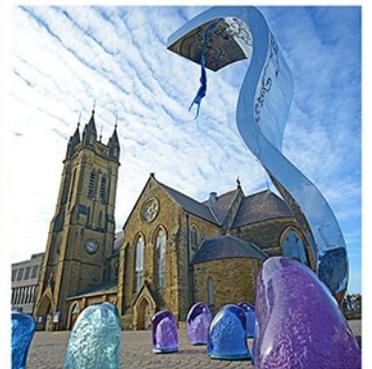


Health Equity Audit of Blackpool NHS Health Check Programme

Key Performance for years 2019/20 – 2022/23

And In-depth Analysis of Data 2023/24

Blackpool Council



Contents

Executive Summary	2
Recommendations	4
Background	6
What is involved in a NHS Health Check?	7
Understanding the Context of NHS Health Check Delivery in Blackpool	10
Methodology of Health Equity Audit	12
Chapter One: Key Performance	13
– Eligible Population	13
Performance of the NHS Health Check Programme	14
– Blackpool compared to England	15
– Primary Care Network Performance	16
Chapter Two: Health Equity Audit Findings from In-depth Analysis of Data 2022/23	19
– Uptake by Method of Invite	22
Chapter Three: Characteristics and CVD Risk of those Attending an NHS Health Check in 2023/24	25
NHS Health Check Risk Factors and Referrals Data, 2023/24	29
– Family History of CVD	29
– Smoking	29
– Weight Management	31
– Physical Activity	32
– Alcohol	33
Chapter Four: Patient Feedback and NHS Health Check Governance and Accountability	34
Patient Feedback	34
NHS Health Check Governance and Accountability	35
Conclusions	36
Appendix 1: GP Practices Locations and the PCN's they belong to as at November 2023	37

Executive Summary

The NHS Health Check is a free check-up of your overall health. It can tell you whether you're at higher risk of getting certain health problems, such as:

- heart disease
- diabetes
- kidney disease
- stroke

During the check-up you'll discuss how to reduce your risk of these conditions. If you're aged over 65, you'll also be told about symptoms of dementia to look out for.

Who is the NHS Health Check for?

The check is for people who are aged 40 to 74 who do not have any of the following pre-existing conditions:

- heart disease
- chronic kidney disease
- diabetes
- high blood pressure (hypertension)
- atrial fibrillation
- transient ischaemic attack
- inherited high cholesterol (familial hypercholesterolemia)
- heart failure
- peripheral arterial disease
- stroke
- currently being prescribed statins to lower cholesterol
- previous checks have found that you have a 20% or higher risk of getting cardiovascular disease over the next 10 years

You should have regular check-ups if you have one of these conditions. Your care team will be able to give you more information about this.

How do I get an NHS Health Check?

If you're aged 40 to 74 and do not have a pre-existing health condition, you should be invited to an NHS Health Check by your GP or local council every 5 years.

Local Authorities have been operating the NHS Health Checks programme since 2013 and it is a mandatory service as part of the statutory requirements set out in Local Authority Regulations 2013¹ which requires that every person eligible should be offered an NHS Health Check on a five-year cycle. In Blackpool 94,500 have been offered an NHS Health Check since 2013 and the 2023/24 five year cycle suggests that almost everyone who was eligible has been invited. This is better than the national average; however, just because people are offered an NHS Health Check this does not mean that

¹ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. [UK Statutory Instruments, 2013 No. 351, PART 2, Regulation 4](#)

they take up the offer. For example, of the 16,165 who were offered an NHS Health Check in 2023/24, only 4,872 (30.1%) took up the offer. This is actually significantly lower uptake than the national average (39.9%) and we do not want to become complacent that this is 'good enough'. We would want all of those eligible to attend this health check as many of the conditions that this programme is 'screening' for have hidden symptoms. This means that some people will be completely unaware of the risk that they may have high blood pressure, high cholesterol or an irregular pulse – all of which puts them at risk of having a heart attack or stroke. The NHS Health Check also 'screens' to check people's risk of having diabetes and chronic kidney disease.

This Health Equity Audit (HEA) looks in detail at who has come forward for an NHS Health Check during the period of this audit, but just as importantly, who have not. We will use this data to ensure we consider how best to reach those in the community that are missing this opportunity for an NHS Health Check - who are they, where are they and what can we do to support and encourage them to access this service.

The current NHS Health Check programme is delivered by our GP Practices in Blackpool and the focus over the last 10 years has been to ensure that it reaches as many as possible. It is however just as important to ensure that test results and issues that are picked up at the check are actioned; that patients understand what their results mean and that they are referred and supported to any follow up services that can help and support reducing their risk of developing long term health conditions such as heart disease, stroke, kidney disease and diabetes.

Key findings from this Health Equity Audit show: -

Those eligible for an NHS Health Check

- The eligible population is broadly similar in terms of age and gender to the overall Blackpool population aged 40-74
- The population of the three Primary Care Networks² (PCNs) covering central Blackpool is younger than in those in the North and South of Blackpool
- Over half of the eligible population live in the most disadvantaged areas
- The Black, Asian and minority ethnic (BAME) eligible population is significantly younger than the Blackpool average eligible population

Invitation and Uptake of an NHS Health Check appointment

- The number of residents being offered and receiving an NHS Health Check has returned to and exceeded pre-COVID pandemic levels
- The invite system appears equitable, with a third of the eligible population being invited in 2022/23. This is the same across; males and females, age groups, BAME and deprivation
- Overall uptake is highest in women aged 70-74 and lowest in men aged 40-49
- The BAME population and those living in the most disadvantaged areas are slightly less likely to accept the offer of an NHS Health Check

² Primary Care Networks <https://www.england.nhs.uk/primary-care/primary-care-networks/>

Findings as a result of having an NHS Health Check³

- Of those who had an NHS Health Check in 2023/24, a third were found to be at moderate or high risk (>10% CVD risk score) of developing Cardiovascular Disease (CVD) within the next 10 years
- Men are far more likely to be found at high risk (>20% CVD risk score); 11% compared to 2% of women
- Blackpool's BAME population is far less likely to be found at moderate or high risk; 17% compared to 35% of non-BAME populations. Even for the older BAME age groups this still holds true
- CVD risk is higher in our more disadvantaged communities

Overall, Blackpool achieves near-universal NHS Health Check availability, though uptake remains a challenge and lags behind national benchmarks.

The national pilot of workplace health checks in 2024/25 is a smart initiative aimed at improving accessibility and convenience, potentially helping boost NHS Health Check numbers.

Recommendations

- The biggest improvements in equity of access to NHS Health Checks would come from increasing uptake amongst men and individuals from our most deprived communities. These groups are underserved and are most at risk of developing cardiovascular disease so we must continually review and develop our approaches to do all that we can to engage.
- We need to consider the inconvenience of not being able to get an appointment at a time or on a day that suits them at their GP practice, particularly among people working office hours. The national pilot for Workplace Health Checks should have helped with that engagement but we found employers reluctant to engage.
- Lack of public awareness of the NHS Health Check is still an issue: particularly whether it is free or its relevance to them. Competing priorities include: not having the time to go, misunderstanding of its purpose: a lack of recognition that the programme is preventative combined with the view that they do not want to burden the NHS when they feel healthy and well. Some have an aversion to preventative medicine, others are not interested or actively do not want to know or are afraid that they might receive bad health news. Others do not want to be told off or given lifestyle advice. We must therefore ensure that communications and campaigns help engage with our population. We must also ensure staff involved in the delivery of NHS Health Checks are fully trained and supported so that attending a check is a positive and supportive experience
- Uptake is influenced by the method of invitation and the frequency of contact. Verbal invitations—whether delivered face-to-face or by telephone—are more likely to be accepted, and follow-up invitations for non-attenders help improve attendance. In contrast, written

³ Information on risk factors and referrals to support services have been included in the report for 2023/24 but data quality is uncertain so caution should be used when considering the results

invitations by letter appear to be the least effective. Therefore, this good practice should be shared, and all GP practices should be encouraged to adopt a similar approach.

- Data on other protected characteristics is unavailable but we know from the evidence base that potential inequalities for these groups exist. We must therefore consider this in the recommendations for future development of programme delivery.
- We should be prepared to respond to any proposed changes based on the national [NHS Health Check Review](#) (Nov 2020) if they are adopted in the national delivery model, as our HEA and pilot work on Workplace Health Checks show they could greatly benefit Blackpool.

Background

The NHS Health Check is a prevention programme which aims to reduce the chances of developing heart disease, stroke, diabetes and kidney disease as well as raise awareness of dementia, both across the population and within high risk and vulnerable groups. This programme offers people a real opportunity to live longer, healthier lives by providing earlier engagement, awareness, assessment and management of major risk factors and conditions which drive premature death, disability and health inequalities in England.

When the programme became the responsibility of Local Authorities in 2013, the service became one of their statutory functions. These statutory delivery requirements are set out in the Local Authorities Regulations 2013¹ and require local authorities to make arrangements:

- for each eligible person aged 40-74 to be offered an NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible
- for the risk assessment to include specific tests and measurements
- to ensure the person having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- for specific information and data to be recorded and, where the risk assessment is conducted outside the person's GP practice, information to be forwarded to the person's GP
- to continuously improve the percentage of eligible individuals having an NHS Health Check

A key objective of the programme is to contribute to narrowing health inequalities. Conducting a Health Equity Audit is a strategic way to assess whether and how this objective is being met, to identify areas for improvement, prioritise action and make decisions about resource allocation. The aims of this audit are therefore to look at equity of invitation, access and uptake of the NHS Health Checks programme in Blackpool, and make recommendations as to how best to address any gaps and opportunities identified.

“Health Equity Audit is a review process which examines how health determinants, access to health services and related outcomes are distributed in relation to the health needs of different groups and areas. It is a cyclical process, undertaken once a programme or policy has already been implemented in order to assess whether resources, opportunities and access are being fairly distributed according to need, by the principles of proportionate universalism”

(PHE, NHS Health Check Programme: Health Equity Audit Guidance 2016)

As per Health Equity Audit guidance, this report considers the following categories: -

- Age
- Deprivation
- Gender
- Ethnicity

We do not have data on other protected characteristics; disability, gender reassignment, sexual orientation or religion. This may have been useful when considering health inequalities and equity of access as we know from the evidence base that potential inequalities for these groups exist. We have therefore considered this in the recommendations made for future development of programme delivery in Blackpool.

What is involved in an NHS Health Check?

The NHS Health Check is a check-up for all aged 40 - 74 years who do not have a diagnosis for existing cardiovascular disease. It aims to improve the health and wellbeing of adults by promoting earlier awareness, assessment and management of major risk factors driving premature death, disability and health inequalities in England – heart disease, stroke, diabetes and chronic kidney disease. Everyone registered with a GP Practice in Blackpool between the ages of 40 - 74 who has not already been diagnosed with one of these conditions, should be invited for an NHS Health Check once every 5 years. They will undergo a number of measurements and tests, with behavioural support, in order to assess an individual's cardiovascular disease risk in the next 10 years. Where appropriate, pharmacological treatment will be prescribed and referral to support services offered; such as stop smoking or weight management services.

Underpinning this health check are six major risk factors that drive early death, disability, and health inequality:

- alcohol use,
- cholesterol levels,
- blood pressure,
- obesity,
- physical inactivity,
- smoking

The objectives of the NHS Health Check is to: -

1. Improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with those risk factors,
2. Support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.

The NHS Health Check involves three component parts; two of which should ideally take place as separate appointments and MUST be face-to-face if a service user is identified at medium or high CVD risk: -

1. **Risk assessment** - a face-to-face meeting with a suitably trained healthcare professional who asks a set of questions about an individual's health and carries out simple tests such as blood pressure and blood tests. All elements of the NHS Health Check risk assessment must be completed in order for it to be deemed a validated NHS Health Check;

Local Authorities have a legal duty to ensure that the specific tests and measures as stipulated by the national quality standards are completed during the risk assessment and that the results are recorded on the GP system patient record.

- age
- gender

- smoking status
- family history of coronary heart disease
- ethnicity
- body mass index (BMI), including height and weight
- non-fasting total cholesterol level and ratio HDL / non HDL - C
- systolic and diastolic blood pressure
- If either measurement is >140/90, the individual requires:
 - a fasting plasma glucose (FPG) or HbA1c test
 - an assessment for hypertension
 - an assessment for CKD
- cardiovascular risk score
- physical activity level - inactive, moderately inactive, moderately active or active
- alcohol use disorders identification test (AUDIT/FAST) score

Locally, it is asked that the following additional data items are collected;

- waist circumference and
- radial pulse (screening for Atrial Fibrillation)

Those aged 65 - 74 years should also be made aware of the signs and symptoms of dementia and sign posted to memory services if appropriate.

2. **Risk awareness, management and reduction** - feedback on results, personalised advice about healthy lifestyles and, where necessary, referral to health improvement services such as stop-smoking services, weight management services or to the individual's GP for clinical follow-up.

People identified as being at **low CVD (<10%)** risk may need healthy lifestyle advice and interventions in order to maintain or improve their vascular health. Their results can be communicated to them by mail (email, text or letter) but should be accompanied by the NHS Health Checks patient results leaflet, which provides lifestyle advice/interventions and signposts where support is available. This should also be discussed at their appointment.

