

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



South of Tyne and Wear

**SMi International
Conference 2012
Point-of-Care
Diagnostics**



*Working together to make
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust

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OUTLINE

A vertical column of five interlocking gears in green, orange, blue, and red, with a white gear in the middle. They are positioned on the left side of the slide.

BACKGROUND

LOCAL PROGRAMME

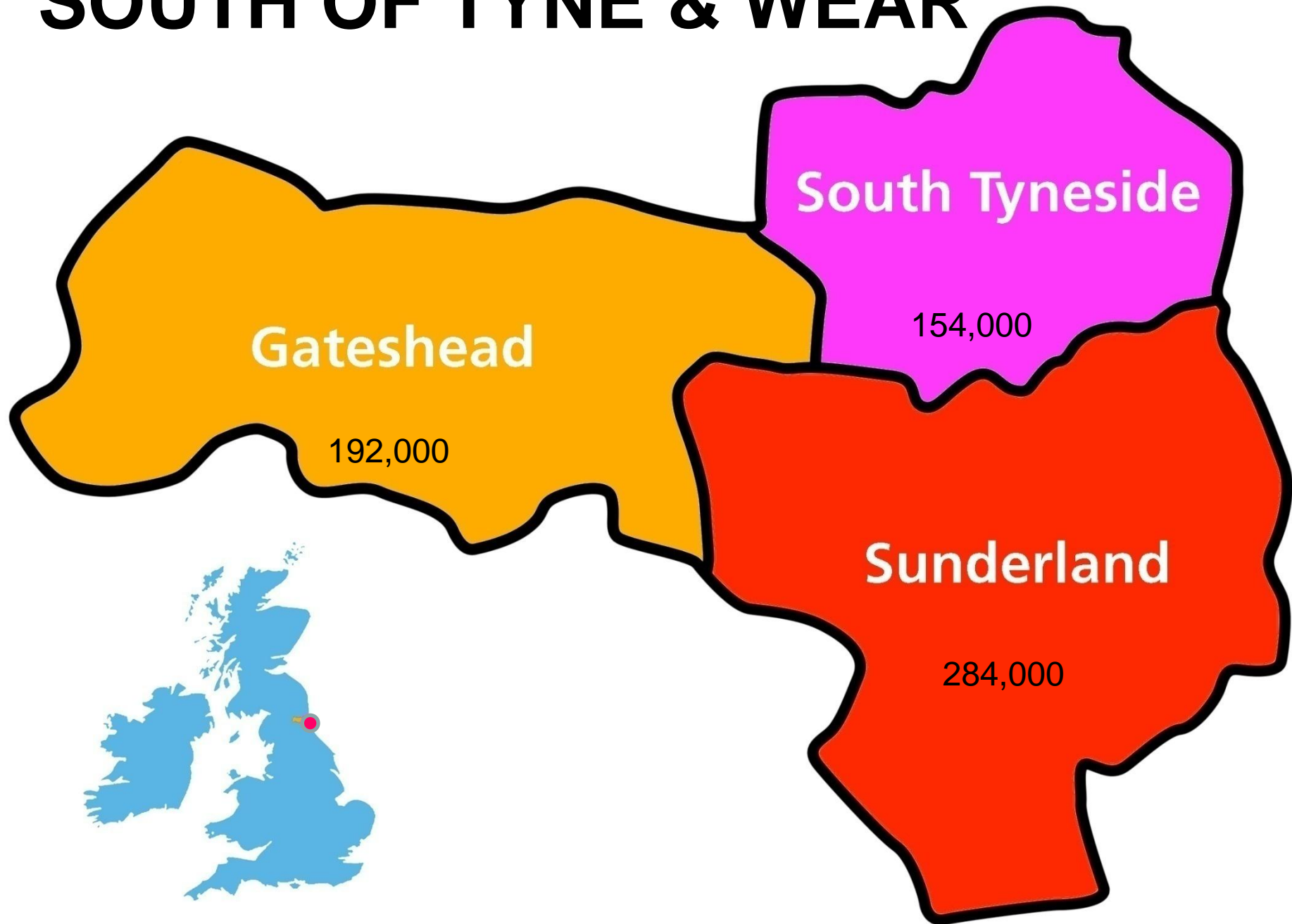
QUALITY IMPROVEMENT

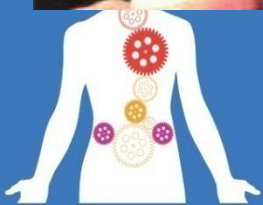
NEXT STEPS

FUTURE

A series of overlapping, rounded rectangular shapes in blue, green, yellow, pink, and brown, located in the bottom right corner of the slide.

