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HEALTH CHECK
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SPEED CHECKS

WHY IT'S TIME TO ACCELERATE EFFORTS TO GET NHS HEALTH CHECKS TO 15 MILLION PEOPLE

ROSIE CUNNINGHAM THOMAS ON THE VALUE OF CHECKS

The NHS Health Check programme is a national initiative targeted at people aged between 40 and 74 who do not have an existing diagnosis of a major disease. It aims to detect major risk factors for individuals and allow early lifestyle interventions to be made before disease develops. In the two years 2011-13, NHS Health Checks were given to approximately 2.4 million people, potentially averting 3,200 heart attacks, 1,300 deaths and 8,000 cases of diabetes.

For individuals, the benefit of the programme is clear: early warning of raised blood pressure, cholesterol or blood sugar levels can be the wake-up call required to avoid or delay the onset of disease. A personal risk score is calculated, assessing a person's likelihood of developing disease over the next decade and how far above or below the average this is.

Lifestyle interventions to help people make the required changes need to follow the initial health check, and are a core part of the benefits gained from health checks.

Benefits also arise for commissioners of NHS Health Check. As a mandated service for local authorities to commission, it is vital they extract the maximum value from the Health Check programme. This might be in the form of the near-contemporaneous data on local population health the health checks can deliver.

Such data can be generated no matter how or where the check is provided, and be a powerful tool in future service planning. Furthermore, it will include information from health checks given to unregistered populations – those not registered with a GP – that are usually outside the scope of routine health data collection.

'Early warning of raised blood pressure, cholesterol or blood sugar levels can be the wake-up call required to avoid disease'

This also highlights another direct benefit of the programme: community outreach health checks can play an important role in reducing health inequalities by detecting risk of disease in people who would otherwise remain out of contact with local health services.

Having delivered over 50,000 health checks, many in community outreach settings, ToHealth has developed first hand experience of these benefits. Our software platform provides commissioners with detailed data analysis on their local population and bespoke patient information, with a view to facilitating efficient and effective resource allocation.

***Rosie Cunningham Thomas is chief executive of ToHealth*, www.tohealth.co.uk**

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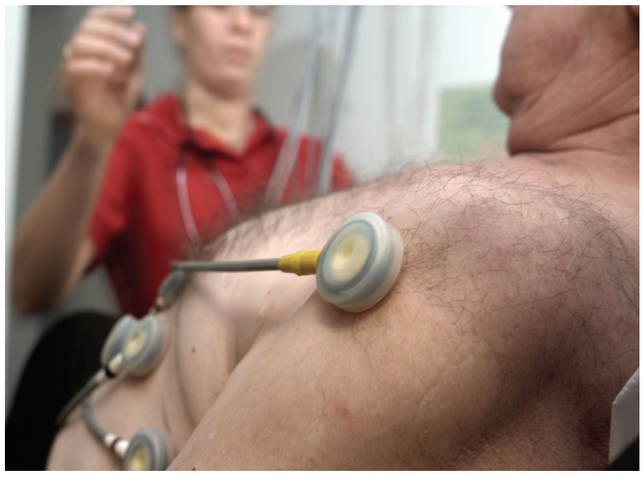


OVERVIEW

CRITICAL POINT FOR CHECKS

Jennifer Trueland on efforts to drive up the low uptake of NHS health checks – as councils take a pivotal role

The figures are seductive: simple NHS health checks could save more than 650 lives and could prevent 1,600 heart attacks and 4,000 cases of diabetes every year. Yet uptake has been patchy since the programme was introduced in 2009, with fewer than half the target group coming forward to be tested.

According to the latest figures, published last month, 598,876 NHS health checks were offered in the first quarter of this year, and a total of 286,717 people received one.

Across England, average uptake among the target group was 47.9 per cent, up slightly on the same quarter last year but still way short of target. Little wonder then that, in July, Public Health England published a "call to action" in an attempt to push the initiative up a gear.

