



Public Health
England

Protecting and improving the nation's health

NHS Health Check: stocktake and action plan

January 2018

NHS Health Check: A world leading prevention programme

As we approach the end of the first 5 year cycle of the NHS Health Check programme being led by local authorities (LA), it is clear that there is a huge amount to celebrate.

It remains one of the largest public health prevention programmes in the world with over 6 million people in England having a check since 2013. Evidence shows it can successfully engage people with the greatest health needs and that individuals having a check are more likely to be diagnosed with a disease and to receive lifestyle or clinical management to help them reduce that risk or manage the health condition. These considerable achievements are a testament to the enthusiasm and commitment to the successful delivery of the programme by both LAs and the NHS.

Going forward, the programme remains a key part of the Government's commitment to tackling cardiovascular disease (CVD) in England. Nevertheless, as we embark on the next 5 year cycle, there is still more that can be done to maximise its impact and this stocktake and action plan sets out the key areas for development by Public Health England (PHE), LAs and the NHS to help ensure we continue to get the most from the programme in the coming years.

“The NHS Health Check is a world leading example of our commitment to tackle cardiovascular disease at the scale required to really make a difference”

John Newton, Director of Health Improvement, Public Health England

“Local authorities are committed to the successful delivery of the programme and have successfully used innovative delivery models to maximise its impact”

Mark Lloyd, Chief Executive, Local Government Association

“CVD remains one of our biggest killers. The NHS Health Check provides the NHS with a systematic opportunity for early detection and management of undiagnosed high risk conditions like high blood pressure, high CVD risk score and diabetes.”

Dr Matt Kearney, National Clinical Director for cardiovascular disease prevention, NHS England

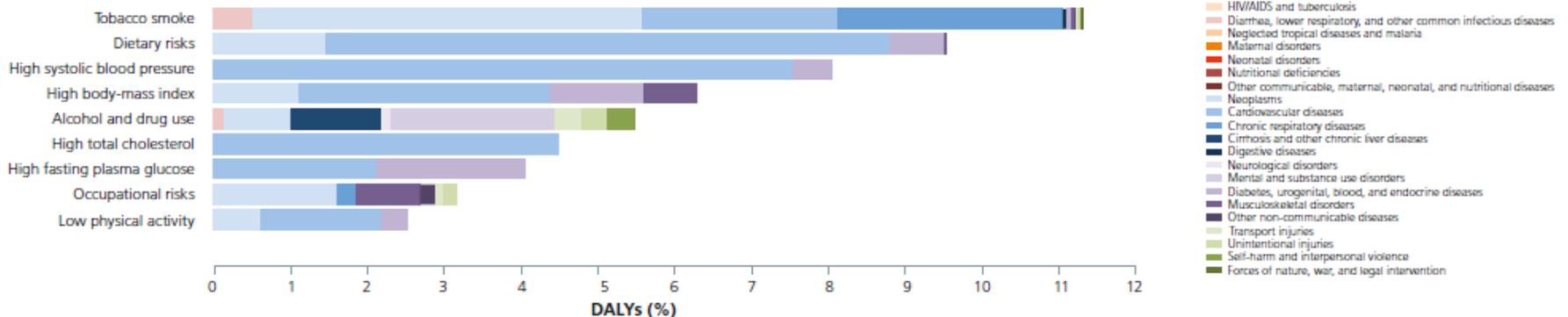
Too many people are living with CVD

While life-expectancy increases demonstrate the tremendous achievement of reducing premature CVD mortality in the last 20 years; the same cannot be said of the number of years spent in ill health (2). One in 10 people continue to live with CVD (3). So while we've come a long way in saving lives, there are still far too many people living with the physical consequences of CVD such as blindness or amputation, as well as the social and economic consequences from being unable to work.

