



The Centre for Translational
Research in Public Health



ADPH
North East

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#FuseRE

Exploring NHS Health Check delivery in the North East and North Cumbria – developing research priorities and partnerships

Wednesday 6th March 2024, 9.00am-1.00pm

Durham University

www.fuse.ac.uk



Welcome & Introduction

Dr Jim Brown, Consultant in Public Health,
Northumberland County Council & Chair of the
North East North Cumbria NHS Health Check Network

Aim and objectives

Aim

To bring together a range of stakeholders to explore the priorities for research in relation to the NHS Health Check across the North East and North Cumbria

Objectives

- Continue to **build the evidence base** to support effective practice
- **Identifying gaps** in the evidence base
- Developing a consistent **approach to evaluation**
- Building **collaborative relationships**
- Identify possible **funding opportunities**

NHS Health Check Programme

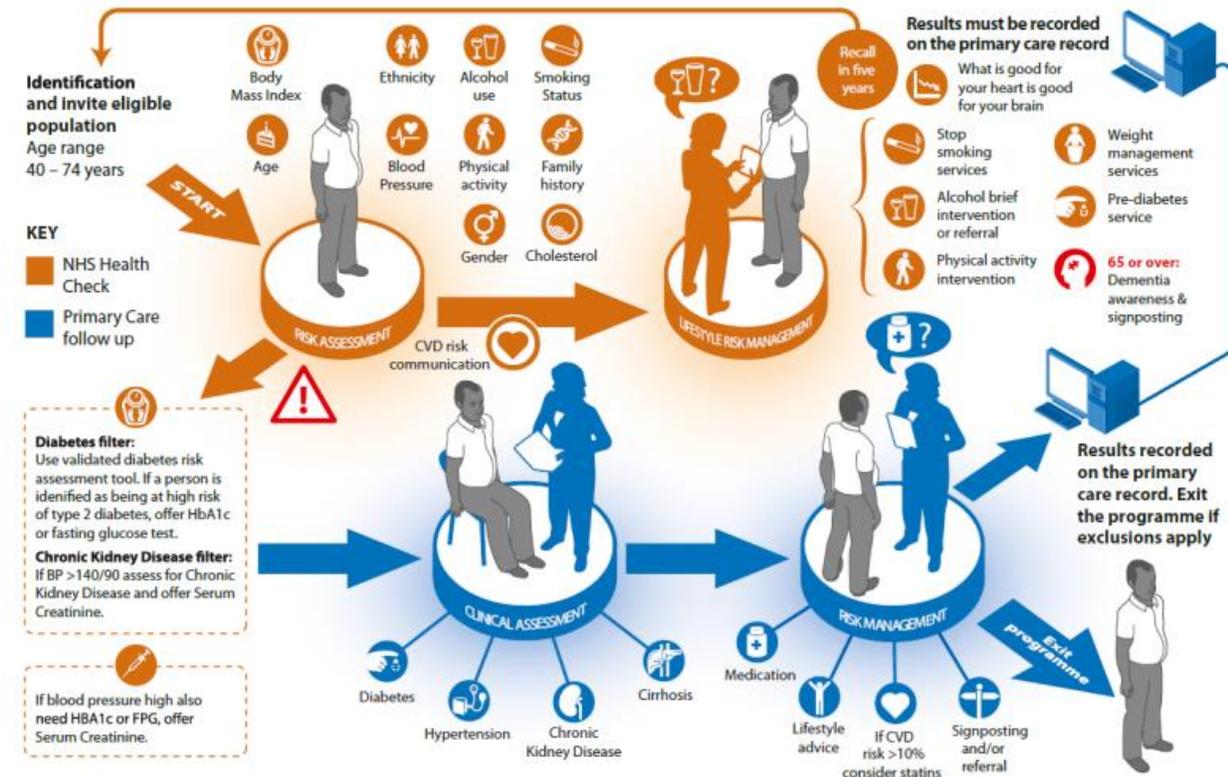
Aim: prevention of CVD by promoting early detection, assessment and management of the major risk factors for CVD

Eligible population: 40-74 years not on statin or previously diagnosed with cardiovascular disease (including hypertension or diabetes)

Delivery: every 5 years typically in GP, but occasionally in pharmacy or community

Target: national aspiration of 75% uptake (translates to 15% uptake per year)

Funding: A mandatory service funded via the Local Authority public health grant





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Programme for today

Dr Peter van der Graaf, AskFuse Research Manager
Associate Professor in Public Health,
Northumbria University

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Programme for today

When?	What?
9:00am	Tea/ Coffee and registration
9:30am	Welcome and introductions; Jim Brown
9:45am	NHS Health Checks: Rapid Review Update; Louise Tanner & Ryan Kenny
10:00am	NHS Health Check national overview; Julie Daneshyar
10:15am	Table discussions (part 1) - Thinking Hats exercises
11:00am	Tea/coffee break and networking
11:15am	NENC CVD Prevention Network/ICB Programme; Jack Lyon
11:30am	Table discussions (part 2) – Developing research proposals
12:15pm	Table feedback
12:45pm	Summary; Jim Brown
13:00pm	Close



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Rules of engagement



Mutual respect



Maintain
confidentiality



No disruptions



Ask questions if
you don't
understand



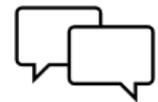
Commit to
being an active
participant



Keep in touch



Enjoy the
event!

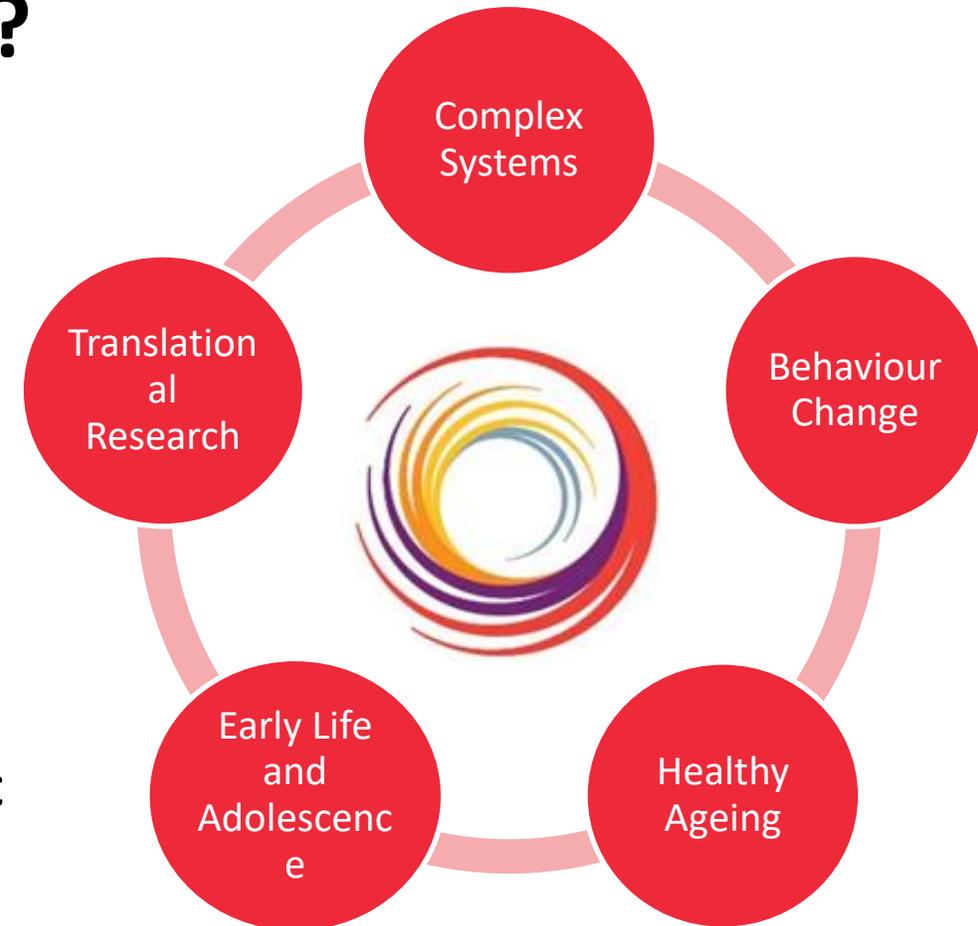


Use appropriate
language

What is Fuse?

