



# NHS Health Checks

Lincolnshire  
Integrated Care Board



# NHS Health Checks – Limitations (1/2)

**Denominator estimation uncertainty:** The eligible population is derived from current GP registrations which may undercount or overcount compared to national registers (excluding those who've moved in/out, those who passed away, or changed practice).

**Eligibility indicator discrepancies:** Reconstructing eligibility via condition flags in the joined intelligence dataset doesn't exactly match the PHM dataset's built-in indicator ('NHS Health Check Eligible'), suggesting possible misclassification of clinical histories or missing diagnostic codes.

**Timeliness of data:** The snapshot date of 31 March 2025 means any checks performed after that (or late-entered earlier checks) won't be captured, leading to underestimation of recent uptake.

**Age-boundaries:** Including 40- to 79-year-olds to capture people who turned 40 or 75 during the period introduces a broader dataset. Some truly ineligible individuals may be included in the denominator if their birthdays or check dates fall just inside the 5-year period 01/04/20 to 31/03/25.

**Ethnicity coding quality:** Incomplete, outdated, or inconsistent ethnicity recording across primary and secondary care can bias subgroup uptake rates and mask true disparities.

**Administration issues:** People registering late or deregistering mid-period may have partial exposure to the invitation cycle, skewing both eligibility and uptake counts.

## NHS Health Checks – Limitations (2/2)

**Offer versus uptake:** The dataset only captures who received a check, not who was formally invited or offered an NHS Health Check. This analysis cannot identify differences in invitation practices (letters, phone calls) which could be a means by which health inequalities could be exacerbated. The analysis assumes consistent coding across all practices. Under-coding or miscoding at practice level may misrepresent both numerator and denominator.

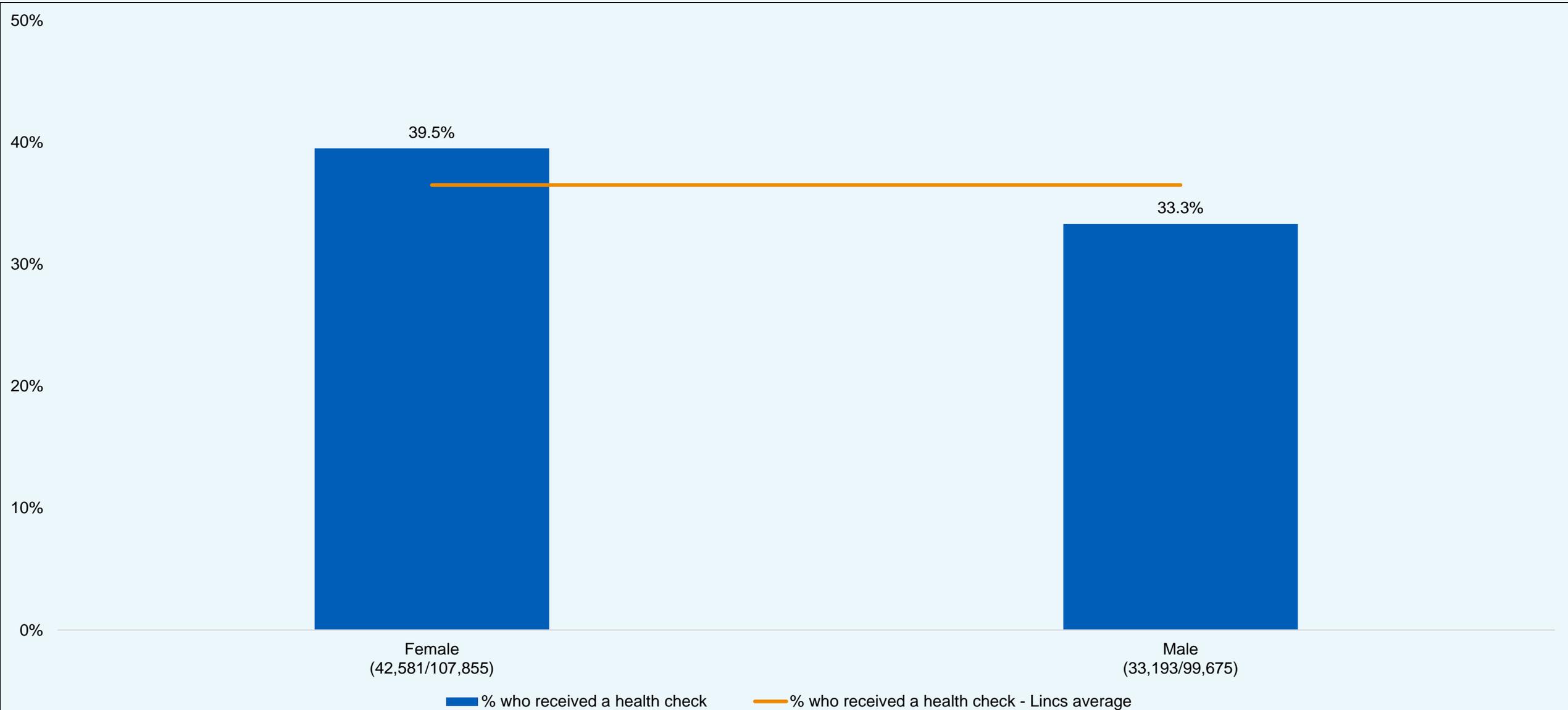
**Variation in GP practice workflows:** Differences in how practices run recall/reminder systems, record opportunistic checks, or code incomplete appointments may introduce geographic or provider-level bias.

