

KENT PUBLIC HEALTH OBSERVATORY

Kent Joint Strategic Needs Assessment (Kent JSNA)

Kent 'Health Checks' JSNA Chapter Summary Update '2014-15'

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NHS Health Checks

Introduction

The Global burden of disease report (Murray et al 2013) highlighted the need to reverse the growing trend in the number of people dying prematurely from non-communicable diseases. Since 1990, the number of people dying from vascular disease and diabetes has risen by 30% and a high body-mass has been attributed as the most important cause of premature mortality and disability.

The NHS Health Check (HC) programme is a national cardiovascular disease (CVD) risk assessment programme that began in 2009 and became a mandated responsibility for the NHS in 2012. This responsibility transferred from the NHS to local authorities with Public Health in March 2013.

It is a five year rolling programme that targets people aged between 40 and 74. The NHS HC assesses an individual's risk of CVD. CVD includes heart disease, stroke, diabetes, kidney disease and vascular dementia. Patients already diagnosed with any of these conditions, have hypertension, are already on a statin medication to control cholesterol or are receiving palliative care are not eligible and are therefore excluded from the invitation process.

To enable a structured approach to the five year programme that allows for an equalised number of patients per year, patients in Kent are normally targeted for invitation in the financial year that they will turn a centennial age. (ie age will end in a '0' or a '5'). There are some exceptions to this where, for example, the ICAP software was not installed at the GP practice until late in 2013-14 or where a practice or CCG has identified alternative or additional priorities. In any case all eligible patients will be invited within the five year period between April 2013 and March 2018.

Once full roll out has been achieved, people will be invited every five years to attend an NHS HC. There are two parts of the programme that are measured and reported via the Public Health Outcomes Framework, these can be found under points 2.22i and 2.22ii. These indicators represent the total number of patients invited per year and the total number of patients who have taken up the offer and had their NHS HC completed. They are measured against the total five year eligible cohort but only 20% of the eligible cohort is expected to be invited and 10% of the eligible population NHS Health Checked per year.

The NHS HC consists of a face to face individual risk assessment which records the following clinical investigations and patient demographic data: age, gender, ethnicity, family history of CVD, smoking status, point of care cholesterol test, blood pressure, height, weight, BMI, alcohol consumption and associated risk using the Audit C questionnaire and physical activity status using the General Practice Physical Activity questionnaire (GPPAQ). The NHS HC also raises awareness of the risk of vascular dementia for attendees over the age of 65.

Epidemiology

At the start of the five year programme in 2013 there were an estimated 456,000 patients eligible to receive a five year NHS HC living in Kent. This equates to an annual target of approximately 91,500 people. The exact number of eligible persons fluctuates annually based on demographic trends, GP practice risk registers and the number of people taking up their offer of an NHS HC.

On 1st April 2015-16 the eligible population scheduled to receive an NHS Health Check over the following 12 months separated across Clinical Commissioning Group (CCG) areas is as follows:

Table 1: 2015/16 population scheduled for an NHS Health Check by CCG area:

CCG	Annual Eligible Pop.
Ashford	7119
Canterbury & Coastal	11009
Dartford, Gravesham & Swanley	14663
South Kent Coastal	10840
Swale	6698
Thanet	7925
West Kent	27987
Total	*88896

Source – ICAP / KCHFT data (April 2015) 86241 adjusted to 88896 with additional GP registration data *

The Office for National Statistics (ONS) 2010-based principal population projections for England project that between 2010 and 2022 the number of people aged 65 or over will rise by 27% and the number aged 85 or over will rise by 44%. Eighty per cent of those aged 65 and over will need care in the later years of their life. These demographic trends are exacerbated by an increasing prevalence of CVD in the population.

The NHS HC programme offers us an opportunity to stall some of these trends and thereby reduce current cost predictions by preventing the onset of vascular disease and vascular dementia through support and management of behavioural and physiological risk factors (Wittenburg 2012). For example, at the national level:

- it is estimated (Diabetes UK, 2012) that around 850,000 people are unaware that they have type 2 diabetes
- half of all people diagnosed have serious complications
- in more than 90% of cases the first heart attack is related to preventable risk factors (Yusuf, 2004).

