

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Health Advisory Committee C – Meeting 2

**Excess winter deaths
19 November 2013**

**Broadway House,
Tothill Street,
London SW1H**

Final Minutes

Attendees:	<p><i>PHAC Members</i> David Sloan (Chair for this meeting), Ross Cowan, Raymond Jankowski, Eileen Kaner (from 10.35), John Kolm-Murray, Christine Liddell, Stephen Morris, Jasmine Murphy, Andrew Probert, Simon Roberts, Kamran Siddiqi</p> <p><i>NICE Team</i> Jane Huntley, Hugo Crombie, Andrew Hoy, Tom Hudson (left 3pm), Kim Jeong, Patricia Mountain, Karen Peplow.</p> <p><i>Review Team</i> Zaid Chalabi, James Milner, Paul Wilkinson - London School of Hygiene and Tropical Medicine (LSHTM)</p> <p><i>Observers</i> Karen Grimshud, (Public Health agency Canada), Irene Kwan and Kristin Liabo (both from Social Care Institute for Excellence)</p>
Apologies:	<p><i>PHAC Members</i> Barbara Hanratty Gina Radford (Chair)</p>

Author	PM
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Version	Final
Audience	PHAC members, NICE team, members of the public

Item		Action
<p>1,2 Welcome and objectives for the meeting</p>	<p>The Chair welcomed the members of the Public Health Advisory Committee (PHAC), review team & observers to the second meeting on 19th November 2013.</p> <p>The Chair also welcomed the members of public to the meeting and outlined the protocol for their attendance.</p> <p>The Chair outlined the objectives of the meeting which included:</p> <ul style="list-style-type: none"> • Receive and discuss review 1 on excess winter deaths • Hear developments relating to the existing economic model • Discuss possible areas for recommendations and considerations • Consider possible gaps and the potential need for expert testimony later in the process <p>The Chair informed the PHAC that apologies had been received. These are noted above.</p>	
<p>3. Declarations of Interests</p>	<p>The Chair explained that verbal declarations of interest are a standing item on every agenda and are recorded in the minutes as a matter of public record.</p> <p>The two members that had given apologies for PHAC 1, Christine Liddell and Kamran Siddiqi, were asked to give a full declaration of potential conflicts of interest, as given at the time of their application to join the PHAC and also to declare any additional interests that may have arisen since then.</p> <p>Both reported that they had no interests to declare.</p> <p>The members of the committee, NICE staff and the review team were asked for further declarations of interest.</p> <p>Karen Peplow – (NICE staff) personal pecuniary interest – as her husband is a property landlord.</p> <p>The Chair and the Director/Associate Director noted that the interests declared did not prevent the attendees at committee from fully participating in the meeting.</p>	
<p>4. Minutes</p>	<p>One minor change to the draft minutes (that David Sloan had been present) was made. The minutes were accepted as an accurate record of the meeting. All actions had been addressed.</p>	
<p>5. Update on economics and discussion</p>	<p>Kim Jeong analyst at NICE, health economist for this topic gave a short presentation which explained that NICE uses economic analysis to compare the costs</p>	

	<p>and benefits of an intervention to maximise the level of beneficial health effects, relative to the resources available. Kim explained that a telephone meeting between 5 interested members had taken place on 12th November, focusing on fuel poverty. This group had identified some areas for possible economic modelling. Kim emphasised that no decision would be taken without the full support of the entire PHAC. James Milner from LSHTM clarified their approach to the economic modelling and their plan to use a pre-existing model, of health impacts of home energy efficiency interventions (HIDEEM – model).</p> <p>The schedule for the health economics is now time compressed and the PHAC were asked to decide what the model should cover.</p> <p>The PHAC discussed the scope of the model and agreed that it would consider:</p> <ul style="list-style-type: none"> • Examine the link between building characteristics and indoor environment against seasonal health outcomes • Interventions on fuel spending and looking at the implications on health • Healthy behaviours in cold weather • Both mortality and morbidity (ie both death and ill health) • Vulnerable groups <p>Action: LSHTM to deliver the cost effectiveness review and the effectiveness review. Action: any PHAC members interested in participating in health economics meeting to contact the NICE team Action: NICE to mail the review to the PHAC on 20th December</p>	<p>LSHTM</p> <p>PHAC</p> <p>NICE</p>
<p>6. Excess winter deaths: review 1. Presentation from LSHTM</p>	<p>Paul Wilkinson from the review team at London School of Hygiene & Tropical Medicine (LSHTM), gave an overview of their work on the review so far. There was time for questions of clarification.</p>	
<p>7. Excess winter deaths: review 1. NICE quality assurance</p>	<p>Hugo Crombie, lead analyst at NICE for this topic, explained that, on this occasion the late delivery of the review from LSHTM gave NICE insufficient time to quality assure the review before mailing to the PHAC. Also, the evidence statements, which would normally be part of the submission from the review team were not received by NICE. Evidence statements are a crucial part of the NICE process. When the recommendations are produced as part of the final guidance they are primarily based on the evidence statements.</p> <p>For that reason, NICE has taken the exceptional step</p>	

