

## Understanding the influence of NHS health check cardiovascular disease risk assessment tools

### Introduction

The aim of the HTA Programme is to ensure that high quality research information on the effectiveness, costs and broader impact of health technology is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. Topics for research are identified and prioritised to meet the needs of the NHS. Health technology assessment forms a substantial portfolio of work within the National Institute for Health Research and each year about fifty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include both primary research and evidence synthesis.

### Research Question:

*How does clinician and patient perception of cardiovascular disease (CVD) risk differ when the JBS3 lifetime risk calculator is used instead of QRISK®2? Does this lead to differences in the advice or treatment offered by the practitioner or the response of the patient.*

- 1. Interventions:** CVD risk assessment by the QRISK®2 or JBS3 risk calculators supported as appropriate by interventions such as advice, drug therapy or simple packages of behaviour change support (appropriate pathways to be defined by applicants).
- 2. Patient group:** People in England eligible for the NHS Health Check.
- 3. Setting:** Settings where NHS Health Checks are delivered.
- 4. Study design:** A study using qualitative and behavioural methods to identify how the different risk calculators affect the perception (understanding and significance) of risk by clinicians and patients and the mechanism by which the risk calculators may lead to changes in patient or clinician behaviour. Research should explore other factors that are important in influencing the advice or behaviour of clinicians and patients, such as the role of shared decision making, patient age, culture and ethnicity to identify how the delivery of CVD risk information could be optimised.
- 5. Important outcomes:** Measures of differences in clinician and patient perception of risk, differences in type of advice, intervention or referral given by clinicians, differences in responses to this by patient, e.g. willingness to follow advice or potentially to adhere to proposed interventions, etc.  
**Other outcomes:** Mechanism of effect / influence of the risk calculators, a discussion of the optimal delivery of CVD risk information.
- 6. Minimum duration of follow-up:** N/A.

**NHS decision problem to be addressed by this research:**

*Launched in 2009, the NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Checks are offered, once every five years, to everyone (in England) between the ages of 40 and 74, who have not already been diagnosed with one of these conditions. Those individuals identified as having increased future risk can then be given appropriate advice, treatment or support to help them reduce or manage that risk.*

*There are two risk calculators currently used in the Health Check. The established QRISK®2 calculator gives the 10 year risk of suffering from one of the conditions while the more recently incorporated JBS3 lifetime risk calculator provides a longer term view of an individual's risk of developing CVD.*

*Because QRISK®2 looks at CVD risk over only 10 years it seldom indicates younger people are at the 20% risk level, but older people often are, even when healthy and with healthy lifestyles.*

*However younger individuals may well have unhealthy lifestyles and have high lifetime risks and for these people the JBS3 heart age tool may be a more effective way of indicating future personal risk so that appropriate lifestyle changes can be initiated sooner.*

*The mechanisms by which the Health Check risk assessment and supporting advice may operate require clarification and other issues such as age or ethnicity may need to be considered as potentially affecting the perception of risk and an individual's response.*

*Research is required to determine which of the two calculators appears to provide the information in the most beneficial way and to inform future guidance and practice for patients and clinicians in the NHS Health Check programme.*

**Notes to Applicants**

The NIHR Health Technology Assessment Programme is funded by the NIHR, with contributions from the CSO in Scotland, NISCHR in Wales, and the Public Health Agency in Northern Ireland.

For many of the research questions posed by the HTA Programme, a randomised controlled trial is the most appropriate method of providing an answer. Suggestions for how a randomised controlled trial could be designed and constructed most efficiently are encouraged. Where the study design has been left open for applicants to specify, please note that the HTA Programme welcomes any study design which is well justified as the most appropriate approach to answer the research question.

