



Action notes

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel
Date: Wednesday 5 November 2014
Time: 13:30 – 15:30
Venue: Board Room, Wellington House SE1 8UG

Attendees:

Chair

John Newton, Chief Knowledge Officer, PHE
Jamie Waterall, NHS Health Check – National Lead, PHE
Anne Mackie, Director of Programmes UKNSC, PHE
Theresa Marteau, Director of the Behaviour and Health Research Unit, University of Cambridge
Michael Soljak, Clinical Research Fellow, Imperial College
Kevin Fenton, Director of Health and Wellbeing, PHE
Hilary Chatterton, Public Health Analyst, NICE
David Wood, Professor of Cardiovascular Medicine, Imperial College London
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
Huon Gray, National Clinical Director for Heart Disease, NHS England
Zafar Iqbal, Director of Public Health, Stoke on Trent
Felix Greaves, Deputy Director Science and Strategic Information, PHE
Lynda Seery, Public Health Specialist, Newcastle City Council
Matt Kearney, National Clinical Advisor, PHE
Richard Fluck, National Clinical Director for Renal Disease, NHS England
Claudia Langenberg, Public Health Specialist Registrar, Imperial College
Charles Creswell, Deputy Editor, NHS Choices
Edin Hamzic, NHS Choices
Anne Brice, Head of Knowledge and Library Services, PHE
Amy Sinclair, NHS Health Check National Lead Assistant, PHE
Katherine Thompson, Programme Manager, NHS Health Check Programme, PHE

Guest

Guest

Guest

Guest

Secretariat

Secretariat

Apologies

Frances Fuller, Cardiovascular Prevention Programme Manager, London Borough of Lewisham

Anmarie Connolly, Director of Health Equity and Impact, PHE

Mike Kelly, Director of the Public Health Excellence Centre, NICE

Adrian Davis, Director of Population Health Science, PHE

Charles Alessi, Senior Advisor, PHE

Anthony Rudd, National Clinical Director for Stroke, NHS England

Alistair Burns, National Clinical Director for Dementia, NHS England

Ash Soni, Vice Chair, English Pharmacy Board

Timings	Item Description	Lead
13:30 – 13:35	<p>1. Welcome and apologies</p> <p>John Newton welcomed new members to the group, confirmed apologies and noted that a few members would be joining the meeting slightly late.</p>	JN
13:35 – 13:45	<p>2. Actions from the last meeting</p> <p>JN summarised the progress of actions from the last meeting.</p> <p>Anne Brice provided an update on the literature review, confirming that the cumulated search results would shortly be published online. Results will also go into EndNote and be shared via the EndNote library. Her team are considering how to approach quality assessment of new publications in the results. It was noted that any critical appraisals of publications could be linked against the relevant publication within the search results list.</p> <p>JN referred members to the revised aims and objectives for the programme for any final comments.</p> <p>Action 1 – It was agreed that current wording of objective 1 should be revised to make it clearer that it is referring to chronic diseases associated with the risk factors for vascular disease.</p> <p>There was discussion about whether the objectives should be adapted to reflect the role of social risk factors for vascular disease.</p> <p>Agreed – It was agreed that the aims and objectives would be kept under review and the role of social factors would be considered at a later date.</p>	JN
13:45 – 14:15	<p>3. Content review process</p> <p>JW referred colleagues to paper 3 on the content review process. He informed members of the revised timescale for commencing the content review process and asked colleagues to look at the proposed forms that will be used for the process.</p>	JW, JV

