Report No.

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**Health PDS Committee**
Date:	**15th October 2014**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Update on NHS s.256 Funds Approval – Bromley NHS Health Checks Programme**
Contact Officer:	Gillian Fiumicelli, Community Vascular Co-ordinator Tel: 020 8461 7789 E-mail: Gillian.fiumicelli@bromley.gov.uk
Chief Officer:	Dr Nada Lemic, Director of Public Health, Education, Care and Health Services
Ward:	Boroughwide

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1. Reason for report

This report provides an update on the two projects supported from the monies moved to LBB under Section 256 Agreement in March 2013, previously agreed by the PDS Committee. The purpose of the projects was to maximise the effectiveness of the NHS Health Check programme by conducting an evaluation.

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2. RECOMMENDATION(S)

The Members of the PDS committee are asked to:

Note the progress that has been made to date.

Corporate Policy

1. Policy Status: Existing policy: Mandatory Public Health Programme for Health Improvement – Department of Health (Jan 2012) Improving outcomes and supporting transparency Part 1a: A public health outcomes framework for England 2013-2016 https:/www.gov.uk/government/uploads/attachement_data/file/216160/Improving-outcomes-and supporting-transparency-part-1A.pdf

2. BBB Priority: Promoting Independence: Diabetes is a Health and Wellbeing Strategy Priority

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Financial

1. Cost of proposal: Estimated Cost: £43,920

2. Ongoing costs: None

3. Budget head/performance centre: 800120

4. Total current budget for this head: £751,700 of which estimate £614,235 on NHS Health Checks

5. Source of funding: Section 256 Agreement in March 2013 underspend from Public Health whilst still Primary Care Trust.

Staff

1. Number of staff (current and additional): Current only

2. If from existing staff resources, number of staff hours: 400 hours

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Legal

1. Legal Requirement: Statutory Requirement to deliver the NHS Health Check programme:

2. Call-in: Applicable:

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Current: 93,215 (40 -74 year olds eligible for an NHS Health Check)

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not applicable

2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 Underspend in Public Health budget was moved from PCT to LBB in March 2013 using a Section 256 Agreement. The PDS agreed the use of this funding for two projects to improve the effectiveness of the NHS Health Checks programme. The two projects are:

- To perform evaluation of the NHS Health Check against the Pan London Standards

- To improve the diabetes element of the NHS Health Checks by conducting a diabetes prevention audit.

3.2 Evaluation of the NHS Health Checks

3.2.1 The evaluation report against the Pan London standards is attached (Appendix 1)

3.2.2 Key Findings

Overall the majority of the Pan London Standards have been achieved either fully or partially. Areas for improvement have been identified. Results will be presented to both the CVD Strategy Group and NHS Health Check London Leads meetings.

The baseline evaluation project highlighted areas for improvement in contract monitoring and further changes will be made to the monitoring templates.

3.3 Improving diabetes prevention in Bromley

3.3.1 The effectiveness of the NHS Health Check programme is essential in the identification of people at high risk of diabetes who require intensive lifestyle interventions to reduce their risk of progressing to diabetes.

The aim was to perform a baseline audit for those people identified as meeting the criteria for the Diabetes Filter at the NHS Health Check between 1.4.11 and 31.3.13. This audit is an extension of the NHS Health Checks evaluation.

3.3.2 A provisional report can be seen in Appendix 2.

3.3.3 Preliminary findings

The audit will continue with the notes review in October 2014 to look in detail for interventions for people at high risk of diabetes. The results will inform the implementation of service developments in this area e.g. diabetes prevention programme.

The computer searches will be repeated in December 2014. It is envisaged this will show an increase in the number of people who have received the

required follow up of blood test for fasting plasma glucose or HbA1c And of those it is expected that a number of them will be identified as high risk.

The results of the audit will be discussed at the multidisciplinary Diabetes Network Group and will be sent to all GP Practices. Final results will be presented in a report to PDS committee – expected March 2015

4. LEGAL IMPLICATIONS

4.1 Under the requirements of The Local Authorities (Public Health Functions and Entry to Premises by London HealthWatch Representatives) Regulations 2013 No 351 Part 2 Regulation 4 and 5

4.2 The Local government will work with local partners to ensure that threats to health are understood and properly addressed in an efficient integrated streamlined system.

5. FINANCIAL IMPLICATIONS

Total allocation for the 2 projects was £44,000.

5.1 Evaluation of NHS Health Checks against the Pan London Standards: There is currently an underspend on this £20,000 budget allocated to this project as significant savings were made by not using an external academic institution but using internal expertise.

5.2 Improving diabetes prevention in Bromley: Committed spend to date is £13,830. Further expenditure is expected and we do not expect to have an underspend on the allocated £24.000

Non-Applicable Sections:	**POLICY and PERSONNEL IMPLICATIONS**
Background Documents: (Access via Contact Officer)	References and further reading: http://www.healthcheck.nhs.uk/local_government/ Department of Health/ Public Health England (2013) NHS Health Check Programme. Best Practice Guidance http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/ Public Health England (2014) NHS Health Check programme standards: a framework for quality improvement http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/ NICE (2012) Preventing type 2 diabetes:risk identification and interventions for individuals at high risk http://www.nice.org.uk/guidance/PH38

Appendix 1

Evaluation of Bromley Health Checks against the Heart UK NHS Health Checks Evaluation Tool Standards

Introduction

The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their of these health problems.

Together cardiovascular conditions are responsible for a third of deaths and a fifth of hospital admissions in England each year and cardiovascular disease accounts for the largest element of health inequalities in the UK. Responsibility for the programme moved to councils in April 2013.

