Public Health England

Protecting and improving the nation's health

Findings from the 2019/20 NHS Health Check Delivery Survey

March 2021

Contents

1. Key messages

In 2020, Public Health England (PHE) undertook a survey to understand the local models used to deliver NHS Health Checks in 2019/20. Of the 151 Local Authorities (LAs) responsible for NHS Health Check service provision 104 responded to the survey.

NHS Health Check providers

- General Practice (GP) is the most common provider of NHS Health Checks with 93% of respondent LAs (97/104) commissioning GP to deliver at least some checks. Community outreach providers are used by 27% of LAs (28/104) and pharmacy providers are used by 19% of LAs (20/104).
- The 2014 survey showed similar results with GPs being the most common provider of NHS Health Checks in 98% of responding LAs (89/91) (Annex A).

Identifying and inviting the eligible population

- Among GP the clinical patient record system is the predominant method for identifying people eligible for an NHS Health Check (85/97). Similarly, the findings from the 2014 survey showed that 89% of GP providers used GP clinical patient record systems to identify the eligible population (Annex A).
- Opportunistic identification is the most common method for identifying eligible people when NHS Health Checks are delivered using Community Outreach (17/28) and Pharmacy providers (12/20).
- Across all providers, the age of eligible individuals is most commonly used to prioritise NHS Health Check invitations (49/154). This has not changed since the 2014 survey (Annex A).
- The current national template invitation letter (46/104) or a local variation (30/104) of it are the most common means of inviting people to have an NHS Health Check. In 2014 the locally amended version of the national template invitation letter was most common (43/70).

Delivery of the NHS Health Check

- The majority of providers use GP primary care settings to deliver NHS Health Checks (108/154). Similarly, in 2014 it was reported that 91% of responding LAs offered NHS Health Checks in GP surgeries (95/104) (Annex A).
- Across all providers, 63% (65/104) of LAs reported using Point of Care Testing (POCT) for some of their NHS Health Checks. This is higher than the 29% of GP providers reported to be using POCT in the 2014 survey (Annex A).
- Where POCT is used, 95% of LAs use it to measure cholesterol (62/65), 55% use it to measure blood glucose (36/65).
- The most common (48/104) approach reported by LAs as being used to identify people at risk of diabetes and so eligible for a blood glucose test is the diabetes filter[1] rather than a validated tool.

Digital Technology

- Digital technology, such as digital clinical templates to guide the practitioner completing a check and SMS text message prompts, are used to support aspects of delivery in 84% of LAs (87/104).
- One LA reported using a digital solution to deliver a complete NHS Health Check.

Quality of the NHS Health Check

- Over 60% of LAs (63/104) did not report using nationally developed e-learning. Similarly, 61% of LAs (63/104) did not report implementing locally bespoke training programmes to support workforce competence.
- Only 4% of LAs (4/104) reported not providing any kind of NHS Health Check work force training.

Resourcing

- The majority of GP (80/97) and Pharmacy (19/20) providers are paid based on the number of checks delivered. Whereas the majority of Community outreach providers (12/28) are paid using a fixed payment approach.
- Findings were similar to the 2014 survey which found activity-based payment to be the most common payment method (56/92) (Annex A).
- Most LAs pay between £21.00 and £40.00 per NHS Health Check.

The findings from this survey describe commonalities and variations in the NHS Health Check delivery models used across England. With 151 LAs responsible for delivery this information provides an important snapshot of how the service is currently implemented. It also highlights changes in practice between 2014 and 2020 (Annex A) and identifies potential considerations for any future developments to the programme arising from PHE's evidence-based review of the NHS Health Check programme.

2. Introduction

The NHS Health Check is a prevention programme which aims to reduce the chance of a heart attack, stroke or developing some forms of dementia in people aged 40-74. It achieves this by assessing the top seven risk factors driving the burden of non-communicable disease in England, and by providing individuals with behavioural support and, where appropriate, pharmacological treatment.[1]

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351 requires local authorities to make arrangements for each eligible person aged 40-74 to be offered an NHS Health Check every five years. Whilst legislative delivery requirements provide an important framework for what must be included as a core part of the NHS Health Check, there is flexibility to enable local decisions on: how the service is promoted locally, how individuals will be identified and invited to a check, where the checks are delivered, how the checks will be provided, who will deliver the check, how to structure remuneration for the delivery of the service and how to secure continuous improvement.[1]

Given the delivery flexibilities PHE has sought to understand the local models used to deliver NHS Health Checks through the completion of a Local Authority (LA) delivery survey, first undertaken in 2014[2]. With an evidence-based review of the NHS Health Check programme underway it was timely to repeat this survey in 2020.

This report summarises the findings from the survey responses, providing an important snapshot of how the NHS Health Check service is currently implemented. It also highlights changes in practice since 2014[2] (Annex A) and potential considerations for any future developments to the programme arising from PHE's evidence-based NHS Health Check review.

2.1 Method

The NHS Health Check delivery survey contained 24 questions (Annex B) about the LAs 2019/20 NHS Health Check delivery model(s), it included questions on: who provides NHS Health Checks, methods for identifying and inviting the eligible population, methods for delivering NHS Health Checks, use of digital technology in delivery, quality of NHS Health Checks and resources (Annex B).

The survey was originally designed by PHEs Cardiovascular Disease (CVD) Prevention Programme team and Behavioural Science team in 2014. Due to the COVID-19 pandemic, after consulting with the PHE regional leads and local NHS Health Check commissioners, the CVD Prevention Programme team decided to shorten the overall length of the survey in order to minimise the burden on LA respondents. In light of PHE's increased focus on predictive prevention and use of digital technology a new section

on digital provision was included in the 2020 survey.

LA commissioners were invited to complete the survey via an email from the Head of PHE's Cardiovascular Disease Prevention Programme team which was cascaded out to commissioners by PHE regional NHS Health Check leads. The survey itself was hosted on PHE's select survey platform and open for completion between 14 September and 31 October 2020.

2.2 Limitations

The main limitation of the survey is that we only have responses from 69% of LAs (104/151). The responses are not all complete with a number of LAs selecting 'unknown' for some questions. The survey also contained fewer questions than the previous iteration due to consideration given to the pressures of COVID19. Both surveys included questions on provider, methods for identifying and inviting the eligible population, methods for delivering NHS Health Checks, and quality of the NHS Health Check and resources, however the 2014 survey asked for more specific details. For example, the 2020 survey asked how many appointments it took to complete a check whereas the 2014 survey went on to ask for a breakdown of which elements of the check were completed in each appointment. The only component of the NHS Heath Check that was covered in 2014 and omitted from the 2020 survey was follow up provision. The survey was self-reported and therefore we must consider that different commissioners may have different interpretations of the questions. Finally, as the responses were not anonymous there is also a risk of social response bias.

3. Results

Of the 151 LAs responsible for the provision of the NHS Health Check programme responses were received from 104 (68%) LAs covering all regions. The findings are summarised in the following sections.

3.1 NHS Health Check Providers

A mixed model using more than one type of provider to deliver the NHS Health Check is used by 37% of respondent LAs (38/104). For 62% of LAs (64/104), a single type of provider is used. All checks were delivered by: GP in 57% of LAs (59/104), Community Outreach providers in 4% of LAs (4/104), other service providers- this includes LA teams, workplace occupational health and Musculoskeletal services in 1% of LAs (1/104). When LAs use a mixed provider model, 47% (18/38) reported having one dominant type of provider who delivers the vast majority (at least 90%) of checks. In 89% of cases (16/18) this dominant provider is General Practice (GP) (Figure 1). Overall GP delivered at least 90% of the checks in 72% of LAs (75/104) (Figure 2).

The dominance of GP as an NHS Health Check provider is consistent across the regions (Figure 3) with 93% of respondent LAs (97/104) commissioning GPs to deliver at least some checks. The next most common provider is Community Outreach – a service delivered within the local community - with 27% of LAs (28/104), Pharmacy providers are used by 19% LAs (20/104), and 9% of LAs stated using other providers (9/104).

The 2014 survey showed a similar picture with GPs being used to deliver the NHS Health Check in 98% of responding LAs (89/91). However, the number of LA using pharmacies in 2014 was higher at 30% and 44% of LAs using other providers to deliver NHS Health Checks, again higher than the 36% reported in 2020[2] (Annex A).

