## Public Health <br> England

## Action Notes

| Title of meeting: | Scientific and Clinical Advisory Panel |
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| Date: | Thursday 4 February 2016 |
| Time: | 10:00-12:00 |
| Venue: | Board Room, Wellington House, 133-155 Waterloo road, SE1 8UG |
| Dial in details: | Teleconference Tel: 08002795729 or +44 (0)20 71539939 Guest code 1195459452 - Host code 3132877575 |
| Attendees: |  |
| Chair | John Newton, Chief Knowledge Officer, PHE Jamie Waterall, NHS Health Check - National Lead, PHE Nick Wareham, Director of the MRC Epidemiology Unit and coDirector of the Institute of Metabolic Science Matt Kearney, National Clinical Advisor, PHE John Deanfield, Director of National Centre for Cardiovascular Prevention and Outcomes |
| Telephone | Theresa Marteau, Director of the Behaviour and Health Research Unit, University of Cambridge <br> Charles Alessi, Senior Advisor, PHE <br> Mark Baker, Centre for Clinical Practice Director - NICE Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England Hannah Rees, Senior support manager, NHS Health Check Zafar Iqbal, Director of Public Health, Stoke on Trent |
| Guest and telephone | Lorraine Oldridge, NCVIN, PHE |
| Guest | Tim Chadborn, Behavioural Insights Lead Researcher, PHE |
| Guest | John Robson, GP, Reader, Queen Mary University of London |
| Guest | Slade Carter, Programme manager, NHS Health Check |
| Guest | Catherine Lagord, Analyst, NHS Health Check |
| Apologies | Alistair Burns, National Clinical Director for Dementia, NHS England Richard Fluck, National Clinical Director for Renal Disease, NHS England <br> David Wood, Professor of Cardiovascular medicine, Imperial College London <br> Frances Fuller, Cardiovascular prevention programme manager, London Borough of Lewisham <br> Ash Soni, Vice Chair, English Pharmacy Board Anthony Rudd, National Clinical Director for Stroke, NHS England Huon Gray, National Clinical Director for Heart Disease, NHS England |

Anne Mackie, Director of programmes, UK NSC
Annmarie Connolly, Director of Health Equity and Impact, PHE
Lesley Hardman, Health Improvement Specialist for Primary Care, Bolton Council
Michael Soljak, Clinical Research Fellow, Imperial College
Kevin Fenton, Director of Health and Wellbeing, PHE
Lynda Seery, Public Health Specialist, Newcastle City Council
Felix Greaves, Deputy Director Science and Strategic Information, PHE

| Timings | Item Description | Lead |
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| 10:00- | 1. Welcome and apologies <br> 10:05 <br> As shown on page 1. <br> It was recognised that NHS England are recruiting to the <br> National Clinical Director posts. It has been confirmed that <br> the renal NCD will come to an end. PHE will ensure that <br> there will be appropriate NCD representation at future <br> meetings. | JW |
| Action 1 - National NHS HC team to follow up with NHS <br> England about NCD appointments and attendance at future <br> meetings. |  |  |
| 10:05- | 2. Actions from the last meeting <br> Action 1 - NHS Health Check team to explore developing <br> a graphical representation of data on the proportion of the <br> eligible population having a check against local authority <br> index of multiple deprivation and to include this as part of <br> the data report brought to ESCAP each quarter. <br> Complete. <br> Action 2 - NHS Health Check team to share link to the PHE <br> responses to the BMJ and Guardian editorials as well as the <br> ebulletin. <br> Complete. | JW |
| Action 3 - share the link to the publication of Michael's <br> paper. <br> Complete. | Action 4 - NHS Health Check team to share the <br> programme for the conference with members. <br> Complete. <br> Action 5 - NHS Health Check team to share the link to the |  |


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|  | NIHR call for funding proposals once published. <br> Complete. <br> 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. <br> JN has raised this with Celia Ingham-Clarke and received a helpful reply. It was agreed that the findings on follow up from the Robson study should be raised at the NAC and to address follow up for both lifestyle and clinical follow-up. <br> Action 2 - National NHS HC team to include an item on the Robson paper at the next National Advisory Committee meeting. <br> Action 7 - FG to consider whether it would be possible to commission a regular synthesis of evidence. <br> Linked to action 9. <br> Action 8 - NHS Health Check team to check that the literature review has picked up Michael's paper in preventative medicine. <br> Complete. <br> Action $9-\mathrm{KT}$, AB and FG to explore what might be possible in terms of a review with an evidence synthesis. <br> Jamie Waterall to provide an update under item 4. <br> Action 10 - An item on the programmes inclusion/exclusion criteria should be planned for a future meeting. <br> Planned for the summer meeting. <br> Action 11 - ESCAP to look at defining the high risk categories for each of the diabetes risk tools, agreeing thresholds at which a blood test should be done. <br> Jamie Waterall confirmed that the first meeting took place on 4 December 2015. It was agreed that further work was needed to investigate the affordability threshold for identifying people at high risk. A follow up meeting has been scheduled. <br> 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, KT, LO and EB. <br> Linked to action 11. Complete. |  |


