



Public Health England

Understanding the implementation of NHS Health Checks

Research Report – February 2013

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Transition Team*

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1. BACKGROUND

The NHS Health Check programme is aimed at preventing heart disease, stroke, diabetes and kidney disease, with around 15 million people between the ages of 40 and 74 eligible. PCTs began phased implementation of the programme from April 2009, and have been provided with additional funding for the activity.

The NHS Health Check programme is a key measure in the Operating Framework for the NHS, where PCTs have submitted plans for full roll-out. This means that 20% of their eligible populations will be offered an NHS Health Check in 2012/13 as part of a five year rolling programme.

The programme has been designed so that the NHS Health Check is suitable to be undertaken in a variety of settings (such as pharmacies and GP Practices) so that people who are not regularly in touch with formal health care will still be able to access it.

The Department of Health is working with PCTs and other stakeholders to support implementation and help ensure the programme will assist in tackling health inequalities. In addition, NHS Diabetes and Kidney Care is working with PCTs through a Learning Network to ensure that successful practice in delivering NHS Health Checks is shared.

2. RESEARCH OBJECTIVES

The Public Health Service Programme Board asked Public Health England (PHE) to assess Commissioners' and Providers' experiences to date with the NHS Health Checks programme, and to gain an understanding of the engagement of public health professionals with NHS Health Checks and the process of implementing the programme.

This is particularly pertinent in light of the transition of public health functions from PCTs to Local Authorities, which will formally take place on 1 April 2013.

Overall objectives were to explore:

- How Commissioners have engaged with the NHS Health Checks programme
- What the key issues are for Commissioners around the transition to Local Authorities from PCTs
- What support Commissioners need now and in the future from PHE to enable the programme to thrive and other support that would be helpful
- How Providers have engaged with the programme – both positive and negative experiences
- What Commissioners and Providers think is working well and what is working less well
- What Commissioners and Providers believe PHE should focus on to ensure a smooth transition of the programme to Local Authorities

3. METHOD AND SAMPLE

A series of 26 qualitative depth interviews were conducted, as follows:

- **14 depth interviews with Commissioners** from a range of PCTs in terms of geographic location and population mix. Sample for Commissioners was provided to Research Works by PHE. Commissioners' roles included Public Health Consultant / Registrar; Public Health Programme Manager; Healthy Lifestyles Commissioning Manager; NHS Health Check Service Manager; NHS Health Check Programme Manager.
- **12 depth interviews with Providers** from a range of PCTs. These included GPs, Practice Directors / Managers, Health Care Assistant, Nurse Practitioner, Physical Activity Development Officer, Health Bus workers and a Community Pharmacist. Provider contacts were supplied by Commissioners – at the end of their interview they were asked to provide contact details of Providers in their area that we might speak to.

Each interview lasted for 30-45 minutes. The fieldwork was conducted primarily by telephone, given project delivery pressures, with four face-to-face in January 2013.

4. MANAGEMENT SUMMARY

Commissioners in the main supported the aims of the NHS Health Checks programme but were realistic about the many implementation challenges. For many Commissioners, NHS Health Checks is a 'work in progress' – and successful implementation will evolve through trial and evaluation.

Success has been judged by various means:

- 'Hard' measures (i.e. meeting delivery targets and Practice uptake)
- 'Softer' measures - success in bringing cynical / resistant GPs on board; engaging with the public; and effecting change in the local population's health and lifestyle
- The NHS Health Checks website and DAKC Learning Networks and events were widely praised and are a key source of guidance/support

Challenges and concerns for Commissioners include:

- Implementing IT systems that allow for smooth data management
- Ensuring consistency of provision across Providers
- A perceived lack of national direction and profile which gives the programme less weight and priority
- GPs are a key challenge: they have on-going issues with the evidence base for the programme, with the remuneration offered, and some distrust of third party Providers dealing with data, as well as concerns around their accuracy of testing
- Commissioners acknowledge that third party Providers support the programme and are keen to deliver but have concerns around their cost effectiveness, their ability to reach the right audience, whether they are adequately trained to deliver NHS Health Checks, and whether they have the appropriate IT systems to cope
- Public understanding of and willingness to engage with NHS Health Checks

- Worries around the mechanics of transitioning to Local Authorities - contracting, allocation of funding, payment of Providers and IT issues (identifying target audience, accurate data gathering and crucially governance)
- Perceived cultural differences between PCTs and Local Authorities

A clear role for PHE was outlined in relation to:

- Clarifying what contracts should be used - this is of critical importance; many feel they cannot move forward until this is dealt with
- Providing evidence that NHS Health Checks are beneficial and important (to build GP confidence and promote a prevention role)
- Being the national lead on the implementation approach
- Keeping regional communication networks active
- Implementing Quality Assurance Frameworks for NHS Health Checks
- Clarifying issues around Information Governance
- 'Banging the drum' about why NHS Health Checks are a priority (especially to Local Authority Chief Executives and GPs)

5. MAIN FINDINGS – COMMISSIONERS

5.1 Introduction to Commissioners

The Commissioners interviewed held a variety of roles, and came from diverse backgrounds. Several were from medical backgrounds, and one was still a practicing GP. Others were from programme or project management backgrounds. Likewise, their levels of experience were wide ranging. Some had worked in public health or healthcare for many years, for others this was a relatively new area for them (within the past two or three years).

