

National Institute for Health and Care Excellence

Centre for Public Health

Review decision: January 2014

Consideration of an update of the public health guidance on Identifying and supporting people most at risk of dying prematurely (PH15)

Background information

Guidance issue date: September 2008

Second 3 year review

Process for updating guidance

This guidance was reviewed in the normal 3 year timeframe, but a further review was scheduled for two years afterwards in view of the then upcoming changes in health services.

An expert panel was convened to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantially different recommendations. The expert panel consisted of selected members of the original committee that developed the guidance, the review team that produced the original evidence reviews and representatives of relevant government departments or agencies.

The experts were asked to consider each of the recommendations in the guidance in light of the following questions:

1. Is there significant new evidence that would change or add to the recommendation?
2. Would the recommendation benefit from looking at a different type of evidence?

3. Is the recommendation still relevant and useful?
4. Could the recommendation be amended to improve implementation?
5. Will changes in policy or practice affect the recommendations?

Consideration of the evidence and practice

The expert panel considered information from the NICE implementation team and discussed current and on-going research of relevance to the current recommendations.

Although the implementation field team had recorded no feedback after publication, they did identify data from the Quality and Outcomes Framework (QOF) 2011/12 that showed the number of patients receiving an intervention for two CVD primary prevention indicators (PP1 & PP2) was lagging behind the targets, which reinforces the need for this guidance.

A study from the Care Quality Commission (2009) found statin prescribing increased marginally as CVD prevalence increased. The increase was greater with increasing deprivation. The rate of setting dates to stop smoking decreased with increasing deprivation and smoking prevalence.

At the time of publication in 2008, stakeholders commented that the guidance lacked specific advice about how to achieve the recommendations; for example, what kinds of incentives would be appropriate for which particular audiences.

New evidence

Some new evidence was identified that was relevant to the guidance, but panel members pointed out that it reinforced the recommendations rather than required any revision. Specifically, there was more evidence on Recommendation 3 on the effectiveness of systems incentives, but the recommendations were sufficient as they stood and the new evidence on this topic did not allow more specific guidance on incentives to be given.

The panel suggested that guidance could be made relevant to the implementation of NHS Health Checks, which would be well received by local authorities. Panel members underscored the importance of making the case that identifying and supporting those at risk of dying prematurely due to CVD was a good investment for local authorities to make. A Local Government Briefing on NHS Health Checks is currently in development and one on Premature Mortality is planned for 2014.

The expert panel thought that the guidance, as it stands, was adequate; however, changes in the policy context, health systems and practice were highlighted as a substantial change. The agencies commissioning and delivering services had changed, so it might be worthwhile to 'refresh' the guidance language to reflect this. The panel's view was that this would entail some editing to change the names of agencies involved.

The panel also supported updates to the policy and organisational context within other NICE products such as NICE Pathways and Local Government briefings.

Stakeholder consultation

A review proposal was drafted and a stakeholder consultation held in the first two weeks of November. Nine stakeholders responded to the consultation. They included statutory, professional and non-governmental organisations. Their main comment was that the guidance remains relevant to promoting finding and supporting adults at risk of dying prematurely from CVD.

The stakeholders:

- Agreed that changes in the way public health was commissioned and delivered through local government would require that the guidance was 'refreshed' with current structures and terminology.
- Recommended that reference should be made to the role of Public Health England and Health Education England

- Thought that reference should be made to Health Checks;
- Recommended that mental health users and service providers should be mentioned.

Equality and diversity considerations

Although equality and diversity issues were considered when the guidance was first issued, no further equality issues were identified which were considered relevant to this update review.

Conclusion

In conclusion, no new evidence was identified which appeared to contradict the existing recommendations. Although there have been some changes to the policy context since the original guidance was published, it is highly unlikely that this would invalidate or change the direction of the current recommendations, however some terminology could be refreshed to make the guidance current.

Decision

The guidance will be considered for review in 3 years (July 2016) and the existing guidance will have a terminology refresh..

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Other relevant NICE guidance

- Smoking cessation - acute, maternity and mental health services PH51
<http://guidance.nice.org.uk/PHG/51>
- Tobacco Harm Reduction PH45
<http://publications.nice.org.uk/tobacco-harm-reduction-approaches-to-smoking-ph45>

- Quitting Smoking in Pregnancy and following childbirth – recommendation 6 PH26 <http://publications.nice.org.uk/quitting-smoking-in-pregnancy-and-following-childbirth-ph26/recommendations#recommendation-6-nhs-stop-smoking-services-meeting-the-needs-of-disadvantaged-pregnant-women-who>
- Smokeless tobacco cessation – south Asian communities PH39 <http://publications.nice.org.uk/smokeless-tobacco-cessation-south-asian-communities-ph39>