Quality Improvement Training Sessions

30th Oct 2026 11am-12midday
2nd Nov 11.30am-12.30pm
3rd Nov 1.30-2.30pm

NHS Health Checks 2026/27

QA Visits 2025/26: Key findings – activity data, processes and systems

Themes	Good practice	Concerns
Identification & invitation • Challenges using deprivation searches • Text message, self booking links • Pre-appointment questionnaires • Invite volume based on capacity (staffing/clinical space) • Quarterly variation in invites • Reminder texts used • 1 and 2-appointment structures common (excluding POCT)	• Target invitations per week/month • Opportunistic activity • New searches made process easier • Out of hours availability on weekends/evenings (25% of practices visited)	• Mandatory pre-appointment questionnaires prior to invites (e.g. "Would you like a HC?" surveys; Accurx HC questionnaires - no completed form, no appointment offered) • Requirements for patients to take BP and calculate BMI before appointment (home/onsite)
Risk assessment • Diabetes filter is not used – HbA1c standard for all patients • 20 minutes risk assessment; too short for staff • QRISK 2 and QRISK3 being used (54% QRISK3) • HCA led process, including QRISK calculation	• Some 30-minute risk assessments already in place in some areas	• Blood tests not completed prior to assessment • QRISK not calculated during F2F appointment • Both QRISK2 AND QRISK3 scoring used for same patients • Waist measurement not completed • Lack of dementia awareness raising • Ardens HC template version control/use of template • Remote, questionnaire-based risk assessments • Inconsistent extraction of QRISK data in quarterly reports
Risk communication • Verbal communication of risk inconsistent (56% of practices visited) • Risk communication only when further clinical management required • S1 practices easier access to results booklets • Variation in methods/content of written communication – bespoke booklets, text templates, letters, NHSApp, Ardens results booklet	• Some in depth conversations about risk, using graphic provided on QRISK tool • Willingness to work with PH to develop processes and improve understanding of tools	• Risk score and results not discussed/discussed in telephone appointments • Limited written risk communication • Over-reliance on NHSApp
Risk management • No distinction made between signposting and referrals • Staff not expected to complete referrals for behavioural risk factors during HC; self referral links used • Interventions (referrals offered/completed) not always coded correctly • Low practitioner confidence particularly for weight & alcohol conversations	• Practices exploring how to use Health and Wellbeing Coaches to support Health Checks next steps	• Weight management: avoidance of referrals in Q4 after payment cap reached • Diabetes Prevention Programme: patients not receiving responses, cancelled events with no Comms, digital exclusion of older population • Smoking: SmokeFree Hampshire promotion of self-referral as preferred option • Alcohol: low awareness of AUDIT score interpretation and pathways

Quality Improvements Requirements of GP Contract

- *Providers are expected to invite 100% of their annual eligible population each financial year (or approximately 20% of their total eligible population). Any practice which is below 90% of their annual eligible population may not be entitled to claim for quality payments.*
- *Undertake one quality improvement (QI) project per year related to the NHS Health Checks programme on a particular topic which for this year, will be focusing on **addressing inequalities** in uptake of NHS Health Checks:*

- *There will be one project requested per financial year, with the report submitted to the commissioner no later than the 30th of April following the end of the relevant financial year (2026/27 in this case).*
- *The commissioner will review and where appropriate may request amendments or additions.*
- *Provider responsible for ensuring that their QI lead has the skills required and has appropriate senior supervision.*
- *The QI project must be presented and results reviewed at a meeting which includes senior leadership within the organisation.*
- *The provider may be required to submit anonymous data to enable the commissioner to undertake a Health Equity Audit to ensure the service is accessible to those most at risk of health inequalities. The commissioner may utilise population health management (PHM) platforms for this purpose if available. The aggregated results of this will be shared with providers to support quality improvement.*
- *The quality payment will depend on achievement of quality indicators, as defined in this specification Appendix A; the quality indicators will be reviewed annually, and providers will be engaged as they are updated.*

Appendix A: Quality Indicators

- **….**to determine quality related payment as described in the table in the next slide (see Annual Quality Payment Calculator in Section 5 of the Health Check resources for professionals' website:

Contract states:

- *If informatics system which can provide the data is unavailable, the weight management and smoking referrals indicators will not be used, and the other indicator weights will be increased.*

