

NHS Health Check Programme in Norfolk

Introduction

Cardiovascular (CVD) disease causes a quarter (24%) of all deaths in the UK (second to cancer) and is the largest cause of premature mortality in deprived areas and accounts for the largest gap in healthy life expectancy.¹

Early detection and prevention are an important priority for the NHS, and the NHS Long Term Plan (2019) commits to taking wider action on prevention to tackle the underlying causal factors.

The government has highlighted the potential role that the NHS Health Check (as part of the All Our Health framework) may have in helping to address these risk factors.²

The NHS Health Check provides an individual review of the modifiable behaviour factors, including smoking, inactivity, harmful drinking, and obesity, that increase the risk of developing a heart attack or stroke within the next ten years and offers professional advice and referral to lifestyle services to support behaviour change.

Although the disease prevalence projections are expected to be a small percentage of the total NHS Health Checks completed, it also helps to detect undiagnosed serious conditions such as hypertension, diabetes, and chronic kidney disease.

The NHS Health Check programme nationally has the potential to³:

- prevent 1,600 heart attacks and strokes
- prevent over 4,000 people a year from developing diabetes
- detect at least 20,000 cases of diabetes or kidney disease each year
- avoid at least 650 premature deaths a year.

The NHS Health Check programme in Norfolk has the potential to annually⁴:

- prevent 27 heart attacks and strokes
- prevent 68 people developing diabetes
- detect 340 cases of diabetes or kidney disease
- avoid at least 11 premature deaths.

Summary

The NHS Health Check service is a free check for those aged 40-74 years to assess their risk of developing certain health conditions, such as heart disease, stroke, Type 2 diabetes and dementia.

¹ NHS England. *Cardiovascular disease (CVD)*. <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/>

² Office for Health Improvement and Disparities. *All our Health: personalised care and population health*. November 2022.

<https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

³ Office for Health Improvement and Disparities. *NHS Health Checks: applying All Our Health*. March 2022.

[https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations#:~:text=The%20review%20work%20was%20completed,Improvement%20and%20Disparities%20\(%20OHID%20\)20](https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations#:~:text=The%20review%20work%20was%20completed,Improvement%20and%20Disparities%20(%20OHID%20)20)

⁴ Norfolk County Council data as of April 2022.

The prevention of cardiovascular disease (CVD) is a national public health priority, and the NHS Long Term Plan has identified CVD as the single biggest area where the NHS can save lives over the next 10 years.⁵ In Norfolk, CVD is the second leading cause of premature deaths.⁶

People from more deprived areas in England are nearly four times more likely to die prematurely from CVD, compared to those from the most affluent populations.⁷ The NHS Health Check therefore provides an important opportunity to address entrenched health inequalities.⁸ Preventable risk factors linked to smoking, diet and alcohol consumption are the major risk factors for cancer, respiratory and heart disease. Examining data on these behavioural risk factors shows there is a higher occurrence of behavioural risk factors in the more deprived areas in England.

Norfolk County Council Public Health began a five-year programme of improvement for the NHS Health Check service in April 2022 to improve uptake of health checks in Norfolk and to reduce inequalities. Norfolk has the highest percentage of the eligible population, aged 40 – 74 years, offered and delivered an NHS Health Check from 2019/20 Q1 to 2023/24 Q1 in the East of England region.

The main provider for NHS Health Checks in Norfolk is the General Practice rolling primary care contract. Since April 2022 Norfolk has operated a hybrid approach for the delivery of NHS Health Checks to support the recovery of primary care (GP practices and pharmacies) from the COVID-19 pandemic and to deliver a catch-up programme for health checks missed during the pandemic.

Demand for NHS Health Checks is due to increase in Norfolk, as Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England.

The NHS Health Check is an important health improvement programme to identify and help people change their lifestyle behaviours. The programme contributes to an improvement in healthy life expectancy and reducing health inequalities in Norfolk.

Local authority's responsibilities

Legal duties⁹ exist for local authorities to make arrangements:

- for each eligible individual aged 40-74 to be offered an NHS Health Check once in every five years and for each individual to be recalled every five years if they remain eligible (i.e., no known pre-existing CVD)
- for the risk assessment to include specific tests and measurements
- to ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- for specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP.

