

# Strategies to prevent unintentional injuries among under 15s

## Evidence Consultation – Stakeholder Response Table

26<sup>th</sup> October – 23<sup>rd</sup> November 2009

| Stakeholder Organisation                         | Evidence submitted | Document Name & Number | Section Number | Page Number | Comments<br>Please insert each new comment in a new row.   | Response<br>Please respond to each comment  |
|--|--------------------|------------------------|----------------|-------------|--|---|
| <b>Injury minimization programme for schools</b> |                    |                        | general        |             | The injury minimization programme for schools has been running in hospitals across the country for over ten years. Although Oxford I.M.P.S. is a stakeholder there are 12 other centres across England. We have evidence of effectiveness and stories of children saving lives having been on I.M.P.S. | Thank you for this information.   |
| <b>Injury minimization programme for schools</b> |                    |                        |                |             | We feel we are a cost effective way for children to learn injury prevention and first aid.   | Thank you for this information.   |
| <b>Injury minimization programme for schools</b> |                    |                        |                |             | As well as the hospital programme for year 6 we have programmes across a range of ages from pre school to teenage mums.  | Thank you for this information.   |
| <b>Injury minimization programme for schools</b> |                    |                        |                |             | We would like to be involved in the evidence – for more details please visit our website <a href="http://www.impsweb.co.uk">www.impsweb.co.uk</a>  | Thank you, however the period for acceptance of evidence has now closed. You may wish to contribute to the consultation on the draft guidance in from 17 <sup>th</sup> May to 15 <sup>th</sup> June 2010. |
| <b>Royal College of Nursing</b>                  |                    |                        | General        |             | The evidence considered for the development this public health programme seems to be comprehensive.<br><br>There are no further comments to make at this stage on behalf of the RCN.   | Thank you for this information.   |

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| Royal College of Paediatrics and Child Health |                    | <b>General</b>                               | General        |             | <p>The College thinks that these evidence documents are comprehensive, and is not aware of further evidence on the strategies, frameworks and regulatory processes that is missing from these.</p> <p>We do feel the evidence review lacks an 'injury voice', but suspect it would be a considerably bigger document with it.</p> <p>We are, however, concerned about how this will take injury prevention further.</p> | <p>1<sup>st</sup> and 2<sup>nd</sup> paragraphs: Thank you for this information.</p> <p>3<sup>rd</sup> paragraph: Development of the draft guidance is an ongoing process. You may wish to contribute to the consultation on the draft guidance from 17<sup>th</sup> May to 15<sup>th</sup> June 2010.</p> |
| Royal College of Paediatrics and Child Health |                    | <b>General – interpretations of analysis</b> | General        |             | <p>The College notes that one of the key challenges in interpreting the evidence is the variation in definitions, risk / exposure / outcome measurement, and contexts / settings of the different studies included in the reviews. Agreed or standardised methods for future studies may be helpful recommendations in the guidance.</p>  | <p>Thank you for this information.</p>   |

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| Royal College of Paediatrics and Child Health |                    | <b>General - Applicability of the analysis and its usefulness for the development of guidance</b> | General        |             | <p>Difficulties in applying the analysis to the UK setting for the development of guidance relate to two particular issues:</p> <p>1) Where only a few studies have been identified the ability to generalise the findings to any setting will be limited</p> <p>2) Where the evidence is from countries outside the UK where the risks / exposures / regulatory systems differ significantly from the UK the evidence may not be applicable even if the strength of the evidence is strong</p> <p>The evidence statements where the research team have provided a comment on applicability to the UK (Home, Road and External environment reviews) were helpful in interpretation of the evidence and are likely to be useful in the development of recommendations and guidance.</p> | Thank you for this information.  |
| Royal College of Paediatrics and Child Health |                    | <b>General – reducing inequities</b>  | General        |             | <p>Recommendations stemming from this evidence should focus on the ability to reduce inequities in the occurrence of injuries to children under the age of 15 (i.e. reducing injury risk for all children) as well as reducing inequalities in injury occurrence (i.e. reducing the injury risk for the most disadvantaged compared to the least disadvantaged).</p>   | Thank you for this information. As mentioned above, development of the draft guidance is an ongoing process. You may wish to contribute to the consultation on the draft guidance from 17 <sup>th</sup> May to 15 <sup>th</sup> June 2010. |
| Royal College of Paediatrics and Child Health |                    | <b>General – lack of UK-based research</b>  | General        |             | <p>The College notes the relative lack of research undertaken in this area in the United Kingdom.</p>  | Thank you for this information.  |

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| Royal College of Paediatrics and Child Health |                    | International comparative analyses | General        |             | The College thinks that this document is far more robust, more relevant and more aware of the issues and difficulties of injury research than the 2 <sup>nd</sup> review on quantitative correlates. We note that this document involved a significant contribution from people working in the field.  | Thank you for this information.  |
| Royal College of Paediatrics and Child Health |                    | Cost effectiveness review          | 1.2            | 8           | <p>The review of cost effectiveness states that its aims were to “identify, critically appraise, and summarise evidence relating to the cost-effectiveness of: legislation, regulation...” (page 6). However, in the methods section, the report states, “Given the aims of the review, the quality of included studies was not formally assessed” (page 8). It is not clear why critical appraisal of the cost effectiveness studies was not undertaken as stated in the aims.</p> <p>In the current economic climate the evidence relating to cost-effectiveness is particularly relevant. The evidence should be critically appraised and if quality evidence is not available then a research recommendation should result.</p> <p>Clarity on the applicability of cost effectiveness evidence to the UK setting where healthcare is primarily through the NHS is particularly necessary if the evidence is derived from settings where healthcare is delivered through private providers.</p> | <p>1<sup>st</sup> paragraph: Thank you. The papers were critically read, however a formal critical appraisal process was not undertaken. The ‘Aims and rationale’ on page 6 have been revised to read: ‘To identify and summarise evidence’.</p> <p>2<sup>nd</sup> paragraph: Your comment has been noted and passed to the Programme Development Group that is developing the recommendations.</p> <p>3<sup>rd</sup> paragraph: Thank you for this information.</p> |