

PREVENTION AND EARLY  
DIAGNOSIS OF TYPE 2 DIABETES

**THE NHS  
HEALTH CHECK  
PROGRAMME**

**LET'S GET IT RIGHT**

**DiABETES UK**  
CARE. CONNECT. CAMPAIGN.

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# FOREWORD

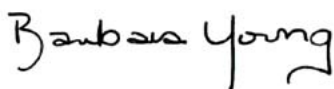
Diabetes is the number one health threat in the UK. Currently 3.7 million people are living with the condition, with a further seven million at high risk of developing Type 2 diabetes. It's a condition that costs the NHS over £10 billion a year, yet 80 per cent of these costs are spent on complications that are, with good care, avoidable. The number of people with Type 2 diabetes in the UK is rising rapidly and is set to reach five million by 2025. Half of the people with Type 2 diabetes already have serious complications when they are diagnosed.

It is imperative that we take action now to stem the rising tide of Type 2 diabetes and the massive human and economic costs associated with this serious long-term condition. A key aspect of tackling the rise in Type 2 diabetes and its devastating and costly complications is to bridge the gap between anticipated prevalence and those diagnosed. Currently about 850,000 people with Type 2 diabetes remain undiagnosed and the gap between actual and expected rates is closing only very slowly.

The NHS Health Check programme, launched four years ago by the Department of Health in England, has huge potential to detect people with Type 2 diabetes and to identify those at high risk, who can then be given support and lifestyle interventions to reduce their risk and prevent onset of the condition. Diabetes UK is disappointed that, so far, this potential has not been realised. Implementation of the programme has been poor and patchy at best. A number of PCTs failed to offer a single person an NHS Health Check last year and the intensive lifestyle interventions, that are essential to the effectiveness of the programme in preventing Type 2 diabetes, are not being comprehensively commissioned. There is considerable variation in the way that PCTs have delivered the programme, and, despite a strong policy focus in the Department of Health, the overall implementation of the programme has been poor.

In April next year the responsibility for commissioning the NHS Health Check programme will shift to local authorities as part of their new public health duties. Diabetes UK is concerned about the impact of this transfer on the future sustainability of the programme and the potential for further variation in its implementation at a local level.

It will be more important than ever in the new environment to ensure the effective implementation of the NHS Health Check programme, and the follow up action, to diagnose and prevent Type 2 diabetes in those found to be at high risk. We want to see a national implementation team for the NHS Health Check programme established within Public Health England and assurance that local authorities will be fully funded to commission the NHS Health Check programme in its entirety.



**Barbara Young**

Chief Executive, Diabetes UK

September 2012

# SUMMARY

## **The NHS Health Check programme can improve diabetes health outcomes by:**

- Identifying people with Type 2 diabetes who can then be treated to improve clinical outcomes.
- Reducing future complications through earlier diagnosis and management of the condition.
- Identifying people with pre-diabetes who can then be supported to avoid developing the condition.
- Reducing the rate of increase of diabetes over time, by identifying those at increased risk who would benefit from lifestyle interventions to reduce their risk of developing Type 2 diabetes.

## **However in 2011–2012:**

- Only 36 PCTs set the recommended target of offering an NHS Health Check to 18 per cent of their eligible population.
- 42 PCTs had lower targets in place.
- Seven PCTs offered an NHS Health Check to less than 1 per cent of their eligible population and three PCTs did not offer a single person an NHS Health Check in 2011–12.
- Over half (58 per cent) of the PCTs in England offered Health Checks to less than 18 per cent of their eligible population in 2011–12.
- Only three quarters (77 per cent) of the NHS Health Checks expected to be offered in 2011–12 have been offered.
- Only half (51.6 per cent) of the NHS Health Checks offered have been taken up.

## **Diabetes UK is concerned that:**

- Less than 40 per cent of those who could benefit from an NHS Health Check received one in 2011–12.
- This compares poorly with cervical cancer screening which achieves 78 per cent uptake and breast cancer screening (77 per cent).

## **If the NHS Health Check programme had been implemented effectively in 2011–12:**

- 9,500 more people could have been diagnosed with Type 2 diabetes and started to manage their condition to help prevent further complications.
- Many more cases of Type 2 diabetes could have been prevented through referral to interventions to reduce risk, producing a gross saving for the NHS.

## **There is a wide variation in the way the NHS Health Check programme is delivered and the performance achieved:**

- In 2011–12, some PCTs offered an NHS Health Check to over 25 per cent of the eligible population, but others have offered less than 2 per cent.
- There are concerns that the intensive lifestyle interventions recommended by NICE for people at high risk of Type 2 diabetes are not being commissioned comprehensively and opportunities to prevent thousands of cases of Type 2 diabetes are being missed.

See the appendix for local PCT data.

## **The Government must ensure the NHS Health Check programme is fully and effectively implemented:**

- The Department of Health should require Public Health England to establish a national implementation team for the NHS Health Check programme.
- The Government's forthcoming cardiovascular disease outcome strategy must ensure the effective implementation of the NHS Health Check programme and the follow-up action to diagnose and prevent Type 2 diabetes in those found to be high risk.
- The Department of Health and Public Health England should ensure that the implementation of the NHS Health Check programme does not decline during the transition from NHS to local government.
- Local authorities should be fully funded from 2013 to commission the NHS Health Check programme and follow up interventions.
- Local authorities should ensure delivery of the NHS Health Check programme.
- Local authorities should ensure that effective mechanisms exist to refer those found to have diabetes to appropriate healthcare and to refer those at high risk to effective lifestyle change programmes.
- The Department of Health and Public Health England should raise awareness of the benefits of an NHS Health Check and people's rights to a free Check.
- An NHS Health Check should be equally accessible to everyone who is eligible. There should be targeted action to reduce geographical variation and effective action to ensure those in high risk groups receive an NHS Health Check.
- NICE Public Health Guidance on *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk* should be fully implemented.
- Those commissioning the NHS Health Check programme should collaborate with local and national community risk assessment programmes and awareness raising campaigns to increase reach, in particular across those groups the NHS traditionally fails to reach, eg through Diabetes UK roadshows.
- There should be effective signposting to organisations providing information and advice to support people to adopt healthier lifestyles and reduce their risk of Type 2 diabetes (and other conditions).

