NHS Health Checks
Supporting primary care to improve outcomes

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PULSE

At the heart of general practice since 1960

“Government wasting £140m a year on NHS Health Checks”

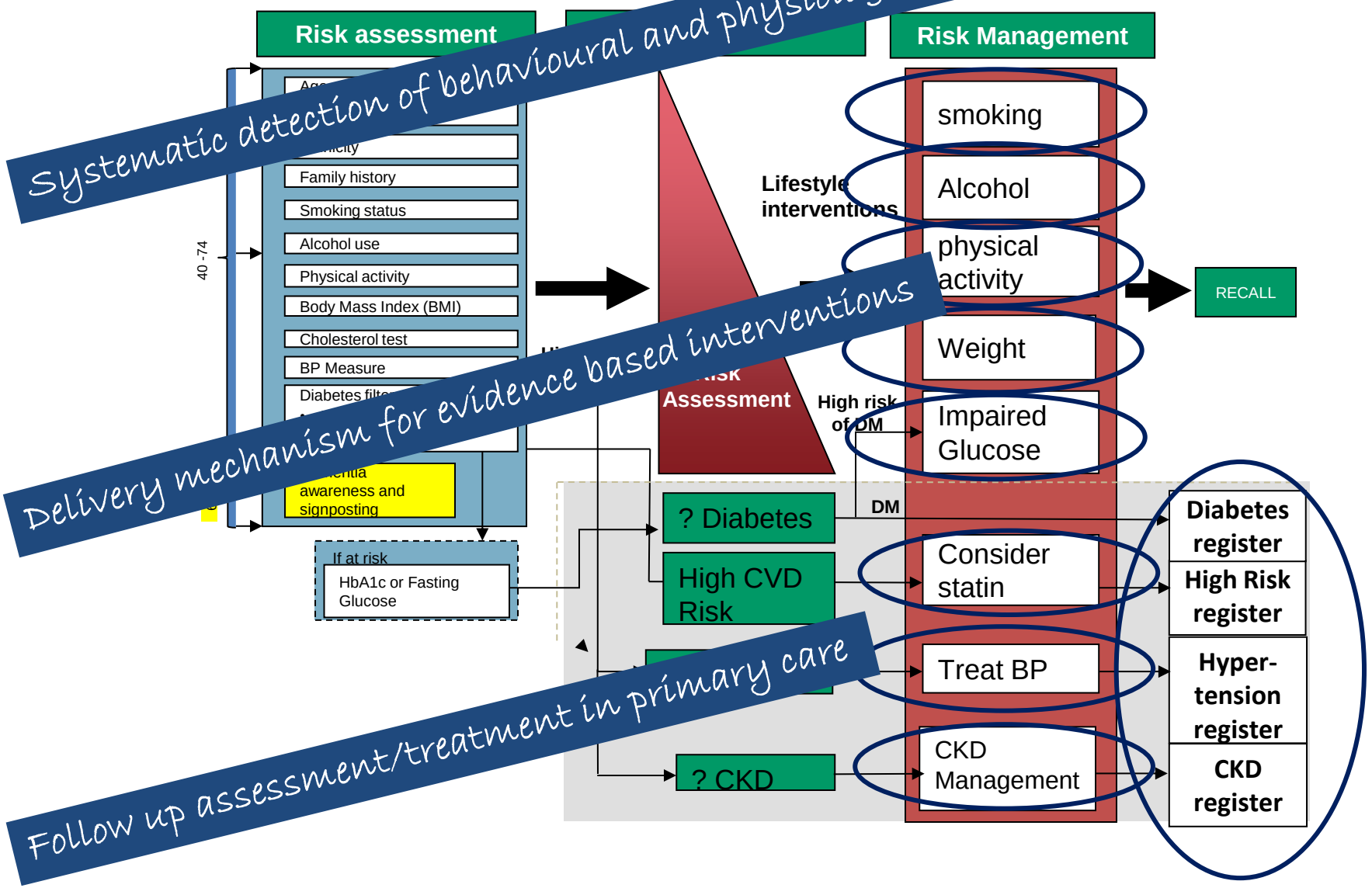
“Are NHS Health Checks a waste of time?”

