

Testing Innovation to Reduce the Burden of the NHS Health Check on Primary Care

Introduction

The Health Improvement Service (HIS) have been a Public Health Provider service since 2004 and have delivered approximately 10,000 NHS Health Checks since the programme began in 2012; in Salford, Warrington and across Greater Manchester. As a service we have expertise in delivering the Level 2 RSPH accredited NHS Health Check training nationally. Over the last five years we have refined our delivery models, including working opportunistically within hard to reach populations and directly through primary care.

Issues with Opportunistic Working

Opportunistic checks are resource intensive - only 4% of people engaged will lead to a full NHS Health Check. However, they are important in Salford, as they provide an opportunity to engage with people who might not access primary care in areas of high deprivation.

Barriers to Engagement with Primary Care

- Lack of trust regarding working with an outside provider regarding quality and credibility (especially if non-clinicians)
- Local commissioning arrangements regarding how GPs are paid for NHS Health Checks
- Increased work-flow on administration of GP surgeries, such as invitations letters and inputting results into patient records
- On average, >30% of patients require clinical follow-up at GP surgery (when following 2017 PHE NHS Health Check Best Practice Guidance)

Aims

1. Reduce the proportion of patients requiring a primary care appointment following their NHS Health Check
2. Give patients greater control to manage their health, themselves, which is better for everyone (Five Year Forward View, NHSE, 2014)

Method

The following innovations were applied in quarter 1 of 2017/18 and relate to 422 patients (all protocols were approved by the GP surgery's clinical director):

- HbA1c POCT when diabetes filter triggered and referral to community IGR Intervention for HbA1c reading of 42 - 47mmol/mol
- Direct patient sign up to digital ABPM for BP of 140 – 180/90 – 110
- Brief intervention of CVD risk using NICE Statin Patient Aid with those patients who have a Q Risk of $\geq 10\%$, but have no other risk factors arising and have a lower relative CVD risk and 'healthy heart age'

The above meant that only those with a BP of $\geq 180/110$, a TC of ≥ 7.5 mmol, an HbA1c of ≥ 48 mmol/mol or concerns following dementia brief advice would be advised to make a follow up appointment at their GP surgery.

Results

Using the protocols outlined above resulted in seven follow up appointments over the test period (1.7% of total patients seen). If these were not applied, 163 people would have required follow up appointments with clinicians (38% in total). This means that there was a reduction of 96% of primary care appointments resulting from HIS NHS Health Checks.

Key Points

- There is a potential to reduce 96% of follow up appointments in primary care resulting from the NHS Health Check
- A mixed delivery model and commissioning arrangements that allow for innovation are essential
- Very robust signposting/referral pathways are essential
- Staff need to be willing to be trained in and adapt to new protocols
- The outlined methods can lead to an Increased pressure on staff

Conclusion

This evaluation has demonstrated how non-clinical provider services are able to tailor interventions and act responsively to shift resources to meet locally identified needs at relatively short notice, in this case following the delivery of community based NHS Health Checks. It has been clearly shown, that community providers and GP surgeries can work in partnership to reduce the pressure on local primary care and encourage self-care and the accessing of community resources by their patients.

Next Steps

- To continually strive for quality improvements and efficiency
- To continue to build reputation
- To further co-produce with Public Health Commissioners and Primary Care to test innovation
- To utilise Data systems:- trial software (GM commissioned system called Datawell)
- To introduce electronic invitations
- Social Value – lessen environmental impact, utilise local assets and further engage with local commissioned services

Authors: Angela Eden & Peter Locke (Health Improvement Service)