

NICE PUBLIC HEALTH GUIDANCE

Behaviour Change

4th Meeting of the Programme Development Group

Tuesday 12th March 2013

Derwent, NICE Offices, London

Final Minutes

Attendees:	<p><i>PDG Members</i> Charles Abraham, Fiona Adshead, Deborah Arnott, Deryn Bishop, Alan Higgins, Ruth Jepson, Paul Lincoln (Chair), Annice MacLeod, Susan Michie, Simon Murphy, Jennifer Roberts, Graham Rushbrook, Stephen Sutton, Malcolm Ward, Ann Williams</p> <p><i>Co-opted PDG Members</i> Rona Campbell (University of Bristol), Pam Rees (Community Member)</p> <p><i>NICE Team</i> Catherine Swann, Charlotte Haynes, Chris Carmona, Lesley Owen, Rachel Kettle, Suzi Peden, Victoria Axe</p> <p><i>Review Team</i> Sarah Caton (Bazian) Alicia White (Bazian), Fabiana Lorencatto (University College London)</p> <p><i>Expert</i> David Buck (Kings Fund), Rachel Flowers (NHS Newham), Colin Greaves (University of Exeter)</p>
Apologies:	<p><i>PDG Members</i> Damian Edwards, Margaret Rings</p>

Author	Victoria Axe
File Ref	Final minutes of PDG 4 and 5 meeting 12 th /13 th March
Version	Final
Audience	PDG members, NICE team, the public (via web publication)

Item		Action
<p>1. Welcome and objectives for the meeting and minutes of the last meeting</p>	<p>The Chair welcomed the Programme Development Group (PDG) to the fourth meeting on behaviour change.</p> <p>The Chair welcomed two co-opted members to the PDG; Pam Rees and Professor Rona Campbell. Pam Rees had joined the PDG as a community member as regrettably Philip Wheelan resigned. The Chair formally thanked Philip for his input to the guidance.</p> <p>The Chair informed the PDG that there had been apologies from Damian Edwards and Margaret Rings.</p> <p>The Chair informed the group of the objectives of the meeting over the next two days. These were to: discuss the second evidence review from Bazian; to hear expert testimony on multiple morbidities and complex behaviour change interventions from Rona Campbell and David Buck; to hear expert testimony on implementation of behaviour change interventions, local commissioning, and maintenance of behaviour change from Colin Greaves, Rachel Flowers and Alan Higgins; to hear expert testimony on choice architecture from Theresa Marteau; to discuss the report on phase three of the economic analysis, and to hear an update on the final phase; to revise existing recommendations; and to draft new ones, based on the evidence heard and discussed.</p> <p>The minutes were checked and signed off as an accurate record from the last meeting.</p>	
<p>2. Declarations of Interests</p>	<p>The Chair asked the PDG to declare their conflicts of interest and to continue to keep these updated throughout the guidance development.</p> <p>Rona Campbell declared a personal pecuniary interest as she is a Director of a not-for-profit, spin out company, Decipher Impact which is wholly owned by the Universities of Bristol & Cardiff. Its purpose is to licence and support the implementation and quality assure of evidence based health promotion interventions. A modest director's fee for her contribution as director is paid into an account at the University of Bristol and is used to fund research related activities.</p> <p>She declared a personal family interest as she is married to Dr Gabriel Scally who was, until recently, Regional Director of Public Health for the South & West Region of England. As well as holding two</p>	