Figure 1: Proportion of NHS Health Checks delivered by provider types in 104 LAs (one bar corresponds to one of the 104 respondent LAs)

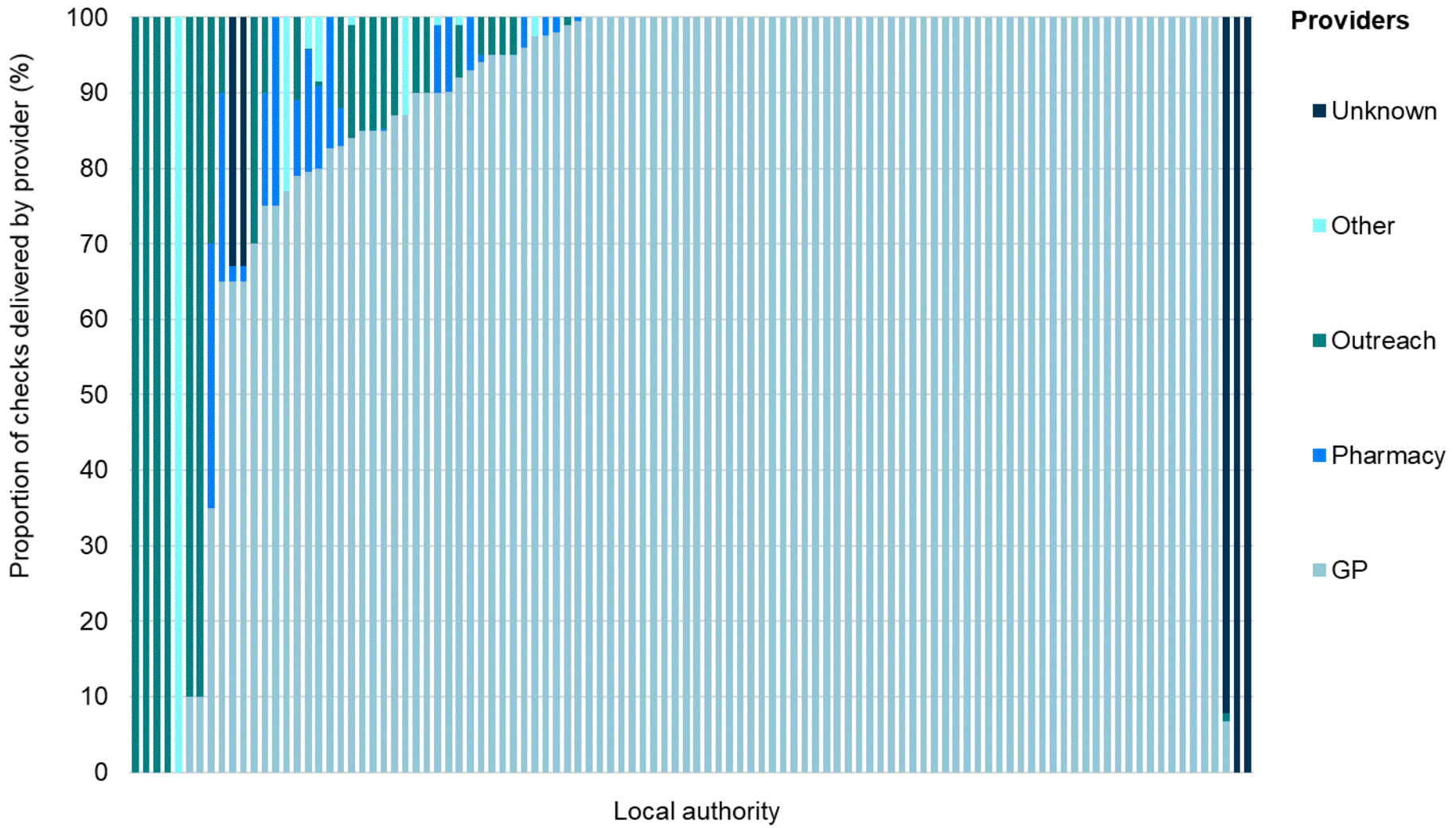
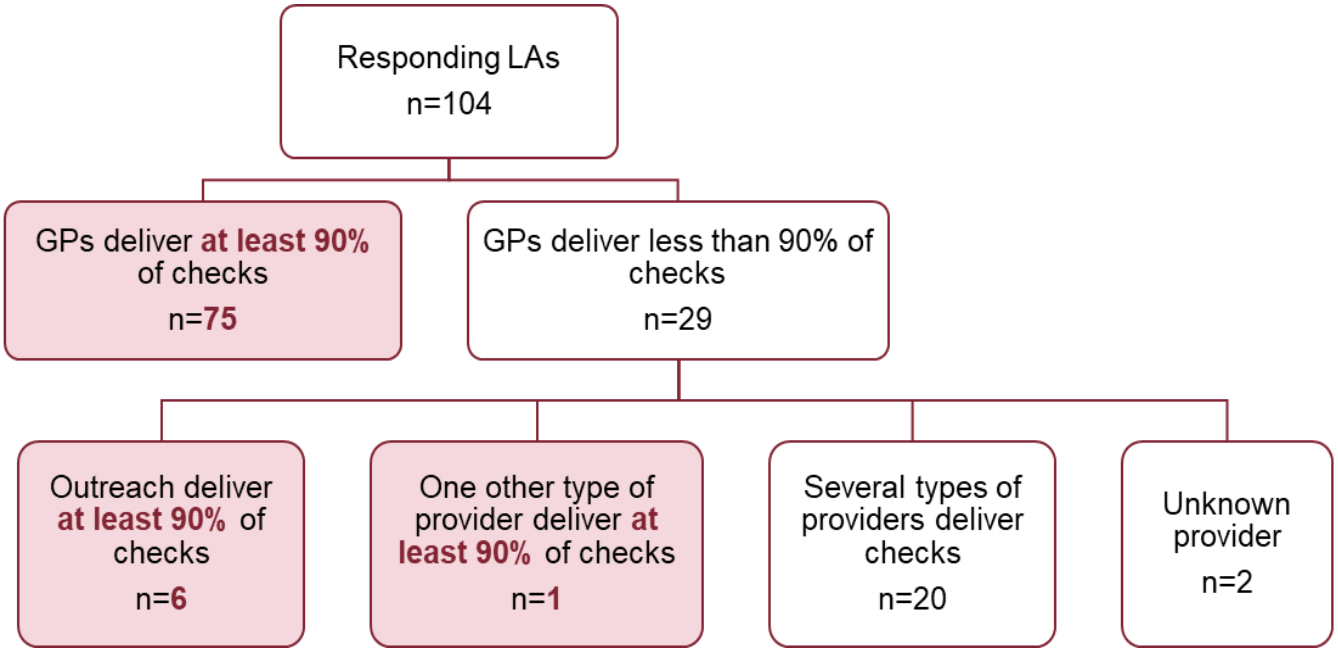
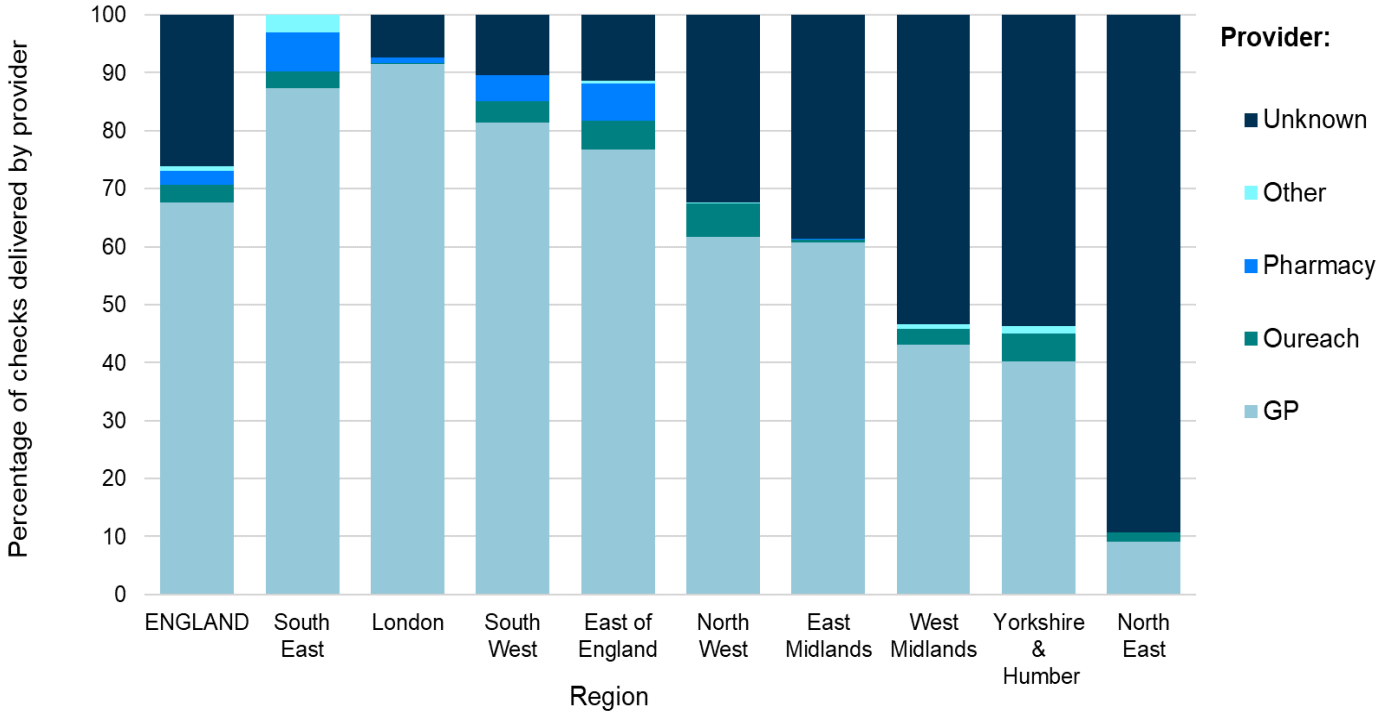


Figure 2: Make up of NHS Health Check provision by provider types



'n' is the number of local authorities

Figure 3: Proportion of England NHS Health Checks delivered by different provider types, by PHE region. 'Unknown' represents LAs who did not respond to the survey.