**Incomplete secondary care data:** If a health check was coded only during a hospital or community clinic visit and not fed back to primary care records promptly, it could be missed.

**Exclusion of non-NHS checks:** Checks performed outside the NHS (private providers, workplace health schemes or other locations) are unlikely to be captured in the PHM data.

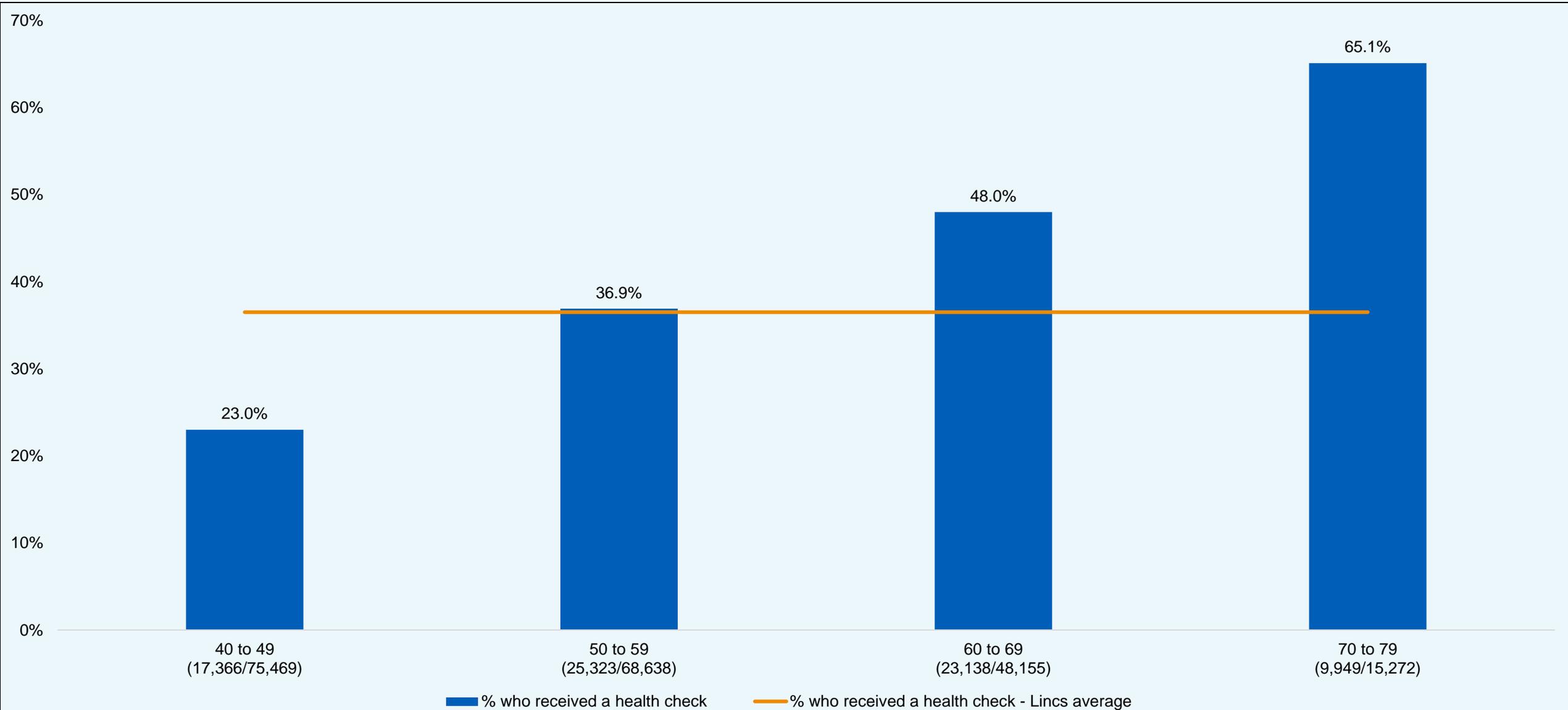
**Lack of contextual factors:** While age groups, sex, ethnicity, deprivation, and PCNs have been incorporated into this analysis (multivariate analysis has also been conducted), other factors known to influence uptake such as transport access/availability, digital deprivation, health literacy (amongst others) aren't included. This restricts the ability to adjust for a range of other potentially relevant confounding factors.

