

Public Health Programme Guidance

CONTRACEPTIVE SERVICES FOR SOCIALLY DISADVANTAGED YOUNG PEOPLE Consultation – Stakeholder Response Table

8th February – 8th March 2010

Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association for Sexual Health and HIV (BASHH) Adolescent Specialist Interest Group		Services and interventions in community settings		7	A limitation of the research is that it includes 'a high proportion of ethnicities not well represented in the UK population' and that culturally, socially & in terms of schooling there are big differences between the UK & USA.	Thank you. We agree that this is a limitation.

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<p>British Association for Sexual Health and HIV (BASHH) Adolescent Specialist Interest Group</p>		<p>Services and interventions in community settings</p>	<p>General</p>		<p>In particular GUM & contraception clinics may be accessed via a self referral/non appointment system where emergency contraception and other contraceptive methods are available for free. Some health promotion activities are included in some services. The infrastructure is very different to the USA which means extrapolation of research findings may not have any validity in the UK nor some of the conclusions about service delivery models. Many contraceptive services have been under resourced and are only just starting to receive increased finance to support their development. This piece of work needs to be used carefully in order that it does not jeopardise the development of such services particularly those which specifically target young people. In times of financial pressure this review by demonstrating lack of efficacy of some service interventions from US studies could be counterproductive.</p>	<p>Thank you. The Programme Development Group is made up of experts in the field of contraceptive service provision, and this group spend a great deal of time considering the applicability of all of the evidence to the UK context.</p>

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Brook		Evidence Review 1	General		<p>Complex and multiple factors affect teenage conception rates including, crucially, income inequality. It is therefore not altogether surprising that the evidence review seems to suggest that individual interventions may not have a significant impact on teenage pregnancy.</p> <p>International evidence suggests, however, that access to contraception combined with sex and relationships education can make a difference but we appreciate that the latter is outside the scope of this guidance.</p> <p>It should be emphasised that young people have a right to information and services underpinned by the UN Convention on the Rights of the Child. Whatever the evidence about the outcome of health interventions on teenage conceptions it is crucial that easy availability of contraceptive and sexual health services to young people continues to be a priority.</p>	<p>Thank you. The evidence reviews report solely upon the evidence found in the international literature. If you feel that there is evidence missing from the review then please supply us with the appropriate references.</p> <p>The interpretation of that evidence in a moral and policy context is undertaken by the professionals on the Programme Development Group.</p>

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Brook		Evidence Review 1	2c	11	The evidence statement needs to acknowledge that these programmes were not abstinence programmes as often understand (ie encouraging young people to say no to sex until marriage with no provision or inaccurate information about contraception). This point is made at page 37 but the evidence statement would also benefit from incorporating it to avoid misinterpretation of the evidence.	Thank you. We will ask the reviewers to clarify this evidence statement.
Brook		Evidence Review 1	2.3	19	Socio-economic deprivation and lower levels of educational achievement are causes as well as consequences of teenage pregnancy.	Noted. Thank you.

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Brook		Evidence Review 2	1a	19	As we state above, complex and multiple factors affect teenage conception rates. International evidence suggests that access to contraceptive services in combination with comprehensive sex and relationships education can be effective in reducing teenage pregnancy rates.	Thank you. See above.
Brook		Evidence Review 2	4.6.1		As we state above, complex and multiple factors affect teenage conception rates. International evidence suggests that access to contraceptive services in combination with comprehensive sex and relationships education can be effective in reducing teenage pregnancy rates.	Thank you. See above.

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Brook		Evidence Review 2	5	13	LARC methods can clearly be effective in reducing unwanted pregnancy because of their very low failure rates. However, Brook would be concerned if the drive to reduce teenage conceptions undermined the contraceptive choices available to young people.	Noted. Thank you.
Brook		Evidence Review 2	2.2	17	Socio-economic deprivation and lower levels of educational achievement are causes as well as consequences of teenage pregnancy.	Noted. Thank you
Brook		Evidence Review 3	2.2	15	Socio-economic deprivation and lower levels of educational achievement are causes as well as consequences of teenage pregnancy.	Noted. Thank you.

