# NHS Health Checks Scrutiny Review

# Final Report

# January 2014

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# 1. Executive Summary

## 1.1 Aim of Review

1.1.1 The aim of this Scrutiny Review was to review the current delivery model and performance of the NHS Health Checks Programme in Barnet and Harrow, consider the views of key stakeholder and residents on the programme, analyse options and make recommendations to inform the commissioning strategy in both boroughs.

## 1.2 Background to NHS Health Checks

1.2.1 The NHS Health Checks programme is a national risk assessment and management programme which assesses an individual's risk of heart disease, stroke, kidney disease, dementia and alcohol misuse with the objective of reducing death rates and the burden of disease from these conditions. It is a mandatory service provided by local authority public health teams.

1.2.2 The eligible cohort are aged 40 to 74 – approximately 91,000 people in Barnet and 64,000 people in Harrow. Public Health England expect 20% of the eligible population to be invited each year over a five year rolling programme with an update of approximately 75%. In Barnet this equates to 18,200 per year and 13,650 Health Checks completed. In Harrow this equates to 12,800 per year and 9,600 Health Checks completed.

## 1.3 Summary of Services / Existing Contracts

1.3.1 Currently in Barnet, 44 of 70 GP practices are signed up to deliver NHS Health Checks. However, 14 out of the 44 have not delivered any checks. At the time of the review, it was not possible to obtain the number of GP practices in Harrow signed up to deliver NHS Health Checks due to data transfer issues. Contracts in Barnet and Harrow have been transferred from primary care trusts and so continue to be delivered on that basis, although the Public Health team are reviewing performance and developing options for the checks to be delivered in the future.

## 1.4 Activity Levels and Current Performance

1.4.1 In 2012/13, Barnet and Harrow performed below the Department of Health target for performance – offering a Health Check to 20% of the eligible population. However, it should be noted that in 2012/13 Health Checks were still commissioned by primary care trusts and there remains scope to improve performance during the final years to the five year programme.

1.4.2 During the review, undertaking an analysis of performance for both boroughs was problematic as a result of the transfer of data from the primary care trusts to local authorities.

## 1.5 Strategic Direction and Policy Drivers

1.5.1 Public Health England and the Department for Health have placed an emphasis on the NHS Health Checks programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England. Barnet and Harrow are one of five NHS Health Checks Scrutiny Development areas and findings from this review will link into this national programme.

1.5.2 Locally, NHS Health Checks are priorities identified in the Corporate Plans and Health & Well Being Strategies of both Barnet and Harrow councils.

## 1.6 Best Practice

1.6.1 Barnet and Harrow currently deliver NHS Health Checks primarily though GP practices. The review considered a number of different areas nationally that were high performing or provided Health Checks through alternative or targeted delivery models. Consideration of best practice examples assisted the Scrutiny Review to make recommendations regarding delivery models to inform the future commissioning strategy.

## 1.7 Evidence

1.7.1 In addition to considering best practice and current performance, the review considered the views of key stakeholders including residents who were eligible for checks, specific sections of the community, commissioners, providers and other interested groups.

## 1.8 Return on Investment

1.8.1 The review has been conducted using the Centre for Public Scrutiny Return on Investment Model which seeks to quantify what the return on investment would be for a specific course of action being taken as a result of the scrutiny review.

1.8.2 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:

i. be much more cost effective than treating chronic conditions; and

ii. result in an overall improvement in the health and wellbeing of the general population.

## 1.9 Recommendations

1.9.1 Findings and recommendations are intended to inform the future commissioning and management of the NHS Health Check Programme in Barnet and Harrow.

| | Theme | Recommendation and Rationale |
|---|---|---|
| **1** | **Health Checks Promotion** | It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check). |
| **2** | **Providers / Flexible Delivery** | Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible. |
| **3** | **Treatment Package** | All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities. |
| **4** | **Referral Pathways** | The patient pathway should clearly define the referral mechanisms for those identified as:-<br>• Having risk factors; and<br>• Requiring treatment |
| **5** | **Restructure Financial Incentives** | Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contact agreed via the West London Alliance) and that Health Check providers are paid on completion only. |
| **6** | **Resources** | Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Nationally, Public Health |

| | | |
|---|---|---|
| | | England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended. |
| **7** | **Targeting** | It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:-<br>• men (who statistically have a lower up-take than women);<br>• faith communities (who statistically have a high prevalence of certain diseases); and<br>• deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks) |
| **8** | **Screening Programme Anxiety** | It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme. |
| **9** | **Barriers to Take-Up** | Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended. |
| **10** | **Learning Disabilities** | It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system |

# 2. Scope

2.1 Public Health England (PHE), the Local Government Association (LGA) and NHS England launched the NHS Health Check Implementation Review and Action Plan in July 2013. The purpose of the review was to consider progress made with the NHS Health Checks programme since its launch in 2009 and consider how to use the programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England.

2.2 PHE, the LGA and NHS England recognise that the involvement of local commissioners and providers is key to successful implementation of the NHS Health Checks programme.

2.3 In Spring 2013, the Secretary of State for Health launched a call to action to reduce avoidable premature mortality and the NHS Health Check programme has been identified as one of the 10 main actions which will assist in reducing premature mortality and focus on improving prevention and early diagnosis.

2.4 The *Global Burden of Disease* report (2013) highlighted the need to reverse the growing trend in the number of people dying prematurely from non-communicable diseases. Public Health England estimate that each year NHS Health Checks can prevent 1,600 heart attacks and save 650 lives, prevent 4,000 people from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier. As such, there is a national recognition that PHE should support local authorities to commission successful NHS Health Check programmes.

2.5 Further information on the economic case and health benefits of the NHS Health Checks Programme are set out in detail in the DoH and PHE Health Checks Implementation Review and Action Plan.[1]

2.6 Within the Health Checks Implementation Review and Action Plan, Issue 3 (Providing the NHS Health Check) states that 'PHE will collaborate with the Centre for Public Scrutiny to work with several test bed sites to explore approaches to effective commissioning of the programme.'

2.7 In accordance with the national programme, the Centre for Public Scrutiny (CfPS) launched a programme in April 2013 to support local authority scrutiny functions to review their local approach to NHS Health Checks using its Return on Investment model. A joint bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Members from both Barnet and Harrow supported the review of NHS Health Checks as it provided an opportunity to

[1] DoH and PHE Health Checks Implementation Review and Action Plan https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

consider the local approaches to the check following the recent transfer of public health functions from the NHS to local authorities (from 1 April 2013).

2.6 The scope of the Barnet and Harrow joint review was agreed as follows:

- Identify ways in which NHS Health Checks can be promoted within each borough under the leadership of the Joint Director of Public Health;
- Explore the extent to which NHS services promote the NHS Health Checks to eligible residents;
- Consider the capacity of GPs, local pharmacies or other suitable settings to undertake Health Checks;
- Determine the extent to which secondary services are available to those who have been identified as having undetected health conditions or identified as being at risk of developing conditions without lifestyle changes;
- Identify examples of best practice from across England to inform the approach of Barnet and Harrow to commissioning and monitoring the NHS Health Checks Programme;
- Explore whether GPs could be organised on a cluster basis to deliver NHS Health Checks in each borough; and
- Utilise the CfPS Return on Investment model to undertake an analysis of the cost/benefit of developing the NHS Health Checks Programme. The outcomes from this will influence the recommendations

2.7 The review took place between September and December 2013. This report includes the context, background, policy context, best practice examples, performance, methodology and key findings and recommendations.

# 3. Background

## 3.1 NHS Health Checks

3.1.1 The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke, diabetes and certain types of dementia. Everyone between the age of 40 and 74 who has not already been diagnosed with one of these conditions or have certain risk factors will be invited (once every five years) to have a check to assess their risk. Once the risk assessment is complete, those receiving the check should be given feedback on their results and advice on achieving and maintaining a healthy lifestyle. If necessary individuals should then be directed to either council-commissioned public health services such as weight management services, or be referred to their GP for clinical follow up to the NHS Health Check including additional testing, diagnosis, or referral to secondary care.

3.1.2 There is a statutory duty for councils to commission the risk assessment element of the NHS Health Check programme and this will be monitored by the Public Health Outcomes Framework[2]. Health Checks were previously commissioned by the primary care trusts which were abolished with the implementation of the Health and Social Care Act 2012.

3.1.3 The Public Health Outcomes Framework focuses on two high-level outcomes:

1. Increased life expectancy
2. Reduced differences in life expectancy and healthy life expectancy between communities

3.1.4 The Health Checks programme requires collaborative planning and management across both health and social care. Health and Well Being Boards are therefore vitally important in the local oversight of this mandated public health programme[3].

3.1.5 As part of the Health Checks programme, local authorities will invite eligible residents for a health check every five years on a rolling cycle. Health Checks can be delivered by GPs, local pharmacies or other suitable settings. In Harrow and Barnet Health Checks are currently delivered exclusively at GP surgeries.

3.1.6 The tests comprise a blood pressure test, cholesterol test and Body Mass Index Measurement. Following the test, patients will be placed into one of three categories of risk: low, medium or high. Patients are offered personalised advice based on the outcome of their check.

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf
[3] www.healthcheck.nhs.uk

## 3.2 Funding

3.2.1 The public health funding allocation is ring-fenced, to be spent only on public health functions. In Barnet, the current contractual liabilities do not cover all of the mandatory functions for councils in respect of public health. Historically in Barnet there has been no permanent budget line to cover NHS Health Checks. In Barnet and Harrow the 2013/14 commissioning plans allocate approximately £0.5m towards the provision of NHS Health Checks in each borough.

3.2.2 LB Barnet and LB Harrow Health Check Budget:

Barnet

- November 2012 – 31 March 2013 – £150,000
- 1 April 2013 – 31 March 2014 – £500,000

Harrow

- 1 April 2012 – 31 March 2013 – £456,000
- 1 April 2013 – 31 March 2014 – £456,000

3.2.3 Figures are based on national calculator costs of implementation and an enhanced programme offering. In Barnet, this represents a large increase in investment compared to 2012/13. The final cost will depend on negotiations with providers on the unit cost of the health check element of the budget.

## 3.3 Commissioning

3.3.1 Year 1 – the joint Public Health team have been limited during year 1 (2013/14) due to the transfer of existing contracts from primary care trusts to the local authorities. Whilst this has constrained the service delivery options, this has enabled the Public Health team to carry out a data base-lining exercise which will be used to support de-commissioning or re-commissioning decisions.

3.3.2 Year 2 – the joint Public Health team have an opportunity from year 2 (2014/15) onwards to develop a commissioning strategy for NHS Health Checks in Barnet and Harrow based on findings of this scrutiny review.

3.3.3 At present, Barnet and Harrow have different payment mechanisms. Barnet GPs are paid for both offers and completions, whilst Harrow GPs are paid on completion only. At present, Barnet GPs may be incentivised to make offers only as they will receive payment for this element of the check. The Scrutiny Review are recommending that the financial incentives be restructured to maximise the impact of the programme locally (see recommendation 5).

### 3.4 Link to Corporate Priorities and Health & Well Being Strategies

3.4.1 In Barnet, the Corporate Plan 2013 – 2016 has a corporate priority "To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health" and priority outcome of working with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity.

3.4.2 The Barnet Health and Well-Being Strategy (Keeping Well, Keeping Independent) 2012 – 2015 identifies that, in relation to lifestyle factors, that statutory agencies need to "Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions." A target of delivering a "Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%."

3.4.3 In Harrow, the Corporate Plan 2013 – 2015 has a corporate priority of "Supporting residents most in need, in particular, by helping them find work and reducing poverty" and a outcome of delivering "…an efficient public health service with the resources available, to positively influence residents' health and wellbeing."

3.4.4 The Harrow Health and Well-Being Action Plan 2013 – 2016 has under the objective of "Early identification of cardiovascular disease and diabetes though the health checks programme" the following targets:

1. Promote uptake of health checks including use of social marketing (June 2013)
2. Evaluate outcomes and referrals onto other services as a result of health checks programme (March 2014)
3. Implement a programme of activity to provide health checks to Harrow residents who are not yet registered with GPs (September 2013)

### 3.5 Marmot Review

3.5.1 Sir Michael Marmot was commissioned by the Government to review what would best reduce health inequalities in England[4]. The review proposed that health interventions should be offered to everyone (and not just the most deprived) but that it must be 'proportionate to the level of disadvantage' – the principle of 'proportionate universalism.'

