

**Wiltshire Council**

**Health Select Committee**

**11 July 2018**

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**Rapid Scrutiny Exercise:  
NHS Health Checks**

**Purpose of the report**

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, which took place on 26 June 2018, for endorsement by the committee and referral for response to the Cabinet Member for Adult Social Care, Public Health and Public Protection.

**Background**

2. Following consideration of a report on NHS Health Checks on 6 March 2018 (see full agenda and minutes) the Health Select Committee resolved to set up a rapid scrutiny exercise to:
  - a. Determine how much further the data available could be used to analyse the costs of non-attendance as well as informing a more focused promotion / advertising of the NHS Health Checks based on:
    - i. demographic analysis of those who do not attend;
    - ii. and the understanding of the reasons for non-attendance to inform promotion activities;
  - b. Review the provision and “advertising” of Health Checks by GPs / surgeries;
  - c. Analyse comparative outcome for attendees / non-attendees.

**NHS Health Check – brief overview**

3. Cardiovascular disease is the largest cause of mortality in England and the largest single cause of long-term ill health and disability. It is estimated that cardiovascular diseases are responsible for 36% of deaths and 20% of hospital appointments in England.
4. The Department of Health provided health economic reasons for introducing the NHS Health Check nationally, which included:
  - Preventing 1,600 heart attacks and strokes annually
  - Preventing 650 cardiovascular disease related deaths annually
  - Diagnosing 4,000 new cases of diabetes which would have not otherwise been diagnosed annually
  - Identifying 20,000 cases of pre-diabetes and early chronic kidney disease annually

5. An NHS Health Check is a 5-yearly cardiovascular disease risk assessment for adults in England aged 40 – 74 years. It is designed to identify early signs of cardiovascular disease, to provide the opportunity for a discussion of a person's body mass index, diet, cholesterol, physical activity, smoking status and alcohol intake and to provide advice on making healthy lifestyle changes.
6. In April 2013, the Health and Social Care Act (2012) moved responsibility for NHS Health Checks from the NHS to local authorities. Accordingly, the NHS Health Check programme in Wiltshire is commissioned by Wiltshire Council.
7. The NHS Health Checks are provided by GP practices across Wiltshire and offered primarily through Health Care Assistants, each check attracts a payment of £26 per 20-minute consultation, which includes payment for point of care tests for cholesterol ratio.

### **Membership**

8. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of the council and the following Councillors were appointed:
  - Cllr Chuck Berry, elected as lead member for the RS
  - Cllr Gavin Grant
  - Cllr Mollie Groom
  - Cllr Gordon King

### **Evidence**

9. The RS was informed of previous information received by the Health Select Committee on NHS Health Checks as follows:
  - a. [6 March 2018](#) – update showing how outcomes for those on the NHS Health Checks programme compared with those not participating in it.
  - b. [27 June 2017](#) - Executive Summary - Retrospective Evaluation of Wiltshire's NHS Health Check Programme. 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.
  - c. [10 January 2017](#) - To update the Health Select Committee on the NHS Health Checks Programme Evaluation currently underway in Wiltshire.
10. It should be noted that agendas for the Health Select Committee were only checked up to June 2016 as it was felt that information on NHS Health Checks received prior to that date would be unlikely to be relevant to this rapid scrutiny exercise, especially as the activities undertaken by the Public Health team since the start of the programme were included in the report they provided for the RS exercise.

11. The RS also considered a comprehensive report from the Public Health team presenting information on the following:
  - a. Background – NHS Health Checks in England;
  - b. Background – NHS Health Checks in Wiltshire;
  - c. Evaluation of NHS Health Checks programme in Wiltshire;
  - d. Ongoing quality improvement programme of the NHS Health Checks in Wiltshire (including improvement to branding);
  - e. Challenges to improving the uptake of the NHS Health Check programme;
  - f. The current challenges to improving NHS Health Checks in Wiltshire.

## **Witnesses**

12. The RS group would like to thank the following officers for attending the meeting on 26 June 2018, providing information and answering questions:
  - Steve Maddern, Public Health Consultant (acting)
  - Alice Beech, GP registrar
  - Jane Vowles, Public Health Specialist
13. Apologies were received from:
  - John Goodall, Public Health Consultant
  - Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection
  - Cllr Ben Anderson, Portfolio Holder for Public Health and Public Protection
  - Tracy Daszkiewicz, Director Public Health and Protection

## **Summary of deliberations**

### Availability of data

14. The RS was interested in understanding whether data was available to determine “value for money” for the NHS Health Checks, in terms of “has the Health Check programme improved the situation from a health perspective?”.
15. Wiltshire Council was the commissioner for the NHS Health Checks programme, however there were limitation in the data it could access from GP surgeries with regards to NHS Health Checks, in part due to issues with data sharing. Despite a data sharing protocol being in place between the council, CCG and GP practices, care providers were independent and it was their prerogative to decide whether or not they share data with the council, when there were no contractual obligations in place to do so.
16. All GP surgeries had to provide the following core information to the council to receive payment for the NHS Health Checks:
  - how many eligible patients have been invited;
  - how many invitees have attended their NHS Health Check.
17. The RS was informed that the contract with regards to payment of NHS Health Checks programme in Wiltshire was due for renewal in April 2019 and this presented an opportunity to amend the data requested of GP surgeries to

provide the council with further data to monitor the effectiveness of its advertising and promoting campaign of the NHS Health Checks and to monitor take-up by known “hard to reach” residents (Recommendation 4).