	<p>academic appointments in public health at the Universities of Bristol and the West of England he has a company <i>Gabriel Scally Public Health Associates Limited</i> and in the past year he has provided public health and medical consultancy to a variety of bodies which could be said to be part of the 'health care' industry which are detailed below:</p> <p>SW Strategic Health Authority: Emergency Planning, Olympic Games, Review of the NHS Commissioning of Winterbourne View Cornwall & the Isles of Scilly: Human resources advice Northern Ireland Hyponatraemia Inquiry: Medical advice Bayer & Janssen: Contributed to two workshops on NHS Structure and Functioning Faculty of Sexual and Reproductive Health Care: Chaired a meeting</p> <p>Pam Rees had no conflicts of interest to declare.</p> <p>There were no further conflicts of interest declared from the PDG.</p>	
<p>3. Evidence and guidance – overview of the meeting</p>	<p>Charlotte Haynes (CH) gave a presentation entitled Evidence and Guidance – an overview of the meeting.</p> <p>CH reminded the PDG that they would soon be hearing expert testimony and asked that when the PDG draft recommendations they consider the following:</p> <ul style="list-style-type: none"> – Who will benefit? – Who should take action? – What action? <p>CH also briefly discussed: the gaps there might be in the evidence; the drafting of recommendations for research, the consideration section; and the drafting of the glossary.</p> <p>Deborah Arnott arrived at 10.05am.</p>	
<p>4. Review 2 - Review of evidence of effectiveness of interventions and behaviour change techniques in individual level interventions.</p>	<p>Bazian gave a presentation entitled "A review of evidence of effectiveness of interventions and behaviour change techniques in individual level interventions".</p> <p>The PDG were invited to ask questions during the presentation.</p> <p>Charles Abraham arrived at 10.30am.</p>	

	<p>The Chair invited the PDG to ask RC question in regard to her presentation.</p> <p>A number of comments were discussed.</p>	
<p>8. Economic analysis phase 3</p>	<p>Rachel Flowers and Fabiana Lorencatto arrived at 1.30pm. David Buck left the meeting at 1.30pm.</p> <p>Fabiana Lorencatto (FL) presented the economics review on behalf of University College London.</p> <p>The PDG were invited to ask FL questions in regard to her presentation.</p> <p>There was a discussion around the definition of choice architecture.</p> <p>Action: The NICE team to discuss the structure of the reviews and executive summaries with UCL.</p> <p>Colin Greaves arrived at 2.15pm.</p> <p>Fabiana Lorencatto left the meeting at 2.30pm.</p>	<p>NICE Team</p>
<p>9. Economic analysis: Summary and next steps</p>	<p>Lesley Owen (LO) gave an overview of the economic evidence and identified any gaps in the evidence.</p> <p>The PDG were invited to ask LO questions throughout her presentation.</p> <p>The length of behaviour change maintenance was discussed.</p>	
<p>10. Questions and discussion</p>	<p>The PDG asked questions in regard to the economics and a number of comments were discussed.</p>	
<p>11. Expert testimony: Implementation and maintenance of behaviour change</p>	<p>Colin Greaves (CG) declared that he has a personal pecuniary interest as he conducted consultancy work for Eli Lilly and a small start-up company (Stanford Burgess Health) on the development of web-sites to support medication adherence, healthy diet and physical activity in patients with, or at risk of, type 2 diabetes. He does not benefit from sales of such products.</p> <p>He has conducted consultancy work for Weight Watchers, which involved giving an evidence briefing on interventions for weight loss and for diabetes prevention. However, he has no specific interest in the profits of this or any other commercial weight loss companies.</p>	