According to Professor Kevin Fenton, director of health improvement and population healthcare for Public Health England, it's time for a big push – and good information, as well as close working between local authorities and primary care teams, will play an important part.

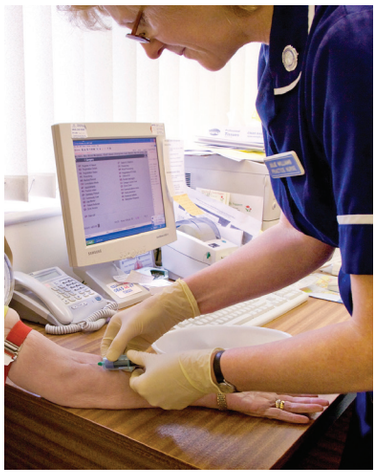
"The latest statistics show local programmes have held steady over the transition from primary care trusts to local government, which means they have a secure platform for the important work ahead in accelerating the coverage, uptake and impact of NHS Health Check," he says.

"Part of the success of that will come through strengthening programme governance and ensuring that robust information systems are in place to target, shape and evaluate local programmes.

"Reliable, transparent and accessible information is critical for programme involvement and is a key issue from our implementation review; it is also an area where local authority public health and primary care teams can support each other."

Originally the responsibility of PCTs, NHS Health Check is aimed at the approximately 15 million people in England aged 40 to 74, and is focused on preventing key conditions such as heart disease, stroke, diabetes and kidney disease.

Since April 2013, responsibility for implementing the programme has passed to



local authorities and to Public Health England, with the commissioning and monitoring of the risk assessment element of the check being a mandatory public health function for local authorities.

Positive change

With so many other competing demands and priorities on their resources and budgets, however, will local authorities see health checks as a positive way to improve the wellbeing of their populations? Will the new health and wellbeing boards have the will – and the influence – to ensure the necessary boost to uptake and effectiveness?

According to Katie Hall, chair of the Local Government Association's Community Wellbeing Board, the move to local authorities is good news for the success of the health checks policy, and for local communities.

"Even before the formal transfer of public health responsibilities, many local authorities worked with their health partners to improve the effectiveness and reach of NHS Health Check," she says.

"One of the long-standing concerns of councils is that people who are most at risk of developing heart disease, stroke, diabetes and dementia are often least likely to take up the offer. In areas such as Bolton, partnership working between the council and the PCT has led to a marked increase in take up of Health Check, especially among socioeconomically deprived communities, by organising Health Check opportunities in supermarkets, neighbourhood events and away from traditional health settings."

'NHS health checks could save more than 650 lives and prevent 1,600 heart attacks and 4,000 cases of diabetes cases early year but uptake has been patchy'

NHS Health Check is not just one of the mandatory public health functions specified in the Health and Social Care Act 2012, she says; it also aligns with the priorities of health and wellbeing boards.

"Health Check provides individuals with a systematic risk assessment of the top seven causes of preventable mortality and, as such, addresses many of the issues that health and wellbeing boards have prioritised in their joint health and wellbeing strategies: health inequalities, physical activity, obesity, smoking, alcohol consumption.

"The key issue for local authorities will be making sure that, as well as improving the uptake of NHS Health Check for those who would most benefit, individuals have access to information and services that can support them to reduce their risks – for example, better information on where, and how, to get support for healthy diet and weight management, smoking cessation programmes and access to leisure services and green spaces."

One of the biggest challenges, Ms Hall says, is ensuring that the health checks work to reduce health inequalities by reaching deprived communities.

"Historically, take-up has been fairly patchy with the 'worried well' far more likely to go for a health check," she says. "It is crucial to make sure that everyone has this opportunity, and one of the most effective ways is by providing NHS Health Check in community settings.

"Another challenge is to ensure that we commission the most effective model – both in terms of reach and cost effectiveness. There's no national tariff for NHS Health Check so costs vary considerably. Local authorities will want to consider a range of providers – from GPs and community pharmacies to community trusts, voluntary and community organisations – to ensure they get the model that is best for their communities and provides best value."

