NHS Health Check Implementation Briefing for the Health and Scrutiny Committee

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1. Background

The NHS Health Check Programme commenced in England in April 2009. The programme was set out in the Operating Framework for the NHS. The expectation was that each Public Health Department in England would commission a service which met the specifications within this document and work to meet targets set for performance. 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.

Guidance to support commissioners and providers was issued by the Department of Health to support the setting up of a service. This culminated in the landmark blueprint for the programme, Putting Prevention First. This guidance set out how the programme should be developed and what was expected from commissioners and providers.
The decision on how the programme was to be delivered locally was left largely to individual Public Health Departments to reflect their individual demography and specific needs.

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.

This data is reported as performance indicators against the Vital Signs benchmarks for the programme on a quarterly basis in the Spectrum returns (PI730 and PI731).

1.1 Eligibility

The programme stipulates that all those eligible (Table 1) should be invited for a Health Check every five years. Following the Health Check, all those assessed at high risk of vascular disease (≥20% risk in the next 10 years) exit the programme. Those at moderate or low risk receive a further invitation for a Health Check every five years. It is recommended to GP practices that they hold a register of those at high risk who quit the programme and offer them an annual review to reduce their risk.

Table 1: Eligibility Criteria for Service Users of NHS Health Check Programme

Criterion	Inclusion	Exclusion
Age	Adults 40 – 74 years	
Gender	Males and females	
Medical history		History of a vascular condition, i.e. heart disease, diabetes, stroke, kidney disease
Frequency	Every five years	NHS Health Check within past five years

1.2 National data set

The national data set for the NHS Health Check programme sets out the clinical and behavioural aspects that are expected to be assessed and recorded to complete a full Health Check (Health and Social Care information Centre 2011). These mandatory requirements are shown in Table 2.

Table 2: Clinical and lifestyle components comprising a full NHS Health Check

Clinical	Lifestyle *
Systolic blood pressure	Smoking status
Diastolic blood pressure	Physical activity status
Total cholesterol	Alcohol consumption assessment
Total cholesterol/high density lipid ratio	Ethnicity
Diabetes risk assessment	Age
Cardiovascular disease risk score	Family history of CVD
Body mass index	Dementia awareness

*advice and referral to be given where appropriate

2. The Dudley Programme

The Dudley Programme commenced in April 2009. In the first year, risk stratification software was used to target those estimated to be at very high risk (≥ 30% risk of vascular disease in the next ten years) and offer them a Health Check. During this time, work commenced with a software company to develop a software solution to support the programme. The software (Informatica Clinical Audit Programme or iCAP) was commissioned and rolled out to all general practitioner (GP) provider sites along with a programme of clinical and software training. The software provides a standardised systematic process for:

- Invitation and recall (by the GP and also by the Office of Public Health providing a back-up centralised invitation and recall)
- Data entry template and data set extraction
- Central auditing function
- Community version of the software to allow checks to be completed outside of GP surgeries, including web based push back of data collected during a Health Check into GP information systems.

The Dudley programme retains those assessed as high risk within the programme and places them on an annual recall. Also those assessed at high risk of diabetes are placed on annual review. The monthly invitations and recall in practices and at the central point include these annual reviews as well as the 5 yearly invitations.

3. NHS Health Check activity

The table below shows activity in Dudley over the last four years. The source of the data is the iCAP software which supports the programme. All invites and recalls and every individual element of the Health Check is given a special code (known as a Read code) into the GP information system and recorded in the patient's medical record. Unless all elements of the Health Check are completed, a Health Check will not be recorded as having been completed on the system and so cannot be counted in the data and will not be paid for.

National data from Public Health England (PHE) includes manual returns from some areas and so cannot be considered quite as robust. Also, uptake is calculated as the percentage of Health Checks completed against the number of invitations. Where areas

have a low invitation rate, the percentage uptake is hugely biased by this method of calculation. Some areas show 100 to more than 200% uptake. Therefore national data cannot be considered to be robust. In Dudley the targets for invitation are always met, indeed exceeded, and so this reflects a truer picture of activity. Also, expected invites and expected Health Checks activity is monitored at monthly points throughout the year as one-twelfth of the annual total denominator so that activity can be performance managed on a monthly basis. This method of data analysis if applied by the national team would remove limitations and give much more robust and comparable data.

