The NHS Health Check Practice Based POCT Pilot: An NHS Perspective

SMi International Conference 2012 Point-of-Care Diagnostics

Contact: Sue Collins
 0191 283 1155
 sue.collins@sotw.nhs.uk
PCTs encouraged to offer cardiovascular checks to 40-74 year olds with no established disease

Level of CVD risk within next 10 years established

Treatment, management, and referral to appropriate services
PATHWAY

NHS Health Check programme

Risk assessment
- Age
- Gender
- Smoking status
- Physical activity
- Family history
- Ethnicity
- Body Mass Index
- Cholesterol test
- Blood pressure measure
- Diabetes filter
  - BMI
  - BP measure

Communication of risk
- Signpost or refer to lifestyle interventions

Risk management
- Behaviour change tool, e.g. Mid-life LifeCheck
- NHS stop smoking services referral
- Exercise on prescription or other physical activity intervention
- Weight management on referral
- IFG/IGT lifestyle management advice

Key:
- BP: blood pressure
- CKD: chronic kidney disease
- DM: diabetes mellitus
- eGFR: estimated glomerular filtration rate
- IFG: impaired fasting glucose
- IGT: impaired glucose tolerance

If at risk
- Blood sugar test

Or oral glucose tolerance test

If CVD risk assessed as >20%
- Assessment for hypertension
  - High
  - Anti-hypertensives prescription

If raised blood pressure
- IFG/IGT
- DM

If CVD risk assessed as >20%
- Assessment for hypertension
  - High
  - Anti-hypertensives prescription

All to be undertaken by GP practice team

*Or by professionals with suitable patient information and prescribing responsibilities

^People recalled to separate appointments for diagnosis

Key:
- EXIT
- EXIT
- EXIT
- EXIT
- EXIT
- EXIT
- EXIT
- EXIT
EVIDENCE

The programme could prevent:

- 1,600 heart attacks and strokes
- save up to 650 lives per year
- prevent over 4000 people from developing diabetes

Cost of £3,500 per QALY it is considerably below the NICE £20,00– £30,000 per threshold indicating the programme is very cost effective.

NUMBERS ELIGIBLE FOR NHS HEALTH CHECK IN SOTW?

232,000

GH – 74,500
ST – 55,800
SUN – 101,700

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
Early identification and management of CVD risk
COMMUNITY SERVICE

NHS Health Checks Training
NHS Gateshead, Sunderland and South Tyneside, in conjunction with Health Diagnostics would like to invite you to attend a FREE NHS Health Checks Training day.

The training session will cover:
- Measurement and evaluation of all health parameters
- Use of testing equipment
- Referral guidelines
- Care and calibration of equipment
- Entering results into the Health Options Software
- Uploading of results and administration

The course will be delivered on the following dates:
- Wednesday, 1st June 2011
- Wednesday, 1st September 2011
- Wednesday, 7th November 2011
- 9am – 4pm (Refreshments included)
- 1.30 – 4pm (Refreshments included)
- At Barmston-Mere Training Centre, Nissan Way, Sunderland, SR5 3QY

Places are limited and will be allocated on a first come first serve basis.
To book your place, contact Tara Gordon-Watts at tara.gordon-watts@nhs.nhs.uk

Health Diagnostics
Free NHS Health Check
## FINDINGS

<table>
<thead>
<tr>
<th>Practitioners/Stakeholders opinion</th>
<th>Public opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Difficulty - identifying specific people/communities</td>
<td>- Difficulty - identifying specific people/communities</td>
</tr>
<tr>
<td>- Depended on individual lifestyle NOT community</td>
<td>- Certain ethnic communities</td>
</tr>
</tbody>
</table>

### Additional:

- Middle aged
- Teenage binge drinkers
- Older house-bound people
- Deprived communities
- Family history

- High pressure occupation (stress)
- Cultural background – diet
- All ages – relevant to ‘everyone’ including the young
- Refugees/Asylum Seekers
<table>
<thead>
<tr>
<th>SEGMENT</th>
<th>AWARENESS</th>
<th>INFORMATION</th>
<th>MOTIVATION</th>
</tr>
</thead>
</table>
| **The Proactives** | **Good** awareness of CVD  
Little effort required | If know about Pathway patients WILL use | **Invitation** enough to motivate these people |
| **The Denials**       | **Good** awareness of CVD  
focus on educating of risk factors | Inform about Pathway and relevance | **Need motivation** to accept relevance and take part |
| **The Rejecters**     | **Low** awareness of CVD  
Needs developing to recognise own risk | Inform about Pathway and relevance | **Essential to shock** into action ‘Remove their head from the sand’ |
# Barriers to Involvement

