Public Health England

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Minutes

Title of meeting	**Gambling Related Harms Evidence Review Expert Reference Group**
Date	9.7.2019
Time	14:00-16:00
Venue	Skype
Attendees	Rachel Clark, Mark Cook, Virginia Wright, Clive Henn, Clare Griffiths, Caryl Beynon, Marguerite Regan, Carolyne Cox (notes), Public Health England; Luke Clark, University of British Columbia, Vancouver; Andrew Booth, Sheffield University; Linda Davies, Manchester University; and Dimitrinka Atanasova, Lancaster University.
Apologies	Mark Bellis, Jim Orford, Charles Livingstone, Anna van der Gaag, Clare Bambra, Kathryn Oliver, Felix Greaves, Beth Hiles, Tim Baxter, Andrea Duncan

1. Introduction by chair

The review of gambling-related harms is an important piece of work for PHE and is our first substantial piece of work in this area. Work will be undertaken by different teams across PHE with the input of subject experts. There will be no industry involvement.

Last year's remit letter from DHSC asked PHE to support action on gambling-related harms, examining gambling prevalence, risk factors, harms and social and economic costs.

Complementary review being undertaken by NIHR, looking at the cost effectiveness of interventions. NIHR are working to the same timescales as PHE.

2. Discussion and agreement of the expert reference groups ToR

Standard ToR used for expert reference groups at PHE. The ToR outlines functions, meetings, confidentiality agreements, declaration of interests and membership (to be sent out). Group accepted it without edits

ACTION: Any points can be emailed to MR by July 17th. Project lead to then circulate final version including membership list

3. Discussion of quantitative data analysis of secondary work

The protocol was distributed with the papers as 'Paper 1'. Two parts of analysis work. Health Survey for England from Gambling Commission. Gambling data 2012, 2014 and 2015. Proportion of those that take part in gambling activities. Also whether people do Lotto or visit bookmakers. Plus social demographic factors. In isolation we don't think that will fulfil objectives.

Second part involves bespoke analysis, broadly speaking to add value to what's available by providing gambling and problem gambling by providing geographical analysis in England, looking at local authority level.

A discussion to be had with NATCEN. Will run social demographic profile to see what factors contribute, relevant factors based on analysis, will repeat for health-related factors. Will also explore including analysis from 2018 HSE data - not yet released but included gambling questions.

Discussion:

Q. Why is there a charge for the HSE 2018 data? Is that charge to add items to an ongoing survey or to retrieve data that they've already collected? **A.** NATCEN will need to clean the data before it is available in the required format

C. Problem gambling and gambling-related harms are not the same thing, although related – and the relationship between them is ambiguous in Protocol 1. Similar comment sent via email from another ERG member.

Q. Point raised that since harms and symptoms are going to be inter-related causality will be unclear. Need to either try to unpick through complex analysis or make clear that we will not be looking at causation. **A.** The scope has had to be narrowed due to the tight timescales. Further analysis to examine causation may be suggested later on.

Q. Is mental health picked up in any of the HSE questions? **A.** Depends on which modules are running in particular years. Will explore further.

ACTION: Data synthesis team to explore different ways of capturing harms of those who aren't problem gamblers. To be discussed at next meeting.

4. Discussion of risk factors and harms review work

Two protocols for review of literature of risk factors and harms for gambling. Trying to identify harms to associates and to wider society. Challenging work to bring together. Welcome any thoughts on methodology on protocols, and specifically on:

- The date we should search back to. Have current decided to look at 2014-2019 to make the data manageable but not unwieldly.
- What quality appraisal or bias tools are best to use. If use CASP tools, useful to make amendments to make criteria applicable to this particular project.
- The search terms and strategies in the Protocol 2a and 2b appendices.

Discussion:

Q. Query about whether the search limit should be tied to the date of any particular legal or policy changes that have affected gambling. Led to discussion on the 2005 Gambling Act, and how gambling research expanded massively at that point.

C. A solution that would balance workload manageability and thoroughness may be to look at primary studies only for the previous five years, and literature reviews only for the ten years prior to that (i.e. from 2005). This is called the 'mushroom' approach. Appraise reviews using AMSTAR or use as a resource for the primary studies, as these are knowledge products in their own right.

