

NHS Health Check programme

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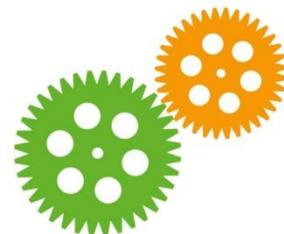
Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease.



Background – impact of vascular disease

- Causes 36% of deaths (170,000 pa in England)
- Responsible for a fifth of all hospital admissions
- Especially in
 - deprived communities
 - South Asians - in the UK, mortality from CHD is currently 46% higher for men and 51% higher for women of SA origin than in the non-Asian population



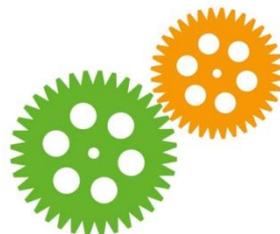
Background - health inequalities

Vascular disease makes up approximately a third of the difference in life expectancy between spearhead areas and the rest of England.

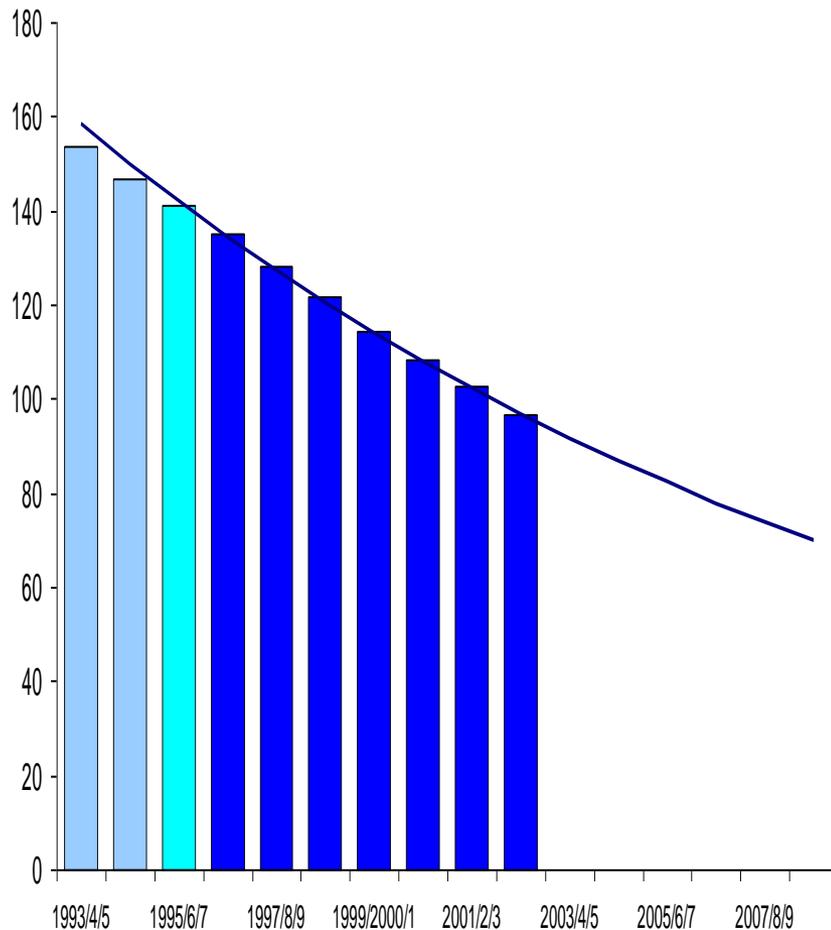
Type II diabetes –

- a growing public health concern
- prevalence is increasing
- contributes significantly to health inequalities

Offers a real opportunity to tackle health inequalities



Background - progress so far

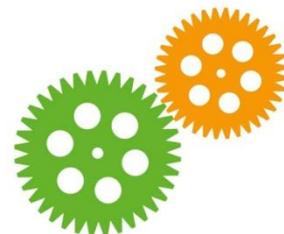


National Service Frameworks and Stroke Strategy

Highlight need for prevention

Previous gains under threat:

- aging population
- rising tide of obesity
- sedentary lifestyles



Background - why a national programme?