Their involvement with the NHS Health Checks programme also varied. Some had been involved since the initial pilots of NHS Health Checks in 2008/2009; others had only begun working on the programme in the past 12 months.

The majority of Commissioners within the sample were struggling to meet their NHS Health Check targets. Only two of the fourteen interviewed were comfortably on track to meet their targets, and one had a recovery plan in place, implemented by their SHA.

Their appetite for NHS Health Checks varied. Many had embraced NHS Health Checks with passion and creativity, while others viewed it simply as a task to be executed, and were less enthusiastic about the programme.

"I don't see the Health Checks programme as just that face-to-face 15-20 minute consultation...I'm Commissioner for the whole package"
(Commissioner)

"It's very difficult to provide reassurance when on a personal level you're not sure if you've 100% bought into the programme either" (Commissioner)

5.1 Successes in Implementing NHS Health Checks

It appears that success in implementing NHS Health Checks relies on a combination of factors.

Firstly, Commissioners stated that a **strong framework** to deliver the programme is required. This means having the maximum number of providers on board, to ensure good coverage. It is also of critical importance to have the ability to correctly identify and invite the relevant target populations. Finally, they claimed it is crucial to success to have the right IT systems in place so that data can be accurately monitored and Commissioners can keep track of how the programme is performing.

"We've got a robust mechanism in place to enable us to capture all the activity" (Commissioner)

"If you haven't got the right infrastructure, you're not going to get the delivery" (Commissioner)

Alongside this, the importance of **communications and relationship building** should not be underestimated. This covers two audiences. Firstly, the public, who many Commissioners believed must be made more aware of NHS Health Checks and encouraged to see them in a positive light, so they are more receptive to invitations; and secondly, it is important to build effective, collaborative working relationships between Commissioners and Providers. Commissioners who have developed successful collaborative relationships with their Providers were more likely to report overall success in implementing the programme.

"The biggest thing is being able to increase our uptake. We've had a very big communications campaign" (Commissioner)

"I think we're doing quite well, and I think that's because we've had a very supportive and proactive approach with GP Practices" (Commissioner)

A blend of all these ingredients is key to successful delivery. A strong framework will have limited use if the public and Providers have not engaged with the programme; likewise, if there is good engagement from these audiences, but a robust structure with good coverage and efficient data management is not in place, Commissioners will struggle to implement the programme successfully.

Success is measured by Commissioners in both 'hard' and 'soft' terms.

Tangible measures of success are described as follows:

- Signing up the **targeted number of General Practices**. This is central to delivering the programme, and thus an important measure of success. While one or two Commissioners had successfully signed up all the Practices in their area, others reported it had been difficult to achieve 100% sign-up and had employed other, supplementary approaches to delivering NHS Health Checks. This is discussed further below.
- **Meeting delivery targets** in terms of invitations and completed NHS Health Checks, or being comfortably on track to do so, was seen as a clear measure of success.
- Data issues have been problematic for many; those who have put **IT systems in place** to allow for identification and synchronisation of data, and accurate monitoring of progress, reported a significant impact on the execution of the programme.

'Softer' measures of success are seen as:

- Ensuring there is provision of **appropriate follow-up lifestyle services** to help those with health issues identified during the NHS Health Check.

Many Commissioners believe this is imperative to the spirit of the programme, even though there are no targets around this.

- Where possible, **giving results on the day of testing** (with the exception of blood tests) – this allows a Provider to move seamlessly into a discussion about lifestyle and next steps.
- **Engaging with the public** through a variety of channels and encouraging them to consider NHS Health Checks. This is discussed further in Section 5.3.
- Meeting **challenging deadlines** imposed by the Department of Health was also viewed as a success.

Several Commissioners claimed that success has been driven by their **adoption of a 'mixed model' for delivery**. Commissioners saw General Practices as central to delivery – they hold all patient records, and for many patients are the most trusted source of health care. However, in some cases Practices had not signed up to deliver NHS Health Checks, or they were not regarded as the most effective way of targeting hard-to-reach groups (such as men, lower socio-economic grades and ethnic minorities) or those who never go to the Doctor. In these instances, Commissioners had delivered NHS Health Checks through a variety of other means, to maximise coverage and increase their likelihood of meeting their targets. These included:

- Commissioning **community teams** to get out into the community and make contact with those who typically won't come to a Doctor's surgery. These teams have travelled to a variety of places to deliver NHS Health Checks including community centres, shopping centres, leisure centres, church groups, farmers' markets, football clubs and workplaces.
- Utilising **Health Buses** to access potential NHS Health Check recipients in supermarket car parks and other public places. These catered both for walk-ups and those who have been pre-informed of the Health Bus itinerary by their GPs.

