OXFORDSHIRE COUNTY COUNCIL

Quality Assurance of the NHS Health Check Programme in Oxfordshire (2014-2015) Against Public Health England's Programme Standards

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Quality Assurance of NHS Health Checks 2014-2015

Abbreviations

AUDIT	Alcohol Use Disorders Identification Test
CCG	Clinical Commissioning Group
GP	General Practitioners
GPPAQ	General Practice Physical Activity Questionnaire
HEA	Health Equity Audit
LMC	Local Medical Committee
NHS	National Health Service
OCC	Oxfordshire County Council
PHE	Public Health England
PHOF	Public Health Outcomes Framework
RAG	Red Amber Green (rating system)
TCR	The Computer Room (Pvt Ltd)
QA	Quality Assurance

Quality Assurance of NHS Health Checks 2014-2015

Table of Contents

Quality Assurance of NHS Health Checks 2014-2015

Executive Summary

Background

The NHS Health Check Programme was introduced in 2009 to address the top seven causes of preventable premature death; smoking, hypertension, obesity, physical inactivity, alcohol, poor diet, and hypercholesterolaemia. Under the Health and Social Care Act 2012, local authorities have a statutory duty to offer NHS Health Checks to all eligible people between the ages of 40 and 74. The eligible population in Oxfordshire are drawn from patients registered with a General Practitioners (GP), without a pre-existing vascular condition, over a five year time period. In Oxfordshire, the NHS Health Check Programme is delivered by 80 GP Providers across the county.

In 2014 Public Health England (PHE) published NHS Health Check Programme Standards: a framework for quality improvement. This document outlined 10 Programme Standards that Providers of NHS Health Checks should achieve to ensure that commissioned services are of a consistently high quality, along the whole pathway, in a sustainable way.

Aims

The aim of the Quality Assurance (QA) process was to ensure the Programme met the National Standards across the whole NHS Health Check pathway; from the identification of eligible individuals, through their subsequent care, to safe exit from the Programme in Oxfordshire.

Methods

The Public Health Directorate developed a toolkit based on the PHE NHS Health Check Programme Standards Self-Assessment Framework for Providers, known as the Oxfordshire QA audit tool. This assessed Providers against 8 of the 10 Programme Standards, as two were not locally applicable. Visits of participating GP Providers took place and each GP Provider was assessed on their Invite and Offer, Risk Assessment, Communication of Risk and Risk Management; which was recorded using the Oxfordshire QA audit tool (Phase 1). Concurrently the Public Health Directorate performed a Read Code data extraction from Providers to assess the quality of data recording in association with the Programme Standards (Phase 2). All the data from the GP Providers was compiled and analysed using simple descriptive statistics. Results of each GP Provider were compiled on a dashboard and used to provide feedback.

Results

79 out of 80 GP Providers took part in the Oxfordshire QA audit (Phase 1) and it was well received. The QA revealed areas of improvement which included;

- Identifying the eligible population and offering an NHS Health Check (Standard 1).
- Consistent approach to non-responders and those who do not attend their Risk Assessment appointment (Standard 2).

Quality Assurance of NHS Health Checks 2014-2015

- Ensuring results are communicated effectively and recorded (Standard 6).
- Appropriate follow up for all if CVD risk assessed as 20% and greater (Standard 9).

80 out of 80 GP Providers took part in the Read Code data extraction (Phase 2). This revealed other areas of improvement which included;

- Reviewing the content within templates on GP Providers clinical systems

The Public Health Directorate have used the findings from Phase 1 and 2 to provide relevant training for Providers to improve on their delivery of the NHS Health Check Programme. The Public Health Directorate have also developed a results booklet to aid Providers in improving the Communication of Risk and the lifestyle habits for those Service Users attending a NHS Health Check.

Conclusions

Reviewing the quality of Providers delivering NHS Health Checks against the Programme Standards in Oxfordshire has achieved high levels of acceptance with Providers. It has been effective at highlighting strengths in the delivery and highlighting areas for further improvement. Poorly performing Providers will be re-audited in 12 months and other Providers are encouraged to self-audit at 12 months.

Introduction

The NHS Health Check Programme was introduced in 2009 to address the top seven causes of preventable premature death; smoking, hypertension, obesity, physical inactivity, alcohol, poor diet, and hypercholesterolaemia. Under the Health and Social Care Act 2012, local authorities have a statutory duty to offer NHS Health Checks to all eligible residents between the ages of 40 and 74. In Oxfordshire, the eligible population are drawn from those patients registered with a General Practitioners (GP), without a pre-existing vascular condition, over five years (i.e. offer to 20% of the eligible population each year). Public Health England (PHE) became responsible for overseeing implementation of the NHS Health Checks Programme in April 2013.

There are a number of different models of delivering the NHS Health Check Programme nationally e.g. through a combination of GPs, community pharmacies and other independent organisations. In Oxfordshire, the Programme started in 2011 and the model of delivery is through GP Providers only. Between 1st April 2014 and 31st March 2015, across all GP Providers in Oxfordshire, there were 189,393 residents eligible for a NHS Health Check, of which 41,131 (21.2%) were invited and 21,395 (11,3%) attended their NHS Health Check[1]. This works out as an uptake percentage of 53.3, which although falls below PHE's target of 66% it remains higher than the Thames Valley (48.9%) and national (48.8%) uptake averages.