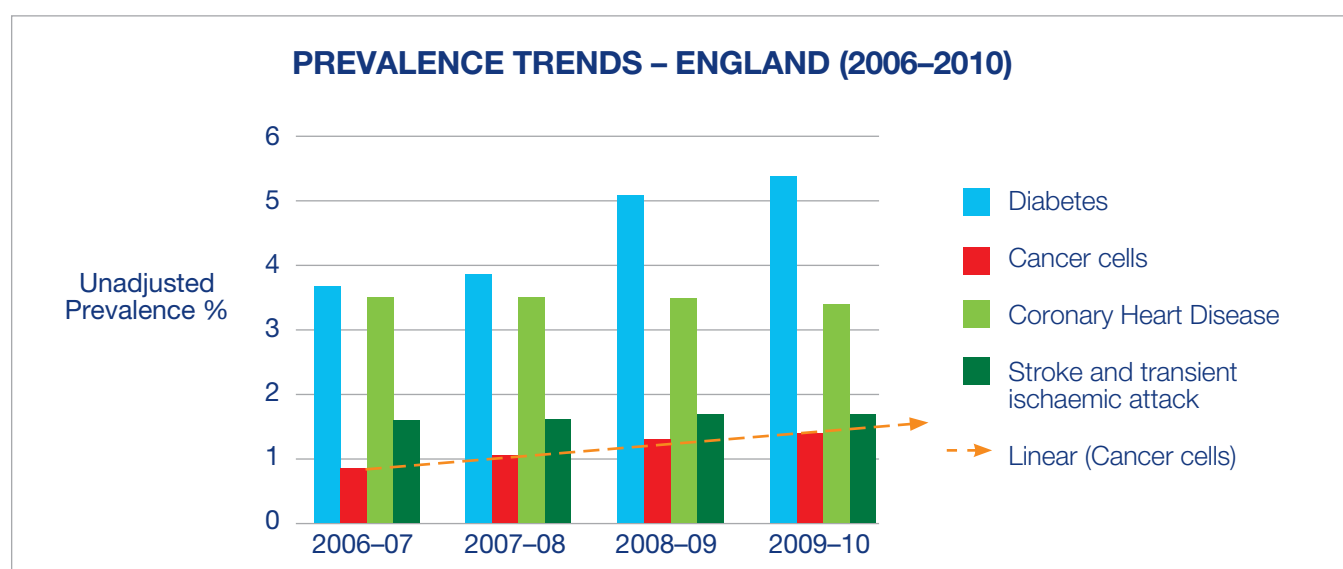
# NHS HEALTH CHECK PROGRAMME

## WHY AN NHS HEALTH CHECK IS IMPORTANT FOR THE PREVENTION AND EARLY DIAGNOSIS OF TYPE 2 DIABETES

### Diabetes is increasing at a rapid rate

Health experts agree that the UK is facing a huge increase in the number of people with diabetes. Since 1996 the number of people diagnosed with diabetes has increased from 1.4 million to 2.9 million. By 2025 it is estimated that five million people will have diabetes. Most of these cases will be Type 2 diabetes because of our ageing population and rapidly rising numbers of overweight and obese people.

The figures are alarming and confirm that diabetes is one of the biggest health challenges facing the UK today. The prevalence of diabetes is nearly four times higher than the prevalence of all cancers combined and is still rising.



If we are to curb this growing health crisis and see a reduction in the number of people dying from diabetes and its complications, we need to increase awareness of the risks, identify those at risk and support major changes in lifestyle for these people. About 850,000 people with Type 2 diabetes remain undiagnosed and may present with advanced retinopathy, neuropathy or arterial disease. By the time they are diagnosed 50 per cent of people with Type 2 diabetes show signs of complications<sup>1</sup>. Diabetes causes 24,000 excess deaths per year<sup>2</sup>.

One in seven people are at high risk of developing Type 2 diabetes<sup>3</sup>. On average, currently only 75 per cent of the expected cases of diabetes are detected in PCTs in England and the gap between actual and expected rates is closing at a very slow rate<sup>4</sup>.

Before people develop Type 2 diabetes they almost always have pre-diabetes<sup>5</sup>. Around 15 per cent of the population have pre-diabetes and the evidence for prevention in this group is unequivocal<sup>6</sup>.

1 Diabetes UK. (2009). *State of Diabetes Care*

2 The NHS Information Centre. (2011). *The National Diabetes Audit 2007–8 Mortality Analysis*

3 UK National Screening Committee, University of Leicester. (March 2008). *The Handbook for Vascular Assessment, Risk Reduction and Risk Management*

4 APHO and QOF data .(2011).

5 Pre-diabetes refers to Impaired Glucose Tolerance (IGT), Impaired Fasting Glycaemia (IFG) or Impaired Glucose Regulation (IGR)

6 Gillies CL et al. (2007). Pharmacological and Lifestyle Interventions to Prevent or Delay Type 2 Diabetes in People with Impaired Glucose Tolerance: Systematic Review and Meta-Analysis. *BMJ*; 334-299

## Who is at risk?

Around three people are diagnosed with diabetes every 10 minutes in the UK<sup>7</sup>. Obesity, being overweight, physical inactivity, poor diet, high blood pressure, high levels of fats in the blood (dyslipidaemia) and higher than normal levels of blood glucose levels (Impaired Glucose Regulation/pre-diabetes) all increase the risk of Type 2 diabetes. The more risk factors a person has, the higher the chances of developing Type 2 diabetes.

The most deprived people in the UK are two-and-a-half times more likely than average to have Type 2 diabetes at any given age<sup>8</sup>.

Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common among people of African and African-Caribbean origin<sup>9</sup>.

Diagnosed diabetes is almost four times as prevalent in Bangladeshi men, and almost three times as prevalent in Pakistani and Indian men compared with men in the general population. Among women, diabetes is more than five times as likely among Pakistani women, at least three times as likely in Bangladeshi and Black Caribbean women, and two-and-a-half times as likely in Indian women, compared with women in the general population<sup>10</sup>.

## NHS Health Checks can identify those at risk and facilitate early diagnosis

NICE guidance<sup>11</sup> supports the NHS Health Check programme as a principal means of screening to identify people with, and at risk of, Type 2 diabetes.

It is estimated that up to 19,000 cases of diabetes could be detected early each year in England through the NHS Health Check programme, producing a gross saving of £1m a year over four years<sup>12</sup>. In addition, up to 9,700 cases of Type 2 diabetes could be prevented each year through non-diabetic hyperglycaemia (pre-diabetes<sup>13</sup>) detection producing a gross saving of £40m a year over four years<sup>14</sup>.

Overall NHS Health Checks could produce a gross saving of £132m a year over 10 years (averted strokes, averted MIs, Type 2 diabetes prevented and detected early, CHD detected early)<sup>15</sup>.