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Brook		Evidence Review 4	1D & 1E	15	The School Health Education Unit's Health Related Behaviour Questionnaire annually surveys school pupils' knowledge of contraception and services. Their findings are similar to the evidence summarised here with more boys than girls unaware of where their nearest services are, though levels of knowledge do seem to be improving. This evidence points to the importance of publicising services in places used by young people, actively promoting services and providing services to young people in community or school based services.	Thank you for corroborating this evidence.

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Brook		Evidence Review 4	4B	18	This evidence is particularly interesting and valuable in terms of developing guidance as it contradicts the frequently held assumption that casual relationships are problematic for contraceptive use and that once young people are in longer-term relationships regular contraceptive use will be easy to establish.	Thank you for this comment which will be of interest to the Programme development Group.
Brook		Evidence Review 4	8B	20	This evidence has particular implications regarding the push towards LARC use. Concerns about side effects and in particular unpredictable bleeding patterns deter a significant number of clients at Brook from continuing with Implant use and suggests a need to remind professionals of the recommendations in the NICE LARC guidance.	Thank you. All NICE public health guidance contains links to related NICE guidance. In this instance, this will include the LARC guidance.

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Brook		Evidence Review 4	9A, 9B	21	The negative attitudes of staff are surely not unconnected to young people's feelings of guilt and shame around use of emergency contraception. This emphasises the importance of ensuring non-judgemental staff providing services to young people.	Noted. Thank you.
Brook		Evidence Review 4	10A	21	The gender differences described here emphasise the importance of addressing gender in formulating and delivering policy.	Noted. Thank you.
Brook		Evidence Review 4	10B	22	This points to the importance of staff being specially trained to work with younger age groups whose behaviour they may experience as more challenging and who may need different approaches to engage them with services.	Thank you. Training is an area of interest to the PDG

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Brook		Evidence Review 4	15	23	Brook endorses the importance of these findings which are backed by our own experience and small scale focus group work. If young people are to be encouraged to use services they need to be located in areas they can easily reach, be open at times convenient to them and have a physical environment which makes them feel comfortable.	Thank you for corroborating this evidence.

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Brook			18	24	Brook endorses the importance of these findings which are backed by our own experience and small scale focus group work. The importance of confidentiality in encouraging young people to use sexual health services cannot be overestimated and must feature prominently in all service advertising and be promoted in the service itself. In addition to confidentiality policies services should address how confidentiality and privacy can be maintained through the physical layout of the building and in the way staff work with young people.	Thank you for corroborating this evidence. Confidentiality is an area of interest to the PDG.

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Brook		Evidence Review 4	19	25	Brook endorses the importance of these findings which are backed by our own experience and small scale focus group work. Young people have consistently told us that friendly and non-judgemental staff are crucial in making them feel welcome in services.	Thank you for corroborating this evidence. Staff attitude is an area of interest to the PDG.
Gloucestershire County Council		CS Review 1 Educational Settings	General		The research/evidence presented in the document is unrepresentative of the UK population and as the majority of research has been undertaken in the USA it does not take into account cultural, religious, ethical and educational differences which would not apply to the UK.	Thank you. The Programme Development Group is formed of experts in the field of contraceptive service provision, and this group spend a great deal of time considering the applicability of all of the evidence to the UK context.

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Gloucestershire County Council		CS Review 2 Healthcare Settings	General		As above the document was unrepresentative of the UK, differences in healthcare systems and culture would impact greatly on applicability/practice being transferred to the UK. A large proportion of the research had unclear findings or findings which contradicted each other.	Thank you. The Programme Development Group is formed of experts in the field of contraceptive service provision, and this group spend a great deal of time considering the applicability of all of the evidence to the UK context.
Gloucestershire County Council		CS Review 3 Community Settings	General		Research was unrepresentative; however findings indicated that many of the evidence statements are already in practice in the UK with positive outcomes.	Thank you. The Programme Development Group is formed of experts in the field of contraceptive service provision, and this group spend a great deal of time considering the applicability of all of the evidence to the UK context.
Gloucestershire County Council		CS Review 4 Views of users and providers	General		Research presented interesting findings particularly regarding accessibility to services and knowledge of EHC. However, research dated as far back as 1995 questions relevance to present practices etc.	Thank you.

