

## Evaluation of the Gloucestershire NHS Health Check Programme

For the period July 2011 to July 2012

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### Brief Abstract

**Aim:** To assess the impact of the NHS Health Check programme in Gloucestershire and inform its future commissioning.

**Background:** The programme was rolled out in Gloucestershire in 2011 aiming to identify cardiovascular disease (CVD), its risk factors and support their modification for those eligible (195,000 people).

**Methodology:** A process evaluation using a quasi-experimental design was deployed to evaluate some of the key outputs of the Health Check Programme for the period July 2011 to July 2012. Annual output data (invited  $n = 42,103$  of which 49.8% attended) from a GP system Audit was combined with a patient survey ( $n = 2,346$  of which 42.6% responded), and interviews conducted with stakeholders involved in service delivery ( $n = 30$  out of 55 targeted).

**Results:** There was a small negative correlation between uptake and deprivation across the cohort of 85 GP practices. Overall cardiovascular disease diagnoses were 8.1% less than the expected national average (i.e. national ready reckoner). Actual versus expected diagnosis were the same for diabetes, -0.9% for CKD and significantly lower for hypertension (-19.9%). There were wide variations in invitation strategies, use of diagnostic equipment during Health Checks and service, risk assessment and identification, and referrals across the practice cohort. For GP practices, challenges included staffing issues and lack of information concerning referral pathways. Tracking Health Check referrals into local lifestyle services was a principal challenge.

The following variations in the detection of modifiable risk factors between expected and actual were identified: obesity (-7.1%); low physical activity (-57.7%) and smoking (-14.3%). However, variations for subsequent referrals and clinical management were: weight loss (-2.7%); smoking (+3.9%); brief exercise intervention (+1.1%), antihypertensive (+2.7%) and statins (+2.9%). Patients strongly agreed that the Health Check was worth attending and stakeholders perceived early disease prevention as a key benefit.

**Conclusions:** Commissioners need to consider how best to improve programme uptake in areas of deprivation. The low levels of risk factor identification may indicate that proactive work already underway in primary care is helping to identify and address hypertension, obesity and smoking.

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This evaluation was conducted in collaboration with Gloucestershire County Council.



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