UNIVERSITY OF CAMBRIDGE
Public Health and Primary Care
The Primary Care Unit

Findings from the NHS Health Check evidence synthesis

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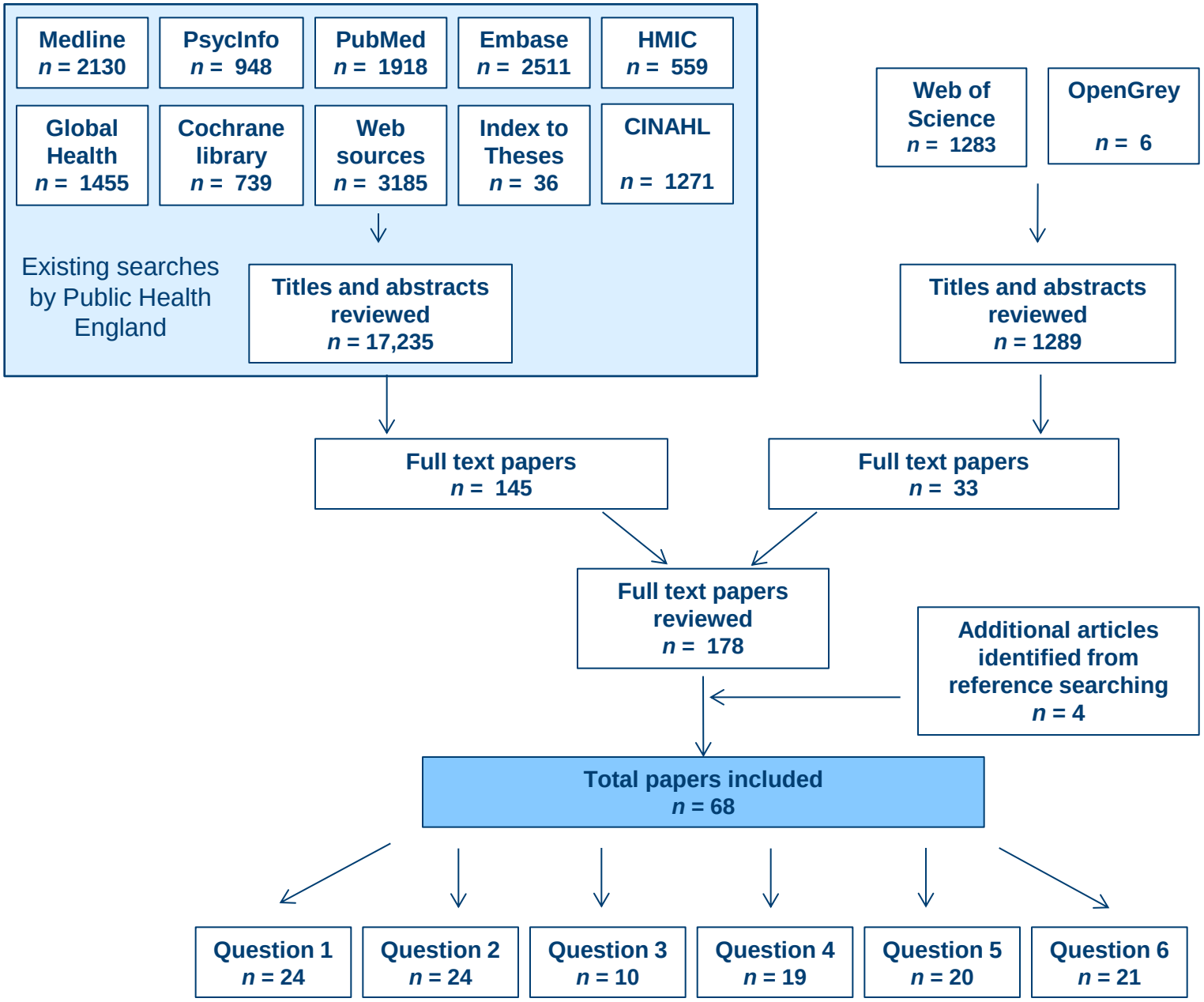
Aims and objectives

1. Who is and who is not having an NHS Health Check?
2. What are the factors that increase take-up?
3. Why do people not take up an offer of an NHS Health Check?
4. How is primary care managing people at risk of cardiovascular disease?
5. What are patients' experiences of having an NHS Health Check?
6. What is the effect of the NHS Health Check on disease detection, changing behaviours, referrals to local risk management services, reductions in individual risk factor prevalence, reducing cardiovascular disease risk and on statin and antihypertensive prescribing?

