

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Implementing Vitamin D Guidance

7th Meeting of the Public Health Advisory Committee A

26th February 2014

Derwent, NICE Offices, London

Confirmed Minutes

Attendees:	<p><i>PHAC Members</i> Susan Jebb (Chair), Mireia Jofre Bonet (left the meeting at 12.30pm), Adrian Martineau, Eleanor McGee, Judy More, Chris Packham, Frances Quinn, Lucy Yardley</p> <p><i>NICE Team</i> Jane Huntley, Adrienne Cullum, Victoria Axe, Alastair Fischer, Caroline Mulvihill, Tonya Gillis (arrived at 10.35am and left the meeting at 12pm)</p> <p><i>Review Team (York Health Economics Consortium (YHEC))</i> Anita Fitzgerald (via TC, joined the meeting at 10.45am and left the meeting at 11.50am), Julie Glanville (via TC, joined the meeting at 10.45am and left the meeting at 11.50am), Lily Lewis (arrived at 12.30pm and left the meeting at 1.30pm), Anne Morgan (via TC, joined the meeting at 10.45am and left the meeting at 11.50am), (Matt Taylor (via TC, joined the meeting at 12.30pm and left the meeting at 1.30pm)</p> <p><i>Experts</i> Gillian Swann, Diet and Research branch, Public Health England (left the meeting at 10.45am)</p> <p><i>Observers</i> Lauren Johnston (PHD Student, University of West of Scotland)</p>
Apologies:	<p><i>PHAC Members</i> Alison Lloyd, Colin Michie, Toby Prevost, Joyce Rothschild, Amanda Sowden</p>

Author	Project Manager
File Ref	Final minutes of PHAC A 7 th meeting 26 th February 2014
Version	Final
Audience	PHAC members, NICE team, members of the public

Item		Action
<p>1. Welcome and objectives for the meeting</p>	<p>The Chair welcomed the Public Health Advisory Committee (PHAC) to the seventh committee A meeting and the second committee meeting on the Implementing Vitamin D Guidance.</p> <p>The Chair welcomed Gillian Swann from the Diet and Research branch at PHE to the meeting.</p> <p>The Chair also welcomed the observer Lauren Johnston, a PhD student, to the meeting and noted that Lauren would be recording this meeting.</p> <p>The Chair informed the PHAC that apologies had been received. These are noted above.</p> <p>The Chair noted that Professor Hilary Powers from SACN was unable to attend today but has agreed to join the committee as a co-opted member. It was noted that Adrienne Cullum has been observing the SACN working group meetings on Vitamin D.</p> <p>The Chair welcomed the five members of public to the meeting.</p> <p>The Chair outlined the objectives of the meeting which included:</p> <ul style="list-style-type: none"> • Hearing expert testimony on Vitamin D status and intakes • Considering the updated evidence review 1 and a new review on the implementation of guidance. • Considering the economic modelling • Drafting the guidance. 	
<p>2. 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. The Chair asked everyone to verbally declare any interests.</p> <p>Those declarations previously minuted can be found on our PHAC website here.</p> <p>Adrian Martineau declared that he is convening an academic meeting on Vitamin D that is supported by Danone, Baby Nutrition, Better You Limited, Roche Diagnostics Ltd and Yoplait.</p> <p>There were no further additional conflicts of interest.</p> <p>The Chair and the Associate Director confirmed that the interests declared did not prevent the attendees at</p>	

	committee from fully participating in the meeting.	
3. Minutes and matters arising	<p>The Chair asked the PHAC if they had any changes to the minutes of the last meeting.</p> <p>The Chair confirmed that all matters arising had been completed or were in hand.</p> <p>The Chair noted that YHEC had considered the additional trials suggested by Adrian Martineau.</p> <p>The minutes were confirmed as accurate.</p>	
4. Expert testimony: status and intake data	<p>Gillian Swann (GS) gave a presentation on Vitamin D status and intakes. The Chair noted that this data should set the background for the need for supplementation and targeted implementation.</p> <p>GS had no declarations of interest.</p> <p>GS discussed the data with the PHAC and the PHAC were invited to ask GS questions in regard to the data.</p> <p>A number of issues were raised and discussed.</p> <p>There was a discussion around the level of Vitamin D that is healthy for bone health. There was also a query around data for vegetarians and it was noted that there is no national data for this groups. There was a query around regional differences in status. It was noted that the data around older people was poor. There was a query on whether the available data in children was representative of the UK population and if there was sufficient information on children from black and minority ethnic groups.</p> <p>It was noted that oral intake of Vitamin D generally only accounts for about 20% of Vitamin D available in the body, and the remainder is produced by the action of sunlight on the skin.</p>	
5. Evidence reviews	<p>Anita Fitzgerald, Julie Glanville and Anne Morgan joined the meeting by teleconference.</p> <p>Adrienne Cullum (AC) presented the evidence reviews. She noted that this was a high level, pragmatic piece of work that could not involve primary studies due to the resources available; however, it was considered to be a very useful piece of evidence.</p> <p>AC discussed the following:</p>	