“RCGP urges halt to NHS Health Checks”

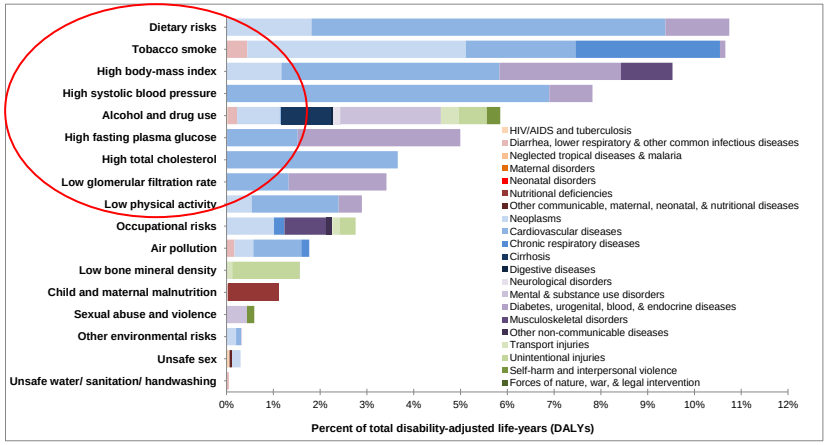
“Pressure is mounting on the Government’s flagship vascular screening programme”

“Midlife checks for the worried well leave no time to treat the sick”

NHS Health Check Pathway



CVD 1º and 2º Prevention – Bread and Butter Primary Care



Behavioural risk factors– brief interventions and signposting

- 2/3 obese or overweight
- 1/3 physically inactive
- 20% smoke but over 50% in some communities

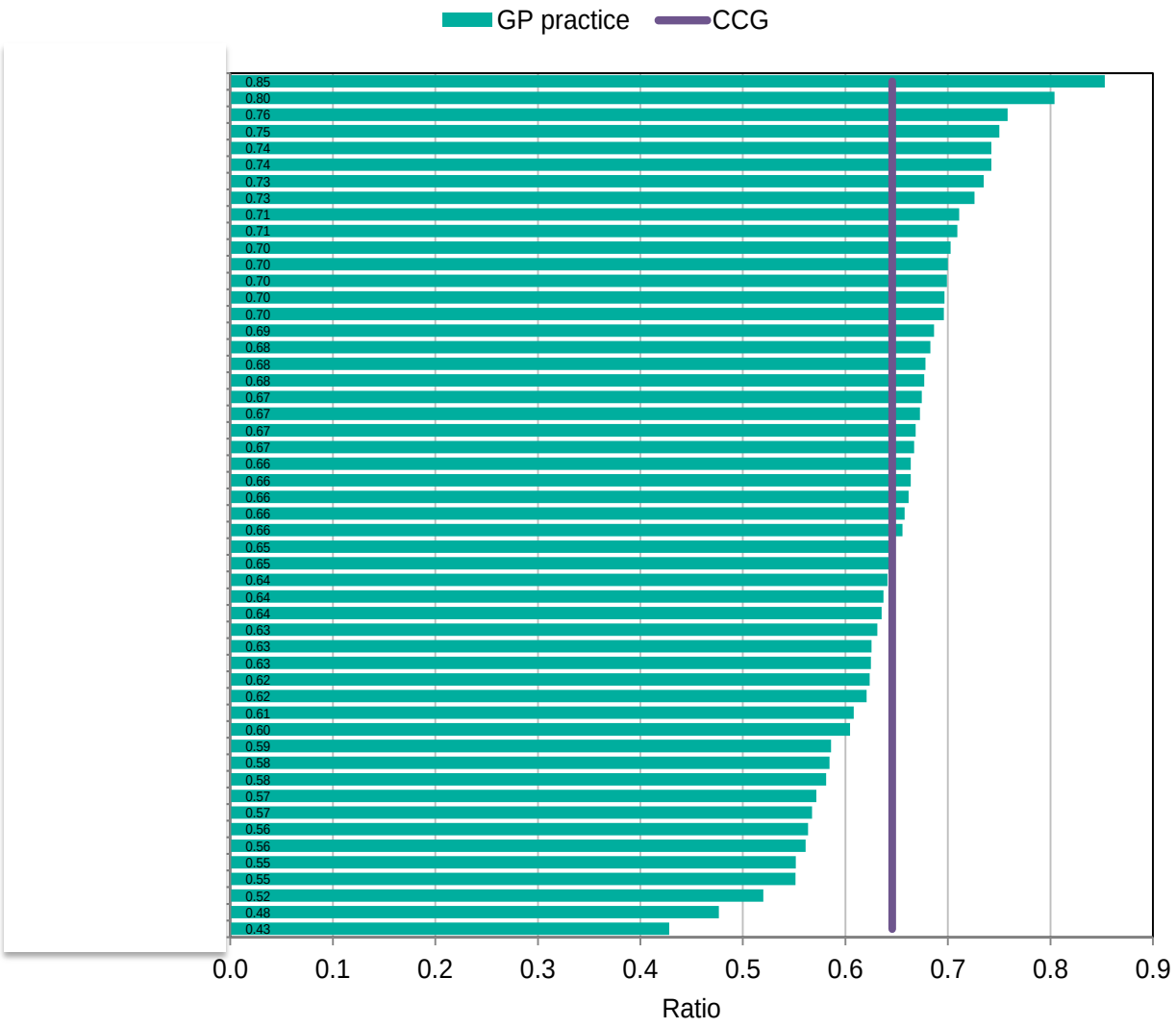
Physiological risk factors – early detection and secondary prevention

- Hypertension
- Atrial Fibrillation
- Diabetes and Non-diabetic Hyperglycaemia
- Chronic Kidney Disease
- Cholesterol

How well are we doing in identifying and managing CVD risk in primary care?

