









PREVENTION AND EARLY
DIAGNOSIS OF TYPE 2 DIABETES

**NHS HEALTH
CHECKS
IN LOCAL
AUTHORITIES**

THE STORY SO FAR

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INTRODUCTION

NHS Health Checks, cardiovascular risk assessments for people between the ages of 40 and 74 years in England, are an important and integral part of Type 2 diabetes prevention.

- It is estimated that Health Checks could prevent 4,000 people a year from developing diabetes, if fully implemented.¹
- Health Checks can also help to identify those who are unaware that they have diabetes, and so enable them to get access to care and treatment to reduce their risk of life threatening complications.
- The estimated savings to the NHS budget nationally are around £57 million over four years, rising to £176 million over a fifteen-year period. It is estimated that the programme will pay for itself after 20 years, as well as having delivered substantial health benefits.²

Diabetes UK has previously raised concerns about the implementation of the NHS Health Check programme in the report *Lets Get it Right*.³ That report highlighted the poor and patchy implementation of the NHS Health Check programme so far and made a number of recommendations to make it a higher national and local priority, including a call for a national implementation team for the programme and an assurance that the programme would not suffer in the transition to local authorities in April 2013.

Since the transition we have welcomed the publication, by Public Health England (PHE), of a plan which commits to concerted action to improve the implementation of the NHS Health Checks programme, improve uptake and keep it under review.⁴ PHE also committed to a programme of work to support local authorities in the commissioning of the Health Check and a robust programme of governance to ensure that the momentum of the programme is maintained. This commitment has been sustained and PHE is providing considerable support for local authorities in implementing the programme.

The cardiovascular disease outcomes strategy published in March 2013⁵ also restated the importance of the NHS Health Check programme in improving cardiovascular disease outcomes and the Government's commitment to improve it.

In April 2013 Directors of Public Health and their teams were transferred from the NHS to local government. Local authorities were given a new duty to improve the health of their population and some mandated public health functions. These included providing or commissioning Health Checks for the eligible population and seeking continuous improvement in the percentage of the population participating in those Checks.⁶ PHE set out a vision for local authorities to offer Checks to 20% of the eligible population each year (to ensure coverage of the whole eligible population over a five year cycle), and to achieve an uptake of at least 75%.⁷

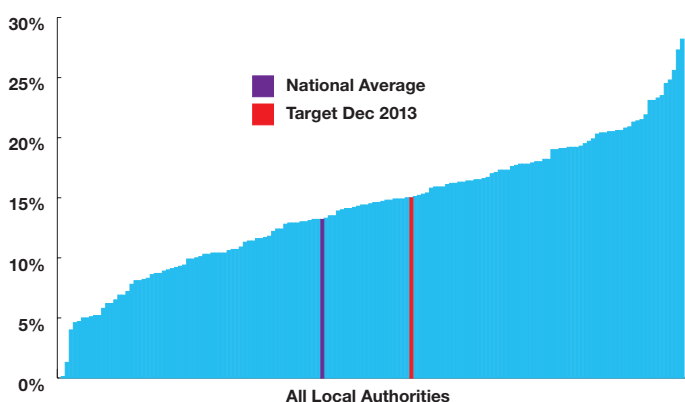
We are publishing this report a year after the delivery of NHS Health Checks became the responsibility of local authorities, to look at performance so far and to highlight some examples of successful implementation. We hope that it will be useful in supporting local delivery.

LOCAL AUTHORITY PERFORMANCE SO FAR

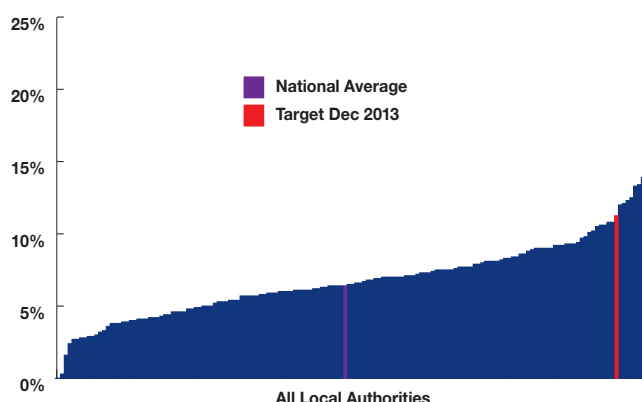
The national picture

NHS Health Check data for each local authority and region is now published by PHE.⁸ The beginning of the five year cycle for NHS Health Check invitations has been reset from 1 April 2013. This report describes the position by the end of December 2013 (nine months into the transition).⁹

