

## Health Improvement Board: Report card

### 1. Details

**Strategic Priority 8:** Preventing early death and improving quality of life in later years

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**Overview:** The NHS Health Check Programme is a national initiative to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early identification and management of certain risk factors. In Oxfordshire, this is delivered through 80 GP practices.

**Priority 8.2:** Of people aged 40-74 who are eligible for a NHS Health Check once every 5 years (189,393), at least 15% (28,409) are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%

Progress measure:

Current indicator RAG Rating

Green

Priority 8.2		Actual		Cumulative	
		Q1*	Q2	Q1*	Q2
<b>No. of eligible residents who have been offered an NHS Health Check</b>	<b>Planned Actual</b>	9470 9942	9470 12037	9470 9942	18939 21979
<b>% of eligible residents who have been offered an NHS Health Check</b>	<b>Planned Actual</b>	5.0% 5.2%	5.0% 6.4%	5.0% 5.2%	10.0% 11.6%

Table 1: Actual and Cumulative Number and % of NHS Health Checks Invited for Oxfordshire as reported to Public Health England. \*revised from what was reported for Q1, after Q2 data received

CCG Locality	Eligible Population	2014/15 Aspired Target (20% of Eligible)	Offered Check in 2014/15	Invited % of 2014/15 Aspired Target (20%)	Invited % of Eligible Population
South West	40147	8029	6076	75.7%	15.1%
Oxford City	41758	8352	4825	57.8%	11.6%
North East	22868	4574	2479	54.2%	10.8%
South East	27990	5598	2913	52.0%	10.4%
North	31267	6253	3176	50.8%	10.2%
West	23400	4680	2158	46.1%	9.2%
<b>Oxfordshire</b>	<b>189393</b>	<b>37879</b>	<b>21979</b>	<b>58.0%</b>	<b>11.6%</b>

Table 2: Number and % of NHS Health Checks Invited, broken down by CCG Locality

**Priority 8.3:** At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66%

Progress measure

Current indicator RAG Rating

Red

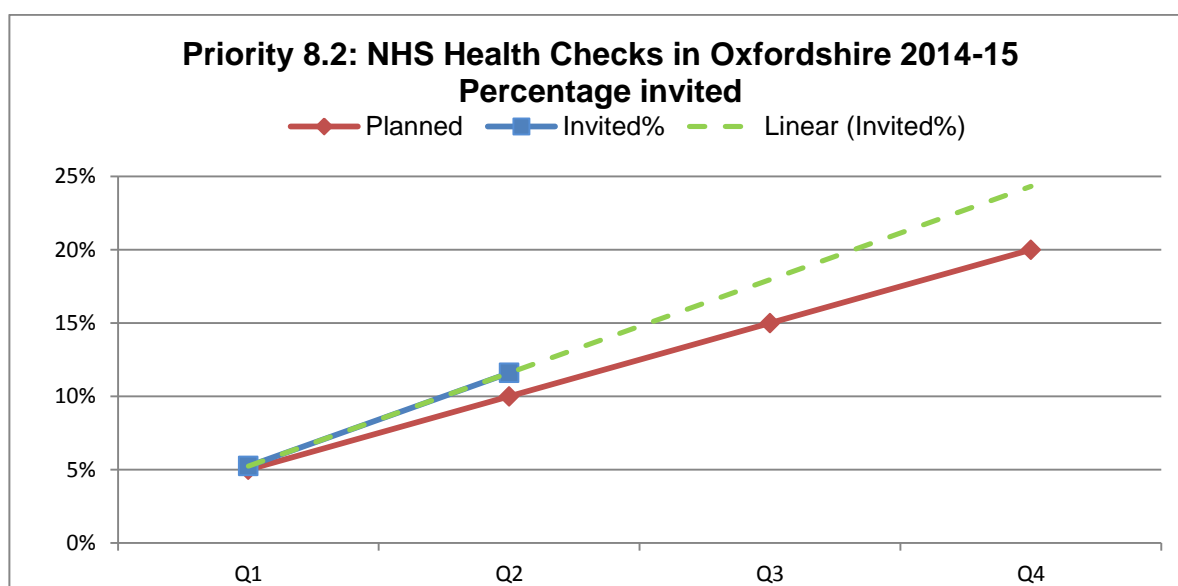
<b>Priority 8.3</b>		<b>Actual</b>		<b>Cumulative</b>	
<b>% Uptake of NHS Health Checks to people offered</b>	<b>Planned</b>	<b>Q1*</b>	<b>Q2</b>	<b>Q1*</b>	<b>Q2</b>
	<b>Actual</b>	66%	66%	66%	66%
		42.7	43.3	42.7	43.1