Timings	Item Description	Lead
	<p>Action 2 – Members to send any comments on the content review forms to JW following the meeting.</p> <p>JW opened discussion on the detection of atrial fibrillation (AF) as part of the NHS Health Check, picking up on conversations commenced at previous ESCAP meetings.</p> <p>It was noted that the UKSNC had looked at the evidence for AF screening and decided that it would not recommend screening, noting poor current diagnosis and treatment.</p> <p>The group discussed and made a clear distinction between pulse checks to screen for AF and the use of pulse rhythm checks which are recommended by NICE as best clinical practice for measuring blood pressure. It was noted that finding an irregular pulse in this way was not equivalent to proactively looking for irregular pulse and therefore was best represented as a <i>by-product of blood pressure testing rather than screening for AF</i> (or other arrhythmia).</p> <p>Members noted the importance of ensuring that individuals identified with AF receive appropriate clinical follow up, though it was agreed that the treatment pathway for individuals with an irregular pulse is outside the scope of an NHS Health Check, and the responsibility of NHS England to ensure effective clinical follow-up.</p> <p>Action 3 – ESCAP to write to NHS England about the need to support and monitor diagnosis and management of people with AF and other arrhythmias and pointing out that the Health Check programme was likely to identify considerable numbers of new cases as a result of the blood pressure best practice guidance.</p> <p>Agreed – It was agreed that the NHS Health Check programme team reference pulse rhythm checks as best practice in taking blood pressure as part of the NHS Health Checks best practice guidance.</p> <p>JW updated the panel on feasibility testing of the revised diabetes filter, following actions agreed at a previous ESCAP meeting.</p> <p>A discussion on how local areas are currently using the diabetes Leicester tool prompted a wider reflection on the variation in how closely national guidance is implemented at the local level, and the barriers to doing so.</p> <p>JW informed the group that revised NHS Health Check best practice guidance would be shared with the panel shortly for their review.</p> <p>In summary to the content review process item, JN recommended that all proposals submitted to the process be shared with ESCAP, including any screened out of the process by the secretariat.</p> <p>Agreed – It was agreed that the ESCAP panel should be shared all content review proposals submitted to the NHS Health Check team, including any screened out by the secretariat.</p>	

Timings	Item Description	Lead
14:15 – 14:50	<p>4. JBS3 and the NHS Health Check programme</p> <p>JW presented paper 4 outlining proposed research question on use of JBS3.</p> <p>It was recommended that ‘readiness for behaviour change’ should not be used as a measured outcome.</p> <p>Members noted the long duration of a study evaluating impact of JBS3 on health outcomes or events, and that this study would need to primarily focus on proximal measures, such as behaviour change.</p> <p>There was agreement that the current presentation of the research proposal was too broad and needed greater clarity and specificity.</p> <p>Action 4 – 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.</p> <p>Agreed – It was agreed that the group would consider sub-questions for the study. Suggestions included questions on the impact of the person communicating the risk using JBS3 (e.g. GP or pharmacist), or the effect of using the tool with different sub-groups (e.g. people at high CVD risk, or people at low CVD risk).</p> <p>JW confirmed that the majority of ESCAP had endorsed the use of JBS3 on the NHS Choices site through correspondence following circulation of a proposal paper on 13 October 2014.</p> <p>Colleagues from NHS Choices presented their plans to evaluate use of the tool on the site using a user-survey. It was confirmed that unfortunately it would not be feasible to link data from the user survey to the individuals’ data submitted via the JBS3 tool.</p> <p>Action 5 – The working group to input into the evaluation of the tool on the NHS Choices site.</p> <p>Agreed – It was agreed that the revised paper and JBS3 research question would go straight the Research and Development panel, rather than first coming back to ESCAP.</p>	<p>JW, JD</p> <p>EH, CC</p>
14:50 – 15:05	<p>5. Science and Technology Committee Recommendation for the NHS Health Check programme</p> <p>JW informed the panel of the House of Commons Science and Technology Select Committee’s recommendation that the NHS Health Check be reviewed by the UK National Screening Committee (UKNSC). This followed evidence provided to the select committee earlier in the summer.</p> <p>AM provided the group with background around the process of UKNSC reviews.</p> <p>JW informed members that PHE will work with DH to consider the recommendations and contribute to the formal response.</p>	<p>JW</p>

