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Executive Response

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Salford's Innovation and Improvement Science Centre

Executive Response

The findings of the review of the NHS Health Checks Programme in Salford are welcomed and the recommendations have been considered.

The purpose of the review piece is to describe the activity that occurred within the period of time that Haelo had been commissioned by Salford City Council, as the data set in isolation does not tell the story of the more positive aspects, outcomes or impact of the work accomplished during the 2013 – 2016 period.

As clearly stated, although the set targets on uptake of NHS Health Checks in Salford were not met, a significant improvement from the 2013 year was made during the 2014/15 period overall, i.e. from an of uptake of 38% in 2013 to 56% in March 2015. (The average number of invites per quarter in 2012/13 being 2214 and health checks completed 927, compared to 2329 and 1450 respectively in 2015/16).¹

The difficulty in meeting the set targets did follow the national trend and the breakdown in activity (to the various quarters of the year) indicates that competing priorities throughout the year means that uptake of NHS Health Checks tends to be lower in Q1 and 3 but increases in Q2 and 4.

Haelo's Role

This improvement in uptake the first year of the commission overall was significant and although it cannot be specifically aligned with the Haelo Breakthrough Series Collaborative (BTS) Improvement Programme (2014 – 2015) there are certain assumptions that can be made, indicating that the programme did contribute to this improvement:

- NHS Health Checks became an agenda item for Primary Care in Salford
- The profile of NHS Health Checks was raised at a local level (Recs 5 & 6)
- Increased staff engagement via face to face meetings, practice visits, workshops etc. (Rec 6)
- Training opportunities (Rec 6)
- Introducing the idea of quality improvement methodology and putting this into practice (Rec 4)
- Providing relevant information and literature to increase knowledge of the subject. e.g. quality and standards documentation, national website, posters and leaflets
- The development and impact of local partnerships

¹ There was also a significant underestimate of the eligible population in Salford by Public Health England (49,000 increased to 62,000 approx.). This was identified at a local level in 2014 and adjustments therefore had to be made mid-year after all calculations and targets had been set. Consequently the set target was even higher than initially anticipated

Barriers

The improvement in the second year of the commission was sustained initially but overall numbers of invites and health checks completed reduced. Again it is difficult to describe why but there are local difficulties that played a role in this including:

- Increasing pressures on Primary Care; these have been documented nationally and locally
- Change of data collection; a new system (Informatica) to monitor the invites and uptake was introduced in April 2015, which was a substantially different process from the previous queries run on the GP systems
- New templates for completion of NHS Health Checks; introduced as part of the Informatica system
- Changing political landscape; the Greater Manchester Health and Social Care devolution agenda developed over this time, which included a commitment to upscaling Health Checks/'find and treat' programmes in the Place Based Memorandum of Understanding for Public Health
- Changing commissioning frameworks; plans for the Salford Standard were underway, which may have meant uncertainty about the existing services as there was a change anticipated. NHS Health Checks became part of the Salford Standard in April 2016 (Rec 10)
- GP Provider Organisation – initial discussions were held with the emerging Salford GP provider organisation but the costing model was not affordable for commissioners at this time. This may have affected uptake as some practices were unable to deliver NHS Health Checks due to capacity but may have utilised the provider organisation. This will continue to be explored as the new integrated care system develops and new models for a GP provider organisation and federated working emerge. We will also need to explore the possibility of GPs commissioning delivery using their budget as part of the Salford Standard, rather than commissioner led models (Rec 11).

Engagement

The brief given to Haelo in this second year of the commission was very different to that in the 2014/15 year. It did not involve running another BTS collaborative programme but more

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weight was given towards supporting GP practices that had low levels of activity or engaging those who were not signed up to deliver NHS Health Checks. This involved time consuming and repeated practice visits and face to face meetings (Rec 5), which commonly produced little return. Even when practices appeared engaged or agreed to sign up to the Public Health Contract, the resulting activity was still at low levels, which surfaces the question about value for money of the programme and return on investment of intensive support.

A workshop (facilitated by Haelo) occurred in October 2015 for the above practices to introduce and support them in the delivery of NHS Health Checks. This was well attended and well received (Recs 5 & 6); however the activity resulting from this was again either low or did not commence. The learning from this period was to in the future focus on those practices with some degree of engagement/energy. However, it has also raised the question for commissioners about whether inequalities in delivery can be truly addressed through these methods if we are unable to engage with practices that are not delivering or delivering at lower levels.

Data Collection /Coding

During this time the 'switch over' from the initial data collection methods (via the MIQUEST Query) to Informatica occurred, which is known to have had a negative effect on the data and delivery activity due to the training and IT requirements. Workshops on using the new system were run and all practices attended; however several practices reported difficulties using the new system. The comparison between the old system and new system also indicated great variances in the data which continues to cause difficulty in knowing what data set is the most accurate and representative. There is still not a satisfactory resolution to these issues, although the Council remains engaged with the Clinical Commissioning Group (CCG) who are also reviewing data monitoring and audit systems as part of the Salford Standard (Recs 7 & 10).

Accurate collection and analysis of data is integral to tracking the success of the programme and currently it cannot be confidently stated that it is occurring due to the points mentioned above and in regards to 'human factors' i.e. the accurate and correct input of Read Codes. Further work is required to ensure that delivery staff have the knowledge and skills to accurately record the appropriate Read Codes (Rec 7). However, staff resource within the Council is unlikely to be identified to do this, and so will require ongoing collaboration with the CCG. There may also be scope for exploring a Greater Manchester solution that includes a central call and recall system and data monitoring as part of the devolution agenda. This may also help address the issue surrounding the improvement of data quality and transfer within community settings as on a local level the cost of a robust data collection system (such as Informatica) for the community was cost prohibitive (Recs 9 & 11).

