

From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 13 March 2018

Subject: **Contract Monitoring Report – NHS Health Checks**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report provides the Committee with an update on the performance, outcomes and value for money of the NHS Health Check service. This contract was moved to KCC when Public Health transferred in 2013 and forms part of the Public Health Services Partnership Agreement with Kent Community Health NHS Foundation Trust (KCHFT).

KCC has a statutory responsibility to deliver NHS Health Checks which is a nationally mandated cardiovascular screening programme and supports the prevention strand of the Kent Sustainability and Transformation Plan. The programme provides a systematic approach to identifying people with previously undiagnosed high-risk conditions and helps reduce early death, disability and health inequality. It is expected that 41,600 residents will benefit from a free NHS Health Check this year, with those who are not eligible able to access a free Health MOT. Both provide an opportunity to tackle behavioural risk factors such as drinking, smoking or being inactive and provide a route into local support services or signposting to digital resources.

KCC has effective monitoring arrangements in place to ensure the contract provides value for money, delivers continuous improvement and meets statutory obligations. The service has performed well against a five-year rolling target inviting around 100,000 eligible Kent residents every year. KCC and KCHFT are continuously working to improve efficiency, patient experience and equity in the programme.

Recommendation:

The committee is asked to NOTE the performance of the service and ongoing activities to deliver continuous improvement and CONSIDER taking up the opportunity of a free NHS Health Check.

1. Introduction

1.1 Since 2013, KCC has had statutory obligations, to take steps to improve the health of the people of Kent and deliver a number of mandated programmes including NHS Health Checks.

1.2 This report provides the Committee with an update on the performance, outcomes and value for money of the mandated NHS Health Checks programme. The report aims to complement previous Public Health Performance Reports by providing a more detailed commentary on the programme, and work to deliver service improvements and savings. The core NHS Health Check programme is supported by an outreach programme (Health MOT roadshow), and the One You Kent Service.

2 What is an NHS Health Check?

2.1 The NHS Health Check is a national cardiovascular screening programme for individuals aged between 40 and 74 who have previously not been diagnosed with stroke, kidney disease, heart disease, type 2 diabetes and dementia. Each eligible resident will be invited every five years for this free check and the eligible population in Kent equates to approximately 452,000 people during the period between 2013 to 2018¹.

2.2 The NHS Health Check programme aims are:

- promoting and improving the early identification and management of the individual behavioural and physiological risk factors for cardiovascular disease and the other conditions associated with these risk factors
- supporting individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions
- helping to reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities
- promoting and supporting appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally ²

2.3 As people get older, they are at higher risk of developing a number of conditions many of which are preventable with lifestyle changes or clinical intervention. The NHS Health Check plays an important role in the prevention and early detection of these conditions especially cardiovascular disease (CVD) which is one of the main causes of death and disability in the UK and costs the UK billions every year.

3 Why invest

3.1 KCC is required by the Care Act to prevent the escalation of need and has a statutory duty to deliver NHS Health Checks. KCC is required to:

- Offer all eligible residents a free NHS Health Check once in every five years
- Ensure the results are communicated effectively to them

¹ https://www.healthcheck.nhs.uk/commissioners_and_providers/data/south_of_england/south_east/?la=Kent&laid=140

² NHS Health Check, Best Practice Guidance, Public Health England (December 2017)

- Record the data from the check and notify the person's GP practice
- Continuously improve the percentage of eligible individuals having an NHS Health Check ³

3.1 The NHS Health Checks Programme is underpinned by NICE evidence-based recommendations and contributes to KCC's strategic aim to "Improve lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses. More specifically services contribute towards achieving Outcome 2; "Kent Communities feel the benefits of being in work, healthy and enjoying a good quality of life.

3.2 Significant inequalities still exist in Kent with up to a 10 years difference in life expectancy between men living in the richest and poorest wards and rates of CVD three times as high in deprived communities ⁴The programme provides a significant opportunity to reduce early death, disability and health inequality by providing a systematic approach to identifying people with previously undiagnosed high-risk condition.

