HEALTH AND ADULT SERVICES SELECT COMMITTEE

3 May 2017

Title: Health Checks Performance

Report of the Strategic Director for Service Development and Integration

Open Report

For Information

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Summary:

This report is presented to Health and Adult Services Select Committee, as a summary of the NHS Health Checks prevention programme. Health checks are done to find and treat residents with chronic diseases as early as possible. Prevention is an important part of the changes to the health service driven by the Five Year Forward View and being implemented through Sustainability and Transformation Plans.

It explains the purpose of the programme, how performance and activity in the borough is measured, and explains some important successes and challenges with the programme. Targets for achievement are behind what was expected and the report draws attention to the variability of performance within Primary Care, which is the route through which the programme is delivered.

The paper highlights the successes and issues with the programme as it runs in the borough. These issues need to be resolved if we are to address quality of life problems and health inequalities in Barking and Dagenham.

Successes are:
- As at end of March 2017 4,806 health checks had been delivered in Barking and Dagenham and in this 5 year cycle more than 17,200 health checks have been done. We are doing better than the London average and are nearer to target than Haringey, Havering and Waltham Forest.
- Given the high prevalence of long term conditions that exist in the Borough, health checks play a vital role in addressing prevention at an early stage, so the progress mentioned above is helping to address long term health problems.

The issues are:
- Large variation between practices in the number of health checks being done.
- Low rate of referrals to lifestyle services compared to the numbers of residents needing help.
- Diagnosis of chronic disease through the health check is low compared to what would be expected for Barking and Dagenham.

At March 31 2017, 13 practices had achieved their health check target and the 3 highest performers were:
- Victoria Road Surgery, IG11 8PY: Dr Chawla
- Faircross Health Centre, IG11 9LD: Dr Prasad
- Church Elm Lane Medical Practice, RM10 9RR: Dr M Goyal

In comparison, the worse performing practices who have achieved less than 20% of their yearly target were:
- Hedgeman’s Medical Centre, RM9 6HT: Dr SN Ahmad
- Valence Medical Centre, RM8 3RH: Dr MJB Finnegan
- John Smith House, IG11 7TB: Dr Chilvers
- First Avenue Surgery, RM10 9AT: Dr Fateh

The paper makes some recommendations as to how the problems of both quantity and quality might be addressed.

**Recommendation(s)**

The HASSC is recommended to note:

(i) The proposals to reduce variability in health checks delivery in both quantity and quality, and

(ii) The appendices that accompany this report:
- Appendix 1 explains the background to the targets
- Appendix 2 contains latest data for health check completion by practice
- Appendix 3 shows charts of comparative between Barking and Dagenham and other areas.
- Appendix 4 gives data on referral to lifestyle services from the health check
- Appendix 5 has data on numbers of people admitted to disease register following a health check.

**Reason(s)**

If performance is improved and variability reduced, there will be better equity of access which means that the programme will meet the corporate objectives of living well through the life course and will help address the Council health priorities for obesity, smoking reduction, prevention, and better mental health, as well improving health inequalities. It will also contribute to better partnership working between primary care and lifestyle services.
1. **Introduction and Background**

1.1 Barking and Dagenham have a mandated health checks programme and contracts with Primary Care for its delivery. The quality from some Primary Care providers is good, however there are issues with large variability between the quality of service delivered through GP practices.

1.2 The aim of the health checks programme is to prevent avoidable deaths and to catch chronic illness early, for example, high blood pressure, high cholesterol or diabetes, so that the disease can be treated. This will help to prevent avoidable premature mortality, as well as reducing the health and social care costs related to long-term ill health and disability.

1.3 The purpose of the health check appointment is to assess a person’s risk of developing cardio-vascular disease, which is done by a combination of reviewing personal details and family history and by taking some key measurements, such as blood pressure, cholesterol, and waist circumference.

1.4 The programme is offered to those people between the ages of 40 and 74 who have no history of cardiovascular disease i.e. those not being treated for high blood pressure, high cholesterol, diabetes or any heart or kidney disease. The essence of the health checks therefore is to engage that section of the population who rarely attend their GP practice and haven’t had any kind of health assessment, or not for a long while.

1.5 The health check is also about important lifestyle issues like smoking, alcohol consumption, exercise and healthy eating. It provides an opportunity for the patient to discuss with the advisor what they could do to improve their health. The advisor should make use of the opportunity to refer or signpost patients to a relevant healthy lifestyle programme. People aged 65–74 are also told about the signs and symptoms of dementia and are signposted to further support, such as memory clinics if they have concerns about possible dementia.

1.6 Where additional testing and follow up is needed, for example because of a concern about blood pressure or cholesterol results, this should be provided by the GP. If it turns out that an individual needs on-going monitoring, that person will be entered onto the practice disease register and is then cared for by the GP.

