
Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to summarise the findings from the review of the first five years of the NHS Health Check programme; to provide an update on the changes introduced since 2013; ensure that the health check programme commissioned by Durham County Council public health team fulfils the local authority's statutory requirements and to provide a commentary on the current performance of the programme.

Background

2. The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease and raise awareness of dementia both across the population and within high risk and vulnerable groups
3. The NHS Health Check is made up of three key components: risk assessment, risk awareness and risk management. During the risk assessment standardised tests are used to measure key risk factors and establish the individual's risk of developing cardiovascular disease (CVD). The outcome of the assessment is then used to raise awareness of cardiovascular risk factors as well as to inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.
4. One of the programme's objectives is to contribute to narrowing health inequalities. It is for local authorities to decide how best to commission the programme in such a way that this objective is achieved. Local authorities have a duty to offer the NHS Health Check to all eligible people, with the expectation that a priority is given to inviting individuals with the greatest health risk. For example, by prioritising invitations to people with an estimated ten-year CVD risk score greater than 20% or those living in the most deprived areas where the prevalence of risk factors for CVD is highest.
5. The programme has also been designed so that the majority of the check, including the tests and measurements required for the risk assessment, can be delivered in different settings. This will help ensure the programme is accessible to a wide range of people.
6. In County Durham, the NHS Health Check programme started as a pilot programme in October 2008 and rolled out across all GP practices in 2012. A retrospective review of the first five years of the programme has just been completed.
7. The main findings from the review were:

- The coverage of the programme over the first five years was 49%, which is consistent with figures reported by the national evaluation and other programmes.
 - Women were more likely to receive a health check than men.
 - There was a much greater take up of health checks among older age groups.
 - There was no difference in coverage between areas of relative deprivation.
 - The coverage by Clinical Commissioning Group (CCG), locality and by GP practice was wide and cannot be explained by clinical factors alone.
 - A significant proportion of records were incomplete including essential information necessary to calculate a CVD risk.
 - The likelihood of a Health Check finding someone with a high risk of CVD increased significantly with age. Only 2% of Health checks among people aged less than 50 years detected someone at a CVD risk (a risk score of 20% or more)
 - There was also a tendency for individuals from more deprived areas to be more likely to receive a CVD risk score of 20% or more than people from less deprived areas.
8. In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years as set out in regulations 4 and 5 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, S.I. 2013/351.
9. Specifically there are legal duties for local authorities to make arrangements:
- For each eligible person aged 40-74 to be offered a NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible.
 - For the risk assessment to include specific tests and measurements.
 - To ensure the person having their NHS Health Check is told their cardiovascular risk score and other results are communicated to them.
 - For specific information and data to be recorded and, where the risk assessment is conducted outside the person's GP practice, for that information to be forwarded to the person's GP.
10. Local authorities are also required to continuously improve the percentage of eligible individuals taking up their offer of an NHS Health Check. Local authorities can decide on the delivery setting for the risk assessment as long as the staff who carry them out are appropriately trained and qualified.
11. The use of a risk engine to calculate the individuals' risk of developing cardiovascular disease in the next ten years is required and everyone who has an NHS Health Check must have their cardiovascular risk score communicated to them. The person having their check should also be told their body mass index (BMI), cholesterol level, blood pressure and AUDIT score.
12. Although local areas can determine where and who delivers the risk assessment, local authorities must consider how the tests and measurements are standardised and quality assured. This is not a legal requirement of the regulations but equally this is essential to providing a high quality and safe service.

13. The NHS Health Check is one of the components of the single data list (ref 254-00) which is a list of all the datasets that local government must submit to central government. As a result, local authorities have a legal duty to provide data relating to the number of NHS Health Checks offered and the number of NHS Health Checks received at the end of each quarter.

