The status quo is not an evidence-based option

Mant\(^1\) acknowledges the pressing need for earlier identification of cardiovascular (CVD) risk, hypertension, diabetes, and kidney disease (CKD). He identifies some questions raised by recent research but underlines that evidence is inconsistent. He suggests that the NHS Health Check should be abandoned, but offers little alternative beyond usual primary care. We would challenge that an approach dependent on the status quo can be justified when, despite almost universal registration with a GP, around 5 million people in England have undiagnosed hypertension, 1.6 million have undiagnosed CKD and 700 000 undiagnosed diabetes.

The editorial suggests that the NHS Health Check should be abandoned partly because it is inefficient at case finding. The evidence for this derives from a single study\(^2\) whose authors reported that the NHS Health Check was no better than usual care at case finding. This study had significant limitations (not randomised, underpowered and low health check uptake) and the findings do not justify abandonment of the NHS Health Check, but should generate questions about fidelity of the intervention: are we reaching the right populations, is there sufficient uptake, is the NHS Health Check quality assured, and is there appropriate follow up in primary care?

We agree that there is a dearth of evidence for the NHS Health Check as an integrated-delivery method. We want to learn from and improve the implementation and impact of the NHS Health Check programme. For this reason we have established an Expert Scientific and Clinical Advisory Panel whose remit includes ensuring the programme responds to emerging evidence, and advising on changes to content and delivery to optimise uptake and effectiveness and to reduce health inequalities. We will shortly be publishing a priorities for research paper to articulate the key research questions. We have also published a set of standards\(^3\) and competencies\(^4\) for NHS Health Check providers.

However good the uptake and quality of delivery, achieving the anticipated benefit will only happen if people identified as having high CVD risk or clinical abnormality are added to disease registers and receive appropriate management. We will continue to work closely with primary care colleagues to understand how best we can support GPs and their staff to ensure that the primary care component of the NHS Health Check pathway is delivered effectively.

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GP antibiotic overuse and microbial resistance

Weiler correctly highlights some of the limitations of primary care prescribing data.\(^1\) Research databases such as the