

## Bath & North East Somerset Council

MEETING/ DECISION MAKER:	<b>Wellbeing Policy Development &amp; Scrutiny Panel</b>	
MEETING/ DECISION DATE:	<b>16 January 2015</b>	
		<b>E</b>
TITLE:	<b>NHS Health Check Programme Update</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b> Equality Impact Assessment / Equality Analysis		

### 1 THE ISSUE

1.1 The NHS Health Check programme is a mandatory universal risk assessment and management programme with the aim of reducing heart disease, stroke, diabetes, kidney disease and certain types of dementia. It aims to do this by increasing uptake of primary prevention interventions including weight management, smoking cessation, physical activity, statins, anti-hypertensives, and improved management of impaired glucose intolerance. This report aims to update the Wellbeing PDS Panel on the progress of delivery of the NHS Health Check programme in Bath and North East Somerset.

### 2 RECOMMENDATION

2.1 **Proposal 1** That the Wellbeing Policy Development and Scrutiny Panel discuss and consider the contents of this report.

### 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 Local authorities now have a legal duty to make arrangements:

- for each eligible person aged 40-74 to be offered a NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible
- for the risk assessment to include specific tests and measurements
- to ensure the person having their health check is told their cardiovascular risk score, and other results are communicated to them

- for specific information (such as BMI, blood pressure etc.) and data to be recorded and, where the risk assessment is conducted outside the person's GP practice, for that information to be forwarded to the person's GP
- 3.2 In B&NES the programme is commissioned by the Public Health team and delivered through all 27 GP surgeries locally. Programme delivery is overseen by a Steering Group with representation from a GP (retired), practice managers and the public health team.
  - 3.3 The NHS Health Check programme is funded from the Public Health Grant which is currently ring-fenced until 2016. From April 2014 GP surgeries in B&NES are paid £21.50 or £23 (when using point of care testing for cholesterol) for every health check completed. This price is in line with national guidance and is similar to other local authorities in the South West. The Public Health contract with local GP surgeries to deliver NHS Health Checks runs from April 2014 – March 2017.
  - 3.4 Cost to deliver the programme during 13/14 was £141,185, against a budget of £199,974, to achieve performance where 51.1% of those invited for a Health Check received one.
  - 3.5 Economic modelling suggests that the NHS Health Check programme is clinically and cost effective<sup>1</sup>. However, this assumes an uptake of 75% therefore the Public Health England aspiration is for all the eligible population to have been offered a health check by 2017 and for the take up to be 75% by 2017. Local authorities are required to seek continuous improvement in the percentage of the eligible population receiving their Health Check in order to improve reach, impact and address inequalities.
  - 3.6 The cost of the programme will rise year on year if improvements in take up are realised. Provision has been made in the ring fenced public health budget for a 5% increase in take up year on year until March 2016. Targeted approaches to increasing take up are being trialled during 14/15 and the costs of these approaches will be assessed in relation to their impact on performance.
  - 3.7 The budget for 2014/15 is £200k, which includes the cost of the targeted approach. This will increase to £211k in 2015/16.

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

- 4.1 The Public Health department is responsible for monitoring and reporting on indicators relating to the NHS Health Check which are contained within the Public Health Outcomes Framework. The actions outlined in this report support progress towards these outcomes.

## **5 THE REPORT**

- 5.1 The NHS Health Check programme is a population wide, primary prevention programme using a systematic approach to identify asymptomatic people aged between 40 – 74 years of age who are then offered a range of tests of risk factors in order to estimate their risk of Cardiovascular Disease (CVD) and deliver interventions to prevent disease occurring. Face to face consultations

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<sup>1</sup> Department of Health (2008), *Economic Modelling for Vascular Checks: A technical consultation on the work undertaken to establish the clinical and cost effectiveness evidence base for the Department of Health's policy of vascular checks*, London: Department of Health, available from: [http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_guidance/department\\_of\\_health\\_publications/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/department_of_health_publications/)  
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include measurements of blood pressure, cholesterol, body mass index (BMI) and where necessary diabetes and kidney disease. Information is recorded on family history of CVD, ethnicity, smoking, alcohol consumption and physical activity. The results of these investigations are used to estimate CVD risk over the next 10 years. All individuals are offered lifestyle advice and those identified as high risk of CVD will be offered specific interventions to reduce or manage this risk. A risk assessment for dementia awareness is also included for everyone aged 65 – 74. The risk factors for developing vascular dementia (which accounts for 20 – 30% of all dementias) are the same as those for CVD.