# NHS Health Checks by Sex



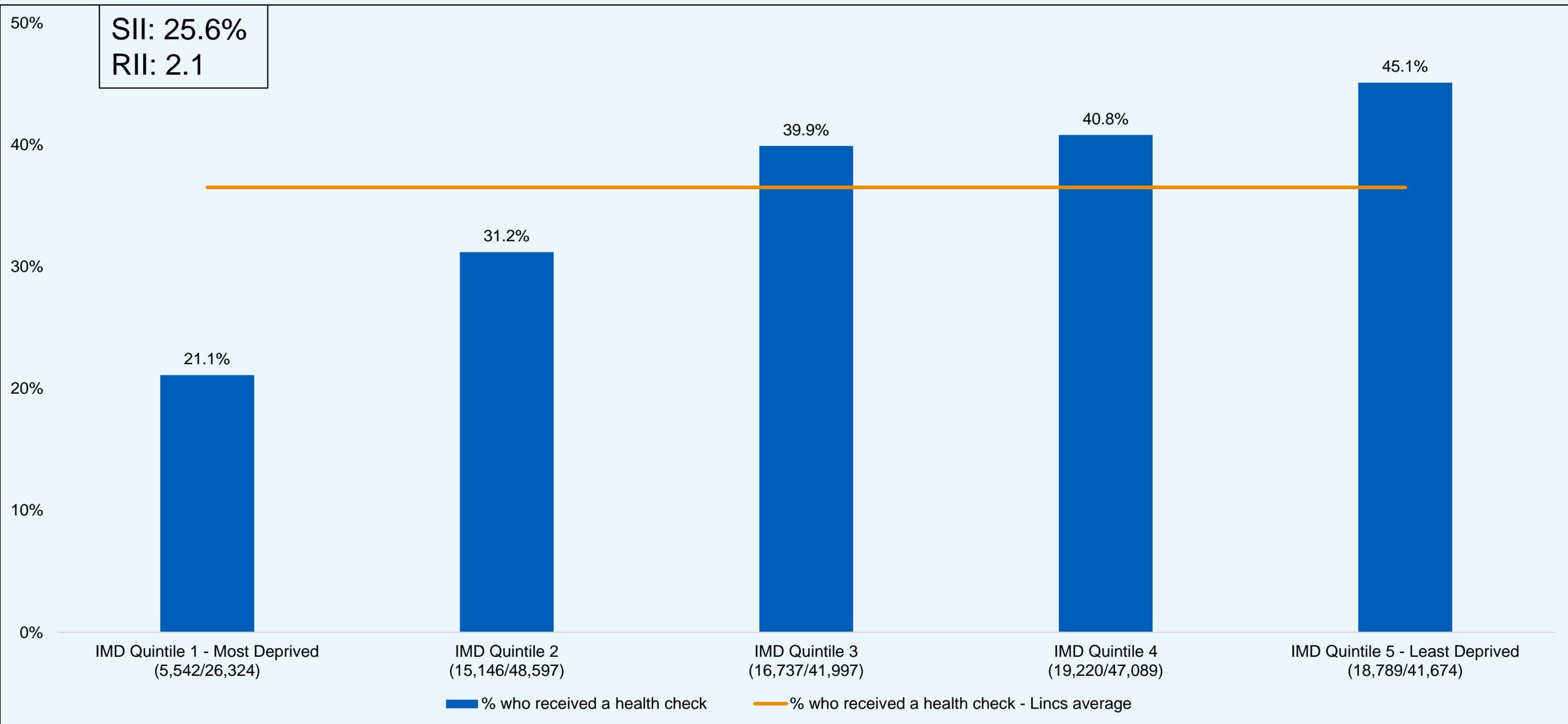
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Age Groups



