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

2nd meeting of the Programme Development Group

Wednesday 21st October 2008

Novotel
St Pancras

Attendees:	*Programme Development Group (PDG) Members:* Klim McPherson, Charlie Foster, Margaret O'Mara, Suzannah Power, Paramjit Gill, Robin Ireland, Margaret Thorogood, Simon Capewell, Sian Robinson, Ian Reekie, Martin Caraher, Andrew Briggs, John Soady, Pamela Ashton. *NICE:* Mike Kelly, Catherine Swann, Hugo Crombie, Bhash Naidoo, Patti White, Sarah Dunsdon, Lorraine Taylor, Andrew Hoy. *Contractors:* Ruth Garside, Chris Hyde, Mary Pennant. Observers: Jane Huntley (NICE)
Apologies:	*Programme Development Group (PDG) Members:* Francesco Cappuccio. Kiran Patel, Madeline Murtagh, Paul Lincoln, Valerie Woodward *NICE:* Caroline Mulvihill.

Agenda Item		**Action**
1. Welcome and introductions	The Chair welcomed the group to the second meeting.	
2. • Minutes of last meeting • Declaration of Interest	*Minutes of last meeting* Amendment: • Pg 4 wording to be changed from 'findings of limited impact' to 'findings demonstrate a modest effect on CVD risk factors' Actions outstanding: • NICE Communications Lead contact details to be circulated. • NICE to organise for an official from the vascular checks programme to attend a forthcoming PDG. • Sian Robinson to check whether she has any personal pecuniary interests.	**NICE** **NICE** **NICE** **Sian Robinson**

	Declarations of Interest Simon Capewell declared an additional personal pecuniary interest. **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 2	
3. Action plan	NICE presented a draft action plan in response to the group's request to consider single risk interventions. The following issues were discussed:	

	• Health economics and the complexity with extracting data from existing studies. • The differences between the four administrations and the relevance for the work. • Breastfeeding as a review group - it was agreed that this would be added to the list of risk factors in section 4 of the plan. The PDG endorsed the action plan. The Chair asked for suggestions of experts (within the PDG and externally) to take forward parts of the work. The suggestions were: • Transfats – Paul Lincoln • Polyunsaturated fats – Robin Ireland • Saturated fat –Alison Tedstone, Food Standards Agency • Salt - Francesco Cappuccio • Breastfeeding – Sian Robinson • Breastfeeding: Atul Singhal, Institute for Child Health • Physical activity – Charlie Foster • Policy science - Mark Exworthy, Royal Holloway • Risk / risk calculations: Roger Boyle, National Director for CHD • Vascular checks programme – Kiran Patel **Action:** Volunteers to prepare short paper / presentation. **Action:** NICE to contact suggested experts. NICE confirmed that the expert papers will also form part of the evidence consultation. **Action:** NICE reviews on community engagement to be added to the action plan.	**NICE** **PDG volunteers** **NICE** **NICE**
4. Effectiveness review 2 – Presentation of Key Findings	The Collaborating Centre presented the key findings from the Prevention of cardiovascular disease at population level review (covering question 1, phase 2). **Action:** NICE to circulate presentation.	**NICE**
5. Discussion of Effectiveness Review 2	The group discussed the effectiveness review 2. • It was queried whether the Collaborating Centre will produce a synthesis of previous reviews. The Collaborating Centre said that this could possibly be looked at during the review of reviews exercise but pointed out that other reviews tend to prioritise RCTs and are restrictive. • It was highlighted that it is important to contextualise the review to the current situation – for instance with regard to terms such as ‘mass media’	

	• It was noted that the studies presented in the tables are not ordered by any criteria. **Action:** The Collaborating Centre to rank the results positively to negatively (order of effect as it appears) in the review. • It was suggested that an appropriate quality measure for papers is used. • The PDG queried whether an assumption of normality could be used to produce confidence intervals. • It was suggested that it would also be useful to have duration and size of effect presented. **Action:** Tang paper to be circulated to the PDG. **Action:** The Collaborating Centre to amend charts to include measures of quality and population/sample size, and to consider if any further calculation of confidence interval is possible. • The limitation of the results and studies were discussed. **Action:** NICE to invite Roger Boyle to a future PDG meeting as an expert.	**Collaborating Centre** **NICE** **Collaborating Centre** **NICE**
6. Small group work. Effectiveness review 2.	The group divided into the two groups to consider the review in more detail and draft recommendations.	
7. Summary of morning's discussions	The Chair summarised the action points from the morning's meeting.	
8. Plenary and whole group discussion	Group 1 made comments around the following: • The overall population benefit of small changes in risk • Context and direction of change • Consideration of principles from other NICE guidance for example, guidance on behaviour change and community engagement. • Implementation of best practice • Equity • Community involvement • Target audience/s for recommendations Group 2 made comments around the following: • Quantity / quality of evidence to make practice recommendations • Screening – appropriateness as a population approach • Key issues of community involvement including choice and genuine engagement • Definition of high risk • Research recommendation - relating to process and outcome measures.	

	The PDG made some further comments around equality, commissioning and implementation. They felt it important to consider: • high risk groups • targeting sub-populations • whether interventions increase inequity **Action:** NICE to circulate the inequalities guidance • the gradient of inequity • Primary Care Trust concerns - around adverse effects / risk of increasing inequity • interventions that influence whole populations, for example legislation and the impact of these.	**NICE**
9. Modelling report	The NICE team gave a presentation on economic modelling. The PDG raised comments around: • The modelling approach for the guidance / availability of data • The consideration of current trends in risks and mortality • The need to distinguish between all CVD deaths and premature deaths • It was also noted that clinical models are available and provide the link between risk factors and outcomes. **Action:** NICE to consider what other outcomes should be used in the modelling and bring back to the next meeting. **Action:** NICE and the CC to identify what models already exist and consider these for use in the current work.	**NICE** **NICE / Collaborating Centre**
10. Primary research protocol	The group considered the primary research protocol. The PDG raised questions around: • Involvement of communities • Programme legacy • Participants • Experiences of implementers and evaluators • The current 'best' intervention The group were asked if they could suggest any appropriate people to be involved. **Action:** PDG members to send names and contacts to Ruth Garside and to copy to NICE.	**PDG**
11. Summary	The Chair summarised the day. It was agreed that the NICE team will produce draft recommendations from meetings I and 2 for the next meeting.	**NICE**

DATE OF NEXT MEETING: 20th November, Novotel St Pancras