North Yorkshire County Council
NHS Health Check programme - Improving quality

Introduction:
During 2013-14 North Yorkshire County Council (NYCC) identified a number of high level actions to improve the quality of the NHS Health Check programme. To assess the extent to which a uniform offer was being delivered across North Yorkshire, NYCC developed a programme standards audit.

Purpose:
The purpose of the programme standards audit was to measure GP practices against the NHS Health Check programme national standards in order to inform future developments and future commissioning arrangements.

Methodology:
1. GP practices ranked according to uptake rates of their patient populations
2. Random number generator used to select four practices from the top 10%, four from the middle 10% and four from the bottom 10% of performing practices
3. 12 practice visits by Public Health team:
   • all practices asked to complete a self-assessment framework prior to the visit
   • during the visit the Public Health team ensured the accuracy of the self-assessment by seeking relevant evidence

Recommendations:
1. Use the most up to date evidence based invite letter
2. Non-responders or those who DNA to be followed up with a text, phone call or email; method deemed most appropriate by the practice
3. Adopt a template with in-built read codes which incorporates all aspects of the NHS Health Check
4. Ensure effective and consistent communication of results by adopting one of two suggested delivery options
5. Implement the PHE pathway
6. Monitor adherence to the patient pathway by carrying out internal audits or read-code reports
7. Have read-code registers of all NHS Health Check risk categories and have appropriate recall arrangements in place for those patients

Conclusion
A standards audit enabled NYCC to make some valuable recommendations to practices, which is hoped will improve the quality and consistency of future programme delivery. The audit will be repeated annually. Audit findings are shared with practices in an annual update report and discussed at practice manager meetings within each clinical commissioning group.

2014/15 audit results:
- **Fully met**
- **Partially met**
- **Not met** = 0 for all standards