



## **Delivery of the NHS Health Check by health trainers can improve conversion into uptake of lifestyle service**

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# Context

- Halton is in the North West
- Population of 125 000 people
- Circa 34 – 38 K HC eligible
- Delivery predominantly via primary care with community support from HIT
- Council based health improvement team
- Health trainers in community and primary care
- Point of care blood tests used

# Performance Data

	Number Eligible	Number Invited	% Invited	Number Received	% Take up
2013-2014	37967	5217	14%	2179	5.7%
2014-2015	38314	7687	20%	3045	7.9%
2015-2016	34414	6922	20%	3224	9.4%

5 year cumulative (up to Quarter 1: June 2016)

<b>Total eligible population 2013-2016</b>	<b>37919</b>
Number of people who were offered a health check	21,650
Number of people who received a health check	9,136
% of people who received a health checks of those offered	42%

# Using the Ready Reckoner

## NHS Health Check Ready Reckoner for NHS Halton based on an uptake rate of 40%

54,734 people aged 40 to 74 years based on the ONS mid-year population estimates for 2012.

37,883 people aged 40 to 74 years without either diagnosed CHD, diagnosed CKD or diagnosed diabetes based on national model estimates.

7,577 people invited for a Health Check of which 3031 will attend.

687 people are obese based on national estimates	584 people take up weight loss programme, 274 due to NHS Health Check		187 additional people complete weight loss programme due to NHS Health Check	
298 people require statins	298 people prescribed statins, 149 due to NHS Health Check		104 additional people compliant with statins due to NHS Health Check	
1,309 people at high risk of diabetes	127 people with high glucose result	70 diagnosed with IGR, 63 due to NHS Health Check	53 take up of IGR lifestyle intervention due to NHS Health Check	48 additional people compliant with IGR lifestyle intervention due to NHS Health Check
		43 diagnosed with diabetes, 26 due to NHS Health Check		
847 people have a single high blood pressure measurement	398 people prescribed anti-hypertensive drugs, 96 due to NHS Health Check		79 additional people compliant with anti-hypertensive drugs due to NHS Health Check	
	120 people diagnosed with Chronic Kidney Disease, 65 due to NHS Health Check			
1,966 people are inactive	1,514 people take up brief exercise intervention, 954 due to NHS Health Check		48 additional people increase physical activity due to NHS Health Check	
716 people smoke based on national estimates	136 people referred to smoking cessation services, 69 due to NHS Health Check		3 additional people quit smoking due to NHS Health Check	

Total cost of providing NHS Health Checks for one year based on national estimates - £88,211

Workforce requirements to undertake NHS Health Checks in this year - 909 hours of time to invite people to Health Checks and arrange appointments, 1,093 hours of contact time for the Health Checks and 758 hours of contact time for feedback of results.

Total lifetime gains for the cohort of people invited for an NHS Health Check this year 357 QALYs at a cost of £1,921 per QALY



# Expected outcomes: Health Conditions

	Taken from RR	Actual Outcomes	
		14/15	15/16
<b>Diabetes</b>	26	6	2
<b>Impaired glucose</b>	63	62	154
<b>Hypertension</b>	96	Incomplete data	77
<b>Chronic kidney disease</b>	65	2	0
<b>CVD Risk &gt; 20%</b>	(??) 298 require statins ( I'm using this as a proxy for high CVD score)	86	116
<b>CVD Risk &gt; 10%</b>		Not collected	226

## Exercise and BMI

<b>Ready Reckoner</b>	<b>expected</b>		<b>expected</b>
<b>Obese</b>	687	Take up weight loss programme	274
<b>Are inactive</b>	1966	Take up exercise brief intervention	954

<b>Actual</b>	<b>14/15</b>	<b>15/16</b>
<b>BMI&gt;25</b>	2707	2565
<b>Taken up weight loss brief intervention</b>	1902	1735
<b>Taken up exercise brief advice/referral</b>	1169	1296

