

SCHEDULE A

SERVICE SPECIFICATIONS

Service Specification No.	
Service	NHS Health Checks – Component Two – NHS Health Check Delivery
Authority Lead	<i>This will repeat what is in Part A</i>
Provider Lead	<i>This will repeat what is in Part A</i>
Contract Period	1 April 2016 to 31 March 2019 (plus possible extension for 1 + 1)
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, diabetes and kidney disease and raise awareness of dementia and damage from alcohol use both across the population and within high risk and vulnerable groups.

In April 2013 the NHS Health Check became a mandated public health service commissioned by English Local Authorities and offered to individuals between the age of 40 and 74 years once every five years.

It is calculated that NHS Health Checks and the subsequent appropriate management of risk could prevent 1,600 heart attacks and strokes a year nationally, and provide a real opportunity to tackle the gap in life expectancy between deprived and less deprived populations. It is well established that it is possible to identify the risk factors that cause vascular diseases, thus identification through an NHS Health Check will enable Hampshire County Council to support its residents to act to change them. Intervention to reduce risk can delay and in some circumstances prevent the onset of cardiovascular vascular disease (CVD) (DH, 2009).

In order to reduce risk and prevent development of CVD, the emphasis will be placed on encouraging people to take up evidence based life style interventions and medications as appropriate.

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

2.1 Local Strategic Aims & Priorities

The National NHS Health Checks Programme is a five year call and recall programme for the 40-74 year old population. This means the eligible population will be broken down into fifths and each year one fifth will be invited for an NHS Health Check. By the time the 5 years are up, 100% of the eligible population will have been offered an NHS Health Check. Committing to this rolling programme is a requirement of this service specification. Not everyone will be eligible because some meet the exclusion criteria, thus approximately 70% of the population will be eligible. More information on the exclusion/eligibility criteria can be found in section 4.4.

2.2 HCC Strategic Aims

Improving Health & Well-being for All:

- Ensure children and young people in Hampshire thrive and achieve full potential
- Promote and support healthy choices for all, reducing the difference between those with the best and worst health
- Help people to manage their health conditions, giving them the choice and maintaining their independence

Promoting Economic Prosperity and Protecting the Environment:

- Provide opportunities for all to develop the skills needed to play a full part in Hampshire's economic success

Working with Communities to Enhance Local Services:

- Ensure that customer and community feedback, together with information about levels of need are used to plan and deliver services
- Improve access to all County Council services
- Work with communities to find the local solutions that work best, giving more control to local communities over services were appropriate
- Help residents to feel safe and be safe by working with partners to reduce crime and anti-social behaviour

NHS Health Check is a mandatory public health function as outlined in the Health and Social Care Act 2012. HCC is responsible for commissioning the check. Identifying individuals at risk will prevent illness thus protecting the residents of Hampshire from avoidable ill health and dependency . By inviting 100% of the eligible population over 5 years, people will be able to use the NHS Health Check to maximise their health and wellbeing. The NHS Health Check helps people to understand their health and how they can change some important risks. The person can then make an informed choice on how to maintain or improve their health.

The NHS Health Check focuses on three areas of work:

- Living Well- Empowering people to live healthier lives
- Ageing Well- Supporting people to remain independent, have choice, control and timely access to high quality services
- Healthy Communities- Helping communities to be strong and support those who may need extra help.

The use of local providers as the point of delivery is to facilitate access and reduce the requirement for travel. Also, availability of a NHS Health Check leaflet in alternative languages and in braille enables people to get a good understanding of the NHS Health Check programme.

4. Scope

4.1 Aims and objectives of service

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

- Reducing the risk and incidence of heart attacks and strokes, type II diabetes and chronic kidney disease.
- Signposting people to memory clinics and detecting cardiovascular disease, chronic kidney disease and type II diabetes earlier, allowing people to be managed earlier and in doing so improve their quality of life.

