

Leeds NHS Health Check Re-Procurement Review: summary of key findings

Background/Context

The NHS Health Check programme aims to prevent cardiovascular disease and associated conditions through the early assessment, awareness and management of risk factors. It targets eligible adults between the ages of 40-74 to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia and offers advice, support and interventions to reduce their overall risk. These conditions have the greatest impact on the most deprived communities, so the NHS Health Check also provides an opportunity to help reduce health inequalities. Leeds has been offering NHS Health Checks to its eligible population since 2009 from all GP practices.

The current NHS Health Check service contract in Leeds is provided by the Leeds GP Confederation and ends in March 2024. Leeds City Council Public Health team have been working with partners, stakeholders and the public to review the NHS Health Check programme in order to inform how this service is delivered going forwards as part of the re-procurement process.

This paper provides a summary of the headlines from this review.

Our vision

All eligible people in Leeds are offered an NHS Health Check. Those who receive an NHS Health Check, do so in a timely, quality, person-centred way with high uptake from population groups most likely to benefit, helping to increase accessibility and reduce health inequalities.

National Evidence

Three recent evidence reviews undertaken:

- The Primary Care Unit, University of Cambridge and RAND Europe, 2016
- Updated evidence review, The University of Sunderland and Newcastle University, 2020.
- Public Health England, Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations - December 2021

Key findings suggest:

- The NHS Health Check is engaging people from poorer communities and high risk ethnic minority groups. However, across all ethnic groups, people in the most deprived 10th of the population are less likely to attend.
- There is a lack of consistency in findings on the impact of ethnic background on uptake.
- Likelihood of attending an NHS Health Check increases with age. It is also higher for women, the most affluent and non-smokers.
- Overall, between 2015 and 2020, 41% of eligible people had a check. However, there is significant variation across local authority areas.
- Across all attendees, more than half (57.8%) of offered referrals to services are declined.
- People with learning disability or serious mental illness have slightly higher adjusted odds of attending than people without these conditions
- NHS Health Checks are also more likely to detect a 10-year CVD risk of 20% or higher in people from the most deprived 10th of the population.

- Some evidence that delivery of NHS HCs in community outreach settings may be beneficial, especially for hard to reach groups but evidence is sparse and generally low quality.
- Some evidence that opportunistic testing is beneficial in both PC and community settings in yielding greater uptake from most deprived and identifying CVD high risk.
- Research gaps remain.

Local data

Figure 1

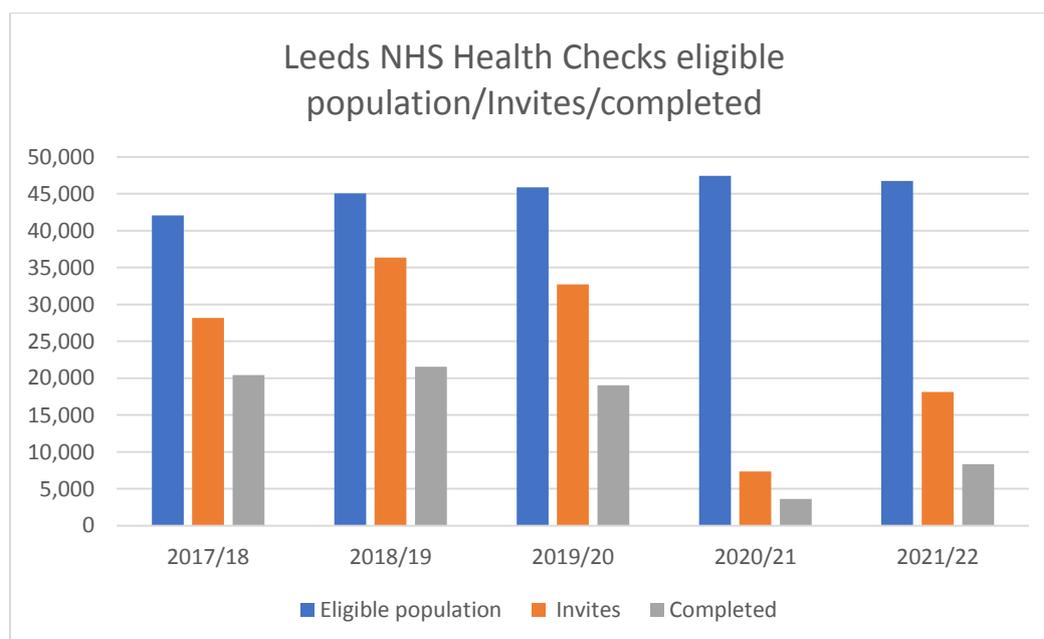


Figure 1 shows the total eligible population, number of invites, and completed NHS Health Checks. There was a significant reduction in number of NHS Health Checks invited and completed during both 2020/21 and 2021/22 as a result of the impact of the COVID-19 pandemic.

