Leicester Health and Wellbeing Scrutiny Commission

23 September 2014

The Leicester NHS Health Check Programme

Summary

This briefing describes work on the Health Checks programme in Leicester in 40-74 year olds. It informs the Health and Wellbeing Scrutiny Commission of:

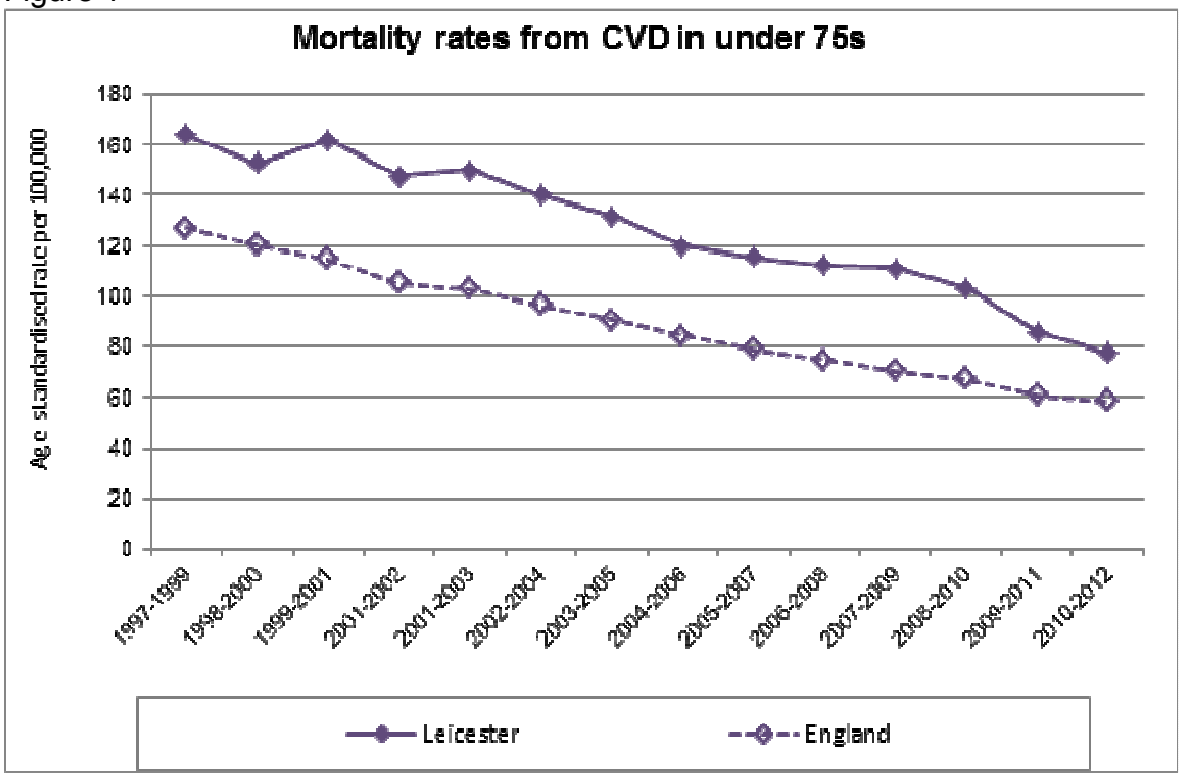
- The background to the national and local NHS Health Check programme
- The NHS Health Check programme in Leicester

Background

Burden of Cardiovascular Disease.

Cardiovascular disease, or CVD, is the second largest cause of premature mortality (mortality under aged 75) in England and Leicester.

Figure 1



In Leicester the percentage of cardiovascular deaths as a proportion of all deaths in 2009-2011 was 24.7% for people aged under 75 years and 35.6% for people aged 75 and above. This is higher than England for under 75s (23.8%) and higher than England for those aged 75 and over (34.7%). However, as Figure 1 illustrates, there has been a significant decrease in CVD mortality over time, reducing from 164.1/100,000 in 1997-1999 to 77.6/100,000 population in 2010-2012. This represents a reduction of 52.7%

over the period.

