

NHS HEALTH CHECKS PREVENTION PROGRAMME

CALL & RECALL SYSTEM 2012/2013

PATHWAY

Step 1

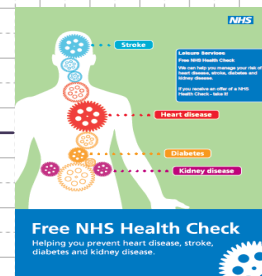
IDENTIFICATION & OFFER

HEALTH CHECK CRITERIA

Age between 40 – 74 yrs
NO previous diagnosis of heart disease, stroke, diabetes and kidney disease (including hypertension)
NOT on STATINS

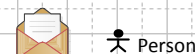
PRACTICE IMPLEMENTATION PLANS

Submitted to & negotiated with Public Health Lead



DH state 75% coverage of the eligible population is achievable which means 9,888 in the city should be screened

Over 13,184 people (20%) per year meet health check criteria in the city



OFFER

Invite patients systematically & where appropriate use opportunistic invites to attend for a Health Check

Step 2

RISK ASSESSMENT

Response by patient
Health Check appointment is agreed with individual and / or Health Check Clinic times are scheduled and promoted by Practices

ACTUAL Risk score is calculated and contact with patient is made

Lab. send blood test results to Practice

Blood sample sent off to Lab. for cholesterol testing

Person attends appointment, tests are taken and results recorded

< 10% cardiovascular risk 10 yrs – letter is sent to patient with results

≥ 10-20% cardiovascular risk 10 yrs – letter sent to patient and telephone contact

≥ 20% - 30% cardiovascular risk 10 yrs – telephone contact is made with patient for a return appointment for follow up

≥ 30% cardiovascular risk 10 yrs – telephone contact is made with patient for a return appointment for urgent follow up

RISK LEVELS

Categorisation of 10 year Risk of CHD Event

Very Low risk	< 10%
Low risk	< 15%
Moderate risk	≥ 15-20%
High risk	≥ 20%

REVIEW

People should be reviewed at timescales relevant to their actual risk score. For those with a Low risk or Moderate risk score (≤ 20%) the person should be reviewed and recalled every 5 years.

Written communication of risk score:

A written report of the results should be given to the patient in advance of any discussion about risk management to allow the person time to think about their results, what it means for them, and what questions they may like to ask.

RISK ASSESSMENT COST = £24

Step 3

RISK MANAGEMENT

DEFINITION

Everyone who undergoes a check have their results and their NHS Health Check Assessment of vascular risk conveyed to them.

Everyone will have some level of risk and this needs to be clearly explained. The communication of risk and what it means to the individual is of paramount importance to the programme meeting its objective of helping people stay well for longer.

Levels of risk need to be discussed alongside what each individual can do to manage their risk such as taking regular exercise, eating a healthy diet, reducing their calories intake as a way of managing their weight, and stopping smoking.

Verbal communication of risk score

The risk score should be communicated and discussed with the individual using language that is appropriate to their level of understanding. The person should be encouraged to ask questions about their level of risk.

KEY

- Fragmentation in system
- Delays in patient responding / non responders
- Time lapse in processing lipid test as it is sent to a Lab. For testing
- Follow up reliant on individual responding again and making a further appointment

COMMUNICATION OF RISK

Behaviour change support

NHS Stop Smoking Services referral

Exercise on prescription/referral or other physical activity intervention

Weight management on referral

Other lifestyle management advice

RECALL

*if required
Statins prescription offered

Anti-hypertensives prescription

Omit from eligible population

Please see 'Verbal communication of risk'

Patient attends Practice again

NHS Health Check COMPLETED at this point

Patient does not attend

DNA patient is lost to follow and goes back onto RECALL list, if appropriate

ANNUAL RESULTS (Offered & Completed) ARE REPORTED

Healthcare Assistants or Practice Nurses carry out the assessment within each Practice

RISK MANAGEMENT COST = £34.50

EACH COMPLETED HEALTH CHECK COSTS £58.50 PER PERSON

PROVIDER

GP PRACTICES are currently the sole providers for all elements of health check arrangements in Newcastle

SYSTEM IMPLICATIONS

DATA REQUIREMENT (Offer)

Department of Health requirements

- a) verbal invitation
- b) invitation letters (3)
- c) telephone invitation
- d) declined invitation
- e) DNA health check appt.

WEAKNESSES IN CURRENT SYSTEM

- a) 3 invitation letters are sent and most have no response
- b) awareness of FREE NHS Health Checks is very poor
- c) opportunistic offers can be made if patient is attending GP Practice for other reason/s
- d) relies on eligible patients going to Practice
- e) number of people invited for health check falls well short of the City's target

DATA REQUIREMENT (Risk Assessment)

- a) age
- b) gender
- c) ethnicity
- d) smoking status
- e) Body Mass Index (weight/height)
- f) Blood Pressure measure
- g) pulse
- h) cholesterol test
- i) physical activity
- j) family history
- k) stress
- l) alcohol consumption
- m) dementia – for patients over >65 signposting to memory clinic

WEAKNESSES IN CURRENT SYSTEM

- a) 2 stage process in Newcastle so system is fragmented due to blood test for cholesterol level is set to laboratory from GP Practice
- b) high DNA rate for both 1st appt. & 2nd appt.
- c) time lag in between assessment and recall for communication of risk / risk management
- d) online training only
- e) No other providers