But does the policy actually work? This summer, Dr Clare Gerada, chair of the Royal College of GPs, said the government was promoting NHS Health Checks against good evidence, and that the money would be better spent on targeted intervention for hard to reach groups.

She was speaking after a review by Danish researchers questioned the value of health check initiatives more generally, saying they did not help patients and could cause them unnecessary worry and treatment.

Supporters of the NHS Health Check programme pointed out that this research did not include the English Health Check programme post-2009. Dr Paul Cosford, medical director at Public Health England, cited evidence on the benefits of NHS Health Check, adding: "Our statement outlined that, although we recognise that the programme is not supported by direct randomised controlled trial evidence, there is nonetheless an urgent need to tackle the growing burden of disease which is associated with lifestyle behaviours and choices.

"All elements of the health checks follow well recognised and evidenced clinical pathways approved by the National Institute of Health and Care Excellence and the existing relevant evidence, together with operational experience accruing on the ground, is compelling support for the programme."

Hard to reach groups

Councillor Hall believes the transfer to local authorities will help health checks get to the hard to reach groups mentioned by Dr Gerada. "Councils and health and wellbeing boards will be developing NHS Health Check to ensure it reaches communities that could most benefit," she says.

Professor Fenton echoes this, saying local authorities and health bodies have complementary strengths that can make the programme a success. "Council teams have real expertise around population-level data analysis. That can be used by clinical commissioning groups and practices to see how the NHS Health Check can support them in addressing inequalities, contributing to joint strategic needs assessment and the work of the local health and wellbeing board," he says.

"We also know from our research that the direct and robust link between the risk assessment, prevention advice and referral to appropriate risk management services are at the core of effective NHS Health Check programmes.

"Ensuring these activities are integrated and recorded within the individual patient record, held by their GP, is important for people as it provides a joined up pathway to clinical care, should they need it." ●

ALAMY

PUBLIC HEALTH

GO TO THE MOSQUES AND TEMPLES

How can health checks be more successful? One London borough is reaching out further into communities, while charities believe the checks themselves could be broader

Looking further: Greenwich wants to spread health checks to all of its communities

CASE STUDY: GREENWICH

The public health team at the Royal Borough of Greenwich in south east London believes in taking a multi-pronged approach to NHS Health Check – and is beginning to reap the benefits.

Greenwich has considerable health inequalities and heart disease plays a major part in these. "We knew from the start that we needed to target the more vulnerable, harder to engage groups so that we didn't exacerbate health inequalities," explains Jackie Davidson, associate director of public health.

As a result, as well as running health checks through GP practices, the borough has followed less traditional routes in an effort to get to harder to reach groups.

"We know that not everyone accesses primary care, so we had to come up with something different," says Ms Davidson.

This something different has actually involved several approaches, including commissioning an external organisation to run outreach services in a variety of locations, including supermarkets and a local football ground. "If people won't come to us, we try to reach them in different ways," she says.

"We've been working very much at a local level, finding alternative venues to run health checks and engaging with community leaders and local businesses in the process. The response has been very good and we've been reaching people who might not normally engage with health services."

The process has included a specific focus on black and minority ethnic groups. According to the recently published Public Health England implementation review and action plan, there is a strong case for targeting BME groups because of the association between ethnicity and health. For example, Pakistani and Bangladeshi people have the worst health of all the ethnic groups and are 50 per cent more likely than white people to report fair, poor, or very poor health. In addition, south Asian people who live in the UK are up to six times more likely to have diabetes than the white population. So how do you reach these groups? Going to where they live, or to where they visit, is a good start says Ms Davidson.

'The response has been very good and we've been reaching people who might not normally engage with health services'

The borough has been working with local religious leaders to build relationships and get their buy-in to the health check process, and outreach clinics have been set up at mosques and temples. "Going to places of worship has been successful because the religious leaders are committed to the process," she says.

