

Report to CABINET

Request for approval to commission provision of the Oldham Health Check

Portfolio Holder: Councillor Chauhan, Cabinet Member Health and Social Care

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21st March 2022

Reason for Decision

To ensure the continued provision of the Oldham Health Check to the Oldham population and to improve how Health Checks are provided and targeted.

Executive Summary

The Oldham Health Check is Oldham's approach to delivering the nationally mandated NHS Health Check service which Oldham Council commissions from the Public Health budget. Health Checks involve residents being asked a series of health and lifestyle related questions and a series of tests being performed. The aim is to identify those who are at a higher risk of developing heart problems so that preventative action can be taken.

Residents aged 40-74 who haven't already been diagnosed with certain conditions are eligible for a Health Check every 5 years; the national target is for 75% of eligible residents to receive their Check every 5 years.

Most GP practices in Oldham provide Health Checks, as well as three pharmacies. The current budget for Health Checks in Oldham is £138,000 per year. This budget is enough

to provide checks for 45% of the eligible population every five years based on the current price commissioned per Health Check.

The current contract for Oldham's Health Checks expires on 31/03/2022. This paper requests an extension until 30/06/2022 to cover procurement timelines, and outlines a proposal for the new service specification which will form the basis of the new five year Health Check contract. It is proposed that £1,500 of the £138,000 budget is retained for training and communications to promote Health Checks, the remaining £136,500 would be retained for delivery. Oldham Council also pays £32k/year to EMIS to access the system; shared EMIS access with the CCG is being explored which could mean that £32k/year is saved.

Various engagement has taken place to inform the new service specification. This engagement, as well as our priorities as a borough and our knowledge of how Health Checks have worked in the past, has informed the five priorities for the Health Check programme going forward:

- 1) Reducing health inequalities
- 2) Targeting residents at highest risk of cardiac events
- 3) Commissioning for improved outcomes (*current arrangements don't incentivise/reward good outcomes*)
- 4) Focus on Mental Health within the Health Check
- 5) Focus on Diabetes within the Health Check

Aligning with these priorities, colleagues are asked to consider the key changes to the Oldham Health Check contract outlined in detail in this report, and summarised below:

- **Prioritising patients based on their risk** – this report outlines an approach whereby patients will be prioritised for their Health Check based on their existing cardiovascular risk score and/or lifestyle factors such as smoking and BMI. Evidence suggests this improves the effectiveness and cost effectiveness of the Health Check Programme. Military veterans and asylum seekers aged 18 and above will also be prioritised for the Health Check given they are more likely to experience health inequalities.
- **Model of Delivery** – while many GP practices will want to deliver the Oldham Health Check individually, the contract will give practices the option to apply as a consortium of practices or as a PCN. Payments will be made quarterly in advance (except for quarter 4, see below) to allow providers dedicated resources to deliver the Health Check programme.
- **Commissioner rather than provider led volumes and prioritising funding for our more deprived areas** – currently the number of Health Checks delivered is determined by how many providers want to provide. The new specification will include target volumes for provider, with our most deprived areas having higher targets to help reduce health inequalities in these areas. This arrangement will mean providers in our more deprived areas receiving the biggest share of the annual Health Check budget.

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- **Incentivising quality** – the current contract provides no incentives to provide a quality Check and quality follow up (e.g. referral to Your Health Oldham). The new contract will hold back the fourth quarter payment to providers and only pay this if a number of targets linked to quality are met.
 - **Questions about patient’s Mental Health** – given the importance of mental health in the borough, particularly since Covid-19, four questions are to be added to the Health Check which ask about a patient’s mental health. Provider staff will receive training to support this and a pathway for onward support is in development.
 - **Onward referrals and integrating Your Health Oldham** – there are no accurate Oldham data on the number of onward referrals for lifestyle support after a Health Check, but based on experience from other regions, this number is expected to be low. The new specification will emphasise the importance of onward referral and provider training will include a shift in language towards a default to refer to onward support where certain conditions are met.
 - **Improving our data and reporting** –The service specification will outline a range of metrics which will be collected to help drive improvements in outcomes from Health Checks.