⁵ The NHS Long Term Plan. January 2019. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

⁶ Office for Health Improvement and Disparities (OHID) (2023). *Public Health Outcomes Framework: Healthcare and premature mortality*. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000044/pat/15/par/E92000001/ati/502/are/E10000020/iid/93723/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

For further information on CVD in Norfolk please see the June 2023 JSNA publication on CVD: *Public Health outcomes and prevention priorities*: <https://www.norfolkinsight.org.uk/jsna/cvd-public-health-outcomes-and-prevention-priorities/2023/06/23/>

⁷ Office for Health Improvement and Disparities. *Cardiovascular disease prevention: applying All Our Health*. 10 March 2022. <https://www.gov.uk/government/publications/cardiovascular-disease-prevention-applying-all-our-health/cardiovascular-disease-prevention-applying-all-our-health>

⁸ Ibid.

⁹ The National Archives. *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*, S.I. 2013 No.351, Part 2, Regulation 4; 2013. <https://www.legislation.gov.uk/uksi/2013/351/regulation/4/made>



Trends in demographics and demand for NHS Health Checks

The eligible population

The Office for National Statistics 2021 Census Profile for Norfolk states that Norfolk's population is 916,120.¹⁰ NHS Health Checks operate on a 5-year rolling programme with the eligible population divided into an annual target. The total number of eligible residents in Norfolk covering the 5-year period 2019/20 Q1 to 2023/24 Q1 is 267,570.

Demand for NHS Health Checks is due to increase in Norfolk, as Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. The population in the Norfolk area is expected to grow by about 104,000 people between 2020 and 2040, with 83,000 of this increase in the population over 65.¹¹

Cardiovascular disease and socio-economic status

CVD is the second leading cause of premature deaths in Norfolk.¹² Great Yarmouth (82.8) and Norwich (93.3) under 75 mortality rates per 100,000 (directly standardised, 2021) as a result of CVD are above the England average (76).¹³

People in lower socioeconomic groups are five times more likely than higher socioeconomic groups to have a combination of three or four lifestyles behaviours that can damage health. Lower socioeconomic groups would include people in unskilled work (or no work), with little educational achievements, a low income, little in the way of savings, and living in an area of inequalities. This clustering of potentially harmful behaviours increases the risk of a person developing poor health. The strong and persistent link between deprivation and ill health underlines the importance of targeting NHS Health Checks at the most at-risk populations.

National recommendations

The current NHS Health Check focuses on identifying CVD risk factors or disease, then referring people to behaviour-change services or treatment. The findings from the 2021 Office for Health Improvement and Disparities (OHID) review into the programme have resulted in a vision for a new 'intelligent' NHS Health Check that engages more directly with people and places individual behavioural change at its heart.¹⁴

¹⁰ Office for National Statistics. *Norfolk County: 2021 Census Area Profile*.

https://www.nomisweb.co.uk/sources/census_2021/report?compare=E10000020

¹¹ Office for National Statistics. *Population projections for local authorities: Table 2*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

¹² Office for Health Improvement and Disparities (OHID) (2023). *Public Health Outcomes Framework: Healthcare and premature mortality*. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000044/pat/15/par/E92000001/ati/502/are/E10000020/iid/93723/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

For further information on CVD in Norfolk please see the June 2023 JSNA publication on *CVD: Public Health outcomes and prevention priorities*: <https://www.norfolkinsight.org.uk/jsna/cvd-public-health-outcomes-and-prevention-priorities/2023/06/23/>

¹³ Office for Health Improvement and Disparities (OHID) (2023). *Public Health Outcomes Framework: Indicator E04a – Under 75 mortality rate from all cardiovascular diseases 2021*. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000044/pat/502/par/E10000020/ati/501/iid/40401/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

¹⁴ Office for Health Improvement and Disparities. *Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations*. December 2021. <https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations#what-it-will-look-like>



NHS Health Check delivery in Norfolk

The main provider for NHS Health Checks in Norfolk is the General Practice rolling primary care contract. Payment is activity based and is paid to claiming providers quarterly. The pandemic has caused great disruption to primary care services and continues to impact business as usual. Public Health have commissioned two additional NHS Health Check providers to provide support and compliment primary care delivery. Reed Wellbeing were commissioned from April 2022 to deliver a catch-up programme for the missed NHS Health Checks during the pandemic in 2020/21 and 2021/22 within Norfolk-wide community settings and workplaces, including opportunistic drop-in sessions. Since April 2022 the Health and Wellbeing Support Service have provided capacity support for practices to deliver NHS Health Checks for the in-year cohort.

GP practices may consider targeting NHS Health Checks to patients most at risk of CVD and/or to address health inequalities. This includes:

- patients living in deprived communities
- patients known to be current smokers or be obese BMI 30+ (27.5 for Asian ethnicities)
- patients from South Asian or African Caribbean background
- patients with a family history of CHD
- patients who are being recalled for their second cycle NHS Health Check with a previous recorded Q Risk score of 10% or over (who remain eligible).