Significant potential for improvement.

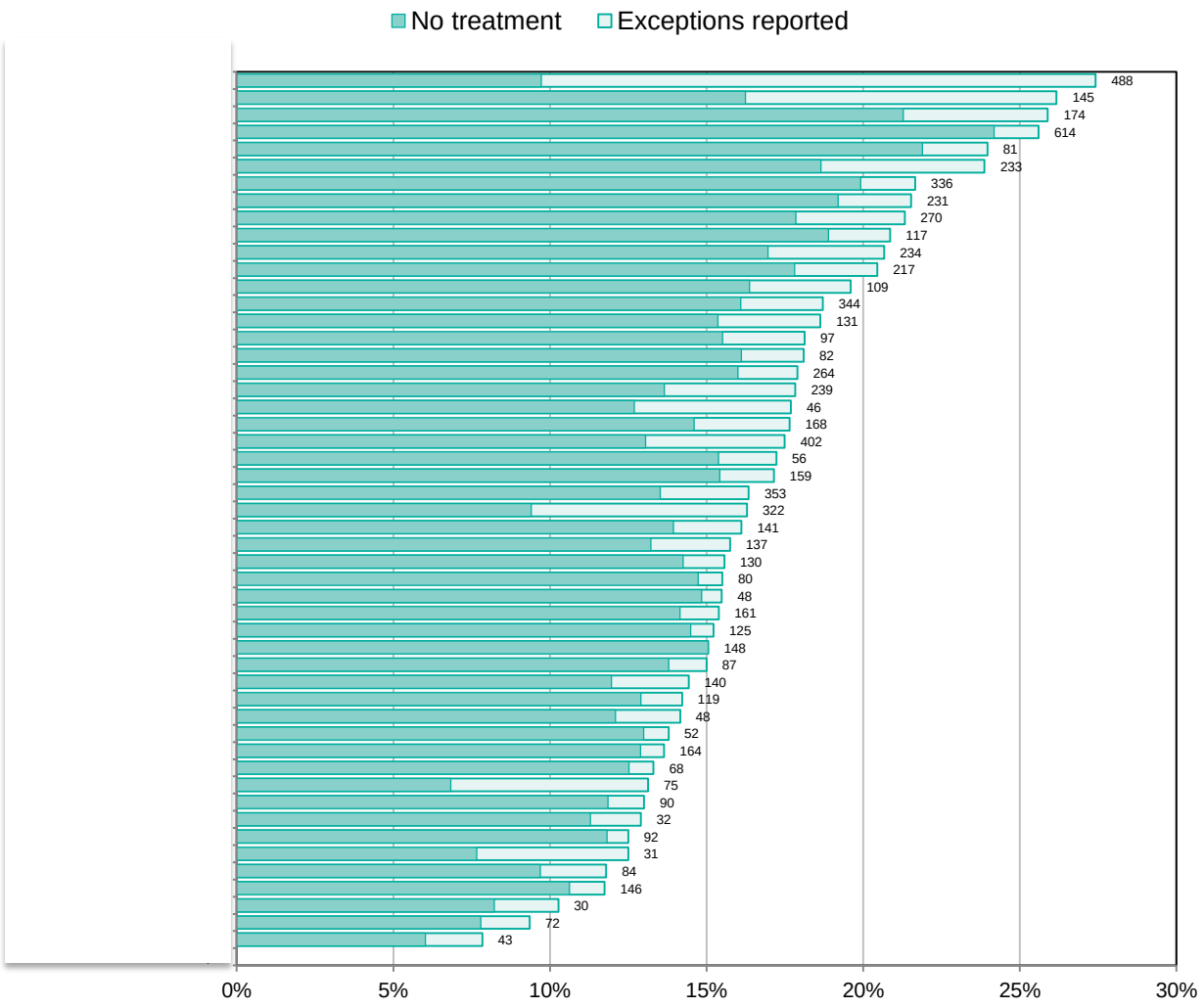
NHS Nearby:
Hypertension – Percent diagnosed



Practice Comparison

- Practice variation **43% to 85%**
- **25,700** people with undiagnosed hypertension in CCG

