

Maximising the benefits of the NHS Health Checks: a modelling study

NHS Health Check Conference
Manchester, 9 February 2017

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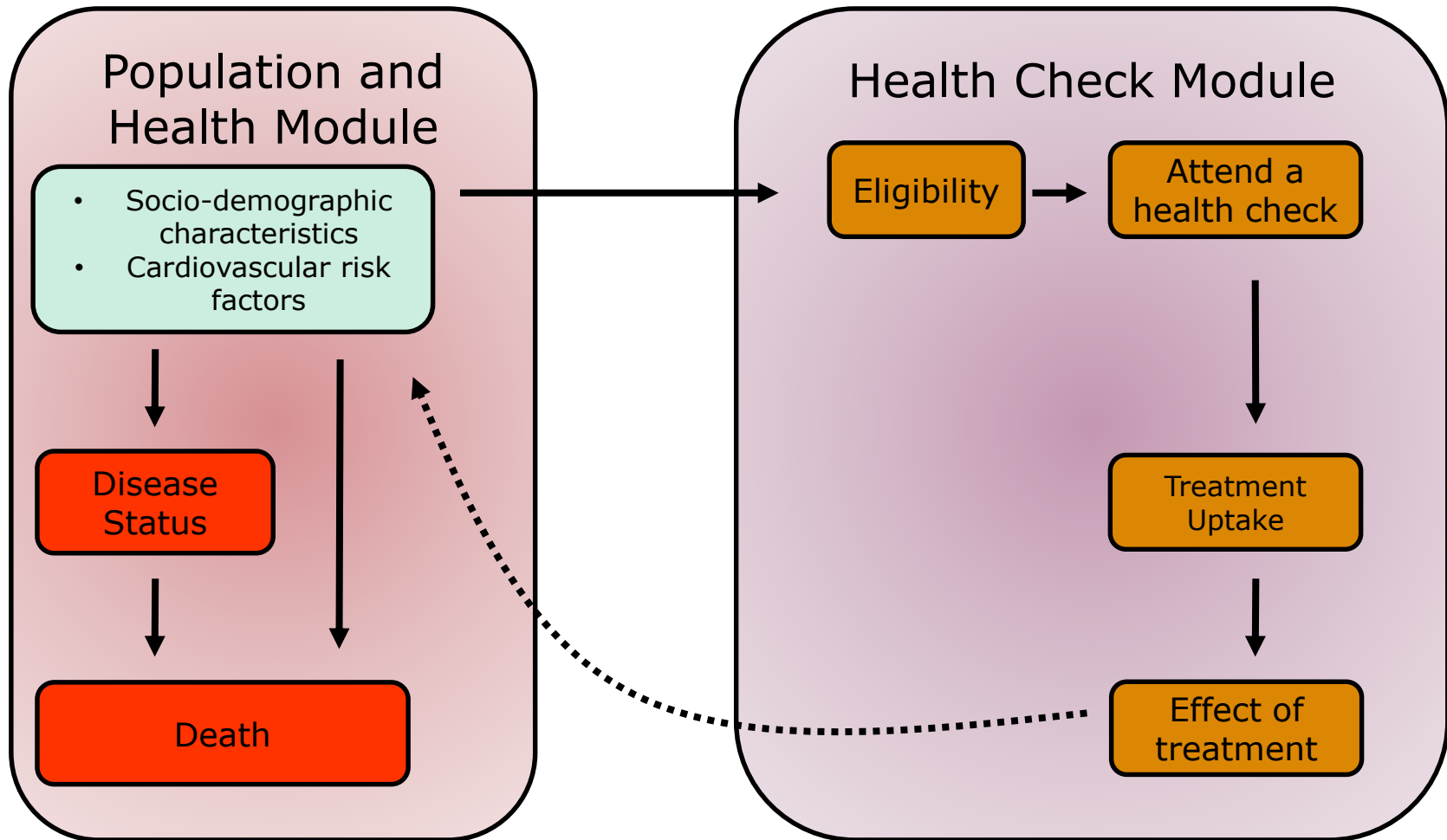
Work commissioned by Public Health England

Aims & scenarios

Scenarios:

