Public Health Intervention Guidance

Contraceptive Services for Socially Disadvantaged Young People - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Monday 13th October – Monday 10th November 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Body & Soul		4.2.1	B) Youth support programmes**. I think this needs some clearer explanation as to what you mean by youth support programmes because there is so much variety within this area in both the stat and vol sectors. Examples should be given, i.e. rehab support groups/support groups for yp living with HIV, keyworkers for yp with disabilities. This explanation will more clearly show how you will specifically reach your key target groups.**	Thank you for your comment. We will cover the broadest range of youth support programmes in the reviews of the evidence to inform the guidance. The reviews assess the published evidence and therefore will not 'reach' or contact any target groups.
Body & Soul		4.2.1	B) Information technology such as email and online enquiry services. **Again this needs more detail. How will you obtain email addresses/phone numbers? By working in conjunction with organisations who already have young people as service users?**	The reviews will assess the effectiveness of these services, using the published evidence. We will not need to obtain e-mail addresses or phone numbers to do this.
Body & Soul		4.3	The last point currently states, 'changes in level of knowledge and trust of services'. This should really read '**increase** in level of knowledge and trust of services' in order to make it a positive outcome.	We are interested in evidence for changes in both directions. It is as important to know what causes negative effects as it is to know what causes positive effects.

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Body & Soul		4.3	The second key question, 'What are socially disadvantaged young people and their families' perceptions, view and beliefs about contraception….etc" **It needs an explanation as to how this information will be gained. Are you planning on a review of how and where yp people currently get information? How? Will you carry out consultation within settings where these yp currently access support? If you are planning on carrying this out Body & Soul would welcome being involved in this process as an organisation that works with young people living with HIV.**	All of these questions will be answered by reviews of the published literature in accordance with the NICE CPHE Methods Manual (available at www.nice.org.uk/phmethods). At a later stage, the draft recommendations will be tested with representative groups of professionals and practitioners, including those working with young people. During the development of the guidance Stakeholders will also be invited to comment on the evidence and then on the draft guidance. We will welcome input from Body and Soul.
Body & Soul		Appendix B	I think two points should be added to the list of potential considerations: - **The impact of peer group norms about contraception on yp's decision making** - **The impact of current knowledge/trust in contraceptive services on yp's decision making.**	These form part of the key questions that the evidence reviews seek to answer, therefore it would not be appropriate to list them as potential considerations in the scope. The guidance will include a number of considerations , based on the Programme Development Group's interpretation of the evidence for the development of the guidance.
Bolton PCT/LA		General	No mention of safeguarding which extends to 18 years and not just 16 which is age of consent. Also what to do with vulnerable adults/ risk of sexual exploitation	Thank you for your comment. We would expect any recommendations made by NICE to be used in a context of safeguarding young people and this will be clearly outlined in the final guidance document.
Bolton PCT/LA		General	All young peoples health services should be accredited as You're Welcome fulfilling the criteria for young people friendly services. DH just launched.	Noted. Thank you.

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British Association for Counselling & Psychotherapy		General	BACP welcome the development of this draft guideline and would like to thank NICE for the opportunity to comment on the draft scope.	Thank you. We welcome comments from our colleagues at BACP.
British Association for Counselling & Psychotherapy		4.2	BACP support the inclusion of the 'provision of counselling and support' under activities/measures that will be covered.	Noted. Thank you.
British Psychological Society		1 and 2a	In both of these sections the draft scope suggests that people up to the age of 25 will be included as the focus for this public health guidance but 25 year-olds are clearly excluded in section 4.1. Consistency required.	Thank you. We will clarify this.
British Psychological Society		General	There is a clearly established link between lower levels of socioeconomic status and high levels of teenage conception. Caution must be exercised however in relation to assumptions about causal relationships (see section 3f in draft scope). Much deprivation would exist for the relevant groups regardless of conception/parenthood status. Improving access to contraceptive services and even achieving behavioural change in relation to increased effective condom and contraceptive use will do little beyond that in the absence of joined up strategies that address the related issue of social and economic deprivation. In fact, achieving behavioural change and lowered conception and abortion rates may only be possible if efforts are combined with effective strategies to tackle social and economic deprivation.	Noted. Thank you.

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British Psychological Society		4.3	In relation to expected outcomes from the first question, the notion of measuring unintended conceptions in 16-25 year-olds is problematic. How will this be achieved? Unintended pregnancy is very difficult to determine. This outcome also appears to include 25 year-olds again, when 25 year-olds are excluded in section 4.1.	NICE will conduct several reviews of the literature in these areas and will report on that based on the outcome measures used in the literature. The list given in the document is exemplar and not exhaustive
British Psychological Society		4.3	In relation to intermediate outcomes from the first question listed in this section, increased intentions in relation to other methods of contraception could be added.	See above.
British Psychological Society		General (but with reference to outcomes in section 4.3)	There is a danger in making the focus of this guidance, which is specific to socially disadvantaged young people, about pregnancy prevention rather than wider sexual and reproductive health. Often those providing contraceptive services will be concerned with wider sexual health issues and will require guidance that takes account of this.	We note your point, however this guidance is about providing contraceptive services to vulnerable young people and not about their wider sexual and reproductive health. NICE receives its referrals from Ministers via DH and is not at liberty to change them.
British Psychological Society		4.3	In relation to the second question listed in this section, and closely related to the outcome, 'knowledge of and trust in contraceptive services' the scope might also include, willingness to engage with such services, a closer measure of how likely people are to use them.	See above.
British Psychological Society		4.3	Beliefs about pregnancy/STI are important as well as beliefs about contraception. Outcomes should include risk perceptions relating to pregnancy and STIs, and perceived susceptibility to and perceived severity of pregnancy and STIs.	See above

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British Psychological Society		4.3	Facilitators as well as barriers to using contraceptive services should be included.	See above
British Psychological Society		4.3	Note should be taken of whether identified barriers and facilitators are real or merely perceived.	See above.
Brook		General	Brook welcomes the development of this guidance as an organisation with considerable experience of delivering services to hard to reach and vulnerable groups of young people who are at particular risk of pregnancy and sexually transmitted infections. We hope that the guidance will lead to more and improved services for young people, particularly for those living in disadvantage who may find mainstream NHS services difficult to use.	Thank you. We welcome the support of Brook in the development of this guidance.
Brook		3 f)	Socio-economic deprivation and lower levels of educational achievement, in particular, are causes as well as consequences of teenage pregnancy.	Noted. Thank you
Brook		4.1.1	As there is a strong association between educational attainment and high rates of teenage pregnancy young people with poor educational attainment should be included amongst the groups to be covered as well as those not actually in education or training.	We agree and have added this to the list. Thank you.
Brook		4.2.1 b)	It would be useful to include clinic in a box schemes when looking at the methods of delivery.	Clinic in a box schemes would be included under outreach services.

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Brook		4.2.1 d)	NHS Walk-in clinics should be included amongst the setting of services as most provide access to emergency contraception. We welcome the inclusion of maternity and postnatal services and pregnancy termination and abortion clinics amongst the setting to be covered given the concern about repeat pregnancies and abortions amongst younger women. It is crucial that these services provide advice and access to contraception in a young people-friendly way.	Thank you. We will include this example of a setting in the scope. Thank you.
Brook		4.3	We would like to see another question added here so that the guideline specifically examines and makes recommendations about the key criteria (such as location, opening times, confidentiality policies, staff, method of delivery) that would encourage socially disadvantaged young people to use contraceptive services and whether there are variations according to gender, age, faith, ethnicity etc.	Thank you. Interventions that examine the effects of these factors will be included in the evidence reviews that will inform the development of the guidance.
Department of Health		General	We welcome the development of this guideline. In our view, it would be helpful that, if any proven interventions are identified, the recommendations are presented with suggested (measurable) Quality Indicators for commissioning.	Thank you for your comment. The consideration of quality indicators and audit criteria is part of the development of tools and resources to support the implementation of the guidance when it is published in 2010.
Department of Health		General	We feel that it would be helpful to clarify the lower age limit to which this guidance relates.	Thank you. The guidance will be developed in accordance with the Fraser Guidelines for the assessment of young people under 16.