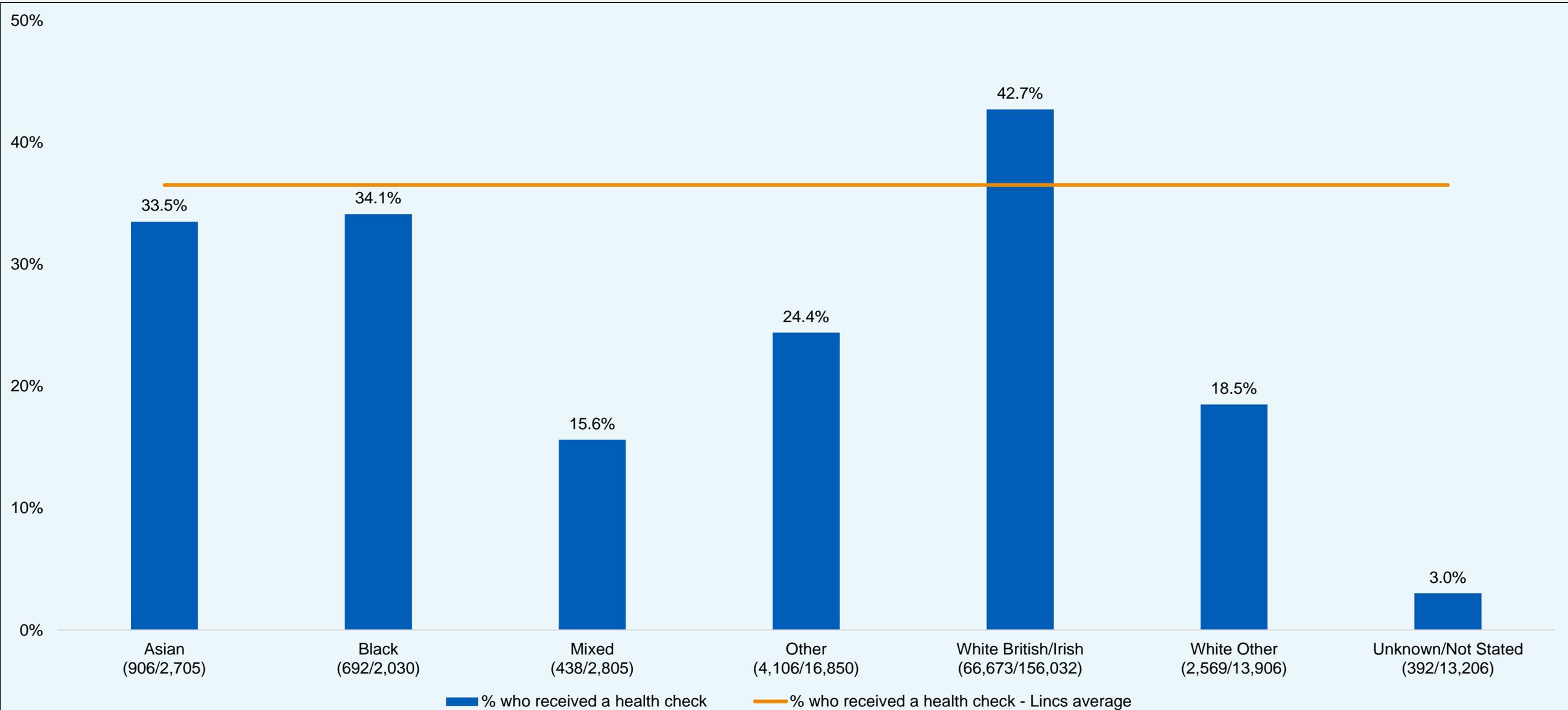
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Deprivation Quintile



