

## NICE PUBLIC HEALTH PROGRAMME GUIDANCE

### Contraceptive services for socially disadvantaged young people

#### 5<sup>th</sup> meeting of the Programme Development Group

Thursday 17<sup>th</sup> September 2009

Derwent room, NICE Offices, MidCity Place, 71 High Holborn,  
London WC1V 6NA

### Final Minutes

<b>Attendees:</b>	<p><b><i>PDG Members</i></b></p> <p>Anne Weyman – Chair, Pat Farley, Karen Harrison, Ruth Hine, Lesley Hoggart, Ifigeneia Mavranezouli, Faye Sutton, Kim Tanner, Amar Abass, Pauline McGough, Terri Ryland, Karen Spooner, Ros Delaney, Alaina Dingwall, Babs Young, Simran Chawla, Rhiannon Holder, Alison Swain (representing Penny Barber)</p> <p><b><i>NICE</i></b></p> <p>Chris Carmona (CC), Alastair Fischer (AF), Kay Nolan (KN), Patricia Mountain (PM), Tricia Younger (TY), Clare Wohlgemuth (CW)</p> <p><b><i>Contractors – SchARR</i></b></p> <p>Hazel Pilgrim (HP) Louise Guillaume (LP), Lindsay Blank (LB)</p> <p><b><i>Expert</i></b></p> <p>Alison Hadley (pm only)</p>	
<b>Apologies:</b>	<p><b><i>PDG Members</i></b></p> <p>Penny Barber</p> <p><b><i>Nice Team</i></b></p> <p>Mike Kelly (MK)</p> <p><b><i>Contractors – SchARR</i></b></p> <p>Nick Payne (NP)</p>	
<b>Author</b>	Patricia Mountain Draft 1	

Item		Action
1	<p><b>Welcome, Introductions and Aims of the Meeting</b></p> <p>The Chair welcomed the PDG to the fifth meeting and introduced Alison Swain, Senior doctor at Brook in Birmingham who was standing in for Penny Barber at this meeting.</p> <p>The Chair informed the members that Carola Sander had resigned from the PDG.</p> <p>Alison Hadley Programme Manager at Teenage Pregnancy Unit at the Department for Children Schools and Families, attended in the afternoon as an expert.</p> <p>The review under consideration was about contraceptive services for young people in health care settings</p>	
2	<p><b>Declarations of interest</b></p> <p>No new declarations of interest were received from PDG members or from the Collaborating Centre.</p> <p>Alison Swain – personal pecuniary interest (drug company paid attendance fee to conference)</p> <p>Declarations of interest previously declared &amp; declared at this meeting:  Amar Abass - personal non pecuniary interest  *Penny Barber - personal non pecuniary interest  Ros Delaney – personal pecuniary interest – presentation on LARC  Lesley Hoggart- personal non pecuniary interest, personal non pecuniary  Rhiannon Holder - personal non pecuniary interest  Ifigeneia Mavranouzouli- non personal pecuniary interest  Pauline McGough - personal non pecuniary interest  Terri Ryland - non personal pecuniary interest  Karen Spooner - non personal pecuniary interest  Faye Sutton - non personal pecuniary interest  Anne Weyman - personal non pecuniary interest  (* - not present at this meeting but will receive email correspondence relating to the topic)</p> <p>All ScHARR staff involved in the review declared a potential non personal pecuniary interest with regard to potential future research in the area.</p>	
3	<p><b>Minutes of last meeting and matters arising</b></p> <ul style="list-style-type: none"> <li>• These were approved.</li> <li>• Volunteers were invited to contribute to the glossary for the guidance by drafting a short definition/explanation of terms that may need to be clarified in the guidance. This has been held over until the next meeting on 29<sup>th</sup> October.</li> <li>• Ifigeneia Mavranouzouli had sent information about methods of contraception used by young people. NICE to forward to PDG</li> </ul>	<p><b>NICE Team/PDG</b></p> <p><b>NICE Team</b></p>

