Public Health England

Action Notes

Title of meeting:	NHS Health Check Expert Scientific and Clinical Advisory Panel
Date:	Tuesday 3 November 2015
Time:	10:00 – 12:00
Venue:	LG18, Wellington House SE1 8UG
Dial in details:	

Attendees:

Chair	**John Newton**, Chief Knowledge Officer, PHE **Kevin Fenton,** Director of Health and Wellbeing, PHE **Jamie Waterall,** NHS Health Check – National Lead, PHE **Michael Soljak**, Clinical Research Fellow, Imperial College **Nick Wareham,** Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science **Felix Greaves,** Deputy Director Science and Strategic Information, PHE **Lynda Seery,** Public Health Specialist, Newcastle City Council **Anthony Rudd,** National Clinical Director for Stroke, NHS England **Charles Alessi,** Senior Advisor, PHE **Huon Gray,** National Clinical Director for Heart Disease, NHS England **Jonathan Valabhji,** National Clinical Director for Obesity and Diabetes, NHS England **David Wood,** Professor of Cardiovascular medicine, Imperial College London **Matt Kearney,** National Clinical Advisor, PHE **Annmarie Connolly,** Director of Health Equity and Impact, PHE
Guest	**Lorraine Oldridge,** Associate Director, NCVIN/Associate Director NDIS
Guest	**Emma Barron**, NCVIN Head of Health Intelligence (Diabetes)
Secretariat	**Katherine Thompson,** Programme Manager, NHS Health Check Programme, PHE **Bianca Blom**, NHS Health Check Programme
Apologies	**Alistair Burns,** National Clinical Director for Dementia, NHS England **Richard Fluck,** National Clinical Director for Renal Disease, NHS England **Theresa Marteau,** Director of the Behaviour and Health Research Unit, University of Cambridge **Frances Fuller**, Cardiovascular prevention programme manager, London Borough of Lewisham

Ash Soni, Vice Chair, English Pharmacy Board
Zafar Iqbal, Director of Public Health, Stoke on Trent
John Deanfield, Director of National Centre for Cardiovascular Prevention and Outcomes
Anne Mackie, Director of programmes, UK NSC
Mark Baker, Centre for Clinical Practice Director - NICE
Lesley Hardman, Health Improvement Specialist for Primary Care, Bolton council

Timings	Item Description	Lead
10:00 – 10:05	**1. Welcome and apologies**	JW
10:05 – 10:15	**2. Actions from the last meeting** **Action 1:** NHS Health Check team to provide data guidance to local authorities. A draft has been shared with local authority leads for comment. A final version will be published by the end of the calendar year. **Action 2:** All content review proposals to be presented at the next ESCAP meeting on 6 August for the groups' consideration. Agenda item 4. **Action 3:** KF mentioned that we need to align terminology before publication of the national evaluations i.e. the study findings refer to programme coverage, whilst PHE speaks about proportion of public who has been offered a NHS Health Check. This needs to be defined as uptake based on people who've taken up the offer of a health check. Comments relayed to researchers. **Action 4:** KC to provide JD with the cholesterol levels of those who got statins. The action point has been addressed in the publication. **Action 5:** John Robson (JR) will check if he was given categorical data for people at high risk of diabetes that went on to access interventions. JR confirmed that he does not have further information about the later investigation or referral of these people as part of the national study. JR confirmed that two further pieces of work both relating to the east London study are underway:	KT

