

Newham CCG NHS Health Checks Project

Development and evaluation of a patient-centred 'risk report' to improve CVD risk communication in NHS health checks and promote behaviour change

PI: Meredith Hawking e: m.k.d.hawking@qmul.ac.uk
Queen Mary University of London

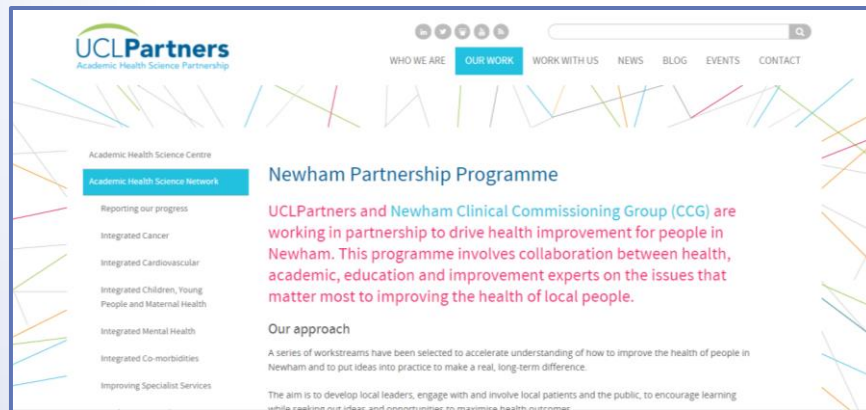


In partnership with




Programme Overview

UCLPartners and Newham Clinical Commissioning Group (CCG) are working in partnership to drive health improvement for people in Newham. This programme involves collaboration between health, academic, education and improvement experts on the issues that matter most to improving the health of local people.



The screenshot shows the UCLPartners website. The header includes the UCLPartners logo and navigation links: WHO WE ARE, OUR WORK (highlighted), WORK WITH US, NEWS, BLOG, EVENTS, CONTACT. The main content area features a sidebar with categories like Academic Health Science Centre, Reporting our progress, Integrated Cancer, etc. The main text reads: "Newham Partnership Programme. UCLPartners and Newham Clinical Commissioning Group (CCG) are working in partnership to drive health improvement for people in Newham. This programme involves collaboration between health, academic, education and improvement experts on the issues that matter most to improving the health of local people. Our approach: A series of workstreams have been selected to accelerate understanding of how to improve the health of people in Newham and to put ideas into practice to make a real, long-term difference. The aim is to develop local leaders, engage with and involve local patients and the public, to encourage learning while realising our ideas, and consequently to maximise health outcomes."



The screenshot shows a BMJ article. The header includes the BMJ logo and publication details: BMJ 2013;346:f2347 doi:10.1136/bmj.f2347 Published 1 May 2013. The article is a feature piece titled "A herculean task for the Olympics borough" by Zosia Kmiotowicz. The text discusses the challenges of improving health in Newham, a borough with high unemployment and deprivation, and mentions the Olympic Games in 2012. The article is categorized under "REGENERATION" and "Signs of revitalisation".

BMJ : [A herculean task for the Olympics borough](#)

Website: www.uclpartners.com/our-work/academic-health-science-network/newham-partnership-programme

Workstream Overview

Aim: Improve the treatment and diagnosis of CVD in Newham by examining how electronic health records can be used to:

1. Define clinical and referral pathways in primary care, enhancing the diagnosis and management of CVD.
2. Enhance the NHS Health Check programme and reduce cardiovascular risk in Newham's ethnically diverse population by empowering patients to take control of their cardiovascular risk reduction strategy.

Project Overview

Study Question:

Can we make NHS Health Checks more effective by providing additional information to help people make better decisions about how they might reduce their risk of heart disease?

To answer this question:

- Develop personalized 'risk report'
- Pilot evaluation in 3 surgeries
- Qualitative interviews



'Risk Report' Development



For more information and support about how to achieve these goals, visit or call:

- NHS Health Check w: www.nhs.uk/Conditions/nhs-health-check
- NHS free weight loss plan w: www.nhs.uk/Livewell/weight-loss-guide
- Change for life w: www.nhs.uk/change4life t: 0300 123 4567
- Smokefree NHS w: www.nhs.uk/smokefree t: 0300 123 1044
- NHS Alcohol information w: www.nhs.uk/Livewell/alcohol
- Action on Salt w: www.actiononsalt.org.uk t: 020 7882 5941
- Diabetes w: www.diabetes.co.uk
- Dementia w: www.alzheimers.org.uk t: 0300 222 1122

Treatment:

After this health check, you may need a follow up appointment, and your doctor may prescribe you some medication to manage your risk of cardiovascular disease. You will be told by the clinic staff if you need to make another appointment.

For every 20 potential strokes or heart attacks, treatment will prevent 7:



- Remember to take any prescribed treatment according to your doctor's instructions

Set the alarm on your phone to remind you or put the pills next to your toothbrush

Referrals:

[insert referral information if a referral is being given, this section won't appear if there is no referral]

Extra information/ Local Support Groups:

[Free text for nurse or clinician to add any notes or info on local support groups]

Your next appointment will be due in.....

