



Final minutes for website

	<p>completed</p> <ul style="list-style-type: none"> <li>• Roger Boyle will be attending the July meeting.</li> </ul>	
<p>3. Declaration of Interest</p>	<p><u><i>Declarations of Interest</i></u></p> <p>Charlie Foster announced that he is now employing a family member of a senior manager at NICE.</p> <p><b>Personal pecuniary interest</b>  Pamela Ashton  Andrew Briggs  Robin Ireland  Paul Lincoln*  Mark Exworthy**</p> <p><b>Personal family interest</b>  Andrew Briggs</p> <p><b>Non-personal pecuniary interest</b>  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  Mark Exworthy**</p> <p><b>Personal non-pecuniary interest</b>  John Soady*  Francesco Cappuccio  Simon Capewell  Andrew Briggs  Martin Caraher  Margaret Thorogood  Robin Ireland  Paramjit Gill  Kiran Patel  Suzannah Power  Paul Lincoln*  Madeline Murtagh  Modi Mwatsama**  Mark Exworthy**  Jane Landon**</p>	

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	<p>*absent from PDG 5  **experts PDG 5</p>	
<p>4. Presentation of evidence drawn from non-clinical areas</p>	<p>Mike Kelly gave a presentation on the evidence drawn from non-clinical areas.</p> <p>The PDG made the following points:</p> <ul style="list-style-type: none"> <li>• Process – it was noted that the meso-level (as well as the macro level) is important and should be considered.</li> <li>• Causal chains – it was noted that the committee should consider mapping out the causal chains.</li> <li>• Translational research – it was confirmed that this fits into the context and process part of the framework.</li> <li>• Reviews – the paper for the presentation will be published as part of the evidence consultation.</li> <li>• Budgetary implications -  <b>Action point:</b> MK to consider</li> </ul>	<p>Mike Kelly</p>
<p>5. Population and Community Programmes to Prevent Cardiovascular Disease: A qualitative study into how and why some programmes are more successful than others.</p>	<p>Ruth Garside gave an update on the qualitative review.</p> <p>The PDG made the following points:</p> <ul style="list-style-type: none"> <li>• Heart of Mersey programme – the programme is not mentioned in the evidence. It was acknowledged that possibly its exclusion from the research was an oversight.  <b>Action point:</b> Robin Ireland to prepare an expert paper for next PDG meeting.</li> <li>• Sustainability – concern around whether there is any sustainability with the programmes.</li> <li>• Commissioners - the group is not included in the review.</li> <li>• City projects – a number of city projects could possibly be included in the review.</li> <li>• Community based approaches – some groups are not going to be involved in community based interventions. A critical reflection is required.</li> <li>• Paisley intervention – it was agreed that it would be useful to ask for a presentation from Avril Blamey.  <b>Action point:</b> NICE to ask Avril Blamey to produce an expert paper in particular with reference to Ruth’s paper.</li> <li>• Theoretical framework – it was suggested that a theoretical framework is used for considering health outcomes in a different way.  <b>Action point:</b> Madeline Murtagh to send paper to NICE team.</li> <li>• NICE Community Engagement guidance – the CVD guidance will need to cross-reference to the Community Engagement recommendations.</li> </ul>	<p>Robin Ireland</p> <p>NICE</p> <p>Madeline Murtagh</p>
<p>6. Recommendations from qualitative review</p>	<p>The PDG considered the revised recommendations paper. Fifteen draft action recommendations and three draft</p>	

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<p>and current draft recommendations</p>	<p>research recommendations were presented.</p> <p>It was agreed that recommendation 1 would be split into three parts and four national recommendations are produced. Further amendments were also suggested.</p> <p>The PDG suggested a framework for developing recommendations.</p> <p><b>Action point:</b> NICE team to revise recommendations in linewith the framework.</p>	<p>NICE</p>
<p>7. Salt</p>	<p>Francesco Cappuccio gave a presentation on salt intake and cardiovascular disease.</p> <p>The PDG asked queries around:</p> <ul style="list-style-type: none"> <li>• Voluntary engagement in reduction of salt intake</li> <li>• Integration with Europe / catering</li> <li>• Labelling of salt on foods</li> </ul>	
<p>8. Health Policy Analysis</p>	<p>Mark Exworthy gave a presentation on health policy analysis.</p> <p>The PDG asked queries around:</p> <ul style="list-style-type: none"> <li>• Incentive structures / partnerships</li> <li>• Positioning of public health within the Government</li> <li>• Role of NICE / implementation of public health policy</li> </ul>	
<p>9. Plenary and discussion</p>	<p>The group considered the presentations and areas for recommendations.</p> <p>The PDG made the following points:</p> <ul style="list-style-type: none"> <li>• A strategic framework is needed for the development of recommendations (targets and outcomes to also be included).</li> <li>• It is important that recommendations are achievable.</li> <li>• There should be a specific reference to each single risk factor (the number can be reduced later).</li> <li>• The risk factors should be mapped out in a conceptual framework.</li> </ul> <p><b>Action point:</b> Simon Capewell and Klim McPherson to draft a conceptual model for the next meeting.</p> <ul style="list-style-type: none"> <li>• The conceptual model should show pathways for reducing CVD and it needs to take account of interpersonal factors.</li> <li>• The testimony is incomplete – there are other areas in nutrition that should be considered (e.g. whole fibre).</li> </ul>	<p>Simon Capewell / Klim McPherson</p> <p>Jane Huntley</p>
<p>10. Updated economic review</p>	<p>Hugo Crombie presented the updated economic review.</p> <p>NICE confirmed that the economic review will not look at</p>	