SOUTH OF TYNE & WEAR





NATIONAL PROGRAMME

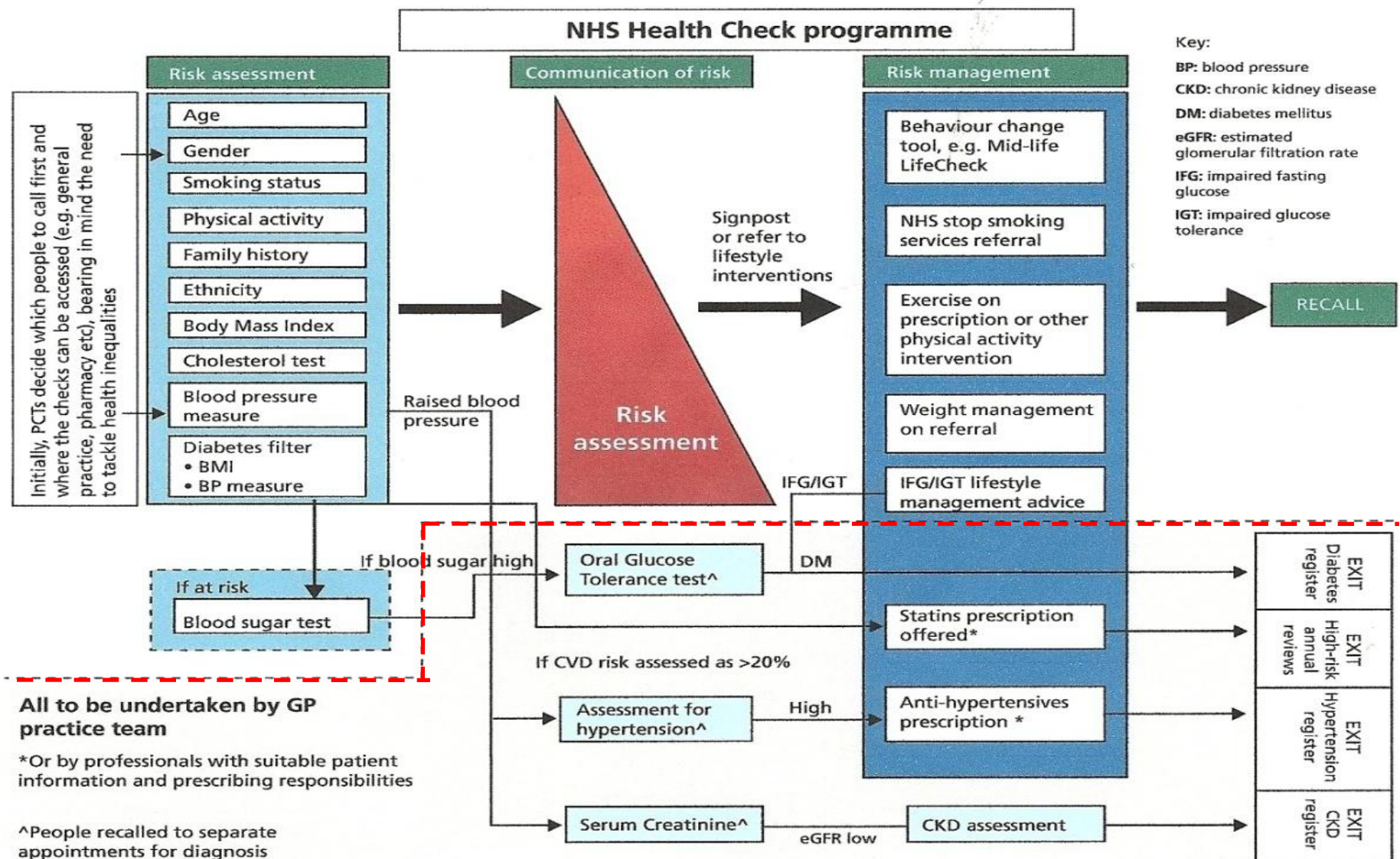


South of Tyne and Wear

- ❶ PCTs encouraged to offer cardiovascular checks to 40-74 year olds with no established disease
- ❷ Level of CVD risk within next 10 years established
- ❸ Treatment, management, and referral to appropriate services



PATHWAY



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.

Source: Department of Health (2008) Economic Modelling for Vascular Checks (DH-085917)



NUMBERS ELIGIBLE FOR NHS HEALTH CHECK IN SOTW?



NHS South of Tyne and Wear



≡ 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.



LOCAL PROGRAMME



South of Tyne and Wear

Early identification and management of CVD risk

NHS South of Tyne and Wear

Service Specification

Prevention of cardiovascular disease (CVD)
1st January 2008 – 30th September 2008

Case find and management
Treatment for hypertension and high cholesterol
Lifestyle interventions for stop smoking, healthy eat
and weight management

Interim Local Enhanced Service Vascular Checks

1st October 2008 – 30th June 2010

Service Level Agreement

Contents:

1. Background
2. Service Aims
3. Scope of Service
4. Criteria
5. Performance Management, Reporting and Service Review
6. Ongoing Measurement & Evaluation
7. Support to Practices
8. Finance Details
9. Signature Sheet
10. List of appendices

**SERVICE LEVEL AGREEMENT
FOR NHS HEALTH CHECKS
GENERAL PRACTICE
1 JULY 2010 – 31 MARCH 2013**

Stroke

Heart disease

Diabetes

Kidney disease

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

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, 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@sothw.nhs.uk

