READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	21 January 2022		
REPORT TITLE:	The NHS Health Check Programme		
REPORT AUTHOR:	Christine Stannard	TEL:	07813 405072
JOB TITLE:	Public Health Programme Officer	E-MAIL:	Christine.stannard@reading.gov.uk
ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to share the findings from a health equity audit of the NHS Health Check (NHSHC) programme in Reading and the latest national and regional evidence for the programme. The report will also describe work to improve uptake of the Check in Reading, focussing on those at highest risk of cardiovascular disease and also most disproportionately affected by the impact of COVID-19.

1.3 Appendices:
A. NHSHC Programme in Reading Health Equity Audit
B. Climate Impact Assessment

2. RECOMMENDED ACTION

2.1 ***To NOTE the Health Equity Audit of the Reading NHS Health Check Programme and the update of the evidence-base and endorse work to help improve uptake of the NHSHC in high risk groups in Reading.***

3. POLICY CONTEXT

3.1 The NHS Health Check programme has been a statutory public health function for local authorities since 2013. Local authorities are responsible for offering an NHS Health Check to individuals aged 40 – 74 years without existing cardiovascular disease, every five years. The NHS Health Check itself consists of three components: risk assessment, communication of risk and risk management.

3.2 The NHS Health Check programme in Reading is currently provided by general practices which is the most common and preferred method across Berkshire, regionally and nationally.

3.3 The NHS Health Check programme supports the ambitions of the NHS Long Term Plan, with its focus on prevention and reducing health inequalities[1] and the requirements in the service specification for primary care networks to tackle inequalities and improve the diagnosis and prevention of CVD [2]

---

[1] https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/
[2] https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/

4. THE PROPOSAL

4.1 Current Position

4.1.1 Health Equity Audit (HEA)

A Health Equity Audit (HEA) is a process that examines how health determinants, access to services and associated outcomes are distributed in relation to the needs of different groups.

HEAs provide local evidence that can be used to assess whether resources, opportunities and access are being distributed equitably, and by the principles of proportionate universalism.[3]

A health equity audit of the NHSHC programme within Reading GP surgeries covering the five years from 2015/16 – 2019/20 was carried out during August/September 2021.

Method

NHS Health Check data was extracted from electronic patient record systems (EMIS) from 18 GP surgeries and analysed by age, gender, ethnicity, deprivation and GP surgery. Data cleansing was undertaken for all categories in order to analyse results. It was not possible to access data from one practice that uses a different patient record system - VISION.

Analysis was undertaken within these categories and subcategories to establish the proportions of patients who had been invited and declined, invited and completed, and completed a Health Check where there was no record of an invite. Where possible, confidence intervals at 95% were produced to determine statistical significance between the subcategories.

Findings were then compared to the latest, most robust, national evidence to inform next steps;

- A rapid review update (PHE, 2020).[4]
- A cross-sectional study of over 9.5 million patient records (Patel, et al, 2020)[5]

Key Findings

There were several limitations to the data arising from invalid or absent coding, particularly affecting ethnicity data. Ages below 40 and 74 were removed for the age analysis, however, it was not possible for them to be removed for the rest of the analysis.

The way in which data is extracted from the GP systems does not allow for the cross-tabulation of data (i.e. it is not possible to analyse Health Check uptake by two variables at once such as by age and gender). Rather it only allows for analysis by a single variable at a time (e.g. age).

Age
The youngest age group (40-49) were significantly less likely to take up the offer of a health check, at 32%.
The age group 70-74 were the most likely to take up the offer of a health check, at 52%.
This trend is broadly in line with national evidence.

