

Information for Health Scrutiny Panel: NHS Health Checks programme	
Date of meeting:	November 2014
Report author:	John Wilcox, Public Health Manager
Responsible Director:	Chris Kenny, Director of Public Health
Portfolio Holder:	Councillor Alex Norris

1. Introduction

- 1.1. The NHS Health Check Programme is a cardiovascular disease risk assessment programme which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74 years. The risk assessment element of the check provides a key route into existing healthy living services through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink alcohol within recommended limits.
- 1.2. On 1 April 2013, the responsibility for the NHS Health Checks programme transferred to Local Authorities under the 2012 Health and Social Care Act. NHS Health Checks is a mandatory service under the act. Local Authorities are specifically required to commission the risk assessment element of the health check and a pathway into related healthy lifestyle services. Clinical Commissioning Groups has a responsibility to ensure that patients identified at having a high risk of cardiovascular disease have appropriate clinical management.
- 1.3. Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Local Authorities must offer an NHS Health Check to every eligible citizen aged 40-74 every five years and must achieve a year-on-year improvement in uptake rate.
- 1.4. The number of health checks invitations and the number of health checks conducted must be monitored by councils. Both measures are indicators within the Public Health Outcomes Framework for England 2013-2016.
- 1.5. From winter 2013 to summer 2014 the programme across Nottingham City and Nottinghamshire has been led by the Nottinghamshire County Council Public Health. Leadership of the Nottingham City programme has returned to the Nottingham City team from September 2014. Nottingham City and Nottinghamshire County Councils will continue to work closely on the commissioning of the programme.
- 1.6. Capacity within the City Council Public Health Team to develop and improve performance of the programme is currently limited due to reduced staffing.

2. Current model of provision

- 2.1. The contracts for existing services that deliver the programme locally were extended for one year from 1 April 2013. In line with national guidance, our local Health Check Programme is designed over a 5 year period so that one fifth of the eligible patients aged 40-75 years should be invited each year. The NHS Health Checks programme is currently delivered through a GP Locally Commissioned Public Health Service (LCPHS) contract and a pharmacy LCPHS contract.
- 2.2. Fifty eight of the city's 61 GP practices have signed the contract to offer NHS Health Checks to their patients in 2014/15. Of the 3 GP practices which have not signed the contract, two are offering health checks and one practice has declined to offer the service. Each GP practice has a target to conduct health checks with 55% of their annual eligible patients in 2014/15. GP practices are paid for each health check they

conduct, each patient they identify at high risk¹ of cardiovascular disease, and an incentive payment if they achieve their 55% target.

2.3. In addition to the core GP practice provision, 5 community pharmacies are continuing to offer NHS Health Checks. This was reduced from 12 in the previous year to focus on pharmacies that were most engaged in the programme. The pharmacies are paid for each health check they conduct. They use near patient testing machines to analyse blood cholesterol, so that patients get their results at the consultation. The pharmacy then securely communicates the result of the health check to the patients GP. The pharmacy can conduct health checks with Nottingham City or Nottinghamshire County residents, and are paid by the relevant council.

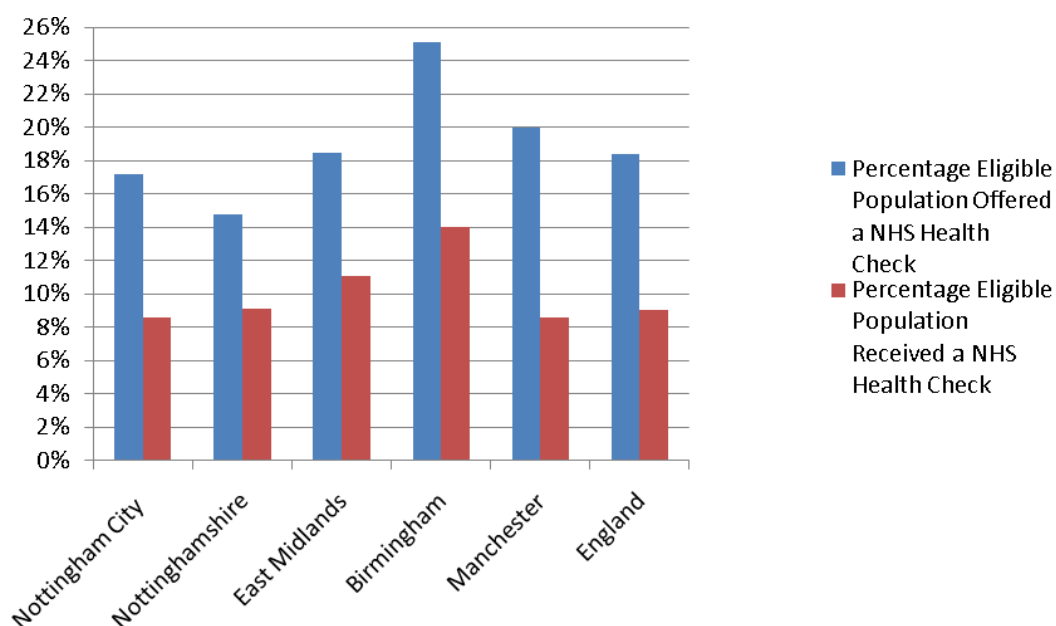
2.4. Pharmacies are also involved in delivering NHS Health Checks at community and workplace events. These are organised by a colleague in the Nottinghamshire Public Health team who liaises with the event organiser and the pharmacy.

