

DRAFT NICE RESPONSES Public Health Guidelines

Sexually transmitted infections: condom distribution schemes - Consultation on Draft Scope Stakeholder Comments Table 3 June – 1 July 2015

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British HIV Association (BHIVA)	1.2	2	Locations should include HIV services plus sexual health outreach/community projects	Thank you for your comment, the current wording would not exclude these additional suggestions.
British HIV Association (BHIVA)	1.3	3	Should include training for those providing condoms and should review evidence for condom provision +/- advice +/- brief interventions	Thank you, research that includes these components of an intervention would not be excluded by the current wording in the scope.
British HIV Association (BHIVA)	1.5	3	Should include condom range, condom sizing and advice re appropriate lubricant depending on condom type	Thank you for your comment. Please see previous response.
British HIV Association (BHIVA)	1.6	4	Secondary outcomes should include condom errors. Presumably the primary of is STI includes HIV? User outcomes should specifically include challenges to negotiating condom use	Thank you, yes HIV would be included within the definition of STI; your suggestions about outcomes would not be excluded by the current wording in the scope. Condom error has been added as an outcome.
Brook	General	0	<i>Brook welcomes NICE's decision to develop these guidelines, and the links that they make to the existing Public Health England/Brook guidance (1.3 pg 3 line 5) and the previous NICE guideline on preventing sexually transmitted infections and under -18 conceptions.</i>	Thank you for taking the time to read and comment on the scope.
Brook	1.1	2 (line 12)	Although this guidance focuses on STIs generally rather than HIV, many schemes do target HIV high prevalence groups in particular. We recommend including a target group for those who are from countries with high HIV prevalence.	Thank you, these groups would not be excluded by the current wording in the scope.
Brook	1.2	2 (line 19)	We recommend specifically mentioning community and statutory organisations working with groups identified in 1.1	Thank you for your suggestion, examples given are not intended to be exhaustive.
Brook	1.5	3	We recommend including a further explicit question relating to the best ways of responding to the social norms and religious and cultural beliefs	Thank you for your suggestion, research including these components would not be

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			that may form barriers to condom use for different groups as identified in 3.1 (page 6, line 7)	excluded by the current wording in the scope.
Department of Health	General	0	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you.
Faculty of Sexual and Reproductive Healthcare	General	0	Although we appreciate the high risk groups should have access to free condoms we feel we should be offering them to all groups. For example often older people in new relationships (who don't necessarily need contraception but are worried about STIs) ask us for them, as well as postnatal mums and others.	Thank you for your comment. This document is the draft scope which sets out what the guideline will and will not cover within time and resource available. The current wording in Section 1.1 would not exclude the populations you suggest.
Faculty of Sexual and Reproductive Healthcare	Section 1.1.	2	Ideally it would be good if this document addressed all age groups as so often the older age groups are ignored in support. STI figures are rising in older people due to partnership change etc. As this focus is statistically driven, could the focus address use up to age 30? Statistics would support this. We make this point as a primary outcome is to reduce STI incidence.	Thank you for your comment, please see previous response.
Faculty of Sexual and Reproductive Healthcare	Section 1.2.	2	Settings. Should general practice be specifically mentioned now? General practice in some areas of the UK may be the only health setting accessible for people without own transport/ less mobile/less well off. Importantly, general practice should be involved in condom provision.	Thank you for your comment, this setting would not be excluded in the current wording.
LGBT Foundation	General	0	Throughout the scope the reference is exclusively to distribution of condoms, whereas we strongly maintain that condoms should be always accompanied by lubricant, at least in the case of MSM schemes.	Thank you for your comment. This consultation is about the draft scope, the intervention you suggest would not be excluded by the current wording in the scope. However, references to lubricant have been added to the updated scope.
LGBT Foundation	1.1	2	While it is mentioned in the Equality Impact Assessment, we would like to stress that BME people are also a high risk group, especially Afro-	Thank you for your comment. We have included reference to this issue in the

