SCHEDULE A SERVICE SPECIFICATIONS

Service Specification No.	
Service	**NHS Health Checks**
Authority Lead	**Sian Davies**
Provider Lead	**Multiple Providers**
Contract Period	**1st April 2019 to 31st March 2024 (With an option to extend for a period of up to a maximum of 2 years)**
Date of Review	

NOTE: unless the context requires otherwise, the use of terms with capitals shall have the same meaning as defined in the Contract

1. Population Needs

1.1 National/local context and evidence base

The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups.

Modelling shows that the NHS Health Checks, and the subsequent appropriate management of risk, could prevent 1,600 heart attacks and strokes a year nationally, saving at least 650 lives each year. Furthermore, the programme could prevent over 4,000 people a year from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier, allowing individuals to be better managed and improve their quality of life.

Cardiovascular disease (CVD) is one of the conditions most strongly associated with health inequalities, with death from CVD three times higher amongst people in the most deprived communities compared to those that are in the most affluent. The NHS Health Check offers an opportunity to tackle the gap in life expectancy between deprived and less deprived populations.

From 2019, the service aims to build on the achievement of the programme so far by increasing the proportion of people from at risk or vulnerable groups taking up the NHS Health Check. There will be an emphasis on the outputs of the NHS Health Check in order to maximise the programme's effectiveness in reducing the risk of and preventing the development of CVD and other health conditions.

A Health Equity Audit (HEA) using Hampshire data found that those most at risk, generally, are not taking advantage of the NHS Health Check offer. It found that eligible patients who were physically inactive, obese, smokers or lived in the areas of greatest deprivation were significantly less likely to attend an NHS Health Check. Consequently, these at risk groups are not benefitting from the health checks.

The HEA analysis also identified issues around data integrity. For most criteria around a quarter of the data was missing with the only exceptions being gender and age. Therefore we are unable to fully measure the impact of the NHS Health Check on our population.

2. Hampshire County Council (HCC) Corporate Aims and Key Service Outcomes

2.1 Local Strategic Aims & Priorities

Local authorities have a legal duty to make arrangements for everyone aged 40-74 to be offered an NHS Health Check once in every five years and for them to be recalled for another check every five years, while they remain eligible. In order to maximise health gains from the NHS Health Check, the service will focus on those at higher risk of CVD and associated morbidity and mortality.

2.2 Hampshire County Council Strategic Aims

The NHS Health Check will assist in delivering Outcome 2 of Hampshire County Council's Strategic Aims.- People in Hampshire live safe, healthy and independent lives. Identifying individuals at risk will prevent illness thus protecting the residents of Hampshire from avoidable ill health and dependency. By aiming to invite 100% of the eligible population over a five year period, those Hampshire residents will have the opportunity to attend an NHS Health Check to maximise their health and wellbeing.

3. Sustainability, Equalities, Social Value and Other Impacts

Sustainability: Legal requirements exist for local authorities to make arrangements to invite and deliver defined elements of the NHS Health Check. By providing the service through primary care, the outcomes from the NHS Health Check remain on the patient clinical record.

Equalities: Within the service being proposed there will be positive impacts for people with disabilities or who are from ethnic minority groups: the focus on people considered 'at risk' should increase uptake by patients from these groups and thus allow them to benefit from any necessary interventions.

Social value: Reducing the impact of CVD on morbidity and mortality will enhance the quality of life for people most at risk of CVD. This will also have a positive impact on local health services and the wider economy.

4. Scope

4.1 Aims and objectives of service

Aim: Reduce morbidity and mortality from CVD in Hampshire

Objective 1**.** Help people live longer, healthier lives by:

- Reducing the risk and incidence of heart attacks and strokes, type 2 diabetes and and chronic kidney disease other associated diseases,
- Detecting CVD, chronic kidney disease and type 2 diabetes earlier, enabling people to access lifestyle support and clinical interventions earlier so that health outcomes improve
- Raising awareness of dementia

Objective 2. Reduce health inequalities – including socio-economic, ethnic and gender inequalities that result from CVD by:

- Increasing uptake by those most at risk, based on; living in the most deprived communities (Office for National Statistics Lower Level Super Output Area), current smokers, BMI of 30 or above, family history of CHD and ethnicity
- Providing appropriate clinical advice and interventions to patients
- Increasing brief advice and referrals to risk management interventions where appropriate

Objective 3. Improve the quality of, and outcomes from the NHS Health Check by:

- Paying providers for the output of the NHS Health Check rather than only the process itself
- Providing patients with their health risks and CVD risk score upon completion of a full NHS Health Check
- Providing a high quality service, including using evidence based models of behaviour change
- Improved data recording and reporting

4.2 Service description/pathway

This service will offer the NHS Health Check to the eligible population with a focus on targeting the eligible population from the most deprived communities in Hampshire and those with the greatest health risk.

4.2.1 Identifying and inviting eligible individuals – call and recall

The provider will set up a call and recall system in order to invite one fifth of the eligible population every year. In order to do this an eligible patient list should be generated monthly. The generated list should include all eligible patients having their 40th, 45th, 50th, 55th, 60th, 65th or 70th birthdays in the relevant month or 5th anniversary since their last NHS Health Check. **[NEW REQUIREMENT]**

Providers are encouraged to use a query developed by the NHS South, Central and West Commissioning Support Unit (CSU) in order to generate the invitation list. The query will generate a list of the eligible population. A subset of the list will have patients who have one or more of the 'at risk' factors listed in paragraph 4.5 on their clinical record. This subset of 'at-risk' eligible patients are those patients for whom the delivery of the NHS Health Check will attract a higher payment.