Check4Life

14. Check4Life is the County Durham version of the NHS Health Check specification. This specification was introduced to address specific deficits in the way standard Health checks were delivered, to standardise the quality of health checks across all settings and to improve the efficiency in monitoring and reporting on the programme.
15. The key features of the programme are:
 - A standard template for recording information collected during a health check and a consistency in the use of the CVD recommended risk calculator, QRisk2.
 - Data collected on the information and advice given to those who have had a Health Check.
 - A booklet containing the results and a summary of the advice offered, given to the person at the end of the Health Check.
 - The inclusion of the Diabetes UK Risk Score.
 - The inclusion of a relative risk for CVD expressed as a Heart Age with the aim of communicating CVD risk to younger adults.
16. The overall programme is made up of different elements:
17. **GP practices:** There are 72 practices in County Durham. Since April 2014 the Local Authority public health team as commissioner has provided the necessary equipment, software and training for practice staff to enable them to fulfil the County Durham Check4Life specification. At the time of this report, 60 practices are at different stages of adopting the Check4Life specification. The remaining 12 practices have so far not accepted the Check4Life contract.
18. **Community based providers:** Public health commissions a number of providers to deliver health checks in non-clinical settings. The community based part of the programme is aimed at specific target groups who are not accessing health checks in GP practices. The target groups are younger adults and people living in areas with a high prevalence of risk factors for cardiovascular disease. The health checks are carried out opportunistically in a range of settings from community pharmacists, gym inductions in leisure centres and a mobile clinic. The largest number of community based health checks are carried out in the workplace.
19. **Quality assurance:** Public health commissions a quality assurance programme to ensure that all staff carrying out a health check are fully trained, that their skills are maintained and they are carrying out the health checks to the nationally agreed workforce competencies. The equipment provided for carrying out cholesterol tests are regularly calibrated by an external quality assurance service.

20. **Health Options software:** All Check4Life health checks are conducted using Health Options software. This programme ensures a consistent Health Check in every case, wherever the setting. The software is regularly updated to include the most recent version of the QRisk CVD and Diabetes UK risk calculators. The software provides an interactive component allowing for the diabetes and CVD risk assessments to be more clearly communicated. This includes the means of communicating the impact that any change in lifestyle might have on the level of health risk. The software collects data from the health check which is then printed out for the results to be included in a folder given to the client. The folder gives all the results alongside useful information on what the results mean and what the client can do to improve their health.

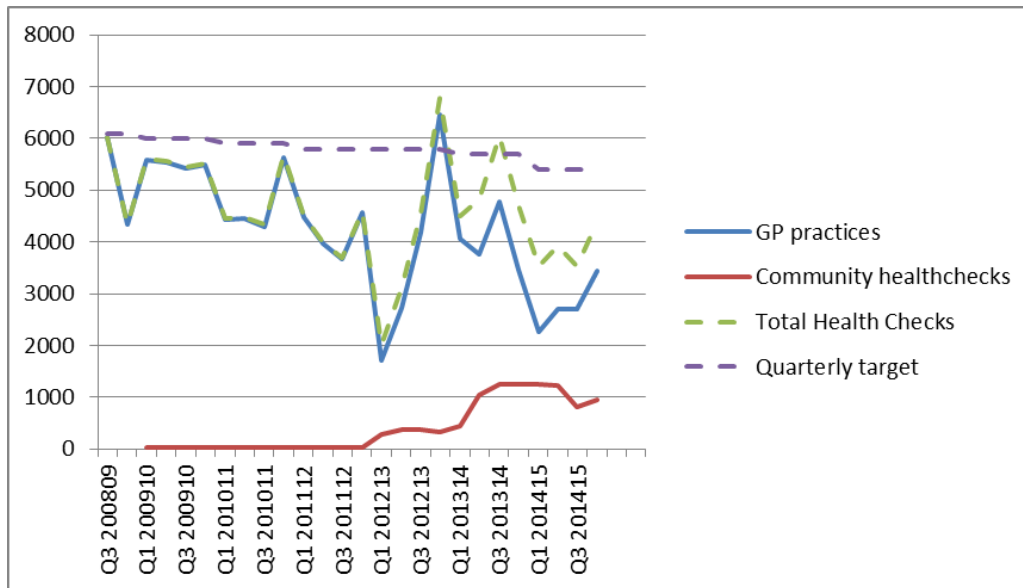
Data management

21. Public health has commissioned an IT management system that links all health checks carried out in the different settings. The system includes a check on the accuracy and consistency of the data, and the means of transferring clinical data from health checks carried out in the community to the GP records via a web based link.
22. The focus for the Check4Life programme since April 2014 has been the improvement of the quality of the health checks carried out, achieving a greater consistency in the health checks across all settings, and expanding the community based programme offering people health checks in a wider range of settings. This expansion has resulted in a marked increase in the number of health checks conducted outside of GP practices.

Current performance

23. In 2014/15 a total of 15,383 health checks were carried out by County Durham providers. Of these 11,123 were carried out in GP practices and 4,260 were conducted by community providers. This represents 28% of all health checks in that year. An analysis of the people having health checks in different settings shows that the community health check providers are seeing a higher proportion of younger adults (under 50 years of age) largely through the workplace programme.

