



## 20180619 ESCAP Action Notes

**Title of meeting:** NHS Health Check Expert Scientific and Clinical Advisory Panel  
**Date:** Tuesday 10 July 2018  
**Time:** 10:00 – 12:00  
**Venue:** etc.venues Avonmouth House 6 Avonmouth Street, London,  
Greater London, United Kingdom, SE1 6NX

### Dial in details:

#### Attendees:

John Newton,	Director of Health Improvement, PHE <b>(Chair)</b>
Felix Greaves,	Deputy Director, Science and Strategic Information, PHE
Gillian Fiumicelli,	Head of Vascular Disease Prevention, London Borough of Bromley
Huon Gray,	National Clinical Director for Heart Disease, NHS England
Jamie Waterall,	National Lead CVD Prevention and Deputy Chief Nurse, PHE
John Deanfield,	British Heart Foundation Vandervell Professor of Cardiology at University College Hospital, London
Julia Hippisley-cox,	Professor of Clinical Epidemiology and General Practice in the Division of Primary Care, Univeristy of Nottingham
Michael Soljak,	Clinical Research Fellow, Imperial College London
Nick Wareham,	Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science, Cambridge
Zafar Iqbal,	Associate Medical Director Public Health; Midlands Partnership NHS Foundation Trust

#### Guests

Tom Marshall,	Professor of Public Health and Primary Care, University of Birmingham
George Bramley,	Senior Analyst, City REDI and Honorary Research Fellow Institute of Applied Health Research, University of Birmingham
Matt Fagg,	Director, NHS Diabetes Programme, NHS England
Helen E Scott,	Health & Wellbeing Programme Manager Public Health England East Midlands

#### Secretariat

Jo Foster Stead,	Deputy National Lead CVD Prevention, PHE
Rachel Miller	Senior Support Manager CVD Prevention, PHE

#### Apologies

Alistair Burns,	National Clinical Director for Dementia, NHS England
Matt Kearney,	National Clinical Director for CVD prevention NHS England
Annmarie Connolly,	Director of Health Equity and Place, PHE
Richard Fluck,	Chair of the Internal Medicine Programme of Care board
Mark Baker,	Centre for Clinical Practice Director – NICE

Peter Kelly, Centre Director North East, PHE  
 Martin Vernon, National Clinical Director for Older People, NHS England  
 Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England  
 Anne Mackie, Director of Programmes UK National Screening Committee, PHE  
 Anthony Rudd, National Clinical Director for Stroke, NHS England  
 Ash Soni, Vice Chair, English Pharmacy Board  
 Bernie Hannigan, Director of Research, Translation & Innovation; Priorities and Programmes, PHE  
 Charles Alessi, Senior Advisor and Lead for Preventable Dementia, PHE  
 Lynda Seery, Public Health Specialist, Newcastle City Council

Timings	Item Description	Paper	Lead
10:00 – 10:05	<b>1. Welcome and apologies</b> As shown on page 1 and 2. John thanked John Deanfield for chairing the last meeting; and congratulated Jamie and the CVD prevention team on the positive press coverage on the inclusion of dementia risk reduction messaging.		JN
10:05 – 10:15	<b>2. Actions from the last meeting</b> <b>Action 1:</b> PHE CVD team (EW) to keep the panel informed of next steps with Health Education England with the development of supporting resources for the NHS Health Check Competence Framework. Carried over from action 20 of previous meeting. <b>Update:</b> Eleanor had previously been in talks with HEE to establish how they can support the NHS Health Check Competence Framework to develop an e-learning or training video, and also to promote its and other national resources. HEE have made it clear that NHS Health Check competency framework is not something that they have on their work programme at present. They have suggested we begin to think about what platforms we could link to their work. This also has a interdependency with the NHS Health Check transition plans for the website migration. <b>Action 2 – Carried over from previous meeting (Action 21)</b> – As part of the GPES data extraction work PHE CVD Team will engage with partners to develop a design for a longitudinal study to understand the impact of the programme when this is complete. <b>Update:</b> DEAC (Data Extract Advisory Committee) has been set up to advice on this. DEAC is co-chaired by John Deanfield and Matt Kearney. As a subgroup of ESCAP DEAC will share any	Paper 1 – ESCAP action notes	JFS

