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## Outreach Providers Administering the NHS Health Check Target People At Higher CVD Risk

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## Study Ohjective and Methods of Analysis

## Study Objective

- Assess whether delivering the HC Programme with community outreach providers compared to general practices resulted in increased high cardiovascular (CVD) risk case finding


## Methods of Analysis

- Compared 41,570 HC attendees served by community outreach providers from Jan 2008 to Oct 2013 to 20,409 HC attendees served by general practices from Apr 2009 to Mar 2013.
- Examined the association between prevalence of high 10 year CVD risk (based on QRISK®2) and the presence of risk factors.
- Modelled the likelihood of individuals being at high CVD risk based on their blood pressure, body mass index, cholesterol and smoking, using multivariable logistic regression.


## Data Sources

- Outreach Data: (Jan 2008 to Oct 2013) Health Diagnostics ${ }^{\circledR}$
- Anonymised patient level data across England
- 41,570 Health Check attendees (of 50,573 study population)
- Opportunistic recruitment with Health Options ${ }^{\circledR}$ \& POCT
- Providers working in community settings:
- Pharmacy Staff (61.2\%)
- Private companies (25.5\%)
- Health Improvement Foundation Trust (9.9\%)
- LA Occupational Health Departments (3.4\%)
- General Practice (GP) Data: (Apr 2009 to Mar 2013) Clinical Practice Research Datalink (CPRD)
- Anonymised random sample of 300,000 patients in England
- 20,409 Health Check attendees (of 95,571 study population)
- Scheduled appointments and opportunistic checks in GP
- Chang et al Preventive Medicine 2015;78:1-8.


## Sociodemographic Profile of Health Check Attendees

Compared to general practice staff, outreach providers served

- More younger people (aged 40-59: 74.9\% vs 64.7\%)
- Fewer men (38\% vs 45\%)
- More South Asians (7.7\% vs 3.2\%)
- More people in the North ( $63.4 \%$ vs $21.96 \%$ ) but fewer in the South and London areas ( $12.64 \%$ vs $41.63 \%$ )
- More socioeconomically deprived individuals (most deprived fifth of IMD: 45.2\% vs $19.2 \%$ )


## Prevalence [\%] of Elevated BMI and Smoking

| Body Mass Index | $40-49$ |  | $50-59$ |  |  | $60-74$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Outreach |  |  | GP | Outreach | GP |  | Outreach | GP |  |
| Obese | BMI>=30 | 24.00 | $29.97^{* * *}$ | $22.89 \%$ | 27.08 | ${ }^{* * *}$ | 19.66 | 22.55 | ${ }^{* * *}$ |
| Overweight | BMI $>=25$ | 64.45 | $67.40^{* * *}$ | $64.38 \%$ | 66.88 | $* * *$ | 62.36 | 63.86 | $*$ |


| Smoking | 40-49 |  |  | 50-59 |  | 60-74 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Outreach | GP |  | Outreach | GP |  | Outreach | GP |  |
| Current smoker | 24.36 | 20.76 | *** | 21.63 | 17.89 | *** | 16.68 | 13.93 | *** |
| Non smoker | 61.49 | 66.68 | ** | 62.61 | 69.91 | *** | 60.26 | 71.05 | ** |
| Ex smoker | 14.15 | 12.55 | ** | 15.76 | 12.21 | *** | 23.06 | 15.02 | *** |

$\begin{array}{lllllll}\text { Total Population } & 17631 & 6006 & 13502 & 7201 & 10437 & 7202\end{array}$
*Statistically significantly different at $p<0.05$; ** $p<0.01$; *** $p<0.001$. Proportional differences tested using Pearson's Chi-Square tests.
$\diamond$ Mean differences of TC/HDL ratio were tested using two sample t-tests.
Proportional differences for all other variables were tested using Pearson's Chi-Square tests.