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Department of Health		General	We are pleased to see the referencing of *"Working Together to Safeguard Children"* guidance. Could you please consider the inclusion of the importance of being aware of the possible child welfare concerns (paragraphs. 5.23 - 5.30), and the links between sexual activity and child exploitation & trafficking.	Thank you. While an awareness of all these child welfare concern is important for the provision of contraceptive services, a detailed assessment of these issues is beyond the scope of this guidance on the NHS provision of contraceptive services for vulnerable young people.
Department of Health		General	We feel that young people should be effectively represented in the development of this guidance.	Thank you. We agree.
Department of Health		General	In our opinion, the guidance needs to accurately identify and address the current barriers to the uptake of sexual health services (including contraceptive services) by vulnerable young people and other target groups.	Thank you. This guidance will not consider sexual health services beyond any contraceptive services they offer. However, we believe that the key questions in section 4.3 will enable this question to be addressed in relation to contraceptive services.
Department of Health		General	We consider that the target audiences need to be actively involved in the development of the guidance, in order for the 'professionals' to understand the issues that are likely to impede their use of services.	Target audiences, both lay and professional are included at all stages of the development of all NICE public health guidance. The Programme Development Group (PDG) will consist of professionals, those with experience of contraceptive services for young people, representatives of community and young people's groups..
Department of Health		General	In our view, the guidance should be informed by a strategic view of contraceptive services, highlighting current good practice and drawing on (where possible) young people-friendly services (for example, *"You're Welcome; Teenage Health Demonstration Site Learning"* etc).	The guidance is informed by the evidence of effectiveness and cost effectiveness, which is interpreted in the context of current policy and practice.

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Department of Health		General	We feel that the guidance needs to carefully address two separate issues, that is, vulnerable young people accessing contraceptive services, and their specific use/perception of contraceptives.	We agree and hope that the review of qualitative evidence in this area will address both vulnerable young people accessing contraceptive services, and their specific use/perception of contraceptives.
Department of Health		General	In our opinion, the term "vulnerable young people" covers a range of young people in a range of different circumstances: each circumstance may require a specific strategy over a sustained period to ensure young people engagement. We also believe that the guidance needs to address the issue of 'gender' and 'faith sensitive' strategies.	The guidance will attempt to be applicable to a range of young people in a range of different circumstances. While the interventions considered and the specific details of the interventions will depend on the evidence, We hope that it will relate to a range of young people. Where the evidence is not specific on how to engage specific young people the PDG will draw on their own expertise and experience as well as the report from the fieldwork when the feasibility of the draft recommendations will be tested with practitioners in different settings and circumstances so it addresses all these issues.
Department of Health		General	In our opinion, wherever possible, it would be useful for the guidance to provide advice on improvements to existing provision, for example, extended services (if appropriate) as well as the commissioning of bespoke services to target specific groups.	We would not want to pre-empt the guidance at this early stage but the recommendations provided in the guidance will reflect the best available evidence of effectiveness (including cost effectiveness). The guidance will be developed in the context of current policy and practice.

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Department of Health		General	We are looking to improve contraception and sexual health services for students in the further education sector, many of whom will be under 25, and from the most vulnerable groups. Funding will go to Strategic Health Authorities from this year to improve the Primary Care Trust understanding of needs, and to improve collaboration with colleges etc. You may wish to be aware that a separate initiative will also build on the mapping work (of services on college sites) of the Sex Education Forum to obtain a clearer picture of all health services, targeted on the 14 to 19 age group. This is still being scoped, but we hope to have a first report by Spring 2009. All of this work will, we believe, be relevant to the NICE guidance and should provide a mechanism for supporting the recommendations.	Thank you for this information. We look forward to seeing the first report with interest.
Department of Health		2 c	Could you please consider the addition of a reference to the SRE Review Report. We note that also, there appears to be no reference to a policy document on equality and diversity.	The list given in 2c is exemplar rather than exhaustive. The SRE review does not relate directly to NHS provided or funded contraceptive services, though it is being considered by the Programme Development Group developing the programme guidance on PSHE, focusing on SRE.
Department of Health		2 d	In our view, the guidance should also be aimed at staff within further education providers (such as colleges, and others) who deliver contraceptive advice and/or services.	Thank you, this guidance will be aimed at staff delivering contraceptive services within or near further education colleges and will be of interest to staff in those colleges.

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Department of Health		4.1.1 p. 5	Although this list includes refugees and asylum seekers, we would query whether there is an additional specific group which will overlap several groups but should be mentioned and investigated (that is "girls and women who have recently arrived in the UK"). We think that these could be asylum seekers and refugees, but also women from eastern Europe and other countries. In our opinion, what is important is that that they know where and how to access contraceptive services quickly.	Thank you for this suggestion, the scope has been amended to refer to "people who have recently arrived in the UK".
Department of Health		4.2.1 d – p.6	The heading is *"setting of contraceptive service",* but we wonder whether that captures the problem of these vulnerable people failing to access the services. Where there is a service, why do young people not access it? We would welcome clarification.	This issue will be picked up by the review of qualitative evidence in this area, which will identity current barriers to the uptake of contraceptive services by vulnerable young people.

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Department of Health		4.2.1 d – p.6	The setting *"maternity and postnatal care services"* is mentioned but, since 20% of births to under 18 year-olds are to teenage mothers, we feel that we need to know what barriers there are to these girls accessing and using contraception. What would make it acceptable and available? When would these pregnant or recently delivered girls be receptive to contraception advice and how should advice and care be given? It may be that this is covered in the question in 4.3. In our view, midwives (and especially specialist teenage pregnancy midwives) have considerable knowledge of teenage pregnancy and behaviour, and we hope that a suitable midwife will apply, and be appointed to the group. If not, then we would hope that NICE will seek expert testimony. There is an excellent teenage pregnancy unit in Manchester. (individuals name removed) who, we feel would have useful knowledge.	This issue will be picked up by the review of qualitative work in this area, which will identity current barriers to the uptake of contraceptive services by vulnerable young people. We agree that it is vital to have representation from midwives on the PDG. Thank you for your expert witness suggestion. .
Department of Health		4.3 Q1	We consider that an intermediate outcome should be an improved delivery of services, better targeted on the needs of the most vulnerable, and joined-up services delivered by local agencies.	The list of intermediate outcomes is not intended to be exhaustive. However, the evidence reviews can only report on the outcomes that are used in the literature, though the evidence will be interpreted by the PDG in as they develop the guidance..
Faculty of Sexual and Reproductive Healthcare (FSRH)		general	FSRH welcomes this draft scope. Everyone should be able to access the information and services they need to maintain good sexual health. This scope acknowledges that there are particular sexual health issues for young people, and particularly for young people who are disadvantaged or vulnerable.	Thank you. We welcome comments from our colleagues at FRSH.

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Faculty of Sexual and Reproductive Healthcare (FSRH)		2d	Those providing services, for example gynaecologists, nurses etc: this should explicitly include those providing contraception, genito-urinary medicine or community sexual health services	Thank you. We believe this is already covered by the previous sentence in 2d.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.1 a	Include contraceptive patches and intra-uterine systems (IUS)	Thank you. The scope has been amended to include these.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.1 b	Mass media as a method of service delivery – we thought this would be a means of education and information, rather than service delivery	Mass media methods such as text messaging or telephone helplines can support direct delivery of services. From a public health perspective, information and education is an important component of service delivery.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.3	Expected outcomes : rate of unintended conceptions should be 16 – 24 i.e. under 25s	Thank you. We have amended the scope.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.3 second question	It would be useful to include beliefs about fertility, pregnancy, parenthood and general aspirations as these will affect motivation to use contraception. It may also be pertinent to include attitudes to STIs, as increasing the use of condoms to protect against STI will offer additional protection against pregnancy	Thank you. All of these issues will be considered as part of question 2.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.2	Contraception providers for young people will often use pharmacological treatments outside the product licence i.e. 'quick-starting' regular contraception after emergency contraception, or starting hormonal contraception outwith the start of a cycle. FSRH feels that use of pharmacological treatments outside licenced indications should not be excluded	Thank you for your comment. We have reviewed our position on this.

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Faculty of Sexual and Reproductive Healthcare (FSRH)		4.1.1	Physical or learning disabled: this should be replaced with ' people with physical impairments or learning disabilities'	We have changed this in the final scope. Thank you.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.1.1	Consideration should be given to including : young homeless people, young people with mental health issues. Those not in education or training should explicitly include those who are excluded from school	Thank you. We have amended the scope to include these.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.1a	Provision of counselling and support : please clarify if this is provision of counselling by a trained counsellor, or simply the provision of in-depth information. Counselling could include services provided for example within adolescent mental health services for example	This will depend on the literature that is found but will be clear in the presentation of the evidence.. The guidance will also be clear on this issue.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.1 d	Pregnancy termination services and abortion clinic – are these not the same services	Thank you. We have changed this in the final scope.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.2	FSRH feels that sexual health services which do not provide contraception should be included: these services can be important sources of information and advice for young people. In addition, they may signpost or refer on to other services who do provide contraception	Services that provide advice and information about contraception are included in the scope of the guidance, even if they do not provide contraception themselves , as they should signpost young people to contraceptive services.

