

Decision Maker: **Health PDS Committee**

Date: **4th November 2015**

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **Update on Bromley NHS Health Checks Programme (funded by NHS s.256 Funds)**

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

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. A report was made to PDS committee in Oct 2014 and identified that a further update would follow. The purpose of the projects was to maximise the effectiveness of the NHS Health Check programme by conducting an evaluation.

2. **RECOMMENDATION(S)**

The Members of the PDS committee are asked to note and comment on the progress that has been made since the previous report in October 2014.

Corporate Policy

1. NHS Health Checks is mandatory Public health programme for Health Improvement. REFERENCE The Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 No. 351 Part 2 Regulation 4 and 5 (<http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made>)
 2. BBB Priority: Promoting Independence: Diabetes is a Health and Wellbeing Strategy Priority
-

Financial

1. Cost of proposal: £43,920
 2. Ongoing costs: None
 3. Budget head/performance centre: 800120
 4. Total current budget for this head: £738,700 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
-

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:

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 (report presented to committee October 2014)
- To improve the diabetes element of the NHS Health Checks by conducting a diabetes prevention audit.

The projects have been completed and recommendations identified:

3.2 Evaluation of the NHS Health Checks

3.2.1 The majority of actions recommended in the Evaluation of NHS Health Checks report 2013-2014, have been implemented. (See Appendix 1)

3.2.2 Results of key findings and subsequent actions taken have been presented to both the Bromley CVD Strategy Group and NHS Health Check London Leads meetings.

3.2.3 Further evaluation against the Pan London Standards should be repeated in future, ideally based on 2015-16 data.

3.2.4 Current priority for audit is to assess if individuals identified at high risk at the time of their NHS Health Check, are managed appropriately, in order to maximise health outcomes.

An NHS Health Checks outcomes audit is currently being piloted in one General Practice, building on the findings of this evaluation project and the diabetes prevention audit. The aim of the pilot is to identify the most effective method of audit, which does not incur any additional cost. The plan is to rollout the Outcome audit to all GP Practices in December 2015.

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.

A baseline audit has been completed 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 which identified the need for a comprehensive notes review element to increase understanding of clinical management.

3.3.2 The report with its recommendations has been shared with the Bromley Diabetes Network Group. Results have informed the implementation of the Diabetes Prevention Programme. The full audit report is available.

3.3.3 Summary of findings of the diabetes prevention audit

41 out of 45 GP Practices participated in the audit. The audit process had 3 phases:

- Computer searches of GP Clinical Systems
- Comprehensive notes reviews of a sample of consenting patients
- Intervention to increase identification of people at high risk of diabetes

Computer searches identified:

- Data on 15,367 patients who underwent an NHS Health Check in 2011-2013.
- Of this population, 5,379 (35%) met the NHS Health Checks diabetes filter criteria
- 3,593 (66%) of these patients underwent blood sampling for HbA1c and/or Fasting Plasma Glucose (FPG).
- 738 patients were found to be at high risk of diabetes and were requested by letter to give consent for a Public Health Vascular Nurse to access their clinical records for quality monitoring.
- 427 patients gave consent to notes review.
- A random sample of 20% or at least 2 sets of records from each practice equivalent to 112 patients were identified for comprehensive notes review.

The **comprehensive notes review** provided more detailed information in order to measure compliance with the audit standards. Notes assessed for:

- Frequency of patient review and further blood testing.
- Lifestyle interventions.
- Changes to risk factor profiles.
- Diagnostic coding

Findings included:

- Variation in presence and timing of follow up in both blood testing and review of risk factors and lifestyle management and interventions.
- Gaps in documentation of blood test sampling.
- Some improvement in patients risk factors e.g. 10 (8.9%) people improved the Body Mass Index category,
- 9 people had significant improvements in their repeat blood result, back to normal levels.
- 11% of patient records had a diagnostic code indicating high risk of diabetes.

Intervention to increase identification of high risk of diabetes

The intervention involved sending a letter and blood test request form, to individuals who had not had the required blood test post their NHS Health Check, but who had met the NHS Health Check diabetes filter criteria.

The computer searches were repeated in December 2014 to assess results of the intervention. Results were:

- 652 additional people had received a blood test for HbA1c
- 131(20%) more people, were found to be at high risk of diabetes from their blood test, following the intervention.

Implications of findings of diabetes prevention audit

The results have to be considered in context at the time these NHS Health Checks were performed (April 2011- March 2013). Although there was a recommended pathway for identification and management of high risk of diabetes in the NHS Health Checks best practice guidance, identification and management of people at high risk of diabetes was not part of usual care for General Practice at that time. NICE guidelines on the prevention of diabetes in high risk population were only published in July 2012. Therefore this audit is seen as a baseline position, from which we can identify those gaps and areas for improvement and requires improvement. Improvements are being implemented and re-audit planned as part of wider outcomes audit. (3.2)

To increase understanding of numbers people at high risk of diabetes regardless of the NHS Health Check an additional computer search of GP clinical systems was performed. 11,451 people had a raised blood test between 1.4.13 to 31.8.14, commensurate with 'high risk of diabetes' but not diagnosed with Diabetes. This search helped with the identification of people eligible for the Diabetes Prevention Programme.

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: 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: Final expenditure on this project was £19,070. against the allocated £24,000. The payments were made across 41 GP Practices dependent on activity. Maximum payment to one Practice was £1,800. An underspend was achieved on this budget by utilising resources CCG and Strategic Clinical Network.

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

	<p>http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/</p> <p>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/</p> <p>NICE (2012) Preventing type 2 diabetes:risk identification and interventions for individuals at high risk http://www.nice.org.uk/guidance/PH38</p> <p>NHS s.256 Funds approval to Use Carry Forward – Bromley NHS Health Checks Programme. 29th Oct 2013 (CS13046)</p> <p>Update on NHS s.256 Funds Approval – Bromley NHS Health Checks Programme 15th October 2014</p> <p>Report of the Audit of the Prevention of Diabetes through the NHS Health Check</p>
--	---

6. GLOSSARY OF TERMS USED IN REPORT

NHS Health Check diabetes filter criteria - When measured at the time of the NHS Health Check, if either:

- Body Mass Index ≥ 30 (or ≥ 27.5 in South Asian and Chinese population) and/or
- Blood Pressure ≥ 140 mmHg Systolic and/ or ≥ 90 mmHg Diastolic

Then the individual should be further assessed for diabetes by having a blood test to measure HbA1c (or Fasting Plasma Glucose).

HbA1c – A blood test can measure a patient’s glycated haemoglobin. By measuring glycated haemoglobin, clinicians are able to get an overall picture of a patients average blood sugar levels over a period of weeks/months. This is important as the higher the HbA1c, the greater the risk of developing diabetes and related complications. The measure can be expressed as mmol/mol or a %.

FPG – A simple blood test measures Fasting Plasma Glucose, blood is taken after several hours of fasting (8-10hours) to measure the glucose in the blood. This test helps diagnose diabetes or those at high risk.

Clinicians are advised to use HbA1c but where this is not available FPG has been used.

BMI - Body mass index is a measure of whether you're a healthy weight for your height.