[4] http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf

# 4. Context

## National Context

### 4.1 Purpose and Rationale

4.1.1 The purpose of the NHS Health Check has been outlined in sections 1 and 3 above.

4.1.2 The rationale for the NHS Health Check programme is to identify those who are at a higher risk of developing certain illnesses at a stage where the illness may still be prevented and/or future complications of an illness could still be avoided. The NHS Health Checks screening programme is expected to have beneficial effects on people's health, as well as saving money in the health and social care economy in the future as costly interventions will be prevented. Public Health England recommends that 20% of the eligible population should be invited each year and that councils should aim for 75% of those offers to be taken-up.

4.1.3 Local authorities took over responsibility for the NHS Health Check from 1 April 2013. Nationally, the check is most likely to be offered in GP surgeries and local pharmacies. However, a number of areas have offered and/or delivered health checks via different providers and in other suitable and accessible locations in the community. Examples of alternative delivery models are explored in section 5 of this report.

### 4.2 Responsibilities

4.2.1 Local authorities are responsible for commissioning the Health Checks programme and have a statutory obligation to provide the patients GP with the outcomes and data of an individual's Health Check. Local authorities are responsible for commissioning the checks and for monitoring the amount of invitations and take-up. Clinical Commissioning Groups (CCGs) are responsible for ensuring that there is appropriate clinical follow-up such as additional testing, referral to secondary care and on-going treatment. The connection between these two aspects of the programme is essential in making it successful.

### 4.3 Budget, Potential Savings and Take-Up

4.3.1 The Department of Health (DoH) has estimated that the NHS Health Check programme is likely to be cost effective in the long-term. The programme is underpinned by cost-benefit modelling which considers cost in relation to quality adjusted life years (QALY – the number of years added by the intervention) which shows that it is extremely cost effective. The programme is also likely to generate significant social care savings as a result of a

reduction of people accessing care through ill health. The cost calculations include two components:

- The cost of the check itself plus any follow-on tests or monitoring; and
- The cost impact of the interventions that are provided as a result of the NHS Health Checks.

Modelling conducted by the Department for Health when the programme began in 2008/09 proposed that a basic NHS Health Check would cost in the region of £23.70. This does not include the cost of lifestyle and other follow-up services provided by local authorities and health to reduce the health risks identified by the check.

4.3.2 The estimated savings to the NHS budget nationally are around £57 million over four years, rising to £176 million over a fifteen-year period. It is estimated that the programme will pay for itself after 20 years as well as having delivered substantial health and well-being benefits[5].

4.3.3 A substantial number of people will need to receive the NHS Health Check and subsequent support for the programme is necessary in order to achieve its estimated savings. Current data shows that this expected to be a significant challenge. A study analysing data from the NHS Health Checks programme in 2011/12, published in the Journal of Public Health[6] in August 2013, concluded that coverage was too low currently to make the programme pay for itself. An article in PulseToday found that national figures for 2012/13 showed that overall uptake (the proportion of people invited who received the check) was 49%, having fallen back from 51% the previous year[7]. This data indicates that significant steps will need to be taken at a local and national level to improve take-up. Local authorities have a legal duty to seek continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check as part of their statutory duties. The higher the take up rates for the programme, the greater the reach and impact of the programme and the more likely the programme is to tackle health inequalities.

4.3.4 The NHS Health Checks website offers a 'Ready Reckoner' tool which can be used to identify the potential service implications, health benefits and cost savings of NHS Health Checks per local authority. The tool uses 2010 population data from Office for National Statistics to base its estimates on and presumes that 20% of the eligible population is invited to a health check each year, and that the 75% of these people will take up the offer of a health

[5] DoH and PHE Health Checks Implementation Review and Action Plan https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

[6] http://jpubhealth.oxfordjournals.org/content/early/2013/07/22/pubmed.fdt069.abstract?sid=0cf9fa5e-eb55-4946-8f48-0d696fbd20e2

[7] http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/less-than-half-of-patients-attend-nhs-health-checks-show-official-figures/20003835.article#.Ul_vX9K-qK4

check[8]. The extent to which Barnet and Harrow are achieving this performance will be explored in detail in section 6

**Indicative Costs and Savings for Barnet**

4.3.5 Applying the Ready Reckoner Tool[9] for Barnet, it is estimated that the total cost of providing NHS Health Check for one year based on national estimates would be £673,408 (against an approved budget of £500,000 for 2013/14). The workforce requirements to undertake NHS Health Check in this year would be 4,243 hours of time to invite people to Health Check and arrange appointments, 5,039 hours of contact time for the Health Check tests and 3,536 hours of contact time for feedback on the results.

4.3.6 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

| | Costs | Savings | Net savings |
|---|---|---|---|
| 1st year after checks | £ 673,408 | £ 107,397 | £ (566,011) |
| 5th year after checks | £ 1,373,409 | £ 705,042 | £ (668,367) |
| 10th year after checks | £ 1,679,593 | £ 1,475,877 | £ (203,716) |
| 15th year after checks | £ 2,056,281 | £ 2,014,528 | £ (41,753) |
| 20th year after checks | £ 2,367,931 | £ 2,419,419 | £ 51,487 |

**Indicative Costs and Savings for Harrow**

4.3.7 Applying the Ready Reckoner Tool estimation for Harrow is that the total cost of providing NHS Health Check for one year based on national estimates would be £458,726 (against an approved budget of £456,000). The workforce requirements to undertake NHS Health Checks in this year would be 2,874 hours of time to invite people to Health Check and arrange appointments, 3,424 hours of contact time for the Health Check tests and 2,395 hours of contact time for feedback on the results.

4.3.8 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

| | Costs | Savings | Net savings |
|---|---|---|---|
| 1st year after checks | £ 458,726 | £ 73,347 | £ (385,380) |
| 5th year after checks | £ 936,550 | £ 481,750 | £ (454,800) |
| 10th year after checks | £ 1,141,916 | £ 1,005,487 | £ (136,429) |
| 15th year after checks | £ 1,396,064 | £ 1,369,713 | £ (26,352) |
| 20th year after checks | £ 1,604,439 | £ 1,642,587 | £ 38,147 |

[8] http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/ready_reckoner_tools

[9] Total costs and savings will vary across Local Authorities, depending on demographic factors. More detailed information about the health benefits can be found when using the Ready Reckoner Excel tool.

4.3.9 The Ready Reckoner tool provides some indicative data on the potential costs and savings in each borough. Whilst the tool highlights that the NHS Health Checks programme will take 20 years to provide net savings, these savings will be across the whole health economy and will result in improved health and well-being for people more generally.

## 4.4 Approaches to Implementation

4.4.1 The NHS Health Check Programme is most beneficial when it reaches people that would not otherwise be identified as being at risk, for example people who are unlikely to visit their GP's regularly now. Reaching these groups is difficult, but will be an essential aspect of successfully implementing the NHS Health Checks programme in Barnet and Harrow.

4.4.2 The health and financial benefits associated with the programme will not accrue until people's risk of diseases has been reduced. This reduction can be achieved by medication, but also by changes in lifestyle such as increasing exercise, following a healthy diet and giving-up smoking. These changes in lifestyle are often difficult to achieve for people, even when they are provided with support services. There is, therefore, a balance to be achieved between medical interventions and encouraging people to take ownership of their own health and well-being. In line with other public health programmes (such as the Smoke Free initiative), the NHS Health Checks programme commissioned in Barnet and Harrow should seek to achieve a balance between intervention and individual responsibility for healthy lifestyle choices. Measuring the impact of the programme should have a medium to long-term perspective to ensure that lifestyle changes are maintained by individuals on an on-going basis.

4.4.3 The NHS Health Check Implementation Review and Action Plan describes commissioners' and providers' experiences with implementing the NHS Health Checks Programme. The review identifies that several commissioners considered that successful implementation had been driven by a 'mixed model' for delivery. GP's were central to the successful delivery of the Programme as they hold patients records and are a trusted source of care for most patients. However, GP services can be supplemented by a variety of other providers as follows:

- Community Teams – commissioned to make contact with those who are typically resistant to presenting in a doctor's surgery by visiting community centres, shopping centres, leisure centres, church groups, markets, football clubs and work spaces.

- Health Buses – used in supermarket car parks and other public spaces, both for walk-ups and by people notified by their GP's that the service would be available at that time and place.

- Private Providers – commissioned to provide Health Checks in collaboration with GP's who are sometimes able to provide a room in their surgeries.

- Pharmacies – used with mixed success, as they sometimes lack private space to perform the checks and can have difficulties in targeting the right audiences.

4.4.4 Public Health England is currently working on providing a repository of local case studies to support local implementation which will be published on the NHS Health Checks website.

## 4.5 Experts Views on NHS Health Checks Screening Programme

4.5.1 Whilst it is anticipated that there will be significant potential health and financial benefits as a result of the NHS Health Checks programme, there is a limited amount of peer reviewed evidence to support the success of mass screening programmes. Whilst PHE and DoH advocate the programme and are promoting and investing in it, a number of health care professionals have expressed concern regarding the effectiveness of the programme.

4.5.2 Dr Richard Vautrey, Deputy Chairman of the British Medical Association's GPs Committee, has said that "Last year they were talking about taking money from disease prevention, now they want to do this. We are very suspicious. Previous screening programmes have been introduced after much consideration and analysis of evidence. It doesn't seem like this is." [10]

4.5.3 Professor Nick Wareham, Director of the Medical Research Council Epidemiology Unit, has said that the current programme may not represent the best use of resources. Instead, the advisor to Public Health England urged public health leaders to target high-risk individuals as the evidence suggested this was likely be cost-effective.[11]

4.5.4 A study by NHS Heart of Birmingham, published in BMJ Open in March 2013[12] suggested that the NHS Health Checks Scheme programme overlooks a third of patients at high risk of having or developing diabetes, as patients with high HbA1c levels, but with normal or low body weight were not identified for further tests.[13]

4.5.6 The Chair of the Royal College of General Practitioners, Professor Clare Gerada, has backed a call from Danish researchers for the NHS Health Checks programme to be scrapped.[14] [15] The Danish research evaluated screening programmes run in a number of countries and concluded that general health checks failed to benefit patients and could instead cause them unnecessary worry and treatment.

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[10] http://news.bbc.co.uk/1/hi/health/7174763.stm
[11] http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/reconsider-age-based-approach-to-health-checks-urges-public-health-england-adviser/20004268.article#.UlPsGtK-qK4
[12] http://bmjopen.bmj.com/content/3/3/e002219.long
[13] http://www.pulsetoday.co.uk/clinical/therapy-areas/diabetes/health-checks-scheme-fails-to-identify-a-third-of-patients-at-risk-of-diabetes/20002241.article#.UmAebdK-qK4
[14] http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/gerada-scrap-health-checks-programme/20004025.article#.UlPjQNK-qK4
[15] http://www.bbc.co.uk/news/health-23765083

4.5.7 Barbara Young, Chief Exec of Diabetes UK, expresses support for the programme by stating that "…while the £300 million it costs to run might sound like a lot of money, diabetes and other chronic conditions are expensive to treat. This means that once you factor in the savings in healthcare costs, the NHS Health Check is actually expected to save the NHS about £132 million per year." [16]

4.5.8 Despite the concerns outlined above, the NHS Health Checks programme has been identified by the Secretary of State as an important vehicle for improving prevention and early diagnosis and the initiative is supported nationally by, PHE, DoH and the LGA. In addition, Health Checks are corporate priorities for both Barnet and Harrow councils and there is a significant opportunity for both authorities to utilise the data from this review to inform their commissioning strategies to deliver best value for money.

[16] http://www.bbc.co.uk/news/health-23765083

# 5. Performance

## 5.1 Targets

5.1.1 There are no nationally prescribed targets in relation to NHS Health Checks. However, PHE suggest that health and well-being boards should aim to offer checks to 20% of their eligible population every year and for 75% of those offered checks to take them up. NHS Health Checks is a rolling five-year programme meaning that 100% of the eligible population should have been offered a check at the end of the period. In relation to quarterly performance, a local authority that has offered the Check to 5% of the population in quarter 1 and sustain that over the following three quarters will have offered a check to 20% of the eligible population at the end of the year.

5.1.2 High performing areas are those that both **offer** to a high proportion of the eligible population cohort and then achieve a high **transfer rate** (i.e. converting the Health Checks offered into Health Checks received).

