

It's all happening IN HALTON



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

Dr Ifeoma Onyia Public Health Consultant Halton Borough Council



Context

- ☐ Halton is in the North West
- ☐ Population of 125 000 people
- ☐ Circa 35 K HC eligible
- ☐ Delivery of Health Checks predominantly via primary care with community support
- ☐ Council based health improvement team
- ☐ Health trainers in community and primary care
- □ Point of care blood tests POCT used



Performance Data

| | Number Eligible | Number Invited | % Invited | Number Received | % Take up |
|-----------|--------------------|-------------------|--------------|--------------------|-----------|
| 2013-2014 | 37967 | 5217 | 13.74% | 2179 | 5.74% |
| 2014-2015 | 38314 | 7687 | 20.06% | 3045 | 7.95% |

5 year cumulative (up to Quarter 2: October 2015)

| Total eligible population 2013-2015 | 34164 |
|-----------------------------------------------------------|-------|
| Number of people who were offered a health check | 17217 |
| Number of people who received a health check | 6888 |
| % of people who received a health checks of those offered | 40% |



Expected outcomes

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

| 2012. 2012. 37,883 people aged 40 to 74 years based on the ONS mid-year population estimates for diagnosed 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. | П | 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 | | estimates - | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|
| | | 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 | | on national | |
| | ither diagnosed Ch national model est | of which | 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 | Health Checks for one year based |
| | diagnosed diabetes based on 7,577 people invited for a Health C | | | 43 diagnosed with diabetes, 26 due to NHS Health Check | | | iks f | |
| | | 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 | | Health Chec | |
| | | | measurement | 120 people diagnosed with Chronic Kidney Disease, 65 due to NHS Health Check | | | | NHS |
| | | 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 | | of providing |
| | | | 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 | |

Workforce regirements to undertake NHS Health Checks in this year - 909 hours of time to invite people to Helath 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

estimates

Expected outcomes

- 187 additional people will complete weight loss programme
- 104 additional people will be taking statins
- 48 additional people will be compliant with an Impaired Glucose Regulation lifestyle
- ☐ 26 additional people will be diagnosed with diabetes
- 79 additional people with be taking anti-hypertensive drugs
- 65 additional people will be diagnosed with chronic kidney disease
- □ 48 additional people will increase physical activity
- 3 additional people will quit smoking*



Comparison to Ready Reckoner

| | Ready Reckoner | 2013 | 2014 | 2015 (partial) |
|---------------------------|-------------------|------|------|----------------|
| Obesity | 687 | | 2707 | 1473 |
| Diabetes | 26 | 4 | 6 | 2 |
| High BP | 96 | 57 | XX | 38 |
| Smokers | 716 | | 576 | 279 |
| Rx Smoking Cessation | 69 | | 129 | 49 |
| Reduced Physical Activity | 1966 | | | |
| Rx Brief Exercise | 954 | | 1169 | 673 |
| Rx IGR | 53 | 14 | 57 | 38 |
| Rx Weight Loss | 274 | | 1902 | 1021 |
| CVD>20% | | 64 | 86 | 36 |
| Alcohol Consumption | | | 2089 | 1175 |
| Rx Alcohol brief advice | | | 865 | 389 |

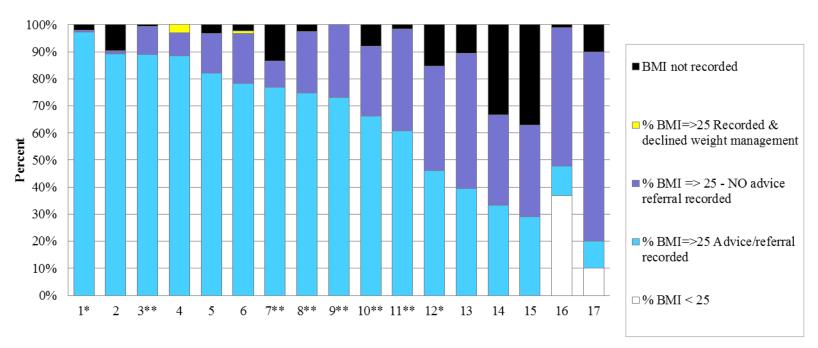
Annual Outcomes

Based on 2014 Data on 3045 people

- 89% of patients whose BMI status was recorded were classed as overweight or obese. Of these 70% were either referred for a weight management intervention or given appropriate advice.
- ☐ In total a fifth of patients were identified as being a smoker and of that number 22% (129) were referred to smoking cessation services.
- □ No smoking or BMI status recorded 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

- □ 28% of patients received lifestyle input on alcohol. Of these 9% were referred for an alcohol intervention with a further 82% given behavioural advice.
- □ 57 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
- ☐ Use of primary care systems
- □ 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: ifeoma.onyia@halton.gov.uk