Details of the query, relevant codes and technical specification will be provided, once available, on the Hampshire County Council (HCC) HCC website using the following link Public Health practitioner resources | Hantsweb. Support can be requested from the CSU facilitators. Each practice that signs up to the service specification will need to commit to inviting eligible patients in accordance with the requirements described.

Providers are expected to invite the eligible patients on a monthly basis. The provider can decide on the best way to invite the eligible population. An invitation can be made via letter, e-mail, text or phone call. A record of the invitation must be made on the patient's clinical record to facilitate the call/recall process and meet national reporting requirements. Where numbers are likely to be small, practices can reduce the frequency of list generation and invitation but must ensure one-fifth of all eligible patients are invited in each financial year. **[NEW REQUIREMENT]**

Whilst providers are not required to send reminders to non-high risk patients as part of this service, evidence does suggest they improve uptake. See Appendix 1 for an algorithm of the invitation process. **[NEW REQUIREMENT]**

For patients in the 'at-risk' list, providers are expected to focus on increasing uptake of the NHS Health Check in this group. Providers should make at least two contacts by e-mail, text message, letter or phone call. Practices are encouraged to put notifications on the clinical record to encourage opportunistic invitation for the NHS Health Check whilst patients are visiting the practice for other

reasons. **[NEW REQUIREMENT]**

As part of the first invitation, providers are expected to provide a copy of, or an electronic link to, the NHS Health Check leaflet in order that patients can make an informed decision about attendance. The electronic PDF can be found here: https://www.healthcheck.nhs.uk/commissioners_and_providers/marketing/leaflets/ Hard copies can be ordered from here https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf **[NEW REQUIREMENT]**

Practices are able to deliver opportunistic Health Checks for the eligible population. Where no invitation has been made in the previous five years, then the invitation should be recorded on the clinical record.

A useful guide Top Tips for Increasing the Uptake of NHS Health Checks (Aug 2016) is available here. Key points are using the national template letter; using text message primers and reminders; using computer prompts to staff; using behaviourally informed messaging; using targeted telephone outreach; using GP TV and local evidence of what works and adapting the invitation process accordingly.

4.2.2 Performing the NHS Health Check - Assessment

The NHS Health Check should be delivered face to face and be at least 20 minutes in duration. All staff who carry out an NHS Health Check must be appropriately trained, qualified and receive relevant clinical supervision in accordance with section 6.4. Practitioners delivering the NHS Health Check should be familiar with and understand the purpose of the programme and pathways through the programme as detailed in Appendix 2.

For the NHS Health Check assessment, the following demographic and patient level data is required to be recorded as part of the NHS Health Check.

- Gender
- Smoking status
- Family history of coronary heart disease in a first degree relative under 60 years
- Ethnicity
- Body Mass Index (BMI) with waist measurement **[NEW REQUIREMENT]**
- Pulse check and blood pressure
- Random blood cholesterol measurement
- Physical activity level; as categorised using the General Practitioner Physical Activity Questionnaire (GPPAQ)
- Alcohol use disorders identification test (AUDIT-C and AUDIT) score
- Diabetes risk assessment
- Cardiovascular risk score

4.2.3 Performing the NHS Health Check - Risk Awareness - calculating and communicating CVD risk

The individual having an NHS Health Check should be offered and given the results of their BMI, cholesterol level, blood pressure and alcohol AUDIT score as well as their cardiovascular risk score over 10 years.

All patients receiving the NHS Health Check must receive risk reduction messaging for dementia and ways to modify risks, and be signposted to memory services if this is appropriate. **[NEW NATIONAL REQUIREMENT]**

In order to calculate CVD risk, providers must use a validated risk assessment tool. Providers should be aware of the information requirements for the risk assessment tool. Most clinical systems already have an embedded CVD risk assessment tool. Where clinical systems do not, providers should use

the most up to date Q-RISK: http://www.qrisk.org/.

Classification of estimated risk **–** Patients will be in one of the following categories.

Low risk: 0-9% - Less than a 1 in 10 chance of developing a CVD within 10 years; they are likely to need advice, feedback and help with maintaining current health status.

Moderate risk: 10-19% - Between 1 in 10, to a 2 in 10 chance of developing a CVD within the next 10 years; people who are found to be at moderate risk should be given lifestyle advice and offered and referred, where appropriate, to interventions such as stop smoking or weight management. Where lifestyle modification has been ineffective or is inappropriate, people should be offered statin therapy for the primary prevention of CVD.

High risk: 20% or more - 2 in 10 chance or more of developing a CVD within the next 10 years. In addition to the above, people who are found to be at high risk or where a pre-existing disease is suspected or identified should be referred to their GP for management including being offered statin therapy for primary prevention of CVD. People who are found to have an estimated CVD risk of ≥20% will exit the call and recall system and must be commenced on 'high risk annual reviews'. This means they will not be offered/have an NHS Health Check again.

Providers should communicate CVD risk verbally and reinforce this with an electronic or hard copy summary of the findings of the health check either through the practice electronic system or as recommended / supplied by the commissioner.

4.2.4 Risk management – clinical risk

Patients should be offered individually tailored management programmes, with appropriate advice, support and interventions depending on the level of risk identified. The risk communicator found at http://www.qrisk.org/ can be used in conjunction with written materials. Appendix 3 gives details of expected actions from the NHS Health Check Programme: Best Practice Guidance (see 5.1).

Patients found to have raised blood pressure, raised total cholesterol, raised HbA1c / fasting blood glucose levels or a CVD risk score of ≥20% should be referred to a suitably qualified clinician for clinical diagnosis and management. Appropriate clinical follow up is listed in section 6.6.2. The referral needs to be recorded on the patient's clinical record.