Those people identified at **moderate CVD (10 - 19%)** risk will need healthy lifestyle advice and interventions to improve their vascular health and reduce their risk (e.g. referral to a stop smoking service, advice on weight management or physical activity). This **MUST** be a face-to-face appointment with staff adequately trained in motivational interviewing techniques and competent at communicating CVD risk. Patients must be told that they are eligible for statin therapy but should also be offered the opportunity to have their CVD risk assessed again in 2 – 12 months' time if they agree to make lifestyle changes. Should agreed modifications to lifestyles prove to be ineffective after a specified period of time, statins should again be offered as a treatment option, and if accepted, the person should be added to the high risk register and exit the NHS Health Checks programme.

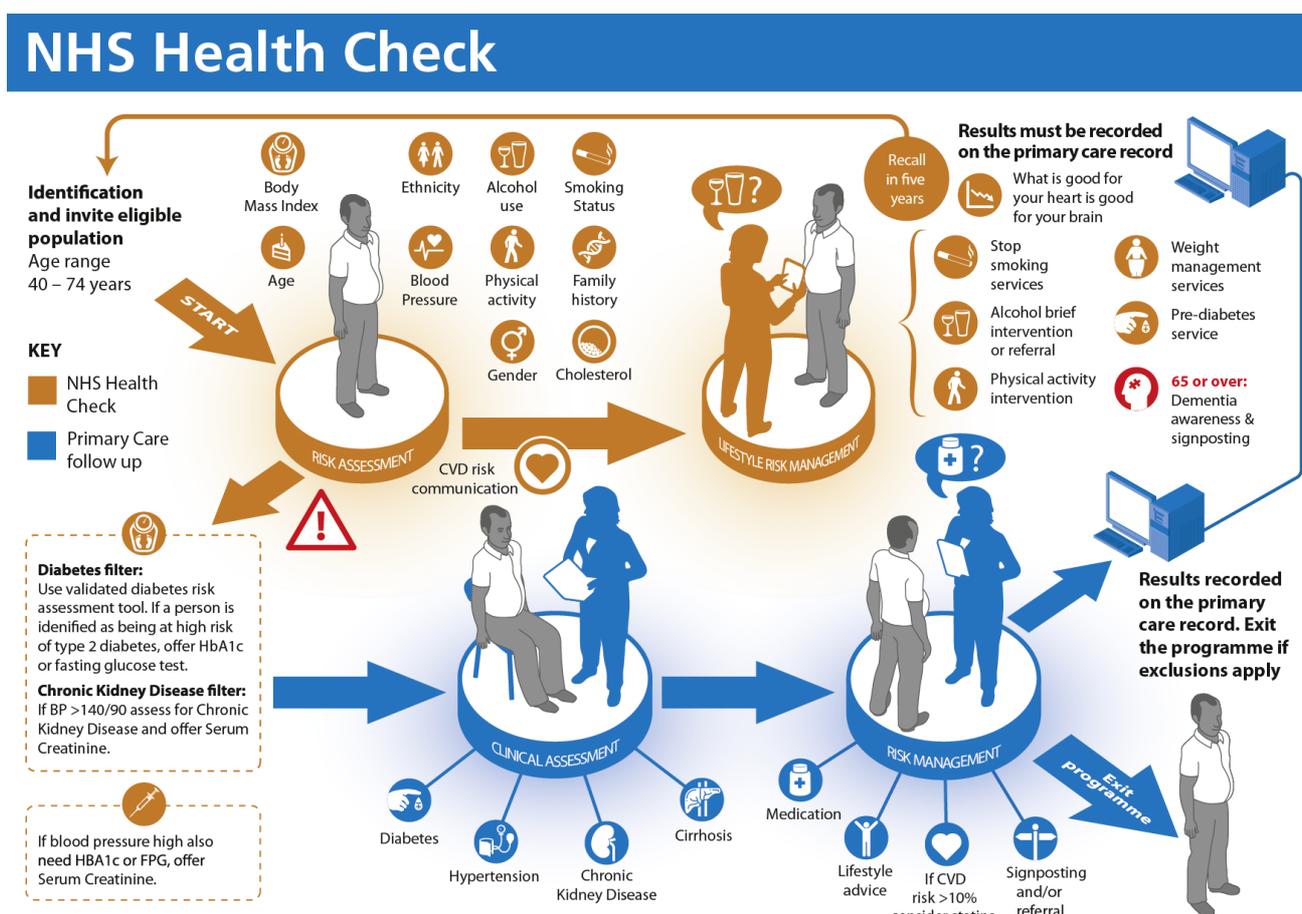
People identified at **high CVD (>20%)** risk should exit the NHS Health Checks programme and be added to the high risk register and offered treatment to lower that risk. They should also receive a brief intervention in order to motivate them to make lifestyle changes that may improve their risk score (e.g. referral to a stop smoking service, reducing alcohol intake, advice on weight management or physical activity).

Where a pre-existing disease is identified and diagnosed, the patient will be added to the appropriate disease register and managed accordingly using existing local clinical pathways.

The NHS Health Check is a preventative programme which is intended to help people live longer healthy lives. To maximise these benefits, everyone who has an NHS Health Check, regardless of their risk score, should be given clinically appropriate lifestyle advice, to help them manage and reduce their CVD risk. So, unless it is deemed clinically unsafe to do so, everyone having the check should be provided with individually tailored advice that will help motivate and support them to make the necessary lifestyle changes.

All individuals who undergo a NHS Health Check must have their cardiovascular risk score calculated and explained in such a way that they can understand it. They must also be told their BMI, cholesterol level, blood pressure and alcohol AUDIT score. The healthcare professional undertaking the NHS Health Check must provide those patients identified at risk with an individual care plan at the end of the check and a NHS Health Checks patient results booklets has been developed in Blackpool for this purpose.

Figure 1: The NHS Health Check Programme flow diagram



Source: <https://www.healthcheck.nhs.uk/>

Understanding the Context of NHS Health Check Delivery in Blackpool

A high take up of NHS Health Checks is particularly important in Blackpool as we know that our community is more at risk of developing cardiovascular disease. A universal programme for proactive intervention such as the NHS Health Check helps us to identify early signs of poor health and gives our communities the greatest opportunity to make lifestyle changes or receive treatment, advice and support they may need to reduce their risk.

The population of Blackpool experiences poorer health and lower life expectancy than much of the rest of the country and this is seen across a range of health indicators including the prevalence of chronic conditions, emergency hospital admissions, high smoking prevalence, alcohol related harm and early deaths from heart disease and cancer.

Lifestyles are a major determinant of health and are considered to account for 30-50% of what makes us healthy (or unhealthy), alongside our genetics, our environment (including social, economic and physical environment) and access to health care.

In Blackpool, major causes of shorter life expectancy are:

- Higher levels of harmful drinking and drug use
- Smoking
- Unhealthy diets and excess weight
- Inactive and sedentary lifestyles
- Mental ill health

Not only does the population of Blackpool experience higher than average levels of poor health but within the town stark differences are apparent. Life expectancy for men living in the most disadvantaged parts of the town is more than 13 years shorter than that of those in the least deprived areas⁴.

Figure 2: Diagnosed disease prevalence is significantly higher in Blackpool than the England average with many more adults suffering from chronic conditions and acute illnesses

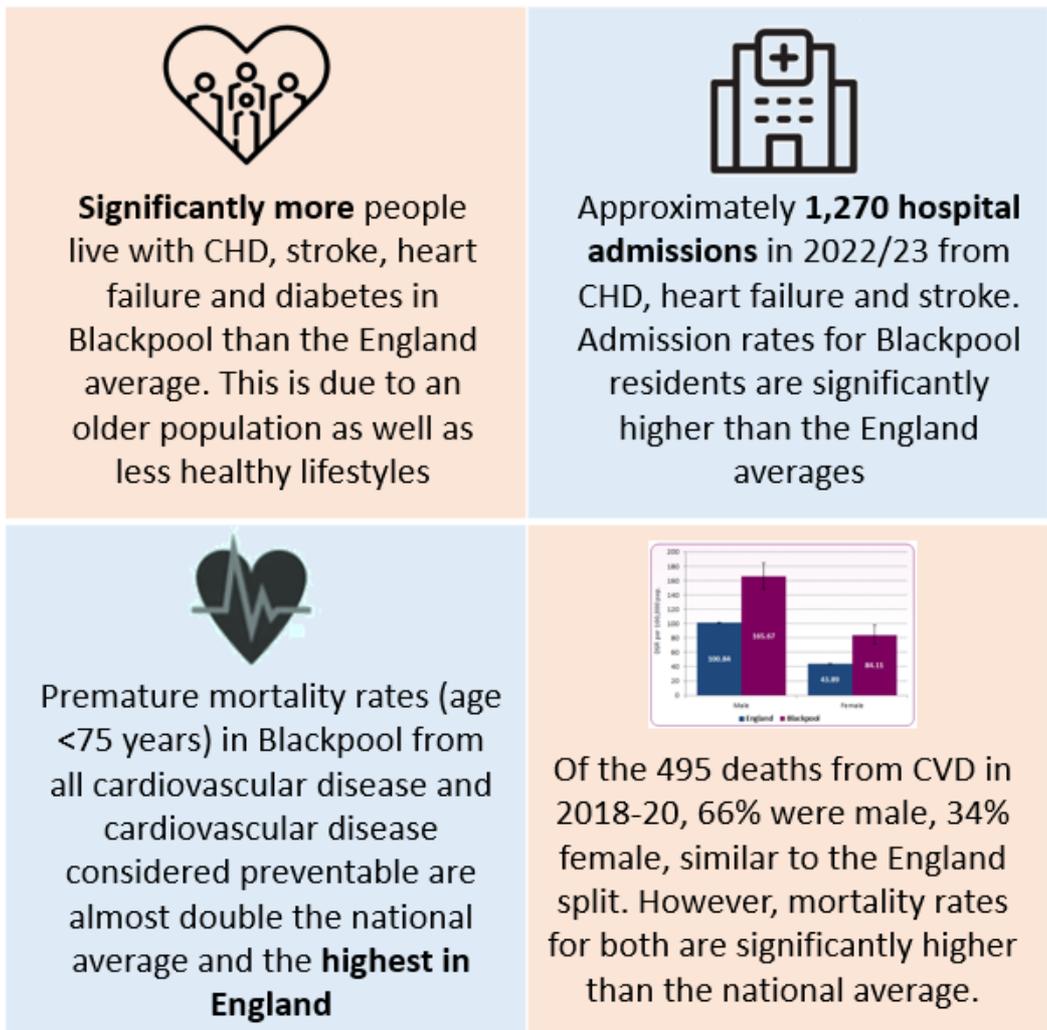
Diagnosed Disease Prevalence: 2022/23			
	England	Blackpool	
	%	%	No.
Atrial Fibrillation	2.1	2.6	4,626
Coronary Heart Disease	3	4.3	7,697
Heart Failure	1	1.8	3,111
Hypertension	14.4	18.4	32,571
Stroke/TIA	1.9	2.5	4,405
COPD	1.9	3.8	6,645
Cancer	3.5	4.2	7,480
Diabetes (17+)	7.5	9.0	13,138
Dementia	0.7	0.9	1,608
Depression (18+)	13.3	21.6	30,976
Serious Mental Illness	0.95	1.6	3,001

Source: NHS Digital, Quality and Outcomes Framework (QOF), 2022/23

⁴ Blackpool JSNA, [Life Expectancy](#)

Locally, outcomes relating to premature mortality and mortality from cardiovascular diseases considered preventable are poor, and the NHS Health Checks programme is part of the wider programme of work to address this.

Figure 3: Mortality and morbidity from cardiovascular disease in Blackpool



Further information on specific cardiovascular diseases across Blackpool is available at [Health Conditions \(blackpooljsna.org.uk\)](http://blackpooljsna.org.uk)

Methodology of Health Equity Audit

A number of studies have been undertaken to understand the potential impact of the NHS Health Checks programme on health inequalities⁵. Health equity is the absence of avoidable, unfair or remediable differences in health among different groups of people (e.g. different genders, ages, races, ethnicities, disabilities, sexual orientation or social status) and implies that everyone should have a fair opportunity to attain their full health potential. This Health Equity Audit has considered the potential areas for increasing health inequalities through the invitation, access, delivery and (where possible) outcomes of the programme.

In order to assess whether access to the NHS Health Checks Service in Blackpool is equitable, we have considered 4-year cumulative data for the period 2019/20 - 2022/23, a more detailed deep dive into the data for the financial year 2022/23 and for the Results section, data from 2023/24⁶. The data sources used were:

- Office for Health Improvement & Disparities (OHID) [NHS Health Check Profile](#) - to show long term trends in NHS Health Checks offered, completed and uptake compared to national averages
- [NHS Midlands and Lancashire Commissioning Support Unit](#) (CSU) anonymised patient level service data collated by the commissioned service from GP practices

Nationally, the NHS Health Check eligible population is based on the resident population, those people who live within an area. However, because the NHS Health Check programme is run through GP practices in Blackpool (as in many other areas in the country) the eligible population used to capture performance and uptake is those patients registered with a GP practice in Blackpool. This may include some patients who do not live within the town, it will also not include any Blackpool residents who live within the town but are registered with a GP elsewhere.