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fpa – Family Planning Association		General	**fpa** welcomes the development of this guidance. It is vital that everyone, including socially disadvantaged young people, is able to access the information and services they need to maintain their sexual health. We are pleased that the guidance will consider access to information and advice about contraception as well as access to services. People can only make informed choices about their sexual health if they have access to high quality, objective and evidence-guided information.	Thank you. We welcome comments from our colleagues at fpa.
fpa – Family Planning Association		2c	We would recommend that the Department of Health's *You're Welcome* criteria for the delivery of young people friendly sexual health services are also included in the list of related policy documents. In particular, we recommend that the confidentiality criterion is included because concerns about confidentiality can have a significant impact on young people's willingness to trust and use services and this must be reflected in the guidance.	Thank you. We have added this to the final scope.

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fpa – Family Planning Association		2e and 6	We are concerned that the programme guidance on personal, social and health education focusing on sex and relationships and alcohol education which NICE is currently developing is not mentioned as being linked to this guidance. Ensuring that socially disadvantaged young people have access to high quality sex and relationships education is closely associated with ensuring that they are able to access services. Links between health and education services can be extremely important in ensuring that socially disadvantaged young people are aware of and are signposted to the services they need. This may not happen if these two pieces of guidance are viewed in isolation.	We have included reference to this guidance (currently under development) in the final scope.
fpa – Family Planning Association		3	**fpa** is concerned that there is too great a focus on young people under the age of 18 within the draft scope and this may be detrimental to older young people. We understand that there are more statistics available on under 18 conceptions because of the focus this has, rightly, had from the Government. However, it is vital that socially disadvantaged young people over the age of 18 are also able to prevent unintended pregnancies and that they have adequate access to services to enable them to do this. This must be reflected in the scope.	We have reviewed section 3 but do not feel that under-18s are over represented. Only a single bullet point (b) in that section refers exclusively to under 18 year olds. The references to the data on under 18 conceptions should not be taken to imply that the guidance will concentrate on this age group..

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fpa – Family Planning Association		3a	We recommend that care is taken with terminology throughout the scope and the guidance. For example, in this paragraph the scope notes that teenage pregnancy in England and Wales is the highest in Western Europe, but the source referred to is concerned with births rather than conceptions, which are the focus of interventions and targets in England.	Thank you. We have clarified this in the final scope.
fpa – Family Planning Association		4.1.1	**fpa** understands that the scope of the guidance has to be limited in some way to ensure that it can be completed in the allotted timescale. However, we believe it is important to recognise that there are a variety of ways in which young people can be disadvantaged and therefore unable to access services. For example, young people living in an apparently wealthy area may be unable to access services because there is no public transport available. It is vital that everyone who is sexually active or thinking about becoming sexually active is able to access the services they need to avoid unintended pregnancies and sexually transmitted infections.	We agree, and will ensure that any literature that deals with any aspect of disadvantage will be considered for inclusion in the evidence reviews to inform the guidance.

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fpa – Family Planning Association		4.1.1	**fpa** recommends that the scope makes it clear that the guidance applies to supporting young men to access services just as much as it applies to supporting young women. We welcome the fact that the guidance refers to young people. However, the focus on contraceptive services and, in particular on reducing unintended pregnancies, can lead to young men being unintentionally excluded or forgotten in the guidance and its implementation.	Young men will not be excluded from the guidance. The target population includes all 'people younger than 25' (section 4.1.1, p.5) irrespective of their gender identity or expression.
fpa – Family Planning Association		4.1.1	It would be helpful for the scope to clarify what the definition of 'socially disadvantaged' is and also what measurement will be used to identify 'areas with high levels of deprivation' as set out in the list of groups of young people who will be covered by the guidance.	To define these concepts within the scope would limit the range of evidence that the Programme Development Group can consider.. At this stage we propose taking the widest possible view of disadvantage to maximise the literature retrieved by the searches.
fpa – Family Planning Association		4.1.1	We recommend that the phrase 'physically or learning disabled' is replaced with 'people with physical impairments or learning disabilities'.	We have changed this in the final scope. Thank you.
fpa – Family Planning Association		4.1.1	We recommend that homeless young people and young people with mental health problems are added to the list of socially disadvantaged young people to whom the guidance will apply. We also recommend that the guidance makes it clear that young people who are not in education or training includes young people who have been excluded from school as well as those who no longer engage in the education system.	We have changed this in the final scope. Thank you.

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fpa – Family Planning Association		4.2.1	We recognise the importance of ensuring that settings for services are appropriate and welcoming for young people. However, the professionals who work in services can also have an impact on young people's ability to access the services they need. It might be helpful for the scope of the guidance to include consideration of the skills and therefore the training professionals will need to ensure socially disadvantaged young people are able to access contraceptive services.	Thank you. We agree that this is likely to be important and it will be included in the qualitative review which will inform the guidance.
fpa – Family Planning Association		4.2.1a	It would be helpful for the guidance to clarify that some services may only provide one of the activities mentioned. It is important that services which only provide advice and information about contraception are also included in the scope of the guidance, even if they do not provide contraception, as they should signpost young people to contraceptive services.	Thank you. This level of detail is not included in the scope but will certainly be part of the full research protocol for the reviews. Services that provide advice and information about contraception will be included within the final scope.
fpa – Family Planning Association		4.2.1a	We recommend that the phrase 'contraceptive pills' is replaced with oral contraceptives. However, it might be easier for the guidance simply to refer to the provision of all methods of contraception.	Thank you. The list is intended to be exemplar rather than exclusive. We have clarified this.
fpa – Family Planning Association		4.2.1a	**fpa** recommends that the phrase 'counselling and support' is clarified. It is not clear what activities, apart from advice and information, would be included in counselling and support. The phrase counselling is sometimes used wrongly to mean in-depth information and advice giving.	To define these concepts within the scope would limit the range of literature that we can address. At this stage we propose taking the widest possible view of 'counselling and support' to maximise the literature retrieved by the searches. Since the reviews will cover all forms of counselling, information giving and advice giving, it is not necessary to distinguish between them in the scope. The guidance will include a glossary to clarify the terminology used.

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fpa – Family Planning Association		4.2.1a	The guidance must refer to both methods of emergency contraception. Awareness of the use of emergency IUDs is low amongst professionals and the public but it is important that this option is available to people.	Thank you. We have clarified this in the final scope.
fpa – Family Planning Association		4.2.1d	We are not clear what the difference between pregnancy termination services and abortion clinics is. It would be better to refer to abortion services.	Thank you. We have changed this in the final scope.
fpa – Family Planning Association		4.2.1d	It might be helpful for the Programme Development Group to consider other services through which socially disadvantaged young people might receive advice on sexual health. For example, socially disadvantaged young people may be accessing services, such as alcohol misuse services or child and adolescent mental health services, which could provide them with information on contraception or signpost or refer them to contraceptive services. It is important that contraceptive services are not considered in isolation.	The reviews to inform the guidance will include literature that describes contraception interventions in the widest possible range of settings. Services which provide advice and information about contraception or refer young people to contraceptive services are included within the scope of the guidance,
fpa – Family Planning Association		4.22	We are concerned that sexual health services which do not provide contraception are excluded from the scope of the guidance. These services could be important sources of information and advice about contraception for socially disadvantaged young people. They may also be able to signpost or refer young people to other services which do provide contraception.	The guidance will include services that provide information and advice about contraception but the provision of other sexual health services eg STI testing and treatment is not within the scope for this guidance.

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fpa – Family Planning Association		4.3	It would be helpful for the scope to clarify the expected outcomes. For example, how will the rate of unintended conceptions in 16–25 year olds be measured? It is also not clear whether the reductions in abortions and repeat abortions will be measured by a reduction in the numbers of abortions or the rate.	It is not possible to clarify these at this stage. The deliberations of the PDG are based on reviews of the literature. As a result, the outcome measures used tend to be those reported in the literature and we would not like to restrict the literature we can review by placing limits on the outcomes we are willing to consider.
fpa – Family Planning Association		4.3	We do not understand why, in the intermediate outcomes list, increased and effective use of condoms has been separated from increased, appropriate and effective use of contraception. It is vital that people have information about and access to the full range of methods of contraception, including condoms, if they are to make an informed choice and use the method or methods of contraception which most suit them.	We agree, however we are aware that in some cases condom use might vary with other contraceptive use and we wanted to retain the possibility of exploring this within the scope.
fpa – Family Planning Association		4.3	**fpa** is concerned that it is not clear how some of the outcomes will be measured. For example, how will a baseline for knowledge, trust and confidence be developed and how will changes to this be assessed? It is vital that the guidance NICE produces is practical and that services are able easily to understand and implement it. We are concerned that this might not be the case if the outcomes are not measurable.	NICE does not carry out or commission primary research but rather reviews the literature published on the subject at hand. As a result, the evidence reviews use the outcome measures from published primary research. This evidence is assessed and interpreted by the PDG to develop evidence-based recommendations which are easy to understand and implement.
Gloucester Royal Hospital		2 d	Are you referring to Community Gynaecologists in this section? It would be unusual for an under 25 year old to be seen by a Hospital Gynaecologist for contraception. School and College nurses should be mentioned	The guidance may be of interest to all gynaecologists. Those who do not work in contraceptive services may still be called upon to give contraceptive advice as part of their day-to-day consultations. Nurses are mentioned as a target audience. This includes nurses working with schools and colleges.