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## Prevalence [\%] of Elevated BP and Cholesterol

| Blood Pressure |  | 40-49 |  |  | 50-59 |  | 60-74 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Threshold | Outreach | GP |  | Outreach | GP |  | Outreach | GP |
| Hypertension | BP>=140/90 | 23.11 | 26.74 |  | 29.65 | 33.91 | *** | 38.25 | 41.70 *** |
| Grade3htn | $\begin{aligned} & \text { SBP>=180 or } \\ & \text { DBP }>=110 \end{aligned}$ | 1.05 | 1.03 |  | 1.68 | 1.11 | ** | 2.44 | 1.46 *** |
| Grade2htn | $\begin{aligned} & \text { SBP 160-179 or } \\ & \text { DBP 100-109 } \end{aligned}$ | 4.68 | 5.14 |  | 6.95 | 6.83 |  | 8.61 | 8.18 |
| Grade1htn | $\begin{gathered} \text { SBP 140-159 or } \\ \text { DBP 90-99 } \\ \hline \end{gathered}$ | 13.99 | 17.72 |  | 18.23 | 22.16 |  | 24.16 | 28.16 *** |


| Cholesterol | $40-49$ |  | $50-59$ |  |  | $60-74$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Threshold | Outreach | GP |  | Outreach | GP |  | Outreach | GP |  |
| TC $>=5 \mathrm{mmol} / \mathrm{l}$ | 45.52 | 61.39 | $* * *$ | 59.72 | 73.09 | $* * *$ | 61.09 | 74.59 | $* * *$ |
| Non HDL > 3.367 |  |  |  |  |  |  |  |  |  |
| mmol/l | 55.37 | 68.15 | $*$ | 65.97 | 77.28 | $* * *$ | 66.20 | 77.65 | $* * *$ |
| TC / HDL ratio $>5$ | 23.11 | 24.86 | $* *$ | 22.66 | 24.22 | $*$ | 19.27 | 22.23 | $* * *$ |
|  | 4.09 | 4.19 |  | 4.10 | 4.19 |  | 3.99 | 4.12 |  |
| TC/HDL ratio | $(4.07$, | $(4.15$, |  | $(4.07$, | $(4.16$, |  | $(3.97$, | $(4.09$, |  |
| mean (95\%Cl) | $4.12)$ | $4.22)$ | $* * *$ | $4.13)$ | $4.22)$ | $* * *$ | $4.02)$ | $4.15)$ | $* * *$ |

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## Prevalence [\%] of Predicted 10 Year CVID Risk

|  |  | 40-49 |  | 50-59 |  |  | 60-74 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Threshold | Outreach | GP |  | Outreach | GP |  | Outreach | GP |  |
| Very High CVD risk | $\begin{gathered} \text { QRISK } \\ 2>=20 \% \end{gathered}$ | 0.11 | 0.02 | * | 1.47 | 0.58 | *** | 16.95 | 12.50 | *** |
| Statin Prescribing CVD risk | QRISK $2>=10 \%$ | 2.04 | 1.60 | * | 13.95 | 13.40 |  | 63.36 | 66.94 | *** |
| High CVD risk | $\begin{aligned} & \text { QRISK2 } \\ & 10-20 \% \end{aligned}$ | 1.93 | 1.58 |  | 12.47 | 12.82 |  | 46.41 | 54.44 | *** |
|  | QRISK2 mean (95\%CI) | $\begin{gathered} 2.84 \\ (2.79, \\ 2.90) \end{gathered}$ | $\begin{aligned} & 2.61 \\ & (2.58, \\ & 2.65) \end{aligned}$ | *** | $\begin{gathered} 5.88 \\ (5.80, \\ 5.95) \end{gathered}$ | $\begin{gathered} 6.06 \\ (5.98, \\ 6.15) \end{gathered}$ | ** | $\begin{gathered} 13.61 \\ (13.46, \\ 13.75) \end{gathered}$ | $\begin{gathered} 13.17 \\ (13.03, \\ 13.31) \end{gathered}$ | *** |
|  | Total Population | 17631 | 6006 |  | 13502 | 7201 |  | 10437 | 7202 |  |

*Statistically significantly different at $p<0.05 ; * * p<0.01 ; * * p<0.001$. Proportional differences tested using Pearson's Chi-Square tests.
$\diamond$ Mean differences of QRISK2 were tested using two sample t-tests.
Proportional differences for all other variables were tested using Pearson's Chi-Square tests.

