

<b>Section A: please complete</b>	
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<b>Address:</b>	Public Health England
<b>Guidance title:</b>	Disability, dementia and frailty in later life - mid-life approaches to prevention
<b>Committee:</b>	PHAC D
<b>Subject of expert testimony:</b>	NHS Health Check programme
<b>Evidence gaps or uncertainties:</b>	

**What is the NHS Health Check programme?**

The NHS Health Check is a National programme that aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups.

The programme's objectives include:

- enabling more people to be identified at an earlier stage of vascular change, with a better chance of putting in place positive ways to reduce substantially the risk of premature death or disability;
- enabling the prevention of diabetes in many of those at increased risk of this disease;
- sustaining the continuing increase in life expectancy and reduction in premature mortality that are under threat from the rise in obesity and sedentary living; and
- offering a real opportunity to make significant inroads into health inequalities, including socio-economic, ethnic and gender inequalities.

An NHS Health Check is made up of three key components: risk assessment, risk awareness and risk management. During the risk assessment standardised tests are used to measure key risk factors and establish the individual's risk of developing cardiovascular disease. Where an individual is over the age of 65 the practitioner will also raise awareness of dementia with the patient. The outcome of the assessment is then used to raise awareness of cardiovascular risk factors, as well as inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.

**Who does it target, and how?**

In April 2013 the NHS Health Check programme became a legal duty of local authorities in England. Every local authority has a duty to offer an NHS Health Check to their eligible population - people between 40-74 years - once every five years and to continuously improve uptake.

It is at the discretion of local authorities to decide how they target their eligible population, some areas take a targeted approach inviting individuals identified as being at high risk of CVD, others may adopt an opportunistic approach.

**What are the key issues for engaging with the target group – how does the programme manage to engage effectively?**

Nationally, PHE has supported public sensitisation to the programme through the launch of content on the NHS Choices. PHE has also produced a wide range of resources that local areas can use to raise awareness of the programme as part of the invitation process such as a patient information leaflet and posters.

PHE's behavioural insight team have also worked with the Department of Health to test different styles of invitation letter, demonstrating in one local authority a 13% increase in uptake. The findings from this work have been disseminated to local commissioners and providers, who are responsible for designing the local delivery approach, through our national conference, E-bulletins, the website and webinars.

In 2014/15 we will continue to investigate and identify what methodologies maximise engagement and uptake.

**How does it link to intervention and support?**

All components, the assessment, awareness and management are crucial to the successful delivery of the NHS Health Check. The information gathered through the assessment should be used to inform a discussion with the person about their cardiovascular risk and avenues of lifestyle and/or medical management. Subsequently, the programme acts as a gateway into a range of local care pathways.

**How has it performed to date?**

Nationally, a total eligible population of 15,308,022 was identified for the NHS Health Check programme for the period between 2013 and 2018.

In 2013-14 a total of 2,824,726 people, 18.5% of the five year eligible population were offered an NHS Health Check (Q1-Q4). This compares to 2,572,471 people (16.5%) in 2012-13.

The number of people within the five year eligible population receiving an NHS Health Check in 2013-14 was 1,382,864 (9.0%). This equates to 49.0% of people offered an NHS Health Check receiving one and compares to 49.1% in 2012-13 when 1,262,618 (8.1%) people in the five year eligible population received an NHS Health Check.

There has been a 9.5% increase in the absolute number of people receiving an NHS Health Check in 2013-14 compared to 2012-13. However, significant variation in local offers and uptake remains as in some areas less than 25% of people offered a NHS Health Check receive one.

**What is its potential?**

Economic modelling completed in 2008 highlighted that the programme offers the potential to prevent 1,600 MI and strokes annually, 650 CVD related deaths, 4,000 new case diabetics, it could also help with the early identification of 20,000 cases of Diabetes and chronic kidney disease. The modelling also confirmed that the programme was very cost effective at less than £3000.00 per QALY.

**What are the plans for the future of the programme?**

The Expert Scientific and Clinical Advisory Panel (ESCAP) is a key part of the programme's governance structure. The panel is formed of a wide range of experts and is responsible for keeping the content under review and make recommendations to PHE and DH, when there is evidence, for making changes to the existing content.

In 2014/15 PHE will continue to work with commissioners and providers of the programme to drive increases in both uptake and the quality of delivery.

**Section B: Expert to complete**

<b>Summary testimony:</b>	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary ]
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The NHS Health Check is the world’s first systematic disease prevention programme. Although there is an absence of evidence on the programme itself, the intervention is based on evidence based recommendations from NICE guidance on specific topics.

The need to address the health challenges in England, including inequalities, is pressing and the NHS Health Check presents a significant opportunity to not only tackle cardiovascular disease but to address some of the public health challenges e.g. obesity and smoking, that we face in the 21<sup>st</sup> century. In doing so, it also offers wider benefits such as contributing to the prevention of other non-communicable diseases such as cancer.

Local authorities have a legal duty to deliver the programme across England to their eligible population: individuals between 40 – 74 years of age without pre-existing disease. This duty involves offering 100% of the eligible population an NHS Health Check over a five year period and achieving continuous improvement in uptake.

Delivery of the NHS Health Check includes the assessment of: smoking status, physical activity, body mass index, cholesterol, blood pressure, age, gender, ethnicity and family history. This information is used to inform whether a blood test for diabetes is needed and to calculate the person’s risk of cardiovascular disease.

This assessment then informs a discussion between the person and the practitioner about lifestyle and/or medical management, and where a person is over the age of 64 the risk factors for and signs of dementia.

At the time of my presentation Q3 data was available, this showed that 2,022,063 appointment offers made (13.2%) and 973,093 appointments had been received (48% uptake) since the 1 April 2013. Since then we have received quarter four data so I can confirm that in 2013-14 2,824,726 people were offered and over 1.3 million people benefited from an NHS Health Check. However, there is still considerable variation in offers, uptake and quality of delivery among local authorities.

PHE are committed to ensuring that the programme achieves its potential and are working on a number of projects that will support improvements in engagement and uptake as well as the quality of delivery. This will involve utilising the governance structure to strengthen the evidence and rigour underpinning the programme, integrating the national quality standards into an improvement framework, tackling data sharing and IG issues, publishing a national competency framework for providers and launching a national branding and marketing tool kit. We will also continue to work with NHS Improving Quality to develop various case studies, demonstrating innovation and good practice.

**References (if applicable):**