

Consultation – Selection of Topics for work programme - National Institute for Health and Clinical Excellence (NICE) – Selection of Topics Consultation

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Name	
Organisation	Faculty of Public Health

Question	Comments
Q1.	The Faculty agrees that a single unified <i>process</i> would be best – but suggests that the <i>criteria</i> be split into: ‘core criteria’ common to both clinical and public health; and specific criteria for each domain. For example, the importance of the topic in priority terms, the robustness of the evidence base, the cost-effectiveness of interventions, and the timeliness of guidance are core to both domains; whereas evidence of non-use of the intervention being detrimental to patient care is mostly relevant to the clinical domain.
Q2.	With regard to PH topics, the proposed criteria seem fine. Some looseness of wording around cost-effectiveness would be useful in view of the fact that there are very few CE studies in the field of public health and strict adherence to this would exclude many important topics. Criteria #1. Presumably a topic would not need to fulfil all these requirements. For example, an intervention that addressed health inequalities whilst making little effect on the health of the population overall (for example, improved services for homeless people) would still be worth considering. Criteria #3 Efficiency is a criteria which should apply to both public health clinical topics (or to neither).
Q3.	The topic profile needs to include the extent and nature of the evidence base on that topic. Currently, the public health evidence base is sub-optimal. It is potentially damaging for an intervention to be referred to NICE in the absence of sufficient evidence to reach an evidence based decision.
Q4.	By having a single panel named “public health” the document implies that all public health topics will be considered here. However, in many of the other panels public health topics might be prominent – for example, “Children” or “Coronary Health”. How will public health topics in relation to these panels be allocated – to the specific panel eg to “Children” or to “public health”? The proposed list covers most of the key topics. However, it is a mixture of client groups (eg. children), diseases (eg. CHD) and behaviours (eg. smoking) and there is a risk of duplication and missed cross-linkage. For example, diet/nutrition and physical activity will fall into a number of panels’ remit – a joined-up approach to decisions on suitability of topics is crucial. FPH would be concerned if the number of panels reflected the resources given to public health and the priority given to public health topics.

Q5	The proposed list covers most of the key topics. However, it is a mixture of client groups (eg. children), diseases (eg. CHD) and behaviours (eg. smoking) and there is a risk of duplication and missed cross-linkage. For example, diet/nutrition and physical activity will fall into a number of panels' remits – a joined-up approach to decisions on suitability of topics is crucial.
Q6.	Yes, assuming public health practitioners are represented within health care professionals. The proposed list is sufficiently loosely worded to allow discretion in choice of panel members and should be sufficient for a panel decision about the suitability of a topic for NICE guidance.
Q7.	Please also refer to the answer to Q4. 'Consistency' in the sense of 'joined-upness' is crucial. It could be unfortunate to have, say, the Older Person's Panel proposing falls prevention exercises as a topic, and the Physical Activity Panel saying that there is insufficient evidence.
Q8.	The proposed process seems sensible enough.
Q9.	This seems a reasonable proposal but should be viewed as a trial and reviewed after a period of operation.
Q10.	Yes
Q11.	Yes
Additional comments	FPH is concerned to note some inconsistency in the language of the document. In several places the language is of "old" NICE, where only clinical issues in the context of the NHS are under consideration. In addition, public health is sometimes cast as something pertaining to individuals, rather than reflecting "the organised efforts of society" (Acheson 1988). We wish to support a wider view of public health action, to include that of NHS and non-NHS services and to encompass changes at individual and societal or environmental levels.
Additional comments	The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

Please submit your comments to our email address (responsesniceconsultation@dh.gsi.gov.uk)