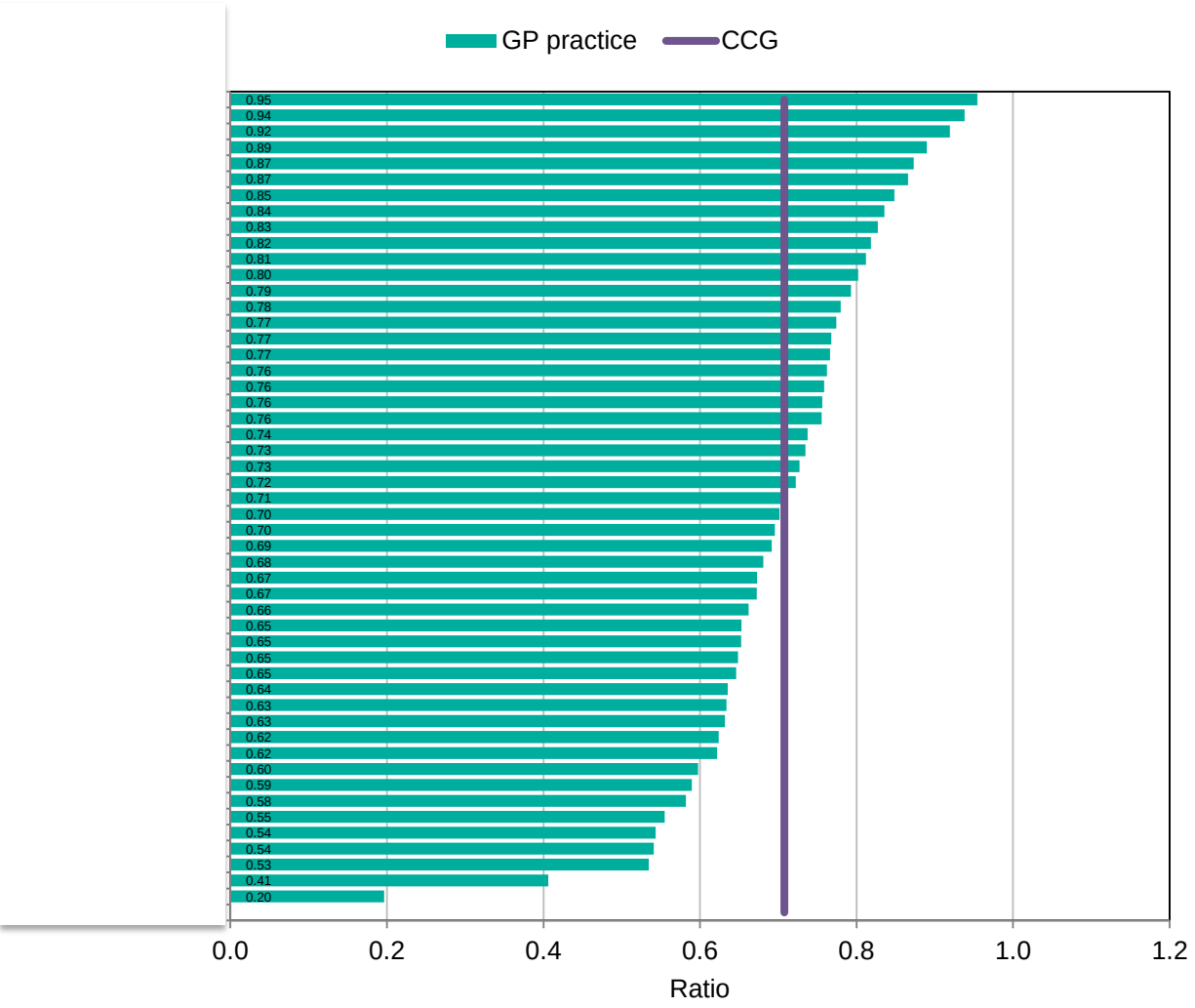
NHS Nearby :
Patients with BP NOT controlled below 150/90



Practice Comparison

- Practice variation **8% to 27%**
- **8,255 people** in CCG whose BP is not controlled