Economic modelling suggests that NHS Health Check programme is cost effective: The estimated savings to the NHS budget nationally are around £57 million per year after four years, rising to £176 million per year after a fifteen-year period. It is estimated that the programme will pay for itself after 20 years as well as having delivered substantial health benefits

NHS Health Checks are aimed at everyone between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure or high cholesterol. This amounts to around 15 million people across England.

Councils are required to plan for a programme that will invite all of their eligible population (either the resident population in their area or GP registered population) over a five year rolling cycle. It is recommended to invite 20 per cent of those eligible each year.

The NHS Health Check programme consists of both a risk assessment ‘the Check’, and risk reduction actions which can include a referral to either lifestyle or clinical interventions.

- Risk assessment: Individuals attend a face to face consultation where they are asked a series of questions and some simple tests are carried out. These seek to ascertain the risk of the individual developing a cardiovascular disease based on their current lifestyle. From April 2013 the NHS Health Check included dementia awareness and signposting for those aged 65-74 and the addition of alcohol screening for everyone attending.
- Risk management and reduction: 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.

The data collected as part of the Check are also collated by the Public Health (PH) vascular team to assess cardiovascular risk in the population of Bromley and to

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September 2014

assess provider's compliance with the NHS health checks guidance and therefore payment.

Background
Public Health England (PHE) has recently published Quality Assurance (QA) Standards[1] for the NHS Health Checks (referred to as 'national standards' throughout this document). These are comprehensive and detailed standards. The London NHS Health Checks Leads Steering Group developed QA service objectives which have been used for the Pan London service specification (referred to as 'the objectives' throughout this document).

Evaluation against Standards
In May 2014 NHS Health Checks data from the full year 2013/14 in Bromley were available for analysis. Anonymised data collected from the individual patient NHS Health Check have been analysed to demonstrate compliance with the objectives. Where possible, the objectives (attached at Appendix 1) have been mapped to national standards.

The results of that analysis are presented below.

[1] http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

Objective 1: ***To ensure NHS Health Checks have local leadership***
No equivalent National Standard[2]
In Bromley, local leadership of the NHS Health Checks is strong. There is a lead nurse who acts as programme lead with oversight of the progress of the NHS health checks programme and drives the strategy moving forward. The Director of Public Health, who also chairs the Pan London Health Checks Group, has direct line management responsibility for the programme lead, ensuring that issues and concerns are understood and identified at the earliest opportunity. They are supported by a PH vascular team who have close working relationships with the main providers of the NHS health checks. The programme lead is responsible for reporting performance to PHE, and internally to Public Health Action Board (PHAB) which performance manages all public health programmes. Additional clinical governance support is provided by Bromley CVD Strategy Group – a multidisciplinary group including cardiologists, GP's and vascular nurses and commissioners.
Gaps and Further Action Bromley's leadership of NHS Health Checks is well established and the real aspiration is to utilise the experience gained to provide information, advice and support to other areas.

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

Objective 2: ***To invite all eligible persons to attend an NHS Health Check 20% of eligible population aged 40-74 and no existing co-morbidities from list***
Maps to National standard 1
In 2013-2014 the Bromley targets were: • To **offer** an NHS Health Check to 20% of eligible patients In 2013/14, the total number of people 40-74years eligible to be invited to attend the health check was 92,080[3]. For the same period, 24,532 people were invited to attend an NHS Health Check. This is 6,116 people above the target of 20% set in National standard 1 and objective 2.
Gaps and Further Actions This target took a few years to achieve through working with the GP Practices to ensure they had a systematic call and recall system in place. The majority of GP Practices primarily use letters to invite their patients to an NHS health check. Only two Practices use telephone or verbal invitations only. Although the PH vascular team in Bromley are satisfied that the majority of patients who have an NHS Health Check are coded as having an invitation, the coding is not always as accurate as it could be. During 2014-15 surgeries will continue to invite their eligible population directly. Work continues to ensure that these invitations are user friendly and encourage the recipient to book and attend a health check (please see aspirations in objective 3.

[3] (estimated using the mid 2012 ONS estimates in the NHS Health Checks Ready Reckoner Tool). This figure is an estimate number of those without diagnosed CHD, diagnosed CKD or diagnosed diabetes based on national model estimates, and with the understanding that there will be a 75% uptake rate.

***Objective 3: Maximise uptake:* 50% of those offered an NHS Health Check take up the offer**

No equivalent National Standard

- To **complete** NHS Health Checks to 10% of the eligible population which is the equivalent of 50% of the invited population

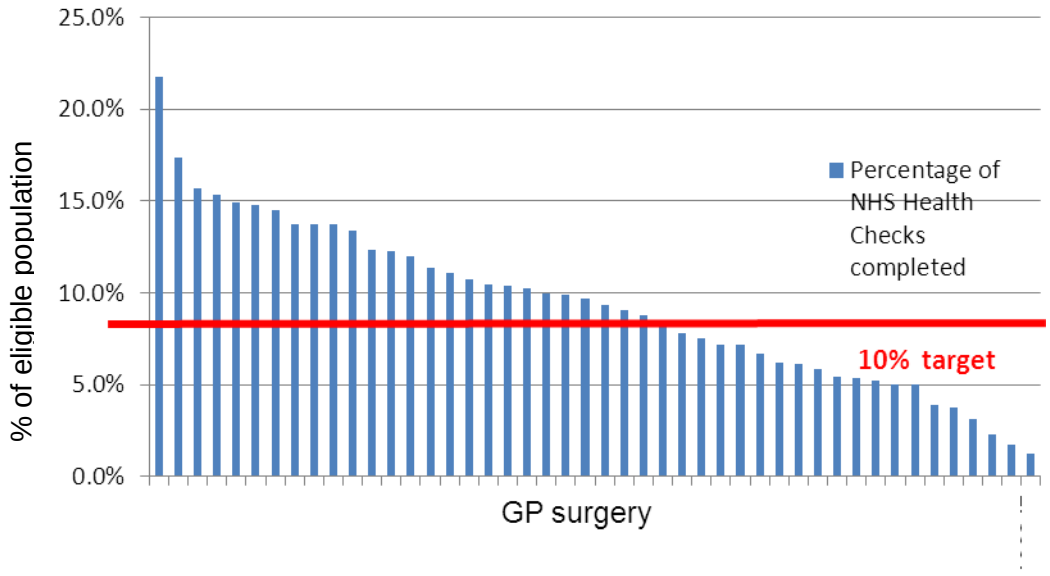
The numbers of those eligible, invited, and attended against Objective 3 are set out in table 1 below. The NHS Health Checks programme in Bromley invited more than 20% of the eligible population, equal to over 6,000 additional invitations. When analysing the number that of patients that attended the NHS Health Check, 48% of the required 18,416 patients came – 8,843. However, this figure is only 36% of the actual number invited (24,532).