- **Private Providers** had been used in some cases to deliver NHS Health Checks through GP surgeries. Some Commissioners reported that if Practices did not wish to devote their own time and resources to NHS Health Checks, they have provided the use of a room at the surgery to a private third party who can administer NHS Health Checks on their behalf.
- Several of the Commissioners within our sample had piloted the delivery of NHS Health Checks through **pharmacies**, with mixed success. Some had gone on to roll out the programme; others reported difficulties in getting patients to the pharmacies or reaching the right target audience, and logistical issues such as a lack of private space for pharmacies to deliver the NHS Health Checks.
- **Dentists and Opticians** were also being considered by some Commissioners as potential NHS Health Check Providers.

5.2 Challenges in Implementing NHS Health Checks

Commissioners stated that implementing the NHS Health Checks programme is not without its challenges. These fall into two broad categories: engaging GPs with the programme, and difficulties around data management.

Engaging GPs with the programme

Commissioners reported a number of key challenges in engaging GPs, and often claimed they have had to work hard to sign some GPs up to the Local Enhanced Services contract (LES). The main points of resistance from GPs were felt to be: a lack of time and resources to administer and administrate NHS Health Checks; perceived low remuneration for NHS Health Checks; and an intrinsic mind-set that their role is to treat the sick, not the well, and that this must be their priority. Commissioners reported that some GPs have used the Cochrane Review as further ammunition for their argument that they should not be doing NHS Health Checks (*they don't even work*).

Some Commissioners reported that for some Practices, the fact that NHS Health Checks are not part of the Quality and Outcomes Framework (QOF) makes them less of a priority. They claimed that GPs have a strong financial motivation and prefer to focus their time and attention on activities that fall within the QOF domains, in order to increase financial reward for the Practice.

"GPs have a very 'small business' mentality, and if the Health Care Assistant is off doing a Health Check and can't be doing something else for them, they get very jittery about that" (Commissioner)

However, some GPs interviewed did not express this concern, and preferred to see NHS Health Checks as a new and separate income stream.

Many Commissioners reported that ensuring consistency of provision across GPs is a difficult issue. Although some GPs have fully embraced the programme and made a big effort to implement it, others have not. The fact that there is currently no formal Quality Assurance or monitoring system has exacerbated this issue.

"The massive thing is the sheer variability in delivery. You get some star performers and some people that just won't engage with it" (Commissioner)

"We'll be lucky if we get anywhere near 10%...some GPs have really gone for it and smashed their targets, but those with low engagement are bringing the average down" (Commissioner)

Engaging GPs with non-GP Providers (such as the Health Bus, community pharmacies and private Providers) has not always been easy for Commissioners. As the gate keepers of patient data, GPs' co-operation is required in terms of identifying and mailing the eligible target audience; some have been reluctant to do this on behalf of third parties (due to lack of time and resources). Commissioners also reported reluctance from some GPs to

accept NHS Health Check results from third parties (the data must be integrated back into the GP system so it can be monitored) and a lack of trust in test results carried out by third parties.

Difficulties with data management

The lack of a clear, national solution around data collection and data reporting is an on-going challenge for many Commissioners. There is no national mandate or guidance around the use of Read Codes, and there is inconsistency of coding across different Practices. The Read Codes are used to identify eligible patients, and thus many have struggled to correctly identify their target populations.

Messy data reporting has often led to dissent amongst Practices, who believe they are not correctly remunerated due to inaccuracies in data (i.e. completed NHS Health Checks not being correctly reported or logged on the system); on top of this is the 'hassle factor' of continually sorting out data and recording issues.

This lack of clear guidance around data handling has led some Commissioners to question the commitment to the NHS Health Checks programme. All recognised and supported the programme model, which they identify as a nationally devised programme with the flexibility to implement in the context of local needs. However, the perceived lack of any national emphasis or prominence in terms of delivery framework was a consistent concern and source of frustration. Commissioners often mentioned national screening programmes as examples of the 'ideal', due to their clear guidelines and framework. They would like to see similar national guidelines laid out for the NHS Health Checks programme.

They also believed that a lack of national guidance has led to a great deal of duplication of work – all PCTs are experimenting with different approaches on

a trial and error basis; a nationally mandated system would have mitigated this.