4.2.5 Risk management – lifestyle risk factors

Communication of the result of the NHS Health Check should include discussion and signposting/referral to support the individual to change lifestyle risk factors. The NHS Health Check is an ideal opportunity to explore patients' priorities and use brief advice, brief interventions and motivational interviewing techniques to identify goals and actions.

Signposting / referral should be to local services where they are available and to appropriate online resources. Discussion with signposting and referral where appropriate is expected for patients who: are a current smoker, have a BMI >25, are at higher risk or high risk on the AUDIT score, or who are inactive. This list is not exhaustive, and advice should be tailored for the patient (see Appendix 3 for further information on local services and digital resources). Staff delivering the NHS Health Check should be aware of the service available and how to signpost or refer. Advice and signposting / referral needs to be recorded on the patient's clinical record.

4.3 Population covered

NHS Health Checks are for Hampshire's residents that meet the criteria below.

4.4 Acceptance and exclusion criteria and thresholds

Included patients will be those who:

- Are county of Hampshire residents aged 40-74
- Do not have any of the exclusion criteria.

The following patients are excluded:

- Patients who have had an NHS Health Check within the last five years.
- Patients who have previously had an NHS Health Check or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing CVD over the next ten years.

People with previously diagnosed vascular disease or who meet any of the criteria set out below are ineligible for the programme:

- Coronary heart disease
- Chronic kidney disease (CKD) which has been classified as stage 3,4 or 5
- Diabetes
- Hypertension
- Atrial fibrillation
- Stroke /Transient ischaemic attack
- Hypercholesterolemia
- Heart failure
- Peripheral arterial disease
- Those prescribed statins

4.5 Criteria for patients at higher risk [NEW REQUIREMENT]

A pricing incentive is in place to encourage uptake from people living in more deprived areas/at risk groups. This will be paid to GP practices when a full NHS Health Check has been completed for patients who, at the time of invitation, fall into one or more of the following criteria:

- Residing in the highest quintile of deprivation (an excel postcode look up will be provided)
- Current smoker (clinical record)
- BMI =/>30 (clinical record)
- Family History of premature Coronary Heart Disease in first degree relative <60 (clinical record)
- Ethnicity – not in White British / White Other ethnic group (clinical record)

Patients who have risk factors identified during the health check will not attract a higher payment. They will be included in the high risk category when eligible for their next invitation. If the patient is found to no longer have one or more of the criteria stated above during the NHS Health Check, the provider is still able to claim for the ‘at-risk’ price.

The criteria will be reviewed on an annual basis, and may be subject to change.

4.6 Interdependencies with other services

As part of the development of primary care practices working together, practices may wish to consider providing the NHS Health Check through GP Federations, or using a lead provider model. HCC must give written permission for sub-contracting. HCC expects information governance, patient pathways, indemnity arrangements and clear access to the patient record in place. Where this is the case, HCC will allow these arrangements to take place and supports the principle of collaboration for service delivery. **[NEW REQUIREMENT]**

4.6.1 Transfer of data from providers back to the GP practice

When patients attend NHS Health Checks not provided by their GP, there are two data flows back to the GP:

1. The GP must be notified who has had an NHS Health Check. This should be SNOMED coded in the GP clinical system to enable later reporting about the uptake of NHS Health Checks and managing call/recall.
2. Clinical information about the NHS Health Check should be returned to the GP as required by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Patient consent is not required for this data flow as it is a legal requirement, but the patient should be informed that such data will be returned to the GP.

4.6.2 Additional testing and clinical follow-up

The NHS Health Check programme is primarily a public health programme aimed at preventing disease. It will also identify individuals who are living with undiagnosed disease or who are at high risk of developing disease and therefore require some additional clinical testing and follow-up. There is a need for different parts of the system to work closely together to ensure this happens. Additional testing and clinical follow-up is likely to be undertaken by a GP practice team. Please see the NHS Health Check Best Practice Guidance and other relevant national clinical guidelines (Section 5.1).

4.7 Provider Premises

The NHS Health Check will take place in a private consultation room or area. The provider will conform to the national standards and quality objectives of the NHS and infection control policies when carrying out NHS Health Checks.

4.8 Days/Hours of Operation

Residents will be offered an NHS Health Check within one month of requesting an appointment. Each patient will require a random cholesterol test. The cholesterol test is required before the NHS Health Check, unless there is record of a test within the previous 180 days. Practices should note the requirements of their CVD risk score calculator.

The service will be expected to be available at suitable times in order to maximise uptake, offering NHS Health Checks on evenings and weekends is a good way to enable this. See also Top Tips for Increasing the Uptake of NHS Health Checks (Aug 2016): National guidance and section 4.2 above.

4.9 Public Health Planning

HCC may review elements of the Service Specification in accordance with changes to NHS service provision, Public Health delivery plans and changes to national requirements.

5. Applicable Service Standards

5.1 Applicable National Standards

It is a requirement that best practice guidance is followed at all times. Providers who perform NHS Health Checks will ensure their service is underpinned by the values and principles detailed in the following documents.