It is estimated (DoH 2009) that nationally each year NHS HC have the potential to:

- prevent 1,600 heart attacks and save 650 lives

- prevent 4,000 people from developing diabetes
- detect at least 20,000 cases of diabetes or kidney disease earlier.

Service delivery to date

Kent County Council (KCC) took over responsibility for commissioning the NHS HC Programme in April 2013 as part of the transfer of public health responsibilities to local authorities. The NHS Health Checks programme is one of the five mandated Public Health functions.

Since April 2013, KCC has commissioned Kent Community Health NHS Foundation Trust (KCHFT) to deliver the NHS HC programme across Kent. KCHFT sub-contract GP practices and pharmacies and other providers to deliver the programme and also deliver some checks directly.

GP practices are either contracted to deliver:

- the full NHS HC service ie invitation letters as well as the check, or
- the invite only part of the contract with patients being signposted to local pharmacies to take have their check.

In the county 187 out of 199 GP practices hold a contract either for the full service or invitations only.

Those patients registered at GP practices who do not hold either type of contract are identified via Kent Primary Care Agency (KPCA) patient lists and invited directly by KCHFT.

The current contractual arrangements (2015/16) for GP Practices are as follows:

Table 2: NHS HC GP Status – 2015/16

NHS HC GP status	No. of GP Practices
GPs invite and check	158
GPs Invite only	29
GP Patients invited by KCHFT	12
Total	199

KCHFT also sub-contracts 40 pharmacies and five District Councils to deliver NHS HCs in community settings in addition to providing local clinics staffed by the NHS Health Checks team and Health Trainers.

KCHFT also run a limited programme of outreach activity targeting harder to reach groups.

The performance of the NHS HC programme in terms of its potential to improve population health outcomes is intrinsically linked to the level of uptake and the effective targeting of the programme to groups and individuals known to be at higher risk. PHE recommends that local authorities should be commissioning to achieve a 75% uptake in order to improve effectiveness of the programme.

Performance of NHS Health Checks in Kent improved significantly in 2014-15 with a rise in uptake of the eligible population from 32,924 checks being completed in 2013-14 (34.7% uptake) to 45,623 checks in 2014-15 (50.6% uptake).

The table below shows the percentage of the eligible population that have received an NHS Health Check against the 5 year target at April 2015.

Table 3:

Region	% of eligible population who have received an NHS Health Check (2013-2018)
England	18.6%
South of England	15.4%
Kent Surrey and Sussex	14.2%
Kent	17.4%
Medway	19.2%

(PHE, 2015)

These figures show that Kent is slightly below the national rate but above some of our regional counterparts.

There is also variation in population uptake of health checks between CCG areas in Kent.

Table 4:

<u>CCG</u>	% uptake of invited eligible population who received Health Check (2014/15)
Ashford	47.7%
Canterbury & Coastal	51.5%
Dartford, Gravesham & Swanley	49.1%
South Kent Coastal	50.9%
Swale	45.8%
Thanet	47.1%
West Kent	46.9%
CCG Total	48.4%
Unable to attribute to CCG	2.2%
Kent Total	50.6%