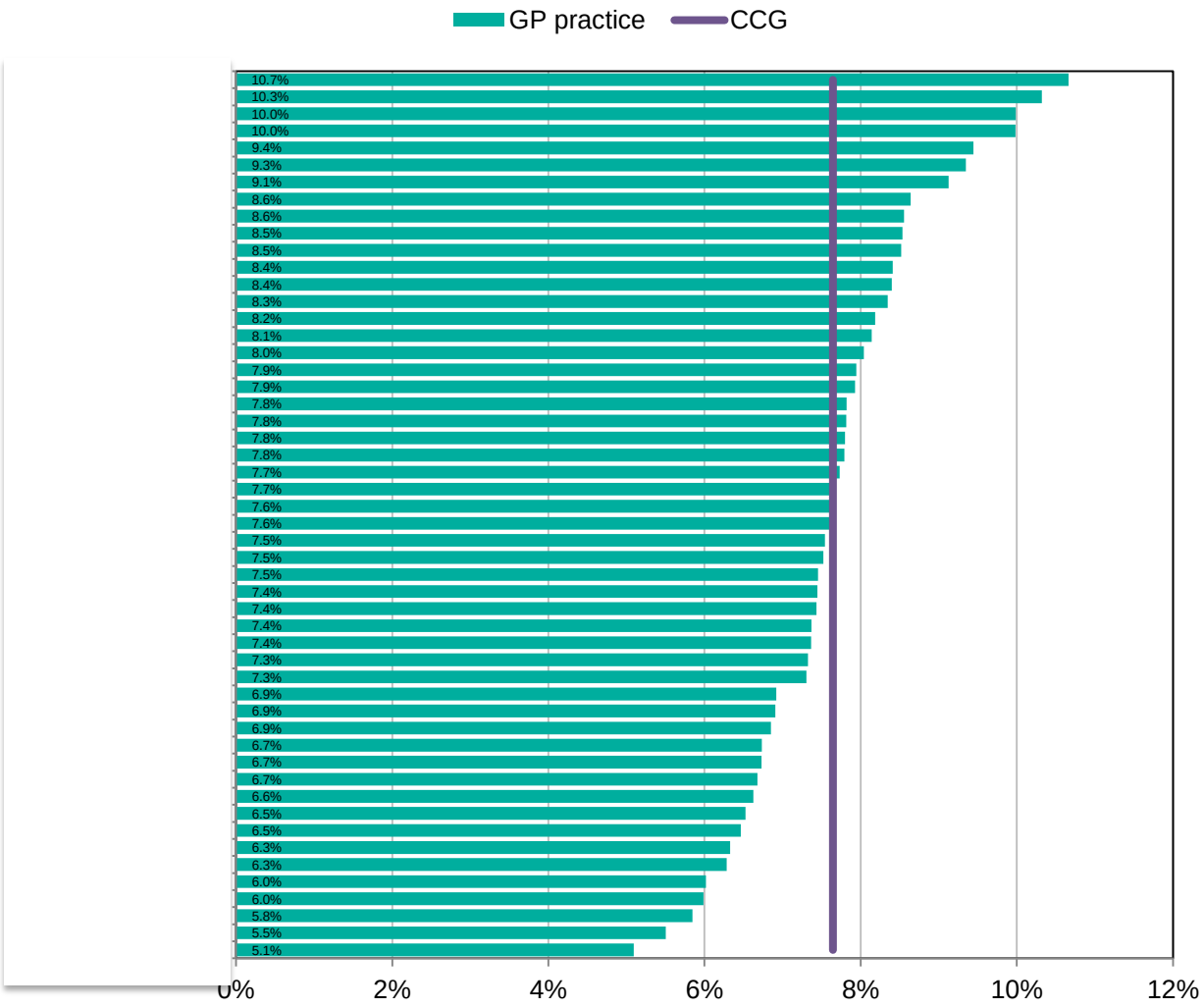
NHS Nearby :
Atrial Fibrillation – Percent diagnosed



Practice Comparison

- Practice variation **20% to 95%**
- **1,904** people with undiagnosed AF in CCG

NHS Nearby :
Diabetes– recorded prevalence



Practice Comparison

- Practice variation **5 to 11%**
- **659** people with undiagnosed Diabetes in CCG

The Size of the Prize in Diagnosis and Treatment

	Estimated Prevalence	Estimated Undetected	Estimated under-treated
Hypertension	12.9 m	5.2m (41%)	2.9m (37%) BP control
AF	1.4m	490,000 (35%)	240,000 (30%) Anticoagulation
CVD risk >20%	3.1 m	High	2.4m (80%) Statins
CKD	3.5 m	1.1m (30%)	500,000 (21%) Proteinuria checks
T2 diabetes	3.2 m	480,000 (15%)	1.1m (40%) 8 care processes
Non- diabetic hyperglycaemia	5.0 m	High	Most Intensive behaviour change

Does the NHS Health Check improve case finding and management in primary care?

BMJ Open

The NHS Health Check in England: an evaluation of the first 4 years

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ABSTRACT

Objectives: To describe implementation of a new national preventive programme to reduce cardiovascular morbidity.

Design: Observational study over 4 years (April 2009—March 2013).

Setting: 655 general practices across England from the QResearch database.

Participants: Eligible adults aged 40–74 years including attendees at a National Health Service (NHS) Health Check.

Intervention: NHS Health Check: routine structured cardiovascular check with support for behavioural change and in those at highest risk, treatment of risk factors and newly identified comorbidity.