<table>
<thead>
<tr>
<th>Practitioners</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td></td>
</tr>
<tr>
<td>◦ Resource - staff</td>
<td>◦ Fear – process, reality and change</td>
</tr>
<tr>
<td>◦ Increased workloads</td>
<td>◦ Denial</td>
</tr>
<tr>
<td>◦ Consultation rooms (Pharmacist)</td>
<td>◦ Convenience/distance</td>
</tr>
<tr>
<td>◦ Training</td>
<td>◦ Language</td>
</tr>
<tr>
<td>◦ Patient’s low awareness of service</td>
<td>◦ Embarrassment</td>
</tr>
<tr>
<td>◦ Other agreed targets with PCT</td>
<td>◦ Difficulty of getting appointment</td>
</tr>
<tr>
<td>◦ Impact on existing roles</td>
<td>◦ Cost of healthy living</td>
</tr>
<tr>
<td>◦ Incentive necessary</td>
<td>◦ Motivation</td>
</tr>
<tr>
<td></td>
<td>◦ Lack of knowledge/interest</td>
</tr>
<tr>
<td></td>
<td>◦ Disability</td>
</tr>
<tr>
<td></td>
<td>◦ Lack of peer support</td>
</tr>
</tbody>
</table>
How do we improve quality?
RAPID PROCESS IMPROVEMENT WORKSHOP (RPIW)

- The event took place between 10–14th August 2009
- Five days of intensive interactive group work and going out on the gemba (workplace) to test ideas
- Putting the patient at the heart of the process
AIM

⚠️ Systematic NHS Health Checks within primary care
⚠️ Standardised process for community based health check providers
⚠️ Streamlined signposting and referral process for lifestyle services
Tools

Identify and eliminate waste

Ask “Why” 5 times

5S

Standard Work

Timings

Target Sheets

Value Stream Map

RPIW Project Form

<table>
<thead>
<tr>
<th>RPIW Event:</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop Leaders</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Team Members</td>
<td>Department</td>
</tr>
<tr>
<td>RPIW Theme/Overview</td>
<td>RPIW Targets/Boundaries</td>
</tr>
<tr>
<td>Production Requirements</td>
<td>Takt Time Calculation</td>
</tr>
</tbody>
</table>

RPIW Project Form

Sponsor: 
Workshop Leader: 
Team Leaders: 
Process Owner: 
VMPS Specialist: 
Team Members: 
Department: 
MD Hours: 

Production Requirements/Takt Time Calculation

Current Situation:

Process Flow:

RPIW Theme/Overview

RPIW Targets/Boundaries
**Current State/Future State (Circle One)**

**Value Stream Map for: GP-based NHS Health Check**

**Author:** SC, PG, LW, AW, AH  
**Date Prepared:** 7th August 2009

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**Process Boundaries**

**From:** Arrival for Fasting Blood test  
**To:** Further tests

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**Appointment 1**

1. **Arrival Bloods**
   - Arrival and check in
   - Takes seat and wait
   - Called for bloods

2. **Fasting Bloods**
   - Fasting sample – full lipid, liver, glucose, U&Es
   - Label specimen
   - Make Health Check appointment

**Time:** 0:50 secs (walk to room)

---

**Appointment 2**

3. **Arrival Health Check**
   - Arrival and check in
   - Takes seat and wait
   - Called in for health check

**Time:** 10080 mins (7 days)

---

**Appointment 3**

4. **Health Check**
   - Perform Health Check
   - Make appointment for further test, or flagged for review, or referral for treatment

**Time:** 0:50 secs (walk to room)

---

**Appointment 4**

5. **Arrival Further Tests**
   - Arrival and check in
   - Takes seat and wait
   - Called in for bloods