	<p>of drafting the evidence statements for PHAC discussion. This was sent in a later mail out and a hard copy was tabled on the day (PHAC C 2.4).</p> <p>Action point: LSHTM will be reviewing/agreeing the evidence statements drafted by NICE</p> <p>Within the review received from LSHTM, NICE identified that the numbering of references and linkages had problems. There were a number of cases where the references appeared twice, or where the pairings between the reference and the number did not match. Therefore NICE revised the review to make the pairings correct so that the PHAC can navigate through, but the review is the work of LSHTM.</p> <p>The Chair asked Paul Wilkinson from LSHTM if that was an accurate reflection of the review, and he agreed that was the case. This was mailed to PHAC in a later mailing and tabled in hard copy at the meeting (PHAC C- Revised evidence tables 2.5).</p> <p>Action point: Following the quality assurance of the NICE team, LSHTM will be submitting a revised review to the PHAC for their approval before the guidance consultation.</p> <p>Action point: The date for this delivery to be agreed between LSHTM and NICE</p>	<p>LSHTM</p> <p>LSHTM</p> <p>LSHTM/NICE</p>
<p>8 Excess winter deaths: review 1. Discussion.</p>	<p>There was time for questions and discussion which included:</p> <ul style="list-style-type: none"> • The analysis used was explained. The review team used population level time-series analysis to look at the health impact of a change to colder temperatures. This method measures a population against itself at different times, and assumes that the population has remained static. So the usual risk factors such as age, health, gender etc. are not confounders to the data, but effect modifiers. In this way the impact of colder temperatures can be ascertained, and then refined by the effect modifiers. • Cold homes - Linkage between building characteristics, indoor environment (temperature, air quality) and health, and the possible unintended consequences from changes in practice. • Falls/injuries in cold weather • Fuel price and fuel spending relative to income • The PHAC were interested to see more data on morbidity especially from the perspective of its impact on GP's workload • Depreciated quality of life in cold homes and the consequent impact on mental wellbeing. • Impact of seasonal health problems such as 'flu on 	

	<p>winter deaths</p> <ul style="list-style-type: none"> • Vulnerable groups identified included; older people, infants, pregnant women, those with health conditions exacerbated by cold, those on low incomes, those in fuel poverty. • Potential audiences for this guidance and its possible impact on social prescribing <p>Action point: LSTHM draw out numerical data within the review Action point: LSTHM pull out the data on morbidity within the review</p>	
<p>9,10 Drafting recommendations and considerations</p>	<p>Hugo Crombie explained that the draft recommendations/areas for recommendations that the PHAC agreed may change throughout the NICE process. The areas that there is no evidence for would be a draft consideration. As the process evolves and new evidence is received by the PHAC, the considerations may be changed to recommendations. The PHAC discussed review in plenary session and agreed the areas for draft recommendations.</p> <p>Action point: NICE to draft recommendations based on the direction of the PHAC and bring back to the PHAC for further consideration</p>	<p>NICE</p>
<p>11. Possible gaps in the evidence - ideas for expert testimony</p>	<p>Following the discussion of Review 1, the Chair asked the PHAC to consider where the gaps in the evidence may be and to suggest areas where expert testimony may fill those potential gaps. The Chair asked the PHAC to suggest organisations that may be applicable</p> <p>The PHAC suggested:</p> <ul style="list-style-type: none"> • Utility consumer groups • Pre- payment meters and Smart meters • Utility providers for self-disconnection data • Disability groups with an interest in fuel poverty • Researchers with an interest in fuel poverty • Advocate groups for older people • Advocate groups for immigrant • Researchers with an interest in immigrant populations • Clinical Commissioning Groups • Health and wellbeing boards • Physiologists <p>Action point: NICE team to draft a list of appropriate organisations and to find contacts</p> <p>Action point: PHAC members to contact the NICE team if they have appropriate contact details</p>	<p>NICE PHAC</p>
<p>12,13. Summary of the day /Any other</p>	<p>The Chair summarised the items that had been discussed throughout the day.</p>	

Business/Next steps	<p>The Chair informed the group of the next steps. The next meeting - Wednesday 8th January 2014 at NICE offices, London (papers to be mailed 20th December 2013)</p> <p>PHAC members were reminded that NICE will only process expenses that are submitted within three months of the date incurred.</p> <p>The members that are interested in the economic model were encouraged to participate and contact Kim Jeong – kim.jeong@nice.org.uk</p>	
Close	The meeting closed at 3.40 pm	