Emergency admission rates in Leicester for coronary heart disease remain significantly higher than national rates but the local rate is similar to the national rate for stroke.

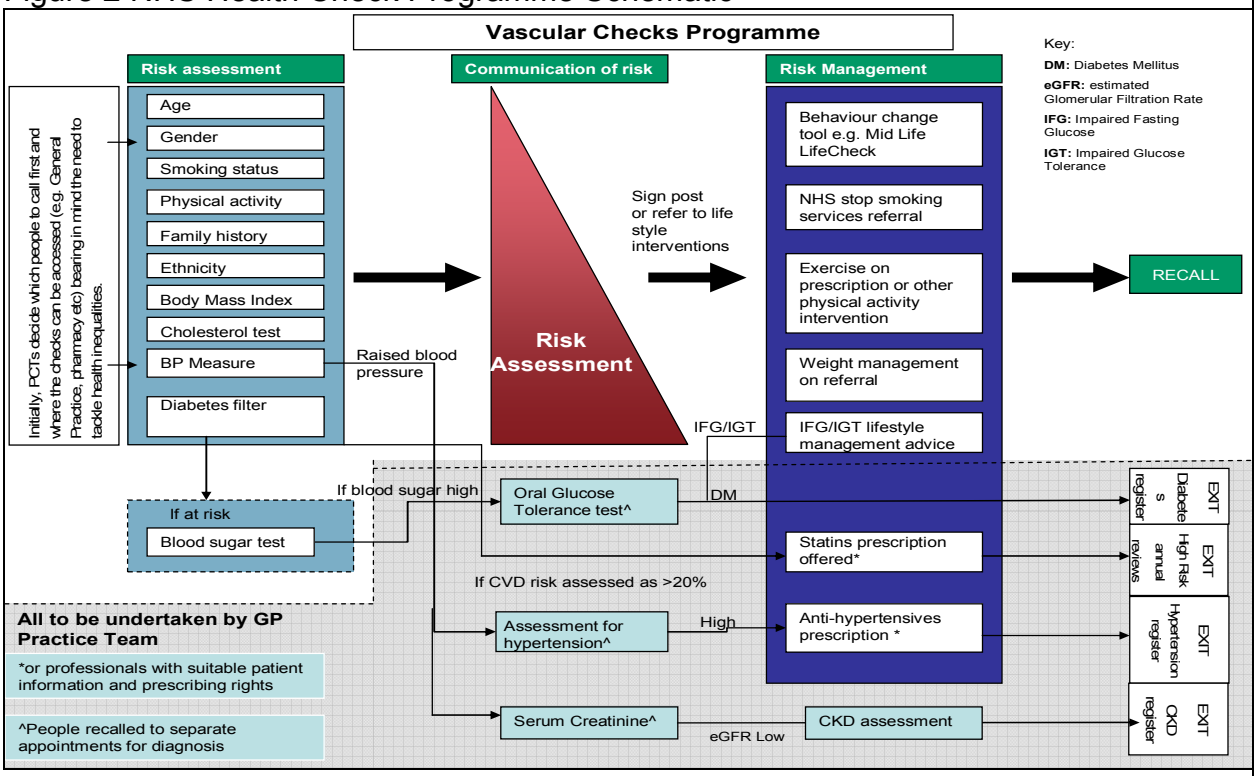
Development of Health Check Programme

If identified early, and appropriate lifestyle changes made, many CVD related illnesses such as heart disease, diabetes and kidney disease can be prevented or, if already present, their progress can be significantly slowed.