- NHS Health Check Programme: Best Practice Guidance (Dec 2017) - National guidance
- NHS Health Check Information Governance and Data Flows (Oct 2016) - National guidance

- NHS Health Check Programme Standards: a framework for quality improvement (Dec 2017) - National guidance
- NHS Health Check competence framework (Mar 2015) - National guidance

The following guidance may also be useful in performing the NHS Health Checks:

- The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management. (UK National Screening Committee, 2012). Should be used in conjunction with the original (2008) News > UPDATED - The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management - NHS Health Check
- Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence – CG115 (NICE, Feb 2011). - https://www.nice.org.uk/guidance/cg115
- Dementia awareness component for 65-74 year olds - What is an NHS Health Check - NHS Choices
- Atrial fibrillation: management - CG180 (NICE, Aug 2014). - Atrial fibrillation: management | Guidance and guidelines | NICE
- Cardiovascular disease: risk assessment and reduction, including lipid modification – CG181 (NICE, Sept 2016) - Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance and guidelines | NICE

6. Quality Standards, Performance Measures

6.1 Quality Standards

Public Health England (PHE) has developed quality assurance requirements: National guidance. This document sets out the responsibilities of providers. These include:

- To achieve a high standard of care, review and risk assess local pathways against national guidance and standards
- Work with commissioners to develop, implement and maintain appropriate risk reduction measures
- Provide agreed performance data and evidence of quality to the commissioner at agreed intervals
- Review implementation routinely, through audit and ensure appropriate staff training for delivery of the programme. To audit practice, the service should seek the views of patients who attend for an NHS Health Check; asking their experience of, and satisfaction with the NHS Health Check together with suggestions for service improvement
- Ensure appropriate links are made with internal governance arrangements, such as risk registers
- Must ensure they meet the Equality Act 2010 requirements by ensuring reasonable adjustments are made for everyone but specifically in respect of those who share one of the nine protected characteristics. Community venues need to be fit for purpose and have the equipment needed to conduct an NHS Health Check.

All providers carrying out NHS Health Checks should adhere to these quality standards. The standards may be updated by PHE at any time. Accordingly, HCC specifically reserves the right to amend the contract and service specification without agreement to incorporate the updated quality assurance requirements. For the avoidance of doubt this could include Quality Outcome Indicators including any financial consequences. HCC will discuss any new quality assurance where it is reasonably able to before implementing any Variation and will also ask providers to audit against them if necessary.

6.1.2 Delivery of the NHS Health Check

The Provider will have adequate mechanisms and facilities including premises and equipment in place to enable proper provision of the service. The provider should be able to guarantee an adequate and stable workforce at all times to meet the potential demand. The provider should notify the commissioner if residents cannot be offered an NHS Health Check within one month due to workforce or other issues.

6.1.3 Staffing

The Provider will:

- Ensure that the Hepatitis B status of all staff involved in blood collection is recorded and uptake of immunisation is recommended if required in accordance with national guidance.
- Employ and manage suitable practitioners to deliver the service:
    - All practitioners have the required competence, acquired by either online or face to face training, for each aspect of the NHS Health Check.
    - All personnel providing the service are competent to provide those aspects of the service for which they are responsible and keep their skills up to date. If requested by commissioner providers should be able to provide evidence that staff undertaking the health check have the relevant experience and qualifications
    - Identify and provide any reasonable training and development to the practitioner

    - Ensure practitioners have regular clinical supervision to assess the quality of the service they are delivering
    - Carry out an assessment of both its staff and the services to ensure that it undertakes Disclosure and Barring Service checks where it considers that it should do so.
    - Conform to the national standards and quality objectives of the NHS and their local infection control policies when carrying out NHS Health Checks.

6.1.4 Equipment

Providers will take internal quality assurance tests for point of care testing equipment where appropriate. All equipment used as part of the service must be cleaned, calibrated and serviced as advised by the manufacturer with appropriate protocols in place. See Appendix 4 for further requirements on Point of Care Testing.

The following equipment will need to be made available by the provider at its own cost:

- Weighing scales
- Height measurer
- Electronic blood pressure monitoring machine/sphygmomanometer
- Stethoscope
- Cholesterol near patient testing equipment or phlebotomy cholesterol testing

Each provider will need to have access to a clinical waste disposal service. The service provider will allocate a safe place to store equipment required for the provision of the service and the resultant clinical waste. Service providers should ensure that all sharps and waste are disposed of appropriately, following their own Standard Operating Procedures (SOPs).

Providers must ensure that staff are aware of the risks associated with the handling of clinical waste and the correct procedures to be used to minimise those risks. SOPs for needle stick injury and the handling of clinical waste (including dealing with spillages) must be in place.

6.2 Clinical Governance

Clinical governance is an established system in the NHS and the independent healthcare sector to deliver and demonstrate that quality and safety of its services are of a high standard that is continually improving.

The commissioner is committed to improving the quality of clinical interventions through a systematic approach. The provider and individual clinicians have to take account of both formal and informal clinical governance structures.

The provider and service should abide by local and national arrangements for clinical governance and reporting of incidences. A clinical governance framework should be developed by the provider.

Where a premises receives a CQC rating or "required improvement" or "inadequate" they will contact the authority lead named in this specification/ the representative of the Council as set out in clause A.29 within 7 days. The provider will then be expected to provide an action plan within 21 days of originally contacting the Council. This will be in line with clause B.15 of the Open Framework.

6.3 Serious incidents

The provider will have policies in place with respect to governance, reporting mechanisms and responsibilities, investigation, learning and dissemination of information about serious incidents. Serious Incidents are:

"*Adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Providers are responsible for the safety of their patients, visitors and others using their services, and must ensure robust systems are in place for recognising, reporting, investigating and responding to Serious Incidents and for arranging and resourcing investigations." NHS England Serious Incident Framework, 2015.*

Serious incidents requiring investigation are:

- Unexpected or avoidable death of one or more service users or staff, visitors or members of the public.
- Serious harm to one or more service users or staff, visitors or members of the public where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm.
- A scenario that prevents or threatens to prevent the Service Provider's ability to continue to deliver substance misuse services, for example, actual or potential.
- National Patient Safety Agency (2010), National Framework for Reporting and Learning form Serious Incidents Requiring Investigation.
- Loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.
- Allegations of abuse.
- Adverse media coverage or public concern about the provider organisation.
- Serious incidents involving controlled drugs.
- Breach of information security and/or disclosure of personal information when consent has specifically been withdrawn.

