

NHS Health Check: webinar instructions

The webinar will start promptly at **14h30**

Please follow these simple steps to get the best experience for you and others attending this webinar:

- To hear audio dial: **0800 279 5729** Guest code **312 163 4382** (your telephone line will automatically be muted, please press ***6** if you need to unmute)
- The phone line will be locked two minutes after the start time
- Instructions on how to ask a question will be displayed at the end of this presentation
- This webinar presentation will be **recorded** and **uploaded** on to our website



Questions

You can raise a question by:

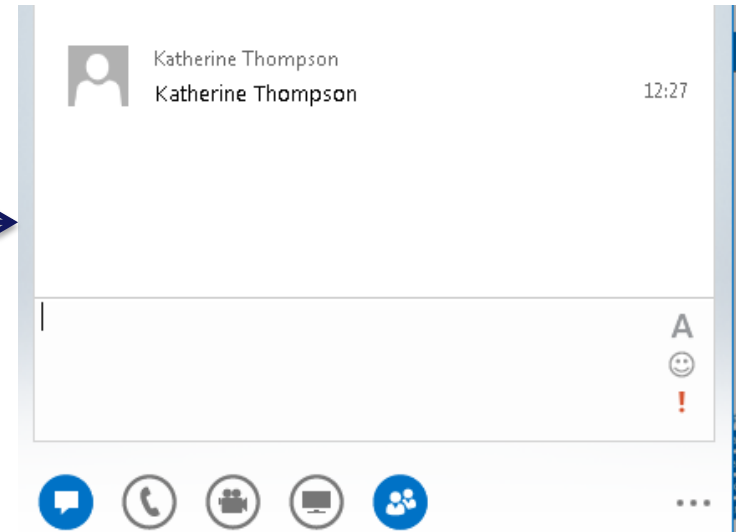
1. clicking on the speech bubble icon



2. typing your question into the text box and pressing enter, it will look like this →

3. the chair will ask the question on your behalf

4. you can also raise a question when the chair invites questions from colleagues on the phone. You will need to **unmute** your phone by pressing *6





Public Health
England

Using data to make the case for the NHS Health Check

Mike Bridges (Oldham Council)

Catherine Lagord (PHE)

Chair: Sharon Ashton (Somerset Council)

Wednesday 17th February 2016



Why do I need data?

To identify
priorities and
opportunities

To evaluate what
is already in place
to address my
priorities

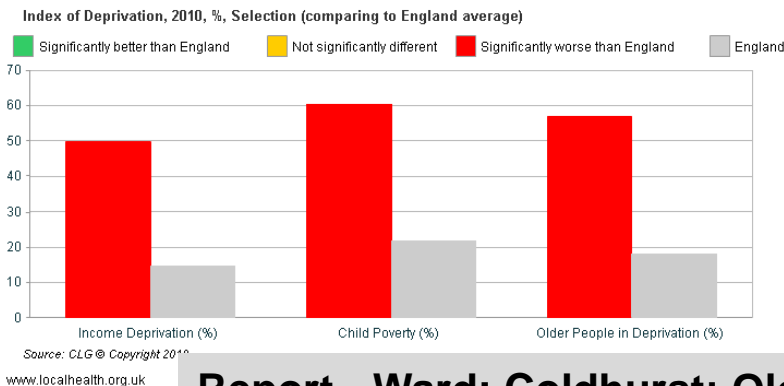
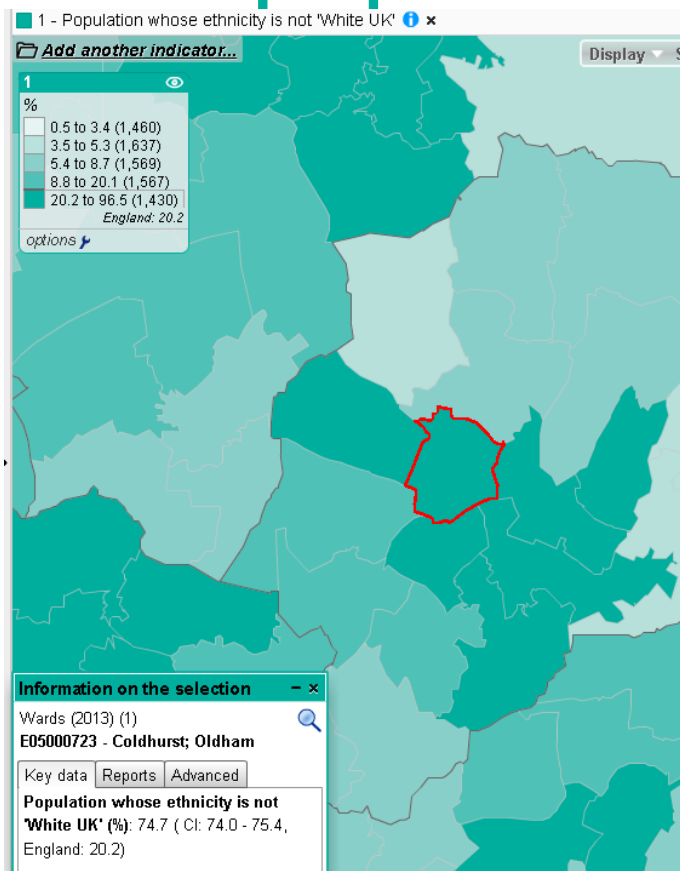
To better align &
strengthen the
programme to
local CVD &
diabetes
prevention
programmes