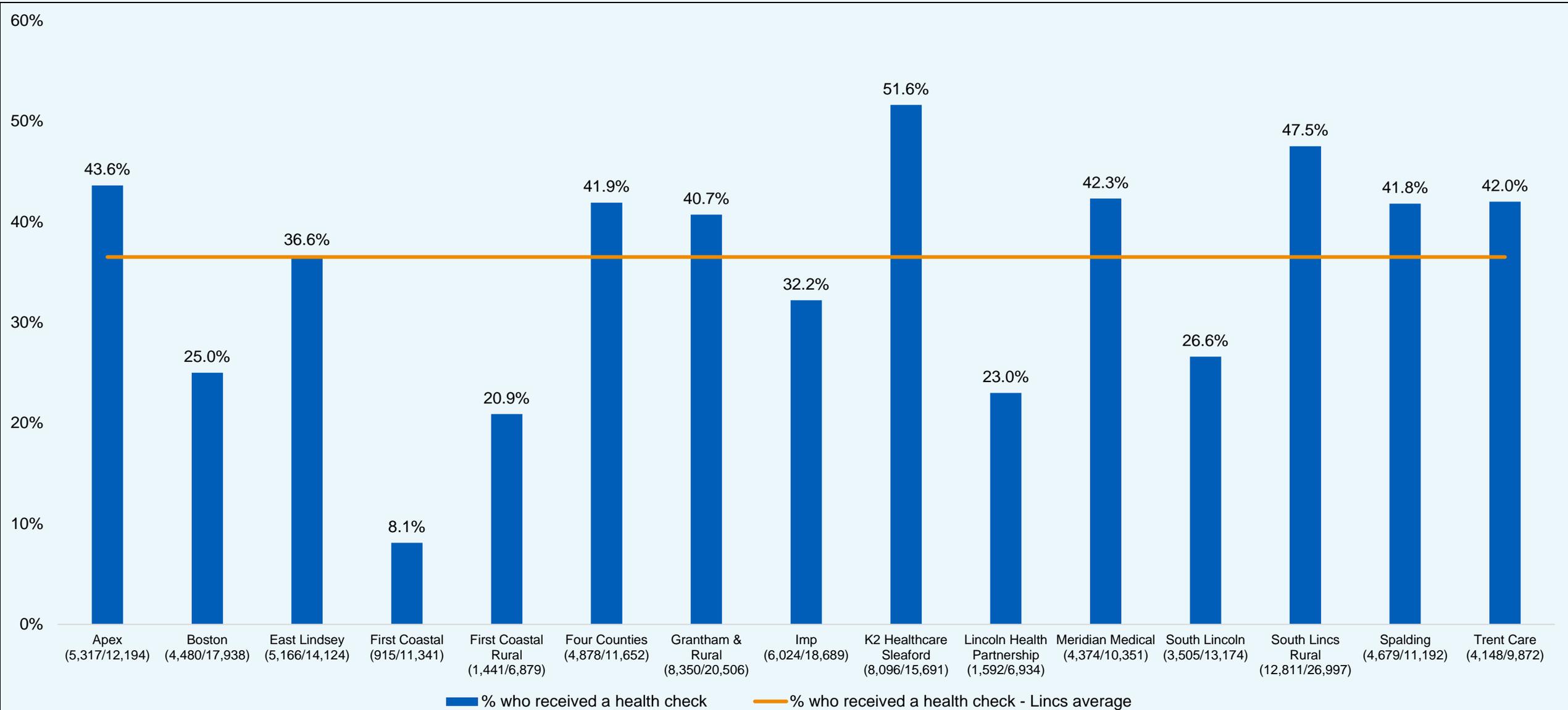
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Ethnicity



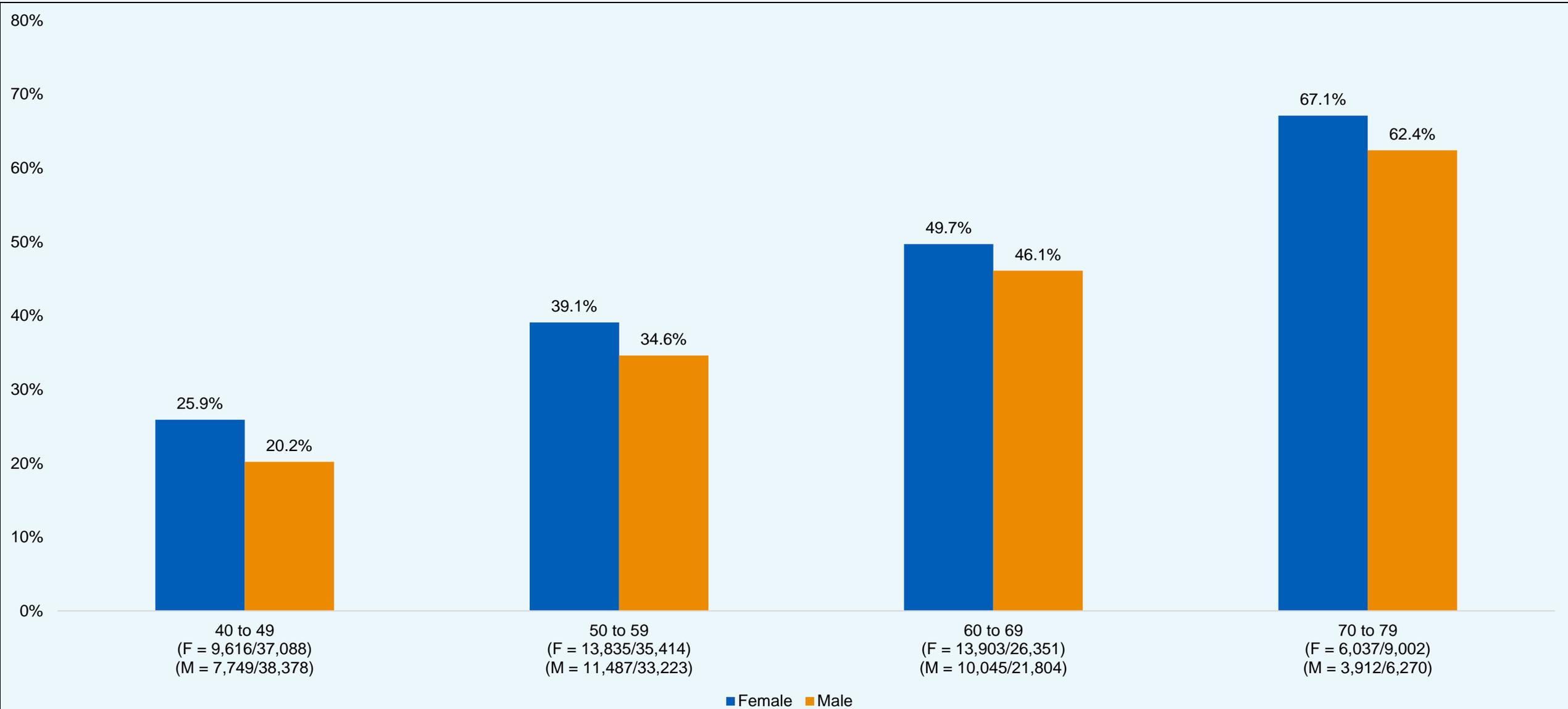
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by PCN



