



Action Notes

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel
Date: Wednesday 12 July 2017
Time: 10:00 – 12:00
Venue: LG17, Wellington House, 133 – 155 Waterloo road, SE1 8UG
Dial in details: [Join Skype Meeting](#) (please use the hyperlink)
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Attendees:

Chair

John Newton, Chief Knowledge Officer, PHE
Jamie Waterall, National Lead for CVD Prevention + Associate Deputy Chief Nurse, PHE
Charles Alessi, Senior Advisor, PHE
Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England
Felix Greaves, Deputy Director, Science and strategic information
Matt Kearney, National Clinical Director for Prevention, NHS England
Martin Vernon, National Clinical Director for Older People, NHS England.
Mark Baker, Centre for Clinical Practice Director – NICE
Telephone **Gillian Fiumicelli**, Head of vascular disease prevention, London Borough of Bromley
Telephone **Lynda Seery**, Public Health Specialist, Newcastle City Council
Telephone **Zafar Iqbal**, Deputy Director of Public Health, Stoke on Trent
Telephone **Michael Soljack**, Clinical Research Fellow, Imperial College

Guest

Nicola Pearce-Smith, Senior Information Scientist, PHE
Guest **Catherine Lagord**, Principal analyst, CVD prevention team.
Guest **Sebastian Hinde**, Centre for Health Economics, University of York
Guest **Lise Retat**, UK Health Forum
Guest **Julia Hippisley-Cox**, Professor of clinical epidemiology and clinical practice, University of Nottingham.

Guest

Slade Carter, Deputy national lead, CVD prevention team, PHE

Secretariat

Katherine Thompson, Deputy national lead, CVD prevention team
PHE

Secretariat

Eleanor Wilkinson, Senior support manager, CVD prevention team,
PHE

Apologies

Huon Gray, National Clinical Director for Heart Disease, NHS
England
John Deanfield, Director of National Centre for Cardiovascular

Prevention and Outcomes

Nick Wareham, Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science

David Wood, Professor of Cardiovascular medicine, Imperial College London

Richard Fluck, Chair of the Internal Medicine Programme of Care board.

Anthony Rudd, National Clinical Director for Stroke, NHS England

Anmarie Connolly, Director of Health Equity and Impact, PHE

Peter Kelly, Centre director North East, PHE

Theresa Marteau, Director of the Behaviour and Health Research Unit, University of Cambridge

Ruth Chambers, GP, Clinical Chair Stoke-on-Trent CCG

Timings	Item Description	Lead
10:00 – 10:05	<p>1. Welcome and apologies As shown on page 1 and 2.</p>	JN
10:05 – 10:15	<p>2. Actions from the last meeting</p> <p>Action 12 – Katherine to draft a letter for John Newton to send to Chris Witty on the findings and recommendations for the ESCAP report. Complete.</p> <p>Action 13 – the ESCAP report working group to discuss next steps and bring actions back to the next meeting. This will be addressed under item 3</p> <p>Action 14 – Katherine Thompson and Nicola Pearce-Smith to publish the NHS Health Check evidence briefing. The briefing will be published by the end of July 2017.</p> <p>Action 15 – Gemma Brinn to update the Behavioural Science project initiation document and circulate the final version to ESCAP members. Complete.</p> <p>Action 16 - Julia to speak with Giles Glover about the feasibility of including people with Learning Difficulties in the analysis. Complete.</p> <p>Action 17 – Jonathan Valabhji to share the read codes being used to record the Diabetes Prevention Programme referrals in primary care with Julia Hippisley-Cox.</p>	JW

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	<p>Complete.</p> <p>Action 18 – Julia Hippisley-Cox to share the proposal for the national evaluation with ESCAP members.</p> <p>Complete.</p> <p>Action 19 – Katherine Thompson to include an item on digital data and invite representatives from the information governance board to present at a future meeting.</p> <p>Scheduled for the November meeting.</p>	
10:15 – 10:30	<p>3. Evidence update</p> <p>The purpose of this item is to:</p> <ul style="list-style-type: none"> • Progress against the ESCAP emerging evidence recommendations • Findings from the recent evidence briefing NPS • Update from Felix on who has been awarded the NIHR modelling work. <p>Paper 5 is attached for information.</p> <p>In relation to paper 3, members agreed that the priority going forward should be on demonstrating the impact of the programme on behaviour – recommendation 6.</p> <p>There was support for more research on how practitioners can raise/communicate risk and encourage and support people to change their behaviours. The National Team are already talking to Penny Newman NHS England’s Innovation Fellow on Health Coaching.</p> <p>Members agreed that it would be helpful to work towards establishing a gold standard research study using the existing data collected in GP systems.</p> <p>Action 20 – National Team to continue working on improving the competencies of staff delivering the NHS Health Check.</p> <p>Action 21 – As part of the GPES data extraction work the National Team will engage with partners to develop a design for a longitudinal study to understand the impact of the programme.</p> <p>Members discussed the possibility of introducing an incentive for recording NHS Health Check data in primary care. However, it was agreed that, in practice, a clinical template could be introduced at a minimal cost and would make a significant contribution to improving the quality of data being recorded. The national team confirmed that work</p>	KT/NPS/FG