The NHS Health Check pathway begins with an invitation to attend an appointment with the eligible individual's registered GP. Residents are also able to self-refer for a NHS Health Check. When a resident attends their appointment, a Risk Assessment is carried out. This involves collection of information on key risk factors, recording of measurements and a simple blood test. The data collected includes age, gender, smoking status, family history of coronary heart disease, ethnicity, physical activity level (GPPAQ score) and alcohol use (AUDIT-C score). Blood pressure, height and weight (to calculate the body mass index (BMI)) are measured. A blood sample is taken to determine cholesterol levels. This information and measurements are used to calculate the resident's risk of developing cardiovascular disease over a 10-year period. Oxfordshire use the QRisk2 risk engine (as opposed to Framingham) to calculate this score. These results should then be communicated to the resident and Risk Management process implemented which will include relevant lifestyle advice related to any modifiable risk factors identified. Additional clinical follow-up should be carried out by the GP Provider for those who have been assessed to have a cardiovascular risk of greater than 20% over a 10-year period, have high blood pressure, or who required an HbA1c and/or serum creatinine blood test.

In 2014 PHE published the NHS Health Check Programme Standards: a framework for quality improvement. This document defined 10 Programme Standards of quality that Providers of NHS Health Checks should achieve to ensure that commissioned services are of a consistently high quality, along the whole pathway, in a sustainable way.

Quality Assurance of NHS Health Checks 2014-2015

Assuming the local Programme is specified in accordance with PHE's NHS Health Check Programme Standards[2], and is intended to meet PHE's and Oxfordshire County Council's (OCC) Joint Health and Well-being Strategy (2012-16) 66% uptake of offer target (assuming 20% of the eligible are invited). It is estimated that on average each year it could potentially identify over 600 residents requiring anti-hypertensive drugs, 800 requiring a statin, detect 200 cases of undiagnosed diabetes, detect 500 cases of kidney disease earlier, refer 1,400 to a weight management intervention and see over 350 take up more physical activity[3]. Improving the quality of the NHS Health Check Programmes across Oxfordshire would allow the potential health benefits to the local population outlined above to be realised.

With this in mind, the aim of developing a local Quality Assurance (QA) process was to ensure the Oxfordshire Programme met the Standards across the whole NHS Health Check pathway, from the identification eligible individuals, through their subsequent care, to safe exit from the Programme. Although three primary mechanisms to deliver a QA process for NHS Health Checks have been reviewed in the literature[4], there is no consensus on the best approach as the NHS Health Check Programme is relatively new. Also there is significant variation in local delivery of the Programme in different parts of England. In February 2014, PHE outlined national Programme Standards for NHS Health Checks (Table 1) and with it developed a Programme Standards Self-Assessment Framework for NHS Health Check Providers[1],[5]. This has formed the basis of assessing the quality of NHS Health Check Programmes nationally based on 10 Standards (table 1).

Table1. NHS Health Check Programme Standards: a framework for quality improvement[2]

No.	Standard	Point on the Pathway
1	Identifying the eligible population and offering an NHS Health Check	Invitation and offer
2	Consistent approach to non-responders and those who do not attend their Risk Assessment appointment	Invitation and offer
3	Ensuring a complete health check for those who accept the offer is undertaken and recorded	The Risk Assessment
4	Equipment use	The Risk Assessment
5	Quality control for point of care testing	The Risk Assessment
6	Ensuring results are communicated effectively and recorded	Communication of results
7	High quality and timely lifestyle advice given to all	Risk Management
8	Additional testing and clinical follow up	Risk Management
9	Appropriate follow up for all if CVD risk assessed as 20% and greater	Risk Management
10	Confidential and timely transfer of patient identifiable data	Throughout the pathway

Quality Assurance of NHS Health Checks 2014-2015

Using these Programme Standards, a local QA process was developed for the NHS Health Check Programme in Oxfordshire; known as the Oxfordshire QA audit tool. The priorities for OCC were to assess the quality of NHS Health Check processes at every stage of the pathway that were locally applicable and review Read Code data recording compliance. In addition, it was anticipated that QA would enable identification of any issues or areas for improvement and allow OCC to work with GP Providers to put in place appropriate actions. Through this QA process, OCC could ensure consistency in delivery of the NHS Health Check Programme between different GP Providers, encourage a culture of quality assessment, improvement for the NHS Health Check Programme and maximise the value of one of its mandated commissioned services. This report summarises the implementation and outcomes of the QA process for the Oxfordshire NHS Health Checks Programme.

Method

The development of the Oxfordshire QA audit tool and QA process took place between April 2014 and July 2014. A service specification was developed in August 2014 and the QA process, consisting of two phases, was introduced on the 1st October 2014 and completed on the 31st March 2015. This section describes in detail the development of the Oxfordshire QA audit tool and scoring system, the process of option appraisal and the two phases of implementation for the QA process.

1. Development of the Oxfordshire QA audit tool and scoring system

In February 2014, PHE published Programme Standards[1] for NHS Health Checks and a Programme Standards Self-Assessment Framework[5] in July 2015 for Health Check Providers[1,5]. These Programme Standards are not mandatory but they set out aspirational Standards to which NHS Health Check Providers can be measured against. They divide the NHS Health Check pathway into four distinct areas;

1. Invitation and Offer
2. Risk Assessment
3. Communication of Risk
4. Risk Management

The Programme Standards Self-Assessment Framework defines relevant evidence of quality against each Standard and allows Providers to categorise whether individual Standards are not met, partially met or fully met. It has no numerical scoring system for each Standard. The development of an Oxfordshire QA audit tool enabled an objective measure of quality by devising a scoring system for each Standard but still taking into account the evidence provided. A single point was given for each element where meeting the criterion was evidenced in the standard. As the Programme in Oxfordshire is delivered in GP Providers only and does not use point of care testing, Standards 5 and 10 were not applied to the Oxfordshire QA audit tool as they are not locally relevant.