Timings	Item Description	Lead
15:05 – 15:20	<p>6. NHS Health Check: Priorities for research</p> <p>JN introduced paper 5 on the NHS Health Check research priorities, referring back to dialogue commenced at the research and academic symposium held in the summer.</p> <p>Members commented that they welcomed the paper and the categorisation of research questions and topics.</p> <p>Action 6 – All members to raise awareness of the consultation of priorities within their organisations and networks when it opens.</p> <p>Action 7– MS to submit his comment on evaluating cost-effectiveness of checking for multiple diseases/conditions within one check, as part of a consultation response.</p> <p>Members agreed that it was important to consider ESCAP’s role in stimulating research around the programme, and the need to encourage expert researchers to develop strong funding applications.</p> <p>Action 8 – JN and KF to highlight the consultation and raise research funding needs with relevant research funding bodies and associated committees.</p> <p>It was noted that recommendations for research from Parliament and NICE are particularly powerful in influencing funding organisations.</p> <p>JN suggested it would be important to encourage leading researchers to work together to develop first class multi-disciplinary research proposals to address the questions identified. Members of ESCAP would be well placed to contribute to this work but would need to work independently of ESCAP to develop such research proposal(s).</p> <p>Action 9 – JD offered to collaborate with interested colleagues to ensure high quality proposals for research and evaluation were being developed across the academic sector.</p>	JN
15:20 – 15:30	<p>7. AOB</p> <p>JW asked the group for their views on having a future agenda item to discuss the cost-effective frequency of lipid testing individuals.</p> <p>Action 10 – PHE will engage with NICE to understand their position on frequency of lipid testing of individuals.</p> <p>Action 11 – Secretariat to circulate date for the next NHS Health Check annual conference.</p>	All
<p>Date of the next meeting: 14:00 – 16:00 Monday 2 February 2015</p>		

ACTION / AGREED	Point	Action owner	Status
Action 5 (previous meeting)	AB to define the scope of the 'work in the pipeline' section of the literature review.	AB	Ongoing
Action 1	It was agreed that current wording of objective 1 should be revised to make it clearer that it is referring to chronic diseases associated with the risk factors for vascular disease.	Programme team	Closed
Agreed	It was agreed that the aims and objectives would be kept under review and the role of social factors would be considered at a later date.	n/a	n/a
Action 2	Members to send any comments on the content review forms to JW following the meeting.	All members	Open
Action 3	ESCAP to write to NHS England about the need to support and monitor diagnosis and management of people with AF and other arrhythmias and pointing out that the Health Check programme was likely to identify considerable numbers of new cases as a result of the blood pressure best practice guidance.	Secretariat	Open
Agreed	It was agreed that the NHS Health Check programme team reference pulse rhythm checks as best practice in taking blood pressure as part of the NHS Health Checks best practice guidance.	Programme team	Open
Agreed	It was agreed that the ESCAP panel should be shared all content review proposals submitted to the NHS Health Check team, including any screened out by the secretariat.	Programme team	n/a
Action 4	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.	TM, JD, MS, NW, JV, JW	Open
Agreed	It was agreed that the group would consider sub-questions for the study. Suggestions included questions on the impact of the person communicating the risk using JBS3 (e.g. GP or pharmacist), or the effect of using the tool with different sub-groups (e.g. people at high CVD risk, or people at low CVD risk).	TM, JD, MS, NW, JV, JW	n/a
Action 5	The working group to input into the evaluation of the tool on the NHS Choices site.	TM, JD, MS, NW, JV, JW	Open

ACTION / AGREED	Point	Action owner	Status
Agreed	It was agreed that the revised paper and JBS3 research question would go straight the Research and Development panel, rather than first coming back to ESCAP.	TM, JD, MS, NW, JV, JW	n/a
Action 6	All members to raise awareness of the consultation of priorities within their organisations and networks when it opens.	All members	Open
Action 7	MS to submit his comment on evaluating cost-effectiveness of checking for multiple diseases/conditions within one check, as part of a consultation response.	MS	Open
Action 8	JN and KF to highlight the consultation and raise research funding needs with relevant research funding bodies and associated committees.	JN, KF	Open
Action 9	JD offered to collaborate with interested colleagues to ensure high quality proposals for research and evaluation were being developed across the academic sector.	JD	Open
Action 10	PHE will engage with NICE to understand their position on frequency of lipid testing of individuals.	Secretariat	Open
Action 11	Secretariat to circulate date for the next NHS Health Check annual conference.	Secretariat	Open