Table 3 below show Dudley Vital Signs returns to PHE for the last four years against Vital Signs targets. Note that no target was set for 2010/11. This is also shown in Figures 1 and 2.

Table 3: Summary of Dudley NHS Health Check activity

Financial Year	2013/14	2012/13	2011/12	2010/11
Vital Signs Total Cohort	89291	92400	90000	92149
Vital Signs Total Invitations	19903	21627	16705	9587
Vital Signs Target	17858	18480	16200	none
Invitations as a Percentage of Total Cohort	22.3%	23.4%	18.6%	10.4%
Invitations as a Percentage of Yearly Cohort	100.6%	117%	103%	53.3%
Vital Signs Completed Check Target	8928	9240	7200	none
Completed Checks	7874	8974	7365	4342
Completed Checks as a Percentage of Total Cohort	8.8%	9.7%	8.1%	4.8%
Uptake target	50%	50%	none	none
Completed Checks as a Percentage of Yearly Cohort	39.8%	48.5%	44.5%	24%
Completed Checks as a Percentage of Invited Cohort	39.6%	41.5%	43%	45%

Figure 1

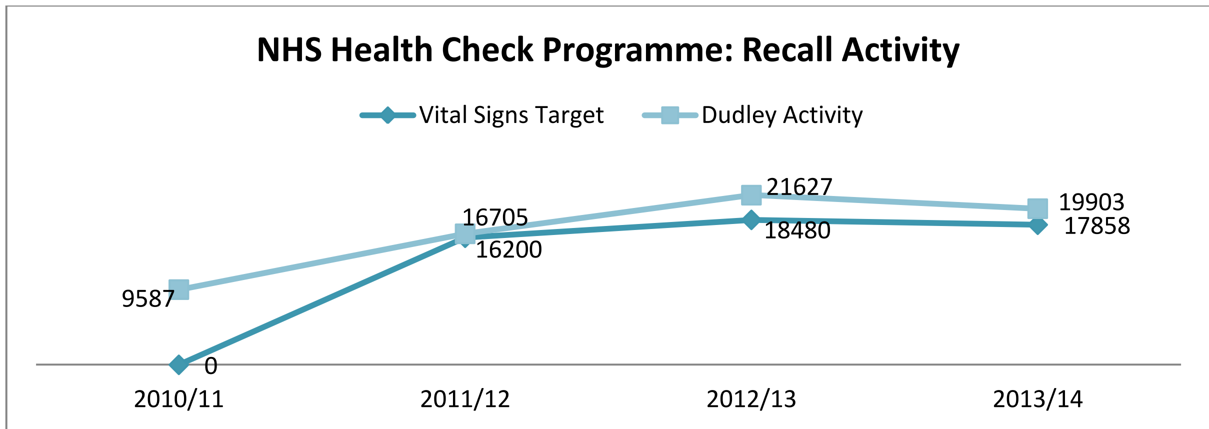
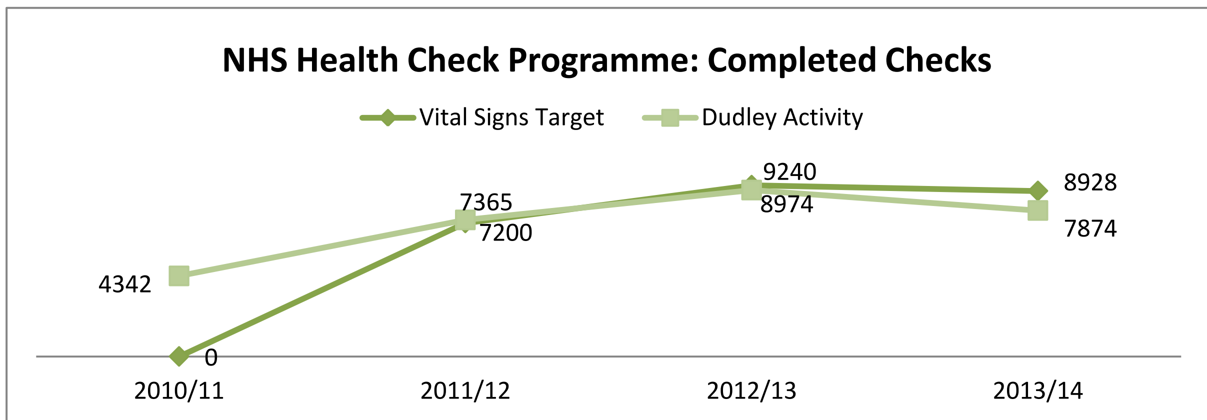