Quality Assurance of NHS Health Checks 2014-2015

Table 2. Oxfordshire QA Audit Tool (modified from PHE Programme Standards Self-Assessment Framework[5])

Component of NHS health Check Pathway		Components of the Programme Standard	Score if Evidence Provided
1) INVITATION AND OFFER	**Standard 1:** Identifying the eligible population and offering an NHS Health Check	1.1 Is a process in place to invite the entire eligible cohort over a 5 year period?	1
		1.2 Is the NHS Health Check Quest software used to identify the eligible individuals?	1
		1.3 Is the first invitation for a NHS Health Check sent by post?	1
		1.4 Is the first invitation recorded on the patient record as an offer of a NHS Health Check using the relevant READ code (s)?	1
		1.5 Does the first invite include a NHS Health Check leaflet outlining the benefits of the Programme?	1
		1.6 If aged between 65 and 74 years, does the invite include a Dementia NHS Health Check leaflet with an information sticker attached on local memory clinic?	1
		1.7 Is the NHS Health check information made available in other formats (e.g. Braille, other languages, easy read)?	1
		1.8 Do they use, or have a plan in place to utilise social marketing to communicate NHS Health Checks (i.e. Twitter)?	1
		1.9 Are NHS Health Check appointments available at different times of the day (am/pm) and week?	1
		1.10 Do they have an allocated NHS Health Check Champion?	1
			Total 10
	Standard 2: Consistent approach to non-responders and those who do not attend their Risk Assessment appointment.	2.1 Are two further attempts made to follow up patients who do not respond to the initial or first invitation (either by letter, telephone, or SMS (text))?	1
		2.2 Is there a process in place to record on the patient record (using READ codes) those who opt out (decline), do not respond or do not attend?	1
		2.3 If a patient opts out, is a process in place to recall them in five years if they remain eligible?	1
		2.4 Once a patient books their NHS Health Check, are they sent a reminder about the date and time of check (i.e. SMS/text)?	1
		2.5 Are records of the number and types of invite sent kept?	1
			Total 5
2) RISK ASSESSMENT	**Standard 3:** Ensuring a complete health check for those who accept the offer is undertaken and recorded.	3.1 Are NHS Health Checks performed by GP(s), nurse(s) and/or health care assistant (s)? - **not scored**	-
		i GP	-
		ii Nurse	-
		iii HealthCare assistant	-
		3.2 Are staff allocated a minimum of 20 minutes to complete a NHS Health Check?	1
		3.3 Are patients made aware that they are receiving a NHS Health Check?	1
		3.4 Are the following items recorded/measured for all NHS health Check patients?	-
		i Age	1
		Ii Gender	1
		iii Smoking status	1
		iv Family history of coronary heart disease (first degree and under 60 yrs.)	1
		v ethnicity	1
		vi Physical activity (GPPAQ) score	1
		vii Alcohol (AUDIT-C) score	1
		viii Body Mass Index (height and weight)	1
		ix Systolic (SBP) and diastolic (DBP) blood pressure	1
		3.5 Do all NHS Health Check patients receive a non-fasting total cholesterol blood test?	1
		3.6 Do all NHS Health Check patients receive a non-fasting HDL cholesterol blood test?	1
		3.7 Do all NHS Health Check patients at higher risk of diabetes (BMI≥ 27.5 and high blood pressure) receive a diabetes Risk Assessment?	1
		3.8 Do all NHS Health Check patients with blood pressure ≥ 140/90 mmHg receive an assessment for hypertension?	1
		3.9 Is the online QRISK2 calculator used to calculate the patient vascular risk score?	1
		3.10 Is dementia awareness raising information offered to all patients aged 65 to 74 years?	1
		3.11 When finished, is the 'NHS Heath Check Completed' READ code inputted into the patients clinical record?	1
			Total 18
	Standard 4: Equipment use	4.1 Is an infection control policy in place?	1
		4.2 Are height and weight measurements devices validated, maintained and	1

