



NHS Health Check content review form

Please read the guidance notes before completing this form. Please only complete the contact details and section 1 and return the form to the ESCAP secretariat at nhshealthchecks.mailbox@phe.gov.uk by **31 March 2017**.

Section 1

1. Please tick the categories that apply to your proposal.
<input type="checkbox"/> It involves amending the eligible population.
<input type="checkbox"/> It involves amending an existing component of the risk assessment.
<input checked="" type="checkbox"/> It involves introducing a new component to the risk assessment.
2. Please provide a short summary describing your proposed change [max 200 words]
<i>[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]</i>
<p>Introduction of a question in the NHS Health Check on whether the recipient has unpaid caring responsibilities or is cared for. It is widely recognised that carers experience poorer physical and mental health outcomes^{1,2,3}. Robust data is limited in the UK but international research indicates carers are at increased risk of cardiovascular disease⁴. The proportion of men and women in the UK providing unpaid care increases with age⁵ aligning closely with the age eligibility for NHS Health Checks: 1 in 5 people aged 50-64 in the UK are carers⁶.</p> <p>Inclusion of a question on caring responsibilities or cared would help support :</p> <ul style="list-style-type: none">• Improved identification of carers eligible for NHS Health Checks• The provision of more tailored advice in managing behavioural risk factors• Increased signposting into carers support organisations in improving wider health and wellbeing outcomes among carers• More systemic identification and registration of unpaid carers in primary care records
3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports [max 200 words]
<i>[Please identify up to three priorities]</i>
NHS Outcomes Framework:

2.4 Health related quality of life for carers

4. Please identify which of the programmes objectives the proposed change supports [*please tick*]

- To promote and improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with those risk factors.
- To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.
- To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.
- To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally.

5. How will the proposed change support the(se) objective(s)?

Evidence indicates a link between unpaid caring responsibilities and increased behavioural risk factors. This includes time pressures making it difficult to maintain a balanced diet (47% of 4,500 carers surveyed in 2015)² and to undertake physical activity (14% of 2,200 carers surveyed in 2009)³. Inclusion of a question on caring responsibility could help support more tailored lifestyle advice in reducing behavioural risk following a NHS Health Check, as well as referral to local carers support organisations in improving wider health and wellbeing outcomes.

The inclusion of a question in NHS Health Check of caring responsibilities could also contribute towards more systematic identification and registration of unpaid carers in primary care systems, with no current consistent national approach with need for improved recording of carers identified by NHS England⁷.

6. What is the evidence for the clinical effectiveness of the proposed change?

NICE clinical guidance on adult carers is currently under development with draft guidance due for publication in 2019: <https://www.nice.org.uk/guidance/indevelopment/gid-ng10046>

7. What is the evidence of cost effectiveness of the proposed change?

Carers are estimated to save the UK economy £32 billion a year in care costs. Supporting carers in maintaining their health and wellbeing is essential in the continued provision of unpaid care.

8. Please provide an outline of how this would change current practice

i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?

Include the following question in the NHS Health Check: "Do you look after someone who could not manage without you, or are you cared for by someone?". A high proportion of people providing unpaid care do not self-identify as carers. GP surgeries in Bristol and

South Gloucester found that asking patients “Do you look after someone who could not manage without you?” as opposed to “are you a carer” helped over-come issues with self-identification⁹. Responses to be READ coded and generating referral/signposting to local carer support organisations where appropriate.

9. If you are proposing a new component to the programme, please describe the effective treatment and management systems that are exist and are available.

Every local authority has a statutory duty to provide a carers assessment to those meeting national eligibility criteria.

10. Please state whether you feel the change will have a negative, neutral or positive impact on health inequalities and on the nine protected characteristic groups and why.

[please tick, max 200 words]

Negative Neutral Positive

Data on the protected characteristics among carers is limited. 2011 census data records a higher proportion of carers as female (58% compared with 42% male) and a smaller proportion of people from BAME populations as unpaid carers than White British population (linked with the younger age profile of BAME populations).

11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.

None known.

12. Please list any relevant references

1. Pinquart M, Sorensen S. Differences between caregivers and non-caregivers in psychological health and physical health: a meta-analysis. *Psychology and Aging* (2003) 18 (2), pp. 250-267
2. Carers UK (2015) State of caring 2015. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015>.
3. Health and Social Care Information Centre (2010) Survey of household carers in England 2009-2010: Data: <http://content.digital.nhs.uk/catalogue/PUB02200/surv-care-house-tabs-char-eng-2009-2010-data.zip>
4. Capistrant, d., Robin Moon, J. Berkamn, L.F. and Maria Glymour, M. Current and long term spousal caregiving and onset of cardiovascular disease. *Journal of Epidemiology and Community Health* 2012 Oct;66(10):951-6. Available at: <http://jech.bmj.com/content/66/10/951.long>
5. Health Survey for England 2015 Adult Social Care . available at: <http://content.digital.nhs.uk/catalogue/PUB22610/HSE2015-soc-car.pdf>
6. Carers UK (2015) Facts about carers 2015. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2015>
7. NHS England (2016) An integrated approach to identifying and assessing carer health and wellbeing. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf>
8. Buckner, L. and Yeandle, S (2015). Valuing Carers 2015: The rising value of carers support. Available at: <http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>
9. Carers UK (2016) Identification of carers in GP practices – a good practice document. Availbale at: https://professionals.carers.org/sites/default/files/identificationofcarersingppractices_0

Please return this completed form to:
ESCAP secretariat
Email: nhshealthcheck.mailbox@phe.gov.uk

[.pdf](#)

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP

Yes.

14. ESCAP feedback

ESCAP considered that this proposal went beyond the scope of the NHS Health Check programme because this is work that NHS professionals should perform as part of routine care. Therefore, ESCAP recommended that this proposal will not progress to stage 2.

PHE is supportive of ensuring that more carers have their NHS Health Check and has developed and published a [health equity audit](#) tool which supports local authorities to identify who is being invited and having a check as well as what their outcomes are. As carers are listed as a key group in this resource its use locally will help service commissioners and providers to ensure data is being captured appropriately and to consider different delivery models that will maximise health equity at every step in the pathway.

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