3.3 Around 80% of cases of CVD are caused by modifiable risk factors, such as smoking, obesity, high blood pressure and high cholesterol and the Health Check helps individuals to recognise and tackle these behavioural risk factors. The programme is a key part of the prevention strand of the Kent Sustainability and Transformation Plan.

4. How is it delivered in Kent?

4.1 Health Reform and Public Health Cabinet Committee supported proposals to enter into a Partnership arrangement with Kent Community Health NHS Foundation Trust (KCHFT), who deliver the core NHS Health Check programme. KCHFT oversee deliver of the programme managing arrangements across 180 GP surgeries, 30 Pharmacies, KHCFT/Wellbeing teams and District Councils. KCHFT provides support, training, quality assurance, project management across subcontractors. KCHFT monitors performance and issues payments escalating issues to KCC as required.

4.2 The majority (85%) of Health Checks are conducted in GP surgeries and subcontracted through the core Health Check contract with KCHFT. Surgeries choose from four contract types to meet the resource capacity of local practices and ensure universal coverage.

4.3 Pharmacies and the KCHFT Community Health Check team offer appointments for residents who would prefer not to visit their GP. KCHFT also work with Wellbeing People to take NHS Health Checks to busy town centre locations where there is a high footfall from target groups and supports uptake in people who may not respond their invitation for an NHS Health Check.

³ NHS Health Check Programme: Health Equity Audit Guidance, Public Health England, December 2016

⁴ Fair Society, Healthy Lives: The Marmot Review – Strategic Review of Health Inequalities in England post-2010. UCL Institute of Health Equity. 2010.

4.4 The programme is supported an IT system that links with GP clinical systems to invite patients, capture and feedback results. From the 1st April 2018, KCC will be contracting with Health Diagnostics who offer an efficient end to end solution.

4.5 The NHS Health Check delivery is closely linked with KCC’s lifestyle service (One You Kent⁵) with referrals routinely made as part of the NHS Health Check. This aims to support people quit smoking, lose weight, be more active or address underlying issues preventing lifestyle change such as debt or housing.

4.6 The vision for the current contract is to; “provide a high quality and equitable programme with improved accessibility and choice, to help increase uptake of NHS Health Checks and improved outcomes for Kent residents”.

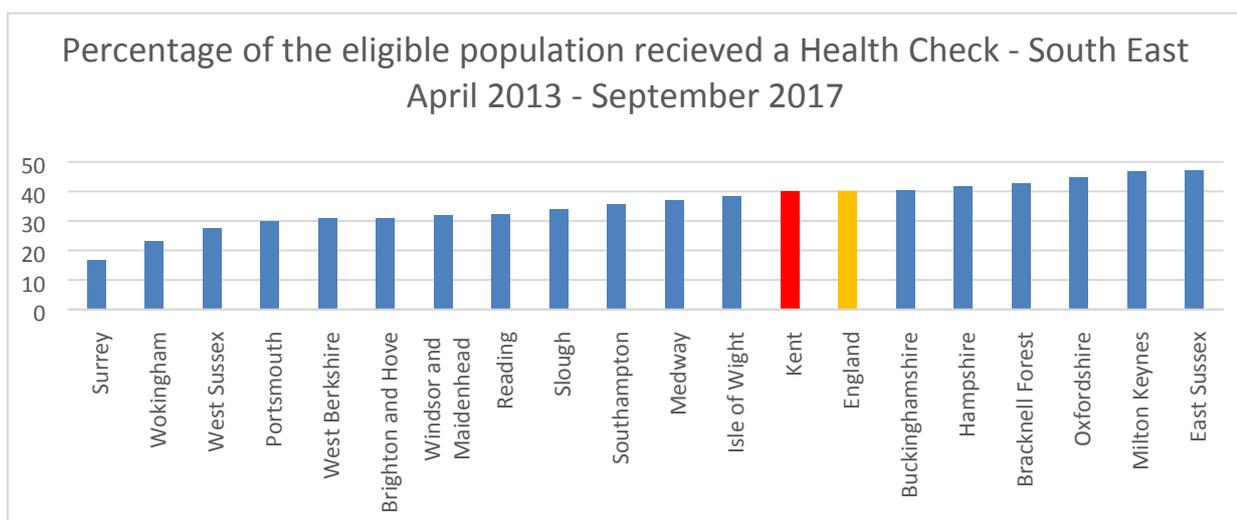
5. What does good look like and how does Kent perform?