Recommendations

1. Agree to extend the existing Health Check contract which is due to expire on 31/03/2022 for a period of 3 months to 30/06/2022 to allow time for the procurement process to be complete.
2. Approve the request to proceed to market for the procurement of the Oldham Health Check for a contract length of 3 years + 2 years; 5 years in total for a value of £682,500 (£136,500 per year for 5 years).
3. Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to approve the recommendation of the evaluation panel in awarding the provider contracts, on behalf of Oldham Council.
4. Feedback and agree on the suggestions outlined in this paper for changes to the Oldham Health Check contract from 2022.

Request for approval to commission the Oldham Health Check programme for Oldham Council.**Request to extend the existing contract for a period of 3 months until 30/06/2022 to allow for a procurement process for a new contract to be completed.****1.1 Background**

Oldham Council has a mandated function for the provision of NHS Health Checks; a national programme available to all people aged 40-74 with no pre-existing health condition, offered every five years. The purpose of the NHS Health Check is to spot risk factors and early symptoms and signs of stroke, heart disease, diabetes, dementia and kidney disease, in order that interventions can be provided to reduce or manage risk. The current contract for NHS Health Checks in Oldham is due to expire on 31st March 2022; this paper explains the plans for recommissioning the offer.

During the Health Check, practitioners use a predictive tool 'QRISK' to calculate cardiovascular risk using patient information such as age and ethnicity alongside test results obtained during the Health Check. The results of this calculation should then form the basis of supporting the patient to modify any identified risk factors.

The number of people eligible for a Health Check in Oldham varies each year given the eligible age brackets and patients being diagnosed with conditions meaning they are no longer eligible. It is estimated that during the 5-year period 2014/15 to 2018/19 62,000 Oldham residents were eligible for a Health Check.

In line with its mandated responsibility, Oldham Council currently commissions 39 GP practices and 3 pharmacies (that work with their local GP practice) to deliver Health Checks. In most cases a Health Care Assistant delivers the Health Check, though practice nurses and GPs are also known to deliver in some GP practices. Health Checks can however be delivered by other organisations; in some areas in the North West health and wellbeing services deliver Health Checks to supplement primary care capacity.

Between 2015/16 and 2019/20 22,899 people received a Health Check in Oldham, representing an uptake of 36% (national uptake target is 75%; the national average uptake is 41% and the North West average is 47%). No Health Checks took place during 2020/21 due to Covid-19.

Of the Health Checks completed in Oldham between 2013 and 2018, 14% were for residents of Asian ethnicity. 35% were for residents in the least 5 deprivation deciles (compared to 30% of the overall population being from these 5 deciles). Attendance is slightly higher for females than males (53% of all Health Checks are for females).

Data show that Health Checks in Oldham have not always been complete with vital elements such as cholesterol or blood pressure either not being tested, or not being used to assess overall risk. In 2018/19:

- 50% of Health Check patients did not have their total cholesterol recorded at the time of the Health Check;
- 24% of patients had no blood pressure recorded;
- 26% had nothing recorded for their smoking status;
- 16% of Oldham Health Checks had no QRisk score calculated and recorded. This is supported by the Patient Survey (appendix 1) which found that many patients received no feedback about their cardiovascular risk following their Health Check.

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- A significant number of patients also had nothing recorded against their BMI, pulse and alcohol consumption levels.

Research on Health Checks has found that when they are offered broadly to the population they are less effective. However, targeting Health Checks at those at most risk of cardiovascular problems has been shown to increase effectiveness (Kypridemos, et al., 2018).

