

Report of Chief Officer / Public Health Consultant, Adults and Health Directorate

Report to Scrutiny (Adult Social Services, Public Health, NHS)

Date: 25 April 2017

Subject: Overview of NHS Health Checks in Leeds

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Purpose of this report

To provide an update on the NHS Health Check programme in Leeds, and to enable the Board to review the programme in order to enhance its role in improving men's health.

Primary Content:

1. An overview of the NHS Health Check programme
2. Synopsis of the implementation & development of the programme in Leeds
3. Report of performance of the NHS Health Check in Leeds over the last 5 years
4. Comparison of performance in Leeds to that of other authorities in Yorkshire & Humber
5. National comparison of NHS Health Check performance in Leeds
6. Male outcome data in Leeds
7. Supporting national insight for males
8. Key challenges
9. Consultation & engagement undertaken
10. A briefing regarding the ongoing NHS Health Check comprehensive review in Leeds and a request for the board to contribute

Recommendations

1. The Board notes the update on the delivery of the NHS Health Check in Leeds
2. The Board is requested to comment on current work to review the programme, in relation to facilitating an increase in men taking up the programme.

1. Overview of the NHS Health Check programme (Background)

- 1.1 The NHS Health Check programme was introduced nationally by the Department of Health in 2009.
- 1.2 The aim of NHS Health Check programme is to prevent Cardiovascular Disease (CVD), which includes heart disease, stroke, diabetes, kidney disease and certain types of dementia.
- 1.3 CVD is strongly associated with health inequalities, with three times the rate of preventable deaths occurring in the most deprived communities, compared to those in the most affluent. The NHS Health Check programme therefore has a specific focus on reducing these inequalities.
- 1.4 Early deaths in the male deprived population are significantly higher than those in the female population. CVD contributing more to the gap in life expectancy than other factors. In England, 27.1% of the gap in life expectancy for males (between the most and least deprived fifth of areas) is due to CVD as opposed to 23.6% for females.
- 1.5 The need to improve men's health in Leeds is recognised in the "The State of Men's Health in Leeds report" White A., Seims A. and Newton R. (2016), which was funded by Leeds City Council and undertaken by Leeds Beckett University and Leeds City Council.
- 1.6 The programme is for everyone between the ages of 40 and 74, who has not already been diagnosed with CVD. Every eligible person is invited once every five years, to have an NHS Health Check.
- 1.7 The NHS Health Check is delivered using a rolling programme, where each year 20% of the eligible population is invited to receive their NHS Health Check.
- 1.8 Each NHS Health Check is delivered by a trained health professional who assesses the person and carries out tests. The NHS Health Check determines two outcomes: firstly, the risk of the person developing CVD in the future, in which case support and advice is offered to help the person to reduce or manage their risk; secondly, it generates referrals for treatment for people generating abnormal results. Referrals to healthy living services are also generated where appropriate.
- 1.9 The NHS Health Check Programme supports the Leeds Health and Well Being Strategy 2015-2020 by supporting outcome one; to help people to live longer healthier lives.
- 1.10 In addition, one of the key indicators of the Best Council plan 2015-2020 is the uptake of NHS Health Checks.
- 1.11 The rising cost of social and health care due to increased levels of obesity, type-2 diabetes and dementia, makes the contribution of the NHS Health Check Programme key to the management of this expenditure.
- 1.12 Responsibility for implementation and the associated funding for the programme, came to local authorities as a result of the Health and Social Care Act 2012, as part of the Public Health ring fenced grant. The NHS Health Check is one of the five nationally mandated Public Health programmes within the Act, and the NHS remains centrally involved in its delivery.

