

Prevention 2010: ISD Support for Prevention 2010 Work

Purpose. This paper briefly describes the potential contribution of ISD in supporting Prevention 2010 work. There are a number of related areas where ISD could contribute: the provision of baseline data to describe the participating populations; prioritisation, primary care IT requirements, monitoring and evaluation and possibly predicting impact.

Baseline data. All of the participating areas will want to collect local data to describe the participating populations. ISD could help to co-ordinate work to ensure that there is a standard profile with data that are broadly comparable.

Prioritisation. ISD have previously presented initial work on characterising different at risk population groups. ISD are currently updating this using data from the 2003 Scottish Health Survey.

Primary care IT systems. Lothian have indicated the need to use practice systems to flag people who have known risk factors or no risk factors; to flag records for opportunistic follow up and to gather data on referrals and other interventions. This might require some modifications to IT systems, and ISD could ensure that these are developed once and shared between boards.

Monitoring and evaluation. There are a number of routine data sources that could be used for monitoring and evaluation:

- Prescribing data, for example for statins and antihypertensive drugs. These data are available locally but ISD also collates data centrally and could help to ensure that standard reports are produced which are consistent between areas.
- QOF data are also available locally and ISD's contribution is likely to be towards ensuring a standard reporting format
- Data will be available from new directed enhanced services (DES) for cardiovascular disease.
- Work is being started to update the NHSHS/ISD community profiles and to base data on CHPs. The timescale for this work depends on the production of CHP boundaries and may be late 2006/ early 2007.
- Hospital referral and admission data. ISD will be able to produce reports on admissions and hospital referrals
- Data from the national smoking cessation database will be available to describe the numbers of people referred and quit rates.
- Data will be available on smoking prevalence at local authority level from the Scottish Household survey, though this is limited by the fact that these estimates are produced only every two years.

Predicting impact. NHS Health Scotland will lead on reviewing the evidence to quantify the impact of interventions. This evidence could be combined with estimates of coverage to predict impact. ISD could contribute to this work, for example through work from the SheS/SMR linked database that provides estimates of risk factor/outcome associations for Scotland.