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	1. The fidelity of the NHS Health Check: the extent to which all major risk factors were recorded. Also the extent to which smokers, the obese, heavy drinkers and those at high CVD risk were referred to 3rd party agencies. 2. A full 5 year analysis of the coverage in east London and a comparative analysis of new co-morbidities identified in the NHS Health Check in comparison to those who did not attend using a matched analysis. **Action 6:** All presentations to be summarised after publication and distributed to the group with a summary paper drawing together the different results. Awaiting publication of the Robson national evaluation paper.	
10:15 – 10:25	**3. Programme update** The purpose of this item is: Jamie Waterall (JW) to provide a brief update on the Q1 data, paper 2. JW informed colleagues that the for-and-against papers were published in the Journal of Public Health in July 2015. In October there was some media interest in the against paper, PHE provided responses to the BMJ and Guardian editorials as well as publishing a special ebulletin. JW confirmed that 90 abstracts for oral/poster presentation had been submitted to PHE for the 2016 NHS Health Check conference, highlighting the great work being progressed by researchers, commissioners and providers in evaluating the programme. **Action 1** – NHS Health Check team to explore developing a graphical representation of data on the proportion of the eligible population having a check against local authority index of multiple deprivations and to include this as part of the data report brought to ESCAP each quarter. **Action 2** – NHS Health Check team to share link to the PHE responses to the BMJ and Guardian editorials as well as the ebulletin. **Action 3** – share the link to the publication of Michael's paper. **Action 4** – NHS Health Check team to share the programme for the conference with members.	JW
10:25 – 10:30	**4. Priorities for research** Felix Greaves (FG) confirmed that the National Institute for Health Research (NIHR) will be publishing a call for proposals,	FG

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	more information will be shared with members once NIHR have finalised the call. **Action 5** – NHS Health Check team to share the link to the NIHR call for funding proposals once published. There was some discussion of the need to consider whether there is currently appropriate research in train that will contribute to answering the question of the programme's impact. It was agreed that the support of NHS England is critical to securing the delivery of the clinical management component. **Action 6** – John Newton to raise implementation of NHS Health Check with the prevention board to highlight the need for support from NHS England to address variation in clinical follow-up.	
10.30 – 10.40	**5. Literature review and critical appraisal** Anne Brice (AB) and Katherine Thompson (KT) summarised the current approach used for the literature review and potential approach for developing critical appraisals of papers, see item 5 presentation. It was felt that a check for quality on all papers identified through the review would be a lot of work. Instead, it was suggested that it may be more helpful to have a relevance check. It was suggested that the review should be as robust as possible and should be published in the Cochrane library. AB and FG confirmed that the review currently follows the general Cochrane approach to identify the literature. However, the current review does not analyse or synthesise findings from papers. This work would need to be commissioned and undertaken at a given frequency. **Action 7** – FG to consider whether it would be possible to commission a regular synthesis of evidence. AB confirmed that an objective of the review was to help ESCAP be responsive to emerging research. To maximise this it would be helpful to adopt a more interpretive approach. It was also agreed that we need to use the papers that we already have and more actively disseminate findings, for example into infographics and through webinars. **Action 8** – NHS Health Check team to check that the literature review has picked up Michael's paper in preventative medicine.	AB

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	Action 9 – KT, AB and FG to explore what might be possible in terms of a review with an evidence synthesis.	
10:40 – 11:30	**6. Content review process** In this item members were invited to comment on the content review proposals summarised in paper 4 annex A and to inform the recommendation on whether the proposal should progress to the next stage of the process. It was agreed that there should be a high standard of evidence against the criteria for the proposal to move to the next stage. **Proposal 1 - To raise awareness of and strengthen advice on dementia with everyone having an NHS Health Check.** Members agreed that a review of the evidence on the effectiveness and cost effectiveness of raising awareness of dementia should be undertaken. **Proposal 2 - To raise awareness of other screening programmes that an individual is eligible for.** Members felt that marketing and communication programmes would be more effective at raising awareness of screening programmes. It was also considered that this activity is beyond the scope of the programme. **Proposal 3 - Introduce questions to identify people at risk of COPD.** Members agreed that the proposal does not progress to the next stage of the content review process. Instead, the clinical management section of the programme's best practice guidance should be strengthened to reflect NICE guidance on the diagnosis of COPD in people with a risk factor and presenting with symptoms. **Proposal 4 - Undertake a falls risk assessment in 65 - 74 year olds.** Members agreed that this proposal goes beyond the purpose of the NHS Health Check programme and should not progress to stage 2. **Proposal 5 - Back pain risk assessment** It was recognised that the Global Burden of Disease does have MSK quite high in the list. However, it was felt that there would be a feasibility of implementation issue. It was agreed that his proposal should not progress. **Proposal 6 - To identify individuals at risk of vitamin D deficiency and ensure that they receive appropriate advice**	JW