Applicants are asked to:

1. Follow the Medical Research Council's (MRC) Good Clinical Practice guidelines (<http://www.mrc.ac.uk/documents/pdf/good-clinical-practice-in-clinical-trials/>) when planning how studies, particularly RCTs, will be supervised. Further advice specific to each topic will be given by the HTA Programme at full proposal and contract stages.
2. Note that trials involving medicinal products must comply with "The Medicines for Human Use (Clinical Trials) Regulations 2004". In the case of such trials, the DH expects the employing institution of the chief investigator to be nominated as the sponsor. Other institutions may wish to take on this responsibility or agree co-sponsorship with the employing institution. The DH is prepared to accept the nomination of multiple sponsors. Applicants who are asked to submit a full proposal will need to obtain confirmation of a sponsor(s) to complete their application. The DH reserve the right to withdraw from funding the project if they are not satisfied with the arrangements put in place to conduct the trial.

The MHRA ([info@mhra.gsi.gov.uk](mailto:info@mhra.gsi.gov.uk), <http://www.mhra.gov.uk>) can provide guidance as to whether your trial would be covered by the regulations. The NIHR website (<http://www.ct-toolkit.ac.uk/>) also contains the latest information about Clinical Trials regulations and a helpful FAQ page.

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at: <http://transparency.number10.gov.uk/#>

Applicants are recommended to seek advice from suitable methodological support services, at an appropriate stage in the development of their research idea and application. It is advisable to make contact at an early a stage as possible to allow sufficient time for discussion and a considered response.

The NIHR Research Design Service (<http://www.rds.nihr.ac.uk/>) can advise on appropriate NIHR Programme choice, and developing and designing high quality research grant applications.

### **Clinical Trials Toolkit**

Researchers designing or undertaking clinical trials are encouraged to consult the Clinical Trials Toolkit ([www.ct-toolkit.ac.uk](http://www.ct-toolkit.ac.uk)). This NIHR resource is a website designed to help researchers navigate through the complex landscape of setting up and managing clinical trials in line with regulatory requirements. Although primarily aimed at those involved in publicly funded Clinical Trials of Investigational Medicinal Products (CTIMPs), the Toolkit will also benefit researchers and R&D staff working on trials in other areas, who will find useful information and guidance of relevance to the wider trials environment.

### **Research networks**

The HTA Programme expects, where appropriate, that applicants will work with the relevant research network.

### **Making an application**

If you wish to submit an Expression of Interest proposal on this topic, complete the on-line application form at [www.nets.nihr.ac.uk/funding/hta-commissioned](http://www.nets.nihr.ac.uk/funding/hta-commissioned) and submit it on line by **21 January 2016**. Applications will be considered by the HTA Commissioning Board at its meeting in **March 2016**. **IMPORTANT:** For outline applications, if shortlisted, investigators will be given a minimum of **eight weeks to submit a full proposal**. The full proposal will be considered at the Commissioning Board in **July 2016**.

***Applications received electronically after 1300 hours on the due date will not be considered.***

***Please see GUIDANCE ON APPLICATIONS overleaf.***

Should you have any queries please contact [htacmsng@soton.ac.uk](mailto:htacmsng@soton.ac.uk)

## **Guidance on applications**

### **Required expertise**

HTA is a multidisciplinary enterprise. It needs to draw on the expertise and knowledge of clinicians and of those trained in health service research methodologies such as health economics, medical statistics, study design, behavioural science and qualitative approaches. The HTA Programme expects teams proposing randomised controlled trials to include input from an accredited clinical trials unit, or one with equivalent experience. Applicants are also expected to engage a qualified Trial Manager for appropriate projects. A commitment to team working must be shown and applicants may wish to consider a collaborative approach between several institutions.

### **Public involvement in research**

The HTA Programme recognises the benefit of increasing active involvement of members of the public in research and would like to support research projects appropriately. The HTA Programme encourages applicants to consider *how* the scientific quality, feasibility or practicality of their proposal *could* be improved by involving members of the public. Examples of how this has been done for health technology assessment projects can be found at [www.nets.nihr.ac.uk/ppj](http://www.nets.nihr.ac.uk/ppj). Research teams wishing to involve members of the public should include in their application: the aims of active involvement in this project; a description of the members of the public (to be) involved; a description of the methods of involvement; and an appropriate budget. Applications that involve members of the public will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of members of the public will improve the quality of the application.