Objective 2. Reduce health inequalities – including socio-economic, ethnic and gender inequalities that result from vascular disease.

4.2 Service description/pathway

Please also see:

- Annex 1 - NHS Health Checks Care Pathway
- Annex 2 – Checking for diabetes risk pathway
- Annex 3 – Alcohol care pathway

Performing the NHS Health Check

The NHS Health Check must include the testing and recording of:

- Age
- Gender (Chromosomal sex)
- Smoking Status
- Body Mass Index (BMI)
- Family History
- Ethnicity
- Blood Pressure

- Cholesterol
- Palpation of pulse rhythm
- Alcohol consumption (followed by FAST or Audit C where appropriate)
- Physical Activity using the GP Physical Activity Questionnaire (The assessment of physical activity levels is a core component of the NHS Health Check. In the NHS Health Check Best Practice Guidance (January 2015) the use of a validated tool such as the Department of Health's General Practitioner Physical Activity Questionnaire (GPPAQ) is recommended.
- Dementia awareness and signposting to local memory clinics for 65-74 year olds.

It is a requirement of the NHS Health Check that the data specified above must be imported to the Hampshire GP Practice system where that individual is registered. All data must be appropriately read coded.

Results and Risk

CVD risk estimation templates/online tools either require a fasting or non-fasting Cholesterol result. Cholesterol tests need to be done in advance of the Health Check; a result up to **180 days** before is acceptable.

The diagram (Annex 1) and details in section 6.3 demonstrate the information that practitioners need to collect to establish the estimated CVD risk over 10 years. This may vary slightly by what the CVD risk calculator is embedded within clinical systems. Risk is established by the Provider's own Standard Operating Procedures (SOPs). For example, some clinical systems already have a CVD risk assessment tool embedded within them. Where clinical systems do not, Providers can use free online risk assessment tools. Q-RISK2 should be the tool used, found at: <http://www.qrisk.org/>.

Classification of estimated risk – Residents will be found to be within 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 offered and referred, where appropriate, to interventions such as stop smoking or weight management.
- 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 GP for management. People that are found to have an estimated CVD risk of $\geq 20\%$ will exit the call and recall system and must be commenced on 'high risk annual reviews' as per diagram (Annex 1). This means they will not be offered/have an NHS Health Check again.

Providers will communicate risk using the NHS Health Check result booklet that HCC supplies, and

will make individually tailored management programmes, with appropriate advice, support and interventions depending on the level of risk identified. The risk communicator found at <http://www.grisk.org/> can be used in conjunction with the results booklet.

The results booklet includes useful tips and links to further advice and support to aid an individual to lead healthier lifestyle.

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 a NHS Health Check. This should be read coded in the GP clinical system to enable later reporting about the uptake of NHS Health Checks and manage 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

NHS Health Check Follow Up

Providers are expected to signpost people to local services and give appropriate information to support healthier lifestyles. Information is available electronically on the following website <http://www3.hants.gov.uk/healthandwellbeing/public-health/practitionerresources.htm> and will be updated as appropriate. Providers will supply appropriate resources as required and maintain adequate supplies as necessary. Table two includes a list of links to recommended resources and information which will assist behaviour change. This list is not exhaustive.

Table Two: Resources and information	
Organisation	Contact details
Department of Health (Alcohol, Change4Life, Immunisation and other topics).	http://www.orderline.dh.gov.uk 0300 123 1002
NHS Choices (NHS interactive Livewell information including weight loss tools)	www.nhs.uk
Change4Life (weight loss, physical activity, alcohol – interactive tools)	www.nhs.uk/change4life
Age UK	http://www.ageuk.org.uk 0800 169 6565
Alcohol – Hampshire	www.hants.gov.uk/drink-less

