

**8<sup>th</sup> February 2023**

<b>REPORT TITLE:</b>	<b>NHS HEALTH CHECKS (PRIMARY CARE NETWORKS) PILOT</b>
<b>REPORT OF:</b>	<b>ASSISTANT DIRECTOR: CONSULTANT IN PUBLIC HEALTH</b>

### **REPORT SUMMARY**

This report seeks approval to deliver an NHS Health checks pilot using Primary Care Networks (PCN)/Service Delivery Units (SDU) as the service provider in collaboration with NHS Cheshire and Merseyside (Wirral Place). PCNs will be paid by NHS Cheshire and Merseyside (Wirral Place) as part of a contract variation.

The service providers (PCN/SDU) already deliver this service across the borough and therefore this decision has potential to affect all Wards across the Borough. The decision is not a key decision.

The report supports the implementation of the Wirral Plan, Wirral Health and Wellbeing Strategy and NHSE 2023/24 priorities and operational planning guidance.

### **RECOMMENDATION/S**

The Director of Public Health is recommended to agree to the contract variation proposal whereby NHS Cheshire and Merseyside (Wirral Place) will pay PCNs directly for the delivery of the pilot. The total estimated value of pilot is £201,926 (with any adjustment needed in year).

## **1.0 REASON/S FOR RECOMMENDATIONS**

- 1.1 NHS Health Check provides information on what health and care professionals can do to help a person reduce their risk of cardiovascular disease, once they have had an NHS Health Check. Health and care professionals play an important role in supporting members of the public with evidence-based risk reduction interventions such as accessing behavioural programmes and pharmacological treatments, which will support them to lower or manage their risk of premature death and ill health. Disease management and secondary treatment prevention is led by the NHS.
- 1.2 Health checks are a key enabler for hypertension case finding, which is one of the five clinical priority areas in the Core20Plus5 framework and one of the key outcomes for NHS England 2023/2024 operational priorities.

## **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Health checks are mandated (prescribed functions) within the Local Authority Public Health ring fenced grant and the delivery model can be defined at Place. The option of the pilot remaining with Public Health was considered but given the fact that health checks are an NHS tool for early identification of disease management and secondary treatment prevention it makes sense for NHS Cheshire and Merseyside to vary the pilot into PCN contracts.
- 2.2 The pilot will provide PCNs the opportunity to target their resources towards higher risk and vulnerable communities.

## **3.0 BACKGROUND INFORMATION**

- 3.1 NHS Health Check remains a universal programme available to all eligible people. However, treating everyone in the same way does not reduce inequality. Local responsibility for local lives should be maintained. Locally, Primary Care Networks have knowledge of their practice population. There is an opportunity to show what can be achieved when the 'proportionate universalism' approach proposed by Marmot is adopted. Driving up overall participation while prioritising those with the highest levels of unhealthy behaviour and risk factors, will need continued local innovation. It is also the right use of Public Health grant.
- 3.2 The challenge with NHS Health checks is evidencing the benefits to population health. Currently, it is a transactional process whereby patients go through the clinical assessment and their results are recorded. The clinical system, EMIS, does not link up any subsequent follow up activity (e.g., change in medication, referral to stop smoking service and outcome of the referral) so it is not currently possible to understand the outcome of a health check and link to any subsequent behaviour change.
- 3.3 The pilot gives the opportunity for PCNS to work with their GP practices to prioritise patients/residents that experience the worst health outcomes in areas of greater deprivation and prioritise their resources to the degree of need. The pilot will be delivered according to the national Health Checks pathway and will include all of the specific tests and measurements set out in the Programme Guidance.

- 3.4 Each PCN will have a target number of completed health checks to deliver within the 12 months. The pilot will start on 1st April 2023 and will run until 31st March 2024. Public Health will develop an evaluation framework that will capture, where there is available data, processes, outputs and outcomes.
- 3.5 NHS Health Check programme also supports NHS Cheshire and Merseyside to deliver on NHS England priorities and operational planning guidance:
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.
  - Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%.
  - Continue to address health inequalities and deliver on the Core20Plus5 approach.
- 3.6 Hypertension case finding is one of the key clinical focus areas requiring accelerated improvement to reduce health inequalities in the Core20Plus5 framework. Health checks are a key enabler for this clinical area and have a clear strategic fit in Wirral Health and Care plans.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The ringfenced Public Health grant currently funds the Health Checks programme. The value and availability of the Public Health grant for 2023/24 onwards is not yet known.
- 4.2 The pilot activity is capped at 8,000 completed health checks with a budget of £201,926 (with any adjustment needed in year). The budget has been based on 2020-2022 activity. A tariff-based payment will be implemented weighted towards practices that are in the most deprived. £26 per completed health check compared to £22 per completed health check (least deprived). Should the activity vary and be reduced then contract amounts may need to be varied, and the proposed pilot will consider appropriate mitigating measures.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The pilot detailed within this report will need to be undertaken in accordance with the Public Contract Regulations 2015. NHS Cheshire and Merseyside (Wirral Place) will take lead responsibility for contract award and contract management.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Public Health and NHS Cheshire and Merseyside (Wirral Place) will be asked to commit resources to support the pilot delivery.

#### **7.0 RELEVANT RISKS**

7.1 Without co-ordinated efforts we will not be able to reduce avoidable and unfair inequalities caused by cardiovascular disease within the borough.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Engagement has been undertaken with key partners and stakeholders to inform the pilot.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone.

9.2 This report has no direct impact on equalities; however the associated actions may have an impact and this will be subject to an EIA where appropriate.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 The content and/or recommendations contained within this report are expected to have no direct impact on emissions of carbon dioxide.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 Ensuring equitable access to health checks will contribute to community wealth building. Any ill health can have negative economic consequences, health checks are designed to help a person reduce their risk of cardiovascular disease. Non-communicable disease and disability has the greatest impact on the most deprived communities, so the NHS Health Check provides an opportunity to address entrenched health inequalities.

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## **APPENDICES**

N/A

## **BACKGROUND PAPERS**

Available on request  
Pilot Costings