**Time:** 10080 mins (7 days)

---

**Appointment 5**

6. **Further Tests**
   - Perform additional tests (repeat full lipid/liver or may do OGGT etc.)
   - Make appointment for results

**Time:** 0:50 secs (walk to room)

---

**Table:**

<table>
<thead>
<tr>
<th></th>
<th>CT</th>
<th>VA</th>
<th>NVA</th>
<th>%VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Bloods</td>
<td>3:12</td>
<td>0:11</td>
<td>3:01</td>
<td>0.4%</td>
</tr>
<tr>
<td>Fasting Bloods</td>
<td>5:27</td>
<td>5:27</td>
<td>0:30</td>
<td>100%</td>
</tr>
<tr>
<td>Health Check</td>
<td>6:57</td>
<td>1:02</td>
<td>5:55</td>
<td>16%</td>
</tr>
<tr>
<td>Further Tests</td>
<td>37:17</td>
<td>3:12</td>
<td>3:01</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

**Takt Time = Available Time = 180/6 = 30 mins**

**Demand**

---

**Lead Time**

**Processing Time**

**Change Over Time**

**Value Added (VA) Time**

**Non Value Added (NVA) Time**

**% VA**

**% NVA**
Three main areas of work
OUTCOMES

✍️ Standardised:
  • Template (GP and community feedback)
  • Data collection / audit process
  • Draft Standard Operating Procedure (SOP)
  • Resources

✍️ Develop bespoke training programme

✍️ POCT a new approach to delivering health checks in primary care
Delivering the NHS Health Check: A Practical Guide to Implementation

A Practical Guide to Point of Care Testing

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
Current State / Future State (Circle One)
Value Stream Map for: GP-based POCT NHS Health Check

1 Arrival Bloods
- Arrival and check in
- Takes seat and wait

2 Fasting Bloods
- Called in for bloods (includes taking bloods and lab samples)
- Make Health Check appointment

3 Arrival Health Check
- Arrival and check in
- Takes seat and wait

4 Health Check
- Perform Health Check
- Make appointment for further test, or flagged for review, or referral for treatment

5 Arrival Further Tests
- Arrival and check in
- Takes seat and wait

6 Further Tests
- Perform additional tests
- Make appointment for results

Random Total Cholesterol and HDL required

Opportunity to streamline process

Gov't suggests further tests not required for 50% of patients

Lead Time: 20223:62
Processing Time: 61:32
Change Over Time: 0
Value Added (VA) Time: 47:27
Non Value Added (NVA) Time: 20176:35
% VA: 99.8%
% NVA: 0.2%

Takt Time = Available Time = 180/6 = 30 mins
Demand
POCT PILOT

- The pilot would run April 10 – March 11
- Recruit 5 practices in GH, 3 in ST and 7 practices in SUN
- Provide in-house training
AIM

Pilot near patient testing in a GP setting to test the feasibility of delivering the NHS Health Check in a single appointment
GP POCT KIT
QUALITY CONTROL

- STANDARD OPERATION PROCEDURE (SOP)
- IQA, EQC
- IN-HOUSE STAFF TRAINING
- AUDIT
NHS Health Check pilot practice based point of care testing

It became evident during the RPIW that a whole cycle in the NHS Health Check process could be removed by performing point of care testing (POCT) for measurement of cholesterol.

The sub-group working on this area had input from a local hospital pathology department manager and POCT lead, as well as from workshop attendees. All with long experience of vascular risk assessment (including pharmacists, GPs, primary care business managers, public health specialists, practice nurses, information managers).

The benefits of adopting point of care cholesterol testing include:

- Testing a standardised approach and feasibility of POCT in GP practices
- Streamlining and standardising the process to inform/complement community health checks ensuring that people will receive the same standard of service regardless of where check is carried out
- The full health check can be completed in one consultation eliminating the need for recall following an initial blood test
- Short turnaround times, results are available within 5 minutes
- People can be seen, tested and consulted face to face within a short time frame
- Increasing the number of opportunistic tests carried out
- More convenient for staff and patients

The next steps are to further develop the business case, project plan and finalise planning meetings. We are looking for five practices from each area to take part in the pilot, participation will be on a first come, first served basis.