In the last pre-pandemic year (2019/20) 71.4% (32,719) of the eligible population (45,854) were invited, of those, 19,054 received an NHS Health Check.

Figure 2

Area ▲▼	Value ▲▼	Lower CI	Upper CI
England	54.7	54.7	54.7
Yorkshire and the Humber region	44.7	44.7	44.8
Kirklees	77.1	76.8	77.3
Calderdale	65.4	65.0	65.8
North Yorkshire	56.6	56.4	56.8
Doncaster	50.3	50.0	50.6
North East Lincolnshire	48.3	47.9	48.8
York	47.3	46.9	47.8
Sheffield	44.2	44.0	44.5
Leeds	43.5	43.3	43.7
Wakefield	42.9	42.6	43.2
Rotherham	41.3	41.0	41.7
Bradford	38.9	38.6	39.1
Barnsley	38.5	38.2	38.9
North Lincolnshire	38.4	38.0	38.9
Kingston upon Hull	25.6	25.2	25.9
East Riding of Yorkshire	4.1	4.0	4.2

Source:
Local authorities collect information on the number of NHS Health Checks offered and the number of NHS Health Checks received each quarter and return this data to OHID.

Figure 2 shows the percentage of the eligible population **invited** for an NHS Health Check over the period 2018/17 – 2022-23 upto quarter 2 (just slightly under the five year period), comparing Leeds with other areas. The Leeds figure (43.5%) was statistically significantly lower than both the England and regional values. The latest invite figure has reduced in all other area to varying degrees as a result of the pandemic.

In the previous five year measure of this indicator (2015/16-2019/20) the figure for Leeds was 76.3%. As highlighted in figure 1 the number of invites sent during the COVID-19 years of 2020/21 and 2021/22 was significantly reduced.

Figure 3

Area ▲▼	Value ▲▼	Lower CI	Upper CI
England	23.2	23.1	23.2
Yorkshire and the Humber region	18.8	18.8	18.9
Barnsley	14.8	14.6	15.1
Bradford	16.9	16.7	17.1
Calderdale	29.7	29.3	30.0
Doncaster	21.1	20.9	21.4
East Riding of Yorkshire	4.3	4.2	4.5
Kingston upon Hull	11.4	11.1	11.6
Kirklees	35.4	35.4	35.6
Leeds	26.0	25.8	26.2
North East Lincolnshire	14.2	13.9	14.5
North Lincolnshire	12.5	12.2	12.8
North Yorkshire	26.0	25.8	26.1
Rotherham	5.9	5.7	6.1
Sheffield	14.0	13.8	14.2
Wakefield	14.4	14.1	14.6
York	8.0	7.8	8.3

Source:
Local authorities collect information on the number of NHS Health Checks offered and the number of NHS Health Checks received each quarter and return this data to OHID.

Figure 3 shows the percentage of the eligible population that **received** an NHS Health Check over the period 2018/17 – 2022-23 (up to quarter 2), comparing Leeds with other areas. The Leeds figure (26.0%) is statistically significantly better than both the England and regional values. The figure for the previous five year measure of this indicator (2015/16-2019/20) for Leeds was significantly higher (51.1%), accounting for the impact of the

pandemic. This latest 5 year figure has also reduced in all other area to varying degrees as a result of the pandemic.