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			Caribbean men. BME MSM therefore make an even higher risk group, and should be identified as a target population in their own right. The means to reach the white MSM are most likely to not be as effective in reaching this population.	updated scope. However, to note that these groups would not be excluded by the current wording in the scope.
LGBT Foundation	1.2	2	Other advised settings for distribution: public places where people meet not only for sex (e.g. bars and coffee shops); GP clinics and general health services other than only sexual health clinics; places frequented by under-25-year-olds, (e.g. youth and community centres), colleges and universities. This should also make better reference to non-permanent settings, such as special events, festivals, pop-ups etc.	Thank you for your helpful suggestions, please see previous comments about the status of the draft scope. The examples given are not intended to be an exhaustive list.
LGBT Foundation	1.3	3	The single-component schemes and the outlets should include variations in provision and consider the impact that this might have. For example, The LGBT Foundation offers both loose condoms and lube, and safer sex packs. The loose condoms mainly go to saunas and they carry no safer sex info, whereas the safer sex packs have a wealth of information with the condoms and lube, and they are distributed in other settings (but still collected individually, with no peer educators involved, as in the multi-component schemes). Accordingly, there may be a difference in impact depending on if the scheme provides just condoms and lube, or safer sex packs with information.	Thank you for your suggestions, please see previous comments about the status of the scope.
METRO Charity	1.2	2	Settings should also include: culturally appropriate venues such as; GPs, hair dressers, youth centres, supported housing pubs and clubs (ie. not sex venues), it will be important to include guidance for venues that are not clinically orientated.	Thank you for your comment and suggestions. The examples given are not intended to be an exhaustive list.
METRO Charity	1.3	3	Key areas could include advice/information/support for co-delivery of schemes such as Chlamydia screening and Condom distribution.	Thank you for your helpful suggestion, please see previous responses. If the searches for evidence identify research that refers to condom distribution

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				co-delivered with another activity, and the relevant data can be disaggregated, this will be taken into account.
METRO Charity	1.5	3	Additional Key Questions: <ul style="list-style-type: none"> • Consider any legal, safeguarding issues of providing condoms online. • Acceptable and unacceptable risks for providing condoms online? • Standards for websites providing condoms online: ie referring to local services, information on STIs, referral to youth services etc. 	Thank you for your suggestions. The current wording in the scope would not exclude these activities and if there was sufficient evidence the committee may consider the implications about online condom distribution. If evidence about these activities is not available, the committee may take this into consideration when drafting recommendations.
METRO Charity	General	0	We are keen to offer an experienced representative from METRO to sit on the Guidance Committee, please provide further information.	Thank you for your kind offer. There is a formal process for applying to join a committee, so please check the NICE website (see link) for current information about joining this or any other NICE committees. http://www.nice.org.uk/get-involved
NHS Ayrshire and Arran	Topic	1	Although femidoms, and dental dams are mentioned in the opening paragraph it may be helpful for this to be reflected throughout the document. Reducing STI's across the lifespan is important and not just relevant to under 25's In Scotland there has been increases in numbers of older adults rates of STI's	Thank you for your comment and suggestion.
NHS Ayrshire and Arran	1.1	2	At risk groups should also include over 40's	Thank you for your comment and suggestion.

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NHS Ayrshire and Arran	1.2	2	Settings to perhaps include colleges, universities, youth groups	Thank you, the examples are not intended to be exhaustive and the additional settings you suggest would not be excluded by the current wording in the scope.
NHS Ayrshire and Arran	1.3	3	Need to include the provision of dams in distribution In Scotland our C card schemes provide Free condoms through a national procurement contract, there are no provision of low cost condoms	Thank you for your comment. This consultation is about the draft scope, the recommendations of the committee have not yet been formulated.
NHS Ayrshire and Arran	1.5	3	Effectiveness of condom provision and cost effectiveness can be influenced by providing an effective and efficient service and improving knowledge and understanding of condom or dam use Accessibility for different populations e.g. schools, colleges, workplaces etc.	Thank you for your comment and suggestions, please see previous response about the purpose of this consultation.
NHS Ayrshire and Arran	1.6	4	Another primary outcome should be unintended pregnancy incidence. Health related quality of life may need further definition	Thank you for your comment.
NHS Ayrshire and Arran	3.1	6	Embarrassment is also as cost being a major barrier to condom use,	Thank you for your comment, noted. Please see previous responses.
NHS Ayrshire and Arran	General		It is an opportunity for NICE to include a sexual health intervention being a requirement for all Condom schemes i.e. everyone has the opportunity to improve their knowledge and skills of condom use prior to accessing free condoms	Thank you, please see previous responses.
NHS Highland	1.1	2	<ul style="list-style-type: none"> - People of Sub-Saharan Africa origin - commercial sex workers including those providing sex in exchange for something else eg. drugs, alcohol, cigarettes, that do not regard themselves as commercial sex workers. 	Thank you for your comment and suggestions, these groups are not excluded by the current wording in the scope.
NHS Highland	1.2	2	Settings where condoms can be provided or distributed, including: G.P. practices, pharmacies, sexual health centres, colleges and universities, schools, online services and public, places where people meet to have sex (for example, clubs, rural public sex environments), homeless units	Thank you, noted, please see previous responses, examples given are not intended to be an exhaustive list.

