Action notes

Title of meeting:	NHS Health Check Expert Scientific and Clinical Advisory Panel
Date:	Wednesday 29 November 2017
Time:	10:00 – 12:00
Venue:	Hampton by Hilton, 157 Waterloo Road, London,SE1 8XA,United Kingdom.

Dial in details:	→ Join Skype Meeting (please use the hyperlink) If you don't have access to Skype you can dial in using the following number: +44 208 495 3300 and ID: 762683

Attendees:

Chair	**John Deanfield,** Director of National Centre for Cardiovascular Prevention and Outcomes
	Jamie Waterall, National Lead and Deputy Chief Nurse, CVD prevention, PHE
	Felix Greaves, Deputy Director, Science and strategic information
	Matt Kearney, National Clinical Director for Prevention, NHS England
	Mark Baker, Centre for Clinical Practice Director – NICE
	Martin Vernon, National Clinical Director for Older People, NHS England.
	Huon Gray, National Clinical Director for Heart Disease, NHS England
Telephone	**Nick Wareham,** Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science
	Peter Kelly, Centre director North East, PHE
Telephone	**Jonathan Valabhji,** National Clinical Director for Obesity and Diabetes, NHS England
Telephone	**Gillian Fiumicelli,** Head of vascular disease prevention, London Borough of Bromley
Telephone	**Lynda Seery,** Public Health Specialist, Newcastle City Council
Guest	**Julia Hippisley-Cox,** Professor of clinical epidemiology and clinical practice, University of Nottingham.
Guest	**Rachel Clark**, National Lead – National Cardiovascular Intelligence Network, Public Health England
Guest	**Slade Carter,** Deputy national lead, CVD prevention team, PHE
Secretariat	**Katherine Thompson,** Deputy national lead, CVD prevention team PHE
Secretariat	**Eleanor Wilkinson,** Senior support manager, CVD prevention team, PHE
Apologies	**Charles Alessi,** Senior Advisor, PHE

David Wood, Professor of Cardiovascular medicine, Imperial College London
Anthony Rudd, National Clinical Director for Stroke, NHS England
Annmarie Connolly, Director of Health Equity and Impact, PHE
Theresa Marteau, Director of the Behaviour and Health Research Unit, University of Cambridge
Ash Soni, Vice Chair, English Pharmacy Board
Anne Mackie, Director of programmes, UK NSC
Zafar Iqbal, Deputy Director of Public Health, Stoke on Trent
Alistair Burns, National Clinical Director for Dementia, NHS England

Richard Fluck, Chair of the Internal Medicine Programme of Care board.
Ruth Chambers, GP, Clinical Chair Stoke-on-Trent CCG
John Newton, Director of Health Improvement, PHE

Timings	Item Description	Lead
10:00 – 10:05	**1. Welcome and apologies** As shown on page 1 and 2.	Chair
10:05 – 10:15	**2. Actions from the last meeting** **Action 20** – National Team to continue working on improving the competencies of staff delivering the NHS Health Check. An item on this is planned for the April 2018 meeting. **Action 21** – As part of the GPES data extraction work the National Team will engage with partners to develop a design for a longitudinal study to understand the impact of the programme. This is being addressed through the data extraction work. **Action 22** – Chair to write to the five content review applicants to advise them on the outcome of the ESCAPs recommendation on their proposal. Complete **Action 23** – Zafar Iqbal to assist with disseminating findings from the Hinde paper to Directors of Public Health through the Association of Directors of Public Health. Complete	Katherine Thompson

