Final minutes for website

NICE PUBLIC HEALTH PROGRAMME GUIDANCE PREVENTION OF CARDIOVASCULAR DISEASE AT POPULATION LEVEL

4th meeting of the Programme Development Group

Wednesday 14th January 2009

Royal College of Anaesthetists, Red Lion Square

Attendees:	*Programme Development Group (PDG) Members:* Klim McPherson, Charlie Foster (pm), Suzannah Power, Paramjit Gill, Robin Ireland, Margaret Thorogood, Simon Capewell, Sian Robinson, Ian Reekie, Martin Caraher, John Soady, Pamela Ashton, Francesco Cappuccio, Kiran Patel, Paul Lincoln, Valerie Woodward, Madeline Murtagh. *NICE:* Mike Kelly, Jane Huntley, Hugo Crombie, Patti White, Sarah Dunsdon, Andrew Hoy, Caroline Mulvihill, Bhash Naidoo, Susan Murray. *Collaborating centre:* Pelham Barton, Ruth Garside, Lazaros Andronis, Clare Davenport, Mark Pearson.
Apologies:	*Programme Development Group (PDG) Members:* Andrew Briggs *NICE:* *Contractors:* Chris Hyde, Mary Pennant

Agenda Item		**Action**
1. Welcome and introductions	The Chair welcomed the group to the fourth meeting. The Chair informed the group that Margaret O'Mara has resigned from the PDG and thanked Margaret for her contribution.	
2. Minutes of last meeting	Agreed as a correct record.	
3. Declaration of Interest	Matters arising: • NICE confirmed that all action points have been completed <u>*Declarations of Interest*</u> Kiran Patel announced that he is an adviser to the DH on cardiovascular disease. **Personal pecuniary interest** Pamela Ashton	

	Andrew Briggs* Robin Ireland Paul Lincoln **Personal family interest** Andrew Briggs* **Non-personal pecuniary interest** Klim McPherson Bhash Naidoo John Soady Pamela Ashton Francesco Cappuccio Simon Capewell Valerie Woodward Andrew Briggs* Chris Hyde Martin Caraher Sian Robinson Margaret Thorogood Robin Ireland Paramjit Gill Kiran Patel Paul Lincoln Madeline Murtagh **Personal non-pecuniary interest** John Soady Francesco Cappuccio Simon Capewell Andrew Briggs* Martin Caraher Margaret Thorogood Robin Ireland Paramjit Gill Kiran Patel Suzannah Power Paul Lincoln Madeline Murtagh *absent from PDG 4	
4. Presentation of key findings and discussion of economics review.	Pelham Barton from the West Midlands Collaborating Centre highlighted the key findings from the cost effectiveness review. The PDG made the following points: • It was queried why the review does not include any studies on structural changes to reduce CVD. The CC confirmed that this reflects the findings of the review and said that other approaches (such as structural changes) may be modelled. • **Action point**: Martin Caraher to supply the CC with	Martin Caraher

	other studies around structural changes. • It was confirmed that the CC are following the NICE framework and are looking at public sector costs. • It was suggested that the Cycling England reports / work in Nyon Switzerland should feed into the considerations section. • **Action point:** PDG members to send any related reports to NICE for forwarding to the CC • NICE emphasised that the report covers all of the literature on cost effectiveness. The other factors come in at the next stage. • **Action point:** NICE Physical Activity & the Environment guidance to be circulated to the PDG. • It was flagged up that it is important to consider the review contextually. • It was suggested that more studies may be picked up through individual risk factors. • It was queried whether cost effective models could be produced for CVD programmes that have been implemented without any evaluation. • It was suggested that changes in diet is an area to be modelled. • It was acknowledged that the public need to be signed up to interventions and the ethics of interventions must therefore be considered. • The PDG said that some studies have been missed from the review around the North Karelia project / Heartbeat Wales programme. • The PDG also expressed concern in relation to the comments around some of the studies. It was noted that the discussion section does not currently include anything on the method of review or quality of the data. • **Action point:** The CC to send the list of excluded studies to NICE. NICE to then circulate to the PDG. • **Action point:** PDG members to then submit any studies that may have been missed. • **Action point:** To be added as an agenda item for discussion at the next meeting. • **Action point:** CC and NICE to consider the PDG feedback on the review.	PDG / NICE NICE Collaborating Centre PDG NICE Collaborating Centre / NICE
5. Discussion of possible economic models	The PDG made the following points: • The PDG agreed that the risk equation approach should be a population level one and the Framingham approach should be considered. • The articulation of the causal chain in the conceptual model is critical. • The PDG expressed that including the possible QALY losses resulting from being identified at risk, as modelled by Kristiansen, over-estimated the	