5.2 The cardiovascular (CVD) family of diseases includes heart attack, stroke and peripheral vascular disease. These diseases share a common set of risk factors including poor diet, smoking, lack of exercise, being overweight, high blood pressure and high cholesterol. Chronic Kidney disease and diabetes are also included within the CVD family as they have similar risk factors and also increase your risk of cardiovascular disease.

5.3 Circulatory diseases, which include heart disease and strokes, were the second most common cause of death in England and Wales accounting for 28% of all deaths during 2012. In terms of premature deaths – those under 75 years of age – circulatory disease accounts for a quarter of all premature deaths in England. Nationally, more than twice as many people from the poorest backgrounds die of circulatory disease than those from the most affluent backgrounds.

5.4 There were 1,576 deaths from circulatory disease (e.g heart disease and stroke) in Bath and North East Somerset between 2008 and 2010, making these the leading cause of death locally, ahead of cancers (1,341), respiratory diseases (conditions affecting the lungs, 575) and digestive diseases (bowels, liver, kidney, stomach, 268). In terms of years of life lost under the age of 75, ischaemic heart disease is the leading cause of premature death in B&NES.

### **5.5 Who is eligible for a NHS Health Check?**

The NHS Health Check is offered to eligible people aged 40 – 74, once every five years. The health check is not appropriate for people who have already been diagnosed with the following:

- Coronary Heart Disease
- Stroke/Transient Ischaemic Attack (TIA)
- Diabetes
- Chronic Kidney Disease
- Hypertension
- Atrial Fibrillation
- Hypercholesterolaemia
- Heart failure
- Peripheral Arterial Disease (PAD)

Also if someone is taking statins then they are not eligible for the Health Check. The above represents between 26 -30% of 40- 74yr olds in B&NES.

## 6 RATIONALE

6.1 The total population of Bath and North East Somerset is approximately 180,000 and of these approximately 81,000 are in the 40 – 74 age group. The nationally estimated population for NHS Health checks minus those who are ineligible in B&NES is 51,621<sup>2</sup>. Those eligible are offered a Health Check once every 5 years, so around 10,400 people will be eligible and invited for their check every year. However as B&NES has a relatively healthy population, with less people living with long term conditions on disease registers, our eligible population is slightly higher than national estimates and results in approximately 12,000 people being invited every year.

6.2 National estimates of the impact of the programme predict the following reduction in morbidity and mortality annually:

- 1,600 heart attacks and strokes prevented,
- 650 premature deaths prevented,
- 4000 new cases of diabetes prevented and
- 20,000 cases of chronic kidney disease and diabetes detected earlier.

6.3 The local estimated impact<sup>3</sup> for each of the first five years of the programme in B&NES at 55% take-up is:

- 342 additional people will complete weight loss programme
- 198 additional people will be taking statins
- 88 additional people will be compliant with an Impaired Glucose Regulation lifestyle
- 48 additional people will be diagnosed with diabetes
- 147 additional people will be taking anti-hypertensive drugs
- 122 additional people will be diagnosed with chronic kidney disease
- 88 additional people will increase physical activity
- 6 additional people will quit smoking<sup>4</sup>

6.4 We are currently working with our GP surgeries to support them to provide data on the outcomes of the NHS Health Check for 14/15. This information will help us to more accurately assess the impact of the programme in terms of identifying people at risk of cardiovascular disease and take up of risk reduction interventions and programmes (including medication and lifestyle services).

6.5 Between July 2011 and September 2014, 44,578 people in Bath and North East Somerset were offered a NHS Health Check and 20,080 received a Check. During 13/14 the take up of NHS Health Checks in B&NES was 51.1%, an improvement on 12/13 take up of 45.6% and above the national average of 48%.

