



Action notes

Title of meeting: NHS Health Check Expert Scientific and Clinical Advisory Panel
Date: Tuesday 24 May 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, NHS Health Check – National Lead, PHE
Lynda Seery, Public Health Specialist, Newcastle City Council
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
Charles Alessi, Senior Advisor, PHE
Alistair Burns, National Clinical Director for Dementia, NHS England
Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England
Anthony Rudd, National Clinical Director for Stroke, NHS England
Zafar Iqbal, Deputy Director of Public Health, Stoke on Trent
Anne Mackie, Director of programmes, UK NSC
Michael Soljak, Clinical Research Fellow, Imperial College
Felix Greaves, Deputy Director, Science and strategic information
David Wood, Professor of Cardiovascular medicine, Imperial College London

Guest

James Clarke, Senior policy officer – dementia, PHE

Guest

Miles Freeman, NHS Right Care, NHS England

Guest

Allison Streetly, Deputy director, healthcare public health, PHE

Secretariat

Katherine Thompson, Deputy national lead, NHS Health Check and blood pressure programme

Secretariat

Hannah Rees, Senior support manager, NHS Health Check and blood pressure programme

Apologies

Kevin Fenton, Director of Health and Wellbeing, PHE
Frances Fuller, Cardiovascular prevention programme manager, London Borough of Lewisham
Ash Soni, Vice Chair, English Pharmacy Board
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

Annmarie Connolly, Director of Health Equity and Impact, PHE

Matt Kearney, National Clinical Advisor, PHE

Mark Baker, Centre for Clinical Practice Director - NICE

Timings	Item Description	Lead
10:00 – 10:05	1. Welcome and apologies As shown on page 1.	JN
10:05 – 10:15	2. Actions from the last meeting Action 1 – National NHS HC team to follow up with NHS England about NCD appointments and attendance at future meetings. JV confirmed that it should say renal and not endocrinology in the action notes from the last meeting. Action 10 – KT to change February meeting note to state renal and not endocrinology NCD. It was confirmed that Richard Fluck is still the chair of the renal clinical reference group and should still be invited to attend future meetings. It was suggested that the NCD for older people should be invited to future meetings. Action 11 – KT to invite Richard Fluck and the NCD for older people to future meetings. Action 12 – KT to circulate the link to NCD list on NHS England website once AB has confirmed that the list is accurate. Action 2 – National NHS HC team to include an item on the Robson paper at the next National Advisory Committee meeting. The meeting is scheduled for Monday 12 September. It was agreed that the findings from both national evaluations should be shared at this meeting. Action 3 – Catherine Lagord to add in data on the investment local government makes in commissioning the programme into the data report. Complete. See paper 2. Action 4 – As part of a future call for content review	JW

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	<p>proposals the National NHS HC team will work with Zafar to consider whether local authorities could prioritise just inviting people who have not yet had a check.</p> <p>This action will be progressed as part of the next call for content review proposals.</p> <p>Action 5 – JW to follow up with JN on possible solutions for quality assessing papers identified through the literature search.</p> <p>JW and JN met in March to discuss.</p> <p>Action 6 – JN, JW to consider doing a review of evidence published since ESCAPs commencement.</p> <p>JW and JN met in March. An update on this action will be provided as part of item 4.</p> <p>Action 7 – ZI to share ESCAPs feedback on the Staffordshire university proposal with the researchers.</p> <p>Complete.</p> <p>Action 8 – LO and JN to explore strategic opportunities for securing primary care data routinely from GP systems. This should also involve John Parkinson, Chief Operating Officer NICOR.</p> <p>JN meeting David Stables this week to help PHE explore this further. JN will invite John Parkinson to join the conversation.</p> <p>Action 9 – Data Intelligence and Information Governance group to consider going direct to GP system suppliers to access primary care data.</p> <p>This is being considered by the group.</p>	
10:15 – 10:25	<p>3. Programme update</p> <p>JW talked through paper 2.</p> <ul style="list-style-type: none"> • A submission on amending the measure of success and ESCAPs recommendation on the first stage of the content review will go to the minister for Public Health this week. • A successful national NHS Health Check conference was delivered on 1 March 2016. Over 400 people attended, there were 40 presenters sharing the latest evidence and best practice as well as 40 poster presentations. • PHE have been working to engage LAs with a Systematic Approach to Raising Standards (StARS) delivering training across England. 	JW

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	<ul style="list-style-type: none"> • NHS Health Check information is embedded within the One You campaign which launched in March 2016. • PHE is continuing work to secure a national data extraction. <p>Action 13 – JW to consult with members on the draft scope of the national data extraction</p> <p>It was recognised that there remain unanswered questions about the cost effectiveness of the programme and the importance of revisiting this in the future.</p> <p>The importance of the group continuing to keep the data and evidence under review and make recommendations on potential changes was reaffirmed.</p>	
10:25 – 10:40	<p>4. Priorities for research</p> <p>FG confirmed that NIHR have responded positively to publishing a commission for modelling the impact of the existing programme or a modified version of the programme.</p> <p>PHE fund five PhDs, one of the PhDs this year will work on data and data linkage. FG is exploring potential opportunities for this to connect to NHS Health Check work.</p> <p>A call has gone out from NIHR for applications, but a final funding decision has not yet been made, on risk calculator research.</p> <p>JW confirmed that the stocktake report is just being finalised, its findings can be tabled at the next meeting. A summary will be published in the summer along with an action plan.</p> <p>There was agreement that the report (paper 4) would be a useful piece of work to do. JN indicated that the report needs to reflect ESCAPs’ view of the evidence and not be an apologist piece on the programme. It was agreed that it would be important for the report to set the programme delivery within the context of wider activity on population prevention.</p>	JW/ FG
10.40 – 11.00	<p>5. Impact of the NHS Health Check on CVD risk</p> <p>The paper can be found here: http://www.cmaj.ca/content/early/2016/05/02/cmaj.151201</p> <p>MS confirmed that Imperial College have a license to the full CPRD which is over 2 million records. So could rerun the work on the updated data, at this time they have not been commissioned by NIHR to do any follow-up.</p> <p>JN confirmed that the appraisal is in final draft stage and a</p>	CK

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	<p>short commentary has been submitted to the CMAJ.</p> <p>Action 14 – KT to share MS comments on the appraisal of the Imperial paper with ESCAP members.</p>	
11.00 – 11.15	<p>6. Diabetes filter: Update on proposal</p> <p>The group agreed to use the preferred option for each of the tools as set out in paper 5.</p>	NW/JW
11.15 – 11.25	<p>7. Dementia pilots</p> <p>CA confirmed the government’s announcement of NHS Health Check dementia risk reduction pilots. Work on this is progressing in partnership with voluntary sectors.</p> <p>Action 15 – Charles Alessi to speak in more detail about the dementia pilots at a future meeting.</p>	CA
11.25- 11.40	<p>8. NHS England’s Rightcare programme</p> <p>MF delivered a presentation on the Rightcare programme. It was confirmed that there are 60 CCGs in the first wave of the programme. Of those, 10% have identified that they intend to look at CVD.</p>	MF
11.40 – 11.55	<p>9. Cholesterol</p> <p>This item was deferred until the November meeting.</p>	AS
11:55 – 12:00	<p>10.AOB</p>	All