A celebration of the NHS Health Checks programme in Leeds

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
CVD Mortality Rates In Leeds Vary Significantly
Why Vascular Disease is a Priority

The single biggest contributor to the Life Expectancy Gap (for males and females) is Vascular Disease, accounting for over one third of the total difference.

Association of Public Health Observatory data
Inequalities in health

The Gap – for males

35% All circulatory diseases, 70% of which are Coronary Heart Disease (CHD)

18% All cancers, 61% of which are lung cancer

15% Respiratory diseases, 53% of which are chronic obstructive airways disease

10% Digestive, 50% of which are chronic liver disease and cirrhosis

5% External causes of injury and poisoning, 60% of which are suicide and undetermined death

2% Infectious & parasitic diseases

10% Other

5% Deaths under 28 days

Contribution to Life Expectancy Gap in Males
Breakdown by disease, 2003

The Interventions

Targeted:
- Smoking cessation clinics: double capacity in Spearhead areas for 2 years
- Secondary prevention of CVD: additional 15% coverage of effective therapies in Spearhead areas 35-74 yrs
- Primary prevention of CVD in hypertensives under 75yrs:
  - 40% coverage antihypertensives
  - statin therapy
- Primary prevention of CVD in hypertensives 75yrs +:
  - 40% coverage antihypertensives
  - statin therapy
- Other*, including:
  - Early detection of cancer
  - Respiratory diseases
  - Alcohol related diseases
  - Infant mortality

Universalist: *locally determined
- Smoking reduction in clinics – as at present
- Secondary prevention of CVD: 75% coverage of 35-74yrs
- Primary prevention of CVD in hypertensives under 75 yrs:
  - 20% coverage antihypertensive statin therapy

The Impact – for males

8.9%

11%

1.0%

2.3%

1.0%

0.7%

1.2%

0.7%

0.2%

1.4%

0.2%

0.2%

0.2%
Our Key Objective:

Vascular Disease Prevention

- Kidney disease
- Heart disease
- Stroke
- Shared vascular agenda: prevention, managing risk
- Diabetes
National Policy

Putting Prevention First (DH 2008)

A systematic integrated programme of vascular risk assessment and management (Vascular Checks Programme) for those aged between 40 and 74:

– Implementation of programme to be phased commencing 2009 and full roll out by 2012/13
– National programme, locally delivered
– Focus on reducing Inequalities

April 2009 launched as the NHS Health Check
NHS Health Check Programme

• A systematic and integrated public health programme of vascular risk assessment and management which offers preventative checks to all those between 40 and 74 years old to assess their risk of vascular disease (heart disease, stroke, diabetes, and kidney disease) followed by appropriate management and interventions
NHS Health Check purpose

• ...to assess individual risk of CVD, and to communicate this risk in a way that is easy to understand and to offer personalised advice, appropriate treatment and follow up to help individuals manage or reduce their risk—including being called every five years for reassessment
Health Check: Who is it for?

For people between 40 and 74 years
Recall every five years

Not for people who are already monitored for hypertension, diabetes, existing cardio-vascular disease or kidney disease

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
Follow up

- Patients deemed to be at high risk of CVD (>20% over 10 years) will be invited back to be offered a statin, receive an annual review.
- Patients at lower risk of CVD (<20%) will be recalled every 5 years to reassess their risk.
- Patients who are found to be hypertensive, diabetic or have CKD will be managed via that pathway.
Our approach

• Focused on our outcomes – inequalities
• Systematic – primary care record as the cornerstone
  - staged roll out plan
  - stratification of risk
• Patient at the centre - insight, evaluation
• Clinical Engagement an absolute
In order to take a structured, insight led approach to developing the service we have adopted the extended Marketing Process model below, facilitated by *JOURNEY*.
Consultation to inform the implementation of the NHS Health Check

- Defining the approach
- Vulnerable groups: Is the approach meeting needs?
- Research
- ‘Evaluation Is it working?'
- Development of results pack
- Community awareness raising

NHS Leeds
Aim of the Insight

• To understand the initial target audience for the NHS Health Check Programme in more depth
  – Explore their general attitudes towards health.
  – Understand awareness, views & opinions of vascular risk

• To understand the relevance of an NHS Health Check and reactions to an invitation to attend an assessment at a GPs surgery.