## WHAT IS AN NHS HEALTH CHECK?

An NHS Health Check is a face-to-face risk assessment conducted by a fully trained practitioner. It aims to identify a person's level of risk, allowing people to reduce the risks of Type 2 diabetes (and other conditions). It is expected that about half those attending will go on to have a blood glucose test after having been identified as high risk for Type 2 diabetes. NICE guidance recommends a two-stage process for early diagnosis of people with, or at risk of, diabetes: risk assessment followed by testing if people are high risk. This should be integrated into the NHS Health Check programme, and commissioners should make arrangements for the local NHS Health Check programme to be commissioned<sup>16</sup>. In addition, these

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7 Diabetes UK (April 2012). *Diabetes in the UK 2011/12: Key Statistics on Diabetes*

8 Diabetes UK (April 2012). *Diabetes in the UK 2011/12: Key Statistics on Diabetes*

9 Diabetes UK (April 2012). *Diabetes in the UK 2011/12: Key Statistics on Diabetes*

10 Diabetes UK (April 2012). *Diabetes in the UK 2011/12: Key Statistics on Diabetes*

11 NICE Public Health Guidance 38 (July 2012). *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk*

12 NHS Diabetes and Kidney Care. (16 November 2011). The NHS Health Check programme Evidence base [www.healthcheck.nhs.uk/\\_PresentationsandFeedback.aspx](http://www.healthcheck.nhs.uk/_PresentationsandFeedback.aspx)

13 Pre-diabetes refers to Impaired Glucose Tolerance (IGT), Impaired Fasting Glycaemia (IFG) or Impaired Glucose Regulation (IGR)

14 NHS Diabetes and Kidney Care. (16 November 2011). The NHS Health Check programme Evidence base [www.healthcheck.nhs.uk/\\_PresentationsandFeedback.aspx](http://www.healthcheck.nhs.uk/_PresentationsandFeedback.aspx)

15 NHS Diabetes and Kidney Care. (16 November 2011). The NHS Health Check programme Evidence base [www.healthcheck.nhs.uk/\\_PresentationsandFeedback.aspx](http://www.healthcheck.nhs.uk/_PresentationsandFeedback.aspx)

16 NICE Public Health Guidance 38. (July 2012). *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk*

guidelines state that there should be a focus on engaging adults from South Asian, Chinese, African-Caribbean and Black African populations ensuring they have access to an NHS Health Check<sup>17</sup>.

The NHS Health Check programme started being implemented in England from April 2009. Fifteen million people aged 40–74 years are eligible to be offered a check every five years. It is expected that up to three million people a year will be offered an NHS Health Check and 2.2 million will take up (75 per cent take up rate)<sup>18</sup>. The programme also aims to reduce health inequalities (including socio-economic, ethnic and gender inequalities) that result from Type 2 diabetes (and other conditions).

An NHS Health Check can be delivered in a number of settings including GP surgeries and community pharmacies<sup>19</sup>. A Department of Health guide sets out what every person should receive as the national offer of an NHS Health Check<sup>20</sup> and states that people being offered one should be informed about the programme and what the Check entails.

## Targeting priority groups

The risk factors for Type 2 diabetes are increasing in all social groups<sup>21</sup> and it is important to make sure that all those eligible for an NHS Health Check are able to access them. Some of those most at risk of Type 2 diabetes may not access the Check in traditional NHS settings and would benefit from a more targeted approach and for Checks to be provided in a variety of community based settings.

NICE guidance<sup>22</sup> says that people should be encouraged to have a risk assessment and recommends that Black and Minority Ethnic (BAME) adults over 25 years, people with severe mental illness and others at risk should be given tailored information about the benefits of risk assessments and where to access them. The Guidance also says that risk assessments should be provided where people at risk are to be found (for instance in long stay institutions).

## Who should commission and deliver NHS Health Checks?

The NHS Health Check programme has had good cross-party political support and NHS Health Check is listed in the national performance measures in the NHS Operating Framework for England 2012–13. PCTs are expected to report the percentage of people eligible for the NHS Health Check programme who are offered an NHS Health Check and the number of people eligible for the programme who have received an NHS Health Check as set out in Department of Health guidance<sup>23</sup>. The same indicator is included in the public health outcomes framework<sup>24</sup> which will be used to assess the performance of PCTs and local authorities (after 2013) in promoting public health. This data has been collected and reported by the Department of Health for the first time in 2011–12.

Responsibility for commissioning NHS Health Checks is to be transferred to local authorities from April 2013<sup>25</sup>. NHS Health Checks will be one of a number of public health functions that local authorities will be mandated to commission. They will not, however, be mandated to commission the follow up action

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17 NICE Public Health Guidance 38. (July 2012). *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk*

18 [www.healthcheck.nhs.uk/Default.aspx](http://www.healthcheck.nhs.uk/Default.aspx)

19 [www.healthcheck.nhs.uk/Default.aspx](http://www.healthcheck.nhs.uk/Default.aspx)

20 Department of Health. (April 2009). Putting Prevention First. NHS Health Check: Vascular Risk Assessment and Management. *Best Practice Guidance*

21 National Obesity Observatory. (October 2010). *Adult Obesity and Socioeconomic Status*

22 NICE Public Health Guidance 38. (July 2012). *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk*

23 Department of Health. (22 December 2011). *Technical Guidance for the 2012/13 Operating Framework*

24 Department of Health. (January 2012). Improving Outcomes and Supporting Transparency. A Public Health Outcomes Framework for England 2012–2016  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

25 Department of Health. (December 2011). Public Health in Local Government: Commissioning Responsibilities. *Gateway reference: 16747*



such as tests to diagnose diabetes or the intensive lifestyle interventions for those at high risk which are essential to the clinical and cost effectiveness of the NHS Health Check programme.

## **PATCHY AND POOR IMPLEMENTATION OF THE NHS HEALTH CHECK PROGRAMME**

Despite widespread political support for the NHS Health Check programme, and a strong policy focus in the Department of Health, implementation so far has been patchy and, in many places, poor. A survey<sup>26</sup> last year found that, in the third year of the phased implementation (2011–12), only 36 PCTs had actually set the Department of Health suggested target of offering 18 per cent of the eligible population an NHS Health Check. Only three quarters (77 per cent) of NHS Health Checks expected to be offered in 2011–12 were offered and only half (51.6 per cent) of NHS Health Checks offered have been taken up<sup>27</sup>. Diabetes UK is concerned that this means less than 40 per cent of those who could benefit from an NHS Health Check received one in 2011–12. This is low compared with the uptake of breast cancer screening (77 per cent) and cervical cancer screening (78 per cent)<sup>28</sup>.

There is also a wide variation across England in the rate of implementation. A ‘postcode lottery’ effect has been described due to the freedom that PCTs have in the funding and design of their local NHS Health Check programme<sup>29</sup>. In 2011–12, some PCTs offered an NHS Health Check to over 25 per cent of the eligible population, but others have offered less than 2 per cent (range 0 per cent to 91 per cent)<sup>30</sup>. They were expected to set a target to offer 18 per cent in the year. Some PCTs failed to offer a single person an NHS Health Check in 2011–12. See the appendix for local PCT data.

