LETTERS

NHS Health Check: national evaluation findings and implications

Governments around the world are committing to primary prevention strategies to reduce the impact of cardiovascular disease on premature mortality, as recommended in evidence-based guidance, ¹⁻³ but there is uncertainty about the design and effectiveness of delivery programs.

Chang and colleagues4 report an evaluation of the National Health Service (NHS) Health Check program, adding to existing reports^{5,6} of low program coverage in the early years but broadly equitable take-up across socioeconomic and ethnic groups. The new data show a small absolute reduction in modelled 10-year cardiovascular risk from a health check (from 6.7% to 6.2%), and that attendance was associated with significant decreases in blood pressure, body mass index and total cholesterol (but not in smoking). Prescribing of statins and antihypertensive medication increased but was still disappointingly low, even in high-risk patients.

The small size of the modelled reduction in risk remains a cause for concern, even if the study might have underestimated risk reduction due to missing or incomplete data and limited period of follow-up. The authors suggest the program falls short of "performance targets" but we would point out that uptake is now $49\%^7$ — more than double that reported in this study. The existing economic analysis did not show that 75% coverage was required to achieve cost-effectiveness as the authors imply.

Available evaluations show that vascular health check programs can identify large numbers of individuals at high risk. The challenge is to ensure that those patients receive effective and coordinated follow-up care to reduce that risk.

We agree that it is essential to continue to evaluate overall impact using more recent and complete data. Research is also needed on implementation to establish best practice and further improve program performance.

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