In the first nine months of 2013-14 local authorities across England have offered Checks to 13.2% of the eligible population, and more than half of local authorities have offered Health Checks to 15% of the eligible population or above. This is better than the performance of PCTs in the previous year, but still below what would be expected at this stage if they are to offer to 20% over the course of the year. Of particular concern is that only 6.4% of the eligible population have actually received an NHS Health Check – less than half of those offered a Check. There is also considerable variation between local authorities with the numbers of Checks offered ranging from 0.1% to 28% and. There is wide variation within regional areas and between neighbouring local authorities.



Percentage of NHS Health Check appointments offered to eligible population by Local Authority April – December 2013



Percentage of NHS Health Check appointments delivered to eligible population by Local Authority April – December 2013

Only eight authorities have delivered a Check to 11.25% or above of their eligible population – which would be the target if they were to meet the PHE vision of offering to 15% or more (in the first nine months of the year) and achieving 75% uptake. These eight local authorities are:

- Leicester City
- Blackpool
- Stockport
- Kingston upon Thames
- Bolton
- Wandsworth
- Luton
- Rutland.

Nine local authorities delivered a check to less than 3% of their eligible population (see appendix for details). On the whole, individual local authorities have maintained the previous level of NHS Health Checks through the transition from PCTs. The data largely shows a picture of previous performance (good or poor), being sustained. Those areas that had recently or previously performed well, such as Leicester and Wandsworth, have continued to do so, on the whole. Those that are struggling, such as Surrey, were previously a concern. There are some exceptions – Croydon previously offered Health Checks to the target 20% population a year, but is currently offering and delivering very few Checks. Some areas, such as Blackpool, Stockport and Luton are performing better since the transition to local authority. In Devon and Cornwall, whilst the number of Checks being delivered is still currently low, it is a huge improvement on previous years when the Primary Care Trusts in the NHS did not commission any Health Checks at all. Other local authorities report similar challenges around local resourcing and also with data collection and engagement of GPs. Whilst the data is a useful indication that there is a problem locally, it does not necessarily reflect the level of commitment and effort that a number of local authorities are making to find out why the offers or take up is low and address the problems.

Local success

The NHS Health Checks programme in **Leicester City** had significantly improved its performance in the year before transition and this is now maintained. There was a focus on improving both screening and ongoing management. Key factors included:

- Opportunistically targeting all eligible people between 40 – 74 years
- Reviewing the Local Enhanced Service (LES) contracts to encourage greater uptake in general practice
- Providing more funding for NHS Health Checks and reviewing financial incentives.

The programme has identified large numbers of people with previously undiagnosed Type 2 diabetes and hypertension. Epidemiological analysis shows that there is a good coverage of checks undertaken across all eligible ages and ethnicity.

Wandsworth, now in its fifth year of commissioning the programme, focussed initially on engaging GPs in NHS Health Checks to create a strong borough wide platform for offering and delivering the service. As a result of this work 42 of 44 GP practices are providing NHS Health Checks. Wandsworth public health team have worked to develop and maintain supportive relationships with GPs; this has been essential to ensure commitment from practices in reaching their eligible patients and delivering a good quality service. Strong commitment from the CCG Chair and three locality based Cardiovascular Disease GP Leads has supported this process by advocating for the programme and gaining support from practices across the borough.

The key to **Blackpool's** success is also clinical engagement; they have 100% involvement in the scheme from local GPs. Whilst they describe themselves as “naturally performing well”, the public health team have devoted time to developing the relationship with GPs, going out to practices and talking through issues around the delivery of Health Check and attending practice manager meetings. There is still variation between practices – some offer evening and weekend appointments for instance – and there are plans to consider the data and review where they can improve further. Blackpool want to improve performance by ensuring that they are reaching those who are at high risk. They stress that it is important to get behind the numbers to find out who is receiving Checks and the quality of the follow up.

