Health & Wellbeing Board Buckinghamshire

NHS Health Checks in Buckinghamshire

27th September 2018

www.buckscc.gov.uk/healthandwellbeingboard

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2. How are NHS Health Checks delivered in Buckinghamshire?
3. Who is taking up NHS Health Checks?
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1. Summary of the NHS Health Check Programme

- The NHS Health Check is a mandatory health check-up for adults in England
- People who are in the 40-74 age group without a pre-existing condition, are invited for a free Health Check every five years
- The aim is to invite 20% of eligible people every year over a five year period.
- It's designed to identify modifiable risk factors for major causes of early death and disability such as stroke, kidney disease, heart disease, type 2 diabetes, dementia and offers opportunities to prevent them.
- Cardiovascular disease is one of the conditions most strongly associated with health inequalities as the risk factors such as smoking, physical inactivity and obesity are greater in lower socio-economic groups.

2. How are NHS Health Checks delivered in Bucks?

Public Health England determine the total eligible population at the start of each year

The Bucks Public Health team notifies practices of the number of people to invite each year

Practices use their IT systems to identify who to invite from their lists

Practices send out invitations

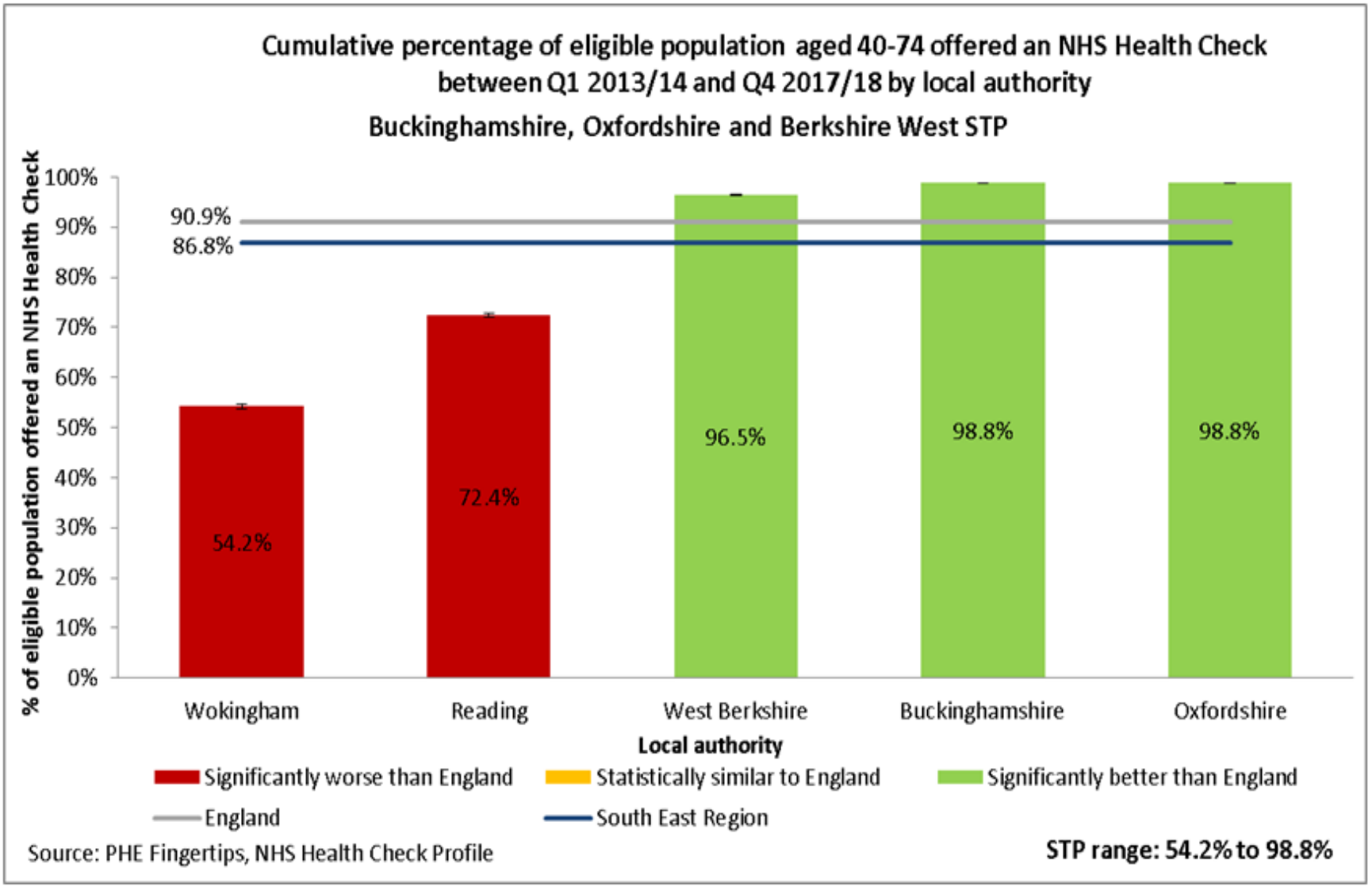
The majority of NHS Health Checks are delivered by primary care by practice nurse or health care assistants

