



Action notes

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel (6)

Date: Monday 2 February 2015

Time: 14:00 – 16:00

Venue: Board Room, Wellington House SE1 8UG

Attendees:

Dial-in Chair	John Newton , Chief Knowledge Officer, PHE Kevin Fenton , Director of Health and Wellbeing, PHE Jamie Waterall , NHS Health Check – National Lead, PHE Robert Sherriff , National operations lead, UKNSC on behalf of Anne Mackie Michael Soljak , Clinical Research Fellow, Imperial College
Dial-in	John Deanfield , Director of National Centre for Cardiovascular Prevention and Outcomes Jonathan Valabhji , National Clinical Director for Obesity and Diabetes, NHS England Nick Wareham , Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science Lesley Hardman , Health Improvement Specialist for Primary Care, Bolton Council Matt Kearney , National Clinical Advisor, PHE Alistair Burns , National Clinical Director for Dementia, NHS England Felix Greaves , Deputy Director Science and Strategic Information, PHE Zafar Iqbal , Director of Public Health, Stoke on Trent
Dial-in	Theresa Marteau , Director of the Behaviour and Health Research Unit, University of Cambridge Lynda Seery , Public Health Specialist, Newcastle City Council Ash Soni , Vice Chair, English Pharmacy Board Jurgen Schmidt , Principal Epidemiologist, PHE
Guest	James Woodcock , Senior Research Associate, MRC Epidemiology Unit, University of Cambridge
Guest	Anna Goodman , London School of Hygiene and Tropical Medicine
Guest	Arno Steinacher , Statistician, MRC Epidemiology Unit, University of Cambridge
Guest	Anne Brice , Head of library and knowledge services, PHE
Guest	Bernie Hannigan , Director of research and development, PHE
Guest	Julian Flowers , Director of Knowledge and Intelligence

Guest
Secretariat
Secretariat

Claire Smith, Clinical Fellow, NHS England
Bevley Webster, NHS Health Check National Lead Assistant, PHE
Katherine Thompson, Programme Manager, NHS Health Check Programme, PHE
Annmarie Connolly, Director of Health Equity and Impact, PHE

Apologies

Huon Gray, National Clinical Director for Heart Disease, NHS England
Hilary Chatterton, Public Health Analyst, NICE
Adrian Davis, Director of Population Health Science, PHE
Charles Alessi, Senior Advisor, PHE
Richard Fluck, National Clinical Director for Renal Disease, NHS England
Anthony Rudd, National Clinical Director for Stroke, NHS England
Frances Fuller, Cardiovascular prevention programme manager, London Borough of Lewisham
David Wood, Professor of Cardiovascular medicine, Imperial College London
Guest **Lorraine Oldridge**, Associate Director, NCVIN/Associate Director NDIS

Timings	Item Description	Lead
14:00 – 14:05	1. Welcome and apologies Kevin Fenton welcomed members to the group and confirmed apologies.	KF
14:05 – 14:15	2. Actions from the last meeting Actions closed: 1 (see paper 1), 2, 5, 6, 7, 10,11 Actions open / in progress: <i>Action 3</i> – a letter to NHS England about the need to support and monitor diagnosis and management of AF is in train. This action was addressed under item 4. <i>Action 4</i> – TM, JD, MS, NW, JV, JW, MK, AM to form a working group to develop a research question and objectives for the study on JBS3. Meeting dates are being agreed. <i>Action 8</i> – JN and KF to highlight the consultation and raise research funding needs with relevant research funding bodies and associated committees. In progress.	KF

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	<p><i>Action 9</i> – JD offered to collaborate with interested colleagues to ensure high quality proposals for research and evaluation were being developed across the academic sector</p> <p>In progress.</p>	
14:15 – 14:35	<p>3. NHS Health Check: Priorities for Research</p> <p>Paper 2 – FG summarised the key feedback from the priorities for research and proposed changes to the document.</p> <p>There was general discussion about strengthening and refining content on health inequalities.</p> <p>Action 1 – FG to speak to the equity team about refining the language in the document.</p> <p>Given that there are still 30 questions is it appropriate to state that they are all priorities.</p> <p>Colleagues reflected on the priorities outlined in the paper, and suggested that the 30 questions could be prioritised further or that a timescale for answering the questions could be applied</p> <p>Action 2 – FG to consider whether it is possible to introduce prioritisation within the questions listed in the document.</p> <p>It was noted that the priorities for research will be launch on the 26 February 2015.</p> <p>Paper 3 – was welcomed by the group. There was some discussion on identifying and engaging with funders that will help to bring the research needed to answer the questions to fruition.</p> <p>Action 3 – BH to scope current and future interest in the priorities among research funders.</p> <p>The importance of connecting academics and practitioners was also noted. BH confirmed that there will be a session at the NHS Health Check conference that will begin the conversation on translating the priorities into action.</p> <p>Paper 4 – The need for a systematic literature review on the impact of the NHS Health Check on behaviour change and one on how different approaches affect take up was noted.</p> <p>Action 4 – members to share their views on the questions posed in paper 4 on the approach to quality appraising papers in the literature search.</p> <p>Members were asked to note the update to the literature review – paper 5.</p>	FG, BH and AB

