

Public Health England



NHS Health Checks Review

1st March 2016

Prepared for:

PHE

Prepared by:

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NHS Health Checks Review 2015/2016

- ❑ **Public Health England (PHE) commissioned research in order to update and evaluate experiences and engagement of all involved with the process of implementing the NHS Health Checks (HCs) programme**
- ❑ **One of the aims of the project was to ascertain which factors contribute to higher uptake of HCs**
- ❑ **Commissioners and providers across 11 local authorities (Las) with higher and lower uptake were interviewed:**
 - 28 qualitative interviews were completed
 - 11 commissioners and 17 providers
- ❑ **Fieldwork was conducted in December 2015 and January and February 2016 across England**

Success factors: funding and consistency

- ❑ Funding was clearly an important factor, with LAs adapting as best as possible to budget cuts
- ❑ Duration of the programme and consistency of the team involved were also important to success:

“There was a HC steering group but with recent restructuring the group has fallen by the wayside. It was effective with a mixed team.”

Success factors: relationships

- **The strength of relationships with GPs, as well as CCGs and Local Medical Committees (LMCs)** were crucial factors – and also a challenging task:
 - ongoing engagement and relationship building with GPs
 - working with GPs via training, support and communications
 - involving third party providers to reach ‘hard-to-reach’ audiences
 - strong relationship with the CCG to ensure they support HCs and/or tie into contracts:
 - *“GPs are very important – we have 100% engagement from GPs but great variation in terms of how much they do. We work hard to keep communication going and offer practical support with templates and suggestions on how to efficiently deal with the admin.”*
 - *“GP buy-in is crucial; they hold the patient’s history.”*
 - *“I’m in meetings now with the CCG and I have a number of GPs who did not previously support HCs working on it so I’m confident we will improve performance.”*
 - *“If I was starting again I would spend more time talking to primary care, getting ownership and buy in.”*

Success factors: stakeholder support

- **Good stakeholder support was another key factor** – from LA councillors, Directors of Public Health, CCG, LMCs and Wellbeing Boards, as well as the local pharmacy committee:
 - *“We have good councillors as advocates for HCs.”*
 - *“We report to LA on HCs including the Health and Wellbeing Board, but the CCG is central. For other stakeholders, the word ‘NHS HCs’ can be off-putting, and a problem of ownership for the LA. We work hard to be present at meetings to keep up the profile of the programme.”*
 - *“Important to try to have LA on board, your councillors, your Health and Wellbeing board, and anything else where public health taps in.”*

Success factors: data access, sharing and recording

- **These were clearly challenging and time consuming issues which had significant impact on GP engagement and implementation more generally** - specifically with third party providers

- **Integrated software systems minimised data handling issues** between GPs and third party providers and recorded outcomes accurately to enable effective evaluation and updates on performance
 - *“We have a central server which GPs can access to see patients tested by our third party providers.”*
 - *“We’ve used the information governance toolkit to assist a provider retrieving data from primary care. The guidance was crucial in getting data protection issues dealt with.”*

Success factors: mixed delivery model

- **GPs were a fundamental delivery channel, but third party providers were also key to reaching ‘hard-to-reach’ audiences**
 - E.g. outreach providers targeting BME communities and outdoor workers
 - E.g. workplace activity
 - E.g. pharmacy