5.1 The service specification sets out the outcomes, standards and key performance indicators (KPIs) that need to be delivered to meet the population needs. This is monitored by the Public Health team on a monthly and quarterly basis to provide assurance that the contract is performing well, and quality standards are met.

5.2 The key success factors for NHS Health Checks are to:

- **Invite the eligible population** - To date, 477,000 invitations have been sent⁶ which is above the eligible population PHE estimated (452,000) for the five-year period from 2013 to 2018.

Chart 1: Update of NHS Health Checks in the South East



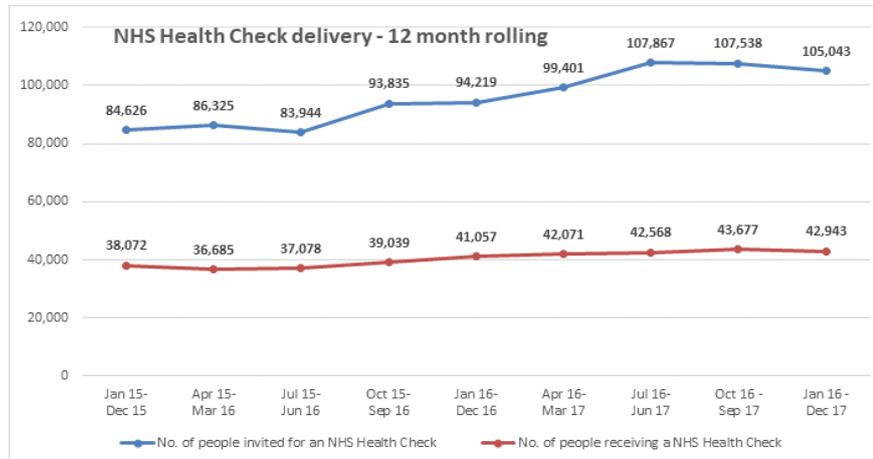
- **Demonstrate continuous improvement in the uptake of NHS Health Checks** - Between April 2013 to September 2017, 40% of the eligible population have

⁵ <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>

⁶ Health Check Target Tracker

received an NHS Health Check. This equates to over 180,000 checks and is representative of the average for England.

Chart 2: NHS Health Check performance since January 2015



- **Deliver an equitable programme** – In 2017, the Public Health Observatory published a report exploring equity differences in the uptake of NHS Health Checks across Kent⁷ Findings showed that older people, men and those from less affluent groups (based on Acorn segmentation a tool) were proportionately less likely to have a Health Check. This analysis has been used to formulate an action plan and supports ongoing investment in the outreach programme which delivers 50% of NHS Health Checks to residents living in the most deprived quintiles of the population. (see appendix 3 for more information).
- **Ensure patients are satisfied with the service they receive** – Average satisfaction rates across the year illustrate that 96.1% of those surveyed were happy with the service against a target of 90 %.