The service provider must comply with HCCs requirements for serious incident management and reporting and adhere to the Public Health Standard Operating Procedure (SOP) for Serious Incidents Requiring Investigation (SIRI). The provider must ensure that all serious incidents are reported to HCC using the relevant reporting mechanism that can be given to providers as required. The provider will inform HCC within 24 working hours of an incident taking place.

The provider must attend relevant meetings as required by HCC. The outcome of serious incident investigations should inform the provider's improvement programmes if they are highlighted and evidence of these improvements should be provided to HCC. Serious incidences where appropriate should be reported onto the Strategic Executive Information System (STEIS), NHS England's web-based serious incident management system.

The provider should address the recommendations from all individual learning reviews and inspections.

6.4 Training

All persons providing NHS Health Checks directly to patients must be appropriately trained in order to meet the requirements of this service specification. This training should include clinical skills, risk communication and brief intervention. On line training can be accessed at: Training All personnel delivering NHS Health Checks must receive core NHS Health Checks training, either online or face to face every two years.

In addition, all persons delivering NHS Health Checks must receive training within two years of commencement of the contract in Making Every Contact Count (MECC) or healthy conversations or delivery of brief interventions in primary care. This enables the opportunistic delivery of consistent and concise healthy lifestyle information to individuals at scale. **[NEW REQUIREMENT]**

Face to face and e-learning for Making Every Contact Count and other behavioural intervention training is provided by Health Education England (Wessex) see http://www.wessexphnetwork.org.uk/mecc/making-every-contact-count-train-the-trainer-programme.aspx and http://www.wessexphnetwork.org.uk/mecc/making-every-contact-count-elearning.aspx

Other recommended training includes:

Training on the dementia component: http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/

Let's talk about weight resources about brief interventions for health care professionals https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions

Very brief advice on smoking e-learning http://www.ncsct.co.uk/publication_very-brief-advice.php

Alcohol identification and brief advice for primary care e-learning http://www.ncsct.co.uk/publication_very-brief-advice.php

All providers of the NHS Health Check should refer to the NHS Health Check Competence framework (June 2014), which can be found here: Managing Your Programme - Quality Assurance - NHS Health Check This document describes the Core Competences and Technical Competences required to carry out an NHS Health Check. It also refers to the Code of Conduct and the Care Certificate that all people carrying out an NHS Health Check should aspire to. This document makes use of National Occupational Standards (NOS).

A record of training completed by personnel delivering the NHS Health Check should be kept for auditing purposes. **[NEW REQUIREMENT]**

6.5 National Key Performance Indicators for Monitoring

The two main data flows for the programme are aggregated data on the number of NHS Health Checks offered and the number of NHS Health Checks received and data extraction from GP practice clinical systems for national and local monitoring, evaluation and quality assurance of the NHS Health Check. Providers must ensure compliance with the General Data Protection Regulation (2018).

Local authorities have a statutory duty to provide information on the number of NHS Health Checks offered and received on a quarterly basis to Public Health England.

All NHS Health Check providers need to use the national information standard for NHS Health Check, which details the agreed dataset to be collated, extracted and periodically submitted for secondary

reporting. NHS England, on behalf of Public Health England has extracted data on the NHS Health Check in June 2018 using the General Practice Extraction Service, with national reporting expected in 2019.

Practices must record the NHS Health Check data set using the SNOMED codes provided onto the GP's clinical system and as detailed in the NHS Digital Business Rules for NHS Health Checks. https://digital.nhs.uk/services/general-practice-gp-collections/service-information/nhs-health-checks-business-rules

6.6 Local Key Performance Indicators for payment and programme monitoring

The local KPIs will be used for payment for the NHS Health Check and for monitoring the quality and outcomes of the programme. The KPIs in 6.6.1 and 6.6.2 will be reported to HCC using a single extraction on a quarterly basis. The report will consist of summary aggregate data (6.6.1) and anonymised line list (6.6.2).

The NHS Health Check self-report is to be provided quarterly to monitor activity and to authorise payment. Providers will need to submit a reporting template with details of the KPIs listed in 6.6.1 and 6.6.2. A template will be provided to assist with extraction and reporting. Providers will be informed of the relevant read codes for completion of the findings and outputs of the NHS Health Check.

The reporting template will be emailed to Providers no more than ten working days after the quarterly period ends. These need to be completed and returned to: hcc.hampshirehealthchecks@nhs.net no more 30 working days after the quarterly period ends. Any payments will be conditional upon receipt of the report and evidence of outcomes following the NHS Health Check in 90% of records.

6.6.1 Invitation [NEW REQUIREMENT]

1. The number of eligible people invited for an NHS Health Check (general invite process)
    a. Number of eligible people invited in the non at-risk group
    b. Number of eligible people invited in the at risk group
2. Number of people receiving a health check*
    a. Number of people receiving a health check in the non at-risk group
    b. Number of people receiving a health check in the at risk group

* This can include patients who have been offered and received a health check opportunistically. These are patients that did not receive an invitation within the quarter but nevertheless are eligible for the NHS Health Check as detailed in section 4.4 and received a health check in the reporting period.