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10:15 – 10:30	**3. NHS Health Check evidence update** Katherine Thompson confirmed that a number of papers have been published in the last few months on the programme. Key papers include: • Findings from the evidence synthesis that the university of Cambridge were commissioned to undertake (by PHE) in February 2017. • Findings from the dementia pilot that PHE commissioned as part of the NHS Health Check content review work. • A follow-up from the Imperial national evaluation which shows that men and people from deprived communities are more likely to be diagnosed with high blood pressure or type 2 diabetes following a check • A study on the cost of point of care testing (POCT) compared to using a pathology lab. This study found that it was cheaper to use POCT as it resulted in better take up rates of the NHS Health Check. Felix Greaves confirmed that the two studies that the National Institute for Health and Care Research commissioned are now underway. PHE is represented on the working group for the return on investment study and researchers have a workshop planned for February. **Action 24** – Secretariat to invite Liverpool university to provide ESCAP with an update on the WorkHorse study. The annotated bibliography also highlights two pieces of work which are in progress: • Imperial is undertaking a systematic review of evaluations of the NHS Health Check programme • The HECTRE RCT is investigating how putting CVD risk in to an invite letter compares to telephone and standard letter invites. **Action 25** – secretariat to invite researchers of these studies to present at a future ESCAP meeting. Members discussed how to translate evidence into practice. It was recognised that the best practice guidance provides a key opportunity for highlighting new evidence and what LA providers/commissioners might do to help them maximise the impact of the programme. It was also recognised that the content review process	Katherine Thompson and Felix Greaves

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	provides a clear approach for formally considering changes to the programme and can be driven by new or changes to the evidence.	
10:30 – 11:00	**4. International evidence review on CVD** Rachel Clark delivered a presentation on the international evidence review work. Members were keen to understand whether the aim of the work was to focus on primary or secondary prevention and felt it would be helpful to draw this this dimension out as an exclusion or inclusion criteria in the scope for the work. With the work to implement Accountable Care Systems (ACS), members felt that it could be helpful to consider ACSs as an audience for this work and to draw out information that would help support their work locally. It was suggested that it might be helpful to identify countries that have not undertaken any kind of CVD prevention programme, as they may provide useful information in helping to understand the natural pattern of CVD. Age, gender and family history are the three key CVD non-modifiable risk factors. Members highlighted the importance of considering the profile of these risk factors in any population where case studies are drawn from. The group recommended not taking the search as far back as 1971 because CVD epidemiology and treatment was radically different at that time. It was suggested that it would be more helpful to start with the period where ace inhibitors and statins were introduced. Members felt that there would be benefit to looking at the evidence on programmes that have prevented heart attacks or strokes as well as considering emerging programmes that have demonstrated increases in detection and management but not yet shown an impact. It was considered that there may be important lessons to be learnt on their processes which will support England's CVD work. It was noted that this could be a fantastic opportunity to develop connections with other countries i.e. Canada and America to identify and learn from unpublished work. Rachel to circulate the summary to members when completed.	Rachel Clark

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11:00-11:15	**5. NHS Health Check content review proposals** Katherine Thompson confirmed that there had been 33 responses to the public consultation on ESCAPs recommendation that everyone having an NHS Health Check should benefit from dementia risk reduction messaging and that this should be included as part of the statutory duty. Consultation respondents flagged some concerns about how best to include dementia risk reduction messaging in the check and the need for training and patient information resources to support the discussion. These are surmountable issues which are already being addressed through PHEs programme of work. Given the high support for the proposal and that work is already in train to address the concerns raised, a submission will go to the minister later this year setting out ESCAPs recommendation that risk reduction messaging should be included as a statutory part of the programme. At the previous ESCAP meeting it was agreed that an evidence review and feasibility study would be undertaken on the proposal to only cholesterol test people identified as having a high CVD risk. PHE's libraries team has started a review and work is underway on the feasibility study. Members noted that there was a real risk that this proposal could compromise the democratisation of health information. People like knowing what their measurements are, so withdrawing cholesterol can have quite an impact on people owning their health. It would also send the message out to medical professionals that we are less interested in cholesterol. It was agreed that these points would be considered through the feasibility work and considered in full at a future meeting.	Katherine Thompson
11:15 – 11:30	**6. National data extraction [standing item]** Slade carter confirmed that the schedule tens has now been published. This instructs the clinical system suppliers what they will need to extract from their system. A Secretary of state direction has been agreed and signed. This is the legal basis for the extract. As a result we now have three of the four system suppliers making a commitment to deliver the extraction,	Slade Carter

