

Wiltshire Council

Health Select Committee

10 December 2017

Purpose of the report

1. To update the Health Select Committee on the NHS Health Checks Programme Evaluation currently underway in Wiltshire.

Overview

2. The Health and Social Care Act (2012) saw Public Health transferring from NHS to Local Government in April 2013. The Act gave Councils a statutory responsibility for improving and protecting the health of their local populations with the NHS Health Check programme as a specifically named service to be provided.
3. The NHS Health Check programme is a single, universal, integrated cardiovascular disease risk assessment every 5 years for all aged 40-74. This results in a tailored package of healthy lifestyle interventions to improve health and wellbeing and reduce risk of cardiovascular disease.
4. NHS Health Checks are provided by GP practices across Wiltshire and offered primarily through Health Care Assistants. Practices invite their patients to attend every 5 years. Each NHS Health Check attracts a payment of £26 per 20 minute consultation which includes payment for point of care tests for cholesterol levels.
5. The NHS Health Check programme provides the opportunity to improve patients' awareness of the importance of lifestyle choices and so to discuss a person's weight, eating habits, cholesterol, physical activity, smoking and alcohol intake. The aim of the programme is to support individuals to make healthy lifestyle changes that would then reduce their risk of developing cardiovascular disease. Patients identified at higher risk of cardiovascular disease are followed up and treated as appropriate by their GP.
6. The NHS Health Check programme is now in its 5th year of delivery, as it has been in place since 2011 and 2016 sees the first recall of patients for their second NHS Health Check.

Update on Evaluation

7. There are three strands to the 5 year evaluation underway: (1) an audit of 2016 performance data to determine if those invited for an NHS Health Check in Year 1 (2011) have been recalled for their second NHS Health Check in 2016; (2) an analysis of anonymised clinical records of patients who have had two NHS Health Checks to determine if their health has improved between visits; and (3) establishing an electronic patient satisfaction survey.

Audit of performance data

8. In Year 1 (2011-12) of service delivery a total of 5,200 NHS Health Checks were provided. Initial analysis of performance data up to Quarter 2 of 2016-17, shows that there have been 6,957 NHS Health Checks provided, of which 577 (8.3%) patients were attending for their second NHS Health Check. The number of patients recalled for their second NHS Health Check is currently considerably lower than expected, however service delivery only began in Q3 of 2011-12 so effectively, those being recalled would not be expected to be recalled until Q3/Q4 of 2016-17. By the end of the year, we would have expected all of year one cohort to have been recalled for their second NHS Health Check, with approximately a 50% uptake rate. We are also investigating anomalies in the data as we have found that practices have not reported data in a consistent manner. We have therefore been working with practices to develop guidance on how to determine more accurate figures for the data return due for Q3 and Q4 in 2017.

Clinical data analysis of outcomes

9. A separate analysis of data is underway using anonymised patient data provided by NHS Wiltshire CCG from the GP clinical records system used across Wiltshire. This data includes patients that had an NHS Health Check in 2011 and 2016. Data cleansing matched patients for those that had their primary and secondary NHS Health Check. Further work will look for repeat completion of the patients' QRisk score – a score used to determine the risk of cardiovascular disease as a percentage. The QRisk score for each patient will then be analysed to determine a positive, negative or neutral change.
10. From an initial data search in September 2016, early findings suggest that 230 individuals have been identified as receiving a primary and secondary NHS Health Check (one in 2011 and another in 2016). This data differs from the practice self-reported data noted in paragraph 8 (577 recalled patients reported by practices compared to the 230 found by searching the clinical system). The reasons for the differences are due to errors at practice level in recording data on the clinical systems. We have been working with practices to improve accurate recording and reporting. Further work is now being undertaken to analyse this data and explore the changes to patient outcomes since their first NHS Health Check.
11. The main challenge we face is to obtain more accurate data. Analysis of patient data is more easily done by accessing that data directly at surgery level. This will minimise the effect of inconsistencies in the way in which data are input into the clinical record system and allows for a closer analysis of other health outcomes gathered during the NHS Health Check. It will also allow a more accurate assessment of the number of patients who received referrals for additional input, such as GP appointments or community weight management programmes. By gathering further data in the latter part of 2016-17, we will have data on a larger number of patients who have received both an initial NHS Health Check in 2011-12 and a follow up NHS Health Check in 2016-17.

Patient survey

12. A patient evaluation survey has been developed in conjunction with the NHS Health Check Working Group and GP practices. The survey is currently in the testing phase and is aimed to be launched in January 2017. The e-survey has been designed to be short (6 questions) and can be completed online via any mobile device. A paper version of the survey will be made available, printed by the general practice.

Conclusions

13. Initial evidence from the evaluation programme suggests that individuals are being invited to both initial and recall NHS Health Checks on a county wide level. Although return rate is relatively low, this alone should not be interpreted as a failing of the NHS Health Check programme, as we have yet to undertake further analysis of the data. While the key modifiable risk factors for cardiovascular disease relate to individual lifestyle choices, a key element of the QRisk assessment, which is not modifiable, is our chronological age. Therefore if the other factors remained the same, we would expect to see an increase in QRisk as we get older.
14. A final evaluation report will be completed and presented to the Health Select Committee by April 2017.