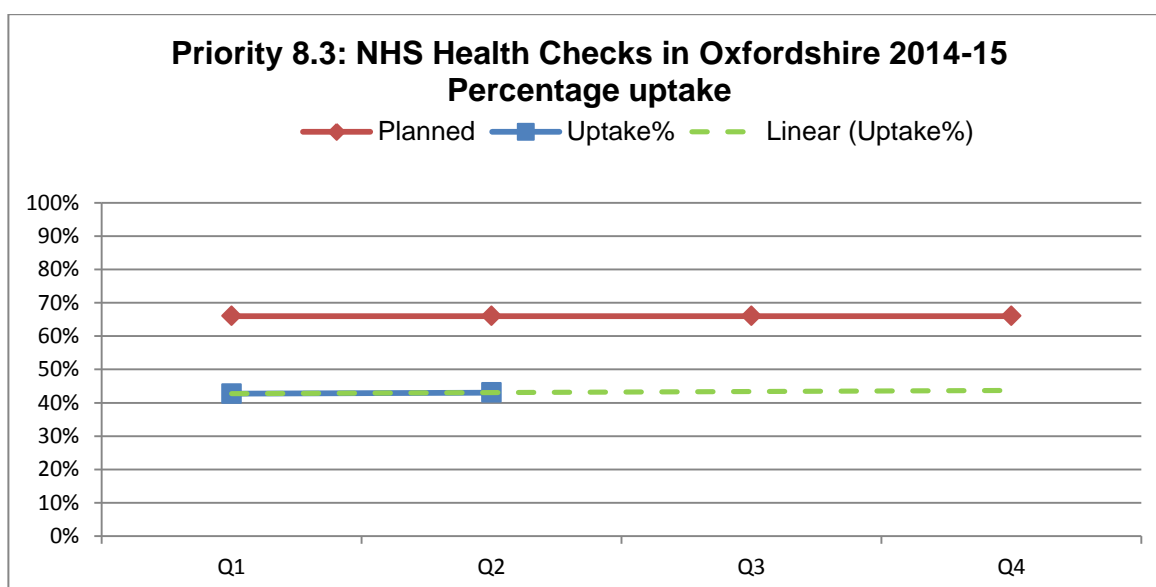
Table 3: Actual and Cumulative % Uptake of NHS Health Checks of those Invited in Oxfordshire, as reported to Public Health England. \*revised from reported for Q1 after Q2 data received

CCG Locality	Eligible Population	Offered Check	Received Check	Uptake %
West	23400	2158	1191	55.2%
North	31267	3176	1594	50.2%
North East	22868	2479	1111	44.8%
South East	27990	2913	1294	44.4%
South West	40147	6076	2505	41.2%
Oxford City	41758	4825	1622	33.6%
<b>Oxfordshire Totals</b>	<b>189393</b>	<b>21979</b>	<b>9466</b>	<b>43.1%</b>

Table 4: Cumulative Uptake % of NHS Health Checks broken down by CCG Locality

## 2. Trend data





### 3. What is the story behind this trend? - Analysis of Performance

#### Priority 8.2: Invite

- Oxfordshire continue to perform well. Based on current projections (using Quarter 1 & 2 data), the 15% invite aim will be achieved by all CCG localities (see Table 2). Additionally, all but one (West Oxfordshire CCG locality) will achieve the aspired 20%. When analysed at a County level, there are no concerns that the target won't be met.
- Compared to the Thames Valley region, Oxfordshire are ranked 2nd out of 8 Local Authorities (based on Quarter 1 & 2 2014/15 cumulative data). Note that the different models of delivery used across the Thames Valley region makes comparisons to other Local Authorities difficult.
- When activity is broken down by GP Practice, 6 Providers have no recorded invite activity this year to date (Quarter 1 & 2 cumulative). Of these:
  - 5 (83%) from Oxford City CCG Locality
  - 1 (17%) from North East

If this trend continues, the Council will not be meeting its obligation to ensure the eligible population based at these practices are offered a NHS Health Check.