Quality Assurance of NHS Health Checks 2014-2015

		recalibrated according to the manufacturing instructions?	
		4.3 Are blood pressure monitor devices validated, maintained and recalibrated according to the manufacturing instructions?	1
		4.4 Are staff correctly trained on all equipment detailed in 4.3 and 4.4?	1
		4.5 Are audit processes in place?	1
		4.6 Are governance procedures in place to report adverse incidents involving medical equipment used during an NHS Health Check?	1
			Total 6
3) COMMUNICATION OF RISK	**Standard 6:** Ensuring results are communicated effectively and recorded.	6.1 Are NHS Health Check results shared face to face in a private setting?	1
		6.2 Are the following NHS Health Check outcomes communicated with the patient? :	
		i Cardiovascular risk score	1
		ii Blood pressure	1
		iii Body Mass Index (height and weight)	1
		iv Cholesterol level	1
		v AUDIT-C score	1
		6.3 Is the risk communication recorded using the appropriate READ code?	1
		6.4 Are NHS Health Check staff trained in how to communicate risk?	1
		6.5. Do staff delivering the Health Check have access to education materials? i.e. Public Health England documents	1
		6.6 Are patients provided with a printed/written summary of their results?	1
		6.7 Is a mechanism in place for patients to feedback if they understood what was communicated?	1
			Total 11
4) RISK MANAGMENT	**Standard 7:** High quality and timely lifestyle advice given to all.	7.1 Are patients provided lifestyle advice (if appropriate)?	1
		7.2 Are agreed pathways in place for patients to be given brief advice/referred/signposted where appropriate to/for?:	1
		i Smoking Cessation i.e. Oxfordshire Smoking Advice Service	
		ii Weight management i.e. Change4Life, OWLS	
		iii Alcohol i.e. specialist services, Change4Life	
		iv Physical activity i.e. Go Active, Exercise on Referral	
		7.3 If answered Yes to any of 7.2 are the appropriated READ codes used? e.g. when a referral is made or offer is declined	1
		7.4 Do they keep records of outcomes from intervention attended?	1
		7.5 Is written information on the interventions listed in question 7.2 used e.g. such as a leaflet on the Oxfordshire Smoking Advice Service	1
		7.6 Are NHS Health Check staff trained in behaviour change and motivation techniques?	1
		7.7 Is a mechanism in place for patients to feedback about lifestyle change?	1
		7.8 Is a system in place that records the number of patient complaints received?	1
			Total 9
	Standard 8: Additional testing and clinical follow up	8.1 Are new diagnoses recorded (using READ codes) on patient records as:	
		i Hypertensive?	1
		ii Pre diabetic/diabetic?	1
		iii Chronic kidney disease?	1
		iv Familial hypercholesterolaemia	1
		v Audit-C score ≥ 5	1
		vi Obese (BMI ≥ 27.5)	1
		8.2 Are diagnoses communicated to the patients?	1
		8.3 Is a protocol in place for additional testing or clinical follow-up identifying review timetables for further investigations?	1
			Total 8
	Standard 9: Appropriate follow up for all if CVD risk assessed as 20% or greater.	9.1 Is the register of patients with a 10-year CVD risk ≥20% maintained?	1
		9.2 Are patients with a new diagnosis of a 10-year CVD risk ≥20% transferred to the appropriate registers and excluded from NHS Health Check eligible list?	1
		9.3 Is there a record of a statin being offered, accepted or declined?	1
		9.4 Are pathways in place to ensure 'high risk' patients are followed up?	1
		9.5 Is there a plan in place to recall in 5 years those patients with low or moderate CVD risk (10-year CVD risk <20%) for re-assessment?	1
			Total 5
	FEEDBACK	**Please provide any additional feedback on the NHS Health Check Programme delivered from this GP Provider**	

The total points and percentage score were calculated for each Standard. A red-amber-green (RAG) rating was developed for each Standard to allow quick identification of areas for improvement. Percentage scores ≥90% were defined as green, 80%-89.9% amber and <80% was defined as red. The RAG ratings were agreed on what the OCC Public Health Directorate considered reasonable thresholds. The Oxfordshire QA audit tool was created in a Microsoft Excel file to allow ease of data entry and analysis. A dashboard of the scores was developed to present the collated information in a more visual format for each GP Provider as illustrated in Table 3.

Table 3. Oxfordshire QA Audit Tool Scoring and RAG Rating

National Programme Standard	Description of Standard	Out of	Score	Oxfordshire Average %
Invitation and Offer	1) Identifying the eligible population and offering an NHS Health Check	10	<8.0	<80%
			8.0-9.0	80-90%
			>9.0	>90%
	2) Consistent approach to non-responders and those who do not attend their Risk Assessment appointment.	5	<4.0	<80%
			4.0-4.5	80-90%
			>4.5	>90%
Risk Assessment	3) Ensuring a complete health check for those who accept the offer is undertaken and recorded	18	<14.0	<80%
			14.4 -16.2	80-90%
			>16.2	>90%
	4) Equipment use	6	<4.8	<80%
			4.8-5.4	80-90%
			>5.4	>90%
	5) Quality control for point of care testing (N/A in Oxfordshire)	N/A	-	N/A
Communication of Risk	6) Ensuring results are communicated effectively and recorded.	11	<8.8	<80%
			8.8-9.9	80-90%
			>9.9	>90%
Risk Management	7) High quality and timely lifestyle advice given to all.	9	<7.2	<80%
			7.2-8.1	80-90%
			>8.1	>90%
	8) Additional testing and clinical follow up	8	<6.4	<80%
			6.4 -7.2	80-90%
			>7.2	>90%
	9) Appropriate follow up for all if CVD risk assessed as 20% and greater.	5	<4.0	<80%
			4.0-4.5	80-90%
			>4.5	>90%
Throughout the Pathway	10) Confidential transfer of Service User data (N/A Oxfordshire)	N/A	-	N/A
Total		72	<57.6	<80%
			57.6-64.8	80-90%
			>64.8	>90%

Quality Assurance of NHS Health Checks 2014-2015

2. Option appraisal for implementing the Oxfordshire QA audit tool

An option appraisal was conducted to decide on the local QA process. Following a review of the existing literature on QA methods for NHS Health Check Programmes and consultation with GP Provider practice managers, Oxfordshire Clinical Commissioning Group (CCG) and the Local Medical Committee (LMC); four main options for quality assuring the local NHS Health Check Programme were identified:

1. **Commissioning an external Provider to conduct QA visits of GP Providers against Oxfordshire QA audit tool.** This would involve an external Provider being selected through a tendering process. The advantages of this approach were the use of a qualified clinician to assess quality and individual staff competencies. It would allow consistent assessments across all GP Providers whilst minimising the risk of bias. It offered the potential to improve relationships with GP Providers and support improvements in delivery. This option would also reduce time constraints on the OCC Public Health Directorate. The main disadvantages would be the costs of commissioning externally and obtaining 'buy-in' from the GP Providers.

