-NICE PUBLIC HEALTH PROGRAMME GUIDANCE
Alcohol- use disorders (prevention)

5th meeting of the Programme Development Group
Thursday 26th February 2009

Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BD

Final Minutes

Attendees:	***PDG Members*** Jane Benanti **(JB),**John Dervan (**JD),** Vivienne Evans **(VE),** Jayne Gosnall **(JG),** Nick Heather (**NH),** Sauid Ishaq **(SI),** Eileen Kaner **(EK),** Anne Ludbrook **(AL),** Harshad Mistri **(HM),** Paul McArdle **(PMc),** Jim McCambridge **(JMc),**Trevor McCarthy **(TM)** Lynn Owens **(LO),** Chris Record (**CR),** Don Shenker **(DS),** Patrick Smythe (**PS),** Ian Treasure **(IT).** ***NICE*** Nicola Bent **(NB)**, Andrew Hoy (**AH**), Dylan Jones (**DJ),** Justine Karpusheff **(JK)** Antony Morgan (**AM**), Patricia Mountain (**PM**), Linda Sheppard (**LS**). ***Contractors - ScHARR*** Alan Brennan **(ABr),**Rachel Jackson **(RJ),** Maxine Johnson **(MJ),** Nick Latimer **(NL),**Robin Purshouse **(RP)** ***Expert*** Adrian Boyle ***Observer*** Sharon Swain **(SS)**– pm only	
Apologies:	***PDG Members*** Paul Edmondson-Jones **(PE)** ***NICE Team*** James Jagroo (**JJ**), Bhash Naidoo (**BN**) ***Co- Optees*** Peter Anderson	
Authors	Patricia Mountain	
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Audience	**PDG members, NICE team, the public (via web publication)**	

Item		Action
1	**Welcome, Introductions and Aims of the Meeting** The Chair welcomed everyone to the fifth meeting. PDG members, NICE staff and contractors introduced themselves to the group and apologies were received. The Chair outlined the objectives of the day: • To receive an outline of NICE's involvement in the Quality and Outcomes framework (QOF) • To discuss the screening and brief intervention review • To discuss and agree on areas for new recommendations • To discuss and revise the drafted recommendations	
2	**Minutes from the previous meeting, Declarations of Interest and matters arising** The Chair asked the PDG Members for any accuracy amendments to the minutes of the previous meeting. These minutes were approved with one amendment. All actions have been completed. Members were asked for any new declarations of interests. There were no new declarations of interest.	
3	**Steering group feedback on Alcohol Dependence scope and the process for drafting recommendations** Antony Morgan gave a brief presentation which provided the committee with feedback from the recent steering group meeting where the alcohol dependence scope was discussed. The comments from both this PDG and the clinical guidelines GDG were welcomed as useful in the further development of the alcohol dependence scope. It was agreed that the scope would be widened beyond the NHS to include non-statutory organisations and other settings such as prisons. The potential overlap in identification has been noted. However, the steering group is aware that there may be gaps. It was agreed that there is a need for an all encompassing care pathway and this will be taken forward. There will be representation from both the GDG and the PDG sitting on the dependence guideline committee. The committee is also aiming to have representation from the non-statutory sector and paediatrics. The final scope is due to be published around the 6th March 2009. The Chair thanked Antony, and commented that it will be useful to have the care pathway to bring the three pieces of guidance together. There was a general discussion which covered issues of timing, consistency of meaning and content, and cross referencing across the glossary to provide consistency across the three pieces of alcohol related guidance	

	at NICE. It was generally agreed that it would be useful to have, as part of the care pathway, the entry points with the relevant guidance highlighted. On completion of the Care pathway the NICE team will bring it back to the PDG for comment. The PDG were interested in the role that the Implementation team at NICE could play in relation to the tools that will be created to support the implementation of the guidance. It was agreed that the Implementation team will be invited to a future PDG for a discussion to include the possibility of producing a digest of user friendly guidance products. Antony Morgan gave two other brief presentations • the NICE process for drafting recommendations • lessons that have been learned from evidence and process The Chair thanked Antony and the PDG agreed that it would be helpful if the NICE team could highlight the new work within a review document by adding a paper which outlines that.	**NICE Team** **NICE Team** **NICE Team**
4	**Quality Outcomes Framework (QOF)** Nicola Bent and Justine Karpusheff from the NICE Implementation Systems team at NICE gave a presentation to explain the new role for NICE in the QOF from April 2009. New QOF indicators will be based on NICE guidance including Public Health, although the development of this will be post the publication of this piece of guidance. There are 5 stages: • Stage 1 – Collation of information • Stage 2 – Prioritisation of areas for indicator development • Stage 3 – Indicator development • Stage 4 – Validation and publication • Stage 6 - Changes The first stage of the QOF identifies gaps and currently alcohol treatment is not present. The presentation also highlighted the need for the PDG to consider how measurable the recommendations they make are. The Chair thanked Nicola and Justine for the presentation.	
5	**Evidence presentation - Screening and Brief Interventions** Rachel Jackson and Maxine Johnson from ScHARR gave a presentation to the PDG to provide a brief overview on the work so far on the effectiveness and cost effectiveness reviews. The PDG focused on questions 4,5,6,7. The Chair thanked ScHARR and opened the topic for discussion. The Chair welcomed Sharon Swain as an observer and asked for her declaration of interest – nothing to declare.	