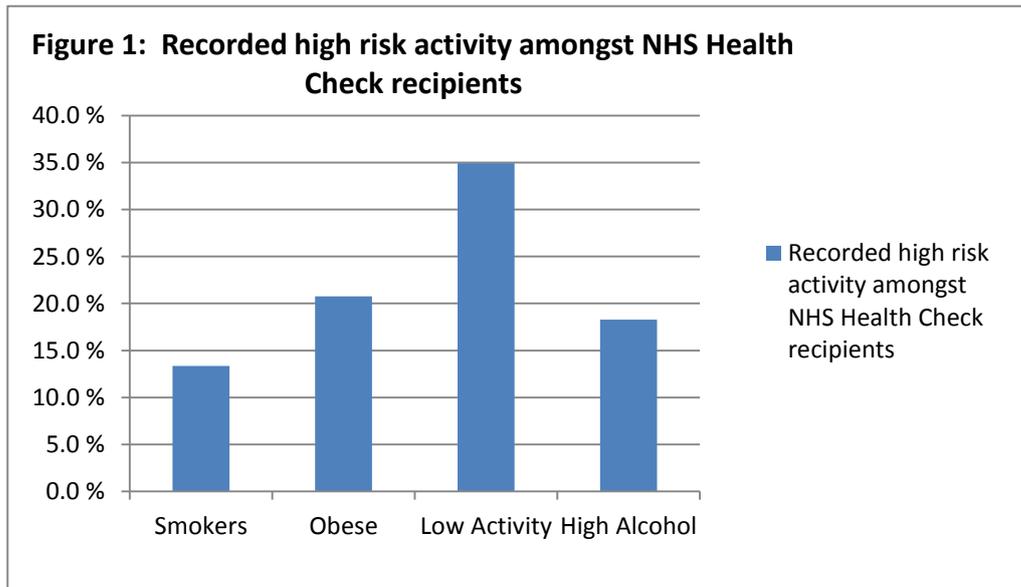
KCC contracts with BMJ Informatica for the provision of the ICAP software platform which supports the delivery of the NHS HC programme. ICAP performs a number of key functions including (i) interfacing with GP Practice IT systems eg Emis Web to identify patients eligible/scheduled for an NHS HC, (ii) providing an online template and QRisk output for completion and dissemination at the point of the NHS HC and (iii) securely transferring NHS HC results to the GP practice for download to the patients records. BMJ also provide a Dashboard facility to enable progress with

invites and checks to be monitored at countywide, CCG and individual practice level. A wide range of performance data can be analysed.

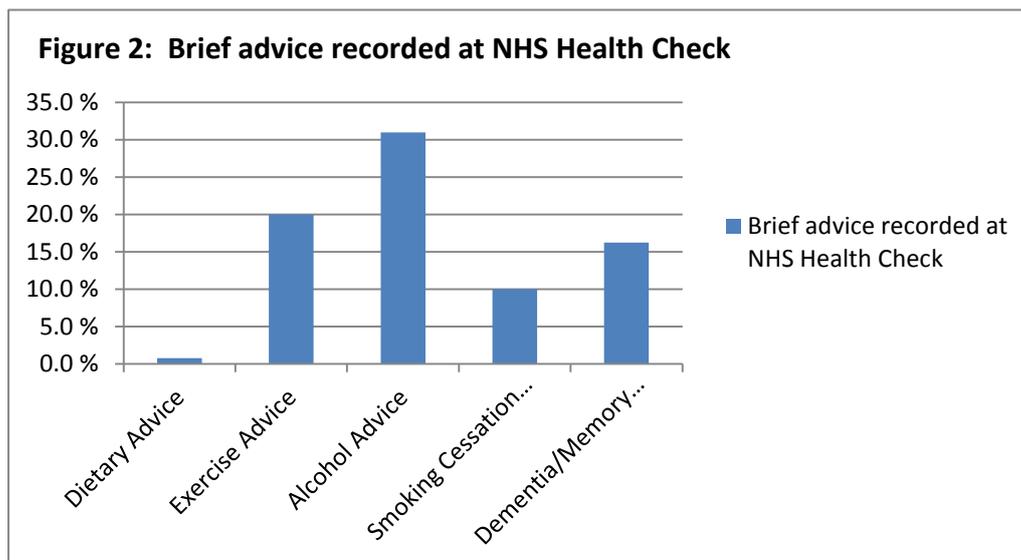
Prevalence

The NHS HC programme systematically targets the top seven causes of premature mortality; these are: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