2. Implementation of the NHS Health Check programme in Leeds

- 2.1 Leeds has been offering NHS Health Checks to its eligible population since 2009, via a systematic invite process, from all NHS General Practitioner (GP) practices.
- 2.2 The initial delivery model development was based on consultation with all communities, including those from people living in the most deprived parts of the city. The insight gathered, highlighted that people were extremely welcoming of the programme and that their preferred provider would be their local GP practice.
- 2.3 Due to the disproportionately high impact that CVD has on deprived communities, the roll out of the NHS Health Check in Leeds was phased to target the most deprived communities first.
- 2.4 The programme was initially offered to the GP practices with more than 30% of their population living in the top 10% of most deprived areas nationally. In addition, early invitations targeted people with an estimated raised cardiovascular disease (CVD) risk.
- 2.5 By 2011 all GP practices were providing NHS Health Checks to their eligible population. Today all 105 GP practices in Leeds continue to offer the programme.
- 2.6 Leeds recognised that the NHS Health Check should be made available to its whole eligible population. However, not all people have routine access to their GP practice, therefore additional community engagement and alternative models have been explored, in order to increase the uptake in the eligible population.
- 2.7 In April 2011 NHS Health Checks in Leeds were extended to include people within the prison service (HMP Leeds and Wealstun). These were delivered through the Leeds Community Healthcare contract and extended NHS Health Check across the male population in Leeds, due to HMP Leeds and Wealstun being male category prisons. NHS Health Checks were offered to eligible men, who had been in prison for a period of 12 months or more. In April 2014, the commissioning responsibilities for NHS Health Checks for people in prisons and detained settings, was transferred from the Local Authority to NHS England.
- 2.8 From 2013 uptake to the NHS Health Check programme in Leeds was starting to decline. Further consultation was carried out, which highlighted that people wanted more flexible and accessible appointments, at different times and venues.
- 2.9 Leeds City Council was approached by Public Health England, to participate in a pilot for the delivery of NHS Health Checks in a non-medical setting. A partnership was established with Asda, (the national supermarket chain headquartered in Leeds) in October 2014. An 18 month pilot was commissioned to provide NHS Health Checks in 4 Asda Pharmacies across the city. To support the Asda pilot, a total of 38 GP practices participated, sending out invites offering the choice of a NHS Health Check at the GP practice or, at an Asda Pharmacy. (See Appendix 2).
- 2.10 Although uptake of the Asda pilot was low, with only 78 people receiving an NHS Health Check via the Asda pharmacy. Uptake amongst the male population was on average higher than for NHS Health Checks delivered in GP practices. It is not known if this variance is due to a statistical anomaly, due to the very low sample size. More data and further evidence would be needed to draw conclusions from this information.

3. NHS Health Check Performance in Leeds

- 3.1 From launch of the service in 2009, Leeds implemented monitoring of the NHS Health Check which is integrated with NHS GP systems.
- 3.2 Performance data is extracted from all GP clinical systems in Leeds on a quarterly basis, by the Leeds City Council (LCC) internal public health intelligence team, and is used to produce quarterly performance reports for NHS Health Check. Unless otherwise stated, all data in this report is sourced from the Leeds public health intelligence team reports.
- 3.3 Data is broken down by age, gender, ethnicity, deprivation, smoking status and new diagnoses. A recent Freedom of Information (FOI) request by the national Men's Health Forum, demonstrated that only 52 Local Authorities including Leeds out of a total of 152, knew the proportion of NHS Health Checks delivered to men, and only 33 of these including Leeds, knew how many had been offered to men.
- 3.4 Leeds data shows that in 2015/2016 there were 208,751 people eligible for an NHS Health Check in Leeds. Of this number 100,409 were male and 108,342 were female.
- 3.5 In the 5 years to 31 March 2016, 189,850 people were invited for an NHS Health Check. This represents approximately 90.9% of the eligible population, pro-rata over the five year invitation cycle. This percentage assumes that the eligible population was constant at the FY2015/2016 level of 208,751 across all five years.
- 3.6 In the 5 years to 31 March 2016, a total of 114,339 people received an NHS Health Check in Leeds, representing 54.8% of the eligible population. This percentage assumes that the eligible population was constant at the FY2015/2016 level of 208,751 across all five years.
- 3.7 Of the 114,339 people receiving an NHS Health Check in the 5 years to 31 March 2016, 52,215 were male and 62,124 female.
- 3.8 Comparing the difference between males and females who were eligible for an NHS Health Check in 2015/2016 and those who received one, 52.0% of the eligible male population received an NHS Health Check, compared to 57.3% of females.
- 3.9 As a result of the above performance LCC received an award for best impact on patient experience in 2015. The Leeds Public Health team has presented at each national annual NHS Health Check Conference since 2014, presenting learning and best practice with the following themes:
 - NHS Health Check Provision for homeless and vulnerable housed people of Leeds (2014)
 - Leeds patient insight and engagement from vulnerable groups: how to reduce inequalities (2015)
 - Improving cardiovascular disease risk management in Leeds (2016)
 - Preventing Type 2 diabetes in Leeds (2017).
- 3.10 In total over the last seven years there have been over 16,000 people identified to be at high risk of developing CVD over the next 10 years. As a result almost 10,000 new diagnoses of cardiovascular disease have been made in Leeds which are enabling effective management to take place, supported by disease registers in primary care. This programme can be seen to have contributed to the recent narrowing of the gap in early death from CVD in Leeds.