3.2 Identifying and inviting the eligible population

Among GP the clinical patient record system is the predominant method for identifying eligible people, used by 88% of GP providers (85/97). Conversely, LAs reported that opportunistic identification is most commonly used by 61% of Community Outreach providers (17/28) and 60% of Pharmacy providers (12/20) (Figure 4). Other methods used by providers to identify eligible people include self-referral (2/154) and alternative Information Technology (IT) systems (2/154). Similarly, the findings from the 2014 survey[2] showed that 89% of GP providers used GP clinical patient record systems to identify the eligible population and that opportunistic identification was the most common method for pharmacies and other providers (Annex A).

Age is the most common criteria used by providers to prioritise NHS Health Check invitations (49/154) (Figure 5); this has not changed since the 2014 survey[2] (Annex A). The second most commonly used method varies by provider, with 14% of GPs using CVD risk score (14/97), 20% of Pharmacy providers selecting other (4/20), 14% of Community Outreach using sociodemographic characteristics (4/28). Some of the 'other' methods used by providers include Body Mass Index (BMI) (2/154) and patients with a recent blood test (1/154) as criteria for prioritising invitations.

The current national template invitation letter or a local variation of it are the most common methods for inviting people to have an NHS Health Check. The national template letter was used by 44% of LAs (46/104) and a local variation of it used by 29% of LA (30/104) (Figure 6). Similarly, in 2014 letters were the most popular form of invitation, however, at that point over 60% were using a locally amended version of the national template invitation letter[2] (Annex A).

Figure 4: Method used by providers to identify the eligible population

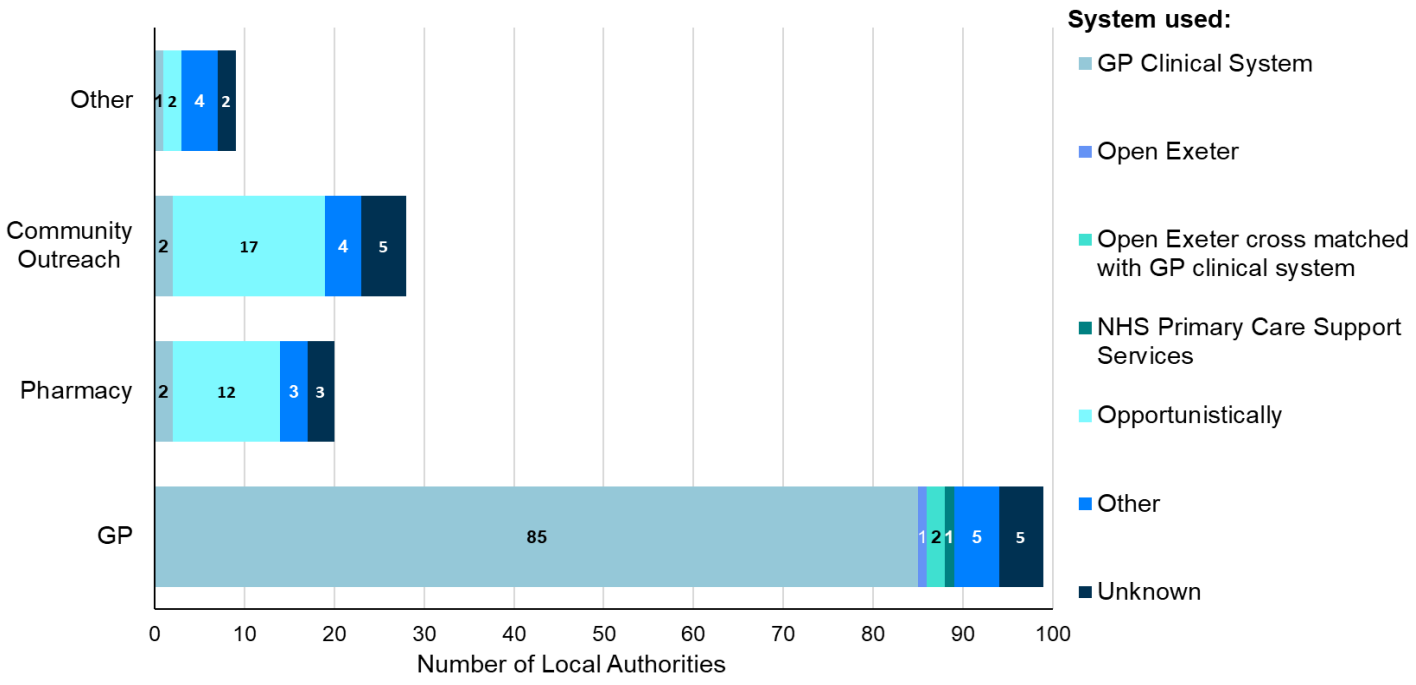


Figure 5: Criteria used by providers to prioritise patients for a NHS Health Check

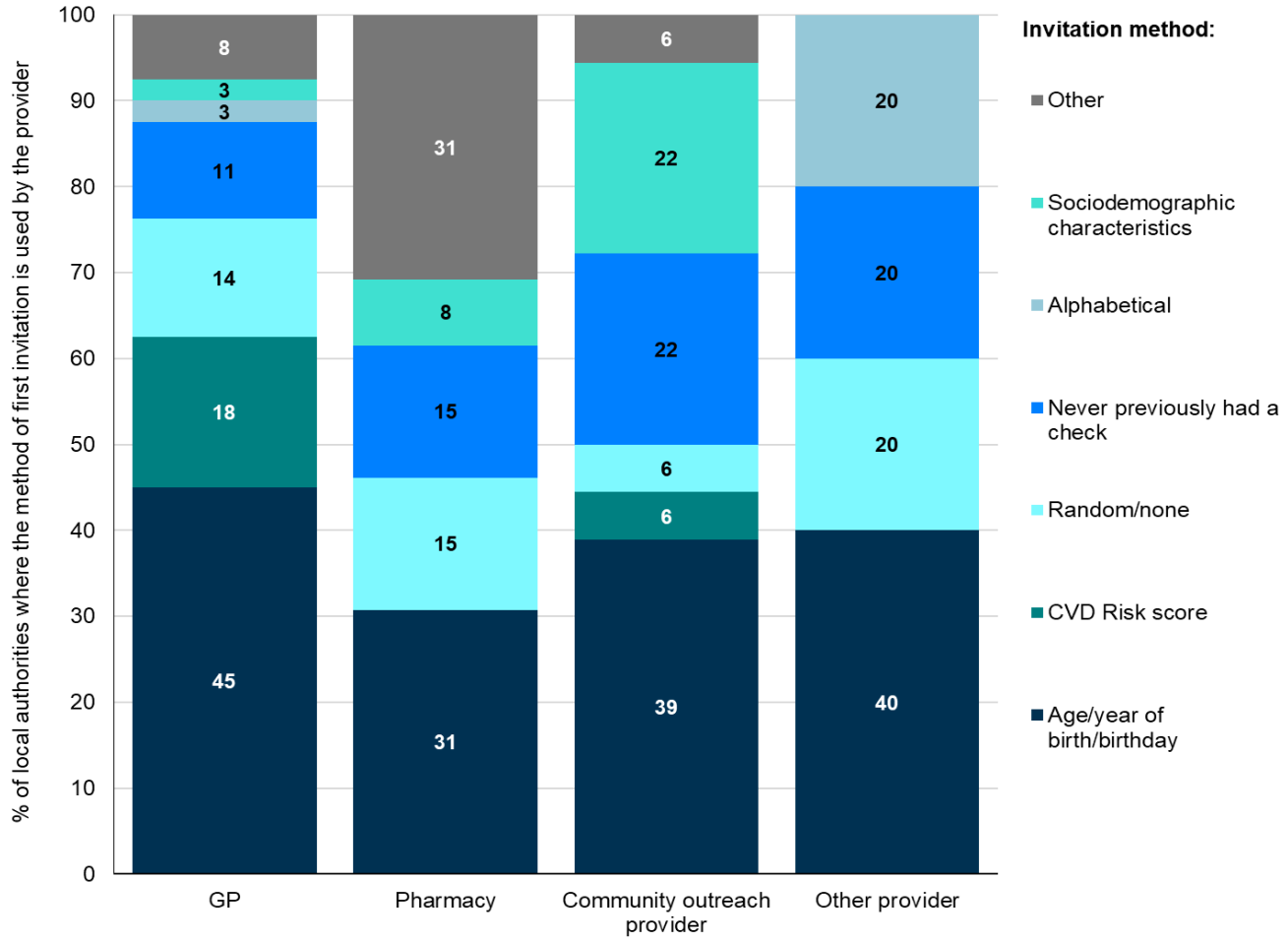
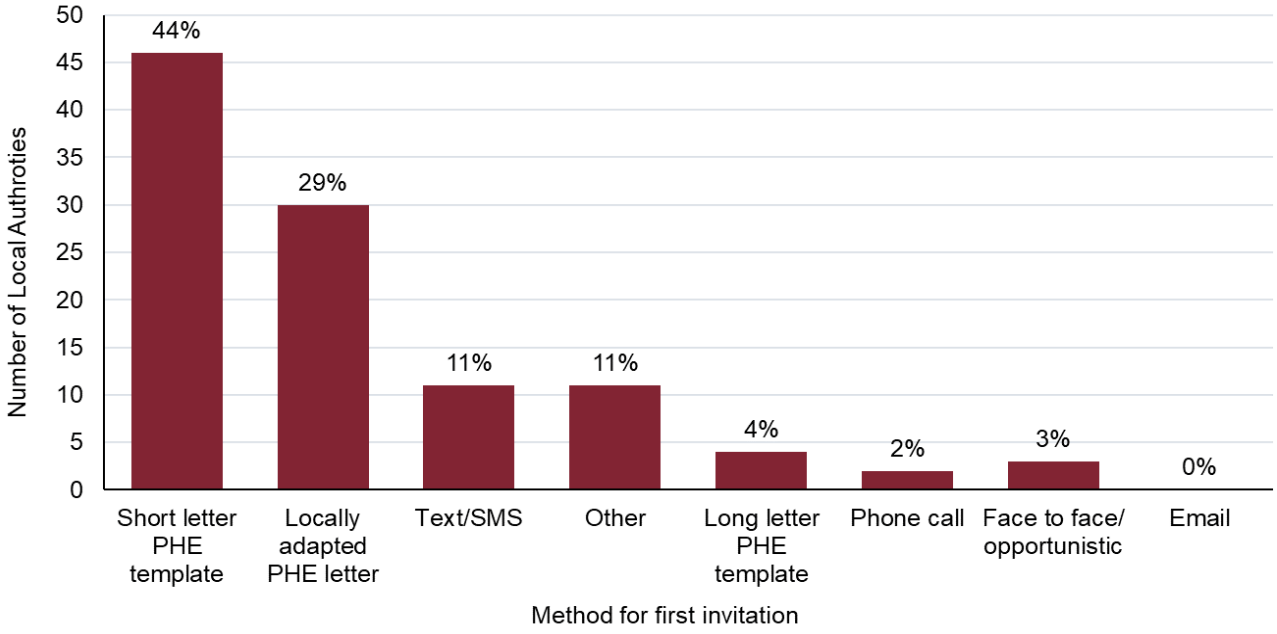