#### Accuracy of data

18. The RS was informed that there had historically been issues with the accuracy of the data available due to recording (using the right coding to record diseases or conditions on the GP clinical system).
19. This had been significantly addressed through the training programme for GP surgeries and the accuracy of coding had improved year on year, however this prevented from being able to measure improvement or changes for the initial cohort who had recently been invited to undertake their second NHS Health Check (Recommendation 5).
20. It was accepted that the use of the data to achieve “like for like” comparison should start from April 2019, with the new contract collecting data to set a new benchmark.
21. It was also accepted that it would be difficult to achieve 100% data accuracy.

#### Best practice

22. The RS was informed that 16 GP surgeries (out of 56) had granted the council access to their data in 2017.
23. This informed a training needs analysis and subsequent training programme for those offering NHS Health Checks.
24. The RS was also informed that best practice in delivering the NHS Health Checks was identified and shared with GP practices, through a series of routes including provider training and quarterly newsletters.

#### Effectiveness of NHS Health Checks in Wiltshire

25. It was accepted that NHS Health Checks are part of a national programme that Wiltshire Council has a statutory duty to deliver, therefore the RS interest in establishing the effectiveness of the NHS Health Checks was to ensure that as many Wiltshire residents as possible achieved healthier outcomes thanks to the Health Checks programme, in keeping with the council’s preventative agenda with regards to health.
26. The RS also accepted that cardiovascular diseases were multi-factorial, therefore there was not a straight forward way to accurately evidence the benefits of the NHS Health Checks at national or local level.
27. Additionally, it could be argued that a large proportion of people taking part in the NHS Health Checks would be likely to already be “health conscious” and would consult their GP if they showed symptoms of ill health or were feeling

unwell, therefore it would be difficult to evidence that the NHS Health Checks truly provided an earlier diagnosis.

28. It should also be noted that patients may have their Qrisk (cardiovascular disease risk) assessed elsewhere and not just through the NHS Health Checks programme. This further highlighted the issues in using multi-factorial data in trying to determine the value of the programme.
29. There was local / national modelled data which suggested that effective delivery of the NHS Health Checks programme could save over £2.6m across the health and social care system by 2031, however it would be extremely complex to try and ascertain the savings directly achieved from the NHS Health Checks programme, for example thanks to earlier diagnoses.
30. Finally, to measure the effectiveness of the NHS Health Checks there would need to be a recording of the actions taken by patients to address the issues with, or concerns about, their lifestyle choices as identified through the Health Checks.
31. As patients could chose a range of methods, programme, advice or services to adopt healthier lifestyle choices (reducing alcohol intake, stop smoking, becoming more active, etc.) it would be difficult to monitor the implementation of the recommendations made to patients as a result of their NHS Health Check.
32. Nonetheless the RS felt that there would be benefits to the council in measuring the effectiveness of the NHS Health Checks programme, including tailoring the advertising / promoting of the Health Checks but also of the options available to Wiltshire residents to achieve healthier lifestyles, and gathering data to evidence the reasons for a potential change from a universal offer of NHS Health Checks in Wiltshire (paragraphs 40 to 43 refer).
33. The RS was informed that based on a Public Health England modelling tool for NHS Health Checks, in Wiltshire it was estimated that in the first five years of implementing the NHS Health Check programme:
  - 909 additional people will complete a weight loss programme
  - 525 additional people will be taking statins
  - 234 additional people will be compliant with an Impaired Glucose Regulation lifestyle
  - 127 additional people will be diagnosed with diabetes
  - 290 additional people will be taking anti-hypertensive drugs
  - 321 additional people will be diagnosed with chronic kidney disease
  - 233 additional people will increase physical activity
  - 17 additional people will quit smoking
34. The RS felt that the Public Health England modelling tool could provide a basis to monitor the effectiveness of the NHS Health Checks; the following would need to be explored (Recommendation 6):
  - Can the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose

Regulation lifestyle, chronic kidney disease) be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks?

- Can the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) be achieved through the questionnaire that patients complete after they receive NHS Health Checks?

This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: “at your last health check you were advised to xxxx, what actions were you able to take?”)