 **Free NHS Health Check**
 Helping you prevent heart disease, stroke, diabetes and kidney disease



Health Options® B.30 © Health Diagnostics Ltd 2004 - 2012

WORKING TOGETHER TO MAKE SOUTH OF TYNE AND WEAR
HEALTHY FOR YOU **NHS**
 NHS South of Tyne and Wear

client details

Personal Details

Client Reference: STWT000001 NHS Number:
 Title: Mr Gender: ☒ Male ☐ Female
 Forename: Test PCT: South Tyneside
 Surname: Client Practice: Albert Road Surgery
 Birth date: 12/07/1952 GP: Gutteridge Cr
 Ethnicity: Irish Consent: ☒ Yes ☐ No

Extra Features ▶
 Go Back ▶
 Main Menu ▶

Contact Details

Address: 1 New Road
 Town/City: New Town
 County:
 Postcode: NE31 1AT Other postcode: Unknown
 Telephone: 0191 2831155
 Mobile:
 Email:

Pink fields must be completed

Internet: Connected Health Options® B.30 © Health Diagnostics Ltd 2004 - 2012



SOCIAL MARKETING RESEARCH & EVALUATION



South of Tyne and Wear



FINDINGS

Practitioners/Stakeholders opinion	Public opinion
<ul style="list-style-type: none">○ Difficulty - identifying specific people/communities○ Depended on individual lifestyle NOT community○ Certain ethnic communities	
Additional:	
<ul style="list-style-type: none">○ Middle aged○ Teenage binge drinkers○ Older house-bound people○ Deprived communities○ Family history	<ul style="list-style-type: none">○ High pressure occupation (stress)○ Cultural background – diet○ All ages – relevant to ‘everyone’ including the young○ Refugees/Asylum Seekers

TASKS & SEGMENTS

SEGMENT	AWARENESS	INFORMATION	MOTIVATION
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



South of Tyne and Wear

Practitioners	Public
Time	
<ul style="list-style-type: none">○ Resource - staff○ Increased workloads○ Consultation rooms (Pharmacist)○ Training○ Patient's low awareness of service○ Other agreed targets with PCT○ Impact on existing roles○ Incentive necessary	<ul style="list-style-type: none">○ Fear – process, reality and change○ Denial○ Convenience/distance○ Language○ Embarrassment○ Difficulty of getting appointment○ Cost of healthy living○ Motivation○ Lack of knowledge/interest○ Disability○ Lack of peer support

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





NHS South of Tyne and Wear
Primary Care

*Gateshead, South Tyneside
& Sunderland*



Occupational Health



South of Tyne and Wear



NHS South of Tyne and Wear
Patient and Public involvement



Patients



South Tyneside NHS Foundation Trust



NHS South of Tyne and Wear
Medicine Management



Occupational Health



NHS Improvement
Heart



Pharmacy



NHS South of Tyne and Wear
Business Information Team

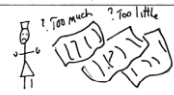


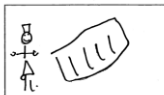
NHS South of Tyne and Wear
Primary Care Commissioning



Ideas Form

Employee / Area	Problems	Measures Taken	Results
Nurse	Unclear of what exactly is necessary for check (template even)	Discuss here w amongst other practices	One standard flow

Before Improvement:  Too much, Too little

After Improvement: 

Tools

RPIW Project Form

RPIW Project Form		Date:
RPIW Event: Sponsor: Workshop Leader: Team Leaders: Process Owner: YMPS Specialist: Team Members: Department MD Hours		Current Situation:
Production Requirements/Takt Time Calculation		RPIW Theme/Overview
Process Flow:		RPIW Targets/Boundaries

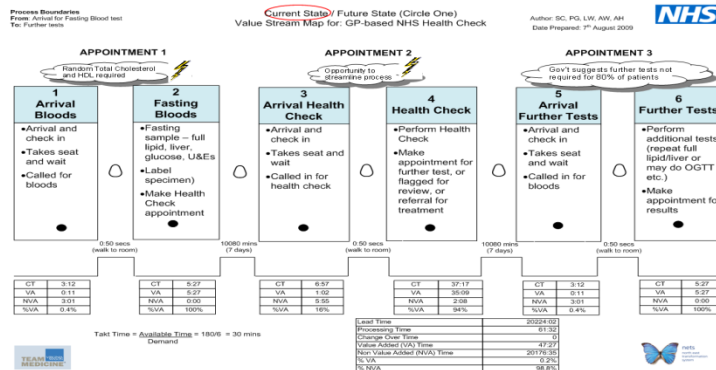
5S



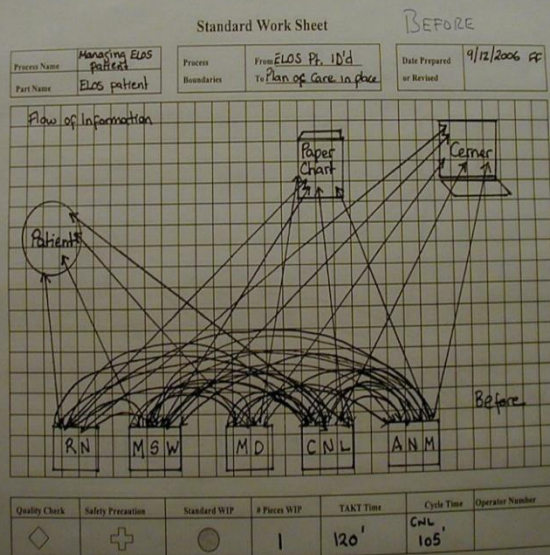
Identify and eliminate waste

Timings

Value Stream Map



Standard Work



Target Sheets

Ask "Why" 5 times



APPOINTMENT 1

Random Total Cholesterol and HDL required



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

0:50 secs
(walk to room)