The outcome of a Health Check shouldn't be just a report a resident's health. It is important that where services exist to support individuals with lifestyle (e.g. Your Health Oldham) or other issues identified at the Health Check that they are fully utilised. Data from 2017//18 show that 73% of males and 67% of females were found to have high cholesterol at their Health Check, 31% of males had high blood pressure and 31% of females had a high BMI, however it is unclear what percentage of these patients received onward referral to Your Health Oldham or other providers. However, data from the North East of England showed that the vast majority of patients who were identified as having high BMI, cholesterol, blood pressure and low levels of activity received **no referral to on-going support** (Nolan, 2021).

This lack of onward referral is supported by a survey of 138 patients who had had a Health Check; only one responded to say they had been offered onward referral (Appendix 1). It is important that following a Health Check services such as Your Health Oldham, the National Diabetes Prevention Programme (NDPP) and other relevant offers are utilised to ensure that residents who would benefit from follow up support are offered it where appropriate.

1.2 Current contract

The Health Check programme is mainly delivered through GP practices who are well placed given their proximity to and relationship with residents. In total there are 39 GP practices directly delivering Health Checks; one GP practice has opted to use their community pharmacy to deliver their Health Check programme and another GP practice opted out completely. In 2020, a Cabinet Member delegated decision was made to approve an extension to all of the GP and Pharmacy contracts until 31st March 2022. As such this contract needs to be reviewed and a new arrangement put in place from 1st April 2022.

The current budget for the contract is £138,000 per year. The current service specification includes paying £25 per check, regardless of the level of completion. The following amounts were spent against the contract in previous years, averaging £123,700 per year.

2015/16	£134,407
2016/17	£130,452
2017/18	£153,791
2018/19	£95,878
2019/20	£103,971

Assuming the cost per patient remains at £25:

- A budget of £138k/year is enough to offer Health Checks to only 45% of the eligible population over 5 years.
- Programme standards say 100% of the eligible population should be invited and at least 75% receive a check over the 5 years. If 75% of those who were eligible received a Health Check it would cost £233k/year.
- If 100% of those residents who are eligible received a Check it would cost £310k/year for 5 years.

The current budget of £138k per year is based on the historical uptake and spend on Health Checks from previous years and would allow for improvements in uptake and quality to be delivered. If uptake exceed 45% the re-prioritisation of the public health budget would need to be considered in order to deliver this mandated function.

The council also holds a contract of £32k/year with EMIS to allow the business intelligence team access to run searches and performance reports on the system. GP practices then draw on these searches to decide who to invite for their Health Check. This £32k a year contract is a duplication of the contract the CCG hold with EMIS to access the system; it is being explored whether the CCG can provide the searches and reports through their EMIS which would allow the council EMIS contract to be cancelled and a £32k/year saving.

In late 2019 and early 2020 discussion took place internally about changing how the Health Checks were remunerated to incentivise outcomes and full completion. There was support for a new approach which would focus on the outcome of the Health Check, however Covid-19 subsequently arrived in the UK and the existing contract was extended to cover the pandemic period (albeit the £2 which was previously given to providers just for sending a Health Check invite was scrapped).

1.3 Extension of current contract

To allow sufficient time for this report and new service specification to go through council governance and the subsequent tendering process, it is requested that the current contract due to expire on 31/03/2022 is extended until 30/06/2022.

1.4 New Service Specification for consideration

Based on the data reviewed in 1.1, it is recommended that the Health Checks model in Oldham moves to a model with a clear focus on quality outcomes which includes completing all elements of the check and having a meaningful follow-up conversation and/or referral with other support services where appropriate.

A series of engagement took place to inform the development of the new Health Check model during summer/autumn 2021. This involved:

- Discussions with the lead member for health and social care, Cllr Chauhan
- A resident/patient survey (n=138), see appendix 1.
- A GP practice survey (n=14), see appendix 2.
- Meetings with several GPs from Oldham to discuss the current offer and how it could be improved.
- Discussing the Health Check programme at the GP Practice Managers Forum
- Drawing on learning from several other areas in the NW who have developed their Health Check model recently including Rochdale, Bury, Liverpool and the Wirral.

This engagement informed the development of the model and the priorities described below.