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National AIDS Trust		General			<p>We would like to highlight the following research:</p> <p>A Elgalib, A Samarawickrama, S Roedling, S Tariq, E Draeger, A Hegazi, T Rathnayaka, A Azwa, D Hawkins, M Rodgers, R Shah, S Edwards, J Russell, H Noble, M Poulton, J Anderson, G Taylor and A de Ruiter, PREGNANCIES IN HIV-INFECTED ADOLESCENTS: A MULTICENTRE DESCRIPTIVE STUDY, <i>HIV Medicine</i> 2009 Apr 1-3; 10(Suppl. 1):8 (abstract no. O11).</p>	Thank you. This evidence does not meet the inclusion criteria for any of the reviews in this programme.

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<p>National Collaborating Centre for Women's and Children's Health</p>	<p>NICE Clinical Guidance number CG30 "Long acting reversible contraception" Published October 2005 http://guidance.nice.org.uk/CG30/Guidance/pdf/English</p>		<p>Ch3 – section 3.3 Ch8</p>	<p>Pages 19-37 Page 22 for teenage pregnancy Economic Evaluation Chapter is on pages 113-136</p>	<p>Chapter 3 is entitled "Contraceptive use and principles of care". Section 3.3 in particular deals with teenage pregnancy. But it does not go up to the age of 25 nor does it specifically deal with social disadvantage Chapter 8 is entitled "Economic Evaluation" This NICE Clinical Guideline covers all aspects of Long Acting Reversible Contraception. It uses the conventional NICE Evidence Based Review approach comprising</p> <ul style="list-style-type: none"> • an in depth search of the literature on specific topic questions • a critical review of the relevance of that evidence to the question and its quality <p>a collective decision by the Guideline Development Group about producing a Recommendation for both practice and research on the basis of this 'best evidence'. Cont...</p>	<p>Thank you. We are aware of this NICE guidance.</p>

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National Collaborating Centre for Women's and Children's Health					<p>The section on Teenage Pregnancy summarises the best evidence on the subject that was available at that time (Pub date = October 2005) though not up to 25y. It does not deal with this issue in any great depth. Furthermore, there is no emphasis on Social Disadvantage.</p> <p>It is scheduled for consideration for an update in October 2010.</p>	Thank you.

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Newham University Hospital NHS Trust		Guidance on the provision of contraceptive services in appropriate settings for socially disadvantaged young people (up to the age of twenty five)	General		Our services have looked at the document and find no fault with it and would commend it as a useful enquiry into effectiveness and attitudes in this troublesome area. Emphasis on the use of LARC for this group for contraception should be pursued in particular. The background of appropriate education for all, is one of the keys to the subject as a whole, although not in the spec of this document.	Thank you for your comment.

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Rochdale Metropolitan Borough Council		General			This is a locally published study which was conducted with 2240 year 10 students in 2007. The study was questionnaire based and asked students about their behaviour, knowledge about and attitudes to alcohol and sexual health including their sexual activity. I don't know whether this is eligible for inclusion as it was not published in a journal but it is bigger than the majority of studies included so I thought it was worth drawing it to you attention.	Thank you for submitting this. It does not meet the inclusion criteria for our reviews as it is not about contraceptive services, it is however a very useful background paper.
Royal College of Nursing		General	General		The questions and format set are useful and accurate. We would like to know what sort of education young people get in school and who gives this and their qualifications for example, are they given by a teacher or from a sexual health professional?	Thank you for your comment. This is the topic of a separate piece of NICE guidance currently in development about PHSE education, focusing on sex and relationships education (SRE). More details are available at http://guidance.nice.org.uk/PHG/Wave12/77

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Royal College of Nursing		General	General		<p>When we ask about accessibility to services and how young people find them, can we ask what determines whether they go back?</p> <p>Is it at a convenience time or venue, do they want it unobtrusive or a mixture of choice?</p>	<p>Thank you. Any evidence we found which addresses this issue is included in the 'Views review' available at http://www.nice.org.uk/guidance/index.jsp?action=download&o=47363</p>
Schering-Plough Ltd		Scope	Section 4.2a	6	<p>Provision of contraceptive methods is not explored within the compiled evidence. All four consultation documents titled 'Services & interventions...' ultimately focus on interventions and do not include provision of all available methods.</p>	<p>Thank you for your comment. The evidence reviews were primarily concerned with the effectiveness of contraceptive services interventions. The interventions studied may not have included all available methods. The clinical effectiveness of particular methods or comparisons of clinical effectiveness between specific contraceptive methods is beyond the remit of this public health guidance. However the guidance will cover advice about and provision of all available methods within the context of service provision..</p>