Table 1: Number of patients aged 40-74 in Bromley in 2013/14

Eligible	Invited	20% standard required	Attended	50% standard required	Extra required
92,080	24,532 (26%)	18,416	8,843 (48% of 18,416) (36% of 24,532)	12,266 9,208	3,423 365

Chart 1 below shows the proportion of NHS Health Checks completed by GP surgery. The variation in completed Checks between surgeries ranges from over 20% to approximately 1% of the eligible population in each surgery.

Chart 1. Percentage of NHS Health Checks completed against the eligible population 2013-14 by GP Practice.



Gaps and Further Actions

The invitations to the eligible population in Bromley are above the recommended target. However further consideration should be given to ways to increase attendance at an NHS health checks appointment once an invitation has been sent.

- A pilot project is in progress encouraging people to assess their 'Heart Age' prior to attending for their NHS Health Check. The results will be published in 2015 to determine the effects on increasing uptake
- Work carried out in a study across Medway by the behavioural insights unit at the Department of Health suggests that adding a tear off slip, using direct language and shortening the text could increase attendance The letter could be reviewed to reflect these findings but would need to wait until completion of the Heart Age pilot.
- There are plans to introduce a discount card scheme for health related products e.g. fruit and veg in Bromley for people to have had an NHS Health Check which is similar to a project in Southwark which is working well. This may have an impact on increasing uptake
- New national branding will be incorporated into Posters and flyers and website to increase Public awareness about the NHS Health Check Programme.

Objective 4a:Provision of the NHS Health Check: 100% of checks have 100% complete data

Maps to National Standard 3

Each quarter the providers of the health checks submit data via secure nhs.net email to the PH Vascular Team. It is then analysed for payment. In the recent past there have been some issues with the process of data collection and analysis as primary care systems have been undergoing significant change. However, these improved systems should allow easier data extraction into the future.

The compulsory fields are listed in table 2. below. Data from 2013-14 were analysed for completeness. All but two fields – AUDIT-C and dementia - are over 90% complete. This is below the London objective of 100% but work continues to ensure that the fields are checked regularly and non-completion is queried.

Table 2: Compulsory Health Check criteria completeness of data

Standard 4 criteria	Number of blank records	% of complete records	Notes
Blood pressure	470	94%	
Height/weight/BMI	540	93%	
GPPAQ (General Practice Physical Activity Questionnaire)	652	92%	
AUDIT-C (Alcohol Use Disorders Identification Test)	4067	51%	AUDIT-C questionnaire was introduced in 2013/14 health checks and now forms an integral part of the consultation
TC:HDL	552	93%	A coding issue has been identified and rectified for 2014-15
Smoking status	427	95%	
Demographics	0	100%	
Dementia awareness (for those aged 65 years and over only)	750	45%	Dementia awareness for the over 65s was only recently introduced as part of the NHS Health Check, and this is reflected in the numbers of those who's records are blank.

Gaps and Further Actions

Actions already taken:

- Significant improvements have been made to the data collection template for 2014 making data collection easier for the provider, in particular for the AUDIT –C, and the Diabetes & CKD filters which showed significant gaps. This is expected to improve data returns.
- The 2014/15 service specification with the providers now sets out payment terms in relation to completeness of all mandatory data every quarter. For patients who have a NHS health check and where mandatory fields are not fully completed, payment will not be made. It is hoped this measure will have an impact on the completeness of the 2014/15 data relating to the health check visits.

Further actions:

- The process of analysis is now more thorough but still time consuming as a significant number of gaps still exist. With improvement in data entry this process should become quicker. There is a plan to work with the Public Health analyst to ensure best use of available IT tools to maximise efficiency.
- Further training will be targeted to ensure the providers confidence and competence in all aspects of the NHS Health Check, with particular focus on alcohol AUDIT-C

Kerry Lonergan, PH Registrar & Gillian Fiumicelli, NHS Health Checks Programme Lead

Objective 4b: Provision of the NHS Health Check: Results communicated face to face
Maps to National Standard 6
This standard is more difficult to demonstrate compliance with. As a proxy, an initial analysis of 2013/14 data used date of QRisk score recorded against date of NHS Health Check as an indicator that the results were communicated face to face. This analysis found that 1,891 patients (22.9% of completed checks) had a QRisk score recorded date which matched their NHS Health Check recorded date. When the proxy measures were shifted from date of QRisk score recorded to date of HDL cholesterol recorded against date of NHS Health Check the figure increased to 7,200 people. This equates to 81.4% of the health checks undertaken throughout the year. These figures should be used with caution as they are not recorded by the provider in order to determine if the risks were communicated face to face. Therefore this may be an under estimate. Although it is difficult to record and monitor, through our training programme, providers of the health check will be aware of the importance of communicating any risk face to face, at the same time offering any advice and support that may be required.
Gaps and Further Actions Using the date of health check and date of cholesterol test is a proxy measure that relies heavily on the correct and accurate completion of the health checks fields in the recording system. The 2014-15 contract with providers has focussed more on payment related to data collection and recording which should help increase the accuracy of this proxy measure, and therefore the reliance upon it that the results are communicated face to face. However, a dedicated field to confirm that the results are delivered face to face would remove any doubt and has been considered, this is subject to an accurate coding of this being available which is in issue nationally. In future a patient satisfaction questionnaire which asked a specific question relating to communication of risk factors face to face would provide a patient perspective to the health checks process in Bromley. Regular update training for the health check providers will continiue to reinforce the importance of providing face to face feedback to patients with their risk score (low, medium or high).