"There hasn't been any offer of an agreed national approach; we're all in our local areas muddling through thinking 'how do we make this work?' It would have been helpful if that had been addressed at a national level so we could all work together on it" (Commissioner)

5.3 Overcoming challenges and achieving success

A variety of means have been employed to overcome challenges and achieve success.

Commissioners with the greatest success in engaging Practices appear to have employed **creative or lateral thinking**, usually focused around communications. This might include regular meetings with Practices to discuss problems and concerns, email updates of progress within the PCT, offering training sessions (focused on Read Codes), or hosting launch events for NHS Health Checks. Others have created 'working groups' with a good mix of people who can share ideas and help drive the programme forward.

"Communication is the biggest issue with this programme. The right people need to know the right stuff, and if you don't have buy in you won't go anywhere" (Commissioner)

Investment in IT systems to manage and record data successfully has also contributed to successful implementation. Some have spent money on upgrading existing systems or even developing bespoke systems to ensure smooth transfer of data between all relevant parties (e.g. from external third parties to GPs, and from GP Practices to Commissioners' centralised systems).

Some Commissioners have used **financial incentives** to increase appeal. They may have offered payment on a sliding scale, or in staged payments – for example, £x for each letter sent, £x for each completed NHS Health Check and an overall bonus of £x for hitting targets. Others have introduced additional incentives, such as offering an additional £5 for checking men from a deprived area, or an additional payment to GPs for accepting community Provider data onto their systems. One Commissioner had offered GPs a start-up ‘bonus’ of £1k to enable them to purchase the equipment required for NHS Health Checks.

Some Commissioners had adopted a **creative approach in engaging the harder to reach groups** in their locality – primarily older, working men, ethnic minorities or those in very rural areas. While the first step had been sending a letter of invitation, Commissioners acknowledged some patients will never take action as a result of this and to engage with them it is important to meet them in a community setting, as described earlier in the report.

Two or three Commissioners had undertaken **marketing campaigns** to raise awareness of NHS Health Checks.

Maximising any potential opportunities had also been encouraged by Commissioners and proved successful. This might entail mentioning NHS Health Checks during GP visits for other matters, or offering NHS Health Checks to amenable patients even if they’re slightly outside the target demographic, in the hope of raising the overall profile of NHS Health Checks.

Finally, Commissioners mentioned simple **logistical changes** such as offering early morning and evening clinics to accommodate the working population having made it easier for patients to access NHS Health Checks.

5.4 The importance of uniformity of NHS Health Checks

Commissioners believed that for a nationally mandated programme, a **degree of uniformity is essential** in order to manage patients' expectations, allow for accurate comparisons of data across PCTs and to enable benchmarking. It was therefore thought to be very important that every Provider undertakes the core elements of the NHS Health Check. All PCTs within our sample were offering all the core elements of the NHS Health Check.

However, the need to be able to **enhance or tailor** NHS Health Checks on a local level was also thought important by Commissioners, so that any health issues specific to the local area can potentially be addressed. Some had already done this, for example:

- Lowering the qualifying age slightly to accommodate a high Asian population who are more at risk of particular CVD issues at a younger age.
- Emphasising discussions around alcohol in deprived areas where alcohol consumption is at problematic levels.

"There are benefits in modifying it to your own population, and if you can afford to do more in a Health Check, then great" (Commissioner)

An element of flexibility is also important in order to maximise the time spent with the patient. Most Commissioners claimed that Practices have taken advantage of having a patient in front of them to add additional elements to the NHS Health Check, including pulse checks, lipid tests, thyroid tests and waist circumference measurement.

Additionally, Commissioners claimed that other Providers take the opportunity to open conversations about wider health issues, such as falls (for elderly patients), cancer screening (if the patient is due this) or smoking cessation.

*"If you can address a few things in one conversation, why just keep it to CVD?
It's not a good use of time or resources" (Commissioner)*

5.5 Sources of guidance and support

Commissioners have accessed a number of sources of advice and guidance, including Department of Health Vascular Screening Guidelines; the National Screening Committee Handbook on Vascular Risk; NICE guidelines around CVD; and the NHS DAKC Health Checks website, in particular the e-bulletins and case studies.

However, the most valuable source of support and guidance for Commissioners has been the **formal and informal networks** that have grown from working groups and the collaboration of Commissioners in similar roles in local areas and regions. In light of their confusion around data issues, and concerns around the transition to Local Authorities, talking to others in similar situations was seen as the most valuable source of support and guidance. Informal chatting with contacts in other PCTs, and members of the Local Medical Committee has also been valuable.