Figure 2



It is important to place the Dudley Health Checks in the context of the national program. PHE has set an "aspirational target" of 75% of the population receiving a Health Check but as can be seen from Figure 3, only a small minority of Local Authorities across England have achieved a 75% uptake amongst the population screened so far. It is important to bear in mind that because the Health Checks is a rolling five year program, and the current reporting period began in April 2014, only six quarters of a total of twenty quarters worth of data is available for comparison, and it is expected that only six out of twenty eligible people would have invited for a Health Check to the end of October 2014 (the latest available data).

The West Midlands is actually doing better on average than the national average for people receiving Health Checks so far, though despite this the regional performance

over the six quarters from April 2013 to October 2014 was that only 50.8% of people due a Health Check actually received one. Dudley's performance (43.2% of people due a Health Check actually received one) is not far short of the England average of 45.1%) during this time.

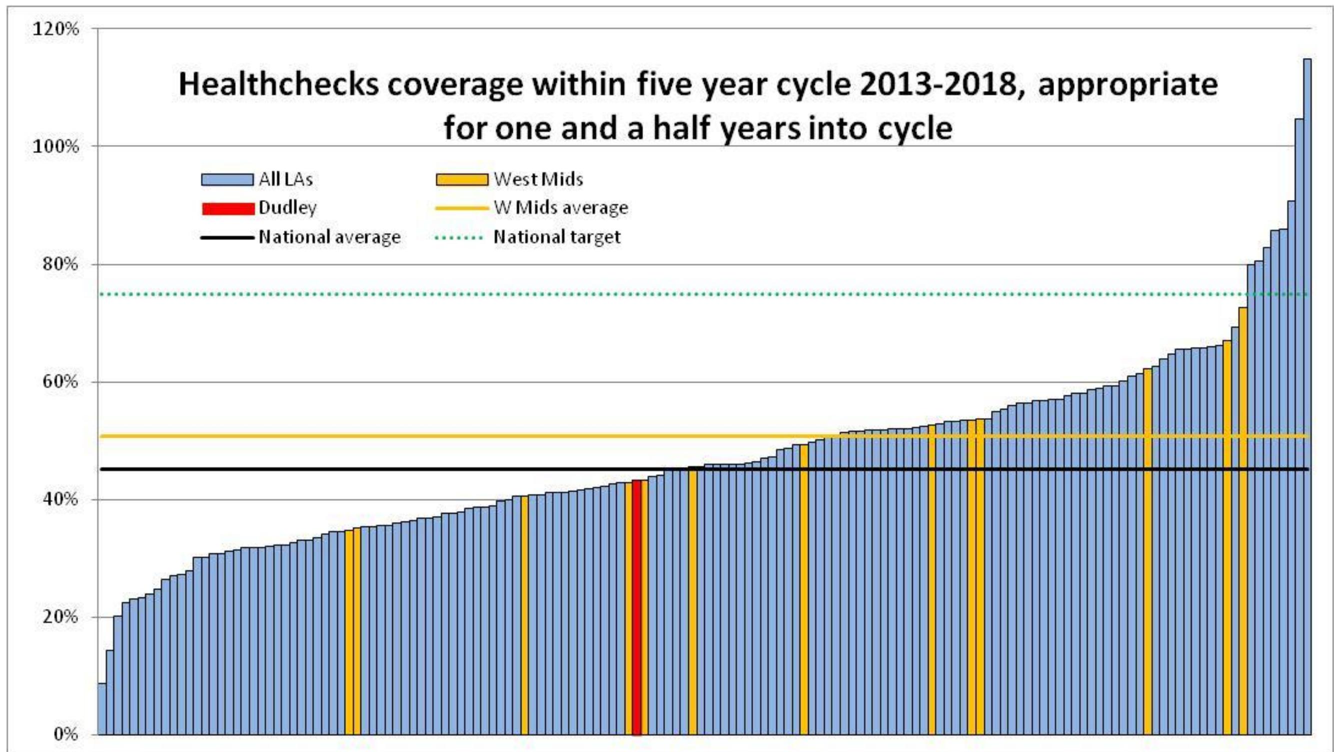


Figure 3: National uptake of Health Checks, in comparison with Dudley and other West Midlands local authorities.

Another way of looking at Dudley's performance is to compare where we are against the number of invitations offered. During the period April to October 2014, Figure 4 shows that the proportion of people eligible who actually had a Health Check was on a par with the national average, whilst the number of people invited was slightly, but not excessively, greater than 10% (during six months of a five year cycle, 10% of the eligible population should be invited). The grey bars show the proportion of people in each area who were invited but did not accept a Health Check, above and beyond the number eligible. In other words, whilst Dudley could increase the number of people having Health Checks simply by inviting more people, to do so without regard for the proportion of those inviting accepting a Health Check would be wasteful. Dudley has been offering appropriate numbers of Health Checks over the past two quarters.

