

AGENDA SUPPLEMENT (1)

Meeting: Health Select Committee
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Tuesday 27 June 2017
Time: 3.00 pm

The Agenda for the above meeting was published on 19 June 2017. Additional documents are now available and are attached to this Agenda Supplement.

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8 **Overview and Scrutiny Forward Work Programme (HSC) (Pages 3 - 6)**

- Executive Summary - Retrospective Evaluation of Wiltshire's NHS Health Check Programme

DATE OF PUBLICATION: 23 June 2017

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Executive Summary - Retrospective Evaluation of Wiltshire's NHS Health Check Programme - June 2017

Background

1. Cardiovascular disease is responsible for around 30% of all UK deaths and is the largest cause of disability in the UK. Those drivers, combined with increases in the rates of obesity and the consequences of those diseases on health and social care costs resulted in the Department of Health creating the NHS Health Check Programme.
2. In Wiltshire, the NHS Health Check programme began in 2011. It is one of the statutory mandates in the Health and Social Care Act to help improve the health of the local population.
3. NHS Health Checks are provided by primary care, who invite eligible patients aged 40-74 to attend every 5 years for a cardiovascular disease risk assessment.

Aim of Evaluation

4. The aim of this evaluation was to assess available data from the first five years of the NHS Health Check programme in Wiltshire. This was to consider the impact of the NHS Health Check programme on local health and wellbeing.

Methodology

5. Data was gathered and analysed from 4 main sources: (1) programme 'invite and uptake' data for 2011-17; (2) anonymised data provided by NHS Wiltshire CCG on patient outcomes; (3) a collection of anonymised case studies from a Wiltshire GP practice and (4) initial patient experience survey results.

Results and Discussion

Wiltshire-specific NHS Health Check Data (2011-12 to 2015-16)

6. Percentage uptake of those invited between 2012-13 and 2015-16 ranged between 40-50%. It is noted that there is some variability in uptake of those invited over the last few years, and this is likely explained by multiple recognised barriers to attending NHS Health Checks, such as work hours, perception of need and differing health attitudes across different age groups.
7. Evidence suggests that uptake can be improved by means of different methods of communication: and practices across Wiltshire are increasingly using multiple methods.
8. The proportion of the eligible population invited to attend has also increased. In 2012-13, 21.7% of those eligible were invited, while in 2015-16, 32.2% of those eligible were invited for a NHS Health Check.

Wiltshire-specific NHS Health Check Data (2016-17 – including recall data)

9. The data set for 2016-17 contains data on those patients recalled for their NHS Health Checks. Participants who had an initial NHS Health Check in 2011-12 and who were due their second Health Check in 2016-17 (i.e. 5 years later).
10. 2016-17 saw the highest attendances following an invitation since the programme began (50% uptake). 3,966 individuals were invited for a recall NHS Health Check, and they would have been selected from the 5,200 who attended an NHS Health Check in 2011-12, meaning

that 76.2% of the first NHS Health Check cohort (in 2011) were invited back for their second NHS Health Check. Of the 3,966 invited to a recall Health Check, 1,641 attended (41.4%).

Wiltshire-wide QRISK data

11. QRISK and QRISK2 are calculators designed to calculate an individual's cardiovascular risk. QRISK2 scores are calculated as part of the NHS Health Check, but are not exclusively used as part of the programme.
12. We collated a large data set of individuals who had a QRISK/QRISK2 score calculated in both 2011 and 2016, amassing 1,275 individuals. This data set included results from NHS Health Checks and other attendances. 16.9% of patients had an improvement in their QRISK in 2016, 9.9% had no change in their score, and 73.2% showed a higher QRISK score, meaning that their cardiovascular risk was increased.
13. We analysed the research behind the QRISK and QRISK2 calculators, whose authors were able to demonstrate that increasing age was a strong independent risk factor for cardiovascular disease, and had a strong negative compounding impact on multiple other risk factors. Therefore it is understandable that cardiovascular risk would increase in such a large proportion of the population over a 5-year time period. The findings also emphasise the significance and importance of addressing modifiable risk factors at the earliest opportunity.

New diagnoses as a direct result of NHS Health Checks in a local GP population

14. Using data from one Wiltshire practice, we looked at a range of NHS Health Checks which generated either a new diagnosis of diabetes or hypertension. Over 20 new cases were found via NHS Health Checks. There are 9 case studies in the full report demonstrating that time between an NHS Health Check and diagnosis and treatment can be as little as days to weeks and often conditions such as diabetes have been managed with simple lifestyle measures as opposed to medication. Clearly, in those patients who have been identified via the NHS Health Check, there is a great opportunity to prevent cardiovascular disease and prolong healthy life expectancy.

Patient satisfaction surveys

15. A patient satisfaction survey for NHS Health Checks was launched in April 2017 and consisted of 11 questions. There have been 19 respondents thus far.
16. The pertinent findings are generally positive. 90% of patients felt they understood the information given to them during their NHS Health Check. 84% felt that the person delivering their NHS Health Checks was knowledgeable.
17. There were a few questions regarding how much information people received regarding stopping drinking, smoking, healthy eating and exercise. It was clear that more people were not only impacted by the information on drinking, but there was also variability in their appreciation of the level of information they received.
18. The majority of people attended because they were invited, which would be expected of a programme such as this relying on invitations. 90% of participants said they would return for their second NHS Health Check, the remainder all saying they would if their circumstances permitted. Most participants felt the NHS Health Check valuable.

Conclusions

19. Wiltshire was one of the earliest counties to implement the NHS Health Check programme on a county-wide basis.
20. Data shows we have increased the number of eligible participants invited, and that uptakes of those invitations were also increasing year on year, to reach a programme-high of 50% uptake of invitations in 2016-17.
21. The 2016-2017 recall data shows an impressive proportion of eligible people who had a NHS Health Check in 2011-2012 returning for their second (recall) NHS Health Check in 2016-17.
22. Wiltshire-wide QRISK/QRISK2 data in patients who had 2 scores 5 years apart demonstrated a widespread increase in cardiovascular risk, likely as a result of their increasing age.
23. Our case studies from a local GP population in Wiltshire show that an efficient use of the NHS Health Check programme leads to a significant amount of new diagnoses, often in asymptomatic individuals, of type 2 diseases and hypertension which are known to have expensive and often poor health outcomes, having a large impact on the health and social care system.
24. We therefore feel that the NHS Health Check programme is an appropriate tool to reduce cardiovascular morbidity and mortality in Wiltshire as well as supporting the population to live longer, healthier lives.

Programme Recommendations

25. As a result of the evaluation a number of recommendations were made:
 - a. Practices to identify which of their NHS Health Check participants have needed any form of further follow up.
 - b. Add another data parameter to the recall data already being collected, that being which participants from the initial NHS Health Check are no longer eligible to have a recall NHS Health Check.
 - c. Review the provider training programme to reflect the comments from the participant survey.
 - d. Disseminate the NHS Health Check leaflets and remind practices that all those invited for an NHS Health Check should receive on in advance of their appointment.
 - e. Continue to monitor the recall rates as we enter a new financial year when patients in cohort 2 (2012-13) should start to be recalled for their second NHS Health Check.

The full evaluation report and associated case studies can be obtained by contacting Steve Maddern.

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