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	<p>draft study design with ESCAP and other relevant partners.</p> <p><b>Action 3</b>– <i>Carried over from previous meeting</i> (Action 24) – Secretariat (JFS) to invite Liverpool university to provide ESCAP with an update on the WorkHorse study. <b>Complete:</b> Presenting at the September meeting.</p> <p><b>Action 4</b> - <i>Carried over from previous meeting</i> (Action 25) - secretariat (JFS) to invite researchers of the Imperial evaluation to present at a future ESCAP meeting. <b>In progress.</b></p> <p><b>Action 5</b> – Carried over from previous meeting (Action 27) – PHE CVD team to look at data extraction to see whether GPPAQ information is being recorded. JFS To share PHE Physical Activity, <a href="#">journal article</a> that confirms this. <b>(Complete)</b></p> <p><b>Action 6-</b> Carried over from previous meeting (Action 27). PHE CVD team (JFS) to follow up with JHC about including physical activity and alcohol in a future update to the Qrisk tool.</p> <p>Verbal update in the meeting: JHC reports that in theory alcohol could go into a future iteration of Q Risk, although there are logistical challenges that would need to be worked through, as well as having a clear rationale for inclusion. Physical activity is more challenging. JHC reported that the step will be to look at the descriptors and see what the options are. JFS will provide links to the PHE physical activity team. <b>Updated action:</b> JFS and JHC to follow up, JHC to report back at the first meeting of 2019.</p> <p><b>Action 7 and 8 (combined)</b>– National CVD team to arrange a follow up meeting with Julia HC to discuss Qrisk and Qdiabetes papers. In meeting discussion: Jonathan and Julia updated on their conversation, a presentation will be scheduled for a future ESCAP meeting, as part of a broader item on data collection/ risk algorithms. Will be considered for update of best practice guidance. <b>Updated action:</b> JFS to follow up with Julia and Jonathan, to bring back to ESCAP in September if possible.</p>		

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	<p><b>Action 9</b> – PHE CVD team to explore options for analysing the Diabetes Risk Assessment/Filter review and present options at the next meeting. <b>Updated action:</b> Scheduled for September</p> <p><b>Action 10</b> – ESCAP members to send any suggestions for membership to secretariat (JFS). Please contact Jo on <a href="mailto:Joanna.Fosterstead@phe.gov.uk">Joanna.Fosterstead@phe.gov.uk</a> if any suggestions on experts in system change / behavior change who could support this side of thinking for the programme as part of ESCAP. <b>Updated action:</b> JN made a suggestion – JFS to follow up on this with Felix. Suggestion also of locating a statistician for the group. Suggestions to be sent to JFS.</p> <p><b>Action 10</b> – PHE CVD team to consult ESCAP as appropriate on the communication and stakeholder management plan for Q4. <b>Complete</b>, limited consultation possible as expected due to PHE communications processes.</p> <p><b>Action 11</b> – PHE CVD team to review the aims and objectives of NHS Health Check (bearing in mind that the indicator is now a rolling indicator) particularly in relation to NCD prevention and bring to the next meeting in July. <b>(Postponed to September)</b></p> <p><b>Action 12</b> – PHE CVD team to review the research questions identified by ESCAP. Research question around the programme, are they still the right questions? Can they be narrowed down. <b>Updated action:</b> Carried over Jo and Felix to review and bring back to ESCAP a proposal for formal review and taking forward.</p> <p><b>Action 13</b> – PHE CVD team to review how this might be included within the best practice guidance, also ensure any relevant information to include within the communications strategy. <b>Update</b>, underway.</p> <p><b>Action 14</b> – PHE CVD team to provide an update on the cholesterol study will be provided at the next meeting. <b>Complete.</b></p> <p><b>Action 15:</b> PHE CVD team to review how this might be included within the best practice guidance for September 2018. <b>Action:</b> underway.</p>		

