



Public Health
England

Protecting and improving the nation's health

NHS Health Check programme: priorities for research consultation feedback

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups.

PHE is committed to bringing greater scientific rigour to the NHS Health Check programme. In doing so we have developed priorities for research which will help to establish the evidence required to ensure an effective programme.

Between 20 November 2014 and 19 December 2014, we published the NHS Health Check priorities for research for consultation. The consultation posed three specific questions and invited respondents to provide general feedback on the document. Consultation responses were received from a wide range of organisations including: Department of Health, Academia, NHS England, Local Government, GPs, NHS IQ, NHS Trusts, voluntary sector, Association of Directors of public health, businesses and Royal Pharmaceutical Society and the Royal College of GPs.

As recommended by the Cabinet Office, this document summarises the findings from the consultation and our response.

Identification of major priorities

We asked: have we identified the major research priorities?
Of the 53 respondents 45% agreed, 10% provided no response and 45% disagreed.

Additional research questions

We asked: Are there any additional research or evaluation questions which you consider to be of particular importance for the programme?

Key themes that emerged from response to this section included:

- a need to **identify the barriers to clinician and practitioner engagement** with and adoption of the programme
 - **response:** we recommend a new question is added that seeks to identify the barriers to engagement for some clinicians, and to understand the drivers and facilitators that have allowed good engagement by others

- work is needed to **understand the effectiveness of the link between the NHS Health Check and what happens next** – whether that is referral to primary care for treatment, or adoption of lifestyle changes
 - **response:** we felt that the document would benefit from strengthening the existing question around primary care support for patients signposted from NHS Health Checks, so that the questions asks clearly if primary care is effectively and efficiently following up and managing those identified as being at risk
- some respondents were keen for a **stronger focus on health inequalities**, and how these influence both uptake and effectiveness. In particular, they noted a need to be clearer in the approach to monitoring uptake in individuals with protected characteristics, including minority ethnic groups
 - **response:** we suggest that the existing research questions around equitable uptake are strengthened to give stronger regard to inequalities, including ethnic diversity
- there is a need to **evaluate the programme and its effectiveness among different groups** – and in particular to consider whether a high risk targeted strategy would be more effective and cost effective
 - **response:** we believe questions on effectiveness in targeted populations are covered by the existing question: “Would targeting of sub-populations (eg: high risk, poor socio-economic groups) improve cost-effectiveness of NHS Health Check and what would be the effect on overall impact at population level?”

Greatest priority

We asked: Are there any questions outlined in the document which you consider to be of greatest priority?

The most consistent answer was the need to demonstrate the effectiveness of NHS Health Check in improving health outcomes, and to demonstrate their cost effectiveness, in particular highlighting three questions:

- does the NHS Health Check programme lead to a reduction in CVD and non-communicable diseases?
- has NHS Health Check reduced morbidity and mortality?
- has NHS Health Check saved money? Has it generated savings in secondary care?

However, beyond these central questions about measuring effectiveness, different respondents highlighted a variety of other topics as being important, from risk communication, to patient engagement, behavioural change approaches and the most effective methods and modes of recruitment and delivery.

In light of this, we will continue to present the questions in their current thematic groups (recruitment, delivery and evaluation), rather than highlighting particular questions as being more pressing than others.

Data and infrastructure

We asked: are there any considerations or opportunities for development of data infrastructure that should be considered?

Common to the feedback of many respondents was the issue of robust data collection systems and recording good quality data at the time of the intervention. Comments referred to the need for a more standardised approach to data collection, recognising differences across platforms and systems – and that work might be needed to set standards in this area. Several commentators described the need for a single, unified system for data collection although opinions differed on who might coordinate that – some suggested this might be an ideal role for PHE, other focussed on the need for an independent central mechanism.

In response, we will strengthen the section in the document on data, highlighting the existing work programme with the Health and Social Care information Centre, which is working on a common data set and which we hope will develop into a formal data standard during 2015/16. We will also acknowledge the work being undertaken by the data, intelligence and information governance group (DIIG), which is exploring options for the creation of a national data collection system.

Additional comments

Several respondents made suggestions about changing the content of the NHS Health Check – whether by adding or removing specific components, or by altering the population they apply to. At the time of writing the draft for consultation, the formalised content review process had not been defined – but now has. While this is beyond the scope of the priorities for research we are describing in this document, we will strengthen the description of the content review process in the final version to provide additional clarity on the approach. We acknowledge that content change will only come about through provision of new evidence, and that research priorities and content change will be interrelated.

Some commenters asked whether the NHS Health Check would be considered by the National Screening Committee. The formal government has now published a response to the Commons Science and Technology Committee, confirming that the role of the NHS Health Check programmes expert clinical and scientific panel is to keep the programme's content under review.

Next steps

The consultation on the priorities for research produced a healthy and involved response. A variety of organisations and individuals were keen to have their voices heard. While many respondents agreed with the priorities we set out, there were several new themes that we had perhaps not captured in the previous draft. We have responded to this feedback by making the changes to the priorities for research document as set out here. Following publication of the priorities for research we will actively work with stakeholders to share the document and continue to encourage the development of new research that will help to establish the evidence we need to ensure an effective programme.