NICE National Institute for Health and Care Excellence

Appendix B2: Stakeholder consultation comments table

2019 surveillance of PH30 Unintentional injuries in the home: interventions for under 15s

Consultation dates: Monday 12 to Thursday 29 August 2019

1. Do you agree with the proposal to not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
London Fire Brigade	No	Recommendation 1 - Prioritising households at greatest risk - No Comment . Recommendation 2 - Working in partnership - No Comment . Recommendation 3 - Coordinated delivery - No comment. Recommendation 4 - Follow-up on home safety assessments and interventions London Fire Brigade (LFB) are currently consulting on what our future position will be on revisits. Recommendation 5 - Integrating home safety into other home visits - London Fire Brigade's (LFB) Home Fire	Thank you for your comments on each recommendation. Please see our responses to each comment below: - Recommendation 4: Thank you for the information about LFB and the ongoing consultation about revisits. As this recommendation related to all organisations that carry out home safety assessments and provide home safety equipment, it is unlikely to change following updates to individual regional services. The recommendation is advisory on revisits and we appreciate it will depend on availability of local resources - Recommendation 5: Thank you for the information regarding the content of your safety visits. Recommendation 5 gives advice about integrating home safety into other home visits that may not have a primary

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		Safety Visits are not focussed on children. However, LFB make escape plans in case of fire within family homes, and give tailored advice to children if they're living in the property. We also visit schools and deliver fire safety advice to over 100,000 children and young people annually. During LFB's Fire Safe &Well pilot, referrals were made to other agencies regarding health, so perhaps part of your review can look at a framework for this.	purpose of injury prevention, such as those conducted by health visitors, social workers and midwives. We are pleased to learn that your home visits have resulted in referrals to other agencies, this is in line with recommendation 2 on working in partnership, which currently advises that organisations share information with partners as part of their home visits. Regarding a need for a specific framework for health referrals, this is not an area currently covered in the scope of the guideline as it is focussed on injury prevention rather than wider health concerns of children. The original referral from the Department of Health was to develop guidance on public health interventions aimed at preventing unintentional injuries in the home among those aged under 15. Therefore, this aspect of the guideline is unlikely to change. However, we recognise that home safety assessments can benefit household members of all age groups.
Royal College of Paediatrics and Child Health	No	Relatively poor public health campaigns around home safety (compared to road safety) and insufficient resource attributed to this area of health promotion (see comment above – ALL families with children under five should receive home safety assessment and follow-up however currently this has to be targeted to those at highest risk).	Thank you for your comment. We acknowledge that recommendations across the guideline will be interpreted in the context of varying budgetary constraints, which is part of the rationale why specific advice is given on how to prioritise those at highest risk of unintentional injuries. The original guideline committee considered these recommendations important, given that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups. However, the guideline also emphasises the need to incorporate home safety advice into all routine home visits for families, including visits from midwives, health visitors and social workers (see

			recommendation 5). Further recommendations in NICE guideline PH29 cover wider strategies on how to prevent unintentional injuries in children. These cover what strategies and measures can be taken by organisations to focus on home safety for all children under 15. Because this area is adequately covered by the current recommendations, no impact on the guidelines is expected.
Public Health England	No	Public Health England (PHE) recommends adding greater focus on risks associated with button batteries following publication (June 2019) of Healthcare Safety Investigation Branch report at: https://www.hsib.org.uk/investigations-cases/undetected-button-battery-ingestion-children/final-report/ Unintentional injuries in and around the home are a leading preventable cause of death for children under five years and accounted for 7% of all deaths of all children aged one to four years in 2015. Between 2012-13 and 2016-17 there were an estimated 370,000 visits to A&E departments and approximately 40,000 emergency hospital admissions each year for under-fives following unintentional injuries. (1) Injury and mortality data indicates that local authorities could achieve significant improvements through targeting the reduction of five causes of unintentional injuries among the under-fives, namely: 1. Choking, suffocation and strangulation 2. Falls 3. Poisoning	Thank you for your comments. Please see our response to each point below: - Thank you for highlighting the report on button batteries by the Healthcare Safety Investigation Branch during this surveillance review. We identified this report during the surveillance review (see Appendix A2). Although we acknowledge that there is new evidence on the risks of button batteries, no evidence was identified on interventions to reduce unintentional injury. The committee who developed the guideline were aware of the need for research on new and emerging risks and have a research recommendation to address this. Until there is evaluated injury prevention evidence in this area, the guideline will not be affected. - Thank you for highlighting the five priority areas for injury prevention. These are in line our guidelines (PH29 and PH30), which recommend strategies, home assessments and provision of safety equipment that cover these causes of injury. - Thank you for highlighting the additional reports from Public Health England on prevention of unintentional injuries in children and young people. This report was