---

[3] NHS Health Check Programme: Health Equity Audit Guidance – PHE. Available Health equity audit guidance published for NHS screening providers and commissioners - PHE Screening (blog.gov.uk) Last accessed 20/08/21
[4] https://www.healthcheck.nhs.uk/commissioners-and-providers/evidence/

[5] Evaluation of the uptake and delivery of the NHS Health Check programme in England, using primary care data from 9.5 million people: a cross-sectional study https://bmjopen.bmj.com/content/10/11/e042963. Last accessed 26/11/21

Sex
Females were significantly more likely to take up the offer of a health check, with males significantly less likely to do so. [NA1]
This trend is broadly in line with national evidence.

Ethnicity
Of all Health Checks completed, 55.21% of ethnicities were coded as “”, or were invalid entries, and for those invited for Health Checks, 40.39% of ethnicities were coded as “unknown”, or were invalid entries.

The remaining data suggests that Asian/Asian British, Black/African/Caribbean and Mixed/Multiple ethnic groups were all significantly more likely than White British ethnic groups to take up the offer of a check, at 46%, 52% and 52% again respectively.

Despite limitations, our local data is broadly in line with national evidence as regards ethnicity.

Deprivation - uptake of Health Checks by Lower Super Output Area
The percentage uptake of Health Checks varies across Reading by LSOA. Compared to the rest of Reading, LSOAs largely contained in the north, more affluent parts, have a significantly lower uptake. However, the overall reach and uptake of the Programme in Reading is significantly lower than the regional and England averages, so comparisons between Reading LSOAs are less useful.

Randomised controlled trial research data reported in the Rapid Review Update (PHE 2020), shows that people from deprived backgrounds are significantly less likely to have an NHS Health Check than those from more affluent backgrounds.

4.1.2 Other recent evidence for the NHS Health Check Programme

Patel et al (2020) also found that NHS Health Check attendees were considerably more likely than non-attendees to have certain cardiovascular risk factors checked and/or recorded. For example, 79.7% of attendees had been given a CVD risk score, compared to 30.4% of non-attendees. A greater proportion of attendees compared with non-attendees also had other critical risk factors checked such as physical activity levels, smoking status, alcohol consumption, BMI and cholesterol levels.

The majority of NHSHC programmes offered by local authorities across the South East have adopted or are considering adopting, the principle of proportionate universalism as recommended by PHE. This includes making an enhanced payment for target groups (such as those least likely to take up the offer of a Check, those living in areas of deprivation, people who smoke and those with a high BMI). There is a range of different models based on the available budget, with payments for a universal Check ranging from £10 to £28 and for a targeted Check, up to £40.

4.1.3 The impact of COVID-19

An umbrella review of systematic reviews[6] of cardiovascular risk factors, CVD and COVID-19 found evidence that CVD, high blood pressure, diabetes, kidney disease and smoking history are associated with a higher likelihood of severe COVID-19 and mortality from COVID-19. The review added to existing evidence about the disproportionate impact of COVID-19 on Black, Asian and

[6] Harrison et al ‘Cardiovascular risk factors, cardiovascular disease, and COVID-19: an umbrella review of systematic reviews’ *European Heart Journal - Quality of Care and Clinical Outcomes*, Volume 7, Issue 4, October 2021. Accessed 17 November 2021

minority ethnic groups and those living in more deprived communities[7] and the greater prevalence of cardiovascular disease and risk factors, such as obesity and smoking in these groups.

This suggests that improving the prevention and early identification of CVD risk factors via the NHS Health Check programme, in a more targeted manner, is likely to improve outcomes of COVID-19, especially amongst people most at risk.

4.1.4 Summary and Conclusions

Taking into account the findings from 4.1.1 – 4.1.3, we concluded that our local NHS Health Check Programme needs to not only invite more of the eligible population but also to target those groups in our community who are at highest risk of cardiovascular disease and the impacts of COVID-19.

Therefore, the priority groups identified were:

1. Males, aged 40-49
2. People from Black, Asian and minority ethnic backgrounds
3. People living in our most deprived communities (IMD 1 and 2)
4. Current smokers (or within the last 10 years)
5. BMI ≥30 (or ≥27.5 for Black Asian and minority groups)

4.1.5 Impact of Covid Funding

The sum of £55,766 has been allocated from the above fund to set up a pilot, targeted programme in some practices in Reading this financial year. The pilot aims to secure an additional 2,500 Checks, primarily from priority groups 2 and 3, however, there will be some cross-over between groups.