35. The RS was also informed that, although Wiltshire’s population was healthier than the England average with lower levels of cardiovascular disease, around 260 people living in Wiltshire died prematurely of cardiovascular disease each year and approximately 25% of the Wiltshire population aged 40 – 74 years were registered as having a vascular disease.
36. This led the RS to question whether coroners’ reports could be analysed to provide evidence that NHS Health Checks would have been likely to identify the cardiovascular disease risks that led to the premature deaths (Recommendation 7). The RS was informed that this could be a complex task and likely to be resource intensive.
37. The RS felt this would both provide evidence of the benefits of the NHS Health Check programme and provide data that could be used as part of the advertising campaign (“xx people in Wiltshire died last year of diseases that could have been identified as part of their NHS Health Check).

#### National comparison

38. The RS was informed that there had been no national benchmarking to date with regards to the effectiveness of locally delivered NHS Health Check programmes.
39. However Public Health England had started gathering national data (Recommendation 8).

#### Eligibility for NHS Health Check programme

40. Wiltshire Council offered the NHS Health Check programme as “universal offer” (offered once every 5 years to all Wiltshire residents aged 40 – 74 years), whereas many other local authorities had changed their eligibility criteria to focus on inequality groups.
41. The RS believed that amending the eligibility criteria could provide an opportunity to promote further preventative care, this could be an “invest to save” approach where money is invested into engaging residents most at risk of health inequality to potentially avoid the need for future resource from the health and social care system.

42. The RS felt that it could be worthwhile for the council to undertake a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area (Recommendation 9).
43. The opportunity to explore if a targeted financial incentive to encourage attendance for people least likely to attend the NHS Health Checks was discussed and brought up questions of how ethical this would be and whether it would be likely to increase the take up of the NHS Health Checks (Recommendation 10).

#### Improving uptake of NHS Health Check

44. The RS was informed that reasons given for not attending the NHS Health Check programme were linked more to practical issues (e.g. having to take time off work) rather than not believing that the NHS Health Checks were beneficial. Other reasons included that people were “feeling well” when the conditions the programme looked for were largely asymptomatic.
45. This led the RS to question whether the following could improve the uptake of the NHS Health Checks:
  - The feasibility of expanding the existing offering of the NHS Health Check programme outside of normal working hours (Recommendation 11);
  - To include information in the documentation supporting the invitation to attend the NHS Health Checks to demonstrate the benefits for employers to release staff to attend (Recommendation 12);
  - To use the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a “personal format” such as “Although she was feeling absolutely fine, Dorothy attended her NHS Health Checks and ....”) (Recommendation 13)

#### Communication and branding

46. The RS was informed that social media were being used, with a public health twitter feed, but that Facebook had not been used with regards to the NHS Health Check programme.
47. The RS also received information on the evolution of branding for the NHS Health Check programme since they had started in Wiltshire.
48. It was recognised that communication on the NHS Health Checks was important to increase uptake but it should not be forgotten that attendance was on invitation when meeting the eligibility criteria on a rotational basis, therefore a more “blanket approach” to advertising would not be suitable (only eligible Wiltshire residents can book to attend a NHS Health Check).
49. Taking this into account the RS felt that one option could be to increase awareness of the benefits of the NHS Health Check programme and encouraging people to attend but making it very clear that they would receive

an invitation once they were eligible. The RS believed that two ways in which this information could be communicated to Wiltshire residents would be through Facebook and through schools (Recommendation 14).

#### Council wide engagement

50. The RS felt that the potential negative impact of not undertaking the NHS Health Checks (ill health and / or premature death) could have repercussions across many council service areas (social housing, council tax, revenue return to the council, adult social care, etc.) and that preventative programmes were needed to help people remain healthy in their older age.
51. The RS explored how the council could use its services to promote and facilitate engagement with healthy lifestyle choices and enabling residents to follow up on recommendations they had received at their NHS Health Check.
52. This led the RS to discuss how the council could use existing services to further promote the benefits of attending the NHS Health Check programme.
53. The RS concluded that it could be worthwhile for services engaging with residents eligible for NHS Health Check, but potentially less likely to attend, to promote the benefits of attendance, for example Adult Care Social Workers, Occupational Therapists, Housing Officers, etc. (Recommendation 15).
54. The RS was informed of the work undertaken by health trainers and that they continually promote attending the NHS Health Check programme. The health trainers offered their services in places where they were likely to be able to assist residents most at risk due to their lifestyle behaviour.
55. The RS felt that it would be beneficial for all councillors to be better aware of the full scope of the work undertaken by health trainers (Recommendations 2 and 16) and to ensure that there is good communication between health trainers and their local areas to enable them to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle (Recommendation 16).

#### Overview and scrutiny involvement

56. The RS recognised that there had been continuous engagement from the Public Health team with the Health Select Committee to inform the committee of progress on the NHS Health Check programme.
57. The RS believed that it would be useful for the Health Select Committee to receive information on the national gathering of data on NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones (Recommendation 8).