- Centre of Excellence in Public Health Research
- A virtual centre, operating across the 5 NE universities
- USP - Translational Research in Public Health
- Working in partnership with policy makers and practitioners, enabling research findings to be understood and applied to public health issues
- Founding member of the NIHR School for Public Health Research

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NHS Health Checks Rapid Review Update

L Tanner¹, RPW Kenny¹, R Bhardwaj-Gosling^{1, 2}, F Pearson¹

1. Population Health Sciences Institute, Newcastle University
2. Faculty of Health Science and Wellbeing, The University of Sunderland

Introduction

- We undertook an update of a rapid review of evidence published on the NHS Health Checks from January 2016 to December 2019.
- Six objectives were identified in the original review, which were re-addressed in the current review:
 1. Who is and who is not having an NHS Health Check?
 2. What factors increase take-up among the population and sub-groups?
 3. Why do people not take up an offer of an NHS Health Check?
 4. How is primary care managing people identified as at risk of CVD or with abnormal risk factors?
 5. What are patients' experiences of having an NHS Health Check?
 6. What is NHS Health Checks effect on disease detection, changing behaviours, local risk management service referrals, individual risk factor prevalence, CVD risk and statin or anti-HTN prescribing?

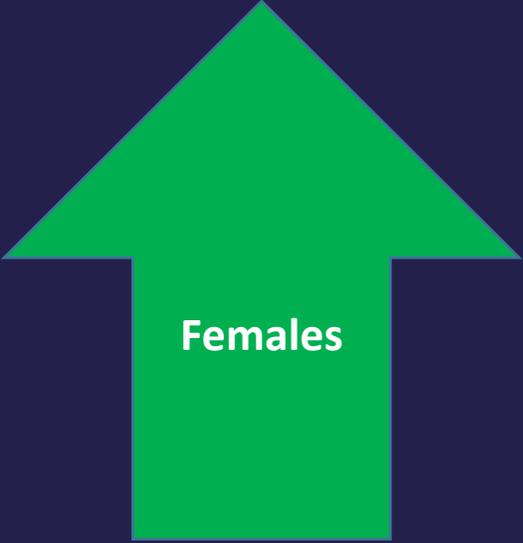
Objective 1 - Who is and who is not having an NHS Health Check?

- Six newly identified studies contributed to an overall number of 29.
- There was limited new data available on NHS Health Check coverage.
- The Majority of the new evidence was provided by unadjusted characteristics of attendees vs non-attendees.

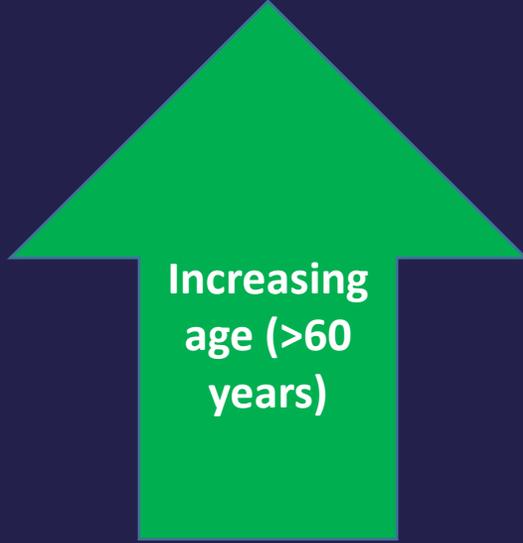


Objective 2 - What factors increase take-up among the population and sub-groups?

- 9 new studies contributed to this objective (overall $n = 31$)
- Sociodemographic factors of those invited to an NHS Health Check were presented in 12 quantitative studies (1 new)



Females



Increasing
age (>60
years)



No clear evidence
for ethnic
background



Higher
IMD



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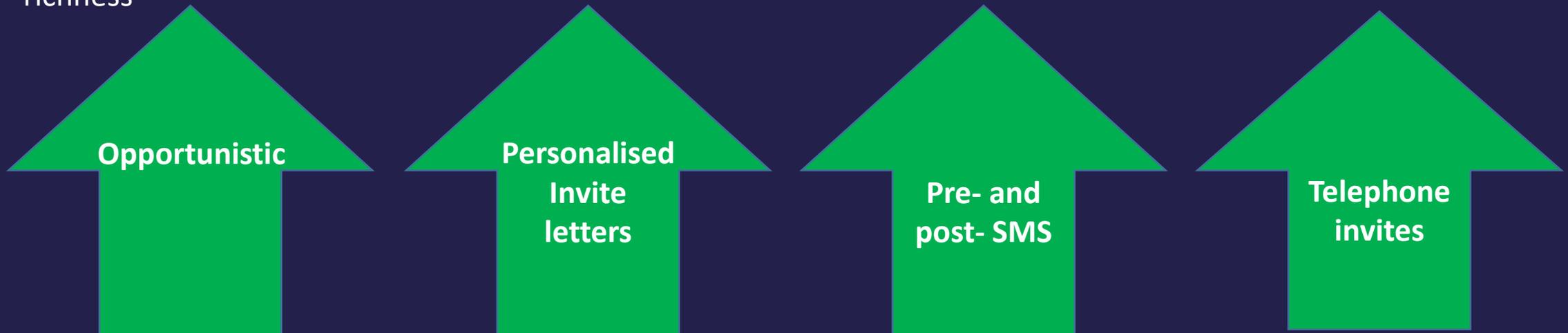
Objective 2 – Setting

- Two new studies assessed impact of setting (GP surgery vs community or pharmacy setting)
- Opportunistic invites increased uptake in community settings
- Letter invites to GP surgery and pharmacy had similar uptake
- Opportunistic NHS Health Checks in a community setting may increase uptake in hard-to-reach groups
- Findings on opportunistic uptake need to be put in context with those on opportunistic invite; more time to digest invite and allow for an informed attendance decision
- The certainty in evidence was rated as very low. Contributing studies are observational, show imbalances in baseline characteristics between groups and plausible confounding



Objective 2 – Invitation method

- Thirteen quantitative studies (six new) investigated the impact of invitation method on uptake
- The certainty in this evidence was 'very low' as most evidence was observational and at high risk of bias
- Six qualitative studies (one new) contained data on the effect of invite method on NHS Health Check uptake
- Telephone invites were preferred. Community ambassadors were important to ethnic minority group engagement. Opinions on opportunistic invite differed by setting
- These findings on invitation method are supported with moderate to high confidence, however, informing data lacked richness



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Objective 4 - How is primary care managing people identified as at risk of CVD or with abnormal risk factors?

- One quantitative study provides data on how NHS health checks affect risk management
- Onward referrals to lifestyle services vary geographically
- An increase in morbidity detection was seen but the effect varied by gender and deprivation level
- Seventeen studies (two new) contribute to the synthesis of healthcare workers views on implementation and delivery of the programme. New first or second order constructs did not lead to new analytical themes. Extracted findings aligned with the analytical themes 'doubts about long term cost-effectiveness' and 'inadequate training'.
- Confidence in the evidence was judged as being moderate mainly due to sparsity of quantitative evidence, plausibility of responder bias and potential lack of objectivity



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Objective 5 - What are patients' experiences of having an NHS Health Check?