## 5.2 Performance Data

### Outcomes – 2012/13

5.2.1 NHS England data[17] identifies that Health Checks in Barnet and Harrow in 2012/13 scored slightly lower than the London average, but close to the national average. Data for all London boroughs has been included in Table 1 for comparison purposes:

[17] http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/

**Table 1 – Number of eligible people that have been offered and received NHS**

| Name | Number of people eligible for a NHS Health Check | Number of people who were offered a NHS Health | Number of people that received a NHS | Percentage of eligible people that were offered a |
|---|---|---|---|---|

**Health Checks (April 2012 – March 2013) (England and London)**

| | | Check | Health Check | NHS Health Check |
|---|---|---|---|---|
| **England** | **15,609,981** | **2,572,471** | **1,262,618** | **16.5%** |
| **London** | **2,082,748** | **429,027** | **194,035** | **20.6%** |
| Havering PCT | 69,304 | 6,529 | 4,771 | 9.4% |
| Kingston PCT | 53,678 | 7,661 | 5,668 | 14.3% |
| Bromley PCT | 100,037 | 23,117 | 9,042 | 23.1% |
| Greenwich Teaching PCT | 63,098 | 15,137 | 6,511 | 24.0% |
| **Barnet PCT** | **114,883** | **18,357** | **4,758** | **16.0%** |
| Hillingdon PCT | 72,886 | 6,742 | 3,783 | 9.3% |
| Enfield PCT | 79,400 | 12,746 | 5,503 | 16.1% |
| Barking and Dagenham PCT | 41,328 | 12,821 | 4,152 | 31.0% |
| City and Hackney Teaching PCT | 55,561 | 11,483 | 6,775 | 20.7% |
| Tower Hamlets PCT | 48,778 | 9,365 | 7,242 | 19.2% |
| Newham PCT | 40,000 | 9,500 | 5,369 | 23.8% |
| Haringey Teaching PCT | 55,476 | 12,523 | 6,461 | 22.6% |
| Hammersmith and Fulham PCT | 40,050 | 6,568 | 4,276 | 16.4% |
| Ealing PCT | 70,881 | 15,789 | 9,931 | 22.3% |
| Hounslow PCT | 55,297 | 6,997 | 4,501 | 12.7% |
| Brent Teaching PCT | 76,444 | 15,410 | 9,505 | 20.2% |
| **Harrow PCT** | **76,840** | **12,477** | **5,827** | **16.2%** |
| Camden PCT | 49,685 | 14,761 | 4,378 | 29.7% |
| Islington PCT | 42,650 | 10,167 | 7,142 | 23.8% |
| Croydon PCT | 100,197 | 20,047 | 2,512 | 20.0% |
| Kensington and Chelsea PCT | 50,475 | 7,651 | 590 | 15.2% |
| Westminster PCT | 61,800 | 13,307 | 7,119 | 21.5% |
| Lambeth PCT | 92,171 | 26,592 | 6,382 | 28.9% |
| Southwark PCT | 79,294 | 21,145 | 6,524 | 26.7% |
| Lewisham PCT | 72,646 | 19,279 | 6,622 | 26.5% |
| Wandsworth PCT | 57,000 | 15,984 | 12,766 | 28.0% |
| Richmond and Twickenham PCT | 49,856 | 14,305 | 4,857 | 28.7% |
| Sutton and Merton PCT | 113,300 | 24,184 | 13,364 | 21.3% |
| Redbridge PCT | 72,000 | 12,015 | 6,286 | 16.7% |
| Waltham Forest PCT | 62,932 | 8,301 | 3,388 | 13.2% |
| Bexley Care Trust | 64,801 | 18,067 | 8,030 | 27.9% |

5.2.2 However, the statistics in Table 1 above should be treated with caution. There is a significant variation in the national statistics relating to the number of people eligible for an NHS Health Check (114,883 in 2012/13) and locally derived statistics provided by Public Health (91,139 in 2013/14 (see 5.2.3 below)).

**Outcomes – Quarter 1 2013/14**

5.2.3 The table below summarises the performance information regarding the NHS Health Check Programme for Quarter 1 of 2013/14:

| Q1 2013-14 | Total eligible population 2013-14 | Number of people who were offered a NHS Health Check | Number of people that received a NHS Health Check | Percentage of eligible people that were offered a NHS Health Check of those offered |
|---|---|---|---|---|
| **Barnet** | 91,139 | 4,911 (5.4%) | 1,520 (1.7%) | 31% |
| **Harrow** | 63,879 | 1,093 (1.7%) | 582 (0.9%) | 53.2% |
| London | 1,967,213 | 94,245 (4.8%) | 41,517 (2.1%) | 44.1% |
| England | 15,323,148 | 598,867 (3.9%) | 286,717 (1.9%) | 47.9% |

### 5.3 Comparative Performance

5.3.1 London Boroughs where a higher percentage of people are offered the health check tend to have a lower percentage of health checks received. At the same time, boroughs where a high percentage of the people received a health check tend to have offered health checks to a relatively low percentage of the population. Boroughs with the highest overall performance are those that both offer checks to a high percentage of their population as well as have a high percentage of checks delivered.

5.3.2 The London Borough of Wandsworth has been identified as an example of a local authority where both the percentage of offers made and the percentage of checks received have been on target.

5.3.3 In quarter 1 2013/14, the top five London Boroughs for **offering** the highest percentage of their eligible population a NHS Health Checks are:

| Q1 2013-14 | Total eligible population 2013-14 | Number of people who were offered a NHS Health Check | Number of people that received a NHS Health Check | Percentage of eligible people that received an NHS Health Check of those offered |
|---|---|---|---|---|
| Camden | 50,399 | 4,925 (9.8%) | 924 (1.8%) | 18.8% |
| Greenwich | 60,012 | 5,605 (9.3%) | 1,981 (3.3%) | 35.3% |
| Lambeth | 65,181 | 5,870 (9%) | 2,013 (3.1%) | 34.3% |
| Islington | 44,687 | 3,429 (7.7%) | 1,840 (4.1%) | 53.7% |
| Westminster | 52,589 | 3,971 (7.6%) | 1,479 (2.8%) | 37.2% |

5.3.4 In quarter 1 2013/14, the top five London Boroughs for highest percentage of people that have **received** the health check after being offered it are:

| Q1 2013-14 | Total eligible population 2013-2014 | Number of people who were offered a NHS Health | Number of people that received a NHS Health Check | Percentage of eligible people that received an NHS Health Check of |
|---|---|---|---|---|

| | | Check | | those offered |
|---|---|---|---|---|
| Hounslow | 61,153 | 664 (1.1%) | 664 (1.1%) | 100.0% |
| City of London | 2,266 | 72 (3.2%) | 72 (3.2%) | 100.0% |
| Havering | 70,211 | 1,507 (2.1%) | 1417 (2%) | 94.0% |
| Newham | 59,455 | 1,720 (2.9%) | 1376 (2.3%) | 80.0% |
| Wandsworth | 64,128 | 3,203 (5%) | 2419 (3.8%) | 75.5% |

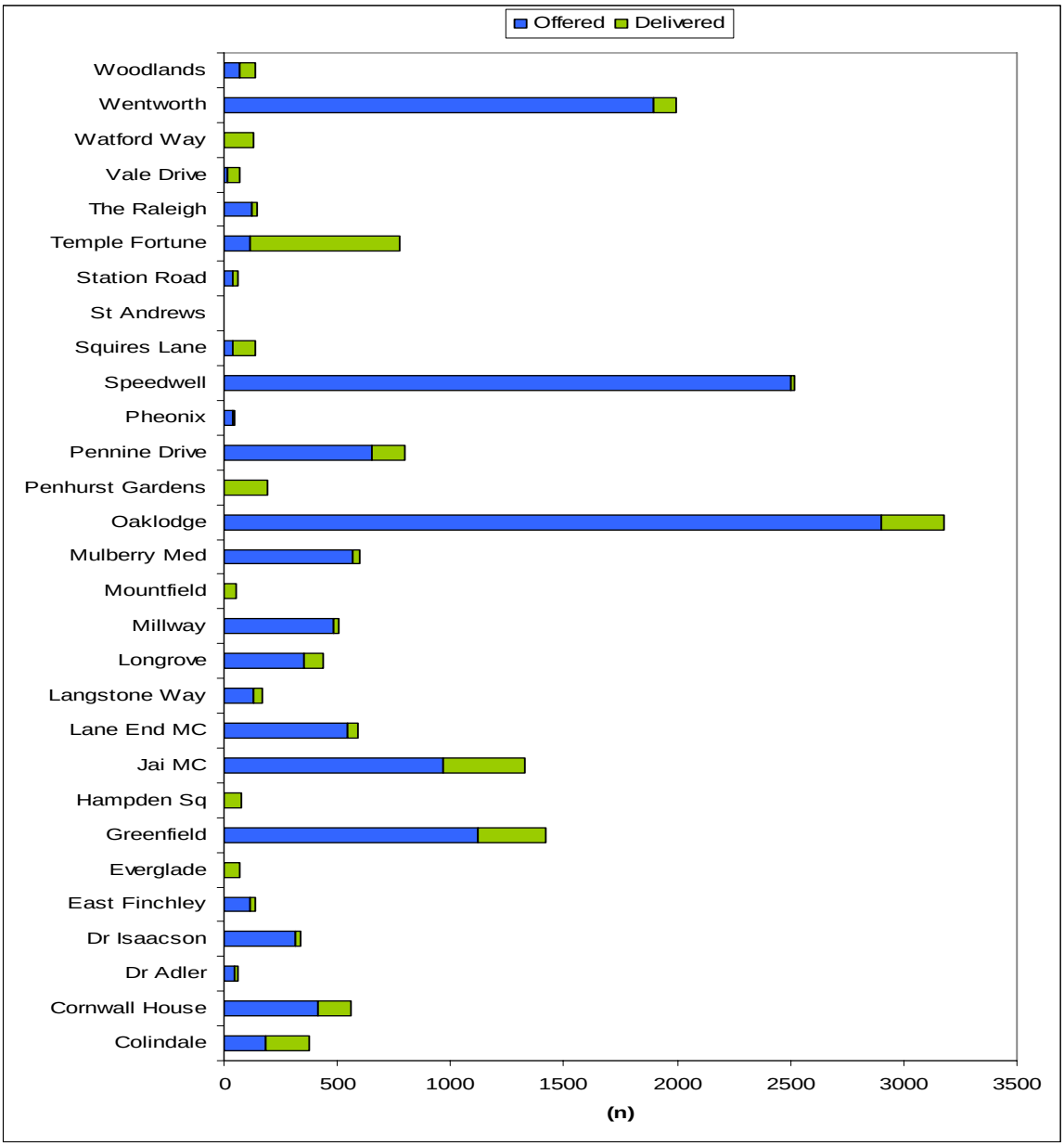
5.3.5 For the NHS Health Checks programme to be successful, commissioners should be seeking to meeting or exceeding both targets to ensure that the reach of the programme is as wide as possible.

## 5.4 Local GP Practice Performance

5.4.1 As part of the review, the Public Health team provided a breakdown of the performance of individual GP practices in Barnet and Harrow during 2012/13.

5.4.2 Table 1 provides relevant statistics for Barnet. Due to issues with the data transferred to the council, performance information for Barnet was only available for the period November 2012 to March 2013. Barnet achieved a 19% conversion rate from 'offered' status to 'delivered'. The table shows that larger GP surgeries tended to be the worst performing.