	<ul style="list-style-type: none">• The Evidence review 1 - update• The Evidence review 2 on the implementation of guidelines• All of the evidence statements• The report by McFadden et al <p>Evidence review 1 – update</p> <p>AC noted that the PHAC had been provided with an updated version of the review based on their comments at the last meeting as well as a table showing their specific comments and YHEC actions.</p> <p>Evidence review 2</p> <p>AC noted that the PHAC discussed the lack of evidence on Vitamin D per se at the last meeting. NICE commissioned YHEC to undertake an additional ‘mini’ review of reviews on the implementation of guidance. The PHAC members had been provided with a consolidated list of evidence statements from reviews 1 and 2.</p> <p>The PHAC were invited to ask YHEC questions in regard to the updates to review 1 and the presentation on review 2.</p> <p>A number of issues were raised and discussed.</p> <p>It was asked if there was any information on the nature of side effects or ease of use. There was a discussion around examples of patient mediated interventions.</p> <p>The Chair suggested that the PHAC work through the evidence statements and asked the members to confirm that they were content with each statement. The cost effectiveness of the statements was also considered.</p> <p>The Chair asked the topic experts if they were aware of any data on magnitude of effect and cost.</p> <p>YHEC explained that they were asked by NICE to focus on the key messages and not the primary data and AC confirmed that the data included was the most relevant to the review question asked.</p> <p>The Chair summarised the discussions and noted that YHEC had produced an excellent piece of work in the time available. Members had been of the view that it would be helpful to check the information provided on stated comparators, consistency in terminology used and any specific figures available on the effectiveness of the included interventions, where reported.</p>	
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	<p>It was noted that there is NICE guidance on compliance and the link to this has been included in the draft guidance.</p> <p>Action: The NICE team/YHEC to look at the evidence statements and add the following:</p> <ul style="list-style-type: none"> • clarity about the comparator treatments • check consistency of the use of “inconclusive” and “ineffective”. • data on magnitude of effects • further clarification that YHEC have explicitly separated the findings from the overviews and the original reviews • further clarification of what condition is being evaluated <p>AC returned to the report by McFadden et al.</p> <p>The PHAC were informed that NICE had previously requested a copy of this report in confidence from the Department of Health. This report has now been published on the University of Dundee website and papers based on the report are being submitted for publication. The NICE team had prepared a short paper on the key findings of the report and a link to the report was given in this paper, which was included in the mail out. It was confirmed that the report can be included in the updated evidence review 1 following the additional call for evidence in May 2014.</p> <p>The PHAC were invited to ask questions on the report.</p> <p>It was noted that there will always be a limited supply of the Healthy Start Vitamins as they are MHRA licensed vitamins and the value of expanding the supply was discussed.</p> <p>It was noted that the report was extremely helpful to the work of the committee. The findings reflected review 1 and discussions at the previous meeting. The review also identified information not previously discussed – such as issues with the vitamin voucher and the level of staff involvement in implementation of Healthy Start.</p> <p>The Chair asked the PHAC to consider the recommendations keeping this report in mind but that the report would only be formally used as evidence after the consultation.</p>	<p>NICE/YHEC</p>
<p>6. Editing</p>	<p>AC gave a brief overview of the editing process and the issues the PHAC should keep in mind while drafting guidance.</p>	

	<p>It was noted that the current draft guidance has already been edited and that editing is a constant process throughout the development of the guidance. AC asked the PHAC to constantly think about removing ambiguity and “jargon” from their recommendations and to keep in mind the need to give specific detail about whom the recommendations should be for.</p>	
<p>7. Health Economics</p>	<p>Lily Lewis (LL) joined the meeting and Matt Taylor (MT) joined the meeting via teleconference.</p> <p>LL presented the economic model. It was noted that YHEC struggled to find data to populate the model and that the modelling was based on PHAC discussions at the last meeting and further discussions with NICE.</p> <p>The NICE team thanked all PHAC members who had provided information to YHEC for the development of their model.</p> <p>The Chair invited the PHAC to ask LL questions.</p> <p>The PHAC went through the list of assumptions and made suggestions.</p> <p>Action: Eleanor McGee to provide further information on implementation costs if possible.</p> <p>Action: YHEC to do a sensitivity analysis on the different ethnic groups, geography and urban settings and the differences in base line deficiency data. The Chair also asked that the assumptions be further tightened up in the light of the PHAC comments to improve confidence in the model.</p> <p>Action: YHEC to consider the cost effectiveness of the range of different Vitamin D supplements, including those for treatment.</p> <p>Action: YHEC to amend the base case to 50% and to use the sensitivity analysis to examine the impact of increasing and decreasing this figure.</p> <p>Action: YHEC to check clarity and accuracy of references to SACN minutes in draft report</p> <p>The PHAC discussed the benefits of Vitamin D testing across all different age and ethnic groups. AC reminded the committee that vitamin D status testing by blood sample may be distressing to young children.</p> <p>The Chair asked YHEC if there were any areas that they would still appreciate feedback on.</p>	<p>EM</p> <p>YHEC</p> <p>YHEC</p> <p>YHEC</p> <p>YHEC</p>

