Health Overview Panel
3 September 2014

NHS Health Check for the 40 – 74 age group
Report by Director of Public Health and Democratic Support Officer

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<th>Purpose</th>
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<td>To provide background on the NHS Health Check programme</td>
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<th>Key Points</th>
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<td>A. The NHS Health Check programme was introduced in 2009 and provides a risk assessment of a patient’s vascular health where the patient is not already in touch with health services for a specific vascular condition.</td>
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<td>B. There have been a number of studies that put forward the conclusion that Health Checks are ineffective, however the evidence is not conclusive and the debate continues.</td>
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<td>C. Local Authorities took over the responsibility of commissioning the NHS Health Check programme from Primary Care Trusts in April 2013. Funding is via the Public Health grant. The NHS Health Check programme is a prescribed Public Health service so Local Authorities must ensure that it is provided.</td>
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<td>D. Kingston spends just over 5% of its Public Health grant on NHS Health Check and in 2013/14 had the highest percentage of eligible people receiving a check in London.</td>
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<td>1. There is good evidence to show that vascular diseases (such as coronary heart disease and strokes) can be prevented by being physically active, eating a healthy and balanced diet, maintaining a healthy weight, not smoking and not drinking excessive amounts of alcohol. In England and Wales, approximately 42% of the mortality decrease from coronary heart disease between 1981 and 2000 was attributable to medical and surgical treatment, whilst about 58% was attributable to the change in risk factors – showing that preventive interventions can have a significant impact over the medium term.</td>
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<td>2. With the rise in levels of obesity, the number of people with type 2 diabetes is also rising. There are significant costs from this illness to health and social care services. New figures from the Health and Social Care Information Centre have revealed that drugs for diabetes patients prescribed in primary care cost the NHS £2.2m each day. In less than 10 years, the number of primary care prescriptions for diabetes patients has increased by 66.5%, with roughly 6% of the UK population, 3.2m people, suffering from the condition.</td>
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3. Given the economic burden of vascular disease and diabetes as well as the huge impact of illness and premature deaths the NHS Health Check programme was introduced as a public health measure in 2009.

4. NHS Health Checks were initially commissioned by Primary Care Trusts. When Public Health transferred to Local Authorities (LAs) in April 2013, so did the responsibility for ensuring that Health Checks were undertaken. The funding for the checks comes from the ring fenced public health grant, and they are a prescribed service which means that LAs must ensure they are provided.

5. Health Checks are for people who are not already known to have a vascular condition and who are aged 40 to 74. People are excluded from the programme if they:
   - Have already been diagnosed with a relevant disease including: coronary heart disease, chronic kidney disease (CKD), diabetes, hypertension, atrial fibrillation, transient ischaemic attack, hypercholesterolaemia, peripheral arterial disease and stroke
   - Have been prescribed statins
   - Have previously had an NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing cardiovascular disease over the next 10 years.

6. Each eligible person aged 40-74 should be offered a NHS Health Check once in every five years and each person should then be recalled every five years if they remain eligible.

7. The Health Check is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia and where people can go for help.

8. Everyone having a NHS Health Check has a risk assessment which looks at their risk of having, or developing, vascular disease in the next 10 years. In addition the level of risk associated with their alcohol consumption is ascertained.

9. The risk assessment requires a number of tests and measures to be carried out and demographic questions asked. These are:
   - age
   - gender
   - smoking status
   - family history of coronary heart disease
   - ethnicity
   - body mass index (BMI)
   - cholesterol level
   - glucose level (to assist with identifying diabetes)
   - blood pressure
   - pulse
   - physical activity level - inactive, moderately inactive, moderately active or active
• Alcohol Use Disorders Identification Test (AUDIT) score.
• cardiovascular risk score

In addition, those aged 65-74 should be made aware of the signs and symptoms of dementia and sign posted to memory services if this is appropriate.

10. The individually tailored assessment sets out a person’s level of risk and what steps they could take to reduce it. This may vary from general advice through to weight management programmes, brief interventions to increase physical activity or stop smoking services. Those at high risk may require medication with statins, blood pressure treatment or an intensive lifestyle management programme.

