PREVENTION AND EARLY DIAGNOSIS OF TYPE 2 DIABETES

THE NHS HEALTH CHECK PROGRAMME

SHARING GOOD PRACTICE
Diabetes is the fastest growing health threat of our time and an urgent public health issue. There are currently 4 million people living with diabetes in the UK and of these approximately 549,000 are unaware that they have the condition. It is critical that we reach these individuals.

Alarmingly, recent figures released by Public Health England indicate that 5 million people in England are at high risk of developing Type 2 diabetes. It is therefore vital that these individuals, and the populations who are identified at being at high risk, are identified early and referred to evidence-based programmes, such as the NHS Diabetes Prevention Programme, to reduce their risk of developing Type 2 diabetes and thereby potentially avoid the serious complications associated with the condition, including heart disease, stroke, blindness, kidney disease and amputations. Regrettably, about half of people with Type 2 diabetes already have signs of complications by the time they are diagnosed.

NHS Health Checks are an essential way of identifying those individuals who have undiagnosed Type 2 diabetes or are at high risk of developing the condition. Early detection, and promotion of healthy living, can help prevent or delay onset of the condition.

NHS Health Checks therefore play an important role in referring individuals to behaviour change programmes. The NHS Diabetes Prevention Programme, a joint initiative of Diabetes UK, NHS England and Public Health England, aims to reduce the number of people who are at risk of Type 2 diabetes from developing the condition by supporting them to lose weight, to be more active and to eat healthily. The NHS Health Check programme is a valuable referral route into this potentially life-saving programme.

It is for these reasons that Diabetes UK calls for the delivery of NHS Health Checks to be as effective as possible. We know that a number of Local Authorities are doing a great job offering NHS Health Checks in their local community and increasing uptake.

However, there is much more to be done. Many Local Authorities do not reach the targets set by Public Health England. This is disappointing and needs to change.

As such, Diabetes UK has developed this publication to share examples of good practice throughout England. We have also included some top tips for anyone commissioning or delivering NHS Health Checks.

Diabetes UK would like to take the opportunity to not only thank the Local Authorities who provided input into this publication, but to all of those who on a daily basis deliver the NHS Health Check and assist people to understand and reduce their risk of developing Type 2 diabetes.

Chris Askew
Chief Executive Officer, Diabetes UK
February 2016
Increasing the uptake of the NHS Health Check will help identify people at high risk of developing Type 2 diabetes and reduce chronic illness and avoidable premature death. A study published in the British Medical Journal Open in January 2016 evaluated the NHS Health Check programme over the first four years and found it was identifying new cases of Type 2 diabetes. Whilst this is welcome news, there is room for improvement as, at the time of publication, the percentage of people that received an NHS Health Check of those who were offered one was only 48.2 percent.

The good news, however, is that there are a number of ways in which NHS Health Checks can be offered which will improve uptake by patients, and there are many examples of good practice across England.

MAKING SMALL, SIMPLE CHANGES TO THE INVITATION LETTER

Research undertaken by the Department of Health’s Behaviour Change Team demonstrated that small changes to the invitation letter increased the number of people attending their appointments. This included:

- Shortening and simplifying the text to make it easier to understand.
- Changing the language so it was more direct and action-oriented (“You are due to attend your NHS Health Check”).
- Adding a tear off slip to the bottom of the letter so that patients could record the date, time and location of their NHS Health Check.

Following these results, the national invitation letter template has been updated. A copy of the template can be found at Appendix A or downloaded at www.healthcheck.nhs.uk

FOLLOWING UP THE INVITATION LETTER WITH A TELEPHONE CALL OR TEXT MESSAGE

Contacting the recipient by telephone has shown that people are three times more likely to attend their NHS Health Check than those invited by letter only. Using an invitation letter with simple and direct language accompanied by an introduction and reminder text message saw an increase in uptake by 30 percent.

These simple changes to the way in which invitations for the NHS Health Check can be offered, and how to engage people about their appointment, demonstrate how innovation can drive increased uptake. We would like to see more Local Authorities in England replicating this good practice.

We also know that effective engagement with GP practices by Local Authorities in developing the NHS Health Check programme can improve uptake. This was previously highlighted in the publication ‘NHS Health Checks in Local Authorities: the story so far’. Last year, we visited Leicester to explore some of the work that’s being carried out and how their stakeholder collaboration contributes to a successful local programme.
The NHS and Local Authority in Leicester have worked closely together to deliver the NHS Health Check programme at scale for one of the most ethnically diverse populations in England. Since 2009, Leicester has delivered more than 77,000 NHS Health Checks, reaching 80% of the target population aged 40 to 74. The programme identified at least one condition, including over 1,100 cases of Type 2 diabetes, in one of every three patients who received an NHS Health Check.