The Global Burden of Disease Study (4) clearly shows that many of the factors which increase a person's risk of developing CVD are modifiable (Figure 1). It is also these same risk factors which cause many other non-communicable diseases such as respiratory disease, some forms of cancer and dementia. Evidence shows that the earlier these risk factors can be reduced among individuals the lower the level of exposure. This not only has the benefit of reducing the risk of people developing CVD but has the added benefit of reducing the risk of other non-communicable diseases driving the burden of illness in England.

- 1 in 4 premature deaths are caused by CVD (5).
- 1.6 million disability adjusted life years can be attributed to CVD (6).
- 7 million people in the UK are affected by CVD (5).
- CVD costs the NHS £6.8 billion a year (5).

Figure 1. Disability-adjusted life-years attributed to level 2 risk factors in 2015 in England for both sexes combined



Keeping residents healthy and independent

The role of NHS Health Checks

The NHS Health Check programme provides the only universal mechanism for identifying and managing people aged 40 - 74 with the top 7 risk factors driving the burden of non-communicable disease (Figure 1).

It provides a crucial means of delivering a prevention focussed brief intervention to over 15 million people in England. This means that everyone having a check can be helped to understand their individual CVD risk profile and consider what they can do to reduce their risk. This benefits not only the individuals but also by keeping people healthy and well for longer, so that they remain fit to work, can live independently, are less likely to need social care services and can continue to contribute to society.

As a risk reduction programme it can also play a key role in identifying and referring people who will benefit from lifestyle services such as: the national diabetes prevention programme, stop smoking, alcohol reduction and physical activity. This bears out in the evidence which shows higher levels of referrals to these services among people having an NHS Health Check compared to those who do not (Figure 2).

Risk reduction

While there have been improvements in some areas, there is still much more to do to reduce behavioural risk factors. It is crucial that local authorities continue to enable residents to access a range of local lifestyle services if we are going to maximise the programmes impact by tackling the:

- 64.8% of adults that are overweight or obese (8)
- 15.5% of adults that are smokers (8)
- 24% of adults drinking alcohol at unsafe levels (9)
- 27.8% of adults that are physically inactive (8)

Figure 2



Referrals to alcohol services are **3 times higher**



There are **twice as many** referrals to smoking cessation clinics



There are **3.5 times as many** referrals to weight management services



There are **4 times as many** referrals to exercise programmes

The NHS Health Check can help people to stay well for longer by supporting everyone having a check to reduce or maintain a healthy risk factor profile through access to local lifestyle services (7).

Early disease detection and management

In March 2017 NHS England's Five Year Forward View Next Steps recognised the contribution that NHS Health Checks makes to reducing avoidable demand in the NHS (11).

Research has shown that the programme plays an integral role in the early detection of disease (figure 3) (12). Providing a systematic approach that will contribute to the local implementation of NHS England's RightCare CVD prevention pathway by helping to identify those patients who would benefit from further review and clinical care.

NHS RightCare is supporting local health economies to reduce unwarranted variation in the detection and optimal clinical management of CVD to maximise local health outcomes and help create a sustainable NHS. Research shows that individuals who are identified through the NHS Health Check as having high CVD risk, high blood pressure or cholesterol don't always go on to receive optimal care. RightCare's focus on variation across the whole pathway of care not only helps individuals but supports the achievement of population health benefits, particularly in relation to CVD risk ie, high cholesterol, atrial fibrillation and hypertension.

National evaluations show that with current prescribing rates alone, the programme could prevent between 251 (13) and 505 (10) major CVD events each year. With improvements to clinical management this could be even greater.

Figure 3. Number of NHS Health Checks needed to detect a case of hypertension, type 2 diabetes and high risk of CVD



For every **30 to 40** NHS Health Checks 1 person is found to have hypertension



For every **80 – 200** NHS Health Checks 1 person is diagnosed with type 2 diabetes



for every **6 to 10** NHS Health Checks 1 person is identified as being at high risk of cardiovascular disease

Disease management

- only 1 in 5 NHS Health Check attendees at high risk of CVD have been prescribed a statin (10).
- optimal treatment of people with high blood pressure could avert 14,500 strokes and 9,710 heart attacks in 3 years saving over £273 million (14).