11. Every year according to the NHS Choices website, the NHS Health Check is expected to help:

- save 650 lives
- prevent 1,600 heart attacks and strokes
- prevent 4,000 people from developing diabetes
- detect at least 20,000 cases of diabetes or kidney disease earlier

It is acknowledged that it cannot be proven that these figures are accurate.

12. There is considerable debate over the effectiveness of health checks. A paper was published in the British Medical Journal in June 2014 looking at a Danish population which did not find a significant effect on heart disease from undertaking screening and providing lifestyle counselling. Public Health England noted that the age profile studied was different (30-60 years), the Danish population has less cardiovascular disease than the English population, the study only looked at 10 years data and the lifestyle interventions will have varied between Denmark and England.

13. Another study was published in August 2014 in the British Journal of General Practice. It compared GP practices in Warwickshire that implemented NHS Health checks between 2010 and 2013 with those that did not. They looked at whether the checks increased numbers of diagnoses of five chronic conditions: heart disease, high blood pressure, diabetes, chronic kidney disease and heart rhythm abnormality (atrial fibrillation). The findings were that there was no significant difference in diagnoses between practices with or without checks. However, it has been pointed out that the study did not recruit a large enough sample to be able to reliably detect differences. There were no diagnostic criteria specified for diseases which may mean practices differed in the way they diagnosed conditions and there were also differences in the completeness of practice records. It has also been suggested that the study period was also quite short. Proponents of the NHS Health Check argue any benefits may not be noticeable for many years.


NHS Health Check in Kingston

15. In Kingston the estimated prevalence of high blood pressure in the community is 20% whilst the recorded prevalence in general practice is 11.5%. These figures
suggest that there are people in Kingston who have high blood pressure (a risk factor for vascular diseases) who are unaware that they have this condition.

16. The NHS Health Check is delivered in Kingston through all general practices, six community pharmacies and a community programme that targets Black and Minority Ethnic (BAME) and disadvantaged populations. The latter programme was advised by the Council’s Equalities and Community Engagement Team (ECET) as to the best ways to engage with both BAME groups and people living in disadvantaged areas. The provider used a variety of venues including supermarkets, pubs, pharmacies, libraries and a vehicle that travelled around Kingston.

17. All providers are aware that they should not recall people who have had a health check until five years have elapsed.

18. As noted above, every eligible person should receive a health check once every five years. Therefore (assuming that the same number of people are seen per year) this equates to 20% of the eligible population needing to have a check each year. In terms of the percentage of the eligible population who received a health check in 2013/14, Kingston achieved the highest percentage in London (18.2%). The London average was 10.0%. The Kingston figure was the fifth highest nationally and equates to over 7,500 checks of which just over 2,000 were delivered by the community programme.

19. In 2012/13, when the Primary Care Trust responsibility for the programme, the percentage of the eligible population who received a health check in Kingston was 10.6%, which was slightly higher than the London-wide percentage of 9.3%.

20. Data from general practices is received in an aggregated format so analysis of demographic variables is not possible. The community programme information can be analysed and for 2013/14 the information is presented below:

- The total number of checks undertaken by the community programme in 2013/14 was 2,038
- There were 1,196 women seen (59% of all people seen) and 842 men (41%). The percentages of the total 40-74 population by gender are male 50%, female 50%.
- The number of people seen reduced with increasing age. This is as expected as the programme is only provided to people who do not already have a vascular condition so many older people – who will have these conditions – will not be eligible. Of the 2,038 people seen by the community programme, 152 (7.5%) were aged 65-74.
- People from Black and Minority Ethnic (BAME) Groups made up 31.8% of all people seen by the community programme (655 individuals). This is considerably higher than the percentage of the total 40-74 population made up from people from BAME groups which is 21.1%. As the community programme was commissioned to focus on people from BAME groups, this is a positive finding.

21. The total budget for the Kingston NHS Health Check programme is £480K. This comprises just over 5% of the Public Health grant.
Background papers – held by Marian Morrison, marian.morrison@kingston.gov.uk

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References:

NHS Health Check pages
http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx

NHS Choices – Study probes effect of NHS Health Checks


Diabetes UK website for diabetes prevalence information