In January 2008, the Government announced its intention to shift the focus of the NHS towards empowering patients and preventing illness. As part of this approach plans to dramatically extend the availability of 'predict and prevent' checks to give people information about their health, support lifestyle changes and, in some cases, offer earlier interventions were proposed. The proposals for the programme were set out in 'Putting Prevention First', published on 1 April 2008

Later renamed the NHS Health Check Programme, national implementation of a systematic vascular screening programme began in April 2009 (see figure 2). Everyone between the ages of 40 and 74 who is not already been diagnosed with a CVD condition or certain risk factors is eligible. The programme ensures everyone in this population is invited once every five years for a NHS Health Check.

Figure 2 NHS Health Check Programme Schematic



Potential Benefits of Health Check Programme

The aim of the Health Check programme is to assess the risk an individual has of developing key vascular diseases and address identified risk factors by providing

lifestyle advice and, where appropriate, certain medication.

There is clear evidence that taking cholesterol lowering treatments, known as statins can help prevent cardiovascular disease, and NICE has produced and reviewed guidelines on their use.[1] It is also well known that making lifestyle changes, such as stopping smoking, can reduce the risk of cardiovascular disease and NICE has also produced guidelines on a range of lifestyle issues including smoking and obesity.[2]

Experts estimate that between 80% and 90% of deaths from cardiovascular disease in people under the age of 75 could be prevented by making appropriate lifestyle changes.[3]

Modelling suggests that the national NHS Health Check programme could prevent 1,600 heart attacks and strokes, over 4,000 new cases of diabetes, and at least 650 premature deaths every year. This would have a noticeably positive impact on the health and social care systems. Evidence also shows that inequality in early deaths from cardiovascular causes and the underlying risk factors persists. They are most common in people from the poorest communities, those with mental health problems and individuals in minority groups compared to people living in more wealthy areas. The NHS Health Check programme offers an opportunity to address such health inequalities.

The programme is constantly reviewed to reflect changes in the health and social care system

Evidence of the Possible Risks

As with any screening service there are risks with the NHS Health Checks programme. Research has found that one of the commonly used risk assessment tools overestimates the risk of disease in low risk groups and underestimates the risk in high risk groups.[4] This can lead to people being prescribed medication that is unnecessary or being falsely reassured about their risk and not taking appropriate action. However, locally a screening tool has been selected that reflects higher risk populations such as found in Leicester (QRISK 2).

In addition, understanding one's personal risk of disease may not necessarily motivate people to change behavior. Evidence is scarce to support the assumption that telling

[1] National Institute for Health and Clinical Excellence (2014). *Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease* (CG67). London: NICE.

[2] National Institute for Health and Clinical Excellence (2006). *Statins for the prevention of cardiovascular events in patients at increased risk of developing cardiovascular disease and those with established cardiovascular disease* (TA094). London: NICE.

[3] Capewell S, Allender S, Critchley J, Lloyd-Williams F, O'Flaherty M, Rayner M, Scarborough P (2008). *Modelling the UK Burden of Cardiovascular Disease to 2020*. London: British Heart Foundation.

[4] Brindle P, Beswick A, Fahey T, Ebrahim S. Accuracy and impact of risk assessment in the primary prevention of cardiovascular disease: a sytematic review. *Heart* 2006 92:1752-1759.
Tunstall-Pedoe H, Woodward M. By neglecting deprivation, cardiovascular risk scoring will exacerbate social gradients in disease. *Heart* 2006 92:307-310.

someone they are at high risk of disease will lead to them making significant behaviour changes. An evaluation of a health check programme in Australia found that less than half of those who took part made any changes.[5]

Studies have also found that understanding the personal health risks of smoking, for instance, is associated with intentions to quit, but the effect is short lived and does not necessarily lead to successful quit attempts.[6]

Commissioning Arrangements

Until 31 March 2013, it was the responsibility of primary care trusts (PCTs) to deliver the NHS Health Check programme, which they achieved predominantly by commissioning GPs through local enhanced services (LES). From 1 April 2013, as directed by the Health and Social Care Act (2012), the responsibility to provide many public health services, including NHS Health Checks, moved to local authorities. The NHS Health Check programme is one of only five public health programmes that local authorities are legally responsible for providing to local people.

