

Encouraging people to have NHS Health Checks and supporting them to reduce risk factors

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations that could be used to encourage people to have NHS Health Checks and support them to change their behaviour after the NHS Health Check and reduce their risk factors. It is particularly relevant to health and wellbeing boards.

Local authorities are now responsible for commissioning NHS Health Checks. The NHS Health Check is a national risk assessment and prevention programme. Everyone attending NHS Health Checks will have their risk of developing heart disease, stroke, diabetes and kidney disease assessed through a combination of their personal details, family history of illness, smoking, alcohol consumption, physical activity, body mass index (BMI), blood pressure and cholesterol. They should then be provided with individually tailored advice that will motivate them and support any necessary lifestyle changes to help them manage their risk. Where additional testing and follow up is needed, people should be referred to primary care services. People aged 65–74 will be told about the signs and symptoms of dementia and informed about memory clinics if needed.

This briefing should be read alongside the Department of Health and Public Health England's [NHS Health Check Best Practice Guidance](#) that contains detailed information on conducting the risk assessment and risk management pathways that constitute the programme, as well as local authority responsibilities.

NICE recognises the debate on the effectiveness of health checks that is ongoing at the time of publication of this briefing. Because the NHS Health Check programme is currently part of the health delivery infrastructure in England, NICE seeks to support its effective delivery. NICE notes that where delivery and uptake are sub-optimal and the lifestyle advice offered does not meet the person's needs, then there is a risk of the programme being ineffective.

The purpose of this briefing is to highlight NICE public health guidance that:

- can help local authorities to increase the uptake of the NHS Health Check (particularly through identifying and supporting those least likely to take up the offer of a health check. See for example NICE guidance on [Identifying and supporting people most at risk of dying prematurely](#))
- may support those responsible for delivering the risk assessment and management processes
- provides the most appropriate evidence-based advice and support for those who are identified as being at risk through the health check process.

Key messages

Successfully implementing NHS Health Checks may help reduce chronic illnesses and avoidable premature mortality, as well as the health and social care costs related to long-term ill health and disability.

The [Local Authorities Regulations 2013](#) set out legal duties for local authorities to make arrangements:

- for NHS Health Checks to be offered to each eligible^[1] person aged 40–74 years once every 5 years and for each person to be recalled every 5 years if they remain eligible
- so that the risk assessment includes specific tests and measurements, as well as to ensure the person having their health check is told their cardiovascular risk score and their other results
- for specific information and data to be recorded and, where the risk assessment is conducted outside the person's GP practice, for that information to be forwarded to the person's GP.

Local authorities are also required to seek continuous improvement in the percentage of eligible individuals taking up their offer of NHS Health Checks. Further information on these provisions is provided in the [NHS Health Check Best Practice Guidance](#).

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see '[About this briefing](#)'.

^[1] People diagnosed with the following are **excluded** from the programme: coronary heart disease, chronic kidney disease, diabetes, hypertension, atrial fibrillation, transient ischaemic attack, hypercholesterolaemia, heart failure, peripheral arterial disease and stroke. Also excluded are people who are being prescribed statins or who have previously had an NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing cardiovascular disease over the next 10 years.

What can local authorities achieve by implementing NHS Health Checks?

Achieving relevant Public Health Outcomes Indicators

Offering NHS Health Checks and lifestyle interventions should help local authorities achieve some of the [Public Health Outcomes Indicators](#) covering the wider determinants of health. To achieve these, local authorities need to connect with primary healthcare services to ensure continuity of care. NICE has produced a briefing on [NICE guidance and public health outcomes](#).

Address health inequalities

NHS Health Checks provide a means of identifying people at risk of poor health which will help local authorities fulfil their responsibility to address [health inequalities](#) (see also [Fair society healthy lives \[The Marmot review\]](#)). For example, people from lower socioeconomic groups are at increased risk because they are over 3 times more likely to adopt lifestyle risk behaviours (such as consumption of alcohol, smoking, lack of physical activity and poor diet) compared with professional groups ([Buck and Frosini 2012](#)).

What NICE says

NICE recommendations

This section highlights NICE's recommendations published up to November 2013 that cover the type of activities that could support NHS Health Checks. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

The guidance signposted in this document describes ways of identifying risk and detecting early disease. It is based on effectiveness and cost-effectiveness evidence that is specific to the guidance topic. NICE guidance and the NHS Health Checks Programme overlap because some of the same risks are being assessed. However, it is important to remember that the evidence that was examined for NICE guidance was about specific topics or conditions, not about the NHS Health Check programme.