1.4.1 Key Priorities for Recommissioning

The key priorities for the recommissioning of the Oldham Health Check are:

1) Reducing health inequalities

Big differences exist between the health of high and low income groups in Oldham, with lower income groups being at a higher risk of a range of illnesses, including cardiac issues. Targeting lower income groups for Health Checks could therefore help to reduce these health inequalities through earlier identification of cardiac problems when Health Checks are followed by preventative action such as resident engagement with Your Health Oldham. Military veterans and asylum seekers are at particular risk of health inequalities and should be included within the eligibility criteria for the Oldham Health Check and prioritised for invitation.

This priority aligns with the overarching NHS Health Check objective to reduce health inequalities (Public Health England, 2017).

2) Targeting Residents at highest risk of cardiac events

The existing service specification in Oldham doesn't specify that those at higher risk of cardiac events should be prioritised for their Health Check.

Research from University of Liverpool (Kyridemos, et al., 2018) suggest that Health Checks are only effective and cost effective when they are targeted at those at highest risk of cardiac problems, as opposed to carrying out Health Checks on generally healthy members of the population. The "worried well" receiving Health Checks was referenced as one of the issues with the current programme in Oldham's GP survey.

The new specification will therefore include details of how providers of Health Checks should prioritise certain patient groups for their Check. This will also minimise the impact of the shortfall in the budget for the Health Check Programme (the £138,000 annual budget is only enough to check 45% of the eligible population) as it will ensure that the resource is targeted at those in most need.

3) Commissioning for improved outcomes

Previous Health Check models have involved paying providers to carry out each Health Check with little focus on whether all the questions were asked/answered and whether a risk score for a patient was calculated.

The intention going forward is for the Health Check service specification to focus on the following outcomes:

- Completeness – were all questions asked and answers recorded and a risk score calculated.
- Brief intervention – where there was an opportunity to talk to patients about lifestyle improvements did this take place and was the outcome recorded.
- Onward referral and support – to what extent does the Health Check result in onward referral e.g. to Your Health Oldham, NDPP or other provider.
- Data and reporting – better quality reporting which will be shared with providers of Health Checks so they can understand the quality of their Health Checks in year and make improvements accordingly. Offering patient's the chance to feedback on their Health Check experience through a survey after their Check.
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4) Focus on Mental Health

Prior to Covid-19 when the Health Check Programme was last being reviewed, it was decided to include questions relating to mental health given the importance of this as a priority in the borough.

Given the significant negative impact of Covid-19 on resident's mental health, prioritising mental health within the Health Check is now even more important.

5) Focus on Diabetes

Diabetes is a particular area of focus for the borough and the Health Check is an opportunity to identify pre-diabetic and diabetic residents earlier and offer support and onward referral where appropriate. Three out of the 138 residents who responded to a one-off survey about Health Checks in Oldham had been diagnosed with diabetes as a result of their Health Check.

The new service specification will emphasise the importance of diabetic screening and data on whether this is taking place will be reported, as well as strengthening the link with the NDPP.

1.4.2 Proposed Changes to the Oldham Health Check Model

1) Inviting Patients for Health Checks

Commissioned providers of Health Checks will invite patients to take part in the Health Check based on their risk group. Providers should target those residents who meet the broader Health Check programme criteria, but should aim to invite those who are most vulnerable first to improve the effectiveness of the Health Check programme. The following criteria will be used to identify those who should be prioritised for a Health Check:

- Residents who have an estimated 10 year QRisk score of 10% or above (Public Health England, 2017).
- Residents who have a history of smoking
- Residents with a body mass index of 30 or more, and 27.5 or more if they are from a South Asian, African or Caribbean ethnic background
- Residents who haven't been into their GP practice in 5 years or more (and so the above data are unknown or out of date for Health Check providers).
- Military veterans and asylum seekers aged 18 and above.

