

Public Health Guidance

Identifying and supporting people most at risk of dying prematurely (PH15)- Consultation on the Review Proposal Stakeholder Comments Table

01 – 15 November 2013

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Action on Smoking and Health	General		Tobacco use is the leading cause of preventable death in the UK and smoking rates are especially high amongst disadvantaged groups. Specialist support is needed to reduce smoking rates in these groups. ASH strongly supports the recommendations in the guidance. We only have a few minor suggestions for updating the guidance.	Thank you for commenting on this guidance.
Action on Smoking and Health	General		ASH recommends that specific mention be made of mental health services users and their needs when citing examples of disadvantaged groups or groups which should be targeted. Mental health service users have high rates of smoking and their physical health is not always treated as a priority within the mental health community. Specifically mentioning smokers with mental health disorders as one of the target populations in the guidance would place extra emphasis on the need to address smoking rates amongst this group. Mental health service providers should also be included whenever reference is made to those with a remit for tackling health inequalities or listing those who need to "take action".	Thank you for this comment. We agree with you that attention needs to be drawn to mental health services users and the importance of supporting them to stop smoking. As you know, NICE has recently issued guidance on smoking cessation in secondary services which considers mental health services Smoking cessation in secondary care: acute, maternity and mental...PH48 .
Action on Smoking and Health	General		PCTs no longer exist and reference to them should be removed. Reference should be made to Clinical Commissioning Groups. Public Health England also have a remit for ensuring that those at risk of CVD are identified and services are provided for them.	Thank you; the guidance will be updated to reflect the new NHS architecture.

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Action on Smoking and Health	General		Stop Smoking Services have high quit targets specified by the Department of Health which has meant that many Service Providers do not have capacity to spend the additional time needed to work with hard to reach groups. A mandated requirement to make stop smoking service provision available for these groups would help in overcoming this.	Thank you for this observation. As you know, unless the guidance has a full update, it is not possible for NICE to change the existing recommendations. The view of the Expert Panel was that although there was more evidence to support the recommendations, there was not sufficient evidence to merit changing them.
Action on Smoking and Health	Section 1 Recommendation 2 Pg9, 4 th bullet point		The definition of social marketing provided is very brief and does not mention a key element: conducting insight research into the target audience as a means of better understanding their motivations and then tailoring interventions accordingly. This process is essential when dealing with hard to reach groups who do not respond to general health interventions. Information about where to find out more about social marketing could be offered, e.g. the National Social Marketing Centre. http://www.nsmcentre.org.uk/ Or the University of Stirling's Institute for Social Marketing http://www.stir.ac.uk/management/about/social-marketing/	Thank you for this comment. The statement in question is really about developing and delivering programmes to tackle barriers to change, not about social marketing as such. This was given as an example. However, the resources you

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				have supplied are very useful and could be used to guide readers to further information.
Action on Smoking and Health	Section 1 Recommendation 4 Pg11		Public Health England should be included as an organisation with remit for partnership working. Mention could be made of Clinical Commissioning Groups.	Thank you. We intend to update the terms and organisations throughout.
Action on Smoking and Health	Section 1 Recommendation 5 Pg13, bullet 1		In addition to the requirement to ensure that there are enough practitioners with the necessary skills to help people adopt a healthier lifestyle, there could be a requirement that <u>all</u> healthcare staff who have contact with the public be trained in Level 1 Stop Smoking Support: Brief Interventions.	Thank you for pointing this out. We intend to update the resources without changing the recommendation itself.
Action on Smoking and Health	Section 2: Public Health Needs and Practice Pg14, Paragraph 3		The figures on smoking prevalence by socio-economic group should be updated if the rest of the guidance is to be “refreshed”.	Thank you for this comment. We intend to update all sections of the guidance.
Action on Smoking and Health	Section 2: Tackling Health Inequalities, pg15		The Department of Health document “Healthy Lives, Healthy People: a Tobacco Control Plan for England” from 2011 mentions the need to work with disadvantaged groups and should be included in the list of Government documents. For example the report states: <i>“Reducing the prevalence of smoking in disadvantaged groups and areas is one of the fastest ways to increase life expectancy and to reduce smoking-related ill health.”</i> (Section 2.4 pg 15)	As above, we intend to update all sections of the guidance without changing any of the recommendations.
Action on Smoking and Health	Section 5: Recommendations		More research into the physical health needs of mental health service users is needed, in particular their access to stop smoking services, barriers to access	Thank you for this observation, but we