Drinkaware	http://www.drinkaware.co.uk
British Heart Foundation	http://www.bhf.org.uk 0870 600 6566
Cancer Research UK (useful health improvement materials as well as cancer detection and prevention resources)	http://publications.cancerresearchuk.org 0203 469 8333
Quit4Life	http://www.quit4life.nhs.uk 0845 602 4663
Smokefree	http://smokefree.nhs.uk
Walking for Health	http://www.walkingforhealth.org.uk
Walking and Active lifestyle in Hampshire	www.hants.gov.uk/activehampshireiow

Recording the content of NHS Health Checks and subsequent action taken

Providers must record the NHS Health Check using the READ codes provided to allow data to be transferred into a GP's clinical system. A list of all the relevant READ codes have been developed and are available on the following link <http://www3.hants.gov.uk/healthandwellbeing/public-health/practitionerresources.htm>. The READ codes have not been included in the service specification to make the document less voluminous and allow READ codes to be updated when necessary. Providers must ensure their templates are up to date and correctly coded. Patients will be referred to GP assessment for the need for drugs treatment and READ codes for this will be provided.

All NHS Health Check providers need to use the national information standard for NHS Health Check, which details the agreed READ codes: www.hscic.gov.uk/nhshealthcheck

The following equipment will be required:

- Weighing scales
- Height measurer
- Electronic blood pressure monitoring machine/sphygmomanometer
- Stethoscope
- Cholesterol near patient testing equipment or phlebotomy cholesterol 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 appendix 2 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
- 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 http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/

4.3 Population covered

NHS Health Checks are for Hampshire's 40-74 year old residents that meet the criteria below.

4.4 Any acceptance and exclusion criteria and thresholds

Included patients will be those who:

- Are county of Hampshire residents aged 40-74, thus not residents of Southampton and/or

Portsmouth.

- Do not have any of the exclusion criteria.

Excluded patients will be:

- Those who have had an NHS Health Check within the last 5 years.
- Those that have had an NHS Health Check and found to have $\geq 20\%$ risk and therefore exit off the recall permanently and should be known to their GP
- Those on the following disease registers and/or diagnosed with a condition in Table three.

Palliative care register	Myocardial infarction
Atrial Fibrillation	Coronary Heart Disease
Heart Failure	Peripheral Vascular/Arterial Disease
Diabetes Mellitus Type I and II	Transient ischaemic attack
Kidney diseases stages 3 - 5	Hypertension
Familial Hypercholesterolaemia and all those on Statins	Cerebrovascular accident - haemorrhagic and ischaemic

4.5 Interdependencies with other services

The NHS Health Check programmes risk management and reduction elements (lifestyle interventions such as Quit4Life, Slimming on Referral, Exercise on Referral) are essential to successfully preventing CVD. The programme also relies on participating GP practices for the clinical interventions. Additionally it is important for NHS Health Checks providers to integrate with GP practices.

Depending on the results of the Health Check, Providers may need to refer the resident to their GP to discuss lifestyle or medical interventions.

Additional testing and clinical follow-up

The NHS Health Check programme is primarily a public health programme aimed at preventing disease but it will also identify individuals who are living with undiagnosed disease or who are at high risk of developing disease who will require some additional clinical testing and follow-up. There is therefore 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, or by health professionals with suitable patient information and prescribing responsibilities. Please see the NHS Health Check Best Practice Guidance (March 2016) for more guidance:

http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/

4.6 Provider Premises

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

4.7 Days/Hours of Operation

Residents will be offered an NHS Health Check within three months of requesting an appointment. Each patient will require a Cholesterol test and the CVD risk estimation templates/online tool will either require a fasting or non-fasting Cholesterol result. The Cholesterol test is required before the NHS Health Check, unless they've had a test recently (**within 180 days**).

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.

4.8 Public Health Planning

The Authority may review elements of the Service Specification in accordance with changes to Public Health delivery plans.

