

NHS Health Checks in Norfolk

Premature Deaths due to Cardiovascular Disease (CVD)

- In 2021, 602 people died prematurely before the age of 75 years due to CVD.
- CVD is the second leading cause of premature deaths.
- Norwich and Great Yarmouth have the highest premature mortality rates as a result of CVD and are above the England average.
- Circulatory disease contributes to around a quarter of the gap in life expectancy in men and almost a fifth in women.

NHS Health Check Potential

The NHS Health Check is a mandated public health service offered to eligible individuals aged 40-74 years every five years, to assess their risk of developing certain health conditions, such as diabetes, heart disease, kidney disease, stroke and dementia. It provides a review of the modifiable behaviours, including smoking, inactivity, harmful drinking, and obesity, and offers advice and referral to services to support behaviour change. Each year it has the potential to:

- Prevent 27 heart attacks and strokes.
- Prevent 68 people developing diabetes.
- Detect 340 cases of diabetes and kidney disease.
- Avoid at least 11 premature deaths.

NHS Health Checks Delivered and Offered

Between 2019/20 and Q1 2023/24 there were:

- 267,570 residents eligible for a health check
- 77% or 205,957 were invited to book a health check. This is higher than nationally and regionally.
- 81,242 residents, or 30.4% of the eligible population received a health check. This is higher than nationally and regionally.

Service User Experience

Healthwatch Norfolk gathered feedback from the public on their awareness, uptake, and experiences of NHS Health Checks in Norfolk. It found:

- Most welcomed having an NHS Health Check & would have one again.
- Location and times are important factors for accessibility.
- GPs should send more invites and use a range of ways to contact people.
- Staff should be trained to give more personalised advice on behaviour change.

Evaluating Effectiveness

Norfolk Public Health are undertaking a 5-year improvement programme to improve health check uptake and to reduce associated inequalities.

This will address poor uptake of health checks in specific population groups e.g., those from the most deprived areas who are half as likely to take up a health check than those from the most deprived areas. To address this, we need:

- Knowledge of how to best engage hard-to-reach groups
- Improved local intelligence

National research estimates that compared to no intervention, for every £1 spend on health checks, there will be a £2.93 return on investment.