

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

3rd meeting of the Programme Development Group

Thursday 20th November 2008

**Novotel
St Pancras**

Attendees:	<p><i>Programme Development Group (PDG) Members:</i> 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, Francesco Cappuccio, Kiran Patel, Paul Lincoln, Valerie Woodward.</p> <p><i>NICE:</i> Mike Kelly, Jane Huntley, Catherine Swann, Hugo Crombie, Patti White, Sarah Dunsdon, Lorraine Taylor, Andrew Hoy, Caroline Mulvihill, Alix Johnson.</p> <p><i>Contractors:</i> Chris Hyde, Mary Pennant.</p>
Apologies:	<p><i>Programme Development Group (PDG) Members:</i> Madeline Murtagh.</p> <p><i>NICE:</i> Bhash Naidoo, Karen Peploe.</p> <p><i>Contractors:</i> Ruth Garside</p>

Agenda Item		Action
1. Welcome and introductions	The Chair welcomed the group to the second meeting.	
2. <ul style="list-style-type: none"> • Minutes of last meeting • Declaration of Interest 	<p><i>Minutes of last meeting</i></p> <p>Agreed as a correct record.</p> <p>Amendment:</p> <ul style="list-style-type: none"> • Pg 3 – Kiran Patel to produce a paper on the Vascular checks programme. <p>Matters arising:</p> <ul style="list-style-type: none"> • NICE confirmed that all action points have been completed • Sian Robinson confirmed that she has no personal pecuniary interests. <p><u><i>Declarations of Interest</i></u></p> <p>Francesco Cappuccio declared an additional non-personal pecuniary interest.</p>	

	<p>Personal pecuniary interest Pamela Ashton Andrew Briggs Robin Ireland Paul Lincoln</p> <p>Personal family interest Andrew Briggs</p> <p>Non-personal pecuniary interest</p> <p>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*</p> <p>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*</p> <p>* absent from PDG 3</p>	
<p>3. NICE guidance on behaviour change, community engagement and identifying and supporting those at risk of dying prematurely: Learning for the CVD programme.</p>	<p>Mike Kelly gave a presentation on key NICE guidance that relates to the CVD guidance.</p> <p>The group made the following key points:</p> <ul style="list-style-type: none"> • Recommendations should be made on ineffective practice / interventions. • Important to understand the cultural implications of behaviour and appropriate methods of engagement 	

	<p>with communities at risk.</p> <ul style="list-style-type: none"> • Limited evidence so far on impact of population level interventions - a systematic review on inequalities issue may help. • Evaluation needs to be built into programmes. • Downstream interventions - need caution here. • Fall in CVD deaths – caused by a number of factors (i.e healthy eating / exercise) – what caused these changes? Role of the media / messages. • Heavy upstream changes - how do we understand which upstream programmes work, and where, and for who? • Sustainability – should be considered. • Use of theoretical models / applicability - should be considered. • Context and impact of interventions must be considered i.e. historical context / environment / delivery of programmes / culture. • Industry level data / literature useful. <p>Action: Paul Lincoln to liaise with NICE re industry data that is accessible.</p> <p>Action: Kiran Patel to send the West Midlands strategy paper to NICE for circulation.</p>	<p>Paul Lincoln</p> <p>Kiran Patel</p>
<p>4. Effectiveness Review 3 – Presentation of Key Findings</p>	<p>The Collaborating Centre presented the key findings from review 3.</p> <p>Action: NICE to circulate presentation.</p>	<p>NICE</p>
<p>5. Discussion of Effectiveness Review 3</p>	<p>The group discussed the effectiveness review 3.</p> <p>The PDG made the following points:</p> <ul style="list-style-type: none"> • The division into studies based on screening and those not is not clear cut. • The PDG queried whether success could be looked at in terms of changes in overall risk rather than single factors. The CC said that this could be done but the workload implications would need to be considered with NICE. • Other factors which might be significant such as environmental change are not currently considered in the evidence statements. The PDG noted that further distilling of themes from the literature would be helpful. • It was noted that it was difficult for the group to assimilate the information presented in the evidence statements as these had been tabled rather than having been provided in advance. • The PDG made some specific comments in relation to the North Karelia programme findings. • It was noted that some quality grading of studies might be helpful - principles of Tang should be 	