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			and other third sector settings.	
NHS Highland	1.6	4	1 Condom use or intention to use condoms. 2 Unprotected sex. 3 Unintended or harmful effects. 4 Awareness and access of condom distribution schemes. 5 Increased engagement with services and service user experiences and outcomes. 6 Knowledge of how to use condoms correctly and negotiate use. Replace with: Improved knowledge and skills in condom use and negotiating condom use. 7 Health-related quality of life. 8 Costs, savings and cost effectiveness.	Thank you, your suggested additional outcomes would be not be excluded by the current wording in the scope.
NHS Highland	3.1	6	Social norms and religious and cultural beliefs can also prevent people from using them. Condoms should be provided in different colours of skin tone to meet the needs of the service user.	Thank you for your comment, please see previous responses about the purpose of the draft scope.
NHS Highland	3.1	6	Another barrier can be living in remote and rural areas where discreet and anonymous access to condoms can be limited.	Thank you for your comment and suggestion.
NHS Highland	3.2	6	Schemes are often aimed at specific subgroups at greatest risk of an STI, such as young people, men who have sex with men, and sex workers including those exchanging sex for other things such as cigarettes, drugs or alcohol.	Thank you for your comment and helpful suggestions.
Public Health England	1	2	Groups covered – certain ethnic groups are at much high risk of STIs, this should be explicitly covered.	Thank you for your comment, the current wording in the scope would not exclude these groups.
Public Health England	1	2	Settings – this should cover clinical settings where young people attend. GPs, contraceptive clinics, substance misuse services all see high risk	Thank you for your comment, the current wording in the scope would not exclude

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			people regularly	these settings.
Public Health England	1	3	Economic aspects – I assume “public sector perspective” includes costs to the NHS and CCGs which occur as a result of poor reproductive and sexual health.	Thank you for your comment. A public sector perspective covers all public sector bodies incurring a cost associated with the intervention. So, you are correct in thinking that will include the NHS and CCGs in this particular instance.
Public Health England	1	4	Main outcomes – a key primary outcome is surely unintended pregnancy, and condom use. Condom use can be monitored through the health survey for England.	Thank you for your comment. This scope focuses on condom distribution schemes for STI prevention. If studies report pregnancy outcomes alongside STI outcomes then these will be reported. See also Contraceptive Services with a focus on young people up to the age of 25 years. NICE March 2014 http://www.nice.org.uk/guidance/ph51
Public Health England	3	5	Key facts- this can be updated as new data was published on June 23rd	Thank you for your helpful suggestion.
Public Health England	3	5	Key facts – condom efficacy varies by organism. Organisms are also different in different groups (chlamydia in heterosexuals vs. gonorrhoea in MSM). The differing levels of protection offered should be incorporated in any economic analysis which is stratified by group.	Thank you, noted.
Public Health England	3	6	Key facts and figures -Significant data exists on the costs of treating HIV, this should be included.	Thank you for your suggestion, noted.
Royal College of Nursing	General	0	The Royal College of Nursing invited staff and members from its public health forum to comment on this scoping document. The comments are based on feedback from our members.	Thank you for taking the time to read and comment on the draft scope.