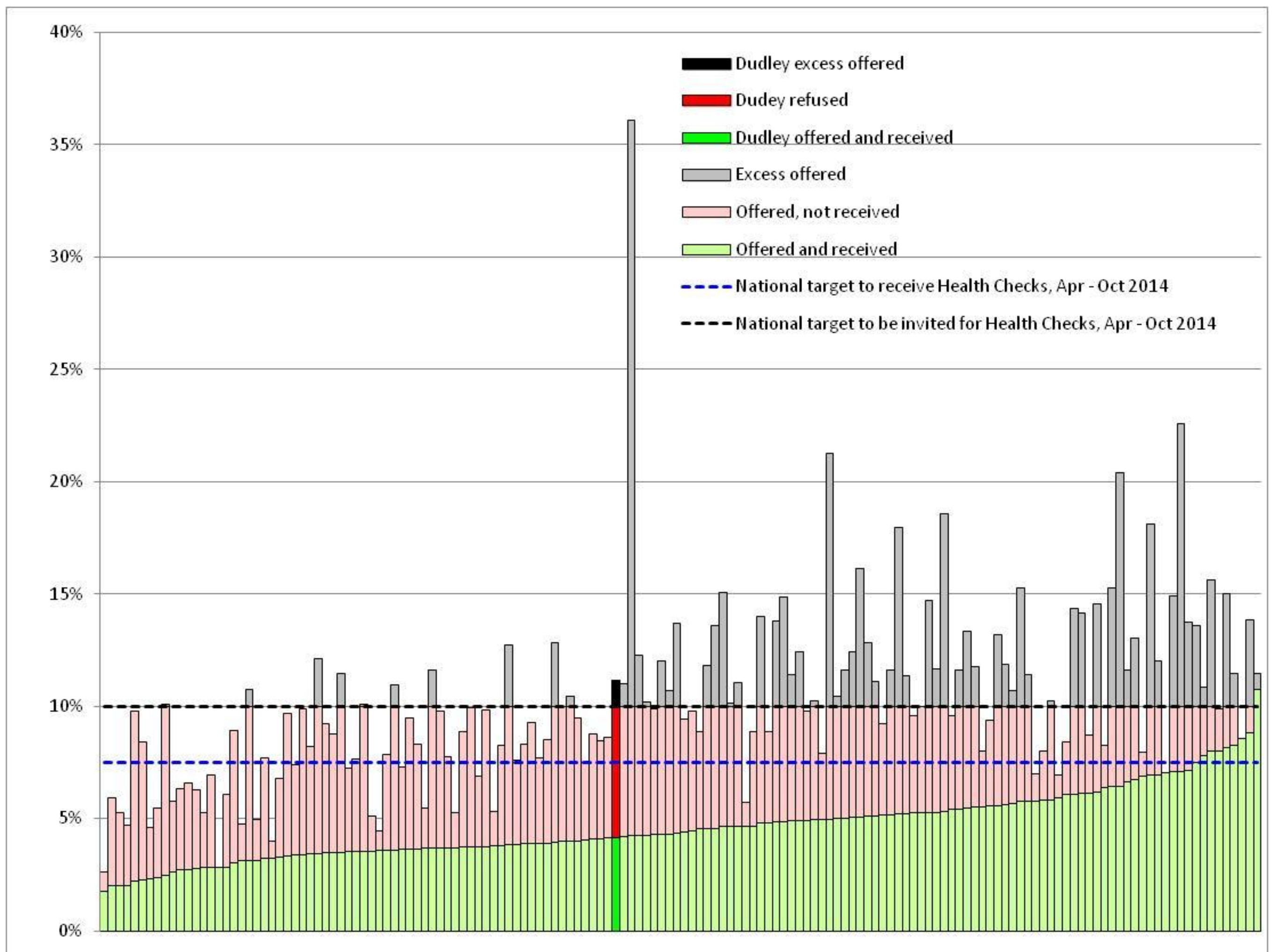


Figure 4: Invitations and received Health Checks for Dudley during Q1 and Q2, 2014

4. Constraints/Difficulties Affecting Performance

4.1 EMIS Web migration

In May 2011, one of the larger Dudley practices with a list size of 10% of the Dudley registered population, updated their computer systems to a system called EMIS Web. At that time there was no compatibility between EMIS Web and iCAP, and this was reported as an extreme risk to the project. Work commenced to develop a working interface but this was problematic. So much so, that this was not completed until September 2013. However in April 2013 the CCG recommended that all practices migrate their systems to EMIS Web. This created huge problems with data, and as the interface was not available, some practices ceased Health Check activity. The migration of all practices was only completed in November 2014. During the whole of this period, Health Check activity was severely affected and data was unreliable. Now that all practice systems have completed migration of their data to EMIS web and are communicating directly with iCAP, robust data is available. Therefore data from Q1 – Q3 of 2014-15 will have been affected, although, the Vascular Team has taken steps to ameliorate this as much as possible, as detailed later in this briefing.

4.2 Poor performance in some GP sites

Some GP sites were slow to commence Health Checks and also some practices had very little monthly activity. Steps taken by the Vascular Team are detailed in recovery plans.

4.3 Pharmacy activity was lower than expected

In January 2012, 38 Healthy Living pharmacies began to offer NHS Health Checks as an alternative to having a Health Check at the patient's GP surgery. To date there has been very little activity in this sector and some very slow starts. Currently only four pharmacies are achieving the target of eight checks a month on a regular basis, and indeed some pharmacies have completed no checks to date.

4.4 Information Governance Issues