Development informed through focus group sessions with HCAs and nurses and feedback from clinicians.

Main findings

- Current provision of written information inadequate
- Discussion of risk problematic
- Printing and cost barriers
- Time to complete by hand
- Addition of action planning section
- Patient signature
- Order of information

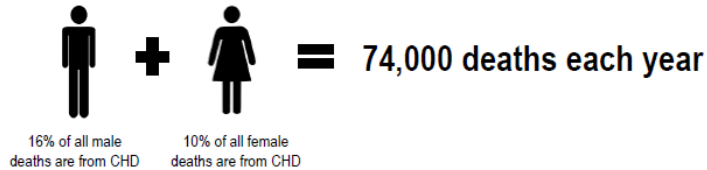
EMIS Template Modification

Pages	NHS Health Check Template (** indicates Newham Enhanced Service Payment Trigger)		
NHS Health Check	CEG Clinical Effectiveness Group	Barts and The London School of Medicine and Dentistry	
Administration	Study Info		
Cancer Screening Info	Reminder: Before the first Health Check, has the patient signed the consent form?		
Physical Activity	Please remember to complete the Risk Report at the end of the health check with the patient:		
Lifestyle Intervention	Intervention Group - Both health check visits		
Ethnicity	Control Group - only in the second visit		
Resources	Clinician Name/Initials	<input type="text"/>	<input type="button" value="↑"/> <input type="button" value="↓"/>
←	NHS Health Checks		
	Public Health NHS Health Check - the following need to be recorded for payment:-		
	<ul style="list-style-type: none">• Ethnicity (ever) (record on Ethnicity page)• Smoking Status (or never smoked 'ever') (record on Lifestyle Intervention Page)• FH CHD (under 60 years)• Physical Activity (record on Physical Activity page)• BMI• BP• Pulse Rhythm• Audit C (record on Lifestyle Intervention page)• Cholesterol & HDL• QRisk2• Dementia awareness (over 65 years)		
	Place of assessment	<input type="text"/>	No previous entry
	Family History		
	**FH: IHD<60 First Degree Relative	<input type="text"/>	01-Dec-2015 FH: Ischaemi... >
	FH; Diabetes First Degree Relative	<input type="text"/>	16-May-2014 FH: Diabetes... >
	Examination		
	**Blood Pressure	<input type="text"/> / <input type="text"/> mmHg	01-Dec-2015 160/90 mmHg >

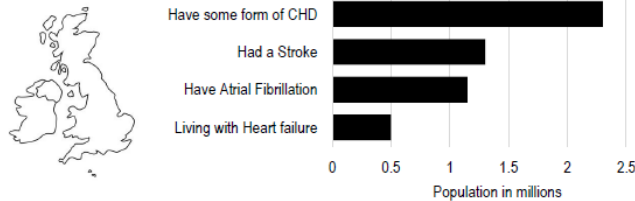
Infographic Flyer

IN FIGURES: Understanding Cardiovascular (CVD) Risk

Coronary heart disease (CHD) is the biggest single cause of death in the UK



Many people in the UK are living with some form of cardiovascular disease (CVD)

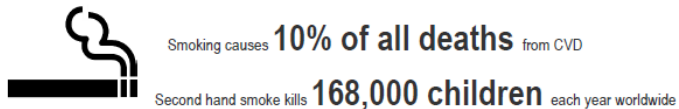


Being overweight, eating unhealthily and not doing enough exercise increases your CVD risk



In England 62% of adults are either overweight (BMI>25) or obese (BMI>30)

Smoking puts you at much higher risk of having a heart attack or stroke



IN FIGURES: Reducing your Cardiovascular (CVD) Risk

Reducing your blood pressure helps lower your risk



Reducing your systolic blood pressure by **20mmHg** will reduce your risk of cardiovascular disease by **50%**

1 in 3 adults in the UK have high blood pressure.

You can reduce your blood pressure and improve your risk of CVD by:



1 year after quitting smoking, your risk of a heart attack is 50% lower than before.



Getting more active reduces your blood pressure and risk of CVD.



Cutting down on your salt intake from 10g a day to 6g a day reduces your risk of death from stroke by 16%.



