

NATIONAL QUALITY BOARD

---

**PROPOSED TOPICS FOR NHS PUBLIC HEALTH QUALITY STANDARDS**

***A note from the National Institute for Health and Clinical Excellence in conjunction with the Public Health England transition team and Department of Health Health and Wellbeing Directorate***

**Summary**

1. This paper has been prepared in response to the December 2011 meeting of the National Quality Board where, in line with a steer from Department of Health (DH) Ministers, there was a request for NICE to prepare a proposal setting out potential “Cross-cutting NHS-related public health topics for Quality Standards”.
2. To inform the paper, discussions have been held with the DH Public Health England Information and Intelligence team, which is part of a broader work programme to support the transition to Public Health England (PHE), and with the DH Health and Wellbeing Directorate. Reference has also been made to recent recommendations from the NHS Future Forum’s report on *The NHS’s role in the public’s health* about appropriate topics for public health Quality Standards.
3. This paper provides proposals for cross-cutting public health topics that relate to the NHS, which can be informed by existing NICE public health guidance. This follows the model of development already in place for other Quality Standards in health and social care. The Public Health England transition team and DH public health policy leads are supportive of the proposed topics that relate to public health in the NHS and, subject to

agreement from DH Ministers, PHE will also work with NICE to carry out a pilot of Quality Statements<sup>1</sup> that relate to non-NHS bodies.

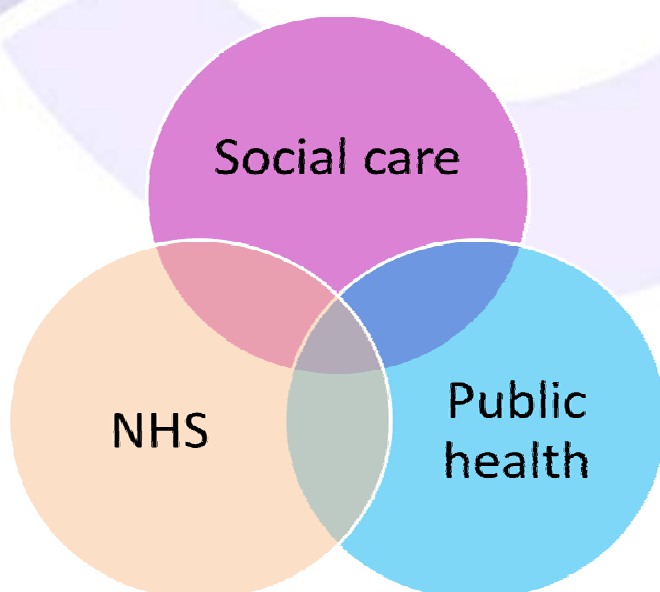
### **Recommendation**

4. The Board is asked to consider the proposed cross-cutting topics for NHS public health Quality Standards, and to agree that Ministers are asked to add these to NICE's work programme.

### **Background**

5. The original concept of Quality Standards included elements relating to health, social care and public health in three overlapping Venn circles (Figure 1), mirroring the approach of related Outcomes Frameworks in these three areas. To date, all the published Quality Standards have been health-related and significant work has taken place to identify core topics for future health-related Quality Standards. Following a Ministerial referral, NICE is also piloting two social care Quality Standards, for publication in 2013, and has initiated work to identify future topics for social care Standards. Addressing Quality Standards for public health is the third element of this triad.

***Figure 1: three interfaces of Quality Standards***



---

<sup>1</sup> Each Quality Standard has up to 15 Quality Statements, which usually relate to different parts of the NHS depending on the particular clinical pathway. For a public health topic such as obesity, some statements could relate to, for example, work that might be required within local government.

6. The recently published report from the NHS Future Forum on *The NHS's role in the public's health* recommended that "The Secretary of State and the NHS Commissioning Board should jointly commission NICE to produce cross-cutting quality standards focussed on targeting improvements in the four main lifestyle risk factors: diet, physical activity, alcohol and tobacco". It also advised on approaches for the use of these Standards in the NHS that align to the approach already being taken for health-related Quality Standards. Ministers have not yet given a steer on whether they wish NICE to develop public health Quality Standards for audiences outside the NHS.
7. In reviewing potential topics for cross-cutting public health Quality Standards for the NHS, reference has been made to relevant NICE guidance to inform Quality Standard development. NICE has had a public health work programme since 2005, when the Health Development Agency transferred to NICE. The programme has covered a broad range of topics (see appendix) relating to many different audiences including local government, transport, education as well as the NHS. The array of NICE's public health outputs reflects the interfaces shown in the Venn diagram and highlights the potential to also provide Quality Standards that relate to audiences outside the health service to support the work of Public Health England, should Ministers decide to commission them. The mechanisms and levers to support and give traction to the use of Quality Standards outside the NHS are different.

### **Considerations**

8. In considering potential topics it is assumed that cross-cutting public health Quality Standards for the NHS would be based on NICE guidance and other accredited guidance, which is the approach being taken for social care and NHS Standards. This ensures there is a robust summary of the best available evidence to inform Standard development, and that there is a broader description of actions required in a particular area to support those leading change at a local level. There are currently few providers of high quality guidance in public health, apart from NICE.