No additional qualitative themes identified from the (n=2) new qualitative studies. Themes from the original review that were supported by new data were:

- *'Understanding of the risk score'* - patients could not recall a specific risk score but did remember discussions around their current state of health and were particularly satisfied when provided with a graphical 'risk report' to take away.
- *'Genetic determinism'* as a reason to avoid lifestyle changes.
- The NHS HC considered a *'Potential Trigger for behaviour change'*. Adoption of healthy lifestyle changes were more likely when friends and family supported them by joining in (e.g., adoption of healthy eating at the household level).

GRADE score was low (due to subjective nature of the qualitative data) to moderate.



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Objective 6 – Key results- What is the effect of the NHS Health Checks on...

Disease detection:

NHS Health Checks (NHSHC) led to an overall increase in the detection of raised risk factors and morbidities, however, the effect size varied between diagnoses.

Changing behaviours:

The only intended behaviour change assessed was smoking. NHSHC were associated with an overall reduction in smoking prevalence compared to baseline and / or control group, however some studies reported no significant reduction in smoking.

Referrals to local risk management services:

The proportion of referrals varied in relation to the type of lifestyle service and across studies, possibly reflecting geographical variations



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Objective 6 – Key results- What is the effect of the NHS Health Checks on...

Reductions in risk at the individual level

Risk Factor	Artac 2013 ¹⁰⁶	Cochrane 2012 ¹⁰⁷	Forster 2015 ¹³	Chang 2016 ¹⁰⁹	Alageel 2019 ⁶⁴
Cardiovascular disease risk score	↓	↓	↔	↓	Not reported
Systolic blood pressure	↔	↔	↔	↓	↓
Diastolic blood pressure	↓	↓	↓	↓	↓
Cholesterol	↓	↓	↓	↓	↓
BMI / obesity	↔	↓	↓	↓	↓



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Objective 6 – Key results- What is the effect of the NHS Health Checks on...

Reducing prescribing of statins/anti-hypertensive medication

An increase in statin prescribing amongst those who attend an NHSHC. One of five studies reported a decrease in anti-hypertensive prescribing following the intervention.

Modelling

Cost-effectiveness of the NHSHC Programme would be increased through the addition of policies targeting dietary consumption and through combining current provision, with targeting of the intervention towards deprived areas. The modest changes in BMI from the NHSHC programme are associated with significant cost-saving benefits making the programme cost-effective.

GRADE results

The overall certainty in the evidence was rated as very low to low; due to the observational nature of studies, high risk of bias scores and inconsistent results across studies.



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Conclusions from the review

- The number of published studies has increased by 43% since the last evidence review
- Most of the evidence comes from studies using pre 2014 data and therefore may not reflect changes of the course of the last 6 years
- The certainty and confidence in the evidence has been judged to range from very low to moderate
- There is a need for more large, methodologically robust studies (e.g. RCTs or matched observational studies) with standardized data, variable definitions and comparison groups, to comprehensively evaluate the NHS Health Check program, its clinical and cost-effectiveness among those eligible and by their demographic characteristics.



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PHE Recommendations (i)

1. Build sustained engagement

Provide training for NHS HC staff in behaviour change techniques; communicate individual risk more effectively and increase the provision of interventions to support behaviour change.

2. Launch a digital offer

Provide digital health checks to enable individuals to assess their risk, access advice and receive tailored support.

3. Start younger

Invite people aged 30-39 years to NHS Health Checks, to screen for preventable risk factors.



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PHE Recommendations (ii)

4. Improve participation

Increase take-up amongst people from demographic groups most likely to benefit and least likely to participate, e.g., through awareness campaigns and increasing the range of settings in which health checks are delivered.

5. Address more conditions

Expand the scope of health checks to include risk assessments for mental health and musculoskeletal conditions.

6. Create a learning system

Launch a programme of ongoing evaluation of the health checks programme, assessing short- and long- term outcomes, cost-effectiveness and impact on inequalities.



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| Thanks for listening!

Any questions?



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| Publication

Tanner L, Kenny RP, Still M, Ling J, Pearson F, Thompson K, Bhardwaj-Gosling R. NHS Health Check programme: a rapid review update. *BMJ open*. 2022 Feb 1;12(2):e052832.



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Overview of current National CVD Prevention activity

Julie Daneshyar

NHS Health Check program lead

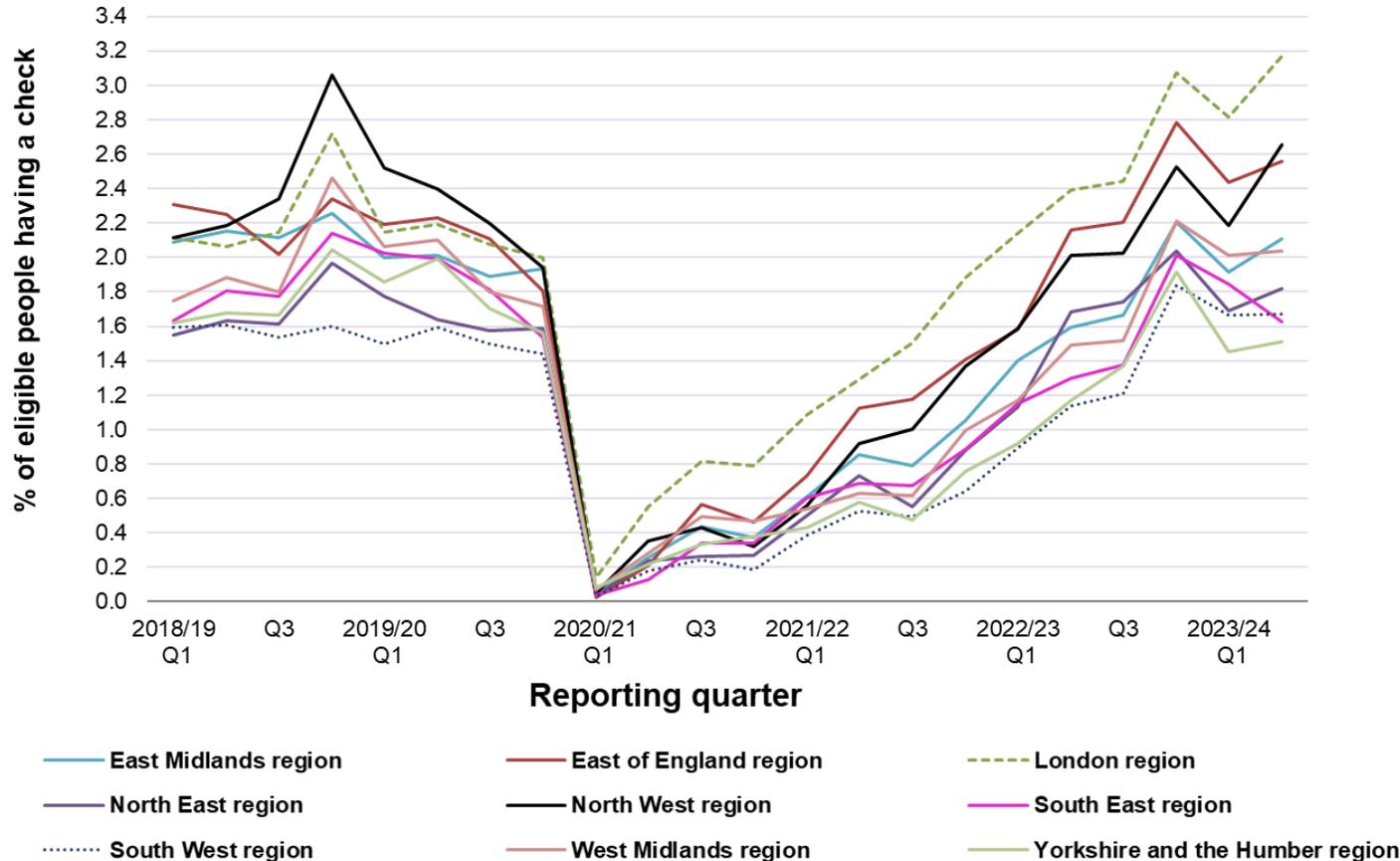
Northeast Office for Health Improvement and Disparities

