

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 19: Minutes of meeting 16th November, 2007

Proactive Case Finding and Retention and Improving Access to Services in Disadvantaged Areas

Mental Wellbeing and Older People

Attendees	<p>Members Catherine Law, David Jones, Jane Putsey, Dagmar Zeuner, Ruth Hall, Susan Michie, KK Cheng, Mike Owen, Tracey Sach, John Barker, Ann Hoskins, Brian Ferguson, Mike Bury, David Sloan, Andrew Hopkin, Matt Kearney, Joyce Rothschild, Joanna Cooke, Mark Sculpher, Alasdair Hogarth, Sharon McAteer, Sue Atkinson</p> <p>NICE Mike Kelly, Tricia Younger, Antony Morgan, Lesley Owen, Alastair Fischer, Clare Wohlgemuth, James Jagroo, Dylan Jones, Emma Stewart, Catherine Swann, Sarah Dunsdon, Patricia Mountain</p> <p>Observers Nigel Jackson, Rachael Patterson</p> <p>Contractors <i>Proactive Case Finding</i> Linda Bauld, Ruth Turley, Linda Marks, Rashmi Sarmah, Paul Dolan, Ann McNeil</p> <p><i>Mental Wellbeing and Older People</i> None</p> <p>Cooptees and Expert witnesses <i>Proactive Case Finding</i> None</p> <p><i>Mental Wellbeing and Older People</i> Naina Patel (Policy Research Institute on Ageing and Ethnicity) (afternoon only)</p>
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Agenda Item	Minutes	Action
<p>1. Welcome and introductions (Chair)</p> <p>2. Apologies (All)</p>	<p>The Chair welcomed members to the nineteenth PHIAC meeting.</p> <p>The meeting was declared quorate.</p> <p>Apologies were received from the following: Philip Cutler, Amanda Hoey, Richard Cookson, Simon Capewell, Muriel James, Howard Gilfillan, Klim McPherson, David McDaid, Linda Sheppard (NICE), Mike Rayner, Dale Robinson, Valerie King</p>	
<p>3. Declaration of Interest (All)</p>	<p>Declarations of interest in relation Proactive Case Finding were asked for.</p> <p>The following were declared: None</p> <p>The following individuals indicated that they may receive a service payment for implementing some of the interventions that the Committee may recommend, or from future research funding relating to Proactive Case Finding:</p> <p>Service Payment: Matt Kearney, Mike Owen, Sue Atkinson</p> <p>Research: <i>PHIAC members:</i> Susan Michie, KK Cheng, Brian Ferguson, Jo Cooke, Mark Sculpher, Tracey Sach, Sue Atkinson <i>Contractors/ co-optees:</i> Linda Bauld, Ruth Turley, Rashmi Sarmah, Paul Dolan, Ann McNeil</p> <p>Declarations of interest in relation to Mental Wellbeing of Older People were asked for.</p> <p>The following conflicts of interest were declared: None</p> <p>The following individuals indicated that they may receive a service payment for implementing some of the interventions that the Committee may recommend, or from future research funding relating to Mental Wellbeing of Older People:</p> <p>Service Payment: None</p> <p>Research: <i>PHIAC members:</i> Mike Bury, Jo Cooke, Tracey Sach, Susan Michie, David Jones, Mark Sculpher <i>Contractors/ Co-optees:</i> Naina Patel</p> <p>The committee requested whether it was possible to make standing declarations of interest in relation to research. Mike</p>	<p>Mike Kelly</p>