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	for Research		and staff attitudes to stop smoking support for this group.	are not able to change the recommendations without a full update of the guidance. You will be aware of the NICE guidance on smoking cessation in secondary care (PH48) which takes a more in-depth look at mental health services.
Action on Smoking and Health	Pg 33		There is a typing error on pg 33 – the text says the Cochrane Central Register of Controlled <i>Trials</i> instead of Trials.	Thank you for pointing this out.
Action on Smoking and Health	Section 7: Related NICE guidance		Additional NICE guidance not mentioned which could be included. <ul style="list-style-type: none"> • The soon to be published “Smoking cessation - acute, maternity and mental health services” 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. 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. http://publications.nice.org.uk/smokeless-tobacco-cessation-south-asian-communities-ph39 	Thank you for pointing this out.
Department of Health (Health	New Evidence –		The panel have suggested guidance could be made relevant to the	Thank you for your

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Inequalities Unit)	NHS Health Checks		implementation of NHS Health Checks, which would be well received by local authorities. The panel highlighted the importance of local authorities investing in identifying and supporting those at risk of dying prematurely due to CVD. We would support this position in light of ring-fenced grants been allocated to local authorities to spend on public health services for their local populations with the condition to have regard to the need to reduce health inequalities. Updating the guidance to cover health checks specifically will support them to do this.	comment. We intend to update the policy and project terms and organisations throughout the guidance.
Department of Health (Health Inequalities Unit)	New Guidance		We agree some editing would be required to refresh the guidance language to reflect changes in the policy context and health systems. Given the new role of local government in implementing health checks and health and well-being boards revising the language and reflecting the health system reforms and structures would be highly advantageous through whatever mechanisms would be most effective.	Thank you for this comment.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We agree that there is now more evidence on the use of incentives in different groups, and would like this to include access to healthier foods and affordable initiatives to encourage physical activity, both likely to be of particular importance to disadvantaged groups, who are also at greater risk of premature death.	Thank you for commenting on this guidance Unfortunately, consideration of diet and physical activity would entail a new Scope and more fundamental revision of the guidance. You may be interested to look at NICE Public Health guidance on prevention of CVD Prevention of cardiovascular

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				disease Introduction PH25 which takes these other elements into consideration. Also Assessing body mass index and waist circumference thresholds for...PH46 which considers prevention of disease in black, Asian and other minority group populations.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We agree with the proposal that the guidance could be related to implementation of Health Checks.	Thank you for indicating your agreement with this proposal.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We agree that excess alcohol consumption is an important contributor to early mortality, and there is evidence of effectiveness of programmes aimed at limiting alcohol intake. We agree that this is a piece of work which should be undertaken.	Thank you for this comment; as you may know, NICE has already issued guidance on avoiding excessive alcohol consumption. See Alcohol use disorders: preventing harmful drinking and School-based interventions

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				on alcohol
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We suggest that in disadvantaged groups there is a confluence of important risk factors which interact to affect risk of early mortality. It is not only excessive alcohol intake and cigarette smoking, but lack of physical activity, sedentary lifestyles and poor diet which are important risk factors, and these are known to disproportionately affect disadvantaged groups. In addition there is an association between overweight and obesity prevalence and disadvantage, in adults and children. We would suggest a broadening of the criteria to include these additional and important risk factors, particularly with relation to identifying those most in need of intervention.	Thank you for making this observation. The same answer applies as above. You may especially wish to look at PH25 on prevention of CVD .
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		With relation to target groups, we would also like to note that obesity is more prevalent in those who are materially disadvantaged, and is associated with a reduction in life expectancy. Obesity is also associated with other important risk factors such as elevated blood pressure, and we would like the target groups broadened to include these additional important risk factors for cardiovascular disease.	Thank you for these observations. Please see the comments above.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We note the findings of the Marmot review (2010), which showed a reduction in life expectancy and life years in relation to deprivation, and also that women from lower socioeconomic groups were twice as likely to be obese as those who were not materially disadvantaged.	Thank you for this comment. As you know, addressing socio-economic inequalities in health is a primary concern for NICE and the Marmot review has been an important resource for our work.
NHS Direct			No comments	Thank you for responding.

