

# NHS Health Check – Progress Report

November 2014

## Summary

This report provides an update on progress resulting from the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow (January 2014)

### Background

In January 2014, a scrutiny review of the local NHS Health Checks programme was undertaken to assess the delivery model and performance in Barnet and Harrow. It considered the views of key stakeholders and residents regarding the programme, analysed options and made recommendations to inform the commissioning strategy in both boroughs.

This paper sets out the actions undertaken or planned to address the recommendations from the scrutiny review.

The recommendations arising from the scrutiny review cover the following themes:

1. Health Checks promotion
1. Provider /Flexible delivery
2. Treatment Package
3. Referral pathways
4. Restructure financial incentives
5. Resources
6. Targeting
7. Screening Programme Anxiety
8. Barriers to Take-up
9. Learning Disability

### Current Situation

The NHS Health Checks programme is a mandatory service provided by Barnet and Harrow Joint Public Health Service. It is a national risk assessment and lifestyle management programme which assesses an individual's risk of heart disease, stroke, kidney disease, and dementia and alcohol misuse with the objective of reducing death rates and the burden of disease from these conditions.

In 2014/15, the local eligible population (those between the ages of 40-74 without a pre-existing cardiovascular condition) is 93,000. A local target was set to invite 15% of the eligible population to Health Checks. There was also a target to deliver these assessments to 10% of the cohort.

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There has been an improvement in performance for the first quarter 1. When benchmarked against other London Boroughs, Barnet is now ranked 16<sup>th</sup> for health checks offered compared to 27<sup>th</sup> position in 2013/14. Barnet's performance for health checks received has also improved; the borough is now ranked 10<sup>th</sup> compared to being positioned 30<sup>th</sup> in 2013/14.

### Performance

Table 1 below shows the performance figures for each quarter of 2013/14. By the end of the year, the programme had underperformed (by 3.9%) against its annual target for 'offered' Health Checks. In relation to the target for 'received' Health Check, the programme had underperformed by 4%.

As a result of the actions, described above, performance has begun to improve. Figures for quarter 1 (2014/15), set out in Table 1, show that we have exceeded our target for that period. When compared to other London Boroughs, Barnet is ranked 19<sup>th</sup> and 25<sup>th</sup> for Health Checks 'offered' and 'received', respectively.

The programme will continue to develop and implement plans, as set out above, to maintain or improve uptake for the remainder of this year and beyond.

**Table 1: Performance for 2013/14**

<b><u>BARNET</u></b>	<b>Quarter 1</b> (PHE official figures reported )	<b>Quarter 2</b> (PHE official figures reported )	<b>Quarter 3</b> (PHE official figure reported)	<b>Quarter 4</b> (PHE official figure reported)	<b>Annual Total</b>
No. offered health check (Target)	4887 (5.36%)	4887 (5.36%)	4887 (5.36%)	3,554 (3.92%)	18,215 (20%)
No. offered health check (Actual)	4,921 (5.4%)	3,750 (4.1%)	2,794 (3.1%)	3,192 (4.9%)	14,657 (16.1%)
<b>Population</b>	<b>91,139</b>	<b>91,139</b>	<b>91,139</b>	<b>91,139</b>	
No. received health check (Target)	2,278 (2.5%)	2,278 (2.5%)	2,278 (2.5%)	2,278 (2.5%)	9,112 (10%)
No. received health check (Actual)	1,525 (1.7%)	1020 (1.1%)	1494 (1.6%)	1,430 (1.6%)	5,469 (6%)

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**Table 2: Q1 2014/15**

<b><u>BARNET</u></b>	<b>Quarter 1</b>
No. offered health check Target – (% of eligible)	1,861 (2.0%)
Actual	5,018 (5.3%)
<b>Population</b>	93,092
No. received health check Target - (% of eligible)	1150 (1.2%)
Actual	2633 (2.8%)

The table below sets out progress in relation to the recommendations from the NHS Scrutiny Review (2014).

<b>Theme</b>	<b>Recommendation and Rationale</b>	<b>Progress (September 2014)</b>
<b>1. Health Checks Promotion</b>	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).	In September 2014, Public Health England invited local Health Check programmes to express an interest in piloting a marketing campaign. We have expressed an interest in being a pilot site and are currently awaiting a response. Participation in this project would be an excellent way to raise the profile of the programme.
<b>2. Providers / Flexible Delivery</b>	Health Checks should be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups) to make Health	A GP led outreach programme is currently being piloted in Barnet.  We will be delivering community pharmacists can support the delivery of Health Checks.  There are plans to target the outreach programme at specific communities through faith