"You get an idea of the issues other people are going through. It's good to know it's not just you" (Commissioners)

"It's been really useful, meeting a couple of times a year and seeing how other people are doing things. We had a couple of regional network meetings and they were really useful because you find out what your local PCTs are doing and you can share things quite easily" (Commissioner)

The **DAKC Learning Networks** have also been extremely useful to the majority of Commissioners (some have been unable to attend due to budget or time limitations) as they offer a valuable opportunity to connect with other Commissioners and discuss approaches to implementing the NHS Health Check

programme. It does appear that expectations from these events are increasing as the transition to Local Authorities grows closer. Commissioners are looking for guidance around transition, particularly strong national direction around key concerns such as what contracts to use going forward or how to resolve IT issues. There is an expectation that the Learning Networks are an appropriate channel to address these queries (although at the time of research, this had not happened).

There is a **strong desire for on-going support and guidance**. When SHAs are no longer in existence, networks as described above will be a critical source of support for Commissioners. While some are optimistic that the regional networks are strong and established enough to keep going, others are worried that they may dwindle over time. There was a common expectation amongst Commissioners that Public Health England will step in here to ensure the regional networks continue.

There is also a perceived need for nationally accredited training for non-clinical teams, such as private Providers, or those administering NHS Health Checks in the community, as these are likely to play an important role in future. Such training would potentially allay GPs' reluctance to accept NHS Health Checks conducted by non-clinical teams.

5.6 Future challenges

Commissioners anticipated that the future will bring some continuing challenges. These were focused on four areas:

1. **Data issues** – some Commissioners are still struggling to iron out issues with Read Codes and data accuracy. Although outside the scope of this study (and thus not explored), concerns around future Information Governance were raised by nearly every respondent.

2. **Patient engagement** – some Commissioners believed they will struggle to ‘mop up’ the remaining patients who are targeted for NHS Health Checks but have not responded to any of the mechanisms put in place to invite them for one. While Commissioners accepted that they are unlikely to reach absolutely everybody, this sat alongside a concern about the impact of this on meeting delivery targets.
3. **NHS Health Check content** – there was a belief amongst many Commissioners that GPs will rebel against the inclusion of alcohol and dementia into the core NHS Health Check offer. They claimed it has been hard enough, in many cases, to encourage GPs on board with the programme, without adding additional elements.
4. **The financial viability of NHS Health Checks** – in light of ever-increasing demands on GPs’ time, and the fact that NHS Health Checks do not sit on the QOF, there was a concern that GPs will simply turn their attention to more important and lucrative matters, and that the NHS Health Checks programme will lose momentum.

5.7 The transition to Local Authorities

Commissioners had **real concerns about the transition** to Local Authorities. At the time the research interviews took place, the majority did not yet have their funding allocation or had only just received it; therefore detailed planning for the transition had been limited until budgets were confirmed.

It should also be remembered here that the research was conducted during a turbulent time of change for the Commissioners, with a great deal of uncertainty about processes and decision-making going forward. On top of this, some explained that colleagues they have worked closely with on NHS Health Checks are leaving their roles due to the transition, leading to an upset in well-established working relationships. This has led to a perhaps rather

emotional response to the prospect of transitioning to Local Authorities; many feel they are heading into the unknown.

"The biggest concern is not what we do know...it's what we don't know"
(Commissioner)

Many areas of uncertainty exist for Commissioners; these were compounded by a rapidly approaching April deadline.

The primary area of concern mentioned by all Commissioners was a lack of knowledge of **what contracts would be used** to commission NHS Health Checks once they are part of the Local Authority. In light of this, one or two have extended their LES for 6-12 months, and others are planning to do so in order to 'buy some time' while contracting issues are clarified.

There were also concerns that **GPs will choose not sign up** to the new contracts, preferring to devote their resources to other matters that bring a greater financial reward. Should this happen, Commissioners will be required to find alternative means of delivering NHS Health Checks, which has the potential to make the NHS Health Checks programme extremely expensive and ultimately potentially unviable. Given that most Commissioners still did not know the budget they would have available this was a source of worry.

"There's a risk that the GPs will throw their hands up and say 'this is too much work, we're not going to do it', and then we'll have to commission private Providers who are more expensive, then we risk it becoming a very expensive programme which will not be cost effective" (Commissioner)

Other apprehensions around logistical issues such as **how Providers will be paid**, and how Local Authority **procurement processes** work were also voiced.

"How does the interface with General Practice work once I'm sitting outside the NHS? I'm sure it's not insurmountable, but it's got to be worked through"
(Commissioner)

Several Commissioners in our sample voiced concerns about the cultural impact of the transition from PCTs to Local Authorities. There was a sense that whilst PCTs were viewed as collegial, collaborative bodies, Local Authorities were more business focused and competitive, and some wondered what impact this would have on their ability to deliver the NHS Health Checks programme (as we have already seen, networking and sharing of information is of critical importance).