Priority risk indicators:

- Current smoker
- GPPAQ physical activity index: inactive
- AUDITC score 8+
- QRisk2 score 10+

A patient's eligibility is established by checking against the information held by the patient's GP practice. The Health and Wellbeing Support Service target areas of deprivation and work with GP practices where uptake of NHS Health Checks is low.

Signposting and lifestyle referrals

The success of the NHS Health Check rests on what happens afterwards, and links to primary care and other support services are key.¹⁵ The 2021 OHID review of NHS Health Checks states that better follow-up should improve the reach and effect of alcohol-reduction services, physical activity programmes and weight-loss interventions.¹⁶

For each risk identified the individual is informed of how this risk can be reduced by behaviour change and provided with their results on an NHS Health Check results card. To manage the risk the individual is signposted¹⁷ or referred to healthy lifestyle services, with smoking cessation, weight management and alcohol services commissioned by Norfolk County Council.

The number of patients signposted or referred to a specialist service as a percentage of all NHS Health Checks delivered in 2022/23 and 2023/24 Q1 and Q2 has recovered to above pre-pandemic levels, with the largest increases in the percentage of physical activity and weight management referrals (Figure 2). Mental wellbeing signposting and referrals records began 2022/23.

¹⁵ Nuffield Department of Primary Care Health Sciences. *NHS Health Checks programme: a realist review*. November 2021.

¹⁶ Office for Health Improvement and Disparities. *Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations*. December 2021.

¹⁷ Some healthy lifestyle services are self-referral based, and therefore providers of NHS Health Checks will signpost service users to these services. Providers of NHS Health Checks will predominantly be signposting service users to healthy lifestyle services through means of providing users with an NHS Health Check results card, healthy lifestyle services leaflets, website addresses and telephone numbers.

Figure 1: Patients signposted or referred to a specialist service from an NHS Health Check from all providers (GP, HWSS, NCC, NNUH, Pharmacies, Prison and REED) since 2018/20 to 2023/24 Q2.¹⁸

Financial Year	Smoking	Mental Wellbeing	Phys. Activity	Weight Mgt.	NHS Diabetes PP	Alcohol
18/19	421	0.00	376	612	325	32
19/20	517	0.00	535	592	175	31
20/21	79	0.00	50	60	24	14
21/22	162	0.00	149	201	82	20
22/23	1388	495.00	3488	4195	1237	284
23/24	934	106.00	2763	2680	966	163

Figure 2: Patients signposted or referred to a specialist service as a percentage of all NHS Health Checks delivered since 2018/19 to 2023/24 Q2.¹⁹

Financial Year	% Smoking	% Mental Wellbeing	% Phys. Activity	% Weight Mgt.	% NHS Diabetes PP	% Alcohol
18/19	1.9%	0.00	1.7%	2.8%	0.01	0.1%
19/20	2.5%	0.00	2.6%	2.9%	0.01	0.2%
20/21	3.4%	0.00	2.2%	2.6%	0.01	0.6%
21/22	2.3%	0.00	2.1%	2.8%	0.01	0.3%
22/23	3.5%	0.01	8.8%	10.6%	0.03	0.7%
23/24	4.1%	0.00	12.0%	11.7%	0.04	0.7%

Clinical follow up

NHS Health Check best practice guidance²⁰ states that local authorities will need to work closely with their partners across the healthcare system, including through health and wellbeing boards, Strategic Transformation Partnerships, Integrated Care Partnerships and Primary Care Networks, to ensure that where someone is identified as being at high risk of having or developing vascular disease, they receive additional testing and clinical follow up.

The patient is provided with their cardiovascular risk in the form of a percentage of their likelihood of developing a heart condition or circulation problem (such as heart disease, stroke, type 2 diabetes or kidney disease) over the next 10 years (Figure 3). Where the agreed threshold is reached, a referral is made to the patient's GP for further investigation (Figure 4).

¹⁸ Norfolk County Council data as of November 2023. Note that one patient could have been referred/signposted to more than one service. Mental wellbeing signposting and referrals records began 2022/23.

¹⁹ Ibid. Note that one patient could have been referred/signposted to more than one service. Mental wellbeing signposting and referrals records began 2022/23.

²⁰ Public Health England. *NHS Health Check Best Practice Guidance: For commissioners and providers*. October 2019 (updated March 2020).

