

Health Improvement Board: Report card

1. Details

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

Strategic Lead: Dr Eunan O'Neill, Consultant in Public Health **Last updated:** February 2017

Overview: The NHS Health Check Programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia. In April 2013 the NHS Health Check became a statutory public health service in England. Oxfordshire County Council are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. In Oxfordshire, this is delivered through 72 GP Providers with 71 being members of the Oxfordshire Clinical Commissioning Group (OCCG).

Priority 8.2: Of people aged 40-74 who are eligible for a NHS Health Checks once every 5 years, at least 15% are invited to attend during the year. No OCCG locality should record less than 15% and all should aspire to 20%.

Progress measure: **Current indicator RAG Rating** Green

	Actual				Year To Date			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Planned	3.75%	3.75%	3.75%	3.75%	3.75%	7.50%	11.25%	15.00%
Actual	5.0%	5.2%	4.2%	0.0%	5.0%	10.2%	14.4%	0.0%

Table 1: Actual and cumulative % of NHS Health Checks invited as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

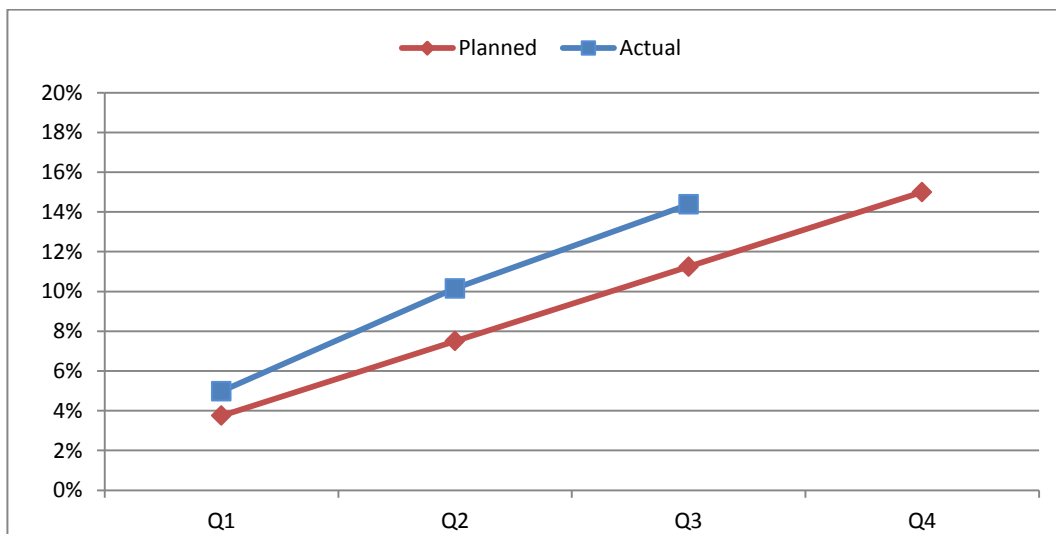


Figure 1. Cumulative trend % of NHS Health Checks invited as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) vs. planned target.

OCCG Locality	Eligible Population	Number offered an NHS Health Check YTD	% Offered an NHS Health Check YTD
North East Oxfordshire	23,116	3,135	13.6%
North Oxfordshire	31,545	4,092	13.0%
Oxford City	42,272	6,687	15.8%
South East Oxfordshire	28,082	4,402	15.7%
South West Oxfordshire	40,575	5,898	14.5%
West Oxfordshire	23,379	2,961	12.7%
Other (non-OCCG GP Provider)	1,998	280	14.0%
Totals	190,967	27,455	14.4%

Table 2: Number and % of NHS Health Checks invited, broken down by OCCG locality between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

What is the story behind this activity / trend? - Analysis of Performance

Oxfordshire continues to perform well against this priority, having also achieved this in the previous three years that the County Council has been responsible for the NHS Health Checks Programme (since April 2013). Based on current projections, using the data from 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3), the 15% invite aim will be achieved in 2016/17. Additionally, all OCCG localities are projected to achieve the 15% target.

