

Commissioning NHS Health Checks

To: Adult and Health Committee

Meeting Date: 17 March 2022

From: Jyoti Atri – Director of Public Health

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/029

Outcome: The Committee is asked to consider the change in the Commissioning of NHS Health Checks.
This will increase the number of NHS Health Checks completed and the number of people identified with a high risk of Cardiovascular Disease (CVD)
Consequentially this will also increase the number of people who have preventive or early interventions that will reduce risk of the onset or progression of CVD.

Recommendation: Adults and Health Committee is asked to agree the following changes to the commissioning arrangements of NHS Health Checks.

- a) The commissioning of additional NHS Health Checks in 2022/23 to address the low levels of NHS Health Checks undertaken during the COVID-19 pandemic.
- b) To agree the budget of £1,032,297 for the additional commissioning, of which £407,375 would come from Public Health reserve funds.
- c) The commissioning of the three GP Federations to deliver NHS Health Checks if all procurement criteria are met.
- d) To increase commissioning activity of opportunistic NHS Health Checks as part of the collaborative model with the GP Federations.

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1. Background

- 1.1 NHS Health Checks are one of Local Authority mandated Public Health Services. They are an important component of locally led public health prevention services and play a vitally important role in the prevention of CVD.
- 1.2 They are offered to people without pre-existing disease aged between 40 and 74, free of charge, every 5 years. The results are used to raise awareness and support individuals to make behaviour changes and, where appropriate, access clinical management to help them reduce their risk of a heart attack, diabetes, stroke, respiratory disease and some forms of dementia and cancer in the next 10 years.
- 1.2 The NHS Health Check includes identification of behavioural and clinical risks for CVD. Studies indicate that the reduction in the risk of CVD along with Body Mass Index (BMI), smoking prevalence and cholesterol levels is a consequence of both improved clinical management and lifestyle behaviour interventions. Participants are assessed for both unhealthy lifestyle behaviours along with clinical markers that indicate a high risk of developing CVD and other conditions. Those assessed as having a high risk of disease are referred for lifestyle behaviour support and/or clinical treatment to their GP. Locally referrals are made to the commissioned Lifestyle Behaviour Service, District LAs and voluntary sector services for advice and support for lifestyle behaviours.
- 1.3 There are different delivery models but nationally 93% of NHS Health Checks are undertaken by General Practice (GP). Nationally 27% of LAs commission community outreach and 19%, pharmacies. Although these usually complement GP provision.
- 1.4 The high proportion of NHS Health Checks provided by GPs reflects the Health Check pathway which requires collaboration between the LA commissioners and GP practices. It includes an invitation process that is based on practice patient lists, the actual Health Check and clinical follow up when needed, along with referral to support for behaviour change. Any commissioning arrangements must reflect the GP ownership of patient data and their responsibility for any clinical interventions. In the outreach situations Health Checks are opportunistic and based on age with the outcomes being sent to GP practices.
- 1.5 In Cambridgeshire there is a mixed service delivery model with 87% of the annual target lying with GP practices and 13% with the LA commissioned Lifestyle Behaviour Service which provides outreach opportunistic NHS Health Checks. The outreach service targets harder to reach communities in support of the evidence that these groups are more likely to respond to this approach.
- 1.6 The COVID-19 pandemic has impacted on the capacity of GP practices to deliver. The proposal in this report aims to recoup this underactivity created by the pandemic. It is important that we increase the number of NHS Health Checks undertaken in Cambridgeshire if we are to reduce the level of CVD risk in the population and improve health outcomes.
- 1.7 NHS Health Checks contribute to the Health and Well Being Strategy high level goals of reducing inequalities in premature mortality by 10% and increasing the number of years that people spend in good health by 10%. In addition, it supports delivery of other emerging

Integrated Care System strategies including the Cardiovascular Disease Prevention and Respiratory Strategies.

2. Main Issues

- 2.1 Recent economic modelling found that by 2040 the current NHS Health Check is likely to reduce absolute health inequalities and is estimated to achieve a return on investment (ROI) of £2.93 for every £1 spent from a societal perspective, compared to no programme. The greatest improvements in risk reduction were when follow – up was improved.