The GP practice survey shows that most providers of Health Checks currently attempt to invite a patient twice for their Health Check before stopping. Harder to engage residents could be those who at higher risk of a cardiac event. Therefore, instead of placing limits on the number of unanswered invitations sent to a patient, providers will be encouraged to explore alternative ways of inviting patients if someone is unresponsive, or if someone DNAs. This could include calling in non-work hours or using an invitation letter or text message in an alternate language. The council will support this with translated invitation letters which can be uploaded on to EMIS. Data on the percentage of Health Checks carried out with minority ethnic groups will be monitored throughout the duration of the contract.

The service specification will reference best practice on invitation and communication methods that have been shown to maximise uptake of the Health Check offer.

2) The Health Check Appointment

Results from the GP survey carried out in Oldham suggest that many organisations are already offering Health Checks outside of Monday-Friday, 9-5pm. However, in the patient survey, flexible timings for Health Checks was emphasised as a way the Health Check programme could be

improved. Commissioned providers will be encouraged to offer Health Checks at a range of times to help improve uptake for residents, however given the relative low value of the contract for providers this will not be enforced through the contract terms.

The GP survey reported that a number of organisations are using a hybrid approach to Health Checks, with an element being carried out on the phone prior to the patient attending for physical checks e.g. blood test. There are a range of Digital Pilots taking place across the country which are experimenting with a hybrid approach to Health Check delivery. Commissioned providers will be encouraged to be flexible in how they deliver Health Checks to take account of new delivery models. New and good practice will be shared across commissioned providers through a quarterly Health Check network meeting facilitated by the Council.

3) Questions Included in the Health Check

It is proposed that the bulk of the questions contained in the Oldham Health Check will remain the same as in previous years, in line with the national Health Check guidelines.

It is proposed that additional questions relating to mental health are included, acknowledging that this is a key area of concern for the borough and its residents. In discussion with the clinical lead for Mental Health in the Borough, it is recommended that the PHQ-4 questions are included within the Health Check to screen for depression anxiety (see below). If the answers to these questions require follow up then residents should be offered further support; at the time of writing the pathways for this support are being worked through with colleagues in the borough, with the key challenge being to not overload an already busy primary care and mental health system. Your Health Oldham are able to support residents with lower-level mental health issues and will feature as part of this pathway.

PHQ4 Questions on Mental Health

1. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
2. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?
3. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?
4. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Including questions relating to mental health has implications for staff training, given the sensitive nature of the questions. This additional training requirement is being developed and will be outlined in the service specification when it is finalised.

In order to prioritise Diabetes within the Health Check, a HbA1c test will be required where a diabetes risk assessment score identifies that someone may be at risk of diabetes; this will be emphasised through the service specification.

4) Performance monitoring and reporting

Performance and outcome monitoring from the Health Check programme needs to improve on the current level of data that are collected. A reporting template will be agreed and this will be reviewed throughout the year to understand how Health Checks are being delivered and identify areas for improvement. Reporting will be carried out by Oldham Council as the commissioner of Health Checks, but reports will be shared back to commissioned providers to help improve Health Check delivery and outcomes.

A patient survey template will be shared with providers to facilitate collection of patient feedback about how the Health Check programme is performing.

5) Onward Referral Following a Health Check

Residents accessing support after their Health Check is important if they are to achieve longer term behaviour change which will improve their health.

There are a range of onward support options that residents can be referred to in Oldham following their Health Check, including:

- Your Health Oldham (provided by ABL) – providing weight management, lifestyle advice and smoking cessation services
- National Diabetes Prevention Programme – providing longer term support to those whose HbA1c level is pre-diabetic.
- Mental health support – provided by a range of organisations in Oldham, including lower-level support from Your Health Oldham.
- Other support including Focused Care, social prescribing, leisure centres and wide range of third sector organisations such as TOG MIND.

Moving towards a default of referring for onward support could help improve uptake of follow up support after a Health Check; however it represents a shift in the conversation with patients and will need to be discussed in detail in the provider training that is commissioned as part of the programme.

A flow chart is underdevelopment to accompany the service specification which will help summarise the main onward referral options following the Health Check.