The Diabetes, Heart Disease and Stroke Prevention Project:
identification of people with diabetes in the general population is best achieved through targeted screening along with other vascular disease

The National Screening Committee recommended:
“the introduction of a vascular risk management programme in which the whole population would be offered a risk assessment that could include, among other risk factors, measurement of blood pressure, cholesterol and glucose”



Purpose of the programme

- A single universal programme for everyone aged 40-74 in England (3 million checks a year; 15 million cohort)
- A preventive programme – not screening for disease
- A risk assessment and management programme
- Risk management key
- To help people stay well for longer

Clinically and cost effective



The NHS Health Check

- Straightforward questions and simple blood test
- Measure risk of heart disease, stroke, diabetes and chronic kidney disease
- Set out how to reduce risk/maintain low risk
- Offer tailored package of prevention
- Repeat check after 5 years – call and recall system
- Suitable for a variety of settings e.g. pharmacies and community facilities

Clinically and cost effective

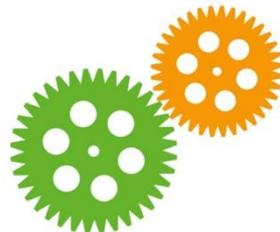


Impact of the programme

Each year will prevent at least:-

- 1,600 heart attacks and strokes
- 4000 people developing diabetes
- detect 20, 000 cases diabetes and kidney disease early

[Prevention figures are cautious estimates based only on known effective management applied to those at high risk]



National programme/ local delivery

National programme:

- set of core tests which are consistently and systematically delivered across the country

Locally delivered:

- PCTs decide how best to implement in their areas to broaden coverage and reduce not widen health gaps

Implementation:

- phased from 2009/10
- At full roll out, 1/5th cohort to be invited each year
- Coalition Government is committed to the programme