	harms, and would not be used as an assumption for the further modelling. • It was noted that if the Committee believe that there are a range of organisational issues that the service needs to consider, then these can be built into the economic model. • It was queried whether morbidity, as well as mortality, will be assessed. A member noted that disability costs may be missed with this approach and this would in turn grossly underestimate the costs. The CC confirmed that if other data can be accessed, then this can be built into the model. The PDG suggested using the SCORE equations for calculating non-fatal event. • It was queried whether the model will take account of wider societal benefits. NICE said that this would be dependent on the time and resources available and the priority is to look at health gains. • The following PDG members agreed to help take the modelling forward – Andy, Simon, John, Margaret. • It was suggested that the PDG process allows time for the consideration of data on trends. NICE confirmed that they will action this. • It was noted that sub groups and their impact on implementation of interventions is an important consideration. • **Action point:** Simon Capewell to produce a paper on international comparison of effect for the April PDG meeting.	Simon Capewell
6. Presentation of key findings and discussion of qualitative review	The West Midlands Collaborating Centre (PENTAG) gave a presentation on the qualitative review. The PDG congratulated PENTAG on a excellent review and made the following points: • The studies provide little information on the settings. It was noted that that study selection was based on populations. • It was confirmed that a few studies refer to the local environment and availability of healthy foods but environmental considerations are minimal. • It was noted that the vascular risk programme (VRP) will impact on recommendations. • The PDG suggested having some clear statements from the review. • The complexity of community engagement was discussed and it was agreed that this is an area that may be expanded on in the key considerations. NICE Community Engagement guidance to be referred to. • It suggested that the diagram in the review is used for developing recommendations and legislation is	

	incorporated into the diagram. • It was queried whether there is an opportunity to build some key performance indicators into the guidance. • It was suggested that a partnership model (in addition to a physical activity model) is included. • There was general agreement that there has been a shift from primary care to secondary care driven by the mass of healthcare needs. It was agreed that all single models should be considered. • Professional roles / public health advocacy to be taken account of. • It was agreed that the review should be considered alongside the next review.	
7. Recommendations from PDG 3: Discussion and review	The PDG considered the revised recommendations paper. Five draft action recommendations and two draft research recommendations were presented. The group were also asked to consider the following issues when drafting recommendations: • Equality • Commissioning • Implementation It was agreed that recommendation 1 would be split into two recommendations and amendments were suggested for the other recommendations. **Action point:** NICE to revise recommendations.	NICE
8. Small group work Qualitative review	The PDG divided into three groups to consider the evidence presented in review 4 and the cost effectiveness data.	
9. Plenary and discussion	The three groups highlighted areas for recommendations. <u>Group 1</u> *Evidence statement 1* • Commissioning - effective commissioning critical • Funding – must be appropriate and sustained • Interventions – should be mainstreamed wherever appropriate • Leadership – critical to success • Prevention strategies - must be coordinated *Evidence statement 2* • Effective community engagement vital for the majority of programmes *Evidence statement 3* *Evidence statement 4*	

	• Health promoting behaviours - should be socio economic advantageous • Fiscal measures may have an important role - differential pricing, subsidised pricing where appropriate, free use of facilities. *Evidence statement 5* • Inequalities - any initiatives in this area must be part of a strategy to reduce inequalities. Cost effectiveness • Evidence that work in this area is extremely effective • Any new programmes cost effectiveness must be built into the commissioning. <u>Group 2</u> *Evidence statements 7 – 17* • Leadership - need for strategic leadership within programmes / important to manage leadership / training and CPD leadership • Training and CPD for leadership – part of a broader strategy to maintain leadership / timing of training critical • Sustainability - of programmes is critical • Relationships – professional, governmental, community, voluntary and culture within organisations can impact on partnership • Funding and resource / staffing – freeing up staff time from existing tasks, staff retention, recruiting staff from the community, staff need security • Supporting volunteers – succession issues • Evaluation – should be integral to programme • Programmes should tie into national survey work Group 3 *Evidence statements 18-26* • Availability of healthy food, local food voucher schemes • How to incorporate issues of fatalism and beliefs • Level of knowledge and need for leadership • Community engagement - needs to be sensitive to local culture • Engagement of community leaders - as positive role models where appropriate The group also felt a research recommendation around the need for UK studies and studies relevant to UK BMEG was warranted.	

10. Evaluation stages and cycles	Charlie Foster gave a presentation on monitoring, evaluation and research. It was agreed that the paper would be included in the evidence consultation.	
11. Next meeting and any other business	The date of the next meeting is 24 and 25 February 2009. **Action point:** The PDG to let Palida know if they will be attending the dinner on 24th February and whether they require accommodation. The February meeting will consist of presentations from experts.	**PDG**
12. Close		

DATE OF NEXT MEETING: 24th and 25th February 2009