	Kelly will investigate further.	
4. Proactive Case Finding	<p>Antony Morgan and Lesley Owen introduced the topic and gave an overview of the process from referral by the Department of Health up to the meeting today, including an overview of the scope.</p> <p>The PHIAC technical representative, David Sloan, provided an overview of the evidence base and highlighted issues arising from the draft recommendations. The key issues were:</p> <ul style="list-style-type: none"> • The difficulty of defining 'disadvantage'. • The nature of the data and lack of evidence • Some of the limitations of systematic reviews and the implications for the recommendations. • The need for further research, and the need for more routine evaluation of policy in relation to inequalities. • The need to set the recommendations within the current inequalities policy context. <p>The chair introduced contractors from the collaborating centres, who gave brief presentations on the key findings from both the effectiveness and cost effectiveness reviews for Proactive Case Finding. The presentations were given by:</p> <ul style="list-style-type: none"> • Linda Bauld, University of Bath – Smoking Cessation • Ruth Turley, University of Cardiff - Statins • Linda Marks, University of Durham – Mapping review • Rashmi Sarmah, Matrix – economic appraisal 	
5. Proactive Case Finding	<p>The second PHIAC technical representative, Brian Ferguson, commented on the economic appraisal. The key points raised were:</p> <ul style="list-style-type: none"> • That nearly all of the interventions were shown to be highly cost effective. • That there was a need to highlight some of the significant caveats. • That there was a need for greater reflection on what the appropriate QALY threshold should be for interventions that both improve health outcomes and reduce health inequalities. • Whether the QALY threshold should reflect the perceived responsibility of the health outcome. For example – if smokers are perceived to be responsible for their smoking related illnesses, should the NHS bear the full costs of treating those illnesses? <p>James Jagroo, analyst at NICE, summarised the key themes identified from the stakeholder consultation. They were:</p> <ul style="list-style-type: none"> • The lack of data (for marginalized & minority ethnic communities, better quality evidence is not to be found in 'peer reviewed' forms but derives from community based or 'project' reports which may not enter the formal knowledge/evidence base through peer review) • Tools to support activities. (A need for assistance in implementation of potential recommendations e.g. 	

	<p>guidelines on who should prescribe statins)</p> <ul style="list-style-type: none"> • Use of incentives. (to encourage uptake of recommendations e.g. building into the QOF framework) • Infrastructure. (A need for partnerships/networks to reach and support disadvantaged groups and areas and implement recommendations) • Screening. (The use of targeted or opportunistic screening to proactively find and support) • Delivery/ Setting. (Use of primary care and community settings to proactively find and support disadvantaged areas and groups) <p>The committee agreed the following:</p> <ul style="list-style-type: none"> • That there is a need to align this guidance both with the NICE smoking guidance and NICE Cardio Vascular Disease guidance and any other related NICE guidance. • That there is a need to carefully consider the title of this guidance to ensure it reflects the guidance content. <p>The PHIAC practitioner representative, Andrew Hopkin suggested some key considerations that might require further discussion by the committee in order to form recommendations. The following points were raised:</p> <ul style="list-style-type: none"> • The difficulty of trying to link the mapping review with the evidence. • That some clear recommendations can be made despite the limitations of the evidence. • The difficulty of identifying disadvantaged groups. • The need to set the recommendations within current policy. 	
<p>6. Proactive Case Finding: discussion</p>	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • The need to consider how the interventions might move from being small and locally based to being systematically implemented on an industrial scale. • The need to consider and make use of different types of evidence when forming recommendations. • The importance of the mapping review in bridging academic knowledge with practice. • That the recommendations should highlight any barriers to implementation. • How to ensure that the recommendations positively contribute to reducing health inequalities. • The difficulty of trying to define 'disadvantaged' – particularly in regard to individual- and area-based disadvantage. • That it might be useful to draw on the experiences and knowledge of marketing and business practice within the private sector when implementing public health interventions. • The extent to which the lessons learned from the case studies can be generalised to other areas. • Key themes that were considered important for all of 	

