Community Engagement: the experience of the National Institute for Health and Clinical Excellence (NICE).

Hong Kong Hospital Authority Convention 2012 Hong Kong Convention and Exhibition Centre, 7th May 2012

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NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation in the UK responsible for providing national guidance to the NHS and the wider public health community on the promotion of good health and the prevention and treatment of ill health.

Has had a public health role since 2005 and a role in social care from 2012.
Audiences for public health guidance

- The NHS
- Local government
- The workplace
- Education
- The utilities
- Industry
- Retailers
- DH and other government departments
- The public
- National policy makers
Key topics in published and planned NICE public health guidance.

- Physical activity
- Smoking and tobacco
- Sexual health
- Alcohol
- Drugs
- Maternal and child health
- Health and work
- Older people’s health and wellbeing
- Cancer
- Immunisation
- Accidental injury
- Obesity
- Mental well being
- Cardio vascular disease.
- Diabetes
- Communicable disease
The pillars of our work

• Comprehensive evidence base
• Expert input
• Patient and carer involvement and community engagement.
• Independent advisory committees
• Genuine consultation
• Regular review
• Open and transparent process.
Methodological principles governing all NICE’s work

- Base recommendations on the best available evidence.
- To determine cost effectiveness using the QALY.
- To be clear about scientific and other values
- To allow contestability.
- To be seen to be and to be independent of government, the pharmaceutical industry and other vested interests.
NICE methods for public health

Second edition (April 2009)

The NICE public health guidance development process

An overview for stakeholders, including public health practitioners, policy makers and the public
Stakeholder involvement
**Stakeholder involvement**

- Scope of the work drawn up by the NICE team.
NICE needs YOU
Stakeholder involvement

• Scope of the work drawn up by the NICE team.
• Scope published on the web.
Guidance title
Behaviour change at individual level

Short title
Behaviour change

Background
This is a partial update of The National Institute for Health and Clinical Excellence (NICE) public health guidance 6: ‘Behaviour change at population, community and individual levels’. In the original remit the Department of Health (DH) asked NICE to develop guidance on ‘the most appropriate means of generic and specific interventions to support attitude and behaviour change at population and community levels.’
Stakeholder involvement

- Scope of the work drawn up by the NICE team.
- Scope published on the web.
- Public stakeholder meeting.
Stakeholder involvement

• Scope of the work drawn up by the NICE team.
• Scope published on the web.
• Public stakeholder meeting.
• Stakeholder comments received and responded to on the web
<table>
<thead>
<tr>
<th>Diabetes UK</th>
<th>3b</th>
<th>For accuracy please include the word “close” prior to family history. (e.g. parent/sibling)</th>
<th>Thank you for your comments. The scope has been amended as suggested.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes UK</td>
<td>3b</td>
<td>The scope needs to include the fact that people from BAME communities are at risk from a younger age (25 years old) as well as at an increased risk overall.</td>
<td>Thank you for highlighting this issue; the scope has been amended as suggested.</td>
</tr>
</tbody>
</table>

Stakeholder involvement

• Scope of the work drawn up by the NICE team.
• Scope published on the web.
• Public stakeholder meeting.
• Stakeholder comments received and responded to on the web
• Scope amended and final version published.
Guidance developed