In addition, Diabetes UK has concerns that the intensive lifestyle interventions recommended by NICE for people at high risk of Type 2 diabetes, and which are essential to achieve the aspirations of the NHS Health Check programme in preventing cases of Type 2 diabetes, are not being commissioned comprehensively.

### **Reaching out to target groups**

Half of the PCTs who responded to the Heart UK survey<sup>31</sup> were providing NHS Health Checks in GP surgeries only, with 5 per cent providing it in pharmacy settings only. The remaining PCTs provided it in a number of more innovative locations, (including workplaces, pubs, public parks, walk-in centres, town centres, town halls, traveller sites, football grounds, public libraries, prisons, youth hostels, village halls, mental health centres and supermarkets).

In total, 15 PCTs responded to say that their NHS Health Checks were provided in more than just GP surgeries or pharmacies. Twenty-seven PCTs also stated that they had plans to commission NHS Health Checks from other providers. The majority of those PCTs commissioning NHS Health Checks outside of the traditional GP surgery or pharmacy setting were located in the South of the country<sup>32</sup>.

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26 Heart UK. (December 2011). Cholesterol and a Healthier Nation: Shared Responsibility for Better Public Health [www.heartuk.org.uk](http://www.heartuk.org.uk)

27 Department of Health NHS Health Check. (2 June 2012). Number of eligible people that have been offered and received NHS Health Check [www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Integratedperformancemeasuresmonitoring/DH\\_129481](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Integratedperformancemeasuresmonitoring/DH_129481)

28 Breast Screening Programme England. (2009–10). [www.ic.nhs.uk/statistics-and-data-collections/screening/breast-screening/breast-screening-programme-england-2009-10](http://www.ic.nhs.uk/statistics-and-data-collections/screening/breast-screening/breast-screening-programme-england-2009-10)

Cervical Screening Programme England. (2010–11). [www.cancerscreening.nhs.uk/cervical/statistics.html](http://www.cancerscreening.nhs.uk/cervical/statistics.html)

29 Graley et al. (2011). Postcode Lotteries in Public Health – The NHS Health Check programme in North West London. *BMC Public Health* 11:738

30 Department of Health NHS Health Check. (28 June 2012). Number of eligible people that have been offered and received NHS Health Check [www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Integratedperformancemeasuresmonitoring/DH\\_129481](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Integratedperformancemeasuresmonitoring/DH_129481)

31 Heart UK. (December 2011). [www.heartuk.org.uk](http://www.heartuk.org.uk)

32 Heart UK. (December 2011). [www.heartuk.org.uk](http://www.heartuk.org.uk)

## Evaluation

Current performance indicators only measure process, not outcome, measures which should be used to judge the success of the programme<sup>33</sup>. A national evaluation of the NHS Health Check programme has been commissioned by the Department of Health. This will examine the impact of the programme on prevalence of cardiovascular conditions, social inequalities in health and longer-term outcomes. It will be essential that the number of those receiving an NHS Health Check is increased to near the planned levels, and that the recommended interventions for those assessed at high risk of Type 2 diabetes (and other conditions) are comprehensively commissioned, in order that the programme can be properly evaluated. Failure to do this would threaten the entire programme.

## HOW DIABETES UK IS WORKING TO RAISE AWARENESS AND PROMOTE HEALTHY LIFESTYLES

In 2007, Diabetes UK's Measure Up advertising and integrated awareness campaign resulted in a 29 per cent increase in awareness of the risks of diabetes amongst those at high risk of developing the condition<sup>34</sup>.

The success of the campaign led to the mobilisation of Diabetes UK's Healthy Lifestyle Roadshows, which provide important information about how leading a healthier lifestyle can reduce your risk of developing Type 2 diabetes, as well as providing general information about the condition. Risk assessments are conducted as part of the Healthy Lifestyle Roadshows using the only validated risk assessment (Diabetes UK and Leicester University Trust Risk Score).

In 2011:

- There were 52 Diabetes UK roadshows
- Around 10,000 risk assessments were conducted
- Over 5,000 people were assessed at moderate to high risk and were referred to their GP
- 69 per cent of those who were advised to see their GP following their risk assessment have been to see or intend to see their GP.

Recall of the risk factors for Type 2 diabetes and of how to reduce risk was high two months after visiting the roadshow.

Diabetes UK provides an online risk assessment tool [www.diabetes.org.uk/riskscore](http://www.diabetes.org.uk/riskscore) which has reached over 183,000 people.

Diabetes UK has embarked on a programme of awareness-raising within Black, Asian and Minority Ethnic communities by recruiting 'Community Champions' – volunteers who are trained to deliver healthy lifestyle and diabetes awareness messages, through information stands and talks at community centres, places of worship and at festivals and events. Community Champions receive training on key aspects of diabetes, its prevention and how to live with diabetes and avoid complications. The scheme has been highly successful in London, where over 100 champions have been trained. It is now being rolled out in four more major towns across England. Some champions have been trained to undertake the Diabetes UK risk assessments, and others have become 'Dual Champions' in partnership with the British Heart Foundation.

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33 Dalton A, et al. (November 2011). Prevalence of Cardiovascular Disease Risk Amongst the Population Eligible for the NHS Health Check programme. *European Journal of Cardiovascular Prevention and Rehabilitation*

34 Diabetes UK. (2007). Measure Up campaign evaluation

## WHAT NEEDS TO HAPPEN

The NHS Health Check programme has the potential to make a huge impact on the prevention and diagnosis of Type 2 diabetes. It is essential that the programme is fully implemented and sustained:

- The Department of Health should require Public Health England to establish a national implementation team for the NHS Health Check programme.
- The Government's forthcoming cardio-vascular strategy must ensure the effective implementation of the NHS Health Check programme and the follow-up action to diagnose and prevent Type 2 diabetes in those found to be high risk.
- The Department of Health and Public Health England should ensure that the implementation of the NHS Health Check programme does not decline during the transition from NHS to local government.
- Local authorities should be fully funded from 2013 to commission the NHS Health Check programme and follow up interventions.
- Local authorities should ensure delivery of the NHS Health Check programme.
- Local authorities should ensure that effective mechanisms exist to refer those found to have diabetes to appropriate healthcare and to refer those at high risk to effective lifestyle change programmes.
- The Department of Health and Public Health England should raise awareness of the benefits of an NHS Health Check and people's rights to a free Check.
- An NHS Health Check should be equally accessible to everyone who is eligible. There should be targeted action to reduce geographical variation and effective action to ensure those in high risk groups receive an NHS Health Check.
- NICE Public Health Guidance on *Preventing Type 2 Diabetes: Risk Identification and Interventions for Individuals at High Risk* should be fully implemented.
- Those commissioning the NHS Health Check programme should collaborate with local and national community risk assessment programmes and awareness raising campaigns to increase reach, in particular across those groups the NHS traditionally fails to reach, eg through Diabetes UK roadshows.
- There should be effective signposting to organisations providing information and advice to support people to adopt healthier lifestyles and reduce their risk of Type 2 diabetes (and other conditions).