The anonymised data used for this Health Equity Audit comes to the Public Health Department via NHS Midlands and Lancashire CSU who are the authorised data processor for Blackpool GP data. It should be noted that because of different reporting times, it will not match exactly back to figures provided by OHID.

NHS Midlands and Lancashire CSU became the authorised data processor for Blackpool NHS Health Checks at the beginning of 2023 and began providing regular reporting from April that year. Prior to this (and during the Covid-19 pandemic period) GP Practices had been submitting their own data for NHS Health Checks completed; though there were very few during this time as the programme was subject to some paused time during the COVID-19 pandemic.

The quarterly audit report provided by NHS Midlands and Lancashire CSU allows us to look in detail at the demographics of those patients who are eligible for a NHS Health Check; who have been invited and more importantly who has accepted the offer of a NHS Health Check. This allows us to be sure no groups are being disadvantaged in any way.

⁵ NHS Health Checks, [Evidence](#)

⁶ This later data collection was used as the information needed was unavailable in the earlier datasets

Chapter One - Key Performance

Eligible Population

For NHS Health Checks in Blackpool, the eligible population is based on those registered with a GP Practice in the five Primary Care Networks (PCNs)² within Blackpool. There are approximately 68,300 patients aged 40-74 years registered with GP Practices in Blackpool and of those, 64% were eligible for an NHS Health Check in 2022/23.

- Overall the eligible population has decreased by 8.5% over the four year period from 47,585 in 2019/20 to 43,550 in 2022/23. This may be explained by the fact that Blackpool has an aging population and there are fewer 'eligible' individuals joining the cohort at the younger end. We also have less eligible numbers in age groups under 65 due to some moving out of the programme onto disease registers having already being diagnosed with a condition which makes them ineligible for a NHS Health Check. For example, if they have heart disease (atrial fibrillation, angina, heart attack), stroke (includes Transient Ischaemic Attack), diabetes, chronic kidney disease (CKD), hypertension (persistent high blood pressure) and/or are being treated with statins for high cholesterol level.
- All PCN's have seen their numbers of 40-74 eligible population decrease with highest decreases in Central West, down 10.1% from 10,233 to 9,195
- Decreases in the eligible population are seen across all age groups

Figure 4: Eligible population aged 40-74 by PCN and GP Practice, 2019/20 - 2022/23

PCN and practice		Eligible population age 40-74				Proportion of eligible pop. 2022/23
		2019/20	2020/21	2021/22	2022/23	
Central	Layton	2,275	2,206	2,164	2,118	4.9%
	Marton	2,879	2,782	2,723	2,648	6.1%
	Newton Dr	3,421	3,341	3,267	3,220	7.4%
		8,575	8,329	8,154	7,986	18.3%
Central West	Adelaide St	4,448	4,298	4,174	4,038	9.3%
	South King St	2,069	1,985	1,929	1,893	4.3%
	St Paul's	3,716	3,556	3,450	3,264	7.5%
		10,233	9,839	9,553	9,195	21.1%
North	Glenroyd	4,715	4,501	4,398	4,295	9.9%
	North Shore	4,018	3,864	3,781	3,689	8.5%
		8,733	8,365	8,179	7,984	18.3%
South	Abbey-Dale	1,838	1,781	1,733	1,681	3.9%
	Arnold	1,714	1,634	1,579	1,560	3.6%
	Highfield	4,263	4,102	3,979	3,873	8.9%
	Stonyhill	4,066	3,929	3,871	3,767	8.6%
		11,881	11,446	11,162	10,881	25.0%
South Central	Bloomfield	4,620	4,439	4,322	4,204	9.7%
	Waterloo	3,543	3,436	3,367	3,300	7.6%
		8,163	7,875	7,689	7,504	17.2%
BLACKPOOL		47,585	45,854	44,737	43,550	

Performance of the NHS Health Check Programme

There are three indicators related to the NHS Health Check which are part of the Public Health Outcomes Framework⁷: -

- % of the eligible population aged 40 – 74 years invited for an NHS Health Check
- % of the eligible population aged 40 – 74 years who receive an NHS Health Check (coverage)
- % of the eligible population who received an NHS Health Check after being invited (uptake)

A series of data software queries are run by the data processor, NHS Midlands and Lancashire CSU, on Blackpool GP clinical systems in order to support GP practices in identifying patients that are eligible for an NHS Health Check. The data processor can also help GP practices to target the invitations, as appropriate – for example, those within a certain age category or those with certain risk factors.

Eligible patients identified from the GP lists should then be invited for an NHS Health Check either verbally, by text, telephone, email or letter – whatever best works for the GP practice and patient. Opportunistic NHS Health Checks are acceptable but should be flagged on the system as NHS Health Check verbal invitations.

Figure 5: Number and proportion of the eligible population offered and receiving an NHS Health Check in Blackpool before, during and after the COVID-19 pandemic, 2019/20 - 2022/23

	Invited	% invited	Received	% received	% received of those invited
2019/2020	7,784	18.6%	3,315	7.9%	42.6%
2020/2021	808	2.0%	713	1.7%	88.2%
2021/2022	3,193	7.8%	2,182	5.3%	68.3%
2022/2023	14,856	36.6%	5,542	13.7%	37.3%

Source: DHSC, NHS Health Check Profile

Due to the impacts of the COVID-19 pandemic on the demand for Primary Care services during 2020 and 2021 and a national pause in the programme when GP practices were unable to deliver many NHS Health Checks (figure 5), there were approximately 26,000 patients registered with a GP in Blackpool that did not have a check during the 5-year programme cycle. National expectations ask that the programme invite 100% of the eligible population during a 5-year cumulative period, aspiring to a minimum of 75% eligible people having a check.

Recognising this, and in order to help relieve demand pressures on Primary Care services in Blackpool, Blackpool Council Public Health commissioned Fylde Coast Medical Services (FCMS)⁸ to undertake NHS Health Checks from 1st March 2023 – 31st January 2024. An outreach approach was taken for delivery of this provision which achieved an additional 433 NHS Health Checks. A second intervention known as ‘*Know Your Numbers*’ checks allowed for more opportunistic work and a further 769 blood

⁷ [Public Health Outcomes Framework](#)

⁸ Fylde Coast Medical Services <https://www.fcms-nw.co.uk/about/>

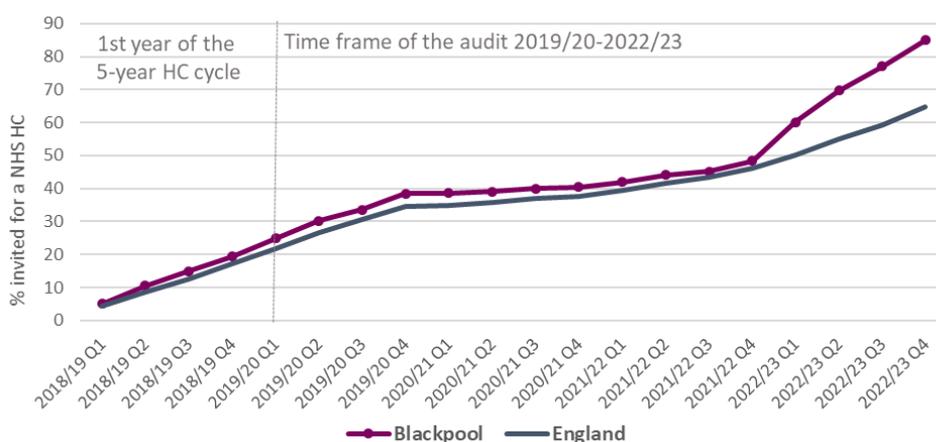
pressure, cholesterol and pulse checks were carried out and ensured that people were referred back to GP practices if a full NHS Health Check was needed or treatment and care required.

Performance: Blackpool compared to England

The NHS Health Check programme follows a **5-year cycle** with eligible people being invited every 5 years for the check. Data from the Dept. for Health and Social Care shows that over the last 5-year period of the current NHS Health Check cycle (2020/21 to 2024/25) 14,981 (36%) of the eligible population in Blackpool had a NHS Health Check, significantly more than across England where only 25% of the eligible population received their NHS Health Check.

Figures 6-8 show the 5-year cycle of the NHS Health Check programme before, during and after the pandemic period from 2018/19 to 2022/23, comparing Blackpool to England. Over the 5-year cycle of the programme, national data shows that 85% of the eligible population in Blackpool have been offered the opportunity to have an NHS Health Check, significantly more than the 65% invited across England (figure 6).

Figure 6: Proportion of eligible population invited for an NHS Health Check over the 5-year cycle of the programme (cumulative 2018/19 - 2022/23), Blackpool and England



However we still have much to do to reach the ambition of 75% of the eligible population receiving an NHS Health Check every 5 years (figure 7) and to improve the uptake to the invites which are sent out (figure 8).

Figure 7: Proportion of eligible population receiving a NHS Health Check over the 5-year cycle of the programme (cumulative 2018/19 - 2022/23), Blackpool and England

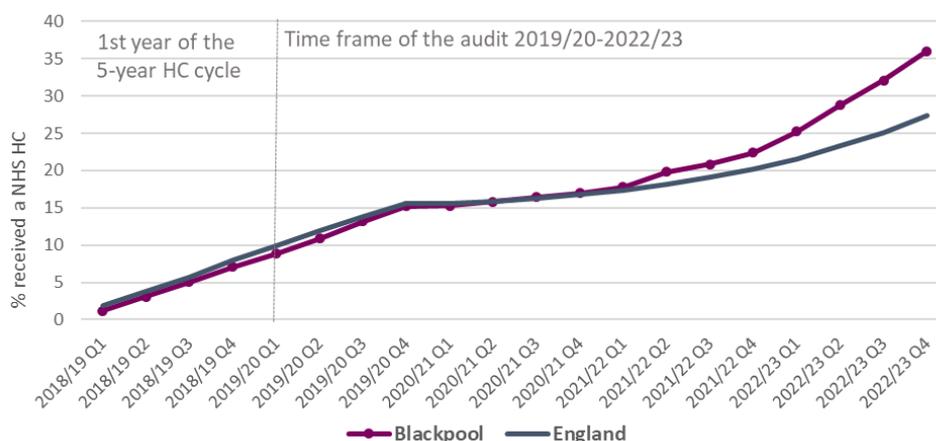
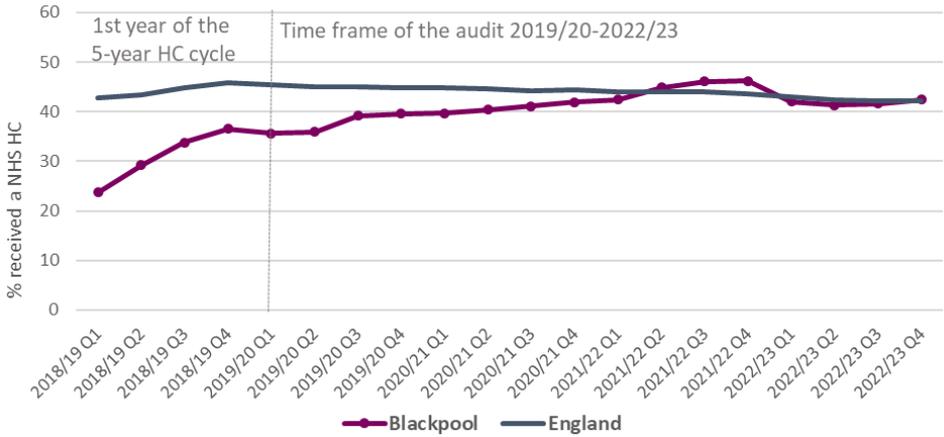


Figure 8: Proportion of invited population receiving a NHS Health Check over the 5-year cycle of the programme (cumulative 2018/19 - 2022/23), Blackpool and England



Source: DHSC, NHS Health Check Profile

Performance by Primary Care Network

Figures 9-11 below show 4 years cumulative proportions of the eligible population who have been invited for, received and taken up an NHS Health Check between 2019/20 and 2022/23 by Primary Care Network.

As can be seen from figures 9 and 10 (and figure 5 above), there has been a large increase in the number of invitations offered and health checks being completed by GP Practices since the pandemic with cumulative proportions being invited over the 4 year period ranging from 43% in the South PCN to almost 80% in North PCN, and cumulative proportions of completed health checks ranging from 21% in Central West PCN to 35% in South PCN.