- Increased attendance (everyone vs selective)
- Increased treatments
- *Changing eligibility criteria (age, hypertension)*

Methods



Strengths and limitations

Strengths

- Exploration of 'what if'
- Realistic model for treatment
- Uses programme data

Limitations

- Cardiovascular disease focus
- Not considered costs
- Trends and future innovation

Current Programme



Results: Attendance & Treatment (current programme)

Attendance (percentage of whole population)	
Eligible for Health Check (HC)	97%
Attend for one or more HC	77%
Average number of HC per person	1.8
Treatment (percentage of whole population)	
Eligible for HC and eligible for treatment	94%
Offered any treatment	24%
Statins	7%
Blood pressure medication	3%
Smoking cessation	1%
Weight management	16%

Results based on following a cohort from age 40-45 years to 100 years; HC = health check

Results: Health benefits (current programme)

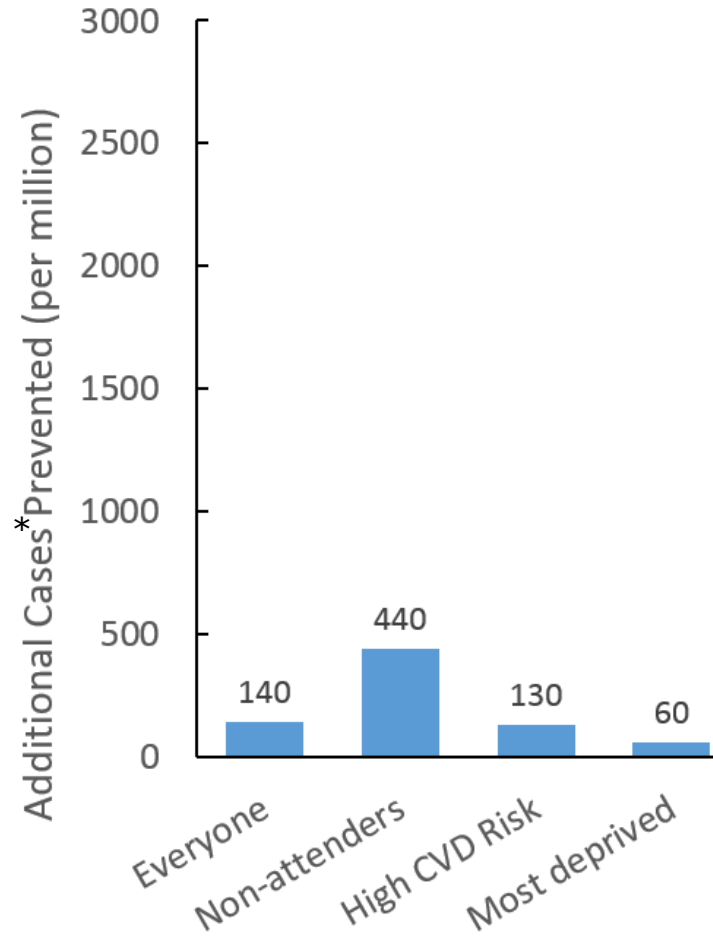
Health outcomes	
Increase in survival (per person)	3.2 days
Increase in survival in full health (per person)	5.2 days
Increase in survival in full health for most deprived fifth (per person)	7.5 days
Cases prevented (per 1,000,000)	2000
Premature deaths prevented (per 1,000,000)	370

Results based on following a cohort from age 40-45 years to 100 years; survival in full health is measured using quality adjusted life years (QALY) metric; cases prevented of ischaemic heart disease, stroke, dementia and lung cancer; premature deaths are deaths below the age of 80 years

