Public Health Interventions Advisory Committee (PHIAC)

PHIAC 34: Minutes of meeting 20th March 2009

Providing public information to prevent skin cancer and Reducing differences in the uptake of immunisations

Attendees	**Members** Catherine Law, Richard Cookson, Susan Michie (left at 4pm), Muriel James Stephen Morris, Toby Prevost, Stephen Walters, Mike Owen (left at 3pm), Andrew Hopkin (left at 1pm), John Barker, Jane Putsey, David McDaid, Mike Bury, Joanna Cooke (left at 4pm), Valerie King, Matt Kearney, Dagmar Zeuner (left at 3pm), Lesley de Meza, Mark Sculpher, Philip Cutler, Stephanie Taylor, Ann Hoskins, David Sloan, Mike Rayner, Adam Oliver **NICE staff (in the meeting all day)** Mike Kelly, Emma Stewart, Sarah Dunsdon ***Providing public information to prevent skin cancer (9.45am – 1.30pm)*** Antony Morgan, Lorraine Taylor, Dylan Jones, Bhash Naidoo, Clare Wohlgemuth ***Immunisation (1.30pm – 4pm)*** Tricia Younger, Nichole Taske, Kay Nolan, Alastair Fischer , Patti White **Non-public observers** Rachel Smith – Fieldwork Contractor, Greenstreet Berman Moira Mugglestone – National Collaborating Centre for Women &Children's Health (arrived at 1.30pm). ***Providing public information to prevent skin cancer (9.45am – 1.30pm)*** ***Co-optees*** Sara Hiom – Director of Health Information, Cancer Research UK Julia Verne – Director, SW public health observatory **Contractors** David Moore (West Midlands Collaborating Centre (WMCC)), Kinga Malottki (WMCC), Pelham Barton (WMCC), Ruth Garside (Peninsula Technology Assessment Group (PenTAG) Collaborating Centre), Lazoros Andronis (WMCC), Nina Goad (British Association of Dermatologists (BAD)), Mark Goodfield (BAD), Mark Pearson (PenTAG) ***Immunisation (1.30pm – 4pm)*** ***Experts*** David Salisbury (Director of Immunisation, Department of Health), John Edmunds(Infectious Disease Epidemiology Unit, London School of Hygiene and Tropical Medicine), Helen Bedford (Senior Lecturer in Children's Health at University College London) ***Co-optees*** David Elliman (Consultant community paediatrician at Great Ormond Street Hospital for Children), Mary Ramsay (Consultant Epidemiologist, Immunisation. Health Protection Agency Centre for Infections), Andrew

	Hall (Chairman, Joint Committee on Vaccination and Immunisation), (left at 3pm)
Author	Emma Stewart
Audience	Members of PHIAC; Public

Agenda Item	Minutes	Action
1. Welcome and introductions. (Chair) **2. Apologies (Chair)**	The Chair welcomed members to the 34th PHIAC meeting. The meeting was declared quorate. Apologies were received from: ***NICE*** Chris Carmona ***PHIAC members*** Sue Atkinson, Ruth Hall, KK Cheng, Sharon McAteer, Amanda Hoey, Alasdair Hogarth, Joyce Rothschild, Tracey Sach (Maternity leave), Dale Robinson ***Co-optees/ experts*** ***Immunisation*** Anthony Harnden	
3. Declarations of Interest (All)	Declarations of interest in relation to *Skin Cancer* were requested. A number of declarations of interest had been received in writing prior to the meeting. Catherine Law and Mike Kelly had reviewed these and agreed that they did not prevent anyone from participating in the whole meeting. PHIAC members, co-optees and experts were asked to declare these interests again, and any additional declarations were requested. **Personal pecuniary interests:** None **Personal Family interests:** None **Non- Personal pecuniary interests:** ***PHIAC:*** • Stephen Walters – Stephen works for ScHARR at the University of Sheffield, who have a collaborating contract with NICE. • Jo Cooke – Jo works for ScHARR at the University of Sheffield, who have a collaborating contract with NICE.	