The number of onward referrals made following a Health Check will be reported on and reviewed regularly.

6) Contracting

Payment Terms

While we anticipate that GP practices may prefer to apply to deliver the Oldham Health Check individually, practices will also have the option to apply as a consortium or PCN so they can deliver Health Checks at a larger scale if they wish.

To promote investment in targeted resources for the Health Check, it is proposed that providers would be **paid quarterly in advance** with the 4th quarter paid retrospectively contingent on delivery. The contract value will be based on a minimum number of Health Checks that the provider would be expected to deliver during the year.

The final quarter's payment will be paid at the end of the year to providers and will be linked to the quality priorities identified earlier in this paper.

Providers will be supported to carry out the required number of completed Health Checks through targeted promotion of the scheme, provision of training, sharing of evidence and best practice, regular updates on development of prevention, lifestyle and mental health services and pathways, and direct support from a named Public Health Practitioner.

Targeting Resources at More Vulnerable Groups

Significant health inequalities exist between poorer and more affluent groups in England and in Oldham. Low Health Check uptake in more deprived populations contributes to inequity of access to health services and health outcomes. Under the existing Health Check contract, funding for each area in Oldham is led by how many Health Checks GP practices decide to do. In 2019 more Health Checks were generally carried out at Oldham's least deprived GP practices.

To incentivise identifying and carrying out Health Checks on Oldham's more vulnerable populations who may be experiencing poor health outcomes, more resource will be targeted at the areas of the borough with higher levels of deprivation. This is in line with priority 1 (section 1.4.1) and the national guidance to target Health Checks at those living in deprived areas (Public Health England, 2017).

There is £136.5k available for direct delivery of Health Checks out of the £138k budget (£1,500 per year is to support training and promotion).

£10k of the £136.5k will be retained for paying for additional activity over and above the minimum volume targets outlined, at a rate of £20 per health check. This leaves £126.5k for the year to be paid for achievement of the minimum volume targets, as outlined above.

The £126.5k annual budget and minimum Health Check targets will be allocated based on the level of deprivation and the number of 40-74 year olds in each area. The following Health Checks would be required within each area of Oldham:

PCN	Minimum Number of Health Checks Required	Total of first 3 Quarterly Payments	Contingent 4 th Quarter Payment	Total
North PCN	860	£16,077	£5,359	£21,436
Central PCN	1210	£22,743	£7,581	£30,324
West PCN	1130	£21,168	£7,056	£28,225
East PCN	600	£11,250	£3,750	£15,000
South PCN	1260	£23,636	£7,879	£31,515
	5060	£94,875	£31,625	£126,500

Source: GP age specific practice population form 2015; Indices of Multiple Deprivation 2019

Note: Minimum number of Health Checks required assumes a price of £25 per Health Check. If a provider exceeds their minimum target then the cost per Health Check to the commissioner decreases to £20.

The above allocation of resources would represent a shift in resources to less affluent areas of the borough. A target number of Health Checks has also been developed at individual GP practice level, should practices wish to apply individually.

1.5 Training

Evidence suggests that barriers to residents attending their Health Check can include lack of understanding of CVD risk and the purpose of the Health Check. It is important that those undertaking and inviting residents for Health Checks have undergone appropriate training to ensure the quality and consistency of the Health Check offer.

A training programme is being developed based on previous year's annual budgets of £1,000. In addition to the content previously covered, the training will need to include effective conversations around mental health and the shift towards a "refer-by-default" conversation where patients meet appropriate criteria.

1.6 Communication and Promotion of Health Check Programme

Lack of awareness of the Health Check Programme was cited as a barrier to uptake in the GP survey that was undertaken. Lack of understanding of what the Health Check was for was raised by a number of patients in the patient survey.

For these reasons there will be a real focus on the communication around the programme when it is relaunched in 2022. Areas such as Rochdale have engaged with the British Muslim Council to help reach the Muslim community. Approaches such as this will be delivered in Oldham to improve uptake across the Oldham population.