2. **Provider visits by an OCC Public Health Directorate member of staff to assess GP Providers against the Oxfordshire QA audit tool.** The advantages of this approach were similar to those of option one. The disadvantages of this approach were being directly staff resource intensive, the perceived risk of commissioner bias and the lack of clinical expertise within the OCC Public Health Directorate examining the GP Providers.

3. **Self-reporting by GP Providers against the Oxfordshire QA audit tool, this would be emailed to Providers for self-completion.** The advantages of this approach were lower implementation cost and direct time investment for the OCC Public Health Directorate. The disadvantages of this approach were the potential for inaccurate data due to self-reporting errors and bias. There was the potential it might be viewed as a 'tick box' exercise and an additional resource pressure for GP Providers which could reduce the value of the process. It would limit the opportunity for verbal constructive feedback and development of the relationships with GP Providers.

4. **Data Extraction only.** Performance and Read Code data entry compliance data for GP Providers would be extracted from the GP database only. The advantages of this approach were the ease of administration, being very low cost and requiring almost no time investment from GP Providers. The main disadvantages were that it would not allow

Quality Assurance of NHS Health Checks 2014-2015

quality assessment of the whole NHS Health Check pathway as per the Programme, Standard 6 in particular (Communication of Risk). Consequently, it would be of limited value to the GP Provider and OCC Public Health Directorate. It would also limit the opportunity for verbal constructive feedback on the delivery of NHS Health Checks and development of the relationships with GP Providers.

Each option was assessed by the senior management team within the OCC Public Health Directorate based on its ability to determine the quality of the NHS Health Check processes, effectiveness, efficiency and added value. Taking this into consideration, it was decided the most suitable option would be to commission an external Provider to conduct QA visits within GP Providers (option 1) and for the OCC Public Health Directorate to concurrently perform data extraction (option 4). The external assessors for option 1 were appointed by a tendering process in line with OCC commissioning requirements.

3. Implementation of the QA process

Provider Visits (Phase 1)

QA visits were required for 80 GP Providers. The external assessor booked visits with each over a 6 month period (between the 1st of October 2014 and the 31st March 2015). The visit included a least one meeting with the practice manager or administrator responsible for the invite and offer process (Standard 1 and 2) and another meeting to shadow the member of staff conducting the NHS Health Check within the practice. Shadowing the actual performance of a NHS Health Check with a Service User present enabled the QA assessor to review the Risk Assessment (Standard 3 and 4), the Communication of Risk (Standard 6) and the Risk Management (Standard 7, 8 and 9). Evidence was assessed for each Standard against the Oxfordshire QA audit tool. This data was entered into the Microsoft Excel version of the tool in real time during the visit. Each visit took between 60-90 minutes to assess the GP Provider against all 8 Standards. Following a completed visit, the externally commissioned assessor electronically submitted a completed Oxfordshire QA audit tool to the OCC Public Health Directorate within 48 hours.

Data Extraction (Phase 2)

Performance data from the NHS Health Check Programme is collected by The Computer Room (TCR) via the Quest Browser. Primary performance data include outcomes of the NHS Health Check Programme (number and percentage invited, completed and uptake %). Secondary outcomes include disease onset data, compliance of Read Code data and referrals into lifestyle interventions. Anonymous Service User level data from the 80 GP Providers was extracted using Read Code data based on all completed NHS Health Checks by each GP Provider between the 1st April 2014 and 30th September 2014.

This data included Read Code compliance data on invitations; this reflects elements referenced within Standard 1. Furthermore, this includes Read Code compliance data on information and measurements taken during the NHS Health Check Risk Assessment; these reflect elements referenced within Standard 3. Finally, the Read Code compliance data also includes Risk Management outcomes which reflect the recording of referrals into lifestyle interventions for smoking cessation, weight management and physical activity; which reflects elements referenced within Standard 7. The data was extracted and compliance for data recording of completed NHS Health Checks assessed. The local target for data compliance in relation to Standards 1 and 3 was 100% for all measurements and outcomes. A RAG rating system for data compliance was developed to allow quick identification of areas for improvement. This was based on what the OCC Public Health Directorate considered reasonable thresholds. Percentage scores 100% were defined as green, 90%-99.9% amber and <90% were defined as red. For Standard 7, there were defined thresholds set relating to quality performance indicators with the GP Providers Contract with the OCC Public Health Directorate.

A QA dashboard of the outcomes for Phase 1 and Phase 2 was created for each GP Provider to present the collated information in a more visual user friendly format.

Feedback Processes

Feedback to Providers:

Once the QA external assessor (Phase 1) submitted a completed Oxfordshire QA audit tool from a GP Provider visit, the data was entered into a separate document and matched with the Phase 2 outcomes. The data from Phase 1 and 2 were collated and individual Provider QA dashboards produced. The QA dashboard was submitted via email to the practice manager within two working days of receiving the Phase 1 visit. Within five working days, a member of the OCC Public Health Directorate contacted the GP Provider via a phone call to discuss the outcomes of the QA process (Phase 1 and 2) and provided the opportunity to discuss, challenge any findings and offer appropriate support if required.

Quality Assurance of NHS Health Checks 2014-2015

Feedback from Providers:

Optional feedback on the usefulness and experience of the QA visit (Phase 1) was obtained from GP Providers following the visit using an online evaluation tool.

Results

Provider Visits Outcomes (Phase 1)

Of 80 GP NHS Health Check Providers, 79 (99%) had a QA visit completed. Table 4 summarises the results of average NHS Health Check Programme scores as assessed against the Oxfordshire QA audit tool.

Table 4. Provider Visit using Oxfordshire QA Audit Tool Outcomes Average

Pathway Stage	Description of Standard	Out of	Average Score	Average %
1) Invitation and Offer	1) Identifying the eligible population and offering an NHS Health Check	10	7.6	75.9%
	2) Consistent approach to non-responders and those who do not attend their Risk Assessment appointment.	5	4.0	80.3%
2) Risk Assessment	3) Ensuring a complete health check for those who accept the offer is undertaken and recorded	18	16.7	92.9%
	4) Equipment use	6	5.9	98.3%
	5) Quality control for point of care testing	N/A	N/A	N/A
3) Communication of Risk	6) Ensuring results are communicated effectively and recorded.	11	8.5	77.6%
4) Risk Management	7) High quality and timely lifestyle advice given to all.	9	8.4	93.4%
	8) Additional testing and clinical follow up	8	7.8	97.3%
	9) Appropriate follow up for all if CVD risk assessed as 20% and greater.	5	4.5	89.4%
5) Throughout the Pathway	10) Confidential transfer of Service User data	N/A	N/A	N/A
Total		72	63.4	89.4%

Standard 1

Identifying the eligible population and offering an NHS Health Check. Performance against this Standard was poor. The average score in Oxfordshire for identifying those eligible for NHS Health Checks and offering a Check was 7.6 out of 10 criteria inspected (75.9%). In general, points were lost for not knowing where to access the NHS Health Check information leaflet in other formats (such as braille or other languages), not having a plan in place to utilise social

16

Quality Assurance of NHS Health Checks 2014-2015

media to communicate NHS Health Checks and/or not having a designated NHS Health Check Champion.

Standard 2

Consistent approach to non-responders and those who do not attend their Risk Assessment appointment. Performance against this Standard requires improvement. The average score for consistency in the approach to non-responders and those who did not attend their NHS Health Check appointment was 4 out of 5 criteria inspected (80.3%) against local QA audit tool. Providers generally lost a point here for not sending reminders using SMS/text once a Service User had booked their NHS Health Check Risk Assessment appointment. Other areas where some Providers lost points were for not having processes for administering repeat 2nd and 3rd invites and monitoring those who do not respond and/or those that decline a NHS Health Check using the appropriate Read Codes.

Standard 3

Ensuring a complete NHS Health Check for those who accept the offer is undertaken and recorded. Performance against this Standard was good. The average score for ensuring a complete NHS Health Check is undertaken and recorded was 16.7 out of 18 criteria inspected (92.9%).

Standard 4

Equipment use. Performance against this Standard was good. The average score for appropriate equipment use in Oxfordshire was 5.9 out of 6 criteria inspected (98.3%).

Standard 6

Ensuring results are communicated effectively and recorded. Performance against this Standard was poor. The average score for ensuring results are communicated effectively and recorded in Oxfordshire was 8.5 out 11 criteria inspected (77.6%). Providers lost points for not having NHS Health Check staff trained in how to communicate risk effectively. Staff delivering NHS Health Checks did not have access to educational materials, such as the PHE National Guidance documents. Furthermore, in many cases, Service Users were not provided with a printed or written summary of their results and there was often no clear mechanism in place for them to feedback if they understood what had been communicated.

Standard 7

High quality and timely lifestyle advice given to all. Performance against this Standard was good. The average score for giving high quality and timely lifestyle advice was 8.4 out of 9 criteria inspected (93.4%).

Quality Assurance of NHS Health Checks 2014-2015

Standard 8

Additional testing and clinical follow up. Performance against this Standard was good. The average score for appropriate additional testing and clinical follow up was 7.8 out of 8 criteria inspected (97.3%).

Standard 9

Appropriate follow up for all if CVD risk assessed as 20% and greater. Performance against this Standard requires improvement. The average score for appropriate follow up for all if CVD risk assessed is ≥ 20% was 4.5 out of 5 (89.1%). The area where points were lost was related to systematically ensuring that those newly identified as having CVD risk ≥20% were transferred to an appropriate risk register for annual monitoring.

Provider Feedback

The voluntary feedback was completed by 26 of 79 (33%) GP Providers that had a Phase 1 QA visit. Those that responded found the QA visit was conducted in a professional manner with appropriate and valuable information before and after the visit. The comments that were obtained are summarised in Appendix 1.

Data Extraction Outcomes (Phase 2)

Results were based on Read Code data extracted from 80 out of 80 GP Providers between the 1st April 2014 and 30th September 2014. Of the 9,466 NHS Health Checks completed during the period across Oxfordshire, 89.2% of Service Users had an invite or offer of an NHS Health Check recorded using the correct Read Code (relates to Standard 1). Overall compliance for recording of data for information or measurements taken during the Risk Assessment (relates to Standard 3) was poor; average Read Code data compliance across all indicators was 83.9%. Full compliance (100%) was not achieved for any measure. Areas of borderline data recording included the measurement of weight (97.1%), BMI (94%), blood pressure (94.8%), cholesterol (93.0%), smoking status (94.1%) and physical activity score (using GPPAQ) (91.4%). Areas of poor compliance with recording included dementia awareness advice (29.1%) for those aged over 65 years, alcohol intake score using the locally recommended AUDIT-C tool (43.3%), cardiovascular risk (QRisk2) recording (73.5%) and recording of height (82.9%). These results are summarised in Table 5.

Quality Assurance of NHS Health Checks 2014-2015

Table 5. Data Compliance for Information or Measurements taken during the Invite and Offer (Standard 1) and Risk Assessment (Standard 3) based on Read Coding

Invite/Risk Assessment Information/Measurements	Oxfordshire Average %
Invited	89.2%
Height	82.9%
Weight	97.1%
Body Mass Index	94.8%
Blood Pressure	94.1%
Cholesterol	93.0%
Smoking	94.1%
GPPAQ	91.4%
Dementia Awareness	29.1%
Audit C	43.2%
QRisk2 Score	73.5%
Average Data Compliance	**83.9%**

Data compliance with respect to all Risk Management interventions (Standard 7) was poor:

Smoking cessation: Only 727 of 1092 (66.6%) smokers identified from NHS Health Checks received brief cessation advice. This is below the local target of 100%. Only 51 of the 1092 (4.7%) smokers were referred for support. This is below the local target of 50%.

Weight management: 977 of 1,839 (53.5%) obese Service Users identified from NHS Health Checks received brief advice. This is below the local target of 100%. Only 76 of the 1839 (4.1%) obese Service Users were referred for support. This is below the local target of 100%.

Physical activity: 1,329 of 3,754 (35.4%) inactive Service Users identified from NHS Health Checks had brief advice recorded. This is below the local target of 100%. 245 of the 3754 (6.5%) inactive Service Users were referred for support. This is below the local target of 100%. Data compliance against Risk Management indicators (Standard 7) are summarised in Table 6.

Table 6. Data Compliance from Risk Management (Standard 7) based on Read Coding and measured against targets set within the GP Providers Contract with the OCC Public Health Directorate

Risk Management Outcomes	Target	No identified from 9,466 NHS Health Checks	No given brief advice or referred	Oxfordshire average %
Smoking Cessation (if smoker)	100% of smokers receive brief advice	1,092 smokers	727	66.6%
	50% of smokers referred for support		51	4.7%
Weight Management (BMI >30 or >27.5 if South Asian)	100% of obese Service Users receive brief advice	1,839 obese Service Users	977	53.1%
	100% of obese Service Users referred		76	4.1%
Physical Activity (GPPAQ score = inactive)	100% of inactive Service Users receive brief advice	3,754 inactive Service Users	1,329	35.4%
	100% of inactive Service Users referred		245	6.5%

Quality Assurance of NHS Health Checks 2014-2015

Discussion

There was a high level of engagement with the Phase 1 QA process in Oxfordshire, with 79 out of 80 GP Providers taking part in the QA visits by the external assessor. This success can be attributed to the investment that went into consulting the GP Provider practice managers, LMC and Oxfordshire CCG during the development stages of the local QA process. Initial discussions suggested that QA visits (Phase 1) by an independent assessor would be favourably received and this was reflected in the feedback comments from GP Providers following the completion of the QA visits (Phase 1). On-going communication between OCC and GP Providers has contributed greatly to an understanding of how quality varies between the Service User components and the NHS Health Check pathway as a whole. It has identified areas of good performance and those that require quality improvement. The process has facilitated the sharing of best practice at local, regional and national levels and will allow the development of solutions to address areas of weaker performance across the NHS Health Check Programme in Oxfordshire for 2015/16 and beyond.

Summary of key findings

Despite the overall high quality of the Risk Assessment and Risk Management components of NHS Health Checks, Communication of Risk to Service Users and the quality of the invitation to Checks are areas for improvement. Analysis of GP Provider Read Code data compliance suggests that the recording of Invites, Risk Assessment and subsequent Risk Management, particularly referral for lifestyle interventions, remains poor. Although outcomes from the Phase 1 visits suggest that Risk Assessment and Risk Management is of high quality, the data extraction outcomes show poor Read Code data recording compliance for lifestyle interventions. This discrepancy between observed clinical practice and the recorded information to the GP database may reflect that what is being done in practice is poorly recorded due to incorrect recording templates or Read Codes embedded on clinical software systems, or that there may be a performance bias where the Provider was better than it ordinarily be due to being audited.

1) Invite and Offer

Aspects of the quality of the invite process that were identified as requiring improvement relate mainly to the processes for administering repeat invites and monitoring those who do not respond and those that decline NHS Health Checks. This could subsequently impact uptake percentages of the offer.

2) Risk Assessment, Communication of Risk and Risk Management

Despite the high compliance of delivery of Risk Assessment across Oxfordshire, Communication of Risk identified was poor. The reason for poor evidence of risk communication was due to the fact that most Service Users who are deemed a low or moderate risk following the Risk

Quality Assurance of NHS Health Checks 2014-2015

Assessment were not communicated their results in any consistent format. Although face to face discussion is recognised as best practice, it does not always occur for practical reasons related to the high demand for GP appointments and inconvenience of an additional visit to the surgery for Service Users. In order for Service Users to derive maximum value from the NHS Health Checks that translates this into health gain and prevention of premature death; it is important that risk is transmitted more effectively to all Service Users or a novel approach developed. There appeared to be variation in the Communication of Risk and this highlighted the need to improve the consistency of communicating results in Oxfordshire. This would also serve to minimise the variation in experience of Service Users across the County. Good Service User satisfaction is important in improving the reputation of the Programme locally with the public which can be enhanced by consistency in the delivery of results across all Providers. A solution to address this would be the introduction of a results booklet for Service Users receiving results and lifestyle advice. The provision of a results booklet designed and produced by the OCC Public Health Directorate increases the consistency and content of messages delivered. A results booklet given to Service Users to note their individual measurements and risk provides a tangible product from their NHS Health Check and also provide contact details for the services available to manage identified lifestyle risk factors e.g. smoking cessation for them to revisit in their own time.

Identification of training needs

Phase 1 outcomes suggest that the Risk Assessment and Risk Management is satisfactory whereas Phase 2 outcomes show poor Read Code data compliance. The poor performance in these areas may be due to service pressures, indicates a need for training for clinical staff on the data recording requirements for NHS Health Checks or to work with GP Providers IT support services to ensure the templates being used on the clinical systems are most recent and have the correct Read Codes embedded. The audit scores obtained from the Oxfordshire QA audit tool have been valuable in highlighting the areas where GP Providers may require support to maintain Standards and can be used to target specific areas for training.

Strengths and limitations

The adaptation of the PHE Self-Assessment Framework by the development of a RAG rated numerical scoring system (via the Oxfordshire QA audit tool) has allowed GP Providers to benchmark their scores against the County averages. The presentation of this information in such a visual way, through the QA dashboards, has served as a simple motivational tool for GP Providers and created a desire for improvement by highlighting how other GP Providers are performing. The Oxfordshire QA audit tool has enabled rapid transmission of performance in a way that will hopefully lead to sustained quality improvement. Another advantage of the Oxfordshire QA audit tool is that as Providers continue to improve, the performance thresholds (RAG rating) can be adjusted to further improve or maintain Standards.

Conclusions

This QA of GP Providers that are commissioned to deliver NHS Health Checks in Oxfordshire has used a locally developed QA audit tool and has achieved high levels of engagement. It has been effective at highlighting strengths in the delivery of NHS Health Checks and highlighting areas for further improvement.

Recommendations:

Based on the outcomes of the QA processes outlined above, the following recommendations have been put forward to further improve the quality of NHS Health Checks in Oxfordshire, across the whole pathway:

1. Invitation and Offer:

   (Standard 1): Improve the awareness of practice managers (and/or administrators) within GP Providers of the current NHS Health Check invitation protocols within their Contract, in particular the need to include the leaflet with the first invite.

   (Standard 2): Improve the awareness of practice managers (and/or administrators) within GP Providers of the 2nd and 3rd invite protocols within their Contract and the potential impact on the Public Health Outcomes Framework Indicator on NHS Health Check uptake % and subsequent potential financial reward from delivering the Programme through their Contract with the OCC Public Health Directorate.

2. Risk Assessment:

   (Standard 3): Review the clinical template used by each GP Provider to ensure it includes the option to enter data for GPPAQ, AUDIT-C and dementia awareness. In addition, work with the GP Providers to ensure Read Codes that are embedded in the templates are correct to maximise the accuracy of Read Code data compliance reports.

3. Communication of Risk:

   (Standard 6): Develop a local results booklet, based on PHE's example, and implement its use throughout GP Providers in Oxfordshire. Aim to ensure that each Service User receives a results booklet following their NHS Health Check.

4. Risk Management:

   (Standard 7): Address knowledge gaps of those delivering NHS Health Checks regarding how to refer for smoking cessation, alcohol, physical activity and weight management services which are also commissioned by the OCC Public Health Directorate. Incorporate

Quality Assurance of NHS Health Checks 2014-2015

this information within the proposed results booklet (Recommendation 3) and make accessible on the Oxfordshire CCG intranet pages.

(Standard 9): Follow-up with PHE the need for clearer clinical follow-up guidelines for Providers on Service Users assessed as having a ≥20%risk, but who do not enter a disease register.

5. Other recommendations:

- Develop local training sessions to improve the knowledge of those performing NHS Health Checks so that there is greater alignment to all the locally relevant Programme Standards.

- For 2015/16, repeat Phase 1, but this is to be carried out by the OCC Public Health Directorate where a GP Provider scored less than 80% and/or a concern for quality existed. All other GP Providers will be sent the Oxfordshire QA audit tool to self-complete during the year.

- For 2015/16, repeat Phase 2 Read Code data extraction on a quarterly basis and include the results within activity dashboards for GP Providers and imbed them as part of on-going Contract Management processes.

- Share outcomes and learning at a regional and national level as an example of best practice where appropriate.

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Quality Assurance of NHS Health Checks 2014-2015

Appendix 1. Feedback comments from NHS Health Check Providers following Phase 1 visit

Comments	General	Process related
Positive feedback	"Helpful, 2 hours" "Very useful visit, thank you" "This was a useful visit" "the assessor who attended our practice was a very delightful and professional person, She explained everything clearly. The visit lasted approx. 1 1/2 hours" "Overall experience was favourable, informative and took about 30 minutes" "My experience was excellent." "non-threatening pleasant experience helpful"	"Very professional assessment - many thanks" "Excellent process and very helpful in ensuring all elements of the Health Check were being carried out to a satisfactory Standard. I would be very happy to be involved in the process again." "The assessor gave additional info re resources which was very useful."
Negative feedback	"I think annual visits would not be necessary where no issues were found" "I would question the value for money in conducting the audit in the first place, when local councils are so strapped for cash in this period of austerity."	"Some of the questions which the HCA was asked should have been directed to the PM, as the HCA was not aware of all the answers." "Re question 7 the nurse said that we had done ok but did not pre-empt the official report."

Quality Assurance of NHS Health Checks 2014-2015