Objective 5: Additional activity following NHS Health Check: Activated filters are completed

Maps to National Standard 8

The NHS health check is a complex check that involves a number of follow on investigations given the preliminary results. The results of the patient assessment may trigger the need for further investigation or intervention.

i. Use of diabetes filter when indicated by either
BP ≥140/90 mmHg and/or
BMI ≥30 (27.5 in South Asian and Chinese population)

During 2013-14, 2,515 people activated the diabetes filter, by either having a BP of 140/90 mmHg and/ or having a BMI of over 30. This equates to 28.4% of all those who had an NHS health check. Just over half (57.8%, n=1,454) of those that activated a filter went on to have an HbA1c value or a fasting glucose measurement recorded.

This will be further explored in the diabetes audit.

ii. Use of hypertension filter when indicated by BP ≥140/90 mmHg
and
iii. Use of CKD filter when indicated by BP ≥140/90 mmHg

Both the CKD filter and hypertension filter are activated when the BP is more than 140/90 mmHg. In the health checks conducted during the 2013-14 year, 1,377 patients activated the filters, 15.5% of those who had an NHS health check. For those who activated the hypertension filter, 968 (70.2%) were then recorded as being prescribed medication for hypertension.

iv. use of Familial Hypercholesterolemia filter when indicated by total cholesterol ≥7.5mmol/L

There were 172 patients with cholesterol of equal to or more than 7.5mmol/L during 2013—14, 1.9% of all NHS health checks done. If patients activate the filter, they should receive blood test for fasting lipids, liver function and thyroid function and consider any history of excess alcohol intake, following which they should be assessed for familial hypercholesterolaemia.

v. Use of AUDIT-C filter when indicated by score ≥5

The AUDIT-C questionnaire was introduced in the 2013-14 health check. During that year, 1,359 patients scored more than 5 on the questionnaire, suggesting that they may be at a higher risk from their alcohol consumption. Those that do score 5 or more should complete a full AUDIT questionnaire. In Bromley in 2013-14, 779 (57.3%) patients who scored 5 in the AUDIT-C questionnaire went on to complete the full questionnaire.

vi. People with >20% CVD risk to
be assessed for treatment and if appropriate offered statin therapy
receive an annual review

There were 482 patients who had a CVD score of more than 20% at the end of their health check in 2013-14. This score put them in the high risk category for developing a heart attack or stroke in the next 10 years. Approximately one quarter (27.1%, n=131) of those identified were recorded as receiving statins. Coding for monitoring to see if a statin is offered is not available and is likely to be included as free text.

vii. Referral into lifestyle services for
smoking cessation
weight management
physical activity
alcohol use

There are 5,264 health check records which have a date recorded for giving general lifestyle advice. Details on referral into lifestyle services are less well recorded and this proxy measure provides a reasonable indication of issues being discussed with patients (Table 3).

Table 3.

Lifestyle service	Number offered advice	%
Stop smoking	2,028	22.9%
Weight management	2,824	31.9%
Physical activity	1,094	12.4%
Alcohol use	3,406	38.5%

Gaps and Further Actions

It is difficult to know without interrogating patient records, if the patient was referred for further investigation or into a service and if they attended, or if the patient declined. In the future, routine collection of data on filters and their follow up actions would be a valuable measure to interrogate.

Learning of best practice from other areas could be integrated into Bromley practice. For instance, patients could be asked to fill in GPPAQ and AUDIT-C in the waiting room, ahead of their appointment with the NHS Health Check nurse.

The improving diabetes prevention audit is currently in progress which includes interrogating patient records. Further detailed audits should be considered.

Objective 6: Monitoring of quality within the programme: 100% devices have Quality Assurance programme
No equivalent National Standard
Contract monitoring for quality: The contract with the providers is negotiated and agreed ahead of the start of the financial year (April) through a service specification. The service specification defines the eligibility criteria, scope, organisational arrangements, workforce competencies, quality assurance, data requirements and remuneration for carrying out a NHS Health Check in General Practice, Community Pharmacy or Community Outreach organisation. Providers are required to maintain timely and accurate records and to submit them to the PH Vascular team at the end of each quarter for checking and processing before payments can be made.
Gaps and Further Actions The current system of commissioning, contracting monitoring and reporting has improved and evolved over the last five years since NHS health checks started in Bromley. Reporting between providers and the commissioners continues to have some room for improvement. • Alternative providers should securely send information on an NHS health check to the GP within 48 hours, and in the correct format i.e. in the template form. Monitoring of this has been improved from 2014-15 • GP surgeries should ensure the results are reviewed by clinical staff to see if any further investigation is required and all relevant staff are trained to add this information to their patient records via the NHS health check template