2.1 How are NHS Health Checks delivered in Bucks – Cont.

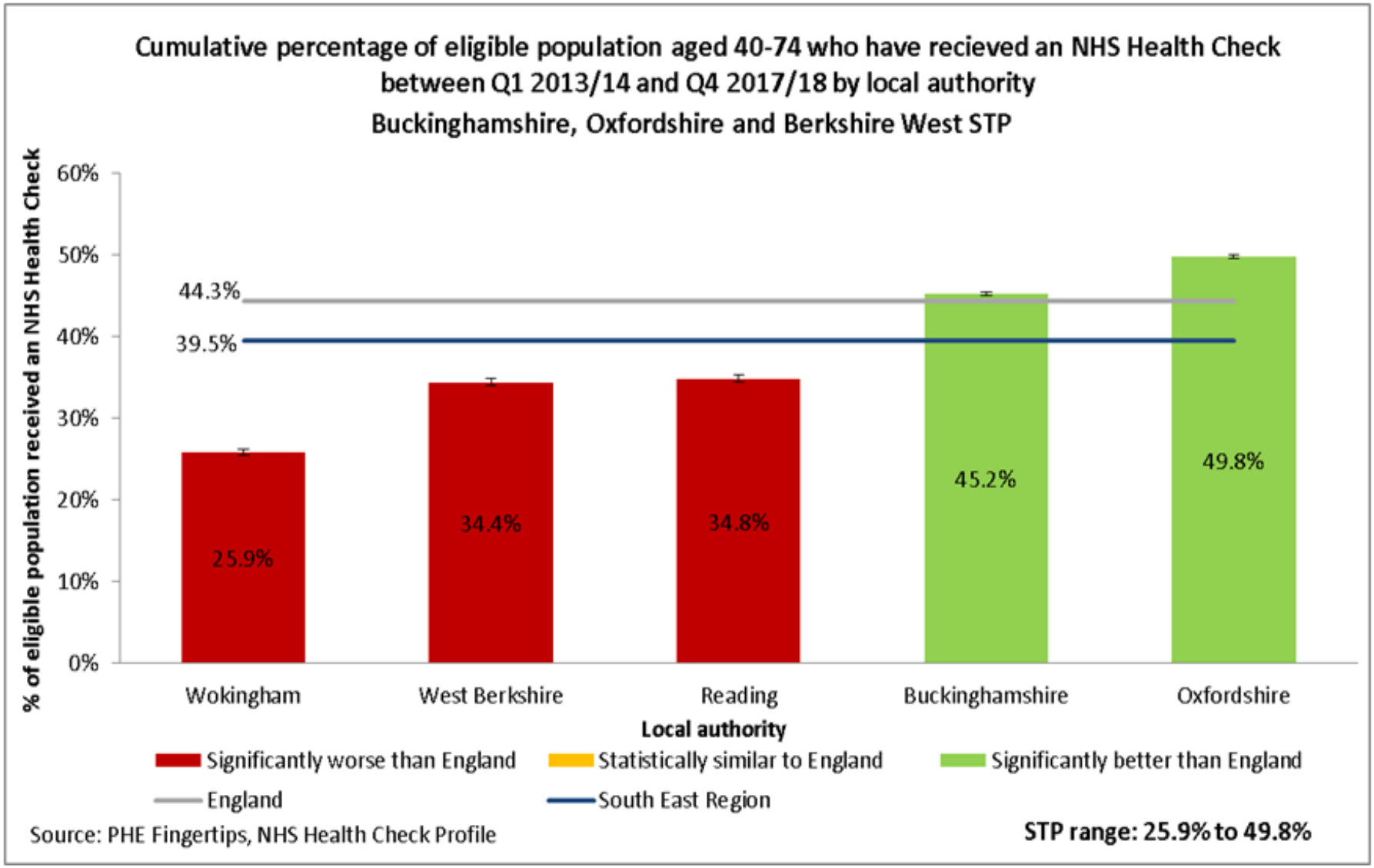
- There were 161,700 people eligible for an NHS Health Check over the 5 year period (2013/18) – on average 31,000 people each year.
- 98.8% of eligible people in Bucks were invited for an NHS Health Check over a 5 year period (one fifth invited every year).
- Of those that were invited, 45.8% of people took up the offer and received an NHS Health Check (48.7 % England average).
- In addition to NHS Health Checks in primary care, the new 'Integrated Lifestyle Service' delivers outreach NHS Health Checks, targeting hard to reach and higher risk groups.
- Each year, a Public Health campaign is run to raise awareness of the programme.