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14:35 – 14:55	<p>4. Content review process</p> <p>It was confirmed that 30 stakeholders have so far expressed an interest in submitting a proposal to the content review process. These stakeholders are from a wide range of organisations from charities to the NHS and have an interest in a wide range of topics.</p> <p>At the last meeting ESCAP agreed to write to NHS England about the follow-up of Atrial Fibrillation (action 3). In drafting the letter it was noted that it would be helpful to broaden its scope to address clinical follow-up. Good clinical management following an NHS Health Check is an area of work that PHE has been working with NHS England to strengthen. As it is a reoccurring theme of interest there was general support for drafting the letter to address this. In addition it was advocated that the letter highlight that changes to the NHS HC best practice guidance may lead to more individuals needing diagnostic tests and treatment and the importance of practitioners having the skills and capacity to meet this need.</p> <p><i>Diabetes filter feasibility study</i></p> <p>It was recognised that the feasibility report demonstrates that this issue is far more complex than it may have first appeared. In particular, to get a better level of sensitivity and specificity than the current filter individuals at medium and high risk would need to go on for a follow-up diagnostic test.</p> <p>As a result, rather than progressing with the proposed option B, it was agreed that the progression of this proposal would be delayed until the output from the diabetes prevention work to validate both QDiabetes and LRT on Health Survey for England data is available.</p> <p>It was confirmed that there have been further discussions between members and NICE who have agreed to go back over the guidance to look at the issue on risk noted in the feasibility study.</p> <p>Action 5 – include an item on the diabetes prevention programme at the next meeting.</p> <p>Action 6 – include an update on the diabetes filter work at the next meeting</p> <p>Action 7 – convene a meeting between PHE, NHS England and NICE representatives to consider the next steps with the diabetes filter work.</p>	JW

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	Action 8 – KF to engage with Celia Ingham-Clark about the panels concerns regarding clinical follow-up instead of ESCAP drafting a letter Atrial Fibrillation letter (action 3 from the previous meeting).	
14:55 – 15:25	<p>5. Using NHS Health Check Data</p> <p>ESCAP were introduced the longer lives website, where NHS Health Check data can currently be accessed.</p> <p>http://healthierlives.phe.org.uk/topic/nhs-health-check/</p> <p>There was a high level of interest from members in PHEs access to the THIN database and the research contribution that this could make. It was confirmed that because NHS Health Check has not had a data standard; read codes have been used on an adhoc basis so the data set only shows 1000 people as having completed an NHS Health Check.</p> <p>It was suggested that the data could be used to answer some of the diabetes filter questions and the modelling work underway (item 6)</p> <p>It was recognised that academic institutes are currently analysing large data sets such as THIN and that it would be important to ensure there is no duplication of work</p> <p>Action 9 – FG and JW to consider what reference should be made to the use of big data sets in the priorities for research database.</p> <p>Action 10 – FG and JF to map who is analysing large data sets and identify where this analysis is relevant to the NHS Health Check.</p>	LO/JF
15:25 – 15:45	<p>6. Modelling health and clinical outcomes</p> <p>James Woodcock supported by Ann Goodman and Arno Steinacher presented an overview of the scope of work to model health and clinical outcomes.</p> <p>Members welcomed the modelling work and there was a strong willingness to engage with its development and testing.</p> <p>Action 11 – Members to share their views on the separate document concerning the microsimulation modelling priorities.</p>	JWk, AG and AS
15:45 – 15:55	<p>7. CVD risk management in people excluded from the NHS Health Check</p> <p>Dr Claire Smith, Clinical Fellow at NHS England and Dr Matt Kearney presented paper 10.</p> <p>Members agreed that the paper was very informative. It clearly highlighted that for individuals with diseases which would lead</p>	CS, MK

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	<p>them to be excluded from the NHS Health Check they may not be receiving clinical follow-up.</p> <p>It was agreed that this issue should be considered further through the content review process.</p> <p>Action 12 – JW, KT and CS to meet to discuss the inclusion of a proposal to remove some diseases from the programme's exclusion criteria.</p>	
15:55 – 16:00	<p>8. AOB</p> <p>The Government has now published its response to the Science and technology committee recommendations.</p> <p>FG requested that members agree to write to EMIS to encourage them to integrate the QRISK2 heart age calculator on their clinical system.</p> <p>Action 13 – FG to draft a letter to EMIS to encourage them to integrate the Qrisk2 heart age calculator on their clinical system to be sent by the ESCAP Chair.</p> <p>Action 14 – KF, JN and JW to meet about the potential for confusion from the use of Qrisk2 10-year risk and lifetime risk through the heart age tool.</p>	All