

Appendix B3: Stakeholder consultation comments table

2019 surveillance of PH31 Unintentional injuries on the road: interventions for under 15s (2010)

Consultation dates: Monday 12 to Thursday 29 August 2019

1. Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	<ul style="list-style-type: none"> • Recommendation 1 – Include someone from the car manufacturers industry. This will increase the work towards reducing injury by including the expertise of these product engineers. • Recommendation 2 – Include local council road safety officers and use data from follow up visits to areas where unintentional injuries have occurred. This will help address any coroner concerns where applicable. • Recommendation 3 – Add evaluation to ensure that speeds are being kept at or below 20mph where limits have been imposed. • Recommendation 4 – Please consider doing this in all areas that are school routes, not just those areas with “sufficient quantity” of injuries to necessitate action. 	<p>Thank you for your comments.</p> <p>Regarding your comment on recommendation 1, It is acknowledged that manufacturers have expertise in elements of vehicle design that can act to reduce the severity of injury, for example the design and implementation of antilock brakes. However NICE guideline PH31 focusses on engineering measures for the primary prevention of injuries, specifically modification of highways, roads and streets. Interventions to reduce the severity of injury, including those made by motor vehicle manufacturers, are out of scope for this guideline. Therefore, it would not be appropriate to include them in the ‘Who should take action’ section of recommendation 1.</p> <p>Regarding your comment on recommendation 2. This recommendation states that local highways authorities should work with ‘other partners’ to design and implement engineering measures</p>

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			<p>based on a clear evidence-based needs assessment. The phrase 'other partners' encompasses all relevant agencies including local council road safety officers where appropriate. The phrase is used as it is not practical to list all people and agencies involved in injury prevention work and partnerships may vary across localities.</p> <p>Regarding your comment on recommendation 3, this point is covered by recommendation 2 which states that engineering measures should be 'evaluated for their effect in terms of reducing the risk of injury or reducing the number of actual injuries'. Although this recommendation does not use speed as an evaluation measure, it does use injury which is the primary outcome measure of this piece guidance and most relevant to the audience for this guidance. In addition NICE guideline PH29 Unintentional injuries: prevention strategies for under 15s, recommendation 20 promoting and enforcing speed reduction, does recommend road safety partnerships 'evaluate compliance with speed limits'.</p> <p>Regarding your comment on recommendation 4, the recommendation states that opportunities to develop engineering measures to provide safer routes commonly used by children.</p> <p>This recommendation does not rule out targeting interventions on routes that are popular with children based on factors other than rate of injury. PH31 recommends that the decision for prioritising groups most at risk of injury should be left to those authorities with local knowledge and based on a variety of data parameters. For example, recommendation 2 says that engineering measures should be implemented based on local priorities for modifying the transport infrastructure. Recommendation 2 says that engineering measures should be developed after considering data on risk of injury which includes the age of casualties and where they occur. These recommendations are supported by recommendation 17 in PH29</p>
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			which says ensure the road safety partnership develops policies, strategies and programmes which are based on an understanding of how children and young people use (and wish to use) their environment. This involves consulting parents and carers about their children's road use and safety. It also involves gaining local information from other professional partnerships, children's councils and neighbourhood forums.
Somerset County Council	No	<p>Although we agree that the recommendations are unlikely to change, we do think that the evidence has been significantly strengthened since the last review, especially around 20mph, notably by the Bristol research referenced. It would be helpful to public health directors and road safety professionals to have clear communications from NICE that the evidence is significantly stronger, as this will aid advocacy in local authorities where resistance can be entrenched, politically and at officer level.</p> <p>Although 20mph is an important intervention, it should be considered alongside filtered permeability, a measure which makes rat-running through residential areas, shopping streets, etc either impossible or not worthwhile. It provides for through routes for cycles and walking, and sometimes buses, but not for private motor vehicles. This addresses the issue of volume of traffic as well as speed, making these areas safer for children.</p> <p>If it is not considered appropriate not to update the guideline, would it be possible for NICE to communicate publicly and to relevant professional audiences the strengthened evidence base for implementing PH31?</p>	<p>Thank you for your comments.</p> <p>We agree that the Bristol (BRITE) study does add to the evidence base for city-wide 20 mph traffic speed zones. This study, along with others, was referenced in the evidence summary of this review (see appendix A3 for details). The body of recent research evidence in urban areas supports recommendation 3 where it recommends to implement changes to the speed limit where current average speeds are low enough, and to implement city or town-wide 20 mph zones. However, whilst the body of new evidence is reassuring, there is not enough of it to have an impact on the guideline.</p> <p>Thank you for your comment about filtered permeability. We did not come across any evidence that assessed the effectiveness of this technique alongside 20 mph zones.</p> <p>We will pass your comments about promoting the guideline and measures to reduce speed, that now includes the BRITE study and others, to the NICE implementation support team.</p>
Suffolk County Council	Yes	No comment	

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Royal College of Paediatrics and Child Health	No	New evidence generally consistent with and unlikely to change existing guideline for prevention strategies.	Thank you for your comment.
Public Health England	Yes	No comment	
Royal College of Nursing	Yes	No comment	

2. Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	
Somerset County Council	No	No comment	
Suffolk County Council	No	No comment	
Royal College of Paediatrics and Child Health	No	No comment	
Public Health England	No	No comment	

