



## Action notes

**Title of meeting:** NHS Health Check Expert Scientific and Clinical Advisory Panel  
**Date:** Tuesday 1 November 2016  
**Time:** 10:00 – 12:00  
**Venue:** Board Room, Wellington House, 133 – 155 Waterloo road, SE1 8UG

**Dial in details:**

### Attendees:

#### Chair

**John Newton**, Chief Knowledge Officer, PHE  
**Jamie Waterall**, national lead and deputy chief nurse, CVD prevention team, PHE  
**Lynda Seery**, Public Health Specialist, Newcastle City Council  
**Charles Alessi**, Senior Advisor, PHE  
**Jonathan Valabhji**, National Clinical Director for Obesity and Diabetes, NHS England  
**Felix Greaves**, Deputy Director, Science and strategic information  
**Matt Kearney**, National Clinical Director for Prevention, NHS England  
**Huon Gray**, National Clinical Director for Heart Disease, NHS England  
**Nick Wareham**, Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science  
**Judith Richardson on behalf of Mark Baker**, Centre for Clinical Practice Director – NICE  
**Richard Fluck**, Chair of the Internal Medicine Programme of Care board.  
**Gillian Fiumicelli**, Head of vascular disease prevention, London Borough of Bromley  
**Martin Vernon**, National Clinical Director for Older People, NHS England.  
**Alistair Burns**, National Clinical Director for Dementia, NHS England  
**Zafar Iqbal**, Deputy Director of Public Health, Stoke on Trent  
**James Woodcock**, Programme Lead: Public Health Modelling, Cambridge University  
**Oliver Mytton**, Honorary Specialty Registrar/PhD Candidate, Cambridge University  
**Catherine Lagord**, Analyst, CVD prevention team PHE  
**Allison Streetly**, Deputy Director Health Care Public Health, PHE  
**Nerissa Santimano**, Population health services manager, PHE  
**Slade Carter**, Deputy national lead, CVD prevention team, PHE  
**Katherine Thompson**, Deputy national lead, CVD prevention team

*Telephone*

*Guest*

*Guest*

*Guest/telephone*

*Guest*

*Guest*

*Guest*

*Secretariat*

*Secretariat* PHE  
**Hannah Rees**, Senior support manager, CVD prevention team, PHE

**Apologies**

**Ash Soni**, Vice Chair, English Pharmacy Board  
**Anmarie Connolly**, Director of Health Equity and Impact, PHE  
**Theresa Marteau**, Director of the Behaviour and Health Research Unit, University of Cambridge  
**Anne Mackie**, Director of programmes, UK NSC  
**John Deanfield**, Director of National Centre for Cardiovascular Prevention and Outcomes  
**Kevin Fenton**, Director of Health and Wellbeing, PHE  
**David Wood**, Professor of Cardiovascular medicine, Imperial College London  
**Peter Kelly**, Centre director North East, PHE  
**Anthony Rudd**, National Clinical Director for Stroke, NHS England

Timings	Item Description	Lead
10:00 – 10:05	<p><b>1. Welcome and apologies</b>  As shown on page 1 and 2.</p>	JN
10:05 – 10:15	<p><b>2. Actions from the last meeting</b></p> <p><b>Action 16</b> – KT to circulate the call for NHS Health Check conference abstracts to members.  Complete.</p> <p><b>Action 17</b> – KT and MK to have a follow up discussion with the Liverpool university researchers to explore potential future modelling scenarios.  Complete.</p> <p><b>Action 18</b> – SC to speak to Gyles Glover about his approach to ethics for the national data extraction that he completed.  Complete.</p> <p><b>Action 19</b> – SC to speak with Robert Kyffin to confirm whether or not type 2 exclusions can be included in the national data extraction and to explore potential sublicensing opportunities.  In discussion.</p> <p><b>Action 20</b> – As the national data extraction work progresses, SC to consider putting together an academic advisory group as a sub-group of ESCAP.  Complete. SC is bringing together the basis for an advisory</p>	JW

Timings	Item Description	Lead
	<p>group.</p> <p><b>Action 21</b> – KT to revise the ToR to include the proposed changes on membership and CARE. Complete.</p> <p><b>Action 22</b> – HR to ask LINF to identify another LA commissioner to attend the ESCAP group. Complete.</p> <p><b>Action 23</b> – MK to identify a primary care expert to join the group. The group agreed that Dr Ruth Chambers would be invited to join the meeting.</p> <p><b>Action 24</b> – KT to ask Ash Soni to delegate attendance. Complete.</p> <p><b>Action 25</b> – KT to explore how community pharmacy expertise could be strengthened on the group. KT has been liaising with PHE/DH pharmacy lead to identify potential candidates.</p> <p><b>Action 26</b> – SR to identify a digital expert to join the group In progress.</p> <p><b>Action 27</b> – KT to amend the ToR to reflect that ESCAP will also provide advice, as requested, on the broader CVD agenda. Complete.</p> <p>The group agreed that it would be helpful to have Michael Soljack and John Robson as advisors to the committee.</p>	
10:15 – 10:30	<p><b>3. Programme update</b></p> <p>JN confirmed that he and KT had submitted a 300 word version of the electronic right to reply to the Canadian Medical Association Journal. The response will be published in the December edition of the journal.</p> <p><b>Action 28</b>– KT to circulate the shortened CMAJ right to reply text to the group.</p> <p><b>Action 29</b> – KT to recirculate PHEs publication: Action on Cardiovascular disease: getting serious about prevention to members.</p> <p><b>Action 30</b> – KT to explore the possibility of an NHS Health Check supplement in the journal of public health using the submitted conference abstracts.</p>	JN/JW/KT