Figure 3: Percentage of CVD risk distribution for all NHS Health Checks delivered from 2019/20 to 2023/24 Q2.²¹

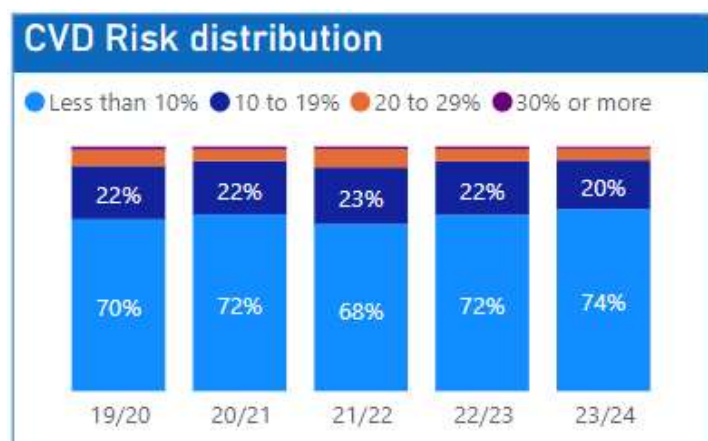


Figure 4: Referrals to GPs for further investigation from all NHS Health Check providers from 2019/20 to 2023/24 Q2.²²

Referral reason	Total
Cholesterol (total) >7.5	923
CVD score >=20%	5,035
CVD score 10%-19%	4,239
Glucose test (Diabetes assessment)	2,528
Hypertension	7,839
Hypotension	13
Chronic kidney disease (CKD)	5,874
Irregular pulse	332
Raised cholesterol & CVD >=10%	2,084
Health Checks delivered	92,518

Performance in Norfolk

The COVID pandemic impacted on the capacity of GP practices to deliver NHS Health Checks (Figure 5). NHS Health Checks delivered by Norfolk PCNs as a percentage of their annual eligible population ranged from 52% to 96% in the financial year 2022/23.

Figure 5: Number of patients invited to and patients attending an NHS Health Check in 2020/21, 2021/22 and 2022/23 in Norfolk by Primary Care Network (PCN).²³

PCN	20/21					21/22					22/23				
	Annual Eligible population n	HC Offered	% Eligible Offered	HC Delivered	% Eligible Delivered	Annual Eligible population n	HC Offered	% Eligible Offered	HC Delivered	% Eligible Delivered	Annual Eligible population n	HC Offered	% Eligible Offered	HC Delivered	% Eligible Delivered
Breckland Surgeries PCN	2,505	557	22%	311	12%	2,505	1,771	71%	663	26%	2,505	5,353	214%	1,523	61%
Fens & Brecks PCN	2,459	276	11%	162	7%	2,459	816	33%	532	22%	2,459	4,763	194%	1,814	74%
Gorleston PCN	2,570	112	4%	38	1%	2,570	146	6%	75	3%	2,570	2,274	88%	1,985	77%
GY & Northern Villages PCN	3,789	648	17%	45	1%	3,789	44	1%	79	2%	3,789	6,955	184%	2,302	61%
Ketts Oak PCN	4,929	271	5%	51	1%	4,929	607	12%	256	5%	4,929	14,594	296%	4,738	96%
Kings Lynn PCN	4,048	1,529	38%	142	4%	4,048	1,400	35%	395	10%	4,048	7,302	180%	2,858	71%
Mid Norfolk PCN	2,786	53	2%	13	0%	2,786	687	25%	240	9%	2,786	2,771	99%	1,446	52%
North Norfolk 1 PCN	2,525	143	6%	78	3%	2,525	2,325	92%	680	27%	2,525	4,331	172%	1,949	77%
North Norfolk 2 PCN	2,431	310	13%	77	3%	2,431	914	38%	392	16%	2,431	4,226	174%	1,314	54%
North Norfolk 3 PCN	2,897	191	7%	147	5%	2,897	1,560	54%	567	20%	2,897	2,638	91%	1,772	61%
North Norfolk 4 PCN	3,016	155	5%	129	4%	3,016	928	31%	596	20%	3,016	6,245	207%	2,029	67%
Norwich PCN	12,702	1,781	14%	492	4%	12,702	4,805	38%	1,614	13%	12,702	27,916	220%	9,662	76%
South Norfolk Hip PCN	4,071	473	12%	194	5%	4,071	1,168	29%	547	13%	4,071	7,707	189%	2,729	67%
Swaffham & D. Market PCN	2,719	653	24%	200	7%	2,719	597	22%	379	14%	2,719	3,343	123%	2,019	74%
West Norfolk Coastal PCN	1,458	3	0%	3	0%	1,458	5	0%	5	0%	1,458	4,186	287%	1,120	77%
Norfolk Total	54,905	7,155	13%	2,082	4%	54,905	17,773	32%	7,020	13%	54,905	104,604	191%	39,260	72%

²¹ Norfolk County Council data as of November 2023.