NHS Health Checks operate on a 5-year rolling programme with the eligible population divided into an annual target. Table 1 indicates Cambridgeshire’s performance since 2017/18 against the 5-year rolling programme. The percentage of Cambridgeshire’s eligible population invited to NHS Health Check is below the regional and national figure but those taking up an invitation is above the national and regional averages.

Table 1: NHS Health Check Performance

Indicator	Period	Cambridgeshire			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/ Highest
People invited for an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	87,911	46.6%	63.4%	58.4%	7.8%		100%
People receiving an NHS Health Check	2017/18 Q1 - 2021/22 Q2	–	52,083	27.6%	29.4%	26.3%	5.0%		54.8%
People taking up an NHS Health Check invite	2017/18 Q1 - 2021/22 Q2	–	52,083	59.2%	46.3%	45.1%	12.0%		100.0%

Source: [NHS Health Check - Data - OHID \(phe.org.uk\)](https://pho.org.uk)

- 2.2 NHS Health Check activity had decreased from 2017/18 and prior to the pandemic negotiations with GP leaders were underway to address this underperformance. The COVID-19 pandemic has greatly exacerbated this situation through increased GP demands that have affected GP practice capacity to deliver NHS Health Checks at a local, regional, and national levels. Table 2 indicates the negative impact of the pandemic upon the NHS Health Check Programme activity during the two years of the pandemic in Cambridgeshire, the East of England and nationally

**Table 2: NHS Health Check Activity pre and during the COVID-19 pandemic
People receiving an NHS Health Check per year**

Recent trend: ↓ Decreasing & getting worse

Period	Cambridgeshire					East of England	England
	Count	Value	95% Lower CI	95% Upper CI			
2013/14	18,256	10.0%	9.9%	10.2%	10.4%	9.0%	
2014/15	16,697	9.0%	8.9%	9.2%	10.8%	9.6%	
2015/16	15,151	8.1%	8.0%	8.2%	9.9%	9.0%	
2016/17	17,900	9.6%	9.5%	9.7%	9.7%*	8.5%	
2017/18	17,409	9.3%	9.1%	9.4%	9.3%*	8.3%	
2018/19	16,247	8.6%	8.5%	8.7%	8.9%*	8.1%	
2019/20	14,207	7.6%	7.4%	7.7%	8.3%	7.7%	
2020/21	1,935	1.0%	1.0%	1.1%	1.2%	1.2%	

Source: Fingertips Public Health /OHID [NHS Health Check - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Table 3 compares the percentage of the Cambridgeshire eligible population who received a NHS Health Check since 2017/18 with other areas in the East of England and nationally. All areas have experienced the impact of COVID-19 on their delivery of NHS Health Checks.

Table 3: People receiving an NHS Health Check 2017/18 Q1- 2021/22 Q2 (% of eligible population)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	4,172,449	26.3	26.3	26.3
East of England region	–	527,318	29.4	29.3	29.5
Essex	–	156,396	35.8	35.7	36.0
Suffolk	–	73,372	32.9	32.7	33.1
Thurrock	–	11,083	27.9	27.5	28.4
Cambridgeshire	–	52,083	27.6	27.4	27.8
Luton	–	14,442	27.3	26.9	27.7
Southend-on-Sea	–	14,432	26.7	26.3	27.1
Central Bedfordshire	–	22,722	26.5	26.2	26.8
Norfolk	–	69,490	26.4	26.2	26.6
Peterborough	–	14,103	26.3	25.9	26.7
Hertfordshire	–	90,842	26.3	26.1	26.4
Bedford	–	8,353	16.6	16.3	17.0

Source: Fingertips Public Health /OHID [NHS Health Check - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

The local NHS Health Check data for 2021/22 until the end of the end of January 2022 shows that the pandemic impact has continued with 3,740 Health Checks being completed.

- 2.3 In recent months there have been discussions with GP leads to identify how the number of NHS Health Checks could be increased in the context of ongoing increasing demands on GP practices and the need for them to recover from the pandemic.

It is recognised that there is an urgent need to implement a catch-up programme quickly if

we are to lower the level of CVD risk in the population and the associated poor health outcomes. The objective is to deliver the 2022/23 target along with of 25% of 2021/22 target.

