



Public Health
England

Action Points

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel

Date: 9 May 2014

Time: 13.30 – 15.30

Attendees:

Chair

John Newton, Chief Knowledge Officer, PHE

Jamie Waterall, NHS Health Check – National Lead, PHE

Charles Alessi, Senior Advisor, PHE

Tim Chadborn, Behavioural Insights Lead Researcher, PHE

John Deanfield, Director of National Centre for Cardiovascular Prevention and Outcomes

Richard Fluck, National Clinical Director for Renal Disease, NHS England

Lesley Hardman, Health Improvement Specialist for Primary Care, Bolton Council

Dialling in

Adrian Davis, Director of Population Health Science, PHE

Huon Gray, National Clinical Director for Heart Disease, NHS England

Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England

Michael Soljak, Clinical Research Fellow, Imperial College London

Ash Soni, Vice Chair, English Pharmacy Board

Guest

Anne Brice, Head of Knowledge and Library Services, PHE

Guest

Sarah Stevens, Quality Assurance Lead, Public Health Consultant, PHE

Guest

Ivan Brown, Consultant in Public Health, Leicester City Council

Guest

Diane Bell, NHS Health Check communications lead, PHE

Secretariat

Amy Sinclair, NHS Health Check National Lead Assistant, PHE

Secretariat

Katherine Thompson, Programme Manager, NHS Health Check programme, PHE

Apologies:

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

Mike Kelly, Director of the Public Health Excellence Centre, NICE

Kevin Fenton, Director of Health and Wellbeing, PHE

Anthony Rudd, National Clinical Director for Stroke, NHS England

Annmarie Connolly, Director of Health Equity and Impact, PHE

Zafar Iqbal, Director of Public Health, Stoke on Trent

Alistair Burns, National Clinical Director for Dementia, NHS England

Matt Kearney, National Clinical Advisor, PHE

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

David Wood, Professor of Cardiovascular medicine, Imperial College London

Anne Mackie, Director of Programmes UKNSC, PHE

Timing	Item	Papers
13:30 – 13:35	<p>1. Welcome and introductions</p> <p>A number of apologies were given for the meeting. The need for a quorate was raised however it was agreed that a judgement would be made on a meeting-by-meeting basis rather than agreeing a quorate.</p>	Agenda
13:35 – 13:45	<p>2. Actions from the previous meeting</p> <p>John Newton confirmed that the actions completed since the previous meeting included: 1, 3, 5, 6</p> <p>Actions outstanding included:</p> <p>Action 2: to be addressed under item 6</p> <p>Action 4: to be addressed under item 7</p> <p>Action 7: to be addressed under item 4</p> <p>Action 8: to be addressed under item 7</p> <p>Action 9: It was agreed that the NHS HC team would circulate the revised declaration of interest form with the notes of this meeting.</p> <p>Action 10: It was agreed that this action would be addressed under an item at the August meeting</p> <p>Action 11: this has been drafted and will be circulated for comment by correspondence after the meeting.</p> <p>Action 12: to be addressed under item 6</p>	Paper 1– ESCAP meeting minutes
14:30 – 14:45	<p>3. Update – NHS Health Check literature search</p> <p>Anne Brice shared a revised version of the literature search results, since the last search a further 42 resources had been identified. The paper has now been formatted to reflect the draft PHE resource types categories, currently under discussion with NICE. The information in the paper is not appraised or synthesised.</p> <p>It was recognised that having a quarterly update on new evidence and its findings would be helpful to inform on going conversations between members and a range of stakeholders.</p> <p>Anne confirmed that the literature search could be updated regularly and that further exploration around specific research questions would require further scoping. As the evidence and research strategy is in train it was agreed that research priorities identified through its development would be used to inform future literature searches.</p>	Paper 2- New literature search results will be tabled at the meeting.
13:45 – 14:30	<p>4. NHS Health Check data</p> <p>- Overview of NHS Health Check data</p> <p>The paper provided an overview of the data that is nationally available. The paper highlights that the national figures mask the</p>	Paper 3 NHS HC data overview