Indeed, some are so keen that they have developed walking groups to encourage communities to get out and about and take exercise.

The workplace is another specific target for Greenwich, again in line with the PHE implementation review's assertion that there is an economic and social case to "act decisively to improve the health of the working age population".

"Our remit is for Greenwich residents, but we want to keep people healthy in the workplace," she says, adding that initiatives such as health checks are a good way to target those in work, and in the appropriate age group, to support a reduction in sickness absence and worklessness.

Overall, she says, health checks are well received. "The reaction to health checks has been extremely positive; some local insight work showed that 95 per cent were highly satisfied with the service," she says.

Public health worked closely with the local authority even before April, however Ms Davidson sees opportunities for even closer and more productive collaboration. "Public health has been working with the housing department, understanding the range of needs within our local housing estates. This has helped us think about how we may best target our services," she says, adding that particular initiatives can be targeted to estates where there is a high level need, for example.

"I believe in the value of health checks: if you look at the evidence base you'll see that all the individual interventions, such as increasing physical activity and stopping smoking, are strongly backed by research. It's clear that the individual interventions work, but there's no randomised control trial evidence yet of the overall NHS Health Check, which is not surprising since it is one of the first programmes of its kind internationally."

Asked what her main messages would be from her experience implementing health checks and she doesn't hesitate. "The first lesson is that one size doesn't fit all; there has to be choice," she says. "The second is ensuring the quality of the health checks. When we looked across the borough we found that health checks were being inconsistently implemented, so we've had to work hard on that with some GP practices. The lesson is 'don't assume' even if you think it's working as it should be."

The third lesson, she says, is making sure that the process leads to action. "It's pointless doing it if it doesn't then translate into behavioural and lifestyle change," she says. "You need to make sure there's a clear pathway for people to get the support they need to make changes."

THE FUTURE: CHARITIES WANT MORE FROM NHS HEALTH CHECKS

If the Stroke Association's Joe Korner has a complaint about NHS Health Check it's that it doesn't go far enough.

He would love to see a simple pulse check added to the process as a way of detecting cases of atrial fibrillation, an important risk factor for stroke.

Nikki Joule from Diabetes UK also wholeheartedly backs the NHS Health Check programme, but both charities would like to see it develop and become even more useful.

"We're very much in favour of health checks," says Mr Korner, director of external relations at the Stroke Association. "They are an important way to allow people to find out whether they are at higher risk of having a stroke, as well as getting guidance on reducing their risk.

"But to be fully effective we would like to see health checks being done in a more systematic way than they have been to date. Our knowledge about this is mainly anecdotal, but I think there's an issue that quite a lot of people haven't heard of NHS Health Check, and don't know what they are for. We'd like to see some form of national programme that would really take this forward."

'It's not just about giving people 10 minutes of advice – it's about putting people into a proper schedule to encourage lifestyle change'

Adding a pulse check to pick up atrial fibrillation would be a real improvement to the current battery of tests, he says. "It's a really simple check, and atrial fibrillation is a major cause of stroke."

Getting to hard to reach groups is always going to be an issue, he says, as is how to explain risk to people in a way they understand. Encouraging people to make lifestyle changes is also a challenge.

Ms Joule, senior policy officer at Diabetes UK, is also a keen advocate for health checks, but she too would like to see some review of how it can be implemented in the most effective way. For example, at the moment, some checks include a blood test while others do not.

"There's more that can be done to review various bits of the programme," she says, stressing that it is early days for the policy, and that she hopes improvements will be made as it develops.

"Our concern is follow-up of people at risk," she says. "It's not just about giving people 10 minutes of advice – it's about putting people into a proper schedule to encourage lifestyle change."

She hopes the move of public health departments to local authorities will help the programme reach out to those who traditionally don't engage with health services. "I think there will be more checks run in the community, outside traditional healthcare settings, so I hope uptake will improve."