Timings	Item Description	Lead
	<p><b>Action 31</b> - ZI to share the contact details of the JPH editor with KT.</p> <p><b>Action 32</b> – KT to circulate the CVD conference registration link when it goes live.</p> <p><b>Action 33</b> – KT to circulate the link to the heart age BMJ paper.</p> <p>Concern regarding reduced local authority delivery activity was raised. JW confirmed that reductions in offers and the number of people having a check was discussed at the last National Advisory Committee meeting and that a briefing has recently gone up to the Parliamentary Secretary for Community Health and Care highlighting the issue. PHE is currently in conversation with LGA and ADPH about the impact of the public health grant reductions and local budget pressures on the implementation of the programme. PHE is bringing together a range of actions seeking to address this.</p> <p>KT confirmed that the NHS Health Check evidence synthesis work has been awarded to Cambridge University. The team is headed up by Prof. Jonathan Mant and also draws on the expertise of RAND. The report will be ready for the conference on the 9 February.</p>	
10.30 – 11.00	<p><b>4. Results from a Microsimulation Model of the Health Checks Programme.</b></p> <p>The “no health checks” scenario is based on standard care so people are getting regular reviews/management in primary care.</p> <p>The group agreed that they were not clear on what the main output of QALY days gained per capita meant and that there was a danger of misinterpretation. It was agreed that the way the outputs of the model were expressed and communicated would be revisited and other outcomes explored i.e. premature deaths or disease avoided and that the researchers would provide like for like comparators to assist with interpreting the QALY messaging.</p> <p>There was also discussion that recent research had demonstrated statin prescribing rates of at least 40% in those at high risk. As the counterfactual level used in the model was only 36%, members agreed that it would be valuable to understand what the impact might be if a more ambitious aspirational counterfactual for statin prescribing levels was adopted.</p> <p><b>Action 34</b> – Matt Kearney to share an evidence based figure for levels of statin prescribing with James Woodcock. This is</p>	JWo/OM

Timings	Item Description	Lead
	intended to inform the inclusion of a higher counterfactual figure in the microsimulation model.	
11.00 – 11.20	<p><b>5. Cholesterol</b></p> <p>Members agreed that the NHS HC provides an opportunity to encourage cascade testing as part of the cholesterol information in the best practice guidance.</p> <p>It was suggested that the CVD risk register component of the NHS Health Check pathway could be strengthened to better reflect the management of cholesterol. There was also some discussion of the need to strengthen existing communications to raise the profile of cholesterol.</p> <p><b>Action 35</b> – NS to input in to the refresh of the NHS Health Check best practice guidance.</p> <p>JW confirmed that there will be a round table discussion about statin prescribing with the deputy chief medical officer on the 14 November.</p>	AS
11.20 – 11.30	<p><b>6. Content review process</b></p> <p>Members discussed the findings from the public consultation on the diabetes filter. The group agreed that the recommendation will remain unchanged.</p> <p>There was some discussion on whether NICE would be able to make a recommendation on “at risk” thresholds as part of the review of the diabetes prevention guidance. However, the group was advised that this is likely to be beyond the remit of NICE’s work.</p> <p><b>Action 36</b> – John Newton to write to Mark Baker asking NICE to consider defining high risk as part of their update to their guidelines.</p>	KT
11.30 – 11.40	<p><b>7. Dementia pilots</b></p> <p>PHE, Alzheimer’s Research UK and Alzheimer’s society, in partnership with three local authorities have now launched pilots testing the delivery of dementia risk reduction messages to anyone having an NHS Health Check.</p> <p>Although it is early days the take home messages so far is that people delivering check find it hard to talk about dementia in the younger age ranges. Despite this the patients seem to welcome the opportunity to have a conversation about dementia.</p> <p><b>Action 37</b> - CA to provide an update on the pilots at a future</p>	CA

Timings	Item Description	Lead
	<p>ESCAP meeting.</p> <p>The question of whether it is known that preventing CVD events reduces incidence of dementia was raised. The evidence on this is currently unclear.</p>	
11.40 – 11.50	<p><b>8. National data extraction [standing item]</b></p> <p>SC confirmed that the specification for the data extraction is now complete and that the direction needed from the Secretary of State for Health to allow NHS Digital to perform the extraction is in draft. A workshop on data management i.e. security and storage was delivered and is informing PHEs actions in preparing to receive the data. A further workshop is planned for December and an academic advisory group is being established.</p>	SC
11:50 – 12:00	<p><b>9. AOB</b></p> <p>Martin Vernon raised the question of how we keep the over 75 population healthy and well. The group agreed that it could be an interesting topic for future conversation and it may be valuable to consider whether different (older) age groups should also be invited for a check as part of the content review process.</p>	All