Figure 9: 4-years cumulative proportion of the eligible population who have been invited for an NHS Health Check in Blackpool by PCN, 2019/20 to 2022/23

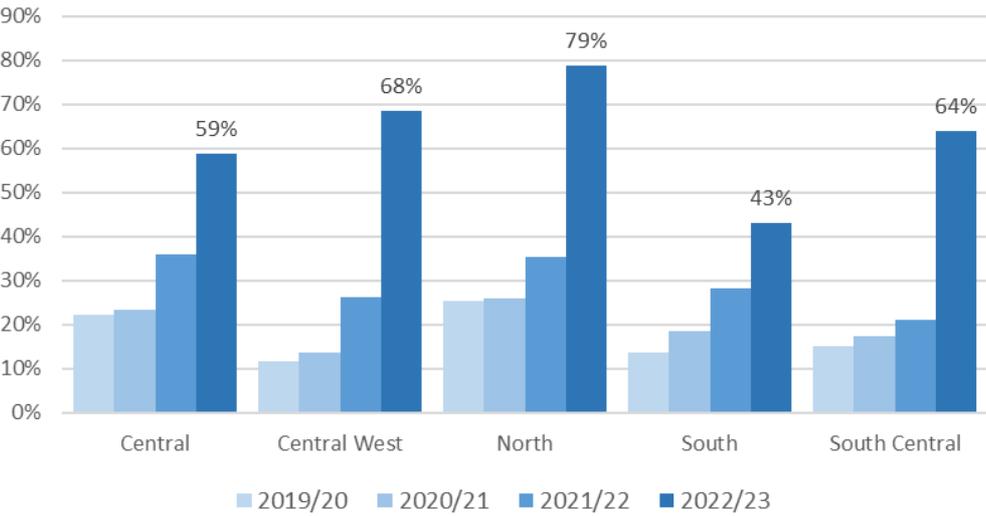


Figure 10: 4-years cumulative proportion of the eligible population who have Received an NHS Health Check in Blackpool by PCN, 2019/20 to 2022/23



However, while the number of patients being invited and receiving the NHS Health Check has improved considerably, uptake (the proportion of those invited who accept the NHS Health Check) is a concern and has begun to fall as fewer people accept their invitation for a health check.

As can be seen from figure 11, while South PCN sees good uptake of their invites, other PCNs are seeing much lower and falling uptake.

Figure 11: 4-years proportions of the Invited population who have Received an NHS Health Check in Blackpool by PCN (Uptake), 2019/20 to 2022/23

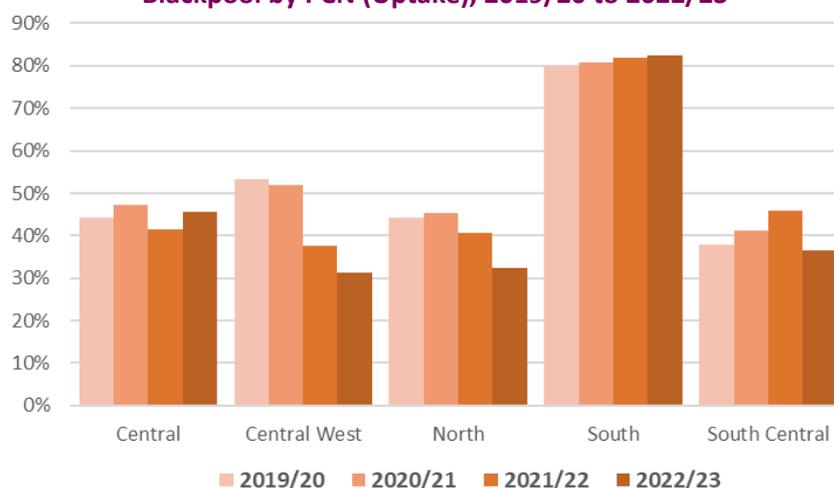
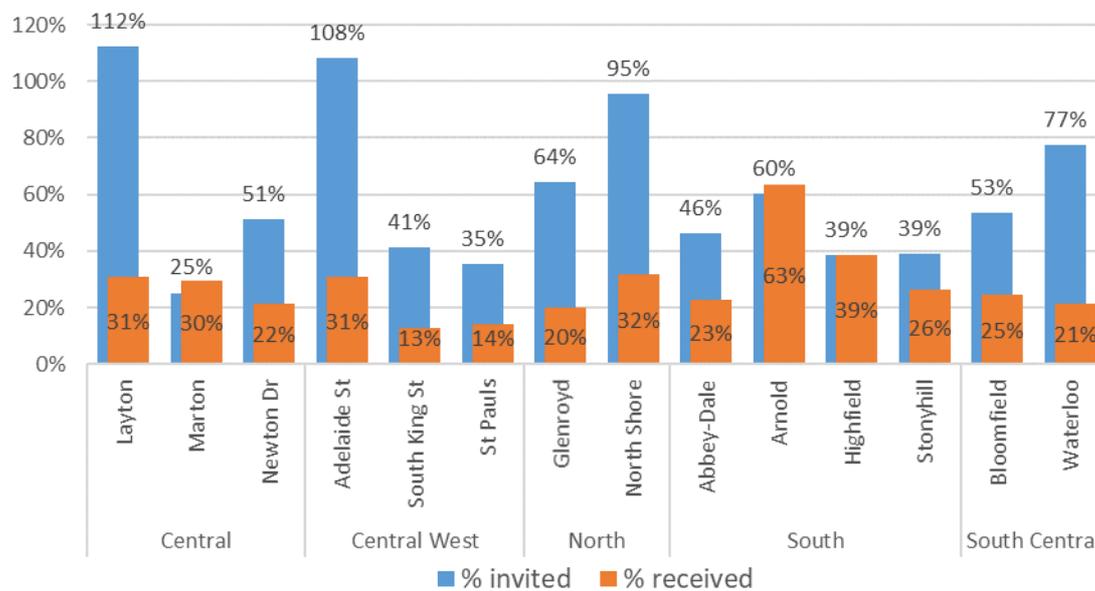


Figure 12 shows there is wide variation amongst Blackpool GP Practices in terms of invitations for an NHS Health Check and patients who receive the check.

Some practices appear to have invited more than 100% of their patients (Layton and Adelaide St) but this is probably due to some patients having more than one invite and also the fact that the eligible population is continually changing as patients move onto and off GP Practice lists. Other practices invite far fewer eligible patients but their coverage is good, for example, Arnold and Highfield.

This section does not considered actual numbers of patients that have received the check, nor the method of invitation. This is covered in the section on the detailed equity analysis of 2022/23 data as patterns can be seen from the different approaches taken to programme delivery by GP Practices.

Figure 12: Percentage (%) of the Eligible Population who have been invited for and received an NHS Health Check, 2019/20 – 2022/23 (combined) by GP Practice



Chapter Two: Health Equity Audit Findings from In-depth Analysis of Data 2022/23

This section provides an in-depth analysis of the NHS Health Check eligible population in 2022/23 and details, where possible, who is and who is not attending the checks.

- Overall across Blackpool the split between the male and female eligible population is even, 49.9% male, 50.1% female
- There are a slightly higher proportion of males in the younger age groups, under 55's.
- Within Blackpool, Central West PCN and South Central PCN have a greater proportion of males than females in their eligible populations
- A large proportion of these men are in the youngest age group with more than 40% aged under 50.
- The proportion of people aged over 60 is highest in North and South PCNs. This is the same for males and females

Figure 13: Blackpool Total Eligible Population for NHS Health Checks by PCN: 2022/23

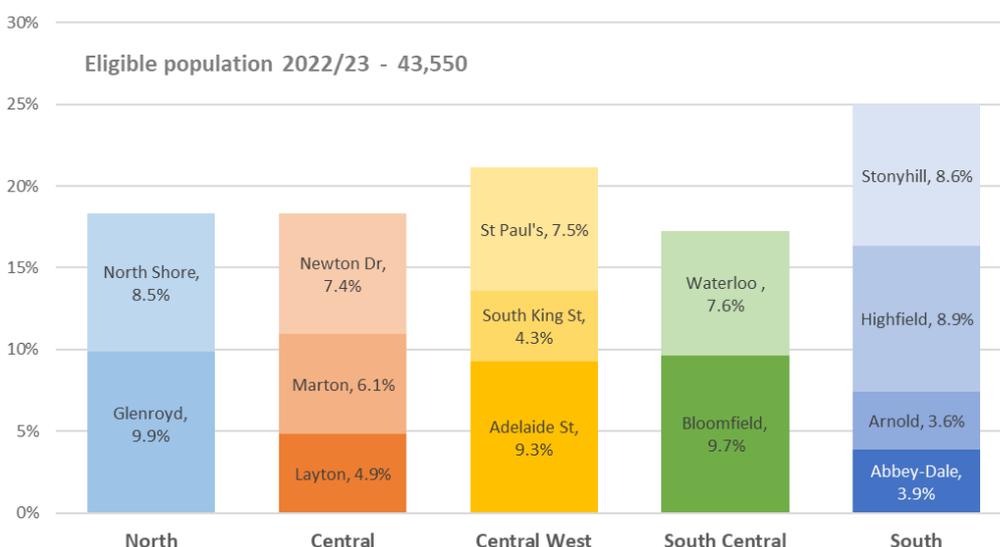


Figure 14: Proportion of Eligible Population by Sex, Age Group and PCN, 2022/23

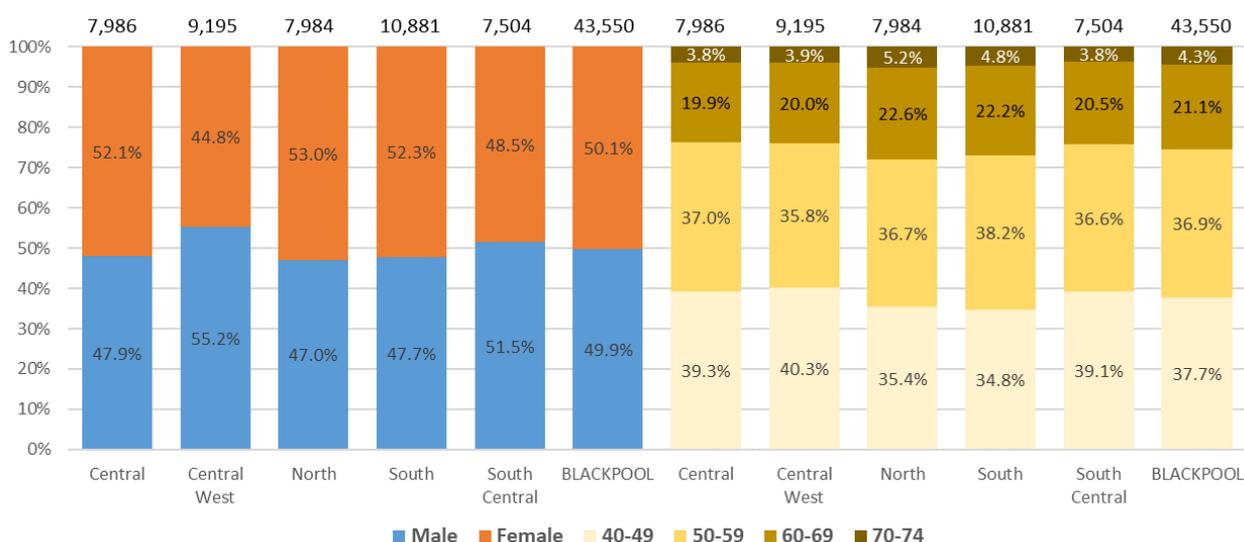
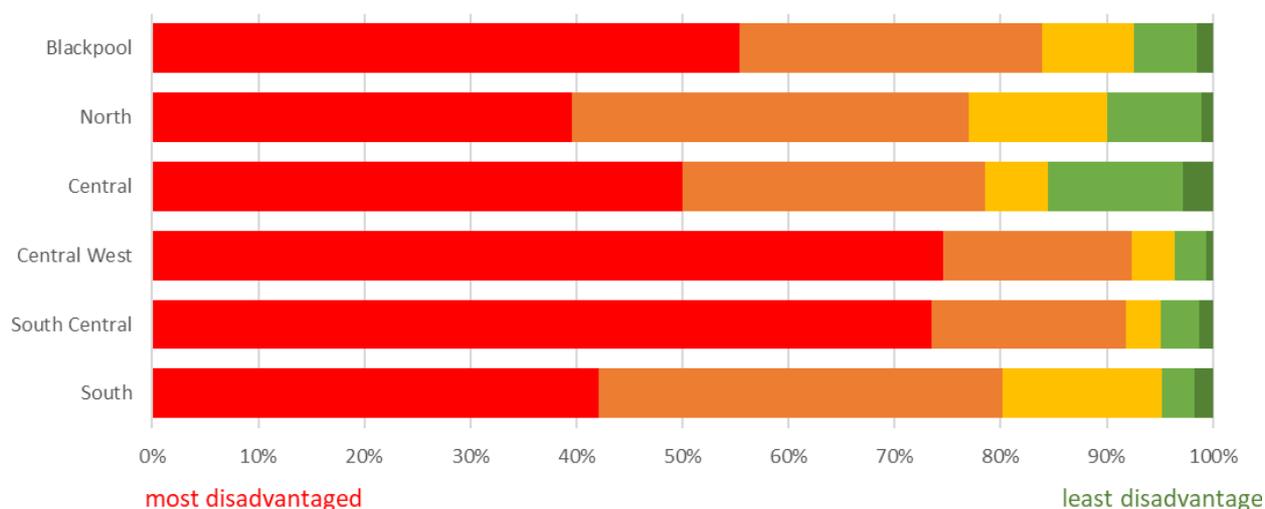


Figure 15: Proportion of Eligible Population by Deprivation Quintile in each PCN, 2022/23



- Across Blackpool, over half (55%) of the eligible population live in an area which is among the most disadvantaged 20% in the country
- Almost three quarters of the Central West PCN and South Central PCN eligible population live in the most disadvantaged areas
- North and South PCNs have fewer of their eligible population living in the most disadvantaged area but even there, approximately two fifths live in the most disadvantaged quintile
- Central PCN has the greatest proportion (and number) living in the least disadvantaged areas, this is due to the number of registered patients living in Fylde or Wyre
- At GP practice level, Adelaide St and South King St in Central West PCN have almost 80% of their eligible population living in the most disadvantaged quintile and the lowest proportion (3%) living in the least disadvantaged quintiles.