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Gloucester Royal Hospital		4.2.1	What does PDG stand for?	PDG is the expert Programme Development Group that assesses the evidence and develops the guidance. We have expanded the acronym in the scope. We apologise for the omission.
Gloucester Royal Hospital		4.2.1 a	Long acting reversible contraception (LARCs) Implanon, Depo Provera, IUD and IUS should be the first contraception that is discussed (already have NICE Guidelines on this), after those have been rejected move on to pills. All under 25 year olds also need to be given and use condoms for STI prevention.	Thank you. The PDG will assess evidence related to all of these in the development of the guidance.
Gloucester Royal Hospital		4.2.2	Sexual Health Services should be covered. How can we have Sexual Health Services that does not at least discuss / signpost and give condoms. Also, termination of pregnancy (TOP) services should be covered as they are the ideal place to discuss contraception to prevent second TOPs. LARC methods can be fitted at time of Surgical TOP and all methods except IUD and IUS fitted/ started at time of Medical TOP.	Sexual health services that provide contraceptive services (including advice and information) will be covered. Termination of pregnancy services are included in draft scope in section 4.2.1d.
Gloucester Royal Hospital		4.3	Expected outcomes/s: These all need some qualification i.e. Increase accuracy and depth of knowledge of contraception	NICE does not carry out or commission primary research but rather reviews the literature published on the subject at hand. As a result, the evidence reviews use the outcome measures from published primary research.
Gloucester Royal Hospital		4.4	Public meeting 23 October 2008 – should this be November after the draft scope and comments?	The public meeting was held on 23 October 2008 as planned. The stakeholder meeting is always held part way through the consultation as part of the consultation process.
Gloucester Royal Hospital		General	I could see no mention of the document 'Improving access to Sexual Health Services for Young People in Further Education Settings' – Dept of Education & Skills	Noted. Thank you

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Gloucester Royal Hospital		General	What are we being asked to do about providing contraceptive services for socially disadvantaged young people – could see no detail of what is expected of Sexual Health Services. Will resources follow PH Guidance?	The current document is the scope document. Following this there will be a period of approx 18 months during which a group of professionals and experts in the provision of contraceptive services for young people, academics and representatives of young peoples and community groups will compile guidance based on the best available evidence of effectiveness and cost effectiveness. This guidance will make recommendations for the way contraceptive services are delivered to socially disadvantaged young people. NICE has no control over resources for the implementation of its guidance.. Further information about the process and methods used to formulate NICE public health guidance can be found at www.nice.org.uk/phmethods

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Lincolnshire County Council		4.2.1 (b)	Targeted youth support is pivotal in young women accessing contraception. Many young people living in areas of high deprivation lack the basic self esteem and confidence to consider contraception, no matter where it is based. An increasing number in Lincolnshire are making a conscious decision to become pregnant. These are not just young people involved with the CAF process or those excluded from education, but the 'invisible' young people who are 'flying under the radar'. There is a need for ongoing programmes which encourage self esteem, negotiation skills and positive relationships so that young people have the confidence to access contraception. The NICE guidance needs to fit with an integrated Youth Strategy and peripatetic services that are both proactive and reactive to the needs of the community, especially in rural counties.	Thank you for your comments, however we would not wish to pre-empt the guidance at this early stage in its development..

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London Borough of Ealing		General	This came up during the Q&A as well, but as someone who has worked at community level for 3 years, with young people, I cannot stress enough the need to have an active and significant involvement from young people- form the very groups that you highlight. BME communities, religious groups, young offenders etc. This guidance is a fantastic opportunity to produce a piece of work that actually changes the delivery of contraceptive services to these young people- we must work very hard to ensure it is meaningful, and not merely tokenistic. I for one will push some of the YP I have worked with to apply to become members of the PDG. If it is at all possible, could you consider in fact creating a larger group of young people? Perhaps a group that could interact with the PDG regularly, as the PDG is restricted by numbers. It would be really valuable to have a group of 10-15 YP in order to collect truly valuable evidence.	Thank you. We agree that the involvement of young people is critical. We were pleased to receive applications for membership of the Programme Development Group from several young people and three have been invited to join. We will be exploring other ways of involving young people in the guidance development process..

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London Borough of Ealing		4.2.2 Activities not covered	There was also a point raised about the role of abortion services. Again, through first hand experience of working with YP, there is considerable anecdotal evidence to suggest that one of the key factors in repeat abortions is the quality of pre and post-termination counselling that young women and couples receive. In particular, post abortion counselling helps to deal with the immense psychological and emotional impact of an abortion on a young woman and also helps to dispel myths such as 'if you have an abortion you can't get pregnant again'. for many young women, a follow on pregnancy soon after an abortion is her way of assuring herself that she can in fact get pregnant- and so the cycle continues. I believe the inclusion of TOP services in this guidance would be highly useful because of the intrinsic connection between teenage/unintended pregnancy and repeat abortions.	Thank you. Abortion services are included in the scope.

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London Borough of Ealing		General 3f / Page 4	Through my work with YP in East London, my team and I found regular evidence of confidentiality being breached by GPs. This was happening all the time, as young people (but especially young women) often access their family GP for advice on contraception and termination. Evidence such as this is crucial to the development of the guidance and you're not likely to have it unless we have an ongoing dialogue with YP and also include GPs in this process. YP from socially disadvantaged groups and ethnic minority communities are disproportionately affected by barriers such as these and I feel quite strongly that this guidance could start to address some of these needs.	Thank you. The fieldwork stage of guidance production will engage a range of front line health professionals including GPs. Further details of the fieldwork process can be found in the NICE public health methods manual (available at www.nice.org.uk/phmethods)
Margaret Pyke Academic Unit, University College London		General	Background focused on very medical model of need for contraceptive services – need for effective contraception as essential for more social model of good sexual health – one that is free from negative consequences	Noted. Thank you.
Margaret Pyke Academic Unit, University College London		1	What is the definition of social disadvantage. Not sure that all the groups identified would identify themselves as "socially disadvantaged" even if they use contraception less.	The groups identified are necessarily socially disadvantaged, but have been shown to be at high risk of unwanted pregnancy. The term social disadvantage is in the first bullet point only, where it refer predominantly to socio-economic disadvantage.

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Margaret Pyke Academic Unit, University College London		2	This section is unclear. It seems to mix outcomes – teenage pregnancy, abortion, further disadvantage and poor outcomes for offspring in young people with some of the risk factors. It then talks about socioeconomic disadvantage and ethnicity but no other justification for calling other identified groups "disadvantaged"	The outcomes reported in the evidence reviews which will inform the guidance depend on the outcomes reported in the published literature. We aim to include the widest possible range of outcomes at the scoping stage.
Margaret Pyke Academic Unit, University College London		2c	Repeat abortion rates increase with age and although absolute numbers in this age group are higher since the total number of abortions are higher, the rates are actually lower than in the older age groups. Maybe this group are at higher risk of repeat abortions.	Noted. Thank you.
Margaret Pyke Academic Unit, University College London		2f	Is it access to contraceptive services or other wider determinants that are responsible for inequalities in under 16 conceptions – education, employment opportunities etc	Access to contraceptive services is likely to be only one factor amongst many that pertain to inequalities in under 16 conceptions, however the remit of this particular guidance relates to the provision of contraceptive services rather than providing guidance on the wider determinants of reproductive health.
Margaret Pyke Academic Unit, University College London		4.1.1	Suggestions for other disadvantaged groups – non English speaking, living with chronic disease e.g. diabetes, mental health problems, previous abortion?? – I think if this guidance were to address how to improve access for those who have already had an abortion it would be very useful. I do not have a reference to hand for the relative risk of a second unintended pregnancy following abortion.	Thank you. We have added some of these groups to the final scope. Contraceptive interventions with women who have already had an abortion will be covered in the evidence reviews.

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Margaret Pyke Academic Unit, University College London		4.2.1.d	Include non traditional / non health care based settings for contraception such as youth services – may be some of this will fall under outreach	Thank you. We will include the widest possible range of settings.
Margaret Pyke Academic Unit, University College London		4.3	Intermediate outcome – increased use of contraceptive services	Thank you. We have added this intermediate outcome to the scope.
Margaret Pyke Academic Unit, University College London		4.3	Key question – roles of different professionals in providing contraceptive services and advice – teachers, GPs etc	This will be included. We have clarified this in the scope.
Marie Stopes		General	Fact versus research. PCTs do not all fund each form of contraception. This is a fact and the information in this case is accurate. Socially disadvantaged girls are being refused some LARC methods when attending MSI clinics	Thank you for your comment.
NAT (National AIDS Trust)		General	NAT welcomes the development of guidance on contraceptive services for socially disadvantaged young people. One in ten diagnoses of HIV in 2007 were amongst young people aged 16-24. Contraceptive services can play an important role in promoting condom use and sexual health messages to ensure young people can both protect themselves from pregnancy and from sexually transmitted infections (STIs).	Thank you. We welcome comments from our colleagues at NAT.