Stockport has been delivering Health Checks to their community since 1989. The long-standing and consistent programme has had support from local clinicians, which has given it strong leadership and credibility amongst primary care teams. Checks are delivered by GPs, but invitations are sent by a centralised recall system. Stockport has referrals to local lifestyle services for patients identified as needing a lifestyle intervention. The public health team and CCG also invest in training for primary care staff to ensure that follow up to Health Checks is appropriate, and are looking to develop specific training around diabetes prevention and management.

PHE report that local authority public health teams are still settling in following transition from PCTs and that most are commissioning Health Checks as they did in the past – mainly with GPs. Diabetes UK's engagement at local level confirms this, though some are reviewing their contracts with GPs and looking to make additional or alternative commissioning arrangements over the next year. Some of the better performing authorities combine GP based Health Checks with those delivered by other providers, including outreach through mobile units and opportunistic risk assessments.

To increase access to the programme **Wandsworth** public health team has also commissioned pharmacies and supports them to deliver Health Checks through training and provision of marketing materials. A community based provider focuses on groups most at risk of developing Cardiovascular Disease such as certain black and minority ethnic groups and people living in more deprived areas. The public health team has identified target geographical areas and community groups for mobile NHS Health Check clinics to ensure the provider reaches these groups. The successful delivery in Wandsworth has been achieved through strong partnership working across all relevant organisations and community engagement. Regular marketing in the borough such as articles in council publications and local newspapers help promote the benefits of the NHS Health Check to local people.

The **London Borough of Richmond upon Thames** has an ageing population with a large number of older people with undiagnosed long-term conditions. The NHS Health Checks programme is currently being delivered by 29 GP practices, 8 community pharmacies and a community outreach provider. The local strategy is to target people in the most deprived areas, those with high risk of cardiovascular disease, carers, people with learning difficulties and severe mental illness. General Practices invite patients by a letter or a text message using software which helps to identify the targeted cohort. The patients are given a choice to have the Health Check either at a general practice or a pharmacy. Opportunistic Checks are also encouraged. The community outreach events are carried out every month in the most deprived areas of the borough and potential patients are identified by using a population segmentation tool which utilises household level data to target communities with a high need. An aggressive marketing strategy is employed to raise general awareness using regular adverts in newspapers, posters, leaflets and press releases. A comprehensive IT solution has been developed which helps in paperless monitoring, reporting and transfer of data between providers. Those identified as having a high risk CVD are then referred onto a life style service called LiveWell Richmond to manage their risk.

SUPPORT FOR NHS HEALTH CHECKS

PHE, the Local Government Association and NICE are taking steps to support local authorities to fully implement the NHS Health Checks programme by providing guidance and facilitating learning between authorities. Recent publications include a quality improvement framework,¹⁰ a marketing toolkit¹¹ and summary of NICE guidance to support Health Checks.¹²

PHE have also committed to an ongoing research and evaluation programme to assess and demonstrate the value of NHS Health Checks. This combines learning from local studies with national modelling. One study, from East London and reported at PHE's recent conference, found a new case of diabetes for every 80 Health Checks and established that the NHS Health Check programme found three times more people with diabetes than routine practice.¹³

IMPROVING THE EFFECTIVENESS OF NHS HEALTH CHECKS

It is important that the value of NHS Health Checks is recognised by the public and health care professionals in order to promote take up. The recently published quality improvement framework is a positive step forward towards improving the quality and effectiveness of the NHS Health Check programme at a local level. It is also crucial that when people have had a Health Check they are followed up appropriately. NICE guidance specifies that people identified as at high risk of Type 2 diabetes should be offered intensive lifestyle interventions,¹⁴ but we are aware that there is still a lack of clarity about who is responsible for commissioning these and for ensuring that people are referred and followed up following their Health Check. Whilst a number of interventions are currently in use, provision is very patchy. There is a need to ensure that people at high risk of Type 2 diabetes, with modifiable risk factors, are supported to make lifestyle changes – to be more active and reduce their weight. Ongoing evaluation of these interventions will help to build the evidence base and improve the effectiveness of the NHS Health Check programme.

RECOMMENDATIONS

Diabetes UK welcomes the progress that many local authorities are making to increase the uptake of NHS Health Checks and is pleased to see an improved performance since transition last year. This improvement needs to be supported and sustained. We have also welcomed the commitment of Public Health England to the programme which has the potential to substantially reduce the numbers of people developing Type 2 diabetes and its devastating complications.