10080 mins
(7 days)

APPOINTMENT 2

Opportunity to streamline process



3 Arrival Health Check

- Arrival and check in
- Takes seat and wait
- Called in for health check

4 Health Check

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

0:50 secs
(walk to room)

10080 mins
(7 days)

APPOINTMENT 3

Gov't suggests further tests not required for 80% of patients

5 Arrival Further Tests

- Arrival and check in
- Takes seat and wait
- Called in for bloods

6 Further Tests

- Perform additional tests (repeat full lipid/liver or may do OGTT etc.)
- Make appointment for results

0:50 secs
(walk to room)

CT	3:12
VA	0:11
NVA	3:01
%VA	0.4%

CT	5:27
VA	5:27
NVA	0:00
%VA	100%

CT	6:57
VA	1:02
NVA	5:55
%VA	16%

CT	37:17
VA	35:09
NVA	2:08
%VA	94%

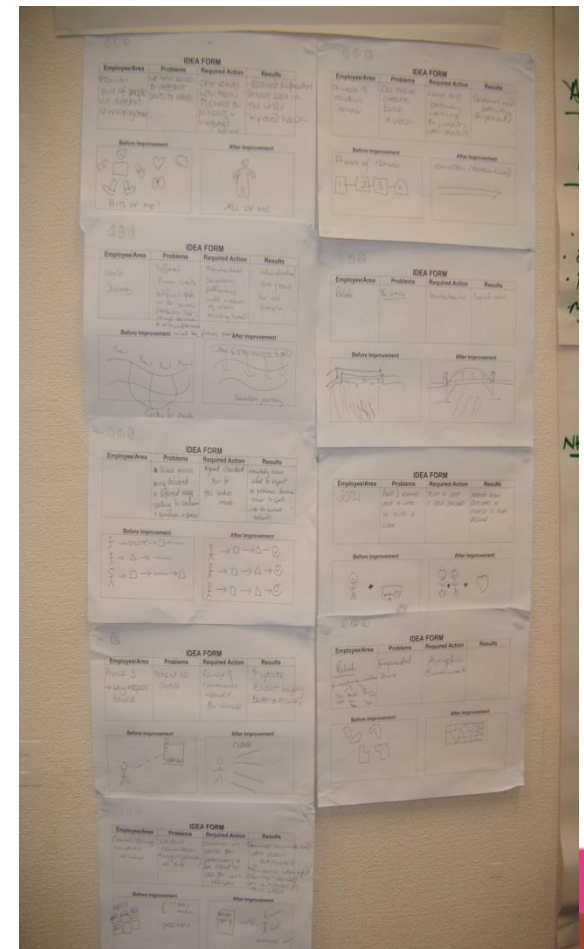
CT	3:12
VA	0:11
NVA	3:01
%VA	0.4%

CT	5:27
VA	5:27
NVA	0:00
%VA	100%

Takt Time = $\frac{\text{Available Time}}{\text{Demand}} = \frac{180}{6} = 30$ mins

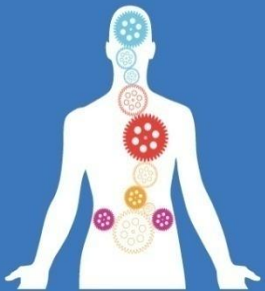
Lead Time	20224:02
Processing Time	61:32
Change Over Time	0
Value Added (VA) Time	47:27
Non Value Added (NVA) Time	20176:35
% VA	0.2%
% NVA	98.8%

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



Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.