The NHS Health Check

- Is England's flagship cardiovascular disease (CVD) prevention programme - aiming to prevent heart disease, stroke, diabetes and kidney disease, and some cases of dementia among adults aged 40-74 years.
- Each year, we know the programme identifies around 317,000 people with obesity, 21,000 with high blood sugar and 330,000 with high blood pressure.
- Data reported by local authorities shows that between April 2013 (since the current programme began) and September 2023, over 26 million NHS Health Checks were offered and almost 11.9 million delivered.
- In line with NHS guidance, NHS Health Check delivery activity was suspended during the COVID-19 pandemic. It is estimated 2 million people will have missed out on having a check between 2020-22.
- Work continues, through our regional teams and their local authority networks, to support local authorities to recover and improve uptake and delivery of the NHS Health Check programme.



NHS Health Check Recovery by Region

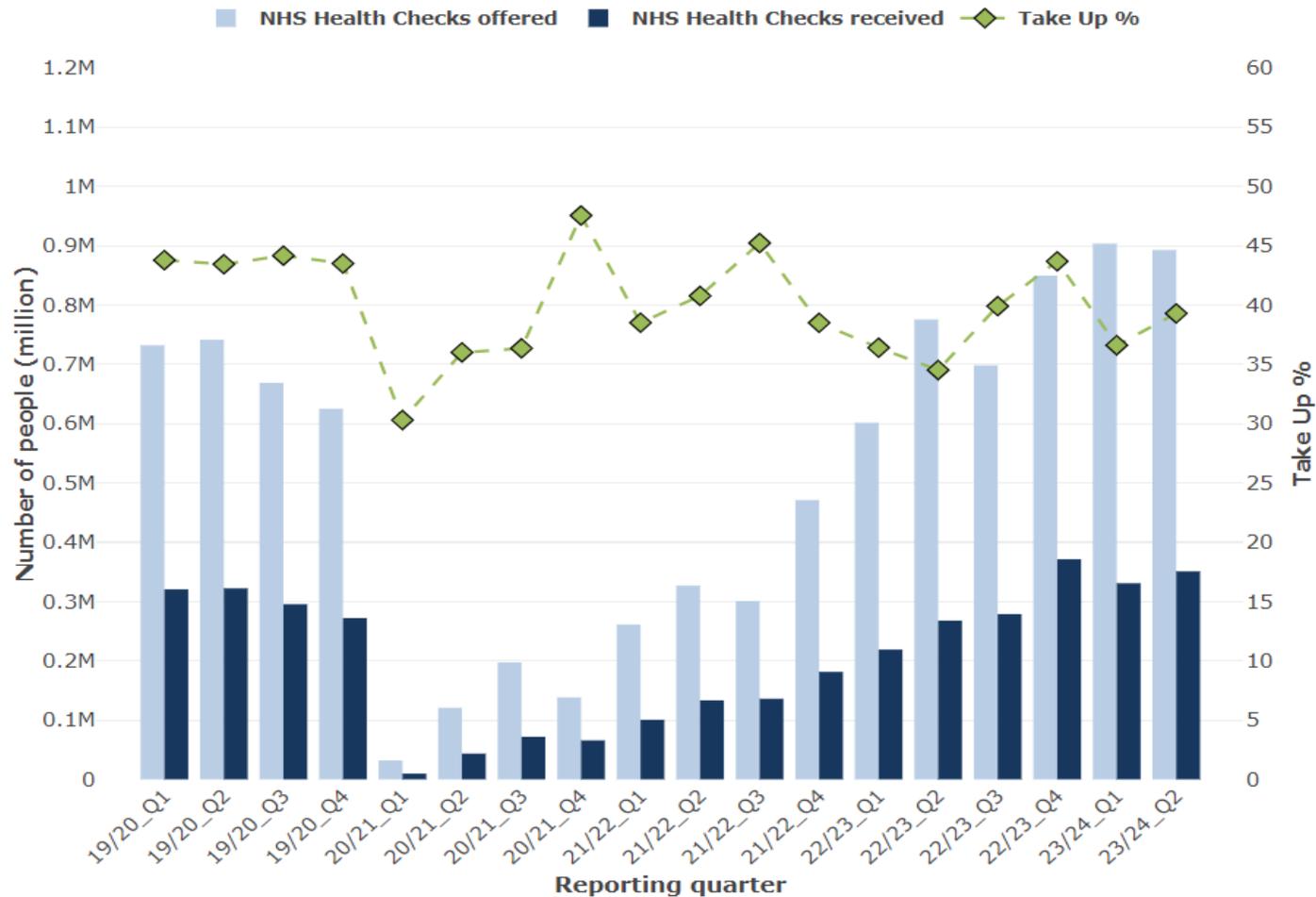


Key messages from Q2 data return:

- Between July and September 2023, **892,892 people were offered** an NHS Health Check – the first six months of 2023-24 offered the highest number of checks in any six-month period since the current programme began in 2013.
- 149 out of 153 local authorities delivered a total of **350,897** checks in Q2, this is **31% more checks than in Q2 of 2022-23**.
- Uptake of offers was **39.3%**, a **2.7 percentage points increase from uptake in Q1** (April to June 2023).



Activity in England 2019/20- 2023/24



Recovery of Services following the Covid-19 pandemic.

- The number of NHS Health Checks offered and delivered between July and September 2023 (Q2 2023-24) confirm that local authorities have not only fully recovered the NHS Health Check programme to pre-pandemic activity levels, but in the first six months of 2023-24 offered the highest number of checks in any six-month period since the current programme began in 2013.
- However, uptake of offers is lower than pre-pandemic.



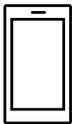
Implementing the recommendations from the review

In 2021, a review of the NHS Health Check programme, led by Professor John Deanfield recommended that to see improvements in the programme the following should be prioritised:

1. build sustained engagement
2. launch a digital service
3. start younger
4. improve participation
5. address more conditions
6. create a learning system



Research and analysis
Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations
Updated 9 December 2021



Following the review, significant investment has since been made into designing, building and launching a digital NHS Health Check which we expect to be rolled out for use in 2024.