Health Check Programme in Leicester

During initial implementation of the NHS Health Checks programme, each location was permitted to tailor the roll out of the programme to suit the local demographic and available budget. This resulted in varying approaches and levels of implementation success across the country.

Whilst there is no formal role for central performance management and targets in the development of the NHS health check, the legislation[7] does specify that:

"..the local authority shall act with a view to securing continuous improvement in the percentage of eligible persons in its area participating in the health checks."

In common with most areas of the country, initial uptake amongst the eligible local population for the health check programme in Leicester was low. Following limited progress in the first 18months, in September 2011a task group was created to both consider how to improve uptake of checks and ensure the ongoing management of those identified as being at high risk by the check. The sub-group, consisted of:

- Director of Public Health
- CCG Governing Body GP
- GP with research interests/University links
- Consultants in Public Health
- Head of Delivery

[5] Amaroso C, Harris MF, Ampt A, Laws RA, McKenzie S, Williams AM. The 45 Year Old Health Check. *Australian Family Physician* 2009, 38(5):358-362

[6] Bize R, Burnand B, Mueller Y, Cornuz J. Biomedical risk assessment as an aid for smoking cessation. *Cochrane Database Syst Rev* 2005;(4):CD004705

[7] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made last accessed 23/10/2013

This group made the following recommendations which were subsequently implemented.

- Reduction of the levels of under or inaccurate -reporting or through the use of consistent city-wide templates for the local clinical system (SystmOne).
- Reviewed the current local contract to encourage greater uptake.
- Opened screening to all eligible patients aged 40 – 74 years olds rather than the previous age prioritised model.
- No longer funding practices for the costs of sending out postal invitations, given this method had failed to deliver high attendance.
- Enable practices to be able to offer screening opportunistically to their eligible patients.
- Provide additional funding for 2011/12 to 2013/14 provided to accelerate practice take up.
- Realignment of the payments for the screen (part 1) and management (Part 2) elements of the programme.
- The formation of a NHS Health Check sub group to support the ongoing development of the programme.

The Leicester health checks programme currently consists of 2 parts in a 'screen and treat' format. In Part 1 the patient is screened for previously undiagnosed CVD risk factors and given a 10 year risk score. In Part 2 there is a specific meeting with the GP or Nurse Practitioner for those patients identified at high risk (10 year CVD risk >20%), or with isolated risk factors, e.g. diabetes, hypertension.

Current Provision and Uptake

Leicester initiated the NHS Health Check programme in 2010 and since that time has seen a significant increase in the number of those eligible having these checks (see table 1). By the end of 2013/14 approximately 62,000 out of the estimated eligible population 88,000 had received their NHS Health Check (70%).

The national modelling associated with the NHS health Check programme suggests that from a 100% offer local commissioners should expect 70% of the population to attend for a check. Leicester is already above this figure with 2014/15 uptake to be added to the 5 year completion cycle.

Table1- NHS Health Checks completed annually

2010/11	2011/12	2012/13	2013/14
7403	8238	24048	22396

The revision to the local service resulted in a substantial increase in uptake of NHS Health Checks in Leicester since 2012/13 for the Health Checks programme in Leicester. The city is currently one of the highest performing areas in England for uptake of this programme.

Current uptake of Health Checks programme in Leicester is very good (29.1% compared to 18.5% nationally- 2012/13).

Local Outcomes

At a rate of 20,000 checks being conducted per annum, national modelling estimates suggest that we would expect to see 10 fewer heart attack events, 10 fewer stroke events and 32 cases of diabetes prevented within the local population each year.

