

# Health MOTs: Are older people at risk of diabetes missing out?



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**H**ealth MOTs or NHS health checks are designed to spot heart disease by looking for risk factors, such as high cholesterol or high blood pressure. In light of the acknowledged association of heart disease and diabetes, one would hope that all people who are at risk of diabetes and who are over 40 years of age would be receiving them. However, Heart UK has found that many primary care trusts (PCTs) across the country are not organised and prepared for the roll-out of these checks scheduled for 2012–2013.

All PCTs were given 3 years to prepare for this national roll-out, with a target of 20% of all people aged 40–74 years being offered the MOT by 2012, when the target became mandatory. Freedom of Information requests that were sent to 152 PCTs across England revealed the following data from 2011–12 (Roberts, 2012):

- Only 14% of those eligible were checked.
- 66% of PCTs did not provide enough checks to achieve the 20% target.
- Three PCTs did not provide a single check, one of which said the checks were not prioritised “owing to other pressures.”
- Twenty per cent said they would fail to meet the compulsory target of the full programme in 2012–13.

Clearly, the Government’s targets have not been achieved and there may be many reasons for this. PCTs are undergoing massive changes and are set to be abolished as part of the current NHS changes. Processes that were in place to enable such health screening are likely to have been compromised or removed as staff change and workloads are redistributed. In the midst of this chaos, short-term gains are all that can be considered by staff who do not expect to be in the same job for much longer. The monitoring of any such targets will be affected in the same way, so early feedback showing poor uptake or processes may also be absent.

If the organisation of these health checks is poor or patchy, how will this affect uptake? Data from GP magazine demonstrate a drop in uptake from 60% in 2010 to 54% in 2011 (Roberts, 2012). No reasons for this decline were given, but we can speculate. For instance, how these health checks were marketed to the public would have been significant. Were the personal health benefits, such as earlier diagnosis and treatment, highlighted? Even if they were, would they be seen as worthwhile in giving up your time? People who are at work may find it difficult to have time off to attend these checks, so were any evening, weekend or early appointments made available? Older, retired people may not have the same time concerns, but how easy is it for them to access the clinics? What about housebound people, or people in nursing or residential homes? How can they access these checks? Do they have to travel to a clinic or does a clinician visit them?

Clearly, the failure to maximise access to these checks is a missed opportunity for all, but particularly for those who would be diagnosed with diabetes. Such early diagnosis and treatment would significantly improve their outcomes and quality of life. Many steps could help, such as improving the organisation of the checks, increasing their accessibility and more effectively marketing the benefits of such health checks to older people. In addition, the checks would benefit from improved monitoring and linkage with existing services. Irrespective of the quality and effectiveness of the health checks, they will continue to remain unsuccessful if older people cannot access them and gain benefit. ■

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Roberts M (2012) *Over 40s missing out on heart checks, figures suggest*. BBC, London. Available at: <http://bbc.in/PW9HXB> (accessed 10.09.12)