To understand
the health of
my local
population

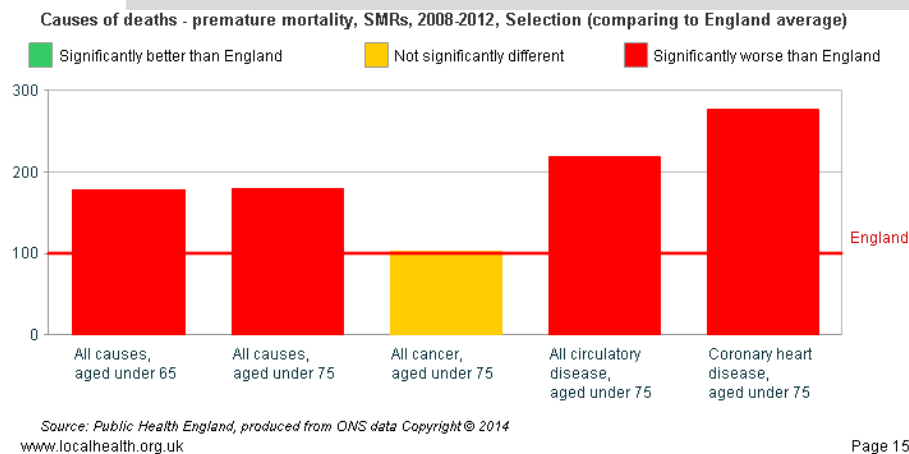
To improve quality
& reach of the
NHS HC
programme