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	<p><b>New Action 16:</b> Additional conversation on making a formal ESCAP and PHE position on Q Risk 3. PHE clear that there will need to be a transition period. However, Q Risk 2 won't be maintained. CVD Prevention team to explore with PHE centers and JHC implementation challenges and put in place a plan of action and support. Including exploring other roles eg HEE in roll out.</p> <p><b>Action 17:</b> consideration will also be needed for JBS, suggestion of reviewing the JBS guidelines. CVD Prevention Team and JD.</p>		
10:15 – 10:30	<p><b>3. NHS Health Check evidence update</b> Programme and evidence update Key highlights from Q4 data Key highlights from evidence briefing, discussion on the two microsimulation studies from Cambridge and Liverpool.</p> <p><b>Action 18:</b> An error was noted in the evidence briefing RM to update.</p>	<p>Paper 2 – annotated bibliography</p> <p>Paper 3 – NHS HC 2016-17 Q4 data</p>	JFS/FG
10:30 – 11:00	<p><b>4. NHS Health Check content review update: Cholesterol</b></p> <p>Presentation from Birmingham. Key points that there is a lack of evidence to truly understand the impact of restricting cholesterol testing on 10 year risk (absolute), lifetime risk (relative) within the NHS Health Check and impact on take up of the NHS Health Check long term health. Certain hypotheses can be made, however further primary research is needed before the protocol can be reviewed further.</p> <p>Other challenges for restricting cholesterol testing, is that over time it will degrade the data of the current proxy indicator in Q-Risk</p> <p>Additional point raised by MS on the evidence that points to the need to shift policy towards a focus on lifetime risk {relative risk is more important for younger adults; aged 50 of less, unlikely to have a 10% risk of CVD; absolute risk is for older adults) <b>Action 19:</b> share this paper with</p>	<p>Paper 4 – Evidence review</p>	TM / GB

Timings	Item Description	Paper	Lead
	<p>ESCAP and MS to present at September</p> <p><b>Action 20:</b> ESCAP decision to not progress the proposal to limit cholesterol testing to the next phase of content review. JN to communicate with the John Robson. CVD prevention team to update PHE centres.</p> <p><b>Action 21:</b> Publish Birmingham review; circulate presentation.</p> <p><b>Action 22:</b> JFS and Felix to discuss what evidence / primary research would support understanding this area further. Ideas discussed included: If young and low relative risk, do people need re-checks in their 5 year follow up?</p> <p><b>Action 23:</b> A further primary research suggestion from JN to consider building in factorial trials into NHS Health Check.</p>		
11:00-11:10	<p><b>5. HbA1c POCT for non-diabetic hypoglycaemia, referral from NHS Health Check to DPP</b></p> <p>Group briefed on key issues as per paper and agreement to proceed with identified actions</p> <p><b>Action 24:</b> CVD Prevention Team and DPP to work together to deliver agreed actions as per paper on POCT and HbA1c, JV to present at the September ESCAP.</p>	Paper 5	MF/JW
11:10-11:50	<p><b>6. Review of programme aim and objectives</b></p> <p>There was not enough time to discuss this in detail, it was agreed that this is important and that an appropriate amount of time should be given to this at the September meeting.</p> <p>Key point is that this is not about changing the principles of the programme, rather reframing of the current policy – that the programme doesn't just benefit CVD but other NCDs too.</p> <p>However, it was also agreed that it would be worth thinking through the implications if the programme itself moved more towards broader NCD prevention, suggestion of a small ESCAP task and finish group could discuss this.</p> <p>Suggestion to get feedback from ADPH, which was agreed.</p>	Paper 6	JW/JFS

Timings	Item Description	Paper	Lead
	<p><b>Action: 25</b> JFS to update the programme aims and objectives paper and ZI to ask ADPH for feedback.</p> <p><b>Action: 26</b> All ESCAP members to review the programme aim and objectives and comment via email to Jo and Jamie</p> <p><b>Action 27</b> MK to sound out primary care colleagues on the suggestions within the paper on updating the programme aims and objectives.</p>		
11:50 – 12:00	<p><b>7. AOB</b></p> <p>Including:</p> <p><b>Physical activity</b> objective measure, and update on the CMO guidelines</p> <p><b>2018 Best Practice Guidance:</b> Over summer National Team shall be asking for some guidance in updating the Best Practice Guidance.</p> <p><b>National data extraction:</b> 89% GP surgeries in England signed up to the extraction, now underway.</p>		All
<p>Dates of 2018 meetings: <b>25 September 2018</b></p> <p><b>Colleagues hold the date in the diary Thursday 14<sup>th</sup> February 2019 for the next CVD prevention conference in Manchester.</b></p>			