6. Outcomes

- **Estimated benefits from national studies** - It is estimated that between 2013 and 2018, 13,310 people would be diagnosed with hypertension following an NHS Health Check in Kent and Medway. During the same period some 5,860 people at high risk of CVD would be prescribed an antihypertensive following an NHS Health Check⁸. The NHS Health Check is an enabler to other services leading to diagnosis, treatment and estimated savings are shown in appendix 1
- **Case studies** - The impact of these services can be illustrated by using case studies and an example can be found in appendix 4. Stephen was diagnosed with diabetes following his NHS Health Check which led to him being put on statins and making changes to his lifestyle to manage his condition
- **Use of the Kent Integrated data set** - The Health Equity Audit established parameters for accessing person level data via the Kent Integrated set. KCC will follow the cohort who attended a Health Check and explore their health outcomes compared to those who did not attend a Health Check. Many outcomes will not be instant, but this study will explore the number of people who

⁷ Health Checks Equity Audit, Kent Public Health Observatory, June 2017,

https://www.kpho.org.uk/__data/assets/pdf_file/0007/71638/Kent-Health-Checks-Equity-Audit_Final-Report-2017.pdf

⁸ Combating CVD through the NHS Health Check programme, Public Health England,

https://www.healthcheck.nhs.uk/commissioners_and_providers/data/size_of_the_prize_reducing_heart_attacks_and_strokes/ Accessed: 12th February 2018

went on to a clinical or lifestyle pathway or did not end up with a medical condition like CVD.

- **Improved systems to track outcomes** – The new IT system has outcome reports which will enable better tracking of health outcomes as result of an NHS Health Check such as the number of people who were prescribed statins

7. Service Costs

7.1 The total budget for 2018/19 is £1,982,638. The majority of this funding (£1,271,240) is an activity based budget which offers KCC excellent value for money by only paying for work carried out. This includes a payment to GP's of 50p for inviting patients and payments of between £15.00 and £23.70 for carrying out an NHS Health Check. The remaining funding covers equipment, staff costs, training, project management, quality processes overheads, IT and a targeted outreach programme.

7.2 This equates to an average cost of £47.66 per NHS Health Check carried out based on this year's activity, which is expected to be 41,600 checks.

7.3 KCC and KCHFT are continuing to work together to see how further efficiencies can be delivered including the roll out of a new system. This takes effect on the 1st April 2018 and includes a centralised invitation process reducing the administrative burden on primary care. It also offers opportunity to pilot the use of text messaging.

8. Delivering ongoing service improvements

8.1 Continuous improvement is an important component of the NHS Health Check programme and KCC and KCHFT are constantly working together to improve services for residents. This has included:

- **Launch of an NHS Health Check App** - this allows residents to view their results on their mobile phone and see how lifestyle changes affect their heart age score
- **E-learning module for practitioners** - to improve service quality and patient experience
- **Roll out of a new IT system** – offering a range benefits including; interactive tools and visual to improve engagement for both staff and patients. Streamlined administrative processes, increased functionality for performance and finance reporting, offline functionality, compatibility with STP digital developments and compliance with GDPR.
- **Increased patient choice** - The use of pharmacies has increased choice and out of hours availability for people to attend their check.

9. Risks

9.1 The biggest risk is a lack of GP engagement and there are only five surgeries in Kent not engaged in the programme. KCC works closely with the Local Medical Committee and runs a clinical engagement network with GP's to support continued support form primary care. KCC has also worked with NHS Digital to ensure patients from these five surgeries can still be invited, but this is not the most efficient method.

9.2 With any activity based contract there is a level of uncertainty in financial costs. This is managed through regular financial forecasting and tracking based on service trends and capacity. The new IT system will automate this process reducing staff time in both KCC and KCHFT.

9.3 Poor quality of delivery is a risk to KCC and Kent residents. To mitigate this KCC requires information on a quarterly basis from KCHFT to offer assurance that standards are being met. This includes information on customer experience, mandatory training, and maintenance of equipment and confirmation that point of care testing has been carried.

10. Conclusions and future considerations for this contract

10.1 KCC and KCHFT have worked effectively to drive coverage and improve uptake over the five-year cycle. Kent has performed well against the 5 year target and a key focus for this contract for next year is to improve equity of the programme for those groups identified by the equity audit.