- Local authorities can learn from each other and share best practice about how to increase the offer and delivery of NHS Health Checks to achieve the vision of 75% take up amongst the eligible population.
- NHS England and local authorities should work together to improve the entire pathway, ensuring that people are encouraged to attend an NHS Healthcheck, that they receive a quality check and are followed up appropriately.
- Public Health England and NHS England should establish clarity about where responsibility lies for commissioning intensive lifestyle behaviour change programmes.
- NHS England should mandate appropriate follow up and management of people at high risk of Type 2 diabetes through the GP contract and the introduction of a register of people at high risk of diabetes.
- Health and wellbeing boards should ensure that the uptake of NHS Health Checks locally is improving towards the target of 75% coverage of eligible population and that people are being followed up appropriately.
- Public Health England should support action to ensure those in high risk groups receive an NHS Health Check with monitoring and data reporting on which population groups are receiving Checks.
- Local authorities are encouraged to collaborate with local and national community risk assessment programmes such as Diabetes UK roadshows, and initiate awareness raising campaigns to increase reach, in particular across those groups the NHS Health Check is failing to reach.
- We welcome the ring fence for local authority public health functions, which helps to ensure that the funding for NHS Health Checks is available. The Department of Health should maintain and guarantee this going forward in order for the gains of the NHS Health Check programme to be sustained.

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APPENDIX: NATIONAL AND REGIONAL STATISTICS

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Leicester	76,947	17,740	23.1%
Blackpool	44,370	6,170	13.9%
Stockport	87,746	11,786	13.4%
Kingston upon Thames	41,487	5,504	13.3%
Bolton	80,302	10,056	12.5%
Wandsworth	64,128	7,895	12.3%
Luton	45,536	5,531	12.1%
Rutland	12,016	1,441	12.0%
Ealing	78,006	8,445	10.8%
Islington	44,687	4,811	10.8%
Greenwich	60,012	6,344	10.6%
Gateshead	60,401	6,389	10.6%
Kirklees	122,000	12,809	10.5%
South Gloucestershire	80,163	8,162	10.2%
Stoke-on-Trent	70,315	7,078	10.1%
Rochdale	60,300	5,932	9.8%
Birmingham	255,971	24,723	9.7%
Merton	49,771	4,689	9.4%
Thurrock	43,233	4,018	9.3%
Warrington	62,280	5,806	9.3%
Poole	45,226	4,212	9.3%
Peterborough	48,250	4,430	9.2%
Bedford	45,492	4,195	9.2%
Central Bedfordshire	79,584	7,331	9.2%
Bath and North East Somerset	51,223	4,631	9.0%
Leicestershire	204,873	18,422	9.0%
Tower Hamlets	41,665	3,749	9.0%
Darlington	31,981	2,879	9.0%
Northumberland	102,824	9,228	9.0%
Hackney	49,106	4,386	8.9%
Barking and Dagenham	42,083	3,704	8.8%
Medway	75,491	6,457	8.6%
Lambeth	65,181	5,621	8.6%
Richmond upon Thames	46,351	3,879	8.4%
Calderdale	62,759	5,283	8.4%
Lincolnshire	232,055	19,198	8.3%
Leeds	201,249	16,770	8.3%
Lewisham	65,622	5,393	8.2%
Cumbria	167,367	13,574	8.1%
Isles of Scilly	755	61	8.1%
Wigan	98,990	8,011	8.1%
Herefordshire, County of	60,252	4,853	8.1%
Essex	431,699	34,412	8.0%
County Durham	162,621	12,799	7.9%
Barnsley	72,741	5,755	7.9%