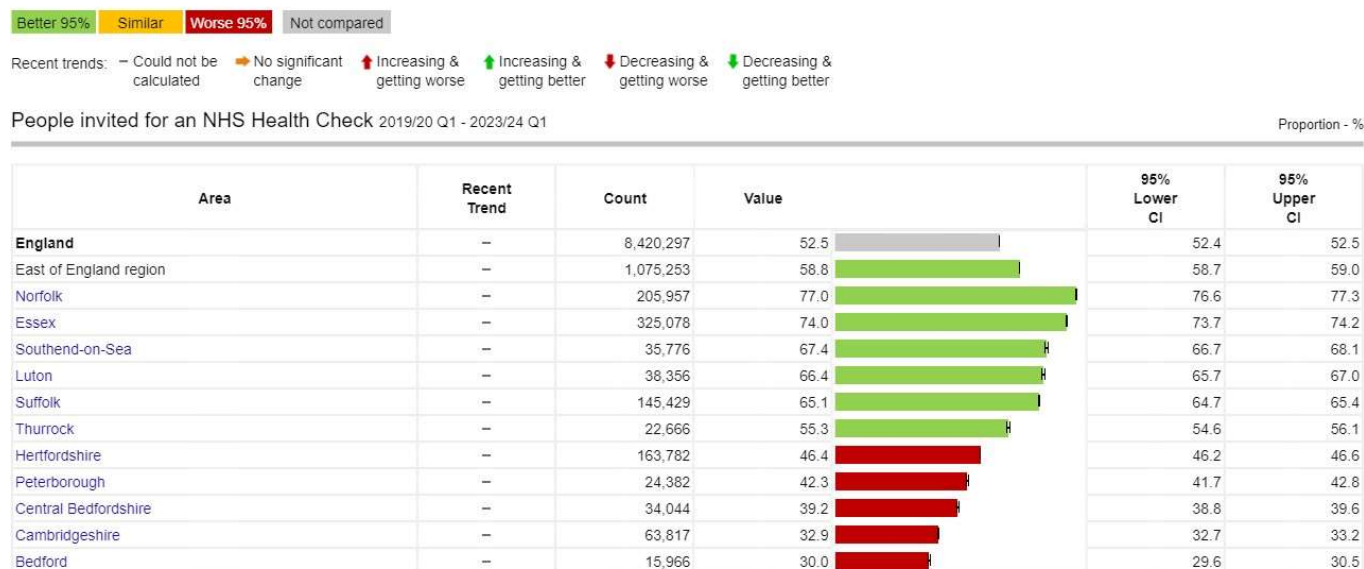
²² Ibid. Note Hypotension figures included in Hypertension for GPs and REED. Pharmacies' Hypotension referrals were included in Hypertension up to 2022/23. One patient could have been referred to more than one service.

²³ Ibid.

The total eligible population (TEP) covering the 5-year period of 2019/20 Q1 to 2023/24 Q1 for Norfolk was 267,570.

The number of NHS Health Checks offered from 2019/20 Q1 to 2023/24 Q1 in Norfolk was 205,957.²⁴ This is 77% of its TEP, which is higher than 58.8% in the East of England and 52.5% in England (Figure 6).²⁵

Figure 6: Percentage of the eligible population offered an NHS Health Check from 2019/20 Q1 – 2023/24 Q1 in the East of England.²⁶



The number of NHS Health Checks delivered from 2019/20 Q1 to 2023/24 Q1 in Norfolk was 81,242.²⁷ This represents a 39.4% uptake from the invites.²⁸ In respect of the TEP, this is 30.4% and is higher than 24.8% in the East of England and 21.2% in England (Figure 7).²⁹

²⁴ Office for Health Improvement and Disparities (OHID) (2023). *NHS Health Check: People invited for an NHS Health Check 2019/20 Q1 to 2023/24 Q1*. <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/3/gid/1938132726/pat/6/par/E12000006/ati/402/are/E06000055/iid/91111/age/219/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

²⁵ Ibid.

