

REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

NHS HEALTH CHECK PROGRAMME

Purpose of the Report

1. To provide the Adult Social Care and Public Health Select Committee with a summary of progress on the national mandate for the NHS Health Check programme and its practical delivery in Nottinghamshire.

Information

Introduction

2. Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. Examples of CVD include coronary heart disease, stroke and peripheral arterial disease. CVD is a common cause of disability and death and contributes to the difference in life expectancy between the most and least deprived communities in Nottinghamshire. However, 85% of CVD is preventable (Institute for Health Metrics and Evaluation, 2017) - increasing physical activity, stopping smoking, maintaining a healthy weight and consuming low-risk levels of alcohol all help to reduce the risk of CVD. An adult in mid-life who smokes, drinks heavily, is inactive and eats unhealthily is four times more likely to die in the next ten years than someone who does none of these things (The King's Fund, 2018).

NHS Health Check Programme

3. The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment and management of the major risk factors for CVD. Through the prevention of CVD in the longer-term, the programme is designed to improve economic and social well-being by keeping people healthier for longer, thereby reducing illness-related absence from the workplace and decreasing demand on NHS and social care provision.
4. Eligibility and key elements of the NHS Health Check are summarised in Appendix A. The quality of the NHS Health Check programme is underpinned by delivering to a suite of national standards and guidance developed by the Office for Health Improvement and Disparities (OHID). Annual health checks provided through the NHS for people with severe mental health conditions and people with learning disabilities are not related to the NHS Health Check programme.

5. A person's likelihood of suffering from CVD can be calculated accurately using different risk variables during an NHS Health Check consultation. Risk is defined as the probability of an individual having a CVD event such as a heart attack within a 10-year period (known as the QRisk score). A high risk in the NHS Health Check programme is considered to be a 20% chance or above of this occurring within ten years.
6. To maximise benefit, everyone who has an NHS Health Check is supported to understand what their QRisk score means for them and to consider what changes might help them to reduce their risk of ill-health. Patients requiring lifestyle interventions are referred to appropriate risk reduction services (such as Nottinghamshire's Your Health, Your Way service). If a person has a QRisk score of 20% or above, they exit the NHS Health Check programme and move onto an 'at risk' register at their GP practice. Patients identified as lower risk, but with a QRisk score of 10%-20%, are also referred to their GP for consideration for statins, if appropriate.
7. The government carried out a review of the NHS Health Check programme during 2020 to identify ways in which the programme could be developed. The review concluded that the NHS Health Check programme had largely achieved its aims, reaching two in five eligible people and delivering better outcomes for those who attend. It also recognised that there is potential to widen the scope of the check to include other conditions and use technology to help target individuals.

Overview of Local Delivery

8. Although badged as 'NHS', the Health Check programme is commissioned by upper tier and unitary local authorities. Councils have a statutory duty under *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* to offer an NHS Health Check to eligible residents every five years. There is local discretion as to how to promote the programme, how to invite individuals, where the checks are delivered and by whom, as well as levels of payment and approaches to tackling health inequalities.
9. In Nottinghamshire, NHS Health Checks are primarily commissioned through GP practices. There is also a small outreach service, provided by a local pharmacy, that undertakes checks in county workplaces. Other potential models for delivery are detailed in Appendix B and although these present both opportunities and risks, the Council's policy to date has been to contract with primary care to provide its core service. The vast majority of local authorities in England follow this model, because of the trusted nature of the local GP practice, the broader population coverage, access to clinical systems and streamlined follow-up.
10. GP practices use their clinical systems to identify eligible patients (aged 40 to 74 years, with no relevant pre-existing health conditions) to invite for a check every five years. Locally developed software that is directly linked to patient records (called eHealthscope) also helps practices to target invitations to those eligible people estimated to be most at risk of CVD.
11. Checks are currently conducted over two appointments, usually by a healthcare assistant or practice nurse. At the first appointment, blood and measurements are taken in person and interim lifestyle advice is offered. Once the results are returned, a QRisk score is generated and further tailored guidance given, usually over the phone, with onward specialist referral made where necessary. Practices are paid per check, based on the outcome of the risk score

(£18 for a low-risk patient, with an incentive payment of a further £38 for identifying a high-risk patient with a QRisk score of 20% or over).

