

## NICE PUBLIC HEALTH PROGRAMME GUIDANCE

### Type 2 diabetes: preventing pre-diabetes among adults in high-risk groups

**1<sup>st</sup> meeting of the Programme Development Group  
Wednesday 16<sup>th</sup> December 2009**

**The Royal College of Surgeons,  
35-43 Lincolns Inn Field,  
London WC2A3PE**

Attendees:	<p><i>Programme Development Group (PDG) Members:</i> Nick Wareham, Bennett Quinn, Neel Basudev, Steven Cummins, Marie Cummins, Aderonke Jomo-Coco, Nigel Unwin, Marc Suhrcke, Saiyyidah Zaidi, Anne Dornhorst, Jennifer Tringham, Mieria Jofre-Bonet, Tim Marsh, Akeem Ali, Sabina Syed, Sarah Wild, Ammet Bakhai, Margaret Guy.</p> <p><i>NICE:</i> Catherine Swann, Jane Huntley, Clare Wohlgemuth, Alastair Fischer, Palida Teelucknavan, Adrienne Cullum, Karen Peploe.</p> <p><i>Review Team:</i> Elizabeth Goyder and Maxine Johnson (SchARR)</p>
Apologies:	<i>Programme Development Group (PDG) Members:</i> Wasim Hanif and Sara Spiers.

Agenda Item		Action
<b>1. Welcome and introductions</b>	<p>The Chair welcomed the group to the first meeting.</p> <p><b><i>Minutes of the last meeting</i></b> No minutes were recorded at the Induction meeting.</p> <p><b><i>Ways of working</i></b> The group were given the opportunity to develop some ground rules for ways of working. Though PDG members have been nominated by or are employed by a registered stakeholder organisation, they are expected to serve as individuals on the group. Members were asked to inform NICE if they are unable to attend any meetings and are welcome to submit written comments.</p> <p>All correspondence should be sent to Clare and Catherine whilst also copying Palida in.</p> <p>Everyone has an equal standing on the group and all contributions are equally valued. Jargon and acronyms are to</p>	<p>PDG</p> <p>PDG</p>

	<p>be avoided and members are asked to say if they cannot understand a technical term.</p> <p>The Chair requested that while PDG meetings were in process that PDG members should do their utmost to concentrate on the job at hand out of courtesy for fellow members and also so as to be able to contribute fully and effectively. While acknowledging the fact that there would on occasion be the need for PDG members to respond to urgent phone calls or emails, this should be kept to a minimum to minimise disruption to the group.</p> <p>The minutes of the meetings summarise the discussion and are published on the NICE website once they have been agreed by the PDG. A list of PDG members will also be available on the NICE website.</p> <p><b>Action:</b> Palida to upload PDG membership list on NICE website.</p> <p><b><i>Terms of Reference &amp; Confidentiality agreement</i></b> All discussions/documents are confidential until the guidance is published and all press enquiries should be passed through to the NICE communications team.</p> <p><b><i>Declarations of interest</i></b></p> <p><b>Personal pecuniary interest</b> Ameet Bakhai Wasim Hanif</p> <p><b>Personal family interest</b> Ameet Bakhai</p> <p><b>Non-personal pecuniary interest</b> Sabina Syed Ameet Bakhai Margaret Guy</p> <p><b>Personal non-pecuniary interest</b> Ameet Bakhai Anne Dornhorst Marie Cummins Wasim Hanif Margaret Guy</p> <p>PDG members to raise any potential conflicts of interest with Catherine Swann during the development of the guidance.</p> <p>The chair will ask the PDG for any new declarations at each meeting</p> <p><b>Expenses Claims:</b></p> <p>Queries to go to Chris Hay (NICE finance dept) or Palida who will forward queries on to finance.</p>	<p>PDG</p> <p>Palida Teelucknavan</p> <p>PDG</p> <p>PDG</p>
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<p><b>2. NICE public health guidance on preventing cardiovascular disease at population level: An overview</b></p>	<p>Jane Huntley (associate director at NICE leading the CVD guidance) presented an overview of the draft CVD guidance.</p> <ul style="list-style-type: none"> <li>• The guidance will be published in April 2010.</li> <li>• The PDG made 11 policy and 13 practice recommendations.</li> <li>• The guidance will be redrafted until 23<sup>rd</sup> December and will go back to the PDG in mid January 2010.</li> <li>• It was explained that everything at NICE is published via the website to ensure the process is open and transparent.</li> </ul> <p>Discussion points:</p> <ul style="list-style-type: none"> <li>• Overlap between the 2 guidance, it was clarified that overlap could be addressed in the considerations section of the guidance.</li> <li>• Expert Testimony – very important as can increase our understanding while also providing the best available evidence. It is also subject to consultation with stakeholders.</li> </ul>	
<p><b>3. Mapping review</b></p>	<p>SCHARR presented the mapping review.</p> <p>Discussion points:</p> <ul style="list-style-type: none"> <li>• Exclusion of international literature – Limited resources, feasibility and time scales. A lot of work has been done in the UK. However, if after the presentation of the first evidence review at PDG 2 it is felt necessary by the PDG, SchARR could consider supplementing the UK evidence with evidence from international work.</li> <li>• Time scales for reviews – The parameters for reviews 1 and 2 have now been confirmed. The parameters for review 3 has yet to be confirmed and changes can still be made. However, it was explained that the attitudes and beliefs of health professionals will be covered in review 3.</li> <li>• Clarified that the logic model in the mapping review frames the subsequent review questions.</li> <li>• The reviews are concerned with those aged 18-74 years, hence children are excluded. The considerations section can be used to note the role and importance of T2D prevention interventions aimed at children. The guidance will clearly state at the beginning that this guidance is for adults not children.</li> <li>• Stakeholder involvement – As an alternative to a ‘Call for Evidence’, perhaps a political exercise is needed to ensure that stakeholders are aware of the guidance remit. NICE could talk to the communications team about issuing a statement if it was felt necessary?</li> </ul> <p><b>Action:</b> NICE team and Nick to discuss further.</p>	<p>NICE / Nick Wareham</p>