Figure 4

Area	Value	Lower CI	Upper CI
England	42.4	42.3	42.4
Yorkshire and the Humber region	42.1	41.9	42.2
Barnsley	38.5	37.7	39.2
Bradford	43.4	42.9	44.0
Calderdale	45.4	44.7	46.0
Doncaster	42.0	41.4	42.6
East Riding of Yorkshire	106.5*	103.5	109.6
Kingston upon Hull	44.4	43.4	45.4
Kirklees	45.9	45.4	46.3
Leeds	59.7	59.2	60.2
North East Lincolnshire	29.3	28.6	30.1
North Lincolnshire	32.5	31.7	33.3
North Yorkshire	45.9	45.5	46.3
Rotherham	14.3	13.8	14.7
Sheffield	31.6	31.2	32.0
Wakefield	33.5	32.9	34.0
York	17.0	16.5	17.5

Source:
Local authorities collect information on the number of NHS Health Checks offered and the number of NHS Health Checks received each quarter and return this data to OHID.

Figure 4 shows the percentage of people receiving an NHS Health Check from those invited over the period 2018/17 – 2022-23 (up to quarter 2), comparing Leeds with other areas. The Leeds figure (59.7%) is statistically significantly better than both the England and regional values.

**Caution needs to be applied when comparing between areas as some LA areas use ONS population estimates for their eligible population. LCC, Public Health use Leeds GP registered population*

Deprivation

Figure 5

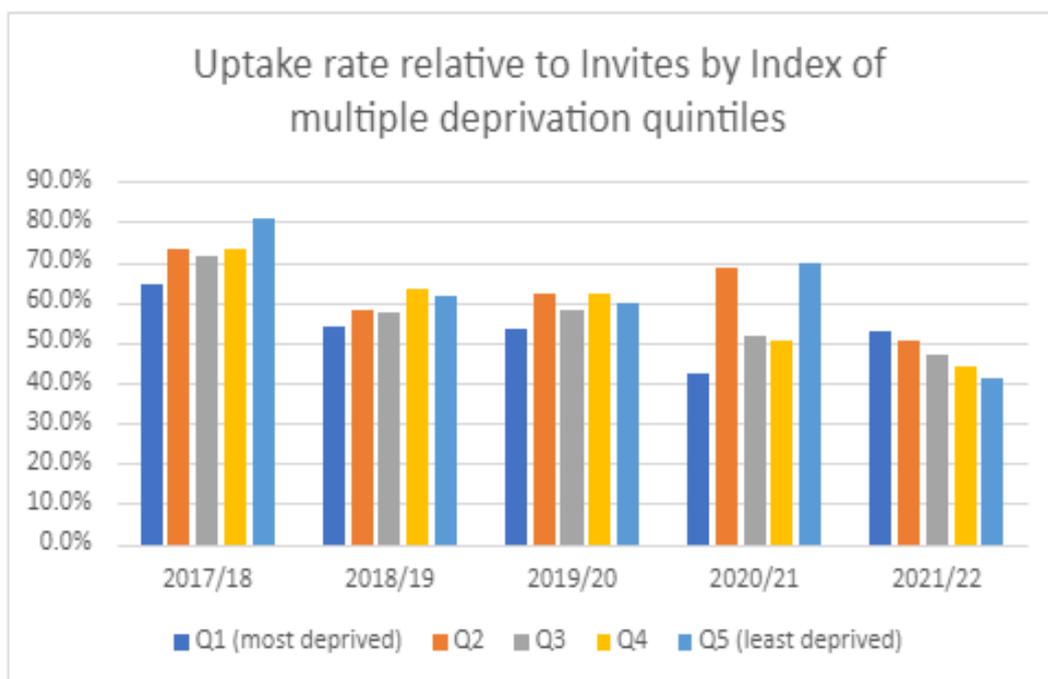


Figure 5 shows the uptake percentage of NHS Health Checks completed from those invited by Index of multiple deprivation (IMD) quintiles in Leeds.

For each respective year from 2017/18 to 2020/21, those from the most deprived IMD quintile had the lowest uptake percentage compared with the least deprived quintiles. This indicates that during this period those from the most deprived communities were less likely to take up the offer of an NHS Health Check.

However, this gradient was reversed in 2021/22 with those from the most deprived quintile of deprivation more likely to attend when invited.