# APPENDIX: NATIONAL AND REGIONAL STATISTICS

PCT	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people offered an NHS Health Check April – June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Milton Keynes PCT	0	0.0%	0.0% (0)	26.0%
Sheffield PCT	0	0.0%	0.0% (0)	21.6%
Western Cheshire PCT	0	0.0%	0.0% (0)	22.7%
East Riding of Yorkshire PCT	5	0.0%	0.0% (0)	31.1%
Cornwall and Isles of Scilly PCT	25	0.0%	0.0% (0)	33.8%
Cumbria Teaching PCT	904	0.5%	1.0% (1,674)	32.8%
Surrey PCT	3,383	1.0%	0.1% (471)	28.4%
Berkshire East PCT	1,316	1.2%	0.2% (67)	18.2%
Isle of Wight NHS PCT	736	1.6%	6.4% (1,384)	35.7%
Bradford and Airedale Teaching PCT	2,158	1.6%	0.0% (0)	20.1%
North Somerset PCT	1,162	1.6%	2.7% (970)	33.3%
Kirklees PCT	1,982	2.0%	0.3% (323)	28.8%
Barnet PCT	2,288	2.0%	0.0% (6)	27.8%
North Lincolnshire PCT	1,155	2.1%	2.3% (661)	18.7%
Harrow PCT	1,654	2.2%	2.1% (1,454)	20.7%
Somerset PCT	4,254	2.4%	2.3% (1,801)	31.5%
Waltham Forest PCT	1,991	2.8%	1.0% (412)	10.6%
Herefordshire PCT	2,152	3.5%	6.1% (1,300)	32.7%
Redbridge PCT	2,600	3.7%	2.9% (1,547)	20.8%
Bury PCT	2,020	3.7%	1.5% (455)	26.7%
Bristol PCT	4,147	3.8%	0.1% (68)	26.0%
Plymouth Teaching PCT	3,054	4.2%	0.4% (169)	23.8%
Coventry Teaching PCT	3,686	4.2%	0.7% (136)	22.7%
Worcestershire PCT	8,301	4.4%	1.6% (1,498)	25.9%
Warwickshire PCT	7,434	4.5%	0.7% (1,085)	30.4%
Warrington PCT	2,943	4.5%	0.7% (197)	16.5%
Enfield PCT	4,079	4.9%	3.0% (1,161)	25.5%
Northamptonshire Teaching PCT	11,179	5.0%	0.0% (0)	23.5%
Dorset PCT	7,637	5.1%	1.1% (900)	38.0%
West Kent PCT	11,687	5.2%	1.0% (1,755)	27.6%

PCT	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people offered an NHS Health Check April – June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Blackpool PCT	2,793	5.9%	5.3% (1,300)	23.0%
Leicestershire County and Rutland PCT	15,675	6.1%	3.6% (3,989)	28.0%
Calderdale PCT	3,235	6.5%	4.3% (1,335)	27.6%
Hounslow PCT	3,693	6.7%	3.7% (1,584)	19.8%
South Staffordshire PCT	13,338	7.2%	3.0% (3,221)	26.2%
Nottinghamshire County Teaching PCT	15,102	7.6%	4.4% (3,432)	28.8%
Oldham PCT	4,980	7.7%	2.4% (830)	24.7%
West Sussex PCT	20,665	7.8%	2.6% (3,220)	28.8%
East Sussex Downs and Weald PCT	9,609	8.2%	1.8% (1,180)	35.7%
Shropshire County PCT	7,720	8.4%	4.4% (1,665)	33.1%
Eastern and Coastal Kent PCT	20,661	8.6%	5.8% (4,705)	22.1%
North Lancashire Teaching PCT	9,832	8.9%	3.2% (3,503)	26.9%
North Yorkshire and York PCT	22,192	9.3%	4.2% (5,611)	35.6%
Southwark PCT	7,464	9.4%	7.5% (1,085)	29.6%
Nottingham City PCT	6,844	9.5%	4.7% (1,164)	22.1%
Central and Eastern Cheshire PCT	18,718	9.5%	3.7% (2,761)	22.3%
Newcastle PCT	7,288	9.7%	3.3% (810)	30.6%
Kingston PCT	5,176	9.7%	2.9% (1,225)	22.2%
Bolton PCT	9,912	9.7%	0.7% (417)	13.2%
South Gloucestershire PCT	7,275	9.9%	3.4% (2,042)	29.2%
Tameside and Glossop PCT	7,633	9.9%	5.5% (1,643)	26.6%
Hertfordshire PCT	34,560	10.5%	5.0% (8,113)	–
Sutton and Merton PCT	12,494	11.2%	4.8% (2,515)	25.5%
Derbyshire County PCT	26,802	11.5%	2.7% (3,971)	22.9%
North Tyneside PCT	7,904	11.6%	4.5% (954)	15.2%
Hastings and Rother PCT	7,490	12.1%	1.3% (344)	35.9%
Berkshire West PCT	14,945	12.3%	2.8% (1,768)	29.7%
Devon PCT	36,275	12.3%	3.6% (3,359)	36.4%
Mid Essex PCT	14,498	12.7%	1.4% (1,438)	26.8%
East Lancashire Teaching PCT	18,148	13.1%	4.5% (3,393)	27.8%

PCT	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people offered an NHS Health Check April – June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Newham PCT	9,821	13.3%	2.7% (804)	2.9%
Sandwell PCT	10,860	13.5%	4.6% (1,084)	18.3%
Oxfordshire PCT	25,018	13.6%	4.8% (3,602)	18.3%
Northumberland Care Trust	15,396	13.7%	4.4% (1,445)	18.4%
Bournemouth and Poole Teaching PCT	12,784	13.8%	0.0% (0)	15.8%
Buckinghamshire PCT	25,125	13.9%	4.7% (4,739)	35.6%
Doncaster PCT	7,634	14.0%	3.1% (1,458)	14.7%
Hull Teaching PCT	11,677	14.1%	2.0% (855)	20.3%
Darlington PCT	5,268	14.1%	4.4% (1,118)	16.0%
Rotherham PCT	10,936	14.1%	4.8% (1,785)	26.3%
Southampton City PCT	8,511	14.6%	3.3% (1,276)	18.3%
Lincolnshire Teaching PCT	32,897	14.8%	3.0% (4,241)	20.0%
Salford PCT	9,457	14.9%	5.2% (600)	16.1%
Central Lancashire PCT	19,410	15.3%	7.3% (2,735)	24.0%
County Durham PCT	28,492	15.5%	4.4% (5,767)	18.1%
Wiltshire PCT	25,002	15.6%	5.9% (4,308)	28.6%
Brighton and Hove City PCT	11,046	15.9%	4.9% (1,182)	32.6%
Havering PCT	11,354	16.4%	2.4% (989)	23.5%
West Essex PCT	13,829	16.5%	1.1% (467)	23.9%
Wolverhampton City PCT	12,833	16.5%	5.5% (1,327)	23.5%
Norfolk PCT	39,550	16.6%	3.6% (3,909)	32.6%
Ashton, Leigh and Wigan PCT	16,983	16.7%	5.1% (3,682)	17.5%
Hammersmith and Fulham PCT	6,710	16.8%	1.9% (738)	29.5%
Leicester City PCT	13,395	17.3%	4.2% (3,293)	17.8%
Leeds PCT	35,800	17.3%	5.0% (6,592)	29.4%
Hillingdon PCT	12,470	17.4%	1.0% (733)	20.8%
Peterborough PCT	8,420	17.5%	2.7% (816)	21.2%
Sunderland Teaching PCT	18,400	18.0%	4.9% (2,294)	25.8%
Gateshead PCT	13,494	18.0%	3.0% (1,671)	18.4%
South Tyneside PCT	10,077	18.0%	4.5% (1,454)	20.4%

