



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

Programme/Policy Area	Cardiovascular disease
Directorate	Health Improvement
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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 being extracted 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.

Members shall be invited to serve for a term of one year, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Certain appointments may be asked to serve for repeated terms.

- National clinical director for cardiovascular disease prevention, NHS England and PHE (Chair)
- Expert in preventative cardiology, wider datasets and use of data linkage (Co-Chair)
- Analyst lead for the project, PHE
- National lead for CVD prevention, PHE
- Member of RCGP (key consultative body, interface with primary care)
- Member of the BMA (as above)
- Head of public health data science, PHE (Caldicott guardian, IG)
- Director of Health Improvement, PHE
- Centre director, PHE North East (centre director, statistician)
- National evaluation representative

- Epidemiologist
- Consultant in public health
- Patient representative
- Communications representative
- NHS Health Check Local Implementer National Forum representatives (commissioning, local implementation)
- Medical director, British Heart Foundation (expert in cardiology, research, third sector)
- Clinical chair, Clinical Commissioning Group (primary care, commissioning, local implementation)
- Public health doctor/academic clinical lecturer, University College London

Secretariat

- Cardiovascular disease prevention team, Deputy national lead
- Cardiovascular disease prevention team, Analyst

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 publically available via the NHS Health Check website. These terms of reference will be reviewed regularly.

Approved

Professor John Deanfield	17 April 2018
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Committee Co-Chair	Date

Dr Matt Kearney	17 April 2018
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Committee Co-Chair	Date



Appendix one – Full membership

Matt Kearney (Co- chair), National clinical advisor, PHE, National clinical director for cardiovascular disease (CVD) prevention (CVD expert, GP)

John Deanfield (Co-Chair), Senior Advisor to Public Health England on Cardiovascular Disease Prevention & UCL Professor of Cardiology (preventative cardiology, wider datasets and use of data linkage)

Analyst lead for the project, PHE (name TBC)

Jamie Waterall, National lead for CVD prevention, Deputy chief nurse,

Phil Koczan, RCGP representative, (key consultative body, interface with primary care),

David Wrigley, BMA representative, (key consultative body, interface with primary care)

Julian Flowers, Head of public health data science, PHE (Caldicott guardian, IG)

John Newton, Director of Health Improvement, PHE

Peter Kelly, Centre director, PHE North East (centre director, statistician)

John Robson, Clinical Reader in Primary Care Research & Development Queen Mary University of London (national evaluation representative)

Nick Wareham, Director of the MRC Epidemiology Unit, University of Cambridge (epidemiologist)

Dave Roberts, Head of Primary Care Information, NHS Digital

Ifeoma Onyia, Consultant in Public Health, Halton Borough Council

Bob Ruane - patient representative

Communications representative from PHE – TBC

Nayab Nasir, CVD prevention lead, Kingston Upon Thames, Local Implementer National Forum representative

Nilesh Samani, Professor of cardiology at University of Leicester, Medical Director, British Heart Foundation (cardiology, research, third sector)

Peter Green, Clinical Chair NHS Medway Clinical Commissioning Group (primary care, commissioning, local implementation)

Rob Aldridge, University College London (data science, public health doctor)

Clare Perkins, Head of risk factors intelligence, PHE (data)

Secretariat

Slade Carter, Cardiovascular disease prevention team, Deputy national lead

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