3. Performance Overall

3.1 In 2013-14, 73,465 citizens were eligible for the NHS Health Check Programme for the start of the 5 year period. 17.2% (12,636 citizens) of the eligible population were invited to have a health check and 8.6% (6,295 citizens) received a health check. This was slightly below the national average of 18.5% and 9.0% respectively.

3.2 The bar chart in figure 1 shows that in 2014/15, in addition to being slightly below the regional and national average in terms of health check invites and health checks conducted, the proportion of invites was below that for Birmingham and Manchester (core cities with a comparable population), but not Nottinghamshire. The proportion of the eligible population receiving health check was the same as Manchester but lower than the other areas compared.

Figure 1 Percentage of Eligible Population Invited for and Receiving a NHS Health Check in Nottingham City and Comparator Areas (2014/15)

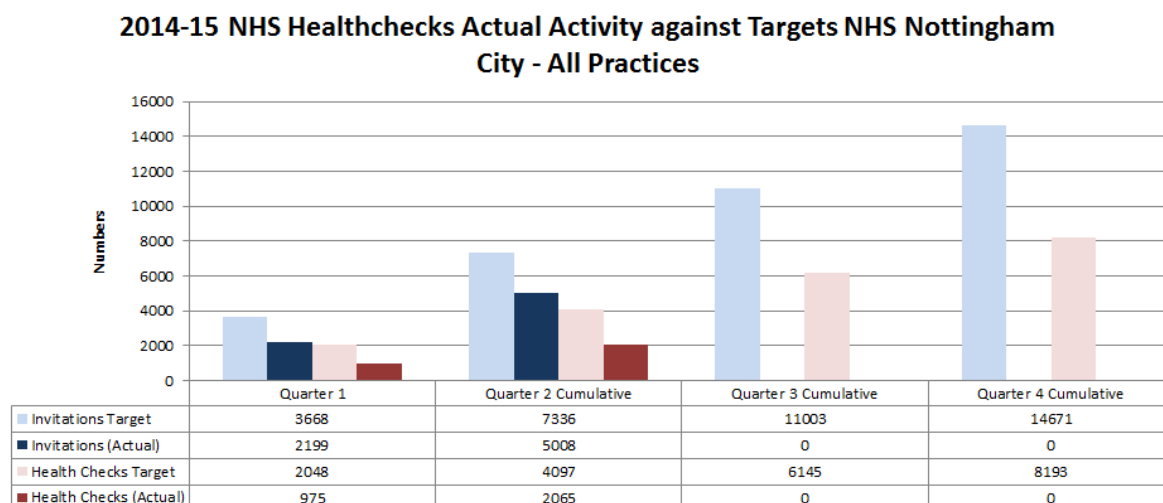


¹Currently defined as having a 20% or greater risk of developing cardiovascular disease within the next 10 years.

GP Practices

3.1. Figure 1 shows the overall performance of GP practices in relation to the targets set. Performance is below target and there is variation between GP practices with some doing more health checks than others relative to the size of their eligible population.

Figure 2 2014/15 NHS Health checks Performance against targets



Community Pharmacy

3.2. During 2013/14 the 13 contracted community pharmacies conducted 248 health checks with eligible patients. During quarter 1 of 2014/15, the 5 pharmacies have conducted 97 risk assessments. This has included 63 at the pharmacy and 27 at outreach events. Outreach health checks have been held at several venues which included County Hall, a Sikh Temple, John Carrol Leisure Centre, a Care Home, a Church, a Police Station, the Carers Federation, and City Council Premises including Loxley House, Eastcroft and Woolsthorpe City Council Depots.