Delivering the NHS Health Check:
A Practical Guide to Implementation

A Practical Guide to Point of Care Testing



Free NHS Health Check

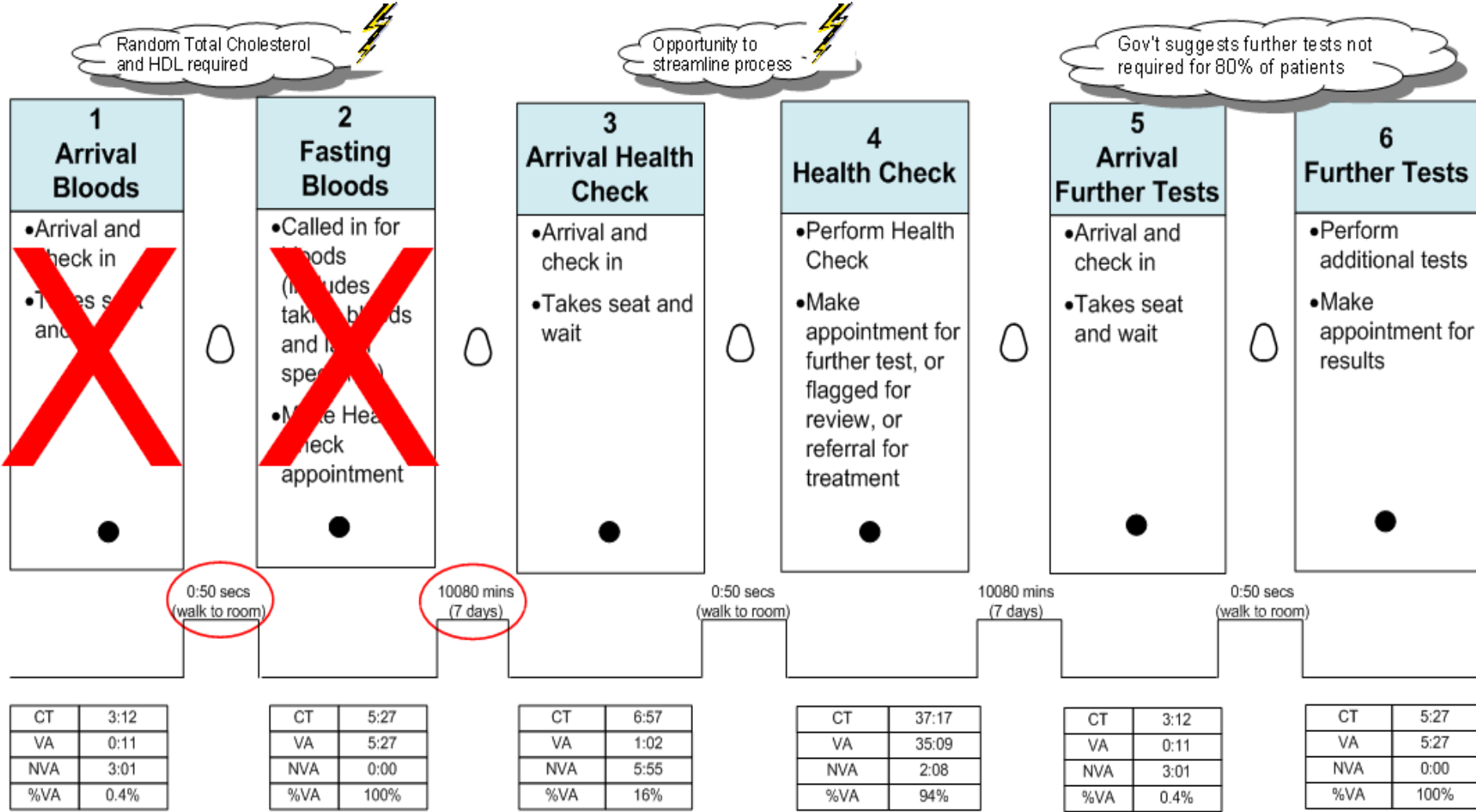
Helping you prevent heart disease, stroke,
diabetes and kidney disease.

Process Boundaries

From: Arrival for Fasting Blood test
To: Further tests

Current State / Future State (Circle One)
Value Stream Map for: GP-based POCT NHS Health Check

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



Takt Time = $\frac{\text{Available Time}}{\text{Demand}} = \frac{180}{6} = 30 \text{ mins}$

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%



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



FINAL REPORT

Developing Point of Care Testing for
NHS Health Check
across South of Tyne and Wear

Based on initial report by:

David Lydon
Eric Harrison
Julie Harries
Sue Collins

Produced by:

Sue Collins

V3. 21.12.09



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

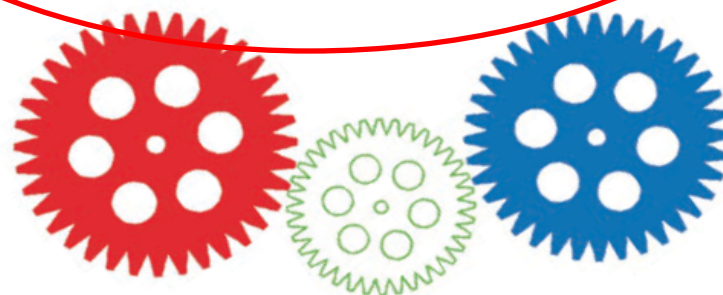
- Short turnaround times, results are available within 5 minutes
- People can be seen, tested and consulted face to face within a short time frame
- Increasing the number of opportunistic tests carried out
- More convenient for staff and patients

