



## Action notes

**Title of meeting:** NHS Health Check Expert Scientific and Clinical Advisory Panel  
**Date:** Wednesday 27 August 2014  
**Time:** 13:30 – 15:30  
**Venue:** Boardroom, Wellington House, SE1 8UG

### Attendees:

**Chair**

- John Newton**, Chief Knowledge Officer, PHE
- Jamie Waterall**, NHS Health Check – National Lead, PHE
- Charles Alessi**, Senior Advisor, PHE
- Anne Mackie**, Director of Programmes UKNSC, PHE
- Theresa Marteau**, Director of the Behaviour and Health Research Unit, University of Cambridge
- Michael Soljak**, Clinical Research Fellow, Imperial College London (*via dial in*)
- Anthony Rudd**, National Clinical Director for Stroke, NHS England
- Matt Kearney**, National Clinical Advisor, PHE
- Frances Fuller**, Cardiovascular prevention programme manager, London Borough of Lewisham
- Tim Chadborn**, Behavioural Insights Lead Researcher, PHE
- John Deanfield**, Director of National Centre for Cardiovascular Prevention and Outcomes
- Richard Fluck**, National Clinical Director for Renal Disease, NHS England (*via dial in*)

**Guest**

- Mark Baker**, Director of the Centre for Clinical Practice, NICE

**Guest**

- Paul Nuki**, NHS Choices (*via dial-in*)

**Guest**

- Anne Brice**, Head of Knowledge and Library Services, PHE

**Secretariat**

- Amy Sinclair**, NHS Health Check National Lead Assistant, PHE

**Secretariat**

- Katherine Thompson**, Programme Manager, NHS Health Check programme, PHE

**Apologies**

- Nick Wareham**, Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science
- David Wood**, Professor of Cardiovascular medicine, Imperial College London
- Ash Soni**, Vice Chair, English Pharmacy Board
- Huon Gray**, National Clinical Director for Heart Disease, NHS England
- Jonathan Valabhji**, National Clinical Director for Obesity and Diabetes, NHS England
- Mike Kelly**, Director of the Public Health Excellence Centre, NICE
- Alistair Burns**, National Clinical Director for Dementia, NHS England
- Lesley Hardman**, Health Improvement Specialist for Primary Care, Bolton Council

**Kevin Fenton**, Director of Health and Wellbeing, PHE  
**Anmarie Connolly**, Director of Health Equity and Impact, PHE  
**Zafar Iqbal**, Director of Public Health, Stoke on Trent  
**Adrian Davis**, Director of Population Health Science, PHE  
**Hilary Chatterton**, Public Health Analyst, NICE

Timings	Item Description	Papers	Lead
13:30 – 13:35	<p><b>1. Welcome and apologies</b></p> <p>A number of apologies were given for the meeting. Guests were welcomed by John Newton.</p>	Agenda	JN
13:35 – 13:40	<p><b>2. Actions from the last meeting</b></p> <p>John Newton confirmed the progress of actions from previous meetings:</p> <p><b>ACTION 1</b> – to be addressed as an item in November.</p> <p><b>ACTION 2</b> – is in progress, and addressed under item 7.</p> <p><b>ACTION 3</b> – was addressed under item 4 of the meeting.</p> <p><b>ACTION 4</b> - is in progress. Jamie Waterall updated the group that a local authority has been identified to do a feasibility study, and that the results of this would be shared back with ESCAP once complete.</p> <p><b>ACTION 10</b> - (carried over from February meeting) –to be addressed at the next group meeting</p>	Actions	JN
13:40 – 14:05	<p><b>3. NHS Health Check research and evaluation strategy and literature search</b></p> <p>Anne Brice presented an updated version of the literature review to the group, explaining that previous versions are all permanently stored on a database.</p> <p>The group agreed the value of continuing the regular update, and also developing the search into a systematic review/synthesis for specific topic areas, such as management of lifestyle risks to delay cognitive decline. These will be commissioned by the group on an ad hoc basis. The group also agreed that it would be useful to include some kind of quality indication of the literature.</p> <p><b>Action 1</b> – AB to finalise the formatting of the literature review.</p> <p><b>Action 2</b> – Programme team to publish literature review once finalised.</p> <p>Anne Brice agreed that her team would work with NICE and others in identifying existing gaps in the evidence base and explore options to share updates via other channels,</p>	Papers 1 and 2 - NHS Health Check literature search (updated)	JN, AB

