

Appendix B – Potential Models for Delivery of NHS Health Checks

	Positives	Negatives
Primary care via GP practices		
<p>Main delivery method currently in Nottinghamshire and most common across the rest of England.</p> <p>Checks provided by clinical team, usually a healthcare assistant, with referral to a GP if required.</p>	<p>Trusted and familiar service in local communities.</p> <p>Comprehensive patient lists to facilitate invitations.</p> <p>No data transfer between providers.</p> <p>Utilising existing, skilled and trained clinical staff.</p> <p>Follow-up within organisation, reducing opportunities to be lost.</p> <p>Able to respond to questions about CVD.</p> <p>Potential for PCN lead practice model.</p>	<p>Limited capacity particularly during Covid recovery, resulting in lower priority for resources.</p> <p>Provision within primary care settings only (not in other community venues).</p> <p>Potential for individual GP practices to opt out of contract (currently 100% sign up in Nottinghamshire).</p>
Pharmacies		
<p>Additional service provided through community pharmacy.</p> <p>Not part of the traditional service provided by pharmacies and requires additional training and equipment.</p> <p>Current outreach service in Nottinghamshire is delivered by a community pharmacy.</p>	<p>Trusted and familiar service in local communities.</p> <p>Pharmacies may have wider reach than GPs, including with vulnerable groups.</p> <p>Extended opening hours including evenings and weekends, so easier for people who work.</p> <p>Longer consultations than GPs.</p>	<p>Would need investment in training and equipment for staff to meet NHS Health Check programme standards.</p> <p>Not all smaller pharmacies have suitable consulting rooms.</p> <p>No access to GP patient lists to send invitations.</p> <p>Would need to transfer data to GP for reporting and follow up.</p> <p>Potential to lose individuals to follow-up between provider and GP.</p> <p>Would need local communications to raise awareness of new provider.</p> <p>Potential conflict in providing core services as would take staff away from normal pharmacy work.</p> <p>Ineligible individuals may attend.</p>
Private providers		
<p>This could potentially include private healthcare providers or leisure services.</p>	<p>Potential to deliver outside of normal working hours.</p> <p>Community-based.</p>	<p>Could potentially be delivered by non-clinical organisations/staff which may</p>

	Positives	Negatives
Would require additional training and equipment for staff involved.	Longer consultations than GPs. Opportunities to utilise existing links with local communities (if already established).	limit the advice and information they can provide to patients. Potentially additional costs to hire community venues. New providers may not have profile with local communities. Potential to lose individuals to follow-up between provider and GP. Ineligible individuals may attend. No access to GP patient lists to send invitations. Would need to transfer data to GP for reporting and follow-up.
In-house or commissioned lifestyle services		
Some local authorities deliver a portion of NHS Health Checks themselves, either through a dedicated integrated lifestyle service or another department.	Potential to deliver outside of normal working hours. Community-based. Understanding of needs of local communities. Longer consultations than GPs. Able to utilise other local authority resources. Able to provide in-depth lifestyle advice to patients. Able to provide services in different formats based on local populations. Potential to be flexible in approach to service delivery during contract period.	No access to GP patient lists to send invitations. Potential to lose individuals to follow-up between provider and GP. Would need investment in training and equipment for staff to meet NHS Health Check programme standards. Would need to transfer data to GP for reporting and follow-up. Ineligible individuals may attend. Could be a conflict in allocating already stretched resources.
Digital delivery		
While this is not a widely offered service model yet, there is more appetite nationally to develop digital provision, particularly after Covid. The government has announced that a new digital offer is to be launched during the spring of 2024.	Potential to deliver outside of normal working hours. Remote delivery.	Requires patients to accurately report their own health measurements, receive postal kits or attend at another setting (e.g. pharmacies). Would need to transfer data to GP for reporting and follow-up.

	Positives	Negatives
		<p>Current programme standards mandate face-to-face consultations.</p> <p>Limited ability to refer/provide tailored lifestyle advice during the check.</p> <p>Risk of increasing health inequalities due to reduced access for some groups, including those experiencing digital exclusion or where English is not their first language.</p>