A £500 annual budget is being kept for communication and engagement resources. Many national NHS Health Check Resources are free, however funds will be needed for translation of invitation letters and other local promotional products.

1.7 Options (including recommended option)

- A. Agree to extend the existing the current Health Check contract which is due to expire on 31/03/2022 for a period of 3 months to 30/06/2022 to allow time for the procurement process to be complete.

Approve the request to proceed to market for the procurement of the Oldham Health Check for a contract length of 3 years + 2; 5 years in total for a value of £682,500 (£136,500 per year for 5 years).

Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to approve the recommendation of the evaluation panel, in accordance with the results of the procurement exercise (based on quality, social value and financial modelling), on behalf of Oldham Council.

Agree on the suggestions outlined in this paper for changes to the new Oldham Health Check contract in Oldham from 2022.

RECOMMENDED

OR

- B. Continue to procure Health Checks by replicating the existing contract.
NOT RECOMMENDED.

2. Financial implications

The recommended options are shown in 1.7A above.

The current contract with General Practitioners and Pharmacies for the delivery of Health Checks is due to expire on 31st March 2022.

The proposal is to have a new commissioning arrangement that is based on a revised service specification, for an initial three-year period with the option to extend for a further two years. The cost of which is expected to be £126.5 per annum, £379.5k for the initial three-year period and a further £253k for the final two years giving a total cost for the full five-year period of £632.5k.

The proposed costs of the new contract are slightly higher than historical costs (as shown in 1.2). Current numbers of health checks being provided are around 40% of the eligible population, the new contract will have a revised specification and is expected to target 75% of the population.

As a new tender process is required, it is envisaged that the new arrangements will not be in place until early into the new financial year. As a result, it is proposed to extend current arrangements with existing providers from 1st April until 30th June 2022, or earlier depending on when the new contract is in place.

Budgetary provision of £138k per annum is available within the Public Health Services base budget to cover the cost of this proposal. The remaining £11.5k will be utilised on training and promotion of this service (£1.5k) with a further £10k being retained to pay GP practices/PCN's where they are able to exceed their minimum target health check at a cost of £20 per health check.

There are no adverse financial implications as a result of this proposal.

(Jenny Howarth Senior Accountant/Nicola Harrop Finance Manager 22.11.2021)

3. Procurement implications

The Council's Commercial Procurement Unit is working closely with the commissioners to procure these services. The value of each of the 41 lots (being the practice areas) is significantly below the PCR 15 thresholds for lots.

It may be appropriate to seek an exemption to CPRs to allow for a direct award to all GP practices in the borough, subject to due diligence quality and financial checks. Quality would need to be managed through the contract using a specification which contains targets and appropriate service levels. (Mohammad Sharif, Interim Sourcing 24.12.2021)

4. Legal implications

The legal team have provided advice and input into the process used for procuring Health Checks and in developing the contractual terms to support this. The legal team will continue to provide support as the procurement process continues, through to contracts being awarded in early 2021/22.

Sukhdeep Kaur, Commercial and Procurement Solicitor

5. HR / People implications

N/A

6. Links to Co-operative Values

All Public Health services fully support and adopt the Council's cooperative values as they promote the active engagement of Oldham residents in the life of the community. This contract particularly promotes fairness in terms of the services that it provides as it is seeking to reduce health inequalities through how it is commissioned.

As part of developing the new specification, residents were engaged through a survey.

7. Strategic Links

This work fits with the ambitions of the Council to reduce Health Inequalities in the borough.

8. Communications – comments/implications

There are implications for communications when this programme is re-launched in 2022. These conversations have not yet started.

9. IT Implications

If providers apply as a PCN there may be implications for running EMIS searches and reports at a PCN level rather than a practice level.

10. Property Implications

None

11. Environmental and Health & Safety Implications

None

12. Equality, community cohesion and crime implications

This proposal has a strong equality component as it seeks to allocate more Health Check resource to Oldham's most deprived areas.