	<p>including digital.</p> <p>Anne Brice explained that her team are also working on a behavioural insights literature search for the NHS Health Check programme.</p> <p><b>Action 3</b> – AB to present the behavioural insights literature review to the group at a future meeting.</p> <p><b>Action 4</b> – The group were asked to provide any other comments on the literature review document to Anne Brice.</p> <p><b>Action 5</b> – AB to define the scope of the ‘work in the pipeline’ section of the literature review.</p> <p>John Newton updated the group on his directorate’s work on the research and evaluation strategy, explaining that PHE CKO directorate had explored questions under different issues raised during the Research and Academic Symposium. It was noted that there had been some unforeseen delays in its progress to date due to capacity issues.</p> <p>The strategy will be shared with the full group in due course, and the small ESCAP ‘sub-group’ will continue to contribute to its development over the coming months.</p> <p>It was recognised that for the strategy to stimulate funding on key areas of research and evaluation it will be important for PHE to understand the priorities and interests of relevant funding groups and consider these in development of the strategy.</p> <p><b>Action 6</b> – JN to write to Christine Maguire to highlight development of research and evaluation strategy and need for engagement with funding bodies.</p>		
<p>14:05 – 14:30</p>	<p><b>4. NHS Health Check Content review process</b></p> <p>Jamie Waterall opened the discussion by presenting paper 4 on the aims and objectives of the programme. ESCAP were asked whether they felt the original programme aims were still fit for purpose, given the changes in the programme since these were developed, in particular the inclusion of the alcohol audit and dementia awareness.</p> <p>There were mixed views about whether there would be merit in revising the aims to reflect the programme’s role in preventing non-communicable disease, as opposed to just vascular disease. The group identified risks and benefits of both approaches. It was noted that the NHS Health Check is an excellent opportunity to promote healthy ageing; given that risk factors for vascular disease are also contributors to other long terms conditions, and that management of these risks have benefits beyond vascular</p>	<p>Paper 3 - Content review process summary paper</p> <p>Paper 4 - Aims and objectives paper</p>	<p>JW</p>