However, Ardens Manager now being used

	Quality Payment	Numerator	Denominator	Quality Indicator Points (sum of 100)	Lower Threshold (gains 0 points)	Upper threshold (gains all points for indicator)	Evidence
Invitations							
1	Flags/prompts applied to patients' clinical records where individuals have not had an NHS Health Check in the last 5 years	-	-	10	No	Yes	Form from provider
2	Telephone call or face-to-face invitations (those receiving this must be selected from programme priority groups (people from most deprived quintile, people who smoke, people who are overweight and obese, people with a family history of CVD, people from minority ethnic communities, and carers).	Number of people classed as high risk of CVD who have received telephone or face-to-face invitations.	Number of eligible people invited for an NHS Health Check (counting only invitation number 1 in each five-year cycle)	16	0%	20%	Form from provider or Ardens Manager
Process							
3	NHS Health Checks delivered in extended access hours (after 6pm weekdays and/or weekend)	Number of NHS Health Checks delivered in evenings (after 6pm) and weekends/bank holidays.	Number of NHS Health Checks delivered	10	0%	15%	Form from provider
Outcomes							
4	Referrals to weight management services (must be referral not simply signposting)	Number of service users who have been referred to weight management services following an NHS Health Check	Number of completed Health Checks where the service user is eligible for a Tier 2 weight management service	12	20%	50%	Ardens Manager
5	Referrals to LA smoking cessation service (must be referral not simply signposting)	Number of service users who have been referred to smoking cessation services following an NHS Health Check	Number of completed NHS Health Checks where the service user is a current smoker	12	10%	50%	Ardens Manager
6	Percentage uptake	Number of completed Health Checks	Number of individuals receiving one or more	24	30%	60%	Ardens Manager or quarterly returns

Price

- Tariffs are: £28-35 per check. Each provider will additionally be given a fixed annual fee of £500.

- Tariffs comprise:

- £28 per check, paid quarterly

- Up to an additional 25% (up to £7 per check) to be paid annually based on achievement of quality indicators as described in the service specification Appendix A. There will be a total of 100 points available, with indicators receiving different weightings. Table 1 gives some indicative amounts for different thresholds of achievement, but providers might achieve any number between 0 and 100.

Table 1: Indicative quality payments

Quality Indicators Points Achieved	Additional Quality Payment per check	Total payment per check (including basic payment and quality indicator)
0	£0.00	£28.00
25	£1.75	£29.75
50	£3.50	£31.50
75	£5.25	£33.25
100	£7.00	£35.00

NHS Health Checks Quality Improvement Project- *Information Sheet. Theme for 26/27: Reducing inequalities*

Hampshire County Council

This first slide is to support you in completing an NHS Health Checks Quality Improvement (QI) project. This page provides essential information, evidence-based steps to help you successfully complete your Quality Improvement project.

Background- Health Inequalities:

Health inequalities refer to unfair and avoidable differences in health across the population and between different groups within society. These inequalities can affect how long people live, the health conditions they experience, and the care available to them. Factors contributing to these inequalities include;

- Socioeconomic status- individuals residing in deprived areas are more likely to experience poorer health and lower life expectancy
- Ethnicity- some ethnic minority groups face barriers such as language, cultural differences, and mistrust in healthcare systems
- Geographical location- rural or undeserved areas may have limited access to services
- Access to care- availability of appointments, transport, and digital access can all act as barriers and or facilitate opportunities

Evidence highlights, demographics most likely to benefit from attending an NHS Health check are:

- Men
- People who smoke
- People with a BMI of 25+
- Individuals who do not access health care
- Individuals with low self-efficacy and poor mental wellbeing
- Individuals from deprived localities or those with lower socio-economic status
- Ethnic minorities
- Individuals with risk factors such as a high BMI, a family history of cardiovascular disease (CVD), those who smoke and who consume alcohol
- Younger adults aged 40-60

NHS Health Checks Evidence:

Here are some evidence-based steps that can improve NHS Health Check uptake based on reviews and studies:

✓ ***Tailored invitations:***

- *Simplified invitations (text messages (SMS), SMS reminders and letters) with clear language and a personal tone to improve understanding and engagement*
- *Auto generated bookings via text message invitations*
- *Opportunistic face-to-face invitations*

✓ ***Digital and Multi-Channel Communication***

- *Use of online booking system*
- *NHS Health Check information visible on GP website and waiting room TV's and notice boards*

✓ ***Community and Outreach Approaches***

- *Targeted outreach in community settings to reach underserved populations*
- *Use of community health champions to build trust and encourage participation*
- *Integrate the programme with other local disease prevention and health improvement efforts*
- *Extend appointment times, to include evening and weekends*

✓ ***Staff training***

- *Training staff in motivational interviewing, behavioural risk factors, communicating risk and behaviour change*

✓ ***Data-Driven targeting***

- *Use of practice-level data to identify groups with low uptake or identified as high-risk (smoking, high BMI, CVD family history)*
- *Focusing interventions on these groups to reduce disparities*

What is a Quality Improvement (QI) Project?

A QI project is a structured approach used in healthcare and other sectors to make services better, safer, more efficient, and more equitable. It focuses on systematically identifying problems, testing changes, and measuring results to improve outcomes for patients and service users.