6.6.2 Results and outcomes from the NHS Health Check

Payment for the NHS Health Check will be dependent on evidence from the clinical record that findings have been followed up with appropriate action. The list of outputs is not exhaustive and does not cover all the follow-up and outcomes required from the NHS Health Check. Where applicable the actions are based on the NHS Digital business rules clusters and align with primary care clinical record read codes. These are subject to modification and change following initial implementation. **[NEW REQUIREMENT]**

Result	Parameter	Action
Gender, age at NHS Health Check, postcode	Demographic information only	

CVD risk category	20% or more	GP follow-up recommended and/or CVD risk register
CVD risk category	10% or more	General information on lifestyle
Total Cholesterol	>7.5mmol	GP follow-up recommended
Blood pressure	>140/90mmHg OR SPD>140mmHg OR DBP > 90mmHG	Assessment for hypertension
Diabetes	Q Diabetes >5.6 Cambridge diabetes risk score >0.2 Leicester practice risk score >4.8 Leicester risk assessment score is =/> 16	Fasting plasma glucose test OR Assessment for Diabetes OR HbA1c
Smoking status	Current smoker	Advice, signposting or information on smoking OR Support and refer Stop Smoking Service/Advisor
BMI	30 or more	Advice, signposting or information on weight management OR Referral regarding weight management
Alcohol Audit Score	20+ or more OR units > 35 per week	Advice, information and any brief intervention given on alcohol usage OR Referral regarding alcohol usage
Physical activity	GPPAQ assessment of physical activity codes Inactive / Moderately inactive / Moderately active	Advice, signposting or information on physical activity OR Referral regarding physical activity

6.6.3 Annual Audit of outcomes of the NHS Health Check

Practices will be required to provide annual anonymised data on patients who have received an NHS Health Check and the outputs and outcomes thereof. Data required will include those detailed above with the addition of fields from the NHS Health Checks Business Rules. **[NEW REQUIREMENT]**

https://digital.nhs.uk/services/general-practice-gp-collections/service-information/nhs-health-checks-business-rules

7. Price

Payments for completed NHS Health Checks will be made based on receipt of validated reports showing numbers of standard NHS Health Checks and numbers of NHS Health Checks for patients who, at the time of invitation, were in 'at risk' categories.

The Charge for the NHS Health Check is **£26.00** per NHS Health Check completed and subject to receipt of a valid NHS Health Check Self-Report, which must include a CVD risk score for every patient and evidence of outputs from risk management as detailed in 6.6.1 and 6.6.2 above.

The Charge for the completion and reporting of outcomes from the NHS Health Check for higher risk individuals as specified in 4.5 is **£33.00** per NHS Health Check completed and subject to receipt of a valid NHS Health Check Self-Report, which must include a CVD risk score for every patient and indication of outcomes from risk management.

A tolerance of 10% will be allowed for each provider for missing data fields for the recording of the outputs of the NHS Health Check.

There is no upper or lower threshold to achieve by the Provider save those set out in section 4. However, HCC has the option to set activity thresholds. In addition, the above charges may be subject to change due to any future affordability constraints.

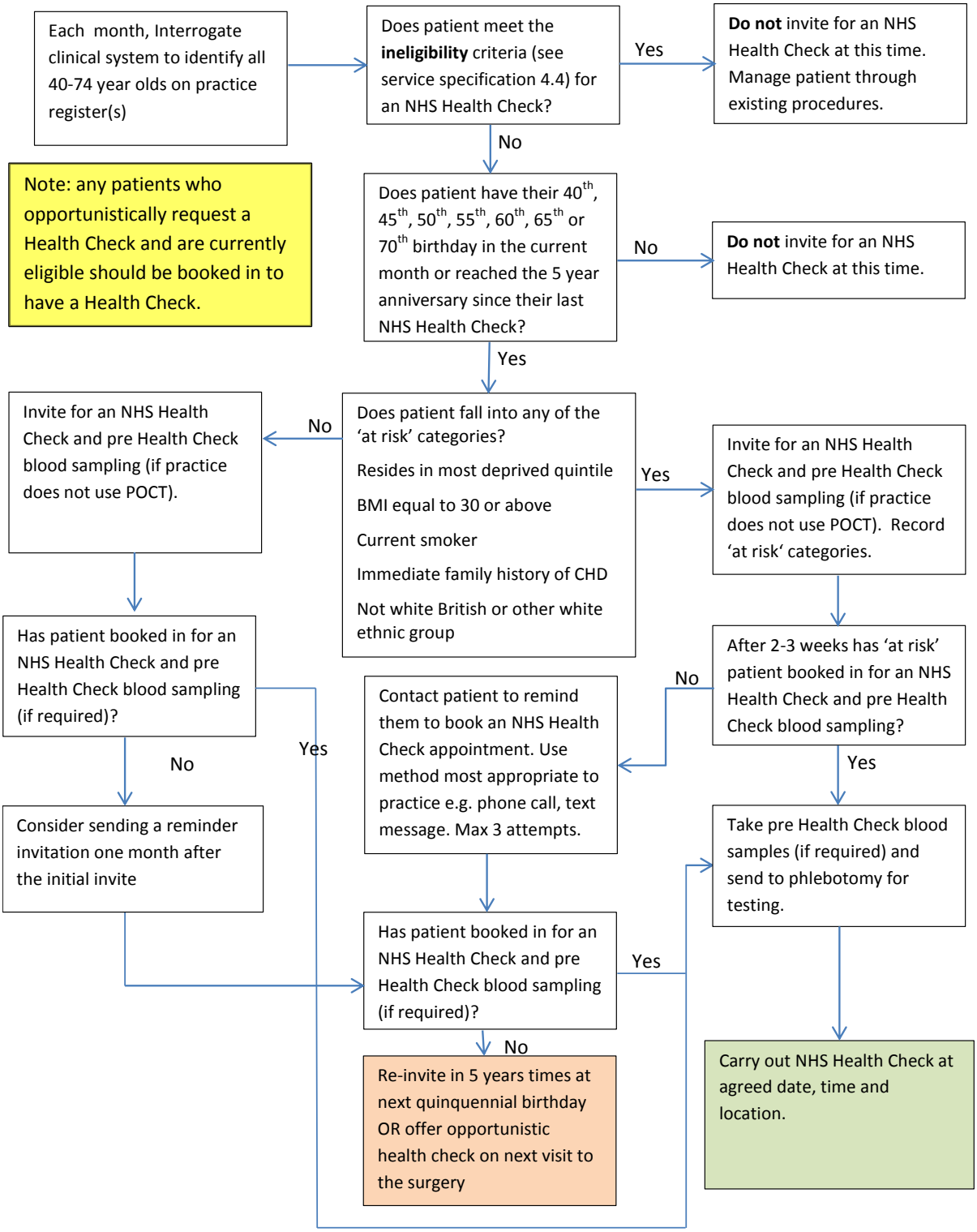
Where the uptake of the NHS Health Check is below 30% of those invited, HCC may ask the provider for a remedial action plan to improve uptake.

