

## NHS Health Check ( HC) restart options: A summary of positive and negative

areas to consider	1. current universal approach as GP delivery	2. current universal approach with simple changes	3. universal with PLUS outreach LWD
<b>simplicity</b>	simple and no disruption	minimum disruption with the simple process changes	more complex
<b>access</b>	areas of need less supported	potential to improve access	potential high in and higher coverage communities
<b>cost</b>	low cost concern from providers	increased cost to us with 3 levels of delivery payments	higher cost to: mobilise LWD for service
<b>equity</b>	less as access opportunity may vary	improved through targeted invites to communities	much improved communities with
<b>mobilisation</b>	easy	easy with communication to providers, will not solve current staffing crisis	will take longer possible
<b>visibility</b>	improved with a launch campaign	improved with a launch campaign	high visibility with campaign and L
<b>scale</b>	lower	improved as simple changes may reduce non attenders	much improved outreach service
<b>procurement</b>	none	easy changes to the specification	in house changes and easy changes for primary care
<b>data collection</b>	acceptable	acceptable	acceptable to nationally. Some enable outreach uploaded to GP
<b>governance/ delivery assurance</b>	acceptable to monitor and report nationally	acceptable to monitor and report nationally	need to develop for LWD and go supervision and processes , but

<b>access to behaviour change ( LWD)</b>	varied via referrals	stronger links to LWD post HC	very strong
<b>one stop approach</b>	yes plus referral to LWD	yes plus referral to LWD	yes

ative aspects of each option		
h simple changes delivery using	<b>4. digital self serve universal offer with targeted health check appointments</b>	<b>5. mixed offer for providers to choose their approach</b>
to do but possible	complex with a new model to design with self serve tools and signposting pathways for elements of the HC or self tests	comprehensive with high choice but complex design and monitoring and governance
ncrease in access verage in key	easy access for universal offer as online. Idea to improve access for higher risk groups who will be invited	flexible and potential to be higher
staff, train and or an effective	increased cost to provider for targeted , low cost digital post set up costs which will be higher and on going maintenance will be needed	high set up and maintenance if all models are designed and put on offer
l access to the ho would benefit	improved through targeted invites , survey had little support for digital	may increase health inequalities of offer not equitable across the area
r to mobilise but	complex and will take longer with a new model to design and best practice for digital offers to source	complex and will take time
ith a launch .WD engagement	improved with a launch campaign	effective campaign required to ensure people know where to go
l with LWD as an e	high scale and will save HC appointments for those that need it	potential as choice
es to LWD services es in specification e	yes	yes
onitor and report e more work to h data to be ' records from LWD	acceptable for targeted appointments , will have to be designed for digital, possible self input procedure	acceptable for some areas complex for others
p delivery pathways overnance, l delivery assurance possible	acceptable governance arrangements to be designed . No guaranteed assurance of full digital data input as a self serve model	complex and will take time

	on line self serve, or self referral to LWD	a mix of each model re access to LWD
	yes if all online plus referrals to LWD	mix with choice