A map of GP Practice locations by PCN can be found in Appendix 1

Figure 16: Number and Percentage of the Eligible Population by Broad Ethnic⁹ Group, 2022/23

	No.	%
White British (inc White Irish)	37,064	90.2%
White Other	1,616	3.9%
Mixed	400	1.0%
Asian/Asian British	1,188	2.9%
Black/Black British	313	0.8%
Other Ethnic Groups	511	1.2%

An estimated 9.8% (4,028) of the eligible population are in a minority ethnic group (including those in white minority groups such as Polish, Romanian, Roma, Gypsy or Irish Travellers, and those from other countries outside the UK). This is broadly in line with Census 2021 estimates for Blackpool

- The ethnic background of 2,458 (5.6%) of the eligible population is unknown

⁹ Figures for ethnic minority groups are estimates as classification of ethnicity within GP records is not systematic, therefore some suppositions have been made when grouping into categories.

- The ethnic minority eligible population is much younger than the overall eligible population with 75% aged under 55 compared to 55% classed as White British. Only 13.3% are aged 60 and over compared to 26.6% of White British
- Across Blackpool, the eligible population with a minority ethnic background are more likely to live in the more disadvantaged areas. Over 70% live in areas in the most disadvantaged areas compared to 53% of the White British population
- Central West PCN has the highest proportion of ethnic minority groups within its eligible population, 16.1% compared to North and South PCNs with just over 5%
- At GP Practice level, Adelaide St, South King St and Bloomfield have over 17% of minority ethnic groups within their eligible population, while Glenroyd and Highfield have <5%.

Figure 17: PCN and Individual GP Practice Summary of Eligible Population, 2022/23

	Practice	Eligible pop. aged 40-74	Male	Female	40-59	60-74	% living in deprivation quintile 1	BAME	% BAME
Central	Layton	2118	48.3%	51.7%	76.3%	23.7%	63%	203	9.7%
	Marton	2648	49.6%	50.4%	76.3%	23.7%	50%	230	8.9%
	Newton Dr	3220	46.3%	53.7%	76.3%	23.7%	41%	353	11.7%
		7986	47.9%	52.1%	76.3%	23.7%	50%	786	10.2%
Central West	Adelaide St	4038	54.1%	45.9%	75.8%	24.2%	78%	630	17.1%
	South King St	1893	57.1%	42.9%	75.0%	25.0%	78%	291	17.1%
	St Paul's	3264	55.5%	44.5%	77.1%	22.9%	69%	446	14.3%
		9195	55.2%	44.8%	76.1%	23.9%	75%	1367	16.1%
North	Glenroyd	4295	46.1%	53.9%	71.2%	28.8%	42%	194	4.6%
	North Shore	3689	48.1%	51.9%	73.2%	26.8%	37%	193	5.7%
		7984	47.0%	53.0%	72.1%	27.9%	40%	387	5.1%
South	Abbey-Dale	1681	48.5%	51.5%	74.1%	25.9%	44%	122	7.6%
	Arnold	1560	47.3%	52.7%	76.3%	23.7%	41%	116	7.6%
	Highfield	3873	45.4%	54.6%	72.0%	28.0%	39%	127	3.4%
	Stonyhill	3767	49.9%	50.1%	72.3%	27.7%	45%	194	5.3%
		10881	47.7%	52.3%	73.0%	27.0%	42%	559	5.3%
South Central	Bloomfield	4204	52.0%	48.0%	75.7%	24.3%	75%	640	17.3%
	Waterloo	3300	50.8%	49.2%	75.8%	24.2%	72%	289	9.6%
		7504	51.5%	48.5%	75.8%	24.2%	73%	929	13.9%
Blackpool	43550	49.9%	50.1%	74.6%	25.4%	55%	4028	9.8%	
		Significantly higher than Blackpool average							
		Significantly lower than Blackpool average							

NHS Health Check invites and completions have returned to pre-COVID pandemic levels. In 2022/23 we saw more people invited and having an NHS Health Check than in 2019/20. Across Blackpool, 43,550 people were eligible for an NHS Health Check of which 14,595 (33.5%) were invited for the check and 5,484 (12.6%) attended. That means almost 38% of people invited took up the offer. The proportion of males and females invited for an NHS Health Check is the same as the proportions in the eligible population and overall a third of the eligible male and female population were invited. This was the same across the age groups.

Approximately three quarters of the eligible population are aged < 60 years and three quarters of all invites are to people aged < 60 years. Almost half (47.5%) of people aged over 60 take up the offer. Approximately 42% of women and 33% of men take up the offer of an NHS Health Check with take-

up highest in females aged 70-74 (61%) and lowest in males aged 40-49 (25%). The BAME eligible population and those living in the most disadvantaged areas are also slightly less likely to take up the offer of an NHS Health Check.

Figure 18: Numbers and Proportions of Eligible, Invited and Received by Sex and Age Group, 2022/23

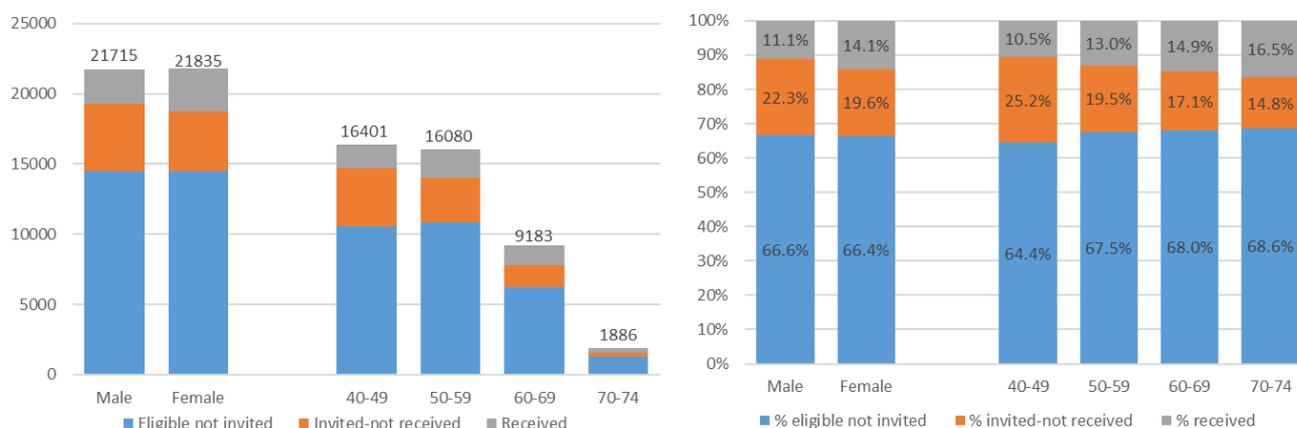


Figure 19: NHS Health Check take up by Sex and Age Group and PCN, 2022/23

		BLACKPOOL	North	Central	Central West	South Central	South
Male	Eligible pop.	21,715	3,755	3,829	5,076	3,862	5,193
	% invited	33.4%	45.2%	23.0%	45.6%	43.1%	13.4%
	% received	11.1%	10.1%	10.8%	11.4%	12.5%	10.7%
	% uptake	33.2%	22.4%	47.1%	24.9%	28.9%	80.3%
Female	Eligible pop.	21,835	4,229	4,157	4,119	3,642	5,688
	% invited	33.6%	45.2%	23.7%	43.2%	45.6%	17.7%
	% received	14.1%	12.7%	13.6%	13.0%	15.7%	15.1%
	% uptake	41.9%	28.1%	57.4%	30.1%	34.5%	85.7%
Persons 40-59	Eligible pop.	32,481	5,759	6,093	6,996	5,685	7,948
	% invited	34.1%	47.7%	23.2%	45.3%	44.9%	14.9%
	% received	11.7%	11.1%	11.1%	11.4%	12.6%	12.3%
	% uptake	34.4%	23.2%	47.9%	25.1%	28.1%	82.6%
Persons 60-74	Eligible pop.	11,069	2,225	1,893	2,199	1,819	2,933
	% invited	31.9%	38.8%	24.0%	41.9%	42.7%	17.5%
	% received	15.2%	12.6%	16.1%	14.4%	18.6%	14.9%
	% uptake	47.5%	32.4%	67.0%	34.4%	43.5%	85.4%

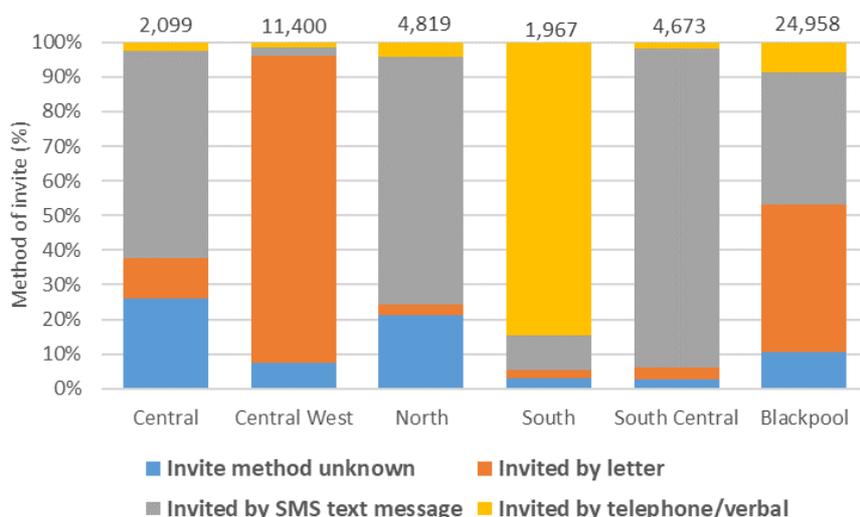
Uptake by Method of Invite

Invitations to attend for an NHS Health Check can be categorised into three main types: letter, text message or verbal/telephone/opportunistic. Almost 25,000 invitations were offered to 14,600 of Blackpool's eligible population in 2022/23, an average of 1.7 invites per person as over a third of patients (36%) received more than one invite, 28% received 2 or 3 invites and 8% (over 1,100) received 4 or more invites.

Over two fifths (43%) of the invitations were by letter, 38% were by SMS text and 9% invited verbally; either face to face or via telephone. The invitation method for 11% of those invited to attend an NHS Health Check was unknown.

It is not known if the letters and text messages offered an actual appointment date and time or whether they were an invitation to make an appointment, and invitation methods varied by GP Practice and PCN.

Figure 20: Invites for an NHS Health Check by Method of Invitation and PCN, 2022/23



The type of invite was known for two thirds of those with a completed NHS Health Check and of these, 40% had received a text message, 35% had been verbally invited and 26% invited by letter. Overall, it seems that a verbal invite, either face to face or via telephone, proved to be the most successful method of invitation – as of just under 2,200 patients who were invited verbally, 66% took up the offer of an NHS Health Check. This is compared to 17% of those who received a text message who took up the offer of an NHS Health Check and only 10% of those who received a letter accepted the offer and attended.

Although PCNs invite very few verbally, the uptake from those they did invite in that way was very good. Invite by letter was the least successful invitation option.

Figure 21: % Uptake of NHS Health Check by Method of Invite (excluding unknowns), 2022/23