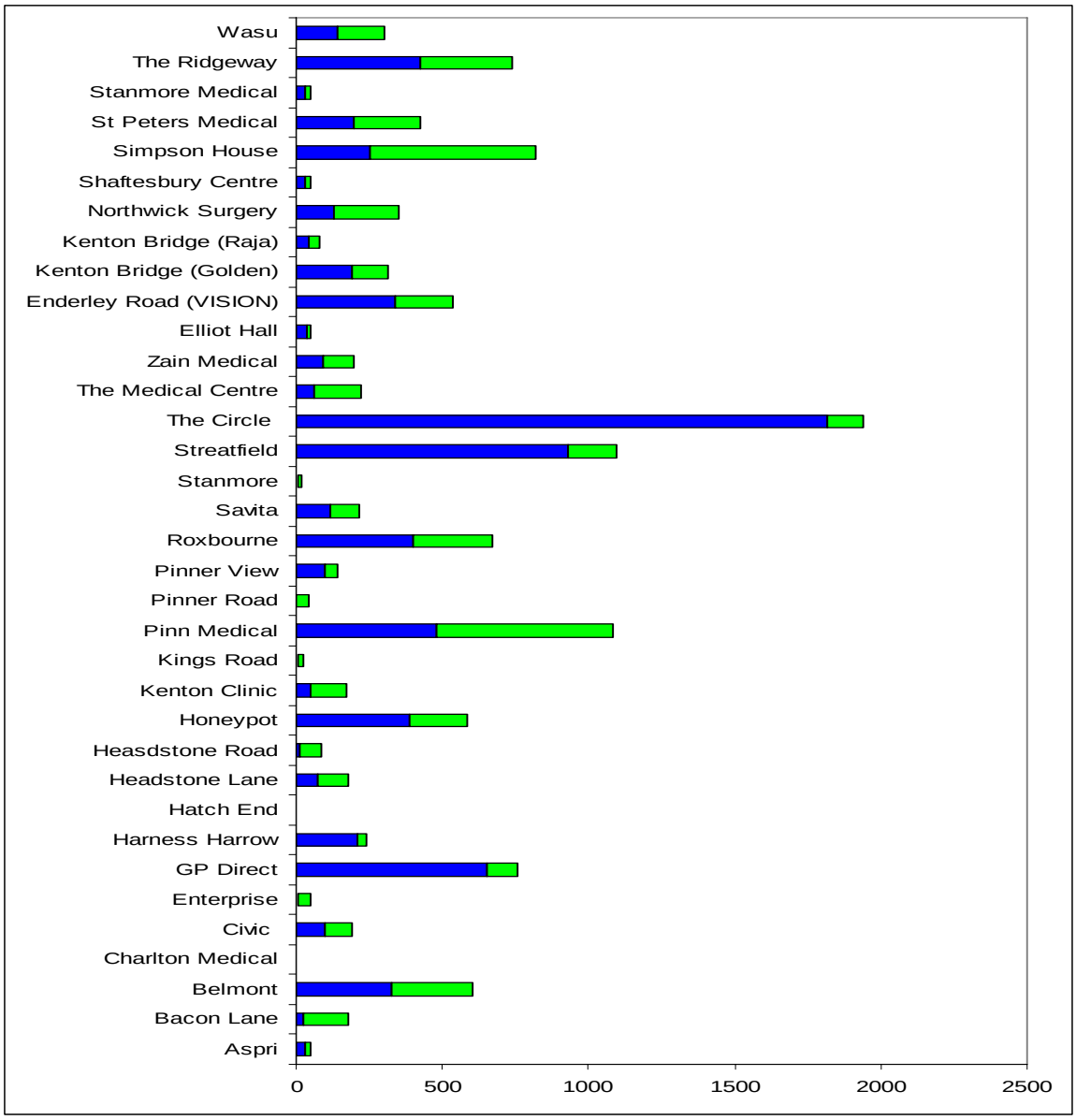
Table 1 – GP surgeries in Barnet performance, Nov 2012 – March 2013




Blue = offered Green = delivered

5.4.3 Table 2 shows the statistics for Harrow. Members were advised that Harrow has a 38% conversion rate. As with Barnet, the larger surgeries had the lowest performing rates.

Table 2 – GP surgeries in Harrow performance between April 2012 – March 2013



# 6. Best Practice

6.1 In conducting the review, Members have explored best practice examples to identify the principal differences between the approach taken in Barnet and Harrow and the approach in high performing areas.

### 6.2 Haringey

6.2.1 In 2012/13 the activity for NHS Health Check offers in Haringey was 12,523 and 6,461 checks were delivered. This translates to a 52% uptake rate, which is better than the uptake rate for 2011/12 (which stood at 35%).

6.2.2 Haringey's programme is targeted at areas of highest deprivation and CVD mortality: East, Central and part of West Haringey (Stroud Green and Hornsey wards). Over 70% of the Health Checks Programme is delivered by GPs in Haringey. The programme is being supported by behavioural support programmes (e.g. Health Trainers) and these arrangements have been strengthened during 2013/14. Community programmes that ran in 2012/13 included a focus on mental health users and a focus on men.

6.2.3 Haringey identified that to improve uptake they had to:

- increase coverage across eligible practices;
- reduce variation in activity;
- target high risk groups;
- target men;
- improve data quality; and
- improve onward referral mechanisms.

6.2.4 Haringey consider that one of the main reasons for success is that alcohol misuse screening delivered as part of NHS Health Checks programme has encouraged people to take part. They are also planning to deliver some Health Checks at community events in order to expand the reach of the programme.

### 6.3 Teesside

6.3.1 Teesside have used several techniques to achieve success with delivering NHS Health Checks. Firstly they have invested in a rolling training budget that can be allocated to external providers to help extend the availability of the service. Secondly they have used social marketing techniques to help inform the development of a communications and marketing strategy. By doing this they have made the service more visible. They have delivered Health Checks

under the local identity of ‘Healthy Heart Check’ which has further helped to make the service more accessible and embedded in local culture.

6.3.2 Teesside have targeted certain groups and have created a prioritisation list of certain groups to help tailor the service and to increase take up. They have also invested directly in dedicated primary care informatics (or information management systems), a nurse facilitation team and project management as a way of extending the reach of the service. It is worth noting that death rates from heart disease have reduced at a faster rate in Teesside than England as a whole since the implementation of the Health Checks programme. Health Checks in Teesside have also been provided at particular work places in an effort to make the take-up more substantial.

## 6.4 County Durham

6.4.1 In comparison to national performance, County Durham has been very successful in delivering NHS Health Checks. They promoted Health Checks via a ‘Check4Life’, campaign which is based on the ‘Change4Life’ national health and well-being programme. They have utilised the same branding as the Change4Life campaign which has improved recognition locally.

6.4.2 County Durham have carried out the service with ‘opportunistic screening’ (when someone requests that their doctor or health professional undertakes a check, or a check or test is offered by a doctor or health professional) with a focus on predicting and preventing vascular disease risk. Health Checks have been conducted on a ‘one-stop-shop’ approach in order to make the delivery of these checks more accessible, attractive and patient focussed. They have also promoted the service at road shows, such as ‘Health@Work’, where Health Checks have been offered in certain work places.

6.4.3 In addition to this, County Durham has focussed on the notion of ‘Mini Health MOTs’, which are targeted at certain groups. This has helped to broaden the scope of the service and has helped to promote the service across the area. In analysing the success of the campaign, County Durham found that 91.3% were very satisfied with the Mini Health MOT, whilst 99.1% would recommend it to others. Intertwined with the NHS Health Checks, it was also reported that 82.2% were very satisfied with the NHS Health Check and that 99.6% would recommend an NHS Health Check to other people. During 2011/12 73.5% of those offered a Health Check in County Durham took the offer. To date 2013/14, 8,509 people have been offered a Health Check and 3,936 people have received one from an eligible population cohort of 164,760.

## 6.5 Richmond upon Thames

6.5.1 The London Borough of Richmond upon Thames has been successful in delivering NHS Health Checks. They have adopted an approach that relies on a strong advertising premise supported by a strong database to record the

number of checks offered and delivered. As a result, Richmond is one of the leading boroughs in London in delivering NHS Health Checks.

6.5.2 Richmond works with more than 40 different partners including GPs, pharmacies, outreach and external providers to deliver Health Checks. Lifestyle programmes such as weight management, diabetes prevention and a health trainer service have been specifically commissioned for patients to be referred to.

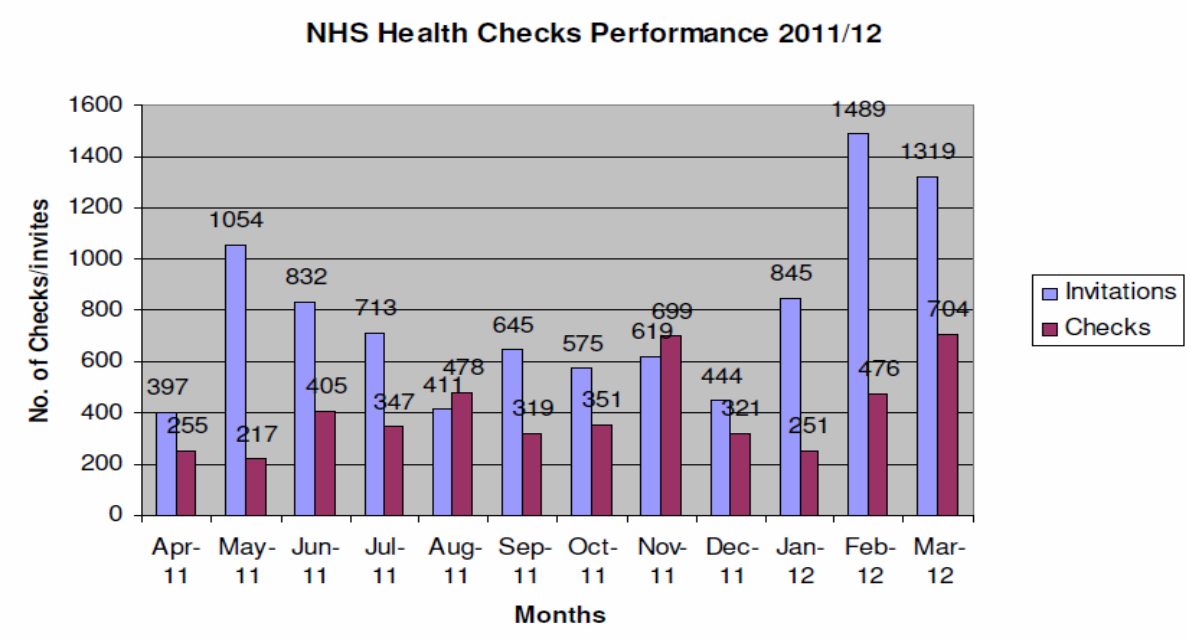
6.5.3 Richmond launched a pilot programme in 2009 in line with the national launch of the NHS Health Checks programme which focussed on delivering Health Checks in the most deprived wards in a pharmacy setting. This helped to make the service accessible both in terms of timing and capacity. The Public Health team also carried out a Health Needs Assessment and selected the top three deprived wards and the six pharmacies which were best suited to run the pilot. Health Checks have been delivered by the *Live Well Richmond* service which also provides an exercise referral scheme in addition to other lifestyle services. This has helped the Health Checks delivery model to become locally known. GPs have been commissioned to deliver targeted invitations based on factors such as age, gender, body mass index, ethnicity, blood pressure/cholesterol levels, physical activity and smoking status.

6.5.4 More than 50% of the eligible population have been invited and more than 20% have received a check. More than 200 people have been newly diagnosed with various cardiovascular diseases such as hypertension, diabetes, chronic kidney disease and coronary heart diseases as a result of a health check. In 2011/12, 5,700 health checks were completed in general practice, pharmacy and at community outreach events which exceeded DoH targets.

6.5.6 Richmond have delivered a marketing programme which comprises newspaper adverts, a dedicated webpage[18], letters, posters, leaflets and press releases to attract people for a health check. They also emphasised selling through personal sales (pharmacists, GPs and outreach), incentivising GPs, through focus groups and direct invitations.

6.5.7 Richmond use iCap, an IT system, to keep track of their Health Check performance. This system has enabled them to target checks where necessary and assists in provide statistical analysis as follows:

[18] https://www.live-well.org.uk/richmond/




## 6.6 Enfield – Innovision Health and Well-being Limited

6.6.1 In November 2012, Enfield Council awarded a contract for Community Health Checks to Innovision Health and Well-being Limited. This was done in an effort to allow targeting of health checks to communities that do not traditionally access primary care or who do not respond to invitations from primary care, which should improve the number of health checks being completed.

6.6.2 Innovision deliver health checks in both primary care and community settings. They perform health checks on behalf of GPs in communities and make a focussed effort to understand communities. By doing so, they are able to deliver health checks regularly. In Enfield, for instance, Innovision have noted that there is a large Turkish and Kurdish population and they have targeted Health Checks in those communities' first languages.

6.6.3 In Enfield, Innovision has established relationships with organisations such as ASDA, Tesco, various health centres and sports centres to enable delivery in these settings to encourage those who would not otherwise go to their GP. In an ASDA in Enfield, there is a weekly footfall of around 55,000; Innovision deliver checks in this ASDA on a daily basis. They determined that this was a good site after surveying the local area both in terms of weekly footfall and the regular attendance from specific communities. Innovision are also aiming to deliver Health Checks in all Boots stores in every London Borough that they are operating within (currently Brent, Haringey, Enfield and Islington). In addition, they deliver checks at community events, particularly in deprived areas in order to achieve their commitment of working with deprived communities.

6.6.4 Innovision have an on-line system where Health Check data is inputted to. This enables Public Health to be provided with non-identifiable data and has

subsequently helped with reporting.  This system has been used with Enfield and previously Haringey. The Innovision Health Check comprises the follows:

- BMI, weight and blood pressure checks are undertaken immediately
- The check takes 15-20 minutes
- Results of the above are given straight away
- If the patient falls out of the appropriate health range then they are signposted to their GP.  GPs receive this information which they can then use as data in the future; the onus is on the GP to contact any patient who has risk factors or is in need of treatment.
- Innovision stress that primary care settings are the only places where advice can be given; those performing checks for Innovision are directly instructed not to give advice
- Checks are tailored to communities and are performed in appropriate settings (such as mosques, restaurants and wherever is possible)

# 7. Evidence

7.1 The Scrutiny Review recognised the importance of considering quantitative and qualitative evidence from a variety of sources. On that basis, the Group undertook three separate and distinct elements of engagement with key stakeholders as detailed below.

