



Public Health  
England

Protecting and improving the nation's health

<b>1. Please tick the categories that apply to your proposal.</b>	
<input checked="checked" type="checkbox"/>	It involves amending the eligible population.
<input type="checkbox"/>	It involves amending an existing component of the risk assessment.
<input type="checkbox"/>	It involves introducing a new component to the risk assessment.
<b>2. Please provide a short summary describing your proposed change</b> [max 200 words]	
<p><i>[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]</i></p> <p>Change: to remove Atrial Fibrillation (AF) and hypercholesterolemia from the list of exclusion criteria for the NHS Health Check.</p> <p>Currently individuals with a pre-determined risk factor or diagnosis are excluded from the NHS Health Check. The full list of exclusion criteria are: AF, chronic kidney disease, hypercholesterolemia, a prescription for statins, peripheral arterial disease, heart failure, coronary heart disease, diabetes, hypertension, TIA, stroke, and if a previous health check identifies &gt;20% risk of cardiovascular disease.</p> <p>Excluding this cohort of individuals from the NHS health check potentially reduces opportunities for risk identification and modification. I mapped each exclusion criteria against the NICE guidance for that condition or risk factor and demonstrated that even when NICE guidance is followed patients have reduced opportunities for risk identification and management. This effect was most notable and therefore risk is probably higher in patients with AF (especially paroxysmal AF) and hypercholesterolemia - because these people may have minimal follow up.</p> <p>In view of this the proposed change is that patients with AF and hypercholesterolemia are removed from the list of exclusion criteria and receive five yearly review in accordance with the NHS Health Check. This will increase detection and allow management of additional risk factors.</p>	
<b>3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports</b> [max 200 words]	
<p><i>[Please identify up to three priorities]</i></p> <p>The proposed change supports the first priority in the NHS outcome framework:</p>	

preventing people from dying prematurely. This is because risk detection and management reduces mortality from the major causes of death and impacts PYLL. It also has an indirect support for the second priority in the NHS outcome framework: enhancing quality of life for people living with long term conditions. This is because earlier detection and prevention of disease will prevent and reduce morbidity and mortality associated with long term conditions.

**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)?**

The proposed changes will identify risk for development of cardiovascular disease in patients with AF and hypercholesterolemia who will be less likely to receive the same level of opportunity for risk detection as adults who meet the inclusion criteria for the NHS health checks. Involving AF and hypercholesterolemia will increase the cohort who receive evidence based interventions and provides an opportunity for education and self-management.

Risk factors aggregate within individuals and therefore it is likely that individuals with AF and hypercholesterolemia will have additional risk factors, increasing pick up rate in the cohort of people going through the NHS Health Check.

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

The evidence arises from mapping the exclusion criteria against NICE guidance for recommended individual management of the risk factor. This piece of work demonstrated that if individuals are managed according to NICE guidance they would not benefit from all of the elements or the frequency of review as outlined in the NHS Health Check.

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

Cost effectiveness has not been specifically calculated. This change would increase the number of people eligible to receive the NHS Health Check which would increase opportunities for risk detection and management. This would have long term cost

savings magnified by increased likelihood of risk factors occurring in patients with AF and hypercholesterolemia due to clustering of disease because of shared risk factors.
<b>8. Please provide an outline of how this would change current practice</b> i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?
The proposed changes will mean more people will be eligible and therefore receive the NHS Health Check. They will go through the same treatment and management systems that are currently available. There will not need to be any changes. Providers will need to be aware that there will be a likely increased flux through the programme but in many areas there is a call for higher patient numbers.
<b>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.</b>
The proposal is not a new component and therefore existing treatment and management systems will apply.
<b>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.</b> [please tick, max 200 words]
<input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Positive
[Why...] Cardiovascular diseases and risk factors typically cluster and have a higher prevalence within lower socioeconomic groups. Black and minority ethnic (BME) communities are at high risk from health inequalities and access to healthcare, genetic and environmental factors. This change will increase numbers of patients eligible and therefore increase likelihood of extending to harder to reach communities.
<b>11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.</b>
I am not aware of any local authorities that have already adopted this proposed change to the delivery of the NHS Health Check programme.
<b>12. Please list any relevant references</b>

**For completion by the ESCAP secretariat**

<b>13. Proposal to be shared with ESCAP</b>
Yes.
<b>14. ESCAP feedback</b>
ESCAP members considered this proposal to be beyond the scope of the programme which is intended to identify and manage unknown risk. Therefore,

Please return this completed form to:  
ESCAP secretariat  
Email: [nhshealthcheck.mailbox@phe.gov.uk](mailto:nhshealthcheck.mailbox@phe.gov.uk)

ESCAP recommended that this proposal should not progress to stage 2.

Please return this completed form to:  
ESCAP secretariat  
Email: [nhshealthcheck.mailbox@phe.gov.uk](mailto:nhshealthcheck.mailbox@phe.gov.uk)