

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

6th meeting of the Programme Development Group

Tuesday 7th April 2009 & Wednesday 8th April 2009

Royal College of Anaesthetists

Red Lion Square

Attendees:	<p><i>Programme Development Group (PDG) Members:</i> Klim McPherson, Suzannah Power, Paramjit Gill (8th), Robin Ireland, Margaret Thorogood, Simon Capewell, Ian Reekie, Martin Caraher, Pamela Ashton, Francesco Cappuccio, Kiran Patel (7th), Andrew Briggs, John Soady, Paul Lincoln..</p> <p><i>NICE:</i> Mike Kelly, Jane Huntley (8th), Hugo Crombie, Sarah Dunsdon, Andrew Hoy, Bhash Naidoo, Caroline Mulvihill (8th).</p> <p><i>Collaborating Centre:</i> Pelham Barton, Lazaros Andronis. <i>Experts:</i> Avril Blamey.</p>
Apologies:	<p><i>Programme Development Group (PDG) Members:</i> Andrew Briggs, Charlie Foster, Sian Robinson, Valerie Woodward, Madeline Murtagh.</p> <p><i>NICE:</i> Jane Huntley (7th), Caroline Mulvihill (7th) and Patti White.</p>

Tuesday 7th April 2009

Agenda Item		Action
1. Welcome and introductions	The Chair welcomed the group to the sixth meeting.	
2. Minutes of last meeting	<p>The minutes were agreed as an accurate record.</p> <p>Matters arising:</p> <ul style="list-style-type: none"> • All action points have been completed except for the ones listed below. <p>Action points outstanding:</p> <ul style="list-style-type: none"> • Food manufacturer to give presentation – NICE reported that they have not yet had confirmation from a food manufacturer and they may approach an individual through the FSA. • Theoretical framework – the framework is ongoing. • CDC paper on physical activity – Charlie Foster to send to NICE. 	<p>NICE</p> <p>Madeline Murtagh</p> <p>Charlie Foster</p>
3. Conceptual Framework for	Simon Capewell gave a presentation on the conceptual framework for population level intervention CVD.	

<p>Population level intervention CVD</p>	<p>Issues raised were around:</p> <ul style="list-style-type: none"> • Threshold - 'no threshold' with respect to blood pressure or cholesterol lowering. • Links to risk factors - it would be useful to add indication of cross links of risk factors to emphasise effects on other diseases such as the common cancers. • Intergenerational risk and intra-generational risk – to also be considered. • Marmot review in relation to health inequalities (life circumstances and structural factors) – to be considered. A paper is being written on Inequalities. • Terms – terms such as 'junk food 'are explicit. Terms such as 'energy dense' and 'nutritionally poor' are diplomatically useful. • Physical activity – the sustainability issue is important to consider and the co-benefits of physical activity in other areas are important and should be shown in examples. • Other benefits – looking beyond CVD (impact on other diseases / chronic conditions) so it makes sense to take account of other benefits. • Meso level – the meso level needs to be built into the framework such as local authorities / regional bodies. • Access and availability – there is some evidence of differential effects across socioeconomic groups, and the importance of considering upstream approaches. <p>Action point: NICE to circulate Simon's presentation</p>	<p>NICE</p>
<p>4. CVD Trends – Lessons from other countries</p>	<p>Simon Capewell presented an expert paper on lessons from other countries.</p> <p>The PDG made the following points:</p> <ul style="list-style-type: none"> • Need to be clear on the difference between CVD and CHD as the costs will be different. • Mechanism of effect of obesity was generally through other risk factors, and it would be helpful if analysis could look at wider outcomes. • It is important to avoid factors that are not modifiable, such as genetics. <p>Action point: NICE to circulate Simon's presentation</p>	<p>NICE</p>
<p>5. Economic review Additional</p>	<p>It was reported that the NICE team have re-screened the studies excluded from the economics review as requested by the PDG.</p> <p>The result being that the NICE team agreed with the all of the</p>	