	<p>considered. The CC said that they did not find the Tang tool helpful for assessing single papers.</p> <ul style="list-style-type: none"> • It was noted that the WCRF is about to publish a review of risk factors in relation to cancers. • It was acknowledged that consensus from expert papers is also fundamental for drafting recommendations. <p>Action: NICE and the CC to consider the review and work required.</p> <p>Action: Expert papers to cover relevant papers that may not have been included in the review to date.</p> <p>Action: PDG to consider how the expert papers should be delivered.</p>	<p>NICE</p> <p>Experts</p> <p>PDG</p>
<p>6. Recommendations from PDG2: Discussion and review</p>	<p>The group considered the draft recommendations prepared after the last PDG meeting.</p> <p><i>Recommendation 1</i></p> <ul style="list-style-type: none"> • <u>What action should they take</u> <ul style="list-style-type: none"> - divide third bullet into two parts - add 'market intervention' after appropriate regulation - add sustainability as a separate bullet - media campaigns to be the fourth bullet point - change to 'integrated media campaigns' <p><i>Recommendation 2</i></p> <ul style="list-style-type: none"> - the evidence on the inclusion of leaders was queried - more indication needed on the pre-work needed to engage communities <p><i>Recommendation 3</i></p> <ul style="list-style-type: none"> - it was suggested that the definition in the NICE Lipids modification guidance is used for this guidance (high risk populations) – to be added to glossary. - it was agreed that the term high risk is not used at this point and instead 'identification of groups with higher disease burden' is used. <p><i>Recommendation 4</i></p> <ul style="list-style-type: none"> - life course issues to be incorporated - change reference to 'high risk' in line with recommendation 3. - with location and ethnicity, add age and gender. - cross-reference to Community Engagement guidance. <p>The group made further comments on areas to be included in the recommendations. It was noted that the</p>	

	development of recommendations is an iterative process as further evidence is considered.	
7. Small group work. Effectiveness review 3.	The group divided into three groups to consider the review, evidence statements and develop draft recommendations.	
8. Plenary and whole group discussion	<p><i>Group 1 (evidence statements 3 and 5)</i></p> <p>Areas for recommendations:</p> <ul style="list-style-type: none"> • Ability to assess impact through evaluations • Scope and follow up of impact assessments • Term 'hard to reach' (es 5)– unclear phrase. • Important to be aware of the date of the studies. <p><i>Group 2 (evidence statements 2 and 6)</i></p> <ul style="list-style-type: none"> • Programmes need to be tailored to sub groups • Gender – only a very few studies had analysed outcomes by gender • Evidence variable / limited number of studies • Caution around terms such as 'ethnicity' • Differences according to sub-groups - needs to be considered further. • Limited applicability of studies (es 6) • It would be interesting to consider the studies across time scales. <p><i>Group 3 (evidence statements 1 and 4)</i></p> <ul style="list-style-type: none"> • Concern with quality of studies / date of studies • Cholesterol – the group agreed that there was a small positive effect, however it was variable and would benefit from further information. • Salt – the significance of secular trends in levels is important. • Smoking – there had been a substantial change in population levels of smoking which may have had an effect on the apparent poor results of smoking interventions. • Diet – there were relatively few studies, but these seemed to show a small positive effect. The very large number of meals produced in the public sector was highlighted and the group said it was necessary to draft a recommendation around the need for standards and regulation of this. • Action point: NICE to draft recommendation <p>It was suggested that the next meeting considers evaluation as an agenda item. Action point: Charlie Foster to give a presentation at the next meeting.</p>	<p>NICE</p> <p>Charlie Foster</p>
9. Additional evidence: update on NICE plan	NICE outlined progress on the plan for additional evidence. It was noted that the meetings in February and April will be extended to two days.	

Final minutes for website

	<p>It was also reported that the NICE team are currently going through the existing NICE reviews for relevant evidence. The cost effectiveness review will be coming to PDG4 and Bhash Naidoo will be convening a small working group.</p> <p>Action point: NICE to send additional meeting dates to PDG.</p> <p>Paul Lincoln to suggest to NICE an individual from the food industry for the expert paper.</p> <p>Action point: Caroline Mulvihill to contact PDG members re expert papers.</p> <p>The Chair noted that it was important that the PDG was satisfied with the approach that was being taken. The approach was agreed by all.</p>	<p>NICE</p> <p>Paul Lincoln</p> <p>Caroline Mulvihill</p>
<p>10. Summary</p>	<p>Mike Kelly noted that there was some updating of the review necessary. The form that this would take needed to be considered, however it was important to acknowledge the importance of the material received.</p> <p>Action: NICE and CC to consider next step for review.</p>	<p>NICE and CC</p>

DATE OF NEXT MEETING: 14th January 2009 (Royal College of Anaesthetists, Red Lion Square)