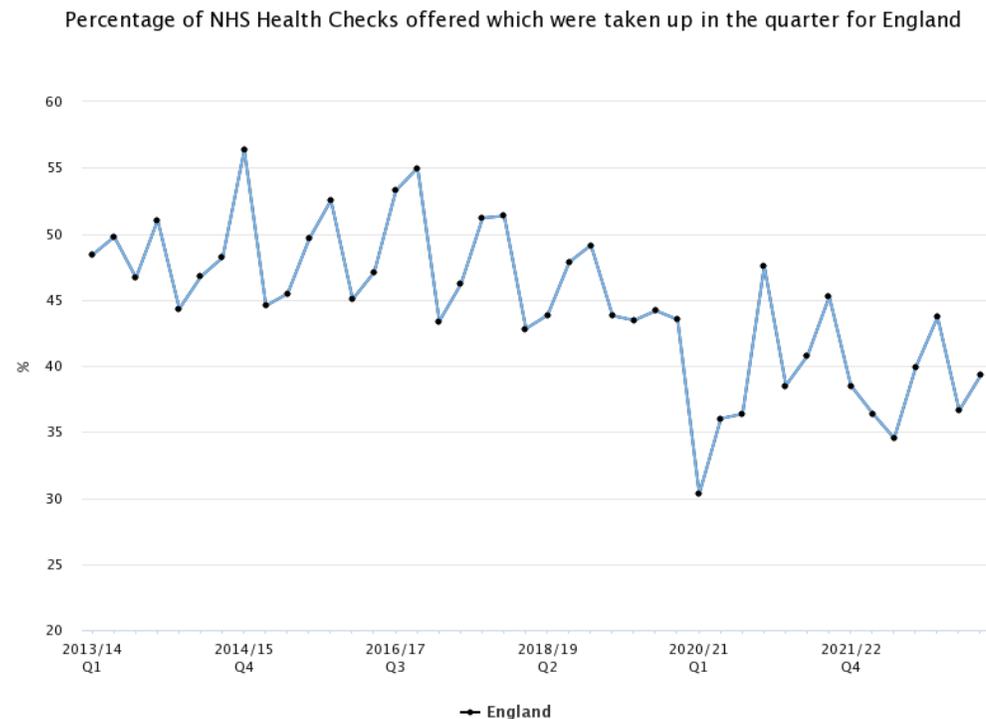
When the digital NHS Health Check has been launched, priority will be given to consideration of addressing more conditions. To lead this, the NHS Health Check advisory group has now established a Scientific and Clinical subgroup that will be meeting in March to set a criterion for evaluating the evidence and practical implementation for proposed conditions.



The problem

Not enough eligible people are completing the NHS Health Check

Participation has declined almost every year since 2014-15, with current uptake 39%. Although this has increased in the last year, the programme is not contributing as much as it could to reducing premature CVD mortality and morbidity because of conditions such as high blood pressure (hypertension), heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia.



Hypothesis

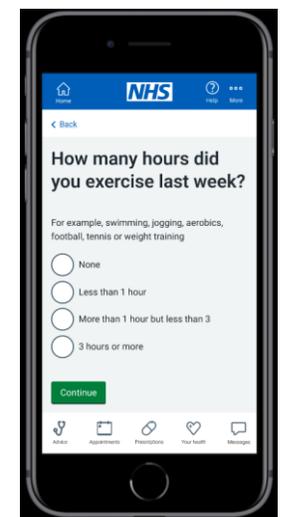
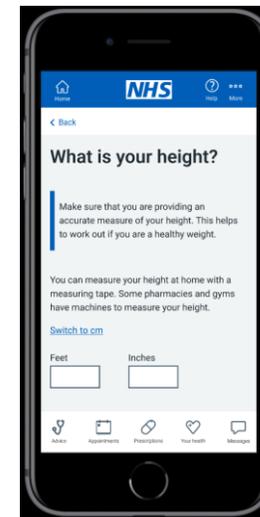
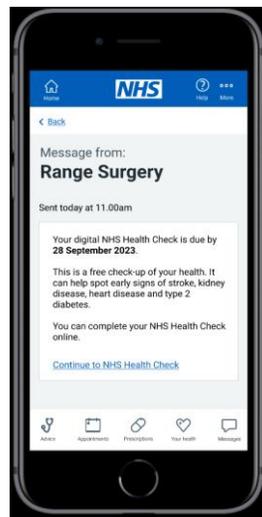
The creation of a new national digital channel working alongside the face-to-face check will provide the choice and flexibility people want, transforming how they engage with the NHS Health Check service resulting in an increase in overall participation and better health outcomes for people in England by **identifying more people at high risk of CVD.**



Our vision for a national digital service

The Government's commitment to develop a **national digital service to support the NHS Health Check** was announced in the Health Reform speech on 8th March 2022 and forms a part of DHSC's [Plan for Digital Health and Social Care](#).

The vision is to increase the flexibility and reach of the NHS Health Check through the creation of an innovative, accessible national digital service, delivered alongside local face-to-face offerings, that helps people understand and take action to engage with their cardiovascular health.



Workplace CVD Checks Pilot

- As part of Autumn Statement (November '23), funding was announced for a pilot to deliver cardiovascular disease (CVD) checks in workplace settings.
- The project aims to deliver **up to 150,000 CVD checks** in workplace settings by **end March 2025**.
- The pilot will gather evidence of the **feasibility** and **impact** of workplace health checks. It will encourage employers to support people to stay well in work, by **gathering and sharing learning** on delivering health checks in the workplace.
- There are two strands to the pilot:
 - ✓ Grant scheme for local authorities to deliver workplace CVD checks in their areas – due to launch in March 2024.
 - ✓ Evaluation of existing corporate programmes for CVD checks, allowing us to test a greater range of delivery models and innovations.

There will be different evaluations for each strand of the pilot. We are:

- Designing process evaluation for the grant scheme, to assess feasibility of implementing checks, with some assessment of accessibility, outputs and cost.
- Scoping evaluation options for business elements and what data businesses hold.



The top priorities for CVD in the OHID regions

Following a joint national and regional workshop held on 26th February we have articulated what the priorities are for the forthcoming year. Plans to support joint delivery of these in a joint framework are underway.

- Stronger focus on NHS Health Checks and supporting local authority progress to meeting mandatory requirements, through development of quality and consistency in delivery.
- Readiness for introduction of **digital NHS Health Checks**.
- Key focus on CVD related health inequalities, through supporting systems & places to use data & develop approaches to addressing CVD-related inequalities
- To **increase system engagement with CVDP** and CL leads, and to focus on place level variations (PCNs/GPs).
- **CVD Prevention and recovery**, CVD ambitions set out in **the long term plan and Hypertension management to target**
- Meet requirements of the **NHS planning guidance 2024/25** once published.
- **Hypertension case finding** and control
- **Smoking Cessation** (smokefree generation)



OHID CVD Campaign overview

Free blood pressure checking has been offered in community pharmacies from Oct 21, and in Nov 23, additional funding was allocated to this service to deliver 2 million more checks.

To encourage more people to use the service, **OHID is launching a new Cardiovascular Disease (CVD) campaign on 11th March 2024, currently with the working title “No clues”. Working in partnership with the pharmacy sector.**



Our target audience aged 55+ & all 40+ and our overarching aim is to encourage BP testing at community pharmacies.

BY

Making it relevant

by driving awareness and educating the public of asymptomatic nature and scale of undiagnosed problem.

Elevating the importance

by highlighting potential serious consequences of untreated high blood pressure, and how getting a blood pressure test is the only way to know if you have high blood pressure.

Driving to a simple solution

by letting people know they can get checked for free in a pharmacy and the treatable nature of high blood pressure. We will **drive referrals** to the NHS blood pressure postcode look up to find their nearest pharmacy.

Table discussions (part 1)

Table 1: Increasing **uptake** in **deprived areas & ethnic minority groups**

Table 2: Making health checks **more accessible** – **community engagement approaches**

Table 3: **Understand outcomes** of NHS Health Check: **mitigating harms and maximising benefits**

Table 4: Using **creative methods** to identify health issues

Table 5: Improving **perceptions, knowledge and skills of GP staff** to use behaviour change techniques

Six Thinking Hats®



Blue Hat
Process



White Hat
Facts



Red Hat
Feelings



Green Hat
Creativity



Yellow Hat
Benefits



Black Hat
Cautions

COFFEE/ TEA BREAK & NETWORKING

NENC Cardiovascular Disease Prevention Network / ICB Programme

Presented by:

Jack Lyon | Project Delivery Lead (CVD Prevention) |
NENC ICB



England



North East and
North Cumbria

The NHS Long Term Plan - a reminder of the priority



The NHS Long Term Plan identifies CVD as a clinical priority and the single biggest condition where lives can be saved by the NHS over the next 10 years.