Figure 6: Method of first NHS Health Check invitation (more than one approach can be used in a single LA)



3.3 Delivery of the NHS Health Check

GP surgery is the most common setting to deliver NHS Health Checks, used by 70% of providers (108/154) (Figure 7). This is because most providers are GPs. Other delivery settings identified included; libraries, gyms and mobile support clinics. These findings are similar to those in the 2014 survey[2] which reported that 95 local authorities offered NHS Health Checks in GP surgeries and more than half (57%) in both GP surgeries and one or more community setting (Annex A).

The most common delivery setting varied depending on provider: 97% of GP providers use GP surgeries (94/97), 95% of Pharmacy providers deliver in Pharmacy (19/20), 79% of Community Outreach providers deliver in the workplace (22/28), 75% of Community Outreach providers deliver in community centres (21/28). Providers predominantly seem to use the setting where they are based with the exception of Community Outreach providers who deliver in a range of settings (Figure 8).

Of all the responding LAs, 49% have at least one provider offering NHS Health Checks outside of normal hours (51/104), where normal hours are defined as between 9am and 6pm (Figure 9). This is lower than the 2014 data which found that 68% (65/96) of local authorities offered an appointment outside 9am-5pm.

Where GP providers are used, 47% of NHS Health Checks are completed in two appointments (46/97) (Figure 10). With regard to Point of Care Testing (POCT), it was used in 72% of the local authorities where providers delivered checks in one session (18/25), but only in 56% (28/50) of local authorities where GPs delivered the check in two appointments or more (Figure 11). Overall, 63% (65/104) of LAs use POCT for some of their NHS Health Checks, higher that in 2014 survey[2] when 29% of GP providers reported using POCT in the 2014 (Annex A). Where POCT is used, 95% (62/65) of LAs use it to measure cholesterol, 55% (36/65) use it to measure blood glucose (Figure 12).

The most common (48/104) approach being used by providers to identify people at risk of diabetes and so eligible for a blood glucose test is the diabetes filter[1] (Figure 13) rather than a validated tool. The diabetes filter is a set of criteria used to determine whether a person is eligible for a blood glucose test, for example one criteria is if an individual has a BMI greater or equal to 30. Nearly a third of LAs (36/104) reported not knowing how providers assessed attendees' risk of diabetes. 64/104 local authorities reported some type of filter.

Figure 7: Delivery setting used (n=237, more than one approach can be used in a single LA)

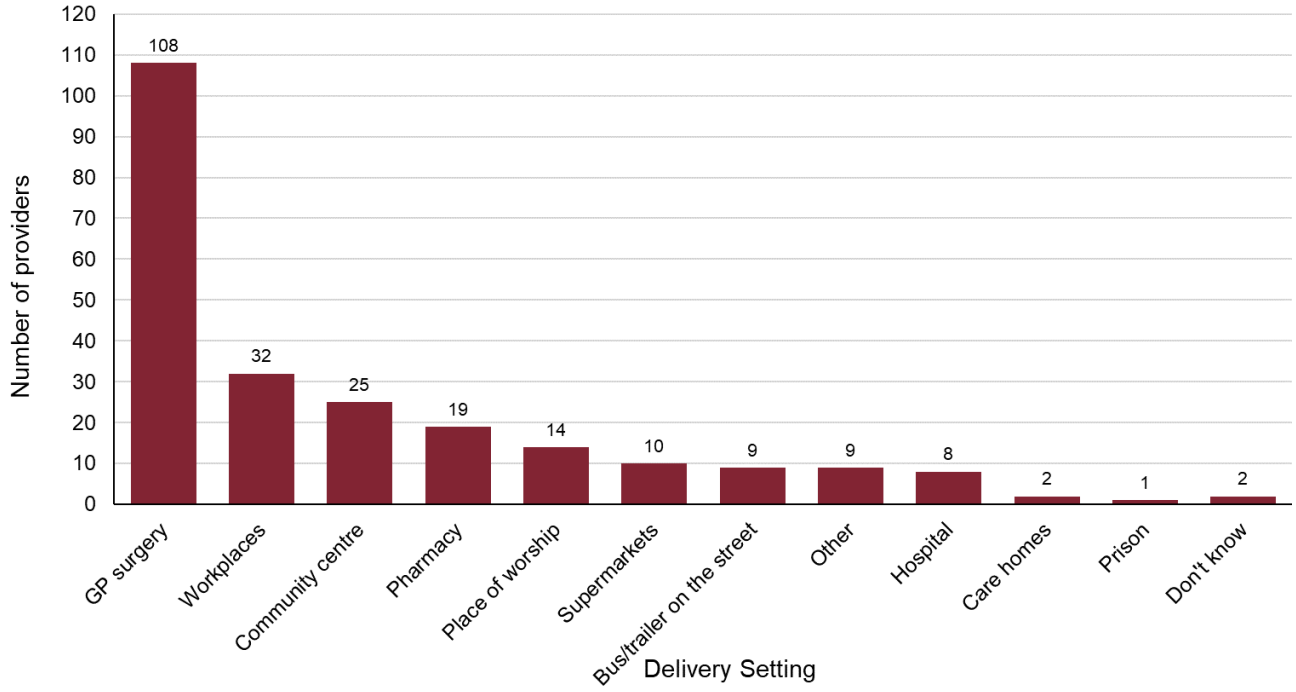


Figure 8: Delivery setting used by provider

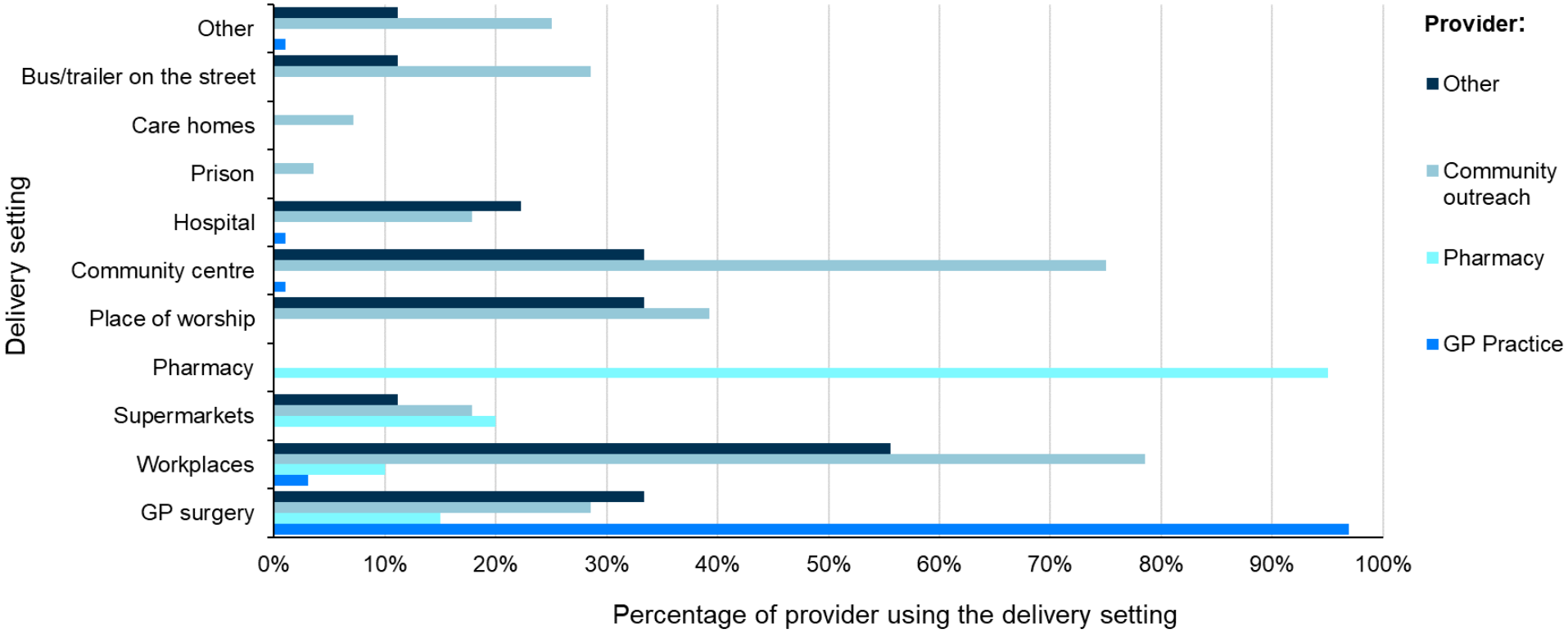


Figure 9: Local authorities where at least one provider is offering appointment outside normal hours (n=104)

