NHS HEALTH CHECK PROGRAMME

Revised 2014
Why ??

Government priority------High on Agenda

- The White Paper “Healthy Lives, Healthy People” 2010
- Global Burden of Disease Study 2012
- Cardiovascular Disease Outcomes Strategy DOH 2013
- A Call to Action to Reduce Premature Mortality DOH 2013
Why Cont…

- NHS Health Check Implementation & Review & Action Plan; DOH 2013
- NICE Public Health Guidance NHS Health Checks 2014
- NHS Health Check Programme; Best Practice Guidance; PHE 2013
- All Wirral Practices were signed up to deliver PH to provide NHS checks 2013/14
- On target for same in 2014/15
Impact of CVD

“The Global Burden of Disease” Study (2012) highlighted significant factors leading to poor health;

- Smoking
- High blood pressure
- Poor diet
- Obesity
- Lack of exercise
- Excessive alcohol
- Marked inequalities between richest & poorest
Impact of disease

- Since 1990 - 30% increase in people dying IHD & Diabetes
- Estimated approx 850,000 people unaware they have Type 2 Diabetes
- More than 90% of 1\textsuperscript{st} MI related to preventable risk factors
Impact Cont....

CVD remains biggest cause of death in England Since 2010;

- 180,000 died CVD
- 80,000 due CHD
- 49,000 due CVA

Estimated each year NHS check can on average

- Prevent 1,600 MI,s
- Prevent 4,000 people developing DM
- Detect 20,000 cases of DM or CKD

Reference: NHS Health Checks; PHE 2013
What do we hope to Achieve

- Reduce avoidable premature mortality
- Reduce levels of alcohol related harm
- Raise awareness of signs of dementia & signpost help
- Tackle obesity
- Tackle health inequalities
- Improve prevention & early diagnosis

References; NHS Health Check Programme DOH (2013)
Who do we screen?

INCLUDE

✓ 40-74 year olds

✓ NO pre existing CVD health risks

✓ Use MIQUEST SEARCH for eligible population
Exclude

- Heart disease
- Stoke/TIA
- Essential hypertension
- Diabetes Type 1&2
- CKD 3-5
- FH Hypercholesterolaemia
- PVD
- Heart Failure
- AF
- On Statins
- Reviewed in past 3 years
How

• 1st contact should be written invitation

• “To provide individuals with clear written information so they understand potential benefits & risks of NHS Health Check process & can give informed consent”

• At least 2 contacts should be made per patient

• Blood test

• Face to face consultation with a health professional to assess & discuss risk factors & deliver appropriate lifestyle intervention & make suitable referrals

Reference; NHS Health Check Programme, Best Practice Guidance; DOH (2013)
Quality Assurance standards for NHS Health checks PHE 2013
Risk Assessment Requirement

- Age
- Gender
- Ethnicity
- Family History
- Blood Pressure
- BMI
- Smoking status

- Physical activity GPPAQ
- Alcohol score
- AUDIT C or FAST
- Cholesterol level
- Dementia awareness
- Diabetes filter
- CVD risk score
- QRISK2 or Framingham

References;
Quality assurance standards for NHS Health checks; PHE (2013)
NHS Health Check Programme; Best Practice Guidance; DOH (2013)
Diabetes filter

- B/P ≥ 140/90 mmHg
- (or if SBP or DBP exceeds 140 mmHg or 90 mmHg respectively)
- BMI ≥ 30
  - 27.5 Indian, Pakistani, Bangladeshi, other Asian & Chinese ethnicity categories
- Individuals with pre diabetes need annual review on IGT register
Hypertension Assessment

- B/P $\geq 140/90$
  (Or were SBP or DBP exceeds 140 or 90 mmHg respectively)

- Individuals diagnosed with hypertension will be added to hypertension register & treated through existing pathways in line with NICE guidance, including provision of lifestyle advice
CKD Assessment

• B/P ≥ 140/90
  (Or if SBP or DBP exceeds 140/90 mmHg respectively)

• Serum creatinine test to estimate eGFR
Familial Hypercholesterolaemia

Refer for assessment

When total cholesterol > 7.5

References;
NHS Health Check Programme, best Practice Guidance DOH (2013)
Quality Assurance Standards for NHS health Checks; PHE 2013
Requirement of Review

• Patient MUST be informed of their;
  • BMI
  • Cholesterol level
  • B/P
  • Alcohol Audit Score
  • CVD Risk Score

! Lifestyle advice MUST be given & recorded
Requirement Cont…..

Referrals to appropriate services SHOULD be made

- Smoking Cessation
- Weight Management
- Alcohol Service
- Physical Activity

Can be internal or external programmes

References; NHS Health Check Programme DOH (2013)
Quality assurance standards for NHS Health Checks; PHE (2013)
Investigations

- Bloods; fasting lipids
- GPPAQ
- FAST/AUDIT C
- B/P
- Height, weight, BMI
- Smoking status
Risk Tools

- FRAMINGHAM (10 year risk)
- QRISK2 (10 year risk)
- Joint British Society 3 (JBS3) under review (lifetime risk)
Payments

- NHS Health Checks funded from PH budget
- **Sign Contract**
- Annually review 20% of eligible population
- Recommend MIQUEST search for eligible population & correct payment
- At least 50% required to attend
- 40-74 year olds (no pre-existing CVD health risks)
Payments cont

- £23 per health check completed
- Increasing to £25 if 50% target achieved (10% of eligible population)
- Additional £2 for invite admin costs recorded
- Referrals into lifestyle services; additional £2 for all referrals taken up
- Completion payments capped at 20%
- (total eligible population)
Example

Practice eligible population 1000 patients
20% = 200 patients
£23 per review
£2 invite sent & recorded = £25 p/p
200 x £25 = £5,000

If 100 pts reviewed & achieve 50% target an extra £2 p/p paid (additional £400)
200 x £27 = £5,400

Plus £2 p/p for any lifestyle referrals made & followed up

RECOMMEND use New P.H.Template as correct read codes for payment
Summarise Key Points

- Use MIQUEST search only for eligible population
- Use New P.H.Template
- Screen 20% of target population annually
- Record Invites
- Make Appropriate Referrals & Record
- Calculate Risk Score
- Inform pt of risk score & primary interventions/action plan
- Sign PH Contract

Approx 15 million people to be screened
Quality Assurance (QA)

• PH require Quality & Safety of the service they commission

• NHS Health Checks have been implemented with clear recognition of the need to monitor the overall success, uptake, benefit & value for money & to assure quality & safety of services commissioned

• QA will ensure the NHS Health Check is delivered in a consistent & uniform way with a complete Risk Assessment for the eligible population & maximise its PH impact
Q.A.

- QA should maximise safety of the whole pathway from identification of eligible individuals to a safe exit from the programme.

- It is crucial for robust QA that we use correct read coding preferably on the NHS Health Check template to enable the extraction of data via MIQUEST searches.
References

• Cardiovascular disease Outcomes Strategy; DOH (2013)
• Living well for longer “ A call to action to reduce premature mortality”; DOH (2013)
• NHS Health Check Implementation & Review & Action Plan; DOH (2013)
• NHS Health Check Programme: Best Practice Guidance; DOH (2013)
• NICE Public Health Guidance NHS Health Checks (2014)
• Public Health; Our Priorities; Global Burden of Disease Study (2012)
• Quality Assurance Standards for NHS Health Checks; PHE (2013)