Local population: Oldham

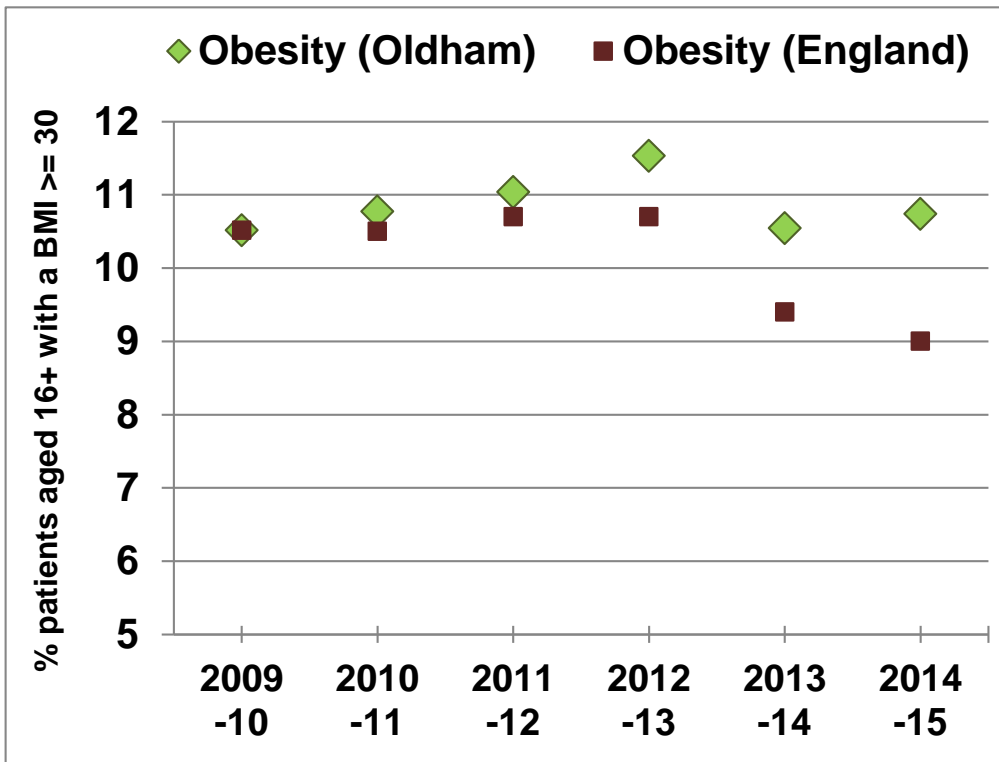


Report - Ward: Coldhurst; Oldham





Priorities and opportunities: lifestyle risk factors



Oldham

59,138
People eligible for an NHS Health Check

69.6%
of adults are overweight or obese 2012. Ranked 135th out of 152 Counties & Unitary Authorities.

Lifestyle risk factors for hypertension

25% with
lowest risk
scores



25% with
highest risk
scores

The lifestyle risk factors for hypertension; obesity, lack of exercise and excess alcohol drinking have been combined and weighted to produce an overall lifestyle hypertension ranking for each CCG. NHS Oldham CCG ranks 190 out of 209 CCGs for the combined lifestyle risk factors for hypertension.

Data source: <http://healthierlives.phe.org.uk/topic/nhs-health-check>;

<http://www.yhpho.org.uk/hypertensionla/default.aspx>



Priorities and opportunities: benchmark

- Over **25,000** estimated to have undiagnosed hypertension

Prevention

5 out of 5 prevention indicators are worse than the benchmark.

3 indicators are in the worst quintile.

Percentage of adults classified as overweight or obese is in the worst the CCG were to achieve the benchmark then there would be 10,957 fewer ~~overweight or obese adults.~~

Smoking prevalence is in the worst quintile. If the CCG were to achieve the benchmark then there would be 4,132 fewer adults who smoke.

Estimated prevalence of adult healthy eating is in the worst quintile. If the CCG were to achieve the benchmark then there would be 3,114 more adults eating healthily.

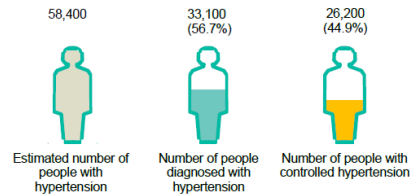
Prevalence

3 out of 3 of the observed to expected prevalence ratios are worse than the benchmark.

The prevalence in 4 disease groups out of 7 are higher than the benchmark.

