NHS Health Check
National extract of primary care data

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Why a national data extract?

Before

❑ NHS Health Check activity was the only data available for **England**

i.e. quarterly statistics on offers & completion included in PHOF

❑ Very variable access to more granular data at **local authority** or **CCG** level

Rational for a national extract of NHS Health Check data

❑ **Monitor** the programme: quality, reach, outcomes

❑ **Evaluate** the programme: impact

How?

Many partners involved in successful delivery!

User needs

Stakeholders mapping, consultation, expert panels, communication

Information governance

Legal basis, data controllers consultation, patients privacy notices, data protection, data security

Dataset design

Specification, clinical terminology, GPES process, business rules

Output

Data Extract Advisory Committee

What data?

7,476 GP practices in England given the opportunity to contribute data

91% of practices participating in the NHS Health Check extract

9% of practices choosing not to participate

GP system suppliers

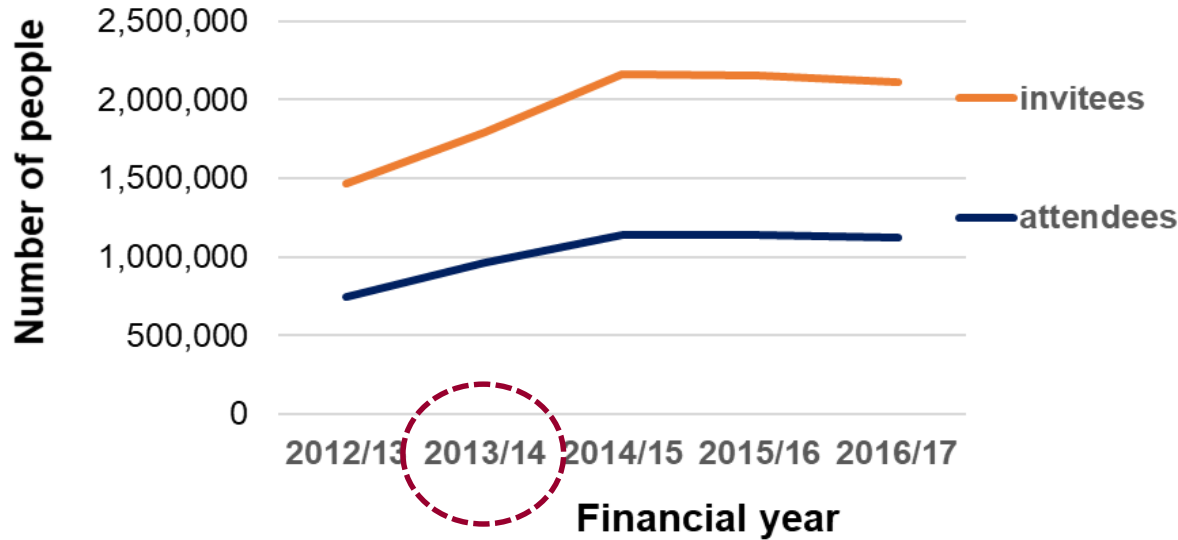| EMIS ✓ | Vision ✓ | Microtest ✓ | TPP ✓ |

94% of participating GP practices within extract (**6,399**)

11.8 million patients with an NHS Health Check *event* code

Excellent England coverage

Findings (1) activity

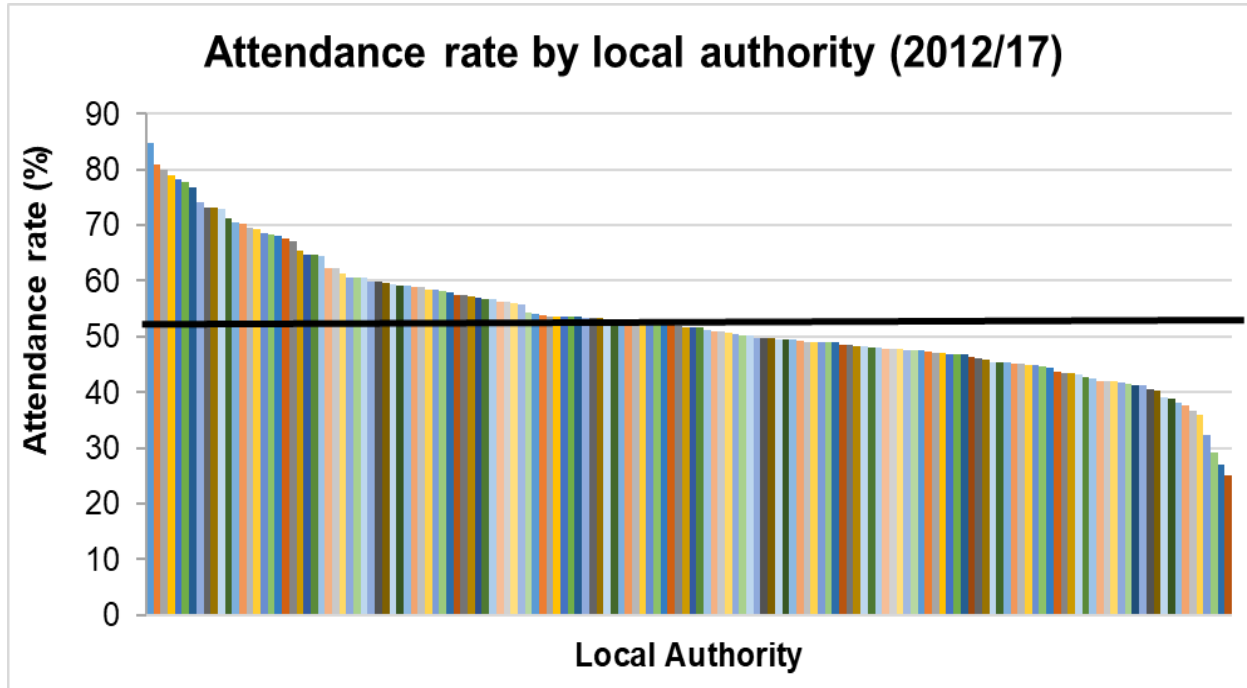## NHS Health Check activity by financial year