Year	No of People Invited	No of Health checks delivered	% Uptake
2013/14	31,625	14,037	44.4
2014/15	35,167	15,214	43.3
2015/16	32,616	14,400	44.2
2016/17	31,083	14,111	45.4
2017/18	27,965	14,820	53.0
Total	158,456	72,582	45.8

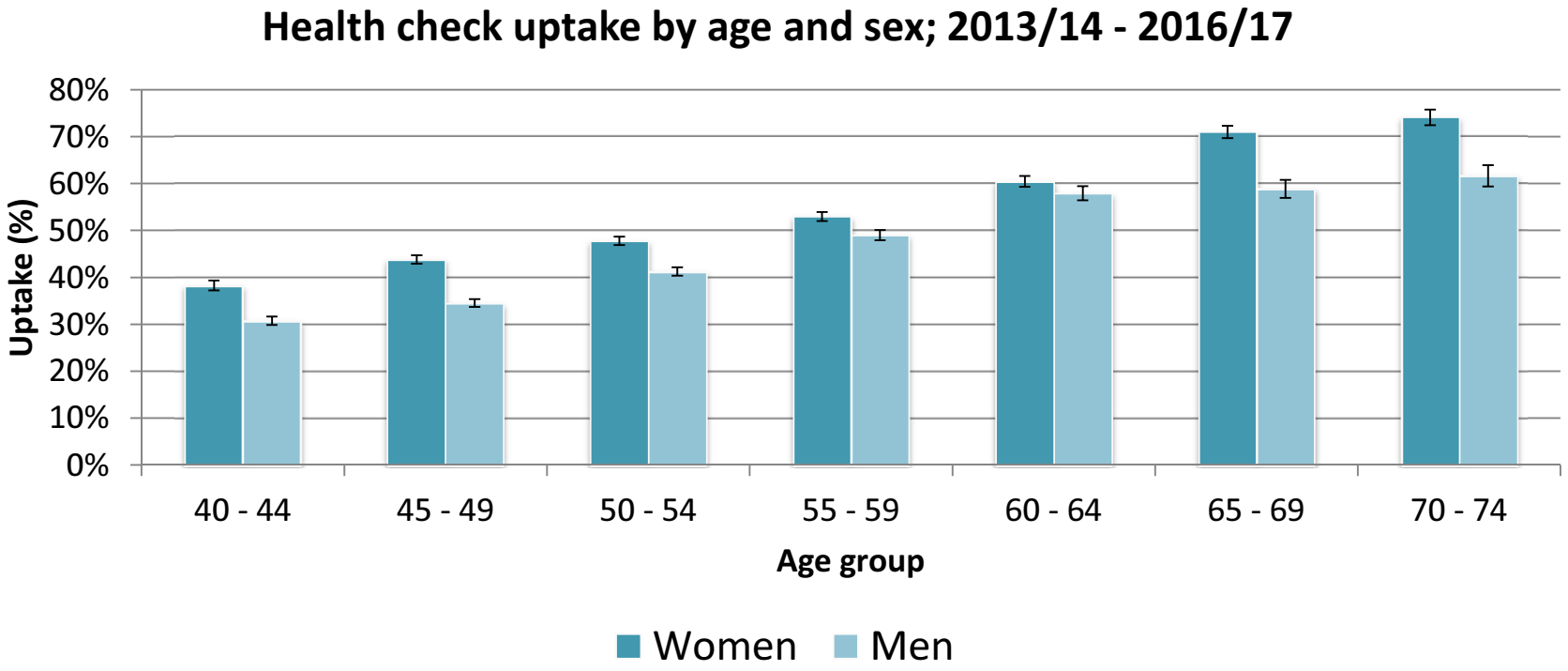
NHS Health Checks Offered



NHS Health Checks Received

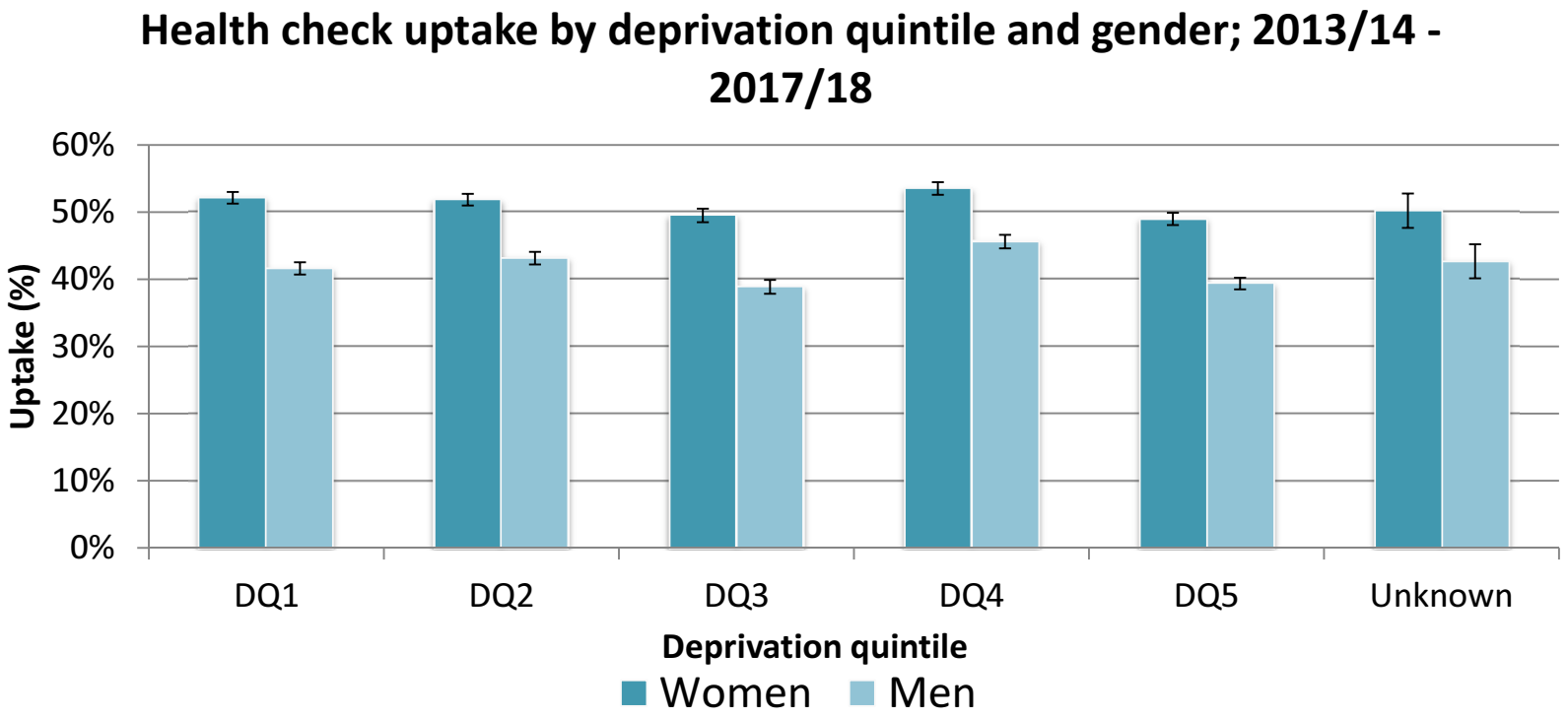


3. Who is taking up NHS Health Checks?



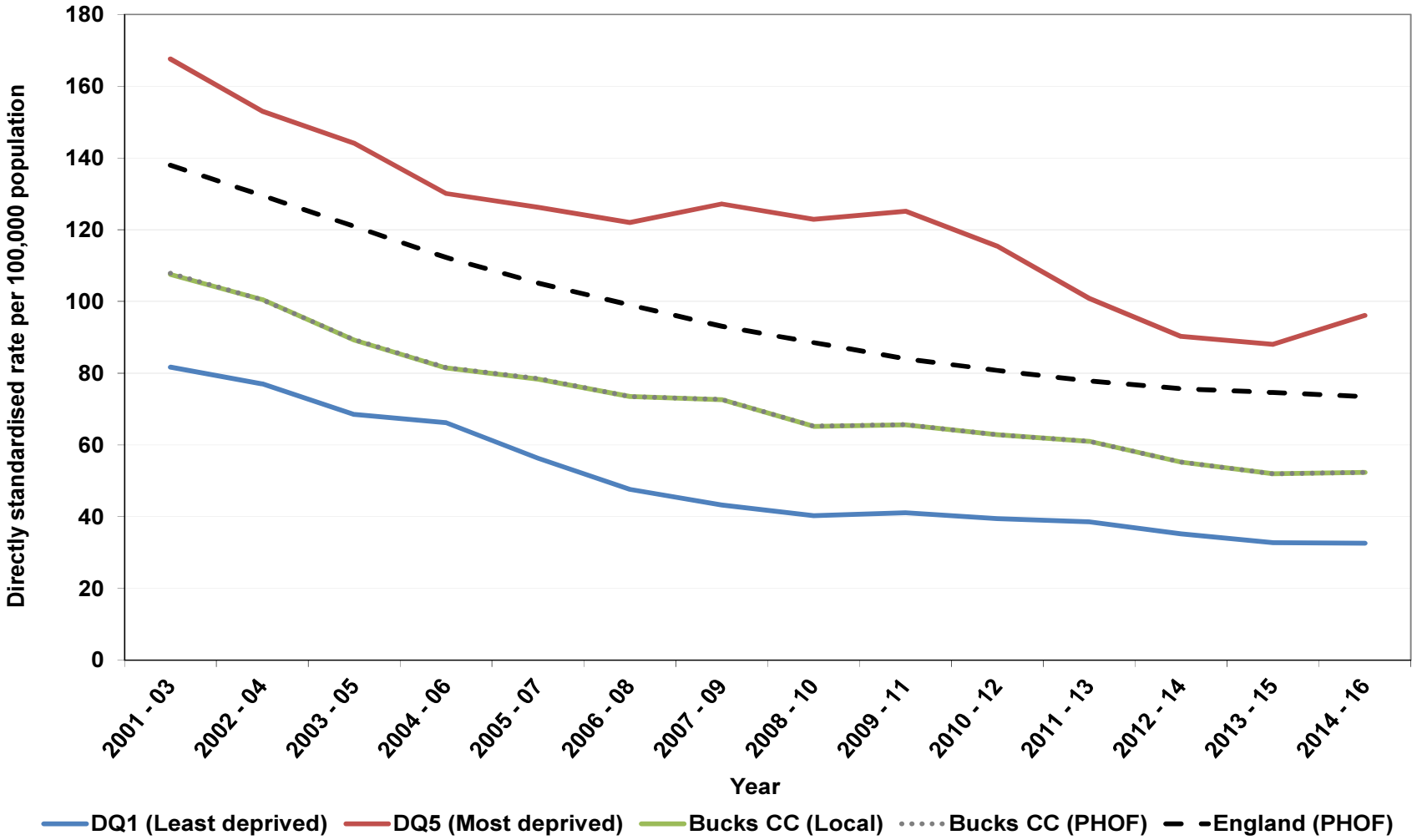
- Uptake is higher among women across all age groups
- Highest uptake is among older age groups.

3.1 Who is taking up NHS Health Checks? – Cont.



- Uptake is similar across deprivation quintiles

