



Tips for maximising the health impact of NHS Health Checks

The University of Cambridge produced a microsimulation model to estimate the health benefits of the vascular component of the NHS Health Check programme, and to understand the relative benefits of making changes to programme delivery. More information on the method used to develop the model can be found at www.healthcheck.nhs.uk.

The model shows that the NHS Health Check programme's impact can be maximised by:

1. Increase statin and anti-hypertensive prescribing



The model suggests there is significant potential to prevent more cardiovascular disease by increasing the prescription of statins and anti-hypertensive medication, in line with existing guidelines.

Programme data shows that many patients who attend a check are eligible for treatment with a statin, but are not started on a statin. Given the new lower threshold (10% risk of CVD over 10 years) for initiating statin treatment, increasing prescription of statins, in line with NICE guidance, offers an important opportunity for preventing disease.

2. Increase referrals to smoking cessation services



Programme data suggest that relatively few people (less than 5% of smokers who attend) are being referred to smoking cessation services through the NHS Health Check programme, despite many smokers attending. Consequently, the benefits, at a population-level, attributable to smoking cessation, in the current programme, are relatively small.

However, smoking cessation is a very important means to improve the health of individuals who smoke, and if substantially more people were appropriately referred to smoking cessation services important gains in health could be realised.

3. Increase referrals to effective weight management services



Programme data suggests that relatively large numbers of people (about 25% of those who have a BMI > 30kg/m²) are being referred to weight management services. While NICE guidance shows that primary care referral to weight-loss programmes is cost-effective, in the Cambridge model the benefits attributable to weight management services, are estimated to be less than the other interventions. This is partly explained by regain in weight after an individual completes a weight-loss programme and partly because the model only considers some of the benefits of weight loss. It is important to ensure that local weight-loss services are effective and seek, where possible, to prevent regain of weight after individuals complete the programme.

4. Prioritise invitations



Many local authorities have been prioritising invitations to people who are living in the most deprived areas. This approach appears to have been successful at narrowing inequalities. However, much larger absolute gains in health among those living in the most deprived areas may be achieved by improving uptake of appropriate treatments (as outlined above).

Prioritising individuals who have not had a check appears to be a promising strategy to improve the effectiveness of the programme.

Considerations

The work has been based on national data. At the national level, the model suggests that the greatest scope for improving health will come from improving delivery of the programme rather than by increasing uptake of the programme. However, we recognise there will be local variation in uptake and delivery of the programme.

This local picture should be considered when reviewing how to adopt these suggestions locally. For example, it may be prudent to explore the extent to which these recommendations could be adopted locally by undertaking audits and related work to understand barriers to improving uptake of treatment locally.

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