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Schering-Plough Ltd		Services & interventions in healthcare settings	Section 1.2 / General	15	The exclusion of studies which assess health outcomes associated with access and choice of contraceptive method does not allow the following research question to be fully explored: "What is the evidence of the effectiveness and cost effectiveness of contraceptive services for socially disadvantaged young people?"	Thank you. It is beyond the remit of this guidance to consider the clinical outcomes associated with contraceptive method.
Schering-Plough Ltd		Services & interventions in healthcare settings	Section 5 / General	49	No cost-effectiveness studies were identified as the search strategies were restricted to analyses which economically evaluated interventions rather than services and provision of contraceptive methods	Thank you. It is beyond the remit of this guidance to consider the cost effectiveness of specific contraceptive methods.

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Schering-Plough Ltd		Services & interventions in healthcare settings	Appendix 4	69-70	Search strategy only includes 'pregnancy' as the sole health outcome. Although 'pregnancy' and corresponding terms are included as an 'OR' statement rather than 'AND', the inclusion of intermediate outcomes would increase the relevant evidence base (ie, user acceptability, compliance, tolerance)	The search strategy includes a series of pregnancy terms and the terms conception and contraception. These are linked with an OR Boolean operator so all papers tagged with any of these keywords will be hit by the search strategy. This would include all intermediate outcomes related to these operators. Additionally the pregnancy terms were subject headings and were exploded to include the full subset of MeSH terms subsumed therein
Schering-Plough Ltd		Services & interventions in healthcare settings	Appendix 4	71	Search strategy includes 'LARC' and 'long acting reversible contraception' as an 'OR' search term. The relevant evidence base would increase with the inclusion of the following additional search terms: intrauterine devices, intrauterine systems, IUD, IUS, depo provera, Injectable, implant, Implanon, vaginal ring, nuvaring	Thank you. We will pass this information to our information specialists for their consideration.

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Schering-Plough Ltd		All four 'Services & interventions in...' documents	Section 3.1	17	Limiting search strategy to before year 2008 to pre-date the Teenage Pregnancy Strategy excludes relevant and recent studies. It may yield better results to apply an exclusion criteria for the Teenage Pregnancy Strategy after searching '1990-Current'	Thank you. However, 2008 was current when the searches were run.
Schering-Plough Ltd		All four 'Services & interventions in...' documents	Clinical effectiveness sections	--	The effectiveness and appropriateness of different methods (oral, transdermal, LARCs, etc) are not explored. Whilst choice and accessibility of all methods is needed, some methods may be better suited than others as seen from the published literature. Balassone (1989) found that adolescents miss an average of 3 pills per cycle and 50% discontinue use within 3 months which has implications on the suitability of this method.	Thank you. The PDG is interested in suitability of methods. Evidence from clinicians and other professionals working with socially disadvantaged young people is also being considered.

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Schering-Plough Ltd		Views Review	Section 4.4.2e	60-61	It is unclear why only oral hormonal contraception has been explored in detail within 'views of oral hormonal contraception'. All other hormonal methods and groups (injectable, intrauterine, transdermal, vaginal ring, LARCs) have been compiled together within 'views of hormonal contraception' and thus many studies which assess the views of particular contraceptive modes of actions have not been identified	Thank you. We have passed your comment to the review team.
Schering-Plough Ltd		Views Review	Section 4.4.2e	61	Glasier et al (2008) has not been identified within the 'views of hormonal contraception'. This study assesses the views of Scottish women (with 72% of the assessed population under 25 years old) towards LARCs.	Thank you. We have submitted the Glasier paper to our reviewers for consideration.

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Schering-Plough Ltd		Views Review	Section 3.2	33	Exclusion of papers if <50% of the participants were aged 25 or younger may be too narrow of criteria. Sample size should be taken into account. Merki-Feld (2007) was not included but has 658 women aged <22 (but only 25% of total sample size) and found 85% of young women were satisfied with the vaginal hormonal ring and 90% of young women said they would recommend the vaginal hormonal ring to others (which as discussed in Views Review, Evidence Statement 24, Page 83, recommendations by peers is of large importance within this age group).	Thank you. We have passed your comment to the review team.