Compared to the South East region (9.5%) and England (8.9%) activity, based on data from 1st April 2016 to 30th September 2016 (Q1 and Q2), Oxfordshire (10.2%) performs above both. Note that the South East and England data for 1st October 2016 to 31st December 2016 (Q3) will be published for further benchmarking on Thursday 23 February 2017.

Since the County Council has been responsible for the NHS Health Checks Programme, based on data from 1st April 2013 to 30th September 2016, Oxfordshire has invited 139,184 residents for their NHS Health Checks. This accounts to 79.2% of the eligible population, ranking us above the South East (61.9%) and England (66%) for the same time period.

Maintaining performance against this indicator should be acknowledged as a success given the current workload pressures on the Primary Care system, as highlighted in a recent paper presented by the Chief Operating Officer and Deputy Chief Executive at OCCG to the Oxfordshire Health and Overview Scrutiny Committee in November 2016. Commissioners have worked closely with GP Providers to improve the range of methods that can be used to invite an eligible resident for their NHS Health Check, providing flexibility has enabled GP Providers to utilise more time and cost effective systems to contact their patients (i.e. the use of Docmail).

Priority 8.3: Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.

Progress measure

Current indicator RAG Rating

Red

	Actual				Year To Date			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Planned	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%
Actual	35.1%	46.2%	54.0%		35.1%	40.8%	44.7%	

Table 3: Actual and cumulative percentage uptake of NHS Health Checks of those invited, as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

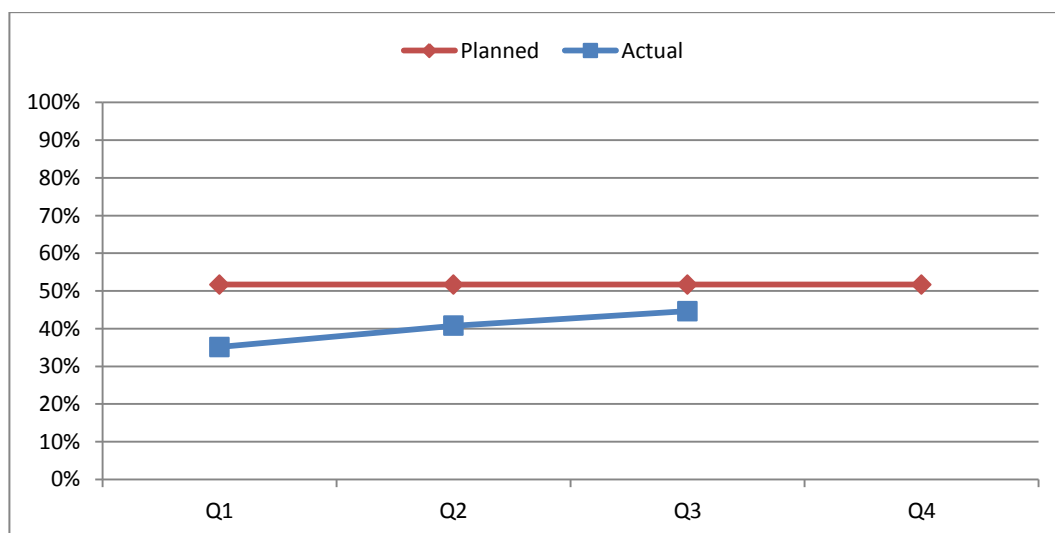


Figure 2: Cumulative percentage uptake trend of NHS Health Checks of those invited, as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) vs. planned target.