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

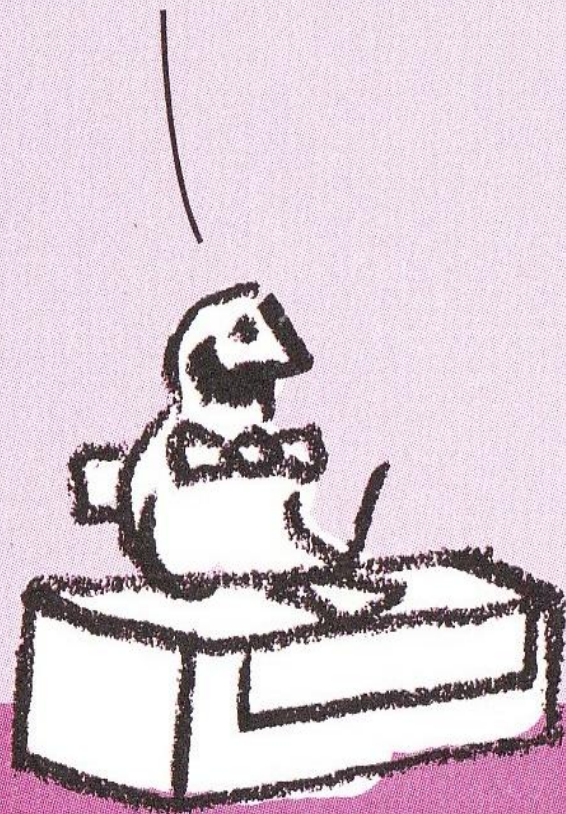


INITIAL CHALLENGES

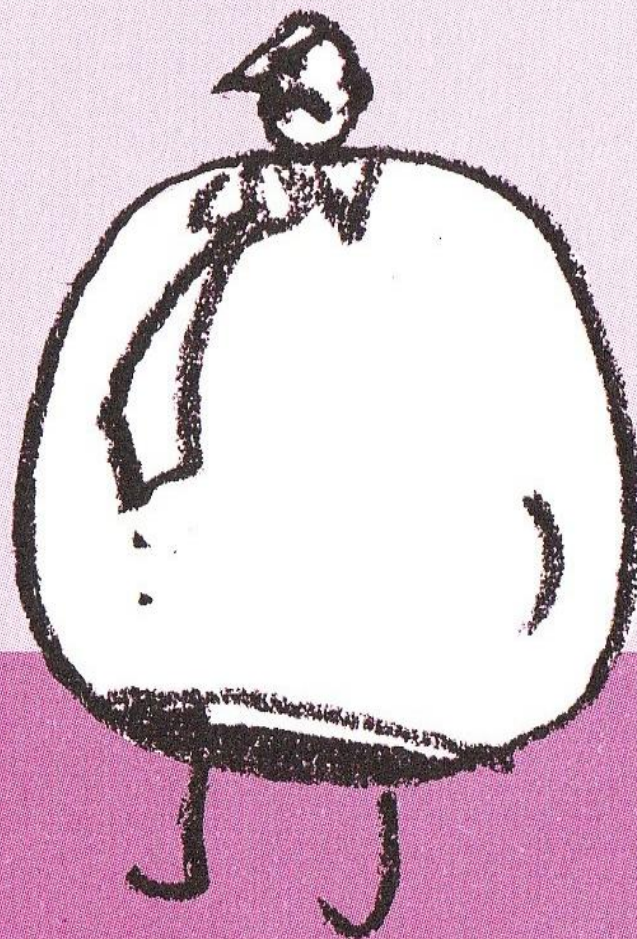
- ❶ Engaging practices
- ❷ POCT Coding (manual data collection)
- ❸ Queries regarding accuracy (unit and fingerstick)
- ❹ Perception that a random cholesterol test is not enough



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





STAFF COMMENTS

PATIENT'S COMMENTS



South of Tyne and Wear

"Very informative"

"Glad I did it"

**"Makes you
more health
wise"**

"Simple"

**"Motivates you to
make changes"**

**"It's great; you get the
results straight away"**

"Reassuring"

"Convenient"

**"It makes you
think about what
you eat and drink"**

**"Gives you the
chance to put
things right"**

"Excellent service"

**"I've got a family
history—able to
discuss my
worries"**

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

Date	Coded Data	
21.09.2010	Serum cholesterol 6.5 mmol/l	
21.09.2010	Serum HDL cholesterol level 3 mmol/l	
21.09.2010	Total cholesterol:HDL ratio 5	
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, ask 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



STAFF COMMENTS

“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

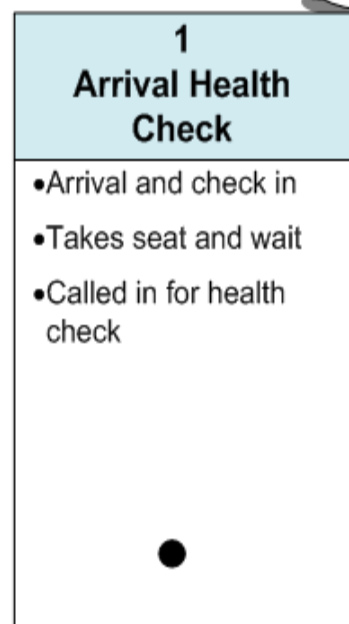
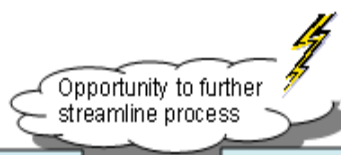
- ❶ Do not underestimate the time it takes to set up the project
 - ❷ Ongoing support is key to the success of the pilot.
 - ❸ Training, updates & quality control are essential for accurate results.
 - ❹ Practice staff require enough time to deliver check in one appointment and to perform quality checks.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