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Sex Education Forum		Services and interventions in education settings	General		<p>It is unhelpful to mix together interventions which are effectively <i>educational</i> as opposed to service delivery. These include the infant simulator programmes and the 'abstinence' programmes. Because this is a narrow selection of educational interventions there is a danger of misrepresenting such interventions as being a typical range of SRE programmes.</p> <p>There is evidence that abstinence education is not an effective educational intervention and in some cases provides misinformation on contraceptive use. This evidence is covered in the NICE PSHE Review.</p>	Thank you for your comment. It has been challenging to draw a line between services that are delivered in an educational setting, and services that comprise part of SRE (and therefore will be addressed by the PHSE education guidance as you rightly assert). We have erred on the side of caution and included studies that have elements of service delivery and elements of SRE, however the SRE component is not considered for this guidance.

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Sex Education Forum		Services and interventions in education settings			<p>There is not a clear rationale for defining these programmes as non-curriculum based. It would be preferable to assess this evidence within the NICE review of PSHE. If the rationale is that these programmes work with individuals / small groups of young people then this should be made clear.</p> <p>Some SRE programmes delivered in the classroom will also educate young people about services.</p>	As above.

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Sex Education Forum		Services and interventions in education settings and 'views review'	General		<p>There is a lack of exploration of what is meant by 'socially disadvantaged young people' and an identified lack of evidence found to investigate differences between service provision for 'SDYP' and non-SDYP.</p> <p>The Evaluation of the Teenage Health Demonstration Sites (Sawtell et al 2009) is useful in terms of creating a list of young people vulnerable to poor sexual health outcomes and evaluating service-use / effectiveness for each group. This list included young LGBT people, asylum seekers, travellers, young offenders.</p> <p>Research by Salmon and Ingram (2008) is referenced in the views review but there is no mention of their finding that the school-based sexual health services in their study were accessed by a high proportion of young people who were categorised as vulnerable. Indicators used were free school meals and academic achievement.</p>	<p>Thank you.</p> <p>The term socially disadvantaged was part of the referral given to NICE for this work and not a phrase that NICE chose. Within the scope document there is an attempt to set out what socially deprived might mean in terms of contraceptive services.</p> <p>The evaluation of the teenage health demonstration sites has been discussed and considered by the PDG.</p>

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Sex Education Forum		Views review	General		Embarrassment is raised as a key theme and a barrier to service use. One aspect of embarrassment could be the way in which services are branded and marketed. In their 2008 research Salmon and Ingram found that the specific sexual health branding of school-based services added to stigma / embarrassment in using the service. They recommended generic service-branding. This finding is supported by (unpublished) research by Sheffield University and Sheffield Hallam (for DH) that generic / holistic health service branding is more acceptable to young people in schools.	Thank you. The PDG have considered this evidence

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Sex Education Forum		Education settings	General		Sheffield University and Sheffield Hallam have carried out an extensive literature review (commissioned by DH as part of the HTA research). It should be cross-referenced and any useful links made.	Thank you.
Sex Education Forum		Views review	General		Young people's concerns about ingesting chemicals is described as a barrier to contraceptive use. Research by Hoggart and Phillips (2010) 'Young people in London; abortion and repeat abortion' explores the concept of 'fertility' and fears that abortion/some forms of contraception will damage fertility as an important factor. Concerns about damage to fertility and lack of understanding of one's fertility could be important explanatory factors for concerns about 'ingesting chemicals'.	Thank you.

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Sex Education Forum		Views review		P219	Please correct spelling of name from 'Emerson' to 'Emmerson'.	Noted. Thank you.
Sex Education Forum		Education settings / All	General		The lack of evidence relating to cost-effectiveness has been noted. It would be useful for bench-marking data to be developed that helps service commissioners to assess cost-effectiveness of services. A tool of this nature should factor in the proportion of service users who are classed as socially disadvantaged. Reference to Sawtell et al 2009 could be useful in this regard.	Thank you. We will pass this on to the team that will be supporting the implementation of the guidance.
Southwark PCT		CS Review 2 Services and Interventions in Healthcare Settings	General		We would like to submit additional evidence for this consultation.	Thank you. We will pass this on to our reviewers.

