



## Action notes

**Title of meeting:** NHS Health Check Expert Scientific and Clinical Advisory Panel  
**Date:** Wednesday 27 July 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 Cardiovascular Disease Prevention and Associate Deputy Chief Nurse, PHE

*Telephone* **Lynda Seery**, Public Health Specialist, Newcastle City Council  
**John Deanfield**, Director of National Centre for Cardiovascular Prevention and Outcomes  
**Charles Alessi**, Senior Advisor, PHE  
**Jonathan Valabhji**, National Clinical Director for Obesity and Diabetes, NHS England  
**Anne Mackie**, Director of programmes, UK NSC

*Telephone* **Michael Soljak**, Clinical Research Fellow, Imperial College  
**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  
**Mark Baker**, Centre for Clinical Practice Director – NICE  
**Richard Fluck**, Chair of the Internal Medicine Programme of Care board.

*Guest* **Susannah Robinson**, digital health manager, NHS Health Check and blood pressure programme, World Health Organisation/PHE.

*Guest* **Martin O’Flaherty**, Senior Lecturer in Epidemiology, University of Liverpool

*Guest* **Chris Kypridemos**, PhD candidate in public health modelling, University of Liverpool

*Guest* **Nick Hicks**, National Institute for Health Research

*Guest* **Slade Carter**, Deputy national lead, NHS Health Check and blood pressure programme

*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

**Ash Soni**, Vice Chair, English Pharmacy Board

**Alistair Burns**, National Clinical Director for Dementia, NHS England

**Annmarie Connolly**, Director of Health Equity and Impact, PHE

**Zafar Iqbal**, Deputy Director of Public Health, Stoke on Trent

**Martin Vernon**, National Clinical Director for Older People, NHS England.

**Anthony Rudd**, National Clinical Director for Stroke, NHS England

**David Wood**, Professor of Cardiovascular medicine, Imperial College London

**Kevin Fenton**, Director of Health and Wellbeing, PHE

**Theresa Marteau**, Director of the Behaviour and Health Research Unit, University of Cambridge

Timings	Item Description	Lead
10:00 – 10:05	<b>1. Welcome and apologies</b> As shown on page 1.	JN
10:05 – 10:15	<b>2. Actions from the last meeting</b> <b>Action 10</b> – KT to change February meeting note to state renal and not endocrinology NCD. Complete. <b>Action 11</b> – KT to invite Richard Fluck and the NCD for older people to future meetings. Richard Fluck can continue to attend ESCAP as chair of NHS England’s Internal Medicine Programme of Care board. Martin Vernon, NCD for older adults has been invited to join the panel. <b>Action 12</b> – KT to circulate the link to NCD list on NHS England website once AB has confirmed that the list is accurate. Link is included in paper one. <b>Action 13</b> – JW to consult with members on the draft scope of the national data extraction. To be addressed under item four. <b>Action 14</b> – KT to share MS comments on the appraisal of the Imperial paper with ESCAP members. Complete.	JW

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	<p><b>Action 15</b> – Charles Alessi to speak in more detail about the dementia pilots at a future meeting.</p> <p>An item will be agenda for the November meeting.</p>	
10:15 – 10:30	<p><b>3. Programme update</b></p> <p>JN noted that Nicola Blackwood MP is now the parliamentary under-secretary for public health and her portfolio includes data which had previously sat with a different health minister.</p> <p>JN confirmed that NHS England has appointed Keith McNeill as chief clinical information officer.</p> <p>JW summarised paper 2 and confirmed that the NHS Health Check conference will take place on 9 February in Manchester. PHE will be inviting abstracts for oral and poster presentation at the beginning of August.</p> <p><b>Action 16</b> – KT to circulate the call for NHS Health Check conference abstracts to members.</p>	JW
10.30 – 11.00	<p><b>4. Reducing the future burden of CVD risk: modelling from the university of Liverpool</b></p> <p>Chris Kyridemos presented the findings from the Liverpool health modelling outcome work.</p> <p>The paper from Liverpool University be found here: <a href="http://www.cmaj.ca/content/early/2016/05/02/cmaj.151201">http://www.cmaj.ca/content/early/2016/05/02/cmaj.151201</a></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.</p>	CK/MoF
11.00 – 11.10	<p><b>5. Potential National Institute for Health Research call</b></p> <p>Nick Hicks highlighted the potential for a call from NIHR for a Health Technology Assessment call on: <i>proposals to model the potential health gain and cost effectiveness of the NHS Health Check programme.</i></p> <p>Pending the call for proposals, it was agreed that ESCAP would be keen to engage with any academics appointed to the call and to support academics with testing the assumptions that underpin their model.</p>	NH
11.10 – 11.35	<p><b>6. National data extraction</b></p> <p>Slade Carter presented an update on PHEs work to secure a national data extraction from primary care systems.</p> <p>There was some discussion of whether this work would need research ethics. As the reason for the extraction is to monitor the programmes implementation it was agreed that it should</p>	SC

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	<p>be sufficient to apply to the health research authority for ethical approval.</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.</p> <p>The group discussed the considerable potential that securing this data offered and noted that it would be helpful to plan to sublicense the data to other organisations to enable its analysis by others. It was confirmed that PHE have an MOU with IC which should enable sublicensing.</p> <p><b>Action 19</b> – SC to speak with Robert Kiffin to confirm whether or not type 2 exclusions can be included in the national data extraction and to explore potential sublicensing opportunities.</p> <p><b>Action 20</b> – As this work progresses, SC to consider putting together an academic advisory group as a sub-group of ESCAP.</p>	
11.35 – 11.50	<p><b>7. ESCAP terms of reference and membership</b></p> <p>The current ToR states that: members shall be invited to serve for a term of 2 years. KT proposed that the wording is revised so that membership requirements focus on ensuring the group has a particular set of topic knowledge and expertise and that those topic expertises are reviewed every two years - paper 5 section 5.1.</p> <p>KT also proposed that the ToR include a new section which embeds PHE’s people charter – CARE – as key principles underpinning the way the group works.</p> <p>Members agreed with both proposals.</p> <p><b>Action 21</b> – KT to revise the ToR to include the proposed changes on membership and CARE.</p> <p>It was also agreed that primary care and digital should be added as topics where the group requires specific expertise and to strengthen representation from LA commissioners and pharmacy.</p> <p><b>Action 22</b> – HR to ask LINF to identify another LA commissioner to attend the ESCAP group.</p> <p><b>Action 23</b> – MK to identify a primary care expert to join the group.</p> <p><b>Action 24</b> – KT to ask Ash Soni to delegate attendance.</p>	JN

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	<p><b>Action 25</b> – KT to explore how community pharmacy expertise could be strengthened on the group.</p> <p><b>Action 26</b> – SR to identify a digital expert to join the group</p> <p>There was some discussion on whether the role of the group should be extended to CVD and not just NHS Health Checks. Here to advise on NHS HC and related CVD topics. There was support for ESCAP to offer to act in an advisory capacity to other programmes of work on CVD. In particular, NHS England’s CVD collaborative. It was agreed that the ToR would be amended to extend the groups function in providing expert clinical and scientific advice on CVD.</p> <p><b>Action 26</b> – KT to amend the ToR to reflect that ESCAP will also provide advice, as requested, on the broader CVD agenda.</p>	
11:50 – 12:00	<b>8. AOB</b>	All