Figure 6

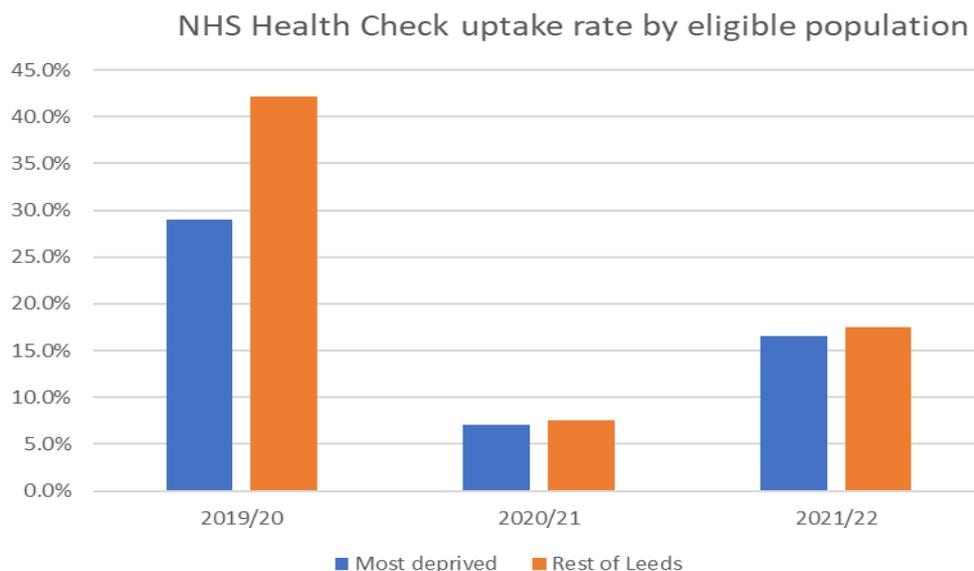


Figure 6 shows the uptake percentage of NHS Health Checks completed from those eligible comparing those from the most deprived IMD quintile with the rest of Leeds.

In 2019/20, those from the most deprived quintile were less likely to attend an NHS Health Check compared to the rest of Leeds. The uptake rate of the eligible population decreased significantly for 2020/21 and 2021/22 respectively (COVID -19 pandemic years). Although still slightly lower for the most deprived compared to the rest of Leeds, it was much more even.

Ethnicity

Figure 7

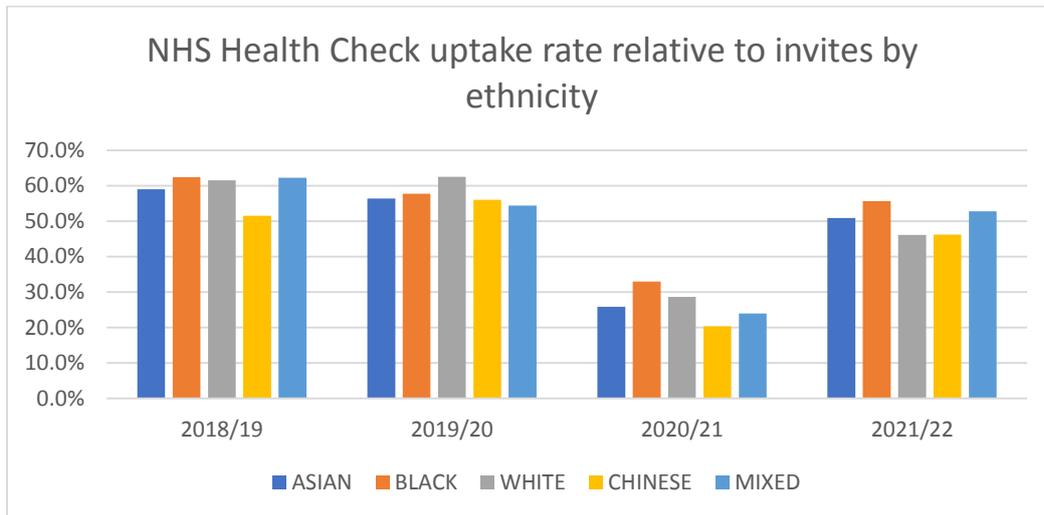


Figure 7 shows the uptake percentage of NHS Health Checks (completed from those invited) by ethnicity.

There is no consistent pattern across years to indicate that one ethnic group is significantly more/less likely to attend an NHS Health Check from an invite.

Figure 8.

