



Action notes

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel
Date: Thursday 19 September 2019
Time: 10:00 – 12:00
Venue: LG26, Wellington House, 133-155 Waterloo Road, London

Attendees

Chair: John Newton	Director of Health Improvement, PHE
Vice chair: John Deanfield	Professor of Cardiology at University College Hospital, London
Zafar Iqbal	Associate Medical Director Public Health; Midlands Partnership NHS Foundation Trust
Matt Kearney	National Clinical Director for CVD prevention, NHS England
Anne Mackie	Director of Programmes UK National Screening Committee, PHE
Alf Collins	Clinical Director, Personalised Care, NHS England
Michael Soljak	Clinical Research Fellow, Imperial College London
Julia Hippisley-Cox (Skype)	Professor of Clinical Epidemiology and General Practice, University of Oxford
Monica Desai (Skype)	Consultant Public Health Advisor, National Institute for Health and Care Excellence
Clare Perkins (Skype)	Deputy Director, Priorities and Programmes, PHE
Secretariat	
Katherine Thompson	Deputy National Lead CVD Prevention, PHE
Hannah Sullivan	Programme Support Manager CVD Prevention, PHE
Guests	
Sir John Bell,	Regius Professor of Medicine, University of Oxford
Michaela Nuttall	Deputy National Lead, CVD Prevention, PHE
Eleanor Wilkinson	Digital Lead, CVD prevention, PHE
Ralph Mold	Strategy Policy Officer, PHE
Lorraine Oldridge (Skype)	National Lead – National Cardiovascular Intelligence Network, PHE
Catherine Lagord (Skype)	Analyst, CVD Prevention, PHE

Apologies	
Michelle Mello	National Clinical Lead, Personalised Care Group, NHS England
Peter Kelly	Centre Director North East, PHE
Jamie Waterall	National Lead CVD Prevention and Deputy Chief Nurse, PHE
Nick Wareham	Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science, Cambridge
Jonathan Valabhji,	National Clinical Director for Obesity and Diabetes, NHS England
Ruth Chambers	Staffordshire STP's Clinical Lead for Technology Enabled Care Services Programme
Richard Fluck	Chair of the Internal Medicine Programme of Care board
Lynda Seery	Public Health Specialist, Newcastle City Council
Martin Vernon	National Clinical Director for Older People, NHS England
Rachel Clark	Head of Evidence and Evaluation, PHE
Alistair Burns	National Clinical Director for Dementia, NHS England
Charles Alessi	Senior Advisor and Lead for Preventable Dementia, PHE
Gillian Fiumicelli	Head of Vascular Disease Prevention, London Borough of Bromley

Item Description	Paper	Lead
<p>1. Welcome and apologies</p> <p>Tony Rudd has now retired.</p> <p>The group thanked Matt Kearney for his valuable contribution to ESCAP, as this is his last meeting as National Clinical Director for CVD prevention.</p> <p>Action 1: John Newton requested that Karen Turner is invited to future meetings.</p>		Chair
<p>2. Actions from the last meeting</p> <p>Complete: 11, 13, 16, 17, 18, 19, 21, 22, 23</p> <p>In progress: 12, 14,</p> <p>Action 15 to be addressed in item 3</p> <p>Action 20 to be addressed in item 5.</p>	Paper 1 – ESCAP action notes	KT
<p>3. QRISK3</p> <p>Michaela Nuttall shared a paper which updated the group on discussions with ClinRisk and MHRA on the position PHE can adopt in its best practice guidance regarding the use of QRISK3.</p>	Paper 2 – QRISK3	MN

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<p>It was agreed that the proposed advice on the use of QRISK3 should be included in the update to the programme's best practice guidance.</p> <p>The group noted that it should be made clear in patient communication that QRISK is an estimate, and there are further risk factors which are not taken into account in the check that can affect a person's chance of having a heart attack or stroke. It was recognised that local staff training will have an important role to play in the successful application of QRISK3.</p> <p>Action 2: CVD Prevention team to meet with Alf Collins to discuss how to connect staff delivering NHS Health Checks with the personalised care training on offer to NHS staff. Alf confirmed that there is budget available.</p>		
<p>4. HbA1C and Lipid Point of Care Testing</p> <p>Michaela summarised the CVD Prevention team's intention to commission a review of the scientific evidence and guidelines on the accuracy and validity of HbA1c and lipid point of care testing (POCT), when used in a non-laboratory setting compared to venous blood testing. This work will be used to inform PHE's advice on the use of POCT in the delivery of the NHS Health Check programme.</p> <p>It was agreed by the group that the review should only focus on HbA1C point of care testing and lipid testing should be removed from the specification.</p> <p>Action 3: Anne Mackie to send Michaela Nuttall contacts who could assist with the review from a methodological perspective.</p> <p>Action 4: Michaela Nuttall and Monica Desai to discuss POCT wording in NICE guidance.</p>	Paper 3 - POCT	MN
<p>5. NHS Health Check data extraction and publication</p> <p>PHE's CVD Prevention team has worked with partners to gain access to primary care data relating to patients who have been in contact with the NHS</p>	Item 4 - Presentation	CL/JD