Objective 6b: Monitoring of quality within the programme: 100% devices have Quality Assurance programme *ii. If used, all point of care devices must demonstrate and comply with quality control*
Maps to National Standard 5
As stated in the current service level agreement, the commissioner (via the PH Vascular Team) provide, on loan, the Point of Care Testing (POCT) device for cholesterol measurement (and some HbA1c testing). Training on use of the POCT device is mandatory and provided to each of the Health Check providers by the manufacturer with follow up support by the PH Vascular Team. . The trained individual then becomes the named POCT coordinator for that location. The provider is responsible for: • keeping accurate records. • perform quality assurance checks on the POCT devices monthly. The PH Vascular Team is responsible for: • Maintaining a register of equipment and location • Ensuring training is provided for new staff • Monitoring adherence to Quality Assurance checks • Procurement of approved equipment, consumables and quality assurance contracts • Link with local Pathology laboratory and local GP Lead to ensure quality service and raise issues. Monthly device quality assurance data are submitted from the providers via a third party. Data from that third party is then sent onto the programme lead for interrogation and action if there are any areas of concern. During 2013-14 there were 46 POCT devices registered with providers. There were only 31 instances over the whole year where the results were out of range when submitted. These instances were not in the same machines.
Gaps and Further Actions The current quality assurance system is not compliant with the objectives set out in the Pan London objectives, nor with the PHE national standards. However, implementation of an electronic web based data management system is planned, which will improve the QA systems related to the POCT. The new system, called 'Image', will provide providers and commissioners with a live on all aspects of quality management and consumables monitoring. Currently there is an Internal Quality Control Check but not External Quality Assurance contract which is planned for procurement in line with the national standard. Just one element of the national standard 5.3 will be a challenge to meet for Bromley. As a result it will be added to the risk register. As it stands, the necessity for a daily checking control sample is not achievable. The POCT devices used in practices may not be used every day and, therefore, daily control samples may not be necessary.

Objective 7: Consistent approach to non-responders and those who do not attend: 100% eligible people receive 2 contacts

Maps to National Standard 2

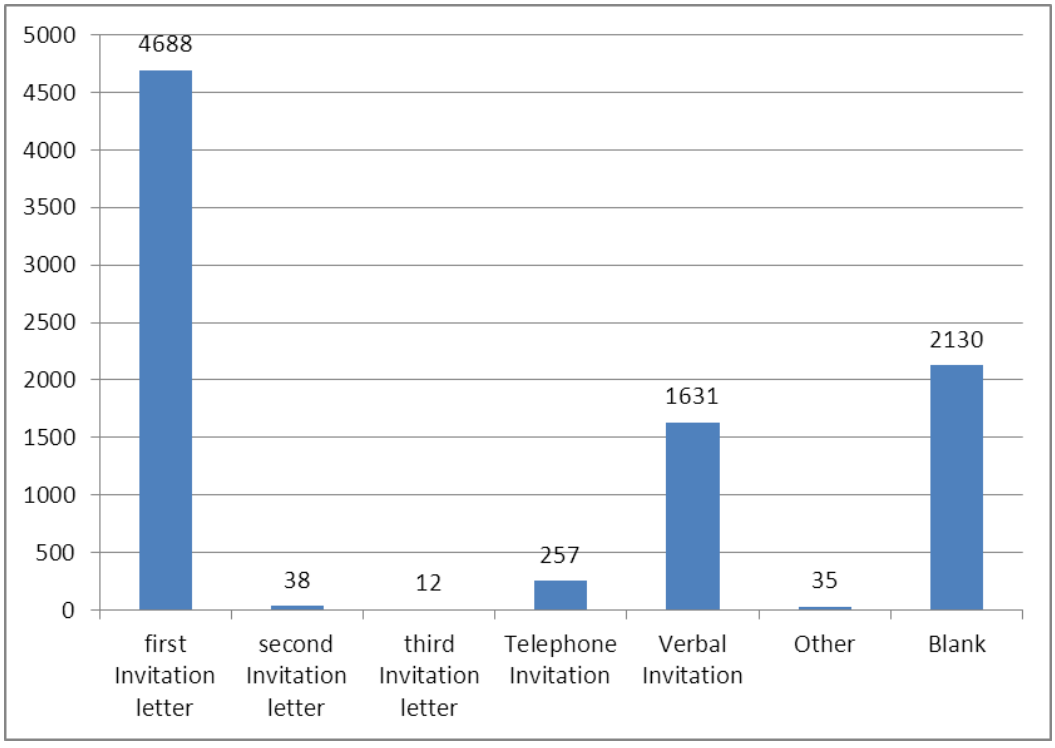
i. for people who do not respond to invite

Twenty six percent of the eligible population, which in Bromley in 2013-14 was 24,532 people, were invited to attend for an NHS Health Check. Of those that responded to the invite, 4,688 responded to the first invitation.

Each practice is able to manage their own call/recall system for their patients for the NHS Health Checks. There will be some variation in how practices respond to those who do not respond to the first invitation letter. Some practices will continue to send letters. The numbers of people who then attend following their second and third invitation letters are small but this may be due to coding of the letters. Other practices will offer a telephone or verbal invitation to their patients.

Last year, nearly one quarter of all the NHS health checks attended following a telephone or verbal invitation (see Chart 2 below). However, these figures should be viewed with caution as current recording may not differentiate between second and third letter invites.

Chart 2



ii. for people who do not attend their appointment

The protocol suggested for those who make an appointment and then do not attend is that each patient is contacted via telephone and/or letter and asked to make another appointment. As per the first indicator, this is very practice specific, may not

be recorded and is not currently monitored.

iii. Proportion of these individuals recalled in five years, if they remain eligible (National Standards only)

Data on this indicator are not yet available. Further developments of national coding is required in order to be able to monitor this in detail. As the programme continues, data collection on this standard will be integrated and monitored.

Gaps and Further Actions

The practices and providers collect information on the invitation method for those that attended for a health check and submit it as part of their quarterly returns to the commissioner. They may also collect information on those patients who did not respond to the invitation (the remaining 15,741 invited population) and those who made the appointment and did not attend however the recording of this is difficult without national coding to support it.