Outcomes

The Informatica system also incorporates within the Health Checks template a prompt for referral to lifestyle services. This is an area that requires further consideration as currently there is no process to track patient referrals to lifestyle services or to assess the outcomes of these services on patient outcomes. Again a Greater Manchester initiative may be

required to instigate this element into a regional wide standardised process for evaluating the impact on the NHS Health Check programme over a wider footprint (Rec 7).

Non-traditional settings/partnerships

Throughout the two year commission what appears to be a positive outcome is the development and activity of local partnerships, the ongoing effects of which cannot not easily be described or understated. Partnership working surrounding NHS Health Checks developed between the Council's Public Health team, Health Improvement Service, Haelo, GP Practice staff, local housing organisations and various third sector organisations, e.g. Salford Healthy Communities. This has led to the development of additional and potential areas of collaboration in the future, e.g. the National Diabetes Prevention Programme. In particular, as highlighted in the report, delivery in non-traditional settings can enhance the programme's reach. As such, further work with specific cultural groups and learning will be used to inform future commissioning, acknowledging the need to improve data collection in such settings (Recs 3, 5, 8, 9).

Research

Although all academic research bids/submissions were unsuccessful, the regular meetings convened by Haelo (including various staff from the local authority, Haelo, The Institute of Population Health, the University of Salford, the University of Manchester, Manchester Metropolitan University and the University of Huddersfield) were a significant achievement. These meetings also provided a forum for presentation, shared learning, discussion and ideas for service development. This will enable future opportunities for collaboration on research funding and is important as Salford is a key partner within Manchester Academic Health Science Centre. In addition, the learning (both informal and formal) that the partnership received from the two student projects has been invaluable in shaping the programme and will inform commissioning in future (Rec 8).

Improvement science is a relatively new methodology and differs from the traditional research methods that are familiar to many clinicians and academics alike.

Notwithstanding, throughout this programme of work the collaboration between the academics and improvement scientists has been excellent, although there is expected degree of disconnect regarding the justification of various methods employed and actions taken. However, going forwards incorporating the innovative improvement science methodology and the rigour of academic research together would be a welcome and positive step (Rec 3).

Media

A Salford wide media campaign ran between January and March 2015. Despite significant activity over this period using various elements of both traditional (newspaper adverts, posters, flyers) and contemporary methods (e.g. social media, film) there was no significant response from the local population. There has not been a national campaign supporting the NHS Health Checks programme and whether this would have an impact cannot be estimated. It is hoped that a wider media campaign may be addressed at a Greater

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Manchester level which would provide greater resource and coverage, with the potential for more impact. The media campaign was another example of excellent collaboration between partners in Salford and included joint work with the SCC, Haelo, Salford CCG and third sector organisations (Rec 3).

Evaluation and patient involvement

As stated, it is acknowledged that both evaluation and patient involvement should ideally be incorporated into the planning and design of the programme from its inception. In regards to Haelo, this is an area currently being developed with 'knowledge capture' and 'evaluation' routinely incorporated into new programmes of work and is something that commissioners need to consider moving forward. Patient stories and films were created by Haelo as part of the media campaign but it is accepted that PPI should be a mandatory component in the creation and development of a programme of work such as this. We also acknowledge that there is a gap within the local and national programme in these areas (Recs 1 and 2).

Summary

In summary, there are still significant improvements to be made in the uptake of NHS Health Checks in Salford. Due to the new commissioning framework, i.e. the Salford Standard, all GP Practices are expected to deliver NHS Health Checks to their population, but by what means and how they are delivered is not specified, leaving the door open for new, alternative and innovative methods of delivery, including opportunities for federated working, GPs commissioning out delivery using their budget, and Greater Manchester opportunities for find and treat models and media campaigns.

There is also a gap in the research both locally and nationally around the outcomes of NHS Health Checks; this cannot be further informed unless referral data is accurately recorded and the physical outcomes of such lifestyle services/activities are tracked. The latter is vital to determine the effectiveness of the NHS Health Checks programme overall.

The political landscape is changing rapidly and the Greater Manchester (GM) Devolution agenda lends itself to the potential development of a GM wide standardised delivery system for NHS Health Checks, although centralising some aspects such as call and recall may be more successful initially. Whilst uptake in the Salford NHS Health Checks Programme has improved, this has not matched the national expectations, or the performance of some other authorities, and has not been completely sustained. Nevertheless, the methods of delivery for NHS Health Checks nationally are many and varied and so sometimes comparisons to other areas can be unhelpful as they do not factor in the unique nature of each local area.

The Haelo BTS collaborative was a concerted effort to address some of the issues within Salford, and the work indicated that if GP practices incorporated some simple ideas tested by local practices, this could positively influence uptake but the evidence surrounding this is not robust or validated. Therefore looking at what methods work best in the higher

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achieving areas in GM would be recommended, although they may need to be adapted for local implantation.

Conclusion

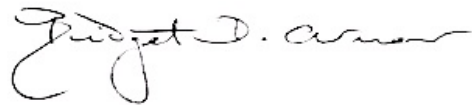
Following the 2 year commission of Haelo by the Salford City Council uptake of NHS Health Checks has increased compared to 2013 and the profile of the programme has been raised within the delivery staff in Salford. The development of partnerships, constructive relationships and collaboration is a key feature of this piece of work and has had positive effects on the programme as a whole.

The major learning taken from this review is that face to face contact with stakeholders, running interactive workshops, teaching /using the model of improvement (and PDSA's) and developing collaborative partnerships are positive aspects of the work completed by Haelo. Improvements can be made by incorporating evaluation, robust knowledge capture and PPI into future programmes.



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