Following NICE's recommendations will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing are on [our website](#).

Promote NHS Health Checks and increase uptake

Using community engagement methods to identify networks of local people, champions and advocates who have the potential to promote health checks is part of an integrated health and wellbeing strategy.

For details on communication and advocacy see [communication](#) and [identifying and supporting local champions](#) in NICE's pathway on 'Obesity: working with local communities'.

For details on recruiting individuals and organisations (such as Healthwatch) from the local community to plan, design and deliver health promotion activities and to help address the wider social determinants of health see recommendation 1 in [Community engagement](#) (NICE public health guidance 9).

Local authorities can decide where NHS Health Checks take place; however the staff carrying them out must be appropriately trained and qualified. A range of settings could be used to help

ensure the programme is as accessible to as many people as possible. For example, they may wish to use a combination of pharmacies and other community settings such as community centres, as well as GP practices. For details see: [Recommendation 1 identifying adults at risk](#) in 'Identifying and supporting people most at risk of dying prematurely' (NICE public health guidance 15), and [service provision](#) and [providing services for vulnerable groups](#) in NICE's pathway on 'Preventing type 2 diabetes'.

Assess risk

Although it does not specifically cover NHS Health Checks or screening programmes, NICE public health guidance covers opportunistically assessing a range of risk factors in different settings, particularly for people from vulnerable groups. For details see [identifying those at risk](#) in NICE's pathway on 'Diabetes'; [screening adults](#) and [assessment for harmful drinking and dependence](#) in NICE's pathway on 'Alcohol-use disorders'; [helping adults who are disadvantaged to quit smoking](#) in NICE's pathway on 'Smoking'; and [brief advice for adults in primary care](#) in NICE's pathway on 'Physical activity'.

Help people reduce behavioural risk factors

NICE has found that it is effective to offer help and advice across a range of risk factors and lifestyle behaviours including smoking, alcohol, weight control, diet and physical activity. Making changes to the workplace and the wider environment to support these changes is also useful. NICE has also produced guidance that supports increasing access to and the uptake of services.

A wide-ranging programme of initiatives, covering all local authority departments, will help encourage and empower local communities to adopt more healthy lifestyles. This should include a recognition of broader interventions, programmes and strategies (for example environmental and economic) that can affect the ability of individuals or groups to attain health.

NICE public health recommendations include those for professionals giving tailored lifestyle advice that would be of relevance to people identified as being at high risk of developing the non-communicable diseases covered by NHS Health Checks. They cover ways to help local authorities deliver services to encourage people to increase their physical activity, achieve and maintain a healthy weight, eat healthily, stop smoking and reduce their alcohol use.

For details on encouraging people to be physically active see NICE's pathways on [Physical activity](#) and [Diabetes](#).

For details on weight management see [advice for everyone to prevent obesity and overweight and obese adults](#) in NICE's pathway on 'Obesity' and [giving weight management advice to adults with a BMI of 30 kg/m² or more \(27.5 kg/m² or more if South Asian, Chinese, African-Caribbean or Black African\)](#) in NICE's pathway on 'Preventing type 2 diabetes'.

For details on giving dietary advice see [advice for all adults](#) and [advice for adults who want to lose weight](#) in NICE's pathway on 'Diet' and [giving dietary advice](#) in NICE's pathway on 'Preventing type 2 diabetes'; and [recommendations for local authorities about community programmes to improve diet](#) in NICE's pathway on 'Diet'.

For details on stopping smoking and reducing alcohol use see [guidance for providers of stop smoking services and quitlines](#), [brief advice for adults who are attending a service](#) and [extended brief interventions for adults](#) in NICE's pathway on 'Alcohol-use disorders'.

For details on good practice for the planning and providing smoking cessation services see [planning local, evidence-based stop smoking services](#) in NICE's pathway on 'Smoking prevention and cessation'.

Provide a supportive environment for reducing behavioural risk factors

NICE guidance includes recommendations to help identify and address social and environmental barriers to physical activity and healthy eating in [the local environment](#). These cover the creation and management of safe spaces for physical activity and planning for accessible, acceptable and affordable local facilities and services.

For details on improving the environment to encourage physical activity through design of buildings and facilities, changes to public open spaces and transport policy and planning and road design see [recommendations about physical activity and the environment](#) in NICE's pathway on 'Physical activity'.

