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 un mute your phone by pressing *6
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 understand the health of my local population
- 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 improve quality & reach of the NHS HC programme
Local population: Oldham

Data source: http://www.localhealth.org.uk/
Priorities and opportunities: lifestyle risk factors

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 quintile. If 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.

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+)

Data source: http://fingertips.phe.org.uk/profile/general-practice
Evaluate local activity: NHS Health Check

% of eligible persons *offered* an NHS Health

% people *receiving* an NHS Health Check

Data source: http://fingertips.phe.org.uk/profile/nhs-health-check-detailed
Evaluate investment: NHS Health Check

Number of offers: 4,106 (2013-14), 10,768 (2014-15)
Number received: 2,780 (2013-14), 4,892 (2014-15)

Data source: http://www.yhpho.org.uk/LASPO/
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

Data source: DESIGN
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**

Data source: SET UP
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)

Data source: local data
Next step

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

<table>
<thead>
<tr>
<th></th>
<th>Previous year end 2014/15</th>
<th>Qtr. 1</th>
<th>Qtr. 2</th>
<th>Qtr. 3</th>
<th>Qtr. 4</th>
<th>Total to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(%) Offered</td>
<td>17%</td>
<td>3.7%</td>
<td>5.7%</td>
<td>5.0%</td>
<td></td>
<td>14.4%</td>
</tr>
<tr>
<td>(%) Uptake of offers</td>
<td>45.5%</td>
<td>52.8%</td>
<td>35.4%</td>
<td>47%</td>
<td></td>
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</tbody>
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**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
- http://www.healthcheck.nhs.uk/interactive_map/
- http://fingertips.phe.org.uk/profile/nhs-health-check-detailed
- http://www.yhpho.org.uk/LASPOT/
- http://www.healthcheck.nhs.uk/commissioners_and_providers/national_resources_and_training_development_tools1/ready_reckoner_tools/

Local delivery of NHS Health Check Programme
- http://www.healthierlives.phe.org.uk/topic/mortality
- http://healthierlives.phe.org.uk/topic/nhs-health-check
- http://fingertips.phe.org.uk/profile/general-practice

Monitor improvement
- https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/
- http://www.yhpho.org.uk/ncvina/

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

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Thank you

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