ANNUAL REPORT

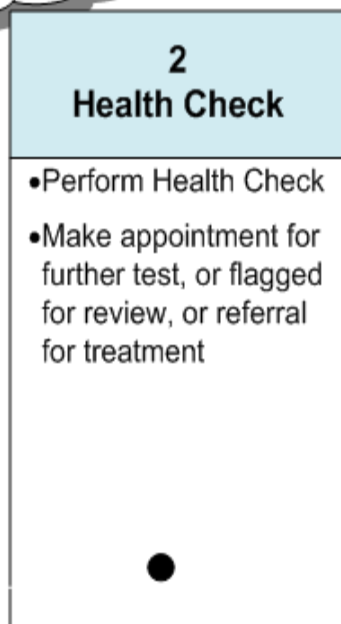
- ❁ 3,617 NHS HCs completed using POCT
- ❁ 27% (n=976) classed as high risk
- ❁ 34% (n=1,234) moderate risk
- ❁ 39% (n=1,403) low risk
- ❁ 70% (n=2,526) of patients experienced the check as a '**one stop shop**'
- ❁ 1,820 questionnaires have been received a 50% response rate



APPOINTMENT 1

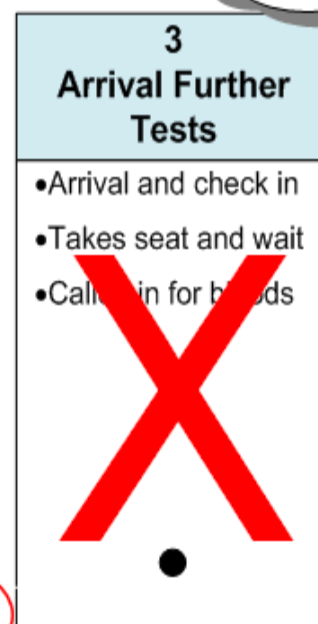
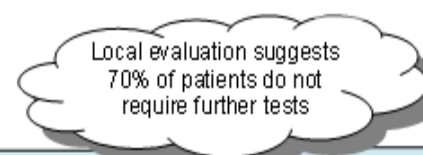


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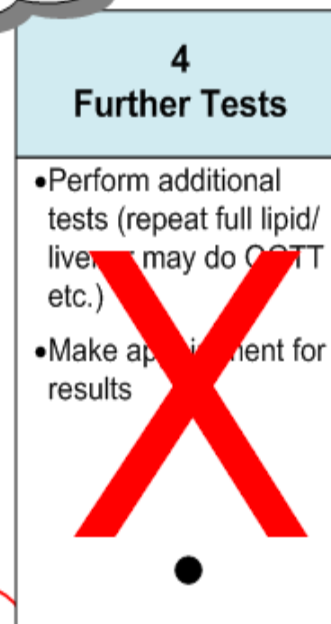


10080 mins
(7 days)

APPOINTMENT 2



0:50 secs
(walk to room)



CT	6:57
VA	1:02
NVA	5:55
%VA	16%

CT	37:17
VA	35:09
NVA	2:08
%VA	94%

CT	3:12
VA	0:11
NVA	3:01
%VA	0.4%

CT	5:27
VA	5:27
NVA	0:00
%VA	100%

COST PER CHECK

Description	Standard Model NHS HC		
	Mins	Rate	Cost
Estates		£0.50	£0.50
<i>Take bloods</i>			
Reception	2	£9.00	£0.30
Phlebotomist/HCA	10	£12.00	£2.00
Transport		£0.01	£0.01
Lab cost		£5.00	£5.00
<i>Health Check</i>			
Reception	2	£9.00	£0.30
PN consultation	25	£20.00	£8.33
TOTAL			£16.44

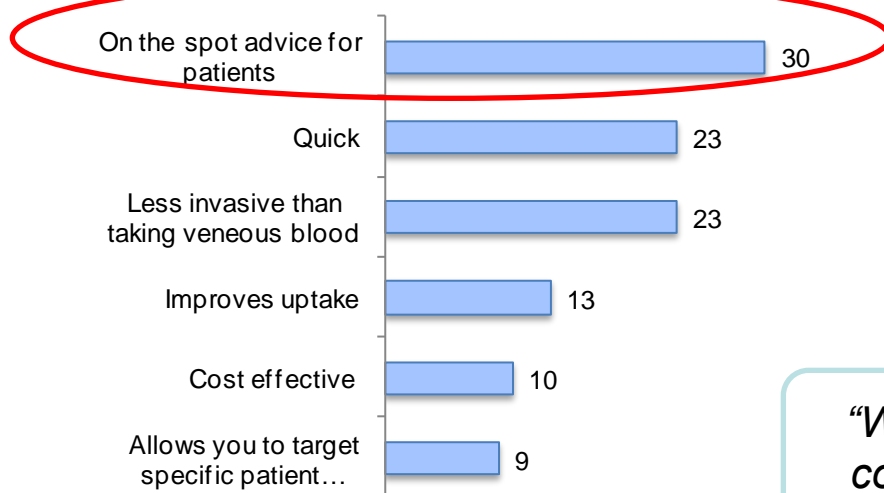
Description	POCT Model NHS HC		
	Mins	Rate	Cost
Estates		£0.50	£0.50
<i>Perform HC</i>			
Reception	2	£9.00	£0.30
Phlebotomist/HCA	20	£12.00	£4.00
POCT cost		£9.00	£9.00
TOTAL			£13.80