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	<p>Checks more accessible.</p>	<p>centres.</p> <p>There are also plans to work with the voluntary and community sector to target vulnerable groups in the community.</p> <p>We will be delivering Health Checks in local workplaces, including the Council – with a particular focus on men.</p> <p>An outreach session took place in August 2014 in Beaufort Park after a week of promotional activity to raise awareness in the community.</p>
<p><b>3. Treatment Package</b></p>	<p>1) All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive.</p> <p>2) Commissioners should investigate feasibility of tailoring treatment options to specific communities.</p>	<p>1) The need to streamline the process is recognised and as a result point of care testing will be introduced, where possible. This involves carrying out bloods testing as part of the Health Check.</p> <p>A GP practice profiling exercise is currently underway to understand how Health Checks are being delivered and what improvements can be made.</p> <p>Health Check training was recently delivered to practice staff and ways to streamline the service were promoted as part of this training.</p> <p>2) ‘Treatments’ for any diagnosed illness would follow standard clinical protocol as led by the GP or nurse practitioner. Advice on lifestyle interventions are tailored to individual preferences as per discussions with the Health Check provider.</p>

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<b>4. Referral Pathways</b>	<p>The patient pathway should clearly define the referral mechanisms for those identified as:-</p> <ul style="list-style-type: none"> <li>• Having risk factors; and</li> <li>• Requiring treatment</li> </ul>	<p>The patient pathway is an essential element of the programme. Those who have been assessed with ‘high risk’ of heart disease are referred to their GP for additional investigative tests. Smokers are referred to stop smoking services. Hypertensive patients will commence appropriate medical treatment. Those with high blood glucose levels will be sent for a diabetic assessment. Those assessed with a ‘low’ or ‘medium’ risk factor may qualify for any of the above. In addition to this they will be given advice and/or an onward referral to local leisure facilities.</p>
<b>5. Restructure Financial Incentives</b>	<p>Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.</p>	<p>Tiered payment structures which incentivise GPs to deliver Health Check to those most at risk are being developed for 2015/16.</p> <p>The contract for 2014/15 cannot be altered at this point and we would seek to initiate this new payment structure for 2015/16.</p>
<b>6. Resources</b>	<p>1) Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check.</p> <p>2) Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.</p>	<p>1) and 2): The local authority has a statutory obligation to deliver Health Checks (the risk assessment element) but is not responsible for the whole pathway. The local authority encourages GPs to provide lifestyle advice to patients who are assessed to have a low risk score.</p> <p>3) Whilst GPs are not legally</p>

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	<p>3)Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver</p>	<p>obliged to deliver this service, many of them see the value of this preventative screening programme, as demonstrated by a high level of sign up to the programme. 63 out of 69 local GPs in Barnet have signed up to deliver this programme.</p> <p>Public Health England benchmark local authorities' performance against agreed national targets and other authorities. Local authorities see GPs as key delivery partners that enable them to meet their statutory obligation. As a result, GPs are incentivised to improve the uptake of Health Checks.</p>
<p><b>7.Targeting</b></p>	<p>It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:-</p> <p>1)Men (who statistically have a lower up-take than women);</p> <p>2)Faith communities (who statistically have a high prevalence of certain diseases); and</p> <p>3)Deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)</p>	<p>A GP led outreach programme is currently being piloted in Barnet. This will increase accessibility of the programme to the wider population. Please see number 1 for update on outreach activities.</p> <p>The outcome of these will be evaluated to assess if the targeted people have received the service.</p> <p>The outreach programme will be evaluated to assess its effectiveness at meeting the target group.</p>
<p><b>8. Screening Programme Anxiety</b></p>	<p>It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.</p>	<p>Public anxiety about screening is being managed in a number of ways:</p> <ul style="list-style-type: none"> <li>• Community engagement during outreach events helps develop a positive profile of the service. Each outreach event will be</li> </ul>

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		<p>preceded by one week of local canvassing to raise awareness and to book people for Health Checks.</p> <ul style="list-style-type: none"> <li>• Training sessions for Health Check staff includes a specific section on addressing patient concerns.</li> </ul>
<p><b>9. Barriers to Take-Up</b></p>	<p>Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.</p>	<p>GP practice profiling is currently being undertaken to establish the reasons for poor uptake. The findings of the practice profiling exercise will be available in November and will be used to shape the future delivery model and improve service uptake.</p> <p>Initial findings from this profiling exercise has indicated that the barriers come from two key areas, one is General Practice and the other is the general public. The barriers include:</p> <p><b>General Practice:</b> Lack of capacity, disinterest and non-attendance from patients, unsuitable times for Health Checks and conflicting priorities at the practice.</p> <p><b>General Public:</b> Lack of interest from individuals, lack of awareness of the programme. People unwilling to go to GP if they don't feel ill. The Health Check programme is a screening programme and people who attend may not necessarily feel ill.</p>

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<b>10.Learning Difficulties Disability (LDD)</b>	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with LDD into the Health Checks programme before age 40 due to their overrepresentation in the health system	There are currently 4,071 LDD adults in Barnet between the ages of 30-74. Nearly 50% (2,014) of those LDD people are between the ages of 30-44.  The programme will engage community groups who support adults with LDD in order to improve the take up, health outcomes and potential life expectancy.
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