Locally, from 32,693 checks carried out between 2010/11- 2012/13 that were recorded on the 'Systm1' clinical system, used by the majority of general practices in the city, there were almost 5,000 previously unidentified CVD related risk factors amongst patients that went on to receive routine clinical management/ monitoring for their condition. Diabetes was the most common unidentified clinical condition found in the local NHS Health Check programme (see table 2)

Table 2 – Clinical conditions identified by NHS Health Checks (2010-13)

Programme Equity

Gender	Diabetes	High Blood Pressure (Hypertension)	Heart Disease (IHD)	High Blood Cholesterol (Hyperlipidamia)	Atrial Fibrillation (AF)	High risk diabetes
Total	1125 (3.44%)	1665 (5.09%)	74 (0.23%)	1506 (4.61%)	56 (0.17%)	438 (1.34%)
Female	535 (3.2%)	706 (4.22%)	15 (0.09%)	655 (3.92%)	18 (0.11%)	254 (1.52%)
Male	590 (3.7%)	959 (6.01%)	59 (0.37%)	851 (5.33%)	38 (0.24%)	184 (1.15%)

Initial work was conducted in October 2013 to examine whether health checks were being provided in an equitable manner to the local eligible population. Using data fields collected within GP clinical records the analysis considered uptake of the health check uptake by; age, sex, ethnicity, deprivation and location of provider. The analysis didn't indicate that, within these demographic criteria, there were any particular groups that appeared to be disproportionally disadvantaged in receiving a health check by the current service provision (see appendix 1).

Whilst it appears that Leicester has good uptake for the health check programme and seems to be reaching the majority of its eligible population, it is recognised that substantial barriers may exist that prevent certain individuals from taking up their health check offer. It is for this reason that the local authority is commissioning detailed insight work to specifically identify any particular barriers the public has found to uptake and any groups who may be particularly affected by them. The findings will be used to address current programme failings and inform future programme developments focused on tackling barriers to uptake.

Programme Audit

A programme of internal audit is being established for the local NHS Health Check programme. Information governance issues associated with data sharing arrangements have delayed access to the NHS held data required to implement this task. A number of meetings have been held to try to resolve the problems identified and it is hoped that a final resolution will soon be reached.

There are currently two external audits taking place of the Leicester NHS Health Check programme. The first, being undertaken by the University of Leicester, focuses predominantly on the clinical effectiveness of the local programme, whilst the second, conducted by the specialist health care audit company 360 Assurance, places greater focus on verification of the work claimed by the providers. Draft reports for both audits have recently been produced, with final versions expected by November this year.

A member of the local authority public health division visits each of the general practices providing NHS Health Checks as part of the CCG Annual Quality Review (AQR) process. During these visits they cover the provider's performance in delivering the NHS Health Check programme and raise any particular concerns that are identified. It is anticipated that this on site visit arrangement will continue for 2014/15 and beyond.

Reprocurement

As a former NHS services that is now the responsibility of local government, following the implementation of the Health and Social Care Act 2012, the local NHS Health Check service is undergoing reprocurement. The aim is to have the have the local authority selected provider/s in place by 1st April 2015.

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Appendix1

Figure 1. Age distribution of NHS Health Checks (2009/10-2012/13)