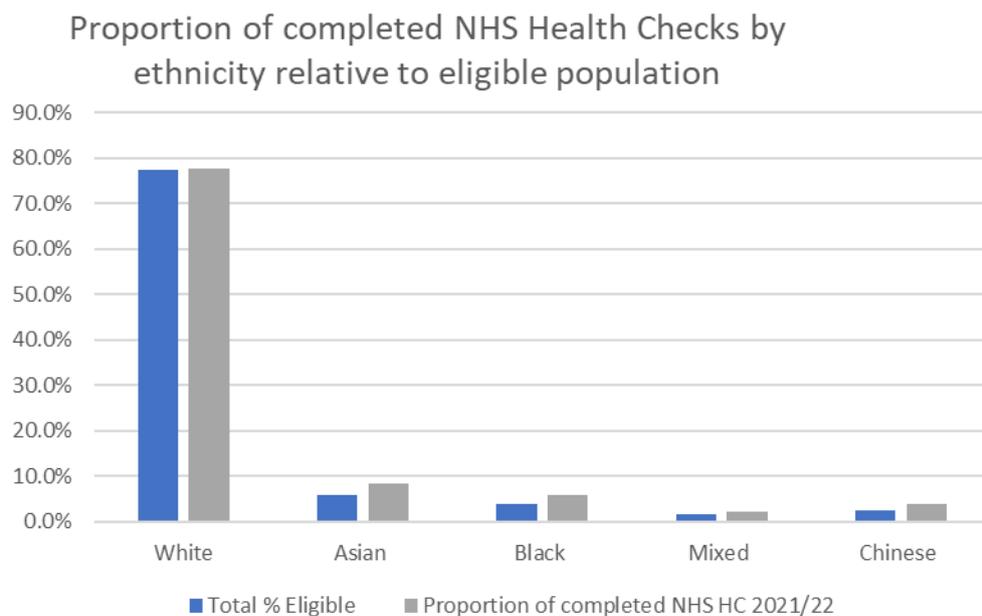


Figure 8 shows the proportion of completed NHS Health Checks relative to the proportion of an ethnic group within the eligible population during 2021/22.

The majority of NHS Health Checks were completed with people from a white background which is to be expected given this group represents the largest proportion of those eligible. Although the proportion of NHS Health Checks completed is a lot lower in the other ethnic groups it is proportionate to the % eligible for an NHS Health Check in those ethnic groups. Previous years also reflect a similar pattern. This suggests that NHS Health Checks are delivered proportionally across these ethnic groups within Leeds.

Other key demographic findings:

- Females were more likely than men to attend an NHS Health Check but at the same time men more likely to score a high CVD risk.
- The older age category (over 60s) was more likely to attend than younger ages and also more likely to score a higher CVD risk, which is to be expected given that CVD risk increases with age.
- Those from a black/Asian/mixed ethnic background were more likely to be diagnosed with a condition. This is likely to reflect the higher risk of developing CVD/Diabetes in these population groups.
- Those with a Learning Disability or Serious Mental Illness are more likely to attend if invited but they are less likely to be invited than those who do not have a Learning Disability or Serious Mental Illness.

Delivery Models

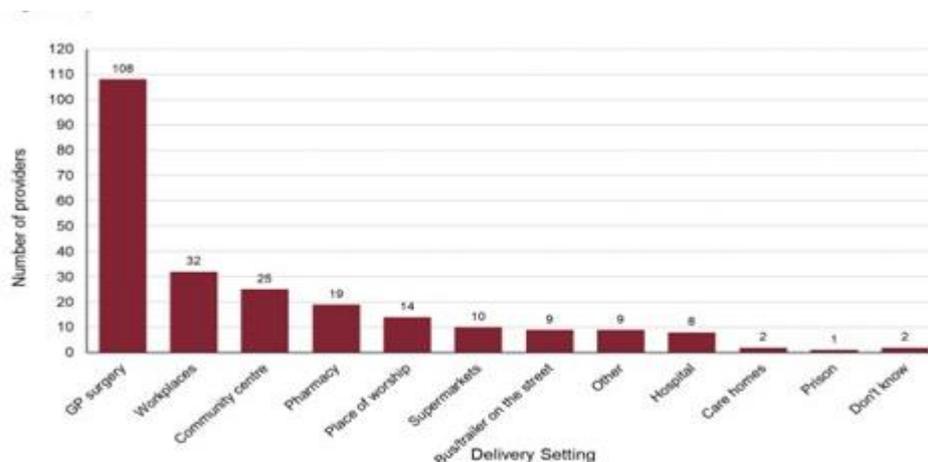
Local areas have flexibility on how they deliver NHS Health Checks. Delivery in Leeds is exclusively through General Practice. Some other local authority areas deliver NHS health Checks through Pharmacies or in a range of other community non-clinical settings as indicated in Figure 9. In some areas they have a mixed model approach (delivering in a mixture of both GP and community settings).