Hypertension Profile

Diagnosis and control of hypertension in NHS
Oldham CCG*

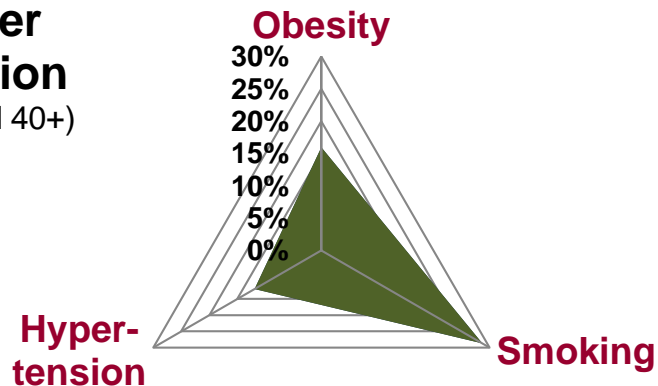




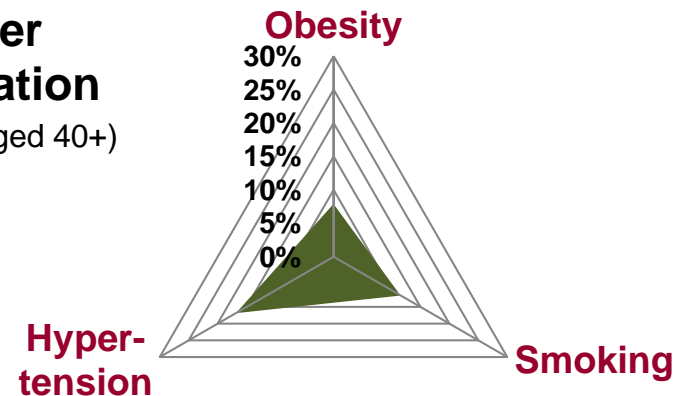
Priorities and opportunities: variation

Identify GP practices with high number of patients at risk of CVD

GP A
**Younger
population**
(4 in 10 aged 40+)



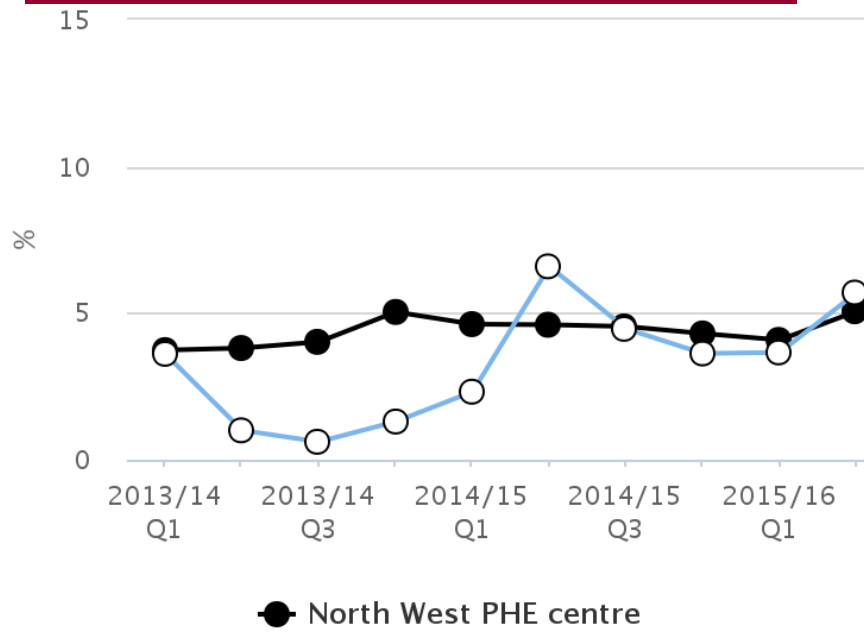
GP B
**Older
population**
(6 in 10 aged 40+)