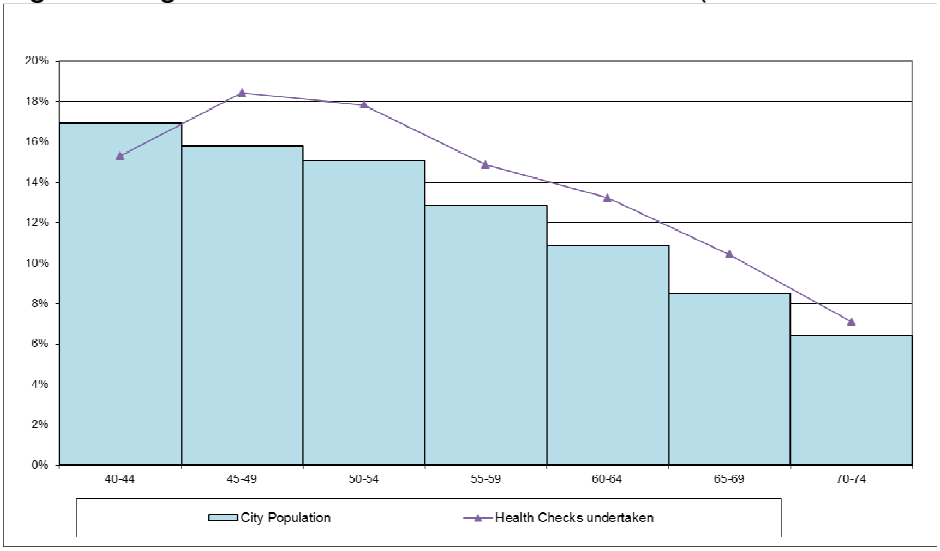
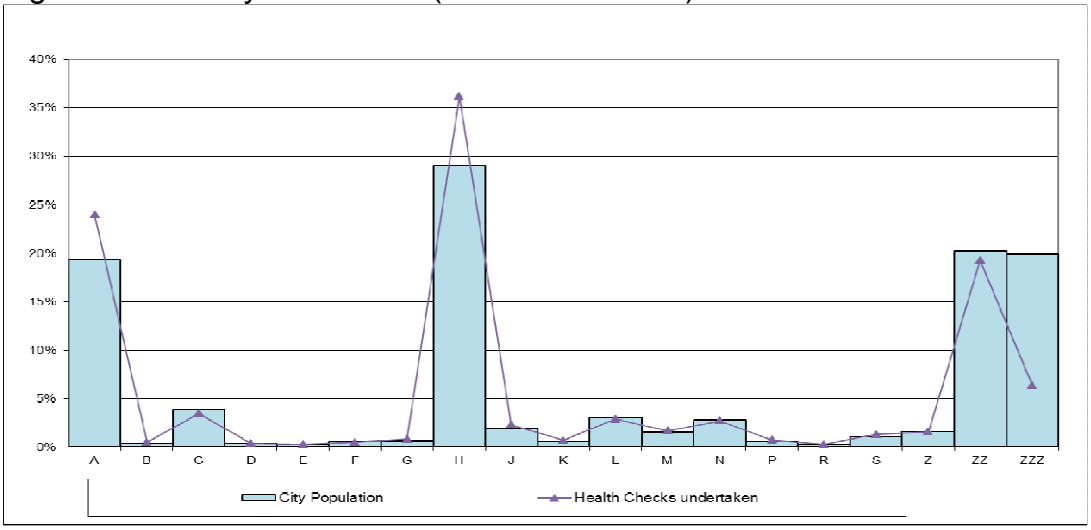


Figure 2. Ethnicity distribution (2009/10-2012/13)



A - British
B - Irish
C - Any other white back-ground
D - White and Black Caribbean
E - White and Black African
F - White and Asian
G - Any other mixed back-ground
H - Indian
J - Pakistani
K - Bangladeshi
L - Any other Asian back-ground
M - Caribbean
N - African
P - Any other black back-ground
R - Chinese
S - Any other ethnic group
Z - Not stated
ZZ - Not known
ZZZ-Unmapped Ethnicity Codes

Table 1- NHS Health Check Target Attainment and Deprivation

NHS Health Checks 2012/13 Summary - Deprivation Breakdown							
		National Target - Screens undertaken			Stretch Target - Screens undertaken		
National Quintile	Number of Practices	Lowest	Highest	Average	Lowest	Highest	Average
Q1	35	51%	641%	185%	23%	141%	76%
Q2	21	87%	411%	324%	38%	179%	98%
Q3	3	28%	173%	123%	15%	76%	56%
Q4	3	93%	179%	140%	37%	80%	60%
Q5	1	225%	225%	225%	94%	94%	94%