



NEWS

Changes to NHS health checks must be evidence based and beneficial, say GPs

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The BMJ

A review of NHS health checks—which will look at tailoring checks based on risk and increasing the range of checks offered—must involve a “rigorous evaluation” to ensure they are safe, accurate, and of benefit to patients, GPs have warned.

The Department of Health and Social Care announced the review in the prevention green paper last month,¹ and has now fleshed out its scope.

It says it will consider including additional checks to prevent musculoskeletal problems and hearing loss, as well as how the checks can be digitised and tailored so people are offered “personalised interventions” based on risk, location, predisposition to diseases, and their DNA.

While some experts welcomed the more targeted approach, others said the current scheme still needs to be evaluated for cost effectiveness and questioned how GPs will take on the extra work.

Health checks are currently offered to everyone aged 40-74. They are intended to spot the early signs of major conditions that cause early death, including stroke, kidney disease, heart disease, and type 2 diabetes.

The government said that a review of the programme could lead to a “more data led predictive system” which offers checks based on different risk factors—for example, targeting drinking advice at 40 to 49 year olds (the most affected age group) and advice on how to reduce blood pressure to 70 to 74 year olds. The new scheme could also see those at low risk of cardiovascular disease offered less frequent, online check-ups.

The review will also consider introducing a specific check-up for those approaching retirement age to help prevent or delay future care needs, and will look at ways to maximise uptake of the checks.

No date has been set for when the review will start as it is part of the prevention paper which is undergoing consultation.

Between 2014 and 2019, around 14 million eligible people were offered a health check, and less than half (48.1%) attended one.²

Health secretary Matt Hancock said, “We must harness the latest technology to move away from the one-size-fits-all approach of the past. The review we are announcing today will be an important step towards achieving that, helping us to find data led, evidenced based ways to support people to spot, manage, and prevent risks to their health through targeted intervention.”

Duncan Selbie, Public Health England chief executive, said, “Predictive prevention becomes ever more possible through

genomics and the application of cutting edge behavioural science. NHS health checks have been phenomenally successful and this review is a great opportunity to make the next generation the most effective in the world.”

However, Royal College of General Practitioners chair Helen Stokes-Lampard said the college has long questioned the benefits of blanket health checks, and that while a more targeted, evidence based approach is a positive step, any changes must be “subject to rigorous evaluation to ensure its safety, accuracy, and benefit for patients’ health.”

Responding to the potential introduction of genetic testing, she said there are many matters that need to be considered, such as the increased workload for GPs and other healthcare professionals, and the “huge ethical and financial implications of suddenly knowing what health conditions you may be more susceptible to.”

Glasgow GP and former BMJ columnist Margaret McCartney also raised concerns.

“It seems bizarre that the health checks programme is not being subjected to independent cost effectiveness analysis examining outcomes that really matter to people. I fail to understand why the evidence safety check of the UK National Screening Committee (NSC) is not being used for this massive, expensive programme,” she said.

“We are currently seeing Ireland set up a NSC as it’s recognised as best practice. Yet, although we have one, it is effectively being bypassed. There is no point in having a safety check if it’s not used.”

Azeem Majeed, a London GP and head of primary care and public health at Imperial College London, said that funding and workload problems in the NHS and across public health programmes have meant that once patients are identified with a potential problem—for example, obesity—there are “often very limited local sources of support.”

He added, “I’m not sure how the programme will offer services such as early action on hearing loss. Most general practices don’t have the facilities to test hearing and audiology services in hospitals would not have the capacity to take on this testing.”

1 Mahase E. Prevention green paper lacks ambition, say critics. *BMJ* 2019;366:l4829.

2 NHS. NHS health check data. 2019. www.healthcheck.nhs.uk/commissioners-and-providers/data.

