

LIVING LONGER LIVES

JULY 2015

CASE STUDY

Bringing the NHS Health Check Programme to Plymouth's workplaces

The ambition

To improve uptake of the NHS Health Check among routine and manual workers in Plymouth.

The background

Plymouth is an industrial town based in the south-west of England. It was a naval ship building and dockyard town but moved to a service-based economy in the 1990s, however, it is still strongly influenced by its ship building past.

In 2013 Plymouth's population was estimated at 259,175¹. The population is predicted to grow to 267,000 by 2023 and to continue to rise to 277,000 by 2033².

Plymouth is ranked 72 out of 326 local authorities on the index of multiple deprivations (IMD). Average life expectancy in Plymouth stands 80.2 years compares to the English average life expectancy at birth of 81.1 years³. The life expectancy gap between the most and least deprived communities is 12.19 years.

It was evident that routine and manual workers poorly engage with the NHS Health Check Programme (NHCP).

Engaging such a sizeable group provided Plymouth City Council (PCC) the opportunity to significantly impact on the local commitment to achieve a 66% uptake of the NHCP, and to contribute to the objective of reducing health inequality.



How did Plymouth identify the issues affecting promotion and delivery of the NHCP?

The NHCP was being delivered through GP practices. The low uptake of the NHCP was identified through the PCC's analysis of quarterly data returns.

A number of key factors were responsible for the low uptake:

- Among the 39 GP providers there was varying levels of engagement coupled with a lack of capacity to deliver the service.
- The NHCP at GP practices were limited to only those individuals who engaged with their GP.
- The NHCP were predominantly available during weekdays between 9am-5pm, with limited access outside of these hours.

These were issues that disproportionately impacted on routine manual workers in terms of engagement and access to the NHCP.

¹Office of National Statistics (ONS) mid-year population estimate.

²ONS 2012-based Subnational Population Projections.

³Based on ONS data 2010 – 2012.

How did Plymouth address these issues?

PCC in partnership with Plymouth Community Health (PCH), set aside a budget for the development of additional NHCP provision. They commissioned an outreach service to target routine and manual workers to engage people who did not normally go their GP. PCC then piloted the delivery of the NHCP within the appropriate local workplaces to improve the uptake of the NHS Health Check.

The approach

The PCC initially piloted this approach within their Environmental Services Department. Stakeholders included Plymouth Community Healthcare (PCH), local GPs, Plymouth Hospital Trust and the PCC Environmental Services department. An initial £2000 was put aside to support the development stage.

The pilot enabled a low risk strategy to trialling the NHCP workplace approach. It was initiated and managed by the PCH Livewell team, a health improvement team commissioned by the PCC to help improve the local health inequality needs. The NHS Health Checks were contracted as an additional commissioning requirement. The key to the success of delivering the NHCP was the demand for workplace checks and the logistical arrangement with access requirements of employees

Pilot implementation

Initially, planning meetings were held between the provider, Livewell, and the employer to establish the demand for the checks and engagement with employees. Considerable focus was given to maintaining close communications between the provider and the Environmental Services Department.

The opportunity to undertake the NHS Health Check was promoted through their human resources (HR) Department. All eligible employees in the Environmental Services Department were informed about the offer of a free health check and the HR team supported the booking process to take up the offer.

The purpose, scope and convenient logistical arrangements of the NHCP were discussed with key staff in the Environmental Services Department. They then cascaded information and helped with recruitment of staff in the department.

Delivering the NHS Health Check in this way allowed individuals to access the service during the working day. The employers allowing the checks to be offered during working hours further endorsed the credibility of the service.

The NHCP work aligned with the previously established PCH Livewell service (provides health advice and support for a healthier life). Patients who had had their healthcheck received a results booklet and tailored advice, a QRISK score and where appropriate they were signposted to live well services advice and guidance for weight management, physical activity and stop smoking support.

The PCH Live Well NHCP provider also ensured GP practices were engaged with the pilot and were willing to support the transition of individuals from having their check in the workplace to follow-on clinical services where required. The NHCP were delivered within a £24 cost per check - which was split between NHCP provider and the client's own GP practice.

Critical success factors⁴:

- Developing the working relationships between provider and commissioner.
- Adequate resource allocation to provide NHS Health Checks including NHS staff.
- Clinical equipment⁵ along with a selection of supporting materials including weight management, activity, smoking cessation, British Heart Foundation and Change for Life leaflets.
- A pilot project approach.

⁴ NHS staff breakdown

- 7x Agenda For Change (AFC) Band 6, 2x AFC Band 5 and 1x AFC Band 4
- There is an intention to train up a further Band 5 and a Band 4 and also 2x AFC Band 3's. The Band 3s would deliver checks when overseen by a higher band.

⁵ Equipment

- 2x Point of care cholesterol machines
- 2x Blood pressure monitors
- 2x iPADS (to support QRISK calculations).
- Strips, alcohol wipes, detergent wipes, alcohol hand wash
- 2x height gauge and scales
- Clinical waste bags (buckets if transporting) and sharps boxes
- 2x trolleys for moving required equipment and consumables
- It cost £1733.72 to set up each trolley excluding iPADS

The key challenges to implementing the project were as follows:

- Identification of delivery resources, capacity and staff training.
- Communication with GPs – PCC received one complaint regarding the communication.
- Organisational and personnel changes linked to the pilot.
- The risk associated with the destabilisation of existing provision.
- The risk associated with the duplication of offers.

Project outcome - current situation:

CATEGORY	Q1	Q2	Q3	Q4	TOTAL
Number of businesses delivered to	1	4	7	4	16
Number of NHS Health Checks offered and number delivered	65	101	107	137	410
DEMOGRAPHICS OF NHS HEALTH CHECKS DELIVERED					
Male	17	53	47	51	168
Female	48	48	60	86	242
Routine & Manual workers	1	33	52	71	157
Eligible 10 % Club 26<BMI<35	36	57	59	63	215
Male	11	33	29	24	97
Female	25	24	30	39	118
Inactive-as defined by the GPPAQ	30	34	45	41	150
Male	6	11	20	11	48
Female	24	23	25	30	102
Smokers	7	18	10	10	45
Male	2	10	1	2	15
Female	5	8	9	8	30
Ex- Smokers	18	31	31	37	117
Male	4	18	18	11	51
Female	14	13	13	26	66
Alcohol Intervention and Brief advice	60	89	92	122	363
Male	14	48	41	45	148
Female	46	41	51	77	215
Referred to Smoking	2	6	3	6	17
Referred to 10%	5	19	18	23	65
Referred GP - BMI	17	28	28	30	103
Referred GP - BP	10	29	28	20	87
Referred GP - IP	3	3	1	4	11
Referred GP - Qrisk	0	1	1	7	9
Referred GP - Cholestrol	6	6	15	13	40

Contact

Dan Preece

Advanced Public Health Practitioner

Email: dan.preece@plymouth.gov.uk

Telephone: 01752 304743

Mobile: 07846210904

References

NHS Health Check Best Practice Guide