	<p>He has no current financial interests in relation to lifestyle intervention programmes or other products which may be used for supporting behaviour change.</p> <p>He has a non-personal pecuniary interest as, with all universities, his institution (University of Exeter Medical School) benefits from the conduct of research. He conducts non-commercial research on the development and evaluation of weight loss and other lifestyle interventions. He is a PI, co-applicant or collaborator on several funded and “in submission” research grant applications relating to interventions to support lifestyle behaviour change, all funded by non-commercial UK funders (NPRI, NIHR). There are no plans to market these interventions commercially, although his is developing training courses for health professionals, which may be marketed in the future.</p> <p>He is currently an unpaid panel member for one of the research-commissioning organisations (HTA Disease Prevention Panel) and has previously provided similar service for the Diabetes UK Research Funding Committee.</p> <p>As a researcher he has received grants from Diabetes UK, NIHR, the European Commission and other non-commercial research funders to conduct research relating to the information needs of patients at high risk for type 2 diabetes and to develop and evaluate interventions for lifestyle change.</p> <p>He has expressed opinions in the conclusions of published research studies and a (forthcoming) editorial about strategies for supporting and maintaining lifestyle behaviour change, as well as about future research needs.</p> <p>Catherine Swann left the meeting at 3pm.</p> <p>CG gave a presentation on Behaviour Change: Implementation and Maintenance. CG had been asked to consider the following questions: what core characteristics, competences and processes are required to implement effective behaviour change interventions; when and how is behaviour change maintained; what should be the core content of intervention materials and training courses on behaviour change for practitioners and service providers; and are there core areas or factors that can be generalised across topics?</p> <p>Catherine Swann returned to the meeting at 3.20pm.</p> <p>The Chair invited the PDG to ask CG questions in</p>	
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	<p>regard to his presentation.</p> <p>The NICE guidance PH6 Behaviour Change, published in 2007 was referred to and discussed.</p> <p>Action: The NICE Team to bring recommendations from PH6 to the next PDG meeting.</p> <p>The guidance audience was considered and discussed.</p> <p>Colin Greaves left the meeting at 4pm.</p>	<p>NICE Team</p>
<p>12. Expert testimony: Local authorities, behaviour change and public health</p>	<p>Rachel Flowers (RF) had no conflicts of interest to declare.</p> <p>RF and Alan Higgins gave a presentation entitled: Behaviour Change – Local Authorities and Public Health.</p> <p>RF and AH had been asked to provide the PDG with an overview of local authorities and commissioning arrangements for behaviour change interventions, including the following: potential barriers to implementation of NICE behaviour change guidance from a local authority perspective; how might local authorities vary the provision and delivery of behaviour change interventions across different populations in a local authority area; and how can local authorities take account of equity in commissioning and managing behaviour change interventions and services.</p> <p>The Chair invited the PDG to ask RF and AH questions in regard to their presentation and a number of comments were made.</p>	
<p>13. Discussion</p>	<p>The PDG discussed the evidence they had heard throughout the day.</p> <p>The NICE Team reminded the PDG that there is also a Local Government Briefing on Behaviour Change which can be found on the NICE website.</p> <p>Suzi Peden left the meeting at 4.45pm.</p> <p>The PDG were in agreement that strong messages on areas that do not work would be useful however these would need to be balanced with positive messages. The PDG referred back to the expert testimony received from Ray Pawson.</p> <p>The Chair noted that the PDG should think about the link with Public Health England and the Public Health</p>	

	Outcomes Framework.	
14. Group work: New recommendations	<p>The Chair asked the PDG to consider headings for recommendations and considerations that could be reflected on at the fifth meeting.</p> <p>Action: The NICE Team to talk to Bazian in regard to their use of the term health behaviour.</p> <p>The PDG discussed amending the title to Behaviour Change and Maintenance.</p> <p>Stephen Sutton, Rachel Flowers and Alan Higgins left the meeting at 5.30pm.</p>	NICE Team
15. Summary and plans for day 2	The Chair summarised the evidence heard today and asked the PDG to consider further recommendations for discussion at the next meeting.	
16. Close	The meeting closed at 5.35pm.	