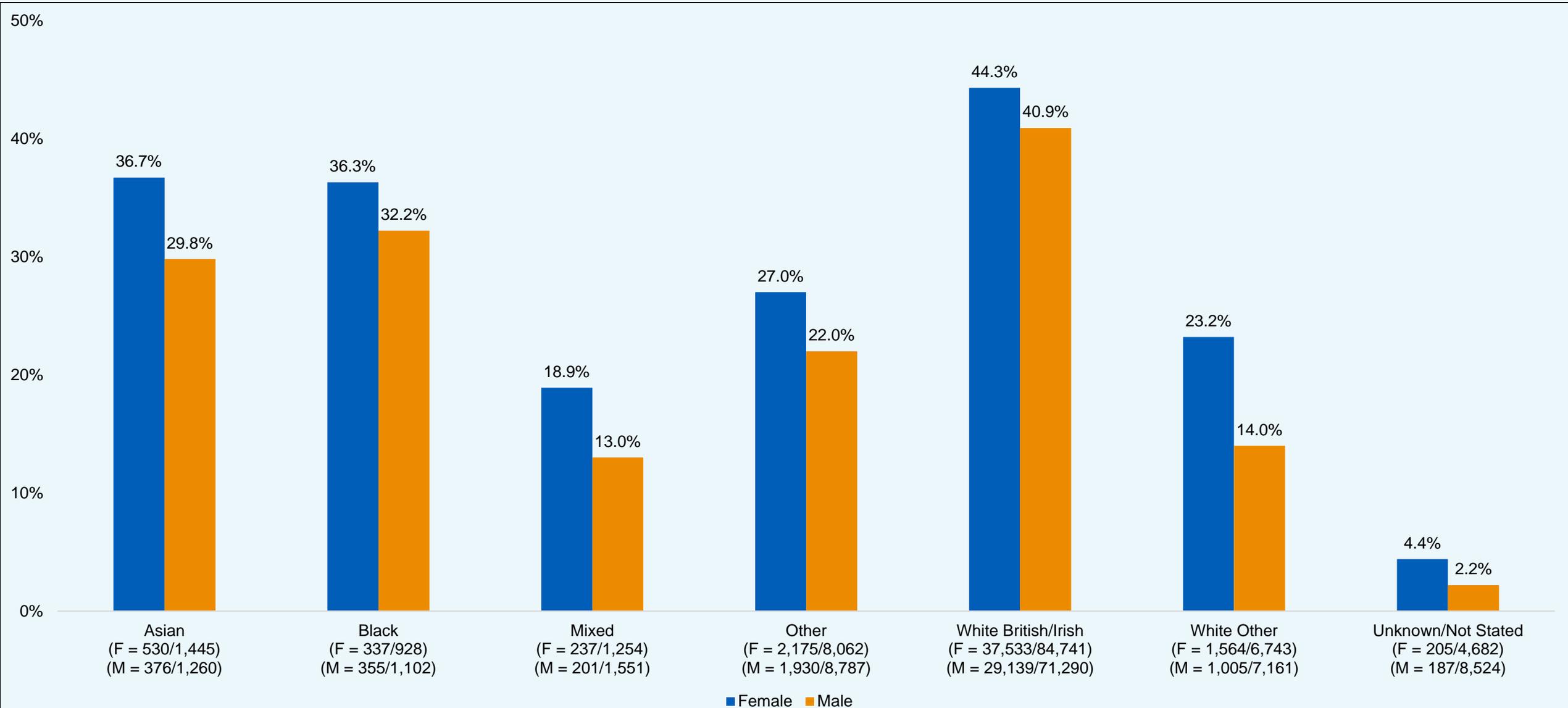
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Sex and Age Group