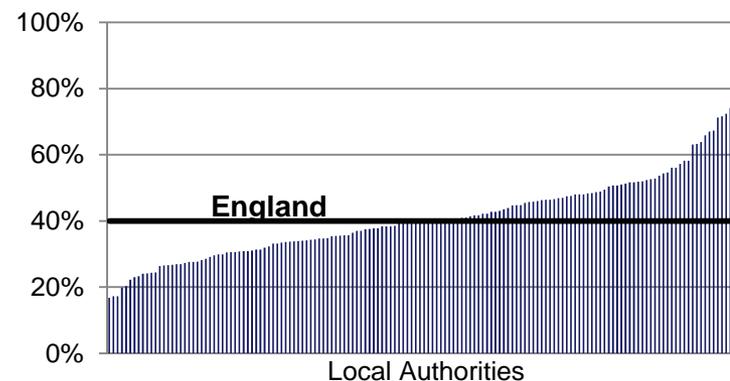
Over 6 million people have had a check

Since responsibility transferred to local government there has been a universal provision of the programme across England and increases in the number of people having a check. Between April 2013 and March 2018 more than 15 million people were eligible for an NHS Health Check. After 4.5 years of this 5 year cycle over 12 million people have been offered and over 6 million have had an NHS Health Check (15).

Many areas continue to excel at ensuring the programme reaches as many people as possible, for example 4.5 years into the 5 year programme and 40% of LAs have offered an NHS Health Check to 90% of their eligible population. Furthermore, 40% of eligible people have had an NHS Health Check in 77 local authorities. Despite this, current monitoring shows that over 45% of LAs are not currently on track to meet the Regulatory requirement for NHS Health Check offers by the end of March 2018 (15).

The programme is detecting people at high risk of CVD. Research shows that NHS Health Check attendees have a higher average CVD risk score than non-attendees. It also shows greater absolute reductions in CVD risk among people attending their NHS Health Check compared to those who do not (17).

Figure 4. People having an NHS Health check between March 2013 and June 2017, by local authority



Local Authorities Regulations

Since 2013 the NHS Health Check programme has been a statutory duty of LAs. The regulations have, and continue to, set out the responsibilities of local government in delivering this important public health programme by:

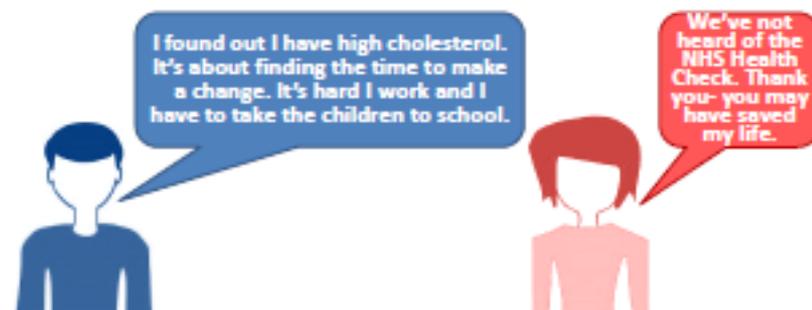
- defining who is and isn't eligible for an NHS Health Check and how often
- detailing what must be measured and communicated during a check
- Committing to the delivery of the programme with a view to continuously improving the proportion of people having a check (18)

Innovations in local delivery models: Walsall

Walsall council has achieved a tremendous level of engagement with local residents in the NHS Health Check programme. Key to this has been working in partnership with the Clinical Commissioning Group to commission GPs to deliver the checks. To compliment this a community outreach model has also been used and currently NHS Health Checks are also offered through three pharmacies and as part of the council's workplace health initiative to small and medium size enterprises.

