Health promotion screening and the life check proposals

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In response to public demand, the white paper Our Health, Our Care, Our Say (DoH, 2006) suggests a periodic health screen called a life check. This is intended to help people assess their personal risk factors and family history and understand and engage in behavioural changes to reduce the risks of binge drinking, smoking, poor sexual health, poor diet and low levels of physical exercise.

The life check will be carried out through a self-assessment at key age points followed by specific advice from a health trainer on actions to take to maintain and improve health.

Childhood
The scheme’s first age ranges will be the first year of life and at the transition to secondary school. Routine checks are already established as an important part of preventive services for children and the current Child Health Promotion Programme, which recently replaced the Child Health Surveillance Programme, includes the following health checks (DoH, 2004):
- General physical examination at six to eight weeks;
- Systematic assessment before the child’s first birthday;
- A review at school entry.

Midlife
In adults, the life check will initially be developed for people around the age of 50. Concerns about promoting health in middle age are not new. The NHS Plan (DoH, 2000) announced a free health check on retirement and ran eight pilot schemes following recommendations that a health check, advice and a written health plan during retirement could encourage people to stay healthy in later life.

The project identified that people in their 50s are experiencing multiple changes and transitions, such as decisions about work and employment, illness and death of older parents, children becoming more independent and grandparenthood (Health Development Agency, 2004).

Current health care provision means that most women in this age group are part of the national cervical screening programme and are commonly offered routine health assessment at their smear appointment. Other assessment opportunities include registration medicals and locally offered health promotion projects.

Other key ages
After the implementation of midlife health checks the plan is to roll the scheme out to include those at other key ages.

In 1990 health promotion became a contractual requirement for GPs and since then patients have been offered a variety of health checks, including:
- Postnatal examinations;
- Registration medicals on joining a new practice;
- Teenage health checks – with immunisation at 15 years of age;
- Annual health checks for those who are over 75 years of age.
In addition, many practices offer well woman and well man health checks, run specific health promotion projects and opportunistically check health status such as taking blood pressure when prescribing the contraceptive pill. An evaluation of the pre-retirement health assessments (HDA, 2004) identified a need to explore the potential benefits of providing access to IT, and the training required to use it, for people unlikely to have internet access at home or at work. This therefore raises questions about the potential uptake of the IT system in the areas of inequality. Online life checks do not have to be shared with the person’s GP surgery but they will have the option to allow them to be used as part of its electronic care record. This would be useful in maintaining up-to-date information about lifestyle risks and family history factors that may affect long-term health. There has been some research into the accuracy of self-assessment. Evidence from a study into self-reported fruit and vegetable consumption in children showed accurate reporting (Ziebland, 2002). However, a study into the accuracy of self-reported body weight highlights that this can be falsified by systematic misreporting (Kroh, 2005).

Practice implications
The DoH states that development of the life check scheme will include links to wider local strategies. The first challenge of linking the life check into practice will be for health care professionals working with young children. The assessment, completed by parents, will need to be integrated into routine childhood assessments. However, most practitioners with young children. The assessment, completed by parents, will need to be integrated into routine childhood assessments. However, most practitioners will already be seeking parental views and concerns in their assessments and so in practice this may only be a formalisation of that process.

As the scheme rolls out to other age groups, practice implications are unclear. If estimates of health risk factors such as rates of obesity and related disease (Fig 1) are used as a benchmark, it is likely that significant levels of unmet health need will be identified and this would result in an increased workload for nurses as they receive referrals from life trainers.

This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net

FIG 1. PREDICTED GROWTH IN OBESITY-RELATED DISEASE BY 2030

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Stroke</td>
<td>5%</td>
</tr>
<tr>
<td>Angina</td>
<td>12%</td>
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<tr>
<td>Heart attack</td>
<td>18%</td>
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<tr>
<td>Hypertension</td>
<td>28%</td>
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<tr>
<td>Type 2 diabetes</td>
<td>54%</td>
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