Although she is keen to see health checks – and diabetes testing – carried out in unconventional places, such as football grounds, to attract a wider range of people, she is not convinced by the argument that the programme is simply taken up by the "worried well".

"I think that's a bit of an odd comment," she says. "I'm concerned about what you might call the 'unworried unwell' – that is, people who have a disease and don't know about it, so they don't do anything about it."

This is particularly pertinent for diabetes, she adds, because so many people are only diagnosed once they have had the condition for years and have already developed some of the consequences of it, such as foot ulcers or eye problems. "Around 50 per cent of people diagnosed with diabetes already have complications," she says. "If people were diagnosed earlier and put on treatment, then these complications might be avoided altogether." ●

NHS HEALTH CHECK IN NUMBERS

£57m
over four years, rising to £176m over 15 years – estimated savings to the NHS budget nationally through the NHS Health Check programme

670,000
estimated number of people over 65 in England living with dementia

850,000
estimated number of people unaware they have type two diabetes

286,717
number of people who received an NHS Health Check in the first quarter of 2013-14

15,323,148
people aged 40-74, who should be offered a check once every five years

2.7m
number of offers of appointments made in 2012-13, the first full year of the programme

1.26m
number of people who took up the offer of an NHS Health Check

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'THE SIGNS WERE THERE,

'Heart sinking' experiences of being called to crises for patients he had never seen have made F

To maximise benefits from the NHS Health Check programme, commissioners must look beyond the actual process itself, according to Professor Michael Kirby.

There's little point in telling people that they have an elevated risk of stroke or developing diabetes if they aren't then helped to make the changes to avoid the onset of disease or early death.

Likewise, public health teams will potentially be missing a trick if they do not ensure that the wealth of data generated from the Health Check process is not harvested and put to good use.

Professor Kirby, of the University of Hertfordshire's Centre for Research in Primary and Community Care, has also been a GP for more than 30 years. He explains that the key is getting to the people in need, then ensuring there is proper follow through on whatever you find out. "As a GP I know that when you're looking after a population of people, there are some people who come a lot, and some you never see."

Warning signs

"You get a real heart sink feeling when you're called out to see someone who has had a stroke or a heart attack and you've never seen them before. The signs of the risk were there, but they weren't picked up."

Rollout of the health checks so far has been "disappointing", he says. "There hasn't been a systematic approach. I think commissioners need to look at different approaches and not just assume that GPs will be the people to do this. GPs are flat out; they don't have the resources and they don't have the accommodation. What is needed is space and time."

Making sure people are signposted to appropriate services or given the help to make necessary lifestyle changes is crucial, he says. This might include referrals to an exercise class, or a structured – or unstructured – series of "coaching" sessions.

Communicating risk in a way that patients understand is also important. "I'm a believer in giving people their 'numbers'," he adds, referring to the risk factors for various

'There's little point in telling people that they have an elevated risk of stroke or diabetes if they aren't helped to make the changes to avoid the onset of disease or early death'

diseases. "That way they can take ownership of their health – you're empowering them to make change."

He explains the numbers are also hugely useful to commissioners of health services and to local authorities. For example, if a clinical commissioning group knows a certain number of people have pre-diabetes, it's valuable intelligence when planning for how many diabetes specialists will be required.

Likewise, a local authority can use this information when deciding on priorities, such as building cycle lanes to encourage people to take exercise, or determining how many fast-food outlets or alcohol-selling venues there are in a given area.

Useful resource

Rosie Cunningham Thomas, chief executive of ToHealth, which has delivered more than 50,000 health checks across a variety of venues from shopping centres to public libraries, says the information they generate is an under-rated resource.

"When you look at our data, and you really drill down, it provides information at a really granular level, which helps commissioners understand the risk in their populations. For example, you might see that there is a particular risk with hard-drinking middle aged men in one particular housing estate, then you can use that information to do something about it."

As well as providing information throughout a contract and at the end, ToHealth holds a "wrap-up" meeting to discuss the detailed findings and what they mean; often, she says, commissioners are astonished by what they find.