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|  | Action 13 - EB to re-run the diabetes filter analysis and LO <br> to review. <br> Complete |  |
| 10:15-30 | 3. Programme update <br> Jamie Waterall (JW) summarised the Q2 data. <br> Action 3 - Catherine Lagord to add in data on the <br> investment local government makes in commissioning the <br> programme into the data report. | JW |
| Members recognised that there is high variation between <br> local authorities. There was some discussion among <br> members on understanding why, for example, Surrey's <br> activity is low. JW confirmed that as part of the stocktake <br> work a deep dive into the factors that characterise an areas <br> success or limit activity is being undertaken. <br> Action 4 - As part of a future call for content review <br> proposals the National NHS HC team will work with Zafar to <br> consider whether local authorities could prioritise just inviting <br> people who have not yet had a check. <br> JW informed colleagues that the Robson paper was <br> published in the BMJ open on the 14 January 2016 and an <br> infographic was published on the NHS Health Check <br> website. <br> JW confirmed that the NHS HC national conference is fully <br> subscribed with 36 oral speakers and 40 poster <br> presentations. The event will be attended by Duncan Selbie <br> and Bruce Keogh. <br> It was also confirmed that the Cambridge modelling was <br> near conclusion and would be brought to the group at a <br> future meeting. |  |  |
| $10: 30-$ | 4. Priorities for research <br> JW confirmed that previous discussions about quality <br> assessing papers identified through the literature search is <br> constrained by capacity. <br> Action 5 - JW to follow up with JN on possible solutions for <br> quality assessing papers identified through the literature <br> search. <br> JN recognised that there is an opportunity for ESCAP to <br> come back to its core purpose and look at the evidence to <br> identify what has been learnt so far by looking to make <br> sense of the current literature in terms of what we do/don't |  |
| $10: 45$ | JW |  |


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|  | know currently. <br> It was recognised that there had been a couple of evaluation focused meetings and members welcomed this opportunity. <br> Action 6 - JN, JW to consider doing a review of evidence published since ESCAPs commencement. <br> JW confirmed that PHE has received a PHD studentship application on NHS Health Checks which is currently being considered. <br> JW highlighted the research currently in train by Staffordshire university (paper 3). Members were invited to engage with them in the implementation of the research. <br> It was suggested that the outline received from Staffordshire didn't fully reflect the current research. It was also recognised that there are political influences at play and these didn't seem to be reflected in the summary of the projects. <br> Action 7 - ZI to share ESCAPs feedback on the Staffordshire university proposal with the researchers. |  |
| $\begin{aligned} & 10.45- \\ & 11.05 \end{aligned}$ | 5. Findings from the QMUL led national evaluation <br> John Robson (JR) confirmed that the National paper is now published, comments have been posted online and the authors will be responding accordingly. <br> JR summarised the preliminary findings of a matched study of attenders and non-attenders, from the three east London boroughs, over the first full five years of the programme. | JR |
| $\begin{aligned} & 11.05- \\ & 11.15 \end{aligned}$ | 6. Content review process <br> JW confirmed that the NHS HC national team has met with dementia leads to agree next steps in establishing evidence to underpin the proposal for extending the dementia component to 40-64 year olds. <br> A sub group was convened to discuss what questions need to be answered to make an evidence based recommendation on universal vs a targeting approach. A paper for discussion will be brought to the May ESCAP meeting. <br> A follow up meeting on the diabetes filter is planned. | JW |
| $\begin{aligned} & 11.15- \\ & 11.35 \end{aligned}$ | 7. Establishing a national data set <br> Slade Carter confirmed the purpose of the extraction, data | SC/LO |


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|  | of interest and the work completed to date and next steps. <br> Action 8 - LO and JN to explore strategic opportunities for <br> securing primary care data routinely from GP systems. This <br> should also involve John Parkinson, Chief Operating Officer <br> NICOR. <br> Action 9 - DIGG to consider going direct to GP system <br> suppliers to access primary care data. | (11.35 - |
| 8. DH/PHE behavioural insight work: findings so far <br> Dr Tim Chadborn provided an update on the progress of and <br> findings from the PHE supported BI evaluations that have <br> been undertaken in the last 12 months. <br> The NHS Health Check team have published study <br> summaries on the website and included information in the <br> Best Practice Guidance in order to help translate findings <br> into practice. | TC |  |
| 11.55 | A. AOB | All |
| 11:55- <br> $12: 00$ | 9. |  |