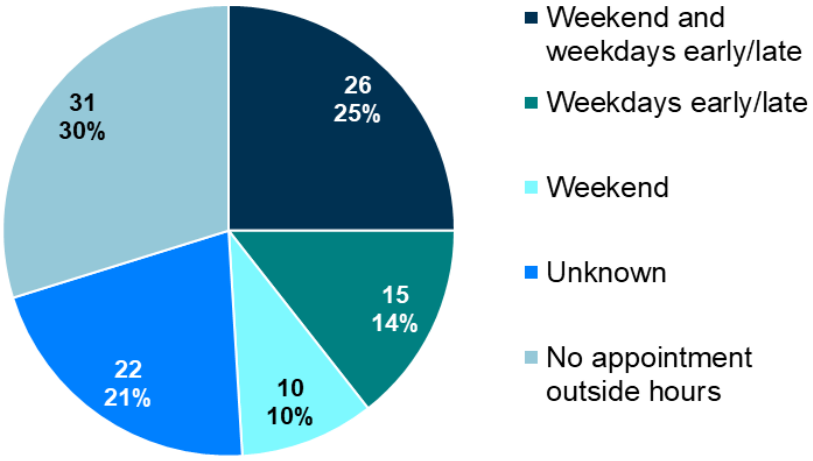


Figure 10: Number of appointments needed for a GP provider to complete an NHS Health Check (n=97)

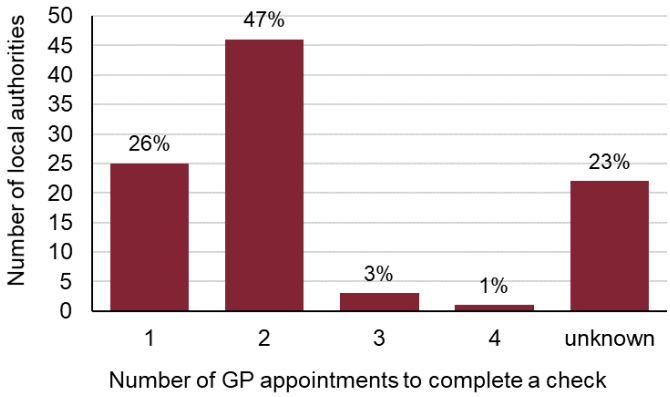


Figure 11: Point of Care Testing (POCT) use by the number of GP appointments needed to complete a check (n=75)

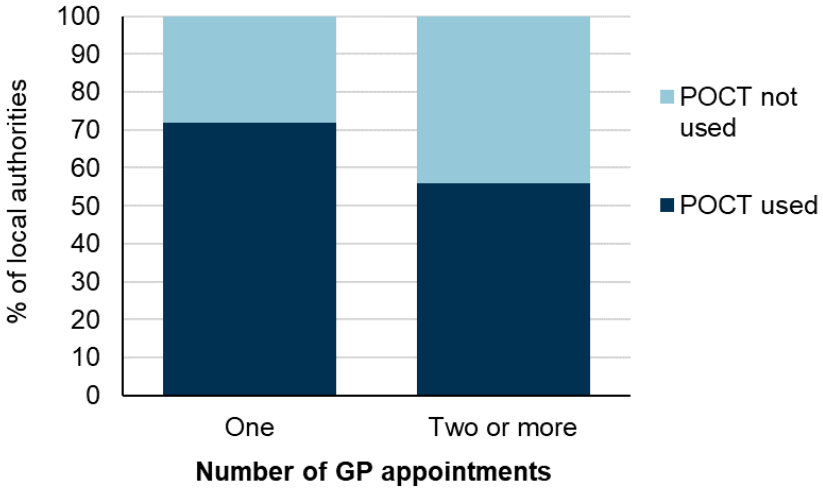


Figure 12: Number of local authorities using Point of Care Testing (POCT) to measure cholesterol and/or blood glucose (n=65)

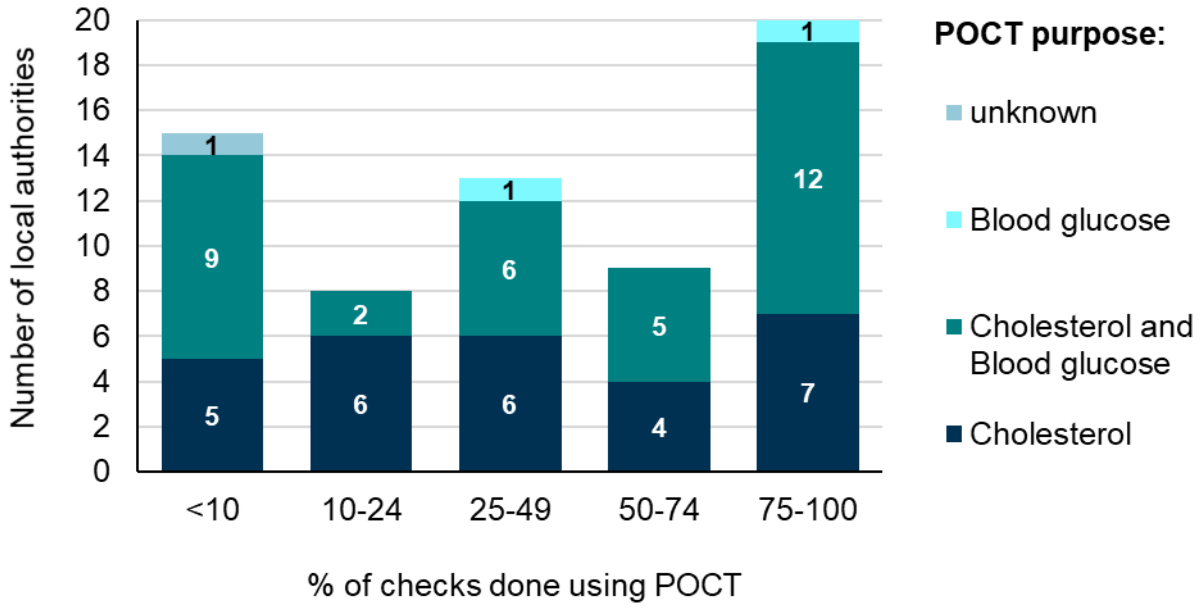
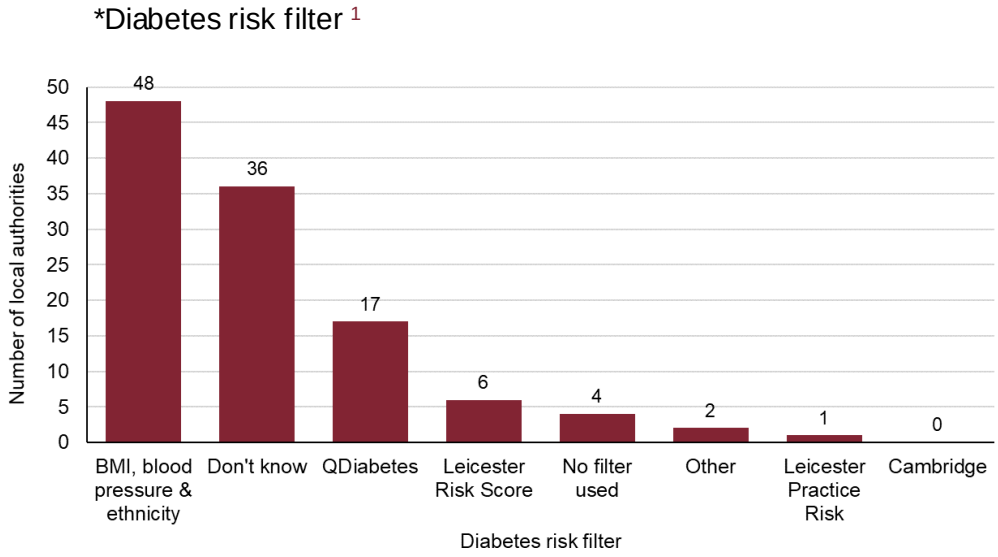


Figure 13: Approach for assessing diabetes risk (more than one approach can be used in a single LA)



3.4 Use of Digital Technology

Digital Technology is used to support aspects of delivery in 84% of LAs (87/104). SMS text message was the most prominent digital technology used by 74% of providers (77/104). Use of specialist software or a clinical patient record system template to guide delivery of checks was used in 43% LAs (45/104). Only one LA used digital technology to deliver a complete NHS Health Check (Table 1). Whilst the 2014 survey did not look specifically at use of digital technology, it found that text messages were the most common method for a reminder, being used in 31% of LAs (Annex A).[2]