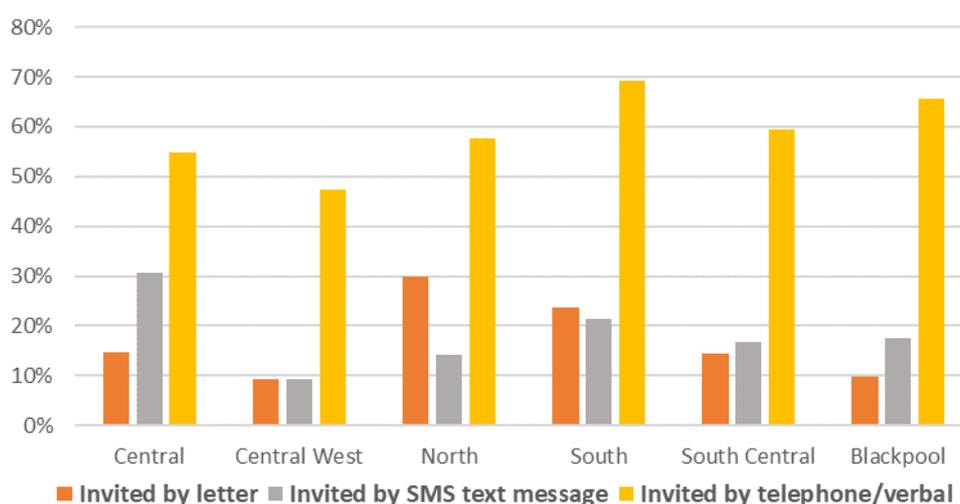
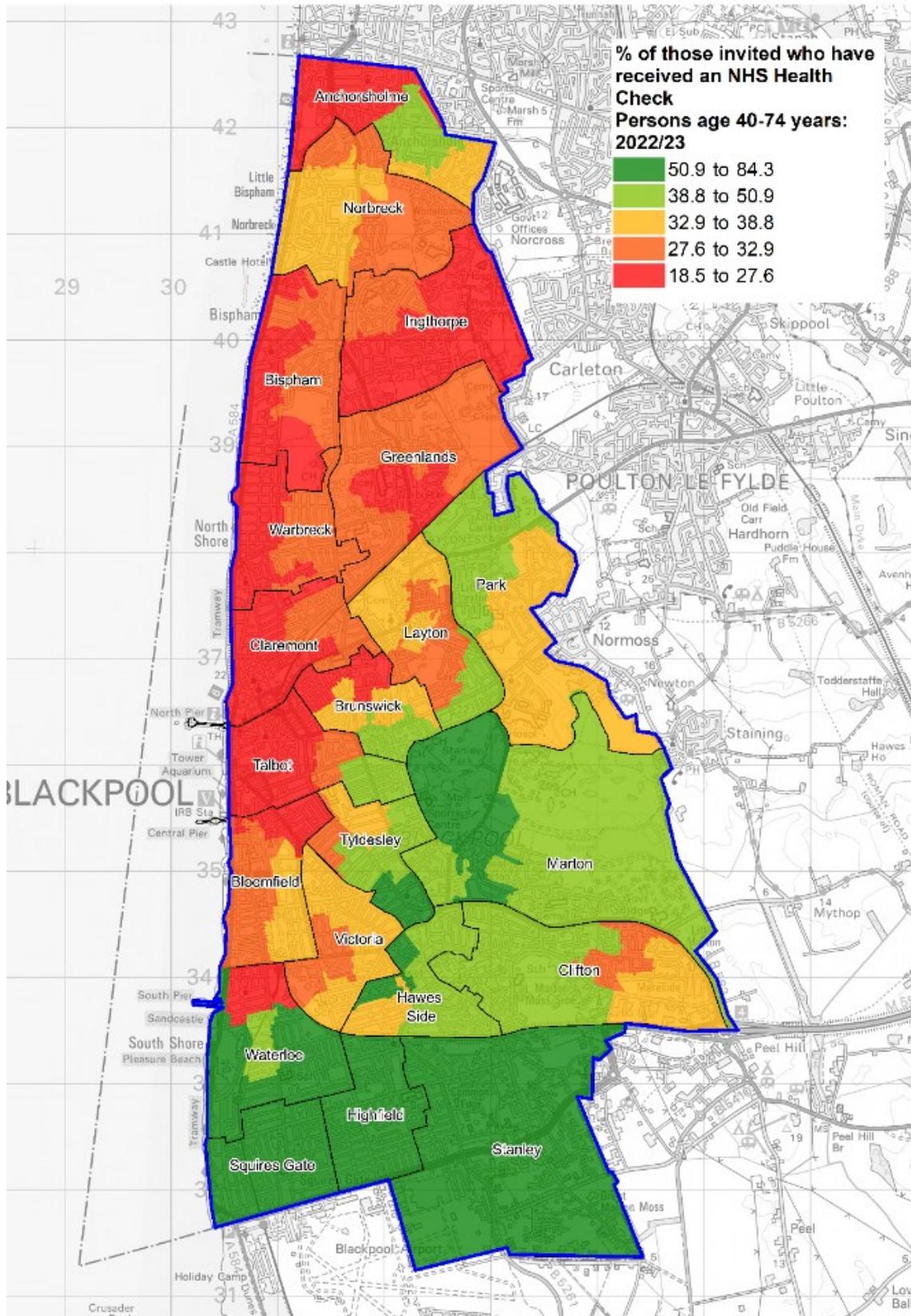


Figure 22: % who received an NHS Health Check after being invited (Uptake) by LSOA¹⁰, 2022/23



¹⁰ LSOA - Lower Super Output Area, a small standardised geographic area used for collecting and reporting statistical data in a consistent way

Chapter Three: Characteristics and CVD Risk of those Attending an NHS Health Check in 2023/24

Limitations of the Data: -

When looking at the characteristics, the numbers who have received a NHS Health Check does not match to those who have a QRISK score recorded on the patient record. There are more patients with a QRISK score than there are with a 'completed' NHS Health Check. This is because the patient list is not static, patients move on and off throughout the year and the QRISK score may have been from an earlier Health Check.

Also, the data used for this analysis is an audit of all eligible patients within the year and as such will contain patients who have been found with certain conditions which would have removed them from the 'eligible' cohort at that point.

For the purpose of this CVD risk analysis, 'attendees' are classed as those with a QRISK score, a non-attender is someone with an invitation but no NHS Health Check completed or QRISK score.

CVD Risk by Sex and Age Group

Across Blackpool, just under 8,000 people aged 40-74 had a recorded QRISK score in 2023/24. More than half, 58.4%, were female, 41.6% male. Overall, more than a quarter (27%) of those with a QRISK score were found to be of moderate or high risk of developing CVD in the next 10 years. Over twice as many men were found to be at moderate or high risk compared to women, 39% and 19% respectively. 2% of women and 7% of men were found to be at high risk of developing CVD in the next 10 years. By the age of 60 this had risen to 4% of women and 30% of men.

Figure 23: CVD Risk by Sex and Age Group, 2023/24

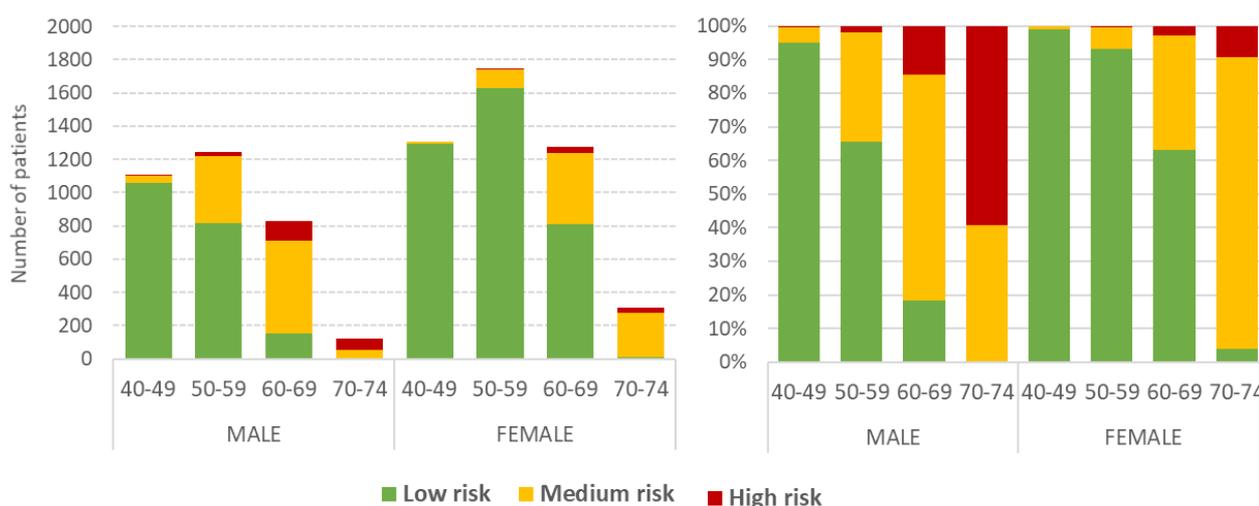


Figure 23 shows that CVD risk increases with age and men are more at risk than women. This is in line with national data¹¹, however, the age at which people in Blackpool move into the medium to high risk is lower than national figures. This is partly due to people in the most deprived areas having the highest prevalence of being classified as obese or overweight, physically inactive, and smoking.¹²

CVD Risk by Ethnicity and Age Group

Just 14% of Blackpool’s BAME population were found to be at moderate or high risk of CVD compared to 28% of the non-BAME population. This will be due to the much younger age profile of Blackpool’s BAME population, 75% are aged under 55. Of the BAME population aged 60-74, 54% were identified as moderate or high risk, slightly lower than the non-BAME population proportion of 62% but not significantly so (figures 24 and 25).

Figure 24: CVD Risk of the BAME population by Age and Ethnicity, 2023/24

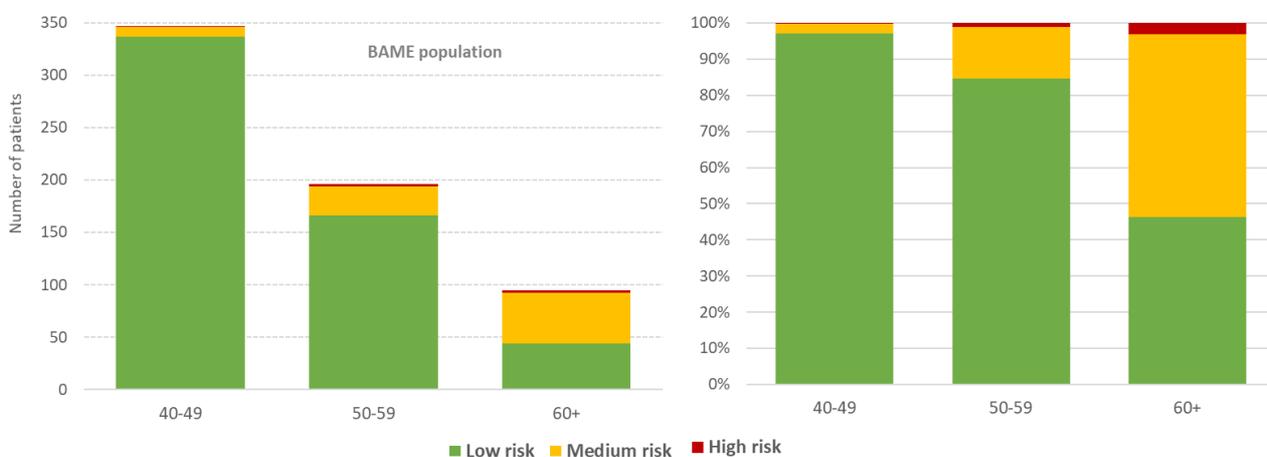
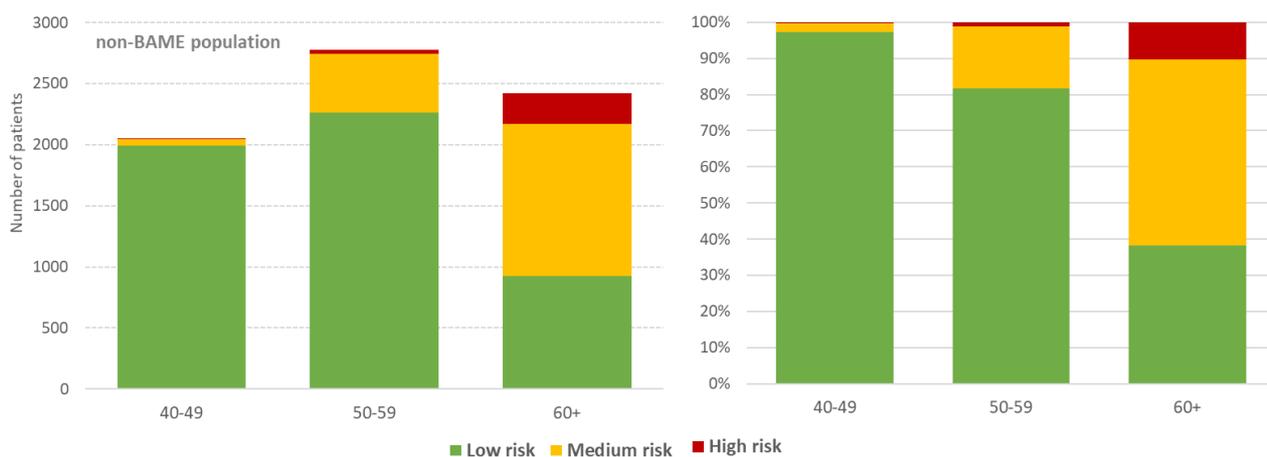


Figure 25: CVD Risk of the non-BAME population by Age and Ethnicity, 2023/24



¹¹ NICE, [CVD risk assessment and management](#), July 2025

¹² British Heart foundation, [How inequalities contribute to heart and circulatory diseases](#) [accessed 26/08/2025]

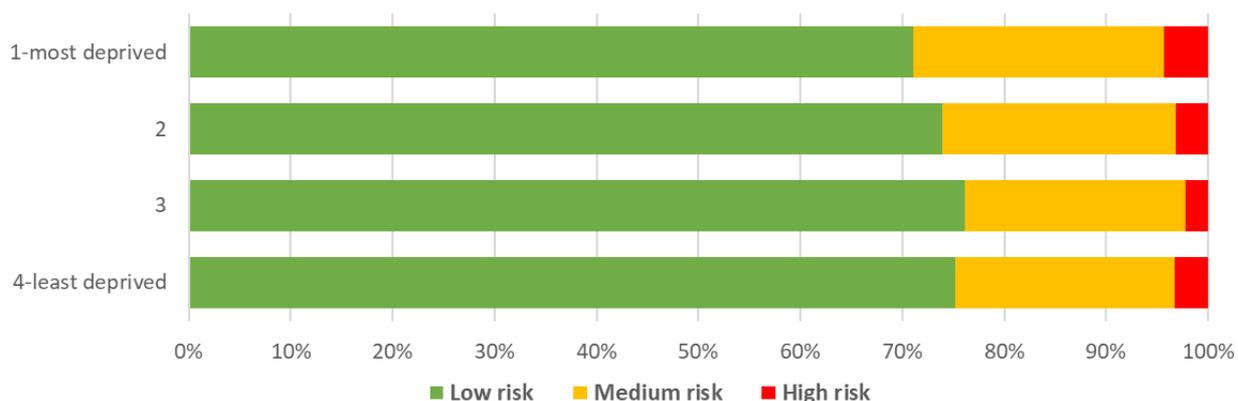
CVD Risk by Deprivation

Health inequalities are complex, and this holds true for CVD patients. There are clear and consistent differences, particularly in the prevalence of modifiable risk factors, inconsistency in accessing elective hospital services, and poorer health outcomes in the most deprived areas.

