

NHS HEALTH CHECKS

MARCH 2014

CASE STUDY

Tower Hamlets - NHS Health Checks

Reaching deprived communities through primary care services

The ambition

To increase the uptake of the NHS Health Check in high risk seldom seen and seldom heard populations and manage the identified Cardiovascular disease (CVD) risk.

The background

Tower Hamlets is a densely populated inner London borough, with a population in 2009 confirmed as 234,828. The population growth in Tower Hamlets is set to increase faster than the rest of London and predicted to reach 316,000 by 2026. In 2006, 56% of the population belonged to an ethnic group, other than white British, with 30% of Bangladeshi origin.

Tower Hamlets ranks as the third most deprived local authority in England; with the sixth lowest male and fifth lowest female life expectancy of any London borough (life expectancy is 75 years and 80 years respectively). Of the annual deaths, 47% are early (under 75 years) and the life expectancy gap, separating the most and least economically advantaged groups, can be up to eight years.

CVD is a significant contributor to early mortality and Tower Hamlets have made significant steps toward addressing this. In 2011, Tower Hamlets were ranked first for cholesterol control (<5mmol/l in diabetes) and seventh for Coronary Heart Disease (CHD) in the Quality and Outcomes Framework. NHS Health Check has been recognised as a significant component in the drive to maintain this performance and manage CVD risk factors.

How did Tower Hamlets succeed?

Tower Hamlets success has been driven by a strong working relationship between the local authority public health departments, local GPs, Tower Hamlets CCG and the Queen Mary University based Clinical



Effectiveness Group. This working relationship developed a shared understanding of NHS Health Check as key component within a wider suite of health initiatives to tackle CVD risk.

From 2009, Tower Hamlets incorporated the NHS Checks programme into a managed practice network scheme that groups practices into eight geographical locations, each covering 30-50,000 patients. The managed practice networks were required to deliver a CVD care package against a set of key performance indicators which the whole network had to achieve to obtain payment.

Introducing NHS Health Checks to the CVD package resulted in a step change in performance, evidenced by blood pressure and cholesterol control in people with coronary heart disease and diabetes (best CCGs in England 2012/13 Quality and Outcomes Framework -QOF). Further financial incentives were provided for the treatment of people at high CVD risk, with statins, and promoted greater focus on high risk groups.

In 2009, a cardiovascular disease risk algorithm (QRisk) was added to the records of all eligible patients allowing GPs to systematically contact those at highest risk together with opportunistic invitations and self-referrals with delivery of the programme supported by guidance circulated to all local providers. NHS Health Checks templates were developed and installed in all practices and supported with training.

Trained health care assistants delivered over 90% of all NHS Health Checks within GP practices using specifically designed EMIS web data entry templates and compatible read codes to ensure consistent data collection.

Blood tests for both total and High Density Lipoprotein (HDL) cholesterol were taken at the time of the NHS Health Check and, to check for diabetes, blood glucose is now replaced by HbA1c and only taken if the patient was at high CVD risk or obese.

Results were reported by the externally quality assured hospital laboratory with direct electronic transfer of data within five days to the patients record within the practice, negating the need for manual entry and transcription risk. Additional checks for those at high risk included chronic kidney disease and liver disease tests. Pulse checks documenting rate and rhythm, and structured assessments of physical activity, were added in 2013.

A typical NHS Health Check will take approximately 20 minutes to complete and for people at high risk, a further 10-20 minutes will be required for additional tests with language barriers and complex clothing potentially adding a further 50% to the overall time.

The Clinical Effectiveness Group (CEG) based at the Centre for Primary Care and Public Health at Queen Mary University has worked with Tower Hamlets in the implementation and administration of the NHS Checks programme. CEG routinely feeds back information on practice performance to GP practices and networks on monitoring and payment, and to the CCG and local authority.

Outcomes

The NHS Health Check service, analysed across East London, demonstrated a good reach amongst the local south asian community, socially deprived and older age groups.



During the period 2009-12, there were a total of 14217 NHS Health Checks completed in Tower Hamlets. Of those attending NHS Health Checks, one in ten were found to be high CVD risk (10 year CVD risk 20% or more). There were 41 new cases of CKD, 187 new cases of type 2 diabetes and 507 new cases of hypertension equating to one new case of diabetes for every 75 attendees and one new case of hypertension for every 28 attendees. During 2001-12, 53% of people at high risk were prescribed a statin.

If the current progress in Tower Hamlets is maintained throughout the five year period, 4,000 people at high CVD risk, or with new co-morbidity, will be identified and 150 heart attacks and strokes prevented with statin and anti-hypertensive treatment with reductions resulting from improved diet, physical exercise and stop smoking campaigns.

Contact

Luise Dawson

Email: luise.dawson@towerhamlets.gov.uk

Tel: 0207 364 7128