Recruitment is mainly undertaken opportunistically. In general practice pop-ups on clinical systems prompt practitioners to offer a check to eligible people. Practitioners delivering the checks and those supporting it e.g. reception and administrative staff receive regular training so that they know what to do and can answer patient questions. This has meant that issues such as patients not attending the appointment for the final part of their check, after having had their blood test, have reduced considerably.

There has also been a strong focus on community engagement to raise the profile of the programme and gain support from local councillors. A participatory arts and health campaign, Something you can do, in the form of a travelling sofa, was used to create opportunities to target men, people at higher risk of CVD and some black and minority ethnic groups. Checks have also been offered to local councillors so that they can experience the benefits of having a check and how they contribute to improving the health and wellbeing of the local population.



Top tips

Invest time and effort in establishing and maintaining a good relationship with providers. Providing feedback on delivery and offering training to support staff implementing the check has strengthened relationship and buy into the programme.

Having the Something you can do campaign has been fantastic at raising the profile of the programme by making it a talking point among local communities

Keeping the service specification simple, having a clinical template to help providers accurately record what is being done and linking this to payment has helped to secure high quality comprehensive information on delivery.

Reversing the inverse care law

The burden of CVD risk factors and consequently preventable death and disability falls heaviest on the most deprived communities, people with severe mental illness and certain ethnic groups. For example, death from CVD is three times higher among the poorest compared to the most affluent communities (5).

The NHS Health Check is a universal programme and should be offered to all eligible people aged 40-74. However, in achieving this there is an opportunity to make inroads in reducing health inequalities by prioritising checks to those groups with the greatest health need. National research shows that where this approach has been adopted the programme is reaching those with the greatest health need and not just the 'worried well'.

Nevertheless there is still much to do to tackle the variation across England as some areas with the highest rates of deprivation are reaching the fewest people.

The NHS Health Check programme is in a unique position of showing it that potentially it can reverse the inverse care law. Evidence shows that people from poorer communities and high risk ethnic minority groups are more likely to have had a check (12).

Research shows that more people with the following characteristics have had a check:



Older



Female



Have a family history of heart disease



Living in deprived area

PHE is effective at supporting local delivery/1

In 2016 PHE undertook a stocktake of NHS Health Check commissioners and providers. This work identified what stakeholders felt PHE was doing well as well as a number of local challenges which could impact on the long-term reach and quality of the programme.

Challenges

Uncertainty about funding

Uncertainty arising from reductions in the public health grant and signalling that the grant ring fence will end was particular concern. This was compounded by the perception of a lack of national and local evidence on the programme's cost benefit to assist with making a robust business case (19).

Winning the hearts and minds of some health care professionals

This remains problematic. The perception of insufficient evidence on the impact of the programme, inadequate remuneration and that the focus of primary care should be on treatment not prevention were recognised as specific challenges when trying to engage some professionals (19).

The ability to access high quality data

Access to high-quality data for the purposes of inviting someone to have a check and monitoring varies considerably, is heavily influenced by GP engagement with the programme and remains a fundamental issue for some areas (19).

Engaging the public

Increasing the number of people having a check and targeting people with the greatest health needs were recognised as challenges central to maximising the programmes reach and impact. Again a lack of GP engagement was identified as a barrier to achieving this (19).

High standard of delivery

Respondents also recognised that there were challenges to achieving and maintaining a high standard of delivery, particularly where different types of provider were delivering the check. The cost of and perceived lack of time for staff training were specifically cited as barriers to raising standards (19).

PHE is effective at supporting local delivery/2

What PHE does well

PHE is an effective advocate for the NHS Health Check programme and has provided crucial implementation support over the last 2 years (19).

The most positively received aspects of PHEs work were the regional and national networks because they provide practical local support and opportunities to share learning and experience (19).

The national annual national conference was commonly cited as beneficial because it reaffirms the importance of the programme. Respondents also welcomed and valued a range of resources including marketing materials, webinars, the NHS Choices directory as well as the findings from the behavioural insight studies (19).