Outcomes

3.3. As a result of the Health Check programme in 2013/14, there were 309 patients identified who were at high risk of cardiovascular disease in addition to 283 other diagnoses. We also have record of over 6% of participants being prescribed statins to help manage high cholesterol levels, nearly 5% being referred to the New Leaf stop smoking service.

Table 1 Diagnosis, Prescribing and Referrals following NHS Health Checks in 2013/2014

High risk of CVD	Hypertension	Diabetes	Atrial fibrillation	Chronic kidney disease	Peripheral vascular disease	Familial hypercholesterolaemia	Prescribed antihypertensives	Prescribed statins	New Leaf Referrals
309 (4.9%)	176 (2.8%)	68 (1.03%)	12 (0.2%)	24 (0.4%)	1 (>0.1%)	2 (>0.1%)	187 (3.0%)	422 (6.7%)	308 (4.9%)

4. Is the Programme reaching the right citizens?

Health Equity Audit

4.1. A comprehensive health equity audit (HEA) of the NHS Health Check Programme in Nottingham City and Nottinghamshire has recently conducted as a part of a University of Nottingham Master of Public health Degree. The HEA aimed to identify the factors associated with uptake and access and whether there was equity in access to the programme.

- 4.2. The study of data from 47,147 patients found that certain characteristics were statistically significantly associated with less access to the programme. These included:
- Men were 24% less likely to attend than women
 - People from Black ethnic groups were 26% less likely to attend than White British people.
 - People from the most deprived fifth of the area were 47% more likely to attend than people from the least deprived fifth of the area.
 - People who were obese were 36% less likely to attend than people with a healthy weight.
 - People who smoke were 48% less likely to attend than non smokers.
- 4.3. The report recommended that:
- Additional or amended NHS Health Check activities be targeted to the groups identified as being less likely to take up their invitation.
 - To further target activities to those who also have the highest risk of cardiovascular disease, diabetes, stroke, kidney disease and dementia.

Homeless People

- 4.4. At the previous presentation on the NHS Health Checks the Panel enquired on access from unregistered patients such as homeless people.
- 4.5. Discussion with healthcare professionals who provide care for homeless people has suggested that homeless population are on average aged under 40 and would not be eligible for a NHS Health Check. That the priority health risks are related to their substance and alcohol abuse - which can cause diabetes from damaging pancreas, strokes from injecting substances, crack related cardiac problems, hypertension from alcohol excess etc. Therefore NHS Health Checks which aim to prevent long term conditions are less of a priority.
- 4.6. A GP enhanced service for the homeless is provided at 3 GP practices in the city in addition to a specialist homeless health care team. The enhanced service involve offering every newly registered patient a health check of mental, physical and social needs. For homeless people who may not attend booked appointments, doctors try to do this check opportunistically when they come in wanting help with a mental or physical problem.

5. Future commissioning intentions

- 5.1. Social marketing research has been conducted in the city and county areas to assess brand recognition and how the outreach model for the programme could be improved in the short term. This research has suggested a revised brand for the local version of the health checks and the need for more targeted community health checks. The cost and value for money of implementing this in 2014/15 is currently being considered.
- 5.2. Approval is currently being sought to extend the current model of provision for a further year until March 2016. During this time, detailed plans for the service model will be developed particularly to increase up take from groups identified as having lower access to the programme.
- 5.3. Consultation with eligible citizens as part of the social marketing research revealed a preference and expectation for NHS Health Checks to be delivered in the NHS in doctor's surgeries. Early indications from a soft market testing exercise underway across Nottingham City and Nottinghamshire County suggest that the current GP practice approach is good value for money compared with other potential options.

- 5.4. It is currently proposed that from 2016, the core service will continue to be based on GP practices data, but that the model of delivery could vary whereby GP practices could offer health checks in groups or employ specific administrative staff or clinical staff to send out invitations and conduct the health check to reduce the workload for individual practices.
- 5.5. It is currently proposed that an outreach service will be commissioned from 2016. It will provide additional capacity to support the core GP service. It will aim to increase accessibility for those of working age who may find it difficult to attend a GP appointment and to reduce health inequalities by actively targeting groups that may be at higher risk of cardiovascular disease.
- 5.6. Currently there is different IT software for GP practice provision and the Community Pharmacy provision. It is currently proposed, that from 2016 there will be one IT software between the GP practices and outreach provision, so that GP practices can be electronically notified when the Outreach services conducts a health check with one of their patients.