3.11 In general, lifestyle assessment and advice is being offered to people. However, recordings of referrals into healthy living services are low, which could be a result of people self-referring to services and therefore the data is not captured in GP systems.

4. Comparison of NHS Health Check Performance in Leeds to Yorkshire & Humber

4.1 National data covers the period from 2013/2014 Q1 to 2016/2017 Q3.

4.2 In 2016/2017 the eligible population had reduced from 208,751 in 2015/2016 to 199,752 in 2016/2017. This figure is used in all national comparisons

4.3 Furthermore, national data is only taken from 2013 due to the legislative changes.

4.4 As a result national data covers a 3.5 year period which under-records the performance of authorities such as Leeds who implemented the NHS Health Check early. Effectively, the data does not take into account early achievers such as Leeds, by not presenting the full achievement in respect of the eligible population. It rewards those authorities who are currently over-achieving in order to address previous delays in establishing effective delivery (please see section 8 Key Challenges for further information).

4.5 In comparison to other Yorkshire and Humber local authorities Leeds performs well in the NHS Health Checks. In 2016/2017 Leeds had a total eligible population of 199,752, significantly higher than Wakefield (101,589) and Doncaster (89,937).

In the Public Health England record for Leeds, 61.4% of the eligible population have been offered a NHS Health Check in the 3 years up to 31st March 2016, which is significantly higher than Wakefield (56.5%) and Doncaster (52.6%).

<http://healthierlives.phe.org.uk/topic/nhs-health-check>

4.6 Of those offered an NHS Health Check in Leeds, Public Health England record that 65.3% attended their appointment and received an NHS Health Check (2013-2016). This is higher than Wakefield and Doncaster who achieved an uptake of 35.1% and 54.9% respectively.

5. National comparison of NHS Health Check Performance in Leeds

5.1 The NHS Health Check programme was launched in Leeds in 2009 and we have been offering a city wide service via all 105 GP practices in the city since 2011, a period of six years.

5.2 As each person is eligible to receive an NHS Health Check once every five years NHS England targets each Local Authority to invite 20% of the eligible population each year. This ensures that 100% of the eligible population is offered an NHS Health Check over a five year cycle.

5.3 Nationally 69.7% of the eligible population has been offered an NHS Health Check since 2013. In Leeds we have offered 90.9% in the 5 years between 1 April 2011 and 31 March 2016.