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## Likelihood of Being at Increased Risk of CVD Unadjusted Odds Ratios

| Provider | Age Group | $\begin{gathered} \text { QRISK®2 } \\ >=20 \% \end{gathered}$ | $\begin{gathered} \text { QRISK®2 } \\ >=10 \% \end{gathered}$ | $\begin{gathered} \text { QRISK®2 } \\ 10-20 \% \end{gathered}$ | Hypertens ion <br> $B P>=140$ <br> 90 mmHg | Grade 3 HTN vs High normal BP | $\begin{gathered} \mathrm{BMI}>=30 \mathrm{k} \\ \mathrm{~g} / \mathrm{m} 2 \end{gathered}$ | $\begin{gathered} \mathrm{TC}>=5 \mathrm{~m} \\ \mathrm{~mol} / \mathrm{l} \end{gathered}$ | Current smoker |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | OR | OR | OR | OR | OR | OR | OR | OR |
| GP | 40-49 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Outreach |  | $\begin{gathered} 6.82 \\ (0.92, \\ 50.82) \end{gathered}$ | $\begin{gathered} 1.28 \\ (1.02, \\ 1.61)^{*} \end{gathered}$ | $\begin{aligned} & \hline 1.22 \\ & (0.97, \\ & 1.54) \\ & \hline \end{aligned}$ | $\begin{gathered} 0.82 \\ (0.77, \\ 0.88)^{* * *} \end{gathered}$ | $\begin{gathered} 0.99 \\ (0.74, \\ 1.33) \end{gathered}$ | $\begin{gathered} 0.74 \\ (0.69, \\ 0.79)^{* * *} \end{gathered}$ | $\begin{gathered} 0.53 \\ (0.49, \\ 0.56)^{* * *} \end{gathered}$ | $\begin{gathered} 1.23 \\ (1.14, \\ 1.32)^{* * *} \end{gathered}$ |
| GP | 50-59 | 1 | 1 | , | ) | , | ) | 1 | ) |
| Outreach |  | $\begin{gathered} 2.55 \\ (1.83, \\ 3.56)^{* * *} \end{gathered}$ | $\begin{aligned} & 1.05 \\ & (0.96, \\ & 1.14) \end{aligned}$ | $\begin{gathered} 0.98 \\ (0.90, \\ 1.07) \end{gathered}$ | $\begin{gathered} 0.82 \\ (0.77, \\ 0.87)^{* * *} \end{gathered}$ | $\begin{gathered} 1.45 \\ (1.12, \\ 1.88)^{* *} \end{gathered}$ | $\begin{gathered} 0.80 \\ (0.75, \\ 0.85)^{* * *} \end{gathered}$ | $\begin{gathered} 0.55 \\ (0.51, \\ 0.58)^{* * *} \\ \hline \end{gathered}$ | $\begin{gathered} 1.27 \\ (1.18, \\ 1.36)^{* * *} \end{gathered}$ |
| GP | 60-7 | 1 | , | 1 | 1 | 1 | 1 | 1 | 1 |
| Outreach |  | $\begin{gathered} 1.43 \\ (1.31, \\ 1.56)^{* * *} \end{gathered}$ | $\begin{gathered} 0.85 \\ (0.80, \\ 0.91)^{* * *} \end{gathered}$ | $\begin{gathered} 0.77 \\ (0.72, \\ 0.82)^{* *} \end{gathered}$ | $\begin{gathered} 0.87 \\ (0.81, \\ 0.92)^{* * *} \end{gathered}$ | $\begin{gathered} 1.66 \\ (1.32, \\ 2.10)^{* * *} \end{gathered}$ | $\begin{gathered} 0.84, \\ (0.78, \\ 0.90)^{* * *} \end{gathered}$ | $\begin{gathered} 0.53 \\ (0.50, \\ 0.57)^{* * *} \end{gathered}$ | $\begin{gathered} 1.24 \\ (1.14, \\ 1.35)^{* * *} \end{gathered}$ |
| GP | 40-74 | 1 | 1 | 1 | 1 | 1 | , | ) | 1 |
| Outreach |  | $\begin{gathered} 1.04 \\ (0.96, \\ 1.12) \end{gathered}$ | $\begin{gathered} 0.67 \\ (0.64, \\ 0.69)^{*} \end{gathered}$ | $\begin{gathered} 0.62 \\ (0.59, \\ 0.64)^{\star * *} \end{gathered}$ | $\begin{gathered} 0.78 \\ (0.75, \\ 0.80)^{* * *} \end{gathered}$ | $\begin{gathered} 1.32 \\ (1.14, \\ 1.53)^{* * *} \end{gathered}$ | $\begin{gathered} 0.81 \\ (0.78, \\ 0.85)^{* * *} \end{gathered}$ | $\begin{gathered} 0.50 \\ (0.48, \\ 0.52)^{* * *} \end{gathered}$ | $\begin{gathered} 1.31 \\ (1.25, \\ 1.37)^{* * *} \end{gathered}$ |