"I've had people say to me that they knew they had a problem, but they didn't know it was that bad," she says. "The really switched-on commissioners are the ones who get it – and plan services accordingly."

She cites one commissioner who set up a weight-loss programme for young south Asian women as a direct result of information received from checks performed locally.

She believes the NHS Health Check programme is just the starting point for a holistic, preventative approach to health and wellbeing – and that if it is to work, you have to close the loop between the check, the patient's GP and follow-up care. "Really good data is vital, because then you can bring in analytics, and really begin to close the loop," she says.

Using data better

Katie Hall, chair of the Local Government Association's Community Wellbeing Board, says local authorities are alive to the possibilities brought by the NHS Health Check programme data.

"It is crucial that health and wellbeing boards use the information from NHS Health Check, especially data on the risk of developing preventable conditions and the inequalities between different communities to inform their joint strategic needs assessments and joint health and wellbeing strategies," she says.

"By bringing NHS Health Check into the commissioning strategies of local authorities, they will be able to join up with wider local authority services such as family support, education, culture and housing."

She says there are four key factors which would ensure that full benefit can be realised from health checks and the data which flows from the programme. First, ensuring variability of health check uptake and

BUT WEREN'T PICKED UP'

e Professor Michael Kirby an ardent advocate of health checks, reports Jennifer Trueland

HEALTH CHECKS: THE 10 STEP PLAN

In July, Public Health England published the NHS Health Check implementation review and action plan. It sets out plans for the future, including a 10 point plan to help councils roll checks out to 20 per cent of eligible local people a year, with the goal of reaching 15 million people by 2018-19.

1. **Leadership** Public Health England will lead the development of collaborative national leadership through a clear programme governance committee, comprising the key stakeholders and an expert clinical and scientific advisory panel. PHE has committed to providing "timely and authoritative" advice on emerging issues and will empower public health leaders locally with the evidence and rationale for the programme.
2. **Improving uptake** PHE will work with local authority Health Check teams to test the potential impact of behavioural insight and marketing interventions, and explore different ways of supporting uptake locally and nationally.
3. **Providing the NHS Health Check** PHE will review approaches to commissioning and delivering the programme and share promising practice and experience.
4. **Information governance** PHE will explore "long term solutions to free up the system to enable the flow of data, including to, and from, GP practices" and will look at the use of innovation and IT technologies to allow the seamless flow of NHS Health Check data across the health and social care system.
5. **Supporting delivery** PHE will support national, regional and local implementation networks.
6. **Programme governance** PHE will set up programme governance arrangements, including an expert clinical and scientific advisory panel to ensure any additional elements are evidence-based.
7. **Provider competency** PHE will work with Health Education England to build on existing competency frameworks to ensure high quality training for those delivering the programme.
8. **Consistency** PHE will release and review best practice guidance on a regular basis.
9. **Proving the case** PHE will work with partners to facilitate research and evaluation of the programme at a national and local level.
10. **Expected rollout** PHE will work with local authorities to offer NHS Health Checks to 20 per cent of the target population annually (with expected uptake at least 75 per cent a year).

information on risk factor data is systematically embedded in the joint strategic needs assessment; second, ensuring that where there are significant differences in uptake, these are addressed in the recommissioning of contracts; third, ensuring best value is achieved by exploring a range of existing and potential providers; and fourth, ensuring the quality of Health Check so that everyone who needs further information, support and treatment is referred to the most appropriate source, whether this is via further diagnostic services, public health or access to leisure facilities.

Ms Cunningham Thomas believes people should be enabled to take control of their own health, and says innovation through technology is a key part of this.

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Self management

Increasingly, technology is helping people to self manage long term conditions and with more and more people owning smartphones and tablets, this is only expected to become more important.

"With smartphone penetration so high you don't even have to provide the hardware – people have already got it," Ms Cunningham Thomas says. "Innovation through technology is key to prevention and helping people self manage – and health checks are just the starting point." ●