	• Toby Prevost – Toby is a co-investigator in a research grant testing the accuracy in primary care of a mole scanning device developed by a private company (Astra Clinica), who provide the devices free of charge. • Stephen Morris – Stephen has been involved in some research related to health economics and skin cancer. • Matt Kearney – Matt may potentially benefit from implementing guidance on skin cancer in his general practice. ***Experts/ Co-optees:*** • None **Personal non-pecuniary interests:** None ***Potential interest due to future research funding:*** ***PHIAC:*** Susan Michie ***Experts/ co-optees:*** Julia Verne It was agreed that the above declarations would not prevent any members from taking part in the meeting.	
4. Skin Cancer	Lorraine Taylor provided an overview of the research questions and outlined the additional referrals which have been proposed in this topic area following the initial consultation on the scope. These will be dealt with as separate referrals and considered at future PHIAC meetings. David Moore from the West Midlands collaborating centre presented an overview of the findings from the effectiveness review. Lorraine Taylor provided further detail about the before and after studies that hadn't been included in the review to date. Ruth Garside from the PenTAG collaborating centre presented the key findings from the qualitative review. Pelham Barton from the West Midlands collaborating centre presented an overview of the economic modelling report for this topic. Mark Pearson and Nina Goad from the British Association of Dermatologists presented a summary of key messages to be included in skin cancer information resources. David McDaid and Matt Kearney, lead PHIAC technical discussants, were asked to comment on the effectiveness and cost-effectiveness data.	

5. Skin cancer	The co-optees, Julia Verne and Sara Hiom, were given an opportunity to reflect on the points raised in the morning or to raise any further points about the topic that needed further clarification or discussion. The committee then had an opportunity to ask questions about the evidence and to have a discussion about how to proceed based on the evidence presented. Mike Owen and Muriel James, lead practitioner and lay discussants, suggested some areas where recommendations could be made on this topic. Some of the key discussions were as follows: • The committee felt that the evidence hadn't been sufficiently synthesised. Only a narrative of the individual studies in the effectiveness evidence had been produced. Some suggestions were made to help improve the current evidence review. These included: o Developing the analytic framework. o Analysing the data by content (such as setting, population groups, who should deliver the intervention including what skills/training they should have). It was felt that more could be derived from what had been produced. o Some re-categorisation of the mode of delivery might be necessary. o Aligning the review with questions in the scope o Including consideration of before and after studies, particularly in relation to large campaigns • The committee were keen to understand the patterns of skin cancer incidence according to different social axes i.e. age and socio-economic class, and how messages may differ for these different groups. • Some members of the committee were concerned that the guidance would only be looking at a single intervention (providing information) rather than adopting a multi-component approach which is likely to be more effective. • Interventions based only on information might lead to increased inequalities in the outcome. • The committee found it difficult to interpret some of the data without a better understanding of what services are currently being delivered. • The committee discussed the issue of harms (particularly lack of sunlight and associated vitamin D deficiency). The committee felt there was a delicate balance to be reached between reducing skin cancer risk whilst not increasing other potential harms. Some additional modelling of harms was suggested for the economic model. • The committee discussed whether the guidance should be targeted at particular populations for	

	example, outdoor workers. • When setting the context for the guidance, it was felt it might be useful to benchmark the public health implications of skin cancer against other types of cancer (such as cervical cancer). • Qualitative evidence review provides useful data on perceptions of risk and knowledge. Mike Kelly noted that a number of different skin cancer prevention topics were initially referred to topic selection as one large referral. Topic referral considered these and made the decision to take forward information provision. Following comments from stakeholders it was agreed with Department of Health to expand the referral to include two further areas (provision of resources and structural changes to the environment). It was agreed with Department of Health that each of these would be delivered as separate pieces of guidance. PHIAC agreed it would be useful to consider whether to deliver this topic as originally planned or to deliver as one piece of guidance in the future. It was concluded that • Skin cancer is not an insignificant public health problem, but in absolute mortality terms, the numbers affected by it are low. Many types of skin cancer are preventable. • The committee felt it was important that guidance address the following important factors affecting skin cancer risk: o People with different skin types; o Age (i.e. children may be at higher risk than adults) o Geography o Socio-economic class o Occupation (i.e. outside settings versus indoor jobs). o Periods of time when risk is high (such as when people are on overseas travel) o Intermittent exposure at home. o People at higher risk (e.g. immuno-suppressed) • The committee agreed that it was important not to ignore the quality of life, wellbeing factor of safe exposure to the sun. This will need to be added to the considerations section of the guidance. • For the interventions considered, only those that were cheap were cost effective. However, if other prevention factors are drawn together, the economics may change. • For expensive interventions the committee might consider making research only recommendations. • The issue of Vitamin D should be addressed and this should link with the NICE Maternal and Child Nutrition guidance. • The links with both the NICE Behaviour Change and Community Engagement guidance should be	