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Public Health England	General		As it stands, the title of the guidance implies a general approach to risk of dying prematurely, but concentrates exclusively on two areas of intervention, principally, though not exclusively, impacting upon CVD. The rationale for looking at those specific elements is fine but does not justify the generic title. If the guidance is not to be updated it would be useful to make clear that this guidance is not intended to be comprehensive as an overview of approaches to identifying and supporting those most at risk of dying prematurely.	Thank you for this comment and suggestion. We intend to clarify that the guidance is not intended to be comprehensive. We also intend to cite subsequent NICE Public Health guidance that addresses some of the issues more specifically.
Public Health England	1. Definitions		While recognising that the list is not intended to be comprehensive, we would advocate specific reference to those who are socially isolated given the scale of impact of isolation upon risk.	Thank you for this suggestion; we will look again at all the definitions.
Public Health England	Recommendation 1.		We suggest that this should include at least some reference to NHS Health Checks and their role in recruiting at-risk individuals in disadvantaged communities. Similarly, we would have expected to see some reference to practice comparisons of registration and use of estimated prevalence comparators in encouraging practices and practitioners to be self-critical in assessing the completeness of their recruitment of at-risk patients. These methods showed some clear evidence of improvement through the approach of the National Support Team for Inequalities.	Thank you for the suggestion. We intend to update the policy and project terms and organisations throughout the guidance without changing the recommendations themselves. Health

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				Checks would be part of this.
Public Health England	Recommendation 3.		Terminology needs to be updated to reflect organisational change and differences in performance management.	Thank you . We agree; see the reply above.
Public Health England	Recommendation 5.		Clarity about the role of Health Education England with respect of developing and sustaining 'enough practitioners with the necessary skills' would be of value.	Thank you for this suggestion. As stated above, our aim is to update the policy and organisational roles in the guidance including clarifying the role of HEE.
Public Health England	General		A broader piece of guidance that took into account the wider range of causes of premature, avoidable mortality and morbidity would be welcome. However, we recognise that the extent of that change would render it a new piece of work rather than an update of this.	Thank you for this observation.
Royal College of Nursing	n/a		No comments	Thank you for responding to this consultation.
Royal College of Psychiatrists	General		I must admit to finding the NICE document and associated web links a little baffling. It appears to be based on a decision that, though not explicitly stated, the guidance relates purely to Cardiovascular Disease and, through association to Socio-economic determinants of health. Even when considering this narrowest of interpretations I was very surprised by their assertion that there were no relevant Equality and Diversity considerations. I presume that the other faculties the College would wish to expand the debate to cover the care of individuals with Mental Illness and	The narrowness of this guidance dates back to the referral given to NICE by the Department of Health back in 2007. It was felt by the Committee

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			<p>Substance Misuse and I will instead concentrate on the issue of people with Learning Disability.</p> <p>As you will appreciate, people with LD have a higher rate of physical health needs than the general population but there are considerable barriers to these being effectively identified and addressed. Recent major enquiries in England including the Michael Report and the subsequent response by the Parliamentary Ombudsman have highlighted these issues while two resulting initiatives, namely the National Public Health Observatory for People with Learning Disability and the Confidential Enquiry into the Premature Deaths of People with Learning Disability (CIPOLD), have provided further direct evidence of the extent of the problem. Baroness Hollins continues to raise these issues in the House of Lords.</p> <p>Even if one were to continue the narrow interpretation of the NICE consultation to CVD it is inexplicable that they would not see premature deaths of people with LD in the CIPOLD report as relevant evidence of health inequality arising from Equality and Diversity considerations.</p> <p>They also make brief reference to NHS Health Checks but didn't appear to see the need to alter their current guidance. There is a strong evidence base for the value of health checks for people with a learning disability.</p>	<p>and CPE colleagues working on the guidance that the Scope of the work would have to be narrowed in order to be able to produce anything within the allowed time and budget. At the time, the Committee would have discussed the equality and diversity elements.</p> <p>Equity, mental health and disability issues are discussed in many pieces of NICE guidance.</p> <p>It is not possible for us to change the recommendations of the guidance without updating it entirely. The expert panel did not consider that the evidence that has been published since</p>

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				2007/8 was sufficient to merit any change in the recommendations. We are, however, able to update the policy, programme and organisational aspects of the guidance. Hence, we will be able to mention Health Checks.
Royal College of Psychiatrists			The review panel's conclusions would appear to be in danger of ignoring Equality and Diversity issues by concentrating purely on advice for the general population without acknowledging the specific differences relating minority groups. This would serve to widen the equality divide even further.	In the 'Definitions' section in the opening of the full guidance does identify those with mental health problems and learning disabilities as among disadvantaged adults. We will review the 'Definition' section and will keep your comments in mind.
Royal Pharmaceutical Society	General		The Royal Pharmaceutical Society welcomes an update to the NICE Public Health guidance on identifying and supporting people most at risk of dying prematurely. As the structure of the NHS, particularly at a local level, has undergone significant changes it would seem sensible to review and update references to old systems.	Thank you for responding to this consultation. Thank you for this comment; we intend