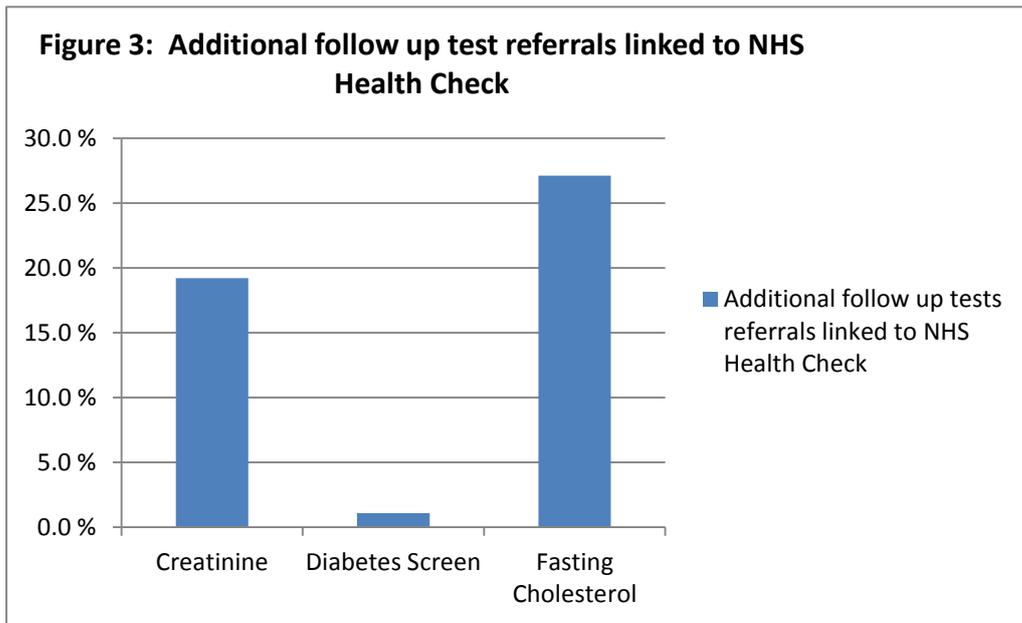
The following graphs highlight the risk factors, advice and referrals identified through the NHS HC and the prevalence of new CVD diagnosis as a result of the check.



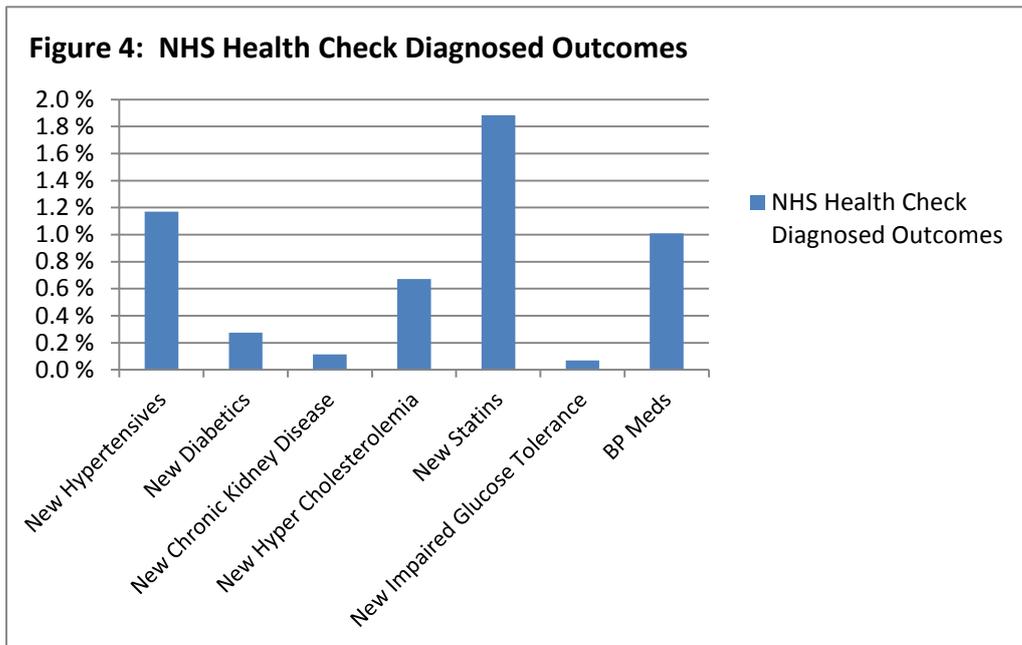
Source - ICAP



Source – ICAP



Source – ICAP



Source - ICAP

Equity

The current commissioning arrangements allow for all eligible GP registered patients to be invited once every five years to attend an NHS HC as per the mandated requirement. It also includes extra funding for out-reach programmes to target hard to reach groups defined by:

- areas of deprivation
- travellers (including those who prefer to be known as Gypsies)
- migrant workers
- individuals within the criminal justice system
- asylum seekers and refugees
- black and minority ethnic (BME) groups
- homeless and insecurely housed people
- people not registered with a GP practice.