	<p>the recommendations included:</p> <ul style="list-style-type: none"> ○ If they are to be effective they must be locally implemented. ○ They must be culturally sensitive. ○ A variety of approaches and settings were needed. <ul style="list-style-type: none"> ● Some of the potential positive and negative outcomes of using incentives were considered. ● Some of the possible problems with targeted interventions were considered. These included: <ul style="list-style-type: none"> ○ Who should be targeted ○ Whether it is possible to target equitably. ● The following economic considerations were discussed:: <ul style="list-style-type: none"> ○ The tension between relative and absolute poverty. ○ Application of equity weights to individuals rather than to the average of any given population. ○ Whether it is possible and appropriate to identify and prioritise interventions according to cost effectiveness, even when these fall within the NICE threshold. ○ That it would be useful to undertake some further economic modelling work to reflect the declining cost of statins. ○ That the Matrix report needs to accurately reflect NICE policy on QALY thresholds. ○ That the QALY threshold for disadvantaged groups needs further consideration before the economic reports are finalised. ○ That the assumptions underpinning the model should be checked 	<p>NICE</p> <p>NICE</p> <p>NICE</p> <p>NICE</p>
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	<p>drafted before the second PHIAC.</p> <ul style="list-style-type: none"> At the next meeting considering this draft guidance, it was agreed that appropriate sections of other NICE guidance should be made available. 	NICE team
9. Next Steps in Proactive Case Finding (Antony Morgan)	<ul style="list-style-type: none"> The timelines were discussed. The committee agreed that they would like to see the drafted guidance twice because of the complexity of the issues. Further cost effectiveness work is to be done, but it won't be included in the first iteration of recommendations. The committee felt that the slight change in format to the role of the PHIAC reps in this meeting had been useful. The committee thought there was a need for greater clarity on what the collaborating centre presentations at the beginning of the day are aiming to achieve. 	NICE team
10. Equality and Diversity legislation (Mike Kelly)	<ul style="list-style-type: none"> Mike Kelly highlighted the new equalities legislation. New documentation is being produced by the lawyers regarding this. A toolkit is being developed for the chair and possibly for committee members of advisory committees to ensure that the equalities and diversity legislation is adhered to in all future guidance. Some of the nuances of the inequalities debate will need to be considered beyond this. This is currently being considered by the CPHE team. 	
11. Mental Wellbeing and Older People	<p>Clare Wohlgemuth gave an overview of the draft recommendations and highlighted gaps in the evidence.</p> <p>Naina Patel from Policy Research Institute on Ageing and Ethnicity was asked to give her perspective on the recommendations. The following observations were made:</p> <ul style="list-style-type: none"> Despite the lack of evidence, some recommendations have been drafted relating to physically active ageing. Mental wellbeing is a by-product of this. There is a need for the recommendations to specify clearly who should take action. The amount of exercise required should not be quantified so specifically. A general reduction in sedentary activity should be the aim. An explicit recommendation should be made for those with disabilities and chronic illness. Residential care settings should be explicitly stated. Recommendations for commissioners could include community based organisations Access, motivation and sustainability – these issues need to be further considered. Training guidance should note the needs of minority groups. <p>Committee discussion:</p> <ul style="list-style-type: none"> The considerations section should highlight that work in this area is undervalued. 	

	<ul style="list-style-type: none"> • That there is a need to be explicit at the beginning of the guidance on the reason for considering the evidence on physical activity and older people rather than focussing on mental wellbeing as per the scope. • The evidence base has drawn the guidance into a particular direction – but further guidance is to be produced on other areas of interest and need. • It is important not to lose sight of the everyday activities that can improve mental wellbeing, despite the lack of research evidence in these areas. • There is a need to define exactly who this guidance is directed towards. • Some rewording and changes to the tone of the guidance to make it less clinical were considered important. Some recommendations need to be less prescriptive • There is a need to define some of these terms at the beginning of the guidance. • There was a lack of evidence to consider how sustainable these interventions will be over time. • Research is not well funded. Recommendations for research will be very important. <p>Summary from the chair:</p> <ul style="list-style-type: none"> • The importance of the tone and also the title. • It must be clear why physical activity has become the main focus of the guidance. • Recommendations should consider some of the basic inexpensive activities that are effective in improving mental wellbeing. <p>Tricia Younger highlighted the next stages in the timeline:</p> <ul style="list-style-type: none"> • The timeline for this has been elongated so the guidance will be sent to the committee for consultation in January and then go out for public consultation in February. • June Crown, co-optee for this guidance, has been invited to comment on the recommendations and these will be sent to the committee for consideration. 	
<p>14. Minutes of the meeting of PHIAC 18 (All)</p>	<ul style="list-style-type: none"> • The minutes were approved by the committee with some minor changes. 	
<p>15. Matters Arising</p>	<ul style="list-style-type: none"> • The Workplace Physical Activity US data is currently being assessed. MK highlighted the revised timeline for this. • The new evidence tables and a synopsis will be sent to the committee for consideration. 	
<p>16. Topic Suggestions (All)</p>	<ul style="list-style-type: none"> • No potential topics suggestions were made. • The committee asked for an update on what has happened to previous topic suggestions made by the committee. NICE team to draft a list for the committee. 	<p>NICE team</p>

17. AOB (Chair)	<ul style="list-style-type: none"> • The committee were reminded that the next committee meeting is being held at the Thistle Victoria. • The social values judgement paper is going out for consultation shortly. The committee will be sent a copy of the paper prior to a discussion at the January meeting. Some members will lead on this discussion. • The committee were reminded to return their annual declaration of interest forms. • The committee formally acknowledged a response from Peter Waller from Making Sense of Health on the alcohol and schools guidance. • The Department for Children, Schools and Families are to assist with the alcohol and schools launch. This will be released later this month. The PHIAC members will be sent a copy of the guidance when it is released. 	
18. Close	The meeting closed at 16.15	