2012-2017 activity
five years

over **9.6** million people invited
over **5.1** million people had a check
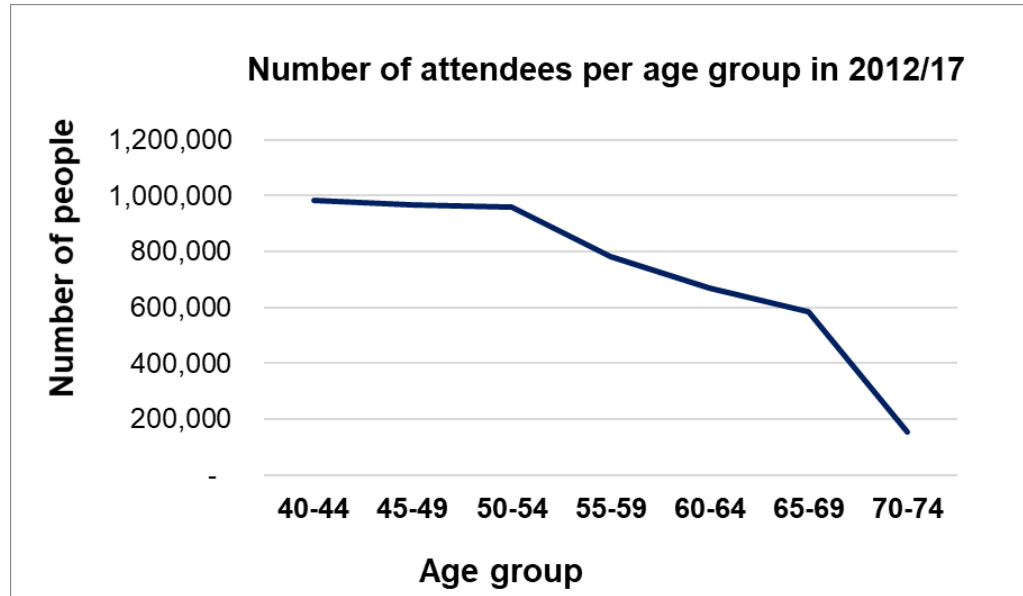stable national take-up of offers **52%**

Peak in 2014-15

Findings (2) activity

Attendance rate by local authority (2012/17)