Excluded costs
The following costs associated with the provision of the service will be excluded from this price and as part of the Charge:

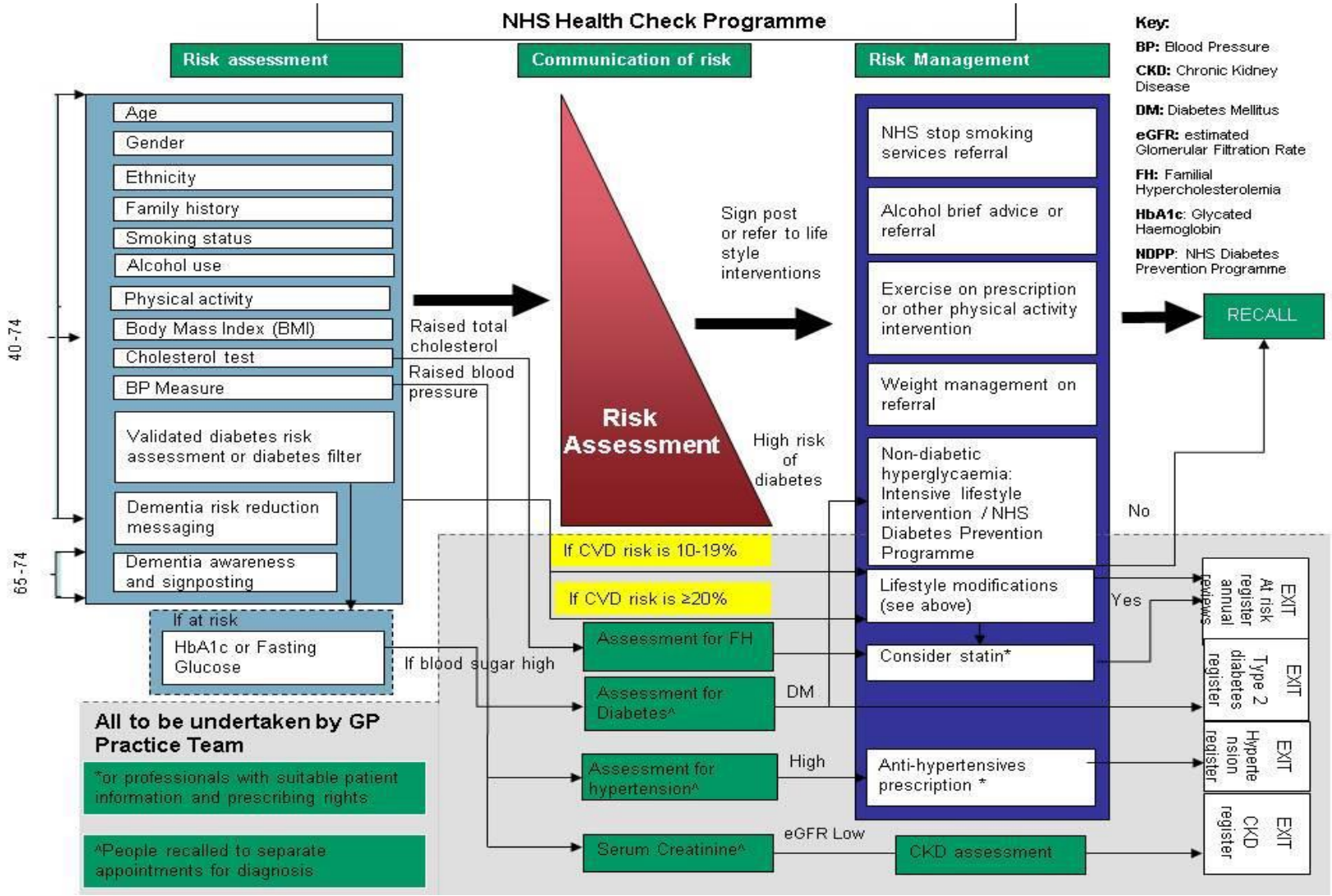
a. The cost of any drugs.
b. The cost of phlebotomy or POCT equipment or any other activity.
c. The cost of any materials/equipment that are used for the NHS Health Check.

Appendix 1: Invitation process

1. **Monthly Invite Process**



Appendix 2: Overview of the NHS Health Check vascular risk assessment and management programme