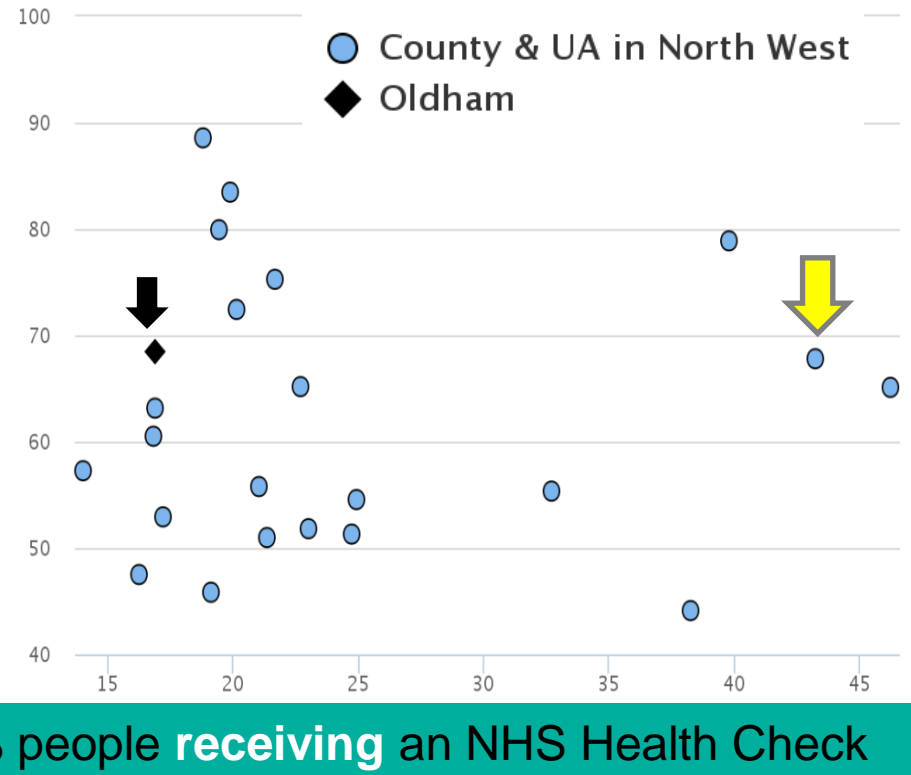


Evaluate local activity: NHS Health Check

% of eligible persons offered an NHS Health



CVD related death per 100,000

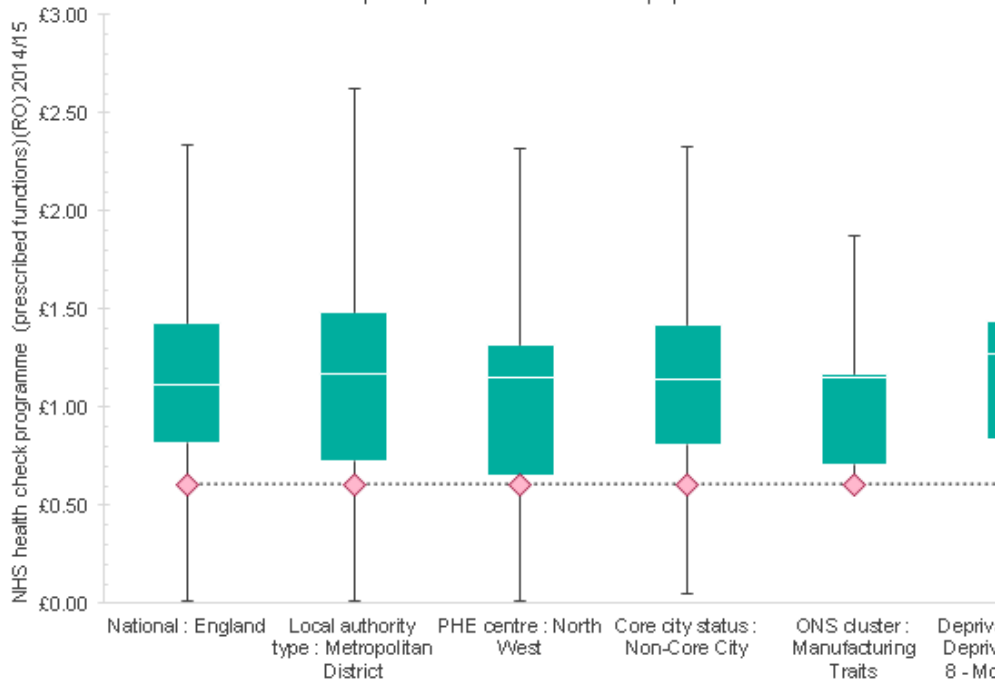


Data source: <http://fingertips.phe.org.uk/profile/nhs-health-check-detailed>



Evaluate investment: NHS Health Check

Spend per head of resident population



NHS Health Check programme	2013 - 14	2014 - 15
Number of offers	4,106	10,768
Number received	2,780	4,892
Oldham spending	£187,000	£138,000