#### Priority 8.3: Uptake of offer

- Based on current projections (using Quarter 1 & 2 data), no CCG locality will achieve the 66% target and only West and North Oxfordshire CCG localities will achieve the minimum 50% aim (see Table 4).
- Note the two CCG localities with the lowest invite % are the only two localities performing above the minimum 50% uptake. This highlights that Oxfordshire's continued over performance against Priority 8.2 (invite %) subsequently negatively impacts Priority 8.3 (uptake %).
- Oxfordshire are ranked 6<sup>th</sup> out of the 8 Local Authorities in the Thames Valley region (based on Quarter 1 & 2 2014/15 data only). However in Q2 they performed 2<sup>nd</sup> for uptake. Note that the different models of delivery used across the Thames Valley region makes comparisons difficult.

- A selection of Providers (8) have uptake %'s significantly lower than the County average (<25%). Of these:
  - 4 (50%) from Oxford City CCG Locality
  - 2 (25%) from South West
  - 1 (12.5%) from South East
  - 1 (12.5%) from West

If this trend continues, the Council will not be meeting its obligation to ensure all the eligible population based at these practices are given a NHS Health Check once every five years.

- Due to seasonal trends in GP demand, 50 of the 80 GP Providers invited a large % of their eligible population during Quarter 1 and 2. This is reflected by the over-performance within Priority 8.2. However, the nature of this front loaded approach leads to a lower uptake % at this stage. With 62.5% of Providers reportedly following this method, the overall uptake % of the County has reduced beyond the final 2013/14 figure. As with previous years, the uptake % is expected to increase each quarter as Service Users respond to these initial invites and Providers reduce their invitation activity.
- Currently some Providers report reduced capacity across the County which poses a risk to any expected increase in activity across the NHS Health Check programme. With NHS Health Checks only delivered from GP Providers, this is likely impact progress against the uptake % target for 2014/15 and beyond.
- If the current trend of uptake % remains, the Council will not maximise the potential preventative benefits of the Programme and its cost effectiveness will be reduced. The outcome of this will be a reduced number of residents diagnosed with diabetes, hypertension or kidney disease and a reduced number of referrals into lifestyle interventions such as weight management, physical activity programmes and smoking cessation that aim to reduce cardiovascular risk:

		Uptake %	
		2013/14: 45%	Target: 66%
<b>Referrals</b>	Weight Loss Programme	1496	2214
	Physical Activity Programme	5193	7685
	Smoking Cessation Service	381	564
	IGR lifestyle intervention	291	431
<b>Diagnosis</b>	Diabetes	142	210
	IGR	342	507
	High Blood Pressure	4561	6750
	Chronic Kidney Disease	348	514
<b>Rx</b>	Prescribed statins	825	1222
	Prescribed anti-hypertensive	512	758

Table 5: Summary of the benefits of the NHS Health Check Programme based on current and target uptake % using PHE's Ready Reckoner Tool

- Despite no increase in uptake % when compared to 2013/14 activity, it is of note that the actual total number of residents that have received a NHS Health Check during Quarter 1 and 2 2014/15 is 9466. This is an increase in activity when compared to the same time period last year. Although the Health Improvement Board does not currently monitor the % of NHS Health Checks done, this has been added to the Public Health Outcomes Framework following an update in August 2014. Based on Quarter 1 2014/15 data alone, Oxfordshire are ranked 2<sup>nd</sup> out of the 8 Local Authorities in the Thames Valley region against this new indicator. Note that the different models of delivery used across the Thames Valley region makes comparisons difficult.