This information is not submitted as part of the quarterly returns, it is not collected systematically and is likely to be extremely difficult to monitor. In future, a discrete audit to look at the attributes of these populations may provide insight into increasing the invitation uptake across the Borough. These could be used in conjunction with findings from pilots in Bromley, and in other areas of the UK to devise methods of increasing uptake locally.

Working with the local providers to share information on the importance of accurate and timely data recording and management should provide more accurate information on source of invitation in 2014-15.

As the NHS Health Checks programme continues, a plan will be developed for monitoring invitations to those who remain eligible five years following their previous invitation.

Objective 8: Equipment use (structure): 100% equipment validated and calibrated
Maps to National Standard 4
The devices used in the NHS Health checks by practices are validated and calibrated through an internal quality assurance system. Care Quality Commission (CQC) monitors the equipment calibration records for GP practices. For non-GP providers, the NHS Health checks team check that the machines are validated and calibrated before they are used with the public.
Gaps and Further Actions Although included in the Service Specification that all equipment is validated and calibrated, it appears in Practice that this is not always the case. This has been found by the PH Vascular Team on inspecting a new Provider premises but currently there is not process for checking this in established providers. This needs to be included in further procurement.

Objective 9: Confidential and timely transfer of patient identifiable data: 100% data sent to GP practice within 2 working days

Maps to National Standard 10

This objective links closely to objective 6.1: robust commissioning, contract monitoring and reporting mechanism.

At the end of each quarter, practices are required to extract data relating to the health checks for submission to the commissioner. This is currently all done via secure email. Providers external to the GPs are required to return a completed health check to their client's GP via email within 48 hours of the date of the health check. This timeframe is outlined in the service specification. There is currently no way to ensure this is occurring, although anecdotal evidence and reports from the surgeries is often provided to the NHS Health Check team who attempt to resolve any issues as they arise.

Analysis from the 2013-14 data uncovered a difference of 546 health checks given by alternative providers that were not recorded on the GP system (see table 4).

Table 4: alternative provider numbers for the NHS health check

Provider	Number of Health Checks 2013-14
MyTime	660
ToHealth	831
Pharmacy	272
Total	1,636
Number reported by GP	1,090
Discrepancy	546

Source: PH Vascular team 2013-14 data

The system for 2013-14 had been made as easy as possible to return the forms back to the GP. However, the process is not ideal and is prone to discrepancy and error. This could be due to some or all of the following:

- Alternative providers may not send their patient report back to the GP.
- The patient may give the alternative provider the incorrect GP details.
- The information may be sent to the practice, but the email is not picked up.
- The report from the provider is scanned into the patient record but is not added via the health check template. When the extraction is performed this patient's information will not be extracted.
- The patient's report goes missing in the practice.
- The health check is entered onto the patient record using the correct template, but is coded as a GP conducted check rather than an alternative provider check. This final point has financial implications.

Gaps and Further Action

The current method to try and reduce the discrepancy is constantly being improved following feedback. However, it remains a problem. There are some systems that can facilitate data transfer which require further exploring.

This issue has been raised with the financial audit to explore and advise on how to improve the situation.

Discussion

The results of the evaluation have informed the Public Health team of the progress to date of the programme against the new Pan London standards. Areas for improvement have been identified. Results will be presented to both the CVD Strategy Group and NHS Health Check London Leads meetings.

The baseline evaluation project highlighted areas for improvement in contract monitoring and further changes will be made to the monitoring templates.

Kerry Lonergan, PH Registrar & Gillian Fiumicelli, NHS Health Checks Programme Lead

Summary of key findings

Objectives	Further Actions
Objective 1: To ensure NHS Health Checks have local leadership	Bromley's leadership of NHS Health Checks is well established and the real aspiration is to utilise the experience gained to provide information, advice and support to other areas.
Objective 2: To invite all eligible persons to attend an NHS Health Check 20% of eligible population aged 40-74 and no existing co-morbidities from list	During 2014-15 surgeries will continue to invite their eligible population directly. Work continues to ensure that these invitations are user friendly and encourage the recipient to book and attend a health check
Objective 3: Maximise uptake: 50% of those offered an NHS Health Check take up the offer	The invitations to the eligible population in Bromley are above the recommended target. However further consideration should be given to ways to increase attendance at an NHS health checks appointment once an invitation has been sent. • A pilot project is in progress encouraging people to assess their 'Heart Age' prior to attending for their NHS Health Check. The results will be published in the next X months to determine the effects on increasing uptake. • Work carried out in a study across Medway by the behavioural insights unit at the Department of Health suggests that adding a tear off slip, using direct language and shortening the text could increase attendance. The letter could be reviewed to reflect these findings but would need to wait until completion of the Heart Age pilot. There are plans to introduce a discount card scheme for health related products e.g. fruit and veg in Bromley for people to have had an NHS Health Check which is similar to a project in Southwark which is working well. This may have an impact on increasing uptake
Objective 4a:Provision of the NHS Health Check: 100% of checks have 100% complete data	• The process of analysis is now more thorough but still time consuming as a significant number of gaps still exist. With improvement in data entry this process should become quicker. There is a plan to work with the Public Health analyst to ensure best use of available IT tools to maximise efficiency. Further training will be targeted to ensure the providers confidence and competence in all aspects of the NHS Health Check, with particular focus on alcohol AUDIT-C
Objective 4b: Provision of the NHS Health Check: Results communicated face to face	Using the date of health check and date of cholesterol test is a proxy measure that relies heavily on the correct and accurate completion of the health checks fields in the recording system. The 2014-15 contract with providers has focussed more on payment related to data collection and recording which should help increase the accuracy of this proxy measure, and therefore the reliance upon it that the results are communicated face to face. However, a dedicated field to confirm that the results are delivered face to face would remove any doubt and has been considered. This requires a national code to be available to facilitate this which is being addressed at national level. In future a patient satisfaction questionnaire which asked a specific question relating to communication of risk factors face to face would provide a patient perspective to the health checks process in Bromley.