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NAT (National AIDS Trust)		4.1.1	We welcome the inclusion of young people who are living with HIV in the scope of the guidance. Beginning sexual relationships is difficult for any young person, for those living with HIV there is the added complication of taking precautions to avoid HIV transmission. The prospect of potential criminal prosecution for HIV transmission adds to this worry. Contraceptive and sexual health messages for young people often assume that the audience is HIV negative and so are not appropriate for this group. Ensuring the guidance properly meets the needs of young people living with HIV and includes their voices is crucial to ensure they can access appropriate and sensitive contraceptive services. NAT also welcomes the inclusion of minority ethnic groups, refugee and asylum seekers, prisoners and substance users in the guidance. These groups are all disproportionately affected by HIV and may fall into the group above, or may be at risk of acquiring HIV in the future. In 2007, of the 2,245 young people (16-24) accessing HIV care in the UK, over half were from minority ethnic groups.[i] In the last survey of HIV rates amongst prisoners, prevalence of HIV was 0.4%.[ii] Therefore access to contraceptive services which provide appropriate advice around condom use is essential. Contraceptive services must meet needs around safer sex messages for HIV and STIs and not solely focus on birth control. Cont'd	Thank you. Thank you.

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NAT (National AIDS Trust)		4.1.1	In the case of prisoners, the scope should include male prisoners as well as female prisoners. Making condoms available to young male prisoners is not solely a sexual health issue, although it will help protect them from HIV and STIs if they engage in sexual activity within prison. It could also help normalise condom use outside prison, where prisoners may have heterosexual relationships, and help to reduce unwanted pregnancy. Reference to gay and bisexual young men should be included in the guidance. Young men who sleep with both men and women will access these services both as sexual health and contraceptive services, so fall within the scope of the guidance. 48% of new diagnoses of HIV amongst young people in 2007 were in young gay and bisexual men. They are also the highest proportion of those young people acquiring HIV within the UK, rather than overseas. Contraceptive services in schools and colleges should particularly be ensuring they are meeting the needs of this group, as they may not be accessing services elsewhere. Young gay and bisexual men are often underserved in terms of sex education and are therefore a particularly socially disadvantaged group in the context of this guidance. Cont'd	The reviews will look at evidence for all prisoners, not just female ones. Thank you. Any literature found that explores the contraceptive needs of behaviourally bisexual young men and women will be included in the reviews.

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NAT (National AIDS Trust)			Health Protection Agency, Young Adults Accessing Care, http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203409658996 [1] Weild et al Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey (2000)	
NAT (National AIDS Trust)		4.2.1 (a)	We welcome the specific inclusion of condoms within the list of contraception. We would ask the scope to consider the provision of condoms and advice on using condoms properly. A report by Brook (http://www.brook.org.uk/content/M7_2005_19_5.asp) examines the evidence on correct condom use and concludes that young people are often using condoms incorrectly, making them less effective. Contraceptive services must provide information on how to use condoms as well as providing them.	Thank you. The scope for this work will cover both the provision of condoms and the provision of advice, information and education on their use.
NAT (National AIDS Trust)		4.2.1 (d)	As stated above, the situation of contraceptive services in male and female prisons should be considered in the scope of the guidance.	See above.

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NAT (National AIDS Trust)		4.3	When considering the effectiveness and cost-effectiveness of encouraging contraceptive use, the model should consider the use of hormonal contraception plus condoms. Hormonal contraception alone will not tackle the rate of STIs and therefore may not be as cost-effective. If both options are included, the intermediate outcome of a reduction in the prevalence and incidence of STIs could become a primary outcome.	This guidance is concerned with the provision of contraceptive services rather than sexual health services and is therefore focussed on the prevention of unwanted conceptions. Evidence about the effects of this on STI rates (either positive or negative) will however be reported, where available.
NAT (National AIDS Trust)		4.3	The views of young people living with HIV should be explicitly sought when addressing the second question on accessing services and information. As stated above, they have unique needs around contraceptive services that other groups of young people do not share. They will therefore require specially tailored interventions to meet their needs.	If there is literature pertaining to the views of people living with HIV about contraceptive services then it will be included in the evidence reviews to inform the guidance. At this stage, the evidence is gathered and assessed from the published literature. NICE does not conduct or commission primary research for the development of its guidance .
NHS Direct		General	NHS Direct provides advice and information across a wide range of sexual health and contraception issues to young people. I would suggest NHS Direct is specifically included in the guidance to identify its role as a service that signposts and deals with this vulnerable group either directly or with advice to carers.	Thank you. We are aware of the role of NHS Direct. Services that provide advice and information about contraception and contraceptive services will be included in the guidance .

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NHS Direct		Appendix B	Potential Considerations – The variation in the availability of tailored contraceptive services for young people: Although NHS Direct is not a tailored contraceptive service the nature of our 24 hour service, accessible from multi media points lends itself ideally to sign posting vulnerable under 25s to appropriate tailored services and to providing correct information via Health Information Advisors. We would like NHS Direct to be included.	Thank you. See above.
NHS Direct		Section F	Section F says that access to contraceptive services is most problematic for people in disadvantaged communities: The above applies especially the ease of accessibility to NHS Direct for example by traveller communities where confidence in the 'establishment' and authorities is not trusted or accessed. Callers don't have to be registered to get support and answers, this is a common problem with disadvantaged communities	Thank you. See above.
NHS Direct		4.1.2	The relevance of this guidance to people older than 25: Very relevant to providers, educationalists and support groups. Helpful for commissioning services.	Noted. Thank you.

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NHS Direct		4.2.2	By excluding services that do not provide contraceptive services will this exclude NHS Direct? NHS Direct provides significant advice and information via the telephone, website including webchat and soon to release a self assessment tool including booked call back via the website. The service provides access to a wide range of users including young people who may otherwise not seek help.	NHS Direct services will be included. For the purposes of public health guidance we consider the provision of advice and information to be a contraceptive service.
NHS Direct		4.2	The list of 'service' where advice and information is provided from is very two dimensional and only incorporates face-to-face interactions. We have some specific experience from NHS Direct call centre services and in particular the recent Emergency Contraception (EC) web-chat service that could contribute to the learning for NICE on this guidance.	The list of services includes mass media, information technology such as email, online enquiry services and websites providing information and advice as well as telephone helplines and text messaging.
NHS Health Scotland		4.2.1. b)	4.2.1. b) refers to providing outreach services e.g. mobile clinics and street work. However, some young people with caring responsibilities or with poor mental or physical health are difficult to reach as they are predominantly at home. Perhaps there is a need to identify more ways that hard to reach young people can be identified (early on, before they leave school) and looking in to ways of ensuring their inclusion in service delivery?	NICE guidance is based on reviews of the best available evidence. The reviews to inform the development of this guidance will include all methods of service delivery. The Programme Development Group will interpret this evidence to develop recommendations for as wide a range of socially disadvantaged young people as possible..

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NHS Health Scotland		4.3	Caution is urged in assuming a causal relationship between the activities outlined to reduce conception and a change in the prevalence or incidence of sexually transmitted infections, in particular of HIV in under 25yr olds. While this appears plausible and the condom element of contraception may support this outcome, such rates are subject to other social determinants and influences. Over what timescale will this be measured? How will variance between distinct groups of young people at greater risk be acknowledged?	Thank you. NICE guidance is based on reviews of the best available evidence. The outcomes reported in the evidence reviews to inform the guidance are the outcomes used in the research literature.. The lists of outcomes in the scope are exemplar rather than exhaustive. For further details of the methodology used please see www.nice.org.uk/phmethods
NHS Lincolnshire		General	This will be a welcome and useful piece of guidance for public health and sexual health services to use in commissioning and delivering services. Will examples of good practice that are already in existence be given?	NICE guidance considers evidence from practice, particularly during the testing of the draft recommendations with practitioners. Evidence from practice also informs the tools that are developed to support the implementation of the guidance.
NHS Lincolnshire		4.1.1	For what reason are those in the armed forces considered to be socially disadvantaged? Could this be explained?	Those in the armed forces are not considered to be socially disadvantaged, however people in the armed services may not find it easy to access contraceptive services.
Northamptonshire PCT		General	Does this guidance take into account the "You're Welcome" criteria?	NICE guidance will be developed with due regard to current policy and quality criteria. .
Northamptonshire PCT		4.2.1	Will social marketing activity be measured?	NICE does not conduct primary research and therefore does not 'measure' any outcomes. Literature reporting evidence of effective social marketing interventions will be included under the 'mass media' method of service delivery (4.2.1b)

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Plymouth NHS Trust		General	Please take account that these young people will need in depth work to be done, not just a one off consultation. This could be done in a one to one or small group work sessions. Sexual health work with young people, particularly this vulnerable group is very complex and involves untangling a lot of complicated issues. Staff will need the skills and time/capacity with which to do this. It is not just about knowledge. But includes work around values/culture, self-confidence, keeping safe and changing behaviour. Especially related to substance misuse, particularly alcohol use and the relationship to one off sexual encounters. It is a big piece of work – do not imagine it is anything but huge and will not be fixed with inadequate staff /skills or resources to do such work. Recommendations need to make it clear that it will not be a one off quick fix. Please include general sexual health in this document, STI's go hand in hand with contraceptive services and it needs to be explicitly stated so. If young people are having unprotected sex they are at risk not only of pregnancy! They should be aware of GUM services and the Chlamydia Screening Programme.	Thank you for your comment. Recommendations will be developed by the expert Programme Development Group based on the best available evidence of effectiveness (including cost-effectiveness). At this point we would not wish to pre-empt these recommendations. General sexual health is beyond the remit of this guidance. However GUM services and the Chlamydia Screening programme will be included if they deliver contraceptive services (including advice and information) as part of their remit.

