NHS HEALTH CHECKS

Britannia Stadium
Thursday 12th January 2012

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NHS Stoke on Trent
Figure 7 – Conditions contributing the most to the gap in life expectancy in males in the West Midlands Spearhead Group:

- Coronary Heart Disease
- Lung Cancer
- Stroke
- Chronic cirrhosis of the Liver
- Chronic obstructive airways disease
- Other respiratory disease
- Endocrine, nutritional, metabolic diseases
- Mental and behavioural disorders
- Infectious and parasitic diseases
- Other cardiovascular disease

Months of life lost or gained
CVD is responsible for around 33% of the observed gap in life expectancy among people living in areas with the worst health and deprivation indicators compared with those living elsewhere in England.

NICE CVD prevention guidelines, 2010
Expected v Registered Prevalence of major QOF conditions

- **Coronary Heart Disease**: PCT Registered 4.3%, PCT Expected 8.4%
- **Hypertension**: PCT Registered 15.7%, PCT Expected 32.8%
- **Diabetes**: PCT Registered 4.7%, PCT Expected 4.8%
- **COPD**: PCT Registered 1.9%, PCT Expected 5.8%
Local Outcomes still demonstrate value

Measuring outcomes of the Health Check is not a new concept to NHS SEE. In the previous newsletter, the number of people diagnosed with conditions subsequent to their Check was shown and these searches still provide valuable information and demonstrate the value of the Programme.

Prevention of disease altogether is the ultimate goal. Motivational interviewing to encourage patients to assess the barriers to lifestyle change (especially smoking cessation) is a very powerful mechanism for change. Early identification of existing disease which is treated by a combination of lifestyle change and medication will also help reduce the number of cardiovascular events.

Here is the latest data available:

<table>
<thead>
<tr>
<th>Condition</th>
<th>No dx</th>
<th>AF</th>
<th>CKD</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>QRISK2 20%</th>
<th>IGT</th>
<th>Subsequent Stroke / TIA</th>
<th>Subsequent CHD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>17</td>
<td>16</td>
<td>98</td>
<td>205</td>
<td>346</td>
<td></td>
<td>320</td>
<td>15</td>
</tr>
</tbody>
</table>

Condition No dx AF CKD Diabetes Hypertension QRISK2 20% IGT Subsequent Stroke / TIA Subsequent CHD
Peoples lifestyles & related risks are the causes of a growing burden of disease.
The Need

<table>
<thead>
<tr>
<th></th>
<th>Stoke-on-Trent</th>
<th>West Midlands</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>32%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>22%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Obesity</td>
<td>28%</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Unhealthy Eating</td>
<td>79%</td>
<td>74%</td>
<td>71%</td>
</tr>
</tbody>
</table>

*The above figures are based on the Health Survey for England estimates 2007/08.

Poor lifestyles
Poor health outcomes

Early identification and effective management was seen as an important to enable us to reduce health inequalities
The causes of health inequalities

The wider determinants of health
- Financial status
- Employment and work environment
- Education
- Housing

The lives people lead
- Leading risk factors
  - Tobacco
  - High blood pressure
  - Alcohol
  - Cholesterol
  - Being overweight

The health services people use
- Accessibility and responsiveness
  - Primary care (e.g. GP practice)
  - Secondary care (e.g. hospital)
  - Preventative care (measures taken to prevent diseases)
  - Community services

Source: National Audit Office literature review
R and D questions

- Outcomes
- Targeting high risk populations
- Early diagnosis of LTC
- Lifestyle interventions delivery
- Sustaining behaviour change
- Non participants
- Other benefits ...............
Stoke evaluation programme

- Qualitative studies
- 1000 observational outcomes at 1 year
- Non attenders
- Practice cluster randomised controlled trial
Recent publications

Published:


Submitted for publication: