NHS Health Checks GP-based
Point of Care Testing (POCT) Pilot

INTRODUCTION

• "Bridging the Gap" is a comprehensive programme of work across Gateshead, South Tyneside and Sunderland to reduce inequalities in health.
• The aim is to decrease the impact of cardiovascular disease (CVD) and other related conditions have on local life expectancy and quality of life.
• With a focus on commissioning an integrated life course approach across the whole pathway, a key aspect of this work is the NHS Health Check.
• Utilising a Social Marketing approach, three main target audiences were identified – the ‘Proactives’, ‘Denials’ and ‘Rejectors’.

BACKGROUND

• A Rapid Process Improvement Workshop (RPIW) was held to standardise the health check process and explore ways of ensuring maximum service uptake.
• As part of a review of the current pathway it became evident that a whole step in the process could be removed if point of care testing (POCT) or near patient testing for cholesterol was adopted, identifying a new approach to delivering GP-based health checks.
• The redesign of the health check process was facilitated by a sub-group including pharmacists, GP, primary care business manager, public health specialists, practice nurses, local hospital pathology lead and data / information managers.

AIM

• Pilot near patient testing in a GP setting to test the feasibility of delivering the NHS Health Check in a single appointment with patients receiving instant feedback, reducing the time for both patient and staff and improving the patient experience.

OBJECTIVES

• Engage GPs and gain support for the initiative
• Provide training to ensure teams have the relevant skills and competencies
• Identify the number of initial NHS Health Checks and reviews carried out using near patient testing
• Provide the NHS Health Check in a single consultation
• Improved access to effective and timely interventions at an early stage for patients at risk of vascular disease
• Carry out satisfaction surveys with patients and staff
• Develop standardised operational protocols
• Test standardised programme resources and data collection template
• Have the pilot externally evaluated

PROGRESS

Key outcomes:

• Engagement with practices has been very successful, with 40 practices across South of Tyne and Wear taking part in the pilot
• A summary of practice activity is detailed below for the period April 2010 – March 2011 (32 practices):
  - 3,617 health checks completed using POCT
  - 27% (n=976) of people were high risk
  - 34% (n=1,234) were moderate risk
  - 39% (n=1,403) were low risk
  - 70% (n=2,526) of patients experienced the NHS Health Check as a ‘one stop shop’
  - To date a total of 1,820 questionnaires have been received a 50% response rate.
  - Responses demonstrated high levels of patient satisfaction,
    - 95% suggesting they would recommend the health check to others.
    - 95% thought the process was simple
  - 82% thought it was less worrying
  - 79% found it convenient
  - Staff feedback was positive and provided valuable learning

LESSONS LEARNED

• Interim 6-month report identified:
  - Participating in the pilot proved to be an incentive for some practices to sign up to the local enhanced service (LES) and start delivering the service.
  - Improving productivity:
    - initial activity from pilot shows promising trends with 72% (n=13) of Phase 1 practices increasing the number of health checks
    - time-efficient for practice staff, eliminating a second visit for 69% of patients
  - Reducing inequalities:
    - increasing the number of men accessing the service
    - improving access to early intervention and management
    - immediate results, advice and support has the potential to motivate people to make long term changes to their lifestyle
  - Enabling innovation and creativity:
    - A variety of models are emerging, with practices delivering health checks using a different skill mix, and ‘one stop’ clinics proving successful
    - development of electronic patient summary report and referral form
    - achieved consistent manual monthly data collection

KEY CHALLENGES

• Loss of staff and securing specific training for new staff.
• Additional work due to internal and external control, inputting cholesterol results into EMIS system, and manual data collection.
• Competing pressures such as flu vaccinations resulting in some practices suspending delivery of the health checks.

FUTURE

• The programme is currently being reviewed as part of the wider NHS Health Check service evaluation to identify:
  - to what extent the pilot has achieved its aim and objectives
  - gather evidence of effectiveness
  - inform future role out of the service.

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