

NHS Health Check Evaluation
Progress to date of Implementation of Recommended Actions
October 2015

Group	Objectives	Actions	Progress to date	Pathway Measures	Outcome
A Call, Recall and Uptake	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	<ul style="list-style-type: none"> • Target those practices with either too low or too high invitation rate • Further interrogation of the call/recall process • Develop a robust systematic approach for call/recall • Develop clearer guidance for general practices 	<ul style="list-style-type: none"> • Individualised Practice feedback provided every quarter. • New call recall computer searches developed • Guidelines for call and recall reviewed and updated. 	Call/Recall Updated guidelines developed and available for Primary Care Primary Care awareness of guidelines Evaluation of call/recall 2015-16 demonstrate robust systematic approach being used in Practice including monitoring of non responders and DNA's..	
	Objective 7: Consistent approach to non-responders and those who do not attend: 100% eligible people receive 2 contacts	<ul style="list-style-type: none"> • Explore with practices if/how people who do not attend can be measured • Include method of recording in the guidance for general practice • Include monitoring within quarterly data returns from practices 	<ul style="list-style-type: none"> • Data included in quarterly monitoring returns to assess 2 contacts. • To date not possible to have a consistent approach to non-responders due to different processes in the GP Practices. Continuing to work with key stakeholders to see if solution can be found to suit all. 		
B Data	Objective 4a: Provision of the NHS Health Check: 100% of checks have 100% complete data	<ul style="list-style-type: none"> • Review new primary care template • Link mandatory data to payment • Establish if data collection by practice can be improved by utilising practice clinical systems • Provide further training • Ongoing review of data returns and report feedback to practices and alternative providers 	<ul style="list-style-type: none"> • Recommendations implemented. 	Check completeness Report on percentage of fully completed checks in GP Practice system regardless of Provider. Financial audit report on discrepancies Annual reports on Evaluation of the NHS Health Checks	
	Objective 9: Confidential and timely transfer of patient identifiable data: 100% data sent to GP practice within 2 working days	<ul style="list-style-type: none"> • Develop process for GP practice to feedback to alternative provider if they have received information for a patient not registered with them • As part of financial audit review undertake notes review in pharmacies and follow through to GP practice • Complete review with financial audit department • Monitor timeframe for reporting data 	<ul style="list-style-type: none"> • Recommendations implemented. • Public Health Vascular Team working with specific Providers when issues occur. 		

		<p>back to general practice and raise any issues as part of contract monitoring</p> <ul style="list-style-type: none"> • Monitor quarterly data for practice discrepancies and target practices with input from Public Health Vascular Team to review and improve process for receiving patient reports 		
C Clinical	Objective 6: Monitoring of quality within the programme: 100% devices have Quality Assurance programme	<ul style="list-style-type: none"> • Currently implementing new contract monitoring process, this will be reviewed at the end of the year • Closer monitoring of pharmacy now available through new database, this is being reviewed quarterly • Implementation of new Point of Care Testing Quality Assurance process and database (Aegis Image). 	<ul style="list-style-type: none"> • Recommendations implemented. • Improvements in monitoring seen. 	Clinical measurements Contract Monitoring Meeting minutes Robust Quality Assurance programme in place for Point of Care Testing devices using Image Data Management system Equipment audit report
	Objective 8: Equipment use (structure): 100% equipment validated and calibrated	<ul style="list-style-type: none"> • Develop a system where providers demonstrate to Public Health a documented process to ensure that the equipment used in an NHS Health Check is: <ul style="list-style-type: none"> ○ Validated ○ Serviced / calibrated (as per manufactures instructions) ○ Any non-compliance is acted upon 	<ul style="list-style-type: none"> • GP Practice equipment calibration is part of CQC assessment. • Pharmacies compliance assessed at start of contract to provide NHS Health Checks. 	
D Quality	Objective 4b: Provision of the NHS Health Check: Results communicated face to face	<ul style="list-style-type: none"> • Establish a robust way of recording and measuring results delivered face to face 	<ul style="list-style-type: none"> • Template amended to incorporate monitoring of this objective. 	Cardiovascular Risk communication and management Record of face to face communication end of year data. Training.
	Objective 5: Additional activity following NHS Health Check: Activated filters are completed	<ul style="list-style-type: none"> • More in-depth diabetes prevention audit is currently in progress which includes interrogating patient records. Results will be reviewed and actioned accordingly • Review the changed 2014-2015 template which now captures if a patient has been given a blood form 	<ul style="list-style-type: none"> • Recommendations implemented. • Diabetes audit completed • Pilot of Outcomes Audit in progress. 	

		<ul style="list-style-type: none"> • Recommend to practices that Audit-C and GPPAQ could be part of invitation letter or completed in waiting room • Review results by practice and target where necessary • Ongoing training and awareness raising of availability of lifestyle interventions in Bromley 		
E Uptake	Objective 3: Maximise uptake: 50% of those offered an NHS Health Check take up the offer	<ul style="list-style-type: none"> • Establish how and why some practices have high uptake rate • Using Public Health Vascular Team to share this good practice with other practices with lower uptake rate • Develop and implement revised communication campaign based on new national branding • Evaluate pilot of Heart Age invitation letters to see if any impact on uptake. • Implement a discount card scheme for health related products 	<ul style="list-style-type: none"> • New national branding incorporated into posters and leaflets • Due to financial constraints of the Public Health, efforts to maximise uptake are not currently being implemented. 	New posters available