A survey conducted by Public Health England in 2020 showed that, of those local authorities that responded:

- 63% have a single provider model
- 37% have a mixed model
- Where mixed model is used there is a dominant provider - 90% is GPs

Figure 9.

Delivery setting used (n=237, more than one approach can be used in a single LA)

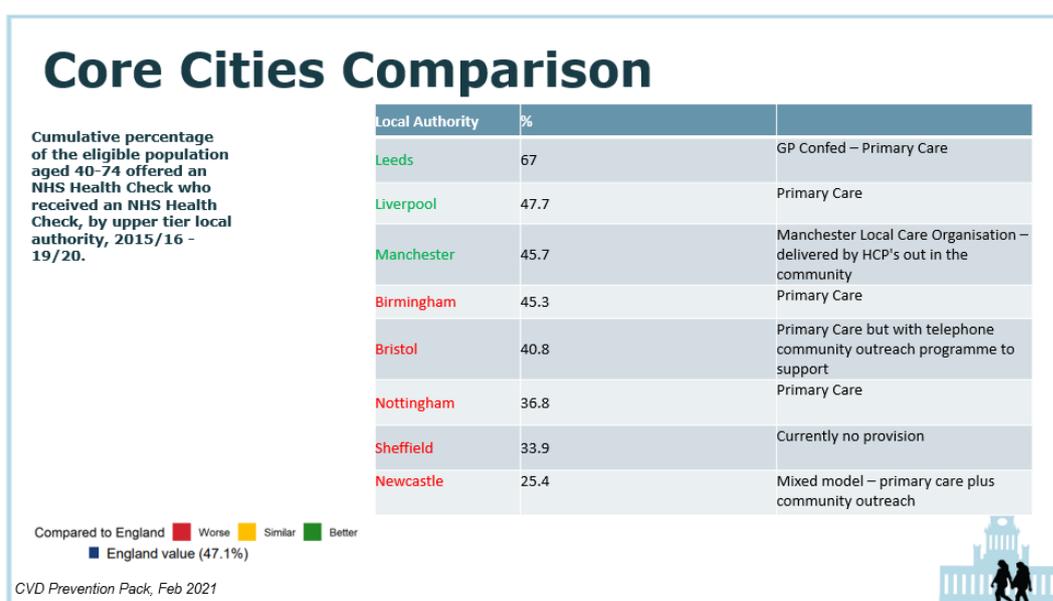


Evaluation and evidence comparing effectiveness of NHS Health Check delivery in community settings is sparse. Figures 10 and 11 indicates delivery models in different areas alongside overall performance and suggests the current Leeds model performs better than other areas that have a community approach. However, this doesn't show uptake for those from most deprived/ethnic minority/other key at risk groups or outcomes e.g. proportion diagnosed/CVD high risk score etc.

Figure 10



Figure 11



Public/Professional insight

Two pieces of insight gathering were conducted:

Citizens Panel online survey (91 respondents from Leeds residents).

Leeds City Council also commissioned an external organisation (Social Marketing Gateway) to conduct research targeting public and professionals delivering NHS Health Checks.