PCT	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people offered an NHS Health Check April – June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Trafford PCT	12,600	18.0%	4.1% (1,283)	18.2%
Stockport PCT	19,625	18.0%	4.4% (3,640)	23.4%
Knowsley PCT	8,028	18.1%	6.1% (630)	15.3%
North East Lincolnshire Care Trust Plus	8,919	18.4%	7.6% (1,797)	21.7%
Croydon PCT	18,055	18.5%	5.0% (765)	25.2%
Great Yarmouth and Waveney PCT	12,812	18.5%	5.0% (1,547)	27.7%
Dudley PCT	16,705	18.6%	9.9% (2,513)	26.3%
Hampshire PCT	76,351	18.6%	5.4% (11,302)	26.2%
South Birmingham PCT	19,615	18.7%	4.0% (2,584)	20.5%
North Staffordshire PCT	12,237	19.0%	4.4% (1,773)	17.0%
Bath and North East Somerset PCT	10,069	19.0%	6.3% (833)	29.1%
Derby City PCT	15,005	19.1%	4.8% (1,548)	3.2%
Walsall Teaching PCT	16,633	19.1%	7.6% (1,784)	10.3%
Wirral PCT	21,844	19.9%	8.5% (4,146)	20.9%
Swindon PCT	12,186	19.9%	3.3% (869)	14.7%
South West Essex PCT	22,034	20.0%	2.0% (1,234)	18.8%
Luton PCT	9,636	20.2%	3.9% (751)	18.2%
Solihull PCT	12,954	20.6%	5.0% (893)	23.8%
Barnsley PCT	12,780	20.8%	3.9% (1,575)	14.6%
Suffolk PCT	39,101	20.8%	6.8% (7,068)	31.8%
Sefton PCT	18,350	21.0%	6.6% (2,139)	28.7%
Camden PCT	13,781	21.2%	7.6% (1,340)	42.2%
Portsmouth City Teaching PCT	10,540	21.3%	6.1% (841)	21.1%
Bromley PCT	20,995	21.3%	3.2% (1,931)	26.5%
Heart of Birmingham Teaching PCT	12,152	21.3%	2.9% (837)	12.4%
Medway PCT	16,906	21.4%	9.3% (1,495)	1.5%
Islington PCT	10,747	21.5%	4.9% (1,586)	20.5%
Richmond and Twickenham PCT	13,049	21.7%	5.6% (1,296)	42.9%
Cambridgeshire PCT	40,402	22.8%	4.9% (4,457)	25.1%
South East Essex PCT	23,235	22.8%	5.6% (2,699)	24.3%
Torbay Care Trust	10,604	22.9%	3.4% (755)	29.3%

PCT	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people offered an NHS Health Check April – June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Birmingham East and North PCT	28,479	23.0%	6.2% (3,498)	21.9%
Bedfordshire PCT	28,501	23.0%	4.6% (2,665)	19.8%
Middlesbrough PCT	6,538	23.2%	3.0% (795)	26.4%
Gloucestershire PCT	46,285	23.6%	5.6% (4,374)	22.8%
City and Hackney Teaching PCT	13,560	24.4%	4.8% (1,561)	18.9%
Halton and St Helens PCT	22,796	24.9%	2.9% (1,527)	8.3%
Wakefield District PCT	26,992	25.7%	7.1% (2,474)	18.4%
Manchester PCT	23,373	26.0%	6.3% (1,721)	15.3%
Redcar and Cleveland PCT	7,394	26.2%	2.2% (738)	29.3%
Haringey Teaching PCT	17,493	26.6%	10.4% (2,389)	16.7%
Wandsworth PCT	21,949	26.8%	6.7% (2,124)	14.2%
Heywood, Middleton and Rochdale PCT	14,828	27.1%	6.9% (2,326)	23.0%
Lewisham PCT	19,675	27.1%	6.6% (1,475)	12.4%
Ealing PCT	19,279	27.5%	5.2% (2,510)	10.8%
Kensington and Chelsea PCT	14,385	28.5%	0.0% (214)	50.1%
Bassetlaw PCT	10,839	28.8%	6.0% (1,306)	28.6%
Lambeth PCT	26,327	28.8%	7.2% (1,320)	15.5%
Barking and Dagenham PCT	11,977	29.0%	5.9% (886)	11.4%
Stockton-On-Tees Teaching PCT	12,264	29.5%	3.7% (1,398)	31.1%
Stoke on Trent PCT	25,254	29.7%	6.6% (2,086)	7.8%
Tower Hamlets PCT	13,844	30.1%	5.3% (2,157)	13.2%
Telford and Wrekin PCT	14,870	31.9%	8.3% (1,592)	20.2%
Westminster PCT	20,962	33.9%	5.8% (2,117)	44.6%
North East Essex PCT	33,647	34.3%	3.3% (2,354)	28.9%
Greenwich Teaching PCT	25,404	34.5%	5.8% (1,283)	22.2%
Bexley Care Trust	23,760	34.8%	6.8% (1,751)	17.9%
Brent Teaching PCT	30,026	36.1%	7.7% (3,111)	11.3%
Blackburn with Darwen Teaching Care Trust Plus	14,194	38.4%	4.4% (815)	9.6%
Hartlepool PCT	6,908	39.5%	1.6% (409)	30.4%
Liverpool PCT	82,591	91.1%	15.4% (4,960)	20.4%



