



Public Health
England

Protecting and improving the nation's health

NHS Health Check content review form

1. Please tick the categories that apply to your proposal.	
<input type="checkbox"/>	It involves amending the eligible population.
<input checked="" 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.
2. Please provide a short summary describing your proposed change [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>Phased approach: Phase 1: calculate risk using data on GP IT systems (using population averages if data missing). Patients with QRISK2 >10% should be invited for phase 2 in line with NICE recommendation for cardiovascular risk assessment (GID-QSD99). If a patient is not identified by these criteria but is a</p> <ul style="list-style-type: none">- smoker, they should all be invited for lung age assessment and feedback on result;- person with BMI in the obese range (30 or over, or 27.5 or over in individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories) or BP is >140/90mmHg, or where the SBP or DBP >140mmHg or 90mmHg should be invited for HbA1c.- person with BP >140/90mmHg should be invited for a serum creatinine test. <p>Otherwise patients should no be invited for the NHS Health Check.</p>	
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]	
<p><i>[Please identify up to three priorities]</i></p> <p>NHS Domain 1 – Preventing people from dying prematurely PH Domain 4: Healthcare public health & preventing premature mortality PH Domain 2: Health Improvement</p>	
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 type="checkbox"/>	To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.
<input checked="" type="checkbox"/>	To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.
<input type="checkbox"/>	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)?	
By targetting health checks to those at higher risk of disease, it should ensure resources are concentrated on achieving the greatest impact and reduce inequalities.	
6. What is the evidence for the clinical effectiveness of the proposed change?	
The Cochrane Review concluded that health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes. However PHE responded that the review looked at trials conducted many years ago.. (whereas)... the current NHS Health Check programme, which is based on NICE guidance on using cost-effective pharmacologic agents and behavioural approaches. The PHE position is supported by the latest RCT by Cochrane et al. However if a patient is not at high risk, is a non-smoker and is not obese, there is unlikely to be benefit from the PHE supported interventions.	
7. What is the evidence of cost effectiveness of the proposed change?	
Using GP systems to risk stratify is a cost-effective solution to identify people at gretear risk. It would be difficult to envisage how NHS Health Check for people at low risk with a healthy lifestyle could be cost-effective	
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?	
Phase 1 would involve running an IT query - already available in some GP systems. Call/ recall would be based on these queries. The approach outline has already been used in some CCGs to prioritise who should be invited for the NHS Health Check.	
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.	
Informatica run such a system	
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 return this completed form to:
 ESCAP secretariat
 Email: nhshealthcheck.mailbox@phe.gov.uk

[please tick, <i>max 200 words</i>]		
<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Positive
[Why...] Because we could work harder to find those people at higher risk, more likely to be from deprived backgrounds		
11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.		
Some Authorities, eg Stockport are using higher incentives for those 'never screened' reducing the focus on those lower risk patients who attend screening regularly. Bury has prioritised who to invite		
12. Please list any relevant references		
Krogsbøll Lasse T et al. General health checks in adults for reducing morbidity and mortality from disease: Cochrane systematic review and meta-analysis BMJ 2012; 345 Cochrane T et al. NHS health checks through general practice: randomised trial of population cardiovascular risk reduction. BMC Public Health, 2012: 12:944.		

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP
Yes
14. ESCAP feedback
ESCAP members were concerned that women 40 - 50 years old would be excluded from a high risk approach using the Qrisk calculator because age is such an important determinant of the risk calculation. Members also observed that using batch data to establish CVD risk would underestimate population risk and therefore could miss potential individuals. However, there was agreement that while not changing the eligibility criteria, local authorities may wish to target delivery of the programme towards those at greatest risk and that this should continue to be reflected in the programme's best practice guidance. Therefore, ESCAP recommended that this proposal should not progress to stage 2.

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