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Royal College of Nursing	1.3	3	Suggest re-word to read: Outlets or schemes providing cheap condoms <i>for people who engage in high risk sex</i> , such as community schemes that provide cost-price condoms to sex workers, or online services that offer cost-price condoms.	Thank you for your suggestion. The current wording in the scope would not exclude these interventions, groups or settings.
Royal College of Physicians (RCP)	General	0	The RCP is grateful for the opportunity to respond to the draft scope consultation. In doing so, we have liaised with our experts on the Joint Specialty Committee (JSC) Genito-urinary Medicine and wish to make the following comments	Thank you for taking the time to read and comment on the draft scope.
Royal College of Physicians (RCP)	General	0	Young people under 25 years and MSM are not mutually exclusive groups. Safe sex and condom distribution services for those under 25 need to provide a service to young MSM. Diverting to adult MSM services may increase vulnerabilities or exploitation and may delay access to condoms.	Thank you for your comment and for raising this point. The committee will take account of these issues during guideline development. There will be an opportunity to comment on their draft recommendations during the public consultation in July 2016.
Royal College of Physicians (RCP)	1.1	14	Under 25 is often cited as an upper age limit because this was the limit for Chlamydia screening. This is a large age gap with 13-24 accessing the same scheme or setting and this should be reviewed as to how services are delivered safely for younger children.	Thank you for your comment and raising this issue. Please see our previous response.
Royal College of Physicians (RCP)	1.2 and 1.5	2 and 7 18/2 7	Settings should include HIV clinics and support and care services for people living with HIV	Thank you for your comment, these are examples and not intended to be exhaustive, the current wording in the scope does not exclude considering research from these settings.
Royal College of Physicians (RCP)	6.1	0	Activities, services and aspects of care should include training for those providing condoms and should review the evidence on condom provision with or without the provision of advice and/or brief behaviour change interventions	Thank you, the current wording in the scope would not exclude evidence about these activities.

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Royal College of Physicians (RCP)	1.5	27	Condom card distribution schemes should be integrated into other sexual health services this varies across regions. Key providers should be involved in its roll out including services accessed commonly by young people such as general practice. Also prioritise services providing care to at risk and vulnerable young people such as antenatal services, youth support, child and adolescent mental health services, drug and alcohol services and those providing care for looked after children.	Thank you for your comment and suggestion, this consultation is about the draft scope, the recommendations for the guideline will be considered by the committee after careful consideration of the evidence. Please see our previous response.
Royal College of Physicians (RCP)	1.5	28	Ensuring a tariff is correct will allow condom distribution to be incorporated into a variety of settings fairly and this service to be sustained.	Thank you, noted, please see our previous response.
Royal College of Physicians (RCP)	6.1		Risk assessment training should be standardised for those distributing condoms to young people. Safeguarding should be incorporated but without restricting access for those at risk of pregnancy or infection. Clear pathways for onward referral for concerns should be standard.	Thank you, your concern is noted, please see previous response.
Royal College of Physicians (RCP)	6.1		Secondary outcomes should include condom errors. There is a developing body of evidence relating to condom errors and the association between condom errors and non-use of condoms.	Thank you for raising, please see previous responses.
Royal College of Physicians (RCP)	GENERAL	0	Key issues and questions. Condom range and condom sizing should be included	Noted, thank you, please see our previous responses.
Shropshire Council	1.1	2	Groups covered to include black African people	Thank you for your comment and suggestion. The current wording in the scope would not exclude this group.
Shropshire Council	1.2	2	Settings to include further and higher educational establishments, care leaving providers and GP practices	Thank you for your comment and suggestion. The current wording in the scope would not exclude these settings.
Shropshire Council	1.2	2	Delete where people meet to have sex, eg clubs – should read ‘public sex environments’	Thank you for your suggestion.
Shropshire Council	1.3	3	Clarify ‘peer educators’??	Thank you for your comment.
Shropshire Council	1.3	3	Line 7 include sex workers	Thank you, this term is mentioned in Line 13

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				of the draft scope.
Shropshire Council	1.3	3	Clarify the meaning of 'single component schemes'	Thank you for your comment. We have clarified this.
Shropshire Council	1.6	4	Add to Primary outcome No. 2- Prevention of unintended pregnancy	Thank you for your suggestion. The prevention of unwanted pregnancy is not a primary outcome when examining the effectiveness of condom schemes in preventing STIs.
Shropshire Council	2.1	5,	Statement 'cost is a major barrier to condom use,' cite the article by Sarkar: 2008. Is there further and/or more evidence to back up that this is the case in the UK?	Thank you. We are not aware of any additional evidence.
Shropshire Council	2.1	5	Line 6 Insert evidence - NICE guidance 'Contraceptive services with a focus on young people up to the age of 25' NICE 2014 PH51	Thank you for your suggestion, we have amended.
Shropshire Council	Through out paper	0	Terminology should be consistent re: STI's or STD's?? STI's in UK, STD's in US, therefore paper should consistently use term STI's.	Thank you. There are no references to 'STD's' in the scope.
Sibling Voices	1.1	2	Sibling Voices welcomes this guideline and its focus on targeting high-risk groups. However, the exclusion of Black and Asian Minority Ethnic communities (BAME) as a group at risk of an STI is a striking omission given the high rates of HIV and other STIs in this group. BAME people are 6 times more likely to be diagnosed with HIV(PHE, 2014) and black or black British communities are 4.5 times more likely to contract chlamydia or gonorrhoea than their white counterparts(PHE, 2014). While black Africans make up the largest ethnic group affected by HIV there has been a significant rise in other minority ethnic communities acquiring HIV. Brazilian MSM had the second highest share of HIV diagnoses during 2007-2011 accounting for 7% of all new MSM infections.	Thank you for taking the time to read and comment on the draft scope. Thank you for your suggestion, your concern is noted. The current wording in the scope would not exclude these groups, the examples given are not intended to be an exhaustive list.