Results: Of 1.68 million people eligible for an NHS Health Check, 214 295 attended in the period 2009–12. Attendance quadrupled as the programme progressed; 5.8% in 2010 to 30.1% in 2012. Attendance was relatively higher among older people, of whom 19.6% of those eligible at age 60–74 years attended and 9.0% at age 40–59 years. Attendance by population groups at higher cardiovascular disease (CVD) risk, such as the more socially disadvantaged 14.9%, was higher than that of the more affluent 12.3%. Among attendees 7844 new cases of hypertension (38/1000 Checks), 1934 new cases of type 2 diabetes (9/1000 Checks) and 807 new cases of chronic kidney disease (4/1000 Checks) were identified. Of the 27 624 people found to be at high CVD risk (20% or more 10-year risk) when attending an NHS Health Check, 19.3% (5325) were newly prescribed statins and 8.8% (2438) were newly prescribed antihypertensive therapy.

Conclusions: NHS Health Check coverage was lower than expected but showed year-on-year improvement. Newly identified comorbidities were an important feature of the NHS Health Checks. Statin treatment at national scale for 1 in 5 attendees at highest CVD risk is likely to have contributed to important reductions in their CVD events.

Strengths and limitations of this study

- This is the first national study describing implementation of the new National Health Service (NHS) Health Check programme 2009–2012.
- It is based on a large representative sample of 655 general practices in England with 1.68 million people aged 40–74 years eligible for an NHS Health Check of whom 214 295 attended.
- Of those eligible, 70% had ethnic group recorded and 99% socioeconomic group recorded. In attendees, recording of ethnic group and major risk factors was over 90%.
- Non-attendees were younger, more likely to smoke and recording of cardiovascular risk was less complete.
- There is no information available about attendance for support for behavioural change following general practitioner (GP) referral.

INTRODUCTION

The English National Health Service (NHS) Health Checks programme started in 2009, aiming to reduce cardiovascular disease (CVD) risks and events. Internationally, it is the first of its kind, aiming to provide a routine structured clinical assessment and management for adults aged 40–74 years without pre-existing diabetes or CVD. The NHS Health Check includes review of CVD risks, behavioural change support and treatment of newly identified risk factors or comorbidity through integration with routine clinical provision in general practice. We describe an evaluation of the first 4 years of this national programme.

The NHS Health Check is a 5-year rolling programme which targets one-fifth of the eligible population each year, aiming to invite 3 million people at an annual cost of £165 million.[1–3] The Department of Health report that 2.4 million NHS Health Checks were undertaken in the 2 years (2011–2012).[4] Nationally, uptake is reported at around 50% of the eligible target population with considerable variability between provider organisations.[4–6] The NHS Health Check programme is now supported by NHS England and Public Health England following major changes in the NHS in 2013 when Primary Care Trusts (PCTs) were replaced by Clinical

Evaluation of NHS Health Check
Robson et al BMJ Open 2016

New diagnoses

Hypertension	1 in 27
Type 2 diabetes	1 in 110
CVD risk above 20%	1 in 8

These detection rates were 2-3 times higher in those who underwent a health check than in those who did not.