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Wiltshire	148,267	11,398	7.7%
Derby	79,350	6,074	7.7%
Milton Keynes	67,385	5,191	7.7%
Coventry	80,032	6,171	7.7%
Newcastle upon Tyne	69,938	5,281	7.6%
Cambridgeshire	181,850	13,595	7.5%
Derbyshire	238,677	18,016	7.5%
Trafford	66,819	5,020	7.5%
Oxfordshire	186,723	14,048	7.5%
Solihull	64,948	4,848	7.5%
Newham	59,455	4,424	7.4%
Suffolk	226,886	16,514	7.3%
Southwark	64,050	4,671	7.3%
Stockton-on-Tees	50,645	3,705	7.3%
Sefton	77,490	5,575	7.2%
East Sussex	166,173	11,817	7.1%
Wolverhampton	68,319	4,861	7.1%
Worcestershire	181,945	13,008	7.1%
Southend-on-Sea	50,583	3,555	7.0%
Nottingham	73,583	5,163	7.0%
Bury	55,749	3,919	7.0%
Redbridge	60,407	4,254	7.0%
Redcar and Cleveland	36,167	2,544	7.0%
Reading	36,215	2,519	7.0%
Blackburn with Darwen	39,171	2,684	6.9%
Nottinghamshire	250,023	17,251	6.9%
Bournemouth	48,614	3,299	6.8%
Shropshire	96,786	6,545	6.8%
Swindon	59,705	3,996	6.7%
Westminster	52,589	3,470	6.6%
York	55,311	3,649	6.6%
Torbay	43,040	2,789	6.5%
Hartlepool	23,089	1,507	6.5%
Norfolk	271,125	17,420	6.4%
Liverpool	123,357	7,942	6.4%
Bromley	92,080	5,932	6.4%
Havering	70,211	4,500	6.4%
Middlesbrough	36,951	2,332	6.3%
West Berkshire	47,927	3,040	6.3%
North Tyneside	68,026	4,239	6.2%
Sheffield	146,697	9,150	6.2%
Gloucestershire	187,492	11,463	6.1%
Salford	43,615	2,676	6.1%
Staffordshire	273,118	16,679	6.1%
Telford and Wrekin	49,052	2,980	6.1%
North East Lincolnshire	45,240	2,757	6.1%
Bexley	66,732	4,030	6.0%
Enfield	80,665	4,817	6.0%
Buckinghamshire	155,842	9,367	6.0%

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Dudley	95,436	5,725	6.0%
Manchester	103,657	6,075	5.9%
Kensington and Chelsea	42,138	2,479	5.9%
Sutton	54,025	3,183	5.9%
Waltham Forest	60,943	3,519	5.8%
North Lincolnshire	53,005	3,082	5.8%
North Somerset	65,561	3,741	5.7%
Cheshire East	120,812	6,915	5.7%
Hounslow	61,153	3,478	5.7%
South Tyneside	46,371	2,641	5.7%
Walsall	76,859	4,377	5.7%
Somerset	171,981	9,292	5.4%
Sunderland	85,183	4,597	5.4%
Bracknell Forest	32,479	1,756	5.4%
Hillingdon	70,403	3,740	5.3%
Hertfordshire	323,994	17,256	5.3%
Slough	31,646	1,668	5.3%
Camden	50,399	2,633	5.2%
Kent	444,482	22,215	5.0%
Haringey	58,928	2,966	5.0%
Doncaster	90,713	4,566	5.0%
Sandwell	82,230	4,058	4.9%
North Yorkshire	198,903	9,780	4.9%
Wirral	91,670	4,364	4.8%
East Riding of Yorkshire	114,099	5,433	4.8%
St. Helens	55,133	2,547	4.6%
Brent	74,066	3,416	4.6%
Southampton	55,672	2,539	4.6%
Rotherham	79,838	3,638	4.6%
Plymouth	72,057	3,163	4.4%
Hammersmith and Fulham	39,901	1,744	4.4%
City of London	2,266	97	4.3%
Lancashire	359,143	15,065	4.2%
Tameside	66,109	2,782	4.2%
Brighton and Hove	70,675	2,936	4.2%
Knowsley	43,544	1,780	4.1%
Harrow	63,879	2,643	4.1%
Isle of Wight	46,386	1,887	4.1%
Bristol, City of	121,761	4,887	4.0%
Bradford	134,258	5,323	4.0%
Halton	37,967	1,497	3.9%
Northamptonshire	208,195	8,201	3.9%
Cheshire West and Chester	104,695	4,016	3.8%
Barnet	91,139	3,463	3.8%
Wakefield	101,661	3,818	3.8%
West Sussex	251,954	9,004	3.6%
Warwickshire	170,405	5,555	3.3%
Oldham	62,956	2,036	3.2%
Hampshire	413,692	12,555	3.0%