Table 1: Digital technology used in the delivery of NHS Health Check (one LA can report using more than one digital technology)

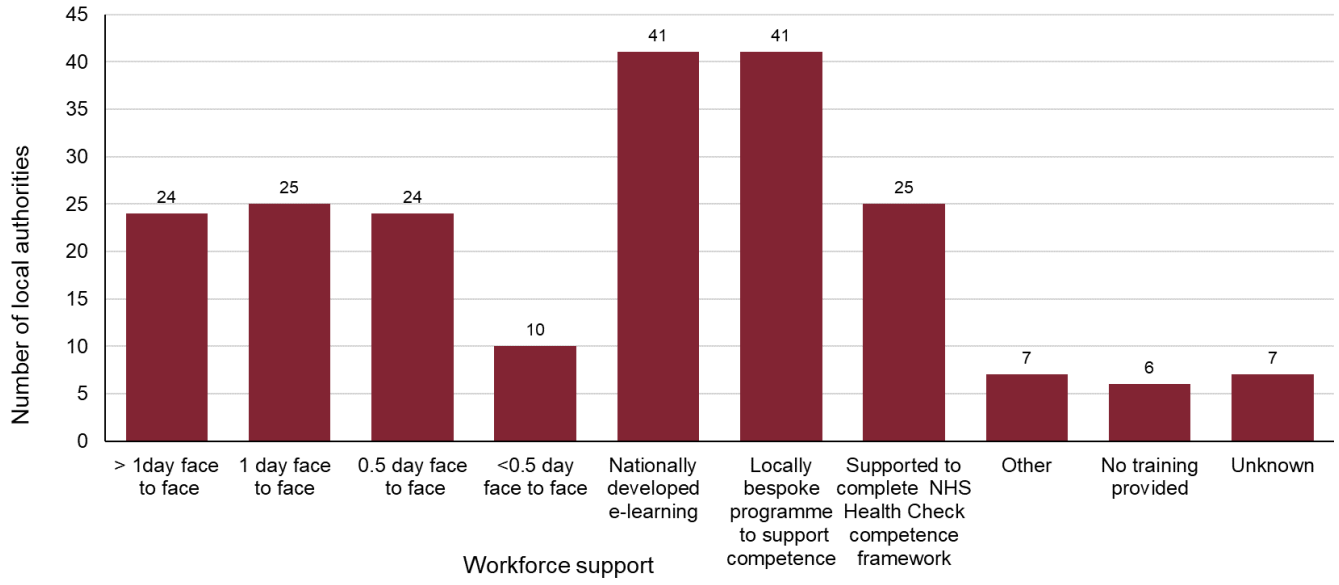
Digital Technology	Number of local authorities	In percentage of respondent LAs
SMS text message prompt, reminder or invite	77	74
Digital self-directed completion of questionnaire-based measures i.e. General Practice Physical Activity Questionnaire (GPPAQ)	3	3
Digital self-directed completion of the check except for blood pressure and cholesterol	1	1
NHS Health Check delivered entirely digitally	1	1
Digital workforce development and training e.g. e-learning	27	26
Use of specialist software or a clinical system template to guide the delivery of checks	45	43
No Digital solutions	12	12

3.5 Quality of the NHS Health Check

Face to face training in some form (less than 0.5 days to more than a day) was offered by 66% of LAs (69/104). Nearly half (45%, 47/104) of LAs offered at least a day of face to face training (Figure 14). Interestingly, the majority of LAs did not report using the nationally developed e-learning in the delivery of training (63/104). Similarly, most areas did not report that they used bespoke local training programmes (63/104) (Figure 14). Only 4% local authorities reported not providing any kind of training (4/104); 10% of LAs (10/104) did not know how/if the workforce was supported (Figure 14).

One in four local authorities reported applying PHEs improvement tool: A Systematic Approach to Raising Standards (StARS) in the delivery of the NHS Health Check programme.[3]

Figure 14: Workforce support offered by local authorities (one local authority can offer multiple types of support)



3.6 Resourcing

The majority of providers are paid, at least partly, based on activity (110/154). Other payment methods include: fixed amount (24/154), performance related by target population group (22/154) and performance related based on the number of offers and invitations (19/154).

When broken down by provider the majority of GP (80/97) and Pharmacy (19/20) providers are paid based on activity. For Community Outreach, 43% (12/28) of LAs reported using a fixed payment approach making it their most common method (Figure 15). This is similar to the 2014 survey[2] which found that 61% of responding LAs (56/92) used an activity-based payment approach (Annex A).

The majority of all providers are paid between £21.00 and £40.00 per NHS Health Check. For GP providers, 74% of local authorities pay between £21.00 and £40.00 per check (72/97), and 19% of GP providers pay £20 or less (18/97). For 8% of local authorities using GP providers information on average payment was unknown (8/97) (Figure 16).

Figure 15: Local Authority (LA) payment method by provider (a LA can have more than one provider)

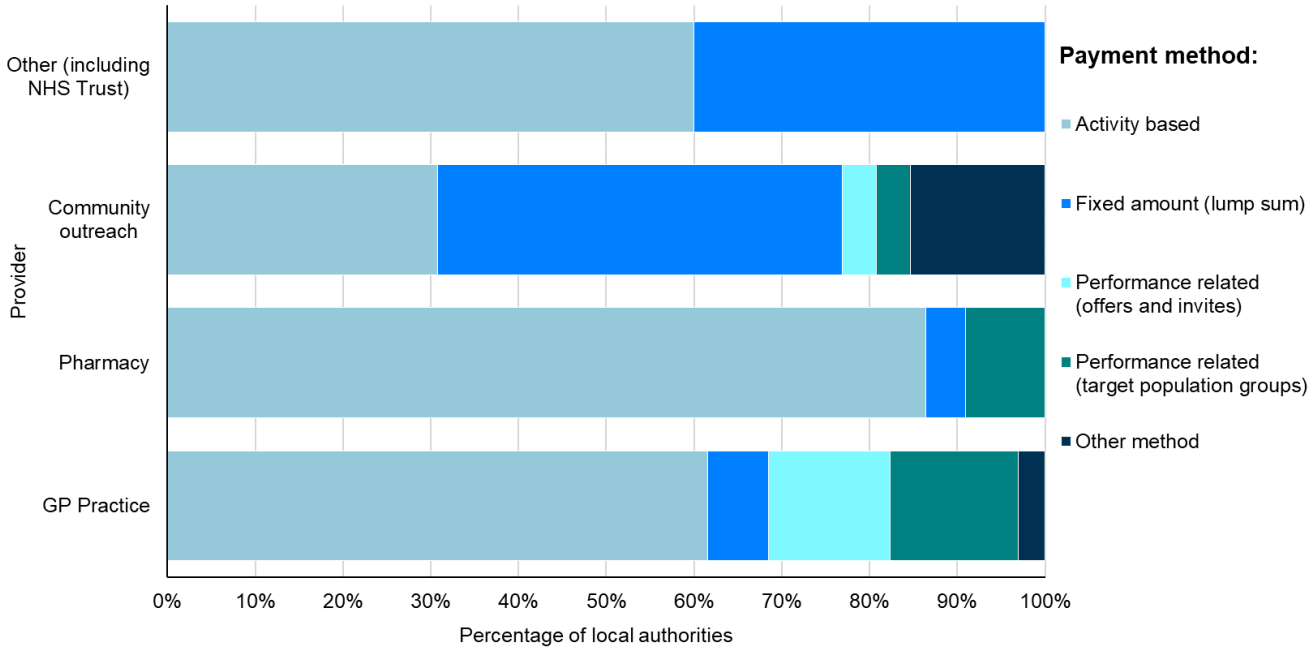
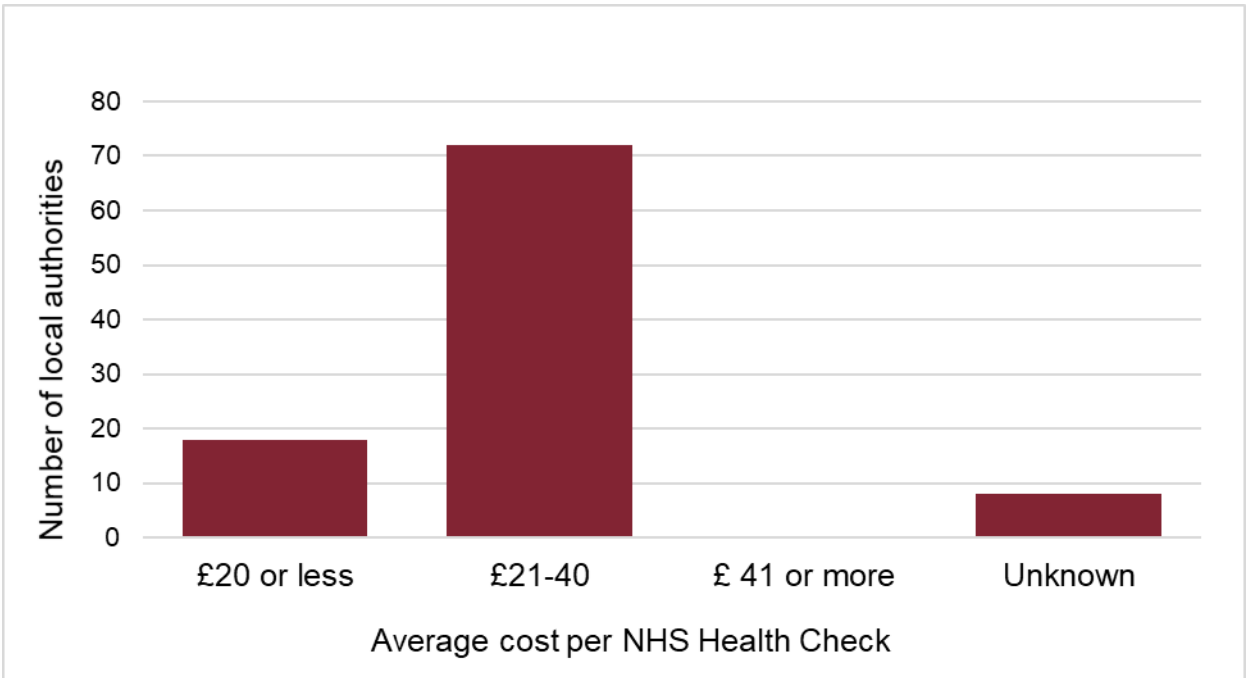