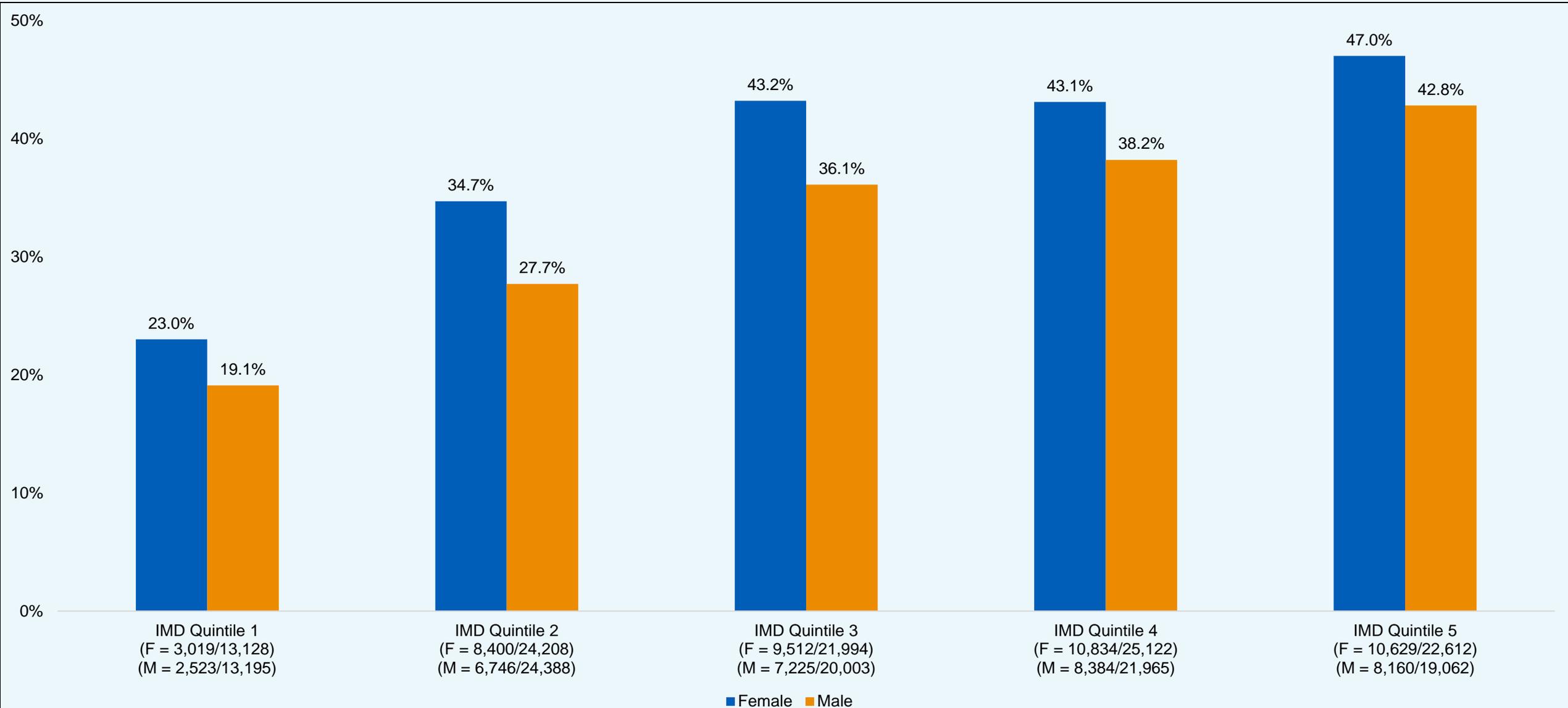
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Sex and Ethnicity



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks by Sex and Deprivation Quintile