	Regular update training for the health check providers should reinforce the importance of providing face to face feedback to patients with their risk score (low, medium or high).
Objective 5: Additional activity following NHS Health Check: Activated filters are completed	It is difficult to know without interrogating patient records, if the patient was referred into a service and if they attended, or if the patient declined. In the future, routine collection of data on filters and their follow up actions would be a valuable measure to interrogate. Learning of best practice from other areas could be integrated into Bromley practice. For instance, patients could be asked to fill in GPPAQ and AUDIT-C in the waiting room, ahead of their appointment with the NHS Health Check nurse. Also, further detailed audits should be considered.
Objective 6: Monitoring of quality within the programme: 100% devices have Quality Assurance programme	There is a monthly quality assurance contract in place however it does not meet with the objectives set out in the Pan London objectives, nor with the PHE national standards. However, implementation of an electronic web based data management system is planned, which will improve the QA systems related to the POCT. The new system, called 'Image', will provide providers and commissioners with a live on all aspects of quality management and consumables monitoring. Currently there is an Internal Quality Control Check but not External Quality Assurance contract which is planned for procurement in line with the national standard. Just one element of the national standard 5.3 will be a challenge to meet for Bromley. As a result it will be added to the risk register. As it stands, the necessity for a daily checking control sample is not achievable. The POCT devices used in practices may not be used every day and, therefore, daily control samples may not be necessary.
Objective 7: Consistent approach to non-responders and those who do not attend: 100% eligible people receive 2 contacts	The practices and providers collect information on the invitation method for those that attended for a health check and submit it as part of their quarterly returns to the commissioner. They may also collect information on those patients who did not respond to the invitation (the remaining 15,741 invited population) and those who made the appointment and did not attend. This information is not submitted as part of the quarterly returns, it is not collected systematically and is likely to be extremely difficult to monitor. In future, a discrete audit to look at the attributes of these populations may provide insight into increasing the invitation uptake across the Borough. These could be used in conjunction with findings from pilots in Bromley, and in other areas of the UK to devise methods of increasing uptake locally. Working with the local providers to share information on the importance of accurate and timely data recording and management should provide more accurate information on source of invitation in 2014-15. As the NHS Health Checks programme continues, a plan will be developed for monitoring invitations to those who remain eligible five

	years following their previous invitation.
Objective 8: Equipment use (structure): 100% equipment validated and calibrated	Although included in the Service Specification that all equipment is validated and calibrated, it appears in Practice that this is not always the case. This has been found by the PH Vascular Team on inspecting a new Provider premises but currently there is not process for checking this in established providers. This needs to be included in further procurement.
Objective 9: Confidential and timely transfer of patient identifiable data: 100% data sent to GP practice within 2 working days	The current method to try and reduce the discrepancy is constantly being improved following feedback. However, it remains a problem. There are some systems that can facilitate data transfer which are being explored. This issue has been raised with the financial audit to explore and advise on how to improve the situation.

Appendix 2 –Preliminary Findings

Audit of the Prevention of Diabetes through the NHS Health Check

Aim: To ensure patients identified as at increased risk of diabetes at the NHS Health Check, receive appropriate assessment and management.

1. Background and Introduction

There is strong evidence that providing intensive lifestyle interventions for patients at increased risk of developing Diabetes can prevent it or slow its progression (NICE 2012). With the continuing increase in prevalence of Diabetes, it is essential we maximise prevention opportunities, ensuring the effectiveness of the NHS Health Checks Programme in identifying people at high risk of developing diabetes.

The NHS Health Checks Programme has a Diabetes Filter, to aid identification of those at high risk of diabetes, who then require further assessment through blood testing of HbA1c or Fasting Plasma Glucose:

NHS Health Checks Diabetes Filter Criteria
Body Mass Index ≥ 30 (or ≥27.5 in South Asian and Chinese population)
Blood Pressure ≥ 140mmHg Systolic and/ or ≥ 90 mmHg Diastolic
Reference: DH (2009) NHS Health Check: Best Practice Guidance

2. Outline of audit:

The objectives of the audit were to check that:-

- the diabetes filter was triggered appropriately
- patients identified as high risk of diabetes are managed appropriately.

The audit method involves:

- Computer searches to identify patients meeting the criteria for the Diabetes Filter at the NHS Health Check between 1.4.11 and 31.3.13.
- Letters to patients to attend for a blood test or to provide consent for notes review as appropriate.
- Blood tests results reviewed to identify those additional patients at high risk of Diabetes.
- A comprehensive notes review of a sample of consenting patients identified as high risk.

The results of the audit will be used to address gaps in identification processes and inform GP Practices about their management of patients at High Risk of Diabetes.

The audit will also help with further pathway and template development and implementation of evidence based intensive lifestyle interventions. We are currently piloting an intensive diabetes prevention programme across several GP Practices.

3. Audit standards

Standard 1:
If the individual has a BMI ≥ 30 (≥27.5 South Asian population) or a blood pressure at or above 140mmHg systolic and/or 90mmHg diastolic, an HbA1c test or fasting plasma glucose (FPG) is required.

Standard 2:
If patients' have a raised HbA1c of ≥42 - <48 mmols/mol (6.0 – 6.4%) or FPG ≥ 5.5 - ≤6.9 mmol/l, they should receive **intensive** lifestyle intervention (this will be measured by assessment of number of consultations for lifestyle intervention and any referrals to exercise programme, weight management, dietician, smoking cessation.)

Standard 3:
If patients' have a raised HbA1c ≥42 - <48mmols/mol (6.0-6.4%) or FPG ≥5.5 – ≤6.9 mmol/l , they should have had a repeat blood test for HbA1c or Fasting Blood glucose within 2 years of the NHS Health Check.