Northern and Yorkshire PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011
Sheffield PCT	0	0.0%	0.0% (0)	21.6%
East Riding of Yorkshire PCT	5	0.0%	0.0% (0)	31.1%
Bradford and Airedale Teaching PCT	2,158	1.6%	0.0% (0)	20.1%
Kirklees PCT	1,982	2.0%	0.3% (323)	28.8%
North Lincolnshire PCT	1,155	2.1%	2.3% (661)	18.7%
Calderdale PCT	3,235	6.5%	4.3% (1,335)	27.6%
North Yorkshire and York PCT	22,192	9.3%	4.2% (5,611)	35.6%
Newcastle PCT	7,288	9.7%	3.3% (810)	30.6%
North Tyneside PCT	7,904	11.6%	4.5% (954)	15.2%
Northumberland Care Trust	15,396	13.7%	4.4% (1,445)	18.4%
Doncaster PCT	7,634	14.0%	3.1% (1,458)	14.7%
Hull Teaching PCT	11,677	14.1%	2.0% (855)	20.3%
Darlington PCT	5,268	14.1%	4.4% (1,118)	16.0%
Rotherham PCT	10,936	14.1%	4.8% (1,785)	26.3%
County Durham PCT	28,492	15.5%	4.4% (5,767)	18.1%
Leeds PCT	35,800	17.3%	5.0% (6,592)	29.4%
Sunderland Teaching PCT	18,400	18.0%	4.9% (2,294)	25.8%
Gateshead PCT	13,494	18.0%	3.0% (1,671)	18.4%
South Tyneside PCT	10,077	18.0%	4.5% (1,454)	20.4%
North East Lincolnshire Care Trust Plus	8,919	18.4%	7.6% (1,797)	21.7%
Barnsley PCT	12,780	20.8%	3.9% (1,575)	14.6%
Middlesbrough PCT	6,538	23.2%	3.0% (795)	26.4%
Wakefield District PCT	26,992	25.7%	7.1% (2,474)	18.4%
Redcar and Cleveland PCT	7,394	26.2%	2.2% (738)	29.3%
Stockton-On-Tees Teaching PCT	12,264	29.5%	3.7% (1,398)	31.1%
Hartlepool PCT	6,908	39.5%	1.6% (409)	30.4%

Note: average in England is 23.40% (range 1.5% - 50.1%)

Midlands PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011
Herefordshire PCT	2,152	3.5%	6.1% (1,300)	32.7%
Coventry Teaching PCT	3,686	4.2%	0.7% (136)	22.7%
Worcestershire PCT	8,301	4.4%	1.6% (1,498)	25.9%
Warwickshire PCT	7,434	4.5%	0.7% (1,085)	30.4%
Northamptonshire Teaching PCT	11,179	5.0%	0.0% (0)	23.5%
Leicestershire County and Rutland PCT	15,675	6.1%	3.6% (3,989)	28.0%
South Staffordshire PCT	13,338	7.2%	3.0% (3,221)	26.2%
Nottinghamshire County Teaching PCT	15,102	7.6%	4.4% (3,432)	28.8%
Shropshire County PCT	7,720	8.4%	4.4% (1,665)	33.1%
Nottingham City PCT	6,844	9.5%	4.7% (1,164)	22.1%
Derbyshire County PCT	26,802	11.5%	2.7% (3,971)	22.9%
Sandwell PCT	10,860	13.5%	4.6% (1,084)	18.3%
Lincolnshire Teaching PCT	32,897	14.8%	3.0% (4,241)	20.0%
Wolverhampton City PCT	12,833	16.5%	5.5% (1,327)	23.5%
Leicester City PCT	13,395	17.3%	4.2% (3,293)	17.8%
Dudley PCT	16,705	18.6%	9.9% (2,513)	26.3%
South Birmingham PCT	19,615	18.7%	4.0% (2,584)	20.5%
North Staffordshire PCT	12,237	19.0%	4.4% (1,773)	17.0%
Derby City PCT	15,005	19.1%	4.8% (1,548)	3.2%
Walsall Teaching PCT	16,633	19.1%	7.6% (1,784)	10.3%
Solihull PCT	12,954	20.6%	5.0% (893)	23.8%
Heart of Birmingham Teaching PCT	12,152	21.3%	2.9% (837)	12.4%
Birmingham East and North PCT	28,479	23.0%	6.2% (3,498)	21.9%
Bassetlaw PCT	10,839	28.8%	6.0% (1,306)	28.6%
Stoke on Trent PCT	25,254	29.7%	6.6% (2,086)	7.8%
Telford and Wrekin PCT	14,870	31.9%	8.3% (1,592)	20.2%

Note: average in England is 23.40% (range 1.5% – 50.1%)

Eastern PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Hertfordshire PCT	34,560	10.5%	5.0% (8,113)	–
Mid Essex PCT	14,498	12.7%	1.4% (1,438)	26.8%
West Essex PCT	13,829	16.5%	1.1% (467)	23.9%
Norfolk PCT	39,550	16.6%	3.6% (3,909)	32.6%
Peterborough PCT	8,420	17.5%	2.7% (816)	21.2%
Great Yarmouth and Waveney PCT	12,812	18.5%	5.0% (1,547)	27.7%
South West Essex PCT	22,034	20.0%	2.0% (1,234)	18.8%
Luton PCT	9,636	20.2%	3.9% (751)	18.2%
Suffolk PCT	39,101	20.8%	6.8% (7,068)	31.8%
Cambridgeshire PCT	40,402	22.8%	4.9% (4,457)	25.1%
South East Essex PCT	23,235	22.8%	5.6% (2,699)	24.3%
Bedfordshire PCT	28,501	23.0%	4.6% (2,665)	19.8%
North East Essex PCT	33,647	34.3%	3.3% (2,354)	28.9%

London PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April-June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Barnet PCT	2,288	2.0%	0.0% (6)	27.8%
Harrow PCT	1,654	2.2%	2.1% (1,454)	20.7%
Waltham Forest PCT	1,991	2.8%	1.0% (412)	10.6%
Redbridge PCT	2,600	3.7%	2.9% (1,547)	20.8%
Enfield PCT	4,079	4.9%	3.0% (1,161)	25.5%
Hounslow PCT	3,693	6.7%	3.7% (1,584)	19.8%
Southwark PCT	7,464	9.4%	7.5% (1,085)	29.6%
Kingston PCT	5,176	9.7%	2.9% (1,225)	22.2%
Sutton and Merton PCT	12,494	11.2%	4.8% (2,515)	25.5%
Newham PCT	9,821	13.3%	2.7% (804)	2.9%
Havering PCT	11,354	16.4%	2.4% (989)	23.5%
Hammersmith and Fulham PCT	6,710	16.8%	1.9% (738)	29.5%
Hillingdon PCT	12,470	17.4%	1.0% (733)	20.8%
Croydon PCT	18,055	18.5%	5.0% (765)	25.2%
Camden PCT	13,781	21.2%	7.6% (1,340)	42.2%
Bromley PCT	20,995	21.3%	3.2% (1,931)	26.5%
Islington PCT	10,747	21.5%	4.9% (1,586)	20.5%
Richmond and Twickenham PCT	13,049	21.7%	5.6% (1,296)	42.9%
City and Hackney Teaching PCT	13,560	24.4%	4.8% (1,561)	18.9%
Haringey Teaching PCT	17,493	26.6%	10.4% (2,389)	16.7%
Wandsworth PCT	21,949	26.8%	6.7% (2,124)	14.2%
Lewisham PCT	19,675	27.1%	6.6% (1,475)	12.4%
Ealing PCT	19,279	27.5%	5.2% (2,510)	10.8%
Kensington and Chelsea PCT	14,385	28.5%	0.0% (214)	50.1%
Lambeth PCT	26,327	28.8%	7.2% (1,320)	15.5%
Barking and Dagenham PCT	11,977	29.0%	5.9% (886)	11.4%
Tower Hamlets PCT	13,844	30.1%	5.3% (2,157)	13.2%
Westminster PCT	20,962	33.9%	5.8% (2,117)	44.6%
Greenwich Teaching PCT	25,404	34.5%	5.8% (1,283)	22.2%
Bexley Care Trust	23,760	34.8%	6.8% (1,751)	17.9%
Brent Teaching PCT	30,026	36.1%	7.7% (3,111)	11.3%

South West PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5%–50.1%)
Cornwall and Isles of Scilly PCT	25	0.0%	0.0% (0)	33.8%
North Somerset PCT	1,162	1.6%	2.7% (970)	33.3%
Somerset PCT	4,254	2.4%	2.3% (1,801)	31.5%
Bristol PCT	4,147	3.8%	0.1% (68)	26.0%
Plymouth Teaching PCT	3,054	4.2%	0.4% (169)	23.8%
Dorset PCT	7,637	5.1%	1.1% (900)	38.0%
South Gloucestershire PCT	7,275	9.9%	3.4% (2,042)	29.2%
Devon PCT	36,275	12.3%	3.6% (3,359)	36.4%
Bournemouth and Poole Teaching PCT	12,784	13.8%	0.0% (0)	15.8%
Wiltshire PCT	25,002	15.6%	5.9% (4,308)	28.6%
Bath and North East Somerset PCT	10,069	19.0%	6.3% (833)	29.1%
Swindon PCT	12,186	19.9%	3.3% (869)	14.7%
Torbay Care Trust	10,604	22.9%	3.4% (755)	29.3%
Gloucestershire PCT	46,285	23.6%	5.6% (4,374)	22.8%

South East PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011 Note: average in England is 23.40% (range 1.5% - 50.1%)
Milton Keynes PCT	0	0.0%	0.0% (0)	26.0%
Surrey PCT	3,383	1.0%	0.1% (471)	28.4%
Berkshire East PCT	1,316	1.2%	0.2% (67)	18.2%
Isle of Wight NHS PCT	736	1.6%	6.4% (1,384)	35.7%
West Kent PCT	11,687	5.2%	1.0% (1,755)	27.6%
West Sussex PCT	20,655	7.8%	2.6% (3,220)	28.8%
East Sussex Downs and Weald PCT	9,609	8.2%	1.8% (1,180)	35.7%
Eastern and Coastal Kent PCT	20,661	8.6%	5.8% (4,705)	22.1%
Hastings and Rother PCT	7,490	12.1%	1.3% (344)	35.9%
Berkshire West PCT	14,945	12.3%	2.8% (1,768)	29.7%
Oxfordshire PCT	25,018	13.6%	4.8% (3,602)	18.3%
Buckinghamshire PCT	25,125	13.9%	4.7% (4,739)	35.6%
Southampton City PCT	8,511	14.6%	3.3% (1,276)	18.3%
Brighton and Hove City PCT	11,046	15.9%	4.9% (1,182)	32.6%
Hampshire PCT	76,351	18.6%	5.4% (11,302)	26.2%
Portsmouth City Teaching PCT	10,540	21.3%	6.1% (841)	21.1%
Medway PCT	16,906	21.4%	9.3% (1,495)	1.5%

North West PCTs	Number of people who were offered an NHS Health Check in 2011/12	Percentage of eligible people that were offered an NHS Health Check in 2011/12 (expected target: 18%)	Percentage of eligible people that were offered an NHS Health Check April–June 2012 (Number of checks conducted)	Percentage undiagnosed (using QOF prevalence as a % of APHO estimated prevalence model) 2011
Western Cheshire PCT	0	0.0%	0.0% (0)	22.7%
Cumbria Teaching PCT	904	0.5%	1.0% (1,674)	32.8%
Bury PCT	2,020	3.7%	1.5% (455)	26.7%
Warrington PCT	2,943	4.5%	0.7% (197)	16.5%
Blackpool PCT	2,793	5.9%	5.3% (1,300)	23.0%
Oldham PCT	4,980	7.7%	2.4% (830)	24.7%
North Lancashire Teaching PCT	9,832	8.9%	3.2% (3,503)	26.9%
Central and Eastern Cheshire PCT	18,718	9.5%	3.7% (2,761)	22.3%
Bolton PCT	9,912	9.7%	0.7% (417)	13.2%
Tameside and Glossop PCT	7,633	9.9%	5.5% (1,643)	26.6%
East Lancashire Teaching PCT	18,148	13.1%	4.5% (3,393)	27.8%
Salford PCT	9,457	14.9%	5.2% (600)	16.1%
Central Lancashire PCT	19,410	15.3%	7.3% (2,735)	24.0%
Ashton, Leigh and Wigan PCT	16,983	16.7%	5.1% (3,682)	17.5%
Trafford PCT	12,600	18.0%	4.1% (1,283)	18.2%
Stockport PCT	19,625	18.0%	4.4% (3,640)	23.4%
Knowsley PCT	8,028	18.1%	6.1% (630)	15.3%
Wirral PCT	21,844	19.9%	8.5% (4,146)	20.9%
Sefton PCT	18,350	21.0%	6.6% (2,139)	28.7%
Halton and St Helens PCT	22,796	24.9%	2.9% (1,527)	8.3%
Manchester PCT	23,373	26.0%	6.3% (1,721)	15.3%
Heywood, Middleton and Rochdale PCT	14,828	27.1%	6.9% (2,326)	23.0%
Blackburn with Darwen Teaching Care Trust Plus	14,194	38.4%	4.4% (815)	9.6%
Liverpool PCT	82,591	91.1%	15.4% (4,960)	20.4%

Note: average in England is 23.40% (range 1.5% - 50.1%)

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**Fax** 020 7424 1001 **Web** [www.diabetes.org.uk](http://www.diabetes.org.uk)

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