



Data Extract Advisory Committee to the NHS Health Check data extract: Terms of Reference

Programme/Policy Area	Cardiovascular Disease Prevention
Directorate	Health Improvement, Programmes and Priorities division
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Executive Director	Professor John Newton
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Document history

<i>Date</i>	<i>Description of Changes</i>	<i>Author / Editor</i>
30 April 2020	Updated with the list of skills and topic knowledge needed for the group to achieve its purpose. Revised governance structure	Catherine Lagord

1. Committee Accountability

The Data Extract Advisory Committee (DEAC) for the analysis of the NHS Health Check data extract reports to the Director of Health Improvement at Public Health England (PHE) and the Expert Scientific and Clinical Advisory Panel (ESCAP) for the NHS Health Check. PHE is accountable to the Director of Health Improvement, while other members of DEAC are accountable to their own organisations.

2. Objective and Scope of Activities

The committee will guide how the data extract will be used for the purpose of monitoring the reach, implementation and impact of the NHS Health Check programme. The committee will provide advice and guidance to help take the data through the stages of analysis and into tangible uses for its critical audiences and stakeholders. DEAC will be a subgroup of ESCAP.



3. Description of Duties

This data is obtained for the purposes of programme monitoring, specifically to:

- Understand the reach, delivery and impact on outcomes of the NHS Health Check programme
- Inform local and national improvements in the reach, implementation and outcomes of the programme.

DEAC will be critical to providing advice on how PHE and NHS Health Check programme stakeholders can make effective use of the data to maximise its impact on service delivery and patient outcomes. DEAC will also be involved in reviewing and disseminating the findings revealed by the data extract and analysis.

4. Frequency and Description of Meetings

DEAC will meet quarterly, but will also be invited to comment on relevant documents and decisions, as well as receiving regular updates on project progress.

There will be a minimum dispatch standard for agenda and supporting papers one week ahead of meetings.

5. Membership and Designation

The DEAC will consist of key external stakeholders and members of relevant teams in PHE, who will contribute to the successful delivery of the NHS Health Check data extract project.

DEAC membership will be driven by the topic and knowledge expertise requirements as set out in, table 1. This topic expertise will be reviewed every two years and will inform changes to membership.

Table 1. Topic knowledge required

NHS Health Check commissioning
NHS Health Check delivery
Risk factors assessed as part of an NHS Health Check
Management of risk factors assessed as part of an NHS Health Check
Local government NHS Health Check commissioning
Cardiovascular disease prevention
Information Governance
Effective and ethical use of patients' data
Primary care
Primary care data IT systems
Data management and security
Statistical analysis
Quality assurance
Monitoring and research methods
Effective dissemination of scientific findings
Recording of clinical information
Epidemiology
Health equity and inequality



6. Recordkeeping and Risk Management

The records of the committee shall be responsible for producing records of their activities. These records should be available for public inspection and copying, subject to the Freedom of Information Act. The terms of reference will be made publicly available via the NHS Health Check website. These terms of reference will be reviewed regularly.