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	between them they cover about 67% of the market.	
	NHS Digital working with the remaining party so that we can get 100% coverage.	
	The next steps are for NHS Digital to complete a privacy notice which will then be published at least six weeks before the extraction takes place. PHE has drafted a patient information document which will be published alongside the privacy notice. PHE is also creating an easy to read version of the patient information document.	
	The expectation is that the actual data extraction will take place in April 2018, with 90% of the work complete by the end of March.	
	Data extraction advisory committee will guide how the data extract will be used for the purpose of monitoring the reach, implementation and impact of the NHS Health Check programme. The group is convening in December. The group will be chaired by Matt Kearney and John Deanfield.	
	Action 26 – DEAC committee member to provide an update on the data extraction work at the next ESCAP meeting.	
11.30 – 11.55	**7. QRisk3** Julia Hippisley-Cox (JHC) talked through her the paper on the update to Qrisk. JHC confirmed that work from NICE highlighting the gaps in CVD risk calculators and feedback from users on the tool informed the update. Following the validation work summarised in the paper the new version of the tool includes 8 new risk factors: CKD (stages 3, 4 and 5), BP variability, migraine, corticosterofus, systemic lupus erythematosus, atypical antipsychotics, severe mental illness, and erectile dysfunction. JHC has had positive feedback on the inclusion of these new risk factors, particularly on mental illness and medication. Stakeholders have also responded positively to including erectile dysfunction diagnosis or treatment in men. HIV was tested in the update to the model but not included in the final version as it didn't reach the significance level selected for the addition of risk factors. JHC confirmed that for the vast majority of people who do not have these conditions then the tool will work as normal, for those who do then the tool will be more accurate in its application.	Julia Hippisley-Cox

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	Members enquired whether the impact of HIV on dyslipidemia might have led to it not coming out strong enough in the model. JHC suggested that because HIV drugs are not prescribed in primary care and diagnosis is done elsewhere the amount of data used was small. Therefore, it is likely that this lack of numbers/power from the data may be a reason for not reaching significance.	
	Members highlighted that there is an interest from local professionals for the inclusion of physical activity and alcohol in a future update to the tool. JHC indicated that there is some data on alcohol, and that this could be included as part of a future update to Qrisk.	
	JHC felt that physical activity is more challenging because there is less likely to be the information/data on the primary care systems. It was noted that GPPAQ scores should have been recorded on primary care systems since the introduction of the NHS Health Check programme in 2009.	
	Action 27 – National team to look at data extraction to see whether GPPAQ information is being recorded.	
	Action 28 – National team to follow up with JHC about including physical activity and alcohol in a future update to the Qrisk tool.	
	There is an overlap between the codes for SMI and severe depression. HR were similar between the two so it made sense to combine them into one variable. Separate to that is antipsychotic drug use.	
	Members enquired as to whether NSAIDs or paracetamol were considered as part of the update? JHC confirmed that they weren't but a paper on NSAIDs was published in 2005 which looked at different types of NSAIDs and risk of MI.	
	Members asked about the timeline for introducing QRisk3 into clinical practice. JHC confirmed that clinical system suppliers are given an annual update which would be issued in 2018 and subsequently adopted into clinical systems from April 2018.	
	Action 29 – National team to signal the update to Qrisk3 in the NHS Health Check best practice guidance.	
	Members also discussed the findings of the Qdiabetes paper.	
	It was noted that the Qdiabetes model seems to be more accurate when fasting glucose and risk factors are used	

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	to predict risk compared to HbA1c and risk factors. Members were surprised to see this result. JHC suggested that there was much less data HbA1c data on clinical systems which may have had an impact on the model but further investigation is needed in order to fully understand the reasons. NICE guidance PH38 update shows that almost all efforts to identify a group at risk of diabetes is cost effective so it doesn't matter which test you use. **Action 30** – National team to highlight the finding from NICE PH38 guidance in the NHS Health Check best practice guidance. **Action 31** – National team to arrange a follow up meeting with JHC to discuss Qrisk and Qdiabetes papers.	
11:55 – 12:00	**8. AOB** David Wood and Teresa Marteau are stepping down. **Action 32** – ESCAP members to send any suggestions for membership to Katherine Thompson.	
Dates of 2018 meetings	10:00 – 12:00, 11 April 2018	