9. An important factor to consider in determining topics for cross-cutting NHS Quality Standards in public health is the definition of 'cross-cutting'. Several options are considered below, with some specific topic suggestions where NICE has already issued public health guidance:

a. *Integrating clinical and preventive issues.* In this definition of cross-cutting, public health Quality Standard development could be focussed on adding to already published Quality Standards in clinical areas such as:

- i. Type 2 diabetes
- ii. Alcohol misuse
- iii. Substance misuse disorders
- iv. Tuberculosis.

b. *Where the NHS currently provides public health preventive services in a variety of different NHS settings and where these services will not be taken over by local government.* For example:

- i. Smoking cessation in primary care, acute, obstetric and psychiatric settings
- ii. Alcohol misuse prevention in primary care, A&E and in secondary care
- iii. Testing for Hepatitis B and C and HIV.

c. *Where multiple diseases have a series of common cross-cutting aetiological components that apply to a range of settings across the health service and where the aetiological components would be the focus of the standard for different parts of the NHS.* For example

- i. Tobacco
- ii. Alcohol
- iii. Diet
- iv. Physical activity.

*d. Integrating NHS and non-NHS parts of the public health system.* These will cut across, and integrate, related areas of work in the NHS and PHE, such as:

- i. Obesity prevention
- ii. Promoting physical activity
- iii. Smoking cessation
- iv. Work and health
- v. Child welfare.

10. Taking into account the recommendation from the NHS Future Forum to develop Quality Standards that cover the main lifestyle factors, an initial proposal to the Board would be to take forward three topics that apply to a range of settings across the NHS, and that relate to the aetiology of different clinical conditions (a combination of options b and c).

11. The proposed topics for the NHS are:

- a. Smoking cessation: supporting patients to stop smoking in a range of health settings
- b. Physical activity: encouraging activity in patients and staff across the health service
- c. Alcohol: preventing and managing alcohol misuse in a range of health settings.

12. Subject to Ministers' views, these topics could also be used to pilot work on integrating the NHS and non-NHS parts of the public health system (option d) by producing Quality Statements for non-NHS audiences as a pilot piece of work in conjunction with PHE. Non-NHS settings include voluntary and community organisations as well as local government.

**The Board is asked to consider the proposed NHS public health topics for referral to the NICE Quality Standards programme**

13. The mechanism for any future referral to NICE of Quality Standard topics for non-NHS audiences is not yet clear. Because of the overlap between issues relating to health, social care and public health, however, consideration will need to be given to the best way of co-ordinating advice and decisions on the referral of all Quality Standard topics.

### **Assumptions**

14. It is assumed that the work required to develop the three suggested public health Quality Standards for the NHS will form part of NICE's core work programme for Quality Standards, and would be managed within existing resources.

### **Next Steps**

15. Following approval from the Board and referral from Ministers, NICE will plan the agreed cross-cutting public health topics into the Quality Standards work programme, with the view to publishing in 2013.

**Dr Gillian Leng and Prof. Mike Kelly, NICE**

**Prof. John Newton, Transition Team, Public Health England**

**February 2012**



## **Appendix: NICE Public Health guidance topics**

### **Published topics**

- Brief interventions and referral for smoking cessation (PH1)
- Four commonly used methods to increase physical activity (PH2)
- Prevention of sexually transmitted infections and under 18s conceptions (PH3)
- Interventions to reduce substance misuse among vulnerable young people (PH4)
- Workplace interventions to promote smoking cessation (PH5)
- Behaviour change (PH6)
- School- based interventions on alcohol (PH7)
- Physical activity and the environment (PH8)
- Community engagement (PH9)
- Smoking cessation services (PH10)
- Maternal and child nutrition (PH11)
- Social and emotional wellbeing in primary education (PH12)
- Promoting physical activity in the workplace (PH13)
- Preventing the uptake of smoking by children and young people (PH14)
- Identifying and supporting people most at risk of dying prematurely (PH15)
- Mental wellbeing and older people (PH16)
- Promoting physical activity for children and young people (PH17)
- Needle and syringe programmes (PH18)
- Management of long-term sickness and incapacity for work (PH19)
- Social and emotional wellbeing in secondary education (PH20)
- Reducing differences in the uptake of immunisations (PH21)
- Promoting mental wellbeing at work (PH22)
- School-based interventions to prevent smoking (PH23)
- Alcohol- use disorders- preventing harmful drinking (PH24)
- Prevention of cardiovascular disease (PH25)
- Quitting smoking in pregnancy and following childbirth (PH26)
- Weight management before, during and after pregnancy (PH27)
- Looked-after children and young people (PH28)
- Strategies to prevent unintentional intentional injuries among under 15s (PH29)
- Preventing unintentional injuries among under- 15s in the home (PH30)
- Preventing unintentional road injuries among under- 15s (PH31)
- Skin cancer prevention: information, resources and environmental changes (PH32)
- Increasing the uptake of HIV testing among black Africans in England (PH33)
- Increasing the uptake of HIV testing among men who have sex with men (PH34)
- Preventing type 2 diabetes - population and community interventions (PH35)

### **In development**

- Preventing and reducing domestic violence between intimate partners.
- Hepatitis B and C - ways to promote and offer testing

- Tuberculosis - hard to reach groups
- Obesity - working with local communities
- Preventing type 2 diabetes - risk identification and interventions for individuals at high risk
- Smokeless tobacco - South Asians
- Smoking cessation - acute and maternity services
- Tobacco - harm reduction
- Walking and cycling
- Physical activity advice in primary care
- Overweight and obese children and young people - lifestyle weight management services
- BMI and waist circumference - black and minority ethnic groups
- Overweight and obese adults - lifestyle weight management
- Smoking cessation - mental health services
- Behaviour change
- Social and emotional wellbeing - early years
- Tuberculosis - hard to reach groups
- Preventing and reducing domestic violence between intimate partners
- BMI and waist circumference - black and minority ethnic groups