The competency framework and best practice guidance were both cited by respondents as being practical, accessible and useful in raising service quality. It was also recognised that PHE had played an essential role in helping local commissioners navigate technical data handling issues with greater confidence and ease (19).

A cornerstone of CVD risk reduction

Nearly 10 years since its inception, the NHS Health Check programme remains relevant to the health and social care issues faced by society today. Four and a half years into the 5 year cycle of local authority leadership has hailed considerable successes in the delivery of the programme.

If we are to continue to improve on these successes then every effort needs to be made to ensure that we strengthen the integrated approach between local authorities and the NHS going forward. Both have a key role to play in maximising the programmes health outcomes for example, through the provision of lifestyle services and NHS RightCare.

As the public health landscape continues to mature uncertainty remains, this not only leads to local delivery challenges but to critics calling into question the value of the programme. Despite having learnt a considerable amount from the emerging evidence, legitimate questions remain that, in answering, will help us to maximise the clinical and cost effectiveness of the programme.

Although there certainly is more to learn, evidence shows that the programme does lead to reductions in CVD risk, the early detection of disease and that it can amplify the effect of population-level interventions (21). This is why the Government remains committed to the implementation of this statutory programme as part of a wider approach to reducing the burden of CVD (10,13).

Therefore, going forward, PHE will continue to support the implementation of the programme through 4 priorities for action which have been informed by research and the findings from the stocktake.

Priorities for action

1. Deliver a high quality programme
2. Encourage the development of evidence and research
3. Provide strong leadership
4. Maximise access to and utility of data

1. Deliver a high quality programme/1

Learning

Lifestyle and clinical follow up is variable. While statin prescribing is higher among attendees overall, prescribing rates remain low compared to what might be expected given the current National Institute for Health and Care Excellence CVD prevention guidance (10).

Findings from an evaluation of the programme's dementia component were published as top tips and show that (22):

- while talking about dementia might be a surprise to some service users it is a welcome conversation
- practitioners can help people understand the risk of developing dementia by explaining that what is good for your heart is good for your brain
- using memory recall tests as part of a check is not appropriate, they are not a validated diagnostic tool

Partner actions

Commissioners to use the health equity audit to understand who has been invited, who has had a check and their clinical /lifestyle management and to use this to shape the local delivery model.

Commissioners and providers to apply Systematic Approach to Raising Standards (StARS) and the competence framework in improving the quality of service delivery.

Commissioners and providers to use the national invitation letter template.

1. Deliver a high quality programme/2

Achievements

Working with a range of partners PHE has developed a StARS. StARS is an improvement methodology that assists local areas with understanding the current quality of local delivery and in taking action to improve. Over three quarters of local authorities have been trained to use the approach.

An NHS Health Check competence framework has been published along with assessor and user work books (23).

Annual updates to the PHE Best Practice Guidance (24), the production of new guidance on how to do a Health Equity Audit (25), the publication of Programme Standards (26) and the annual conference all serve to support improvements in consistency.

PHE actions

- continue to provide guidance and resources to encourage best practice and the adoption of new evidence into practice
- support all local areas to implement the StARs framework
- support workforce development by ensuring the competence framework and supporting materials remain fit for purpose
- continue to work with a range of professionals to deliver the NHS Health Check webinar series and annual CVD prevention conference

2. Encourage the development of evidence and research/1

Learning

The programme could prevent heart attacks and strokes, but the size of that benefit remains uncertain because of an absence of evidence (16).

Studies show that most patients are confused by or incorrectly understand their cardiovascular risk score and ways of communicating this more effectively need to be explored (12).

The invitation has a role to play in increasing uptake. If everyone adopted the new national invitation letter template we could see over 100,000 more people having a check each year (12).

Partner actions

Academic partners to refresh the national economic modelling and produce a new NHS Health Check return on investment which includes the benefits of the programme to both health and social care.

Commissioners to include the evaluation of the programme as a core part of local delivery.

Commissioners and providers to apply current evidence to maximise the number of people having a check.

