NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH INTERVENTION GUIDANCE

SCOPE

1 Guidance title

Guidance for the NHS and other sectors on interventions that reduce the rates of premature death in disadvantaged areas: proactive case finding and retention and improving access to services.

1.1 Short title

Proactive case finding and retention and improving access to services in disadvantaged areas

2 Background

(a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at reducing the rate of premature death (defined by ONS as death before the age of 75) in disadvantaged areas.

(b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on the following:

- cancer, CHD (including obesity), diabetes, older adults (including stroke services) and children (DH 2000a; DH 2000b; DH 2001a; DH 2001b; DH 2006a).

(c) This guidance will support a number of related policy documents including:

- 'Strong and prosperous communities: the local government white paper' (DCLG 2006)
- 'Reaching out: an action plan on social exclusion' (HMG 2006)
- 'Our health, our care, our say' (DH 2006b)
- 'Delivering choosing health: making healthier choices easier' (DH 2005a)
- 'Tackling health inequalities: what works' (DH 2005b)
- 'Wanless report: securing good health for the whole population' (Wanless 2004)
- 'A new commitment to neighbourhood renewal: national strategy action plan' (Social Exclusion Unit 2001)
- 'Health challenge England – next steps for choosing health' (DH 2006c)
- 'The NHS in England: the operating framework for 2006/7' (DH 2006d)
- The Department of Health is developing a national stroke strategy. For further details visit: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Stroke/StrokeArticle/fs/en?CONTENT_ID=4132138&chk=GkfUIj

(d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals within the NHS or working in partnership with the NHS to meet the inequalities agenda.

3 The need for guidance

a) It is widely recognised that factors such as poor living conditions and health damaging behaviours, operating across life, lead to a greater than average risk of premature death. The highest premature death rates are found among those who experience disadvantage both in childhood and in adulthood. It is also widely acknowledged that people in lower socio-economic groups tend to experience more of these adverse factors. They also tend to adopt behaviours which can damage their health. As a result, life expectancy is also affected by socio-economic inequalities. So people who enjoy a lifetime of advantage are likely to live a longer and healthier life than those who spend part of their lives in disadvantaged circumstances (Graham H and Power C [2004] Kawachi I and Kennedy BP [1997] Wilkinson RG [1996]).

b) Where a person is born still influences how long they will live. A man or woman living in Manchester can expect to live nearly 8 and 7 years less, respectively, than a man or woman living in Kensington, Chelsea and Westminster (DH 2002). In areas with the poorest socio-economic and health profile in England and Wales, male and female life expectancy lags 2.07 and 1.63 years respectively behind the average for England (DH 2005c).

c) Despite increased prosperity and reductions in mortality in the UK, many inequalities in health are increasing. In the early 1970s, the overall premature mortality rate was almost twice as high among unskilled workers than among professionals. By the early 1990s, it was almost three times higher (Acheson 1998).

d) The steep social class gradient in premature mortality is directly related to the prevalence of conditions such as coronary heart disease (CHD) and lung cancer among lower socio-economic groups. The death rate from CHD is three times higher among

unskilled workers than among professionals. The death rate for lung cancer is four times higher among unskilled male manual workers of working age than among professional men (Acheson 1998). The higher death rate from lung cancer reflects the much higher levels of cigarette smoking among male manual workers (Twigg et al. 2004).

e) Smoking cessation is one of the most cost-effective and widely used behavioural interventions and could help reduce the difference in smoking rates between the highest and lowest socio-economic groups. This difference accounts for approximately half the difference in life expectancy for people in these two groups. Using statins to prevent or manage cardiovascular disease (CVD), a leading cause of premature death, is one of the most widely used and cost-effective medical interventions.

f) Health inequalities are a key government priority, with targets to reduce inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth. This target is underpinned by two more detailed objectives (DH 2006e):

- Starting with children under one year, by 2010 to reduce by at least 10 percent the gap in mortality between the routine and manual group and the population as a whole.

- Starting with local authorities, by 2010 to reduce by at least 10 percent the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.

Government policy encourages PCTs, local authorities and others to identify and target groups and neighbourhoods where health – and the use of health services – is worst. Its performance management system supports this policy. For example, in 2002, the

government set a number of public service agreement (PSA) targets including:

- reduce in the fifth of areas with the worst health and deprivation indicators and the population as a whole the gap in CVD and cancer by 40% and 6% respectively
- reduce adult smoking prevalence in routine and manual groups to 26% or less.

g) The life expectancy target focuses on achieving fastest progress in the most deprived areas. The NHS is involved in a number of activities designed to meet this target, including smoking cessation interventions to tackle CHD and lung cancer and the use of statins to tackle CVD. In each case the NHS is aiming to:

- improve access to, and the quality of, services (particularly primary care services) for under-served areas and groups
- ensure services meet people's needs, including their cultural needs. (This includes improving translation, advocacy and interpretation services)
- ensure staff work more with deprived groups
- ensure appropriately skilled public health practitioners are available to undertake preventive work with disadvantaged groups.

4 The guidance

a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.

b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

The guidance will focus on two of the most significant types of intervention for tackling health inequalities: smoking cessation and the use of statins.

4.1.1 Groups that will be covered

- Adults at increased risk of developing CVD (primary prevention using statins)
- Adults with CVD (secondary prevention using statins)
- People aged 16 years and over who smoke and therefore are at increased risk of CHD and lung cancer. This includes pregnant women, manual workers and disadvantaged groups. Disadvantaged groups can include:
    - individuals with mental health problems
    - people with a learning disability
    - people who are institutionalised, including those serving a custodial sentence
    - members of some black and minority ethnic groups
    - people who are homeless
    - people on a low income
    - lone parents and poor families
    - people on benefits and living in public housing.