10.2 NHS Health Checks is linked to a number of other workstreams and exploring opportunities for integration and efficiency for the programme would support the aspirations sets out in the STP. The cost implications of this must considered so that KCC does not incur additional costs at a time of reducing budgets. Work to measure the outcomes of the programme in Kent would support an invest to save approach.

10.3 NHS Health Checks are a key tool supporting the Kent population to live longer in better health and KCC will continue to work with KCHFT to deliver service improvements and efficiencies.

10.4 Members who are interested in having an NHS Health Check can take up this opportunity by contacting KCHFT on 0300 123 1220 or kcht.hicentraladmin@nhs.net.

Recommendation:

The committee is asked to NOTE the performance of the service and ongoing activities to deliver continuous improvement and CONSIDER taking up the opportunity of a free NHS Health Check

Background documents: none

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Appendix 1: Kent and Medway Size of the Prize

Combating CVD through the NHS Health Check programme

Kent and Medway



What the evidence tells us

One in ten people continue to live with CVD¹. It is the second biggest cause of death in England with 200 people dying each day from a heart attack or stroke.² Every day there are over 1200 admissions to accident and emergency because of heart problems³ and 290 as a result of cerebrovascular problems.



What is the NHS Health Check programme?

The NHS Health Check is a national programme that systematically measures a range of risk factors driving the burden of CVD and other non-communicable diseases such as dementia, respiratory disease and some cancers.



Improving CVD outcomes

National research shows that the programme is cost effective, can prevent illness and has the potential to save 250 – 500 lives each year across England.^{4,5} It also shows that there is equitable take up of checks among high CVD risk groups and prioritising these groups is cost effective.⁶

1. Current activity, 2013 – 2018 ^{2*}		2. Disease detection, 2013 – 2018 ^{8,***}		3. Medication, 2013 – 2018 ^{8,***}	
Number of people invited for an NHS Health Check	451,339	Estimated number of people that could be diagnosed with hypertension following a NHS Health Check	13,310	Estimated number of people at high risk of CVD that could be prescribed a statin following an NHS Health Check	12,850
Number of people who have had an NHS Health Check	185,117	Estimated number of people that could be identified with a CVD risk score >20% following an NHS Health Check	66,570	Estimated number of people at high risk of CVD that could be prescribed an antihypertensive following an NHS Health Check	5,860
Number of people still to benefit from an NHS Health Check	343,690				

Footnotes:

¹ www.bhf.org.uk/health-care-professionals/what-can-we-do-better
² Office for national statistics. Death registrations summary tables – England and Wales, 2015
³ NHS Digital. Accident and emergency attendances in England 2014-15
⁴ http://dx.doi.org/10.1136/bmjopen-2015-008840
⁵ http://dx.doi.org/10.1093/aje/kw151.05.22

⁶ For more information on activity go to www.healthchecks.nhs.uk
⁷ Disease rates calculated using the findings from www.healthchecks.nhs.uk/document.php?doc=1251
⁸ Medication rates calculated using the findings from www.healthchecks.nhs.uk/document.php?doc=1251
^{*} Data in tables 1, 2 and 3 is based on the sum of local authority activity for the SIP footprint
^{**} Data in tables 2 and 3 is calculated using a take-up rate of 75%