Purpose of this Quality Improvement (QI) project:

This template is designed to:

- Review current uptake data and identify gaps
- Reflect on delivery quality and patient experience
- Plan targeted actions to reduce inequalities and improve uptake and quality of NHS Heart Health Check

Support for you:

- *What is Quality Improvement? – YouTube*
- An overview of quality improvement, with Dr Mareeni Raymond - YouTube
- *Quality improvement made simple*
- Getting started with quality improvement- tool kits
- ***Please feel free to duplicate any additional slides if you run out of space, please clearly state part 1 or part 2 etc.***
- ***Please submit the QI template to hcc.hampshirehealthchecks@nhs.net by 30th April 2027***
- ***If you have any questions, please do not hesitate to get in contact***

NHS Health Checks- Quality Improvement

Theme for 26/27: Reducing inequalities

GP Practice Name:

Hampshire County Council

1. Understanding the problem- Where are we now?

Current situation: Describe current NHS Health Check uptake and identify the specific inequalities that may or may not be present and provide data to support this

2. Aim – What are we trying to accomplish?

Outline specific, measurable goals to be achieved , aims should be SMART (e.g., increase uptake by 20% among ethnic minorities within 12 months, increase uptake by 25% in men in Q3)

3. Involving Others

List the individuals/groups you will involve (HCA's, patients, practice manager, GP, nurse , champions etc) and define the roles and responsibilities of each . Detail any specific training, events, meetings that will or might take place.

4. Measures – How will we know a change is an improvement?

Describe how success will be measured (e.g., number of health checks completed, track monthly rates, appointment attendance, demographic data, patient feedback)

5a. Implementing Changes – Ideas for change	5b. Implementing Changes- Actions to Take Forward
What potential changes or ideas do you have that could lead to improvement?	*Which of the ideas from 5 a. have you decided to implement, and what specific actions will you take?*

6. Evaluating Results- What did we measure and what have we learnt?	7. Reflections-
Describe the data collected to evaluate the effectiveness of the interventions	*What hasn't worked so well? What has worked well? What do we want to keep doing that has now started?*

8. What are your future ambitions to continue to improve the uptake and quality of NHS Health Checks Delivered?

Next Steps – Future Dates

- Short (hour long) monthly online drop-in sessions for support (Dec 2026, Jan 2027, Feb 2027, March 2027). Exact Dates tbc

- Four in-person events in April 2027 for practitioners to present their work. Attendance is linked to a performance payment:

1. From week commencing 12th April 2027 tbc (including GP Practice based venue) – 3 sessions of 2.5 hours duration. Please email hcc.hampshirehealthchecks@nhs.net if you would like to host one of these sessions at your practice.
2. 19th April 2027 10am-12.30pm Chadwick, Podium Level, EII Court

Further information and details are available on the Health Check professionals resources website

Next Steps – monthly online QI support clinics

- Monthly online drop-in sessions to support for practices with their QI projects:
  - **1 December 2026** | 12:00pm to 1:00pm Register here
  - **11 January 2027** | 1:00pm to 2:00pm Register here
  - **2 February 2027** | 12:00pm to 1:00pm Register here
  - **1 March 2027** | 12:00pm to 1:00pm Register here

You can attend all or a few as you wish.

Further information and details are available on the **QI section on Hampshire NHS Health Checks professional webpage for further information)**

Frequently asked Questions 2026.11.06

Q: Can practices present their QI project as a PCN?
A: Yes. Practices within a PCN may choose to work collaboratively on a QI project and present together. However, the QI project remains a requirement of each individual NHS Health Check contract. Where a joint PCN approach is used, a single presenter may present on behalf of multiple practices, provided the presentation clearly reflects the outcomes and learning for each practice separately.

Q: If our practice only delivers NHS Health Checks at the £28 tariff and does not achieve the quality payment, will there be any clawback?
A: No. Please see Briefing Note Applying Check Programme Quality Indicators The £28 payment is the standard tariff for completed NHS Health Checks and is not subject to clawback if the quality payment is not triggered. However, practices are still expected to fulfil all contractual requirements, including undertaking a QI project as set out within the service specification.

Q: Can practices opt out of the QI project?
A: Undertaking a QI Project is an expectation. The April 2027 face to face meetings are an opportunity for practices to share QI project progress and challenges/barriers experienced to date in April 2027 (to inform their next steps). Please see Briefing Note Applying Check Programme Quality Indicators. The purpose of the QI project is to support continuous improvement in service quality, improve patient outcomes, and help reduce health inequalities across the eligible population.

Frequently asked questions

Q: Who can lead and present the QI project?
A: Practices may determine who is best placed to lead and present their QI project. However, it is expected that the individual leading the project has a good understanding of the NHS Health Check programme, the chosen improvement area, and the QI approach being used. This may be a clinician, practice manager, healthcare assistant, care coordinator, or another member of staff involved in delivering or overseeing the NHS Health Check programme.

Q: We are unlikely to achieve the 90% invitation target. Should we still complete the QI project?
A: Yes. All practices are expected to undertake a QI project regardless of their current performance against invitation targets. Practices should aim to invite all eligible patients for an NHS Health Check, with 90% representing the minimum contractual invitation threshold. Where a practice is not currently achieving the 90% target, a QI project can be an effective way to understand the barriers, test improvements, and identify actions to increase invitation rates, improve access to NHS Health Checks, and reduce health inequalities within the eligible population.

Q: We have a room that could be used to host one of the QI sessions in April. What size room is required and who should we contact?
A: We welcome offers from practices willing to host future QI sessions. A room with capacity for approximately 20 or more people would be ideal, however room sizes that can accommodate 12 would also be acceptable. If you have suitable facilities and would be interested in hosting, please contact hcc.hampshirehealthchecks@nhs.net and we can discuss the practical arrangements and session requirements.


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