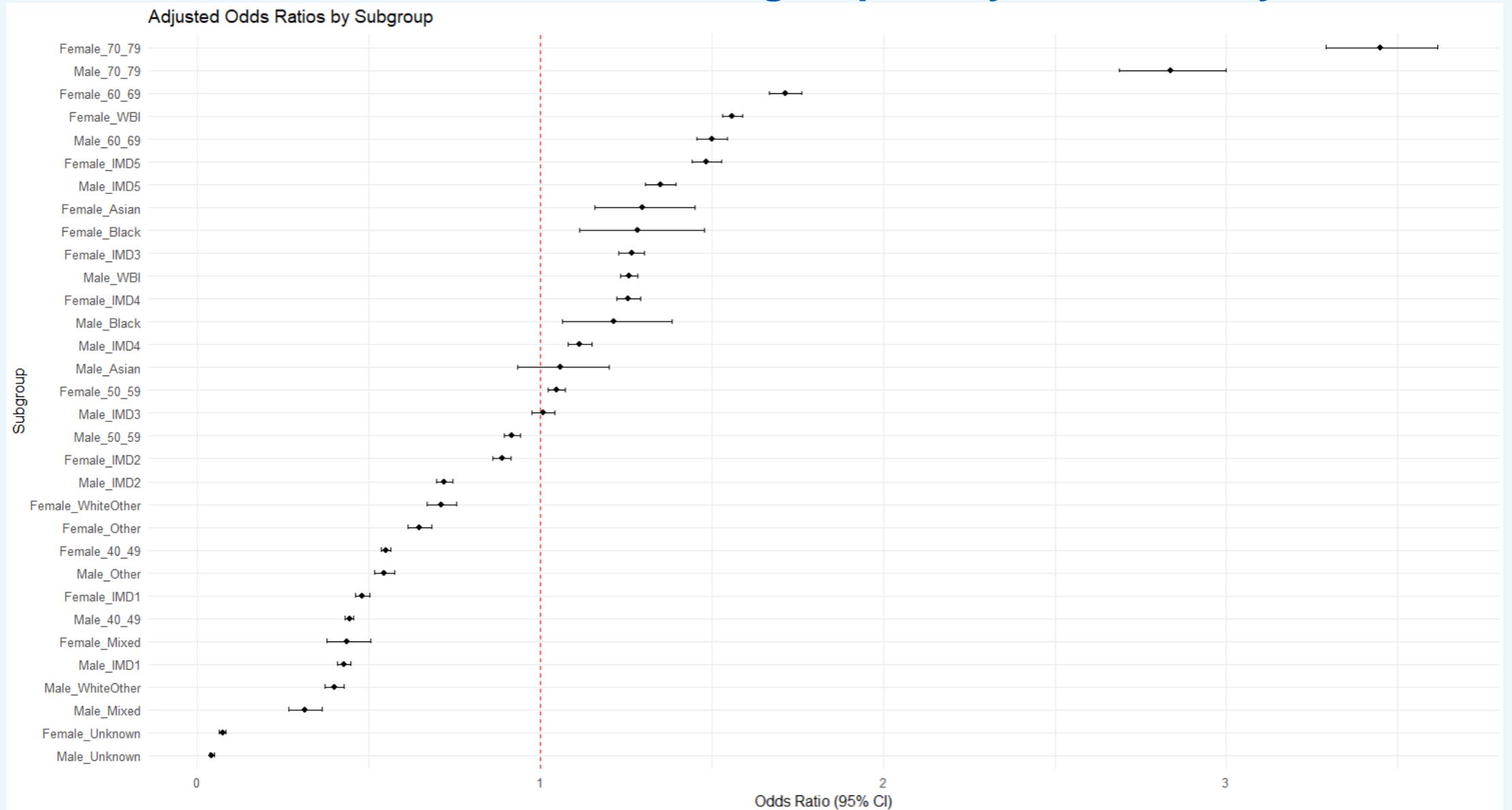
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025

# NHS Health Checks – Subgroup Analysis Summary

When compared to the rest of the population, the following subgroups have a significantly lower uptake of health checks:

- Males aged 50 to 59 years (controlled for deprivation and ethnicity)
- Females and males living in IMD Quintile 2 (controlled for age and ethnicity)
- Females and males from a White Other background (controlled for age and deprivation)
- Females and males from an Other ethnicity (controlled for age and deprivation)
- Females and males living in IMD Quintile 1 (controlled for age and ethnicity)
- Females and males aged 40 to 49 (controlled for deprivation and ethnicity)
- Females and males from a Mixed ethnic background (controlled for age and deprivation)
- Females and males from an Unknown ethnicity (controlled for aged and deprivation)

# NHS Health Checks – Subgroup Analysis Summary



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2025