5.4 Public Health England record this performance as 61.4% for the reasons outlined below:

5.4.1 National data is only taken by Public Health England, from April 2013 due to legislative changes.

- 5.4.2 As a result national data covers a 3.5 year period which under-records the performance of authorities such as Leeds who implemented the NHS Health Check early. Effectively the data penalises early achievers such as Leeds by not presenting the full achievement in respect of the eligible population. It rewards those authorities who are currently over-achieving in order to address previous weaknesses or delays in establishing effective delivery (please see section 8 Key Challenges for further information).
- 5.4.3 Meeting the Public Health England invitation targets of 20% of the eligible population being invited per annum drives a maximum possible invitation achievement over a 3.5 year period of 70% of the eligible population. Hence in achieving a 61.4% invitation rate, Leeds has effectively achieved an 87.7% coverage of the eligible population during this period on a pro-rata basis, placing Leeds in a ranked position of 23rd out of the 152 local authorities recorded.
- 5.5 Nationally 48.5% of the eligible population take up the offer of an NHS Health Check. In Leeds over the last 5 years, the take up was between 57% and 62%. Public Health England record performance for Leeds over the last 3.5 years as 65.3%.
- 5.6 Performance in Leeds over the last five years in offering the NHS Health Check to its eligible population is 30% higher than the national average.
- 5.7 Performance in Leeds over the last five years in delivering the NHS Health Check to its eligible population is 13% higher than the national average.
- 5.8 It is important to note that in PHE published statistics, (<http://healthierlives.phe.org.uk/topic/nhs-health-check>) Leeds is shown with a red status in the category of “people invited for an NHS Health Check”. Whilst LCC acknowledges that the data is correct, the explanation in section 5.4 demonstrates that the data is incomplete. As a result the performance reported for Leeds by Public Health England, could be viewed as confusing and potentially misleading.
- 5.9 In PHE statistics, (<http://healthierlives.phe.org.uk/topic/nhs-health-check>) Leeds is shown as green in respect of “People receiving an NHS Health Check” and “People taking up an NHS Health Check invite”.

6. Male outcome data in Leeds

- 6.1 Uptake levels for men have been consistently lower than those of females and have declined in the last year.
- 6.2 When males do attend an NHS Health Check they are more likely to be classified as high risk of CVD.
- 6.3 Males from a Chinese and Black ethnic background are less likely to attend an NHS Health Check than their White counterparts.
- 6.4 In the latest figures for 2016/17, male uptake was 48.7 % down from the 52.0% average achieved over the previous 5 years. Conversely the female uptake is 59.9%, up from the previous 57.3% 5 year average. This trend is in line with national data from a study in 2015 covering 655 GP practices, which showed that men were less likely to attend. Robson, et al (2016) The NHS Health Check in England: an evaluation of the first 4 years. BMJ open, No 6 Vol.

7. Supporting National Insight for males

- 7.1 No national statistics are available to differentiate between the effectiveness of the NHS Health Check programme for males as opposed to females, although it is known that males in the most deprived fifth of areas in England will live on average 27.1% shorter lives, than those in the least deprived fifth of areas.
- 7.2 Nationally the NHS Health Check programme rapid evidence synthesis for 2016 highlighted that there appears to be a higher uptake among older people, as well as deprived populations. This evidences the role of the NHS Health Check in reducing early death and in reducing health inequalities.
- 7.3 The NHS Health Check programme rapid evidence synthesis for 2016 also highlighted that uptake is generally higher in women. It also highlighted that the setting in which NHS Health Checks are delivered appears to influence who attends. For example NHS Health checks delivered in community settings including sports clubs and places of worship may encourage more men to attend, if there is a system in place to ensure this is systematic and recorded on the primary care system.
- 7.4 At the NHS Health Check conference in February 2017, a workshop was held and led by the national men's health forum, focussing on the barriers and solutions to engaging men in an NHS Health Check. Some key barriers and suggested solutions were highlighted:
- Lack of knowledge and awareness - Only 22% of those surveyed in 2016 (718 men) had heard of the NHS Health Check Programme. Of those a 65% said they'd been invited, and 81% of those invited said they had attended. Resulting in an 11.5% attendance rate from this sample of men.
 - Attitudinal and practical barriers - lack of time and prioritising work ahead of health.
 - Workplace culture and employer attitude towards health - These were found to be critical factors in uptake. Including issues of long hours and commuting long distances. The 2016 survey showed 18% of men will never take time off work to see a GP, no matter what the problem or symptom. This was particularly prevalent in those with a more traditional view of masculinity. The GP Patient Survey shows all age-groups of men under 65 in full-time work, are less likely to visit the GP than working women of the same age.
 - Engagement with national employers – Working with employer organisations and sports bodies to unlock greater access for Local Authorities via workplaces and community venues, was recommended.
 - Media initiatives – Including coverage in soap operas and reality TV programming. This was recently addressed in a showing of EastEnders where a male accessed an NHS Health Check.
- 7.5 The LGA Report 'Checking the Health of the Nation: Implementing the NHS Health Check programme', acknowledges the challenge local authorities face in achieving the target NHS Health Check uptake. The review sets out five different delivery models/ strategies deemed effective, based on the available evidence. This includes, using volunteers, community pharmacies, behavioural insight, GP support and delivery in targeted community settings. It is important to note that many of the delivery methods highlighted in the review operate across different delivery methods, suggesting that there is no one size fits all approach to the delivery of NHS Health Checks.