"It's trying to work out how to pick up a function and put it in another organisation that's effectively not even in the same industry. The systems and the culture are completely different" (Commissioner)

Finally, some had concerns that the Local Authority may not fully 'buy in' to the programme, **not give it the priority it deserves or take it seriously**. Although the programme is mandated to Local Authorities, some Commissioners did not appear to be aware of this and are concerned that the NHS Health Checks programme will not survive once the transition is complete, if the Local Authority Chief Executive does not deem it worthwhile. For some Commissioners, who have spent several years working hard to deliver the programme, the prospect of NHS Health Checks being of low / no priority to Local Authorities is a disheartening one.

"The main challenge will be making sure it remains a priority in a completely new world" (Commissioner)

"If I was a Local Authority, I'd be looking long and hard at Health Checks to decide if they're value for money" (Commissioner)

However, the two Commissioners in our sample who were already sitting within the Local Authority environment expressed that their experiences to date had been positive, and they were confident about the future.

"We're a whole new team that have come in with a whole new set of requirements, but overall our experience of being part of the Local Authority has been a positive one" (Commissioner)

5.8 The role of Public Health England going forward

With regard to the shift to Local Authorities, Commissioners look to PHE for support and guidance about a number of issues. It seems that the key role for PHE at this stage is in being a source of authority in communicating with Commissioners around various topics of concern:

"Any guidance around those grey areas, saying 'this is what we recommend', would be useful...but national guidance around the practical stuff around how you deliver services would be really useful" (Commissioner)

- They would like PHE to clarify what contracts should be used. As described above, this is of critical importance; many feel they cannot move forward until this is dealt with.
- They would like PHE to provide evidence that NHS Health Checks are beneficial and important, in order to build GPs' confidence in the programme and promote the preventative role of NHS Health Checks.

"I would like PHE to highlight the benefits of the programme, as the critical national voice. This will encourage GPs and other organisations to buy into it. There is a debate about the evidence for Health Checks. PHE should provide clear evidence of their value" (Commissioner)

- PHE should keep the regional communication networks active.

"I would hope it would be PHE who would provide networking and support. That's the role they should have, combined with the local area teams and Commissioning Boards" (Commissioner)

"A commitment to maintaining the Learning Network would be useful"
(Commissioner)

- The implementation of Quality Assurance Frameworks for NHS Health Checks would assist Commissioners in ensuring a consistency of delivery.
- Issues around Information Governance and data solutions must be clarified.

"There must be a lot of knowledge within PHE about Information Governance and data handling. They could offer up some advice about information and how to handle it" (Commissioner)

"It's about understanding the challenges we face and where possible coming up with national solutions, particularly data solutions" (Commissioners)

- PHE must 'bang the drum' to Local Authority Chief Executives and GPs about why NHS Health Checks are important.

"PHE must raise awareness at Chief Exec level that this stuff is there, and has to be done, it's mandatory. I've got a funny feeling that our Chief Exec will need a reminder of all this stuff. We also need very clear mandatory guidance of what the Local Authority is expected to do, i.e. these are the minimum tasks we expect, this is the data we expect you to collect" (Commissioner)

6. MAIN FINDINGS – PROVIDERS

6.1 Introduction to Providers

The Providers interviewed were from a variety of backgrounds. Their roles included GPs, Practice Managers / Directors, Health Care Assistants (HCA), Nurse Practitioner, Physical Activity Development Officer, Health Bus workers and a Community Pharmacist.

Although they all worked in the field of healthcare or lifestyle services, many did not have a clinical or medical background. They also had mixed degrees of authority and autonomy. Some, such as the GPs, Practice Managers and Nurse Practitioners had input into decision-making around NHS Health Checks for their Practices; others were more passive and followed instructions issued by others – they did not have the authority to make decisions about NHS Health Checks.

Those in purely patient-facing roles (HCA, Health Bus workers) tended to have little awareness of the policy behind the NHS Health Checks programme; their focus was solely on administering the Checks.

Below we outline the issues concerning these different Providers with regard to delivering the NHS Health Checks programme.

6.2 General Practices

Both GPs and Commissioners perceived that GPs are trusted providers of NHS Health Checks by the general public. However, as described by the Commissioners, GPs have varying degrees of engagement with the programme.

Some GPs claimed that they had **engaged well with the programme**; they have invested in NHS Health Checks and seen success. They believed that NHS Health Checks help them identify the early stages of disease that they can then treat; those GPs that have lifestyle services within their Practice have been able to tie NHS Health Checks smoothly into those services, enabling them to continue the dialogue and offer appropriate follow up pathways to at-risk patients.