An invitation for practices to participate was sent to all Primary Care Network (PCN) clinical directors on 21st October. As at 26 November, one GP practice (Melrose & Eldon) has confirmed their participation and we are working with Tilehurst PCN (comprising 3 practices) pending their confirmation. We offered all practices an enhanced payment of £28 for a targeted check (compared to £20 for a universal check), plus an additional £2 for a targeted invite that results in the patient declining or not attending, following 3 attempts.[NA2]

We are working closely with these practices, providing support and advice around data management, recognising the constraints within practice systems (for example, different ways of recording deprivation and potential data gaps, especially ethnicity recording)

We recognise this is a particularly challenging time for general practice and this may explain the low uptake of the targeted programme. Winter pressures may also yet prove to be a barrier to participating practices.

4.1.6 The NHS Health Check Programme in Reading 2022-23

The pilot targeted programme is due to finish in March 2022 and will be evaluated by public health and participating practices (including seeking patients' views where possible). This evaluation will inform the refresh of the service specification for the next year.

---

7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

4.2 Options Proposed

N/A

4.3 Other Options Considered

N/A

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The NHS Health Check Programme directly contributes to Reading's Health and Wellbeing Strategy priority 1: Reduce the differences in health between different groups of people and priority 2: Support individuals at high risk of bad health outcomes to live healthy lives.

6. This update recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

6.1 Safeguarding vulnerable adults and children.

GPs have responsibilities outlined by the GMC to take action via established channels to protect patients, taking prompt action if patient safety is or may be seriously comprised and treating patients as individuals, respecting their dignity and privacy. GPs and all practice staff should also be familiar with local multi-agency safeguarding policies and procedures.

6.2 Recognising and supporting all carers

Patients who are carers can ask to go on the practice's carer register. This will enable the GP to be aware of any physical or mental health needs arising from their caring responsibilities and may enable the practice to provide appointments at convenient times that suit their needs.

6.3 High quality co-ordinated information to support wellbeing

Through the HEA, we identified some gaps in data quality, particularly around the recording of ethnicity. Improving the recording of ethnicity in general practice is a key indicator within the PCN contract. Other data management and extraction tools, such as Frimley Analytics System Insights, are currently being investigated to help improve the quality of NHS Health Check data available to us and the effectiveness of actions to target particular groups.

7. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

7.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

6.2 Climate Impact Assessment Tool outcome was Net Low Negative *(E)*. Overall, an expansion of the NHS Health Check Programme in Reading is likely to bring significant health benefits to individuals and the wider society, by identifying and preventing the development of cardiovascular disease. The impact on the climate is assessed to be Net Low Negative; primarily due to a small increase in the number of people travelling by car and the potential for further disruption to the supply chain for blood tubes.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 Not applicable.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable.

The NHS Health Check Programme is a universal programme, offered to all eligible adults aged between 40 and 74 years, and as such does not discriminate against a particular group. By expanding the Programme to incorporate a targeted element, we anticipate that more people from Black Asian and minority ethnic backgrounds will take up the offer of a Check.

Data available to us at practice level, does not currently enable us to assess the full impact of the NHS Health Check Programme on all the protected characteristics.

9. LEGAL IMPLICATIONS

9.1 Not applicable.

Since 2017, there has been an ongoing, open-ended contractual arrangement with general practices in Reading who sign up to deliver the NHS Health Check Programme. This arrangement is reviewed on an annual basis and a contract can be terminated by either party with 60 days notice.

10. FINANCIAL IMPLICATIONS

10.1 Not applicable.

11. BACKGROUND PAPERS

11.1 A. Health Equity Audit
B. Climate Impact Assessment