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Royal College of Nursing	No	No comment	
3. Do you have any comments on equality issues?			
Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	
Somerset County Council	No	No comment	
Suffolk County Council	Yes	<p>It would be helpful for NICE to highlight recommendations at targeting most deprived families who may not be engaging with health visitor services as awareness campaigns for injury prevention might widen inequalities.</p> <p>Additionally, funding for home safety equipment for deprived families is not funded, so NICE may make a recommendation for equipment funding to be prioritised and means-tested.</p>	<p>Thank you for your comments</p> <p>NICE guideline PH30 Recommendation 1 Prioritising households at greatest risk makes recommendations for prioritising households with children at greatest risk of injury, which includes those living on low incomes, using a variety of techniques including the use of existing datasets such as local council housing records. These recommendations are sighted immediately at the top of the recommendations section as the recommendations that follow have been written primarily to be applied to those households identified as priority.</p> <p>Regarding your comment about funding for home safety equipment. This area is out of scope for PH31. NICE guidance PH29 unintentional injuries: prevention strategies for under 15s makes recommendations on home safety. Recommendation 9 covers the installation and maintenance of safety equipment in social and rented dwelling and states: consider developing local agreements with housing associations and landlords to ensure permanent home safety equipment is installed and maintained in all social and rented</p>

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			<p>dwellings. The definition and context section for the home safety recommendations state that vulnerable groups including families on a low income should be prioritised for the fitting of home safety equipment.</p> <p>Both PH29 and PH30 make clear recommendations about prioritising those at most risk of injury when commissioning initiatives to fit and maintain home safety equipment. We acknowledge that commissioning of services and provision of equipment will be dependent on local priorities and budgetary constraints.</p>
Royal College of Paediatrics and Child Health	No	No comment	
Public Health England	Yes	<p>Significant social gradients exist across both unintentional injuries in and around the home and on the roads.</p> <p>Analysis shows that emergency hospital admission rate for unintentional injuries among the under-fives is 38% higher for children from the most deprived areas compared with children from the least deprived. (1)</p> <p>Previous research indicates that for some injury types this inequality may be much larger (2). For example, children living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas (3).</p> <p>Among pedestrians in the 5 to 9 years age group, the rate</p>	<p>Thank you for your comments on the social gradients that exist across unintentional injuries in and around the home and on the roads. During the development of the original guideline, the committee acknowledged that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups. The public health need and practice section of PH31 highlights the disproportionate risk of injury for those in lower socioeconomic groups and recommendation 2 states that road safety measures should be developed after considering data on risk.</p> <p>In addition to this recommendations 9 to 11 in PH30 and recommendations 17-21 in PH29, emphasise the importance of prioritising households at greatest risk. These include vulnerable groups such as children aged under 5 and those living in temporary, rented and social housing with families on a low income. As the</p>

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	<p>of fatal and serious injuries to children living in the 20% most deprived areas is six times higher than to children in the 20% least deprived. It was 2.6 times great among 10 to 14-year-old pedestrians in the 20% most deprived areas.</p> <p>There are also inequalities among school age cyclists. Among those aged 10 to 14 years there were 4.2 fatal or serious injuries per 100,000 people in the least deprived 20% of areas, compared with 7.0 killed or seriously injured per 100,000 in the 20% most deprived. (4)</p> <p>The move from primary school to secondary school increases the risk of injury. This is shown by large increases in the number of police-reported fatal or seriously injured casualties between the ages of 10 and 11 years. Over a five year analysis period, a total 4,249 children were killed or seriously injured as pedestrians between 8am to 9am and 3pm to 7pm. More injuries occur after school and over half of police-reported child pedestrian fatal or serious injuries under the age of 17 years occur between 3pm and 7pm. (5)</p> <p>1. Siegler V and Al-Hamad A. Social inequalities in fatal childhood accidents and assaults: England and Wales, 2001–03. Health Statistics Quarterly. 2010. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf</p> <p>2. Hippisley-Cox et al. 1992-7. op cit. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf</p>	<p>evidence you have highlighted indicates that this trend in health inequalities remains, the recommendations are considered still valid and unlikely to change.</p> <p>The epidemiological evidence you have highlighted in references 1 to 3 does not meet the inclusion criteria for this surveillance review, however the Public Health England report which cites these studies has been considered and is summarised in PH30 Appendix A2.</p> <p>Thank you for the updated epidemiological evidence (references 4 and 5) about pedestrians and cyclists living in the 20% most deprived areas; risk associated with the move from primary to secondary school; and the increased risk of injury associated with specific times of day.</p> <p>The epidemiological evidence you have highlighted does not meet the inclusion criteria for this surveillance review, however the Public Health England Report which you highlight that cites these studies has been considered and is summarised in PH31 Appendix A3.</p>
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		<p>3. Orton E, Kendrick D, West J et al, Independent risk factors for injury in pre-school children: three population-based nested case-control studies using routine primary care data. http://injuryprevention.bmj.com/content/18/Suppl_1/A231.3. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf</p> <p>4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_road_among_children_and_young_people_.pdf</p> <p>5. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_road_among_children_and_young_people_.pdf</p>	
Royal College of Nursing	No	No comment	

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