Figure 16: Average cost per NHS Health Check delivered by General Practice, a LA can use more than one amount to remunerate GP providers



4. Conclusion

The findings from this survey continue to show that GP remains the dominant provider of NHS Health Checks across England and that there has been a reduction in the provision of checks by Pharmacies since 2014 (Annex A). This may, in part, be explained by the eligibility criteria for the NHS Health Check as non-GP providers do not have access to information identifying the eligible population and therefore have to take additional steps to invite eligible people. These additional steps may increase the cost of delivering checks making them less attractive to commissioners and providing one explanation for the reduction in commissioning of Community Pharmacy services. This issue needs to be addressed if checks are to be delivered in a broader range of community settings in the future.

Age continues to be the most common criteria for prioritising NHS Health Check invitations. This may be because it holds a significant weighting within the QRISK© 10-year CVD risk algorithm. As a result, age is an excellent proxy of 10-year CVD risk while also being universally recorded on patient clinical systems, therefore making it easy to employ. However, it is important to recognise that there is a trade-off to prioritising those who are older as it means that younger adults who may be exposed to a greater lifetime risk of CVD are deprioritised.

Since 2014 it seems that there has been a shift from using a locally amended version of the national invitation letter template to the national invitation letter template itself (Annex A). This may be explained by LAs adopting the updated evidence-based version of the national template published in 2015. At the time of publication PHE made it clear that the revised version took account of findings from research which showed that a short letter with a deadline was more effective at increasing take-up than the original template invitation letter.[4]

Findings from the 2020 survey continue to show that NHS Health Check providers such as GP and Pharmacies primarily deliver the service in their own settings. Only Community Outreach providers deliver in alternative settings i.e. places of worship, workplaces etc.

Ensuring the delivery of a high-quality NHS Health Check is central to maximising its impact. However, survey results highlight that there is considerable variation in the local workforce development offer. LAs reported welcoming national training resources, therefore developing the national training offer may support action to reduce local variation in training provision. Further investigation is needed to understand whether there is a difference in the quality of the check or greater workforce confidence as a result of different training provision.

Finally, the results show that a number of LAs are using digital technology such as templates to help guide the practitioner through the delivery of a face-to-face check. Tools such as this may help to improve the quality of service delivery and so scaling up their use across England could support reductions in variation of quality of the NHS Health Check programme. In addition to the digital technology already being used, COVID 19 has resulted in a significant scaling up of digital services generally. Only one LA reported using digital technology to deliver a complete NHS Health Check, therefore it seems that there is now an opportunity to explore the national development of a complete digital NHS health check that LAs could use as part of their local NHS Health Check delivery model.

The findings from this survey describe the NHS Health Check delivery model as provided in 2019/20. With 151 LAs responsible for delivery this information provides an important snapshot of how the service is currently implemented. It also highlights changes in practice between 2014 and 2020 (Annex A). The findings also provide potential considerations for any future developments to the programme arising from PHE's evidence-based NHS Health Check review.

5. References

1. Public Health England. *NHS Health Check Best Practice Guidance*. October 2019. Available from: https://www.healthcheck.nhs.uk/seecmsfile/?id=1480 [Accessed 14 January 2021]

2. Public Health England. *Findings from the NHS Health Check delivery survey.* April 2015. Available from: https://www.healthcheck.nhs.uk/seecmsfile/?id=1599 [Accessed 14 January 2021]

3. Public Health England. *NHS Health Check StARS framework: systematic approach to raising standards*. October 2015. Available from: https://www.healthcheck.nhs.uk/seecmsfile/?id=7 [Accessed 14 January 2021]

4. Public Health England, Southwark Council. *Low cost ways to increase NHS Health Check attendance: results from a randomised control trial.* August 2005. Available from https://www.healthcheck.nhs.uk/seecmsfile/?id=405 [Accessed 14 January 2021]

Annex A: Comparisons between delivery models used in 2013/14 and 2019/20

Question	2013/14 delivery model survey response	2019/20 delivery model survey response
Number of questions	31	24
Number of respondents	104/152	104/151
Number of Local Authorities (LAS) who commissioned General Practice (GP)	89/91	97/104
Number of LAs who commissioned Pharmacy	29/91	20/104
Number of LAs who commissioned Community providers	N/A	28/104
Number of LAs who commissioned other types of organisation	40/91	9/104
Number of LAs using a mixed delivery approach of GPs and pharmacies	27/91	20/104
Number of GP providers using GP clinical system to identify the eligible population	71/80	85/104
Most common method used by pharmacy providers to identify the eligible population	Opportunistic identification 19/24	Opportunistic identification (12/20)
Most common method used by Community outreach providers to identify the eligible population	N/A	Opportunistic identification (17/28)
Most common method used by other providers to identify the eligible population	Opportunistic identification (24/34)	Other (4/9)
Most common criteria used by providers for selecting the eligible population	Age (25/70)	Age (49/154)
Most common invite method used by providers	Locally amended version of National template letter (43/70)	The national template letter (46/104)
Most common delivery site for the NHS Health Check	GP Surgeries (95/104)	GP Surgeries (108/154)
Number offering Point of Care Testing (POCT)	27 GP providers /93	65 local authorities / 104
Most common payment method for providers.	Activity based payment (56/92)	Activity based payment (110/154)

Annex B: NHS Health Check: 2019/20 delivery model survey

Public Health England

NHS Health Check: 2019/2020 delivery models

Introduction

Dear Colleague,

Public Health England (PHE) is asking for one local authority public health team response to the following survey. The purpose of the survey is to capture information on the local model used to deliver NHS Health Checks between April 2019 and March 2020.

This data will be used to inform the NHS Health Check review which is currently underway. In particular, PHE is seeking to use data from the NHS Health Check general practice data extraction, in conjunction with responses to this survey, to explore whether there are associations between the outputs and outcomes achieved and the local delivery model used.

The information captured through this survey will be shared with PHE NHS Health Check leads working in the nine PHE regions to inform network discussions and share local practice. If you would also like the results of this work to be shared with you, please include your email address in your response.

The survey will close on the 5th of October 2020. We are very grateful for your support at this especially challenging time.

Kind Regards,
Katherine

Katherine Thompson
Head of the Cardiovascular Disease Prevention Programme, Public Health England

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NHS Health Check: 2019/2020 delivery models

1. Which local authority area are you completing this survey on behalf of? *

   -- Please Select --

2. Please provide your email address

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NHS Health Check: 2019/2020 delivery models

NHS Health Check Providers

3. Of all the NHS Health Checks delivered in 2019/20 please state the approximate percentage delivered by each of your NHS Health Check provider organisations.*

	General Practice	Pharmacy	NHS Trust	Community Outreach Provider	Other Providers	
Percentage of NHS Health Checks delivered by provider						0

4. If you selected 'Other provider' please use this text box to specify the provider type(s) that you are referring to throughout the survey:

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NHS Health Check: 2019/2020 delivery models

Identifying and inviting the eligible population

5. In 2019/20, how did commissioned providers identify the eligible NHS Health Check population?*
If you do not know or a provider is not applicable please select the corresponding item from the drop down box. If the approach varies within provider groups, please report the approach that is used to identify the majority of the eligible population

	Approach for identifying the eligible population
General Practice	-- Please Select --
Pharmacy	-- Please Select --
NHS Trust	-- Please Select --
Community outreach provider	-- Please Select --
Other provider	-- Please Select --

6. If you have more than one 'other provider' then please use this comments box to specify the approach taken by each:

7. In 2019/20, what was the **most common** criteria used to inform which eligible people received an invitation that year?*
If you do not know or a provider is not applicable please select the corresponding item from the drop down box. If the approach varies within provider groups please report the approach that is used to identify the majority of the eligible population.

	criteria for invitations
General Practice	-- Please Select --
Pharmacy	-- Please Select --
NHS Trust	-- Please Select --
Community outreach provider	-- Please Select --
Other provider	-- Please Select --

8. If you have more than one 'other provider' then please use this comments box to specify the approach taken by each:

9. In 2019/20, across all providers, which method was used for the majority of first invitations?*
- ○ Current (short) national template letter
- ○ Old (long) national template letter
- ○ Locally adapted national letter
- ○ Phone call
- ○ Email
- ○ Text/SMS
- ○ Face to face/opportunistic
- ○ Other, please specify

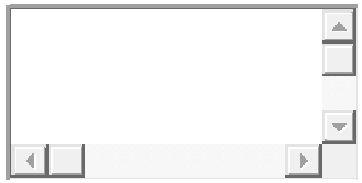
NHS Health Check: 2019/2020 delivery models

Delivery of the NHS Health Check

10. In 2019/20, **when** were NHS Health Check appointments made available by the following providers?*

	Weekends	Weekday evenings after 6pm	Weekday early mornings before 9am	Standard hours (e.g. Weekdays 9am-6pm)	Other, please specify	Unknown
GP Practices	☐	☐	☐	☐	☐	☐
Pharmacies	☐	☐	☐	☐	☐	☐
NHS Trusts	☐	☐	☐	☐	☐	☐
Community outreach provider	☐	☐	☐	☐	☐	☐
Other provider	☐	☐	☐	☐	☐	☐

11 If you have more than one 'Other provider' please use this comments box to specify appointment day/times offered (as per question 10):
.



