

NICE Update

NICE Public health guidance

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Development of public health guidance

The Centre for Public Health Excellence at NICE in April this year adopted a revised set of principles, methods and processes for the development of its guidance.¹ This followed a 3-month public consultation period. The revised set of approaches reflects the substantial learning gained since public health became part of the NICE remit in April 2005. This update introduces a number of important aspects of the revised methods and processes. Subsequent updates will describe other elements and their practical application, as well as continuing to profile the recommendations of particular pieces of published guidance.

A conceptual framework

The key areas covered by public health guidance are:

- Conditions and diseases such as cardiovascular disease, cancer, obesity, diabetes, vaccine-preventable infections and chronic illness
- Behaviours such as smoking, drug or alcohol misuse, sexual activity, physical activity
- Other factors affecting health such as the environment, work, housing and transport
- Unintentional injuries
- Child and maternal health, mental health and oral health

This range and selection of areas for guidance development, as well as the development of specific pieces of guidance, is informed by the Centre's conceptual framework. This sets out how wider health determinants operate across population, environmental, socio-cultural and organizational levels to influence individuals' experiences, health behaviours and disease.² The framework helps to identify the causal pathways of health and disease and therefore the potential for intervention (i.e. the subject of public health guidance).

It also helps explain the social patterning of health and disease. The framework draws on established public health models and theories, most recently the work of the WHO Commission of Social Determinants of Health.³

Stages of guidance development

Public health guidance is based on the best available evidence of effectiveness and cost-effectiveness, and takes account of other factors including implementation issues, social values and legal requirements relating to equality.

The process centres on the role of independent advisory committees that consider the evidence as well as other sources of expertise and experience to produce practical guidance. Consultation with stakeholders (bodies with an interest in the guidance) is conducted throughout guidance development process. Figure 1 shows the main elements of the process.

The guidance topic is referred by the Department of Health to NICE. At the scoping stage, what will be included in the guidance is determined. The scope sets out the conceptual rationale for intervention, what intervention approaches will be reviewed and key questions to be addressed. Academic collaborating centres undertake reviews of evidence of effectiveness and economic analyses in line with the NICE methods. Stakeholders may be invited to submit evidence at any stage in the guidance development process. The findings of the reviews are considered by the advisory committees, together with expert testimony, and stakeholder comments, as the basis of formulation of draft recommendations and guidance. The draft guidance is validated and further developed

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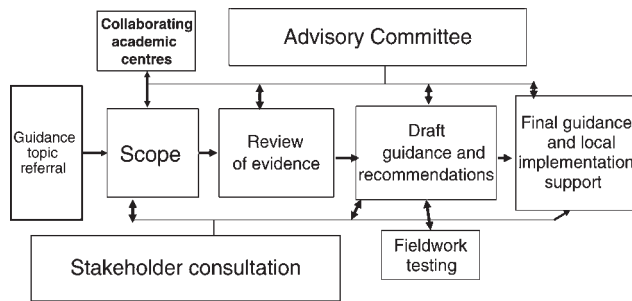


Fig. 1 Development of NICE public health guidance.

through field work and consultation. Published public health guidance is assessed for possible update after 3 years.

(The methods and process guides can be accessed at: www.nice.org.uk/phmethods2009; www.nice.org.uk/phprocess2009).

Consulting with stakeholders: an example of young people

Consultation with interested parties is an integral part of the process of guidance development. Consultation with ‘end-users’ has been especially valuable with guidance affecting children and young people. Here we give an example of how young people were consulted to inform the development of guidance on the prevention of smoking and specifically how the media could be used. The media world is an extremely fast-changing one and the research in the published literature has difficulty in keeping pace with young people’s media use and preferences. Talking to young people about the media they use and how they would prefer to get

messages about their health revealed some areas of consistency with the review of published evidence, but also a number of differences. Twenty-one focus groups were conducted in a northern region (in total 116 young people aged 11–17 years). As anticipated, young people regularly used contemporary electronic media such as social networking sites on the Internet and they were exposed to a wide variety of media. Surprisingly, perhaps, they recalled anti-smoking advertisements on television most often and thought that TV was the most effective medium for messages about smoking. But smokers were significantly less likely than abstainers to believe that media adverts could affect either smoking attitudes or behaviours. Embedded and ‘pop-up’ adverts were a source of annoyance and mistrust. Reassuringly, the young people interviewed were also cautious about information they found on the Internet and wanted reassurance that the websites they used were reliable. While they wanted websites to be modern, attractive and interactive, they also wanted them branded with a trusted logo—like the NHS!

References

- 1 NICE. *Methods for the Development of NICE Public Health Guidance*, 2nd edn. The NICE.
- 2 Kelly MP, Stewart E, Morgan A *et al.* A conceptual framework for public health: NICE’s emerging approach. *Public Health* 2009;123:e14–e20.
- 3 CSDH. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organisation, 2008.