For details on ensuring physical activity facilities are suitable for subgroups of people with different needs, particularly those from lower socioeconomic groups, those from minority ethnic groups with specific cultural requirements and those who have a disability see [environment and](#)

[physical activity](#), [transport and physical activity](#) and [local strategy, policy and commissioning for physical activity](#) in NICE's pathway on 'Physical activity'.

For details on making specific provision for pedestrians and cyclists see [developing cross-sector walking and cycling programmes](#) in NICE's pathway on 'Physical activity'.

Plan services

Services should be provided in a range of settings. The NHS Health Check programme is for people aged 40 to 74 years and therefore providing interventions in the workplace may increase uptake. For details see [workplace interventions to prevent obesity](#) in NICE's 'Obesity' pathway, [physical activity in the workplace](#) in NICE's 'Physical activity' pathway and [smoking cessation in the workplace](#) in NICE's 'Smoking' pathway.

For details on tailoring service and interventions to particular communities see [working with South Asian communities](#) in NICE's 'Smoking' pathway, [Asian, black African and African-Caribbean adults](#) in NICE's 'Obesity' pathway, [providing services for vulnerable groups](#) in NICE's 'Diabetes' pathway and [supporting people living or working in secure mental health units, immigration retention centres or custodial sites](#) in NICE's 'Smoking' pathway.

For details on interventions that may address a single risk behaviour or may address a range of risk behaviours such as quality assured intensive lifestyle-change programmes see [group and individual-level interventions to prevent type 2 diabetes among people at high risk](#) in NICE's pathway on 'Diabetes'.

Develop local commissioning strategies, including leisure, transport, housing, and enterprise and economic strategies

NICE guidance includes recommendations for commissioners of services such as transport and the built environment and also services for individuals or groups of people, to address a range of risk factors.

For details of recommendations that may be applicable to NHS Health Checks see [strategy, policy and commissioning](#) in NICE's pathway on 'Physical activity'; [strategy, policy and commissioning for diet](#) in NICE's pathway on 'Diet'; [national strategy and policy to prevent type 2 diabetes](#) in NICE's pathway on 'Preventing type 2 diabetes'; NICE's pathway on '[Obesity](#)'.

[working with local communities](#)'; [strategy, policy and commissioning for smoking prevention and cessation](#) in NICE's pathway on 'Smoking' and [strategies and policy](#) in NICE's pathway on 'Alcohol-use disorders'.

Examples of practice

Examples of how NICE's advice on risk management has been put into practice can be found in our [shared learning database](#). They include:

- [A local experience: a multi-agency partnership approach to our NICE implementation system](#)
- [Delivering primary prevention in primary care](#)
- [Developing patient health promotion pathways in acute settings](#)
- [Implementing evidence-based practice into local authority setting](#)
- [Prosiect Sir Gâr – Workplace cardiovascular \(diabetes and coronary heart disease\) health assessment and management programme](#)
- [The HEALTH Passport: helping everyone achieve long term health](#)
- [Walking away from type 2 diabetes: implementation of a diabetes prevention programme](#)

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to help your local population improve its health. It provides links to NICE public health guidance relevant to these questions which will help deliver the NHS Health Check programme.

Identifying opportunities to support the delivery of the NHS Health Check Programme	Links to NICE public health guidance
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<p>1. How can NHS Health Checks be promoted?</p>	<p>Community engagement Identifying and supporting people most at risk of dying prematurely</p>
<p>2. How should risk be communicated?</p>	<p>Behaviour change: the principles for effective interventions Behaviour change: individual approaches Alcohol-use disorders: preventing harmful drinking Preventing type 2 diabetes: risk identification and interventions for individuals at high risk Physical activity: brief advice for adults in primary care</p>
<p>3. What opportunities are there locally to reduce smoking?</p>	<p>Workplace interventions to promote smoking cessation Smoking cessation services Identifying and supporting people most at risk of dying prematurely Smokeless tobacco cessation: South Asian communities Tobacco harm reduction Smoking cessation: acute, maternity and mental health services</p>
<p>4. What opportunities are there locally to promote physical activity?</p>	<p>Physical activity: brief advice for adults in primary care Walking and cycling Promoting physical activity in the workplace Physical activity and the environment Preventing type 2 diabetes: population and community interventions Preventing type 2 diabetes: risk identification and interventions for individuals at high risk Exercise referral schemes (publication expected September 2014)</p>