12 In 2019/20, what **settings** were used by providers to deliver a NHS Health Check?*
.

	Primary care	Workplaces	Supermarket	Pharmacy	Place of	Community centres	Hospital	Prisons	Care home	Bus/trailer on the	Don't	Other, please

					worshi p				s	street	kno w	specif y
GP practices	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pharmacie s	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
NHS Trust	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Communit y outreach provider	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other provider, as specified in question 3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

13. If you have more than one 'Other provider' please describe their delivery settings here (as per question 12):

14. In 2019/20, please indicate how many **appointments/interactions** between providers and users were necessary before an NHS Health Check was considered complete.*
For example, an individual may need to attend an appointment for a blood test and one for the remaining elements of a check which would mean two separate interactions. If you do not know or a provider is not applicable, please select the corresponding item from the drop-down box.

	Number of appointments
General Practice	-- Please Select --
Pharmacy	-- Please Select --

NHS Trust	-- Please Select --
Community outreach provider	-- Please Select --
Other provider	-- Please Select --

15. If Point of Care Testing was used to support implementation in 2019/20, please tell us approximately what percentage of all NHS Health Checks it was used to deliver.

- ○ <10% of checks
- ○ 10%-24% of checks
- ○ 25%-49% of checks
- ○ 50%-74% of checks
- ○ 75%-100% of checks
- ○ not applicable

16. **If Point of Care Testing was used in 2019/20 to support implementation;** what was it used to measure?

- ☐ Cholesterol
- ☐ Blood glucose
- ☐ Not applicable
- ☐ Other, please specify

17. **If Point of Care Testing was used in 2019/20;** which device was most commonly used?

- ☐ Alere - Afinion HbA1c Test
- ☐ The Eurolyser CUBE
- ☐ Roche COBAS B 101 INSTRUMENT
- ☐ Siemens DCA Vantage Analyser

- [ ] BHR cardiocheck
- [ ] Not applicable
- [ ] Other, please specify

18. In 2019/20 which **diabetes risk filter** did your provider(s) use?*
    - [ ] BMI, Blood Pressure & Ethnicity
    - [ ] QDiabetes
    - [ ] Cambridge
    - [ ] Leicester Practice Risk
    - [ ] Leicester Risk Score
    - [ ] No filter used
    - [ ] Don't know
    - [ ] Other, please specify

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Digital

19. Were any of the following **digital solutions** used in the delivery of the NHS Health Check programme in 2019/20?*
Please tick all that apply

- [ ] SMS text message prompt, reminder or invite
- [ ] Digital self-directed completion of questionnaire-based measures i.e. GPPAQ
- [ ] Digital self-directed completion of the check except for blood pressure and cholesterol
- [ ] NHS Health Check delivered entirely digitally
- [ ] Digital workforce development and training e.g. e-learning
- [ ] Use of specialist software or a clinical system template to guide the delivery of checks
- [ ] None
- [ ] Other, please specify

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Quality

20. In 2018/19 how was the provider **workforce** supported to ensure that they have the appropriate competence to deliver NHS Health Check?*
Please tick all that apply

- [ ] Offered more than one full day face to face training
- [ ] Offered one full day face to face training
- [ ] Offered half a day face to face training
- [ ] Offered less than half a day face to face training
- [ ] Offered nationally developed e-learning
- [ ] Offered locally bespoke programme to support competence
- [ ] No training is provided
- [ ] Supported to complete the NHS Health Check competence framework
- [ ] Unknown
- [ ] Other, please specify

21. In 2019/20 was the Systematic Approach to Raising Standards (StARS) framework applied?*

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Other, please specify

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Resourcing

22. In 2019/20 what was the average amount paid for a completed NHS Health Check?*

	£0-5	£6-20	£21-40	£41-60	£61-80	£81-100	£100+	Not Applicable	Unknown
General Practice	○	○	○	○	○	○	○	○	○
Pharmacy	○	○	○	○	○	○	○	○	○
NHS Trust	○	○	○	○	○	○	○	○	○
Community outreach provider	○	○	○	○	○	○	○	○	○
Other provider	○	○	○	○	○	○	○	○	○

23. What payment approach did you employ with your providers?*

	GP Practices	Pharmacies	NHS Trusts	Community outreach provider	Other Provider
Fixed amount (lump sum)	☐	☐	☐	☐	☐
Activity based e.g. payment per invite, attendance, completion etc.	☐	☐	☐	☐	☐
Performance related (offers and invites)	☐	☐	☐	☐	☐
Performance related (Target population groups)	☐	☐	☐	☐	☐
Other, please specify	☐	☐	☐	☐	☐

24. If you have more than one 'Other provider' please use this comments box to specify your approach (as per question 23):

Glossary

Activity-based payment: providers are allocated funds based on the type and volume of services they provide.

Information Technology systems: the study or use of systems (especially computers and telecommunications) for storing, retrieving, and sending information.

Commissioning (and commissioners): commissioning is essentially buying care in line with available resources to ensure that services meet the needs of the population. The process of commissioning includes assessing the needs of the population, selecting service providers and ensuring that these services are safe, effective, people-centred and of high quality. **Commissioners** are responsible for commissioning services.

Community Outreach: coordination and provision of the NHS Health Check programme in an outreach setting eg, leisure centre, library or workplace. It aims to bring health care directly to communities that may otherwise face barriers in seeking and accessing care at fixed health center sites.

Diabetes filter: if providers are unable to introduce the use of a validated tool, then the diabetes filter can be used. In this case, people at high risk of diabetes, and so eligible for a blood glucose test, include: an individual from black, Asian and other ethnic groups with BMI greater than or equal to 27.5 or, an individual with BMI greater than or equal to 30 or, those with blood pressure at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg, respectively.

e-learning: a system of learning that uses electronic media, typically over the internet.

Eligible population: people who meet a set of requirements to qualify for an NHS Health Check. Specifically, people aged 40 – 74 years who do **not** have any of the following conditions are eligible for a check; coronary heart disease, chronic kidney disease (CKD) ,diabetes, hypertension, atrial fibrillation, transient ischaemic attack, hypercholesterolemia – defined as familial hypercholesterolemia, heart failure, peripheral arterial disease, stroke, is currently being prescribed statins for the purpose of lowering cholesterol, people who have previously had an NHS Health Check, or any other check undertaken through.

Fixed payment approach: providers are allocated funds based on pre-arranged monthly or yearly payments, regardless of activity.

General Practice: a health centre for non-specialist medical work.

General Practitioners (GPs): doctors based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.

National template invitation: a letter template to invite eligible people for an NHS Health Check, developed by the national cardiovascular disease prevention programme teams at Public Health England.

NHS Health Check review: The Department of Health and Social Care asked Public Health England to carry out an evidence-based review of the NHS Health Check programme in July 2020. The review will advise Ministers on how NHS Health Checks can evolve in the next decade to

maximise the future benefits of the programme in preventing illness and reducing health inequalities.

Non- communicable disease: also known as chronic diseases, are not passed from person to person.

Open Exeter: Open Exeter is a web-enabled viewer which gives access to patient data held on the National Health Application and Infrastructure Services (NHAIS) systems.

Opportunistic identification: taking action when the patient attends for other reasons.

Patient clinical systems: a large computerised database management system that processes patient data in order to support patient care.

Pharmacological treatment: is the treatment of a disorder or disease with medication.

Point of Care Testing (POCT): an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care.

Predictive prevention: careful, targeted and consensual use of data to provide digitally-enabled health improvement interventions in a way people are most likely to engage with and act on.

Providers: organisation or people who have been commissioned to deliver NHS Health Checks.

QRISK© 10-year CVD risk algorithm: calculates a person's risk of developing a heart attack or stroke over the next 10 years.

Sociodemographic characteristics: combination of sociological (=related to sociology) and demographic (=relating to populations) characteristics. Socio-demographic characteristics include, for example, age, sex, education, migration background and ethnicity, religious affiliation, marital status, household, employment, and income.

Validated tool: an instrument that has been tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), sensitivity (the probability of correctly identifying a patient with the condition).

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe
Twitter: @PHE_uk
www.facebook.com/PublicHealthEngland

Prepared by: Alicia Nolan, Catherine Lagord and Katherine Thompson
For queries relating to this document, please contact: nhshealthchecks.mailbox@phe.gov.uk

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