## 7.2 Community Engagement

7.2.1 The review commissioned a Community Engagement work stream to identify barriers to take-up across both boroughs. The full findings from the Community Engagement element of this project are attached at **Appendix A**. However, a summary of the key recommendations emerging are detailed below:-

i. Marketing and promotion – people are not familiar with the Health Checks brand and individuals would like to know more about the objectives of the programme. GPs need to be convinced of the value of the programme at a national level.

ii. Value for money – the economic case for Health Checks needs to be developed in greater detail by Public Health England. In addition, residents were concerned about the overlap with other screening programmes and wanted to see a more joined up approach to supporting wellness. The value of investing in Health Checks over other initiatives was questioned. Residents felt that support to make lifestyle changes should be free and have a long-term focus.

iii. Innovative approaches to delivery – residents considered that commissioners should take a more flexible approach to delivery (e.g. community teams, a health bus, clinics at flexible times)

iv. Effective IT – effective and joined up IT systems (across health and social care) would be essential for identifying the target population, collating data and information about individual risks, ensuring that follow-ups timely and evaluating the Health Checks programme. Residents wanted IT systems to provide a joined up and holistic view of their health.

v. Competency of providers – residents considered that the Health Check should be provided by a registered professional to ensure that advice and support started seamlessly in the context of the discussions relating to risk factors.

## 7.3 Questionnaire

7.3.1 To support the review, Scrutiny Officers conducted a snap survey of Barnet and Harrow residents to gauge awareness and take-up of NHS Health Checks. The survey was promoted locally by both councils communications teams and via local networks, such as Healthwatch. The survey received 47 responses and the detailed findings are detailed in the sections below. Responses to the questions relating to the residents' experience of the checks should be treated with caution due to the relatively small sample size. They do, however, provide some insight into the views of people who have experienced an NHS Health Check:

7.3.2 85.7% of respondents were from Barnet and 14.3% of respondents were from Harrow.

7.3.3 In response to the question 'Have you ever been offered a Health Check from your GP?' 80.9% stated 'no' and 19.1% stated 'yes'. This highlights that the vast majority of respondents had not been offered a check, despite the Health Check programme having been in place in both boroughs since 2009.

7.3.4 Respondents were asked to provide the name of their registered GP surgery. 17 different practices in Barnet and three different practices in Harrow were identified as not offering Health Checks to participants.

7.3.5 Of those respondents that had been offered a Health Check, 100% had taken up the offer. Respondents were asked to identify the reasons why they had accepted the offer and their responses are summarised below:

- General health and well-being check
- Aware of the Health Check programme and wanted to see how it worked in practice.
- Multiple health issues
- Precautionary measure
- Family history of high cholesterol, cardiovascular disease or diabetes

7.3.6 When questioned how important they considered regular health checks to be, 71.4% considered that it was very important and 28.6% considered that it was neither important or unimportant.

7.3.7 When questioned how beneficial they considered the Health Check that they had received to be, 66.7% considered it was beneficial or very beneficial and 33.3% considered it was not very beneficial or not beneficial at all. Respondents were asked to give reasons for their answer. One respondent stated that they were dissatisfied as they were still waiting for their blood test results following a check completed over a week ago.

7.3.8 Respondents were asked whether they considered that there were any areas of the Health Checks process that could be improved. 57.1% answered yes and 42.9% answered no. Respondents were asked to identify specific areas for improvements and the responses are summarised below:

- Consider the option of Integrated Medicine (homeopathy or other natural medicine choices)
- Scans for aneurysm
- Prompt results and more screening around breast cancer, etc.
- Health Checks should consider an individual's mental health too

7.3.9 When respondents were questioned whether they would recommend the Health Check to other people, 85.7% said yes and 14.3% said no. Respondents were asked to give reasons for their answers which are summarised below:

- Early detection of diseases
- Encourage people to make healthy lifestyle choices for them and their families
- Concern for the health and wellbeing of others
- Useful especially for men as they tend not to visit their GPs
- Early detection of health issues and an opportunity to discuss these with health professionals

## 7.4 Stakeholder Workshop

7.4.1 It was agreed at the outset of the project that engagement with stakeholders was key to understanding the overarching issues. In November 2013, Barnet and Harrow held a Stakeholder Workshop, facilitated by the CfPS Expert Advisor and supported by Scrutiny Officers from Barnet and Harrow. The aim of the workshop was to provide Members of the Scrutiny Working Group and key external stakeholders with the opportunity to:

- Understand the external factors that currently influence the commissioning and delivery of the Health Check in the Barnet and Harrow
- Identify the barriers to delivering the Health Check
- Identify opportunities for effective delivery in the future
- Discuss the improvements in services that could be achieved by change
- Identify and prioritise issues to be considered in the commissioning of the Health Check

7.4.2 The workshop was a deliberative forum which enabled participants to consider relevant information, discuss the issues and options and develop their thinking together before coming to a consensus view. The facilitators used the CfPS Stakeholder Wheel (as shown in Table 3 below) to structure the discussion throughout the workshop and to address the return on investment question of:

*What would be the return on investment if we improve take up of the Health Check amongst specific groups?*

7.4.3 Based on the discussions that took place, the following recommendations emerged from the Stakeholder Workshop:

| | Theme | Recommendation and Rationale |
|---|---|---|
| 1 | **Health Checks Promotion** | It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check). |
| 2 | **Providers / Flexible Delivery** | Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible. |
| 3 | **Treatment Package** | All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities. |
| 4 | **Referral Pathways** | The patient pathway should clearly define the referral mechanisms for those identified as:-<br>• Having risk factors; and<br>• Requiring treatment |
| 5 | **Restructure Financial Incentives** | Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contact agreed via the West London Alliance) and that Health Check providers are paid on completion only. |
| 6 | **Resources** | Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical |

| | | |
|---|---|---|
| | | space) to deliver. Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended. |

| | | |
|---|---|---|
| **7** | **Targeting** | It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:-<br>• men (who statistically have a lower up-take than women);<br>• faith communities (who statistically have a high prevalence of certain diseases); and<br>• deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks) |
| **8** | **Screening Programme Anxiety** | It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme. |
| **9** | **Barriers to Take-Up** | Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended. |
| **10** | **Learning Disabilities** | It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system |

7.4.4 Although listed as separate elements above, the Public Health team are recommended to undertake a **whole system review** (offer, appointment, results, advice etc.) to inform the future Health Checks commissioning strategy.

7.4.5 The recommendations at 7.4.3 have been endorsed and adopted by the Scrutiny Review Group.

7.4.5 In addition to the recommendations outlined above, the following have been identified as priority areas for Public Health to consider when commissioning Health Checks in the future:

1. Improve take-up across the board

2. Engage with local Healthwatch to promote

3. Communication – liaise with community leaders

4. Communication – develop and embed a local message articulating the offer

5. Providers and incentives need to be realigned

6. Target Health Checks locally to specific communities

7. Understanding barriers to take up in areas offered

8. Examine the whole system from offer to follow on

9. Communicate the advantages

10. Extent that service providers can encourage take-up (e.g. weekend availability)

11. Follow up with personalised letters and phone calls; state the advantages

12. Improve access based on research

13. Initiate follow-up programmes

# 8. Return on Investment

8.1 When applying to become a CfPS NHS Health Check Scrutiny Development Area, Barnet and Harrow committed to using the CfPS Return on Investment Model (RoI) to conduct the review.

8.2 The RoI model seeks to quantify what the return on investment would be for a specific course of action being taken as a consequence of the scrutiny review. As identified in the Stakeholder Workshop section, the RoI question that this review has been seeking to address is

*What would be the return on investment if we improve take up of the Health Check amongst specific groups?*

8.3 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:

i. be much more cost effective than treating chronic conditions; and

ii. result in an overall improvement in the health and wellbeing of the general population.

8.4 Public Health England has estimated that over the next four years around £57 million will be saved through Health Checks and that over a 15 year period £176 million will be saved. After 20 years the NHS Health Checks programme is expected to have paid for itself and deliver improvements to the general health and well-being of the population.

8.5 The RoI modelling below will seek to analyse cost of this review against the potential financial benefits of implementing the recommendations arising. It is acknowledged that the RoI modelling could be open to challenge as it is based in a number of assumptions. Notwithstanding this, the model does provide a platform to demonstrate the potential financial and social benefits that implementing scrutiny recommendations could deliver if implemented; the model should therefore be considered on that basis.

**Return on Investment – Cost of Scrutiny Review vs. Potential Savings**

**Table 2 (Input Costs)**

| **Input** | Scrutiny Officer Review | Public Health | External Engagement | **Total** |
|---|---|---|---|---|
| | 2 x Scrutiny Officers for 1 day per week for 24 weeks (mid-July to mid-December) = 168 hours<br>Plus 5 days of graduate trainee support = 37 hours<br><br>Total hours<br>373 hours x £25 per hour = **£9,325** | Public Health Officers (including involvement in planning meetings, providing data and attending)<br><br>Total hours = 10 days or 74 hours x £25 per hour = **£1,850** | 22 days = **£13,370** | **£24,545** |

**Table 3 (NHS Health Checks – Newly Diagnosed Conditions)**

| | Number of people eligible for a Health Check | Number of Health Checks offered to the eligible population | Number of Health Checks performed | Transfer rate (take up of those offered) | Number of cases of Hypertension diagnosed as a result of a Health Check | Number of cases of Diabetes diagnosed as a result of a Health Check | Number of cases of High Cholesterol diagnosed as a result of a Health Check |
|---|---|---|---|---|---|---|---|
| **Harrow (2012/13)** | 62,892 | 12,680 (20.16%) | 3,729 (5.93%) | 34% | 65 | 32 | 815 |
| **Barnet (2012/13)** | 69,904 | 16,820 (24.06%) | 3,263 (4.67%) | 19% | 146 | 65 | 750 |
| **Richmond (2011/12)** | Approximately 19,000 | 9343 (c. 50+%) | 4823 (c. 25%) | 51% | 152 | 19 | Data not available |

8.6 In considering the financial implications of not treating risk factors or diagnosed conditions early, a review of information available on the cost of treating chronic conditions was undertaken. The result of the modelling below should be treated with caution as the financial assumptions have not been fully tested. The findings do however provide an estimation of the potential

savings across health and social care following the roll out of a successful NHS Health Checks programme in Barnet and Harrow.

8.7 The British Heart Foundation reports that 103,000 heart attacks occur every year, costing around £2 billion per year to treat or £19,417 per case. Diagnosing conditions such as Hypertension can be argued to prevent heart attacks from occurring later on therefore meaning that for every case diagnosed £19,417 is potentially saved. On this premise, the following amount of money will be saved as a result of Health Checks:

### 8.7.1 LB Harrow

In 2012-13, 3,729 had health checks (5.93% of the eligible population). This led to 65 cases of hypertension being diagnosed, saving a potential of £1,262,105.

If the uptake was improved to 11.86%, then it is possible that around 130 cases of hypertension could be diagnosed, saving a potential £2,524,210.

### 8.7.2 LB Barnet

In 2012-13, 3,263 had health checks (4.67% of the eligible population). This led to 146 cases of hypertension being diagnosed, saving a potential of £2,384,882.

If the uptake was improved to 9.34%, then it is possible that around 292 cases of hypertension could be diagnosed, saving a potential £5,669,764.

8.8 If the recommendations arising from this review (as set out in the following section) are agreed and implemented, it is anticipated that there will be a significant increase in the uptake of NHS Health Checks in both boroughs, particularly if roll-out of the checks is prioritised based on demographic risk factors.

8.9 **Social Return on Investment**

8.9.1 The Scrutiny Review Group wish to emphasise that the implementation of the recommendations made will deliver social as well and financial benefits. Encouraging people to adopt healthy lifestyles and managing pre-existing conditions before they become chronic will deliver health and well-being benefits in addition to the potential financial savings.

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# 9. Summary Findings and Recommendations

**Summary Findings**

9.1 Following consideration of all the evidence received during the review, Members questioned whether GPs were the correct vehicle for delivering NHS Health Checks. Whilst performance in Barnet and Harrow had been around the national average, there was a lack of awareness of the checks in both boroughs. Best practice examples demonstrated that alternative delivery models could improve up-take by targeting to specific groups and making the checks more accessible.