<b>4</b>	<p><b>Searching for evidence, sifting the evidence and the excluded evidence</b></p> <p>Louise Guillaume, Information Specialist from SchARR, gave a brief presentation explaining the process and methods that the SchARR team had used to search for and assess the evidence.</p>	
<b>5</b>	<p><b>The findings of the healthcare settings review</b></p> <p>Lindsay Blank from SchARR, gave a presentation on the main findings from the healthcare settings evidence review.</p>	
<b>6</b>	<p><b>Questions and discussion - healthcare settings review</b></p> <p>The main discussion points were:</p> <ul style="list-style-type: none"> <li>• The lack of UK based research for this topic.</li> <li>• US studies – PDG agreed that when deciding whether to use US data they would consider who delivered the intervention, and the local/national infrastructure when considering applicability to the UK.</li> <li>• There are difficulties collecting information from local data as if the numbers are low they are not reported. If the numbers are larger then there is a delay in those statistics becoming available, often by more than 12 months.</li> <li>• The relevance of the data contained in the reviews to socially deprived young people in the UK.</li> </ul>	
<b>7,8</b>	<p><b>Group work: Potential areas for recommendations from the healthcare settings review.</b></p> <p>The Chair reminded the PDG members that all evidence requires interpretation. Evidence statements alone cannot determine the content of a recommendation. This interpretation requires judgement based on the PDGs' collective experience and knowledge and it takes into account evidence about the same or similar issues, evidence from policy and knowledge of current practice as well as an understanding of the target populations.</p> <p>The PDG discussed potential areas for recommendations from the healthcare settings review in groups. Each group was facilitated by a member of the NICE team. The collaborating centre team joined the groups as required in order to clarify the evidence. A PDG member from each group then fed back each groups suggestions for potential draft recommendations.</p>	
<b>9</b>	<p><b>Health Economics</b></p> <p>Hazel Pilgrim from SchARR outlined the next stage in the development of the economic analysis for this guidance. NICE usually looks at cost per Quality Adjusted Life Year (QALY), but this is not possible for this guidance. Therefore SchARR intend to take an experimental approach,</p>	

	<p>considering where resources can be most usefully deployed. SchHARR conducted an exercise with the PDG.</p>	
10,11	<p><b>Learning from the Teenage Pregnancy Unit: Questions and discussion</b></p> <p>Alison Hadley from the Teenage Pregnancy Unit at Department for Children Schools and Families gave a presentation to the PDG. This presentation included:</p> <ul style="list-style-type: none"> <li>• Teenage Pregnancy Strategy and its targets, including the 10 key factors for effective strategies</li> <li>• Supporting young people at risk through universal and targeted services.</li> <li>• Examples of effective services from around the UK</li> <li>• Some examples of contraceptive research</li> <li>• Some ideas about the next steps after the strategy ends in 2010</li> </ul>	
12	<p><b>Group work: How does Alison Hadley's presentation impact on guidance and recommendations? Drafting 'considerations'</b></p> <p>The Chair explained that the <i>considerations</i> section of the guidance sets out the range of factors that the PDG has considered in developing the recommendations. It also makes explicit the criteria that have been used to develop the recommendations - for example, if there is insufficient evidence of effectiveness or cost effectiveness. It also explains key issues that the PDG has taken into account such a policy, legislation, funding, organisational and service developments.</p> <p>The PDG divided into groups to discuss how Alison Hadley's presentation impact on guidance and recommendations and to outline some early ideas of general considerations.</p>	
13	<p><b>Feedback to main group</b></p> <p>A PDG member from each group fed back to the whole group to facilitate further discussion. Areas discussed included:</p> <ul style="list-style-type: none"> <li>• The</li> <li>• The difficulties of identifying/defining which young people are at risk.</li> <li>• The school leaving age is increasing and the impact that will have on school based contraceptive services.</li> <li>• Support for those young people not in full time education, for example, those leaving young offenders' institutes, care homes and the homeless.</li> <li>• Support for those who have learning difficulties.</li> <li>• GPs are a key contact that can help – all young people in care have a GP. Potential training need for GP/health professionals on how to offer better support to all young people for contraceptive services.</li> <li>• Some young people lack basic knowledge about biology.</li> <li>• Teenage pregnancy coordinators are a useful contact for finding out about local provision.</li> </ul>	

	<ul style="list-style-type: none"><li>• Cultural/religious issues.</li></ul>	
<b>14</b>	<b>Any Other Business</b>  None	
	<b>The meeting ended at 4.10 pm</b>	
	<b>DATE OF NEXT MEETING: 29<sup>th</sup> October 2009</b> <b>NICE Offices, London</b>  <b>MEETING PAPERS TO BE MAILED: 19<sup>th</sup> October 2009</b>	