2. Encourage the development of evidence and research/2

Achievements

In 2017 the NHS Health Check Expert Scientific and Clinical Advisory Panel (ESCAP) published findings on the programme's emerging evidence (16).

Two national evaluations, funded by the Department of Health, provide new findings on the programmes health benefits (8,11).

PHE has completed 7 studies and summarised the findings as top tips on how to increase take up (27,28).

In 2014 PHE published the NHS Health Check priorities for research (29).

PHE Actions

- update the existing NHS Health Check ready reckoner with current population and prevalence data
- keep the evidence under review through the ESCAP, by publishing an evidence update every 2 years
- work with partners to deliver an update to the evidence published through the national evaluations and to continue to use behavioural science to explore different approaches for improving the effectiveness of the NHS Health Check programme

3. Provide strong leadership/1

Learning

Locally, NHS Health Check commissioners are having to tackle the challenge of financial uncertainty and reductions in investment in lifestyle services which are vital to supporting the programme's risk reduction aim (19).

Some stakeholders remain unconvinced of the need for or benefits from the programme. This has impacted on the level of service provision in some areas. Stakeholders feel that there is a need for more evidence to address the concerns of sceptics (19).

Many local areas have successfully implemented a programme of checks which prioritise people with the greatest health need (10,13). This approach is consistent with PHE's ethos of the service being universal and proportionate.

Partner Actions

Commissioners continue to develop, test and evaluate innovative local delivery models.

Commissioners to continue to provide a range of lifestyle services to support people to reduce their risk of CVD.

Commissioners and providers to integrate the NHS RightCare optimal CVD prevention pathway within the NHS Health Check pathway.

3. Provide strong leadership/2

Achievements

A clear governance structure has been established which engages key stakeholders.

In 2016, PHE published an action plan on CVD prevention (5). This clearly highlighted the crucial role the NHS Health Check programme has to play.

NHS England recognised the crucial contribution the NHS Health Check programme makes to the sustainability of the NHS in the five year forward view next steps (11).

NHS RightCare has committed to implementing the CVD pathway to reduce variation and optimise care among all Clinical Commissioning Groups. The NHS Health Check is a central mechanism to successfully implementing this.

PHE Actions

- ESCAP to keep the programme's content under review
- continue to support local NHS Health Check networks and to work through the Local Implementer National Forum to tackle 'wicked' issues
- maximise opportunities to raise public awareness of the NHS Health Check programme through One You

4. Maximise access to & utility of intelligence/1

Learning

Findings from the national evaluations of the programme show that while data on individuals' QRISK2 score and risk factors is higher among attendees than non-attendees there remains a high level of missing data on clinical systems (10,13).

The absence of a national data collection and reporting system presents challenges locally (19). Where GPs support the programme it is possible for local authorities to use existing patient data and get information on delivery outcomes, however accessibility to data varies greatly between areas limiting delivery and monitoring.

Partner Actions

Commissioners and providers to ensure that the recommended data set is being used to record delivery activity.

Commissioners and providers to use evidence informed marketing and communications to improve awareness and tailor messaging to different socio-economic groups.

4. Maximise access to & utility of intelligence/2

Achievements

Transparency of NHS Health Check data has been improved through the inclusion of indicators in the Public Health Outcome Framework (8) and on Healthier Lives (20).

PHE has published guidance on information governance to assist local authorities with data collection and quality assurance (30).

In 2015 PHE launched 'my heart age' enabling anyone to calculate their CVD risk. To date this tool has been used by over 1.3 million people.

PHE has commissioned and published the findings of an evaluation on the dementia component of the NHS Health Check (22).

PHE Actions

- update the recommended data set for the NHS Health Check and work with partners to implement on primary care patient record systems
- continue to maximise the transparency of NHS Health Check data by including an indicator in the Secretary of States local authority scorecard
- secure a national extraction of NHS Health Check data from General Practice systems to enable national monitoring of the programme
- continue to publish scientific papers using data gathered from the 'my heart age' tool

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