9.2 Data supplied by the Public Health team had indicated that the cohort of patients presenting for health checks were not reflective of the demographics in each borough (e.g. there were a disproportionate number of women from more affluent areas). As such, presentations were not linking with communities identified as being at risk. There should therefore be a focus on hard to reach groups including specific ethnic communities with high risk factors, mental health patients, the homeless and men.

9.3 The Group recognised that there should be a balance between interventions and individuals managing their own risk factors. A communications campaign should therefore seek to strike a balance between promoting the checks locally and encouraging people to adopt healthier lifestyles.

9.4 Members recognised the importance of ensuring that there was a clearly defined pathway for those identified as being most at risk. Medical interventions should be supported later in the pathway by risk management and reduction elements and a joined up approach would be required to achieve this.

9.5 Contracts transferred from primary care trusts were inconsistent and in Barnet did not incentivise completion of the check. The Group considered that when the commissioning strategy was defined, there should be consistent payment by results contracts across both boroughs. Members were supportive of the work being undertaken within the West London Alliance to regularise NHS Health Checks contracts on a sub-regional level.

9.5 The Group recognised that greater work was required to understand the whole costs of the NHS Health Check process. Local authorities are responsible for commissioning the check and CCGs are responsible for ensuring an appropriate clinical follow-up. Further evaluation of the post-check care costs is required to provide an accurate cost benefit analysis.

9.6 The Group were supportive of the recommendation in the PHE / LGA paper titled *NHS Health Check: Frequently asked questions* (September 2013) that "Health and Wellbeing Boards (HWBs) should ensure that NHS Health Check is reflected in the commissioning plans stemming from locally agreed Joint

Health and Wellbeing Strategies (JHWSs) and that it is resourced to operate effectively. Coordinating the programme with wider strategic decision making by the whole council will avoid duplication, and can help maximise the programme's impact and value for money. It is important to ensure that the risk management and reduction elements of the NHS Health Check (lifestyle interventions such as stop smoking services, weight management courses and drug and alcohol advice) are properly linked to other council services like education, housing and family support."

**Recommendations**

9.7 The Group agreed that the recommendations arising from the Stakeholder Workshop, as detailed in **section 7.4.3** should form the basis of the recommendations to each council's Cabinet and Health & Well-being Board as recommendations were supported by all of the quantitative and qualitative research undertaken as part of this review.

# 10. Project Activity

A summary of the meetings in carrying out this scrutiny review is provided below:

| Date | Activity |
|---|---|
| **25 July 2013** | Approved the Project Briefing to enable the review work to commence in advance of formal committee approvals<br><br>Approved the composition of the Task and Finish Group (3 Harrow Members and 3 Barnet Members<br><br>Approved the consultation / engagement approach<br><br>Agreed an outline plan for the utilisation of the CfPS Expert Advisor support available |
| **18 September 2013** | Received a summary of activity to date<br><br>Reviewed and agree the Project Plan<br><br>Received the results of a data mapping exercise undertaken by the public health team (including trend analysis)<br><br>Agreed the approach to engaging with key stakeholders and residents / patients |
| **2 October 2013** | Received a presentation from the CfPS Expert Adviser on the ROI approach<br><br>Agreed the format of the Stakeholder Workshop |
| **1 November 2013** | Stakeholder Workshop attended by Public Health England (London), GPs, Practice Managers, Healthwatch, Diabetes UK, Cabinet Members, Barnet / Harrow Public Health and Barnet CCG |
| **4 December 2013** | Results of an online questionnaire on Health Checks (promoted via Engage Space, Twitter / Facebook, Older Adults Partnership Boards and Members)<br><br>Results of community engagement exercise which includes focus groups (generic, men and deprived areas) and 1:1 interviews<br><br>Outline report, co-authored by LB Barnet and Harrow Scrutiny Officers |

# 11. Acknowledgements

The Scrutiny Review Group wishes to thank those attendees and witnesses outlined below in addition the officers in the joint public health team who supported them during their work.

| **Councillors** | |
|---|---|
| Councillor Vina Mithani | Harrow Council |
| Councillor Alison Cornelius | Barnet Council |
| Councillor Graham Old | Barnet Council |
| Councillor Helena Hart | Barnet Council |
| Councillor Barry Rawlings | Barnet Council |
| Councillor Ben Wealthy | Harrow Council |
| Councillor Simon Williams | Harrow Council |
| **Council Officers** | |
| Dr Andrew Howe | Joint Director of Public Health, Barnet and Harrow |
| Mary Cleary | Interim Senior Public Health Commissioning Manager |
| Rosanna Cowan | Public Health Commissioner |
| Dr Matteo Bernardotto | GP VTS Trainee at North West London NHS Trust, Public Health |
| Andrew Charlwood | Overview and Scrutiny Manager, Barnet Council |
| Felicity Page | Senior Professional Scrutiny, Harrow Council |
| Edward Gilbert | Graduate Trainee / Assurance Officer, Barnet Council |
| Hannah Gordon | Graduate Trainee, Barnet Council |
| **Witnesses** | |
| Brenda Cook | Expert Advisor, Centre for Public Scrutiny |
| Stephanie Fade | Managing Director, What Matters Cubed |
| Paul Plant | Deputy Regional Director – London, Public Health England |
| Christine Gale | Pinner Road Surgery, Harrow |
| Smita Mody | Pinner View Medical Centre, Harrow |
| Dr Sue Sumners | Barnet Clinical Commissioning Group Chairman |
| Councillor Helena Hart | Cabinet Member for Public Health, Barnet Council |
| Cllr Simon Williams | Health and Wellbeing Portfolio Holder, Harrow Council |
| Dr Pandya | Savita Medical Centre, Harrow |
| Roz Rosenblatt | London Regional Manager, Diabetes UK |
| Rhona Denness | Healthwatch Harrow |

| | |
|---|---|
| Selina Rodrigues | Healthwatch Barnet |

2013

# Health Checks: Community Engagement Report

## Summary

**This work was commissioned by the Overview and Scrutiny teams from the London Boroughs of Barnet and Harrow. Focus groups and one to one interviews with residents of both Boroughs were carried out to explore public views about NHS Health Checks. This community engagement work showed that whilst residents supported the concept of Health Checks they wanted a more person-centred approach. Two over-arching themes emerged; the need for a more coherent wellness strategy pulling together all the current checks and screening initiatives and a greater focus on quality over targets in relation to access, delivery and follow-up. This paper describes these two themes setting out residents' views for consideration in the context of the wider local review of the Health Checks programme, which explored commissioner and provider perspectives. The report concludes with some considerations for the local development of the Health Checks programme linking with ongoing national work being led by Public Health England.**

Stephanie Fade PhD RD, Director
What Matters Cubed
11/29/2013

## Background

The Overview and Scrutiny Teams at Harrow and Barnet Councils commissioned this in-depth, yet fast-paced community engagement work to explore public views on NHS Health Checks.

The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke and diabetes and identify certain types of dementia. Everyone between the ages of forty and seventy-four, who has not already been diagnosed with one of these conditions or have certain risk factors should be invited (once every five years) to have a check to assess their risk and provide advice/signpost services to help them reduce or manage that risk. Health Checks may be delivered by GPs, local pharmacies or other suitable settings.

Both Councils ran an online survey on the topic and consulted with commissioners and providers in parallel with this community engagement work.

The community engagement work started on 22nd October 2103 and completed on 30th November 2013.

## Approach

The engagement sought to access views from different cultural perspectives, different socioeconomic groups, men and women, people across the eligible age range as well as groups that might face specific challenges accessing health services such as carers, people with disabilities, people with learning difficulties and other mental health diagnoses. A list of groups engaged is shown in appendix one.

**Engagement via General Practice Patient Participation Groups**

All GP Practice Managers across Barnet and Harrow were contacted by e-mail to identify Patient Participation Groups (PPGs) meeting during the time frame of the engagement work. Only four replies were received and three of these reported that the Practice's PPG was not due to meet until after the conclusion of the work. However one meeting was arranged with a PPG Executive group in Harrow. In order to ensure that PPG members had the opportunity to get involved with the work despite this constraint, two focus groups were arranged at the Harrow Council offices and Hendon Town Hall respectively. An invitation was sent to Practice Managers and PPG Chairs via the respective Healthwatch Directors, using the fliers in appendix two.

**Engagement with Local Voluntary and Community Groups**

Participants were identified from a number of sources:

1. Groups that represented the harder to reach communities in Harrow
2. Barnet CommUNITY website
3. Yell.com

Groups were contacted by phone call and e-mail in order to identify pre-existing meetings that were taking place during the timeframe available for data collection (28th October-26th November), where it would be possible to talk to small groups of residents about Health Checks.

**Hard to Reach Groups**

Following earlier analysis provided by the Harrow and Barnet Public Health teams, Overview and Scrutiny [Councillor Vina Mithani (Chairman of the NHS Health Checks Scrutiny Review), Councillor Alison Cornelius (Barnet), Councillor Graham Old

( Barnet), Councillor Barry Rawlings (Barnet), Councillor Ben Wealthy (Harrow)] had identified three groups of residents that were particularly under-represented in terms of taking up Health Checks, these were:

1. Men
2. Residents from deprived areas as indicated by the Index of Multiple Deprivation (IMD)
3. Overweight and obese residents

Men's groups or groups with strong male representation and groups meeting in deprived areas were targeted to ensure that the engagement took views from these groups into account.

The researcher (a registered Dietitian) sensitively identified overweight and obese people at the focus groups and arranged follow up phone calls with residents from this group to discuss relevant issues. Two interviews were carried out.

**Engagement Tools**

At each Focus Group the researcher used the survey questions shown in appendix three, to acquire quantitative data including demographic information from each respondent. Demographic data was used to report on the extent to which the engagement reached different ethnic and socioeconomic groups rather than to report differences between groups.

Group discussions were initially organised around the following themes developed in discussion with the Scrutiny Teams:

- Views about the general concept of Health Checks
- Awareness of Health Checks prior to the focus group and views on enhancing awareness

- Motivators and inhibitors for having a Health Check
- Experiences of booking or having a Health Check
- Experiences of the benefits of Health Checks or thoughts about the potential benefits
- Ideas about other potential ways to achieve the aims of Health Checks

Each session concluded with the question "Please tell me about anything that seems important to you about the subject of Health Checks that we have not already covered." This question sometimes highlighted new themes that were then explored further in later focus groups and interviews. Supplementary questions under each theme were designed to increase the depth and breadth of the data. For example to provide depth the researcher asked "Can you tell me a bit more about that?" or "Do you have any thoughts or sense of why ....happens or the circumstances around your experience." To increase the breadth of information the researcher asked: "Has anyone got a different view/had a different experience?"

As the meetings were relaxed and informal a decision was made not to tape record responses but simply to make notes during and after the session. Despite this an attempt was made to record quotes verbatim where key points were being made.

## Data Analysis

Analysis began as soon as the first focus group session was completed enabling the identification of emerging concepts and where necessary relevant groups to engage with, in order to develop understanding around strong concepts in the data. A concept was considered strong if it occurred many times within or across groups or if cues indicated strength of feeling (e.g. making a statement such as "what makes me really angry is...." or shouting or becoming animated) even if the

view was only expressed by a few residents. This was considered important to ensure that the views of minority groups were reflected appropriately in the report. When new concepts emerged, data from previous groups were reviewed to check for examples that might have been missed on first analysis. As the work progressed concepts were organised under category headings and gaps in understanding were identified for exploration in future focus groups. A specific attempt was made to identify links between issues seen in the data in order to facilitate the development of a narrative describing the findings rather than a simple list of themes. This was done to make the findings more meaningful and user friendly particularly to the residents who had supported the work.

## Findings

### Survey Findings

Forty-one residents were involved in this work. 44% were from the Borough of Barnet and 56% were from the Borough of Harrow. 44% were male and 49% were identified as being from deprived wards (IMD score of 15.00 or more) based on data from the London Health Observatories (London Health Observatories 2010.) Before participating 51% reported that they were aware of the Health Checks programme. However the researcher noted significant confusion about the title “Health Check.” Many residents reported that they had their health checked regularly and on discussion this seemed sometimes to be linked to checks relating to a pre-existing non cardiovascular health condition or routine checks carried out for older people by GPs. The researcher took care to specifically note residents who had been given a “Health Check” as part of the formal programme being investigated rather than all those who had experienced some form of check up in another context; however it must be accepted that there may have been some over-reporting. Of those who

had an awareness of Health Checks 29% (n=6) reported taking one up. In addition one resident said she would have to simply say that she was not sure if she had taken up a Health Check specifically but she had received a check up from her GP. 57% of all residents who had not had a health check (n=35) reported that based on the information provided by the researcher, they would like to have one. Reasons for not wanting to take up a Health Check are summarised in table one. The most common reason for not wanting to have a Health Check was the resident's perception that they already knew enough about their health. In many cases this was because the residents were already visiting their GP or another health professional regularly.

| **Reason for not wanting to take up a Health Check** | **Number of residents (total who did not want to take up a check =15)** |
|---|---|
| Already know enough about my health | 11 |
| Don't think the service will be very good | 2 |
| Embarrassed to talk about my health | 1 |
| Don't have time | 1 |

**Table one:** Reasons for not wanting to take up a Health Check

Of the very small number (n=6) of residents who had accessed a Health Check, all but one said that they would recommend the check to others, essentially because they believed that "prevention is better than cure." However the one respondent who stated that they would not recommend a Health Check felt strongly that the check was process-driven, inadequately individualised, delivered by someone who did not have the capability to respond to patient questions and who gave advice she found condescending.