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Primary & Community Care Pharmacy Network		General	It may be useful to consider the religious and social attitudes of those commissioned to deliver such services as there is ongoing debate for example around professionals who refuse to supply Levonelle on such grounds. This in turn may result in poor referral or signposting if the professional disapproves for whatever reason resulting in gaps in availability of essential services.	Thank you. If evidence is found that relates to this it will be reported, especially within the qualitative review.
Primary Care Child Safeguarding Forum (PCCSF)		General	The document is method orientated and does not deal with motivation or difficulties in negotiating sexual favours or safeguarding.	Thank you for your comment. This guidance is focussed on the provision of contraceptive services. It will therefore assess the effectiveness of interventions designed to address these factors.
Primary Care Child Safeguarding Forum (PCCSF)		1 f	The rate of under 18 conceptions is higher among those with mental health difficulties and with poor educational attainment but it does not necessarily mean that the conceptions led to these. Why not the reverse?	Thank you. Noted.
Primary Care Child Safeguarding Forum (PCCSF)		1f	Moat House School Stockport (a school for pregnant teenagers) was featured on a BBC programme earlier in the year. It was commented that educational attainment was higher at this school than average. Many pupils improved rapidly as a result of their experiences there.	Noted. Thank you.
Primary Care Child Safeguarding Forum (PCCSF)		4.2.1a	The availability of emergency contraception may not decrease pregnancy or abortion rates. Some implants get removed within one year of insertion because of unacceptable side effects such as weight gain, depression and irregular bleeding, so careful follow-up is needed.	Noted. Thank you.

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Primary Care Child Safeguarding Forum (PCCSF)		4.2.2	Sometimes the pill is started for menorrhagia but then used for contraception too.	Noted. Thank you.
Primary Care Child Safeguarding Forum (PCCSF)		4.3	Condom use is also associated with condom failure (such as coming off or splitting), and may not reduce teenage pregnancy rates.	The reviews will examine the provision of condoms as a contraceptive intervention. We would not wish to pre-empt the evidence at this point.
Policy Studies Institute		4.2 d	Seems very focused on sexual health setting. It would be good to include other services, such as youth service, that may offer contraceptive advice at sessions (and in some cases, contraceptives themselves)	Thank you. All of these settings will be included in the reviews.
Policy Studies Institute		General	Would be good to look at preventive programmes e.g. teens and toddlers – that aim to encourage improved contraceptive uptake	Any components of these programmes that provide contraceptive interventions will be included. Public health guidance is currently being developed on PSHE, focusing on SRE and alcohol education so the programmes you have in mind may be addressed within that guidance.

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Royal College of Nursing		General	It is not clear why the draft scope has been titled 'for socially disadvantaged young people' but the guidance is restricted to specific groups are highlighted within the main body of the paper. Surely the same services must be available to ALL young people regardless of what we may see as their needs – which may not correspond with how they view themselves. It is important that ALL young people that require this service would not feel inhibited because the guidance has been targeted to a specific group of people.	The referral which NICE received from ministers was to 'Produce programme guidance for the NHS on the provision of contraceptive services in appropriate settings for socially disadvantaged young people (up to the age of 25).' The guidance will be relevant to services for all young people but the recommendations will focus particularly on provision for young people who may be socially disadvantaged.
Royal College of Nursing		4.1.1	This section describes groups that will be covered. Those attending children and adolescent mental health services (CAMHS) are often missed out regarding their sexual health therefore should be included.	Thank you. We have amended the scope to include this group.
Royal College of Nursing		4.2.1 (d)	Settings should include Sure Start and Sure Start plus services where teenagers may already be attending.	Contraceptive interventions delivered in these setting will be included.
Royal College of Nursing		4.2.1 (d)	Health visiting services are not mentioned and are (or can be) more useful for contraceptive advice than midwives.	Thank you. Health visitors will be included in the searches. The list is exemplar rather than exhaustive.
Royal College of Obstetricians and Gynaecologists		General	Guidance to support young people in being able to access good services and be able to make confident contraceptive and pregnancy choices is to be welcomed. These are the combined comments from the RCOG mediated through the Guidelines Committee of the RCOG	Thank you. We welcome comments from our colleagues at RCOG.

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Royal College of Obstetricians and Gynaecologists		General	It is important that both Clinicians with direct experience of providing services to this group are included in the Guideline group. As the age limit is under 25 direct consumer involvement from this group should be feasible and desirable.	A Programme Development Group will be convened for the purposes of this guidance and applications for membership are invited from young people and from clinicians.
Royal College of Obstetricians and Gynaecologists		General	It would be useful if the guidance could address young people's services more holistically, for example; contraception and abortion are integral – fertility control. One cannot discuss contraception without addressing unplanned pregnancy and the choices women have to make when faced with this. No method of contraception is 100 percent effective and women and men are not perfect contraceptive users. Currently, women are often made to feel very guilty and ashamed when they seek advice about unplanned pregnancy.	Young people's services providing advice and information about contraception will be included in this guidance GU and TOP services providing contraceptive interventions, advice or information will also be included.
Royal College of Obstetricians and Gynaecologists		General	Women and men accessing sexual health services often have many other health and emotional issues that can get in the way of good contraceptive uptake and use. Whilst this guidance is focussing on contraception services, the scope should address how these services link in with services around other sexual health services (such as sexually transmitted infections), alcohol/substance misuse, mental health services etc., to provide guidance that removes some of the 'silo' service provision we have today. Appendix B touches on this, but it should be wider than just other reproductive health services	Thank you. We appreciate the impact of the wider context of peoples lives on their contraceptive choices. If we find evidence that contraceptive services work better in conjunction with other services then this will be included in the evidence reviews to inform the development of the guidance..

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Royal College of Obstetricians and Gynaecologists		General	The scope lacks detail as to how the socially disadvantaged in particular will be targeted which is the main thrust of the programme. Is it the intention to use religious/ethnic groups or settings?	To a large extent this will depend upon the literature that is found and the definitions used in the literature.
Royal College of Obstetricians and Gynaecologists		General	Literacy levels may be poor in many of the groups affected by this guidance. How will language barriers be overcome especially in any form of written advice?	Interventions that look at this will be considered for the reviews. We would not want to pre-empt the evidence at this point.
Royal College of Obstetricians and Gynaecologists		General	The current scope appears to be rather 'woman' centred – it needs to be clear that this guidance will be addressing both genders. Again touched on in Appendix B – but needs to be clearer in the scope.	Section 4.1.1 defines the population of interest as 'young people under 25'. This includes people who choose any gender expression.
Royal College of Obstetricians and Gynaecologists		General	There are so many issues that should also be addressed in looking after this group. A question 'What other issues should be addressed when providing contraceptive services for socially disadvantaged young people' Specifically - child abuse/child protection issues - preventative health issues - general health These may be beyond the remit of this guidance, but should be acknowledged and referenced.	Thank you. These factors will be discussed as part of the background and considerations sections of this guidance.

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Royal College of Obstetricians and Gynaecologists		General	Philosophically I am not sure in my own mind that the contraceptive services and the abortion services can be separated as neatly as political dogma would suggest here. Gynaecologists are almost never in the vanguard of seeing these young people before a conception has occurred. GPs GUM etc are in a better position for prevention rather than treatment!	We agree that the separation is not as distinct in practice..
Royal College of Obstetricians and Gynaecologists		1.0 Title	I have concerns around terminology – 'socially disadvantaged young people'. I feel the guidance would be more useful if it addressed the needs of young people (under 25) generally. Poor contraceptive use, no use, unplanned pregnancy etc., can result for very many reasons; young people can become vulnerable/disadvantaged also for many reasons (as indeed older women and men too!). Taking the broadest definition of 'vulnerable' this includes all those who, for whatever reason are excluded from services or support. By addressing the needs of all young people and addressing the factors that affect contraceptive knowledge, access, uptake and use the guidance will have the potential of being more useful to professionals and importantly for the young people themselves.	The term socially disadvantaged was part of the referral from Ministers (see Appendix A). The guidance will be applicable to services for all young people but will focus on the needs of socially disadvantaged young people in particular.

