

REPORT FROM DIRECTOR OF PUBLIC HEALTH
22ND January 2015

PURPOSE OF REPORT

1. This attached report gives an overview of the implementation of the national NHS health checks programme in Dudley Borough.

BACKGROUND

2. The NHS Health Check Programme commenced in England in April 2009. The expectation was that each Public Health Department in England would commission a service which met the national specifications and work to meet targets set for performance.
3. The NHS Health Check was to be a service which specifically targets the primary prevention of vascular disease in people in the 40 to 74 year age group with no pre-existing vascular disease diagnosis. People are invited on a 5 year recall basis by GPs and by the Office of Public Health.
4. In Dudley the service is commissioned from all GPs, a number of pharmacies and is also provided in community settings and workplaces by an external provider and also the Office of Public Health staff.
5. The programme has now become a key indicator in the Public Health Outcomes Framework and requires each department to report quarterly on the Vital Signs targets. These targets are:
 - The number and percentage of eligible people who receive an invitation to have a Health Check
 - The number and percentage of people who have had a completed Health Check.
6. This data is reported as performance indicators against the Vital Signs benchmarks for the programme on a quarterly basis in the Spectrum returns for the Council. (PI730 and PI731).


KEY ISSUES

7. The attached report gives an overview of
 - the current process of delivery of health checks in the borough and key performance trends benchmarked to all local authorities
 - key issues impacting on performance of the program and actions taken to increase uptake of the NHS health checks program in Dudley.

8. Dudley meets the invitations target, however the uptake of health checks does not meet the local target of 50% or the national aspirational target of 75%.
9. Dudley benchmarks as close to the national average in terms of uptake, although it must be noted there are issues with the robustness of the national data as some areas operate manual systems of data collection.
10. There have been a number of constraints that have impacted on performance of providers including software migrations within GP practices, provider on-site capacity issues, pharmacy activity being lower than expected and information governance issues.
11. Recovery plans have been put in place to mitigate constraints and increase uptake of the health checks programme. Quarter 3 data will be reviewed shortly.

RECOMMENDATION

12. It is recommended that the Health Overview and Scrutiny Committee note the performance, constraints and actions detailed in the attached report and support action to increase uptake.



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