19 December 2014

**Public Health England Consultation on ‘NHS Health Check programme: priorities for research’**

1. The RCGP welcomes the opportunity to respond to the Public Health England consultation on ‘NHS Health Check programme: priorities for research’. This response has been written by the RCGP Over Diagnosis Group.

2. The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 49,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with expertise in patient-centred generalist clinical care.

**Question one:** Do you think that the document identifies the major research priorities for the programme?

3. No. The major research priority should be to identify whether Health checks are capable of improving quality or quantity of life. The research evidence so far points towards Health checks being ineffective, as evident for example by the 2012 Cochrane review, and individual components of the Health check, such as screening high risk people for diabetes, to be ineffective, as per the ADDITION-Cambridge study. Either Health checks should be done in an adequately powered RCT or the concept should be abandoned in accordance with the evidence.

**Question two:** Are there particular questions outlined in the document which you consider to be of greatest priority?

4. The document unfortunately does not challenge the problem of mandated Health checks and the fact that they are being done in absence of an evidence base, as Public Health England (PHE) themselves have stated. A research programme of worth requires this fundamental
question to be asked and answered before any other measures of quality can be usefully completed. The programme is using large amounts of resources in the creation of this policy, which does not tackle social inequality which is at the root of much premature mortality and morbidity.

**Question three) Are there any other considerations or opportunities for development of data infrastructure that should be considered?**

5. No infrastructure construction should be attempted because it currently allocates resources to an initiative that has been shown to be very unlikely to improve mortality and morbidity.

**General comments**

6. The Health checks programme has been mandated for some time, in the ‘absence of direct randomised controlled trials to guide it’ – in the words of PHE. Despite the evidence showing that this type of intervention (seen most recently in the Inter99 trials published in the BMJ) does not work, the programme of research does not acknowledge this. The research which is suggested makes assumptions that the programme will work. – If the Health checks programme is going to run at all, it should be done as part of an RCT adequately powered to detect all cause mortality differences – PHE should seek a higher quality of evidence than simply measuring quality of delivery. The programme should not be continued without robust evidence in support of it. PHE should seek governmental approval to search for high quality evidence of mortality and morbidity benefit (not misleading proxy measures) and seek assurances that the programme can be disbanded on the basis of evidence, not policy.

7. There is a risk of widening inequalities which the Health checks programme has not demonstrated an ability to improve.

**Comments on review**

8. No clear research question or statistical analysis has been attempted for the literature review. Nor have other searches for relevant information, relating to screening for diabetes, or the effect of brief behavioural interventions, or efficacy of risk assessments been completed. The literature review is considered to be of poor quality and unable to identify the true breadth of current knowledge in relation to the Health check programme.

9. There is a need to involve patients in the results obtained by the Health check. Research about decision aids and models for informed consent are important. Research is required describing citizens given patient-centred, evidence based information about what to do with the results which they had generated by their Health check and what the patient perceived benefits and harms are of having a Health check. Additionally, the potential for harm from Health checks has not been proposed for examination, and should include the potential for widening health inequalities, overdiagnosis, and overtreatment. The Science Committee have recently judged that the UK National Screening Committee (UKNSC) should have been asked to review the Health checks programme. We support the need for the independent expertise of the UKNSC to be involved in reviewing the current status and research needs of this program.