• To explore the motivations & barriers to taking part in the proposed NHS Health Check programme.

• To explore expectations of the NHS Health Check, any follow-up treatment and programme management.
Insight Approach

• Research was conducted in 10 ‘deprived’ Leeds neighbourhoods, with adults aged 40-74

• Group discussions were held with mixed groups of ‘peers’ to understand the impact of family/friends on attitudes.

• Group discussions were held with single sex, age specific groups who were asked to represent the views of their ‘community’.

• One to one discussions were held with individuals to probe behind the issues raised by the groups.

• 2 video diaries were kept to give an element of anecdotal feel.
Initial insight told us

- that health is a **pivotal priority**, but can often take a **backseat** to daily life priorities and other priorities that feed general well being and happiness
- key **differences** between the age groups in terms of their daily life priorities
- The benefits of being healthier were easily recognised and outweighed the barriers, but were **less forefront** and felt to be more hard reaching
- small changes, a simple outlined plan
- Different roles for GP and Practice nurse.
- engaged, intrigued and interested in the Health Check but ... need added incentives and triggers to actually act on it and book an appointment
- effectiveness of communications key to the initial engagement of people with the process - needs to take into account both the motivations and barriers
- **high appeal / high impact** - themes that focussed on half an hour could put years on your life,
Vulnerable groups

- Homeless/Gypsies and travellers/Asylum seekers
- Those with learning disabilities and mental health problems
- South Asians, African Caribbean's, Africans
  - For all those with more barriers to understanding and access the leaflet and letter is not enough on its own. Greater support is required to encourage participation.
- Different attitudes from Male / female
- a large gap between how the patient expects to be treated (including within this) and their experience at GP
- Letter more important than leaflet
- Passive but positive approach
For all those with more barriers to understanding and access the leaflet and letter is not enough on its own

- Support to access the information: Via support workers or a support group
- Support to understand/believe the benefits: Via community leaders
- Via GP
- Via appropriate materials/translations
Challenge for Leeds

- Registered population in Leeds – **821,335**
- **302,227** people are between the ages of 40-74
- We estimate **208,449** people are eligible for an NHS Health Check
- By 2017 everyone eligible must have been offered an NHS Health Check
<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
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<th></th>
<th></th>
<th>2011/12 Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Target Achieved</td>
<td></td>
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<tr>
<td><strong>SQU27_1</strong></td>
<td></td>
<td>Target</td>
<td>Achieved</td>
<td>Target</td>
<td>Achieved</td>
<td>Target Achieved</td>
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<tr>
<td>Number of eligible people who have been offered an NHS Health Check</td>
<td></td>
<td>9295</td>
<td>7865</td>
<td>9296</td>
<td>11505</td>
<td>9296</td>
<td>10471</td>
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<td>Target</td>
<td>Achieved</td>
<td>Target</td>
<td>Achieved</td>
<td>Target Achieved</td>
<td></td>
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<tr>
<td>Number of eligible people who have received an NHS Health Check</td>
<td></td>
<td>6506</td>
<td>4108</td>
<td>6507</td>
<td>5977</td>
<td>6507</td>
<td>7459</td>
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<tr>
<td><strong>SQU27_3</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Uptake</td>
<td></td>
</tr>
<tr>
<td>Number of people aged 40-74 eligible for an NHS Health Check in 2011-2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52%</td>
<td></td>
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<td>52%</td>
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<td></td>
<td>71.2%</td>
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<td></td>
<td>206570</td>
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</tbody>
</table>
Outcome data

- 41,042 people were offered an NHS Health Check in Leeds (DH target 37,183)
- 26,515 attended for an NHS Health Check (DH target 26,027)
- 4,130 people have been identified as being at high risk of developing CVD
- 455 people have been diagnosed with high blood pressure
- 151 people diagnosed with diabetes
- 28 people diagnosed with kidney disease
- 43 people diagnosed with AF
### Outcome data - Deprivation