The Size of the Prize in Cardiovascular Disease (CVD) Prevention

Kent and Medway



1. The diagnosis and treatment gap, 2015/16		2. The burden: first ever CVD events, 2015/16		3. The opportunity: potential events averted and savings over 3 years by optimising treatment in AF and hypertension, 2015/16											
	Estimated adult population with hypertension	448,300	Coronary Heart Disease	4,250											
	Estimated adult population with undiagnosed hypertension	181,500	Stroke	2,200											
	GP registered hypertensives not treated to 150/90 mmHg target	55,300	Heart Failure	1,450											
	GP registered population with Atrial Fibrillation (AF)	36,000	<table border="1"> <tr> <td>Optimal anti-hypertensive treatment of diagnosed hypertensives averts within 3 years:</td> <td>330 heart attacks</td> <td>Up to £2.50 million saved²</td> </tr> <tr> <td></td> <td>500 strokes</td> <td>Up to £7.10 million saved¹</td> </tr> <tr> <td>Optimally treating high risk AF patients averts within 3 years:</td> <td>470 strokes</td> <td>Up to £8.20 million saved¹</td> </tr> </table>				Optimal anti-hypertensive treatment of diagnosed hypertensives averts within 3 years:	330 heart attacks	Up to £2.50 million saved ²		500 strokes	Up to £7.10 million saved ¹	Optimally treating high risk AF patients averts within 3 years:	470 strokes	Up to £8.20 million saved ¹
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		500 strokes					Up to £7.10 million saved ¹								
Optimally treating high risk AF patients averts within 3 years:	470 strokes	Up to £8.20 million saved ¹													
Estimated GP registered population with undiagnosed AF	12,200														
GP registered high risk AF patients (CHA2DS2VASc >=2) not anticoagulated	5,900														
	Estimated adult population 30 to 85 years with 10 year CVD risk >20%	131,200													
	Estimated percentage of people with CVD risk >20% treated with statins	49%													



What the evidence tells us

- Reducing blood pressure in all adults with diagnosed and undiagnosed hypertension by 5 mmHg: **reduces risk of CVD events by 10%**
- Statin therapy to reduce cholesterol by 1 mmol/l in people with a 10 year risk of CVD risk greater than 10%: **reduces risk of CVD events by 20-24%**
- Anti-coagulation of high risk AF patients: **averts one stroke in every 25 treated**



CVD: high risk conditions

High risk conditions like high blood pressure, atrial fibrillation and high cholesterol are major causes of heart attack and stroke (CVD events). In the high risk conditions preventive treatment is very effective, but late diagnosis and under-treatment is common.



Improving outcomes in CVD: case study

In Bradford Districts Clinical Commissioning Group: Over 24 months, more than 21,000 people had an intervention in lipid management, anti-coagulation or antihypertensive treatment to improve their health. Resulting in 137 fewer heart attacks and 74 fewer strokes compared to baseline.

References:

¹ Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis. Technical report
² Kee, M (2012). Chronic Kidney disease in England: The human and financial cost
Potential events calculated with NNT (NNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes:
1 in 100 for heart attack, 1 in 67 for stroke. For AF, warfarin over 1.5 years: 1 in 25 for stroke. Numbers may be lower, as some patients may be on prior treatment.

References:

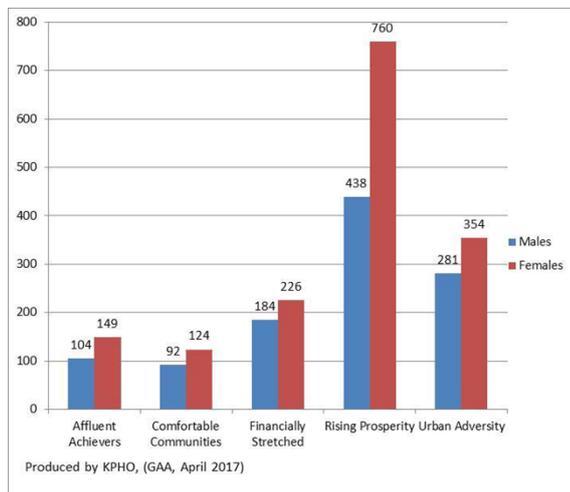
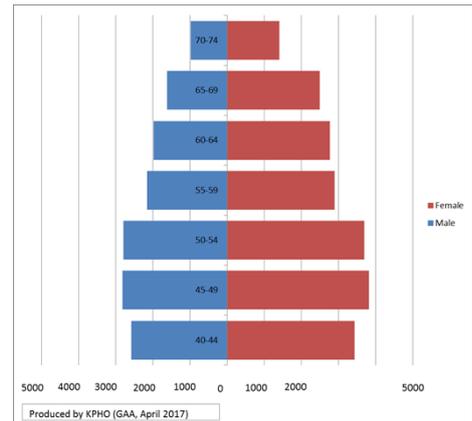
Hypertension and AF populations and treatment estimate: QOF 2015/16
CVD high risk estimate numbers: http://www.bmj.com/lookup/doi/10.1136/bmjopen-2015-008840
CVD high risk statin treatment: http://journals.plos.org/plosmedicine/article/doi/10.1371/journal.pmed.1002169

