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Research and analysis

Review of NHS Health Checks: terms of reference

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NHS Health Checks are a main component of locally-led prevention and public health. They are offered to people without pre-existing disease aged between 40 and 74, free of charge, every 5 years. The results are used to raise awareness and support individuals to make behaviour changes and, where appropriate, access clinical management to help them reduce their risk of a heart attack, diabetes, stroke, respiratory diseases and some forms of dementia and cancer in the next 10 years.

The government's prevention green paper *Advancing our Health: Prevention in the 2020s* (<https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s>) recognised that the NHS Health Check Programme, originally introduced in April 2009, has – and continues to – achieve a lot. A national evaluation of the programme estimates that at current statin prescribing levels, over 5 years, 2,500 people will have avoided a major cardiovascular event, such as heart attack or stroke.

In their current form, checks also underpin important NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>) commitments geared to preventing 150,000 heart attacks, strokes and cases of dementia, and are the major conduit for recruitment to the Diabetes Prevention Programme (<https://www.england.nhs.uk/diabetes/diabetes-prevention/>).

However, the green paper also recognised significant variation in uptake and follow-up of health risks identified by the programme, along with the potential that people could benefit from a more tailored service or a particular focus at pivotal changes in the life course. The government therefore announced its intention, building on the gains made over the last 10 years, to consider whether changes to the NHS Health Check Programme (<https://www.nhs.uk/conditions/nhs-health-check/>) could help it deliver even greater benefits.

To achieve this, Department of Health and Social Care (DHSC) commissioned Public Health England (PHE) to undertake an evidence-based review of how NHS Health Checks can evolve in the next decade to maximise the future benefits of the programme.

Aim

The review will provide evidence-based advice to ministers on how the NHS Health Check Programme could be improved and its benefits maximised in the next decade (and beyond) to:

- prevent ill health; and
- reduce health inequalities

These aims are set within the context of supporting achievement of the government commitment to 'ensure that people can enjoy at least 5 extra healthy, independent years of life, by 2035, while narrowing the gap between the experience of the richest and poorest'.

Scope

The scope of the review will include:

Assessment of existing programme or approach including:

- benefits of the NHS Health Check programme as currently constituted in terms of its expressed aims (including to reduce health inequalities) and reducing the burden of disease, with assessment of effectiveness and cost-effectiveness

- limitations of the existing approach, considering how these relate to the current content and target population, modes or methods of delivery, and measures to promote uptake or facilitate follow-up

Consideration of evidence for potential changes to the content of the NHS Health Check, together with potential changes to the corresponding eligible population, including, for example:

- evidence for adding further diseases or risk factors, the readiness of genomic risk information to be used clinically and whether there should be different content at different life stages (that is, approaching retirement)
- whether eligibility should be focused on a subset of the population (more refined than by age alone), and if so should this be based on a process of prior assessment on basis of clinical information about or supplied by the individual?

Consideration of evidence for the most feasible, clinically and cost-effective approaches to delivery, including:

- opportunities for taking a 'digital-first' approach throughout programme design and delivery, and identification of exploitable synergies with other programmes that identify risk or case find (for example, national screening programmes) and their supporting infrastructure

Consideration of evidence on how take-up can be maximised, both to achieve maximal overall health gains and reduction of health inequalities.

Consideration of evidence on how best to facilitate follow-up, both clinical and non-clinical.

Consideration of future research needs to support longer term development of the programme.

Consideration of opportunities for synergies with the UKRI Accelerating Detection of Disease programme (<https://www.ukri.org/innovation/industrial-strategy-challenge-fund/accelerating-detection-of-disease/>).