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			Pharmacists have a significant role in public health raising awareness of CVD and its risk factors, supplying medicines for the prevention and management of CVD, advising on the prevention and management of CVD, and providing support for healthy lifestyles.	to update the policy and project terms and organisations throughout the guidance.
Royal Pharmaceutical Society	General		The RPS are currently drafting professional standards for public health to help lead, support and develop pharmacists and pharmacy teams across Great Britain, to enable delivery of high quality public health services.	Thank you this information. We look forward to reading your standards.
Royal Pharmaceutical Society	Recommendation 1		<p>We suggest that pharmacies, as key providers of primary care health services, are highlighted as an example of 'who should take action'.</p> <p>Due to their accessibility pharmacists are well placed to identify patients who might be at risk of dying prematurely, through the various interactions they have with patients (for example community pharmacists supply medicines over the counter and on prescription; and provide services such as weight loss clinics, stop smoking, blood pressure checks and health checks).</p> <p>Pharmacists also keep patient medical records and arrange appointments for services, thus provide additional opportunities for identifying adults who are disadvantaged and at high risk of premature death from CVD.</p>	<p>Thank you for this suggestion. As you know, pharmacies and pharmacists are often cited in NICE guidance about help and advice to stop smoking. The most recent guidance on smoking cessation in secondary care does refer to pharmacists' role. Smoking cessation in secondary care: acute, maternity and mental...PH48</p> <p>In the factual update</p>

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				of this guidance (PH15), we will certainly keep pharmacists' role in mind and will try to cite it if it is possible to do so without a further Committee decision
Royal Pharmaceutical Society	Recommendation 2		We suggest that pharmacies are highlighted as an example of 'who should take action'.	Thank you for the suggestion. Please see the reply above.
Royal Pharmaceutical Society	Recommendation 3		<p>We suggest that recommendations of system incentives consider the role of pharmacists.</p> <p>Many community pharmacies provide Health Checks which identify patients at risk of CVD.</p> <p>Pharmacists also supply Nicotine Replacement Therapy, offer stop smoking services as private and locally commissioned services, and also participate in the distribution of NHS Quit Kits.</p>	<p>Thank you for the suggestion. Please see the reply above.</p> <p>We intend to refer to Health Checks in the factual update of the guidance.</p>
Royal Pharmaceutical Society	Recommendation 4		<p>We agree that partnership working between healthcare professionals and the wider community is important.</p> <p>The recently published RPS <i>Now or Never: Shaping pharmacy for the future</i> report (http://www.rpharms.com/models-of-care/report.asp) recommends that "joint working needs to be built around a shared commitment towards improving ultimate outcomes for patients".</p>	Thank you for this comment and for the reference.

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			<p>Pharmacy, as the third largest health profession, with universally available and accessible community service, has a central role to play in assuring the safe and consistent use of medicines and as a provider of wider care, in primary, social and acute care.</p> <p>Thus suggest that pharmacists are included in this recommendation.</p>	<p>Thank you for this comment. We certainly recognise the high value of pharmacies in public health. Please see the responses above.</p>
Royal Pharmaceutical Society	Recommendation 5		<p>We suggest that pharmacies are included in this section.</p>	<p>Thank you for this suggestion. Please see the responses above.</p>
Cruse Bereavement Centre	General		<p>We recognise that this is primarily about identifying and supporting people most at risk of dying prematurely from CVD but felt it appropriate to note that the Public Health Guidance and the Consultation on the Review Proposal of this do not take account of those who are bereaved, who are themselves, at greater risk of dying prematurely because they are bereaved.</p> <p>There is research documenting this, particularly (1) the impact on couples when one partner dies leading to an increased risk of premature dying for up to 10 years after the death of their partner; some research has looked at the impact of stress cardiomyopathy and also (2) the increased risk of death by suicide of those who are, themselves, affected by the death of someone who has taken their own life (people affected by suicide are 80 -300% more likely to die by suicide than the general population).</p>	<p>Thank you for responding to this consultation. As you know, it is not possible for us to take on a completely different topic when considering a guidance update. Your comments are very interesting and may be considered for another piece of guidance.</p> <p>You may be interested in guidance currently in</p>

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				development that looks at the mental wellbeing of older people Older people: independence and mental wellbeing This work may consider some of the issues you highlight.

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