Chosen Programme:

Chosen Spend:

Data source: <http://www.yhpho.org.uk/LASPOT/>



Starting point

- On transfer of public health responsibilities to local authorities, Oldham was the worst performer for NHS Health Check in Greater Manchester and 11th worst nationally.
- No Programme Officer – time intensive for small budget 138K
- Procurement challenges / effective contract monitoring across GP practices and Health trainer service
- Low GP engagement
- Practices not submitting data and unable to validate payments to practices



Improvement action plan

A three year improvement plan (2014/15 to 2017/18) refreshed annually (Jan-March).

- Primary Care (GP Practices)
- Clinical Governance
- Training
- Social Marketing
- Point of Care Testing (POCT)
- Procurement / Commissioning
- **Data Collection and Validation**: re-commissioned Merck Sharp & Dohme (MSD) Health Care Services: validation of payments, complete statutory returns to Public Health England, monitor performance and quality improvement



Improved data collection and validation

- New data **collection template** (MSD and GM CSU) including alternative provider (e.g. pharmacists, community) and referrals to lifestyle intervention services
- **Installed** MSD software onto all GP clinical systems
- Ability to track **patients** identified with CVD risk score 10% - 19% and <20% treatment e.g. disease register, statin, lifestyle advice, referral to intervention. Treatment
- **Training** provided to GP practices (data submission, case findings, identify patients at risk)
- ➔ Measures have already led to **improved data completeness** and **reduced number of invalid payments** to GP practice
- ➔ ... as well as to **improved GP engagement**



Monitor improvement: Practice Comparator

- centralised web based application with reporting dashboards
- allows the Council to view aggregated data from participating GP Practices.
- high level data broken down to include:
 - **Population:** age, gender and ethnicity
 - **Disease Registers:** diabetes, CKD, hypertension, CHD and AF
 - **CVD Risk Score:** recorded, treatment
 - **Diabetes:** recorded, hba1c, diagnosed, treatment
 - **Lifestyle:** Alcohol and smoking – recorded, advice and referral to services
 - Ability to identify **underrepresented** groups (men, faith communities, deprived communities using the practice comparator and LSOA)



Somerset NHS Health Checks

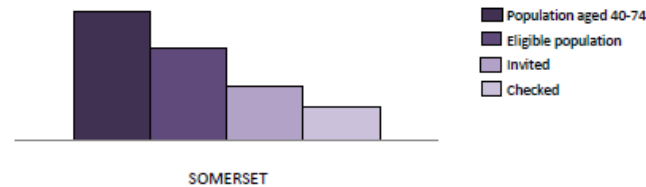
2014/15

SOMERSET

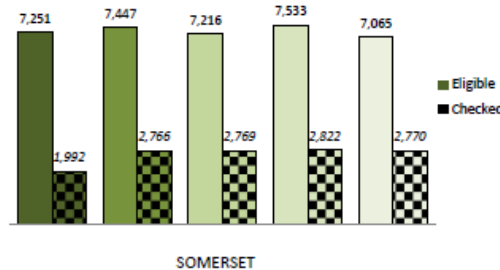
The population/activity chart below provides a visual representation of NHS Health Check activity since April 2014 compared to the annual eligible population. This is for Somerset as a whole.