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<p>Health Check programme. Data extraction was completed in 2018. Data will be released through a dashboard and in scientific papers.</p> <p>John Deanfield confirmed that a series of scientific publications analysing the data are planned for publication. Paper zero will summarise the process for the extraction, data quality and demographic descriptive statistics. Paper one will analyse risk factor profiles and explore Heart Age comparisons across England. Paper two will explore health outcomes by linking Hospital Episode Statistic data with the NHS Health Check dataset.</p> <p>Catherine Lagord confirmed that the first release of the dashboard will be jointly published by PHE and NHS Digital on 17 October 2019. It will provide new insights into the characteristics of people attending or not attending a check between April 2012 and March 2018. This release is the first iteration of the dashboard, as the analytical work continues the dashboard will be updated with additional metrics including risk factors, disease diagnosis, and prescription and intervention offered. The dashboard will provide information down to a CCG level and has been developed with input from Commissioners and Providers at the Local Implementer National Forum (LINF) and through four regional workshops.</p> <p>The CVD Prevention team are producing a communications plan to ensure all relevant stakeholders are kept engaged.</p> <p>It was noted that some practices will have missing data and the lack of a consistent template makes data collection difficult.</p> <p>Action 5: Julia Hippisley-Cox to discuss with John Deanfield how her work focusing on mental health could compliment this project and include Zafar Iqbal in discussions.</p>		
<p>6. NHS Health Check review</p> <p>Katherine Thompson confirmed that there are 5 key questions in the Prevention Green Paper that focus on the NHS Health Check Programme review. So far there have been 200 responses and the consultation closes on 14 October.</p>	<p>Paper 5 – NHS HC review discussion paper.</p> <p>Paper 6 – Q1 data</p>	<p>KT</p>

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<p>Katherine invited the group to consider how these questions might be best answered and how ESCAP should be involved. There was feedback that all three suggested routes for ESCAP involvement are pursued.</p> <p>It was recognised that more evidence on the impact of the behaviour change component of the programme is needed.</p> <p>It was agreed that a smaller ESCAP sub-group would be formed to discuss how members will be involved and influence the NHS Health Check programme review.</p> <p>Action 6: ESCAP members to let Katherine know if they would like to be part of the NHS Health Check review sub-group.</p>		
<p>7. Biomedical research: developing a CVD early diagnosis cohort study</p> <p>John Bell from the University of Oxford shared a presentation on the early diagnosis cohort study, which is looking to study the health of 5 million participants aged 30-75. The design is still being finalised, but the overall aim is to use new and existing methods to assess individual risk and then to observe the subsequent impact of a range of interventions. These will use more precise risk estimates to support behaviour change and to drive personalised interventions, including for example use of polygenic risk scores. The project is large scale in its ambition and is supported and funded by the UK Government, charities and industry.</p> <p>John Bell and John Deanfield confirmed that a series of meetings with RCGP have been arranged to discuss the implementation of this work.</p> <p>There were discussions on whether the study is research or service innovation. The group discussed the importance of documenting any potential harmful effects of the study interventions on participants and the need to ensure that it would be supported by a behaviour change tool to minimize any potential harms.</p> <p>The synergy between the project and NHS Health Check was recognised. The group was supportive of exploring how NHS Health Checks might be aligned with this work in order to better understand</p>	Presentation	JB

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<p>the clinical application of more precise risk estimates including polygenic risk scores.</p> <p>The Public Health Genomics Foundation in Cambridge have recently published a report looking at Polygenic risk scores for CVD.</p> <p>Action 7: John Deanfield to include Matt Kearney in future conversations with RCGP.</p>		
<p>8. AOB</p> <p>Action 8: Michael Soljak to share his email on the publication of an updated Cochrane review on 'General health checks in adults for reducing morbidity and mortality from disease.'</p>		All
<p>Next meeting: 10:00-12:00, 5 December 2019.</p>		