Performance

12. Practice performance and quality of delivery is monitored by the County Council's Public Health Team, which supports practices with performance, quality, technical guidance, marketing and training. The team also cascades best practice from regional and national forums to practices via a regular newsletter, as well as ensuring that emerging evidence is assimilated into service specifications and improvement plans. In addition, a local stakeholder group comprising the County Council, Nottingham and Nottinghamshire Integrated Care Board, OHID and the Local Medical Committee also steers local service development.
13. Over a five-year rolling average (2018/19 to 2022/23), 52.9% of eligible people were invited for a check in Nottinghamshire, 55.0% of those invited took up the offer and 29.1% of the eligible population as a whole received a check. This data compares favourably to the East Midlands (53.3%, 51.5% and 27.5% respectively) and England (64.7%, 42.3% and 27.4%), with the exception of the invitation averages, which indicate that a higher proportion of people regionally and nationally were invited for a check than in the county (Appendix C).
14. Pre-pandemic performance in Nottinghamshire was generally good, with around 21,000 to 22,000 checks undertaken per year. On average, over half of those invited for a check took up the offer and the majority of practices were well-engaged with the programme. Of those people who received a check, around 7% per year were found to be high-risk (QRisk score over 20%) and 24% were medium-risk (QRisk score 10%-20%). Diabetes, hypertension or high cholesterol was identified in 3% of those checked in the five years to 2023, 12% were classed as obese and 6% smoked or drank too much alcohol. Similar national comparative data is not currently available.
15. The programme paused almost completely during the pandemic period (2020-21) and has been slowly re-gaining traction over the last two years. However, the significant post-Covid demands upon primary care mean that coverage of NHS Health Checks has become more inconsistent across the county than previously, because a higher number of practices do not currently have capacity to invite patients at scale. Data for 2022/23 indicates that 30,874 invitations were sent, and 15,691 checks were completed during the year.
16. This situation should stabilise over time, but in the meantime a health equity audit (HEA) has been undertaken to analyse the key issues. Findings indicate that variation in invitations and uptake is not only geographical, but also relates to age, gender and deprivation (Appendix D). An action plan will be developed with partners to address the HEA's recommendations, in order to increase uptake where inequalities have been identified.

Next Steps

17. Given the current issues with access, work is underway to scope options to support and augment the core GP offer. The long-standing local pharmacy outreach service delivers checks in workplaces and lends a hybrid element to the Council's programme, but it is only a small offer that completes up to 240 checks a year. However, this outreach model could be extended to more settings beyond workplaces, including those for vulnerable people, in line

with the Nottingham and Nottinghamshire Core20PLUS5 accelerator pilot, which aims to increase hypertension case-finding across the Integrated Care System.

18. There is also scope for potential work with primary care networks (PCNs) to develop a lead practice model, where practices with capacity support those without, or a sub-contracting arrangement where an independent provider (such as a local pharmacy or lifestyle service) could conduct checks on behalf of willing practices.
19. In the 2023 Spring Budget, the government confirmed its intention to digitalise the current NHS Health Check programme following a pilot and announced in July 2023 that a new digital offer is to be launched during the spring of 2024. This will involve a check using an online questionnaire, a kit to take a blood sample at home and a blood pressure check in a pharmacy or GP waiting room. The broader impact on health inequalities and the results of the HEA will need to be considered when implementing this in Nottinghamshire.

Financial Implications

20. The local NHS Health Check programme is funded through the public health grant. The core GP and outreach services described within this report, as well as any potential service improvement or development options, are accommodated within the annual financial envelope. As such, there are no financial implications arising from this report.

RECOMMENDATIONS

- 1) That the Adult Social Care and Public Health Select Committee considers and comments on the activities being carried out to deliver the national mandate for the NHS Health Check programme and its practical application in Nottinghamshire.

Councillor Matt Barney

Cabinet Member for Adult Social Care and Public Health

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Constitutional Comments (GMG 07/07/23)

21. This report falls within the remit of the Adult Social Care and Public Health Select Committee to consider (see p.90 of the Council's Constitution).

Financial Comments (DG 10/07/23)

22. There are no financial implications arising from this report.

Background Papers and Published Documents

23. Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Global Burden of Disease Study - Institute for Health Metrics and Evaluation, 2017
- The King's Fund - Tackling multiple unhealthy risk factors: emerging lessons from practice, 2018
- Government review of NHS Health Checks, 2021
<https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations>

Nottinghamshire County Council

- NHS Health Check Service Specification (2023-24) - GP delivery
- NHS Health Check Service Specification (2023-24) - pharmacy delivery
- NHS Health Equity Audit (2023)
- NHS Health Check Performance and Quality Framework (2019)

Office for Health Improvement and Disparities

- NHS Health Check best practice guidance
- NHS Health Check programme standards
- NHS Health Check competency framework
- NHS Health Check programme review

All available at: <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Electoral Divisions and Members Affected

- All