<p><b>4. Proposals for forthcoming reviews</b></p>	<p>The group provided feedback to SchARR on plans for the reviews</p> <p>Discussion points:</p> <ul style="list-style-type: none"> <li>• Diet</li> <li>• Barriers and facilitators</li> <li>• Physical activity and natural environment (e.g. green gyms) – expert testimony?</li> <li>• ‘Pre-diabetes’ - not a term commonly used at community level intervention.</li> <li>• Identification of high-risk groups</li> <li>• Role of primary care professionals – will be covered in review 3.</li> <li>• The term ‘SES’ is used loosely.</li> <li>• Methods of measurement</li> <li>• Overlap between group risk factors and individual risk factors.</li> <li>• There will be overlap on other NICE guidance.</li> <li>• To consider policy level interventions.</li> <li>• The need to consider sugar in terms of energy density.</li> <li>• Screening.</li> <li>• The term ‘community’ was seen as problematic by the group but this will be reviewed again later depending on what was found in the literature.</li> <li>• Exclusion of people who are at risk e.g. are obese, but do not fall into low SES or BME groups.</li> <li>• Health professionals will be defined broadly e.g. as anyone who has a professional duty in the caring for the health of the population.</li> </ul> <p><b>Action points:</b></p> <ul style="list-style-type: none"> <li>• PDG to consider if Steven Cummins could present physical activity and natural environment as an expert testimony?</li> <li>• SchARR to look at the HTA related to diet and exercise.</li> <li>• SchARR to ensure the reviews make it clear how studies defined low SES.</li> <li>• It was suggested a policy expert be invited to a future PDG.</li> </ul>	<p>PDG / Steven Cummins</p> <p>SchARR</p> <p>SchARR</p> <p>NICE</p>
<p><b>5. Additional evidence: Identifying and prioritising areas for expert testimony</b></p>	<p>Clare Wohlgemuth explained how the process of expert testimony works in guidance development. The PDG discussed and identified topic areas for hearing expert testimony, and suggesting experts (could also include members on the PDG).</p> <p>Suggestions from the group:</p> <ul style="list-style-type: none"> <li>• <b>Diabetes UK:</b> Measure-Up Campaign</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Food Standard Agency:</b> food labelling issues.</li> <li>• Vascular checks in Scotland – (these focused on high risk groups.)</li> <li>• International perspective:             <ul style="list-style-type: none"> <li>- FINN study entry IGT – Ministry of Health</li> <li>- DPP (USA) entry IGT</li> <li>- DEPLAN (Peter Schwarz)</li> </ul> </li> <li>• <b>Dr. James Sallis / Dr. Mary Story</b>, Robert Wood Johnson Foundation: Environmental determinants of active living and healthy eating.</li> <li>• <b>Prof Raj Bhopal</b>, University of Edinburgh: PODOSA study</li> <li>• <b>Prof Gary Frost</b>, Imperial College: Dietary aspects: sugars, starches, carbohydrates – need broad perspective –</li> <li>• <b>Dr. Susan Jebb</b>, Advisor to government on issues related to obesity and nutrition. Science Advisor to the Foresight 'Tackling Obesities: Future Choices'.