Consideration of an update 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 NICE\(^1\) guidance. The Evidence Update was published in February 2013 and included new evidence from prioritized papers published between the 1\(^{st}\) January 2009 to 29\(^{th}\) August 2012.

3 Consideration of the evidence and practice

The guidance was reviewed by an expert group convened on 16\(^{th}\) 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

\(^{1}\) For further details, see [http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates](http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates)
and the forthcoming transfer of responsibility for services for children aged 0-5 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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Research identified</th>
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<tbody>
<tr>
<td>PH 29</td>
<td>Stronger evidence for general safety equipment, particularly thermostatic mixing valves</td>
</tr>
<tr>
<td>9. Installation and maintenance of permanent safety equipment in social and rented dwellings</td>
<td>5 case control studies will report in October 2014</td>
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<tr>
<td>10. Incorporating guidance on home safety assessments within relevant national initiatives</td>
<td>There is also a forthcoming meta-analysis comparing different levels of</td>
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<td>PH 30</td>
<td>Intervention</td>
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<tr>
<td></td>
<td>Cost effectiveness report</td>
</tr>
<tr>
<td>1.</td>
<td>Prioritising households at greatest risk</td>
</tr>
<tr>
<td></td>
<td>Research using primary care data to identify families at greatest risk</td>
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<tr>
<td>3.</td>
<td>Co-ordinated delivery</td>
</tr>
<tr>
<td></td>
<td>New evidence relating to specific types of safety equipment</td>
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</tbody>
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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  **Conclusion**

The expert group considered all of the recommendations to be still relevant and useful, however the language of the recommendations needs refreshing to reflect 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.
7 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.

8 Next steps

Following consultation on this review proposal, a final recommendation will be made to NICE’s Guidance Executive. Following that, the final review decision will be made available on the NICE website in June 2014.

Mike Kelly, CPH Director
Simon Ellis, CPH Associate Director
Hilary Chatterton, CPH Analyst

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