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Poster Abstract

Community Providers of the NHS Health Check CVD Prevention Programme Target Younger and More Deprived People

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Abstract

In April 2009, the Department of Health in England implemented the NHS Health Check Programme. NHS Health Check is a national risk assessment and management programme for those aged 40 to 74 living in England, who do not have an existing vascular disease, and who are not currently being treated for certain risk factors. It is aimed at preventing heart disease, stroke, diabetes and kidney disease and raising awareness of dementia for those aged 65-74. Patients identified as having preclinical symptoms of disease are referred for formal diagnosis and enter established care pathways. The remainder of the population is managed within the programme, either with a brief lifestyle intervention or signposting to local services for more intensive intervention.(1) The programme aims to reduce health inequalities associated with cardiovascular disease (CVD).(2)

The NHS Health Check programme is delivered through contracts with service providers such as general practices and community providers. Whereas general practices offer the vast majority of their Health Checks by appointments, community providers offer opportunistic checks.(3) Between 2008 and 2013, PCT public health commissioners commissioned community providers using Health Options® software and Point of Care Testing (POCT) to deliver the Health Check Programme in pharmacies, community settings and businesses. These providers were commissioned to conduct Health Checks with the aim of reducing health inequalities by targeting more deprived individuals and more ethnic minorities. In 2013, Public Health England reasserted their commitment to strengthening the programme in deprived communities and among ethnic minorities.(4) There has been no national study assessing the impact of delivering the Health

Check programme with community providers. The current analysis examined the effectiveness of community providers in targeting ethnic minorities and deprived communities.

The analysis is based on a comparison of patient level data collected by outreach providers to the general population data in 8 regions of England across 29 local authorities (LAs). Target population included 41,570 individuals who received a Health Check carried out by community providers from the January 30 2008 to October 31, 2013. Office for National Statistics Census (2011) data was used as a reference for comparative analyses at the local authority level. Department for Communities and Local Government, Indices of Deprivation 2010 was used as a reference for comparative analysis of deprivation.

Delivering the NHS Health Check Programme with community providers using Health Options® software and Point of Care Testing (POCT) allowed for community services to be integrated more closely with primary care. Unlike the standard data gathering systems in general practices used to deliver the Health Checks (e.g. EMIS, INPS-Vision, TPP-SystmOne), Health Options® software was developed specifically for the purpose of carrying out the Health Check programme. It was designed to enable a range of healthcare professionals to use it while communicating personalised CVD risk information to the patient. Technological innovation resulted in patient centred care when risk lowering scenarios were presented to the patient. Same day testing using POCT allowed for CVD risk to be communicated to the patient on the same day and minimised the loss to follow up observed in general practices lacking POCT devices. Health Checks results obtained by community providers were communicated to general practices.

The mean IMD 2010 score across 29 LAs was 5.98 higher at $p < 0.05$ compared to general population data using two sample t-tests. Twenty two of the 29 LAs were significantly more deprived at $p < 0.05$ compared to the general population. Across the 29 LAs, no statistically significant difference was obtained in the mean proportion of ethnic minorities. The mean proportion of men was 11.3% lower at $p < 0.001$. The mean proportion of 40-49 and 50-59 year olds was 10.79% and 5.15% higher at $p < 0.0001$ and $p = 0.0021$ respectively.

Community providers effectively targeted deprived areas and communities. A substantial proportion of younger patients were recruited when the programme was offered outside of the normal business hours. This overcame the difficulty in recruiting working age populations in general practices as these do not offer Health Checks on evenings and weekends. Although more women than men were served by community providers, more young men took part in the programme. Outreach providers recruited a representative proportion of ethnic minorities from the local authorities that they served. The results of this study suggest that using outreach providers is an effective approach to targeting younger people, more deprived areas and communities while recruiting a representative proportion of ethnic minorities across England. If the Health Check programme is effective in preventing the onset of CVD disease, community provision of the programme may reduce health inequalities therein.

Keywords

health inequalities; patient centered care; community services; technological innovation; cvd prevention

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PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>