editorial comment in the usual way. <p>The draft areas for research recommendations were discussed and these will be drafted by the team and agreed at the next meeting.</p> <p>Implementation issues that were drawn out were as follows:</p> <ul style="list-style-type: none"> • Commissioning guidance should be aimed at those that manage school budgets. It should be clear what the costs and benefits are to this audience. <p>Catherine Swann, Associate Director, outlined the next steps in guidance production for this topic.</p>	<p>NICE team</p> <p>NICE team</p> <p>Implementation team, NICE</p>

7. Minutes of PHIAC 35 (all)	The minutes of PHIAC 35 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: Promotion of smoke free homes.	ES to refer to the topic panel
9. AOB (Chair)	<ul style="list-style-type: none"> • It was agreed that the identification of potential areas for recommendations before the meeting was helpful, but they should be less specific than presented on this occasion and it might be helpful to link to the conceptual model. • MK reported that some additional wording has been added to the evidence statements template so it is clear that the findings in the review may not reflect the final views of the committee. • The committee felt it was important to try and standardise the terminology used in the evidence statements. MK to speak to the NICE team further about this. The committee felt we should also be more explicit about how the economic modelling is being used when developing the recommendations. • PHIAC 2011 and PHIAC 2010 dates are to be sent to PHIAC by ES. • The PHIAC actions table was tabled. It was agreed that the next PHIAC mail out would be sent in 2 batches – the first mail out will contain the workplace mental health paperwork and the second will contain the paperwork for immunisation (the immunisation mail out will be sent one week before the meeting). • The issue of the high volume of work for PHIAC around June/July was considered. PHIAC agreed to proceed despite the heavy work load. ES to send an email re July meeting attendance. It was noted that members will need to be judicious with their time. • It was agreed that expert views were usually most helpful when focussed on practical issues about delivery of interventions rather than commenting on the evidence. MK to discuss this further with the NICE team to ensure experts are well briefed. 	<p>MK</p> <p>ES</p> <p>ES</p> <p>MK</p>
10. Close	The meeting closed at 4pm	