8. Key Challenges

- 8.1 The outcome data published by Public Health England (PHE), records only a 3.5 year period for a service where PHE sets targets to drive a five year rolling programme. As a result the performance of early adopters and achievers like Leeds is understated. This situation skews the rankings and in the area of “People Invited for a Health Check”, Leeds is reported as providing NHS Health Check invitations to only 61.4% of the eligible population, ranking Leeds at a rank of 106 out of 152 Local Authorities. Given that the actual performance in Leeds is 90.9% we need to work with Public Health England to establish a more representative view of the performance of Leeds, compared to the rest of the country. Please see Appendix 1 for further information.
- 8.2 The NHS Health Check in Leeds has now been in place for almost 8 years. People living in deprived communities are still being reached across Leeds but the proportion of people attending NHS Health Checks from the most deprived areas of the city, has decreased by 5% in the last 4 years. This is not in line with the national trend, where attendance from deprived communities is increasing. It should be noted however that national attendance levels are below those in Leeds therefore the comprehensive review needs to determine the root cause of this difference.
- 8.3 The percentage of the eligible population being invited for an NHS Health Check in Leeds has declined in recent years. The reasons for this and potential improvements will be identified as part of the NHS Health Check comprehensive review.
- 8.4 In Leeds, for the first time there are higher numbers attending an NHS Health Check from more affluent areas in Leeds. Again this is not in line with the national trend.
- 8.5 The differences highlighted in sections 8.2 and 8.4 could be a result of the phased introduction of the programme in Leeds where deprived and high risk people were seen early and before Public Health England figures started to be published. The difference is being analysed and addressed as part of the NHS Health Check comprehensive review in Leeds.
- 8.6 In relation to ethnicity, the largest uptake is from people with a white background compared to other ethnic groups. This is not proportionate to the 2011 ONS census particularly for people from Asian communities. Uptake from other ethnic groups has improved over the last six years, but it is still not fully reaching the diverse ethnic groups in the city.
- 8.7 Men are being invited for an NHS Health Check, however they are less likely to attend.
- 8.8 No national guidelines or best practice exist today to inform public health leaders in Leeds regarding the most effective methods to increase NHS Health Check uptake in men.
- 8.9 More work is required to understand the uptake from other key groups, including people with learning disabilities and mental illness.
- 8.10 The ability of Leeds City Council to maintain and potentially improve its performance of the NHS Health Check is reliant upon retaining the current budget.

9. Consultation and Engagement

- 9.1 The NHS Health Check model in Leeds was initially developed using consultation and engagement in 2009 and has been continuously enhanced using further consultation with service users.
- 9.2 In April 2016 the Council commenced the next round of consultation and engagement, as part of a comprehensive NHS Health Check review in Leeds. This is in preparation for the re-procurement of services after March 2018. The Men's Health Forum has been included in this round of consultation. Please see section 10 for further details.
- 9.3 Guidance from the scrutiny panel is requested in relation to additional engagement and this will provide input to the NHS Health Check comprehensive review, to direct our future plans and activities.