C. The health databases listed in the protocol are international, however the social databases are UK only. It would be good to access international social literature to make it comparable. A. PHE doesn't have access to Web of Science but will explore options.

C. CASP tools were felt to be focused on readability rather than rigour, and for individual articles rather than systematic reviews. Although they are very usable, they could be regarded as being lightweight on assessing bias. Alternatives suggestions were ROBINS - i.e. a non-randomised version of ROBIS, targeted at main areas of bias. Could also use NICE quality appraisal tool, which might be the most appropriate. Team to explore.

C. Follow up discussion on the 'mushroom' approach. Consensus that this is the best approach to take.

C. In terms of quality assurance for grey literature, suggestion we should construct review around study designs. If review of grey literature is more forgiving that is a problem as its less likely it's been through peer review or scrutinised by academic community. We need to be consistent about QA, study design and make inclusion and exclusion criteria clear.

5. Discussion of Economic work

The work is due to start in September 2019. A draft version of the Protocol has been circulated - with comments welcomed. This piece of work will make use of definitions, databases and search teams from previous pieces of work. A cost of illness (COI) approach will be used to estimate harms, that is consistent with the COI approach used in other internal alcohol and drug projects.

Discussion:

C. The reporting tool listed is more of a checklist for reporting studies and may not be appropriate. Suggestion to use NICE PH economic evaluation checklist as well regarded and specifically for economic evaluations. Quality assessment, same source may be for the checklist for other observational designs for protocol 2a and 2b. Another suggestion was to use the NHS critical appraisal process, which was built on the Cochrane approach. Would give the most detailed appraisal, critical commentary/choice of comparators, also relevance of study to the policy and pop, design of study in terms of methods, how well the costs and health benefits have been measured, reputation, generalisable.

C. Focus or limit the potential for avoidable harms section a bit more by using HSE dataset of those are harmful gamblers and those who aren't to look at the different thresholds of problem gambling and maybe explore hypothetical range or if have resources to take to providers, clinicians, policy makers. Might fall slightly out of scope, but project team will take away and discuss.

C. Protocol 3 is ambiguous in focus – i.e. whether it is focused on social and economic harms, or cost 'impacts'. It was clarified that it will be focused on the former.

ACTION: Experts to send on the adapted version of the reporting tool they use for COI work and a review that touched on analysis of benefits

ACTION: Project lead to incorporate into the protocol some sensitivity analysis as an option to determine if it's in or out of scope.

6. Discussion of stakeholder analysis work

The protocol for this piece of work is in an early stage of development and will assess people's perspectives on gambling related harms. We have gained access to consultation responses from the Gambling Commission's work in developing the new National Strategy for Gambling Related Harms and felt this would be a useful resource. There might also be an opportunity to do analyse Twitter data with colleagues in data science. Currently at the early stages in determining what is plausible and fit for purpose.

Discussion:

C. General consensus is that this an exciting approach in terms of methodology, but we need to ensure that the weighting of evidence across the review is appropriate. The Literature Review suggested to explore limited qualitative research in this field to produce a framework to analyse the Twitter and other social media data, which will give it a more rigorous structure.

C. We might want to consider gaming behaviours - possibly using #gaming in our search.

C. Discussion on the issue of sources like Twitter being more easily manipulated than research so if looking at funding bias and dissemination bias look at comparable mechanisms for managing influences. Origins and context of social media messages that mean they don't carry so much weight as potential for having been manipulated. Project team recognised limitations, such as relative difficulty of knowing who is industry-funded but will explore how others have dealt with this issue. This work won't be weighted as strongly as the other aspects of the review for this reason. Might be able to learn from pharma groups who have same issues with funding by industry.

7. AOB

None.

8. Next steps

- Those who couldn't attend are to provide feedback on protocols by 17 July to MR.
- Updated versions of protocols to be circulated for everyone review again in the next few weeks. Any major outstanding questions will be put by email to the group, with quick responses expected.
- Project team may call on some of the experts for specific advice based on areas of expertise.
- Next meeting to be scheduled for September, potentially as a face-to-face for those who can come to London. Two Protocols will be underway by then and two will be starting off.
- Final meeting will then be scheduled for towards the end of the project, i.e. early Spring 2020.