Statins

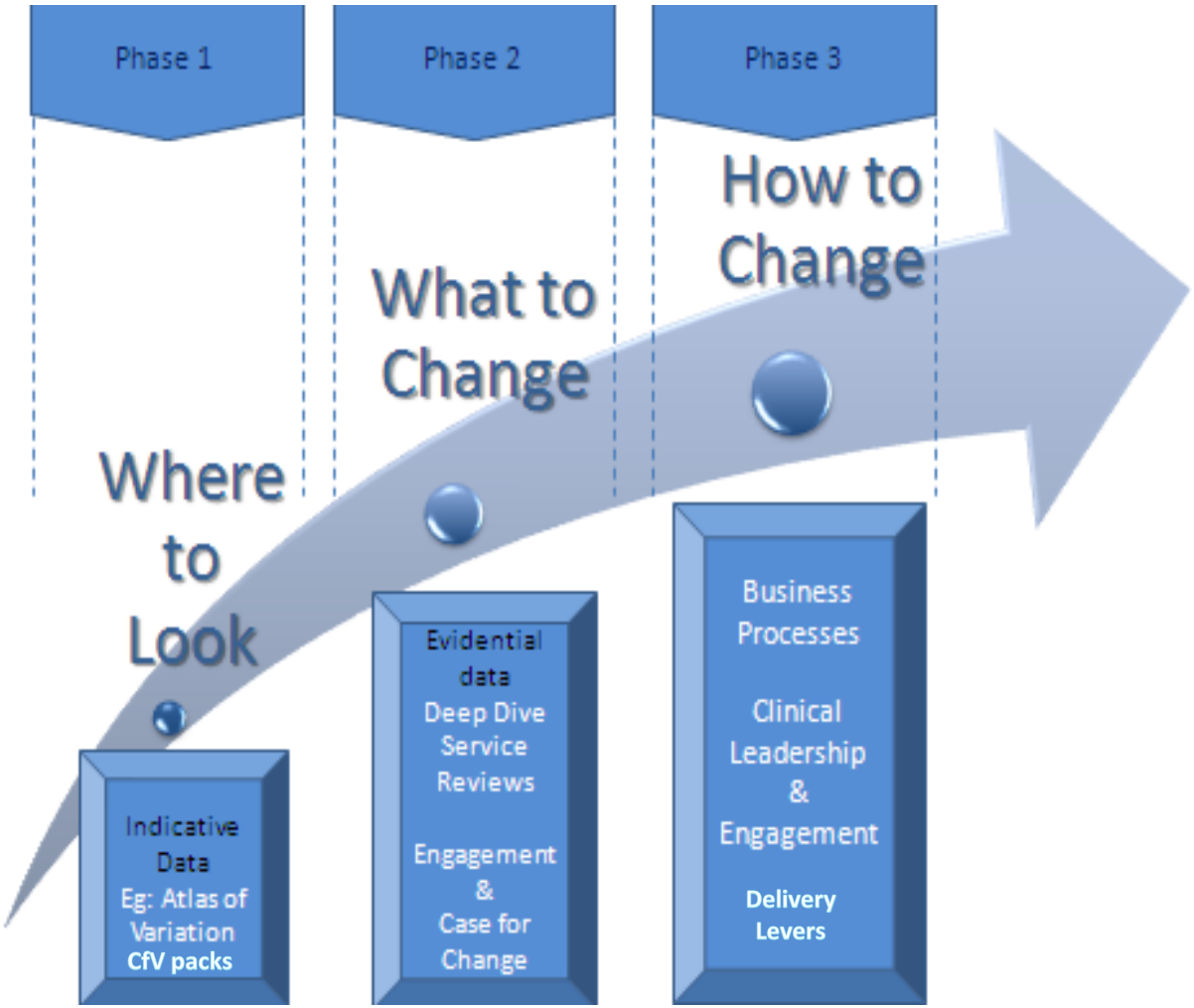
Only one in five of people with 10 year CVD risk above 20% received statins

Supporting improved detection and management of CVD risk in primary care

1. NHS Health Check
2. Right Care
3. Clinical Leadership

RightCare

OBJECTIVE - Maximise Value (individual and population)



Five Key Ingredients:

1. **Clinical Leadership**
2. **Indicative Data**
3. **Clinical Engagement**
4. **Evidential Data**
5. **Effective processes**

RightCare

Right Care Roll Out 2016-17

- 61 CCGs have been invited to be involved in wave one
- All CCGs will be facilitated through the RightCare methodology in the next two years
- RightCare Delivery Partners have been recruited and will be in role in January
- **CVD Pathway will focus on detection and management of:**

Hypertension	**AF**
Diabetes	**‘Pre-diabetes’**
Cholesterol	**CKD**

RightCare

Building primary care leadership

Primary Care CVD Leadership Forum

RCGP Clinical Champion

Priorities

- Hypertension
- Atrial Fibrillation
- CVD risk

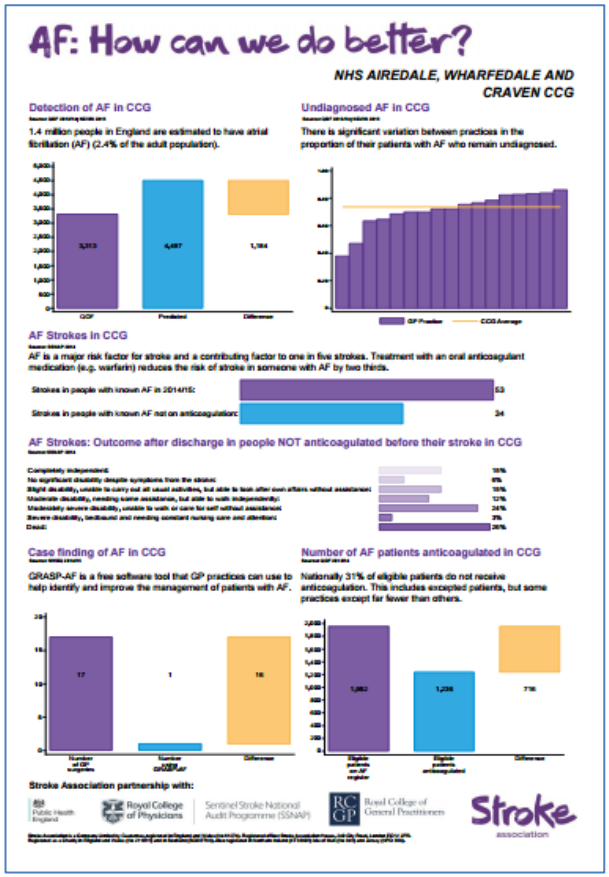
CVD: Primary Care Intelligence Packs

January 2016

Version 0.1

Primary Care CVD Leadership Forum

Practical peer-to-peer support from GPs, nurses & pharmacists



Blood Pressure
How Can We Do Better?