#### 4. What is being done? – Current initiatives and actions

##### Actions

<u>Actions</u> (in brief)(add more rows if you need to)	<u>Commentary</u> (is this working, if not why not?)
<ul style="list-style-type: none"> <li>❑ Quality Assure all 80 Providers to ensure they meet National Standards on each element of the Programme:               <ol style="list-style-type: none"> <li>1) Invite and offer process</li> <li>2) Risk assessment</li> <li>3) Risk communication</li> <li>4) Risk management</li> </ol> <p>Only Local Authority to adopt this method</p> <p>Quality Assurance dashboard created to share outcomes with Providers, with recommendation for Service improvement</p> </li> </ul>	<ul style="list-style-type: none"> <li>■ Contract commenced on 1<sup>st</sup> October 2014 with a finish date of 31<sup>st</sup> March 2015.</li> </ul> <p>Early indicators suggest Providers perform well in elements 2, but improvement required in elements 1, 3 and 4.</p> <p>Action plans in development to address each standard that is not being achieved.</p>
<ul style="list-style-type: none"> <li>❑ Provision of training aimed at Primary Care staff which is tailored on:               <ol style="list-style-type: none"> <li>a) the findings from the Quality Assurance Service</li> <li>b) the new National Standards and Competency Framework</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>■ Seven county-wide training dates are set and commenced in December 2014</li> </ul> <p>Aim to focus training on the Invite and offer process, Risk Communication and Risk Management</p>
<ul style="list-style-type: none"> <li>❑ Delivery of a sustained County-wide communications plan based on the new PHE banding. Activities include:               <ul style="list-style-type: none"> <li>• Kassam Stadium event (Sept)</li> <li>• Petrol pumps (Sept – Nov)</li> <li>• Branded taxis x 4 (Oct – Sept)</li> <li>• OCC sites (Nov – Dec)</li> <li>• Bus routes (Jan/Feb)</li> <li>• Jack FM and Heart Radio (Jan)</li> <li>• Face-2-Face events (Jan/Feb)</li> </ul> </li> </ul>	<p>Any increase in performance will not be identifiable until the Quarter 3 and 4 data is available</p>
<ul style="list-style-type: none"> <li>❑ New quarterly performance dashboards specific for each Provider. Details potential additional income based on bonus payments related to uptake %</li> </ul>	<p>Quarter 1 &amp; 2 dashboards received with positive feedback from practices.</p>

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| <ul style="list-style-type: none"> <li>❑ Health Equity Audit to identify any potential inequities in the NHS Health Check programme in Oxfordshire based on 2013/14 date</li> </ul>  | <p>The Audit has identified inequity across age ranges, gender and ethnic groups based on uptake %.</p>   |
| <ul style="list-style-type: none"> <li>❑ Improved Contract Management of providers now on Council Contracts. Enforce a 22% payment cap on invites, reducing the risk of significant over performance of Priority 8.2 (that in turn improves outcomes for 8.3)</li> </ul> | <p>Further emphasis on 22% cap to be included in Quarter 2 dashboards.</p> <p>Additional communication with Providers that have reached 22% to stop first invitations and focus on 2<sup>nd</sup> and 3<sup>rd</sup> to improve uptake %.</p> |

## 5. What needs to be done now? - New initiatives and actions

<b>Action</b>	<b>By Whom &amp; By When</b>
<ul style="list-style-type: none"> <li>❑ Develop a business case for an alternate model of Service delivery (e.g. Outreach, Federation, buddying of practices) in targeted in areas where:               <ul style="list-style-type: none"> <li>a) uptake and/or invitation by the local GP Provider is low;</li> <li>b) uptake is lower in specific demographic groups as identified by the Health Equity Audit                   <ul style="list-style-type: none"> <li>○ Males aged 40-50 years</li> <li>○ Ethnic groups (compliments current scheduled work with the Patient Involvement Network)</li> </ul> </li> </ul> </li> </ul>	<p>December 2014</p>
<ul style="list-style-type: none"> <li>❑ Review current Service Specification for GP Providers to maximise activity and focus on the Invite and Offer method, Risk Communication process and Risk Management pathways</li> </ul>	<p>December 2014</p>
<ul style="list-style-type: none"> <li>❑ Progress with communications plan and target specified areas</li> </ul>	<p>January 2015</p>
<ul style="list-style-type: none"> <li>❑ In partnership with the providers and PHE, pilot a new approach to the 2<sup>nd</sup> and 3<sup>rd</sup> invite process that improves uptake in specific demographic groups as identified by the Health Equity Audit</li> </ul>	<p>March 2015</p>
<ul style="list-style-type: none"> <li>❑ Review outcomes from Quality Assurance Service to target focus on Service improvement through training and support Include quality indicators in future performance dashboards</li> </ul>	<p>April 2015</p>
<ul style="list-style-type: none"> <li>❑ Review/evaluate 2014/15 communications and marketing plan, with recommendations for 2015/16 based on outcomes / trends in data</li> </ul>	<p>April 2015</p>
<ul style="list-style-type: none"> <li>❑ Pending outcomes from business case for an alternate model of Service delivery, implement agreed outcome</li> </ul>	<p>April 2015</p>