NICE PUBLIC HEALTH GUIDANCE

Behaviour Change

5th Meeting of the Programme Development Group

Wednesday 13th March 2013

Derwent, NICE Offices, London

Final Minutes

Attendees:	<p><i>PDG Members</i> Charles Abraham, Fiona Adshead, Deryn Bishop, Alan Higgins, Ruth Jepson, Paul Lincoln (Chair), Annice MacLeod, Susan Michie, Simon Murphy, Margaret Rings, Jennifer Roberts, Stephen Sutton, Malcolm Ward, Ann Williams</p> <p><i>NICE Team</i> Catherine Swann, Chris Carmona, Charlotte Haynes, Lesley Owen, Rachel Kettle, Victoria Axe</p> <p><i>Co-opted PDG Members</i> Rona Campbell (University of Bristol), Pam Rees (Community Member)</p> <p><i>Expert</i> Theresa Marteau (University of Cambridge)</p>
Apologies:	<p><i>PDG Members</i> Deborah Arnott, Damian Edwards, Graham Rushbrook</p> <p><i>NICE Members</i> Suzi Peden</p>

Author	Victoria Axe
File Ref	Final minutes of PDG 4 and 5 meeting 12 th /13 th March
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Audience	PDG members, NICE team, the public (via web publication)

Item		Action
<p>1. Welcome, recap, and plan for day 2</p>	<p>The Chair welcomed the group to the fifth PDG meeting.</p> <p>The Chair noted that apologies had been received from Deborah Arnott, Damian Edwards and Graham Rushbrook.</p> <p>The Chair asked if any members of the PDG would volunteer to work with NICE in their work with the second effectiveness review. Charles Abraham, Susan Michie and Stephen Sutton volunteered to help.</p> <p>The Chair noted that the objectives of the day were to draft a frame of strategic and developmental recommendations.</p>	
<p>2. Declarations of Interests</p>	<p>The Chair asked the PDG to declare their conflicts of interest and to continue to keep these updated throughout the guidance development.</p> <p>There were no further conflicts of interest declared.</p>	
<p>3. Group work: New recommendations from day 1 (continued)</p>	<p>The PDG split into two groups and considered the recommendation headlines that were discussed at the last meeting.</p> <p>Theresa Marteau (TM) joined the meeting at 11.15am.</p>	
<p>4. Expert testimony: choice architecture, incentives, and the acceptability of behaviour change interventions</p>	<p>TM had no conflicts of interest to declare and gave a presentation on changing behaviour in populations effectiveness and acceptability of changing micro environments (“choice architecture”)</p> <p>TM was asked to consider the following questions: what is the theoretical/conceptual framework for explaining how choice architecture interventions work; under what circumstances do such interventions work, for whom, and for how long; is there any harm associated with the use of choice architecture interventions – for example, can they lead to a “halo” effect, whereby combining a healthy option with an “unhealthy” option makes the unhealthy option appear healthier; what are the ethical issues associated with specific behaviour change techniques or practices (e.g. financial incentives); how do views of acceptability differ between participants of behaviour change interventions, the general public, and policy makers; and what is the potential impact of these views on the practical application of behaviour change techniques?</p>	

	The Chair invited the PDG to ask TM questions in regard to her presentation.	
5. Discussion	The PDG made a number of comments and these were discussed in plenary. TM left the meeting at 1pm.	
6. Group work: Existing recommendations	The PDG split into groups to continue drafting new recommendations. Members of the NICE Team facilitated the groups but did not participate in the discussion. The PDG gave feedback from their groups in plenary. Action: The NICE Team to email the PDG the Public Health Outcomes Framework briefing.	NICE Team
7. Update on expert testimony: Gaps in the evidence?	Rachel Kettle (RK) gave a presentation on expert testimony. RK informed the PDG that they would receive further testimony from Deryn Bishop and Diana Moss at the next meeting. RK asked the committee to consider any other possible gaps that there may be in the evidence that could be filled by further expert testimony. It was decided that expert testimony on policy context would be useful	
8. Summary of the day and next steps	The Chair gave a summary of the day and informed the PDG that the NICE team would write up the draft recommendations in time for the next meeting in April. Action: The PDG to send any further ideas for recommendations through to the NICE team, which will also be distributed to the whole PDG for comments.	PDG
9. Any other business	There was no other business.	
10. Close	The meeting closed at 4.10pm.	