The data within this report includes 296 health checks that were excluded from payment to practices.¹

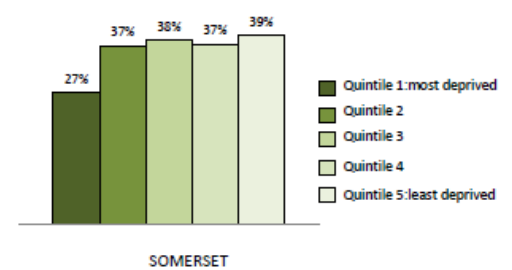
Next step



Numbers eligible and checked by deprivation



Checks as % of eligible by deprivation



Indicator	Somerset Number	Somerset Value	Somerset Lowest	Somerset 25th %ile	Somerset Median	Somerset practice range	Somerset 75th %ile	Somerset Highest
1: % eligible for check	38,512	71%	60%	69%	71%		73%	79%
2: % of eligible invited for check	21,542	59%	0%	20%	58%		88%	100%
3: Checks as % of eligible	13,119	36%	0%	16%	34%		51%	100%
4: Checks as % of invited	13,119	61%	22%	55%	68%		90%	100%
5: Current Smoker	1,523	12%	0%	7%	10%		14%	50%
6: Audit C >5	1,508	11%	0%	5%	12%		18%	38%
7: Chest/Calf Pain indicated	315	2%	0%	0%	1%		3%	33%
8: AF screening	268	2%	0%	0%	1%		3%	17%
9: BP ≥140/90	3,149	24%	0%	18%	24%		29%	50%
10: GPPAQ=Active	4,812	37%	0%	25%	33%		44%	86%
11: GPPAQ = Moderately Active/Inactive	5,487	42%	0%	33%	40%		47%	100%
12: GPPAQ=Inactive	2,383	18%	0%	6%	20%		27%	50%
13: BMI ≥30	2,888	20%	0%	17%	20%		24%	67%
14: BMI ≥30 and GPPAQ reported as Active	690	5%	0%	3%	5%		7%	30%
15: Non-fasting Chol/HDL Ratio ≥6	1,232	9%	0%	6%	9%		11%	24%
	3,482	27%	0%	20%	27%		32%	67%

