NHS Health Checks
Supporting primary care to improve outcomes

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“Are NHS Health Checks a waste of time?”

“Pressure is mounting on the Government’s flagship vascular screening programme”

“Midlife checks for the worried well leave no time to treat the sick”

“Government wasting £140m a year on NHS Health Checks”

“RCGP urges halt to NHS Health Checks”
NHS Health Check Pathway

Risk assessment
- Age
- Gender
- Ethnicity
- Family history
- Smoking status
- Alcohol use
- Physical activity
- Body Mass Index (BMI)
- Cholesterol test
- BP Measure
- Diabetes filters

Diabetes filter
- BMI
- BP Measure

Consider statin
physical activity
smoking
Weight
Impaired Glucose
Lifestyle interventions

High Risk of DM
DM
Consider statin
Treat BP
CKD Management

If at risk
HbA1c or Fasting Glucose

? Diabetes
High CVD Risk

Impaired Glucose

High BP
High risk of DM

Diabetes register
High Risk register
Hypertension register
CKD register

Systematic detection of behavioural and physiological risk factors

Delivery mechanism for evidence based interventions

Follow up assessment/treatment in primary care
CVD 1° and 2° Prevention – Bread and Butter Primary Care

Physiological risk factors – early detection and secondary prevention

- Hypertension
- Atrial Fibrillation
- Diabetes and Non-diabetic Hyperglycaemia
- Chronic Kidney Disease
- Cholesterol

Behavioural risk factors – brief interventions and signposting

- 2/3 obese or overweight
- 1/3 physically inactive
- 20% smoke but over 50% in some communities
How well are we doing in identifying and managing CVD risk in primary care?

Significant potential for improvement.
**NHS Nearby:**
**Hypertension – Percent diagnosed**

- **Practice variation**
  - 43% to 85%

- **25,700** people with undiagnosed hypertension in CCG
NHS Nearby:
Patients with BP **NOT** controlled below 150/90

**Practice Comparison**

- Practice variation **8%** to **27%**
- **8,255 people** in CCG whose BP is not controlled
NHS Nearby:
Atrial Fibrillation – Percent diagnosed

- Practice variation 20% to 95%
- 1,904 people with undiagnosed AF in CCG
NHS Nearby: Diabetes—recorded prevalence

- Practice variation 5 to 11%
- 659 people with undiagnosed Diabetes in CCG
## The Size of the Prize in Diagnosis and Treatment

<table>
<thead>
<tr>
<th>Condition</th>
<th>Estimated Prevalence</th>
<th>Estimated Undetected</th>
<th>Estimated under-treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>12.9 m</td>
<td>5.2 m (41%)</td>
<td>2.9m (37%) BP control</td>
</tr>
<tr>
<td>AF</td>
<td>1.4m</td>
<td>490,000 (35%)</td>
<td>240,000 (30%) Anticoagulation</td>
</tr>
<tr>
<td>CVD risk &gt;20%</td>
<td>3.1 m</td>
<td>High</td>
<td>2.4m (80%) Statins</td>
</tr>
<tr>
<td>CKD</td>
<td>3.5 m</td>
<td>1.1m (30%)</td>
<td>500,000 (21%) Proteinuria checks</td>
</tr>
<tr>
<td>T2 diabetes</td>
<td>3.2 m</td>
<td>480,000 (15%)</td>
<td>1.1m (40%) 8 care processes</td>
</tr>
<tr>
<td>Non-diabetic hyperglycaemia</td>
<td>5.0 m</td>
<td>High</td>
<td>Most Intensive behaviour change</td>
</tr>
</tbody>
</table>
Does the NHS Health Check improve case finding and management in primary care?
BMJ Open The NHS Health Check in England: an evaluation of the first 4 years

John Robson, Isabel Dostal, Aziz Sheikh, Sandra Eldridge, Victoria Medurasinghe, Chris Griffiths, Carol Coupland, Julia Hippeley-Cox

ABSTRACT
Objectives: To describe implementation of a new national preventive programme to reduce cardiovascular mortality.

Design: Observational study over 4 years (April 2009–March 2013).

Setting: 600 general practices across England from the Q Fever database.

