

Public Health Interventions Guidance

Identifying and supporting people most at risk of dying prematurely - Consultation on the Additional Evidence (Economic Analysis) Stakeholder Response Table

12 May to 12 June 2008

Stakeholder Organisation	Evidence submitted	Document Name and Number <i>(e.g. Evidence review 1, Economic Review, etc)</i>	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health		Supplementary Economic Evaluation on Interventions to reduce Health Inequalities – statins and smoking cessation	General	It is our view that smoking prevalence is high amongst the routine and manual social grouping (29% GHS 2006), which makes up nearly 50% of the overall adult smoking population. The government is committed to driving down prevalence in this population (in line with the PSA target for 2010 of 26%) and to address health inequalities caused by smoking. The implementation of smoke free legislation in July 2007 represented a landmark achievement in public health terms and we are seeing real progress as a result of tobacco control policy. Smoking attributable deaths among men aged 35 or over declined between 2001 and 2005 from 396.2 per 100,000 population to 339.26, and for women from 177.8 to 154.66.	Thank you for your comment.

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Department of Health			General	<p>This year the government will launch a consultation to help establish the next steps in tobacco control and develop a national strategy for the years to come. Action is currently being taken to improve the quality and quantity of support programmes available to help smokers to stop. Current areas of development align well with the NICE recommended approaches assessed in this guidance for both the general population and disadvantaged groups. These include:</p> <ul style="list-style-type: none"> • A national social marketing & communications campaign aimed primarily at smokers from routine and manual groups. • A large-scale trial of pro-active telephone support • A new communications campaign directed at midwives and pregnant smokers • Development of a systems approach to smoking cessation in primary care (to improve referral & prescribing rates) and • Development of workplace-based interventions and resources 	<p>Thank you for your comment. The modelling carried out for this guidance has not looked specifically at the interventions you have highlighted. However, NICE has published separate guidance on workplace smoking cessation interventions and smoking cessation services (including mass media). The reports of the effectiveness and cost-effectiveness of these interventions are available on the NICE website: http://www.nice.org.uk/Guidance/PH5 http://www.nice.org.uk/Guidance/PH10</p>

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Department of Health			General	In our opinion, the assumptions and methodology employed in this economic analysis appear to be reasonable but as stated, the cost ranges in most cases are merely indicative due to confounding factors and methodological differences. Thus, whilst the recommended interventions for disadvantaged groups all appear to be cost-effective (in terms of NICE benchmarking) it is important that the NHS and LAs consider carefully the appropriate balance in terms of allocating resources for deprived groups. It is essential that the needs of sub-populations should not be allowed to destabilise services for the general population and the high prevalence routine and manual group. This said, proportionate development of interventions aimed at reducing health inequalities over the longer term should be broadly encouraged.	Thank you for your comment. The public health interventions advisory committee (PHIAC) responsible for developing the recommendations considered that a lack of resources (within the NHS and other sectors) has sometimes confounded attempts to address health inequalities. They consider that adequate resources (financial, time, equipment and people) need to be deployed effectively to meet the needs of people who are disadvantaged.

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Royal College of Nursing			General	<p>With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.</p> <p>The RCN welcomes the opportunity to review the additional evidence relating to the economic analysis that was carried out to assess the cost effectiveness of recommendations relating to the draft guidance.</p> <p>The evidence is comprehensive. The RCN welcomes this topic as with other related guidance topics which have a direct impact on the health of the most disadvantaged in the community and aimed at tackling health inequalities.</p>	Thank you for your comment.

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The Royal College of Psychiatrists		Supplementary econ analysis on interventions to reduce health inequalities (Document 5)	General	<p>The Community and General Psychiatry faculty are concerned that the population of mental health patients are considered as a distinct sub-group within the 'disadvantaged population' and analysed separately in relation to QALY costs and especially re. the quit/relapse component of any health intervention in this group.</p> <p>Mental Health patients have a significantly higher morbidity and mortality rate than other groups within the general population. We support a broader approach to health prevention which extends the current approach to consider Potential years of Life Lost (PYLL) in the mental illness sub-group in making cost/benefit judgements about health prevention investment.</p>	<p>Thank you for your comment. Unfortunately, the data available from the evidence reviews did not allow for a differential analysis of this group.</p>