Under construction

Primary Care CVD Leadership Forum

Building primary care leadership

Primary Care CVD Leadership Forum

RCGP Clinical Champion

Priorities

- Hypertension
- Atrial Fibrillation
- CVD risk

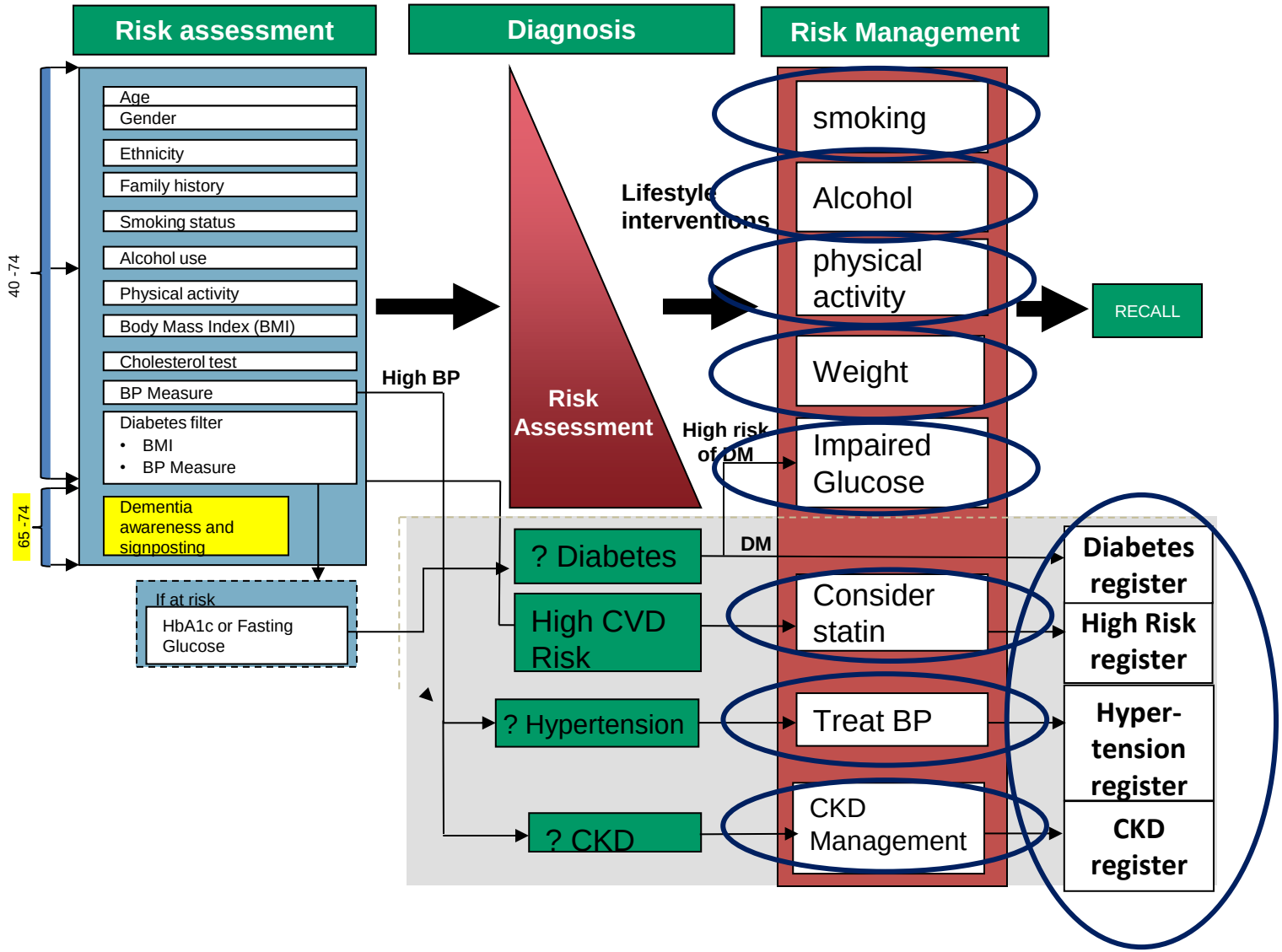
Local Communities of Practice

Support from BHF

RightCare focus on primary care

NHS Health Check

Outcomes depend on high quality Primary Care



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