Clearly there are other options available to commissioners around management of the programme which may represent a more progressive approach to risk stratification and tackling health inequalities eg greater focus on and prioritisation of known at risk groups. These have to be balanced against the administrative challenges of meeting the mandated requirement for all eligible 40-74 year olds to be invited every five years.

Table 5 categorises a patient's risk category drawing on selected read codes from the patient's records.

Table 5:

Patient risk category	% uptake of NHS HCs as at October 2014
Higher Risk	11.0%
Medium Risk	7.8%
Lower Risk	5.3%

Source – ICAP

This is a positive indication and suggests that the uptake of NHS HCs is higher for those classified as being at greater risk.

However, when NHS Health Check uptake by GP Practice is mapped against local deprivation scores below (Figure 5), it is clear that a significant proportion of practices fall in segment 4 ie lowest completion levels and highest levels of deprivation. This indicates that more needs to be done to ensure that work to increase the uptake of NHS HCs is targeted more effectively in those areas. Overall, however, there is no clear pattern to show a correlation between deprivation scores and uptake.

Figure 5:

Practices allocated to segments using most up to date data (April 2014 – August 2014):

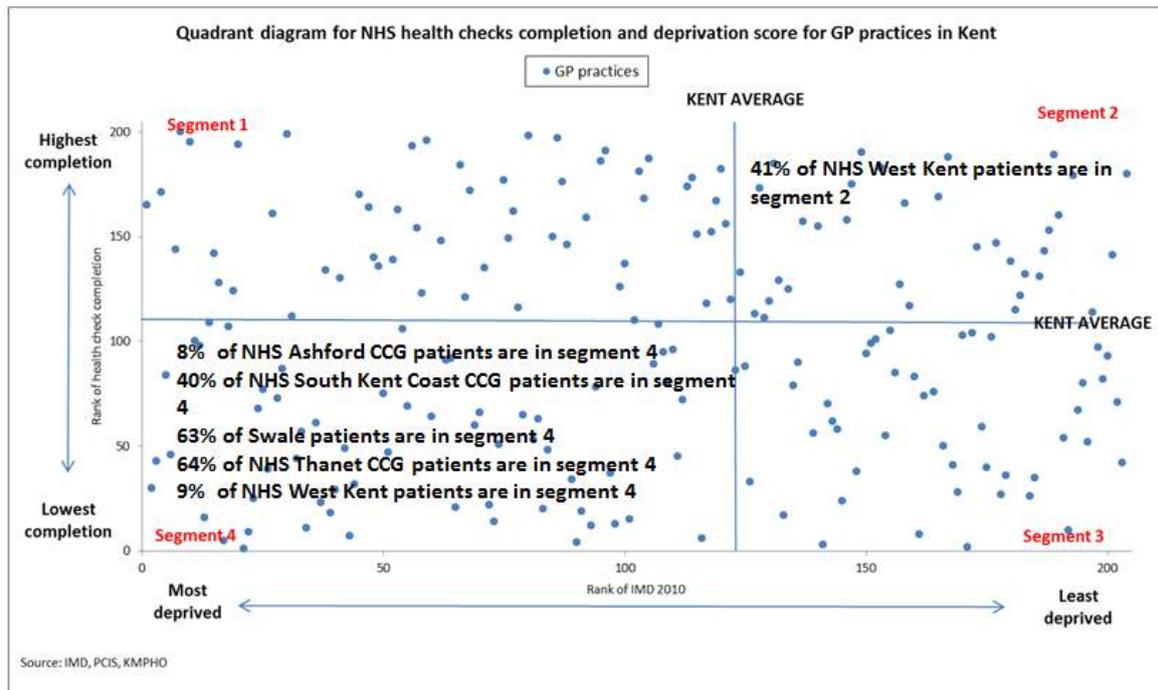
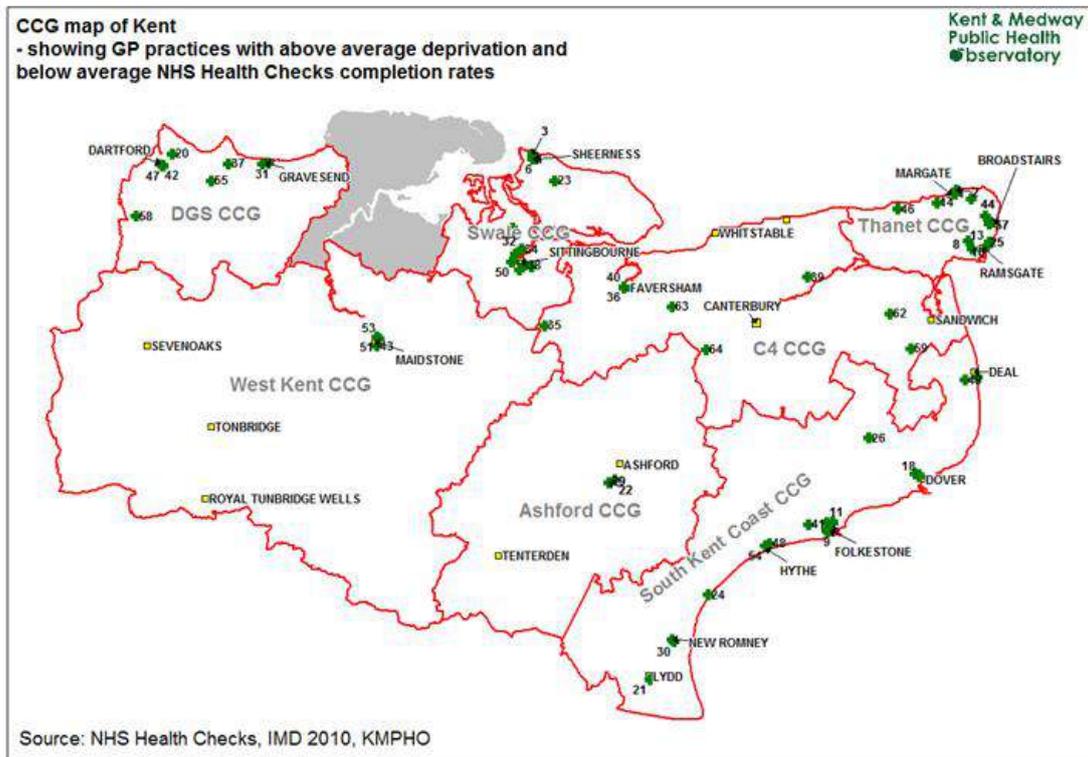


