



PUBLIC HEALTH REPORT NHS HEALTH CHECKS

Introduction

The NHS Health Checks programme is a cardiovascular check for adults aged 40-74 without a pre-existing condition and who have not had an NHS Health Check in the last five years. It is a statutory requirement on the local authority to deliver the programme.

What is the NHS Health Check programme

It is a national programme that began in 2009. It is a risk assessment, awareness and management programme for those aged 40 to 74 living in England who do not have an existing vascular condition, and who are not currently being treated for certain risk factors. It is aimed at preventing heart disease, stroke, diabetes and kidney disease. (For reference, Harrow had the

highest prevalence of diabetes in London and the second highest prevalence in England in 2016-17.²⁾

Local authorities were given responsibility for the delivery of the programme when public health functions transferred from the former PCTs in April 2013.

The potential benefits to Harrow Council are in increasing the number of disability-free years of life expectancy. According to ONS for 2012-2014 (the latest data) while the life expectancy in Harrow for men is 82.7 years, and women 86.1 years, the disability-free life years is 66.5 years and 66.9 years respectively.³

It has been estimated that the average cost (in 2015) to NHS and Personal Social Services (PSS) care in the first year after a severe stroke was £24,003 and £12,869 after a minor stroke.⁴ Health data is showing that in 2016/17 there were 3,483 people who had previously been diagnosed with a stroke in Harrow.⁵ There are currently 352 adult social care clients in Harrow receiving support who are recorded on the system as having suffered a stroke. Of those 75 are in nursing or residential care.

In terms of dementia, there are currently 575 adult social care clients in Harrow who are recorded as suffering from dementia. (Of these, 93 were also recorded as having suffered a stroke.) An internal piece of work in Harrow in 2016 found that the average annual costs to the local authority of treating patients with dementia was £17,775.

The national data shows that the estimated incremental cost-effectiveness ratio is £900 per QALY (Quality Adjusted Life Year).⁶ NICE guidelines are that anything below the upper end of NICE's standard threshold range of £20,000 per QALY is value for money⁷, so £900 per QALY is a very cost-effective intervention.

Background in Harrow

The programme was originally managed in-house – from 2009 by the PCT and then from 2013 after the transfer of responsibilities by the local authority – with delivery by GP practices. It was augmented by a community provider – Everyone Active who are Harrow Council's leisure provider – from 2015.

In Autumn 2015, the NHS Health Check budget was significantly reduced following the in-year cuts to the public health grant imposed by central

² <https://fingertips.phe.org.uk/profile/diabetes-ft/data#page/3/gid/1938133138/pat/46/par/E39000018/ati/152/are/E38000074/iid/241/age/187/sex/4>

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/disabilityfreelifeexpectancydflleandlifeexpectancyeatbirthbyregionengland>

⁴ https://www.stroke.org.uk/sites/default/files/costs_of_stroke_in_the_uk_report_-_executive_summary_part_2.pdf

⁵ <https://fingertips.phe.org.uk/profile/cardiovascular/data#page/13>

⁶ <https://link.springer.com/article/10.1007/s10389-017-0801-8>

⁷ <https://www.nice.org.uk/process/pmg4/resources/methods-for-the-development-of-nice-public-health-guidance-third-edition-pdf-2007967445701#page=110>

government. The NHS Health Check budget reduced from £486k in 14/15 to £76k in 16/17. As a consequence programme delivery through GP practices was stopped and delivery only continued through Everyone Active.

Everyone Active struggled to deliver the programme without access to GP patient lists.

In order to deliver the programme on an equitable basis, and following guidance from Public Health England (PHE) that priority could be given to more disadvantaged communities, the decision was taken to offer NHS Health Checks through the Harrow GP Federation (as all GP practices had signed up as members of the Federation) to all eligible patients living in the lowest two deciles of deprivation according to their postcodes. As there was an urgency to improving performance a direct contract award was made and Harrow GP Federation started to deliver on 1 January 2017.

