



Minutes

Title of meeting: Gambling review expert reference group meeting

Date: Thursday 3rd October

Time: 12pm-2:30pm (lunch to be served at 12pm)

Venue: Room 501S Wellington House

Attendees and apologies (see Appendix A):

1. & 2. Lunch, welcomes and matters arising

CH welcomed members to the meeting. Meeting looked at matters arising from the last meeting:

First action: MR to circulate a final version of the terms of reference including the membership list to the group (**DONE**)

Second action: Data synthesis team to take a look at how to capture harms of those who aren't problem gamblers (**to be discussed at today's meeting**).

Third action: Experts to send on the adapted version of the reporting tool they use for Cost of Illness (COI) work and a review that touched on analysis of benefits (**DONE**).

Forth action: Project lead to add to protocol about doing some sensitivity analysis as an option to determine if it is in or out of scope (**to be discussed at today's meeting**).

CH stated that the final meeting will be scheduled towards the end of project (early Spring 2020). **ACTION: AW to arrange the meeting.**

CH told the group that Mark Bellis has had to step down from this group due to his workload but has kindly agreed that we can still contact him with specific queries.

CB and MR informed the group that they gave a presentation about the gambling review at the PHE annual conference (on Tuesday 10 September). It was positively received.

3. Discussion of quantitative data analysis of secondary work (relates to protocol 1)

MC and CG presented this item. They requested changes suggested in the previous meeting have been made.

Data from 2012, 2015 and 2016 is already available and we will be getting new 2018 data from NatCen in December.

There is potential for NatCen to add a geographical marker to the dataset to permit more discrete analysis, but this would not be ready until 2020 so this needs to be discussed further with NatCen.

A question on mental health has been added.

The Expert Reference Group considered the use of PGSI/DSM-4 to be a very narrow and 'clinical' definition of problem gambling that fails to take into account broader Public Health harms such as harms to others. One suggested approach is to include a ROC curve analysis in the report to quantify this as far as possible.

Discussion:

Q. It was asked if we will be identifying geographical hot-spots where people are actively gambling? Gamblers now use their phones a lot more to do gambling, as well as doing it online – how are we looking at those people?

MC said that we could use 'any activity variable' which would look at gamblers going online and it should show variation across the country.

The age of the data is also an issue – we need to understand the evolving landscape and possible harms that we can address. We are working with old data sets and we know that trends are now changing rapidly.

Suggested we could build up modelling scenarios of 'what-ifs' by using data from different countries. **ACTION: FG, MC and CG to discuss with the new PHE modelling team.**

Q. Given PSGI and DSM-4 do not give the same answer, to what extent are we sticking to the conventional cut-offs?

It was suggested that we go beyond the evidence around the gambler to how a gambler's actions would affect the rest of the family and further if possible, as we do not have much about family affects in Britain.

Team will consider this given limitations of data, and will lay out limitations in final report.

It was mentioned that the consultation on the adult psychiatry morbidity survey would open soon.

4. Discussion of risk factors and harms review work (relates to protocol 2a and 2b)

RC and CB presented this item. Rapid reviews are taking place on both the risk factors and the harms associated with gambling following a systematic approach. The full

paper screening will start next week on the rapid review on the risk factors and they will begin abstract screening for the harms shortly.

Discussion:

Q. The rapid review on harms will include systematic reviews and primary reviews. Do we want to use the systematic reviews in their entirety or do we want to 'harvest' the papers?

It was suggested we read the new Cochrane handbook out on this. SRs are fine to use but certain high-profile papers may be double counted, and we need to put some measures in place to prevent double counting. Can justify as avoiding 'research waste'.

ACTION: RC and CB to build in some narrative over a two-stage approach using systematic reviews and primary reviews, so we would look at up-to-date primary studies, and systematic reviews that don't overlap for previous years.

Q. How do we synthesise the results from different studies? CB explained that we would normally use GRADE but this will not be appropriate. How do we synthesise the body of evidence rather than individual studies?

A. Use domains of GRADE analogy, using the four domains that CERQual uses. Whichever system is used, you need to use more than GRADE.

Q. How broad is the definition of harm?

A. It is very broad and we are seeing papers on the harms to the wider society.

Some other resources that we should be looking at were pointed out. The Citizens Advice Bureau, for example, do a lot of work on debts and gambling.

ACTION: The Expert Group to send any useful websites to CB and RC that they should be looking at as part of the grey literature search.

5. Discussion of economic work (protocol 3)

VW presented this item. The protocol is still to be finalised.