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<sup>2</sup> The eligible population is defined as all adults in England, aged 40-74, who are not currently being treated or monitored for a cardiovascular condition, such as heart disease or diabetes, between 2013 and 2018. For the majority of areas the eligible population for each area is based on mid-year population estimates for the latest year minus a 30% adjustment.

<sup>3</sup> NHS Health Check Ready Reckoner  
[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources\\_and\\_training\\_development\\_tools/ready\\_reckoner\\_tools/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources_and_training_development_tools/ready_reckoner_tools/)

<sup>4</sup> The low number of people quitting smoking is due to the low compliance rate with smoking cessation interventions (5%).

6.6 From April 1<sup>st</sup> 2013 Public Health England has required local authorities to submit quarterly data on the number of people offered a NHS Health Check and the number of people who received a NHS Health Check. This information is published on the PHE Healthier Lives website: <http://healthierlives.phe.org.uk/topic/nhs-health-check>

6.7 Performance is represented as five year cumulative data from April 2013 – March 2018. B&NES performance ranks above national average for percentage of the eligible population offered a health check and percentage of the eligible population receiving a health check. Take up to date (April 2013 – Sep 2014) is currently 45.6% which is below national average (47.7%) however year end data is a more accurate reflection of overall performance so this mid-year data should be interpreted with caution until the full year 14/15 data is available.

6.8 During 13/14 there was significant variation in take up of the NHS Health Check across GP surgeries in B&NES, ranging from 29% - 79%. In response to this additional support has been given during 14/15 to enable GP surgeries to undertake self-assessments against national programme standards to inform action plans for improvement. This has already resulted in some practices changing how they manage their programme and we would expect this to have a positive impact on their 14/15 performance.

6.9 Qualitative research<sup>5</sup> on what affects people's decisions to take up the offer of health check found the following key themes reported:

- Lack of awareness of the health check programme
- Beliefs about susceptibility to Cardiovascular Disease
- Beliefs about civic responsibility
- Issues concerning access to appointments
- Beliefs about the consequences of having a check

6.10 One of the criticisms of the NHS Health Check is that it has the potential to increase health inequalities if only the 'worried well' attend and those at high risk of cardiovascular disease fail to engage therefore it is important to understand who is taking up the offer of the health check

6.11 In April 2014, 7 GP practices participated in a small scale research project in order to better understand the profile of attenders and non-attenders in B&NES. Using data from 3,622 people invited for a Health Check during 12/13 we found that the following groups of people are less likely to take up their offer of a health check:

- Men
- Younger people (40 – 50 yrs)
- Smokers
- Those living in relatively more deprived areas

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<sup>5</sup> C. Burgess et al (22 April 2014) Influences on individuals' decisions to take up the offer of a health check: a qualitative study Health Expectations: John Wiley and Sons 2014  
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6.12 Public Health England advice on increasing take up of the NHS Health Checks includes increasing marketing of the programme, ensuring that the offer of a NHS Health Check is as accessible as possible especially to people of working age and that Checks are offered in a variety of community settings to reach out to those less likely to attend a GP surgery.

6.13 During 14/15 we are piloting three new approaches to increasing take up from men of working age, those in more deprived areas and younger people. The following practices are testing these community outreach approaches:

- St Michaels Surgery, Twerton – Telephone invitation/outreach
- Grosvenor Surgery and Larkhall Pharmacy – Delivering health checks in the local pharmacy
- Somerton Surgery, MSN – Delivery in local workplaces (Integrity Print, Westfield Trading Estate)

These approaches will be evaluated to see what impact they have on increasing take up amongst these groups.

## 7 OTHER OPTIONS CONSIDERED

7.1 None

## 8 CONSULTATION

8.1 As this is an update report formal consultation is not required however the following have been consulted on the contents of this report. Members of the B&NES NHS Health Check Steering Group, Director of Public Health, Strategic Director People and Communities, Lead Cllr for Wellbeing.

## 9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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<b>Background papers</b>	<i>None.</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	