



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the National Institute for Health and Clinical Excellence's consultation on *Operating Model for a Centre for Public Health Excellence*

The Faculty welcomes the opportunity to comment on the proposals from the National Institute for Health and Clinical Excellence (NICE – previously National Institute of Clinical Excellence and Health Development Agency) for a new Centre for Public Health Excellence, and look forward to continuing to work with them to promote public health and to support the implementation of NICE guidance..

Comments

1. The Faculty welcomes the focus on and support of public health from NICE, which is recognised as a valued provider of clinical guidance, through the creation of the Centre for Public Health Excellence.
2. The consultation document sets out a clear approach to the development of the new Centre for Public Health Excellence, (CPHE) and the production of guidance on public health interventions and programmes.
3. The Faculty welcomes the formation of an overarching Public Health Interventions Advisory Committee. This should provide a cohesive and consistent approach to guidance development. The formation of public health programme development groups is also a sensible approach to harnessing expertise on particular public health issues and the Faculty looks forward to supporting and contributing to these. However, it also would seem sensible to apply this same process ie. the creation of guidance developments groups, to public health intervention guidance development.
4. The Faculty welcomes the inclusion of the development of programme guidance, and the broader focus within this to recognise the importance of prevention.
5. The Faculty is an authoritative public health body which maintains and improves standards for the UK public health workforce to improve the health of the population. It is important therefore that CPHE works closely with the Faculty to develop public health programmes and intervention guidance. The Faculty includes amongst its membership directors of public health and supports the Association of Directors of Public Health.
6. The Faculty welcomes the thorough and robust process for developing guidance outlined in the proposals. It is crucial that the best possible evidence is available. However, there are concerns that the process is too lengthy. Given the immediacy of some public health topics, eg. obesity, smoking two years seems a rather long time for public health professionals to wait for guidance on tackling a key issue – particularly when urgent action/immediate response is required. We would suggest that the time allocated for the review of evidence could be shortened.
7. A key part of producing guidance is to conduct a thorough review of existing guidance, interventions, programmes and support. The Faculty would strongly recommend that NICE also undertakes a mapping exercise to review existing work during its guidance development process. It should also take full advantage of existing guidelines (eg. toolkits, briefing papers) to avoid possible duplication of effort and unnecessary spend.
8. Part of this process is a public scoping meeting. Whilst lively debate and exchange can be productive, clarification is sought on whether or not other routes of contributing will be made available, such as email – particularly where time and resources are limited. It is important that as broad a range of opinions as possible are included.

9. The proposals state that guidance will be thoroughly evidence-based but that, in some instances, consensus methods will be applied in the absence of sufficiently robust quality. The Faculty would support this approach. However, whilst the Faculty understands the need for a consensus method it is important that clear distinction is made between what is 'evidence; and what is 'opinion'. It should also be made clear within guidance which has been used.
10. It should be borne in mind that lack of strong *clinical evidence* (with regards to prevention strategies) of effectiveness does not necessarily mean evidence of *ineffectiveness*. Rather, it means that more research and improved evaluation methods are required. This was an issue recognised by the public health white paper, *Choosing Health: Making Healthy Choices Easier* which highlighted the need for more public health research.
11. Although effectiveness and cost-effectiveness of public health interventions and programmes are important, it is also critical that interventions do not result in some groups being disadvantaged.
12. If the evidence gathering demonstrates that the best possible public health strategy is intervention at government level, the Faculty would ask NICE what next steps it will take to ensure its recommendations are carried out?
13. The Faculty has some concern over the length of guidance review time ie. three years. How will guidance take account of new developments?
14. The Faculty welcomes that guidance will focus on both direct interventions and wider programmes of public health activity. In addition to public health education and campaigns it is important also to include policy development and advocacy as key elements to any strategy: education campaigns, if not properly targeted, have been shown to have the opposite effect to that intended.
15. The inclusion of economic appraisal is welcome and we look forward to seeing how methods for appraising will be developed.
16. The Faculty welcomes the proposals by NICE to focus on those themes highlighted in the public health white paper, *Choosing Health*. This seems sensible and creates a cohesive approach to key public health issues. However, room must remain for the inclusion of other public health topics which may not fit within these areas. For example, violence (such as domestic violence and self-directed violence – suicide/self-harm) is in the top three of global public health issues.
17. It is important to recognise that although programmes may be aimed at improving health and/or preventing ill health, they may not necessarily reduce health inequalities.
18. The Faculty welcomes the inclusion of audiences beyond the NHS for new guidance. Many of those involved in delivering public health programmes and interventions lie outside the NHS.
19. The publication of different versions of guidance, aimed at a variety of audiences to reflect different needs and understanding is particularly welcomed. As is the availability of other versions of the guidance for those who wish to gain a more in-depth understanding of the issues and processes involved, or who simply want a brief summary. The Faculty would also recommend that guidance is made available in other languages, for example for people who do not have English as their first language.
20. We would highlight the use of the term 'public health physicians' in paragraph 1.3.5. It is important to reinforce the multidisciplinary nature of public health, particularly given NICE's recognition of public health's broad scope. The Faculty continues to emphasise the diverse public health workforce including those from backgrounds other than medicine. We would recommend the use of the term 'public health specialist' to include everyone working in public health posts, be they medic or non-medic.
21. It is important that in the development of guidance local knowledge is used as the local context will be an essential in implementing guidance. However, the Faculty recognises that what may apply in one particular area may not apply to others.

22. The list of lay stakeholders should be as wide-reaching as possible to include local community and faith groups, as well as representatives of disadvantaged groups.
23. Clarification is required on how organisations can be recognised as stakeholders with the CPHE. As previously with NICE, organisations were required to register their interest on particular topics to ensure notification of new and emerging issues for consultation. Will this same process apply?