

National Institute for Health and Care Excellence

Centre for Public Health

Review proposal: October 2013

Consideration of an update of NICE Public Health guidance on Identifying and supporting people most at risk of dying prematurely (PH15)

Background information

Guidance issue date: September 2008

Intervention

Second 3 year review

The current guidance can be found at: <http://guidance.nice.org.uk/PH15>

1 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated (see process manual for further details: <http://publications.nice.org.uk/the-nice-public-health-guidance-development-process-third-edition-pmg5/updating-public-health-guidance>)

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

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert panel 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 consists of

selected members (including co-optees) 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.

- NICE consults with stakeholders on its proposal for updating the guidance.
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

2 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.

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.

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.

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.

One suggestion was that the guidance could be re-scoped to include excessive use of alcohol, which was an important contributor to early mortality and there was substantial evidence on the effectiveness of programmes to limit alcohol consumption. It was pointed out that this would be an entirely new piece of work.

Equality and diversity considerations

No equality issues were identified which were considered relevant to this update review.

Summary:

- The guidance remains relevant to promoting finding and supporting adults at risk of dying prematurely from CVD.
- The panel noted changes in the way public health was commissioned and delivered through local government; this might require that the guidance was 'refreshed' with current structures and terminology.
- The guidance would benefit from an update to policies and some organisations referred to.
- The panel supported updates to the policy and organisational context within other NICE products such as NICE Pathways and Local Government briefings.

3 Recommendation

The guidance should not be updated.

4 Next steps

Next steps

Following consultation on this draft review proposal, the final recommendations will be made to NICE's Guidance Executive. Following that the decision of the Guidance Executive will be made available on the website

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