Figure 6, below, maps all of the GP Practices in Segment 4. This clearly shows clusters where more focussed targeting and promotion of the NHS Health Check is necessary from a Health Inequalities perspective. These clusters include Thanet, parts of Swale and Maidstone.

Figure 6:
Location of practices in segment 4



In response to the identified concerns around Health Inequalities Public Health has commissioned several ‘proof of concept’ pilots to test various hypotheses in relation to increasing the uptake of NHS Health Checks amongst harder to reach groups. These include:

- a the use of health kiosks and a Health MOT Roadshow in the Maidstone area to increase engagement and awareness of the NHS Health Check targeting large employers, social housing providers, shopping centres and the local football club
- b Skip2bfit – a Thanet based fitness coach and events team and
- c The use of social marketing and social media to increase awareness and apply peer group advocacy to encourage increased levels of uptake.

Table 6: At June 2015 the pilots are part way through but initial findings are indicating a good uptake of NHS Health Checks.

Health MOT Pilot Headline Data to 26-05-2015			
Measure	Value	Target	% Complete
Number of Events	121	250	48%
Operational Hours	847	1250	68%
Number of Engagements	13447	20000	67%
Completed Health MOT	2684	5000	54%
Completed Health Checks	841	750 / 1250	112% / 67%

Skip to be Fit Headline Data to 13-06-2015			
Measure	Value	Target	% Complete
Number of Events	5	8	63%
Operational Hours	30	40	75%
Completed Skipping	478	160-320	299-149%
Completed Health Checks	65	32-64	203% - 101%

Evaluation of these outcomes in 2015 will help to inform the future commissioning of the outreach component of the NHS HC programme.

Key Contacts

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