



Findings from the NHS Health Check delivery survey

Introduction

To improve our understanding of current NHS Health Check delivery practice and the delivery model characteristics associated with higher uptake all local authorities in England were invited to complete a survey. The survey contained 31 questions about the local authority's 2013/14 delivery model, it considered: commissioning, identifying and inviting the eligible population, appointment booking procedures, delivery of the NHS Health Check, managing risk and resources. The survey was designed by PHEs NHS Health Check and behavioural insight teams, it was delivered using select survey and completed by local authority leads between October and November 2014

Of the 152 local authorities responsible for the NHS Health Check programme responses were received from 104 (68%), the findings are summarised in the following sections.

Commissioning arrangements

- for 25% of the 104 local authorities this was the first time NHS Health Checks had been delivered in their area
- there is considerable variation in the number of providers delivering the NHS Health Check in local authority areas with some having over 200 individual providers
- the number of providers delivering NHS Health Checks does not seem to be associated with the number of people having an NHS Health Check
- general practice was commissioned by nearly all (89) of 91 local authorities to provide the service. In some areas other providers were also commissioned to deliver this service, 29 areas reported having pharmacy providers (32%) 14 using NHS trusts (15%) and 40 commissioning other types of organisations (44%)
- of the local authorities using other providers businesses were commissioned by 18 (45%), not for profit organisations by 10 (25%) and district councils by 4 (10%)
- a mixed provider approach of both GPs and pharmacies was reported in 30% of local authorities

Identifying and inviting the eligible population: general practice

- the majority of local authorities (71/80) stated that GP providers used GP clinical systems to identify the eligible population
- in areas using a clinical system the most common criteria for selecting the eligible population to invite were: age (25/70), not having had an NHS Health Check previously (16/70) and cardiovascular disease (CVD) risk score (12/70)
- the majority of local authority areas (63/70) confirmed that NHS Health Check invitations from general practice were in the form of a letter. Over 60% used a locally amended version of the national template letter provided by PHE. Secondary invitation methods included using a letter (23/64) or phone (16/64)
- in the majority of local authority areas individual general practices sent out their own invitations to the eligible population (79/80) with the remaining using a centralised system
- in the majority of local authority areas invitations were sent once a month (35/79) or once a quarter (17/79)
- nearly three quarters of providers follow up with non-respondents using a letter (44/62), by phone (8/62) or text message (4/62)

Identifying and inviting the eligible population: other providers

- local authorities reported that pharmacies (19/24), NHS Trusts (10/14) and other providers (24/34) mainly used opportunistic approaches to invite the eligible population for an NHS Health Check
- a face-to-face invitation approach was mainly adopted in local authorities with pharmacies (9/13), NHS Trusts (4/8) and other providers (14/19) offering NHS Health Checks
- if the service was delivered opportunistically some local authorities reported that it was targeted by delivering it in locations with high: deprivation (34/42), representation of black and Asian ethnic groups (23/42) and high CVD mortality (18/42). The service was also targeted at workplaces (24/42) and places of worship (17/42)

Booking an appointment

- Across 96 local authority areas who provided a response, the main method for making an appointment among general practice providers was for the patient to call to book (78%)
- only a small number of general practice providers gave pre-arranged appointments (10%), contacted the patient to book an appointment (8%) or offered online bookings (1%)
- of 96 local authority areas 47% made NHS Health Check appointments available at weekends, 45% on weekday evenings and 30% before 9am

- the majority (85%) of local authority areas offered NHS Health Checks between 9am and 5pm with a third only offering an appointment during this time
- once a person had booked an NHS Health Check 41% of local areas reported sending an appointment reminder. The most common forms of reminder were phone (19%) and text message (31%)

Delivering the NHS Health Check

- 95 local authorities reported offering NHS Health Checks in GP surgeries and more than half (57%) in both GP surgeries and one or more community setting
- NHS Health Checks were completed by 23% of general practice providers in one appointment compared to 43% of pharmacies, 38% of other providers and 20% of NHS Trusts
- there was a significant correlation between completing an NHS Health Check in one appointment and people taking up the offer of a check
- point of care testing was used by 29% of GP providers, 89% of pharmacy providers, 93% of NHS Trust and 90% of other providers
- in 48% of LAs, more than 80% of GP providers recorded data in line with NHS info standards, and in a further 14% of LAs, 60-80% of GP providers recorded data in line with standards
- secure email was the most common method for returning information on an individual to their GP where an NHS Health Check had been completed by another organisation

Managing risk

- of 73 responding local authorities 80% identified that the clinical management of risk factors was resourced through the GP contract or Quality Outcome Framework. In some areas local authorities or clinical commissioning groups (CCG) also provided additional resource for this activity (18%)
- among 73 responding local authorities the majority provided lifestyle interventions including exercise referral (89%), weight management (84%) and stop smoking services (96%)
- where exercise referral (65/70), weight management (62/68) and stop smoking services (70/73) were provided in a local authority area they were predominantly commissioned by the local authority
- memory clinics were commissioned in 88% of 65 local authority areas, the main commissioner was the CCG (53%)
- in total, 64% of 67 local authorities reported having a diabetes prevention service, 28% were commissioned by the local authority and 27% by CCGs

- diabetes management services such as DESMOND were provided in the majority of local authority areas (58/68) and were commonly commissioned by CCGs (56%)
- the expert patient programme was provided in nearly two thirds of responding areas (41/63), it was mainly commissioned by CCGs (40%)
- other health promotion services were commissioned by the majority of local authorities (62/73)

Resources

- there is a wide spread in the number of staff supporting the local delivery of the programme in public health teams across local authorities
- the majority of 92 responding local authorities have at least one full time equivalent (28%), a further 18% have between 0.8-1 full time equivalent
- of the 92 responding local authority areas an activity based payment approach was most common
- of the resources produced by PHE the majority of the 85 responding local authorities used the best practice guidance (95%), programme standards (80%), information governance and data flows (68%), patient information leaflets (82%) and poster templates (55%)
- Across 88 local authorities support for the NHS Health Check programme was rated as excellent or good by: 80% from their director of public health, 55% from PHE national team, 55% from the PHE centre team, 31% from the local medical council, 50% from the CCG, 57% from GPs, 18% from pharmacies and 21% from local pharmaceutical council
- three quarters of 88 local authorities reported having sufficient budget in 2014/15 to be able to meet the increased number of appointments needed to achieve a 66% take up

Conclusion

The NHS Health Check is a nationally led locally delivered programme. For the first time, PHE have been able to describe some key delivery characteristics. In particular the information highlights that there is considerable variation in practice across England. While only one characteristic was significantly associated with people taking up the invitation of an NHS Health Check the absence of relationships reiterates the challenge of understanding the extent to which the delivery model influences take up.

Acknowledgements

PHE would like to recognise the contributions of Katherine Thompson, Dr Tim Chadborn, Dr Joseph Sherlock, Amanda Bunten, Dr Anna Sallis, Sarah Payne and Dr Ayoub Saei to this work.

First published: 2015

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