Several options have been identified that focus on commissioning additional capacity during 2022/23. These focus upon alternative providers which includes commercial organisations and the local GP Federations. GP Federations are large scale primary care providers rooted in general practice and formed by constituent members of individual practices and primary care networks (PCNs). There are around 200 in the country and three across Cambridgeshire and Peterborough.

2.4 These options have been assessed against a number of criteria.

- Rapid Implementation: this will be essential to ensure that the number of people receiving NHS Health Checks increases
- Access to patient data: Any commissioned provider would need access to primary care patient data, if the numbers invited are to be increased which requires the engagement and support of GP practices.
- Acceptability to GPs is essential as the NHS Health Check delivery stretches across clinical and community behavioural interventions. It is a collaborative programme.
- Acceptability to patients: GP practices are familiar and known to patients.
- Outreach provision: There is evidence that opportunistic NHS Health Checks are preferred by some hard-to-reach groups.

2.5 Table 3 assesses the options against these key criteria. Each option is scored against each criterion. Scoring 0=lowest, 5 = highest.

Table Three: Option Appraisal

Options	Rapid implementation	Access and use of data to increase invitations and follow up	Acceptability Local population	Acceptability to GPs	Local Knowledge	Outreach	Scores
No change and wait until primary care stabilise	Primary Care is likely to have high levels of demand and capacity issues for the next year. (0)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	No (0)	20
Competitive procurement	6-9 months procurement minimum. (1)	Would require GP support for access to patient data. (2)	Variable and would depend for some patients on previous knowledge of any provider. (2)	Discussions with local GP leads indicated that this would not be their preferred option. (0)	This would depend on the provider. (2)	Included in the Service Specification. (5)	12
Commission the GP Federations	Delivery could start in April 2022 (5)	GP Federations have access to GP systems i.e. System One & EMIS (5)	Associated with GP practices (5)	GPs are members of the Federations (5)	Local staff are used wherever possible (5)	Potentially could specify collaboration with Lifestyle Service currently delivering opportunistic NHS Health Checks (2)	27
Increase in Lifestyle Behaviour Service Opportunistic Health Check activity.	Could commence in April 2022. (5)	Currently have access but would need to be able to send invitations using practice data. (3)	Lifestyle Behaviour Service/ Healthy You does have a profile in communities. (3)	Discussions with local GP leads indicated that this would not be the preferred option. However, practices accept the referrals from Healthy You NHS Health Checks. (3)	Yes (3)	Experienced in providing opportunistic outreach NHS Health Checks. (5)	22

- 2.6 The option appraisal favours the commissioning of the GP Federations. However, increasing the outreach opportunistic screening could take place alongside the GP Federation delivery through a collaborative model. The commissioning of GP practices to provide NHS Health Checks has been through an annual waiver. Each of the three Federations will require a waiver from a competitive process which would be based on the collaborative nature of the delivery of NHS Health Checks and their unique relationship to GP practices.
- 2.7 Local Authorities have responsibility for commissioning part of NHS Health Check pathway, that is the actual delivery along with onward referral to health behaviour services and/or clinical services. Increasing NHS Health Check activity will increase demand for GP clinical services at a time of acute pressures on capacity. Any increased activity will require careful monitoring to avoid unmet need and the evidence that improved follow up will have the greatest impact on outcomes.

2.8 Activity, Incentives and Finance

The annual number eligible for an NHS Health in Cambridgeshire is 37,593. The local target for several years has been 20,000 which was set with the aim of annual increases to meet the national aspiration. In recent years performance has fallen and it has been increasingly challenging to meet this target. Incentives for meeting and exceeding targets could be used to support performance improvement.

Current unit price in Cambridgeshire for NHS Health Check is £23. In terms of benchmarking the East of England the unit price range is £20-£40 per Health Check. (East of England Health Check Commissioner Survey July 2021). Also, at the initiation of the NHS Health Checks Programme the Department of Health modelled costs at £23.70 per Health Check.

Incentives would be based on achieving and exceeding targets. Targets are set for individual practices and achievement payments would be against these being met/exceeded. For achieving the target, 10% of total payment would be added and 15% for exceeding target by more than 10%.

Currently there are ongoing discussions with the GP Federations regarding costs. The costs proposed are based on the £23 per unit cost but with the addition of incentives to improve performance.