</li> <li>• <b>Prof Graham Hitman</b>, Consultant Physician and Diabetologist at Barts &amp; The London: clinical research centres on prevention of diabetes in South Asians, patron of the Diabetes Association of Bangladesh.</li> <li>• <b>Dr. Steve Feast</b> – Senior Advisor, Health &amp; Wellbeing, Department of Health currently working within DH and across other government departments on projects relating to health inequalities.</li> <li>• <b>Prof Trisha Greenhalgh</b>, University College London – Barriers to prevention of pre-diabetes/type 2 diabetes..</li> <li>• <b>Prof Nanette Mutrie</b> PDG Chair of NICE guidance on Physical Activity and the Environment.</li> <li>• <b>Andy Jones</b>, University of East Anglia: environmental influences on physical activity.</li> <li>• <b>Dr. David Ogilvie</b>, MRC Epidemiology Unit, Cambridge: environmental influences on physical activity.</li> <li>• Expert on NHS organisational change – health systems expert/management literature.</li> <li>• Local Authority CEO</li> <li>• Grassroots level – PDG to suggest voluntary organisations</li> <li>• Anecdotal evidence - Saiyyidah Zaidi to identify an expert witness.</li> </ul>	<p>Saiyyidah Zaidi</p>
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	<p><b>Action points:</b></p> <ul style="list-style-type: none"> <li>• NICE to follow up after the meeting by sending members a form for suggestions for speakers and issues to cover for expert testimony. Palida to circulate form.</li> <li>• Palida to collate responses and feedback to NICE team.</li> </ul>	<p>NICE Palida Teelucknavan</p> <p>Palida Teelucknavan</p>
<b>6. Economic reviewing and modelling</b>	<p>Alastair Fischer presented an introduction to Health Economics which looked at the following:</p> <ul style="list-style-type: none"> <li>• the NICE approach</li> <li>• PDG working group</li> </ul> <p>The group also had an opportunity to set up/recruit volunteers for an economic working group.</p> <p>The group reviewed cost-effectiveness issues and the types of models that can be used.</p> <p><b>Action:</b> NICE will circulate a request for volunteers to a small working group on health economics</p>	<p>NICE</p>
<b>7. Summing up</b>	<p>The Chair gave a summary of the main points of the meeting:</p> <ul style="list-style-type: none"> <li>• Issues for future discussion: definition of 'community', those individuals falling between groups as they are classified at present.</li> <li>• NICE are keeping a log of implementation, equity and commissioning issues.</li> <li>• PDG to inform NICE at any stage of their ideas or questions that they may have.</li> </ul>	<p>NICE</p> <p>PDG / NICE</p>
<b>8. AOB</b>	<p>The group will consider the evidence review at the next meeting and will be doing some work on early recommendations.</p> <p><b>Action:</b> Room layout – Cabaret style for every meeting.</p>	<p>Palida Teelucknavan</p>
<b>Close and date of next meeting</b>	<p><b>Date of next meeting:</b> Thursday 11<sup>th</sup> February 2010, Royal College of Surgeons, 35-43 Lincolns Inn Field, London.</p>	