

disease. In order to be effective, high risk prevention strategies require a strong uptake and effective interventions.

**Aims** Using cross-sectional data extracted from electronic medical records in primary care we aimed to examine the attendance and management of people invited for a NHS Health Check, in a deprived culturally diverse setting.

**Methods** Using data from 5,294 persons (from a total of 57,240) aged 35–74 years estimated to be at high risk of developing cardiovascular disease in 29 general practices in Ealing, north-west London we examined screening attendance by practice and patient characteristics using multi-level logistic regression. We assessed changes in statin prescribing over the Health Check, in patients eligible for statins in national guidance.

**Results** 44.8% of high risk patients invited for a Health Check attended. Uptake was significantly lower among younger men and smokers but significantly higher among patients from south Asian (adjusted OR (AOR)= 1.71 (1.29-2.27) compared with white) or mixed ethnic backgrounds, those with diagnosed hypertension (AOR= 1.31 (1.15-1.51), and patients registered with smaller practices (AOR=2.53 (1.09-5.84) list size <3,000 compared to 3,000-5,999). Using an area based deprivation measure there was no difference in attendance over socioeconomic status. The percentage of patients prescribed statin out of those eligible increased from 24.7% to 44.8% having been screened.

**Discussion** The uptake of cardiovascular risk assessment and the prescribing of statins in high risk patients was considerably lower than projected in the first year of the NHS Health Checks programme. If these levels of patient involvement in the NHS Health Checks persist, the programme will have limited impact on the population's disease burden. Targeting efforts to increase uptake, improve risk communication, and adherence to interventions in high risk populations is vital for the success of the programme. Alternatively reinvesting programme resources into population wide strategies to reduce obesity, smoking, and salt intake may prove more cost-effective in reducing the burden of cardiovascular disease in the UK than mass screening.

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#### UPTAKE OF THE NHS HEALTH CHECKS PROGRAMME IN A DEPRIVED, CULTURALLY DIVERSE SETTING: CROSS SECTIONAL STUDY

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**Background** The National Health Service (NHS) Health Checks are an England-wide primary prevention programme designed to lower the national burden of cardiovascular