Under-75 mortality rate from all CVD by Bucks deprivation quintiles, 2001-03 to 2014-16.



Source: ONS Annual District Death Extract and Primary Care Mortality Database.

3.2 Who is offered NHS Health Checks?

29,829 people were invited for NHS HC by Primary Care (2016/17)

- Of those, 22,812 people had their ethnicity recorded (77%)

Of those with recorded ethnicity:

- 17,052 people were White British (75%)
- 3,072 people were from Other White background (13%)
- 2,688 people were from BME communities (12%), of those, 1,598 (60%) were Asian

Of those invited for health checks, the uptake was:

- 60% among White British (10,256)
- 36% among other White background (1,103)
- 56% among the BME groups (1,598), of those 914 (61%) were Asian

Ethnicity	NHS HC Offered		NHS HC Uptake	
	Number	%	Number	%
White British	17,052	75%	10,256	60%
Other White	3,072	13%	1,103	36%
BME	2,688	12%	1,506	56%

4. Outcomes of the NHS HC Programme In Bucks (2013/18)

- **2,975** individuals were identified as being at high risk of developing cardiovascular disease in the next 10 years
- **14,556** individuals had a raised BP >140/90 at the check
- **2,951** individuals were identified as having elevated blood glucose levels
- **6,634** people with elevated blood cholesterol

- **38,679** individuals were identified as overweight or obese individuals
  - 6% were referred to services.

