

National Institute for Health and Care Excellence

Centre for Public Health

Review decision

Review of three pieces of public health guidance on Preventing unintentional injuries among under 15's: Strategies (PH29); Home (PH30) and Road (PH31)

1 Background information

Guidance issue date: November 2010

3 year review: February 2014

The current guidance can be found at:

- Strategies <http://www.nice.org.uk/ph29>
- Home <http://www.nice.org.uk/ph30>
- Road <http://www.nice.org.uk/ph31>

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews or other academics in

the field, representatives from practice and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

Although not a formal part of the standard process, in this review a NICE [Evidence Update for PH29](#) ('Strategies to prevent unintentional injuries among children and young people aged under 15') was used to inform the expert group. Evidence Updates highlight new evidence relating to published NICE¹ guidance. The Evidence Update was published in February 2013 and included new evidence from prioritized papers published between the 1st January 2009 to 29th August 2012.

3 Consideration of the evidence and practice

The guidance was reviewed by an expert group convened on 16th January 2014. In addition to the members and co-optees from the original committees that developed the guidance, the meeting was also attended by representatives from the Department of Health, Public Health England and RoSPA. The expert group discussed published and ongoing research of relevance to the current recommendations. They also discussed changes to policy, legislation and practice that might affect the recommendations.

Policy Context

The group discussed the changes in the commissioning of public health services for children aged 6-15 years since the publication of PH29, 30 & 31 and the forthcoming transfer of responsibility for services for children aged 0-5

¹ For further details, see <http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates>

years from the NHS to local authorities in 2015. Additionally they noted the inclusion of prevention of unintentional injury as part of the PHE priority 'Giving children and young people the best start in life'. The group noted that when the guidance was published the new public health system was in the early stages of development and the potential delivery structures had to be predicted, some bodies mentioned in the guidance no longer exist and new bodies such as public health teams have been created. They were of the opinion that the guidance would benefit from a revision of the policy context and the 'Who should take action?' section of the recommendations.

Evidence

The group did not identify any new evidence for the sections in PH29 covering general recommendations, workforce training and capacity building, injury surveillance, outdoor play and leisure and road safety; nor was any new evidence identified in relation to PH31. The group highlighted recently published and ongoing research of relevance to the evidence base for the recommendations covering the home in PH30 and recommendations 9 & 10 in PH29 (see Table 1), much of which is due to report in the next year.

Table 1: Summary of research identified by expert panel

Recommendation	Research identified
PH 29	
9. Installation and maintenance of permanent safety equipment in social and rented dwellings	Stronger evidence for general safety equipment, particularly thermostatic mixing valves
10. Incorporating guidance on home safety assessments within relevant national initiatives	5 case control studies will report in October 2014 There is also a forthcoming meta-analysis comparing different levels of intervention

	Cost effectiveness report
PH 30	
1. Prioritising households at greatest risk	Research using primary care data to identify families at greatest risk
3. Co-ordinated delivery	New evidence relating to specific types of safety equipment

4 Implementation and post publication feedback

There was no post publication feedback from the enquiry handling team.

Post publication feedback from the Implementation team reported very little. Five people commented that the guidance was helpful and relevant. Two people thought many of the recommendations were not specific enough and one person thought the guidance was complicated and lengthy.

5 Equality and diversity considerations

There is no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

6 Stakeholder consultation

The proposal put to stakeholders was that all three pieces of guidance should have a terminology and contextual refresh. In addition, it was proposed that PH30 and the home section of PH29 should be reviewed again in 1 years time to determine whether there is sufficient new evidence to update those recommendations. However, PH31 and the non-home recommendations in PH29 would be reviewed again in 3 years time.

Registered stakeholders were invited to comment on the proposal during a 2 week consultation in March 2014. There were 9 responses to the

consultation, including from the Department of Health, Public Health England, the Cochrane Injuries Group, two Royal Colleges and the Welsh Government.

Most stakeholders agreed that the guidance needed a terminology and contextual refresh, however the Royal College of Nursing suggested that all 3 pieces of guidance should be reviewed again in one year's time.

Some stakeholders suggested additions to the scope of the guidance: to include road safety education (Road Safety GB); and to acknowledge that not all children live at or in a home with their parents by the inclusion of residential homes, secure settings such as Young Offender institutions and foster homes (Royal College of Nursing). These settings were not excluded in the original scope but most will be covered by specific legislation and building regulations for some potential safety hazards, for example fire safety and falls from windows.

The Cochrane Injuries group provided information about a number of their systematic reviews which could be updated to inform the guidance. Most of these covered areas that were not within the scope of the original work – these included the use of booster seats in cars, pedestrian and cyclist visibility, bicycle helmets, street lighting, pedestrian safety education, post-license driver education, increased police patrols for preventing alcohol impaired driving and preventing dog bites. Our understanding of the remaining home focused Cochrane reviews is that the potential new evidence was discussed at the expert panel meeting by one of the Cochrane authors and has therefore already informed the proposal to review the home guidance again in one year's time.

7 Conclusion

Stakeholders largely confirmed the view of the expert group that all of the recommendations are still relevant and useful, however the language of the

recommendations needs refreshing to reflect the current policy context and delivery structures.

The expert group suggested that within the next year there would be sufficient new evidence that could change and add to the existing recommendations relating to the home.

8 Recommendation

All three pieces of guidance should have a terminology and contextual refresh.

PH30 and the home section of PH29 should be reviewed again in 1 years time to determine whether there is sufficient new evidence to update those recommendations.

PH31 and the non-home recommendations in PH29 should be reviewed again in 3 years' time.

Mike Kelly, CPH Director

Simon Ellis, CPH Associate Director

Hilary Chatterton, CPH Analyst

25th June 2014