"Since doing the Health Checks, we've picked up more diabetic patients and patients who have been at high risk regarding their cholesterol. I've had to intervene early. It's certainly identified individuals who have been walking around and feeling quite well but have had medical issues. It's been good to pick this up" (Provider - GP)

Engaged GPs also **demonstrated innovation** in delivering NHS Health Checks through a variety of means:

- By lengthening consultation times from 20 to 30 minutes, to enable a more in-depth discussion with patients about their lifestyles and avoid rushing an important opportunity for education and prevention.
- Using text messages and phone calls to remind patients to come for their NHS Health Checks.
- Setting up follow-up appointments after one year for those identified as being at high risk.
- Delivering educational and learning events for nurses who are delivering NHS Health Checks.

"The DNA (did not attend) rate is very low because we send out text messages 24 hours beforehand and reception calls them first thing as well" (Provider - GP)

However, even engaged GPs had experienced a **variety of on-going challenges**, and these required strong support from their Commissioning lead:

- Challenges around IT (as described by Commissioners), particularly with regard to the call and recall systems.
- Some negativity towards third party Providers; a lack of willingness to trust their abilities or co-operate with data provision.
- Both GPs and Commissioners acknowledged that NHS Health Checks attract 'the worried well'; this goes against the ethos of most GPs who prefer to direct their resources towards the sick.
- Some, despite acknowledging the importance of follow-up lifestyle services, have limited access to such services.

Other General Practices have **declined to sign up** or have been altogether less engaged with NHS Health Checks. Commissioners believed that this is usually due to some or all of the following factors:

- A prioritisation of components contained within the Quality and Outcomes Framework.
- A lack of resources and capacity to deliver NHS Health Checks.
- A preference to focus resource on those who require medical help; some struggle to engage with a preventative approach in light of limited resources (even if they acknowledge the importance of prevention in medicine).
- A belief that the payment offered for NHS Health Checks is not adequate and does not justify the resources used.

"GPs have a very small business mentality, and if the Health Care Assistant is off doing a Health Check, and can't be doing something else for them, they get very jittery about that" (Commissioner)

6.3 Health Care Assistant

One Health Care Assistant was interviewed. Her role was not only to conduct the NHS Health Checks, but to invite eligible patients for NHS Health Checks (from a list provided to her by the Practice Manager). She preferred to do this by phone so she could capture the patient's attention straight away, begin to build a rapport with them and 'sell' the NHS Health Check to them. She was passionate about the programme and enjoyed the in-depth interaction with patients that NHS Health Checks offer. However, she does encounter ongoing difficulties:

- Although she operates 30 minute appointments, this is never enough time to conduct the tests and involve the patient in meaningful discussions. Often the discussion leads to interesting and useful areas, but has to be cut short. She aims to set up a follow-up appointment there and then to ensure continuity. She also aims to schedule no more than three appointments in one afternoon, so that if they do over-run and the patient is happy to stay on, she can extend the appointment.
- She believes that NHS Health Checks are not a priority for the GPs in her Practice, and they do not take them seriously. Although her hours were extended to enable her to deliver NHS Health Checks, GPs often require her to use this time for other activities that she believes they consider more important to the Practice.
- She has a sense of isolation. She is the only person within the Practice who administers NHS Health Checks, and therefore has nobody to go to with questions or ideas. Linked to this is a lack of information about how NHS Health Checks are performing. She has no idea of how many NHS Health Checks she has conducted, or how she's performing against targets, which is extremely frustrating and demotivating.

"I'm right at the bottom of the pile, and the GPs are at the top. They don't tell me anything" (Provider – HCA)

6.4 Practice Manager / Director

The Practice Managers in this sample had a strong financial focus:

"For me, the motivation is financial; it's a way of making money for the Practice. In this day and age, the fact that it's a source of income is important"
(Provider - Practice Manager)

They had mixed experiences with delivering NHS Health Checks. On the positive side:

- Although they had experienced data issues initially, these have since been ironed out. The programme now runs smoothly in terms of monitoring progress, and ensuring financial claims are correct.
- They had put evening clinics in place in order to reach working patients; these had proved successful.
- One had employed a dedicated Health Care Assistant for 12 hours a week to work solely on NHS Health Checks, dealing with both delivery and administration.

But there were also negatives:

- Some experienced the GPs in their practice having a very limited appetite for NHS Health Checks. One Practice Manager shared some of the GPs' cynicism; it seemed to him that they had identified only a very small number of health problems through the Checks.
- Getting the right people to attend is problematic. Again, the financial perspective is important here. The Practice only gets paid for the initial invitation sent out; not subsequent 'chaser' letters; although it was acknowledged by the Practice Managers that chasing non-responders is important as the biggest financial benefit comes to the Practice once the NHS Health Check is complete.
- One Manager stated that linking up patients with follow-up services was difficult. Although his PCT has provided a range of follow-up activities, these were not in the local area and thus of little benefit to patients.