13. Equality Impact Assessment Completed?

Completed.

14. **Key Decision**

Yes

15. **Key Decision Reference**

HSC-09-21.

16. **Background Papers**

None

17. Appendices

Appendix 1 – Summary of Patient Survey Results

Appendix 2 – Summary of GP Survey Results

Appendix 1 – Summary of Patient Survey Results

- 138 people responded to the patient survey. 2 respondents had never had a Health Check.
- 4 patients had a Health Check over the phone; the remainder attended their GP practice.
- 79% of respondents rated their experience as good or very good.
- 8% of respondents rated their experience as poor or very poor.
- Some of the positive feedback about Health Checks:
 - Efficient
 - Well explained
 - Pleasant / friendly staff
 - Good communication and feedback
 - Opportunity to ask questions
- Some of the negative feedback about Health Checks:
 - No feedback about results
 - Uncertain of what the check was for or entailed
 - Very quick examination
 - Preference for face-to-face appointment
 - Felt process driven/tick box exercise
 - No discussion about patients' mental health
- 20% of people experienced changes to their health or a diagnosis/treatment as a result of the check:

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- Only one patient mentioned being referred for onward lifestyle advice or support.
 - A number of patients found out they had blood pressure issues and started treatment – 3 found out they had diabetes as a result of the check.
 - A number of patients referenced improvements to their diet or exercise regime since the check.
 - A number of people referenced that the lack of follow up since the check meant they didn't know what they needed to do.
 - Suggested improvements included:
 - Better follow up discussion after the checks
 - A follow up after a year to check on progress
 - More patient focused/less of a box ticking exercise
 - The need for face to face appointments
 - Wider roll out to younger people and have them more frequently
 - Improve accessibility
 - Better communication of why the check is important e.g. leaflets
 - Have the sessions linked to a wellbeing session at the Health Centre e.g. Every Monday afternoon staff are on hand from other services e.g.
 - OCL, Lifelong Learning, Mind, PHE and other health professionals. So that people can hang around and have a chat to remove barriers and motivate people

Appendix 2 – Summary of GP Survey Results

- There were 14 responses to the survey, all from GP practices. None of the 3 pharmacies commissioned to provide Health Checks responded.
- The practice manager was the most common role of the person who responded to the survey.
- Healthcare Assistants were most likely to carry out Health Checks in GP practices. 12 out of 14 respondents had HCAs delivering Health Checks, 6 had nurses and just 1 practice had a GP delivering Health Checks.
- Most practices relied on face-to-face appointments, however 4 practices did use an over the phone service with face-to-face testing.
- Most providers of Health Checks fit the Health Check appointment around other work, when they have capacity. 4 practices said they had dedicated sessions or times set aside to deliver Health Checks.
- One practice responded that they also did opportunistic Health Checks if a patient is eligible, at the practice and they have the resource.
- 6 respondents said they offered time slots outside of 9-5, Mon-Fri for Health Checks. 7 did not, 1 did not respond.
This included times as early as 7am and as late as 6.30pm; one practice mentioned Saturday appointments had been offered where necessary to accommodate patients.
- 6 practices used searches to decide who to invite for the Health Check. 1 practice allowed patients to approach them (patient led). Another practice invited everyone who is eligible in that year.
- Most practices followed up a second time with patients who didn't respond to their invitation. 2 practices followed up 3 times.
- Barriers to onward referral for support were:
 - Patients' engagement and other commitments (n=3)
 - Lack of service availability (n=3)
 - One practice referenced patients accepting referrals and then not attending the appointments.
- Biggest challenges to delivering effective Health Checks:

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- Waiting for blood results was cited as a barrier to effective Health Checks (5-7 day wait)
 - Patient engagement
 - Staff time in a busy practice
 - Worried well attending
 - Changes respondents would like to see to the Health Check programme:
 - Wider promotion of Health Checks and raise awareness of importance
 - Offer of a centralised clinic at community-based health centres
 - Better health promotion services, including different languages