The gaps are clearest in the prevention of modifiable risk factors early in the pathway. People in the most deprived areas have the highest prevalence of being classified as obese or overweight, physically inactive, and smoking.

When it comes to conditions, the prevalence and access to care is not consistently split by the most and least deprived. This could be due to many factors. As cardiovascular diseases tend to occur later in life, this could be due to the age of a population outweighing their deprivation levels. However, diabetes and hypertension both had higher prevalence rates in the most deprived areas compared to least deprived. Additionally, people in the most deprived areas have the least confidence in managing long-term conditions.¹²

Figure 26: CVD Risk by Deprivation Quintile, 2023/24

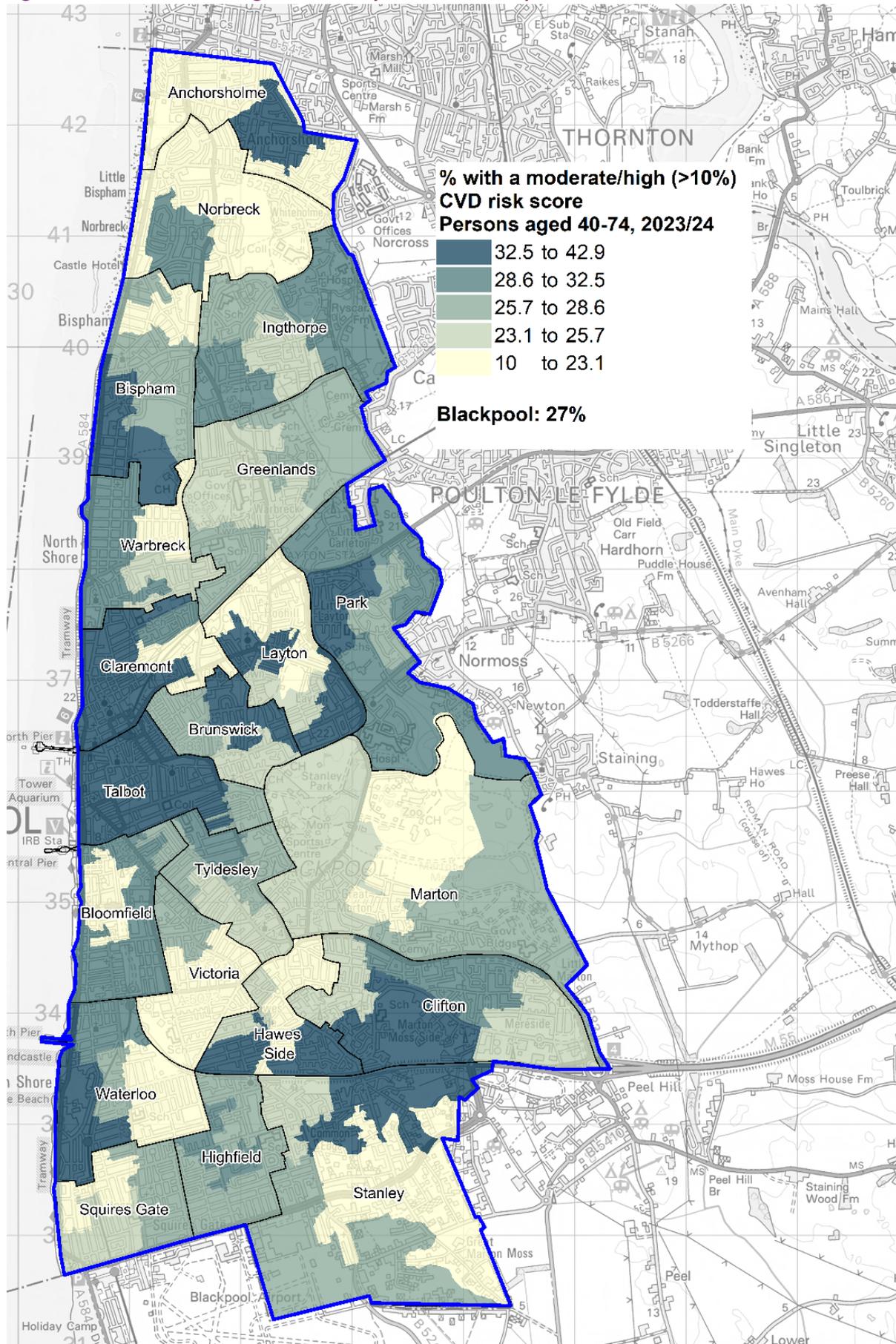


NB-Blackpool has no areas in the least deprived 20%, there are a small number of patients who live outside Blackpool in the least deprived quintile but small numbers skew the results so have been omitted.

As can be seen from figure 26, CVD risk in Blackpool is higher in the most disadvantaged areas, where 29% of residents are identified as being at moderate or high risk, compared with 25% in the least deprived areas. This pattern persists despite the fact that the population in the most disadvantaged areas is younger than that in the least deprived areas.

Within Blackpool, Claremont, Park and Talbot wards have the highest proportion of people with moderate or high risk CVD scores (more than 30%); Anchorsholme, Norbreck and Victoria have the lowest (less than 24%).

Figure 27: Moderate and high CVD risk by LSOA¹⁰ in Blackpool, 2023/24



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NHS Health Check Risk Factors and Referrals, 2023/24

From April 2023 the quarterly NHS Health Check audit data collection began to include information on risk factors and follow-on referrals for patients who have had an NHS Health Check. The following information on risk factors found in Blackpool patients is a new dataset and as such data quality is uncertain. It is also not possible to determine when the risk factor data was added to the record,

We know from national evidence¹¹ and the quality standards for the NHS Health Check, that certain factors can make an individual more at risk of developing CVD. Some cannot be changed (non-modifiable risk factors), such as age, sex, ethnicity and family history. However, modifiable risk factors for cardiovascular disease are lifestyle- or health-related factors that can be changed to lower overall risk. Improving these factors can directly improve CVD risk scores because those scores are calculated using variables influenced by your health and habits.

- **Blood pressure** – Lowering high blood pressure through diet, exercise, weight management, or medication reduces strain on the heart and blood vessels.
- **Cholesterol levels** – Reducing LDL (“bad” cholesterol) and raising HDL (“good” cholesterol) through diet, physical activity, or statins lowers atherosclerosis risk.
- **Smoking** – Stopping smoking dramatically lowers risk within a few years, as it reduces vascular damage and clotting risk.
- **Diabetes management** – Controlling blood sugar through diet, exercise, and medication reduces vascular complications.
- **Weight** – Achieving and maintaining a healthy weight reduces strain on the heart, improves blood pressure, and helps control cholesterol and blood sugar.
- **Physical activity** – Regular exercise strengthens the heart, improves circulation, and lowers multiple CVD risk factors simultaneously.
- **Diet** – Eating more fruit, vegetables, whole grains, and less salt, sugar, and saturated fat improves blood pressure, cholesterol, and weight.
- **Alcohol consumption** – Limiting intake helps lower blood pressure and reduces other CVD risks.

Family History of CVD (non-modifiable risk)

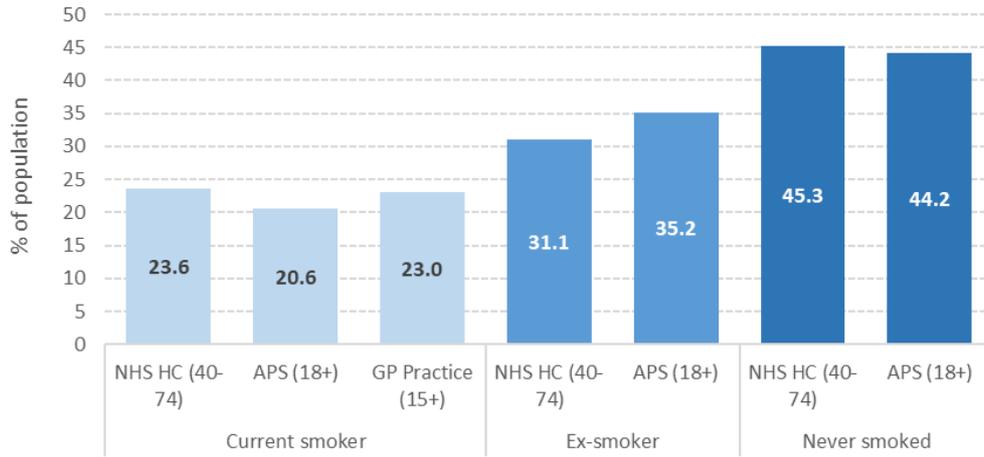
A total of 3,796 patients had a record noting their family history of CVD. Of these, 1,967 (52%) reported having a family history. Just under two thirds (61%) were female. Although this data is an important factor in calculating a CVD risk score, not all patients will know of their family history of medical conditions so there could be some under-reporting.

Modifiable Risk Factors

Smoking

Figure 28 compares smoking prevalence taken from NHS Health Checks with other data sources for smoking prevalence estimates for Blackpool. While there are differences in the populations for each of these sources, the estimates are not dissimilar. The Annual Population Survey (APS) estimates are based on the 18+ resident population estimates and the GP Practice registers prevalence is the 15+ registered population.

Figure 28: Comparison of Data Sources for Smoking Prevalence in Blackpool

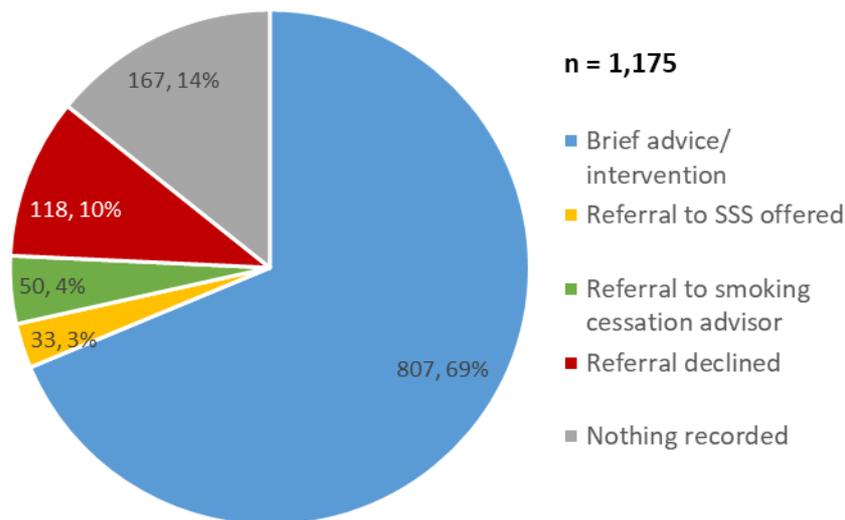


NHS HC - NHS Health Check-2023/24, APS - Annual Population Survey-2023, GP Practice registers-2022/23

Of the 4,969 people with a smoking status recorded in the NHS Health Check audit data, 23.6% were current smokers and 31.1% were ex-smokers. 45.3% have never smoked and smoking status declines with age. Current smokers are evenly split between male and female with females slightly more likely to have never smoked, 47% compared to 44%.

Of the 1,175 current smokers identified as part of the NHS Health Check, 85% were recorded as being given brief advice and/or a referral to tobacco addiction and treatment services. Whilst some patients declined the offer of support, most smokers are given brief advice, yet only 3% turn into an actual referral to tobacco addiction and treatment services. This is most definitely a missed opportunity as we know from evidence that smokers are three times more likely to have a successful quit attempt if they receive pharmacotherapy (Nicotine Replacement Therapy-NRT) along with behaviour support from free NHS Tobacco Addiction and Treatment Services. Unfortunately, the treatment services are unable to identify if referrals have come in as a result of the NHS Health Check so we are unable to report on successful quits as a result of the check.

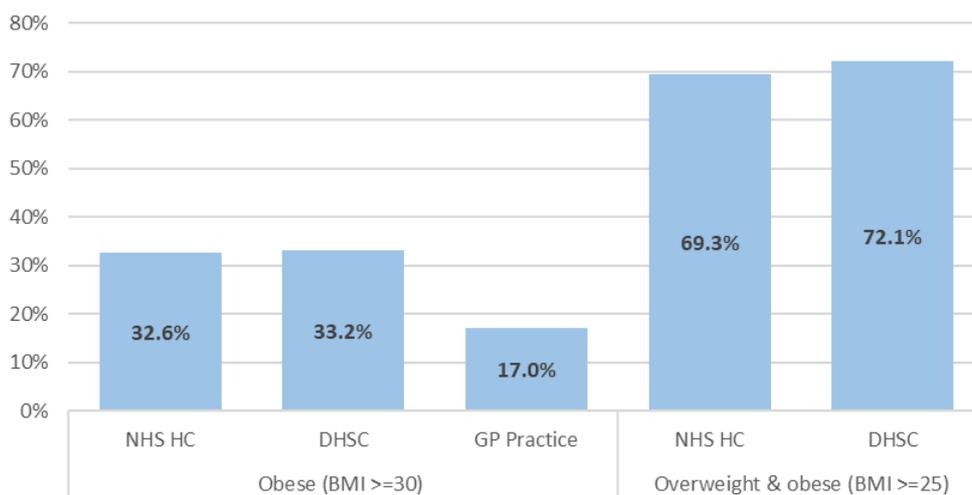
Figure 29: Number and Proportion of Current Smokers Given Advice, 2023/24



Weight Management

Figure 30 compares obesity and excess weight (overweight and obese) prevalence taken from NHS Health Checks with other data sources for obesity prevalence for Blackpool. While there are differences in the populations for each of these sources, the estimates from NHS Health Checks and the Obesity Profile¹³ are similar. However, GP practice registered prevalence of obesity, based on the registered population 18+, is significantly lower than other estimates.