• Evidence reviewed.
Guidance developed

- Evidence reviewed.
- Evidence appraised.
# The hierarchy of evidence

<table>
<thead>
<tr>
<th>Type and quality of evidence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1**</td>
<td>High quality meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs) with a very low risk of bias</td>
</tr>
<tr>
<td>1+</td>
<td>Well conducted meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs) with a low risk of bias</td>
</tr>
<tr>
<td>1−</td>
<td>Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs) with a high risk of bias</td>
</tr>
<tr>
<td>2**</td>
<td>High quality systematic reviews of these types of studies, or individual, non-RCTs, case-control studies, cohort studies, CBA studies, ITS, and correlation studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal</td>
</tr>
<tr>
<td>2+</td>
<td>Well conducted non-RCTs, case-control studies, cohort studies, CBA studies, ITS and correlation studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal</td>
</tr>
<tr>
<td>2−</td>
<td>Non-RCTs, case-control studies, cohort studies, CBA studies, ITS and correlation studies with a high risk – or chance – of confounding bias, and a significant risk that the relationship is not causal</td>
</tr>
<tr>
<td>3</td>
<td>Non-analytic studies (for example, case reports, case series)</td>
</tr>
<tr>
<td>4</td>
<td>Expert opinion, formal consensus</td>
</tr>
<tr>
<td>NB:</td>
<td>for policy interventions, then CBA can be awarded level 1 evidence.</td>
</tr>
</tbody>
</table>
The guiding principles

• Use the best available evidence to answer a defined question.
• Question formulated using the PICO framework.
• Evidence then searched for sensitively and comprehensively.
• Evidence assessed to maximise internal validity.
• Cumulative evidence synthesis.
• Evidence based recommendations.
Who writes the guidance?
Guidance developed

• Evidence reviewed.
• Evidence appraised.
• All committees have lay and community members on them.
Guidance developed

• Evidence reviewed.
• Evidence appraised.
• All committees have lay and community members on them.
• Draft recommendations published.
Guidance developed

- Evidence reviewed.
- Evidence appraised.
- All committees have lay and community members on them.
- Draft recommendations published.
- Stakeholders comment on the draft recommendations.
Guidance developed

- Evidence reviewed.
- Evidence appraised.
- All committees have lay and community members on them.
- Draft recommendations published.
- Stakeholders comment on the draft recommendations.
- Recommendations revised.
Guidance developed

- Evidence reviewed.
- Evidence appraised.
- All committees have lay and community members on them.
- Draft recommendations published.
- Stakeholders comment on the draft recommendations.
- Recommendations revised.
- Guidance published.
The Patient and Public Involvement Programme at NICE

• Recruits lay members to committees.
• Inducts the lay members.
• Provides on going support to lay members.
• The importance of the lay and community perspective.
• Meetings held in public.

• http://www.nice.org.uk/getinvolved/patientsandpublic/patientandpublichome.jsp
The Citizens’ Council

• 30 members of the general public.
• Deliberates on complex problems.
• Presents independent reports to the Board.
• Its views help to frame the production of NICE guidance.
NICE and Social Value Judgements

- Moral, ethical and legal principles.
- The limits of science.
- The importance of judgements in the process of interpreting evidence and making recommendations.
NICE Guidance on Community Engagement.
Training and resources

- Develop and build on the local community’s strengths and assets
- Provide training for those working with communities
- Provide accessible meeting spaces and equipment
- Provide opportunities and resources for networking
- Train individuals from the community to act as mentors
Partnership working

• Develop statements of partnership working for all those involved in activities to improve health or to address the social determinants of health.
Area based work

• Give community groups the power to influence decisions.
• Provide the necessary resources.
Community members as agents of change

- Recruit local individuals and groups (or use existing groups) to plan, design and deliver activities to improve health
- Use mechanisms such as tenant-controlled organisations, estate housing associations, housing boards and committees, as well as working with neighbourhood managers and renewal advisers to ensure the community’s views are heard
Evaluation

• Identify and agree the aims of evaluation with members of the target community
• Involve them in the planning, design and, where appropriate, implementation of an evaluation framework
Find out more

• Visit www.nice.org.uk/ph009 for:
  • Other guidance formats
  • Costing statement
  • Implementation support tools
Conclusion
The limits of the evidence

- Evidence does not speak for itself – it always requires interpretation.
- There are well defined scientific protocols for methods of scientific interpretation.
- The methods for understanding processes of inference and judgement less well understood or articulated.
Other factors

- Prejudgements.
- Values.
- Theory.
- Ideology.
- Rhetoric.
- Group dynamics.
References


http://dx.doi.org/10.1016/j.puhe.2010.01.002