Performance of NHS Health Check programme in Harrow

	Health Checks Offered	Health Checks Received	Uptake rate i.e. % of invites that resulted in H/C
13/14	7,507	4,235	56.4%
14/15	8,321	4,718	56.7%
15/16	6,373	3,614	56.7%
16/17	1,425	395	27.7%
17/18	2,344	1,390	59.3%
Total 2013-2018	25,970	14,352	55.3%

Data source:

https://www.healthcheck.nhs.uk/commissioners_and_providers/data/previous_years_data/

As can be seen from the table above, Harrow has had high uptake levels of NHS Health Checks i.e. patients in Harrow seem keen to avail themselves of the opportunity to have an NHS Health Check if it is offered to them by their GP. The exception to this was 2016-17 when the programme was solely offered through Harrow Leisure Centre provider, Everyone Active, who did not have access to patient lists. (For reference the England average uptake rate in 2017-18 was 47.94%, and the London rate was 49.24%.)

There are currently 66,699 eligible patients in Harrow. In order to meet PHE targets, 20% of eligible patients need to be invited every year. This would equate to 13,340 each year. (Though it should be noted that this figure is subject to annual review by PHE who produce new figures based on revised

Who is at risk?

There are a number of risk factors that predispose people to CVD. Some are amenable to intervention, others are not. Non modifiable factors include:

Age- risk of CVD increases as we get older

Gender- men are more likely to develop CVD at an earlier age than women. (patient list numbers.)

Ethnicity- In the UK, coronary heart disease rates are the highest in South Asian communities. The African Caribbean population's risk of having a stroke or developing high blood pressure is increased. Compared with the rest of the population, type 2 diabetes is also more common in African Caribbean and South Asian people. It also tends to develop at a younger age in these ethnic groups and at a lower level of obesity. Harrow has a local population that is 52% Ethnic ethnicity.. The diabetes prevalence for local authorities and CCGs developed by PHE and the national cardiovascular intelligence network estimates the rate of diabetes (diagnosed and undiagnosed) for Harrow CCG to be 10.1% in the resident population in 2018. Earlier iterations of the model estimate that Harrow is the local authority that will have the greatest increase in diabetes prevalence between 2010 and 2030 from 9.6% (16,597) to 13.9% (ref APHO Diabetes Prevalence Model: Key findings for England, YHPHO, 2010). This represents a 44.8% percentage increase over 20 years and the figures are adjusted for age, sex, ethnic group and deprivation.

Family History- a family member with CVD, increases your risk of developing the condition; father or brother was less than 55 years or mother or sister less than 65 years when diagnosed with CVD.

Modifiable risk factors - include smoking status, diet, level of alcohol consumption, physical activity levels and stress. The NHS Health Check programme supports people to change the modifiable risk factors. Evidence shows that screening for CVD from the age of 40 is most cost effective in the general population.

Whilst the rates of death from cardiovascular disease have dropped both nationally and locally it still remains a leading cause of death both locally and

nationally. In Harrow, early death rates from heart disease and stroke have fallen from 76.5 in 2001-03 to 55.7 in 2015-17 and are better than the England average. However Harrow ranks among the worst in London for diagnoses of diabetes, which is a risk factor for CVD.

Inequalities

The clinical conditions and related risk factors that NHS Health Checks aims to diagnose early are more prevalent in people living in more deprived areas and in some ethnic communities such as Asian and Black African communities. By providing NHS Health Checks through GP practices it is likely to enable GPs to identify and provide intervention early in these groups. Hence we expect a positive impact on equalities. The data from Barnet indicate that communities living in lower more deprived areas are more likely to take up the NHS Health Check offer from GPs

Working Together to Make a Difference for Harrow

The NHS Health Checks programme plays a part in all the administration's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Improving the health of the population and reducing the risks and impact of diabetes, stroke, heart disease and kidney disease which is known to affect poorer communities can have significant impact on the quality of life of Harrow residents, their families, workplaces and communities.