

NICE PUBLIC HEALTH PROGRAMME GUIDANCE

Contraceptive services for socially disadvantaged young people

Wednesday 27th May 2009
3rd meeting of the Programme Development Group

NICE Offices, 3rd Floor Mid City Place, 71 High Holborn, London WC1V 6NA

Draft Minutes

Attendees:	<p>PDG Members</p> <p>Anne Weyman – Chair, Penny Barber ,Simran Chawla, Ros Delaney, Alaina Dingwall, Karen Harrison, Lesley Hoggart, Rhiannon Holder, Ifigeneia Mavranezouli, Faye Sutton, Kim Tanner, Babs Young.</p> <p>NICE</p> <p>Chris Carmona (CC), Alastair Fischer (AF), Kay Nolan (KN), Patricia Mountain (PM), Clare Wohlgemuth (CW), Tricia Younger (TY).</p> <p>Contractors – SCHARR</p> <p>Sue Baxter (SB), Nick Payne (NP), Hazel Pilgrim (pm only)</p>	
Apologies:	<p>PDG Members</p> <p>Amar Abass, Ruth Hine, Pauline McGough, Terri Ryland, Carola Sander, Karen Spooner.</p>	
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Item		Action
1	<p>Welcome, Introductions and Aims of the Meeting</p> <p>Gill Frances, PDG member has resigned. The review under consideration was the review of young peoples and professionals views of contraceptive services.</p>	
2	<p>Declarations of interest</p> <p>No new declarations of interest were received from PDG members or from the Collaborating Centre.</p>	

3	<p>Minutes of last two meetings These were approved with minor amendments.</p>	
4	<p>Matters arising</p> <ul style="list-style-type: none"> • The wording of the referral to NICE from Department of Health was discussed. The term ‘socially disadvantaged ‘has been interpreted broadly and is set out in the final scope. • A glossary will be developed and updated during the guidance development process. • Studies of interventions and programmes that seek to encourage sexual abstinence before marriage are included within the PSHE guidance, focusing on sex and relationships education and alcohol education. This guidance is currently in development. 	
5	<p>Young peoples and professionals views of contraceptive services</p> <p>Sue Baxter and Nick Payne from ScHARR gave a short presentation on the first draft of the review of young people’s and professionals views of contraceptive services.</p>	
6	<p>Questions of clarification & discussion of the review The Chair thanked ScHARR and opened the discussion. The points discussed included:</p> <ul style="list-style-type: none"> • Emergency hormonal contraception is now available over the counter from pharmacies. A&E departments are no longer the principal provider. • Little evidence relating to long acting reversible contraception • Lack of evidence about young people with learning disabilities. • Check studies to see if young people’s knowledge of services was theoretical or if they knew how to access them locally. • Young people of different ages may want different kinds of services: drop-in or appointment. • Perceived attitude of staff by young people. • Women may not be offered the full range of methods, despite QOF. Short appointment times may make this difficult to achieve. • Annual reports on contraceptive services based on KC31 returns don’t reflect that methods used by young people may change frequently. • Some young people may rely on emergency (hormonal) contraception. Ifigeneia Mavfranezouli offered to send information about methods of contraception used by young people • Negative views/experiences of a method of contraception may influence peers. • “You’re Welcome” presentation suggested. 	<p>ScHARR</p> <p>Ifigeneia Mavfranezouli</p> <p>Babs Young/NICE</p>
7	<p>General discussion of review continued</p> <ul style="list-style-type: none"> • Verbatim quotes would not be useful • More detail should be included if available. 	

	<ul style="list-style-type: none"> • The evidence statements should include an assessment of applicability. • Demographic detail would be helpful in narrative. • An overview of current evidenced- based guidance and professional and service guidance to be included in the next version of the review. • The law, as it relates to contraceptive services, should be explained within the glossary of the guidance. 	<p>ScHARR</p> <p>NICE</p>
8	<p>Small group work and feedback</p> <p>The PDG discussed potential draft recommendations potential research recommendations and equality issues arising from the review</p> <p>Issues discussed included:</p> <ul style="list-style-type: none"> • The diversity of young people’s views attitudes and needs • Accessible and acceptable services for different groups • Lack of knowledge among professionals and young people on: <ul style="list-style-type: none"> ▪ Services ▪ Methods ▪ Effects/side effects ▪ Fertility • Reliable sources of information • Confidentiality/anonymity • Staff attitudes • The influence of drugs and alcohol 	
9	<p>Logic Model</p> <p>CC outlined the first draft of a logic model.</p> <p>Conceptual Model</p> <p>Hazel Pilgrim presented a conceptual framework/model to inform the health economic modelling.</p> <p>Both these models were presented as drafts for discussion.</p>	
10	<p>Summary of the discussions, agreed actions and next steps. Next review.</p> <p>The next review will be the review of contraceptive services interventions in health and health care settings</p>	
	<p>DATE OF NEXT MEETING: 16th July 2009 Royal College of Anaesthetists, Churchill House, Red Lion Square, London WC1R 4SG</p> <p>MEETING PAPERS TO BE MAILED: 3rd July 2009</p>	