

Evaluation of NHS Health Checks provided by community pharmacists with the addition of spirometry

Executive Summary Report for Lewisham Clinical Commissioning Group

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Executive Summary

Community pharmacies are one venue for delivery of the NHS Health Check, aimed at assessing the risk of developing coronary heart disease, stroke, diabetes and chronic renal disease in the population aged between 40 and 74. Of the 17 pharmacies in Lewisham delivering the Health Check, four were commissioned as a pilot to offer spirometry testing to attenders who were current or recent smokers to assess their risk of lung disease.

This study was designed to evaluate the provision of both NHS Health Checks and the additional spirometry testing service, from the perspectives of clients, pharmacist providers and general practice staff.

The method involved:

- (i) analysis of data provided by Lewisham CCG on characteristics and outcomes of Health Check attenders,
- (ii) distribution of postal questionnaires to all clients receiving the NHS Health Check in the four selected pharmacies, using details provided by Lewisham CCG,
- (iii) telephone interviews with clients,
- (iv) focus group with pharmacists providing the Health Check in these four pharmacies,
- (v) telephone interviews with practice staff to whom clients are referred following their Health Check.

Findings

Health Check data were available for 190 individuals, 58% of whom were female, 80% aged 55 or younger, with 53% of white, 36% black and 10% Asian ethnicity. 58% of Health Check attenders had a BMI of at least 25, 21% were current or recent (10 years) smokers, 13% had raised blood pressure and 25% met the criteria for additional diabetes screening. An overall CVD risk score of 10 to 20% was calculated for 15% and >20% for a further 8%. There were 26% referred for additional testing, but only 56% of these attended for tests. Of the 17% referred to their GP, only 6% attended.

Overall, 74% of all Health Check attenders received at least one form of lifestyle advice, 35% were offered a referral to lifestyle support services and 20% of attenders accepted a referral for support with changing lifestyle, mostly weight management and exercise. Of the 21% initially suitable for spirometry, just under half (46%) met the inclusion criteria for testing and a total of only eight tests were performed, none resulting in GP referral.

The response rate to questionnaires was 35%, 68% of respondents were female and 70% white, thus not fully representative of those receiving Health Checks. The majority perceived themselves to be healthy, 91% thought their CVD risk was average to very low, which was confirmed by the Health Check, as only 5% had a CVD risk score higher than 10%. Overall 84% of respondents recalled receiving at least one form of lifestyle advice and 68% claimed to have made at least one lifestyle change, mostly changes to diet and exercise. There were five who recalled having spirometry testing, two of whom claimed to have since stopped smoking.

Almost all questionnaire respondents had a positive experience of their Health Check in a pharmacy and 80% agreed that a pharmacy was a good place for a Health Check. Many felt that the pharmacy was more convenient than their general practice. A few expressed misunderstanding about the content of the Health Check. The positive views were endorsed by the 19 clients interviewed, who were all happy with the services provided by the pharmacy. Interviewees did however suggest that in the main the lifestyle changes they adopted were minimal. However the two who had received spirometry testing not only were positive about the procedure, but had both stopped smoking and wanted to encourage other people to have this test.

The four pharmacists providing the services who attended the focus group also had positive views, felt they were fortunate to have been commissioned to provide the service and wanted it to continue. They were confident in their ability to provide spirometry following comprehensive training but felt that adding it to the NHS Health Check was not the best way to reach the population which could benefit. They expressed the view that the combination resulted in a lengthy appointment and that the Health Check was attracting predominantly healthy individuals. Furthermore they considered the exclusion criteria, particularly use of some inhalers to be overly restrictive, requiring revision. Suggestions for change were to add to smoking cessation services instead of Health Checks, review eligibility criteria and for spirometry to receive the same sort of publicity that Health Checks receive. All felt that an opportunistic approach, through Healthy Living Champions would be beneficial, but would require a second pharmacist to avoid interruption to dispensing and other services.

The five other health professionals interviewed were all positive about pharmacists providing both Health Checks and spirometry, but agreed that they would re-test any individuals referred to them following spirometry, as the screening did not include post-bronchodilator reversibility tests. Nurses felt that explaining the results as well as the tests themselves could be time-consuming. GPs concurred with pharmacists that the Health Check programme in general may result in reaching the 'worried well' and be particularly unattractive to smokers. Suggestions for other approaches to the current combination of Health Checks plus spirometry were made, including targeting specific groups with wider promotion, outreach services and adding in reversibility testing.

Conclusion

Overall the spirometry service failed to reach sufficient numbers when added to NHS Health Checks, but there were few problems in its delivery and acceptance by providers, clients and other health professionals. Two of the eight who underwent spirometry testing stopped smoking, illustrating its potential for benefit. Overall pharmacy-based NHS Health Checks appeared to be taken up mostly by younger age groups who perceive themselves as healthy. There was however a high proportion of attenders with the potential to benefit from advice and support with lifestyle changes to reduce future risk. While less than half those in whom potential problems were identified acted on the referrals and requests for further testing pharmacists made to their GP practice, referrals for support with changing lifestyle were more generally accepted, with 20% of all attenders accepting at least one such referral.

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