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Royal College of Obstetricians and Gynaecologists		2 d	Background Section d. 'Those providing contraceptive services'. This section mentions gynaecologists – it may be helpful to include also community gynaecologists here. Most women see doctors (who may be community gynaecologists) and nurses working in community family planning and sexual health clinics, in general practice (Note: most women receive contraceptive care from general practice in the UK – around 80 percent), in schools/further education settings, genitourinary medicine settings and pharmacies.	Thank you. All of these groups and settings are included in the examples given.
Royal College of Obstetricians and Gynaecologists		3	The need for guidance:The scope (rightly) addresses the statistics around teenage pregnancy. However, it is important when addressing young people to be aware that some pregnancies are planned and wanted and that the young teenager (under 16) issues should not necessarily be compared with the older teenager. Touched on in Appendix B but the scope suggests all teenagers are a generic group, they are not.	Noted. thank you.
Royal College of Obstetricians and Gynaecologists		4.1.1	Groups that will be covered: What is the lower limit? This has possible implications for child protection/consent and for schools and sex education programmes in schools?	The lower limit will be defined by the Fraser guidelines. All young people who are competent under this guideline will be included. This guidance will not cover the provision of sex and relationships education in schools as that is being covered by the guidance on PSHE which focuses on SRE. That guidance is currently under development. See www.nice.org.uk/guidance/index.jsp?action=byID&o=11673

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Royal College of Obstetricians and Gynaecologists		4.2.1a	Activities measured: Useful to include a section on advice on sexual health including prevention of sexually transmitted infections as this is key to improving uptake of barrier contraception and vital when providing information on emergency contraception	Thank you. Interventions to assess the effectiveness of interventions to increase the uptake of barrier methods of contraception will be included in the reviews.
Royal College of Obstetricians and Gynaecologists		4.2.1 a	Activities/measures that will be covered: Suggest a rephrasing of bullets. Current phrasing continues to limit. Suggest; - Provision of evidence-guided information, counselling and support - Advice about and provision of all choices of contraceptive methods, including long-acting reversible methods of contraception (LARC) - Advice about and provision of both methods of emergency contraception	Thank you for your suggestion.
Royal College of Obstetricians and Gynaecologists		4.2.1a	What about vaginal rings and other methods not covered by LARC which were methods lasting for more than 1 month.	Thank you. All of these will be covered.
Royal College of Obstetricians and Gynaecologists		4.2.1b	Method of service delivery: This should include sexual health sessions in schools if stated aim is to increase awareness Should specifically include information delivered via ethnic support/education groups e.g. Hamala	Thank you. Contraceptive interventions delivered in school settings will be included, but as explained above, sex and relationships education will be covered within another public health guidance..
Royal College of Obstetricians and Gynaecologists		4.2.1b	Method of service delivery: The mass media don't deliver contraceptive services, but they can provide information about services available? Perhaps this should be changed to providing information about services and how to access them.	We consider provision of education and information to be a public health intervention and a part of service delivery, however we have changed the wording to avoid confusion

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Royal College of Obstetricians and Gynaecologists		4.2.1b	Method of service delivery: IT/online enquiries/telephone and text services- there should be clarity about what is proposed here, surely generally these method are used as methods of accessing contraceptive services- but do not directly provide contraceptives. Alternatively perhaps this should be changed to providing information about services and how to access them.	Please see above. The scope of this work is not purely about the provision of contraceptives or the means of contraception but rather is to look at the whole range of contraceptive services and the best ways they can engage 'socially disadvantaged young people'. An example would be the contraceptive advice that can be offered by NHS Direct.
Royal College of Obstetricians and Gynaecologists		4.2.1b	What about pharmacists/chemists? Emergency contraception is available	Pharmacies are listed as a setting in 4.2.1c
Royal College of Obstetricians and Gynaecologists		4.2.1b	Service delivery: There is no reference to peer delivered advice/education which has been shown to be highly effective in the under 18 age group	The list is intended to be exemplar, not exhaustive.
Royal College of Obstetricians and Gynaecologists		4.2.1b.	Method of service delivery. This should also address information provision/delivery (SRE) in schools. Importantly, the guidance needs to address how services work together (to include providing good and known about consumer pathways between services). It should address improved 'joined-up' thinking and delivery between both clinical and educational services. It needs to illustrate and example how one service may improve use of another, for example; outreach work can enable improved use and uptake of mainstream services (Brook work).	SRE in schools will not be covered by this guidance as it is the subject of a separate piece of Public Health Programme Guidance (see www.nice.org.uk/guidance/index.jsp?action=byID&o=11673)
Royal College of Obstetricians and Gynaecologists		4.2.1d.	Bullit 8: Setting of contraceptive service: I think this should just state – abortion services. It is not clear as it is phrased currently.	Thank you. We have changed the wording to clarify this.

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Royal College of Obstetricians and Gynaecologists		4.2.1	Missing elements. I think the guidance needs to address training, competencies and governance relating to the professionals providing the services. Two of the Scope's outcomes discuss 'trust of services' and 'barriers to contraceptive services' these are integral to how professionals provide their services and how they communicate with consumers.	Thank you. Evidence relating to this will be included where available.
Royal College of Obstetricians and Gynaecologists		4.2.2	Terminations of pregnancy should be amended to - abortion methods or other aspects of the provision of abortion services other than provision of contraception.	Thank you. We have changed the wording as you suggest.
Royal College of Obstetricians and Gynaecologists		4.2.2	There should be clear advice outlining the potential non contraceptive benefits of contraceptive methods (and harms) so that people can make an informed decision	We agree, however this is beyond the remit of this guidance.
Royal College of Obstetricians and Gynaecologists		4.2.2	Activities/measures that will not be covered. Bullit 3 – termination of pregnancy. Please see above point. Whilst this guidance is not going to address the detail of abortion services, abortion (please use the term abortion – not termination of pregnancy) and contraception use cannot/should not be discussed in isolation.	Thank you. Noted.

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Royal College of Obstetricians and Gynaecologists		4.2.2	Activities/measures that will not be covered. Bullit 4 – Much of contraception delivery relates to unlicensed use of products (for example; use of hormonal contraception after 72 hours, continuous use of COCs (no 7-day break), extended use of IUD/IUS etc. See Faculty of Sexual and Reproductive Healthcare's clinical guidance on this. www.fsrh.org This bullit may need to be clearer about what is meant here.	Thank you. We have clarified this bullet point.
Royal College of Obstetricians and Gynaecologists		4.2.2	Activities/measures that will not be covered. Bullit 5 – use of contraceptive methods for non-contraceptive reasons. I recognise why this is here – but for many women a first choice of a contraceptive method may well because of the non-contraceptive benefit – this illustrates the need to know how and why some choices are made by women, for example; the decision to use the pill when a health professional may want them to use a LARC method to reduce pregnancy	Noted. This however would be a contraceptive decision and would be included in the reviews. The excluded interventions would be those where contraceptives are prescribed specifically for non-contraceptive reasons.
Royal College of Obstetricians and Gynaecologists		4.3	Key questions and outcomes: A key question raised by contraceptive users is – what are the side effects; harm (not just harm, but issues such as concerns/perceptions around weight and spots! These have a real influence on choice and importantly use and continuation of use), does it work, is it easy to take, etc. A key outcome must include looking at improved continuation of use of methods.	Thank you. If these outcomes are reported in the literature that is reviewed then they will be reported and considered by the Programme Development Group, who will also be able to interpret the evidence in the light of their own knowledge and experience.

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Royal College of Obstetricians and Gynaecologists		4.3	Expected outcomes: Some measure of future fertility planned should be included. Fears of impact on infertility resulting from some contractive methods such as IUD may impede their use.	Thank you. If these outcomes are reported in the literature that is reviewed then they will be reported and considered by the Programme Development Group.
Royal College of Obstetricians and Gynaecologists		4.3	Expected outcomes: Shouldn't there be a pooled under 25 pregnancy rate? None of these outcomes are specific to "vulnerable young people" but to all young people.	If this distinction is not clear in the evidence then we will report the under 25 rates. The guidance will apply to services for all young people but will be particularly focused on socially disadvantaged young people..
Royal College of Obstetricians and Gynaecologists		6	This should related to 4.2.1d - The other NICE guidelines relating to pregnancy should be included here including ANC, PNC.	Thank you. All related NICE guidance will be taken into account and referenced if it includes recommendations related to the subject of this guidance.