In April 2013, Caldecott Guidance was revised. The guidance has always included the stipulation that no identifiable data should be submitted to third parties and continues to do so in the new guidance. Since Public Health are now part of the Local Authority and not the NHS, practices are viewing the Office of Public Health as a third party. The NHS Health Checks programme relies on identifiable data from practice systems to complete central recall and invitation. A data sharing agreement is included in the Public Health contract agreed with practices, but one practice has refused to share data, citing information governance law as the issue. Certain other practices are wary of an information governance breach. Although they continue to allow their information systems to communicate with iCAP, they do not currently permit the Vascular Team staff to visit the practice to participate in audit work, support, troubleshooting the system and performance management, effectively allowing no access to their systems.

5. Recovery Plans

5.1 EMIS Web

As there was a timetable available of migrations available from EMIS, the Vascular Team recommended that recall be completed ahead of time at each practice site to cover a few months after the migration date was set to begin and the system would not be available. In this way the people who would need to be contacted during this period would still be able to receive an invitation. Health Checks were advised to continue to be completed and saved on the icap software while the migration process was underway. The checks could then be synchronised with EMIS once migration was complete. This would enable activity to continue through the migration process. However, the uptake of these recommendations was not universal. Most practices ceased activity during migration, which in many cases, was unacceptably lengthy. The longest migration period was 29 weeks, the average being 13 weeks. Other actions taken included:

- Tracking of practices undergoing migration by the Vascular Team and Informatica to troubleshoot and support them through the process with the aim of reducing the time migration was taking. Tracking on a spreadsheet was

updated by both teams and discussed almost daily. Progress was reported and monitored through the monthly project meetings. It was reported as a risk to the project.