1.7 The HC programme runs on a 5-year cycle; we are in year 4 of the current 5-year cycle. Practices should invite one fifth of their eligible population to attend health checks each year (100% over a five-year cycle). PHE have advised an aspirational target that (over the long term) 75% of those receiving an invite for a health check should respond and attend for a check each year. Appendix 1 gives more detailed information about health check targets.

1.8 In Barking and Dagenham, the Health Check programme is provided by GP practices, through a local enhanced contract to which all borough practices are signed up. To date for this year, 4,307 health checks have been delivered against a target of 6,003. Over this current 5-year cycle, more than 17,200 people have received a health check in Barking and Dagenham.
However, there is variability across the surgeries for completed health checks, as shown in Appendix 2. Across the borough, we are achieving a response (uptake) rate of 55-60% as most practices are not achieving the 75% response target. However, this is the same for London and nationally. Even though it’s lower than the aspiration rate the borough are delivering many more health checks than most other London boroughs and English regions.

Appendix 3 gives some comparative data for Barking and Dagenham and other areas, including London, Havering and Redbridge. The best performing borough in London at as the end of quarter 3 was Newham who were the closest to achieving target. Barking and Dagenham were in 12th place out of the 33 boroughs.

In Barking and Dagenham, at March 31st 2017, 13 practices had achieved their health check target and the 3 highest performers were:
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It is important that, as well as looking at the numbers around health checks, attention should be given to the issues of follow-up and outcomes of the health checks for those who have signs of cardio-vascular disease.

The health check is also a review of the individual’s health behaviour and should be helping to meet the Council health priorities – obesity and smoking reduction, prevention and to some extent, mental health, as the advisor also should discuss issues around stress management.

GPs in the borough are referring very few people to lifestyle programmes such as stop smoking services, weight management or exercise programmes, hence the opportunity for engaging individuals in health behaviour change programmes is not being fully realised. Appendix 4 gives further detail.

There is some evidence to show that diagnosis of chronic disease is being made as a result of a health check, mainly in detecting high blood pressure, but again there is disparity between practices with these diagnoses See Appendix 5.

A significant factor in this situation is that the patient journey from having a health check through to enrolling in a lifestyle programme is not working well enough to support people that need the help. It is also acknowledged that a systematic audit of the health check delivery process is required.

Public Health has started a review of the patient journey from the health check invite through to enrolment in the lifestyle programmes so that there is a clearer
process for practices and lifestyle services to follow. In time, the process will also link to Community Solutions.

1.17 An electronic referral form has recently been agreed with GP practices. It will now be re-launched and promoted to practices.

2. Proposal and Issues

2.1 Proposals to improve the Health Checks programme, with partners, are:

- To introduce a stepped audit & systematic monitoring of outcomes.
- Support sharing and implementing good practice between GP practices and localities.
- Put in place compliance monitoring that better tracks underperformance.
- Improve the patient journey from health check to lifestyle services.
- To promote healthy lifestyle services as a route to support residents to develop a healthier lifestyle.
- To link Health Checks to the healthy weight behaviour change approach.
- Potentially centralising the sending out of Health Check invitations.

Those practices performing well below the expected level are subject to performance monitoring through Public health working with the CCG. Health checks will also be included in the performance dashboard developed by Public Health that incorporates other prevention indicators like immunisation that will encourage improvement in activity around prevention work.

3. Options Appraisal

3.1 There are no other options to the health checks programme, as it is a national programme.

4. Financial Implications

Implications completed by: Katherine Heffernan, Group Manager - Finance

4.1 The Public Health Grant provides funding for the NHS Health Check Programme. The 2016-17 Public Health budget includes £350,000 for the NHS Health Check Programme. Primary care providers are paid on a performance basis, with payments based on activity levels. The proposals for the health check programme in this report aim to provide a more effective and value for money service that will improve links healthy lifestyle services and promote these services as a route to developing a healthier lifestyle. The health check budget for 2017-18 is £350,000. It is anticipated that expenditure for this service will not exceed the budget for 2017-18.

5. Legal Implications

Implications completed by: Dr. Paul Feild Senior Governance Solicitor

6.1 There are no direct legal implications arising from this report.
7. **Other Implications**

7.1 **Contractual Issues:** the current contract with Primary Care is not due to finish until March 2018, by which time a procurement process will have been undertaken to award a contract going forward.

7.2 **Safeguarding Children:** no direct link with safeguarding children but through practitioners using their training in safeguarding to detect an issue which needs querying or raising families.

7.3 **Crime and Disorder Issues:** impacted by alcohol brief interventions (as part of the Health Check)

**Background Papers Used in the Preparation of the Report:**


**List of Appendices:**

- Appendix 1  Health Checks Targets
- Appendix 2  Table 1 Barking and Dagenham: Variation in health check by completion
- Appendix 3  Comparative data for health checks
- Appendix 4  Referrals to lifestyle services from the health check
- Appendix 5  Diagnosis of disease from health checks