



## **Appendix 1: Public Health Response to NHS Health Checks Scrutiny Review**

**February 2014**

1. Between September and December 2013, the Centre for Public Scrutiny was commissioned by Barnet and Harrow Councils to undertake a review of the NHS Health checks services. The review took into account the policy context; local context; service performance; return on investment; stakeholder views and best practices examples.
2. The review gave rise to a number of recommendations for action – some local, some national or system-wide.
3. The health checks service is commissioned by the Barnet and Harrow Shared Public Health Service (Public Health). Public Health has considered and responded to the recommendations (table 1).

**Table 1. Recommendations and Responses**

	<b>Theme</b>	<b>Recommendation and Rationale</b>	<b>Response from Harrow and Barnet Public Health Department</b>
<b>1</b>	<b>Health Checks Promotion</b>	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).	<p>Whilst we support this recommendation, there is limited influence which the Public Health department can exert on Public Health England through its channels and networks in lobbying for a national campaign. We would welcome Cabinet using its channels to lobby with the appropriate bodies.</p> <p>The Public Health Department will also continue to market the service locally, co-ordinating with national campaigns, if and when they become available.</p>
<b>2</b>	<b>Providers / Flexible Delivery</b>	Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible.	The Health Checks contract is a legacy contract i.e. commissioned by the PCT. As such there is limited scope to extend to alternative providers, until the contract is re-commissioned. We are currently undertaking two procurement exercises for additional community based providers.
<b>3</b>	<b>Treatment Package</b>	All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities.	The need to streamline the process is recognised and point of care testing will be introduced, where possible, depending on resources and users' preference.

4	<b>Referral Pathways</b>	<p>The patient pathway should clearly define the referral mechanisms for those identified as:-</p> <ul style="list-style-type: none"> <li>• Having risk factors; and</li> <li>• Requiring treatment</li> </ul>	<p>Action is underway to ensure that pathways are in place for both boroughs and that these are clearly communicated to current and any new providers. Contracts are to be based on evidence and community preferences.</p>
5	<b>Restructure Financial Incentives</b>	<p>Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.</p>	<p>Work is already underway to restructure financial incentives, subject to negotiation with providers, as contracts are up for renewal.</p>
6	<b>Resources</b>	<p>Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.</p>	<p>This recommendation is for Public Health England. We will use our communication channels to influence PHE and NHS England.</p> <p>At a local level there is limited capacity and scope to introduce any changes to national policy or GP contracts.</p>
7	<b>Targeting</b>	<p>It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:-</p> <ul style="list-style-type: none"> <li>• men (who statistically have a lower up-take than women);</li> </ul>	<p>A targeted approach is already being adopted, with outreach activities in community settings that serve particular hard-to-reach communities, e.g. places of worship.</p>

		<ul style="list-style-type: none"> <li>• faith communities (who statistically have a high prevalence of certain diseases); and</li> <li>• deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)</li> </ul>	
<b>8</b>	<b>Screening Programme Anxiety</b>	It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.	We will consider developing a public information campaign to address public anxiety following best practice and learning from other organisations.
<b>9</b>	<b>Barriers to Take-Up</b>	Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.	Some work has already been done, as part of the underpinning analysis for the review. It is usual public health practice to carry out equity audits to understand who does and does not access services and why. This will be carried out in the near future (2014/15).
<b>10</b>	<b>Learning Disabilities</b>	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system	People with LD are not excluded from NHS health checks, as long as they meet the eligibility criteria, like everyone else. However, they are also invited to an annual LD health check (regardless of age) and there is considerable overlap.