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			Initiatives to promote condom use in BAME groups are an essential component to addressing these inequitable ethnic health inequalities. Sibling Voices therefore strongly recommend the inclusion of BAME communities as a high-risk group in this guideline.	
Sibling Voices	1.2	2	We believe that the needs of asylum seekers who are a particularly vulnerable group will not be adequately covered by the settings described. Immigration removal centres, hostels and homeless shelters should also be included.	Thank you for your suggestion, please see our previous response about examples of settings.
Sibling Voices	1.2	2	Settings covered should also recognise the role of third sector organisations in sexual health promotion and primary STI prevention. They have extensive experience serving hard-to-reach high-risk groups and thus are well placed to provide condoms to these communities.	Thank you for your comment, please see our previous response.
Sibling Voices	1.2	2	Other venues frequented by BAME communities should be considered including bus garages, hairdressers and internet cafes.	Thank you for your suggestions, please see our previous response.
Sibling Voices	1.5	3	The stigma surrounding sexual health in BAME communities is evident. Schemes must be sensitive to the cultural differences between and within groups in order to be effective. This includes understanding how condom distribution schemes can be delivered in a manner that is acceptable to faith leaders and their congregations. Providing condoms in conjunction with health promotion training has proved to be successful. In addition BAME MSM will require a different approach to that employed for white MSM.	Thank you, your concerns are noted, please see our previous responses.
Sibling Voices	General		This guideline must promote equality of opportunity for those with no recourse to public funds. Ensuring access to condoms for this group is a public health issue due to their higher rates of late HIV diagnosis and resulting risk of onward transmission.	Thank you, please see our previous response. The committee will take this and other issues around health inequalities, including access, into account when considering the evidence and drafting recommendations.

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				For more information about how NICE manages guideline development please visit the website at: http://www.nice.org.uk/article/pmg20/chapter/1%20Introduction%20and%20overview
University of Bedfordshire	General		It would seem sensible to widen the scope to include condoms as a contraceptive option. Condoms remain a popular method of contraception, and the only reversible contraceptive option for men. The impact of condom distribution schemes on the consistent use of condoms to prevent unintended pregnancy.	Thank you for your comment. This guideline will assess the effectiveness of condom schemes in preventing STIs.
University of Bedfordshire			It would be helpful to explore the impact of condom distribution schemes on the use of condoms in addition to another contraceptive method. The 'double dutch' message to heterosexual young people wanting to prevent pregnancy and STIs continues to be important.	Thank you for your comment and helpful suggestion. We will include studies that cover both, disaggregated data?
University of Bedfordshire	Who the guideline is for	1	LAs role includes reducing teenage pregnancy, unintended pregnancies and STIs, including HIV	Noted, thank you.
University of Bedfordshire	1.1	2	Important to identify any heightened risk in different BAME groups, including newly arrived migrants, asylum seekers or refugees.	Thank you for your comment, this activity would be outside the remit of the current guideline. Identifying heightened risks in people newly arrived to the UK would fall within the remit of the home office or national screening operations.
University of Bedfordshire	1.2	2	'Sexual health centres' would be better described as sexual and reproductive health services. The range of settings should include: colleges, universities and other post-16 education settings such as large workplace training/apprenticeship providers used by large numbers of young people; general practice; young people substance misuse services.	Thank you for your suggestion. The current wording in the scope would not exclude these settings, examples are not intended to be exhaustive.