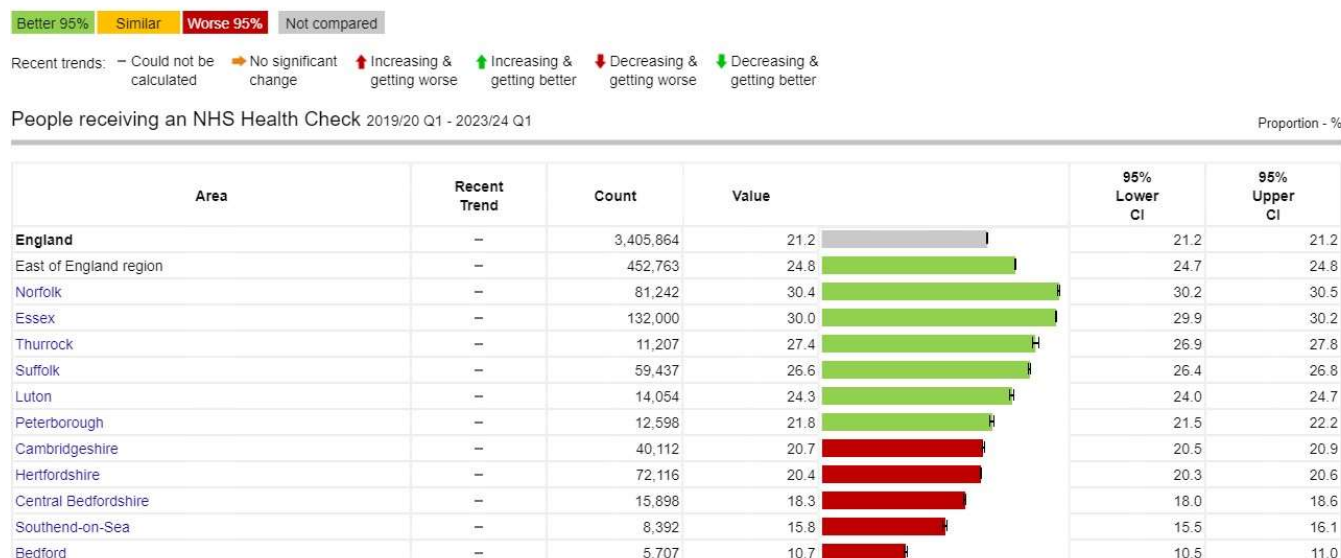
²⁶ Ibid.

²⁷ Office for Health Improvement and Disparities (OHID) (2023). *NHS Health Check: People receiving an NHS Health Check 2019/20 Q1 to 2023/24 Q1*. <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/3/gid/1938132726/pat/6/par/E12000006/ati/402/are/E06000055/iid/91112/age/219/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

²⁸ Office for Health Improvement and Disparities (OHID) (2023). *NHS Health Check: People taking up an NHS Health Check invite 2019/20 Q1 to 2023/24 Q1 Crude rate - %*. <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/3/gid/1938132726/pat/6/par/E12000006/ati/402/are/E06000055/iid/91116/age/219/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

²⁹ OHID (2023). *NHS Health Check: People receiving an NHS Health Check 2019/20 Q1 to 2023/24 Q1*.

Figure 7: Percentage of the eligible population delivered an NHS Health Check from 2019/20 Q1 – 2023/24 Q1.