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Teenage Pregnancy Independent Advisory Group			General		<p>We note that relevant literature in this area is not currently well-developed and we are concerned that American research is not necessarily applicable to the UK and should not be over used in developing guidance.</p> <p>Complex and multiple factors affect teenage conception rates and international evidence suggests that access to contraceptive services coordinated with SRE can be effective. However there is a lack of research and there is a need for more investigation in this country.</p>	<p>Thank you. We welcome your comments.</p> <p>Thank you. The Programme Development Group is formed of experts in the field of contraceptive service provision, and this group spend a great deal of time considering the applicability of all of the evidence to the UK context.</p>

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Teenage Pregnancy Independent Advisory Group			General		<p>TPIAG also notes that the review focuses on oral contraception and access to emergency hormonal contraception. We ask you to take a broader view and to explore the use and efficacy of other methods including the longer acting reversible methods. TPIAG would be very concerned if the drive to reduce teenage conceptions undermined contraceptive choices to young people.</p> <p>And finally it would be helpful if the guidance provided a cost and benefits and/or a business case for young people's contraceptive services</p>	<p>The review does not focus on oral contraception and EHC, rather the evidence which is available is predominantly about these things and hence this is what has been reported.</p> <p>NICE will produce various tools to support commissioners in implementing this guidance. We will pass your comment on to our colleagues in the implementation team.</p>

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fpa			General		The evidence reviews note that the literature in this area is not well developed and in addition that there was a strong bias towards research conducted in the USA, which may limit its applicability in the UK. It is important that this is reflected as a lack of <i>research</i> , rather than as a lack of <i>evidence</i> as it is possible that some interventions are successful but suffer from a lack of investigation.	Thank you. We are keenly aware of the distinction.

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fpa			General		Issues related to young people's access to contraception services and use of contraception are incredibly complex, which was highlighted by the comments in evidence review 4 on the views of young people and service providers. It is important that the evidence reviews reflect the complexity of these issues and therefore the need for a multi-faceted approach. FPA is concerned that the reviews appeared to be focused on a few narrow outcome measures, such as reductions in teenage pregnancy rates. While we understand that this may be due to the limitations of the research, it is important that this limited emphasis is not replicated in the guidance.	Thank you. We will ensure that this is not the case.

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fpa			General		Throughout the evidence reviews there appears to be a focus on issues relating to access to and use of oral contraception and emergency hormonal contraception. FPA is aware that this may be due to the limitations of the existing research. However, it is crucial that the guidance takes a broader view and in particular looks at ensuring that young people who are socially disadvantaged are aware of and can access the full range of contraceptive choices to be able to choose the one that suits them best.	Thank you. Your assumption is correct. The reviews simply reflect the evidence found. The final guidance will have a broader view.

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fpa			General		FPA was concerned with some of the terminology that was used in the reviews. For example, in evidence review 1, there is a reference on page 36 to 'alcohol induced pregnancy' which is not a term we are familiar with and which could be confusing. We expect that this refers to a pregnancy resulting from unsafe sex which was a result of the young woman being drunk. However, the implication of the phrase is that the alcohol itself caused the pregnancy. We understand that the reviews may reflect the language and terminology used in the research under review but care still needs to be taken to ensure that this makes sense.	Thank you. We will pass this on to our reviewers.

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fpa			General		All of the reviews include a section relating to the need for the guidance, which is useful in setting the context. However, in all of the reviews this section includes a figure for the cost of abortions for women under 25. FPA recommends that this figure is not used as it does not reflect the complexity of young people's sexual health. In particular, we are concerned that the figure is given without any context, for example the cost of maternity services for young women under 25 or the cost of abortion services for women of other ages or the investment made in contraceptive services for young people. In addition, the inclusion of this figure suggests that young women's access to abortion services is in itself a problem, which could lead to proposals for these services to be limited and does not reflect the importance of education and access to services in preventing unplanned pregnancies for women of all ages.	Thank you. The background section in the guidance will be substantially different from that in the reviews and we look forward to your comments on the data included there.

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