Figure 1: Health Checks by quarter, by setting, October 2008 to March 2015



24. Figure 1 shows the number of health checks carried out in County Durham, by quarter, from when the programme started in October 2008 to March 2015. The figure also shows the quarterly target for County Durham based on the number of people eligible for a health check in April each year. The figure shows that there has been a steady fall in the number of health checks carried out in GP practices over this period. The planned expansion of the community providers has increased the number of health checks carried out in non-clinical settings
25. There were marked differences in the coverage of Health Checks by CCG and by GP locality. The difference in coverage by practice ranged from 20% to over 80%. None of these differences can be explained by clinical factors and can only be accounted for by operational factors at a practice level. This is similar to the findings in the national evaluation in which they observed a strong 'practice effect' in coverage figures.
26. The PHE website that summarises the 5 year cumulative health check data reports that 28,956 people have received a health check. This is based on figures from 2013 only. The actual figure for the total number of health checks carried out in County Durham in the last 5 years 9 (from April 2010 to March 2015) is 87,589 a difference of 58,633.
27. The data for April to June (Q1) 2015 taken from GP records show that GP practice staff carried out 2,185 health checks. The GP records also show that 277 health checks were carried out by community providers and the clinical data accepted on to the practice patient record. This gives a total of 2,462 validated health checks recorded on the practice systems and reported by the North of England Commissioning Support Unit. This under reports the total number of health checks carried out. The Check4Life community providers carried out a total of 871 validated health checks in this period, not all of which have been accepted on to the practice system for a variety of reasons. The patient / client may have already had a Healthcheck in the last five years, may not be a resident (workplace programme) or was not eligible based on the criteria parameters. However, even non eligible patients / clients still receive a print out and are given appropriate advice, contributing to the wider population approach.

Further developments

28. **Diabetes prevention:** The prevention of Type 2 diabetes is a priority for the NHS as set out in the Five Year Forward View launched by NHS England in 2014. In 2014, public health introduced the Diabetes UK Risk Score into the Check4Life programme to identify people at high risk of diabetes. Linked to this development, public health commissioned the Just Beat It! programme which is an intensive lifestyle programme aimed at preventing or delaying the onset of Type 2 diabetes for those at a high risk. Based on these two linked developments, County Durham is one of seven demonstrator sites for the National Diabetes Prevention Programme that will be launched by NHS England in April 2016. Prevention is one of the priorities for the County Durham and Darlington diabetes strategy and is one of the work streams in the transformation in diabetes services.
29. **GP Federations:** The development of GP Federations as a provider of primary care services provides an opportunity to manage the wide variation in performance between practices. The contract will allow for practices to carry out health checks on patients registered with another practice within the Federation.
30. Public health is in discussions with two Federations and a draft contract is under review by the local authority legal team.
31. **Call and Recall system:** The implementation of the Call and Recall system is the final element of the Check4Life programme. This enables the GP practice to routinely identify everyone on their clinical system who is eligible for a health check, to categorise the patients based on their estimated CVD risk, to pre-populate the Health Options software with the most recent clinical data, and to target invitations toward those at the highest risk of developing CVD. The roll out of this programme was hindered during 2014/15 due to delays in the contract system. An essential element of the contract is the data sharing agreements that provides the legal framework for the Call and Recall system.
32. **Social Marketing Campaign:** As nearly all of the developments of the Check4Life programme are now in place, public health and the health checks providers are working on a social marketing campaign to promote health checks. This will coincide with key dates in the diary (Stop Smoking Day, Dry October) and national initiatives (the launch of the National Diabetes Prevention Programme).

Recommendations

33. The Health and Wellbeing Board is recommended to:

- Note the findings from the evaluation of the first five years of the Health Check programme highlighted in this report and detailed in the attached report at Appendix 2.
- Note the statutory responsibilities for the local authority with regard to the NHS Health Check programme.
- Note the developments introduced since 2014 to address the weaknesses identified by the five year review and to ensure that the local authority meets its statutory requirements.
- Note the current performance of the programme and the variance between practices.
- Note the further developments planned to improve the quality of health checks, to increase the coverage of the programme and to reduce the wide variation in coverage between GP practices.

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Appendix 1: Implications

Finance

Funded from the public health grant

Staffing

None as commissioned service

Risk

None identified

Equality and Diversity / Public Sector Equality Duty

Programme is delivered across the county and focused on deprived areas

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

None

Procurement

The current contract expires in 2017 and a full review will be undertaken

Disability Issues

None

Legal Implications

DCC is mandated under legislation to ensure health checks are offered to the eligible population.