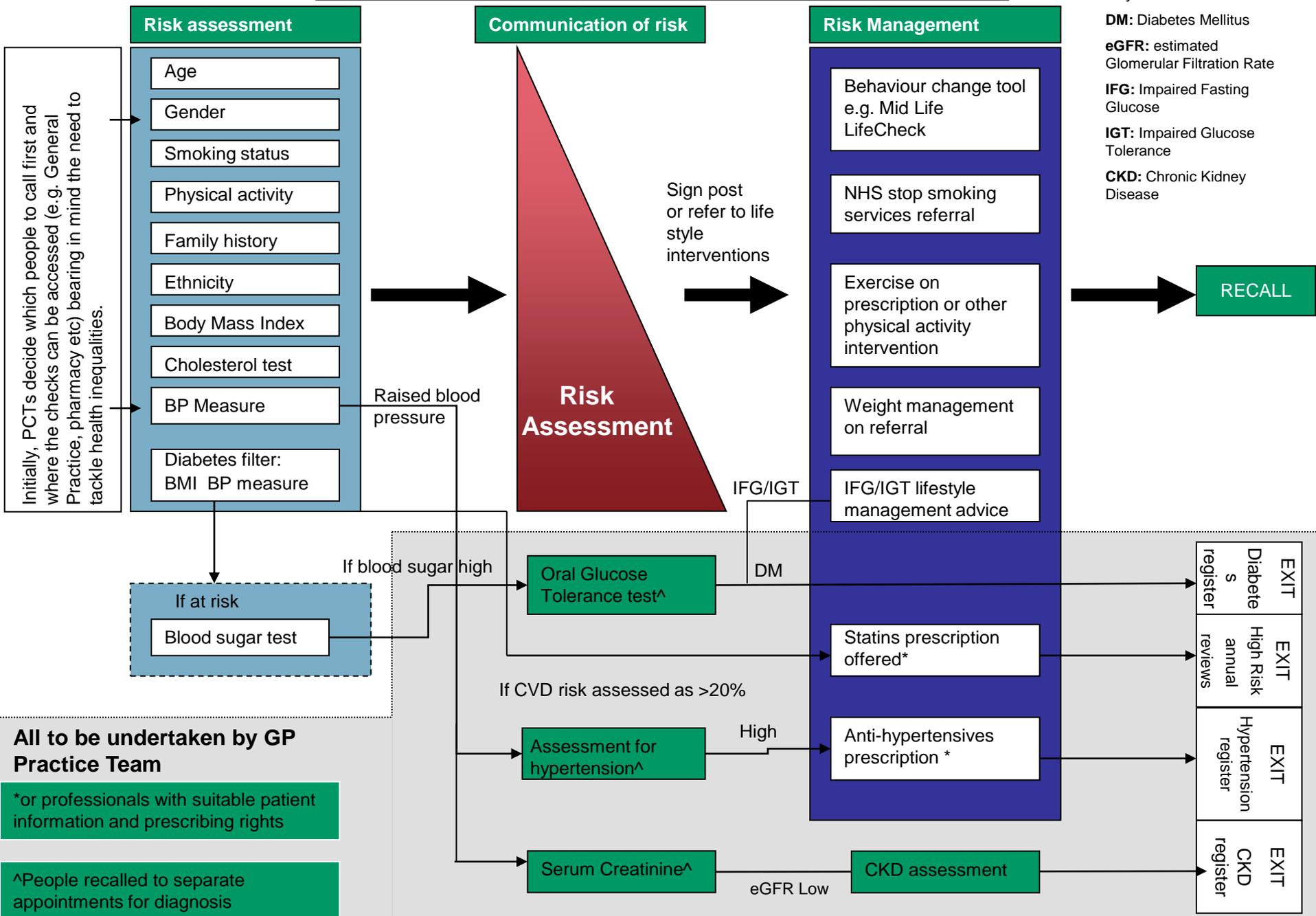
Clinically and cost effective



NHS Health Check Programme

Key:

- DM:** Diabetes Mellitus
- eGFR:** estimated Glomerular Filtration Rate
- IFG:** Impaired Fasting Glucose
- IGT:** Impaired Glucose Tolerance
- CKD:** Chronic Kidney Disease



Checking for diabetes risk

Person aged 40 – 74 without diagnosed existing vascular disease

BMI ≥ 30
(or ≥ 27.5 if South Asian)
or
BP $\geq 140/90$

No further testing

HbA1c

FPG

Repeat HbA1c

OGTT

OGTT

Non-diabetic hyperglycaemia:
intensive lifestyle advice

Non-diabetic hyperglycaemia:
intensive lifestyle advice

Healthy lifestyle advice

Healthy lifestyle advice

Diabetes diagnosis:
See boxes 4 and 5

$\geq 6.5\%$ / 48mmol/mol (symptoms)

$\geq 6.5\%$ / 48mmol/mol (no symptoms)

$\geq 6\%$ / 42 mmol/mol to $< 6.5\%$ / 48mmol/mol

$< 6\%$ / 42mmol/mol

≥ 7 mmol/l (symptoms)

≥ 7 mmol/l (no symptoms)