4.1.2 Groups that will not be covered

- People who are not at increased risk of CVD.
- People aged 16 years and over who do not smoke.

4.2 Areas

4.2.1 Areas that will be covered

This guidance will cover the use of statins within the NHS to prevent or reduce the risk of CVD. It will also cover NHS interventions to help people stop smoking. Both activities contribute to the government's inequality target on life expectancy.

Proactive case finding and retention and improving access to services in disadvantaged areas

a) Find and support adults who are at increased risk of developing CVD or who have CVD. These activities will cover both primary and secondary prevention and include improving access to services.

b) Find and support people aged 16 years and over who smoke. These activities will cover both primary and secondary prevention and include improving access to services.

4.2.2 Areas that will not be covered

a) Interventions and activities not aimed at reducing or eliminating premature death from CVD and other smoking-related causes.

b) Interventions and activities aimed at reducing or eliminating infant mortality.

c) The wider determinants of health inequalities such as macro-level policies aimed at tackling poverty and economic disadvantage.

NICE is considering separate guidance on how to tackle the wider determinants of inequalities in health and how to reduce infant mortality.

4.3 Comparators

Interventions will be examined, where possible, against relevant comparators and/or no intervention.

4.4 Outcomes

Outcome measures will include service use, availability, accessibility and reach in relation to reducing the onset of – or premature mortality from – CVD and other smoking-related diseases.

4.5 Key questions

The following questions will be addressed.

Statins

- What are the most effective and cost-effective methods of identifying and supporting people at increased risk of developing CVD, or who already have CVD?
    - What are the most effective and cost-effective methods of improving access to services, under what circumstances, for whom and when?
    - What type of support is most effective for different groups, under what circumstances, for whom and when?
- Is there a trade off between equity and efficiency?

Smoking cessation

- What are the most effective and cost-effective methods of identifying and supporting people aged 16 years and over who smoke, in particular pregnant women, manual workers and those from disadvantaged groups?
    - What are the most effective and cost-effective methods of improving access to services, under what circumstances, for whom and when?
    - What type of support is most effective for different groups, under what circumstances, for whom and when?
- Is there a trade off between equity and efficiency?

4.6 Target audiences and settings

The guidance will be aimed at professionals working in the NHS with a responsibility for people at increased risk of developing or with established CVD and people aged 16 years and over who smoke.

4.7 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 8 February 2007.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and ‘The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public’ NICE 2006) available at: www.nice.org.uk/page.aspx?o=300576

6 NICE related guidance

Much of NICE guidance, both published and in development, is concerned with tackling heart disease, stroke and cancer. For a list of the relevant publications go to: www.nice.org.uk/guidance/

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to produce:

‘Guidance for the NHS and other sectors on what works in driving down population mortality rates in disadvantaged areas where risk of early death is higher than average, with particular reference to proactive case finding and retention, and access to services.’

Appendix B References

Acheson D (1998) Independent inquiry into inequalities in health: the Acheson report. London: Stationery Office.

Department for Communities and Local Government (2006) Strong and prosperous communities: the local government white paper. London: Department for Communities and Local Government.

Department of Health (2000a) The NHS cancer plan: a plan for investment, a plan for reform. London: Department of Health.

Department of Health (2000b) National service framework for coronary heart disease. London: Department of Health.

Department of Health (2001a) Modern standards and services models – diabetes: national service framework standards. London: Department of Health.

Department of Health (2001b) National service framework for older people. London: Department of Health.

Department of Health (2002) Tackling health inequalities – 2002 cross cutting review. London: Department of Health.

Department of Health (2005a) Delivering choosing health: making healthier choices easier. London: Department of Health.

Department of Health (2005b) Tackling health inequalities: what works. London: Department of Health.

Department of Health (2005c) Tackling health inequalities: status report on the programme for action. London: Department of Health.

Department of Health (2006a) National service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2006b) Our health, our care, our say. London: Department of Health.

Department of Health (2006c) Health challenge England – next steps for choosing health. London: Department of Health.

Department of Health (2006d) The NHS in England: the operating framework for 2006/7. London: Department of Health.

Department of Health (2006e) Tackling health inequalities: 2003–05 data update for the national 2010 PSA target [online]. Available from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_063689

Graham H, Power C (2004) Childhood disadvantage and health inequalities: a framework for policy based on lifecourse research. Child: Care, Health and Development 30 (6), 671–678.

HM Government (2006) Reaching out: an action plan on social exclusion. London: Cabinet Office.

HM Treasury (2004) 2004 spending review: public service agreements 2005–2008 [online]. Available from: www.hm-treasury.gov.uk/media/4B9/FE/sr04_psa_ch3.pdf

Kawachi I, Kennedy BP (1997) The relationship of income inequality to mortality: does the choice of indicator matter? Social Science and Medicine 45 (7), 1121-7.

Social Exclusion Unit (2001) A new commitment to neighbourhood renewal: national strategy action plan. London: Cabinet Office.

Twigg L, Moon G, Walker S (2004) The smoking epidemic in England. London: Health Development Agency.

Wanless D (2004) Securing good health for the whole population. London: HM Treasury.

Wilkinson RG (1996). Unhealthy Societies: the afflictions of inequalities. Routledge. 1996