Appendix 3 Summary of recommended actions arising from the health check*

Clinical results

Health Check result	Initial Action	Further action
CVD risk score >10%	Management of risk including lifestyle advice and offer and referral where appropriate, to interventions such as stop smoking or weight management.	Where lifestyle modification has been ineffective or is inappropriate, people should be offered statin therapy for the primary prevention of CVD.
CVD risk score >20%	Management of risk as above plus GP referral for management including offer of statin therapy for primary prevention of CVD.	Patient to exit the call and recall system and commenced on 'high risk annual reviews'.
Blood pressure is >140/90mmHg OR SPD>140mmHg OR DBP > 90mmHG	Arrange in practice for further assessment for hypertension	If hypertension is diagnosed treat and add to hypertension register GP assessment for chronic kidney disease required (serum creatinine and calculation of eGFR)
Total cholesterol = / >7.5mmol/l	Further assessment by GP for familial hypercholesterolaemia	If appropriate refer to Refer to Wessex Familial Hypercholesterolaemia Service http://www.uhs.nhs.uk/OurServices/Genetics/Meet-the-team/General-genetics-team.aspx
At higher risk of diabetes Q Diabetes >5.6 Cambridge diabetes risk score>0.2 Leicester practice risk score>4.8 Leicester risk assessment score is =/> 16	Patient requires testing for diabetes (non-fasting HbA1c)	Follow up as detailed below
HbA1c =/>42mmol/mol OR FGT =/>5.5 mmol/l	Assess for non-diabetic hyperglycaemia Assess for diabetes diagnosis	For NDH: Intensive lifestyle advice and offer of referral to National Diabetes Prevention Programme (referral embedded in clinical system) For diabetes diagnosis: Appropriate clinical treatment and lifestyle advice. Inclusion on the diabetes register

Lifestyle risks

Health Check result	Action
Current smoker	Assess readiness to change. The most effective way for smokers to quit is to use a specialist service. If smokers are not ready to quit, offer help in the future. Refer to specialist stop smoking service (Forms on DXS) or / http://www.quit4life.nhs.uk/health-professionals/ and E-mail to quit4life@nhs.net or call 0845 602 4663 or 01252 335120 If smokers want to quit on their own signpost to NHS Choices quit smoking page https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/
BMI = or >25 and <30	Assess readiness to change and ask about lifestyles changes the patient is ready to make. Offer advice and signpost to POWeR a locally developed online weight management programme My Intervention :: homepage
BMI 30 or more BMI =/>27 Black and minority ethnic group	Assess readiness to change and ask about lifestyles changes the patient is ready to make. The most effective way to lose weight is an evidence based tier 2 weight management programme Offer referral to tier 2 weight management programme. Form available on clinical systems or here https://www.hants.gov.uk/socialcareandhealth/publichealth/practitionerresources Self-referral here: https://www.weightwatchers.com/uk/hampshire OR signpost to POWeR a locally developed online weight management programme My Intervention :: homepage
<150 minutes of physical activity a week / <2 sessions of strength exercises per week	Assess readiness to change and ask about lifestyles changes the patient is ready to make. Discuss how can build PA into daily life. Offer self-help support such as downloading the 'Active 10' or 'Couch to 5K' apps https://www.nhs.uk/oneyou/apps/ more information is available here https://www.nhs.uk/live-well/exercise/ For older adults link with Balance, steady and strong classes. If patient is inactive or fairly inactive (GPPAQ) offer the above and signposting or referral to local physical activity programmes. Your local District or Borough Council will have this information
Audit -15 (medium	Assess readiness to change and ask about lifestyles changes the patient is ready to make. Signpost to online support

risk) or 16-19 (high risk) OR units of alcohol >14 each week	https://www.inclusionhants.org/support-for-those-aged-25-and-over/alcohol-support-online/ or call Hampshire Alcohol Support Line on 0300 303 3539 for up to 4 brief intervention sessions.
Audit score=/>20 (Addiction likely) OR 35 units a week for women & 50 units for men	Offer referral to alcohol services 0300 303 3539 or https://www.inclusionhants.org/ The patient should not stop drinking without the help of a healthcare professional.

*Providers should always follow their own clinical protocols and these should be updated in line with national clinical guidelines.

General information

Heart Health https://www.bhf.org.uk/heart-health-old

NHS Choices and Change for Life (Interactive tools for lifestyle behaviours) www.nhs.uk and www.nhs.uk/change4life

Top tips on talking about dementia A 'Top Tips' paper for NHS Health Check providers, practitioners and commissioners on talking about Dementia in the NHS Health Check

Appendix 4 Point of Care Testing

Near patient testing and quality control

Fasting blood glucose or HbA1c point of care testing (POCT) may be suitable for initially filtering out those who are unlikely to have diabetes or non-diabetic hyperglycaemia. However, diagnosis of diabetes or of non-diabetic hyperglycaemia requires a venous blood sample to be tested in the laboratory. See the diagrammatic overview of the testing pathway set out in Annex 2 – Checking for diabetes risk pathway, for further information on this specific aspect.
Where the introduction of POCT is being considered the Medicines and Healthcare Products Regulation Agency (MHRA) advises that:

- **The local hospital pathology laboratory is involved** as it can play a supportive role in providing advice on a range of issues including the purchase of devices, training, interpretation of results, troubleshooting, quality control, and health and safety
- **A POCT co-ordinator is identified** to manage the creation, implementation and management of a POCT service and governance structure
- Potential hazards associated with the handling and disposal of bodily fluids, sharps and waste reagents outside of a laboratory setting should be considered
- **Staff who use POCT devices must be trained. Only staff whose training and competence** has been established and recorded should be permitted to carry out POCT.
- **The equipment instructions should always be read**
- **Standard operating procedures** which must include the manufacturer's instructions for use, are developed
- **Quality assurance must be addressed**. A quality control record should be in place for each machine
- **Which staff review the results should be considered**, staff should be appropriately qualified and cited on the patient's history
- **Record keeping** is essential and must include patient results, test strip lot number and operator identity
- **Maintaining devices** according to the manufacturer's guidance is essential to ensure that they continue to perform accurately

Where POCT is used the Care Quality Commissioner's (CQC) diagnostic and screening procedure confirms that non-ambulatory blood pressure monitoring and blood tests carried out by means of a pin prick test are excluded from CQC registration requirement. However, provider organisations are legally required to satisfy themselves as to whether CQC registration is required for any other service they provide.

Where it is agreed that POCT will be undertaken then local arrangements should also seek to meet the relevant NHS Health Check programme standards, which can be found here National guidance