<table>
<thead>
<tr>
<th>MSOA Deprivation Quintile</th>
<th>HC Complete</th>
<th>Over 20%</th>
<th>Percentage Over 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Most Deprived</td>
<td>17.93%</td>
<td>13.68%</td>
<td>11.22%</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>22.09%</td>
<td>17.74%</td>
<td>11.81%</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>17.80%</td>
<td>18.31%</td>
<td>15.13%</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>19.38%</td>
<td>22.86%</td>
<td>17.34%</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>20.61%</td>
<td>24.54%</td>
<td>17.51%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.19%</td>
<td>2.87%</td>
<td>19.24%</td>
</tr>
</tbody>
</table>

(As in 17.93% of completed health checks were for people in the most deprived quintile, 13.68% of people with over 20% risk lived in the most deprived quintile and 11.22% of people in the most deprived quintile who had a health check were over 20% risk)
### Outcome data – Gender and Age

<table>
<thead>
<tr>
<th>Gender</th>
<th>HC Complete</th>
<th>Over 20%</th>
<th>Percentage Over 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>53.05%</td>
<td>23.51%</td>
<td>6.52%</td>
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<tr>
<td>Male</td>
<td>46.94%</td>
<td>76.49%</td>
<td>23.96%</td>
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</tbody>
</table>

(As in 53.05% of completed health checks were for females, 23.51% of people with over 20% risk were female and 6.52% of females who had a health check were over 20% risk)

<table>
<thead>
<tr>
<th>Age</th>
<th>HC Complete</th>
<th>Over 20%</th>
<th>Percentage Over 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>33.85%</td>
<td>3.52%</td>
<td>1.53%</td>
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<tr>
<td>50-60</td>
<td>31.42%</td>
<td>16.71%</td>
<td>7.82%</td>
</tr>
<tr>
<td>Over 60</td>
<td>34.73%</td>
<td>79.77%</td>
<td>33.77%</td>
</tr>
</tbody>
</table>

(As in 33.85% of completed health checks were for people under 50, 3.52% of people with over 20% risk were under 50 and 1.53% of people under 50 who had a health check were over 20% risk).
## Targets 2012/13

<table>
<thead>
<tr>
<th>SQU27_1</th>
<th>Number of eligible people who have been offered an NHS Health Check</th>
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<tbody>
<tr>
<td></td>
<td>Target 10425 10425 10425 10425</td>
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<tr>
<td></td>
<td>2012/13 Total Target 41,700 (based on 20% of the eligible population)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SQU27_2</th>
<th>Number of eligible people who have received an NHS Health Check</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Target 7297 7297 7298 7298</td>
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<tr>
<td></td>
<td>2012/13 Total Target 29,190 (based on 70% uptake)</td>
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</tbody>
</table>

| Number of eligible people aged 40-74 eligible for an NHS Health Check in 2012/13 | 208,449 |
LES

£1 up to 3 patient invites
£20 per NHS Health Check
£5 for each patient found to be >20% risk of CVD
£500 per practice on achieving 70% of set target

• Searches to highlight eligible patients
• Suite of templates:
  – Administration
  – Exception reporting
  – CVD risk assessment
  – CVD risk management (>20% risk)

Facilitator to support the implementation
Leeds implementation plan

• Staged implementation plan based on level of deprivation and highest risk
  – All GP practices are implementing NHS Health Checks in Leeds
  – Now in the prisons (Wealstun and Armley) and York Street homeless Practice
  – Leeds Let’s Change
NHS Health Check Marketing Campaign

– Increase awareness of NHS Health Check among target groups, their families or carers

– To improve awareness of NHS Health Check brand in Leeds
  – Generic posters – GP practices, Pharmacies, community venues, LTHT, LCC
  – Bus advertising, beer mats, Mosques, radio,
Why is the NHS Health Check successful?

Information in General Practice

Public Health Intelligence

Communications

Patient
- Systematic insight driven

Primary Care
- Facilitators
- Nursing support
Future of NHS Health Check

• One of the two PH targets for the cluster
• Within the PH budget for the LA
• One of the 5 mandated commissioned activities
• Within the PH outcomes
• Challenge – commissioned from and delivered by primary care; data flows
Special thank you

- Sue Kendal, Karen Newboult, Helen Knight
- Hanna Kirby
- Primary Care
- Information in General Practice Team
- Public Health Intelligence
- GP practices
- Communications – Shak Rafiq, everybody involved in the campaign
- Healthy Living Team
- Research