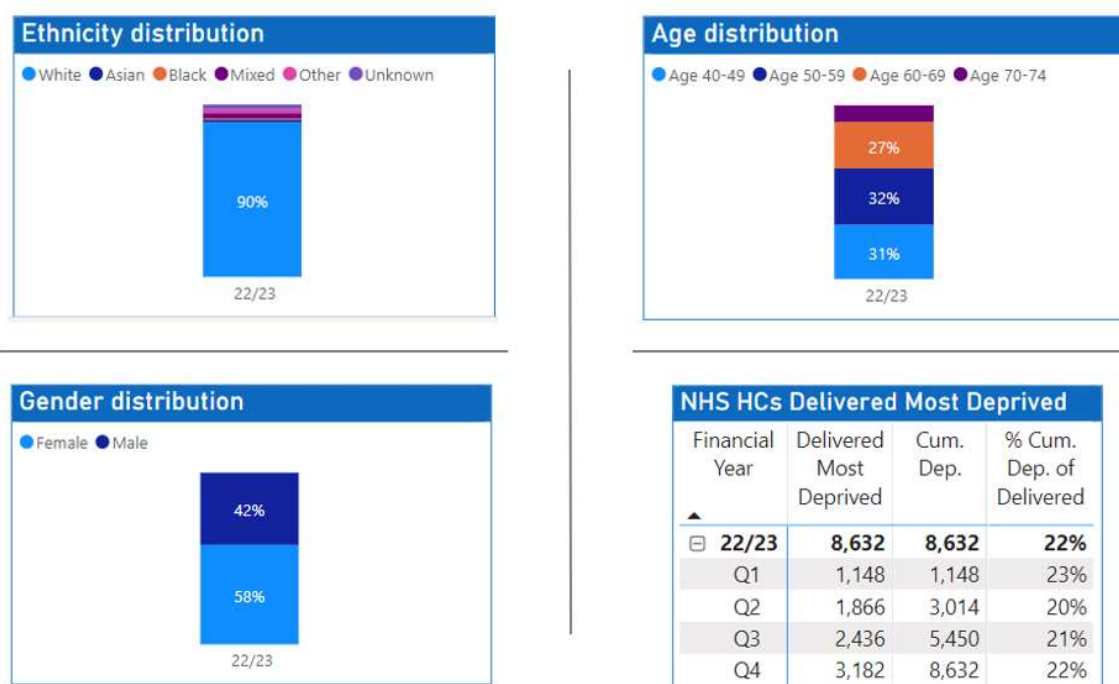


NHS Health Checks attendance distributions

For the financial year 2022/23:

- The majority of people who attended an NHS Health Check in Norfolk were White (90%).
- A slightly larger number of people who attended an NHS Health Check in Norfolk were from the age group 50-59 years (32%) than from the other eligible age groups.
- More people attending their NHS Health Check were female (58%) than male (42%).
- 22% of NHS Health Checks were delivered in the most deprived areas of Norfolk (IMD quintiles 1 and 2).

Figure 8: NHS Health Check attendance by demographic distributions for Norfolk 2022/23.³⁰



³⁰ Norfolk County Council data as of November 2023.

Local plans and strategies

Norfolk County Council's Strategy 2021-25, *Better Together, For Norfolk*, prioritises the improvement of the population's health by promoting healthy lifestyles, supporting people to make healthy choices, and providing public health services.³¹ The Public Health Strategic Plan³² expands on this, setting out Norfolk County Council Public Health's ambitions for increased access and take up of public health prevention services and a reduction in health inequalities.

Norfolk County Council Public Health began a five-year improvement programme in April 2022 for the NHS Health Check service to improve uptake in Norfolk and to reduce health inequalities.

Voice – the perspective from the public, service users, referrers and front-line staff

Healthwatch Norfolk published a report³³ on people's experiences of NHS Health Checks in March 2023, based on 393 responses to a public survey from 21 November 2022 to 3 January 2023.

The report found that:

- Most people welcomed having an NHS Health Check, with most people who have had an NHS Health Check saying they would have an NHS Health Check again. Of participants that said they would have an NHS Health Check again; many mentioned the importance of monitoring their health.
- Communication and information about NHS Health Checks needs to increase.
- More invitations should be sent by GP practices and a range of ways to invite patients should be used. Multiple invitations or reminders should be used to increase uptake.
- The locations and times where NHS Health Checks are available are important factors for accessibility.
- More staff training into how to give personalised advice to help facilitate behaviour change should be provided. Staff should be made more aware of the barriers to behaviour change and consider these when giving specific advice and be trained in how to proactively deliver key messages.

As part of their report into experiences of NHS Health Checks in Norfolk, Healthwatch Norfolk emailed a number of GP surgeries asking a member of their staff to answer questions in a short online survey to gain an insight into the opinions of professionals delivering and overseeing NHS Health Checks regularly. A total of six responses were received. From the responses received Healthwatch Norfolk found that the barriers that healthcare staff face when delivering NHS Health Checks include, not all staff being trained, staff shortages, the demand on healthcare assistants, and lack of space within the practice.

The survey asked healthcare staff whether there is anything that would help them to deliver more NHS Health Checks. There were a range of answers, with one staff member suggesting that NHS Health Check letters should be available in multiple languages, whilst another said they needed more space. A few staff responded that there was nothing that would help them deliver more NHS Health Checks.

The Public Health Commissioning team meet regularly with representatives from primary care, the Local Medical Council (LMC), and the Local Pharmacy Council (LPC) to ensure ongoing communication and engagement.

Evidence of effectiveness

NHS Health Check delivery in deprived areas

From 2019/20 to 2023/24 Q2, just over half the number of NHS Health Checks were delivered in the most deprived areas (GP national IMD quintiles 1 and 2) compared to the least deprived areas (GP national IMD

³¹ Norfolk County Council. *Better Together, For Norfolk*. 2021. <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/corporate/council-vision-and-strategy>

³² Norfolk Insight Joint Strategic Needs Assessment. 2023. *Public Health Strategic Plan*. <https://www.norfolkinsight.org.uk/jsna/public-health-strategic-plan/2023/06/23/>

³³ Healthwatch Norfolk. *NHS Health Checks: Experiences of NHS Health Checks in Norfolk*. March 2023. <https://healthwatchnorfolk.co.uk/report/nhs-health-checks-report-march-2023/>

quintiles 4 and 5).³⁴ This shows an unmet need for those living in deprived areas who are most at risk of CVD.