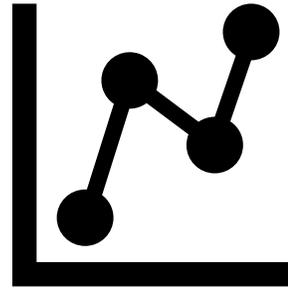
The Plan sets the ambition for the NHS to help prevent over 150,000 heart attacks, strokes and dementia cases over the next 10 years and outlines how the NHS, and partners in the voluntary and community sector and in other national organisations will meet this ambition.

NHS England National Priorities - CVD Prevention

The NENC Cardiovascular Disease Prevention Network Work Plan for 2023/2024 includes deliverables that align to these national priorities set out by NHS England. The NENC ICB is measured on delivery.



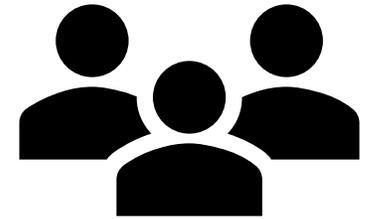
System leadership to co-ordinate action to drive CVD recovery on long term plan priorities



Targeting and monitoring unwarranted variation in CVD care and outcomes



Improved detection and management of ABC conditions through supporting general practice and work with system partners.



Accelerating making every contact count (MECC) interventions such as commissioning non-NHS providers to undertake BP checks

Awaiting 24/25 targets from NHSE

CVD Prevention Metrics – NHS England Targets 23/24

Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024

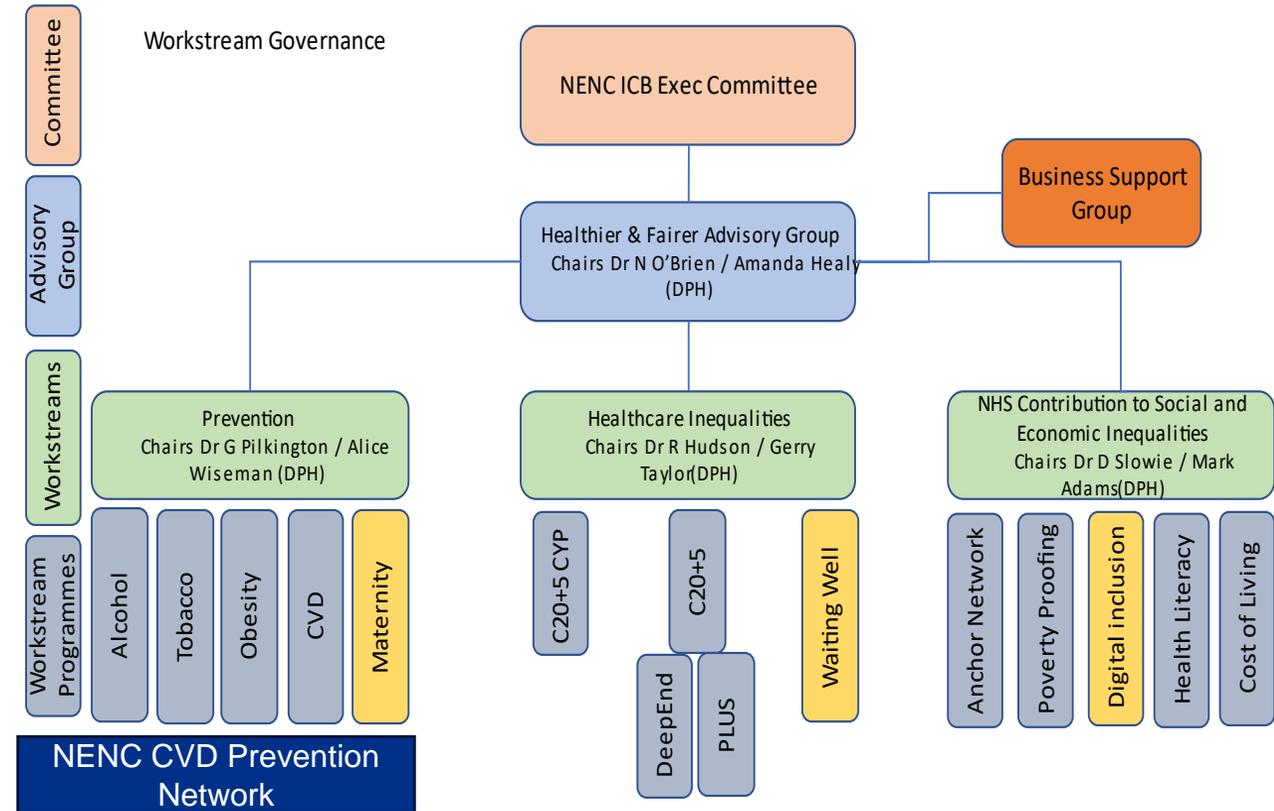
Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%

Continue to address health inequalities and deliver on the Core20PLUS5 approach.

NENC CVD Prevention Network/ICB Programme

The network focuses on driving forward the Cardiovascular Disease Prevention programme across the North East and North Cumbria ICS to contribute to the NHS England long term plan priorities to meet the national ambition.

- CVD Prevention is highlighted as priority for the ICB, with Dr Neil O'Brien, (Executive Medical Director) and Dr Alexandra Kent (Medical Director –Physical Health and Long Term Conditions) as SRO's for the programme.
- Wendy Burke Director of Public Health and Dr Raj Bethapudi Executive GP are the co-chairs of the NENC CVD Prevention Network.
- The network is supported by Elaine Fairbairn, Clinical Network Delivery Manager and Jack Lyon, Project Delivery Lead (CVD Prevention).