The success of the programme was achieved by:

**GIVING GP PRACTICES A MEANINGFUL ROLE IN DEVELOPING THE PROGRAMME**

Following an assessment of the programme after two years, and recognising the heavy pressures facing GP practices, the Local Authority consulted practices to determine how NHS Health Checks could most effectively be incorporated into their existing processes. Each practice was then given the authority to develop its own system of engaging with patients (e.g. some practices delivered messaging via text message while others used reminders sent by direct mail).

Conversations with GPs revealed that higher uptake could be achieved with a system whereby payment was based on patient outcomes rather than referrals. This insight led to a system where GPs received payment per screening, as well as a one-time payment for each patient entered into the condition management system. Empowering practices to lead the direction of the programme led to early buy-in from practices and greater commitment to achieving programme goals.

**ENCOURAGING COLLABORATION**

To strengthen communication between stakeholders, a public health consultant works across both the CCG and Local Authority. The two organisations are also jointly aligned on programme goals and each opted to prioritise an annual KPI measurement focused on uptake of NHS Health Checks.

An NHS Health Check sub-group, consisting of a CCG lead for cardiovascular disease, public health representatives and a research representative, was established to oversee the programme. The group holds bi-monthly meetings to share regional updates, discuss new guidance and identify research themes. The meetings serve as a forum for open communication about complex or delicate issues, and coproducing solutions.

**INTEGRATING CITY-WIDE DATA INTO ONE IT SYSTEM**

The NHS Health Check programme uses a single integrated IT system that has data at practice level. This data is then aggregated into the four localities of Leicester City CCG. The data is then shared anonymously across all practices in Leicester, presenting a quantitative representation of where the programme is working best as well as where it may be encountering some difficulty. Where practices are performing poorly, the data enables GPs to engage other higher performing areas to share good practice and learning.
USING OUTREACH ACTIVITIES TO IDENTIFY MORE PEOPLE AT RISK

NHS Health Checks delivered within general practice have been described as most appealing to women and patients over the age of 60. It is therefore important to find new and engaging ways to reach younger age groups (40-60 year-olds), and also to effectively reach men. By delivering NHS Health Checks outside of general practice, Local Authorities have the opportunity to reduce health inequalities in their communities.

We also know that people from lower socioeconomic groups are at increased risk because they are three times more likely to adopt unhealthy behaviours. It has been shown that those living in more deprived areas are also more likely to engage in their health in settings outside of traditional NHS services. This approach is also likely to relieve some of the pressure on primary care.

There are a number of examples of how different Local Authorities have effectively reached diverse communities across England:

USING VOLUNTEERS

Recruiting pools of volunteers who can speak a range of languages is an effective way to engage diverse communities. This is an important approach to ensure that NHS Health Checks reach all communities within a local area.

Lay health workers who offer their time as volunteers can be trained to deliver NHS Health Checks under supervision. Some of the volunteers could be doctors and nurses that have qualified overseas, and may also bring additional language skills.

REACHING FAITH-BASED GROUPS

Another important route to reach more of the community is to visit places of worship such as churches, mosques, temples, gurdwaras and synagogues. This has been demonstrated by a Local Authority which reported that out of the 155 NHS Health Checks carried out, 95 percent of participants were of south Asian origin and 72 percent of participants were male.

FIRST STOP HEALTH BUS

In Manchester it was found that the most effective way to reach more of the community was through their First Stop Health Bus. Public Health Manchester mapped out areas of the city where NHS Health Checks weren’t being delivered. The First Stop Health bus visited 26 different locations over 109 days in 2013/14, where a total of 3,449 people received NHS Health Checks by trained healthcare professionals. This ran on an appointment system and a drop-in facility.

USING THE VOLUNTARY SECTOR TO HELP

Local Authorities have found that voluntary sector organisations such as those providing advice on housing benefits and traveller healthcare, have been beneficial in reaching more of the community.

CHECKS AT WORK

Visiting workplaces can be beneficial for those individuals who may otherwise find it difficult to attend their NHS Health Check. Buckinghamshire County Council targeted men in this way by visiting a local manufacturing firm where 69 percent of attendees were male.
The BIG Bolton Health Check (2008-2009) delivered 73,000 NHS Health Checks and identified 1,029 cases of diabetes. Since this time, the Bolton scheme has grown to become one of England’s most successful NHS Health Check programmes.

The latest data (September 2015) suggests that since 2013, 64.4 percent of Bolton’s eligible population have been offered an NHS Health Check. More importantly, Bolton’s uptake rate is a great success, with 71.8 percent of people offered an NHS Health Check receiving one. This is a result well above average.