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University of Bedfordshire	1.6	4	In line with the general comment about widening the scope to include condoms as a contraceptive method, it would be helpful to include unintended pregnancy as a secondary outcome.	Noted, thank you.
University of Bedfordshire	2.1	4	Related NICE guidance should include PH Guidance 51 <i>Contraceptive services with a focus on young people up to 25.</i>	Thank you, very helpful, we will amend and include here.
University of Southampton	1.6	4	Suggest main outcomes both STIs and unplanned pregnancy	Thank you for your comment. Unplanned pregnancy is not a primary outcome. This guideline is about the effectiveness of condom schemes at preventing STIs.
University of Southampton	1.6	4	6. Suggest change to 'knowledge of how to access the right 'fit and feel' condoms (to avoid breakage, slippage, etc.) and knowledge of how to use correctly (to avoid errors such as not squeezing air out, rolling the right way, etc.), and how to negotiate use.	Thank you for your suggestion, the current wording would not exclude these particular issues.
University of Southampton	3.1	5	Check if 2014 figs will be available at the time of this guidance being published	Thank you for this suggestion, noted.
University of Southampton	3.1	5	6000 new HIV new diagnoses, over half MSM, should really say characteristics of the other half – significant amount not to mention	Thank you for raising this issue.
University of Southampton	3.1	5	Last para – add syphilis	Thank you for your suggestion.
University of Southampton	3.2	6	Current practice – mention C-card schemes should offer a selection of size and shape condoms, but there may be difficulties for some people to ask for a specific size – depending on the setting.	Thank you for your suggestion.
University of Southampton	1.6 and 3.2	4 and 6	A good paper to refer to: Sanders, 2012: Condom use errors and problems: a global view – provides an excellent Condom Use Experience model.	Thank you for this reference.
Western Sussex Hospitals NHS Foundation Trust	General		Comment Include 'develop networks and regional support structure for C-Card schemes'	Thank you for your comment. The scope current wording would not exclude this approach.

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DRAFT NICE RESPONSES Public Health Guidelines

Sexually transmitted infections: condom distribution schemes - Consultation on Draft Scope

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3 June – 1 July 2015

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Western Sussex Hospitals NHS Foundation Trust	P1, L8		...and provide advice on sexual health	Thank you for your suggestion.
Western Sussex Hospitals NHS Foundation Trust	P2, L16		'Hard to reach groups' (define), young people u25 in areas with the greatest health inequalities, people in geographically isolated areas	Thank you for your suggestion, please see previous response.
Western Sussex Hospitals NHS Foundation Trust	P2, L20		Youth Centres	Thank you for your comment, this setting would not be excluded by the current wording in the scope.
Western Sussex Hospitals NHS Foundation Trust	P3, L4		or the Chlamydia Screening Programme	Thank you for your suggestion.
Western Sussex Hospitals NHS Foundation Trust	P3, L15		Comment Does this mean a cost-benefit analysis or deciding where to target resources based on demographics/ local indices of deprivation?	Thank you for your comment. The nature of the economic analysis will depend on the type of data available to support the economic modelling. For more information about NICE methods please see the NICE Methods Manual at http://www.nice.org.uk/article/pmg20/chapter/1-Introduction-and-overview In particular this chapter may be of interest which sets out approaches to economic analysis: http://www.nice.org.uk/article/pmg20/chapter/7-Incorporating-economic-evaluation

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Western Sussex Hospitals NHS Foundation Trust	P3, L29		What are the most effective strategies for implementing schemes for different groups and populations in different geographical locations	Thank you for your suggestion, the current wording would not exclude evidence suggested by your rephrase.
Western Sussex Hospitals NHS Foundation Trust	P4, L2		What are the most productive resources identified for promoting C-Card/ CDS in different settings	Thank you for your suggestion, please see previous response.
Western Sussex Hospitals NHS Foundation Trust	P4, L7		Primary outcome: Rate of u18 conceptions	Thank you for your suggestion.
Western Sussex Hospitals NHS Foundation Trust	P4, L7 + General		Comment Does 'incidence' mean reduction? Is this a target? Is a reduction in STIs too ambitious and what might be the unexpected effects of making this a target? Also, there may be many other variables that may affect incidence so a reduction may not be attributable to C-Card/ CDS. Comment If the C-Card Scheme is integrated with the CSP you might expect the opposite ie an increase in STI incidence	Thank you for your comment. The evidence available will inform the committee's considerations when drafting recommendations this consultation is about the draft scope.
Western Sussex Hospitals NHS Foundation Trust	P4, L7		Comment Health-related quality of life. Does this mean assessing rates of PID +/- STI related infertility in a locality? It may be difficult to gather data on this	Thank you for your comment. The intention here is to identify evidence that reports on health related quality of life outcomes.

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