	<p>health. However, there were mixed feelings about whether these wider benefits needed to be stated in the aims and objectives document or not.</p> <p><b>Agreed</b> - It was agreed that the aims and objectives should remain focussed on vascular health, but that this should not negate either evaluation of the broader health benefits of the programme, nor public-facing communication on the NHS Health Check supporting 'healthy ageing'.</p> <p>It was agreed that any revised objectives should include reference to evaluation of the impact of the programme.</p> <p><b>Action 7</b> – The aims and objectives paper will be recirculated to the group for further consideration and comment.</p> <p>Jamie Waterall introduced paper 3 on the content review process for the programme.</p> <p><b>Agreed</b> - The group agreed that any content changes would need to be a balance between improving health outcomes through programme revisions, and the practicality of successful local implementation and delivery.</p> <p>It was noted that a condition in the process of reviewing changes in screening programmes looks at whether the changes could be reasonably managed in practice.</p> <p>It was confirmed that the proposed content review process would allow for removal of elements of the programme, if there were evidence of harm or poor effect, or changes in eligibility criteria, if needed.</p> <p><b>Action 8</b>– Programme team to include a section in the content review document on how the process would allow for content removal.</p> <p>There were concerns about only being able to recommend one issue 'per cycle'. It was agreed that it would be better to leave this option open.</p> <p><b>Action 9</b> – Programme team to remove recommendation that only one issue could be considered per cycle of the content review process.</p> <p>The group otherwise agreed their support for the proposed process, ensuring that any changes are founded in evidence and that where appropriate, proposals be should be supported to establish and present their evidence base.</p> <p><b>Action 10</b> – Programme team to emphasise availability of scientific support for proposals that need to develop their evidence base for the content review process.</p> <p>It was noted that the process would be reviewed once it</p>		
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	<p>has been put into practice.</p> <p>The discussion led to a conversation about the role of JBS3 for the programme.</p> <p>The group recognised the importance of evaluating the use of JBS 3 with the NHS Health Check through a robust evaluation project. Anne Mackie offered to develop a research question to submit to the HTA.</p> <p><b>Action 11</b> – Anne Mackie to circulate proposed research question on the impact of JBS 3 for the NHS Health Check programme to ESCAP for comment.</p>		
14:30 – 14:50	<p><b>5. NICE Guidance – cardiovascular risk assessment and lipid modification – implications for the NHS Health Check</b></p> <p>Mark Baker summarised the NICE lipid modification guidance and the rationale behind some of the key revisions.</p> <p>Jamie Waterall presented a paper summarising PHE’s interpretation of its impacts for the programme.</p> <p><b>Agreed</b> – The group agreed that NICE’s endorsement of the QRISK2 should be reflected in the Best Practice Guidance for the programme when it is revised.</p> <p><b>Agreed</b> – The group agreed that the programme team should recognise NICE’s revised threshold for statin prescription for the programme.</p> <p>There was mixed discussion about the impact of the revised threshold of 10% at which individuals are prioritised for full CVD risk assessment. It was noted that adopting a 10% threshold for NHS Health Check eligibility could exclude people from the programme who are considered at increased risk, but not receiving treatment. A lowered eligibility threshold could therefore exclude individuals with the potential to benefit from the programme.</p> <p>A number of members, including John Deanfield, noted that a high-risk targeted approach for the programme had risks in terms of achieving population outcomes.</p> <p><b>Agreed</b> – The group agreed to maintain the existing 20% risk score threshold for eligibility for an NHS Health Check.</p>	Paper 5 - NICE lipid modification guidance – implications for the NHS Health Check programme	JW
14:50 – 15:05	<p><b>6. ESCAP rapid response process</b></p> <p>The group did not have time to consider this item. The proposal will be shared for views by correspondence.</p> <p><b>Action 12-</b> Secretariat to circulate ESCAP rapid response process proposal for comment by correspondence</p>	Paper 6 - Inter-99 ESCAP response note	JN

15:05 – 15:15	<p><b>7. Heart Age tool – NHS Choices</b></p> <p>Jamie Waterall presented paper 7 outlining the proposal to include the interactive JBS3's heart age tool on the NHS Health Check's NHS Choices page.</p> <p>It was noted that this would be done in advance of formal evaluation of the JBS3 tool itself in NHS Health Check provision, but that the heart age tool is based on approved QRISK data.</p> <p>Numerous members expressed that they were strongly in favour of the proposal.</p> <p>The chair asked if the group considered there to be any potential risks, and it was noted that it was possible that individuals using the tool may then be less inclined to attend their NHS Health Check.</p> <p>Paul Nuki confirmed that the messaging around the tool would make it clear that individuals should also have their blood pressure and cholesterol levels measured (through an NHS Health Check).</p> <p>The chair noted that the potential risks appeared to be low.</p> <p><b>Agreed</b> - It was agreed that the JBS3 (heart age only) tool should be launched on the NHS Health Check pages of the NHS Choices site.</p> <p>It was noted that it would be important to evaluate the role of the tool on the site, and that user-feedback would be a valuable part of this.</p> <p><b>Action 13</b> – NHS Choices to plan evaluation of the JBS3 heart age tool on the NHS Health Check page.</p>	Paper 7 - NHS Choices paper on use of HeartAge tool	JW
15:15 – 15:20	<p><b>8. 2 side data note – For your information</b></p> <p>Paper 8, providing an update of the NHS Health Check national data, was presented to the group.</p> <p>It was noted that the NHS Health Check Information governance and data subgroup will be looking at data reporting arrangements for the programme in the future.</p>	Paper 8 - Data update	JN
15:20 – 15:30	<p><b>9. AOB</b></p> <p>The chair informed the group that the NHS Health Check National Advisory Committee will meet on 1 October 2014, and that the first meeting of the National Steering group was recently held on the 11 August 2014.</p>	n/a	All
<b>Date of the next meeting:</b> Wednesday 5 November 2014			