Involved:

- 6x focus groups (39 people), 5x depth interviews, follow up survey testing, online survey for providers (however only 2 completed responses)

- Focused on attitudes, expectations, barriers, and motivators towards NHS Health Checks
- A mix of socio-economic/demographic groups/mixture of people previously attended/not attended NHS Health Check. Also, representation from obese, smokers, those with a Learning disability and Serious Mental Illness

Summary of key insights:

Expectations/knowledge/perceptions around the service:

- *Amongst both attendees and non-attendees generally positive of the service offer and the importance of taking preventative steps to stay healthy/avoiding demand on services.*
- *Some participants expected the service to involve more in-depth checks (e.g. full blood tests, cancer screenings).*
- *NHS Health Check duration – 20-30 minutes was perceived favourably.*
- *Participants wanted reassurance that if an issue is spotted during the check the required referral would be made for them and the onus would not be on them.*
- *Worries about receiving results – some participants highlighted previous experiences of having tests done and receiving no results.*

Barriers to attending NHS Health Checks:

- *Not having received an invite – A key barrier was simply not having received an invitation even though they were eligible.*
- *No follow-up or re-invitation if not attended the first time. Whilst they did not attend the first time, many would attend now, and have never been given another opportunity.*
- *Negative perceptions of accessing healthcare services – A widespread and very significant barrier impacting uptake is perceived difficulty in accessing the service once invited. Perceptions of GP access are very poor, and these have worsened since the Covid-19 pandemic where participants were encouraged to stay away from their GP surgery.*
- *Feelings of being fit / young / invincible – Feeling fit and well at the point of invitation is a barrier to attending, particularly for younger participants.*
- *Inconvenient appointment times / locations – Especially for participants that work 9am-5pm jobs, or who do not work near their GP surgery.*
- *Perceptions of wasting GP time / NHS funds – Not the most important barrier for most, but some participants did raise this issue.*

Motivators to attending the service:

- *Belief in the value of preventative healthcare.*
- *Feelings that the checks involved in the service are valuable and worthwhile.*
- *Knowing someone who has unexpectedly been diagnosed with a condition.*
- *Wanting to stay healthy for loved ones.*
- *Desire to be given advice to improve lifestyle.*
- *Ability to book online – As this is often more convenient than phoning. However, phoning should remain an option for those without internet access.*
- *Being clear that they do not have to phone as they would for a same-day appointment – i.e. Even if they must phone to book, it would not need to involve the '8am scramble' where they are often in a queue for 30+ minutes.*
- *Variety of locations available for service – As long as the location is felt to be private enough, and the person performing the check is a healthcare professional participants were not concerned where the service takes place.*

- *Ideally, they would like more than one location available (different GP surgeries, pharmacies or community venues) to allow them to choose somewhere convenient.*
- *Invitation letters - Participants had a number of suggestions for how to improve current invite letter and communications used to invite eligible people to attend NHS Health Checks.*

NHS Health Check Stakeholder Engagement event

A stakeholder engagement event was held on the 5th December, 2022. At the event, key headlines from the NHS Health Check review were shared. In addition, a group activity involved working through a range of personas to unpick what a good NHS health Check would look like for that individual and key considerations to maximise uptake.

Common themes that emerged from this activity:

- *There is the need for flexible, accessible appointments including out of hours options*
- *Must be person-centred and if possible, family-centred*
- *Community promotion of the programme*
- *Use simple language to reinforce what is involved in the NHS Health Check and why it is beneficial*
- *Link in with other services to promote the NHS Health Check and for signposting if appropriate*
- *Provide resources, appointments and results in a range of languages*
- *GPs are recognised as a good option for delivery but there is also need for a community-based approach to reach those who are not currently engaging with the programme*
- *Is there an opportunity to tag the NHS Health Check onto an existing appointment / other preventative screening opportunity?*

Conclusion

The key headlines and insights from this review will inform the future design and delivery model of the NHS Health Check programme in Leeds due to be re-procured in 2024. There is a real need to ensure that future delivery aims to ensure all eligible people for an NHS Health Check receive an invite.

It's crucial that future delivery is designed to target and maximise uptake from key at risk groups, which includes those from both ethnically diverse and most deprived communities. This needs to involve greater awareness raising in communities and working with third sector organisations.

It is also important that the outcomes of an NHS Health Check are maximized. Including ensuring the provision quality healthy behaviour change support adopting a 'better conversations' approach and maximizing referrals and access to appropriate support services.

In addition, there is also a need to catch up on eligible people who weren't offered an NHS Health Check during the COVID-19 years.

Next steps/timeline

- Present NHS HC review paper to Healthy Population Board: January 2022
- Service delivery model and re-procurement approach agreed through LCC governance: January-March 2023
- Contract award and mobilisation: October 2023
- Service start date: 1st April 2024