VW explained that we will be using the cost-of illness (COI) framework:

- We will be looking at problem and dependent gambling regarded as an illness that consumes resources, which would be used in another way (opportunity costs)
- As well as loss of resources, the cost of illness may be reflected in absenteeism, loss of productivity and quality of life (direct and indirect costs)

- Will measure the burden of gambling for all individuals affected (i.e. the gambler, their family and the wider community)

The harms review is also key to the work and we will do a search of economic databases which may not have been picked up by the harms review

VW asked the group:

- If they are happy with the rationale for using the COI framework?
- If time/ data permits, should we acknowledge, calculate and include the industry contribution in our report, but not include it in the overall £Xbn figure?
- Are you happy for us to not put resources into estimating the benefits derived from gambling?

Discussion:

Expert suggested that if you are deciding how to use resources, then the COI framework is the right route to take. Benefits are well promoted and you do not need to include this in the analysis as not relevant to research question.

Another commented that the COI has great strengths but you start off with people who are ill, but you could look at harms in a different way, for instance, looking at the population as a whole (and not just starting off with people who are ill). Could explore approach taken in WHO harms to others alcohol report which began with population level first. **ACTION: VW to explore this**

VW pointed out that she will do some sensitivity analysis and she will share this in the next version of the protocol.

Q. How will we detangle comorbidities?

We have had to do this for other health issues so will follow a similar methodology to try and do this.

It was suggested that we contact Claire Gerada regarding early identification and screening work being done in London, and to also consider using treatment cost data from the treatment providers in the UK.

ACTION: CH to contact Claire, and MR/CH to explore access to treatment data with NHSE and providers

Q. Why are you focusing on economic literature and not wider health literature? Also suggested search should not be limited to the UK.

A. ACTION: CB, RC and VW to discuss how best to run the search for the relevant economic literature at the next internal project meeting.

6. Discussion of content analysis work (relates to protocol 4)

MR presented this item. We will be using a directed content analysis with the aim of understanding the extent to which gambling-related harms are mentioned within i) responses to a recent Gambling Commission consultation, and ii) tweets shared on twitter over the course of one month.

We will be doing a scoping review for relevant literature first. MR explained that we will be looking at people's perspectives on Twitter and we are in the process of buying a data-set from Twitter and we shall do a directed analysis of the tweets and some data mining. We will go through PHE ethics process.

Discussion:

It was suggested that we have a discussion with academics at the University of Bristol have done a similar work on twitter analysis already. **ACTION: MR to explore work done by University of Bristol**

It is useful to do the twitter data analysis, but we will have to see how useful it is after we receive it, and the search terms are vital. **ACTION: MR and team to come up with more plain English terms to add to search.**

It was suggested that we should also look at gathering personal testimonies. FG told the group that these were used in the Prescriptive Drugs review. **ACTION: MR to speak to PHE colleagues about using personal testimonies.**

7. Publication

FG presented this item. This review will likely be published alongside the work commissioned by NIHR. We plan to publish in academic journals, which will hopefully happen at the same time as publishing them onto GOV.UK, to have more impact. Will discuss plans further at next meeting.

8. AOB

One item was raised. CB asked if everyone was happy for the Expert Reference Group to be mentioned into the protocol (which will be go onto 'PROSPERO')? There were no objections raised.

CH closed the meeting. The next Expert Reference Group meeting will be taking place in early 2020, date TBC.

Appendix A

Attendees

- Clive Henn (PHE) - CH
- Marguerite Regan (PHE) - MR
- Caryl Beynon (PHE) - CB

- Rachel Clark (PHE) - RC
- Felix Greaves (PHE) - FG
- Alanna Winch (PHE – note taker) - AW
- Jim Orford (University of Birmingham) - JO
- Anna Van der Gaag (University of Surrey) AV
- Linda Davies (University of Manchester) - LD
- Clare Griffiths (PHE) **via SKYPE** - CG
- Mark Cook (PHE) **via SKYPE** - MC
- Virginia Wright (PHE) **via SKYPE** - VW
- Jake Gommon (PHE) **via SKYPE** - JG
- Harriet Weston-Harris (DHSC) **via SKYPE** - HW
- Matthew Birkenshaw (DHSC) **via SKYPE** - MB
- Beth Hiles (DCMS) **via SKYPE** - BH
- Andrew Booth (University of Sheffield) **via SKYPE** - AB

Apologies received from:

- John Marsden (PHE academic)
- Kathryn Oliver (LSHTM)
- Andrea Duncan (DHSC)
- Luke Clark (University of British Columbia)
- Charles Livingstone (Monash University)