Data source: Somerset Council



How are we using the data

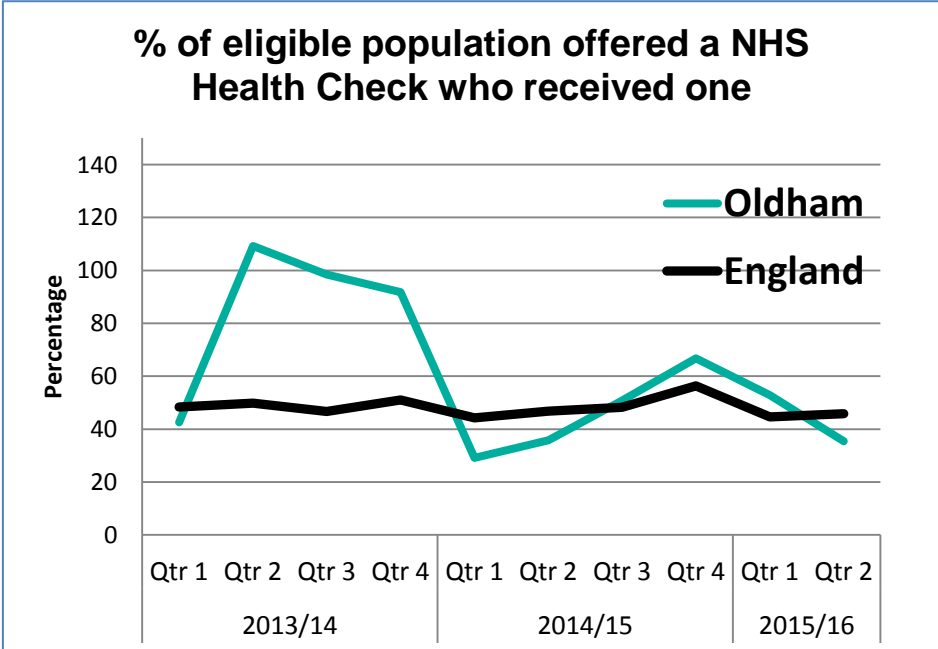
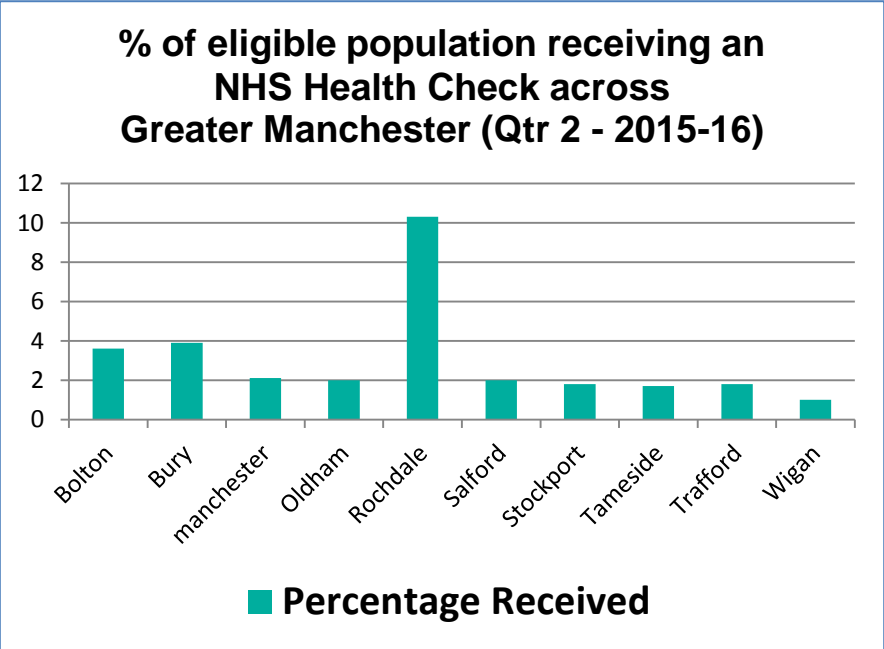
- To **engage councillors** – through Public Value For Money (PVFM), Health Scrutiny Committee
- For **contract monitoring** –ability to focus on poor performing practices and look at variance across the CCG including numbers missing from disease registers
- To **feedback** to GPs, GP Clusters and CCG through quarterly reporting and annual report
- To inform the provision of current commissioned **lifestyle services** and inform discussion on **gaps** in provision

Strategic goal: Achieve the annual target of offering health checks to 20% of the eligible population

Performance summary: NHS health checks

	Previous year end 2014/15	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total to date
(%) Offered	17%	3.7%	5.7%	5.0%		14.4%
(%) Uptake of offers	45.5%	52.8%	35.4%	47%		

Actions taken: Health Checks **Improvement plan** in place and being implemented (quarterly)





Recommendations

- Ensure **eligible persons** can be identified from GP clinical systems
- Ensure **clinical templates** are of good quality
- **Audit** the data collected
- **USE** data collected to **inform** future provision



Where to find the data I need?

My local population

<http://www.localhealth.org.uk/>
<http://healthierlives.phe.org.uk/topic/mortality>
<http://healthierlives.phe.org.uk/topic/nhs-health-check>
<http://fingertips.phe.org.uk/profile/general-practice>

Priorities and opportunities

<https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>
<http://www.yhpho.org.uk/ncvina/>
<http://www.rightcare.nhs.uk/index.php/atlas/atlas-of-variation-2015-opportunity-locator-tool/>

Local delivery of NHS Health Check Programme

http://www.healthcheck.nhs.uk/interactive_map/
<http://fingertips.phe.org.uk/profile/nhs-health-check-detailed>
<http://www.yhpho.org.uk/LASPO/>
http://www.healthcheck.nhs.uk/commissioners_and_providers/national_resources_and_training_development_tools/ready_reckoner_tools/

Monitor improvement

Local reporting tools, data collection: built-in within contracts



Public Health
England

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Thank you

Thank you for attending this webinar.
A feedback survey will be distributed shortly.