Appendix 2: Contracting arrangements

Contract	Provider	Arrangements
Core NHS Health Check Programme	Kent Community Health Foundation Trust	<p>Managed by KCC via the Public Health (Prevention and Local Care) Partnership</p> <p>KCHFT provide Health Checks in the community and sub-contract with GP practices and pharmacies to deliver Health Checks</p>
Targeted Outreach programme	Wellbeing people	Currently managed by KCC but will be managed by KCHFT as part of the Public Health Partnership from 1 st April 2018
NHS Health Check System	Informatica – until 31 st March 2018 only Health Diagnostics	A new improved system has been procured and will replace Informatica on 1 st April 2018

Appendix 3: Findings from the NHS Health Check Equity Audit

- The ratio of males completing a Health Check compared to females is 1 to 1.4. In other words, for everyone male completing a Health Check, 1.4 (95% CI 1.32 - 1.44) females completed a Health Check. This represents a 40% equity deficit with respect to males.
- The ratio of male to female inequity increases with age, with males becoming increasingly less likely to attend as they get older. For example, in the 65-69 age group, when female completion rates are compared with male completion rates, the equity deficit for males rises to over 50%.
- Patients in the White ethnic group were proportionately more likely than all other ethnic groups to complete their Health Check, whereas the Mixed/Multiple ethnic group were most likely not to complete their Health Check.



- Equity comparisons using the ACORN Wellbeing types showed that patients categorised as 'Anxious Adversity', 'Poorly Pensioners', 'Hardship Heartland', 'Perilous Futures' and 'Struggling Smokers' were significantly less likely to complete their Health Check when compared to higher wellbeing types

Appendix 4: Stephen's story – 'I didn't know I had Diabetes until I had my NHS Health Check'

My name is Stephen, I am 40 years old and I live in Maidstone. A few weeks ago, I received a letter inviting me for my NHS Health Check appointment. I had never had a Health Check before, so I thought why not to take this opportunity. Even though I didn't often see my GP because I felt healthy, I decided to call the number and book an appointment.

My NHS Health Check went well. My Cholesterol was little bit high, and so was my BMI but my blood pressure was fine. Health Check Advisor Rafal asked me some lifestyle questions.

We had a chat about my diet and physical activity. Rafal gave me some advice on healthier food options and on ways I could increase my physical activity.

He asked me how I felt about my BMI and my current weight, but I felt fine - I didn't feel like my weight was an issue.

I was referred to my GP for another fasting cholesterol test and, because my BMI was a bit high, for a diabetes test.

I decided to book an appointment with my GP as soon as I could.

My diabetes test revealed that my blood sugar levels were high. I was told by my GP that I had type 2 diabetes and I was prescribed Metformin to control my blood sugar levels. I was also put on statins to lower my cholesterol.

Since then I have been trying to keep my sugar levels under control by improving my diet and making healthier food choices. I've also become more active and I even lost some weight.

I had a phone call from Rafal few weeks later, he wanted to know how I was doing and he was pleased to hear that I was doing fine. I also have another follow up appointment with my GP in October.

I still wonder sometimes what would have happened if I hadn't had my NHS Health Check or how I would have found out that I had diabetes?! I would probably have collapsed somewhere one day, and someone would have called an ambulance and a blood test would have revealed that I had Diabetes.

I am really grateful that I had my appointment, and I found out that I had diabetes before this happened. It's definitely for me to have found out sooner rather than later.