# Smoking and Alcohol

Ready Reckoner suggests 719 Smokers of which 69 referred to smoking cessation

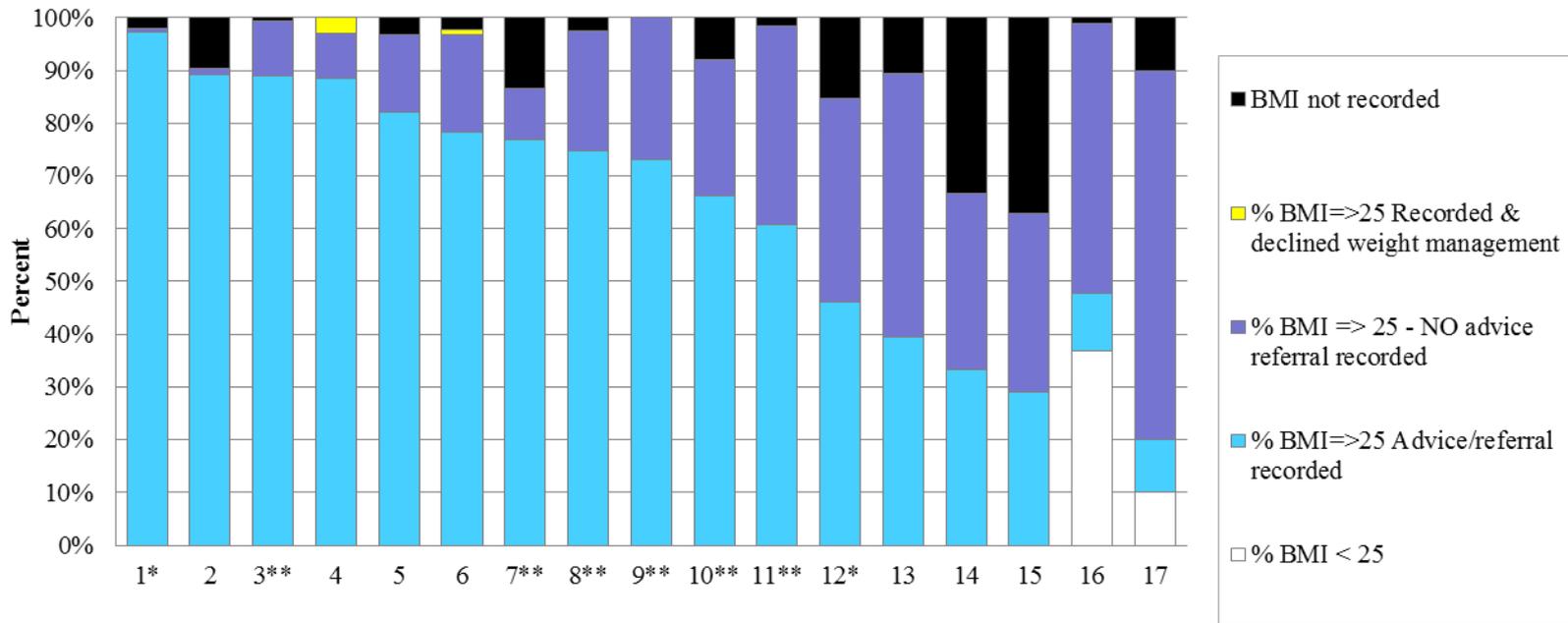
<b>Actual</b>	<b>14/15</b>	<b>15/16</b>
<b>Smoker</b>	579	490
<b>Referred to smoking cessation</b>	129	74
<b>Alcohol threshold exceeded</b>	1052	1188
<b>Advice</b>	865	618
<b>Further intervention</b>	96	101

# Outcomes

- ❑ 89% of patients whose BMI status was recorded were classed as overweight or obese both years. Of these 70% were either referred for a weight management intervention or given brief advice in 14/15 and 67% in 15/16.
- ❑ Both years a fifth of patients were identified as being a smoker and of that number 22% were referred to smoking cessation services in 14/15 and 15% the year following.
- ❑ Non recording of smoking or BMI status was more common in practices with no health trainer; similarly onward referral into other lifestyle programmes was lower from practices with no health trainer.

# Impact of having Health Trainer in Practice

BMI status and referral/advice status of all completed Health Checks by practice, 2014/15  
Source: sthk health informatics



\*Practice with a health trainer for a short period of time

\*\* Practice with health trainer currently

# Outcomes Continued

- ❑ Across two years 42% of patients received lifestyle input on alcohol. Of these 11% were referred for an alcohol intervention with the remaining given behavioural advice.
- ❑ 18% of those seen as part of a health check were directly referred into smoking cessation
- ❑ 216 individuals were enrolled in a health trainer delivered educational programme to support them with impaired glucose monitoring as a direct result of a health check
- ❑ Of note lower identification of CVD conditions compared to ready reckoner
- ❑ health trainer allows instantaneous onward referring ie its seamless

# How to do it yourself

- Health Trainers
- Template for data input
- Governance
- Training e.g on diagnostic tests using POCT and use of GPPAQ, QRISK2 etc
- Access to primary care systems
- Ability to check performance-data transfer
- A degree of freedom

# Summary

- ❑ Health trainers in primary care have resulted in a measurable increase in the number of people who are accessing lifestyles services as a result of a health check. The standard of training received also provides assurance that the advice provided is of the quality and type expected.
- ❑ Having a small number of general practices to work with makes it an easier process to undertake.
- ❑ Restrictions on access to patient identifiable information limits our ability to long term track individuals and better understands long term impacts of our approach.
- ❑ For further information please do contact me:  
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