



Department  
of Health &  
Social Care

# Webinar: EOI Process for private Beta piloting of the digital NHS Health Check FAQs

This document provides responses to questions received at a webinar hosted by the Department of Health and Social Care (DHSC) on Tuesday, 5 March 2024 for local authorities interested in participating in the next phase - the private Beta phase - of the digital NHS Health Check.

## Funding

### **Approximately how much should local authorities be paying their GP providers for the private Beta pilot of the digital NHS Health Check, including GP follow up?**

It will be up to local authorities to agree a suitable remuneration for GP provider involvement in the private Beta testing phase of the digital NHS Health Check.

During the private Beta phase, GP providers will be required to identify and invite the eligible population, follow up any high-risk results after a digital NHS Health Check and will be expected to participate in evaluation exercises such as surveys. As such, DHSC encourage local authorities to consider and discuss with their providers what is a fair and reasonable remuneration for their involvement and participation in the private Beta phase.

DHSC will fund the initial build and digital product infrastructure using funding secured from the 2021 Spending Review and 2023 Spring Budget. For the private Beta phase DHSC will also cover the costs of blood sampling and are currently considering options for procurement of blood sampling products for this element of the digital NHS Health Check. If a procurement is not feasible in the timescales available, DHSC may need to work with local authorities to use locally commissioned services for point-of-care blood sampling. If local blood testing services are used for the testing of the digital NHS Health Check, DHSC will be responsible for, and reimburse the local authority or provider for any costs

properly and reasonably incurred in relation to procuring the relevant blood sampling products for the private Beta phase.

Beyond the private Beta phase, we anticipate that the digital NHS Health Check may cost less to deliver than a face to face check as GP provider activity will be limited to sending invites, reviewing results online (noting that we envision providers will be able to opt in to having these result automatically written into the electronic patient record to reduce administrative burden) and making a decision on any follow up action required.

**If local authorities choose to pay GP providers the same amount of funding as in-person checks during the pilots, does this set an unrealistic expectation about payment beyond the pilot phase?**

It will be up to local authorities to agree suitable remuneration for GP provider involvement in the private Beta phase of the digital NHS Health Check development. It may be simpler, or necessary depending on existing commissioning arrangements, to continue with existing levels of payment for delivery of either a digital or a face to face check in the private Beta phase. This acknowledges the additional volume of work associated with being involved in this pilot phase. Local authorities involved in the private Beta phase should be clear with GP providers that this is a private Beta pilot phase and it is likely that the product will undergo further development before being rolled out nationally.

Take up of the digital NHS Health Check compared to the face to face check, and impact of the check on GP provider workload and costs, will form part of the evaluation in the private Beta phase. The outcomes of this private Beta phase will help to shape the approach to national rollout of the digital NHS Health Check and DHSC intends to be able to provide advice and guidance to local authorities to inform future commissioning of the NHS Health Check programme.

**The EOI mentions the potential for the digital NHS Health Check to offer efficiencies for local commissioners. Can you explain what these are?**

As well as providing greater choice and flexibility for individuals participating in an NHS Health Check, we anticipate that the digital NHS Health Check may offer efficiencies compared with the in-person model that we hope can be passed onto LA commissioners. We anticipate these efficiencies will come from:

- Where an individual chooses to participate in the digital NHS Health Check, providers will no longer need to deliver the assessment. Currently a face to face check takes on average 20-30-minutes to cover all elements of the NHS Health Check; for the digital check, this will not be required.

- As a result of the reduced provider time required to deliver the physical elements of the digital NHS Health Check, the total cost of a digital NHS Health Check per person is likely to be cheaper than the face to face programme. Therefore, an increase in the number of checks could be delivered at the same overall cost or less depending on the mix of digital and face of face NHS Health Checks.

The impact of the digital NHS Health Check, including the potential efficiencies outlined above will all be further evaluated in the upcoming private Beta phase.

## Scale

### **How many digital health checks will we be expected to deliver as part of the private Beta phase?**

In total our minimum ambition is to deliver just over 1,200 completed digital NHS Health Checks in the private Beta phase across all selected local authority partners. That means, just over 1,200 participants complete all elements of their digital NHS Health Check; the demographic/behavioural questionnaire, blood pressure recording and blood sampling for cholesterol and, if required, HbA1c. This will help to ensure a robust evaluation.