6	**Discussion on the evidence review** There was a brief discussion about a previous agreement that any changes to the evidence reviews would be underlined so as to help PDG members work through the large volume of information. DJ explained that as a large amount of new material has been added to the reports this had not been done on this occasion. However, since future reports (particularly covering questions 4-7) should contain less new material compared to minor additions and amendments, textual changes would now be marked as agreed. **Question 4** The discussion points were: • PDG noted question 4 was not completely answered by the review. The review identified key groups but not key predictive factors. The review does not answer the questions why people drink. It had been previously agreed by the PDG that it was more practical and useful in the field for the question to focus on who was at risk, not what put them at risk. • There is a need to highlight at risk groups such as those with low socioeconomic status who suffer more harm from alcohol consumption and those people with existing conditions where alcohol may be a contributory factor. • The possibility of alcohol screening to be included as part of a broader health screening • The PDG noted the need to identify and target vulnerable groups such as young people, especially those under 16 years, and the combination of alcohol and drug misuse in this age group. • The need to guide public health practitioners to target those most at risk • The difficulties of accessing the information by a literature review alone and the Chair highlighted the need to identify key sources of literature with the help of expertise of the PDG **Question 5** The discussion points were: • The lack of a gold standard for some screening tools • The length of questionnaire • Accuracy of questionnaire • If a questionnaire is designed for use with a key population group, or in a particular public health context • The type of drinking behaviour that a screening tool can identify (or not) • Timing of use of tool is key, as well as type of screening tool • Potential for Genetic markers • PDG requested a table of the psychometric properties and	**NICE Team** **NICE Team/ScHARR** **PDG, AB**

	important practical features of the questionnaires including the number of items and/or the length of time taken to deliver • The Chair requested that the PDG members should send through additional screening tools/ information on tools to ScHAAR. **AB** to send a paper on risk groups **Question 6** The discussion points were: • Discussion around terminology – harmful and hazardous now used instead of high risk - the issue of glossary and language in documents to be double checked and cross referenced • Use of internationally recognised definitions • Targeting of settings and groups, including how to best reach young people. PDG requested separate work looking specifically at young people. • Mode of administration of questionnaires • Cultural fit of screening tools • Barriers and facilitators • Crafting of evidence statements – PDG asked ScHAAR to rephrase with a headline summary statement. The Chair requested that the screening tools discussed should be available within the evidence review when it is next discussed. **Question 7** There was a brief discussion on Question 7. The Chair thanked the PDG and asked that they send any additional relevant material to ScHAAR, copied to the NICE team.	**NICE Team** **ScHAAR** **NICE Team**
7	**Generation of new recommendations** Not covered	
8	**Update on the Economic Modelling** As the plenary discussion had continued for longer than anticipated the Chair decided to move onto the economic modelling. Nick Latimer and Alan Brennan from ScHARR gave a brief presentation to give a brief update on the economic model. The Chair asked the PDG to discuss. The discussion points were; • There were some discussions around the cost effectiveness review and potential gaps. It was pointed out that the model will attempt to fill those gaps that exist within the cost effectiveness evidence. • Targeting of intervention – universal versus more individually targeted. A demographic breakdown may reach young people and other groups more effectively but would have implications on cost effectiveness.	

	• Self Complete screening tool or interview and the consequent cost implications • The PDG decided that further modelling was required on the following; o General practice o Non – NHS – such as custody suite o Accident and Emergency • The PDG asked ScHARR to work on the following scenarios o Is it correct to assume that in a primary care setting screening will be applied by a nurse, while the Brief Intervention will be applied by a GP, or are other staff types more suitable? o At present it is assumed 100% take-up of the Brief Intervention is for people who screen positive. What is the most realistic figure to use here? • The Chair suggested that ScHARR email Peter Anderson for his contribution to this debate – particularly with regard to the modelling of the availability of alcohol.	**ScHAAR** **ScHAAR**
9	**Revision of re-drafted recommendations in plenary** Not covered	
10	**Next Steps** Not covered	
11	**Pre amble to Recommendations** Dylan Jones tabled a paper to the PDG that would be a preamble to the recommendations. The PDG discussed and decided that it should include work place settings.	**NICE Team**
12	**Any Other Business** Eileen Kaner (Chair) informed the PDG that Anne Ludbrook would be acting as Chair at the April meeting.	
	The Chair thanked all attendees and closed the meeting at 4pm.	

DATE OF NEXT MEETING: Thursday 9th April 2009, Manchester
MEETING PAPERS TO BE MAILED: Friday 30th March 2009