		4. Burns and Scalds 5. Drowning In 2018, Public Health England published a series of reports providing guidance on actions for local authorities and their partners to take to help develop injury prevention strategies for children and young people. These are available here: https://www.gov.uk/government/publications/reducing-unintentional-injuries-among-children-and-young-people (1)https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/childmortalitystatisticschildhoodinfantandperinatalchildhoodinfantandperinatalmortalityinenglandandwales . Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf	identified in the surveillance review and judged to be in line with the recommendations in NICE guideline PH30 (see Appendix A2 where it is referenced). It is expected that the recommendations in NICE guideline PH30 will be used alongside the Public Health England report, which offers practical advice on actions for local authorities and their partners.

2. Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	Thank you.
Royal College of Paediatrics and Child Health	Yes	New hazards since guideline written eg trampolines, e-cigarettes and hair straighteners. Surveillance document states that there is insufficient evidence to change recommendations from current guidance. However, could “new” hazards (as per surveillance document) be	Thank you for your comment on the new hazards that have emerged since the guideline was published. Although we acknowledge the new evidence in this area, no evidence was identified on interventions to reduce unintentional injury.

		dealt with in separate section of guidance that acknowledges lack of evidence whilst highlighting importance of communicating risk posed by these items? This may help drive further research into effective prevention strategies for these hazards also.	With regards to the need for a separate section of the guideline that acknowledges this lack of evidence, please see our research recommendation in this area which aims to drive further research. When new evidence is published in this area we will check to see if there is any impact on the guideline and potential for additional recommendations.
Public Health England	No	No comment	Thank you.

3. Do you have any comments on equality issues?

Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	Thank you.
Royal College of Paediatrics and Child Health	Yes	as above	Thank you, please see our response to your comment in relation to making assessments and safety equipment available to all children and not just those at high risk, above.
Public Health England	Yes	Significant social gradients exist across both unintentional injuries in and around the home and on the roads. Analysis shows that emergency hospital admission rate for unintentional injuries among the under-fives is 38% higher for children from the most deprived areas compared with children from the least deprived. (1) Previous research indicates that for some injury types this inequality may be much larger (2). For example, children	Thank you for your comments on the social gradients that exist across unintentional injuries in and around the home and on the roads. During the development of the original guideline, the committee acknowledged that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups. This led to the development of recommendation 1 and recommendation 3 which emphasise the importance of prioritising households at greatest risk. These include vulnerable groups such as children aged under 5 and those living in

		living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas (3). 1. Siegler V and Al-Hamad A. Social inequalities in fatal childhood accidents and assaults: England and Wales, 2001–03. Health Statistics Quarterly. 2010. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf 2. Hippisley-Cox et al. 1992-7. op cit. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf 3. Orton E, Kendrick D, West J et al, Independent risk factors for injury in pre-school children: three population-based nested case-control studies using routine primary care data. http://injuryprevention.bmj.com/content/18/Suppl_1/A231.3. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf	temporary, rented and social housing with families on a low income. As the evidence you have highlighted indicates that this trend in health inequalities remains, the recommendations are considered still valid and unlikely to change. The epidemiological evidence you have highlighted does not meet the inclusion criteria for this surveillance review, however the Public Health England Report which cites these studies has been considered and is summarised in Appendix A2.