Methods

- Systematic review
- Existing electronic searches conducted by PHE supplemented with additional searches up to 9th November 2016
- Inclusion criteria specific to the 6 questions posed
- Duplicate data extraction and quality assessment
- Descriptive synthesis of quantitative data
- Thematic synthesis of qualitative data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CINAHL
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Existing searches by Public Health England
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OpenGrey
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Full text papers
n = 33
Full text papers reviewed
n = 178
Additional articles identified from reference searching
n = 4
Total papers included
n = 68
Question 1
n = 24
Question 2
n = 24
Question 3
n = 10
Question 4
n = 19
Question 5
n = 20
Question 6
n = 21

Included studies

- Considerable variation
- Large number of service evaluations or audits with limited generalisability
- Pooling findings was difficulty and meta-analysis not appropriate
- Absence of a standard method of identifying attendance
- Most relied on routinely collected data for participant characteristics and health outcomes making them prone to error and bias
- Qualitative studies include small, selected groups of participants with results likely affected by recall and social desirability bias

1. Who is and who is not having an NHS Health Check?

- Large variations across different regions of the country and in different settings
- Consistently ***higher*** coverage amongst:
  - Older individuals;
  - Women;
  - Those in the most deprived areas;
  - Non-smokers;
  - Those with a family history of cardiovascular disease
- Varying coverage amongst different ethnic groups but comparable with or higher than in white British groups in many of the studies

2. What factors increase take-up of NHS Health Checks?

- Sociodemographic and setting factors
  - Lack of national level studies
  - No studies on impact of community settings
  - In regional studies in GP practices, take-up higher in older people and those from least deprived areas
- Interventions that may ***improve take-up*** include:
  - Simple modifications to invitation letter (3-4%↑);
  - Text messages (up to 9%↑);
  - Endorsement by community ambassadors, particularly for ethnic minority groups

3. Why do people not take up an offer of an NHS Health Check?

- Lack of awareness or knowledge
- Misunderstanding the purpose

  "*I don't have any complaints; I don't have anything that I want to have checked out. I didn't want to waste their time*." (Burgess et al., 2015)

- Time constraints or competing priorities
- Aversion to preventive medicine

  "*I am just the type of person who wouldn't want to know. I would rather things just happen and then deal with it. I worry about the now and not the future.*" (Oswald et al 2010)

- Difficulty with access in GP settings
- Concerns around privacy and confidentiality in pharmacy settings

4. How is primary care managing people at risk of CVD?

- Evidence of wide variations in implementation, processes and systems
- No studies directly compared these different systems on patient experience or outcomes
- Some healthcare professionals could see programme benefits but nearly half in one survey did not view it as important or beneficial to their patients
- Main concerns from GPs were around inequality of uptake and doubts about the evidence and cost-effectiveness
- Main challenges in all settings were coping with the additional workload, difficulties with IT, funding, and lack of training

5. What are patient experiences of NHS Health Checks?

- Consistently high levels of reported satisfaction in surveys, with over 80% feeling that they had benefited from the process
- Interviews showed a significant minority left with unmet expectations.

  "*I just assumed that they would test you for everything when you were there. My perception of reading through things was that it was going to be a good overhaul, you know overall body check for everything.*" (Chipchase et al., 2011)

- Lifestyle advice was regarded by some as too simple and not sufficiently personalised
- The cardiovascular risk score appeared to generate confusion, was poorly understood and held little meaning or significance
- Attendance acted as a '*wake-up call*' for many with a number reporting substantial lifestyle changes

6. What are the effects of the NHS Health Check?

- Small increases in detection rates above those in routine practice with the number needed to screen to detect one additional case:
  - Hypertension – 20-33
  - Type 2 diabetes - 76
  - Chronic kidney disease – 588
  - Peripheral vascular disease - >3000
- Very little data on behaviour change or referrals to lifestyle services
- Between 18 and 63% of those with CVD risk ≥20% prescribed statins following NHS Health Check
- Attending an NHS Health Check associated with 3-4% increase in statin prescribing

Implications for future research and evaluation

- Consistent recording of invitations, attendance, lifestyle advice and referrals
- Better characterisation of the local variations in implementation to allow comparisons and sharing of best practice
- Robust evaluations of the numerous outreach programmes being run across the country
- Follow-up studies using precise measures to quantify the impact on physical activity, diet, alcohol consumption, smoking and potential harms such as false reassurance