6.3 Health Bus workers

The Health Bus workers had generally found delivering NHS Health Checks to be a positive experience. They enjoy the interaction with the public and the opportunity to educate them about lifestyle choices; it is also fulfilling to be targeting the harder-to-reach groups of the population.

"We reach men, unemployed, the holy grail of public health" (Provider – Health Bus)

"One Health Bus referred 50 people to GPs in six weeks and they were all high risk" (Provider – Health Bus)

They also reported that the NHS branding of the NHS Health Checks instils trust, making NHS Health Checks an 'easier sell' to the public, because the branding encourages trust and engagement.

Challenges encountered include the IT issues intrinsic to being a mobile unit (for example, data connectivity problems) and a resistance from GPs to accept referrals from a non-clinical team.

6.4 Community pharmacy

Delivering NHS Health Checks has been a mixed experience for community pharmacies. While the ethos of community pharmacies fits well with the ethos of NHS Health Checks, and the pharmacy environment can allow more time for consultations (not limited by appointment times), there are difficulties as well:

- It can be challenging to target eligible patients; this is largely dictated by footfall into the Pharmacy.
- Some have limited private space for consultations.
- IT issues can be problematic. Some pharmacies feel that GPs are obstructive around data because they do not support the concept of pharmacies providing NHS Health Checks.

- Some suspect that GPs do not acknowledge the professional competency of Pharmacists in administering tests.

"Pharmacies are able to spend longer with the patients and are often happy to do this because it is good for their business. They can offer appointments outside of GP Practice time." (Provider – Pharmacy)

APPENDIX

PHE NHS Health Checks Qualitative topic guide Final

Moderator note: the following issues may be raised by respondents and should be noted. They are not however the focus of this research.

- Discussion around evidence of whether NHS Health Checks are beneficial*
- Issues to do with information governance (data security issues transferring patient data from GPs to a different provider)*

Introductions and explanations

- Introduce self and Research Works Limited, an independent market research agency
- We are conducting a qualitative study on behalf of Public Health England (PHE) in relation to the NHS Health Checks Programme. The aim of the survey is to gather feedback on experiences so far with the NHS Health Checks Programme with a view toward the transition from PCTs to Local Authority.
- Ask permission to record interview - explain confidentiality requirements (DPA and MRS code of conduct). The recording is for our reporting only.

Respondent Background

- What is your current role and area of responsibility?
- How long have you been in post?
- Discuss specific involvement in, and responsibility for, NHS Health Checks
- How long have you had responsibility for NHS Health Checks? Who else is involved?

Update on experiences implementing NHS Health Checks

Summarise experiences and progress to date with implementing the programme within this PCT:

- What have been specific areas of success? Probe: what factors contributed to this success?
- What have been specific areas of challenge(s)? Probe: what factors contributed to the challenge(s)? What solutions were (or could be) undertaken in order to overcome these challenges?
- Do you know what the % of your areas target population have been offered a NHS Health Check?
- And do you know what the take-up rates have been so far?
- Explore issue of uniformity of core offer:
 - Are you aware that there are differences in terms of what is offered in different areas – some areas offer more than the core offer while others offer less?
 - What are they doing – are there difficulties providing the core offer? If yes, expand on difficulties and why?
 - What are your views on the importance of a uniform offer for NHS Health Checks?
- What sources of guidance and support have you accessed in relation to NHS Health Checks? Discuss: which more/less helpful and why?
- On support and guidance probe specifically:
 - awareness and experience of NHS DAKC, have you found the learning networks and events useful? What most useful going forward? Why?
What regional/local networks will support you when SHA's are no longer? How important are regional/local networks? Why? What benefits do they offer?
- What are the key learnings from your experiences so far? Why are they important?
- What do you see as key challenges for the future? Why do you say that?
- What do you see as potential solutions to these challenges? Why do you say that?

Looking to the future implementation of NHS Health Checks

Looking to the future transition of responsibility for the Health Checks Programme to Local Authorities in April 2013:

- What are your current plans for the transition – can you outline areas of debate/consideration for the transition (both positive and negative)
- What are your views on how Local Authorities will be measured on delivery? Probe: how is this being dealt with?
- What potential challenges lie ahead which may impact on a smooth transition of responsibility to Local Authorities?
- What do you see as the solutions to these challenges? Why do you say that?
- What practical support is required for the transition? Why is that important?
- What specific support could PHE provide? Why would that be important?
- Overall, what do you feel would help improve engagement with the programme going forward? Why do you say that?

Sum up

- Summarise key points/thoughts from the discussion
- Any other thoughts or suggestions as to how PHE can support the successful implementation of NHS Health Checks?
- Any specific comments or feedback for PHE regarding NHS Health Checks which have not been covered?

Moderator: ask who delivers/provides NHS Health Checks in your area? We would like to gather their views as part of this research as well. Would you be able to supply a contact we could interview? Agree next steps.