Figure 30: Comparison of Data Sources for Obesity Prevalence in Blackpool



NHS HC - NHS Health Check 2023/24
 DHSC - Dept of Health and Social Care Obesity Profile 2022/23
 GP Practice registers 2023/24

There were 4,982 people with a BMI score recorded in the NHS Health Check audit data, 36.7% are overweight and 32.6% are obese (including 4.9% who recorded as severely obese with a Body Mass Index of more than 40). Excess weight does not appear to be significantly different by deprivation across Blackpool and while obesity levels were greatest in the most deprived areas, this also was not significantly different to other areas.

Of the 3,452 patients identified as either overweight or obese, 431 patients had a record of weight management being offered to them within the six month period after their initial NHS Health Check. 78% (336) of these patients declined a referral to a weight management services, with only 95 referrals being made; almost all (95%) of these patients were obese or severely obese. Men are less likely to take up the offer of a weight management referral with 88% (156) having declined the offer compared to 71% (180) of women. Unfortunately, there is no data on whether those individuals who were referred took up the offer of weight management or on any resulting outcomes.

There have been 807 offers of referral to the NHS Diabetes Prevention Programme with just over half (57%) being referred and 43% declining the offer. The [NHS Diabetes Prevention Programme](#) identifies people at risk of developing type 2 diabetes and refers them onto a nine-month, evidence-based lifestyle change programme. This can be a digital or face-to-face offer that is delivered locally. Of

¹³ DHSC, [Obesity, Physical Activity and Nutrition Profile](#)

those offered a referral to the NHS Diabetes Prevention Programme, 44.4% of men declined compared to 41.9% of women.

Physical Activity

Patients are asked about their levels of physical activity as part of the NHS Health Check and classified into four physical activity categories based on the GP Physical Activity Questionnaire¹⁴. In 2023/24 of those that attended an NHS Health Check, 64% of Blackpool’s population were found to be either ‘active’ or ‘moderately active’

Men are more likely to be active or moderately active compared to women; 70% and 59% respectively.

A fifth of those asked were deemed to be ‘inactive’, which is doing no physical activity and having a sedentary job. Women are more likely to be inactive, 41% compared to 30% of men and activity levels were found to decline with age. 41% of 60-74 year olds are inactive compared to 33% of 40-49 year olds.

GP Practice Physical Activity Questionnaire

Inactive:

- Sedentary job and no physical exercise or cycling

Moderately inactive:

- Sedentary job and some but < 1 hour physical exercise and / or cycling per week
- Standing job and no physical exercise or cycling

Moderately active:

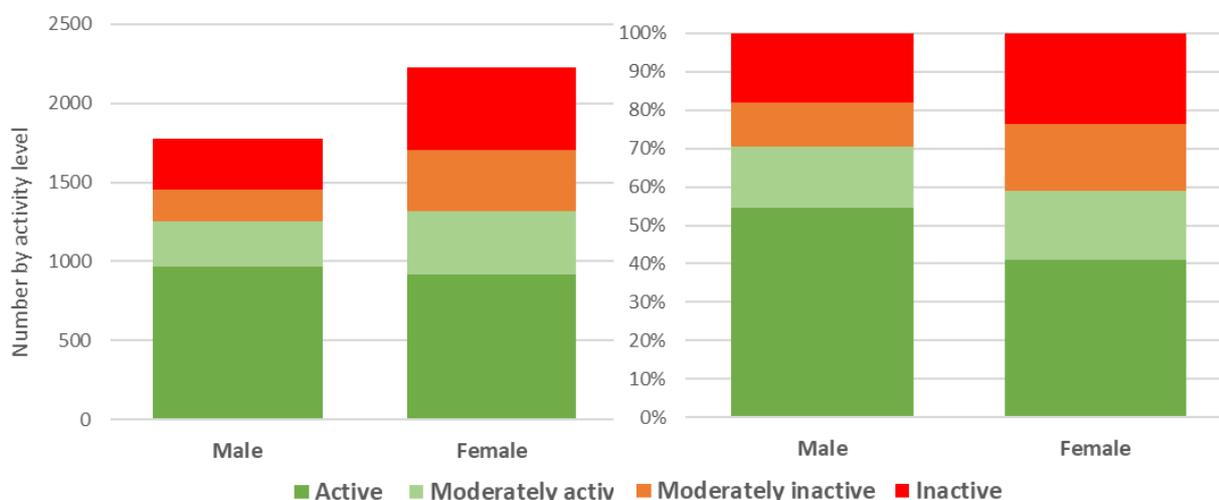
- Sedentary job and 1-2.9 hours physical exercise and / or cycling per week
- Standing job and some but < 1 hour physical exercise and / or cycling per week
- Physical job and no physical exercise or cycling

Active:

- Sedentary job and ≥ 3 hours physical exercise and / or cycling per week
- Standing job and 1-2.9 hours physical exercise and / or cycling per week
- Physical job and some but < 1 hour physical exercise and / or cycling per week
- Heavy manual job

Very few people appear to be being offered a referral to the Activity on Referral programme provided by Active Blackpool - only 85 in 2023/24. Of these 32 (38%) declined the offer.

Figure 31: Physical Activity Levels in Blackpool by Sex, 2023/24



¹⁴ DHSC, [GP Physical Activity Questionnaire](#)

Alcohol Use

As part of the NHS Health Check, patients are asked about their alcohol consumption and classified into four alcohol risk categories based on either the FAST alcohol screening tool or the AUDIT-C screening tool. Over 3,600 patients had been categorised by one of the screening tools in 2023/24.

85% were scored using the FAST tool, 15% were scored using the AUDIT-C tool. Results using the two separate tools were very different, therefore the results should be viewed with caution.

- Using the FAST tool, 97% of the patients were classed as low risk for alcohol harm
- Using the AUDIT-C tool, 63% were classed as low risk

Of the 40 offers of referral to alcohol treatment services, 27 were declined.

The alcohol use disorders identification test consumption (**AUDIT C**) is the alcohol harm assessment tool which consists of the consumption questions from the full alcohol use disorders identification test (AUDIT). A total of 5 or more is a positive screen

- 0-4 indicates low risk
- 5-7 indicates increasing risk
- 8-10 indicates high risk
- 11-12 indicates possible dependence

The **FAST** alcohol screening test is a subset of questions from the full alcohol use disorders identification test developed for use in emergency departments but which can be used in a variety of settings. A total of 3 or more on the first four questions is FAST positive

- 0-7 indicates low risk
- 8-15 indicates increasing risk
- 16-19 indicates high risk
- 20 or more indicates possible dependence

Source: OHID, Guidance on the 5 alcohol use screening tests, October 2020

Chapter Four: Patient Feedback and NHS Health Check Governance and Accountability

Patient Feedback

Blackpool Council Public Health has created and provides all GP Practice providers with an NHS Health Check Patient Results booklet. This gives the patient the opportunity to record the results of any diagnostic tests undertaken and explains what the results mean. The booklet also provides contact details of services that can support them if they would like to make a lifestyle change as a result of having the NHS Health Check. For example, quit smoking, reduce or stop consuming alcohol, lose weight or contact mental health services for support.

On the back of the NHS Health Check Patient Results booklet is a tear off slip which patients are encouraged to complete and return to the GP Practice (usually by way of a confidential box in the reception area). This gives Blackpool Council Public Health, as the commissioner of these services, insights into how the NHS appointment went for the patient, whether they understood the reasons for the check and the test results, and whether they felt the check was of value. It also asks if the NHS Health Check had motivated them to make any changes to their lifestyle.



Blackpool Council has been providing this leaflet with a feedback slip for GP Practice use for many years and receive hundreds of feedback forms each year.

Nearly all of those that had completed the survey after having an NHS Health Check agreed that it met their expectations with most saying that the check took 20 minutes or more to undertake. The majority of these patients identified that they were at low risk of CVD (QRisk calculated as 9% or lower), with very few identified at high risk. Although the results of the patient surveys will include bias because it is a choice whether someone completes it or not, the results may indicate that the checks may not be reaching those most at risk of CVD in this age range.

Nearly all who completed the survey stated that they had understood the results and when asked if by having the check it would prompt them to make healthier choices, around 95% said that it would, with 'eat healthier food or less food' being the most common change people stated.

The last question on the survey is a free text box asking if they have any further comments or suggestions on their experience of NHS Health Checks and feedback for this was wide and varied but included: -

- *Really informative and helpful. Should be used for everyone. Really clear about what I need to do*
- *Very good interactions and advice. Educated me a bit as well*
- *Glad to have it done*

- *Absolutely superb service, gave me reassurance that I'm keeping healthy and gave me advice to tweek my lifestyle. Thank you very much.*
- *Did it in a really good way. Felt very comfortable*
- *Nurse was very professional and was a good listener and nice*

And suggestions for improvements, included: -

- *Ask questions about loneliness and mental health*
- *Perhaps sample diets for the different body shapes*
- *Early detection of cancer and mental health would be good opportunistically as the patient has come into the surgery*
- *Female over a certain age to have more checks re menopausal checks*
- *More guidance on losing weight*
- *Make it more widespread from cardiovascular. Could look into mental health and life limiting problems*
- *Do for more people*

NHS Health Check Governance and Accountability

Local Governance Structure

Blackpool Council's public health directorate is explicitly responsible for commissioning and delivering the NHS Health Check programme, as a mandated [public health service](#). GP practices in Blackpool are commissioned to deliver the [NHS Health Checks](#) and eligible adults aged 40–74 are invited every five years by their GP to receive a free check, covering risks related to heart disease, stroke, kidney disease, and diabetes

Accountability for delivering the programme in Blackpool is overseen by:

- Blackpool CVD Prevention and Detection Steering Group
- L&SC ICB - CVD Prevention, Detection & Management Group
- OHID North West NHS Health Check Steering Group

In addition, Blackpool Adult Social Care and Health Scrutiny Committee and Tourism, Economy and Communities Scrutiny Committee provides the democratic scrutiny and accountability of local health commissioning and performance.

National Governance Structure

The Office for Health Improvement and Disparities (OHID) manage the NHS Health Check programme, supported via governance bodies¹⁵ such as:

- Regional Lead NHS Health Check group
- Local Implementer National Forum (LINF)

¹⁵ [NHS Health Check - Governance](#)

These groups ensure consistency, guidance, and oversight across local authorities

National Audit Office (NAO)

The NAO provides auditing and advocacy on coverage, funding adequacy, and performance; examining the effectiveness of the governments approach to identifying, preventing and managing CVD in England.¹⁶

Conclusions

Over 10 years since its inception, the NHS Health Check remains a world leading prevention programme underpinned by NICE evidence-based recommendations. It provides a significant opportunity to reduce early death, disability and health inequality as part of a suite of individual and population interventions being delivered across England. By identifying people who are at high risk of having a heart attack or stroke the NHS Health Check can help tackle health inequalities and reduce the burden of early death from CVD; which is three times higher in the most deprived communities compared with the least deprived.¹⁷

The benefits of the NHS Health Check don't end there as it has a central role in supporting healthy ageing in that it offers an opportunity to directly engage people in a conversation about what they can do to keep themselves healthy and well, as well as providing a mechanism to ensure that those who would benefit from local services, for example to help them to lose weight, become more active, drink less or stop smoking, get that help.

We know from this Blackpool HEA that if we can get patients in for an NHS Health Check it is of great value to them. We also know that lifestyle and clinical follow up is variable. Ensuring that all eligible patients are invited and can access an NHS Health Check is essential, as is people receiving appropriate follow-up to help them reduce their risk and maximise health gains.

In 2020, the Department of Health and Social Care asked Public Health England to carry out an evidence-based review of the NHS Health Check programme.¹⁸ The review made recommendations which presented a vision for the future of the national programme, including launching a digital offer, making the NHS Health Check available to people from a younger age, and addressing more conditions through the NHS Health Check. We must ensure that Blackpool is responsive to each of these proposed changes should they be included in the national delivery model as we have evidence from this HEA and pilot work on Workplace Health Checks that this may be of great value to Blackpool.

¹⁶ National Audit Office, [Progress in preventing cardiovascular disease](#), Nov 2024

¹⁷ Emerging evidence on the NHS Health Check: findings and recommendations: A report from the Expert Scientific and Clinical Advisory Panel, February 2017

¹⁸ OHID, [NHS Health Check Programme Review](#), November 2020

Appendix 1: GP Practices Locations and the PCN's they belong to as at November 2023