10. NHS Health Check comprehensive review

- 10.1 In February 2017 the Leeds project group commenced an NHS Health Check comprehensive review process to determine key actions for improvement and milestones to track future progress and outcomes.
- 10.2 Consultation events have so far taken place at Clinical Commissioning Group engagement events, to target General Practitioners, practice nurses and health care assistants, to establish their views on the strengths and weaknesses of the current delivery model.
- 10.3 A further stakeholder event was held on 4 April 2017 with over seventy delegates who represented the diverse population of Leeds in order to gather further insight from wider stakeholders. Attendees included those representing Black, Minority and Ethnic groups, including those of Asian ethnicity. Males and Females.
- 10.4 As part of the ongoing review, LCC will consult with other areas who are achieving better outcomes to transfer best practice into Leeds.
- 10.5 The LGA report and the NHS Health Check conference workshop in relation to men's health have been included within the scope of the review.
- 10.6 The information gathered from this and related events will be collated in a report with recommendations by July 2017, which will be taken to the executive board. The findings from this report will contribute to the procurement decision. Should the service be re-procured the new provider will be in place by no later than April 2019.
- 10.7 Some potential recommendations which Leeds will consider as part of the review are: other settings such as workplace programmes, and other places where men attend or congregate, for example sports clubs, and places of worship.
- 10.8 Establishing a future delivery model to include wider settings (beyond the current GP based settings), would require a system in place to liaise with the practice registered list. We will take input from the systems employed and the learning from the Leeds Asda trial and similar trials in England as part of the review.
- 10.9 Future models of delivery will also take into account the potential for greater focus on ensuring GP delivered NHS Health Checks work for men, taking into account extended hours and online booking. The future delivery model will also be designed to address men's concerns about NHS Health Checks via tailored communication.

11. Corporate considerations

12. Equality and diversity / cohesion and integration

- 12.1 A full equality impact assessment of the NHS Health programme was carried out in 2014.
- 12.2 A further full equality impact assessment is being carried out as part of the current NHS Health Check comprehensive review in Leeds.

13. Council policies and best council plan

- 13.1 The NHS Health Check programme is a key outcome of the Leeds Health and Wellbeing Strategy 2016-2021 and supports the Best council plan 2015-2020.

14. Resources and value for money

- 14.1 The NHS Health Check is funded from within the Public Health ring fenced grant. The budget is subject to national recurrent cuts.

15. Legal implications, access to information, and call-in

- 15.1 There are no legal implications to consider

16. Risk management

- 16.1 The recommendations within this report seek to reduce the risk of future non delivery of the programme to men and protecting the contribution of the NHS Health Check to the ongoing reduction of early deaths from CVD.

17. Conclusions

- 17.1 Overall the NHS Health Check programme in Leeds has made a substantial contribution to reducing early death from CVD in Leeds. Rates of uptake are now steadily declining and there is a particular concern in the most deprived areas of Leeds, for men and from BME communities. Leeds City Council are taking the opportunity to undertake a comprehensive review of the programme in order to further improve outcomes in the future.
- 17.2 The performance in Leeds is being understated in Public Health England figures and the Leeds Public Health team are addressing this.
- 17.3 Uptake was initially high in the most in deprived communities in Leeds (due to specific targeting and prioritisation of these communities in the early years) and for the first time in 2015/2016 we saw higher uptake from affluent areas than from deprived communities. This trend is in contradiction to the national trend reported by Public Health England, although it remains to be determined if this is due to Leeds commencing the NHS Health Check programme much earlier than the national average.
- 17.4 Uptake of men is an issue, with the uptake with men being recently highlighted by the Men's Health Needs Assessment in Leeds. we are focussing on the output of

the NHS Health Check Comprehensive Review in Leeds, to generate local insights and recommendations.

- 17.5 Uptake within BME communities and particularly groups with Asian ethnicity has improved in Leeds over recent years, but remains an issue. We are focussing on the output of the NHS Health Check Comprehensive Review in Leeds, to generate local insights and recommendations for improving uptake in BME communities in the future.
- 17.6 Overall, uptake of the NHS Health Check is starting to decline and the service is undergoing a comprehensive review ahead of re-procurement with new providers starting between April 2018 and March 2019.

18. Recommendations

- 18.1 The Board receives and notes the update on the delivery of the NHS Health Check in Leeds
- 18.2 The Board is requested to comment on current work to undertake a review of the programme specifically in relation to facilitating an increase in men taking up the programme

19. Background papers¹

None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Comparison of performance to National Average (3.5 & 5 year views)