OCCG Locality	Eligible Population	Number offered a NHS Health Check YTD	Number of NHS Health Checks Completed YTD	% Uptake
North East Oxfordshire	23,116	3,135	1,201	38.3%
North Oxfordshire	31,545	4,092	2,043	49.9%
Oxford City	42,272	6,687	2,511	37.6%
South East Oxfordshire	28,082	4,402	2,108	47.9%
South West Oxfordshire	40,575	5,898	2,829	48.0%
West Oxfordshire	23,379	2,961	1,445	48.8%
Other (non-OCCG GP Provider)	1,998	280	123	43.9%
Totals	190,967	27,455	12,260	44.7%

Table 4: Cumulative uptake percentage of NHS Health Checks broken down by OCCG locality between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

What is the story behind this activity / trend? - Analysis of Performance

Oxfordshire and all OCCG localities are currently underperforming against this Priority. Commissioners note that historically the uptake activity between 1st January 2016 to 31st March 2017 (Q4) is the highest of all four quarters. In Q4 2014/15 and 2015/16 the uptake was 73.2% and 58.2% respectively. If the County Council achieves the same level of activity as the same period in 2015/16 (58.2% - 8289 offers and 4821 completed) then the projected year-end uptake percentage will be 47.8%. If the County Council achieves the same level of activity as the same period in 2014/15 (73.2% - 8143 offers and 5959 completed) then the projected year-end uptake % will be 51.2%. As detailed in Section 2 below, the current initiatives and actions being implemented in 2016/17 are similar to that of 2014/15. Based on current projections, using the data from 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) and the expected increase in Q4, the 47.9% uptake aim can be achieved in 2016/17.

The increased uptake percentage activity associated to 1st January 2016 to 31st March 2017 (Q4) is linked to a number of factors. Primarily, as reflected in performance within Priority 8.2, GP Providers front load their offers in the first three quarters. Commissioners have advocated this approach since April 2014 as it enables a sufficient period of time for residents to respond to the offer within the financial year and enable GP Providers time to invest resources in their 2nd and 3rd offers to non-responders in a period of time where there can be more capacity from staff (both clinical and administrative) post flu season. This has financial implications for the GP Provider linked to the current contractual bonus incentives linked to uptake percentage. Secondly, the County Council run the majority of the marketing and communications plan during this period. The aim of the plan is to 'nudge' residents that have already received their offer in the year to contact their GP to make their appointment. This is anecdotally a period of time where residents think about their current health and have greater motivation to seek support.

Compared to the South East region (40.6%) activity, based on data from 1st April 2016 to 30th September 2016 (Q1 and Q2), Oxfordshire (40.8%) out performs the average activity. However, Oxfordshire currently remains below the England average for this timeframe (46.2%). Note that the South East and England data for 1st October 2016 to 31st December 2016 (Q3) will be published for further benchmarking on Thursday 23 February 2017.

The percentage invited and percentage uptake should not be viewed in isolation when there remain other benchmarks of activity that can be considered. Priority 8.2 and 8.3 are two of the three Public Health Outcome Framework (PHOF) indicators linked to the NHS Health Checks Programme. The third relates to the percentage of the eligible population that have received an NHS Health Check. Since the County Council have been responsible for the NHS Health Checks Programme, based on data from 1st April 2013 to 30th September 2016, Oxfordshire have completed an NHS Health Check on 67,517 residents. This accounts to 35.6% of the eligible population, ranking us above the South East (27.5%) and England (31.8%) for the same time period.

2. What is being done? – Current initiatives and actions

<u>Actions</u>	<u>Commentary</u>
<ul style="list-style-type: none">● Implementation of marketing and communications plan between October 2016 and March 2017. Activities include:<ul style="list-style-type: none">● Targeted social media● Petrol stations● Branded taxis● Bus exteriors● Bus stops● Jack FM and Heart Radio● Oxford Mail and Witney Gazette	<ul style="list-style-type: none">● Evaluation of marketing and communication plan due in April/May 2017● The marketing and communication plan was developed following recommendations from local market research carried out in May/June 2016. The objective of the research was to establish awareness, motivations and rationale for engagement and non-engagement with the NHS Health Check amongst Oxfordshire residents● A similar scale marketing and communication plan was implemented during the same period in 2014/15, when uptake for Q4 was 73.2%
<ul style="list-style-type: none">● Quality assure all 72 GP Providers during October 2016 and March 2017 to ensure they meet National Standards on each element of the Programme:<ol style="list-style-type: none">1) Invite and offer process;2) Risk assessment;3) Communication of risk;4) Risk management. <p>This includes face-to-face discussion with the GP Provider on current invite and uptake % performance</p>	<ul style="list-style-type: none">● Evaluation of Quality Assurance protocol due in April/May 2017● Only known Local Authority in England to adopt this method that includes a site visit● A similar Quality Assurance protocol was implemented during the same period in 2014/15, when uptake for Q4 was 73.2%● To date 44 of the 72 GP Providers have been visited
<ul style="list-style-type: none">● Quarterly performance / activity dashboards specific for each GP Provider <p>Additional support provided to GP Providers that are underperforming</p>	<ul style="list-style-type: none">● Contract Management of GP Providers. Awareness of the 22% payment cap on invites, reduces the risk of significant over performance of Priority 8.2 (that in turn improves outcomes for 8.3)
<ul style="list-style-type: none">● Data Sharing Agreement with OCCG to report Quarterly data to OCCG locality groups that is broken down by GP Provider <p>Working in partnership with OCCG to improve outcomes from the NHS Health Check Programme</p>	<ul style="list-style-type: none">● Previously no GP Provider breakdown has been provided for the OCCG locality coordinators to use within its reports, only the locality average. Benchmarking across peers will provide added value