58. It was felt that an annual report, which could match existing reporting on the NHS Health Checks to other committee(s) of the council, or national reporting, would be suitable.
59. The RS concluded that the Health Select Committee chairman may wish to approach the Cabinet Member for Adult Social Care, Public Health and Public Protection, the Health and Wellbeing board and the CCG to establish whether a joint workshop to address known issues with NHS Health Checks could be beneficial. (Recommendation 3)

## Recommendations

The rapid scrutiny exercise recommends that:

The Health Select Committee:

**1 - Endorses the report of the RS exercise and refer it to the Cabinet Member for Adult Social Care, Public Health and Public Protection for response at the Committee's next meeting (currently scheduled for 11 September 2018).**

**2 – Organises an information session on the work undertaken by Health Trainers, for members and substitutes of the Health Select Committee (with an open invitation to all Wiltshire Councillors).**

**3 – Asks the Health Select Committee chairman to approach the Health and Wellbeing board and the CCG to establish whether a joint workshop to address known issues with NHS Health Checks could be beneficial.**

The Cabinet Member for Adult Social Care, Public Health and Public Protection considers the following recommendations and provides a response at the next Health Select Committee meeting:

**4 – To review the questions to be answered by GP surgeries to enable payment of the NHS Health Check, the RS would suggest that the following, at least, be included:**

<b>How many “qualifying” patients have been invited</b>	<b>This is already being asked.</b>
<b>How many invitees have attended</b>	<b>This is already being asked.</b>
<b>Postcode (probably only first 4 characters to avoid risk of identification, e.g. BA14)</b>	<b>This could enable the council to build a demographic picture of residents taking up the NHS Health Checks, this in turn could inform advertising campaign and also the council's potential future decision to focus the provision of NHS Health</b>
<b>Male / female</b>	
<b>Ages</b>	

	<b>Checks for “harder to reach” residents</b>
<b>Health issues identified and suggestions / recommendations made to address these.</b>	<b>This could enable the council to build up data to evidence the effectiveness of the NHS Health Checks, although it may require work to keep addressing coding issues (paragraph 18 to 21 refer).</b>

**5 – To keep offering development sessions for GP practices, with a focus on data recording (coding) to ensure that the council builds up intelligence to enable it to have a county wide picture of health and to undertake “like for like – 5 years on” comparison for the NHS Health Check cohorts, starting from 2019.**

**6 – To explore if data could be gathered to determine whether the implementation of the NHS Health Checks in Wiltshire had matched the estimations based on the Public Health England modelling tool for NHS Health Checks, for example by establishing if:**

- the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose Regulation lifestyle, chronic kidney disease) can be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks?**
- the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) can be achieved through the questionnaire that patients complete after they attend NHS Health Checks? This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: “at your last health check you were advised to xxxx, what actions were you able to take?”)**

**7 – To explore whether coroners’ reports could be analysed to provide evidence that NHS Health Checks would have been likely to identify the cardiovascular disease risks that led to premature deaths.**

**8 – To consider the best way to inform the Health Select Committee on the national gathering of data on / benchmarking of NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones; either as stand-alone reports or as part of a yearly update on progress of the NHS Health Checks programme.**

**9 – to explore the feasibility of a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area.**

This could provide data for the council to use as evidence should it consider amending the eligibility criteria for the NHS Health Check programme.

**10 - To ascertain if a targeted financial incentive to encourage attendance from people least likely to attend the NHS Health Check programme would be appropriate, ethical and feasible, and whether it would be likely to increase the take up of the NHS Health Checks.**

**11 – To ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.**

**12 – To consider including information in the documentation supporting the invitation to attend the NHS Health Check programme to demonstrate the benefits for employers to release staff to attend, to increase uptake by employees who may feel more confident in asking for time off work to attend.**

**13 – To consider using the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a “personal format” such as “Although she was feeling absolutely fine, Dorothy attended her NHS Health Check and ....”) in the promotional information produced by the council, to increase uptake of the NHS Health Checks.**

**14 – To consider promoting through Facebook and schools the benefits of the NHS Health Check and encouraging people to attend, with a clear message that people will receive an invitation once they are eligible.**

**15 – To consider promoting attendance of the NHS Health Check programme through all available service of the council likely to engage with residents eligible for the NHS Health Check programme (for example Adult Care Social Worker, Occupational Therapists, Housing Officers, etc).**

**16 – to consider informing all Area Boards of the work undertaken by the Health Trainers and to ask Area Boards to maintain good communication with their local Health Trainer(s) to enable Health Trainer(s) to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle.**

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**Cllr Chuck Berry, lead member for the rapid scrutiny exercise – NHS Health Checks**

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**Appendices** None

**Background documents** None