NICE Update

NICE public health guidance: what’s new?

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New guidance

NICE has published the following public health guidance during January to March 2009:

• Needle and syringe programmes (NSPs): providing people who inject drugs with injecting equipment (no. 18); http://www.nice.org.uk/Guidance/PH18
• Managing long-term sickness absence and incapacity for work (no. 19); http://www.nice.org.uk/Guidance/PH19

Needle and Syringe Programmes: providing people who inject drugs with injecting equipment

This guidance is on the optimal provision of NSPs. A key aim of NSPs is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment. The recommendations cover the planning, assessment of needs and commissioning of services. Those involved in commissioning need to ensure a mix of generic and targeted NSP services are available to meet the needs within the area covered by the Local Strategic Partnership. Targeted services need to focus on specific groups, including the homeless and women who inject drugs. The types of services required are set out: the level of services, their availability, and equipment and advice. The role of community pharmacy-based NSPs and specialist NSPs are also detailed.

In developing the guidance, consideration was given to the ethical issues and social values related to NSPs. There is the difficulty of meeting the health needs of people who inject drugs without appearing to condone or normalize drug use. Also NSPs might have disadvantages, e.g. they might deter people who inject drugs from using safer forms of drug taking or from quitting their habit altogether.

Economic modelling showed that the most cost-effective NSPs aimed to reduce the number of people who are injecting drug users. NSPs can help reduce the costs of drugs misuse to society by reducing drug-related crime and reducing the transmission of hepatitis C or HIV through injecting.

Managing long-term sickness and incapacity

The guidance points out that an estimated 175 million days were lost in Britain due to sickness absence in 2006. The guidance complements the proposals outlined in Dame Carol Black’s review of the health of Britain’s working age population: Working for a healthier tomorrow. It is part of a series of public health guidance concerned with health at work (covering smoking cessation, physical activity and mental well-being).

The recommendations cover activities that relate to employees who experience long-term sickness or recurring long- or short-term sickness absence. These aim to encourage a well-managed return to work that will be of mutual benefit to both the employee and their employer. Recommendations also relate to activities for those who are unemployed and in receipt of incapacity benefit (or other similar benefits such as employment and support allowance). There are a number prerequisites for the effective implementation of the recommendations [for example, commissioning by primary care trusts of specific interventions and services (including occupational health services, and cognitive behavioural therapy)]. Factors to consider when
planning and delivering the planned recommendations interventions and services are also presented.

Evidence on cost-effectiveness was limited. Analysis from the employer's perspective showed that for the average employer most of the effective interventions would, in the long run, reduce their costs. Usually, this would be achieved through production increases attributable to earlier and/or a more effective return to work.

**Health equity issues and public health guidance**

The report *Closing the gap in a generation* prepared by the WHO Commission on Social Determinants of Health now provides an important framework for securing progress on health equity, and guiding the development of effective strategies. In England, the social gradient in health is considerable. It is expressed in the social patterning of most health behaviours and conditions (including smoking, obesity, misuse of drugs, unsafe sex, and poor mental health) and associated disease burden. NICE public health guidance seeks to identify effective and cost-effective measures to tackle these inequalities. It is intended to support actions concerned with meeting the national targets for reducing health inequalities. NICE's framework on Social Value Judgements requires Guidance Committees to consider issues relating to health inequalities in guidance development, including issues of socio-economic status and disadvantage; and also to ensure that implementation of NICE guidance will not widen the existing inequalities. Furthermore, this commitment serves to ensure NICE's legal responsibilities regarding equalities are met—the duty on all public bodies to consider the effect of their activities on dimensions of equality: age, gender, race, disability, sexual orientation and ethnicity. Equality impact assessments are undertaken at various states of guidance development to provide a systematic model for identifying and addressing relevant equality characteristics, to ensure equity is promoted and discrimination avoided.

While the body of evidence on effective approaches to reduce health inequalities is growing, many gaps remain. Evaluations have tended not to consider the differential impact of interventions across different populations groups, and particularly those who are disadvantaged.

Despite the limitations in the evidence, the NICE public health guidance seeks to define standards that promote equity in a number of ways:

- Ensuring that universal services are tailored and adapted to ensure equity of reach and outcomes by lower social groups (e.g. active case finding of adults at risk of CVD, provision of peer support programmes to promote breastfeeding among mothers living in disadvantaged circumstances, NSPs targeting vulnerable groups such as the homeless).
- Specifying approaches and interventions that are effective in addressing the specific needs of vulnerable or high-risk groups (e.g. Looked After Children, prevention and reduction of transmission of HIV among those at high risk).
- Addressing social and environmental measures that are likely to differentially benefit lower social groups and high-risk groups (food retailing in deprived communities, traffic calming measures in deprived residential areas).

Public health guidance also aims to encourage research in this area to strengthen the evidence and fill gaps. Research recommendations define questions that need to be addressed through future research. Such questions include, for example: What is the most effective and cost-effective way of providing family-based interventions (e.g. family therapy) for vulnerable and disadvantaged children and young people who are misusing substances? What are the key characteristics of an effective and cost-effective one-to-one discussion to reduce STIs and under 18 conceptions among people who engage in high-risk behaviour?

**References**