NICE Update
NICE public health update

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What’s new?

In July 2012 NICE published guidance on:


NICE also published the first in a series of new local government public health briefings. These cover:

- Tobacco,
- Physical activity and
- Workplace health.

Preventing type 2 diabetes among high-risk individuals

Almost 3 million people in the UK have diabetes and 850,000 people may be undiagnosed. It has been estimated that 5 million people will have diabetes by 2025. Around 90% of them will have type 2 diabetes. The cost of treatment and long-term care for diabetes is estimated to account for a tenth of the NHS budget each year.

About 15% or 1 in 7 adults has impaired glucose regulation (IGR), of whom an estimated 5–12% develop type 2 diabetes each year. People with IGR are 5–15 times more likely to develop type 2 diabetes than people with normal glucose values.

NICE guidance already exists for the clinical management for type 2 diabetes and its related technologies. This new guidance focuses on identifying people aged 18 years and over at high risk of type 2 diabetes and offering them effective lifestyle-change programmes to prevent or delay the condition. It complements the guidance published in 2011 which focuses on community-level interventions aimed at shifting the degree of risk within the wider population. Together they provide a comprehensive approach to diabetes prevention which combines population-based primary prevention with interventions targeted at those who are at high risk.

The recommendations focus on two major activities:

- Identifying people at risk of developing type 2 diabetes using a staged (or stepped) approach. This involves a validated risk-assessment score and a blood test—either the fasting blood glucose or the HbA1c test to confirm high risk. (Unlike the oral glucose tolerance test, an HbA1c test can be performed at any time of the day and does not require any special preparation such as fasting. HbA1c is a continuous risk factor for type 2 diabetes. This means there is no fixed point when people are (or are not) at risk. The World Health Organization recommends a level of 48 mmol/mol (6.5%) for HbA1c as the cut-off point for diagnosing type 2 diabetes in non-pregnant adults. For the purposes of this guidance, the range 42–47 mmol/mol (6.0–6.4%) is considered to be ‘high risk’.)
- Providing those at high risk with a quality-assured, evidence-based, intensive lifestyle-change programme to prevent or delay the onset of type 2 diabetes.

The recommendations can be used alongside the NHS Health Check programme, the national vascular risk assessment and management programme for people aged 40–74 years.

Specific recommendations are made relating to people aged 25–39 of South Asian and Chinese descent and other high-risk black and minority ethnic groups and for vulnerable and hard-to-reach groups. In the UK, type 2 diabetes is more prevalent among people of South Asian, Chinese, African–Caribbean and black African descent. People in these groups progress to diabetes at more than twice the rate of white populations.

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Vulnerable and hard-to-reach groups may comprise, for example, people with mental health conditions or learning disabilities, people in residential care or prisons. Integrated risk-assessment services and intensive lifestyle-change programmes should be provided in prisons and residential homes, or arrangements made for them to be provided in convenient, familiar local venues such as day centres, as appropriate.

**NICE local government public health briefings: tobacco, physical activity and workplace health**

These briefings are for local authorities and their partner organisations in the health and voluntary sectors, in particular those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children’s services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

The series of briefings will focus on a broad range of topics on some of the major public health issues. They will highlight the existing evidence-based recommendations and evidence reviews from NICE that local government can use in commissioning public health services.

These first briefings are on tobacco, physical activity and workplace health. They adopt a broadly similar approach and format. Each briefing provides

- key facts relating the scale of the health issues and benefits for local authorities from taking action;
- the potential for impact on public health outcomes as defined by the Public Health Outcomes Framework; and
- what the NICE guidance recommends as effective and cost-effective measures.

Each briefing also provides links to useful resources, important sources of local data and access to examples of local practice.

The tobacco briefing for example summarizes the NICE recommendations on tobacco control covering leadership, prevention, complying with legislation, communication and information, helping people to quit smoking and smoking cessation in pregnancy and after childbirth.

A checklist of questions are provided to help the planning and scrutiny of comprehensive local government plans to tackle tobacco use

<table>
<thead>
<tr>
<th>Assessing opportunities to tackle tobacco use</th>
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<tr>
<td>How does your local authority help employees stop smoking?</td>
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<td>Are frontline staff trained to encourage people to stop smoking?</td>
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<td>How does your local authority work with local, regional and national partners on tobacco control activities?</td>
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<td>How are local communities involved in planning and delivering activities?</td>
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<td>How are you monitoring and evaluating activities?</td>
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<td>What measures are in place to ensure that tobacco companies are never involved in anti-tobacco activities?</td>
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<td>What work is done with schools to discourage children and young people from smoking?</td>
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<td>How do environmental health and trading standards services prioritise tobacco control and enforcing legislation?</td>
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<td>How are local campaigns integrated with national communications strategies?</td>
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<td>Do efforts to change people’s behaviour follow principles based on the evidence about what works?</td>
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<td>How does your council share learning on innovative initiatives to reduce health inequalities?</td>
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<td>Are local stop-smoking services flexible and accessible to all groups of tobacco users?</td>
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<tr>
<td>Are local health and community practitioners trained to help smokers to quit?</td>
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<td>Do local employers publicise stop-smoking services?</td>
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<td>Do all professionals working with pregnant women encourage them to stop smoking, and refer them to stop-smoking services?</td>
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The briefing states that most of the smoking interventions recommended by NICE are considered highly cost-effective and some are even cost saving. The costs of tobacco use and the savings associated with smoking cessation interventions are influenced by the percentage of people in the population who smoke—and the cost and effectiveness of the interventions on offer. For example, in 2011 ~24% of the adult population in Newcastle-upon-Tyne—around 57 225 people—smoked. Using the ASH ‘Reckoner’ toolkit, this cost an estimated £106 million for that year:

- £32 million in lost productivity due to early deaths,
- £22 million in smoking breaks,
- £21 million in NHS care,
- £19 million in sick days,
- £5.5 million from the impact of passive smoking,
- £3.9 million from domestic fires,
- £2.6 million from clearing up smoking litter.