≥ 6 to < 7 mmol/l

< 6 mmol/l

$\geq 6.5\%$ / 48mmol/mol

$< 6.5\%$ / 48mmol/mol
2hr glucose

7.8 - 11.0 mmol/l

2hr glucose

≥ 11.1 mmol/l

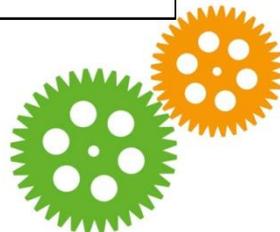
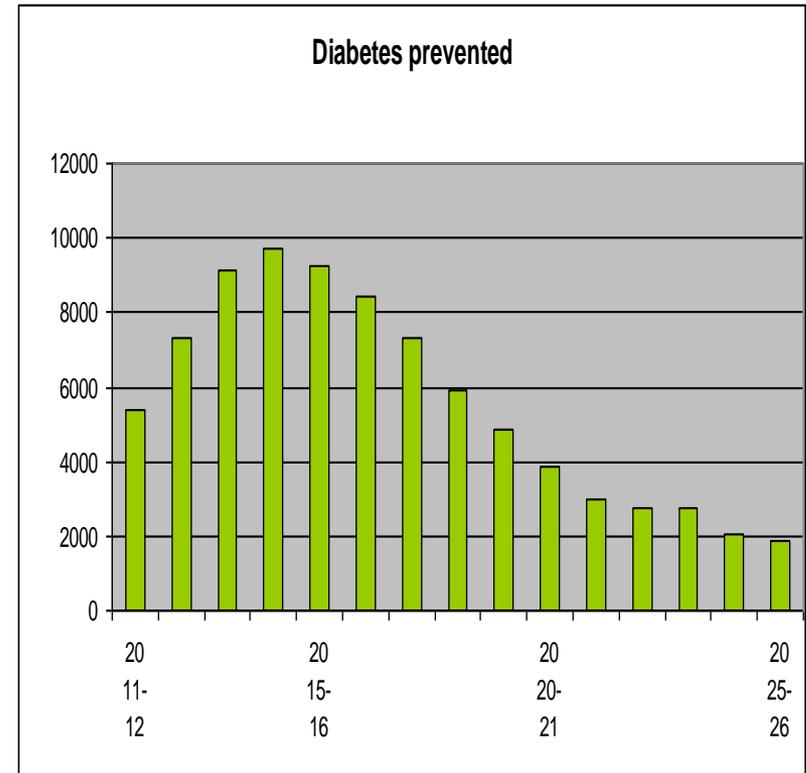
2hr glucose

≥ 11.1 mmol/l

2hr glucose
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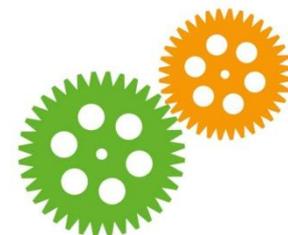
Diabetes prevention - benefits

- Up to 9700 cases of **diabetes** prevented each year through non diabetic hyperglycaemia detection and lifestyle interventions
- Figures higher in early years because of undetected prevalent IGF
- Average 7900 cases a year prevented in first 4 years

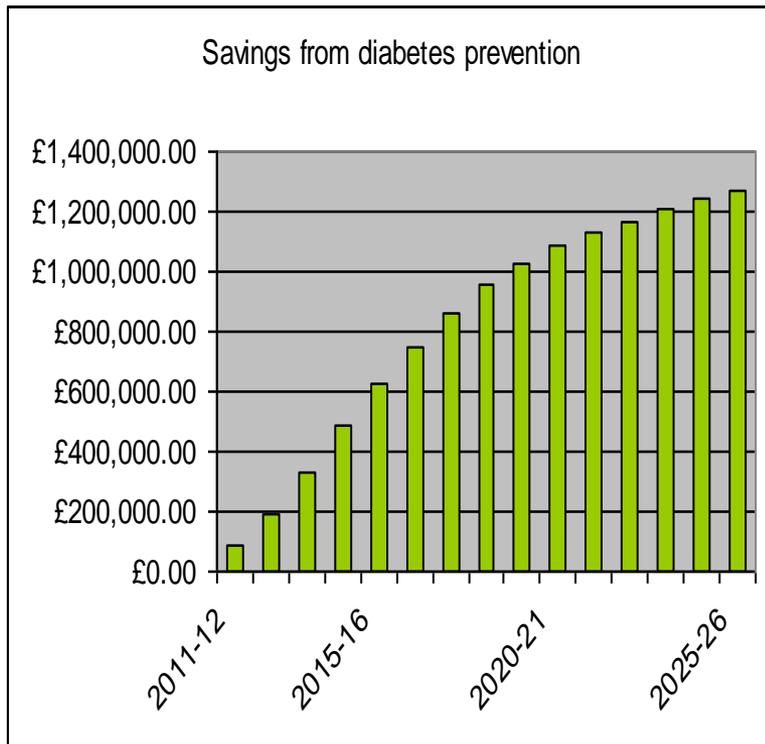


Savings from NHS Health Check programme

	Averted strokes	Averted MIs	Diabetes prevented	Diabetes detected early	CKD detected early	Total
4 year average	£5m.	£4m.	£40m.	£1m.	£7m.	£57m.
10 year average	£9m.	£6m.	£94m.	£1m.	£21m.	£132m.
15 year average	£12m.	£7m.	£122m.	£2m.	£32m.	£176m.