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	<p>is already underway, in partnership with NHS Digital to achieve this.</p> <p>It was noted that developing Heart Age so that it aids clinical decision making on when to treat and to identify the risk factor that is driving risk so that they can encourage the individual to consider making a lifestyle change would be helpful. Currently, the tool uses slider bars so it is possible to reduce BMI or cholesterol or BP so that the patient can see the effect of this change on their heart age.</p> <p>Jamie Waterall reported that delivery activity in 2016/17 has been the poorest since the programme transitioned to local government. He confirmed that Duncan Selbie is chairing a task and finish group which is implementing an action plan to secure improvements in the delivery of the programme.</p>	
10:30 – 11:00	<p>4. Content review proposals</p> <p>Members considered five proposals, submitted in 2017, to amend the content of the NHS Health Check. It was agreed that an evidence review on one proposal would be helpful to inform a future decision. Members agreed that the other four proposals should not progress to stage two because they did not meet at least one of the content review process criteria.</p> <p>Action 22 – Chair to write to the five content review applicants to advise them on the outcome of the ESCAPs recommendation on their proposal.</p> <p>Members also considered the findings from the dementia risk reduction pilot project. This work was established following ESCAPs recommendation that there was not sufficient clinical or cost effectiveness evidence in response to a content review proposal submitted in 2015.</p> <p>The findings from the pilot show that providing dementia risk reduction messaging as part of an NHS Health Check is feasible and acceptable among the public. Introducing a message such as “what is good for your heart is good for your brain” carries a minimal time burden as it can easily be incorporated into the NHS Health Check conversation.</p> <p>While communicating risk reduction messages to the public does appear to increase awareness and motivation to change lifestyle behaviours the pilot did not find evidence of additional behaviour change as a result.</p> <p>ESCAP members agreed that the pilot did not provide evidence of clinical or cost effectiveness. However, there is</p>	KT

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	<p>emerging evidence that most people have a vascular component to their dementia and a key study is due to be published in the Lancet at the end of July. Therefore, improving the risk factors offers the potential to help many people at risk of developing dementia. Furthermore, there is no evidence showing that talking about risk reduction is harmful. Members agreed that it would be appropriate to adopt the precautionary principle in this case given the low cost, acceptability and feasibility of introducing this change, in conjunction with the potential benefits it might offer.</p> <p>Therefore, it was agreed that ESCAP would provide advice on the proposed change to the Minister to this effect.</p>	
<p>11:00 – 11:25</p>	<p>5. Cost effectiveness of the NHS Health Check</p> <p>Sebastian Hinde from the University of York and Lise Retat from Heart UK to presented the findings of their NHS Health Check cost effectiveness modelling.</p> <p>Action 23 – Zafar Iqbal to assist with disseminating findings from the Hinde paper to Directors of Public Health through the Association of Directors of Public Health.</p>	SH/LW
<p>11:25 – 11:50</p>	<p>6. QRisk3</p> <p>This item was deferred to the November meeting.</p>	JHC
<p>11:50 – 11:55</p>	<p>7. National data extraction [standing item]</p> <p>PHE has received further correspondence from the Standardisation Committee for Care Information (SCCI). SCCI have asked PHE to provide some further materials and information to help support the data extraction. It is therefore intended that PHE will work with NHS Digital to provide the necessary materials and information to SCCI. It is hoped that SCCI will then be in a position to support the publication of the data extraction to the newly formed Data Collection Board.</p>	SC
<p>11:55 – 12:00</p>	<p>8. AOB</p> <p>Martin Vernon alerted members to the publication of The Golden Generation by the University of Manchester Institute for Collaborative Research on Ageing.</p>	All
<p>Dates of 2017 meetings</p>	<p>10.00 – 12.00, 29 November 2017</p>	