16% saving

FURTHER EVALUATION

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)



"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

"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)

Difficulty getting blood

Equipment faults

Quality checks / audits

* NHS Bolton started with POCT and switched back to laboratory testing due to more comprehensive blood tests required and cost

IMPROVING POCT

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)

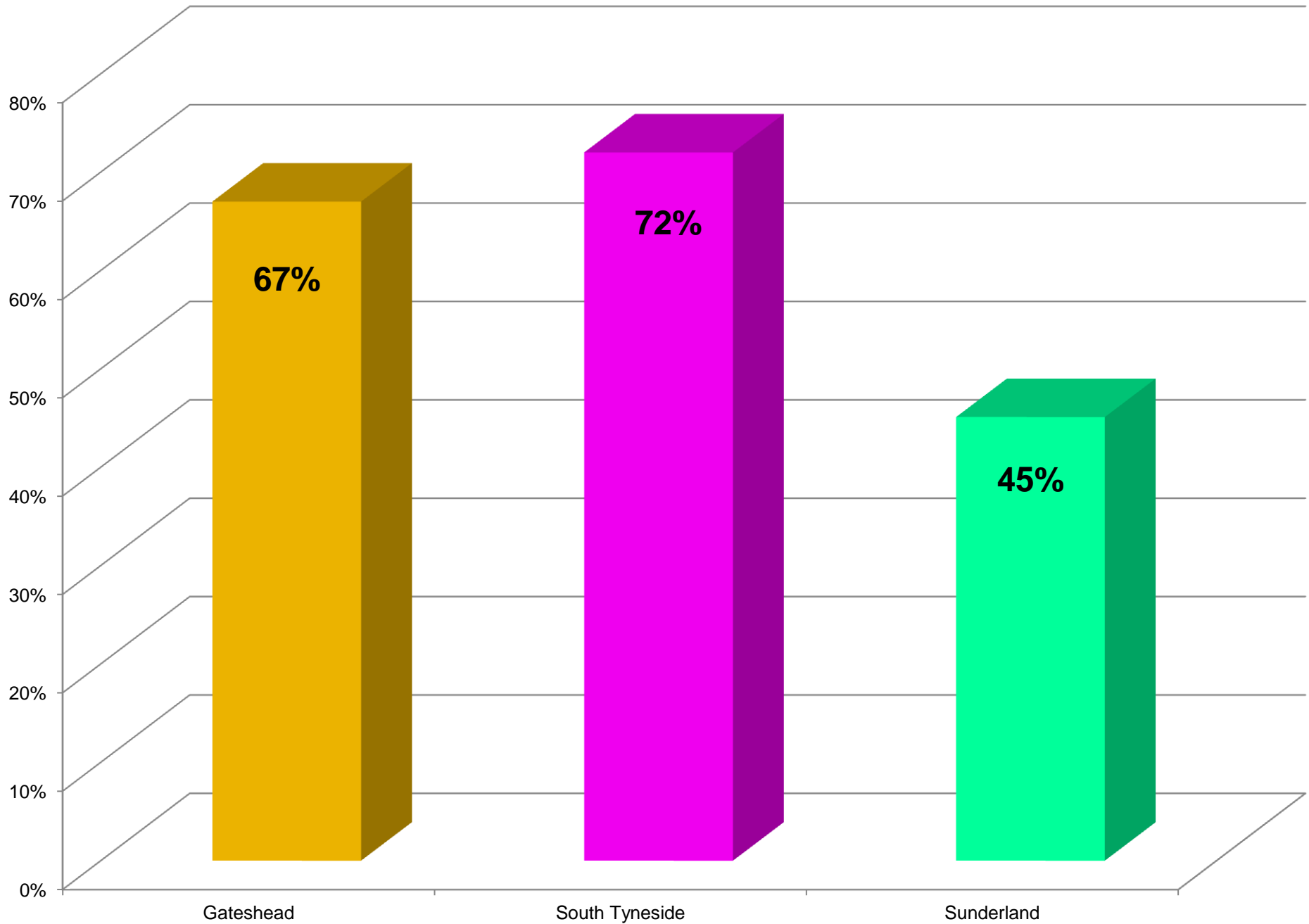
"We do full blood counts, fats and glucose, lipids and thyroids as well" (PN)

"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



THIRD SECTOR



Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.



TRAINING



South of Tyne and Wear



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:

Tuesday 14 th June	6:30-9:00pm
Tuesday 20 th Sept	6:30-9:00pm
Tuesday 22 nd Nov	6:30-9:00pm

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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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, 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



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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



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



Health Options
uploads in encrypted
XML



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