screening of excluded studies	<p>exclusions.</p> <p>New papers from Australia & USA were highlighted.</p> <p>Action point: NICE to circulate new papers</p>	NICE
6. Economic modelling	<p><i>Introduction</i></p> <p>Bhash Naidoo outlined the aim of health economic modelling. It was explained that the PDG need to prioritise topics for the economic analysis. Typically about 5 – 6 different types of interventions are modelled, with full sensitivity analysis.</p> <p>The PDG requested that policy is added into the conceptual model in the presentation and expert testimony is built into the modelling approach slide.</p> <p><i>West Midlands Collaborating Centre</i></p> <p>Pelham Barton described the modelling protocol which has been developed in discussion with the modelling sub-group.</p> <p>The PDG said that if re-occurrence was built into the modelling method 5 slide then the savings would increase further.</p> <p>The PDG made the following comments:</p> <ul style="list-style-type: none"> • Distributional impact across the social gradient – it was noted that it would be difficult to build this into the model within the timeframe. However, it would be useful to locate the literature so that it can be built into the report. A paper is being written on Inequalities. • Effect of changing the physical environment –it was noted that this could be built into the model, but if interventions have no costs then they are not usually modelled. • Number of lives saved - could be built into the model. • Comparisons with DH Vascular Screening Programme would be useful 	
6. Expert Testimony - Robin Ireland Heart of Mersey	<p>Robin Ireland gave a presentation on Heart of Mersey.</p> <p>The group asked queries and discussed the following issues:</p> <ul style="list-style-type: none"> • How programme costs are incorporated into the economic analysis when it is about long-term effects. • The relationship with local strategic partnerships. • Economic regeneration. • Funding for prevention. • Other programmes in the UK. • Relationship between programme and local councillors. 	
7. Expert Testimony –	Paul Lincoln presented a paper on trans fats.	

<p>Paul Lincoln</p> <p>Trans fats</p>	<p>The group discussed the following:</p> <ul style="list-style-type: none"> • South Korea – the new oil used in processing. • New York - policies / interventions that have been introduced. • Lessons from Danish legislative ban 	
<p>8. Expert Testimony – Avril Blamey</p> <p>Have a Heart Paisley</p>	<p>Avril Blamey gave a presentation on Have a Heart Paisley.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Community based interventions and quality • Importance of leadership in programmes • Learning from North Karelia and re-interpreting the message: moving beyond “demonstration project” preoccupations • Phase 2 of the Have a Heart Paisley programme and the evaluation • Funding for CVD prevention • Consistency with messages from across programmes • Upstream interventions & adverse impact of food advertising. • Evaluation of programmes and quality are vital • Programme implementation crucial & additional support. • Potential role of EHOs and Trading Standards Officers 	
<p>9. NICE Guidance</p> <p>Presentation of relevant findings from other NICE guidance</p>	<p>Hugo Crombie summarised all of the relevant NICE guidance which has been published to date. The purpose being to avoid repeating recommendations and to assist in cross referencing.</p> <p>The importance of making the recommendations implementable was discussed, along with the role of regulatory bodies.</p> <p>Agreed Smoking and Obesity already fully covered.</p> <p>Action point: NICE to find out if the NICE implementation lead can attend the next PDG meeting.</p> <p>Action point: NICE to find out if Nick Doyle can attend a PDG meeting to present on policy / legislation / audit.</p>	<p>NICE</p> <p>NICE</p>

Wednesday 8th April 2009

Agenda Item		Action
11. Welcome summary of previous day	The Chair welcomed the PDG to the next day's meeting.	
12. Draft Recommendations	<p>The group discussed the following intervention levers and made draft recommendations in relation to a number of risk factors.</p> <p><u>Intervention levers</u></p> <ul style="list-style-type: none"> ○ <i>Policy</i> ○ <i>Fiscal</i> ○ <i>Legislative</i> ○ <i>Environment</i> ○ <i>Health impact</i> ○ <i>Health inequalities impact</i> ○ <i>Education</i> ○ <i>Information</i> ○ <i>Process</i> <p><u>Risk factors</u></p> <ul style="list-style-type: none"> ● Salt ● Saturated fat ● Trans fats ● Physical activity ● Tobacco control <p>Action point: NICE to hold a meeting with the FSA about the regulation of oil / content of vegetable oil.</p> <p>Action meeting: NICE to also meet with the Scientific Advisory Nutrition Committee.</p> <p>Action point: Martin Caraher to circulate the WHO food production guidance.</p> <p>Action point: Ian Reekie to draft a paper to present at the next meeting on the role of regulatory bodies and responsibility for implementing the guidance.</p> <p>Action point: NICE to send the recommendations framework and draft recommendations to PDG. PDG to prioritise the areas whereby recommendations are made.</p> <p>The NICE team also explained the equity proofing tool and the process.</p>	<p>NICE</p> <p>NICE</p> <p>Martin Caraher</p> <p>Ian Reekie</p> <p>NICE</p>
13. Close and date of meeting	<p>Date of next meeting: 25 June 2009</p> <p>Meeting papers to be mailed: 15 June 2009</p>	