- Informatica commenced working directly with EMIS and assisting with migrations.
- The Vascular Team checked each site that completed migration before activity resumed to correct any anomalies caused by migration and ensure the system was functioning correctly.

5.2 Practice Plans to Increase Uptake

- The Vascular Team actively performance manage practice sites. Activity is monitored on a monthly basis against expected targets to achieve at least a 50% uptake. The 10 lowest performing practices are visited each month and offered support from the Vascular Team to increase uptake.
- The CCG use a ‘scorecard’ as a dashboard to monitor performance on several clinical indicators. Practices receive a red, silver, gold or platinum rating for each indicator and an overall rating. In April of 2014 work commenced to get NHS Health Check uptake rates included in the indicators for the scorecard. This was achieved in July and reporting began. Any practice who achieves a red rating for any indicator (< 50% achievement) receives a peer visit by the CCG and is expected to develop an action plan to improve performance. Practices keen to keep their overall rating have been contacting the Vascular Team since this time for support to increase their uptake. The Vascular Team have also liaised with the peer reviewers to offer practices support to increase their uptake.
- Where practices offer low numbers of Health Checks due to issues on site, e.g. staffing constraints, the Vascular Team offer to take over the service within the practice, supplying sessional workers to continue clinics until such time as the practice can resume their service. One recent case was Meadowbrook Surgery. This practice was in the bottom two performing practices and for many months did not complete any checks. The service was taken over by the Vascular Team for a period of four months, during which time models and systems were put in place and staff trained including front line reception and administration staff.

The practice has now resumed their service and since April 2014 have achieved an average 78% uptake rate and a 174% invitation rate of expected and have consistently achieved a platinum performance rating on the CCG scorecard.

- The Vascular Team have written two articles for the CCG monthly circulation GP Brief. This has included information on the scorecard, support available and information on the clinical evidence base. The articles also demonstrated the cost savings the NHS Health Check programme can be expected to deliver to practices and how it can assist in achieving reductions in premature death rates, emergency hospital attendance and hospital admissions.
- The Vascular Team have developed a NHS Health Check Clinical Outcomes audit. This is expected to show positive outcomes as a process of the Health Check programme. It will be shared with practices and will include recommendations for improving practice. The audit will then be published.
- The Vascular Team have been attending Practice Manager meetings and Practice Patient Participation Forums over the period that the programme has been running to ensure good communication with practices and patients and to raise the awareness of the programme.

5.3 Pharmacy Activity

The Vascular Team continued to support pharmacies in setting up and developing a Health Check service. Pharmacy intentions to develop the service have always and continue to be very positive, but have particular and unique challenges. The Vascular Team are currently completing a pharmacy audit to identify common themes within these challenges and work on the development of a pharmacy model for the Health Checks service.

5.4 General Measures to Support all Providers/ Improve Uptake

The following measures outline the actions taken to the increase the uptake of the NHS Health Checks programme to meet national targets and to increase public awareness and access to the programme.

- The Vascular Team have offered support to all providers throughout the duration of the programme. A helpline was set up in 2010 which directs providers to the Vascular Team, although all providers are given office and mobile numbers of the team and email addresses to allow contact on a 24/7 basis. Visits are made to troubleshoot problems on site.
- Clinical and software based training. These sessions have taken place in organised venues, in provider sites and on a 1:1 basis as required. Training continues as an ongoing programme for providers to offer refreshers and to train new members of staff. On average 19 half or one day training sessions are offered annually in organised local venues.
- In December 2013 the Vascular Team offered all providers a point of care testing machine (POCT) for providing blood results for cholesterol and glucose, which are core elements of a Health Check. POCT is currently available in 54 provider sites. Up to this point, all services users wishing to have a Health Check had to have a formal pathology lab fasting blood test. The offer of a POCT finger prick blood test enabled:
    - No blood test appointment needed before the Health Check appointment. Previously service users would need to have a blood test a week before their check to allow for results to be available to complete the check. For working people the blood test would most likely be done at Russell's Hall Hospital on a Saturday morning. The blood test and check can be completed in one appointment using POCT.
    - A non-fasting sample to be used.
    - Immediate results.