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	<p>single risk factors. The reasons for this will be documented in the review.</p> <p>It was noted that it is important that the modelling work commences and the group can then work together to provide the epidemiology.</p> <p><b>Action point:</b> A meeting between the modelling group to take place on Bhash's return.</p> <p>A CDC cost effectiveness paper on physical activity has just been published.</p> <p><b>Action point:</b> Charlie Foster to send paper to NICE.</p>	<p>NICE</p> <p>Charlie Foster</p>
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Wednesday 25<sup>th</sup> February 2009

<p>11. Trans fats</p>	<p>Paul Lincoln was unable to attend the meeting and will present at a future meeting.</p> <p><b>Action point:</b> Paul Lincoln to present at a future PDG meeting. NICE to confirm date.</p>	<p>Paul Lincoln / NICE</p>
<p>12. Physical Activity</p>	<p>Charlie Foster gave a presentation on physical activity.</p> <p>The PDG discussed the following:</p> <ul style="list-style-type: none"> <li>• Modelling – a PDG member queried the focus of the modelling.</li> <li>• Health consequences of limited physical activity when young</li> <li>• Calorie intake / retention of calories – input vs output – amount of physical activity required</li> </ul>	
<p>13. Vascular checks programme – regional development of a population based collaborative CVD prevention strategy</p>	<p>Kiran Patel gave a presentation on the vascular checks programme.</p> <p>The PDG discussed the following:</p> <ul style="list-style-type: none"> <li>• National strategies available</li> <li>• QOF's – wording / process driven – robust evidence and validated tools required</li> <li>• Effectiveness of messages / tailoring to patient important</li> </ul>	
<p>14. Drafting recommendations</p>	<p>The PDG considered areas for policy recommendations and key risk factors.</p> <p>Areas for policy:</p> <ul style="list-style-type: none"> <li>• Fiscal</li> <li>• Legislative</li> <li>• Health impact</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Inequalities</li> </ul> <p>Important modifiable risk factors:</p> <ul style="list-style-type: none"> <li>• Salt</li> <li>• Trans fats</li> <li>• Saturated fats</li> <li>• Physical activity</li> <li>• Wider physical &amp; socio-economic environment</li> </ul> <ul style="list-style-type: none"> <li>• Tobacco control</li> <li>• Obesity / diabetes</li> <li>• Other healthy diet factors</li> </ul> <p><u>Programme effectiveness</u>          Commissioning          Community Engagement          Funding / resources          Evaluation          Cost effectiveness strategy          Leadership          Commercial environment          Public sector meals          Procurement          Catering sector</p> <p><b>Action point:</b> NICE team to revise recommendations and contact specialists on the group.</p> <p><b>Action point:</b> PDG members to consider draft recommendations and to send suggestions to the NICE team.</p>	<p>NICE</p> <p>PDG</p>
<p>16. Industry</p>	<p>Jane Landon from the National Heart forum gave a presentation on industry.</p> <p>The PDG raised comments around the following:</p> <ul style="list-style-type: none"> <li>• Regulation / framework for EU policy change.</li> <li>• Argument for greater transparency</li> <li>• Automotive industry – impact on physical activity</li> <li>• Relationship between food manufacturers and resources for schools</li> <li>• Budget that industry spends on food education - should be spelt out in paper</li> <li>• FSA and greater empowerment.</li> <li>• Food consumer organisations limited funding / imbalance with food sector</li> <li>• Role of Department of Health</li> <li>• Greater resource in public health advocacy</li> <li>• Independent scrutiny / monitoring of industry</li> <li>• Access to data - parliamentary data is available but generally information is hard to access</li> </ul>	

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	<ul style="list-style-type: none"> <li>• PC / Internet services as an industry to be considered</li> </ul>	
17. Industry	<p>Catherine Higgs from the Co-operative group gave a presentation on industry.</p> <p>The PDG asked queries around:</p> <ul style="list-style-type: none"> <li>• Costs – impact on sales</li> <li>• Suppliers</li> <li>• Payment for promotional material</li> <li>• Cost reductions on healthier food items</li> <li>• Benchmarks based on traffic light system</li> <li>• Promotion of healthier food items</li> <li>• Labelling on baked bread</li> <li>• Traffic light system / promotion of system</li> <li>• Raising awareness</li> <li>• Demographics of customer base</li> </ul> <p><b>Action point:</b> NICE to invite a food manufacturer to give a presentation.</p>	NICE
18. Saturated/ polyunsaturated fats	<p>Modi Mwatsama gave a presentation on saturated and polyunsaturated fats.</p> <p>The PDG made comments around:</p> <ul style="list-style-type: none"> <li>• Lobbying / advocacy strategies</li> <li>• Globalisation</li> <li>• Data in report – it would be useful to have quantitative data.</li> <li>• Substitution of fats but not increasing fats</li> </ul>	
19. Trans fats	The group had a brief discussion on trans fats.	
20. AOB	<p><b>Action point:</b> NICE to circulate presentations to PDG.</p> <p><b>Close of meeting</b></p>	NICE

**DATE OF NEXT MEETING: 7<sup>th</sup> and 8<sup>th</sup> April 2009**