



NHS Health Check content review form

1. Please tick the categories that apply to your proposal.

- It involves amending the eligible population.
 It involves amending an existing component of the risk assessment.
 It involves introducing a new component to the risk assessment.

2. Please provide a short summary describing your proposed change

[max 200 words]

[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]

We would propose the following is introduced into the NHS Health Check risk assessment;
- Back pain assessment for those at higher risk, using the "Making Every Contact Count Tool" kit, which has been developed and tested across pilot sites nationally. Is evidence based tool, commissioned by PHE in 2015.

3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports

[max 200 words]

[Please identify up to three priorities]

NHS Outcomes Framework

Domain 2: Enhancing quality of life for people with long-term conditions

- Indicator: Proportion of people feeling supported to manage their condition
- Indicator: Employment of people with long-term conditions

Public Health outcomes framework

Domain: Health improvement

2.13i - Percentage of physically active and inactive adults - active adults

2.13ii - Percentage of active and inactive adults - inactive adults

Domain: Wider determinants of health

1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate

1.09i - Sickness absence - The percentage of employees who had at least one day off in the previous week

1.09ii - Sickness absence - The percent of working days lost due to sickness absence

4. Please identify which of the programmes objectives the proposed change supports [please tick]	
<input type="checkbox"/>	To promote and 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.
<input checked="" type="checkbox"/>	To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.
<input checked="" type="checkbox"/>	To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.
<input type="checkbox"/>	To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally.
5. How will the proposed change support the(se) objective(s)?	
The changes will benefit and support the objectives of the programme in two ways; - Identifying those at risk of developing back pain - Identify those who already have back pain and refer/signpost to an appropriate healthcare professional and offer advice to encourage self management.	
6. What is the evidence for the clinical effectiveness of the proposed change?	
Early identification and detection of back pain can reduce long-term sickness absence by 39% (1). For people with persistent non-specific low back pain, exercise programmes comprising of up to a maximum of eight sessions over a period of up to 12 weeks can be effective (2NICE 2012). Clinical and cost effectiveness of using screening protocols to target treatments for patients with non-specific low back pain is a new area . The best screening protocol is still in development, however prognostic screening with matched pathways will have important implications for the future management of back pain in primary care (2NICE 2012).	
7. What is the evidence of cost effectiveness of the proposed change?	
Sickness absence costs the UK around £15 billion annually in lost economic output (3). Back pain is the leading cause of sickness, responsible for more than 15 million lost days (4). An early intervention physiotherapy programme at Staffordshire Council has found a reduction of 1000 days per month, saving £100,000 a month (5). An RCT reported that the relative costs of group aerobic exercises vs physiotherapy vs muscle reconditioning were in a ratio of about 1:3:4, in favour of aerobics (6)	
8. Please provide an outline of how this would change current practice i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?	

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 ESCAP secretariat
 Email: nhshealthcheck.mailbox@phe.gov.uk

A short test for back pain would need to take place to assess and detect whether a person is at risk of developing, or already has developed back pain. This would either be in the form of a subjective exam, consisting of questions, +/- an objective examination consisting of short reliable and valid evidence based tests. That could be used by non clinicians.

9. If you are proposing a new component to the programme, please describe the effective treatment and management systems that are exist and are available.

Making Every Contact Count back pain tool for older people commissioned by PHE.

10. Please state whether you feel the change will have a negative, neutral or positive impact on health inequalities and on the nine protected characteristic groups and why.

[please tick, max 200 words]

Negative Neutral Positive

[Why...]

Evidence indicates that certain lower socio economic groups have a higher burden of disease due to back pain.

11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.

N/A

12. Please list any relevant references

1. Fit for Work Europe is a project led by The Work Foundation, supported by AbbVie and GE Healthcare. For more information, please visit, www.fitforworkeurope.eu
2. NICE 2012. Review of Clinical Guideline (CG88) – Low back pain: early management of persistent non-specific low back pain
<https://www.nice.org.uk/guidance/cg88/documents/cg88-low-back-pain-review-proposal-consultation-document-pdf-version2>
3. Black C, Frost D. Health at work an independent review of sickness absence. London: Department of Work and Pensions; 2011.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf
4. <http://www.nhs.uk/Livewell/workplacehealth/Pages/Backpainatwork.aspx>
5. CTC Healthcare. CTC Healthcare Saves Council Over £300,000 in Sickness Absence Costs. CTC Healthcare 2012. <http://www.ctchealthcare.co.uk/ctc-healthcare-saves-council-over-300000-in-sickness-absence-costs/>
6. Airaksinen, O., et al. "Chapter 4 European guidelines for the management of chronic nonspecific low back pain." European spine journal 15 (2006): s192-s300.

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP

Yes.

14. ESCAP feedback

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ESCAP recognised that MSK does feature strongly in the global burden of disease list of causes of burden. However, it was considered that there would be a feasibility of implementation issue and that there was insufficient evidence to meet the requirements of the clinical and cost effectiveness criteria. Therefore, ESCAP recommended that this proposal should not progress to stage 2.

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