For additional information or to register your interest contact:
Sue Collins on 0191 529 7200,
e-mail: sue.collins@SOTW.nhs.uk
INITIAL CHALLENGES

- Engaging practices
- POCT Coding (manual data collection)
- Queries regarding accuracy (unit and fingerstick)
- Perception that a random cholesterol test is not enough
hello, have you come for your annual check up?

no I just wondered if you had any change for the crisp machine
Phase 1

- 18 practices engaged (7 in GH, 3 ST and 8 in SUN)
- Opportunity to test:
  - Template
  - SOP
  - Manual data collection
  - Patient survey

Phase 2

- An additional 19 practices joined
SIX MONTH REPORT

❖ 35 practices engaged (12 in GH, 7 ST and 16 in SUN)

❖ 1,150 health checks completed (from 22 practices due to rolling programme of implementation)

❖ 69% of patients experienced the check as a ‘one stop shop’
 Improved productivity:
• Practices utilising different skill mix
• 50% of pilot practices had 33%–87% increase in number of checks for example, one practice increased the number of checks from 22 to 118

 Reducing inequalities:
• Increasing the number of men accessing the service
• improving access to early intervention and management
"Worthwhile project … good practice in preventative medicine"

"Good giving people results immediately"

"I've learnt new skills"

"Saved my life"

"Less invasive"

"Promotes team building"

"Support from PCT staff"

"Productive and useful"

"Exciting"

"Instant results"

"Productive and useful"
PATIENT’S COMMENTS

“Very informative”

“Glad I did it”

“Motivates you to make changes”

“Simple”

“Reassuring”

“It’s great; you get the results straight away”

“Excellent service”

“It makes you think about what you eat and drink”

“Convenient”

“I’ve got a family history—able to discuss my worries”

“Gives you the chance to put things right”

“Makes you more health wise”

“Very informative”

“Glad I did it”

“Motivates you to make changes”

“Simple”

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“It makes you think about what you eat and drink”

“Convenient”

“I’ve got a family history—able to discuss my worries”

“Gives you the chance to put things right”
Enabling innovation & creativity:

• A variety of models are emerging, with practices delivering health checks using a different skill mix, and ‘one stop’ clinics proving successful

• Achieved consistent manual monthly data collection

• Development of electronic patient summary report and referral form
NHS Health Checks - Personal Health Profile
Mrs Minney Mouse
Age: 52 years

The following print out summarises the results of your free NHS Health Check and gives you a brief overview if you are currently at risk of developing conditions such as heart disease, stroke, diabetes or chronic kidney disease. The information provided can be used to help plan changes to your lifestyle to maintain or improve your health; there are a wide range of help and support services that you can access across South of Tyne and Wear. If you have any queries regarding your results or would like further information, please speak to a member of the practice staff.

Blood Pressure results
21.09.2010 140/90 mm Hg
Desirable Level: Less than 140/90 mmHg

Untreated high blood pressure (values of 140/90 or above) is an increased risk factor for heart disease or stroke, by making simple changes to your lifestyle or by taking medication you can significantly reduce this risk. Risk factors include: family history, smoking, lack of exercise, being overweight and poor diet (particularly too much salt).

Cholesterol results

<table>
<thead>
<tr>
<th>Date</th>
<th>Coded Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.09.2010</td>
<td>Serum cholesterol 6.5 mmol/l</td>
</tr>
<tr>
<td>21.09.2010</td>
<td>Serum HDL cholesterol level 3 mmol/l</td>
</tr>
<tr>
<td>21.09.2010</td>
<td>Total cholesterol/HDL ratio 6</td>
</tr>
</tbody>
</table>

Total Cholesterol desirable level less than 5
HDL (Good Cholesterol) desirable level men greater than 1, women greater than 1.2
Total Chol/HDL ratio desirable level less than 5

Cholesterol levels are improved by maintaining a healthy weight, being regularly active and not smoking.

NHS Health Check Risk Score
21.09.2010 Framingham CVD 10 year risk score 22%

Your risk score is based on a number of lifestyle risk factors and shows your chance of having a heart attack or stroke or developing diabetes or kidney disease in the next ten years. The score is shown as a percentage and takes into account risk factors which you can improve such as: blood pressure, cholesterol, smoking and physical activity.