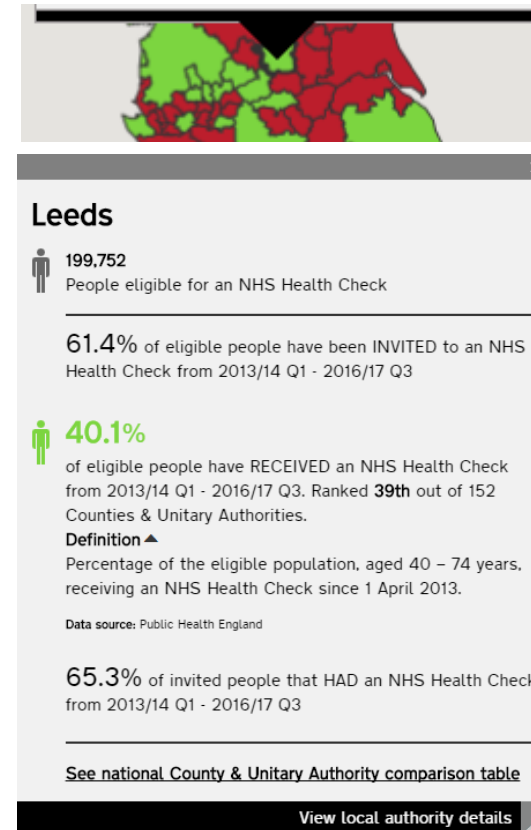
Percentage of eligible population invited for an NHS Health Check



Percentage of invited people receiving an NHS Health Check



Percentage of eligible population receiving an NHS Health Check



Source: Public Health England <http://healthierlives.phe.org.uk/topic/nhs-health-check>

LCC Comments

90.9% Actual LCC 5 year performance

60.2% Actual LCC 5 year performance

54.8% Actual LCC 5 year performance

*Public Health England figures are accurate, but understate the actual performance in Leeds
Public Health England figures compare performance over a 3.5 year period with the total eligible population who are entitled to an NHS Health Check once every five years
The NHS Health Check has been running in Leeds for over 5 years, hence the Leeds performance is understated as 18 months performance figures are missing from the PHE data*

Appendix 2: Leeds and LCC Evaluation of the pilot NHS Health Check programme in Leeds

NOTE Please double click on the electronic version of this document in the area of the document below to open the full version of this report.



Leeds NHS Health Check: Asda pharmacy pilot Evaluation Report

September 2016

Lucy Jackson – Consultant in Public Health

Diane Burke- Head of Public Health - Long term Conditions

Hanna Kirby – Advanced Health Improvement Specialist

Background:

The commissioning and monitoring of the NHS Health Check is one of the mandatory public health functions for Local Authorities. Leeds has been offering NHS Health Checks to eligible citizens since 2009 delivered via primary care and one of the aims of the NHS Health Check is that those most at risk of vascular disease (for example people living in the most deprived areas; particular vulnerable groups, and some ethnic minorities) take up this offer and attend the NHS Health Check.

Following insight carried out in 2014 in a variety of community settings, it became apparent that there is a need to offer more flexible and accessible opportunities for eligible citizens to access an NHS Health Check thereby giving more choice with an overall aim of increasing uptake in Leeds, and addressing inequalities in health.

Leeds was approached by Public Health England to pilot a model whereby the NHS Health Check would be delivered through Asda pharmacies within 4 Asda supermarkets (Morley, Seacroft, Pudsey and Holt Park) in addition to the current GP providers.

Following consultation with GP practices, a structured temporary trial service with Asda Pharmacy was developed and implemented to evaluate the benefits and outcomes of Asda pharmacy providing a more convenient flexible and open offer to people as part of a whole system approach with the primary care record at its centre.

To ensure the NHS Health Check was provided at the same high standard as within primary care it was agreed and written into the service specification and operating standard procedures for the following to be adhered to:

- The NHS Health Check to be delivered in a private setting within an Asda Pharmacy
- Staff providing the NHS Health Check were to be the equivalent of a Health Care Assistant with a pharmacist on site to give any further advice.
- 30 Pharmacy staff received the same training that is provided to primary care colleagues in relation to undertaking the NHS Health Check (2 days which included CVD and NHS Health Check, motivational interviewing, walk through of the NHS Health Check including POCT and Leeds Let's Change)
- Staff followed a clearly documented protocol supported by an electronic template which had been modelled on those currently used in GP practice.
- To provide the best experience and outcomes for people, staff were also trained in motivational interviewing to promote behavior change refer people to healthy living interventions (in line with One You Leeds).