	explicitly referenced in this guidance. The committee agreed the following next steps in guidance production: • The NICE team will draft recommendations based on the committee's discussions. The team should draw upon other relevant evidence such as the NICE guidance on Behaviour Change and Community Engagement. • Work on the main evidence review needs to be completed (in particular the collaborating centre should synthesise the data to draw out the delivery mode, content and who should deliver an intervention from the evidence). The lack of synthesis means that useful information may have been missed. This needs to be brought back to the committee. • Some additional cost effectiveness work should be done around potential harms. However, this might be better done in the context of the other skin cancer referrals. • The NICE team need to consider how work resulting from the different skin cancer referrals will be brought together. • The NICE team will let the committee know how these changes will impact the timelines. Thanks were given to the two co-opted members, the authors of the expert paper and the collaborating centres.	
6. Immunisation	Declarations of interest in relation to *Immunisation* were requested. A number of declarations of interest had been received in writing prior to the meeting. Catherine Law and Mike Kelly had reviewed these and agreed that they did not prevent anyone from participating in the whole meeting. PHIAC members, co-optees and experts were asked to declare these interests again, and any additional declarations were requested. **Personal pecuniary interests:** Mike Owen – as a service provider Mike could potentially receive a fee for services specified in the guidance. Matt Kearney - as a service provider Matt could potentially receive a fee for services specified in the guidance. Mark Sculpher – Mark does some consultancy work with pharmaceutical companies on vaccines. **Personal Family interests:** John Edmunds – John's partner works for Glaxo Smith Kline (which manufactures different vaccines).	

	Non- Personal pecuniary interests: • Catherine Law – Catherine has contributed to research in this subject and may wish to apply for future research funding in this area. • David Sloan - David has contributed to research used to inform the cost effectiveness analysis of neonatal hepatitis B vaccination. ***Experts/ Co-optees:*** • John Edmunds - John has contributed to research in this subject and may wish to apply for future research funding in this area. • Helen Bedford - Helen has contributed to research on this subject and may wish to apply for future research funding in this area. **Personal non-pecuniary interests:** David Elliman – David speaks publicly on immunisation. ***Potential interest due to future research funding:*** ***PHIAC:*** Susan Michie, Jo Cooke ***Experts/ co-optees:*** David Salisbury It was agreed that the above declarations would not prevent any members from taking part in the meeting.	
7. Immunisation	Tricia Younger set the scene for the guidance, describing progress to date. Nichole Taske presented an overview of the revised evidence analysis. The co-optees and experts were given an opportunity to comment on the evidence and the draft recommendations that had been circulated before the meeting. Thanks were given to the NICE team for revising the evidence review. The committee considered the draft recommendations and agreed changes to them: • It was agreed that good practice evidence should be used to help develop a recommendation on information systems. • The committee considered whether a recommendation should be made to schools about conditionality of entry based on being immunised. They considered some of the costs and benefits of such an approach and ethical issues, bearing in mind their earlier discussions on the Nuffield Council Bioethics report on public health. The committee agreed that they would not make a recommendation	

	of this kind. • There are a number of key points when immunisation status should be checked. These include entry into school and entry into the UK. • The recommendations, where appropriate, should be aimed at children's services and illustrate some of the key professions involved. • Particular groups may need to be addressed in the recommendations. These include asylum seekers and looked after children. • The term 'active dissent' should be rephrased. • Training must be quality assured and evaluated. The chair summarised the discussions as follows: • The context for the guidance is set in the Department of Health's recommended immunisation schedules. This includes consideration of the timeliness of vaccines. • Immunisation and vaccination take place in the context of children's health promotion more generally. • The guidance should focus on hard to reach groups where uptake of immunisation is low. • The committee agreed that research recommendations should be developed in: o Standards of training for health professionals in immunisation o Public acceptability of immunisation schemes based on conditionality. Tricia Younger outlined the next stages in guidance production for this topic. The guidance will be considered again at the June PHIAC meeting. Thanks were given to the co-optees and experts.	
8. Minutes of PHIAC 33 (all)	The minutes of PHIAC 33 were considered and approved with some minor changes.	
9. Topic suggestions (All)	The committee suggested that the following topics be referred to the public health topic consideration panel: HIV and education campaigns for the general population or for young people.	
10. AOB (Chair)	• One member raised a concern about the process of guidance production and publication in the context of the recent publication of the needle and syringe programmes guidance. The process of guidance production was clarified, particularly that decisions about the content of guidance should be made in PHIAC meetings. The email circulation following the meetings is intended to assist in ensuring that the guidance reflects the discussions and decisions arrived at in committee. The committee agreed that this needs to be made clear in our processes and methods manuals and to those who are included in such circulations.	

	• It was agreed that the Centre for Public Health Excellence would consider this issue further and report back to PHIAC. • Annual declaration of interest forms to be completed by committee members. Confidentiality forms should also be completed if they haven't already been sent. Completed forms to be sent to Emma. • The next away day is scheduled for the Thursday January 14th 2010. ES to email the committee to confirm. • Mike Kelly reported that the Needle and syringe programmes guidance had been well received in many arenas.	
11. Close	The meeting closed at 4.25pm	