### **Outcomes**

Wherever possible, the results of HTA should provide information about the effectiveness and cost-effectiveness of care provided in its usual clinical setting and for the diverse subjects who would be eligible for the interventions under study. The endpoints of interest will in most cases include disease specific measures, health related quality of life and costs (directly and indirectly related to patient management). Wherever possible, these measurements should be made by individuals who are unaware of the treatment allocation of the subjects they are assessing. We encourage applicants to involve users of health care in the preparation of their proposal, for instance in selecting patient-oriented outcomes. Where established Core Outcomes exist they should be included amongst the list of outcomes unless there is good reason to do otherwise. Please see The COMET Initiative website at [www.comet-initiative.org](http://www.comet-initiative.org) to identify whether Core Outcomes have been established. A period of follow up should be undertaken which is sufficient to ensure that a wider range of effects are identified other than those which are evident immediately after treatment. Where relevant, researchers should explore the effect of the intervention in relation to health inequalities. These factors should guide applicants in their choice of subjects, settings and measurements made.

### **Longer-term follow up**

Researchers to consider building in provision, if appropriate, for a simple mechanism for long-term follow up using routine data bases/sets; including obtaining consent for this from participants at trial entry.

### **Sample size**

A formal estimate should be made of the number of subjects required to show important differences in the chosen primary outcome measure. Justification of this estimate will be expected in the application.

**Communication**

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA Programme. They are also required to seek peer-reviewed publication of their results elsewhere and may also be asked to support NETSCC, HTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

**Timescale**

There are no fixed limits on the duration of projects or funding and proposals should be tailored to fully address the problem (including long-term follow-up if necessary). Applicants should consider however that there is a pressing need within the NHS for this research, and so the duration of the research needs to be timely.

**Feasibility and Pilot studies**

We expect that when pilot or feasibility studies are proposed by applicants, or specified in commissioning briefs, a clear route to the substantive study will be described. This applies whether the brief or proposal describes just the preliminary study or both together. Whether preliminary and main studies are funded together or separately may be decided on practical grounds.

Feasibility Studies are pieces of research done before a main study. They are used to estimate important parameters that are needed to design the main study. Feasibility studies for randomised controlled trials may not themselves be randomised. Crucially, feasibility studies do not evaluate the outcome of interest; that is left to the main study. If a feasibility study is a small randomised controlled trial, it need not have a primary outcome and the usual sort of power calculation is not normally undertaken. Instead the sample size should be adequate to estimate the critical parameters (e.g. recruitment rate) to the necessary degree of precision.

Pilot studies are a version of the main study that is run in miniature to test whether the components of the main study can all work together. It is focused on the processes of the main study, for example to ensure recruitment, randomisation, treatment, and follow-up assessments all run smoothly. It will therefore resemble the main study in many respects. In some cases this will be the first phase of the substantive study and data from the pilot phase may contribute to the final analysis; this can be referred to as an internal pilot. Or at the end of the pilot study the data may be analysed and set aside, a so-called external pilot.

For a full definition of the terms 'feasibility study' and 'pilot study' visit the NETSCC website glossary page [www.nets.nihr.ac.uk/glossary](http://www.nets.nihr.ac.uk/glossary)

In preparing for a substantive evaluation attention should be paid to appropriate guidance on how to develop interventions (such as the MRC guidance on developing and evaluating complex interventions and the IDEAL framework: [www.ideal-collaboration.net/framework/](http://www.ideal-collaboration.net/framework/)).

**Diagnostics and Imaging**

In evaluating diagnostic and imaging techniques, the emphasis of the HTA Programme is to assess the effect on patient management and outcomes (particularly where changes in management can be shown to have patient benefits). Improvements in diagnostic accuracy, whilst relevant, are not the primary interest of this commissioned research programme. Applicants should justify where they consider improvements in diagnostic accuracy to be relevant to these objectives. Where there is poor

evidence to link diagnostic improvements to patient benefits, part of the primary research may be to assess the effects of such changes on patient outcome.

An assessment should also be made of changes in other resources (particularly other subsequent therapies) used as a result of changes in diagnostic methods.