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Wokingham	47,837	1,375	2.9%
Kingston upon Hull, City of	68,293	1,987	2.9%
Cornwall	176,716	4,911	2.8%
Windsor and Maidenhead	43,196	1,226	2.8%
Devon	244,934	6,669	2.7%
Dorset	139,260	3,828	2.7%
Portsmouth	51,358	1,243	2.4%
Croydon	96,923	1,560	1.6%
Surrey	341,858	916	0.3%
National	15,308,022	973,093	6.4%

NORTHERN & YORKSHIRE

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Gateshead	60,401	6,389	10.6%
Kirklees	122,000	12,809	10.5%
Darlington	31,981	2,879	9.0%
Northumberland	102,824	9,228	9.0%
Calderdale	62,759	5,283	8.4%
Leeds	201,249	16,770	8.3%
County Durham	162,621	12,799	7.9%
Barnsley	72,741	5,755	7.9%
Newcastle upon Tyne	69,938	5,281	7.6%
Stockton-on-Tees	50,645	3,705	7.3%
Redcar and Cleveland	36,167	2,544	7.0%
York	55,311	3,649	6.6%
Hartlepool	23,089	1,507	6.5%
Middlesbrough	36,951	2,332	6.3%
North Tyneside	68,026	4,239	6.2%
Sheffield	146,697	9,150	6.2%
North East Lincolnshire	45,240	2,757	6.1%
North Lincolnshire	53,005	3,082	5.8%
South Tyneside	46,371	2,641	5.7%
Sunderland	85,183	4,597	5.4%
Doncaster	90,713	4,566	5.0%
North Yorkshire	198,903	9,780	4.9%
East Riding of Yorkshire	114,099	5,433	4.8%
Rotherham	79,838	3,638	4.6%
Bradford	134,258	5,323	4.0%
Wakefield	101,661	3,818	3.8%
Kingston upon Hull, City of	68,293	1,987	2.9%
National	15,308,022	973,093	6.4%

NORTH WEST

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Blackpool	44,370	6,170	13.9%
Stockport	87,746	11,786	13.4%
Bolton	80,302	10,056	12.5%
Rochdale	60,300	5,932	9.8%
Warrington	62,280	5,806	9.3%
Cumbria	167,367	13,574	8.1%
Wigan	98,990	8,011	8.1%
Trafford	66,819	5,020	7.5%
Sefton	77,490	5,575	7.2%
Bury	55,749	3,919	7.0%
Blackburn with Darwen	39,171	2,684	6.9%
Liverpool	123,357	7,942	6.4%
Salford	43,615	2,676	6.1%
Manchester	103,657	6,075	5.9%
Cheshire East	120,812	6,915	5.7%
Wirral	91,670	4,364	4.8%
St. Helens	55,133	2,547	4.6%
Lancashire	359,143	15,065	4.2%
Tameside	66,109	2,782	4.2%
Knowsley	43,544	1,780	4.1%
Halton	37,967	1,497	3.9%
Cheshire West and Chester	104,695	4,016	3.8%
Oldham	62,956	2,036	3.2%
National	15,308,022	973,093	6.4%

MIDLANDS

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Leicester	76,947	17,740	23.1%
Rutland	12,016	1,441	12.0%
Stoke-on-Trent	70,315	7,078	10.1%
Birmingham	255,971	24,723	9.7%
Leicestershire	204,873	18,422	9.0%
Lincolnshire	232,055	19,198	8.3%
Herefordshire, County of	60,252	4,853	8.1%
Coventry	80,032	6,171	7.7%
Derby	79,350	6,074	7.7%
Derbyshire	238,677	18,016	7.5%
Solihull	64,948	4,848	7.5%
Wolverhampton	68,319	4,861	7.1%
Worcestershire	181,945	13,008	7.1%
Nottingham	73,583	5,163	7.0%
Nottinghamshire	250,023	17,251	6.9%
Shropshire	96,786	6,545	6.8%
Staffordshire	273,118	16,679	6.1%
Telford and Wrekin	49,052	2,980	6.1%
Dudley	95,436	5,725	6.0%
Walsall	76,859	4,377	5.7%
Sandwell	82,230	4,058	4.9%
Northamptonshire	208,195	8,201	3.9%
Warwickshire	170,405	5,555	3.3%
National	15,308,022	973,093	6.4%