Cost effectiveness

Economic modelling³⁵ in 2021 found that by 2040 the current NHS Health Check is likely to reduce absolute health inequalities and is estimated to achieve a return on investment (ROI) of £2.93 for every £1 spent from a societal perspective, compared to no programme. The greatest improvements in risk reduction were when follow up was improved.

Information gaps

- The current approach for NHS Health Checks is being evaluated to understand its impact and effectiveness and to inform future procurement.
- A stronger understanding of the end-to-end referral of service users is required to understand what the health outcomes are.
- Further information is needed to understand what the recommendations published in the 2021 OHID review would mean for Norfolk, such as the launch of a digital offer or to make the NHS Health Check available to people from a younger age.
- In December 2022 the Department for Health and Social Care announced a trial of the NHS Digital Health Check in Cornwall, the first of its kind in England.³⁶ The results of the trial will be useful to help to inform how the digital offer would work for residents in Norfolk.

Conclusions

CVD remains a significant cause of disability, death and health inequalities, despite being largely preventable. The NHS Health Check programme provides a key opportunity for identifying people aged 40-47 at risk of CVD and supports Norfolk County Council's Public Health Strategic Plan and the NHS Long Term Plan commitments around prevention and reducing health inequalities.

Since 2022/23 Norfolk has significantly improved in the regional rankings in terms of NHS Health Checks offered and delivered to its total eligible population. However, there is evidence of poor uptake of commissioned services for specific population groups and gaps in local intelligence.

Invites:

- Norfolk Health Check invite rate benchmarks well in the East of England and nationally.
- There is limited delivery through pharmacies.
- There is variation between GP practices in regard to the number of NHS Health Checks offered to their eligible patients. Not all practices are inviting eligible patients for their NHS Health Checks or taking up the offer of additional support.

Health Check:

- Norfolk Health Check delivery benchmarks well in the East of England and nationally.
- User feedback is limited.
- There is limited provider voice.
- There is limited quality assurance.

³⁴ Norfolk County Council data as of October 2023. 19,180 NHS Health Checks were delivered in GPs located in IMD national quintiles 1 and 2 from 2019/20 to 2023/24 Q2, compared to 35,417 NHS Health Checks delivered in GPs located in IMD national quintiles 4 and 5 during the same time period.

³⁵ Office for Health Improvement and Disparities. *Review of the NHS Health Check Annex E: health economic modelling*. December 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038944/annex-e-health-economic-modelling.pdf

³⁶ Department of Health and Social Care. *Press release: Patients to carry out health checks in comfort of own home to ease pressure on frontline services*. December 2022. <https://www.gov.uk/health-and-social-care/health-conditions>



Follow up:

- The Local Authority does not have access to the GP systems to understand who has been clinically followed up in primary care or referred to other services.

Glossary

AUDIT C: Alcohol use disorders identification test consumption. A test to quickly identify alcohol harm in service users.

CHD: Coronary Heart Disease

CVD: Cardiovascular disease

Circulatory and heart conditions: mean the same as CVD in this report.

GPPAQ: General practice physical activity questionnaire. A screening tool used in routine general practice to provide a simple physical activity index.

Hypertension: High blood pressure

IHD: Ischaemic heart disease

PCN: Primary Care Network

QRisk2: A predictive algorithm used to support medical practitioners to help assess the potential risk of cardiovascular disease in patients.

Further information

NHS Health A to Z – NHS Health Check: <https://www.nhs.uk/conditions/nhs-health-check/>

NHS Health Check National Guidance: <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Norfolk County Council NHS Health Checks: <https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/nhs-health-checks>

Norfolk Joint Strategic Needs Assessment – CVD: Public Health outcomes and prevention priorities. June 2023: <https://www.norfolkinsight.org.uk/jsna/cvd-public-health-outcomes-and-prevention-priorities/2023/06/23/>

Office for Health Improvement & Disparities Guidance – NHS Health Checks: applying All Our Health: <https://www.gov.uk/government/publications/nhs-health-checks-applying-all-our-health/nhs-health-checks-applying-all-our-health>

Office for Health Improvement & Disparities Research and Analysis – Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations: <https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations#what-it-will-look-like>

The King's Fund – Cardiovascular disease in England: <https://www.kingsfund.org.uk/publications/cardiovascular-disease-england>

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Online feedback:

Send us your query or feedback online using our online feedback form at

<http://www.norfolkinsight.org.uk/feedback>

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