Participants: Eligible adults aged 40–74 years including attendees at a National Health Service (NHS) Health Check.

Intervention: NHS Health Check: routine structured cardiovascular risk check with support for behavioural change and those at highest risk, treatment of risk factors and newly identified comorbidity.

Results: 1,168,927 people eligible for an NHS Health Check, 214,256 attended in the period 2009–12. Attendance quadrupled as the programme progressed, 5.0% in 2010 to 30.1% in 2012.

Attention was relatively higher among older people, of whom 10.8% of those eligible at age 65–74 years attended and 9.0% at age 40–64 years. Attendance by population groups at higher cardiovascular disease (CVD) risk, such as the more socially disadvantaged, was higher than that of the more affluent 12.3%. Among attendees, 1764 new cases of hypertension (31/1000 checks) and 1554 new cases of type 2 diabetes (5/1000 checks) and 807 new cases of chronic kidney disease (4/1000 checks) were identified. Of the 27,674 people found to be at high CVD risk (20% or more 10-year risk) when attending an NHS Health Check, 19.3% (5572) were newly prescribed statins and 8.8% (2438) were newly prescribed angiotensin-converting enzyme inhibitors.

Conclusions: NHS Health Check coverage was lower than expected but showed year-on-year improvement. Newly identified comorbidities were an important feature of the NHS Health Checks. Statin treatment at national scale for 1 in 5 attendees at highest CVD risk is likely to have contributed to important reductions in their CVD events.

INTRODUCTION
The English National Health Service (NHS) Health Checks programme started in 2009, aiming to reduce cardiovascular disease (CVD) risks and events. Internationally, it is the first of its kind, aiming to provide a routine structured clinical assessment and management for adults aged 40–74 years without pre-existing diabetes or CVD. The NHS Health Check includes review of CVD risks, behavioural change support and treatment of newly identified risk factors or comorbidity through integration with routine clinical provision in general practice. We describe an evaluation of the first 4 years of this national programme.

The NHS Health Check is a 2-year rolling programme which targets one fifth of the eligible population each year, aiming to invite 3 million people at an annual cost of £65 million. The Department of Health report that 24 million NHS Health Checks were undertaken in the 2 years (2011–2012). Nationally, uptake is reported at around 50% of the eligible target population with considerable variability between provider organisations. The NHS Health Check programme is now supported by NHS England and Public Health England following major changes in the NHS in 2013 when Primary Care Trusts (PCTs) were replaced by Clinical...
New diagnoses

- Hypertension: 1 in 27
- Type 2 diabetes: 1 in 110
- CVD risk above 20%: 1 in 8

These detection rates were 2-3 times higher in those who underwent a health check than in those who did not.

Statins

Only one in five of people with 10 year CVD risk above 20% received statins.
Supporting improved detection and management of CVD risk in primary care

1. NHS Health Check
2. Right Care
3. Clinical Leadership
OBJECTIVE - Maximise Value (individual and population)

Five Key Ingredients:

1. Clinical Leadership
2. Indicative Data
3. Clinical Engagement
4. Evidential Data
5. Effective processes
61 CCGs have been invited to be involved in wave one

All CCGs will be facilitated through the RightCare methodology in the next two years

RightCare Delivery Partners have been recruited and will be in role in January

CVD Pathway will focus on detection and management of:

- Hypertension
- Diabetes
- Cholesterol
- AF
- ‘Pre-diabetes’
- CKD
Building primary care leadership

Primary Care CVD Leadership Forum
RCGP Clinical Champion

Priorities

- Hypertension
- Atrial Fibrillation
- CVD risk
CVD: Primary Care Intelligence Packs

January 2016
Version 0.1
Primary Care CVD Leadership Forum
Practical peer-to-peer support from GPs, nurses & pharmacists

Blood Pressure
How Can We Do Better?

Under construction
Building primary care leadership

Primary Care CVD Leadership Forum
RCGP Clinical Champion
Priorities
  o  Hypertension
  o  Atrial Fibrillation
  o  CVD risk

Local Communities of Practice
Support from BHF
RightCare focus on primary care
Outcomes depend on high quality Primary Care