	<p>variation that occurs locally and there was some discussion about why this variation occurs.</p> <p>It was confirmed that the two pieces of data that come back nationally are offers and uptake. Currently, there is not a national data system for returning information of a greater granularity. Supporting local teams to address local IG issues has been a key priority, data flows have been a real challenge and continues to be a key focus for PHE.</p> <ul style="list-style-type: none"> - Presentation - Ivan Brown, Consultant in Public Health, Leicester City Council <p>An in depth example of the data available to a local authority and what it shows was given by Ivan Brown.</p> <p>The presentation stimulated considerable discussion about the local delivery model. As the principle approach was using GPs this prompted discussion about the use of alternate providers. It was agreed that a future agenda item would explore an example of where alternate providers had been used.</p> <p>ACTION 1 – Provide an example of an alternate provider model as a future agenda item.</p> <p>It was recognised that Leicester does considerably well on uptake and offers. Ivan Brown confirmed that considerable efforts had been invested into getting GPs on board with the programme by taking a people rather than a systems based approach.</p>	<p>Powerpoint presentation and Khunti paper.</p>
<p>14:45 – 15:05</p>	<p>5. JBS III and the NHS Health Check programme</p> <p>John Deansfield provided an introduction to the recently launched JBS 3 Guidelines.</p> <p>It was recognised that this tool had a strong resonance with the NHS Health Check programme and could revolutionise the way the programme raises the issue of risk with patients. This is also more suited to undertaking risk assessment in individuals who may have multiple risk factors but a low short term risk.</p> <p>There was strong support for the application of the tool within the NHS Health Check programme. Some of the practical considerations for introducing such a tool were considered, such as the need for a range of professionals to be able to access, use and understand it. It was agreed that the NHS Health Check team would work with JD and the behavioural insights team to scope a feasibility study that would evaluate the use of the tool in the delivery of the NHS Health Check programme.</p> <p>ACTION 2 – NHS Health Check team to engage with JD and TC on evaluating the use of JBS III in the delivery of the NHS Health Check programme.</p>	<p>n/a</p> <p>John to use power point slides</p>

<p>15:20 – 15:25</p>	<p>6. Managing the process for content changes: priority future items</p> <p>Jamie Waterall highlighted that the programme team had been working on the process but that there were a number of factors such as Ministerial involvement and the underpinning of the programme in secondary legislation that add complexity to the process.</p> <p>The NHS Health Check team are working closely with DH on developing the process and will bring a specific paper confirming arrangements to the next meeting</p> <p>ACTION 3 – A paper confirming the NHS Health Check content review process will be included on the August agenda.</p> <p>At the last meeting the group agreed that there should be an update to the diabetes filter. Since then KT has worked with JV to populate the draft forms for the first two stages of the content review process and has invited views on the proposal from the UK NSC and NICE. Advice has been that considering an update to the diabetes filter would be in line with current recommendations from both organisations, however, NICE guidance does not currently recommend one specific tool.</p> <p>It was agreed that the proposal should progress to stage 3 and undergo feasibility testing. As there are different validated tools available for use a concern was raised about the potential for the same individual getting different results depending on the tool used. Therefore, it was identified that further consideration and discussion was needed.</p> <p>ACTION 4 – NHS Health Check team to work with JV to scope a feasibility study.</p>	<p>n/a</p>
<p>15:05 – 15:20</p>	<p>7. NHS Health Check research and evaluation strategy</p> <ul style="list-style-type: none"> - The proposed strategy - Research and Academic symposium and consultation process <p>The purpose of this item is to:</p> <p>Sarah Stevens provided an introduction to PHE’s initial thinking on the <i>draft</i> Research and Evaluation Strategy, and invite early views on its content and development (paper 4). The current version tells the NHS Health Check story so far and builds the case for developing research and evaluation in this area. The intention is to then use the evidence symposium on the 21 May to develop the priority research questions that would then be included into the strategy.</p> <p>Sarah Stevens highlighted that the symposium will include some</p>	<p>Paper 4 NHS HC Research and Evaluation strategy – draft</p> <p>Paper 5- Symposium programme</p>

	<p>scene setting and outlining of the perspective i.e. Maximising the public health benefit of the programme. The day has been planned in a way that allows lots of discussion and interaction.</p> <p>There was some discussion of the types of questions that need further exploration such as the disbenefits of the programme, the programmes remit, its effectiveness. It was recognised that these and many other questions would be borne from the symposium and help to shape the strategy.</p> <p>It was recognised that the inclusion of evaluation was limited and that a further discussion on how we supports local evaluation needs to be facilitated.</p>	
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ACTION / AGREED	Point	Action owner	Status
AGREED	Not to establish a quorate	Secretariat	Open
ACTION 10 (from the previous meeting)	To include atrial fibrillation as an item on the next meeting agenda.	Secretariat	Open
ACTION 1	Provide an example of an alternate provider model as a future agenda item.	Secretariat	Open
ACTION 2	To engage with JD and TC on evaluating the use of JBS III in the delivery of the NHS Health Check programme.	Secretariat	Open
ACTION 3	A paper confirming the NHS Health Check content review process will be included on the August agenda.	Secretariat	Open
ACTION 4	NHS Health Check team to work with JV to scope a feasibility study on using a validated diabetes assessment tool	JW	Open