HEALTH TRAINERS

In Bolton, the programme is co-commissioned between the Local Authority and Clinical Commissioning Group. NHS Health Checks are embedded in routine Primary Care work. Bolton’s delivery model is one worthy of replication. NHS Health Checks are not seen as an isolated task, but are part of a local health improvement pathway. For example, patients identified as being at risk of Type 2 diabetes are referred to the practice Health Trainer, who supports and motivates them to change unhealthy behaviours.

Bolton’s diverse population means that engaging BAME (black, asian and minority ethnic) communities is vital to reducing health inequalities. Therefore, recruiting Health Trainers with appropriate language skills is a priority.

TRAINING RECEPTIONISTS

Another example of good practice is the opportunistic invitation for an NHS Health Check, offered to patients when they visit their GP surgery. Alerts set up on the practice IT system mean that receptionists can easily identify which patients should be offered an NHS Health Check. Bolton’s receptionists have received training on the importance for patients over 40 to receive their NHS Health Check.
TOP TIPS FOR IMPROVING UPTAKE OF THE NHS HEALTH CHECK

When sending an invitation letter consider:

- Using clear, simple language (e.g. short words and sentences no longer than 20 words)
- Using positive language that will motivate someone to attend their NHS Health Check (e.g. "The NHS Health Check will be carried out at your GP Practice. It is simple and will take less than half an hour. It could add years to your life and help you to feel better.")
- Enlarging font size for older recipients so that it is easier to read
- Sending the invitations from a trusted healthcare professional. (e.g. the patient’s GP)
- Translating the text into the most widely used foreign languages in the local area to ensure better reach to black, asian and minority ethnic communities.

Explore digital channels to reach the eligible population:

- Consider sending text messages (such as a primer or reminder about the upcoming appointment)
- Use emails for patients who may not respond to postal invitations
- Use social media to target different audiences. Use organic posts to engage your warm audience to reach cold audiences (e.g. share with a friend), or use social media advertising to target certain populations in your area (Facebook is particularly effective at this, especially when using age targeting)
- Don’t forget - you can always use phone calls to remind patients about their upcoming appointments.
Conduct outreach activities for people who may be less likely to respond to traditional methods of invitation

- Partner with local community leaders and opinion formers to promote the NHS Health Check programme
- Engage with churches, mosques and synagogues in your local community by directly meeting with the religious leaders in your community or by consulting community directories
- Visit libraries or community centres to spread the message about NHS Health Checks through various channels which may not be traditionally used (e.g. including flyers for the NHS Health Check when people check out a book at the local library)
- Consider engaging people in places they regularly visit (e.g. you may want to promote NHS Health Checks near commuter hubs, on the high street, or make announcements at sporting events).

Consider prioritising NHS Health Check offers for patients at increased risk of Type 2 diabetes, such as those with a high BMI. Explore tools to use such as the Leicester Practice Risk Score.

For more examples of how to improve uptake of the NHS Health Checks visit the Diabetes UK Shared Practice resource library at www.diabetes.org.uk/Professionals/Resources/Shared-Practice/Health-Checks
REFERENCES

1. This figure was worked out using the diagnosed figure from the 2014/15 Quality and Outcomes Framework and the AHPO diabetes prevalence model. A figure for Northern Ireland was not predicted by the AHPO model, so undiagnosed prevalence for Northern Ireland was extrapolated on the % undiagnosed figure for Scotland.

<table>
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<th>Country</th>
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<th>APHO Estimate Total 2015</th>
<th>Undiagnosed Estimate 2015</th>
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<td>84,836</td>
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<td>Scotland</td>
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<td>Total</td>
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This is a population diagnosed on average in 1988. However, the UKPDS is still the largest clinical research study of Type 2 diabetes ever conducted. Figures may not be the same now due to greater awareness of diabetes and screening. Numbers may still be high, as the UKPDS was not based on a random sample and excluded those with serious complications.


10. McNaughton & Shucksmith. (2014). Reasons for (non) compliance with intervention following identification of ‘high risk’ status in the NHS health Check programme

11. NICE. (2014). Encouraging people to have NHS Health Checks and supporting them to reduce risk factors, p3

12. Visram et al. (2014). Can lay health trainers increase the uptake e of NHS Health Checks in hard to reach populations?, p2


Dear <name of person>,

Your NHS Health Check is due in <insert month>.

Please call <insert name of NHS HC provider> as soon as possible to make sure you get your appointment at your GP’s surgery and record this on the tear off slip below.

You can also have your health check at your local pharmacy listed in the enclosed leaflet. To book, please ring <insert phone number> and quote 'NHS Health Check'.

Yours sincerely
Dr <to be inserted by mail merge>

Please record the date and time of your appointment and stick it on your fridge.
Name: <to be inserted>
GP practice: <to be inserted>

I am going to my NHS Health Check on ___/___/13 at ____am/pm
Practice address: <to be inserted by mail merge>

(Source: www.healthcheck.nhs.uk)