  Therefore, this enabled a fully opportunistic offer of a Health Check. As the eligible cohort for a Health Check includes mainly working people, this removes some of the barriers they may have come up against when deciding whether to have a Health Check.
- Over the period of the Health Check programme four marketing campaigns have been completed. The campaigns have included advertising on/in:
    - Newspapers
    - Local periodicals
    - Radio

- Bus advertising
- Council billboards
- Car park tickets

- Marketing materials produced include posters, leaflets, badges, window stickers, bunting, pens, appointment cards etc.
- In April 2012 a Dudley Health Checks website was set up. The website raises awareness, outlines what happens during a check and informs the public how and where they may access a check including contact telephone numbers and addresses for all providers.

5.5 Actions Initiated by the Vascular Team

- Working with the Public Health Workplace Programme and Workplace Charter, the Vascular Team has been offering cholesterol testing, diabetes screening and NHS Health checks in workplaces. The workplace programme is currently running at two events a week.
- The Vascular Team also carry out local Health Check events with community groups at a current rate of two a month.
- The Vascular Team offer a fortnightly clinic at base to further increase access to Health Checks.
- Sessional workers have been commenced to assist with workplace and community events, Vascular Team clinics and practice service takeovers.
- A pilot of a community outreach service offering Health Checks to 'hard to reach' groups commenced in July 2014. This will run until March 2015 at which point it will be evaluated. The company involved in the pilot are offering checks in various community venues including domiciliary visits and places of worship where English is not the first language.
- The Vascular Team have provided a biannual session at the local Dudley Patient Forum to increase public awareness of the programme.
- NHS Health Checks Pathway was produced by the Vascular Team in 2012 to provide guidance to providers and contractors to cover the clinical elements of a Health Check. A Failsafe Pathway was also produced at this time to cover the logistics of the programme and provide quality assurance. A user guide for the

iCAP software has been developed by the Vascular Team to support the use of the Health Check software. All providers have received copies of these documents.

- A member of the Vascular Team attends CCG Implementation Group meetings for Vascular Long Term conditions, Diabetes, Stroke and Acute/Chronic Kidney disease. This is to provide prevention, identification, diagnostic guidance and support to the group and participate in service development. The prevention and identification arm of the LTC groups relies on the NHS Health Check programme as a major part of this work and the meetings provide an opportunity to discuss joint plans with the CCG.
- A member of the Vascular Team attends all regional and national meetings for the NHS Health Check programme. Local and national data is studied on an ongoing basis to monitor trends and intervene where necessary.
- In September 2014 a local network group was established between Dudley, Wolverhampton and Walsall Public Health Departments to share good practice and support regarding the NHS Health check programme.
- In October 2014 a member of the Vascular Team was invited by Warwick University to participate in proposed research which is developing a study on the uptake of the NHS Health Check programme.
- Focus group research is planned for early 2015 to gain patients' perspective of Health Checks and understand from service users what might encourage more people to take up offers of Health Checks.

5.6 Information Governance

- An initial meeting has taken place to discuss IG issues with the Caldecott Guardian for the CCG. Information and guidance was also sought from the Local Authority Caldecott Guardian. A further meeting is planned to work on an agreed way forward with the assistance of a third party information governance specialist and an IT specialist supporting the programme.
- Work is scheduled to develop a draft data sharing agreement between GP practices and Public Health as a joint piece of work between the Vascular Team and the Self Management Team who are also affected by this issue.

Conclusion

In its first year and a half since Dudley MBC began running the Health Checks program, the rate of invitations and uptake of people accepting Health Checks has been roughly on a par with the national average, though slightly lower than the West Midlands regional average. Ongoing work is being undertaken to catch up where there were IT delays in 2013-14 and to increase the proportion of people choosing to accept their Health Checks invitation.

Further detailed information to support this briefing can be found in the NHS Health Check Programme Annual Reports, available by request from the Vascular Programme Manager, Office of Public Health.