- Providing GP Provider administration staff training and guidance on how to follow the current 'invite and offer' procedure
 - Upskilling staff to ensure remain competent and meet the requirements set out in the current Service Specification
- Providing GP Provider clinical training and guidance how to follow the current risk assessment, communication of risk and risk management procedures
- Work with CEPN and Practice Nurse Forum to improve access to current training offered (face-to-face or eLearning)

3. What needs to be done? - New initiatives and actions

<u>Actions</u>	<u>When</u>
<ul style="list-style-type: none"> ● Service Audit - Completion of the NHS Health Check StARS framework: A systematic approach to raising standards. The purpose of this framework is to provide the County Council with a structured and systematic approach that will support us in raising NHS Health Check delivery standards. It provides an opportunity to review and reflect on the delivery of the NHS Health Check Programme, to identify gaps and recognise achievement and subsequently focus future strategic and delivery activity more effectively and efficiently. 	<ul style="list-style-type: none"> ● Feb 2017 to April 2017
<ul style="list-style-type: none"> ● Health Equity Audit (HEA) - Following recommendations within the Independent Health Inequalities Commission for Oxfordshire, complete another HEA. This will provide the County Council local evidence which can be used to inform action to improve equity of access and outcomes from the NHS Health Check Programme, inform resource allocation (so it is proportionate to actual needs and level of disadvantage of different population segments or geographic locations) and demonstrate compliance with the requirement of the 2010 Equality Act. 	<ul style="list-style-type: none"> ● May 2017 to June 2017
<ul style="list-style-type: none"> ● National Diabetes Prevention Programme (NDPP) – Work with GP Providers, OCCG and NHS England to ensure the NHS Health Check Programme and NDPP align in order to avoid duplication of activities, maximise synergies between the Programmes, and enhance opportunities to improve uptake that identifies residents at risk. 	<ul style="list-style-type: none"> ● Feb 2017 and beyond
<ul style="list-style-type: none"> ● Marketing and communications plan – Evaluate the 2016/17 plan, with recommendations for 2017/18. Utilise support from the national Behavioural Insights team at Public Health England to inform activities, including simplifying the messages and using SMS prompts. 	<ul style="list-style-type: none"> ● April/May 2017
<ul style="list-style-type: none"> ● Action Plan 2017/18 – Use outcomes from the 2016/17 quality assurance protocol to inform primary objectives for 2017/18. Early evidence indicates that issues exist with the current clinical templates used by GP Providers (i.e. Emis). The implementation in 2017/18 of Emis Enterprise will provide opportunities to ensure the correct templates are used by GP Providers. 	<ul style="list-style-type: none"> ● May 2017

- **Service Specification** – The current Service Specification expires in March 2018. Building on the updated National Guidance (published Feb 2017), the launch of NDPP (April 2017) and outcomes from the local HEA and StARS (as detailed above), commissioners will develop a new Service Specification for GP Providers. This will include a review of the current Payment Schedule.
- May 2017