<p>5. What opportunities are there locally to improve diet?</p>	<p>Prevention of cardiovascular disease</p> <p>Preventing type 2 diabetes: population and community interventions</p> <p>Preventing type 2 diabetes: risk identification and interventions for individuals at high risk</p>
<p>6. What opportunities are there locally to help people achieve and maintain a healthy weight?</p>	<p>Obesity</p> <p>Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK</p> <p>Preventing type 2 diabetes: population and community interventions</p> <p>Preventing type 2 diabetes: risk identification and interventions for individuals at high risk</p> <p>Overweight and obese adults: lifestyle weight management (publication expected May 2014)</p>
<p>7. What opportunities are there locally to reduce harmful drinking?</p>	<p>Alcohol-use disorders: preventing harmful drinking</p> <p>School-based interventions on alcohol</p>
<p>8. What should be included in a quality assured intensive lifestyle-change programme?</p>	<p>Preventing type 2 diabetes: risk identification and interventions for individuals at high risk</p>

Costs and savings

Offering NHS Health Checks may lead to the following savings.

- A [Public Health England \(PHE\) review](#) has reiterated that checking blood pressure of people aged 40–74 years as well as cholesterol, weight and lifestyle could identify problems earlier and prevent 650 deaths, 1600 heart attacks and 4000 diagnoses of diabetes a year.
- A [Department of Health cost effectiveness analysis](#) in 2008 suggested that NHS Health Checks could be cost effective, with a conservative estimate of its cost per Quality Adjusted

Life Year (QALY) of around £3000. Costs were modelled for an equivalent population of 90,000 people or 50 GP lists. The optimal model had a starting age of 40 with a repeat check every 5 years. Assuming roll-out started at 40% in Year 1 and increased to 100% by Year 5, the estimated cost impact was £40m in Year 1, increasing steadily to £210m by Year 5. After year 6 costs would level out at between £180m to £243m per annum.

- An [interactive ready-reckoner](#) on the NHS Health Check website identifies the potential service implications, health benefits and cost savings resulting from implementing NHS Health Checks at local authority level. It is likely that there will be significant additional social care savings as a result of ill-health prevention, with a reduction in people accessing social care with needs resulting from conditions such as dementia, stroke and heart disease.

Facts and figures

Below are other facts and figures about NHS Health Checks in the context of increased life expectancy:

- Nationally, there are nearly 15.5 million people aged 40 to 74 years who should be offered an NHS Health Check once every 5 years ([Public Health England 2013](#)).
- Life expectancy continues to increase in the UK. By 2035, it is estimated that 23% of the population will be aged 65 and over ([Office for National Statistics 2012](#)). It is important that people spend these extra years of life in good health and living independently.
- Estimates of life expectancy, healthy life expectancy and disability-free life suggest that, on average, a man of 65 will live a further 17.6 years. However, they will face 7.7 years of ill health and 7.4 years with a disability towards the end of their life. On average a woman of 65 will live a further 20 years, and will have 8.7 years of ill health and 9 years with disability ([Office for National Statistics 2012](#)).
- Each year in the average local authority with a population of around 350,000 around 400 people will die prematurely of cancer, 250 people from heart disease and stroke, 100 people from respiratory disease and 50 people from liver disease (although there will be large variations across local authorities) ([Public Health Policy & Strategy Unit and the NHS Commissioning Unit 2013](#)).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the [Centre for Public Scrutiny](#) website and via [Intro practice](#) on our website.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- National and regional data on uptake of [NHS Health Checks](#) are provided by the NHS and Public Health England.
- The NHS Health Check website contains [case studies](#) from local authorities. It includes case studies on transition to local authorities, increasing access and improving uptake. It also includes resources to assist [information governance and data management](#).
- The Local Government Information [Unit's Policy In Practice: Implementing NHS Health Check](#).
- NICE's [Tobacco Return on Investment Tool](#) has been developed to help decision making in tobacco control at local and sub-national levels. It evaluates a portfolio of tobacco control interventions and models the economic returns that can be expected in different payback timescales. Different interventions, including pharmacotherapies and support and advice, can be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no-services' or any other specified package.
- [Health economic assessment tool](#) (HEAT) for cycling and walking. This online resource from the World Health Organization can be used to estimate the economic savings from regular walking and cycling. Online training to use the tool is available [here](#).

About this briefing

This briefing is based on NICE guidance published up to November 2013 about risk management (see the [NICE website](#) for details of published briefings and briefings in development). It was written with advice from NICE's local government reference group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. It will also be relevant to scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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