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## Likelihood of Being at Increased Risk of CVD Adjusted Oddls Ratios

|  | $\begin{aligned} & \text { QRISK } \\ & \text { ®2 } \\ & >=20 \% \end{aligned}$ | $\begin{aligned} & \text { RISK®2 } \\ & >=10 \% \end{aligned}$ | $\begin{gathered} \text { QRISK® } \\ 210- \\ 20 \% \end{gathered}$ | $\begin{gathered} \text { Hypertension } \\ \text { BP>=140/90 } \\ \mathrm{mmHg} \end{gathered}$ | Grade 3 HTN vs High Normal BP | Grade 2 <br> HTN vs <br> High <br> Normal BP | Grade 1 HTN vs High Normal BP | Obese <br> BMI>=3 <br> $0 \mathrm{~kg} / \mathrm{m}^{2}$ | Overweight $3 \mathrm{Ml}>=25 \mathrm{~kg}$ $/ \mathrm{m}^{2}$ | $\text { TC>= } 5$ $\mathrm{mmol} / \mathrm{l}$ | Non HDL > 3.367 mmol/l | $\begin{gathered} \mathrm{TC} / \\ \mathrm{HDL}> \\ 5 \end{gathered}$ | Current smoker |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR | AOR |
| GP | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|  | 1.71 | 0.99 | 0.93 | 0.85 | 1.47 | 1.00 | 0.79 | 0.74 | 0.90 | 0.55 | 0.58 | 0.93 | 1.09 |
| Outreach | $\begin{gathered} (1.55, \\ 1.87)^{* * *} \\ \hline \end{gathered}$ | $\begin{aligned} & (0.93, \\ & 1.05) \\ & \hline \end{aligned}$ | $\begin{aligned} & (0.87, \\ & 0.98)^{*} \end{aligned}$ | $\begin{gathered} (0.82, \\ 0.89)^{* * *} \end{gathered}$ | $\begin{aligned} & \text { (1.24, } \\ & 1.74)^{* * *} \\ & \hline \end{aligned}$ | $\begin{aligned} & (0.92, \\ & 1.08) \\ & \hline \end{aligned}$ | $\begin{gathered} (0.75, \\ 0.83)^{* * *} \end{gathered}$ | $\begin{gathered} (0.71, \\ 0.78)^{* * *} \\ \hline \end{gathered}$ | $\begin{gathered} (0.87, \\ 0.94)^{* * *} \end{gathered}$ | $\begin{gathered} (0.52, \\ 0.57)^{* * *} \\ \hline \end{gathered}$ | $\begin{gathered} (0.56, \\ 0.61)^{* * *} \\ \hline \end{gathered}$ | $\begin{aligned} & (0.89, \\ & 0.97)^{* *} \end{aligned}$ | $\begin{aligned} & \text { (1.04, } \\ & \text { 1.14) } \end{aligned}$ |

Note: Predicted CVD risk was adjusted by gender, age, family history of CHD and IMD. In addition to these covariates, risk factors were adjusted by ethnicity.

- Among the most deprived the outreach served population had increased odds of being
- hypertensive (OR 1.12)
- overweight (OR 1.18)
- obese (OR 1.02)
- smokers (OR 2.50)
- TC/HDL ratio>5 (OR 1.20)


## Key Points

- Compared to general practice, outreach providers
- Served more younger people, socioeconomically deprived individuals and ethnic minorities
- Found more people at very high CVD risk but fewer at high CVD risk
- Significant effects between increased levels of deprivation and hypertension, overweight, obesity, smoking and TC/HDL ratio $>5$ in outreach population
- Outreach provision may be important for identifying very high risk people who would not normally engage with other aspects of the healthcare community

