

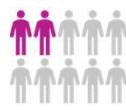
Exploring NHS Health Check Delivery and Impact in Suffolk and North East Essex

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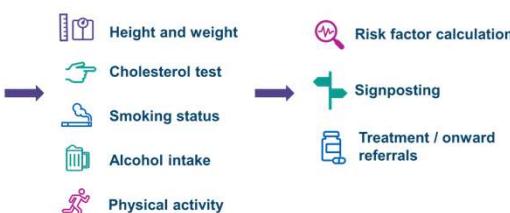
Introduction

The NHS Health Check programme, introduced in 2009, was designed to reduce the burden of cardiovascular disease (CVD) through prevention and early detection by inviting one-fifth of eligible adults aged 40–74 years annually for a check.

What is an NHS health check?

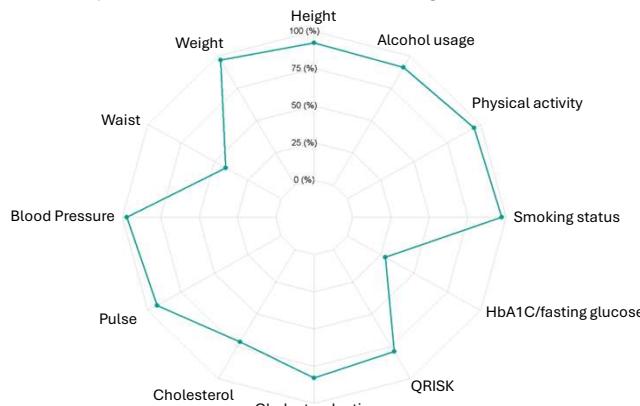


1/5th of eligible people aged 40-74 invited each year



Who attends a health check and are key questions and measurements for cardiovascular risk being recorded?

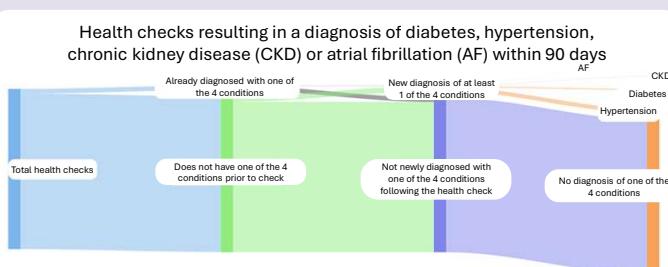
Completion of risk factor measurements during a health check



The project found an overall attendance rate of 32%. Males were less likely to attend a health check than females across all age groups, especially in the younger cohorts. We found little evidence of variation in attendance by level of deprivation (IMD score).

Overall, there was good recording of key measurements such as height, weight and lifestyle questions. Waist measurement showed a lower level of recording possibly as it is a not mandatory measurement. HbA1C and fasting glucose tests (to test for diabetes) were only seen in a small cohort as this is only offered to patients identified as at high risk of diabetes.

Do NHS health checks play a role in the diagnosis of conditions which are risk factors for serious cardiovascular events?



Records of patients with a completed health check were examined for a diagnosis of diabetes, hypertension, chronic kidney disease or atrial fibrillation in their primary care record within 90 days of the health check.

The prevalence of at least one of the four conditions increased from 2.9% to 6.3% following a health check. The largest change was in hypertension prevalence which tripled. This suggests that, whilst health checks do increase prevalence of the 4 conditions in previously undiagnosed patients, their role is primarily in the identification of risk factors and onward referrals.

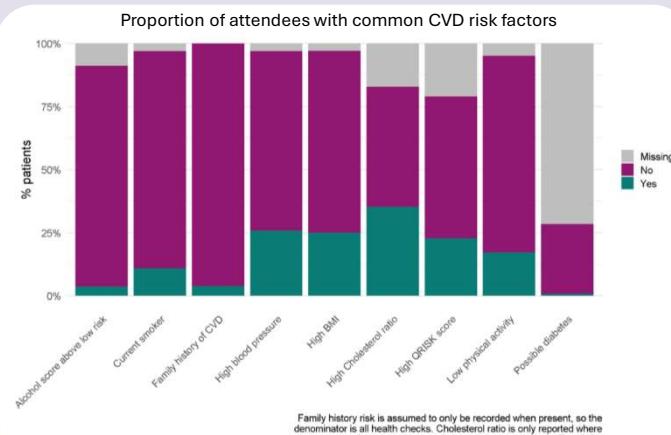
Aims

This project aimed to explore the status of the Suffolk and North East Essex (SNEE) NHS health check programme following a review into CVD provision which identified NHS health checks as an important tool for identification and prevention. The analysis focussed on health check uptake, the quality of assessments delivered, utilisation of onward referral pathways and new diagnoses.

Methods

The SNEE Intelligence Function linked dataset which includes primary care records and demographics information was examined. All patients who were invited to or received an NHS health check between April 2023 and April 2024 were identified. Information entered into patient records during the health check and 90 days post-health check was analysed.

Are NHS health checks identifying patients with high-risk observations and behaviours?



Through recording of key measurements during the health check, we then examined which proportion of the cohort met thresholds for key CVD risk factors.

- 35% of patients had a high cholesterol ratio
- 26% of patients had a high blood pressure reading
- 25% of patients had a high Body Mass Index (BMI)
- 23% of patients has a high QRISK score (10-yr risk of developing CVD)

Recommendations

1 Increase uptake of health checks

By increasing attendance of NHS health checks, more patients will be examined for risk factors, shifting care from treatment to prevention of CVD. Targeted outreach and promotion for demographic groups with low attendance would also contribute to reducing inequality.

2 Review of preventative medicines prescribed

Prescription of preventative medication following a health check could be used to evaluate health checks as a tool for prevention.

3 Review of signposting and onward referrals

Patients may be signposted/referred to services following their health check to provide education or treatment to lower their risk of developing cardiovascular disease. The uptake of signposting or referrals could have a significant impact on lowering risk in at risk individuals. A review of uptake could identify where services are underutilised by at risk groups.

Acknowledgements

Patel R, Barnard S, Thompson K, et al. Evaluation of the uptake and delivery of the NHS Health Check programme in England, using primary care data from 9.5 million people: a cross-sectional study.