A risk score of greater than 20% is classed as high, meaning that without treatment there is a 1 in 5 chance of having a heart attack or stroke within the next ten years. A risk score of less than 10% is classed as low, meaning a 1 in 10 chance of developing these conditions. If you have any queries regarding your risk score please do not hesitate to contact one of the practice staff.

Lifestyle results

Heart disease and stroke are the leading cause of premature death in both men and women in the South and Tyne and Wear and changing or improving lifestyle habits can have a significant impact on these conditions.

Smoking Status
21.09.2010 Cigarette smoker 1/day
Recommended action for people who smoke: Cut down or stop – a member of the practice team can give you information and support to help you quit.

Physical activity
21.09.2010 Enjoys light exercise 3 light d/wk
Recommended action for people with low activity levels: Making physical activity a part of your everyday routine is important, as a member of the practice team to help you increase your activity levels safely. Thirty minutes five times a week will significantly improve your health.

Alcohol
21.09.2010 Alcohol consumption 2 units/week
Recommended Max 3-4 units per day for men or 2-3 units for women
Alcohol consumed within the guidelines can have some beneficial effects on health and wellbeing. Avoid binge drinking and aim to have at least two alcohol free days in the week.

Weight management results

21.09.2010 Body Mass Index 24.3 Desirable level: 18.5 – 24.9

Being overweight (body mass index greater than 25) is known to be a significant contributing factor in a number of life threatening diseases including: heart disease, stroke, diabetes and certain types of cancers. Maintaining a good body weight requires a combination of healthy eating and physical activity.

Asian populations have a lower body mass index threshold (greater than 23) because they are genetically more at risk. Asians have a higher proportion of body fat in comparison to people of the same age, gender and body mass index in the general population.
CHALLENGES

- Capacity – loss of staff and training for new staff

- Additional work
  - quality control
  - Inputting data
  - manual data collection

- Competing pressures

- Misconceptions
“Increased Workloads”

“Taking a blood sample is much more efficient and effective”

“QC very time consuming”

“More training”

“Back to back appointments and just 10 min slots”

“Difficult to get people in”

“The machine only provides Cholesterol”

“It lengthens the discussion”
LESSONS LEARNED

- Do not underestimate the time it takes to set up the project.
- Ongoing support is key to the success of the pilot.
- Training, updates & quality control are essential for accurate results.
- Practice staff require enough time to deliver check in one appointment and to perform quality checks.
ANNUAL REPORT

- 3,617 NHS HCs completed using POCT
- 27% (n=976) classed as high risk
- 34% (n=1,234) moderate risk
- 39% (n=1,403) low risk
- 70% (n=2,526) of patients experienced the check as a ‘one stop shop’
- 1,820 questionnaires have been received a 50% response rate
### COST PER CHECK

<table>
<thead>
<tr>
<th>Description</th>
<th>Standard Model NHS HC</th>
<th>POCT Model NHS HC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mins</td>
<td>Rate</td>
</tr>
<tr>
<td><strong>Estates</strong></td>
<td></td>
<td>£0.50</td>
</tr>
<tr>
<td><strong>Take Bloods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception</td>
<td>2</td>
<td>£9.00</td>
</tr>
<tr>
<td>Phlebotomist/HCA</td>
<td>10</td>
<td>£12.00</td>
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<tr>
<td>Transport</td>
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<td>£0.01</td>
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<tr>
<td>Lab cost</td>
<td></td>
<td>£5.00</td>
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<td><strong>Health Check</strong></td>
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<tr>
<td>Reception</td>
<td>2</td>
<td>£9.00</td>
</tr>
<tr>
<td>PN consultation</td>
<td>25</td>
<td>£20.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16% saving
Those using POCT indicated overall that patient experience is the biggest perceived benefit of this approach.

What do you find to be the key benefits of Point of Care Testing? (POCT deliverer base 34)

- On the spot advice for patients: 30
- Quick: 23
- Less invasive than taking venous blood: 23
- Improves uptake: 13
- Cost effective: 10
- Allows you to target specific patient: 9

“People are so busy these days...it suits the patient” (PM POCT)

“The benefit is you come in and everything’s done and you go away with an answer” (PM POCT)

“We’re saving on appointments and it’s convenient for the patient” (PN POCT)

* Patients reluctant to come back following check to discuss outcome, not using POCT identified as a flaw in commissioning model (Cambridgeshire)
* POCT long term proves to be cost effective by reducing number of patient visits (NHS Improvement)
Some of those using POCT did identify **challenges** experienced and consistent themes are evident...