EASTERN

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Luton	45,536	5,531	12.1%
Thurrock	43,233	4,018	9.3%
Peterborough	48,250	4,430	9.2%
Bedford	45,492	4,195	9.2%
Central Bedfordshire	79,584	7,331	9.2%
Essex	431,699	34,412	8.0%
Cambridgeshire	181,850	13,595	7.5%
Suffolk	226,886	16,514	7.3%
Southend-on-Sea	50,583	3,555	7.0%
Norfolk	271,125	17,420	6.4%
Hertfordshire	323,994	17,256	5.3%
National	15,308,022	973,093	6.4%

LONDON

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Kingston upon Thames	41,487	5,504	13.3%
Wandsworth	64,128	7,895	12.3%
Ealing	78,006	8,445	10.8%
Islington	44,687	4,811	10.8%
Greenwich	60,012	6,344	10.6%
Merton	49,771	4,689	9.4%
Tower Hamlets	41,665	3,749	9.0%
Hackney	49,106	4,386	8.9%
Barking and Dagenham	42,083	3,704	8.8%
Lambeth	65,181	5,621	8.6%
Richmond upon Thames	46,351	3,879	8.4%
Lewisham	65,622	5,393	8.2%
Newham	59,455	4,424	7.4%
Southwark	64,050	4,671	7.3%
Redbridge	60,407	4,254	7.0%
Westminster	52,589	3,470	6.6%
Bromley	92,080	5,932	6.4%
Havering	70,211	4,500	6.4%
Bexley	66,732	4,030	6.0%
Enfield	80,665	4,817	6.0%
Kensington and Chelsea	42,138	2,479	5.9%
Sutton	54,025	3,183	5.9%
Waltham Forest	60,943	3,519	5.8%
Hounslow	61,153	3,478	5.7%
Hillingdon	70,403	3,740	5.3%
Camden	50,399	2,633	5.2%
Haringey	58,928	2,966	5.0%
Brent	74,066	3,416	4.6%
Hammersmith and Fulham	39,901	1,744	4.4%
City of London	2,266	97	4.3%
Harrow	63,879	2,643	4.1%
Barnet	91,139	3,463	3.8%
Croydon	96,923	1,560	1.6%
National	15,308,022	973,093	6.4%

SOUTH EAST

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
Medway	75,491	6,457	8.6%
Milton Keynes	67,385	5,191	7.7%
Oxfordshire	186,723	14,048	7.5%
East Sussex	166,173	11,817	7.1%
Reading	36,215	2,519	7.0%
West Berkshire	47,927	3,040	6.3%
Buckinghamshire	155,842	9,367	6.0%
Bracknell Forest	32,479	1,756	5.4%
Slough	31,646	1,668	5.3%
Kent	444,482	22,215	5.0%
Southampton	55,672	2,539	4.6%
Brighton and Hove	70,675	2,936	4.2%
Isle of Wight	46,386	1,887	4.1%
West Sussex	251,954	9,004	3.6%
Hampshire	413,692	12,555	3.0%
Wokingham	47,837	1,375	2.9%
Windsor and Maidenhead	43,196	1,226	2.8%
Portsmouth	51,358	1,243	2.4%
Surrey	341,858	916	0.3%
National	15,308,022	973,093	6.4%

SOUTH WEST

Local Authority	Total eligible population 2013–2014	Number of health checks (appointments received) March – Dec 2013	Percentage of eligible population receiving checks March – Dec 2013
South Gloucestershire	80,163	8,162	10.2%
Poole	45,226	4,212	9.3%
Bath and North East Somerset	51,223	4,631	9.0%
Isles of Scilly	755	61	8.1%
Wiltshire	148,267	11,398	7.7%
Bournemouth	48,614	3,299	6.8%
Swindon	59,705	3,996	6.7%
Torbay	43,040	2,789	6.5%
Gloucestershire	187,492	11,463	6.1%
North Somerset	65,561	3,741	5.7%
Somerset	171,981	9,292	5.4%
Plymouth	72,057	3,163	4.4%
Bristol, City of	121,761	4,887	4.0%
Cornwall	176,716	4,911	2.8%
Devon	244,934	6,669	2.7%
Dorset	139,260	3,828	2.7%
National	15,308,022	973,093	6.4%

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