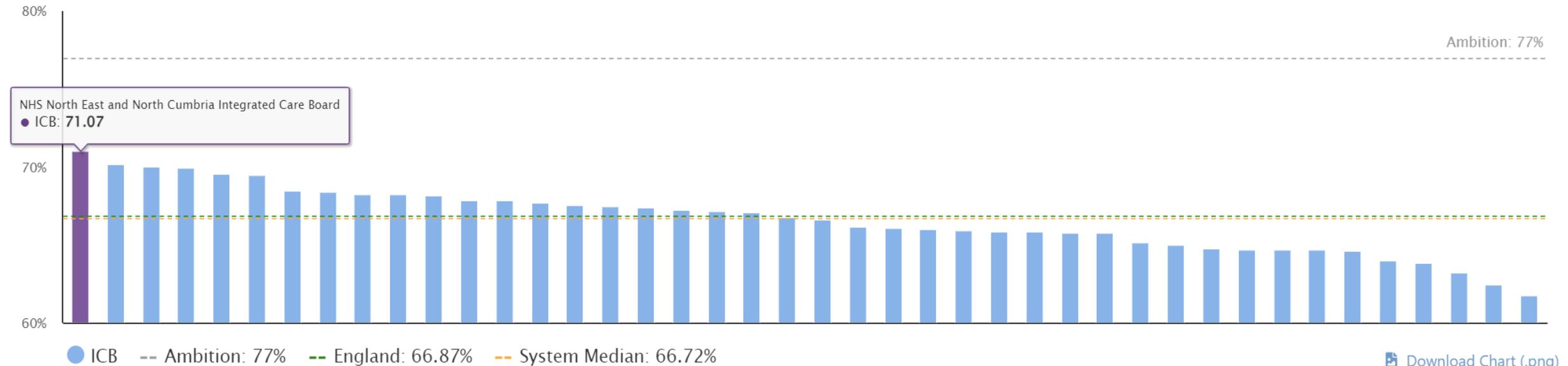
National deliverable	North East & North Cumbria ICB deliverables
<p>System leadership to co-ordinate action to drive CVD recovery on long term plan priorities with a focus Atrial Fibrillation, high blood pressure, raised cholesterol including Familial Hypercholesterolemia (FH)</p>	<ul style="list-style-type: none"> • Identify ICB Senior Responsible Officer for Programme • Agree governance and reporting arrangements. Align relevant wider prevention work across ICS with the CVD work. • Recruit to clinical leadership roles and project support role • Induction of staff / onboarding / defined roles & responsibilities new staff • Host 3 -4 NENC CVD Prevention Network business and education days per year
<p>Supporting general practice to recover the management of key risk factors in atrial fibrillation, hypertension, and hypercholesteremia.</p>	<ul style="list-style-type: none"> • Work with several partners across NENC ICS such as Community Pharmacies, Academic Health Science Networks, Clinical Networks, Local Authority partners to improve and optimise the diagnosis and management of hypertension • Undertake recruitment of clinical leadership and project support to link with underperforming PCNs through clinical leads and agree action plans to improve diagnosis and management of Hypertension/Atrial Fibrillation/lipid profile. • Undertake a programme of education
<p>Targeting and monitoring unwarranted variation in care and outcomes between and within place areas with regards to CVD prevention utilising data and business intelligence</p>	<ul style="list-style-type: none"> • Using a variety of data sources to identify a baseline position to understand variation and inequalities that exist across the system. • Promote the use of CVD PREVENT audit • Establish links with Deep End Practices in NENC in line with priority in Core20plus5 • Development of a CVD Prevention dashboard • Partner with AHSN in developing rapid NHS health checks for pilot areas with high deprivation • Collaboration with NE ADPH NHS Health Checks Network to support a targeted approach to increase the uptake of NHS checks to aid CVD prevention with particularly focus on Core20plus5 to reduce Health Inequalities
<p>Improved detection and management of Cardiovascular Disease risk – 3 high risk conditions across ICB delivered by system partners.</p>	<ul style="list-style-type: none"> • Work with system partners to enhance diagnosis and optimise management of hypertension in areas and population groups with highest risk. • Anticoagulant of Atrial Fibrillation and identification of Familial Hypercholesterolemia is currently part of the PCN targets which practices are currently working on • Statin initiation in patients with a raised Q-risk is being worked on by practices as part of the QoF and IIF targets. For PCNs/practices that have not performed well in these areas, tailored support would be offered. • Closer working with NENC Lipids Network to prioritise high impact areas of lipid management
<p>Accelerating making every contact count (MECC) interventions such as commissioning non-NHS providers, high street pharmacies and vaccination centres to undertake BP checks</p>	<ul style="list-style-type: none"> • Accelerate MECC approaches at community level through discussions with local authorities and PCNs • Examples include community pharmacies, leisure services, VCS organisations • Separate ICB workplans exist for tobacco, alcohol, weight management as part of population health and prevention programme.

Current % of patients with hypertension treated to target

System Level Comparison: NHS North East and North Cumbria Integrated Care Board against other ICBs
September 2023

Filter ▾

Chart Table



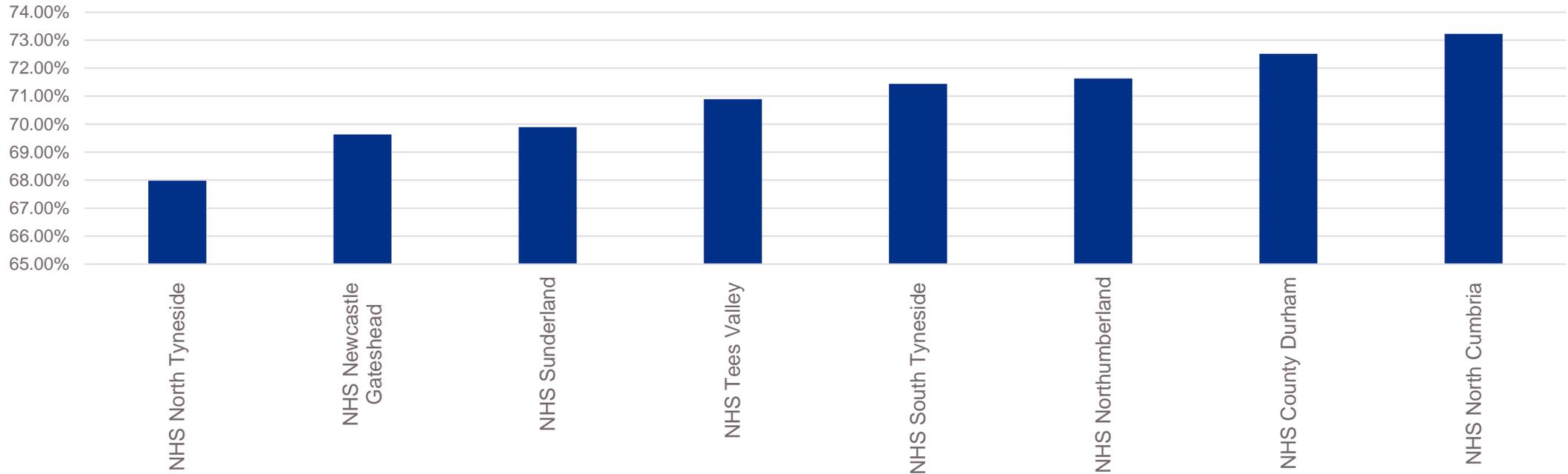
Download Chart (.png)

NHSE Target –
77%

Current % of patients with hypertension treated to target

NENC Overview

Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold



**NHSE Target –
77%**

Current % of Patients with a Qrisk >20% on Lipid Lowering Therapy

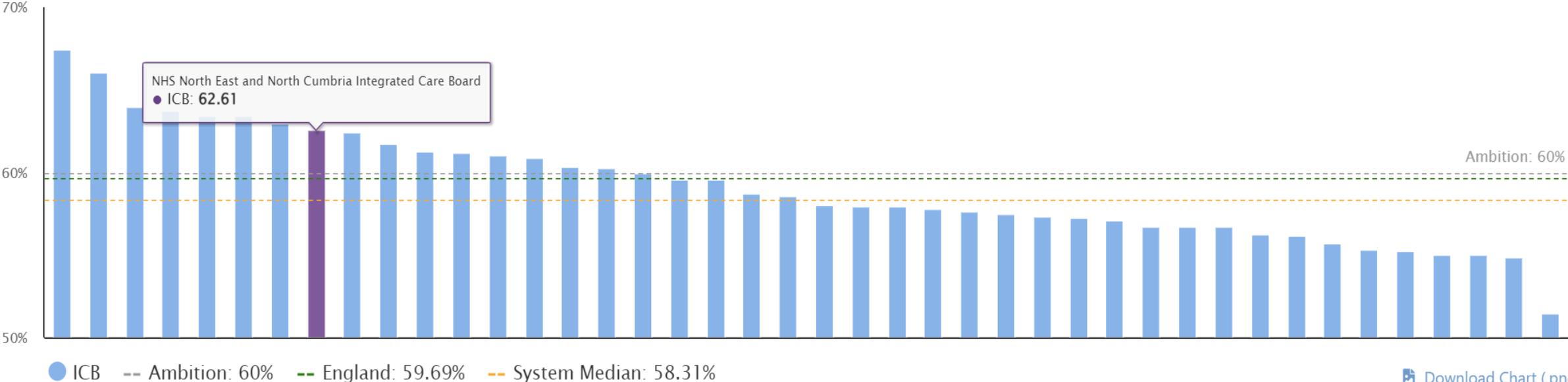
System Level Comparison: NHS North East and North Cumbria Integrated Care Board against other ICBs