- **Only does cholesterol**
- **Difficulty getting blood**
- **Quality checks / audits**
- **Equipment faults**

“Sometimes we need to do extra blood tests...we need to do a blood glucose” (PN)

‘I have not always been able to get an adequate blood sample from a patient’ (HCA)

‘I have found that sometimes the machine is unable to give a result’ (PN)

‘Monthly QC testing from two different institutions is time consuming and it seems like it is a bit of waste of time’ (Online deliverer)

* NHS Bolton started with POCT and switched back to laboratory testing due to more comprehensive blood tests required and cost
The majority of those using POCT did not identify any need for improvements.

Those that did comment focussed on two key areas:

- "I think that point of care testing needs to include blood glucose levels."
- "I feel that there should be a more effective way of collecting a sample."
- "I think that point of care testing should include tests for blood glucose levels (diabetes testing)."
- "There needs to be an easier sampling method such as the dropping of capillary blood onto a test strip or venous sample."
The majority of those using POCT did not identify any need for improvements. Those that did comment focussed on two key areas:

Biggest barrier to non-POCT is preference for ‘holistic’ check

- "We’re doing the more ‘nitty-gritty’... whole patients care" (PM)
- ‘We prefer to carry out a full check’ (Online deliverer)
- "We do full blood counts, fats and glucose, lipids and thyroids as well" (PN)
- “It doesn’t give you the bigger picture... liver function tests and Us and Es and full blood count and full blood glucose” (PN)
CURRENT STATE
PERCENTAGE OF PRACTICES USING POCT

- **Gateshead**: 67%
- **South Tyneside**: 72%
- **Sunderland**: 45%
THIRD SECTOR

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
First Contact Clinical

NHS Health Checks Training

First Contact Clinical would like to invite you to attend NHS Health Checks Theory Training

The training session is made up of 4 modules:

Module 1 - What is an NHS Health Check? – Pre-learning module.
Module 2 - Clinical knowledge updates for NHS Health Checks. (Pre-learning optional module as appropriate for clinical staff only).
Module 3 – Delivering the NHS Health Check.
Module 4 – Motivating people to change their lifestyle.

Please note: This training is completely free and available throughout NHS South of Tyne and Wear.

Modules 1&2 are pre-learning workbooks these are sent to delegates prior to attending.

Modules 3 & 4 are being delivered on:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>14th June</td>
<td>6:30-9:00pm</td>
</tr>
<tr>
<td>20th Sept</td>
<td>6:30-9:00pm</td>
</tr>
<tr>
<td>22nd Nov</td>
<td>6:30-9:00pm</td>
</tr>
</tbody>
</table>

At Barmston-mere Fire Station, Nissan Way, Sunderland, SR5 3QY

To book your place on any of the above session’s please contact Jen Green on 0191 427 4685 or jengreen@firstcontactclinical.co.uk

If you are interested in organising this training for a specific working group please contact me on the above telephone number/email address to discuss this further.

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- Wednesday, 7th September 2011
- Wednesday, 9th November 2011

9am - 4pm (New attendants)
1.30 – 4pm (Refresher training)

at
Barmston-mere Training Centre, Nissan Way, Sunderland, SR5 3QY

Places are limited and will be booked on a first come first serve basis.
To book your place please email Renuka Godawatta on renuka.godawatta@sotw.nhs.uk

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
NEXT STEPS

- Continue to promote POCT to practices – work with CCG
- Incorporation of CV Decide risk communication model
- Maximise use of PC Dashboard
- Data streaming via EMIS web
- Automatic data transfer from community providers
Returning data to **any** GP system

Public Health Server with NHS Health Checks software module which returns results from any provider to any GP system

Health Options uploads in encrypted XML

GP’s system receives health check data for acceptance into their patient record
FUTURE

- NHS HC is a mandatory service for Local Authority post April 2013
- Department of Health targets for 2012/13 are 20% of the eligible population offered an NHS Health Check and 10% of those offered receiving a check.
- Potential changes to NHS Health Check content