Local variation in take-up

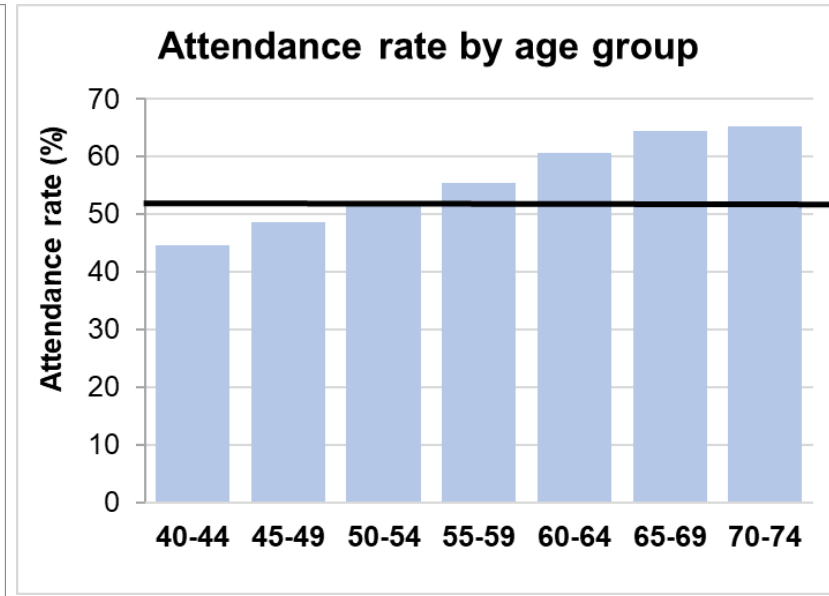# Findings (3) attendance by age

2012-2017 attendees

2.9m of attendees aged under 55

2012-2017 attendees

take-up of offers increases with age

Number of attendees per age group in 2012/17

Attendance rate by age group

Findings (4) attendees **versus** non-attendees

Gender - women more represented in attendees (55%) than in non-attendees (47.5%)

Age - people aged 55-69 more represented in attendees (40%) than in non-attendees (30%)

Ethnicity - ethnic minorities better represented in attendees than non-attendees

Index of multiple deprivation – small trend toward non-attendance in most deprived areas

Findings consistent with published research

National extract of primary care data - #preventCVD2020

Findings (5) recording of CVD risks

High level (96% or more) of recording in **attendees**: BMI, smoking status, blood pressure, cholesterol level, QRISK score
Recording of those risks was much lower in *non-attendees*.

Lower level (50 to 70%) of recording in **attendees**: physical activity (GPPAQ), pulse, alcohol (AUDIT)

Use of data to inform local decision making

First set of metrics published online Oct. 2019

- ✓ **benchmarking** against areas with similar population profiles

- ✓ inform local **Health Equity Audits**

- ✓ support **discussions** between providers and commissioners

- ✓ allowed to identify issues with local **recording** and/or **analysis** of information
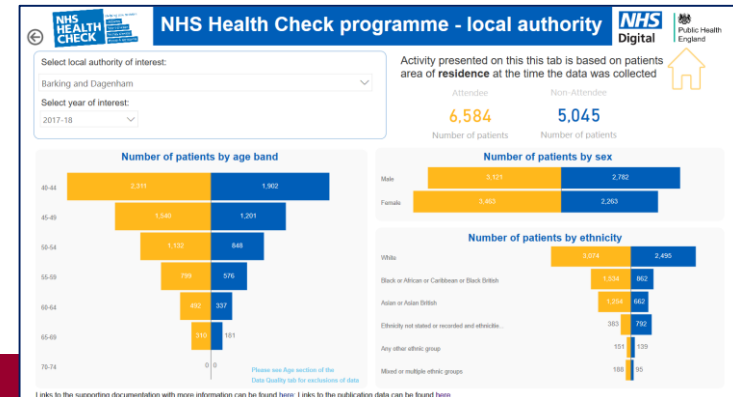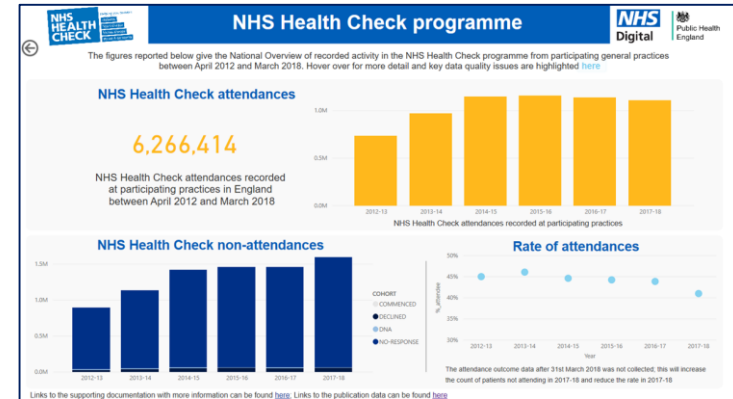
What is next?

- Publish paper with **England findings**: activity, reach of the programme, recording of CVD risks, level of CVD risk

- Additional **local metrics** published on online dashboard: socioeconomics, recording of risks, level of risks, advice and intervention offered

- Apply for linkage to **mortality** data and **hospital** admission data

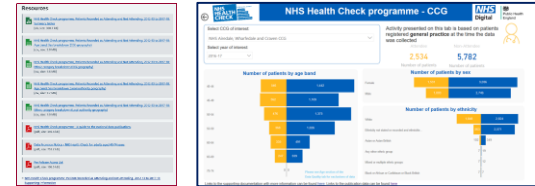- Suite of papers on: prescription, diagnosis, outcomes, impact

Useful links

First local metrics published on 17th October 2019

summary and associated documents

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-health-check-programme/2012-13-to-2017-18

dashboard: link in summary page or here

Webinar recorded on 24th October 2019

recording: https://www.youtube.com/watch?v=wnO_kXUVw7U

or https://healthcheck.nhs.uk/commissioners-and-providers/events/webinars/

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