September 2023

Filter

Chart

Table



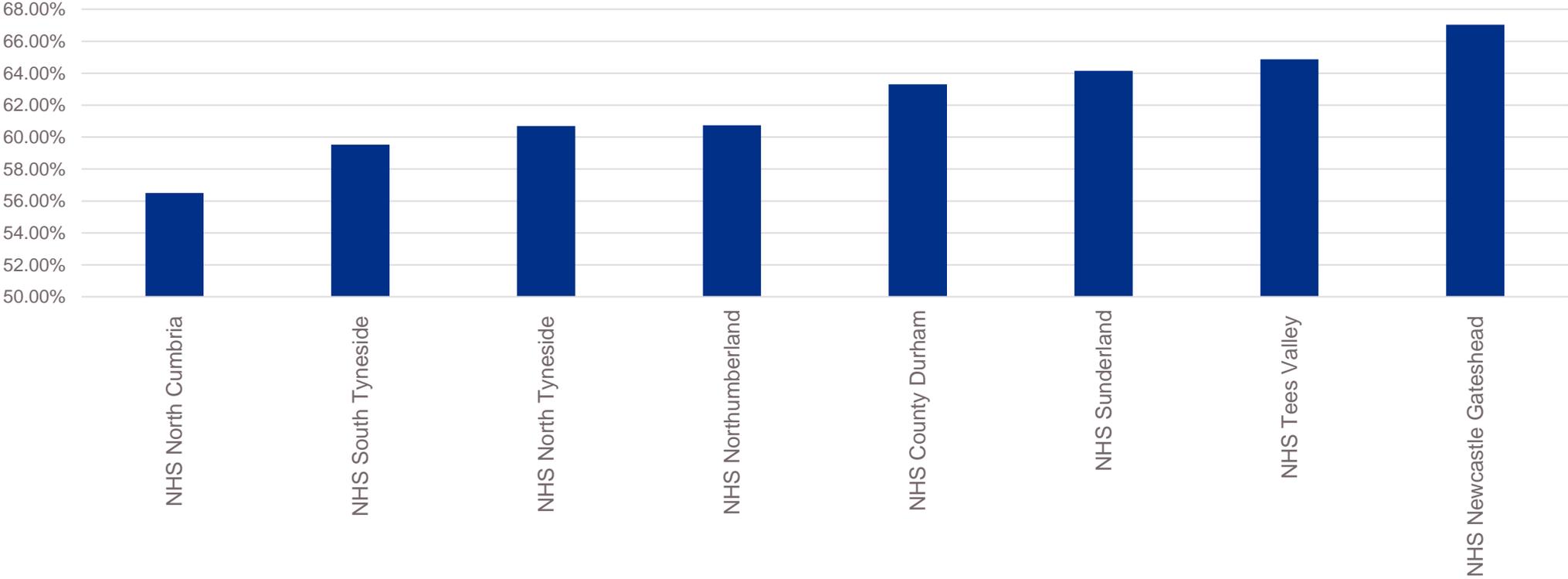
Download Chart (.png)

NHSE Target – 60%

Current % of Patients with a Qrisk >20% on Lipid Lowering Therapy

NENC Overview

Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy



NHSE Target – 60%

CVD Prevention Clinical Leadership Team

Dr Andrew Richardson-Black

*GP Partner/GP Trainer, Forge Medical Practice
GP Clinical Lead (CVD Prevention), NENC ICB*

Dr Georgina Coakley

*GP, Longtown Medical Practice
GP Clinical Lead (CVD Prevention), NENC ICB*

Catherine Tucker

*Senior Clinical Pharmacist Lipid Clinic, Northumbria Healthcare NHS Foundation Trust
Medicines Optimisation Pharmacist (CVD Prevention), NENC ICB*

Targeted Improvement Work with PCNs/GP Practices



CVD Prevention Clinical Leadership Team are engaging with PCNs and GP Practices, targeting those that would benefit from the most support.



The team are supporting face to face and virtually to identify barriers and devise a supportive action plan that works for the practice.



Examples include training of the workforce, utilising user friendly digital pathways and facilitating alternative workforce to support CVD Prevention work.

CVD Prevention Network other Projects of Work



Development of Data Reports



CVD Prevention Insight Work



CVD Prevention Network Meetings, Webinars and Events



Community Blood Pressure Kiosk Project



Lipids Network Activity



CVD Community Champions

Risks and challenges

- Short term disproportionately small amount of funding
- Scale of the challenge
- Variation across PCNs and practices
- Workforce capacity particularly primary care
- Data – timeliness and quality
- Uncertainty about future support and role of clinical networks

CVD Prevention Insights Work

Overall Aim – develop intelligence on how we engage the communities that we aren't currently engaging with around CVD Prevention

Understanding of CVD, what 'CVD Prevention' means

Awareness of what impacts the risk of developing CVD

Understanding of relevant guidance and management strategies to reduce CVD risk

Knowledge of how to get a CVD related check and the importance of them

What are the barriers and enablers to attending an appointment for a CVD related check

Awareness of how CVD can increase the risk of adverse events

Could it be an analysis of the groups that...

- Aren't accessing CVD related checks
- Aren't treated to target

HYPERTENSION MONITORING

CVDP004HYP: Percentage of patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months

[+ Expand Patient Pathway](#)

[Open Indicator](#)

[Metadata](#)



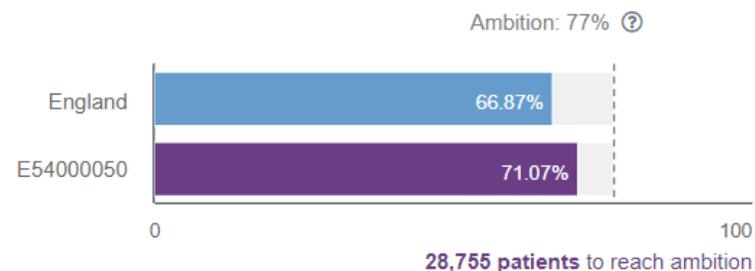
HYPERTENSION MANAGEMENT

CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.

[+ Expand Patient Pathway](#)

[Open Indicator](#)

[Metadata](#)



Your Thoughts?

What do you think the gaps are in this area?

Do you have suggestions which might provide an opportunity to shape this work?





England



North East and
North Cumbria

Thank You

Questions?

Presented by:

Jack Lyon | Project Delivery Lead (CVD Prevention) | NENC ICB

Table discussions (part 2)

As a table, **develop a research idea/ outline** for your identified priority (**green thinking hat**):

- **Add ideas and suggestions** to each box in the **template** with pen or using post-it notes
- After 30 minutes: prepare a **pitch for your idea** (max. 3 minutes) to the other tables,
- either as a group or nominate a presenter for your table. **The more creative, the better!**

Why needed?

Knowledge
users?

Research
question?

Methods/ data?

Skills, expertise,
partners?

Outputs?
Implementation?



The Centre for Translational
Research in Public Health



ADPH
North East

Pitch your research idea!



www.fuse.ac.uk



Summary: Emerging themes of the day

Dr Jim Brown, Consultant in Public Health,
Northumberland County Council



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Next steps

- Support from AskFuse to take your research idea forward (ask@fuse.ac.uk)
- Potential funding: NIHR Three Research Schools Prevention Programme
 - **Research Development Grant** – £40K, deadline 8 March 2024
 - **Full research applications**, calls in September 2024 and 2025 (Total budget: £10 Mln)
- Collaboration between at least two NIHR Research Schools, one as project lead

“Overall, the research should aim to inform evidence-based policies and interventions that address the multifaceted prevention challenges within public health, primary care and social care, fostering healthier communities and promoting equitable access to care.”

<https://sphr.nihr.ac.uk/research/prevention-programme/nihr-three-research-schools-prevention-programme-research-development-grant-call-for-applications/>

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NIHR | School for Primary
Care Research

NIHR | School for Social
Care Research



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Research in Public Health

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Registration is Open
Early Bird Deadline: April 15
Proposals Accepted Through March 1

6th



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