

NHS Health Check Healthy Equity Audit guidance – development & learning from piloting

Background: To maximise the impact of the NHS Health Check programme and to ensure it is contributing to reducing health inequalities, it is important to understand not only equity of access to checks but also equity of outcomes. This can be achieved by undertaking an HEA. A Health Equity Audit (HEA) is a review process which examines how health determinants, access to health services and related outcomes are distributed in relation to the health needs of different groups and areas. HEAs are undertaken once a programme or policy has been implemented, to assess whether resources, opportunities and access are being fairly distributed according to need, by the principles of proportionate universalism. The NHS Health Check [HEA guidance](#) was produced collaboratively with a range of stakeholders in response to a request from the Local Implementer National Forum (LINF) and published in January 2017. It compliments other tools such as the Strategic Approach to Raising Standards (StARS) framework, which has a specific section on equity and health inequalities. The guidance aims to support the scoping and design of audits and includes a detailed appendix providing resources and examples of work taking place across the country that aim to improve equitable uptake. Undertaking an HEA on your local NHS Health Check programme can provide a robust mechanism through which to generate local evidence which can be used to:

- Understand the extent to which the programme is being accessed and is benefiting those with protected characteristics and who are at greatest CVD risk
- Inform action to improve equity of access and outcomes
- Inform decisions about proportionate resource allocation
- Demonstrate compliance with the requirement of the 2010 Equality Act.

Outcomes from supported pilots: In **Surrey**, audit findings were used to assess whether resources, opportunities and access were fairly distributed and to inform plans to optimise the health outcomes for the programme locally. Findings generally supported the case for implementing a new service specification with enhanced payments for those identified as being at higher risk of diabetes, or living in more deprived areas. The process was also seen as beneficial in engaging local stakeholders.

In **Kent**, analysis is still underway but progress to date indicates that findings will provide objective evidence to inform investment/disinvestment strategies and improve targeting of services. Using the Kent Integrated Dataset, it is anticipated that during the next phase of the audit, it will be possible to analyse equity of follow up on patients found to be symptomatic or high risk.

Learning & what could be done differently:

- It is important to involve analysts and those in primary care with a good understanding of GP IT system capabilities as early as possible to understand what data extraction is possible and to understand and negotiate responsibilities for additional data extraction.
- Involvement of PH registrars can add valuable capacity and provide rich learning opportunities.
- Initial scoping of audits should be guided by the objectives of the audit, not by the data available. Where the proposed audit is limited by data availability, recommendations can include not only action to reduce inequity but to improve data management and extraction for future audits. Even where data management and extraction systems and resources to support the process are limited, a well-designed audit can provide valuable insights.
- Where programmes are not fully rolled out, it may be useful to adopt a two-stage process, where GP practice coverage is considered in relation to known geographically linked demographic characteristics, before looking at take up and outcomes by and for individuals.
- Where an HEA leads to recommendations to make improvements to data management and extraction infrastructure, it is important to recognise the potential complexity of introducing commercial IT solutions across different providers, particularly when working with a number of CCGs who may have different clinical system capabilities and different requirements in relation to data sharing protocols, templates and support needs.
- Local and national third sector organisations can play a valuable role in undertaking audits, particularly with scoping and developing recommendations to address inequities identified.