

Protecting and improving the nation's health

NHS Health Check content review form

[max 200 words]
[Please identify up to three priorities]

1. Please tick the categories that apply to your proposal.					
It involves amending the eligible population.					
It involves amending an existing component of the risk assessment.					
X It involves introducing a new component to the risk assessment.					
2. Please provide a short summary describing your proposed change [max 200 words]					
[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]					
The proposed addition is to include two questions on fruit and vegetable intake, as this is considered a good proxy indicator for diet quality. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease, both of which are major causes of premature death.					
The two questions below are currently included in the Public Health Outcome Framework.					
How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.					
2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate.					
It is recognised that BMI is measured as part of the NHS Health Check, which is a measure of weight relative to height and can be used to evaluate the need for lifestyle changes and health interventions. Including two questions on fruit and vegetable consumption will provide a better picture of the individual's diet and provide an opportunity for discussion around diet and the importance of a healthy balanced diet in reducing cardiovascular disease risk.					
3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports					

The proposed addition of a question on fruit and vegetable consumption supports the

Health Improvement priority in the Public Health Outcome Framework (People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities). The importance of diet as a major contributor to chronic disease and premature death is also recognised in the white paper 'Healthy People, Healthy Lives'. 4. Please identify which of the programmes objectives the proposed change supports [please tick] To promote and improve the early identification and management of the Χ individual behavioural and physiological risk factors for vascular disease and the other conditions associated with those risk factors. Χ To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions. Χ To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities. To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally. 5. How will the proposed change support the(se) objective(s)?

Poor diet is a leading cause of premature death and morbidity in the UK (Murray et al. 2013) and is responsible for a third of cancers and cardiovascular disease (CVD) (Scarborough et al 2011). It is estimated that it costs the NHS £5.8 billion per year.

Consumption of fruit and vegetables is considered a good proxy indicator for consuming a healthy balanced diet (this is one which is lower in saturated fat, trans fat, sugar, salt and calories and higher in fruit and vegetables). Increasing fruit and vegetable consumption not only has a beneficial effect on health, but it can also be a sign of other healthy eating desirable behaviours, such as recommendations to increase fibre intake, reduce fat intake, reduce the risk of weight gain and obesity and reduce intake of foods containing added sugars.

Including a question on fruit and vegetable consumption will provide the frontline professionals delivering the NHS Health Check with an idea of a patient's dietary habits and provide an opportunity for discussion around diet and the importance of a healthy balanced diet. This can be included as part of the discussion of health check results on how to lower the risk and maintain or improve vascular health and where appropriate signpost for treatment e.g. weight loss.

6. What is the evidence for the clinical effectiveness of the proposed change?

These questions are currently included in the Public Health Outcomes Framework as

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an indicator of diet; they were validated for this purpose. Fruit and vegetable consumption data is also collected nationally in the National Diet and Nutrition Survey (NDNS) and the Health Survey for England (HSE).

Anecdotal evidence suggests that this population group is open to considering their health and therefore people are open to the potential for changing behaviours to improve health. Behaviour change models provide the basis for encouraging individuals to contemplate changes to their behaviour. Up to 15% of dietary changes in research studies can be explained by such behaviour change models.

Fruit and vegetable consumption is widely recognised by the public as a component of a healthy lifestyle, through the promotion of the '5 a day' message, therefore the questions result in an opportunity to explore this further with the patient.

7. What is the evidence of cost effectiveness of the proposed change?

Poor diet is a leading cause of premature death and morbidity in the UK (Murray et al 2013) and is responsible for a third of cancers and cardiovascular disease (CVD) (Scarborough et al 2011). It is estimated that it costs the NHS £5.8 billion per year.

8. Please provide an outline of how this would change current practice i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?

The question on fruit and vegetable consumption can be self-completed so it could be undertaken before the NHS Health Check and the results could be discussed as part of the check.

The frontline professional delivering the NHS Health Check would need to offer advice on fruit and vegetable consumption and will provide an opportunity for a broader discussion on diet and the importance of a healthy balanced diet. This can form part of the discussion of the health check results on how to lower the risk and maintain or improve vascular health.

9. If you are proposing a new component to the programme, please describe the effective treatment and management systems that are exist and are available.

These questions will provide the opportunity for a discussion on diet and improved management of diet related ill health and link to weight management services. There will be a range of health professionals and services locally available although the exact nature of these will vary according to local provision.

10. Please state whether you feel the change will have a negative, neutral or positive impact on health inequalities and on the nine protected characteristic groups and why.

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[please tick, max 200 words]					
	Negative	Neutral	Positive X		
[Why] Information from the National Diet and Nutrition Survey rolling programme (years 1-4) shows that, with the exception of those aged 65 years and over, mean fruit and vegetable consumption was significantly lower in all age/sex groups in the lowest income quintile compared with the highest quintile. If questions about fruit and vegetable consumption in Health Checks resulted in individuals in the lowest income quintiles increasing consumption this could help to reducing health inequalities in the long term.					
11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.					
Not a	ware of any.				
12. Please list any relevant references					
Murray CJL, Richards MA, Newton JN, Fenton KA, Anderson HR, Atkinson C, Bennett D et al. UK health performance: findings of the Global Burden of Disease Study 2010. Lancet . 2013; 381(9871): 997-1020					

Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health. 2011;

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP

Yes

33(4): 527-535.

14. ESCAP feedback

ESCAP members observed that there is not a validated fruit and vegetable measurement tool that is predictive of risk as there is, for example, with physical activity and alcohol, which is required to meet the criterion on a validated assessment tool. Therefore, ESCAP recommended that this proposal should not progress to stage 2.

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