	<p>The Chair asked the PHAC to think specifically about the over 65 scenario and the feasibility of testing. The current process for testing within elderly groups and the concerns with this process was discussed.</p> <p>The Chair noted that these different groups would need to be clearly separated in the draft recommendations.</p> <p>The committee discussed those population groups with darker skin or lower sun exposure. It was noted that there was less data for these groups.</p> <p>Action: The NICE Team to arrange a TC with YHEC and a few PHAC members to clarify outstanding issues.</p>	<p>NICE Team</p>
<p>8. Drafting recommendations, considerations or research recommendations</p>	<p>The Chair asked the PHAC to consider the outline guidance that the NICE team had drafted, which had been previously circulated to the PHAC.</p> <p>The Chair reminded the PHAC to be vigilant as to which subgroup the recommendations would be applicable to.</p> <p>The Chair asked the PHAC if there were any gaps in these recommendations that should be added into the draft guidance.</p> <p>It was agreed that there was a gap in recommendations around older adults. AC noted that this was because the draft guidance was prepared and edited in December 2013 so it did not include any information from review 2 or the economic model however it would be possible to add this information to the next version.</p> <p>It was also noted that the NICE team should add members of the teaching profession to some of the recommendations.</p> <p>The PHAC went through each draft recommendation and a number of amendments were made.</p> <p>The CMO annual report 2013 'Prevention pays – our children deserve better' on the universal provision of healthy start Vitamins was discussed and the NICE team noted that there was a distinct separation between this work and the NICE work on Implementing Vitamin D guidance. Jane Huntley (JH) noted that this PHAC group would hopefully be reconvened in 2015, outside of the usual NICE guidance process, to consider the evidence on the universal provision of healthy start Vitamins and to examine the cost</p>	

	<p>effectiveness of the healthy start Vitamin programme from a targeted to a universal offering. It was noted that further details on this would be confirmed in the future.</p> <p>Action: The NICE team to note within the draft guidance that the CMO report will be considered.</p> <p>There was a discussion around groups in institutions and groups with low sun exposure. Due to the lack of evidence a specific recommendation was not agreed.</p> <p>The PHAC discussed the draft research recommendations and a number of amendments were made. The PHAC were reminded that according to NICE process only five different research areas can be recommended.</p> <p>Action: The NICE team to re-draft the recommendations and considerations based on the PHAC discussion. The NICE Team to re-draft the research recommendations based on the PHAC discussion.</p>	<p>NICE Team</p> <p>NICE Team</p>
<p>9. Other sections of the guidance – includes policy, glossary, appendixes</p>	<p>There was no time for the PHAC to draft other sections of the guidance, including the considerations, however, it was noted that the PHAC had previously had a full discussion and that many of the comments made would inform the re-drafting of these sections, particularly the considerations.</p> <p>Action: The NICE team to revise all guidance sections and the PHAC to comment and approve via email.</p> <p>The Chair noted that this was the last meeting before consultation and asked that when the PHAC receive the draft guidance they review it carefully. It was noted that if there were any fundamental decisions to be made these would need to be done at the meeting and not over email prior to consultation.</p> <p>The Chair asked the PHAC if there were any outstanding areas of concern or issues to discuss.</p> <p>The PHAC discussed the universal provision of low cost or free Vitamin D.</p>	<p>NICE Team</p>
<p>10. Summary of the day and Next steps</p>	<p>JH provided an overview of key dates. These included:</p> <ul style="list-style-type: none"> • PHAC to comment on the guidance from 19th March until 2nd April. 	

	<ul style="list-style-type: none"> • Consultation on the draft guidance to take place from 13th May until 24th June • Call for Evidence to take place from 13th May until 10th June. • The final PHAC meeting would take place on 4th September. • PHAC to give their final comments from 25th September until 13th October • The guidance would be published on 26th November. 	
11. Any other business	The Chair requested that as NICE are approaching the end of the financial year could members submit expenses before the end of March 2014.	
12. Close	The meeting closed at 4.30pm.	