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Royal College of Paediatrics and Child Health		General	The guideline looks very useful and appropriate and the College can see no reason to alter the planned scope in any way. It appears that children will be covered by the guideline, as the only exclusion on the basis of age is of the over-25s.	Thank you. We welcome the support of our colleagues in the RCPCH.
Royal College of Paediatrics and Child Health		General	This seems a very comprehensive document. Those that work in an area with a high teenage pregnancy rate in a socially disadvantaged community, are concerned with how to change attitudes, as many of the services are available but aren't taken up by those most in need.	Noted. Thank you.
Scope (The National Disability Organisation)		General	Scope is pleased to see that this draft consultation includes 'physically or learning disabled'. However to insure that these young disabled people get a high quality service there are a number of issues that need addressing in respect to the social barriers they face	Thank you. We welcome comments from our colleagues at Scope.
Scope (The National Disability Organisation)		General	Disabled people are often perceived to be vulnerable and maybe over protected from issues to do with sexuality and sexual relations and contraceptive advice may be need to be given in the context general sex education	Thank you for your comment.
Scope (The National Disability Organisation)		General	There is a widespread belief that disabled people are asexual. This view can pervade both families, friends as well as professional health service	Thank you for your comment.

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Scope (The National Disability Organisation)		General	Young disabled people are often 'invisible' compared with non-disabled young people and services will need to be proactive in identifying populations of young disabled people. This is particularly the case with those young disabled people with complex disabilities	We agree and will ensure that any relevant research is thoroughly searched for.
Scope (The National Disability Organisation)		General	Assumed to have or may have learning disability so methods used to communicated and convey the messages on contraception will need to be accessible.	Noted. Thank you.
Scope (The National Disability Organisation)		General	Those with learning difficulties may need support from an advocacy worker to support them when services are delivered. These young people may need more input from service providers in both time and effort	We will search for evidence of interventions that provide additional support to those who need it.
Scope (The National Disability Organisation)		General	Some young disabled people will not have speech, that is not to say that they have a learning difficulty	Noted. Thank you.
Scope (The National Disability Organisation)		General	Scope hope that NICE take account of these comments, but most of all that they work closely with young disabled themselves so that such a service can be delivery to this important group of young people	Thank you. NICE pays close attention to input from stakeholders, especially those who represent the interests of disadvantaged or marginalised groups.

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Sex Education Forum		4.2.1 d)	The Sex Education Forum is pleased to see that schools and colleges are listed as specific settings for contraceptive service provision and recommends that this term is expanded to ensure inclusion of pupil referral units (alternative provision for under-16s) and work-based learning providers – who provide education and training for young people outside of mainstream further education colleges. This is particularly important given that the focus of the guidance is on socially disadvantaged young people who may not attend school or college. The Forum would also recommend that youth centres and other youth-oriented settings e.g. leisure centres are included as settings to be considered on this list.	Noted, thank you. Thank you for your comment. Community based settings are included on the list. The list of setting is exemplar rather than exhaustive. We are not intending to provide a complete list of all possible settings for contraceptive services.

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Sex Education Forum		4.2.2	Although the scope of the guidance is clearly about contraceptive services and 'sexual health services not providing contraception' are excluded from the scope, it will be important to consider why some sexual health services also provide contraception and others do not. Similarly some termination of pregnancy services provide contraception and others do not. These variation needs to be examined. Currently the scope suggests a contradiction in that 'pregnancy termination services and abortion clinics' are listed as a setting included in the scope in section 4.2.1. – but 'termination of pregnancy' is listed as an activity not covered in section 4.2.2.	Contraceptive services delivered as part of sexual health services or abortion services will be included in this guidance. Sexual health services and abortion services in themselves will not be included.
Sex Education Forum		4.3.	Since there is a substantial list of different settings included in the scope it would be helpful to include in the expected outcomes: 'better knowledge of the comparative merits of different settings in terms of delivering contraceptive services for socically disadvantaged young people'. This is important as it can help to inform resource allocation and prioritisation between different settings.	Thank you. The outcomes reported will of course reflect the outcomes reported in the literature that reviewed and considered by the Programme Development Group. If there is evidence on the comparative merits of different settings then it will be reported and considered.

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Sex Education Forum		Appendix B.	The focus of the guidance is contraceptive services. However – there is a risk that this scope could lead the guidance to overlook the needs of young LGBT people – and possibly young men also, due to the strong emphasis on preventing pregnancy. LGBT young people are at high risk of being excluded from sexual health services is they cannot cater for their needs and make them feel welcome.	Thank you for your comment. The emphasis of contraceptive services is on preventing pregnancy. Bisexual and Transgender people will be covered by this guidance as will people who self-define as Lesbian or Gay but are behaviourally bisexual. The reviews of the evidence will report on any interventions designed to increase appropriate contraceptive use within these groups.
Society of Consultants and Lead Clinicians in Reproductive Health		2 d)	"It is particularly aimed at those providing contraceptive services or young people's sexual health services, for example, *specialists in Sexual and Reproductive Healthcare* (formerly known as family planning and reproductive healthcare), gynaecologists, nurses, pharmacists and GPs. It may also be of interest to youth workers, *social workers, probation officers, teachers* and others working with vulnerable young people…	Thank you. We have amended the wording to reflect these suggestions.
Society of Consultants and Lead Clinicians in Reproductive Health		4.1.1	Groups that will be covered: *suggest add* 1. *victims of sexual assault 2. Child and Adolescent Mental Health Service Users 3. pupil referral units* *suggest change* substance users *to substance misusers*	Thank you. This section has been amended. We have not changed substance users to substance misusers, as this may be considered to be a value judgment.

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Society of Consultants and Lead Clinicians in Reproductive Health		4.2.1 d)	Add to "setting of contraceptive service": 1. domiciliary sexual and reproductive healthcare 2. clinics linked to CAMHS 3. clinics linked to Youth services 4. outreach/domiciliary service to residential childrens' homes, hostels for teenage parents, Childrens' Centres etc 5. clinics linked to Community Paediatricians	The list of setting is exemplar rather than exhaustive. We are not intending to provide a complete list of all possible settings for contraceptive services.
Society of Consultants and Lead Clinicians in Reproductive Health		4.3	The strategy should take into account the high unintended pregnancy rate in young people who use condoms alone as their method of contraception – specialists in SRH recommend the "double-dutch" method ie condoms PLUS an oral contraceptive method or LARC	Thank you. If the evidence shows that double dutch methods are effective and cost-effective then the Programme Development Group is likely to recommend them. At this point however we would not wan to pre-empt the evidence or the guidance.
Terrence Higgins Trust (THT)		General	THT welcomes the development of this guidance specifically on contraceptive interventions for socially disadvantaged young people.	We welcome comments from our colleagues at THT.
Terrence Higgins Trust (THT)		2.	In addition to the policy documents listed here, the guidance should also take account of "Youth Matters" (DCSG) in order to take account of the transition between children's and young people's services. Contraception interventions may often not be delivered in isolation, but within the context of broader work with young people so it will be important for this guidance to fit in with guidance in other areas such as sexual health or drug and alcohol use.	Noted. Thank you.

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Terrence Higgins Trust (THT)		2.e	To ensure consistency of practice, this guidance should also reflect professional regulations, such as those of the NMC and GMC and other professional regulatory bodies.	NICE guidance is based on the best available evidence of effectiveness and cost effectiveness. The Programme Development Group will make their recommendations on this basis, however, as experts in the topic they will be fully aware of the policy context, including codes of good practice.
Terrence Higgins Trust (THT)		4.1.1	THT welcomes the inclusion of young people with HIV as a specific target group for this guidance. For all the groups listed, it will be important to consider delivery of contraceptive services in the context of wider sexual health education and health promotion interventions. We understand that the list of target groups is not gender-specific, but would welcome within the guidance specific consideration of evidence around contraceptive interventions for young men and bisexual young women, as in the context of contraception, these may be underserved groups.	Thank you. All of these groups will be included in the literature searches and reviews of the evidence which will be considered in detail by the Programme Development Group who will be developing this guidance..
Terrence Higgins Trust (THT)		4.2.1a	Evidence on the activities to be covered (advice, contraceptive provision and support) should take account of the wider context in which a contraception service may be delivered e.g. as part of a sexual health check up or broader health promotion intervention.	Noted. Thank you.
Terrence Higgins Trust (THT)		4.2.1 b	Consideration of youth support programmes as a method of service delivery should also include peer-led interventions.	Peer led interventions will be included.
Terrence Higgins Trust (THT)		4.2.1 d	Consideration of community-based contraceptive services as a setting should include services delivered through third sector providers, as some voluntary sector ogranisations now contract with the NHS to provide sexual health services.	Voluntary organisations providing contraceptive services in any setting will be included.

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