The review should especially consider opportunities for:

- more tailored, risk-focused and personalised approaches, including looking at when people are called for their checks, so as to best support uptake campaigns and behaviour change
- extending the check into new areas of physical and mental health, and adopting new delivery approaches, including assessing the readiness of genomic information to be deployed clinically
- taking 'digital-first' approaches throughout design and delivery, as well as synergies with wider screening and risk-assessment programmes – including development of a common IT platform for national screening programmes

The following areas will be out of scope:

- where commissioning responsibility for the programme should lie
- the affordability of delivering changes to the programme as DHSC or ministers would be expected to take a view on this in light of the effectiveness and cost-effectiveness information provided through the review

Outputs

The review's advice should be based on evidence and take the form of a written report, with recommendations, addressed to the Secretary of State (SoS). The report should be in a format and style that allows it to be published for a more general audience.

The report should be appropriately peer-reviewed and any arrangements for publication must be agreed in advance with the DHSC.

A phased approach may be taken to the review's outputs. Therefore, the review may provide interim advice to the SoS, allowing interim findings to inform the development of government policy ahead of its final report.

As far as possible, the review's evidence-based advice should:

- take the form of options with clear benefits and costs
- provide recommendations based on maintaining the existing cost of NHS Health Checks, but may also advise on the benefits of changes that would increase costs
- consider how any recommendations would be implemented

Where the review concludes that evidence to support an otherwise desirable change is not yet sufficiently extant, it will recommend priorities for future research.

Timing

The review will provide a final report to the SoS by 31 December 2020.

This may be extended by agreement between the Chair, PHE and DHSC.

Leadership and governance

An expert Chair will be appointed to lead the review on behalf of PHE and is accountable to PHE's Chief Executive. The Chair will ensure the review fulfils PHE's responsibility to provide the government with expert and evidence-based information and advice.

The strategic direction for the review will be set through a steering group and led by the Chair of the review. Membership of the steering group is set out below.

The Chair will also be advised by the expert scientific, and clinical expert, panel for NHS Health Checks.

PHE will provide staff to support the Chair in undertaking his role and act as secretariat to the review. PHE may also provide funding to commission work from others to support and inform the review.

The principles of the review

This section sets out the principles that will underpin the way in which the review team will undertake its work. The team will work in a manner that is consistent with the PHE People Charter, the Civil Service code (<https://www.gov.uk/government/publications/civil-service-code/the-civil-service-code>), and in line with the following specific principles:

Principle 1

The review will proceed with an appropriate sense of urgency.

Principle 2

The review will proceed in an open and transparent manner that makes relevant, non-sensitive information publicly available.

Principle 3

The review will provide opportunities for widespread, meaningful engagement with stakeholders that allows them to directly inform the work.

Principle 4

The review team will communicate regularly with all stakeholders, providing appropriately detailed updates on progress and anticipated next steps.

Principle 5

The review team will put evidence at the heart of the work. Where there is an absence of evidence, this will be used to inform priorities for future research.

Methodology

A methodology, which will ensure the recommendations from the review are evidence-based, will be developed and agreed by the Chair and steering group.

Consultation and engagement

The review will consult widely, understanding the needs and preferences of the public, as well as the insights of those responsible for the commissioning and delivery of NHS Health Checks.

Keeping in touch

As a commissioned review, it will be appropriate for departmental officials to liaise with those conducting the review as it progresses (for example, to help ensure all relevant evidence sources have been identified), with observer status for any relevant proceedings. It may be especially helpful to discuss emerging findings occasionally.

Steering group members

John Deanfield, Chair of the NHS Health Check review, [P.H.E.](#)

Charles Alessi, Senior Adviser, [P.H.E.](#)

John Bell, Regius Professor of Medicine, Programme Leader, University of Oxford, Accelerating Detection of Disease programme

Alf Collins, Clinical Director, Personalised Care Group, NHS England and Improvement
Simon Eccles, Chief Clinical Information Officer for Health and Care: role spans DHSC and its arms-length bodies

John Newton, Director of Health Improvement, PHE

Paul Ogden, Senior Adviser, Local Government Association

Andrew Scott Clark, Council representative and Chair of Association of Directors of Public Health (ADPH) network for the South East, Director of Public Health, ADPH, Kent County Council

Helen Stokes-Lampard, Chair Elect, Academy of Medical Royal Colleges

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