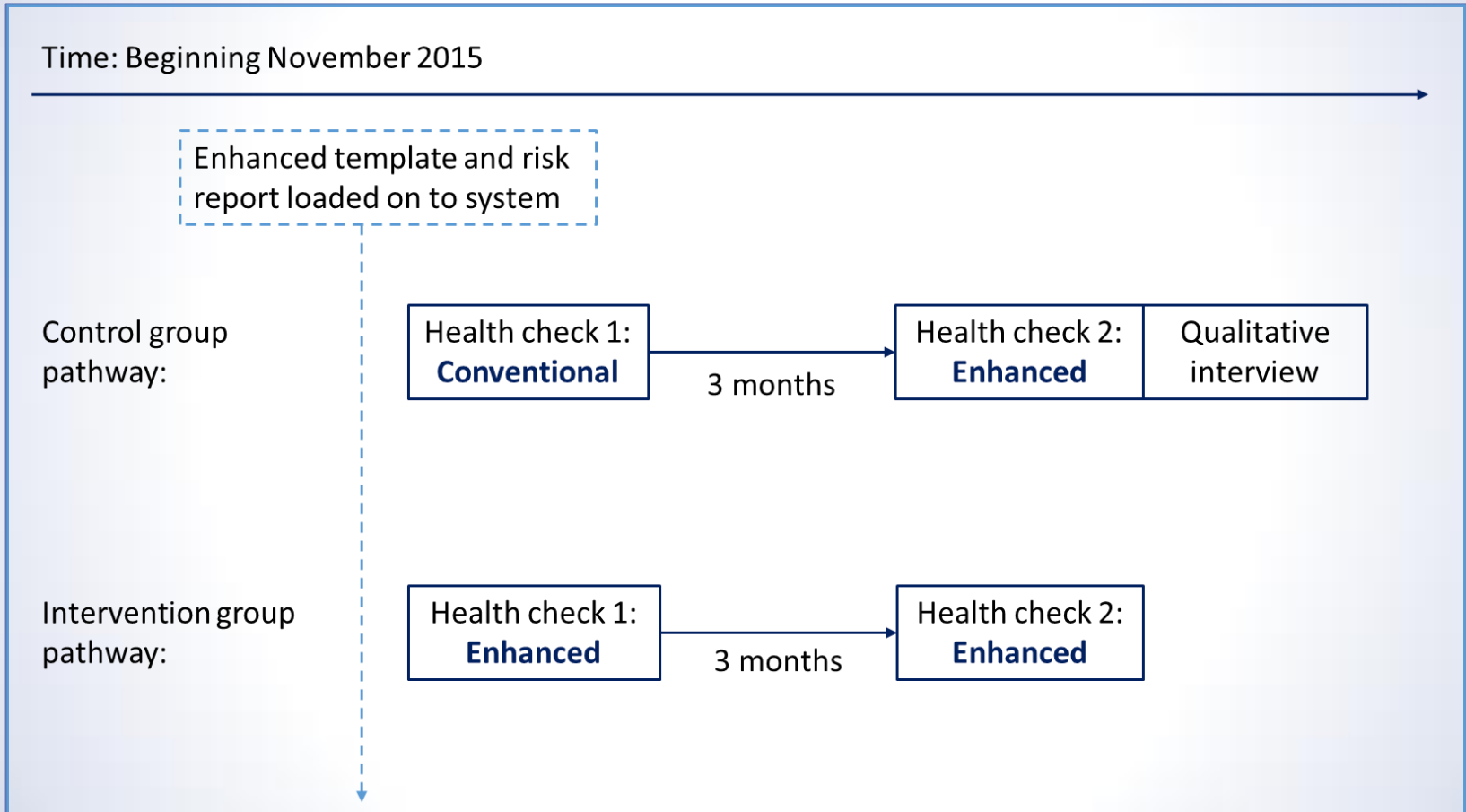
Eating more healthily reduces your risk of CVD. Try grilling, steaming or poaching meat instead of frying or roasting, eating more fibre - 5 portions of fruit and vegetables a day and wholegrains such as wholemeal bread and pasta, and cut down on fatty meats, dairy foods, ghee and sugary snacks and drinks.



In partnership with



Study Outline



Qualitative Interviews

Semi-structured interviews will cover:

- Thoughts on NHS health check programme
- Comparison of health checks
- Understanding, layout, action planning, risk communication
- QRISK2 score vs heart age metrics
- Behaviour modification
- Use of other resources
- Suggestions and improvements



Summary

- Partnership project part of wider drive to improve CVD in Newham
- Current provision of patient information is inadequate and impractical
- Our 'risk report' aims to tackle practical and information barriers
- RCT to evaluate 'risk report' in 3 pilot surgeries ongoing
- Trial outcomes will inform modifications to content and delivery
- Wider roll out to all practices in Newham CCG planned for Autumn 2016



Acknowledgements

Study Team

Meredith K.D. Hawking, CPCPH, Queen Mary University, e: m.k.d.hawking@qmul.ac.uk

Prof Adam Timmis, Bart's Health NHS Trust

Dr Bhupinder Kohli, Newham CCG

Dr John Robson, Clinical Effectiveness Group, Queen Mary University

Fae Wilkins, Clinical Effectiveness Group, Queen Mary University

Jayne Callaghan, Clinical Effectiveness Group, Queen Mary University

UCLP Programme Team

Sarah Seaholme

Peta Sweet

Hania Ahktar

Thanks for listening!

**NHS
HEALTH
CHECK**

Helping you prevent

diabetes

heart disease

kidney disease

stroke & dementia

In partnership with