GP Federations

Core costs

2022/23: 20,000 NHS Health Check @ £23 = £460,000

2021/22 catch up: 5,000 NHS Health Checks at £23 = £115,000

Total costs: 2022/23, 25,000 @ £23 = £575,000

Incentives costs

100% of practices meet their targets = £575,000 + 10% = £57,500

25% of practices exceed target by more than 10% = £143,750 + 15% = £21,563

Potential incentive costs 2022/23 = £79,063

Healthy You Behaviour Service Outreach: Activity

Current annual performance: 2,400

Increase to 6,000

Total cost= 6,000 @ £17 per Health Check = £102,000

Contingency funding for potential overachievement £50,000

Total NHS Health Check Delivery (commissioned) 2022/23 = £806,063

Costs not included in the proposed commissioning option.

Point of Care Testing (bloods for cholesterol and blood sugar) = £226,234

This is for an existing contract for the supply of the POCT machines, consumables, and quality checks

TOTAL COST

£806,063 + £226,234 = £1,032,297

Allocated funding 2022/23 = £624,922

Reserve funding request £1,032,297-£624,922 = £407,375

This catch-up programme does exceed the allocated budget for 2022/23. It is proposed that the deficit is met from reserves. Low activity in 2021/22 has led to an underspend which will be earmarked for this work.

- 2.9 This delivery model is for one year and includes activity from 2021/22. The impacts and outcomes will be carefully monitored to inform ongoing development of the services and commissioning approach.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.
or

The following bullet points set out details of implications identified by officers:
or

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

3.3 Helping our children learn, develop and live life to the full

There are no significant implications for this priority.

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

The following bullet point set out details of implications identified by officers:

- The NHS Health Check Programme will support Active Travel to increase levels of physical activity.

3.5 Protecting and caring for those who need us

The report above sets out the implications for this priority in paragraphs 1.1, 1.2

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in paragraphs 2.8

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The implications of the Contract Procedure Rules have been considered by the Head of Procurement and the proposed contractual arrangements have been approved by them.”

4.3 Statutory, Legal and Risk Implications

The following bullet point set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers:

- Risk for cardio-vascular disease increases with age, with males and people living in the lowest IMD quintiles at higher risk. Some ethnic minorities are also at increased risk. This is a universal service designed to identify people at an early stage to offer prevention. However, we know that uptake tends to be lower for the very people who are at increased risk. To mitigate this, we will work with our providers to ensure that we maximise uptake. The community outreach provision included in the paper, is also designed to address these issues.

4.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented.

4.6 Localism and Local Member Involvement

The following bullet point set out details of significant implications identified by officers:

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

4.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 2.2, 2.3

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

Explanation: Not influenced by the Programme

4.8.2 Implication 2: Low carbon transport.

Positive

Explanation: The Programme supports Active Travel

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Positive

Explanation: The Programme supports the use of green spaces for increasing physical activity

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral:

Explanation: Not influenced by the Programme

4.8.5 Implication 5: Water use, availability, and management:

Neutral

Explanation: Not influenced by the Programme

4.8.6 Implication 6: Air Pollution.

Positive

Explanation: The Programme supports the use of Active Travel for increasing physical activity

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Neutral

Explanation: Not influenced by the Programme

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Justine.Hartley@cambridgeshire.gov.uk

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Clare Ellis
Clare.Ellis@cambridgeshire.gov.uk

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan
Fiona.McMillan@peterborough.gov.uk

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Jyoti Atri

Have any engagement and communication implications been cleared by Communications?

No Comments received

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Jyoti Atri

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Jyoti Atri

If a key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes or No

Name of Officer:

5. Source documents guidance

5.1 Source documents

NHS Health Check-NHS Health Check frequently asked questions. Local Government Association 2013

[NHS Health Check - NHS Health Check - frequently asked questions](#)

Findings from the 2019/20 NHS Health Check. Public Health England

[20210129 NHC Audit of provision report Final \(2\).pdf](#)

Health Check Programme Rapid Review University of Sunderland, University of Newcastle Population Health Science Institute – Public Health England 2020

[NHS Health Checks Review Update \(3\).pdf](#)