

# NHS Health Checks

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**T**he National Health Service (NHS) Health Check is a national screening programme to detect individuals in the 40–74-year-old age range who are at risk of developing cardiovascular disease (CVD).

It was in January 2008 that, the then Prime Minister, Gordon Brown, announced the Government's intention to shift the focus of the NHS towards empowering patients and preventing illness. As part of this, he set out to dramatically extend the availability of, what he called, 'predict and prevent' checks. Mr Brown's vision was that these checks would give people information about their health, support lifestyle changes and, in some cases, offer earlier interventions.

So, primary care trusts (PCTs) were required since late 2009 to commission services to deliver NHS Health Checks to 40–74 year olds, on a five-year, call–recall, cycle. The programme is specifically to detect risk and is not designed to cover those who are known to have an existing cardiovascular or related condition, such as diabetes or chronic kidney disease. Individuals participating in the checks will be given an assessment of the level of their own risk of developing CVD within the next 10 years and will be offered appropriate advice and interventions. For those with the least risk, this may be a simple discussion around healthy lifestyles. For moderate risk, the recommendations may include brief interventions around smoking, physical activity or referral to lifestyle support services. Those most at risk may require clinical interventions such as a statin prescription or referral to a specialist service. It is anticipated that the NHS Health Checks programme will be fully operational by April 2012.

## Requirements

A range of providers, including GP practices and pharmacies, are carrying out NHS Health Checks. Whoever the provider, the NHS Health Check should be carried out in a setting or area that allows a private conversation to take place, face to face. The QRISK2 risk tool is the preferred tool for calculating the overall risk of developing CVD as it appears to take better account of ethnicity and deprivation. However, as the QRISK2 risk tool is currently not integrated into all GP practice clinical systems, the Framingham risk tool is also being used until such time as the QRISK2 is more widely available.



All patients who undergo an NHS Health Check should have their results and assessment of the level of vascular risk conveyed to them in a way that helps them to understand and take responsibility for lifestyle change. Lifestyle advice should be discussed in a way that actively involves them in agreeing which interventions are appropriate to them. What appears to be particularly powerful is communicating the risk of developing CVD in the next 10 years to a smoker, and then calculating what that risk would be if that patient stopped smoking. PCTs are already commissioning the follow-on Stop Smoking Services required.

Patients with greater than a 20% risk should be referred to their GP to be managed and placed on their GP practice's register for CVD, diabetes, hypertension, stroke etc., as appropriate.

Certainly there was high-level commitment from the previous government to delivering the 'predict and prevent' NHS Health Checks, but concern was expressed as to whether a new administration would be as supportive of this new initiative, also bearing in mind the current financial climate. However, the NHS Constitution, published in January 2009, did specifically introduce the new right, to come into effect in April 2012, for those aged 40–74, the entitlement to demand an NHS Health Check every five years, and the right to see an alternative provider if they are not offered one by the provider they approach, e.g. traditionally a GP practice. The NHS Constitution creates a legally binding commitment on the NHS to provide NHS Health Checks, and, therefore, it will not be easy for the incumbent administration to wriggle out ●

## Conflict of interest

None declared.