DATA REQUIREMENT (Risk Management)

a) NHS Health Check complete only

WEAKNESSES IN CURRENT SYSTEM

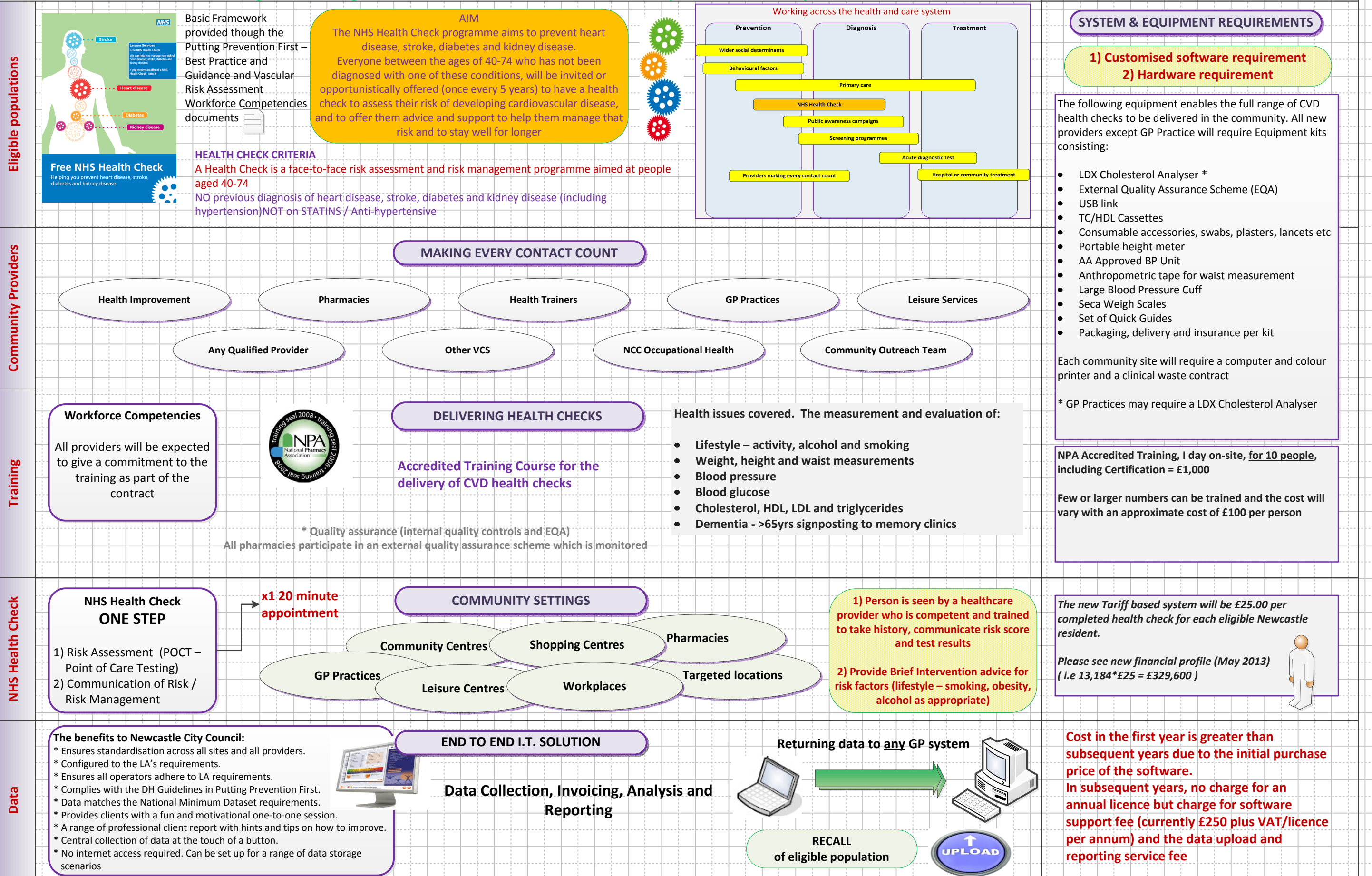
- a) no referral data are reported so connectivity with other services is lost i.e to which service
- b) no risk management data are collected
- c) number of onward referrals are not reported
- d) no follow up to ascertain whether person accessed lifestyle service
- e) time lag in system
- f) current system does not represent Value for Money
- g) Performance – Q3 2012/2013 Offered 8518 (12.9%) Completed 4057 (6.2%)

NHS HEALTH CHECKS PREVENTION PROGRAMME

PROPOSED NEW DELIVERY MODEL >October 2013

Living Well for Longer in Newcastle – Action to reduce avoidable premature mortality

Investment decisions



Standardise equipment

Portable height meter



Seca Weigh Scales



Consumable accessories: swabs, plasters, lancets etc

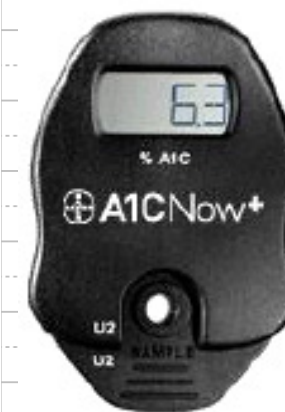


LungLife – checks lung disfunction

LDX system can measure a patient's full lipid profile (total cholesterol, HDL, LDL, triglycerides, blood glucose)



Software/hardware to support whole programme



Diabetes - Bayer A1CNow (self check) measures average blood glucose over 2/3 months



AA Approved BP unit

Working across the health and care system