**Qualitative Findings**

Based on the qualitative data the central theme identified by this work was that residents desire a more **"person centred approach"** to the promotion of wellness in the community than is currently reflected in the Health Checks programme. Figure 1 below summarises the findings.

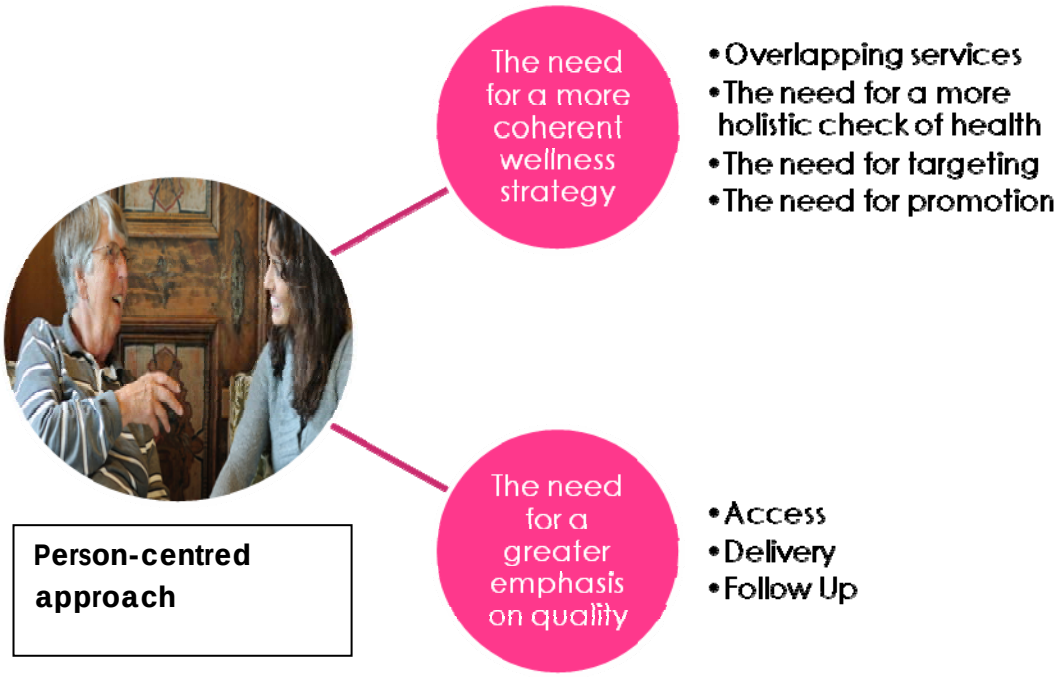


**Figure 1:** Summary of Residents' Views of the Health Checks Programme

What follows is a narrative describing the findings and summarising the sub-themes using quotes from the interviews and focus groups.

**The need for a More Coherent Wellness Strategy**

Residents were supportive of the concept of Health Checks but had questions and concerns about the programme's place in wider wellness strategy. Four sub-themes emerged:

1. Overlapping services

2. The need for a more holistic check of health
3. The need for targeting
4. The need for promotion

Overlapping Services

Residents expressed some confusion about the specific role of Health Checks. People at the older end of the eligible age range often reported that they believed that their GP already had good oversight of their general health. These residents reported that they were offered the same checks included in the Health Check already, often on an annual basis.

> "You get that anyway with your older person check....My GP is always saying: 'You haven't had your blood pressure taken for a while let's do it now or it's time for another blood test.' I don't understand what this Health Check adds."

By contrast other older people were concerned to ensure that they had access to more frequent checks as they got older and were concerned that they were often dismissed by the health system. This seemed to be more about the lack of intervention they were offered rather than lack of access to checks.

> "They don't' want to know you once you get older.....they say oh don't worry that's just old age. But we do worry and we want to be well."

Other residents with pre-existing non-cardiovascular conditions also commented that the blood pressure and height and weight check elements of the Health Check were already carried out as part of their routine reviews. Community groups such as the Barnet Asian Old People's Association already had a nurse doing weekly visits who checked blood pressure, height and weight and provided advice and support to members.

People were not only confused about the purpose of the Health Check in this context but also concerned about value for money.

> "Do they know the people they need to target? It doesn't seem like they do. If the Dr doesn't know the person has already had these checks then money is being wasted."

The Need for a More Holistic Check of Health

People felt that the term "Health Check" was very misleading in relation to this specific programme. Residents were disappointed that the check did not look at health more holistically.

Some people felt that more wide-ranging blood tests would be useful as a general indicator of health. The following were mentioned specifically; full blood count, urea and electrolytes, liver function tests and thyroid function tests. People acknowledged that this would make the Health Check much more expensive but argued that targeting the checks at a smaller group of at risk people whilst making the check more wide-ranging might be preferable and this will be explored further in the next section.

Specific concerns were raised about the missed opportunity to identify mental health problems:

> "It could be a way to reduce stigma about mental health. You come and have your health checked and of course that includes mental health. It shows people that professionals think it's important."

> "What about depression? It can be very black for some people and they probably don't feel like they can bother their GP with that. Professionals should check and make people feel like they can talk about it; you know it's ok to ask for help."

> "You withdraw, you don't tell anyone and then it's too late. If it was normal to be asked, people might feel..... you know like they're not a burden."

Another specific area of concern was musculoskeletal health particularly amongst those with very physical jobs or caring responsibilities:

> "How much do back problems cost this country? If you could get quick access to massage or physio from a routine check it could save pain and money."

> "What about bone health and the huge problems we now have with vitamin D?"

Residents also talked about joining Health Check results up with findings from all the other screening and checks they experienced to give them an overall picture of their health. Some residents linked this with concerns around lack of effective investment in NHS IT systems.

> "It's not joined up; the parts of the system don't talk to each other. You need a computer programme that takes all the test results and creates a picture of your health so your GP can see straight away how it all links up."

The Need for Targeting

Residents felt that the eligible age-range seemed somewhat arbitrary. They were also interested in research to explore population groups that would benefit most from a Health Check and felt intuitively that children and younger people ought to know about risk and be supported to manage their personal risk factors.

> "Why is it everyone 40-74? Don't you need to catch these things younger?"

> "You could argue you should be at mums and toddlers and in the schools with all this. Especially about food and activity."

> "They need a better idea which groups would benefit most.....I mean these diseases aren't they more common in some groups."

People were concerned about the burden that the scheme was placing on the healthcare system and furthermore the additional burden associated with carrying out the more holistic, person centred Health Checks that they felt were necessary to be of real benefit.

> "There is an issue about targeting.....If we really cannot afford to do it properly then maybe a scaled down version is needed."

Some people felt that there was already enough information about priority health problems in the community and that funding should be targeted on known problems. For example one resident with experience of healthcare delivery said:

> "For me the most important thing is obesity....regular weight checks....support groups....partnerships with organisations like Weight Watchers."

Other residents agreed:

> "Weight is at the centre of it all. If you're overweight you're more at risk of heart disease, diabetes, cancer, back and knee problems. Regular weight checks and advice when you need it, plus support over time might be a better way to spend our money."

The Need for Promotion

As previously discussed there was poor awareness of Health Checks as a brand and people were not clear about whether they had received a "Health Check" or just some other routine check carried out at their GP surgery. Residents made some interesting suggestions about how the scheme could be publicised and these are summarised in table two.

| **Potential approaches to promoting Health Checks suggested by residents** |
| --- |
| Topic on local "talk radio" or national television "magazine" shows |
| Article in local newspapers and magazines |
| Fliers in public places such as supermarket community notice boards, libraries, pharmacies, places of worship. |
| Information for Pharmacists to handout to customers |

**Table Two**: Suggested Approaches to Promoting Health Checks

People also took the view that the name did not really reflect the aims of the check.

> "It's not a **health** check, it's a heart, diabetes and kidney check with dementia tacked on....it just doesn't make sense."

> "The real question is, what is the objective of Health Checks?"

Furthermore some people felt that screening was much more compelling as a concept than a check, although they also felt that it was not currently clear to them what was being screened as part of the Health Checks programme. This meant that people could not make a judgement about the potential benefits for them so felt this would be likely to reduce the take up.

> "I just get this thing through the post and I think what's this about and why is it important for me?"

**The Need for a Better Quality Service**

Residents were concerned that the focus seemed to be on the number of checks offered and the number taken up. They were more concerned about the quality of the check and 3 sub-themes were evident from the data:

1. Access
2. Delivery
3. Follow Up

Access

Residents talked about needing access to Health Checks at convenient times and in convenient locations. Younger resident stated a preference for evening and weekend appointments or the opportunity to have a Health Check at their place of work or at job clubs and job centres. This was a particular concern for people who had experienced unemployment or feared being made unemployed:

> "If you're looking for a job or trying to keep a job. It's hard to take time out; your boss is just not going to allow it. Going to the doctors when you're well, they would laugh and think you're lazy."

Some people recognised the funding challenges associated with offering health checks at work, given that workplaces include people from a variety of Local Authority areas. However they wondered if a funding model could be designed that

would make the change possible, for example, top-slicing or giving the budget to individuals. This latter point was also made in relation to the option for self-assessment using calibrated blood pressure monitors and home blood sugar and cholesterol testing kits available at pharmacies.

> "Why not pay the patient and give them options where to get their check. They can then pay the provider or buy stuff to check themselves."

Residents who regularly attended local community groups wondered if checks could be offered at their routine meetings.

> "If you're a carer you can't get out so much, we need things like this at our meetings."

Some community groups already had visits from a nurse who carried out height, weight and blood pressure checks and let people know what they should do if there was a problem. This service did not seem to be part of the "Health Checks" scheme. People also commented that GP surgeries did not seem to be the right vehicle for Health Checks as the system was already over-burdened.

> "If your GP is doing all these Health Checks it's going to be even more impossible to get help when you're sick."

Older people were concerned about their ability to attend yet another appointment and again wanted the service at groups they already attended or in libraries, supermarkets and even pubs. The benefits of mobile units were frequently

mentioned in relation to providing Health Checks at all the venues discussed in this section.

> "What about mobile units like they use for blood donation...with a clear NHS logo so you know it's NHS Health Checks."

Residents were also concerned about the difficulties they might experience accessing a Health Check and talked about times when they had tried to get health services that they were entitled to but met with administrative barriers, which they found very distressing. Examples included trying to get breast cancer screening when they'd had a lump previously and having to fight for several years to get access, requesting a blood pressure check and being given a six week wait, requesting a cholesterol check because of concerns associated with family history of heart disease and getting "lost in the system." People were clear that the system needed to be ready to deliver before Health Checks were more widely publicised or there was a risk of unnecessary stress and worry for those struggling to get a Health Check in a timely way. One resident reflected on previous difficulties with breast screening and all the distress that caused and there was a clear view that action should be taken to minimise the chance of missing people or miss-reporting risks.

Delivery

Residents talked about who should deliver the Health Check and the need for an individualised approach.

People who had experienced a Health Check described a standardised computer-based approach. Most residents did not see any risks associated with this but one

respondent was very concerned that the Healthcare Assistant who delivered her check was not able to answer her questions and seemed to be using a "script." This respondent reported finding the advice given as "condescending" and "not at all personalised." Other residents at this focus group agreed that this approach seemed concerning and talked about the need for the check to be conducted by a "registered professional." Doctors, Nurses, Pharmacists and Dietitians were mentioned as suitable staff to carry out the check. People talked about the need for a "one stop shop" where you could get the results of the check and then immediate access to professional advice and support. There was concern that knowing the results of the check without swift access to credible, professional advice and support risked causing people unnecessary stress and worry.

Another resident talked about the need for the check to be collaborative, involving the person having the check in working out a plan of action with a professional. This was also a theme at a group for older people.

> "Whose health is it? It's mine not theirs, I know what works for me. Is this really about me or ticking a box for politicians. I feel very sceptical"

People were concerned that Healthcare Assistants who often deliver the checks would not have the knowledge or skills to work collaboratively with individuals as they believed they were trained to follow a process and give standard answers.

