



Public Health
England

Protecting and improving the nation's health

NHS Health Check content review form

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| 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> FEV6 (COPD6) meter "mini-Spirometry" test to provide lung age for all smokers, and those who have given up for less than 12 months, attending the Health Check. The results should be presented verbally, graphically and in a follow-up letter. The face to face communication and letter will inform the patient that smoking cessation would slow down the rate of deterioration of the lung function back to normal but would not significantly repair the damage already done. The patient will be told that their lung function will be measured again after 12 months to see whether it had deteriorated. | |
| 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 Domain 1 – Preventing people from dying prematurely PH Domain 4: Healthcare public health & preventing premature mortality PH Domain 2: Health Improvement | |
| 4. Please identify which of the programmes objectives the proposed change supports <i>[please tick]</i> | |
| <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based |

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| <p>clinical interventions.</p> <p><input checked="" type="checkbox"/> To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.</p> <p><input type="checkbox"/> To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally.</p> |
| <p>5. How will the proposed change support the(se) objective(s)?</p> |
| <p>By targetting smokers and ex smokers allows systematic application of behavioural advice, likely to impact greatest in deprived populations. An randomised controlled trial indicates that this increases 12 month quit rate from 6.4% to 13.6%.</p> |
| <p>6. What is the evidence for the clinical effectiveness of the proposed change?</p> |
| <p>Parkes G et al, Effect on smoking quit rate of telling patients their lung age: the Step2quit randomised controlled trial BMJ 2008; 336 :598. The authors, in their response to others' responses, write that it is the lung age plus the feedback that was the intervention - not just the lung age measurement. If 7% of smokers give up smoking for at least twelve months as a result of the intervntion, this would be clinically effective. The other RCT that tested the use of spirometry to motivate quitting was Buffels J et al, Spirometry and smoking cessation advice in general practice: A randomised clinical trial. Respiratory Medicine, 2006. 100: 2012. This showed compatible but non-significant benefit.</p> |
| <p>7. What is the evidence of cost effectiveness of the proposed change?</p> |
| <p>In the study by Parkes et al estimated the costs: "It took a healthcare assistant 30 minutes to perform a spirometry test. The principal investigator (GP) spent a further 15 minutes per patient reviewing results and preparing an individualised feedback letter, and this required about 10 minutes of secretarial and receptionist support. Using 2007 salary costs for the relevant staff, we estimate the cost of this intervention at £20 per patient processed and £280 per successful quit"</p> |
| <p>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?</p> |
| <p>FEV6 test would be done as part of the health check. It is quick to do a and easy to train the staff. There would also be a need to feedback the results.</p> |
| <p>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.</p> |
| <p>Smoking cessation</p> |
| <p>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]</p> |
| <p><input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Positive</p> |

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

[Why...]

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

12. Please list any relevant references

Parkes G et al, Effect on smoking quit rate of telling patients their lung age: the Step2quit randomised controlled trial BMJ 2008; 336 :598
Buffels J et al, Spirometry and smoking cessation advice in general practice: A randomised clinical trial. Respiratory Medicine, 2006. 100: 2012

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP

Yes

14. ESCAP feedback

ESCAP members considered that the evidence identified in the proposal was insufficient to meet the requirements of criteria f and g. Instead of progressing this proposal it was agreed that it would be more appropriate to strengthen the clinical management section of the programme's best practice guidance to reflect NICE guidance on the diagnosis of COPD in people with a risk factor and presenting with symptoms. Therefore, ESCAP recommended that this proposal should not progress to stage 2.

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