Standard 4:
If patient's have a raised HbA1c of ≥42 - <48mmols/mol (6.0-6.4%) or FPG ≥5.5 - ≤6.9 mmol/l
They should be coded with an appropriate READ code indicating level of risk of diabetes and/or diagnostic code of pre diabetic state e.g. Impaired Fasting Glycaemia.

Standard 5:
Patient identified as high risk of diabetes should have improved risk factor profiles at 1-2 years:

- Increased physical activity GPPAQ.
- Weight loss been achieved and maintained.
- Waist circumference reduced and maintained.
- Repeated Blood test 1-2 yearly.

4. Information Governance

To ensure patient confidentiality is maintained,

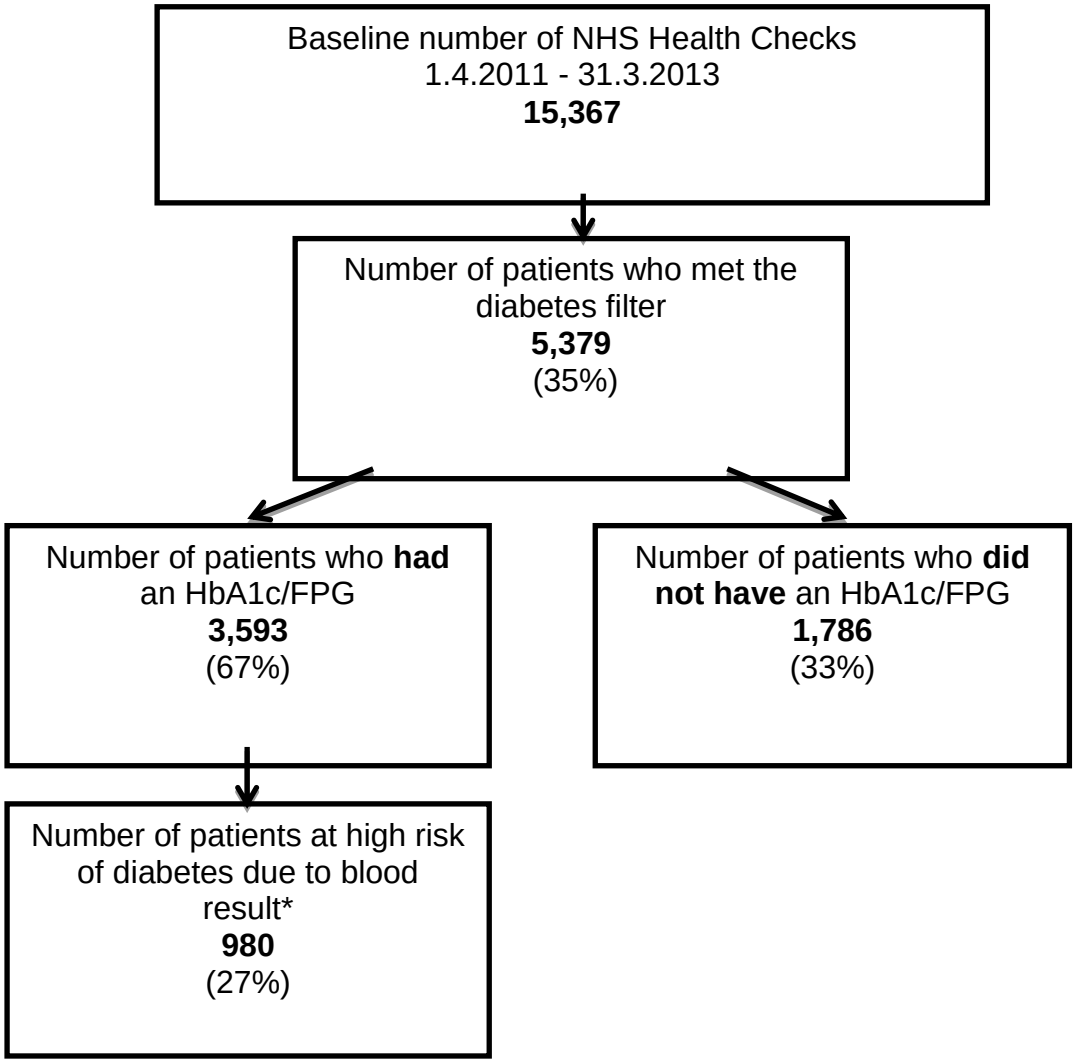
- No patient identifiable data will be removed from the GP Surgery.
- Notes reviews will only be performed by the Public health Vascular Nurses for those patients who have given their consent.

5. Progress to date

The audit is still in progress. There are some preliminary results from the computer searches shown in Figure 1:

Results are available from 43 GP Practices. 5379 (35%) of people who received an NHS Health Check in 2011-13 were found to meet the diabetes filter criteria. This should have triggered the patient to be sent for a blood test to assess their level of diabetes risk by measuring either an HbA1c or Fasting Plasma Glucose. Both of these tests are recognised as acceptable methods of identification of high risk (or Pre-Diabetes)

Figure 1. Numbers of people identified through the initial searches – Prevention of Diabetes Audit



6. Next Steps

The audit will continue with the notes review in October 2014 to look in detail at interventions for people identified as being at high risk of diabetes against the audit standards. This will inform the implementation of service developments in this area e.g. diabetes prevention programme.

Repeat computer searches will take place in December 2014. This will update the numbers assessed by blood test and the numbers identified as high risk of diabetes.

The full statistical analysis to ascertain the sensitivity and specificity of the diabetes filter will be conducted.

A full report will be available for Health PDS Committee in March 2015.

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October 2014

National Institute for Health and Care Excellence (2012) *Preventing Type 2 Diabetes - Risk Identification And Interventions For Individuals At High Risk*. PH38. London: National Institute for Health and Care Excellence.