Changing delivery or implementation



Results: Increasing attendance



Scenario Description

Everyone: coverage increases to 85%

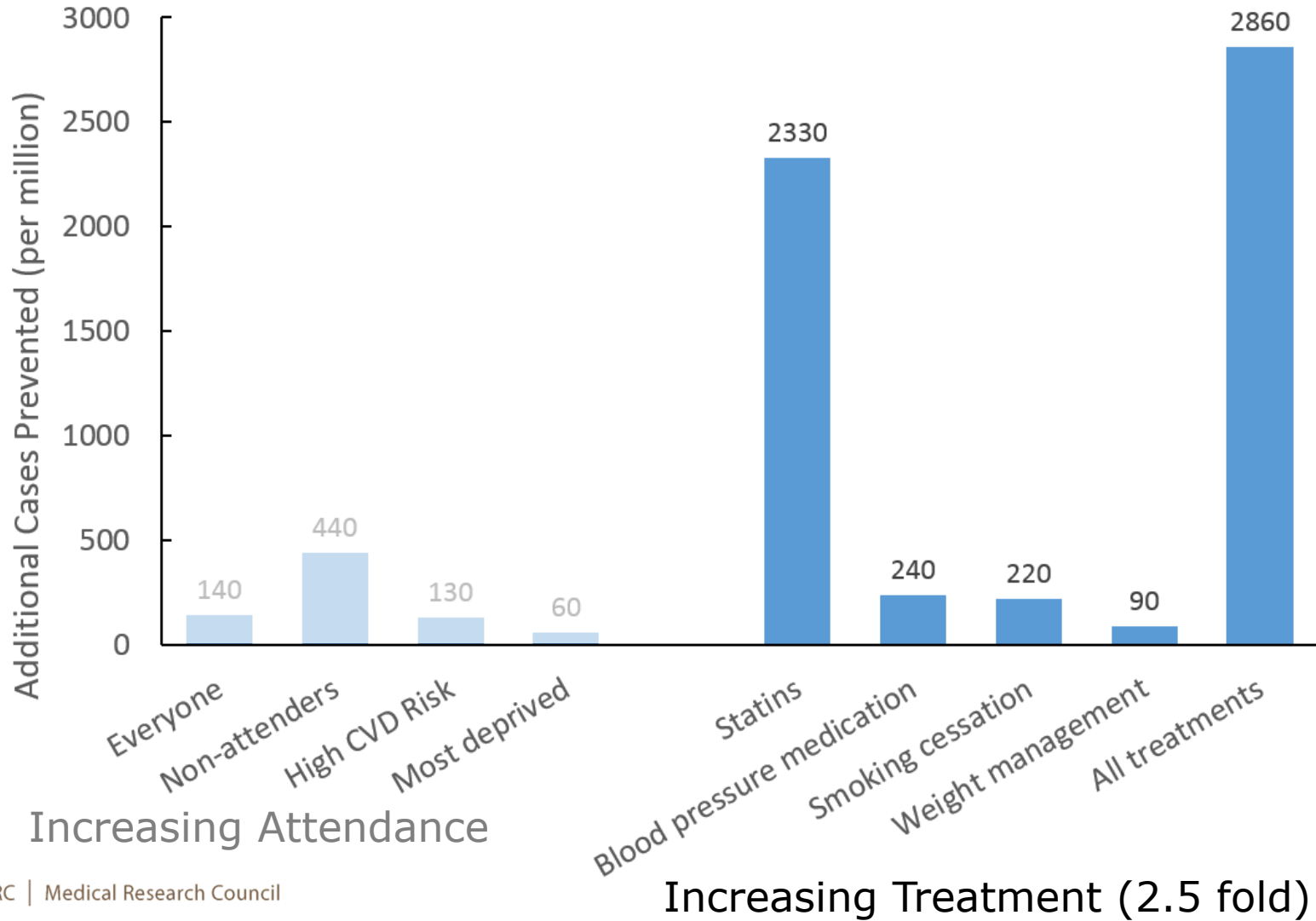
Non-attenders: double likelihood of attendance

High risk: 20% increase in attendance if CVD (cardiovascular disease) risk > 15% over ten years

Most deprived: 20% increase in attendance if in poorest quintile

*Cases prevented: ischaemic heart disease, stroke, dementia and lung cancer

Results: Increasing treatment



Closing Thoughts: Maximising Benefits

- Consider local data
- Action the actionables
- Consider targeting
- Review weight management practice & ensure commission proven services

Acknowledgements

I would like to acknowledge my colleagues: Chris Jackson, Anna Goodman, James Woodcock, Nick Wareham, Claudia Langenberg, Simon Griffin, Arno Steinacher and colleagues at Public Health England.

The work has been commissioned by Public Health England.