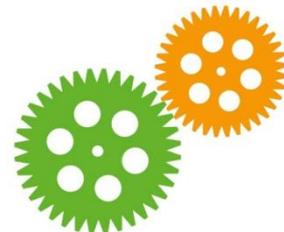
Diabetes prevention - savings



- By year 15, they are 15 times the year 1 level

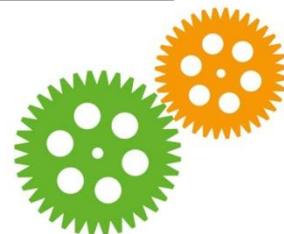
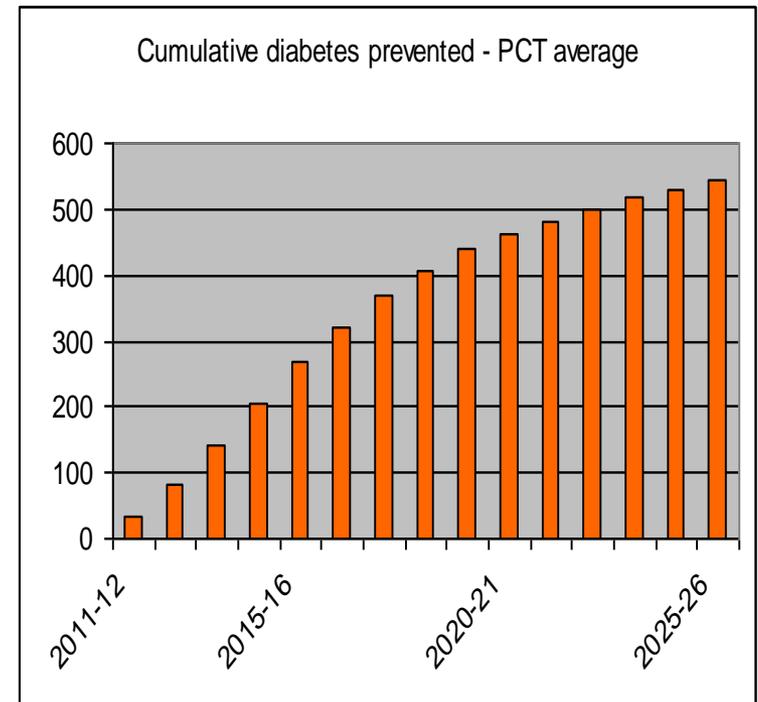
- Savings derive from direct costs of diabetes, and also from averted strokes, MIs, blindness, amputations and renal replacement therapy.

- Savings from diabetes prevention in year 5 are 8 times as high as those in year 1



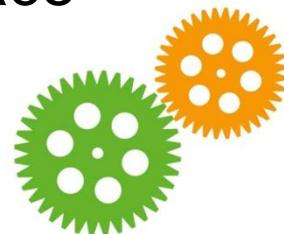
Diabetes prevention

- The higher savings over time arise as the population in which diabetes has been prevented grows.
- Diabetes prevented in a single year creates a long-term stream of savings.



Progress on diabetes risk assessment

- Most challenging aspect of the risk assessment for PCTs
- Difficult to wean off random glucose as a filter
- Some resistance to use of HbA1c
 - not WHO gold standard
 - perceived cost (equipment and lab testing)
- General lack of understanding about the importance of identifying and managing pre diabetes
- Working with PCTs to ensure they understand the costs and benefits and have management programmes in place



Treatment of pre diabetes : anecdotal evidence

Lack of clarity within PCTs about what they should be doing to manage pre diabetes:-

- some are offering chat with the nurse
- not clear how to use existing services
- not sure what is meant by an intensive lifestyle intervention
- NHS Diabetes and Kidney Care trying to identify examples of evidence based interventions which reduce 5% of body weight