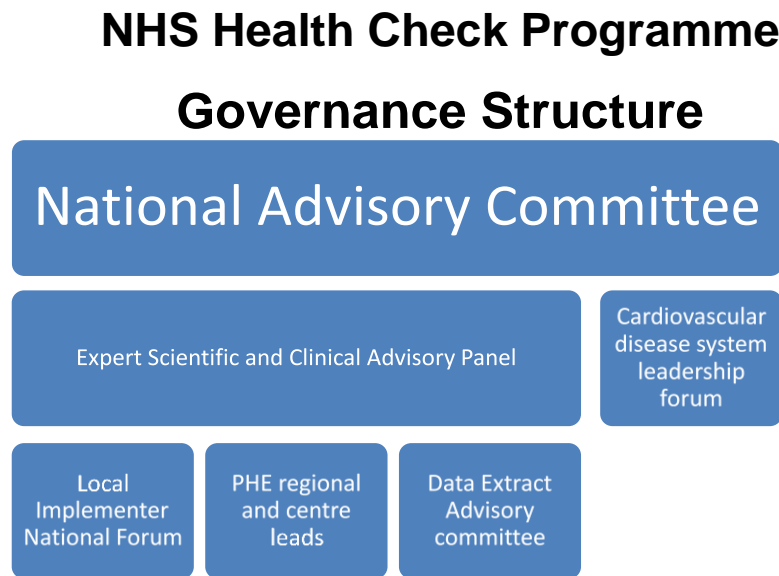
7. Ways of working

The following principles will be adopted by DEAC and its members in delivering its role and responsibilities.

C ommunicate	<ul style="list-style-type: none">↪ communicate openly, honestly and clearly, avoiding jargon↪ seek out and share knowledge, suggest solutions↪ encourage, listen and be receptive to others' views↪ invite, offer and respond to feedback
A chieve together	<ul style="list-style-type: none">↪ work together towards PHE's objectives↪ nurture open relationships and build trust↪ work collaboratively with all customers, internally and externally↪ empower each other and hold each other to account
R espect	<ul style="list-style-type: none">↪ treat colleagues and customers as they would wish to be treated↪ value difference by embracing diversity and inclusion↪ look after our own wellbeing, and support each other↪ recognise and celebrate our successes, large and small
E xcel	<ul style="list-style-type: none">↪ provide excellent service to colleagues and customers↪ drive personal development and suggest ways to improve↪ lead by example, acting as a role model internally and externally↪ maintain professionalism at all times



8.1 Appendix One – Programme Governance Structure



8.2 Appendix Two – Membership by name as of 30 April 2020

John Deanfield (Co-Chair), Senior advisor to Public Health England on cardiovascular disease prevention & UCL professor of cardiology

Matt Kearney (Co-Chair), Programme Director, UCL Partners Academic Health Science Network, GP

Andrew Hughes, Heart Intelligence, National Cardiovascular Intelligence Network, PHE

Bob Ruane, Patient representative

Catherine Lagord (secretariat), Analyst, CVD prevention team, PHE

Dave Roberts, Head of primary care information, NHS Digital

Emma Brezan, Senior Public Health Manager, Royal Borough of Greenwich

Ifeoma Onyia, Consultant in public health, Halton Borough Council

Jamie Waterall, National Lead for Cardiovascular Disease Prevention, PHE

John Newton, Director of Health Improvement, PHE

John Robson, Clinical Reader in Primary Care Research & Development Queen Mary University of London

Jonathan Hope, Principal data manager, primary care domain, NHS Digital

Julian Flowers, Head of public health data science, PHE

Kate Cheema, Director of Health Intelligence, British Heart Foundation

Katherine Thompson, Head of Cardiovascular Disease Prevention, PHE

Lorraine Oldridge, National lead, National Cardiovascular Intelligence Network, PHE

Michaela Nuttall, Deputy National Lead, CVD prevention team, PHE

Mohammed Vaqar, Health and Wellbeing Officer, CVD, PHE Midlands

Nick Wareham, Director of the MRC Epidemiology Unit, University of Cambridge

Nilesh Samani, Professor of cardiology at University of Leicester, medical director, British Heart Foundation

Paul Cundy, GP and chair of the GPC IT subcommittee

Peter Green, Clinical Chair NHS Medway Clinical Commissioning Group

Peter Kelly, Regional director, PHE

Phil Koczan, Royal College of General Practitioners representative

Riyaz Patel, BHF Senior Lecturer and Consultant Cardiologist at University College London and UCLH NHS Trust

Rob Aldridge, Associate Professor, Institute of Health Informatics, UCL
Robert Danks, Principal Information Analyst, Primary Care Domain, NHS Digital
Rob Worrall, Senior information analyst, primary care domain, NHS Digital
Sharmani Barnard, Statistician, PHE
Tim Evans, Stroke Intelligence, National Cardiovascular Intelligence Network, PHE
Zain Chaudhry, NHS England and NHS Improvement