

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">Health & Wellbeing Board</p> <p align="center">30th June 2014</p>
<p>NHS HEALTH CHECKS</p>	
<p>Report of Director of Public Health</p>	
<p>Open Report Yes</p>	
<p>Classification: For Information (delete as appropriate) Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Meradin Peachey, Tri-borough Director of Public Health</p>	
<p>Report Author: Christine Mead, Behaviour Change Commissioner, Public Health</p>	<p>Contact Details: 020 7641 4662 cmead@westminster.gov.uk</p>

AUTHORISED BY:

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DATE:

1. EXECUTIVE SUMMARY

- 1.1 NHS Health Checks are a mandatory Public Health Service.
- 1.2 The NHS Health Check is a national risk assessment and prevention programme that identifies people between the ages of 40 and 74 at risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these health problems.
- 1.3 The Department of Health has set targets for 20% of the eligible population to be invited for health checks each year, on the basis that the entire eligible population would then have a health check every five years.

- 1.4 Between 50-75% of those invited are expected to attend a health check each year.
- 1.5 The health check calculates the risk of developing cardiovascular disease in the next 10 years, based on checking BMI, blood glucose, cholesterol, blood pressure, physical activity, alcohol, smoking, age and ethnicity.
- 1.6 Local authorities are required to commission the risk assessment, to monitor the offers made and the take up of offers, to increase take up, to promote health checks, to make sure people receive information about their identified risks and are signposted to services and receive clinical or lifestyle interventions when necessary, and to commission lifestyle services which reduce risk.
- 1.7 In LBHF the eligible population for health checks is 40,050.
- 1.8 From April 2013 – March 2014, 8,582 health checks were offered (21.5% of eligible population, against a target of 20%)
- 1.9 From April 2013-March 2014, 2,336 health checks have been delivered (5.9% of eligible population, against a target of 10%)

2. RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board are invited to:
 - Consider the progress made
 - Review the gaps and improvements in provision

3. BACKGROUND

Data Analysis

- 3.1 A review of the data from April – December 2013 was conducted to evaluate whether health checks are reaching the right people, whether they are identifying people at risk or only seeing the ‘worried well’, and what is happening following a health check.
- 3.2 We have unreliable ethnicity data for last year, due to an error in the software system which has now been corrected.
- 3.3 49.7% of health checks were delivered to people in the 40-50 age group. Risk of cardiovascular disease increases with age, so prioritising older people would find those who are at highest risk.
- 3.4 7.6% of those receiving checks were identified as a high risk (a risk of 20% or above of developing cardiovascular disease in the next 10 years) and 24.3% were identified as having moderate risk,(a risk of 15-19% of developing cardiovascular disease in the next 10 years).
- 3.5 Nationally, 7% of women and 14% of men in the eligible population would be expected to be at high risk.
- 3.6 Single Risk factors:

- 52.6% identified as overweight or obese
 - 33% have high cholesterol according to their cholesterol ratio
 - 20% have high blood glucose
 - 18.7% are smokers
 - 14.4% have high blood pressure
- 3.7 For every risk factor identified, patients have been given information about services they can access to reduce their risk, and direct referrals to those services have been made where the patient has accepted them. Patients can see visually what happens to their overall risk if they modify one or more of their risk factors.
- 3.8 Where a risk factor requires treatment from the GP, an appointment is then booked so that the right treatment can be prescribed.
- 3.9 Referrals and signposting are made to services where a need has been identified. The following referrals were accepted:
- 17.7% of stop smoking referrals
 - 26.9% of physical activity referrals
 - 3.1% of core alcohol service referrals
 - 43.4% of referrals for MyAction – (Westminster only intensive intervention for people identified as at high risk. This programme will be put out to tender to provide a service for Hammersmith and RBKC from April 2013)

Current Delivery

- 3.10 NHS health checks are offered by GP practices using a system of pods or software which collects all the data into one database, and allows for a systematic approach to health check delivery.
- 3.11 Over the past year this system was introduced into Hammersmith and Fulham, mostly following the change to the SystemOne IT system which took place between September – October 2013.
- 3.12 This delay in using the new pod system, combined with a series of software implementation problems experienced by surgeries at the start of using pods, largely accounts for the underperformance in numbers of health checks delivered.
- 3.13 Some practices are still experiencing problems with using the pods, and this has become a demotivating factor for those practices.
- 3.14 From December 2013, Health Trainers were commissioned to deliver health checks in community settings, to increase uptake of health checks in areas of deprivation.

- 3.15 From April 2014, 9 pharmacies in LBHF have been commissioned to deliver health checks, concentrating on areas of deprivation and areas where practices are not delivering health checks.

Improvement Plan

- 3.16 The Improvement Plan is based on best practice guidance from Public Health England, shared at the national conference in February 2014, and best practice guidance from our local GP practices who are championing health checks.
- 3.17 Public Health will visit all practices with remaining issues and seek to resolve any outstanding problems with the software providers.
- 3.18 Public Health will explore with the CCG SystmOne team whether it is possible to rewrite the software used on the pods within SystmOne.
- 3.19 Uptake of offers is currently running at 28%. The following steps have been taken:
- The invitation letter has been redrafted following national best practice
 - Residents will be offered a check at their own surgery, as well as given information about the pharmacies and health trainer options so that they have a choice.
 - New marketing materials have been designed and will be ready at the end of June, for display in surgeries and pharmacies and community settings.
 - Presentations on health checks are being given at all network meetings, at the network coordinators meeting, and at the CCG Quality and Safety meeting to engage in a discussion across the CCG about improving health checks.
 - Surgeries who have been successful in delivering large numbers of health checks have recommended the following:
 - text invitations, with good response rates.
 - Telephone invitations to people aged 60 and above
 - Text reminders of appointments, to reduce cancellations
 - GPs and practice nurses recommending booking in for a health check during a routine appointment
- 3.20 Practices will be encouraged to invite older patients, smokers, men and populations known to be at higher risk of cardiovascular disease as a priority.
- 3.21 Health trainers have been commissioned to deliver more health checks in areas of deprivation, where there is higher prevalence of cardiovascular disease, and in homeless hostels.
- 3.22 Pharmacies have been commissioned to deliver health checks in areas of deprivation.

- 3.23 Each practice will receive a detailed report on their data for the past year, which will support the practice to have a discussion about the outcomes of health checks; follow up on high risk patients; and how to increase the uptake of both health checks and of referrals.
- 3.24 An evaluation of health checks nationally is being conducted and will be ready in April 2015, including our reports for each area.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Public Health England NHS Health Check and Implementation Review and Action Plan		

LIST OF APPENDICES:

- Appendix 1: Annual Performance Report 2013/14
Appendix 2: Comparison of Offered and Received by borough