- **12,050** inactive individuals
  - 43% received brief intervention
  - 14% received signposting to services
  - 4% were referred to services

- **7,380** people were identified as smokers
  - 65% of these received cessation advice
  - 10% were referred to smoking cessation services

4.1 Outcomes of NHS Health Checks 2013/18

Identified Risk Factors	
High Risk Individuals	1 in 21
Raised Blood Glucose	1 in 21
Raised Cholesterol	1 in 9
Smokers	1 in 8
Raised BP	1 in 4
Physically inactive	1 in 5
Obese or Overweight	1 in 2

5. Emerging evidence (The National Programme)

Each year NHS Health Check can on average:

- Result in approximately **1,000** people at age 80 years being free of cardiovascular diseases, dementia, and lung cancer
- **Prevent 1,600 heart attacks** and save 650 lives
- **Prevent 4,000 people** from developing **diabetes**
- **Detect** at least **20,000 cases** of **diabetes** or **kidney** disease earlier

- The detection of chronic kidney disease, familial hypercholesterolemia, hypertension and type 2 diabetes is significantly more frequent among people who have had an NHS HC.

- There is good evidence that statin prescribing rates are significantly higher – by around 3-4% among people having an NHS HC compared to non-attendees. Similar trends have been reported for anti-hypertensives

https://www.healthcheck.nhs.uk/commissioners_and_providers/evidence/

5.1 Emerging evidence/The National Programme -Cont.

- Optimal anti-hypertensive treatment of diagnosed hypertensives averts within 3 years:
  - 9,710 heart attacks, saving up to **£72.5 million**
  - 14,500 strokes, saving up to **£201.7 million**

- Optimally treating high risk AF patents averts within 3 years:
  - 14,220 strokes, saving up to **£241.6 million**.

- The NHS HC programme successfully engages people with the greatest health needs, actively reducing health inequalities. Premature death rates from CVD in the most deprived 10% of the population are almost twice as high as rates in the least deprived 10%.

Summary:

- The NHS Health Checks benefit people who are at high risk of developing CVD
- Nationally, people having an NHS Health Check have better management of cardiovascular risk factors.
- Nationally, there is emerging evidence of lower rates of stroke among people who had a health check compared to people who didn't
- NHS HC actively reduces health inequalities

6. Challenges:

- **Resilience in primary care** is a major challenge –NHS HC often offered through 1 or 2 members of staff any staff absence has a significant effect on programme delivery
- **Engaging practices** -Finding the most appropriate ways to engage and support GP practices given the pressures on primary care and the priority placed on this programme
- **Getting buy in** to increase the priority placed on NHS Health Checks
- **Engaging the harder to reach groups-** ethnic minorities or those in very rural areas, people not registered with GP, younger age groups
- **Variation in quality of data** is a major challenge as it makes it difficult to assess quality of care and patients' follow-up
- **Investment in IT systems and data quality** has presented some challenges - this takes time and commitment from practices and the CCG IT team.

7. Recommendations

- Practices explore cross-working within ICS clusters or through extended access services to offer greater access to NHS Health Checks and increase resilience
- Everyone having an NHS Health Check should benefit from tailored lifestyle advice and access to local services, such as stop smoking services, and/or clinical management to help them reduce their CVD risk.
- Practices to ensure appropriate follow-up for individuals with identified risk factors
- The NHS RightCare CVD Prevention Pathway should be used to optimise clinical management of conditions such as raised cholesterol and hypertension.
- Tackling health inequalities by adopting recruitment and delivery approaches that encourage those with the greatest health need to attend a NHS Health Check must remain at the heart of the programme.
- Invitations for an NHS Health Check should be prioritised to people with the greatest health need.
- Explore further opportunities for increasing uptake of the NHS Health Check programme among higher risk groups
- Make sure there is a strong link with the local diabetes prevention programme.

Thank you

Information Sources

- Buckinghamshire NHS Health Checks, Health Equity Audit 2017
  - Data from 2013/14-2016/17
- Buckinghamshire NHS Health Checks, 3 year evaluation
  - Data from 2013/14-2015/16
- Public Health Outcomes Framework
  - Available here
- Buckinghamshire NHS Health Checks local data system (QUEST)
- Emerging evidence on the NHS Health Check: findings and recommendations. A report from the Expert Scientific and Clinical Advisory Panel. Feb 2017.
  - Available here