<b>ACTION / AGREED</b>	<b>Point</b>	<b>Action owner</b>	<b>Status</b>
<b>Action 10 (previous meeting)</b>	To include atrial fibrillation as an item on the next meeting agenda	Secretariat	Open
<b>Action 2 (previous meeting)</b>	To engage with JD and TC on evaluating the use of JBS3 in the delivery of the NHS Health Check programme.	Secretariat	In progress
<b>Action 4 (previous meeting)</b>	NHS Health Check team to work with JV to scope feasibility study on using a validated diabetes assessment tool.	JW	In progress
<b>Action 1</b>	AB to finalise the formatting of the literature review.	AB	Open
<b>Action 2</b>	Programme team to publish literature review once finalised.	Programme team	Open
<b>Action 3</b>	Anne Brice will present the behavioural insights literature review to the group at a future meeting	AB, Secretariat	Open
<b>Action 4</b>	The group were asked to provide any other comments on the literature review document to Anne Brice.	All	Open
<b>Action 5</b>	AB to define the scope of the 'work in the pipeline' section of the literature review.	AB	Open
<b>Action 6</b>	JN to write to Christine Maguire to highlight development of research and evaluation strategy.	JN	Open
<b>Agreed</b>	It was agreed that the aims and objectives should remain focussed on vascular health, but that this should not negate either evaluation of the broader health benefits of the programme, nor public-facing communication on the NHS Health Check supporting 'healthy ageing'.	n/a	n/a
<b>Action 7</b>	The aims and objectives paper will be recirculated to the group for further consideration and comment.	Secretariat	Open
<b>Agreed</b>	The group agreed that any content changes would need to be a balance between improving health outcomes through programme revisions, and the practicality of successful local implementation and delivery.	n/a	n/a
<b>Action 8</b>	Programme team to include a section in the content review document on how the process would allow for content removal.	Programme team	Open
<b>Agreed</b>	Any content changes need to be a balance between improving health outcomes through programme revisions, and the practicality of successful local implementation and delivery.	n/a	n/a

<b>Action 9</b>	Programme team to remove recommendation that only one issue could be considered per cycle of the content review process.	KT	Open
<b>Action 10</b>	Programme team to emphasise availability of scientific support for proposals that need to develop their evidence base for the content review process.	KT	Open
<b>Action 11</b>	Anne Mackie to circulate proposed research question on the impact of JBS 3 for the NHS Health Check programme to ESCAP for comment.	AM	Open
<b>Agreed</b>	The group agreed that NICE's endorsement of the QRISK2 should be reflected in the Best Practice Guidance for the programme when it is revised.	n/a	n/a
<b>Agreed</b>	The group agreed that the programme team should recognise NICE's revised threshold for statin prescription for the programme.	n/a	n/a
<b>Agreed</b>	The group agreed to maintain the existing 20% risk score threshold for eligibility for an NHS Health Check.	n/a	n/a
<b>Action 12</b>	Secretariat to circulate ESCAP rapid response process proposal for comment by correspondence.	Secretariat	Open
<b>Agreed</b>	It was agreed that the JBS3 (heart age only) tool should be launched on the NHS Health Check pages of the NHS Choices site.	n/a	n/a
<b>Action 13</b>	NHS Choices to plan evaluation of the JBS3 heart age tool on the NHS Health Check page.	PN	Open