The potential benefits if 75% of the population of Dudley accepted a Health Check when invited can be modelled and the impact on our local population is shown in Figure 5.

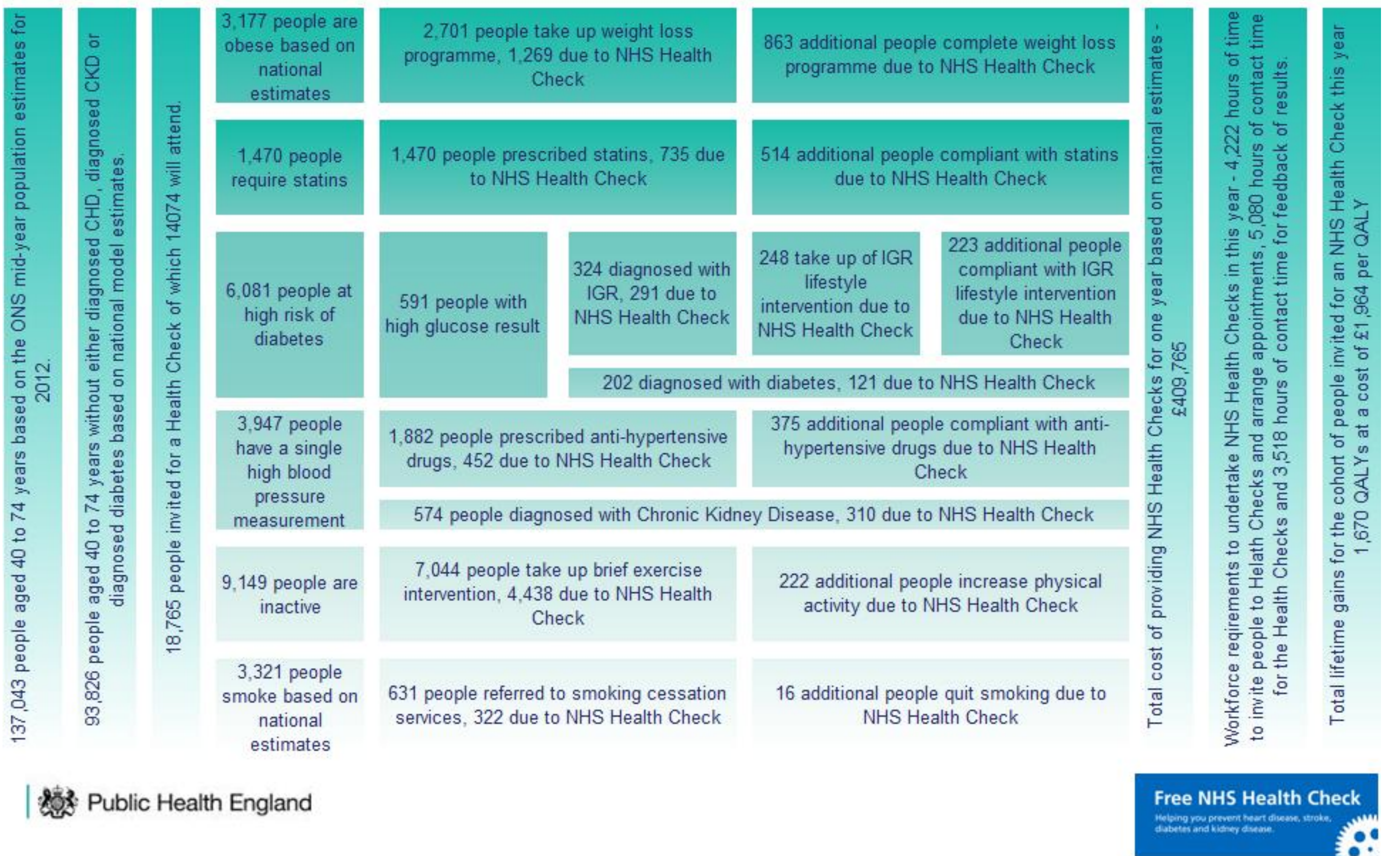


Figure 5: Summary of potential benefits of Health Checks in Dudley