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	and treatment. It was agreed that this proposal goes beyond the purpose of the NHS Health Check programme and so should not progress to stage 2. **Proposal 7 - To include a question on fruit and vegetable intake in order to inform a discussion about a person's diet.** Members recognised that there is not a validated fruit and vegetable measurement tool that is predictive of risk, as there is e.g. with physical activity and alcohol. In addition NICE recommend everyone get advice on fruit and vegetable consumption. Members agreed that this proposal should not progress to stage 2. **Proposal 8 - Mandate the pulse check** Members felt that it would be important to first evaluate whether or not the pulse check is being done in practice as set out in programme's best practice guidance. Therefore, members agreed that this proposal should not progress to stage 2. **Proposal 9 - To remove atrial fibrillation and hypercholesterolemia from the list of exclusion criteria.** Members agreed not to progress this proposal to the second stage of the content review process. However, it was recognised that further consideration of the programmes inclusion/exclusion criteria should be explored at a future meeting. **Action 10** – An item on the programmes inclusion/exclusion criteria should be planned for a future meeting. **Proposal 10 - Include a mini spirometry test for smokers and ex-smokers of less than 12 months and feedback on lung function/lung age in order to encourage smoking cessation.** Members agreed that this proposal would not progress to the next stage of the content review process. Instead, the clinical management section of the programme's best practice guidance should be strengthened to reflect NICE guidance on the diagnosis of COPD in people with a risk factor and presenting with symptoms **Proposal 11 - Amend the eligible population to only target people at risk of CVD.** Members were concerned that because age is such an important determinant women between 40 and 50 would be excluded from a high risk approach using the Qrisk calculator. It	

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	was also recognised that using batch data to establish CVD risk would underestimate population risk and therefore miss potential individuals. It was agreed that it is important for local authorities to focus resources at getting higher risk people in for a check. Members felt that this proposal presented a philosophical question regarding the scope of the programme. They agreed not to progress the proposal at this time as it was agreed that the programme needed to establish evidence of its impact as it is currently delivered. However, given the changing funding landscape it was agreed that this proposal should be kept under consideration. **Proposal 12 - Include people with hypertension in the eligible population** Members agreed that the proposal should not progress to stage to but that the group should give further consideration to the programmes inclusion/exclusion criteria.	
11:30 – 11:55	**7. Diabetes filter** Lorraine Oldridge (LO) confirmed that Emma Barron (EB) had undertaken an analysis to establish the sensitivity and specificity of the current NHS Health Check diabetes filter (see the presentation). The findings from this analysis show that the sensitivity for detecting people at risk of diabetes was 57.4% and the specificity was 62.6%, lower than other commonly used risk assessment tools. However, for detecting non diabetes the sensitivity and specificity were 78.6% and 53.7% respectively, similar to other risk assessment tools. A number of challenges with the analysis were identified including the absence of some information that some of the tools use in their calculation. Purpose of the filter is to identify people with undiagnosed diabetes, but the tool also picks up those with non-diabetic hyperglycaemia. There is a lack of clarity with some tools on the threshold used for identifying someone at high risk. **Action 11** – ESCAP to look at defining the high risk categories for each of the tools, agreeing thresholds at which a blood test should be done. There was agreement that it would be helpful to have a standard recommendation on the use of different risk calculator tools across NICE, NHS Health Check and NHS DPP. Members discussed that the purpose of the NHS Health Check	LO/ EB/ JV

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	diabetes filter and whether it should be primarily concerned with the detection of undiagnosed diabetes or non-diabetic hyperglycaemia. The need to consider the feasibility of changing the current NHS Health Check filter to another which will require additional measures was also recognised. Although, it seems that other risk calculators may be more accurate at detecting non-diabetic hyperglycaemia it was recognised that some challenges with the analysis could be addressed and re-run providing more accurate information. **Action 12** – NHS Health Check national team to set up a sub group meeting to take place before the next ESCAP meeting, with NW, JV, JW and **Action 13** – EB to re-run the analysis and LO to review.	
11:55 – 12:00	**8. AOB** None	All
Dates of 2016 meetings		