We will work with each of the local authorities selected to come up with an appropriate breakdown of this ambition, based on how many local authorities we select and the eligible population size of the identified GP providers. The number of eligible people invited to the digital NHS Health Check will need to be higher to account for non-response and drop off rates.

### **Would we be able to pilot with one or two GP practices or a Primary Care Network area or would you want to pilot with the whole area?**

The expectation is the selected local authorities would identify one or more GP providers to test the digital NHS Health check in their area. This would not need to be a whole PCN area or whole local authority area.

The GP providers would need to cover enough of their eligible population to deliver our minimum ambition of completed digital NHS Health Checks (just over 1,200 across all local authorities selected for the private Beta phase).

Note, the number of eligible people invited to the digital NHS Health Check will need to be higher to account for non-response and drop off rates. DHSC will work closely across our local authority partners to determine a suitable number of invitations within the selected

practices to achieve the ambition of completing at a minimum 1,200 digital NHS Health Checks in the private Beta phase.

## **Will we be able to use our existing invitation process?**

Local areas will be able to use their existing invitation process and we will work together to streamline how digital invites operate alongside face to face invites.

## **Biometrics**

### **Can local authorities propose their own solution to the bloods and blood pressure check in the community as part of the EOI? Will this be reimbursed?**

DHSC is currently considering options for procurement of home and/or community-based blood sampling/testing products for the blood testing element of the digital NHS Health Check. If a procurement is not feasible in the timescales available, DHSC may need to work with the local authority to use locally commissioned services for point-of-care blood sampling.

DHSC will work with the local authorities selected to ensure the solution is acceptable in their local areas/practices, whilst ensuring it can integrate with the digital NHS Health Check.

DHSC will be responsible for, and shall reimburse the local authority or provider for any costs properly and reasonably incurred by the local authority in relation to procuring the relevant blood sampling products for the digital NHS Health Check.

### **We currently don't measure blood glucose as standard, is this now expected?**

The digital NHS Health Check will provide the same elements as the existing face to face NHS Health Check and is being developed in line with the [current best practice guidance](#). Through use of a validated diabetes risk filter, only those who are assessed as being at risk of type 2 diabetes will be offered blood glucose testing (HbA1c) as part of the digital NHS Health Check.

## Data

### **Would the digital check contribute to local authorities quarterly reporting on PHOF?**

The intention is that all completed digital NHS Health Checks will contribute to local authority quarterly data submissions to DHSC on the numbers of invitations sent and NHS Health Checks delivered.

## Applications

### **Will the digital NHS Health Check be available to SystemOne practices for the private Beta?**

No, not in this private Beta phase. Only local authorities who can identify EMIS practices will be eligible to apply for the private Beta phase. We chose to initially integrate the digital check with EMIS as it covers the largest proportion of GP practices.

NHS England (NHSE) is developing a strategic solution for GP IT Integration and once this is complete, the digital NHS Health Check will integrate with all GP IT systems. At this stage we are unable to give a timeframe on this, however it is a high priority to enable the digital NHS Health Check to be scaled nationally.

### **When responding to the EOI selection questions (Appendix B: EOI Form, questions B.1, B.2, B.3 and B.4) are bullet point answers suitable?**

Yes, local authorities can submit their responses to questions B.1 - B.4 in bullet point form.

### **local authority is not able to provide a detailed response relating to the diversity of the NHS Health Check eligible population (Appendix B EOI Form, question B.2). How should we answer this question instead?**

DHSC recognise that there may be instances where you are not able to provide detailed information about your local eligible population. In this event, please provide an outline of the general population (or aged 40-74) in your area by age, sex, deprivation decile, ethnicity, and preventable risk factor prevalence. Where eligible population data is available, even if not complete, please provide this too.

**Can we provide data in the form of tables and would this be included in the wordcount?**

Yes - we agree tables are clear way summarising large volumes of data.

We would not consider tables as part of the word count.