> "I want to be able to ask questions about what matters to me and know the person has the knowledge to answer. I can read words on the computer screen myself... that's not it for me."

At one focus group this thinking triggered further discussion about the benefits of doing the actual assessment part of the Health Check online with the option to then click to see a list of local advice and support sessions. Some residents thought this support could be provided partly in groups based on individual risks.

> "I've had some experience of cardiac support groups.....it was very good and could be pushed out."

Follow Up

Residents believed that any interventions stemming from Health Checks needed to be free, implemented quickly and be reasonably long-term.

The cost and long term nature of support was a particular issue in relation to weight management and exercise on referral. People talked about these areas requiring initial and then intermittent, ongoing professional advice supported in between by people who would "walk alongside" them in order to help them stick with the changes they needed to make. For example one resident was shocked at the cost and short-term nature of the exercise on referral programme.

> "It's still £12.95 a month and it goes up after a few months...how can you do that when you are on benefits? You need someone to help you stick to it and that needs to be available to everyone."

Other residents had enjoyed being part of walking groups but expressed concern that these were not supported long term and relied on the good will of residents.

> "I used to lead a walking group and the council said you know you take it over. But I can't do that I've got my own health problems and stress I need to think about me."

Residents who were part of community groups thought that long term funding for exercise classes at their regular meetings might deliver better value for money and would allow the sessions to be tailored to the needs of the group:

> "You may have had an accident and people don't realise you need to build up your muscle strength....Lots of us here have had accidents if we could have supervised exercise it would help us get fit and prevent us having more falls."

People were very clear that these interventions needed to have strong professional oversight to ensure that the advice was correct and useful.

> "Your needs must be followed up by the relevant professional so that you get appropriate information and accurate answers to your questions."

People were also very keen to ensure that GPs remained at the fulcrum so they could provide oversight for all the interventions.

> "Your GP is the central point and has a duty of care."

Good IT support was highlighted as being essential to successful delivery.

> "If this was being done properly the computer would note the results and automatically refer for the right follow up."

## Summary

This work has shown that the residents of Harrow and Barnet have a strong interest in taking care of their health and some insight into the funding constraints of current times. People were keen to capitalise on all the screening and routine checks that were already taking place by pulling together the findings to give people and their GPs a clear picture of their health from a broad perspective. People clearly needed screening and checks to be provided at convenient times and in convenient places and the GP surgery was seen as only one potential venue, with mobile units offering benefits to working people, older people, carers and those with existing health problems.

Residents made a distinction between the assessment part of the health check and the ongoing advice and support. There was a strong view that advice and support must have relevant professional oversight whilst some of the long-term motivational elements could be supported by peers, who were in turn well supported financially and administratively.

These findings provide important information for Public Health and wider wellness strategy development as well as information to help shape the Health Checks programme specifically.

## Discussion and Areas for Further Work

The findings from this community engagement work in Barnet and Harrow reflect and further illuminate some of the key themes in recent publications about the ongoing development of Health Checks (Department of Health and Public Health England 2013, Public Health England 2013 a and b, Public Health England and Research Works 2013) as follows:

1. Marketing and promotion
2. Value for money
3. Innovative approaches to delivery
4. The need for effective IT
5. Competency of providers

This next section reflects on these themes in the light of the findings of this work and makes suggestions for local consideration.

**Marketing and Promotion**

Public Health England (PHE) has developed an action plan for ongoing implementation of NHS Health Checks (Public Health England 2013 b.) Action two states:

> "PHE will work with local authority NHS Health Check teams to test the potential impact of behavioural insight and marketing interventions on uptake. This will include developing options for improving the NHS Health Check brand, establishing the effectiveness of different approaches to

recruitment and testing marketing campaigns to support uptake locally and nationally."

This community engagement work showed that people were not familiar with Health Checks as a brand but also that they wanted to understand more about the objectives of the Health Checks programme from their perspective as individuals. For the Health Checks programme to be successful, GPs will need to be convinced of the value at a population level and the public will need to understand the benefits for them personally. There is a danger that promotional work might focus too much on health benefits for the nation and too little on health benefits for individuals, families and communities.

**Value for Money**

PHE intend to carry out further work to refresh the economic case for Health Checks (Public Health England 2013 a and b.) Residents from Barnet and Harrow were particularly concerned about overlap with other screening services and checks and will want to see that this has been taken into account. Furthermore residents highlighted the potential benefits of a more joined up approach to supporting wellness, capturing all the checks and screening already taking place, allowing Health Checks to be individualised to fill in any gaps.

PHE acknowledge the need to consider indirect harm from generating an increased workload in primary care and the cost of investing in Health Checks at the expense of other Public Health initiatives (Public Health England 2013 a.) These were both issues raised by residents in this study who for example questioned the benefits of a

Health Check programme targeted at those aged 40-74 compared to the benefits of investing more in diet and lifestyle initiatives with children and younger people.

Furthermore residents highlighted concerns about the need for greater investment in lifestyle initiatives to support people identified as being at risk to make long term lifestyle changes. In particular residents felt it was important that interventions were free of charge to ensure that everyone could benefit and also that support to help people change their lifestyles was available on a more long-term basis. This will require innovation in delivery to develop schemes that are both affordable and effective. Residents would have much to offer in the co-development of such schemes and longitudinal exploration of the benefits.

**Innovative Approaches to Delivery**

A recent report (Public Health England and Research Works 2013) highlighted that in some areas, good uptake of Health Checks was thought by commissioners to be associated with the following:

1. Commissioning of community teams to go to community centres, shopping centres, leisure centres, church groups, farmers' markets, football clubs and workplaces to deliver Health Checks.
2. Taking a Health Bus to supermarket car parks and other public places to deliver Health Checks to passing members of the public and others who had been given the Health Bus itinery by their GP surgery.
3. Offering early morning or evening clinics to enable working people to access a check.

All these points were highlighted by residents in this study and it would be interesting for local commissioners to explore areas where these approaches to delivery have been effective and consider the implications locally. Public Health England is also exploring approaches to commissioning and delivery (Public Health England 2013b) and it will be interesting to participate in this work and consider the findings as they evolve.

**The Need for Effective IT**

Effective IT will be important for identifying people in the target population, collating data and information about individual risks, ensuring that individuals get access to all the relevant follow up in a timely way, evaluating the benefits of the programme and aggregating information from individual to population level. PHE talk about exploring:

> "....the use of innovation and IT technologies to allow the seamless flow of NHS Health Check data across the health and social care system." Public Health England 2013 b

This study showed that residents wanted IT solutions to go further than this joining up data and information from other checks and screening initiatives in order to provide a more holistic view of their health. Whilst it is likely that the technology exists to achieve this, the health and social care system has experienced significant challenges in joining up IT across provider organisations. Despite the challenges the findings of this work indicate that achieving a more joined up approach should remain an aim.

**Competency of Providers**

Whilst this work only reflects the views of a very small number of people who have actually had an NHS Health Check it is interesting that the issue of competence was raised by residents. One respondent in particular was very keen to raise this issue and their views do mirror a key statement in PHEs Implementation Review and Action Plan (Public Health England 2013 b.) PHE state that:

> "NHS Health Checks can and have been provided by a range of health professionals (GPs, nurses, healthcare assistants, volunteers etc). Further work needs to be undertaken to understand the value of using different types of professionals for different populations.....Some practitioners have suggested that they do not feel qualified to undertake lifestyle assessment discussions"

Several residents who had not had a Health Check felt that delivery of the advice and support element of the check had to be managed by a registered professional. Residents also talked about the potential for using Dietitians and Pharmacists to support Health Check delivery. Residents felt that it was important for advice and support to start seamlessly in the context of the discussion of risk and so stressed that registered professionals needed to have responsibility for this. Implementing this type of approach needs to be considered in discussion with Professional Regulatory Bodies such as the General Medical Council, the Health and Care Professions Council, the Nursing and Midwifery Council and the General Pharmaceutical Council as well as Health Education England and the local LETB, Health Education North West London and education providers.

## Conclusion

There is currently a ground-swell of activity around Health Checks both nationally and locally and this presents an opportunity for debate and action to make improvements to the programme. Residents are the people this initiative seeks to benefit at individual, local and Borough-wide population levels. There are great opportunities for collaborations across local Borough boundaries and for strong and meaningful community engagement to develop the programme and design ways for it to link up with other wellness initiatives both in terms of assessing risk and implementing lifestyle change.

The researcher would like to thank local residents involved in this work for their time, honesty and innovative ideas which can now help shape the future of Health Checks across the Boroughs of Barnet and Harrow.

## Appendix One: Groups that Participated in the Engagement

Harrow Carers

Harrow Healthwatch

Beacon Community Centre on the Rayner's Lane Estate

Pinn Medical Centre PPG Executive

Harrow Mencap

Barnet Asian Old People's Association

Barnet Voice for Mental Health

Barnet Centre for Independent Living

Barnet Healthwatch

Grahame Park Estate Work Club

GP Patient Participation Groups across Harrow and Barnet via Practice Managers and PPG Chairs.

## Appendix Two: Fliers for Focus Groups

# Are you aged 40-74? Are you interested in keeping Barnet healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- What do you think about this idea?
- How could we let people know about Health Checks?
- Do you have experiences to share about trying to book a Health Check or having a Health Check?
- Perhaps you think there are better ways to keep Barnet Healthy?

Come and share your views

On: 12th November 2013 at 11-12 noon
In: Committee Room 1, Hendon Town Hall, The Burroughs, NW4 4AX

**To book a place or for more information please contact:**
stephanie.fade@whatmatterscubed.com

# Are you aged 40-74? Are you interested in keeping Harrow healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- What do you think about this idea?
- How could we let people know about Health Checks?
- Do you have experiences to share about trying to book a Health Check or having a Health Check?
- Perhaps you think there are better ways to keep Harrow Healthy?

Come and share your views
On: Tuesday 19th November 12.30-13.30
At: Committee Room 5, Harrow Council, Station Road, Harrow, HA1 2XY

***Travel costs and parking will be reimbursed***

**To book a place or for more information please contact:**
stephanie.fade@whatmatterscubed.com

## Appendix Three: Survey Questions

# Health Checks Community Engagement Survey

1. Male ❑ Female ❑

2. If you are happy to give it, we would like to know your postcode. We would like this information to ensure that we consider views from across the Borough.

| **Postcode** | |
|---|---|

3. If you are happy to tell us, we would like to get an idea of your age

| **We would like this information so that we consider views from all ages of people entitled to a Health Check in the next 5 years** | |
|---|---|
| 35-40 | ❑ |
| 40-50 | ❑ |
| 50-60 | ❑ |
| 60-70 | ❑ |
| 70-74 | ❑ |

4. If you are happy to share your ethnicity/heritage with us, please let me know which statement best describes you

| **White** | | **Black or Black British** | |
|---|---|---|---|
| British | ❑ | Caribbean | ❑ |
| Irish | ❑ | African | ❑ |
| Any other White background (✓ AND WRITE BELOW) | ❑ | Any other Black background (✓ AND WRITE BELOW) | ❑ |
| **Mixed** | | **Asian or Asian British** | |
| White & Black Caribbean | ❑ | Indian | ❑ |
| White & Black African | ❑ | Pakistani | ❑ |
| White & Asian | ❑ | Bangladeshi | ❑ |
| Any other Mixed background (✓ AND WRITE BELOW) | ❑ | Any other Asian background (✓ AND WRITE BELOW) | ❑ |

| ***Chinese and Other ethnic groups*** | | | |
|---|---|---|---|
| Chinese | ❑ | Other ethnic group (✓ AND WRITE BELOW) | ❑ |

5. Have you heard of NHS Health Checks?

Yes ❑ **Go to Q6** No ❑ **Go to Q7**

6. Have you had a Health Check?

Yes ❑ ***Go to Q9*** No ❑ ***Go to Q7***

7. Would you like a Health Check (An explanation of the check will be given first as required.)

Yes ❑ ***Please contact your GP and thanks for your time*** No ❑ ***Go to Q8***

8. Please help us understand why you think the Health Check is not right for you

a) I don't have time ❑

b) I already know enough about my health ❑

c) I don't think the service will be very good ❑

d) It might make me worry about my health ❑

e) I find it embarrassing to talk about my health ❑

f) Other (please describe) ❑

**Thank you for your time.**

9. Would you recommend a health check to other people?

   Yes ❑ ***Go to Q10*** No ❑ ***Go to Q11***

10. Please help us understand why you would recommend Health Checks

11. Please help us understand why you would not recommend Health Checks.

## References

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