5. Applicable Service Standards

5.1 Applicable National Standards e.g. NICE

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 (March, 2016)
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/
- NHS Health Check Information Governance and Data Flows (February 2014) -
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/
- NHS Health Check Programme Standards: a framework for quality improvement (February 2014) -
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/
- NHS Health Check competence framework (June 2014) -
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/

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

- Putting Prevention First. (DH, 2009)
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/
- 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)
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/
- Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE, 2011).
http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/nice/
- Dementia awareness component for 65-74 year olds.

<http://www.nhshealthcheck.nhs.uk/default.aspx?aID=76>

- The management of atrial fibrillation, Clinical Guidelines CG36 (NICE, 2006).
<http://guidance.nice.org.uk/CG36>
- Lipid modification: Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (NICE, 2010)
<http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf>

6. Quality Standards, Performance Measures

6.1 Quality Outcome Indicators

Public Health England (PHE) has developed quality assurance requirements http://www.healthcheck.nhs.uk/commissioners_and_providers/delivery/quality_assurance/.

All providers carrying out NHS Health Checks should adhere to these quality standards, the standards may be updated by PHE at any time. Accordingly, the Authority specifically reserves the right to amend this Contract without agreement to incorporate the updated quality assurance requirements. For the avoidance of doubt this could include Quality Outcome Indicators including any financial consequences. The Authority 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.

Other than those set out above under paragraph 5 and in 6.1 and 6.2 there are no additional quality outcomes.

Further, there are no financial consequences set for failing to meet these Indicators.

The Provider will:

- Be able to guarantee an adequate and stable workforce at all times to meet the potential demand.
- Notify HCC if residents cannot be offered an NHS Health Check within 3 months due to workforce issues.
- 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.
- Will employ and manage suitable practitioners to deliver the service:
 - All practitioners have the required competence 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 HCC personnel should be able to provide evidence that they have the experience and qualifications to undertake the NHS Health Checks.
 - Identify and provide any reasonable training and development to the practitioner.
- 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 health checks.

Providers will take internal quality assurance tests for point of care testing equipment. All equipment used as part of the service must be cleaned, calibrated and serviced as advised by the manufacturer with appropriate protocols in place.

Each Provider will need to have access to a clinical waste disposal service. The contractor will allocate a safe place to store equipment required for the provision of the service and the resultant clinical waste. Contractors should ensure that all sharps and waste are disposed of appropriately, following their own SOPs.

Providers must ensure that all 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.

Providers will be expected to undertake audit and research related to the NHS Health Check programme.

6.2 Training

It is recommended that Providers undertake on-line training in order to meet the requirements of this service specification, but this training is not mandatory. On line training can be accessed at: http://www.healthcheck.nhs.uk/commissioners_and_providers/training/elearning_resources/ and training on the dementia component can be found here: <http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/>.

All providers of the NHS Health Check should refer to the NHS Health Check Competence framework (June 2014), which can be found here

http://www.healthcheck.nhs.uk/commissioners_and_providers/delivery/quality_assurance/. 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).

HCC will be organising competency based training in year.

6.3 Key Performance Indicators for Monitoring

The Key Performance Indicators (KPIs) are currently nationally devised. The READ code lists that are provided will enable delivery of the KPIs. In order to deliver on the KPIs, Providers are required to

use the appropriate read codes specified by HCC. This includes ensuring clinical templates are up to date. KPI data will be collected from providers every other quarter (**14 November 2016 [for quarter 1 and 2 2016/17], 15 May 2017 [for quarter 3 and 4 2016/17]**).

Until further guidance is received these KPIs are required, but are likely to change and Providers that sign up must be flexible around data requirements. Please be aware that the READ codes and the CHART MIQUEST queries will enable the KPIs to be delivered. The KPIs mention 180 days because many disease processes cannot be diagnosed at an initial presentation, subsequent appointments and investigations are required. Providers are required to run the KPI MIQUEST queries or similar. Performance will be measured using the data below pulled from providers clinical systems.

Diagnoses

1. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with hypertension within 180 days of the NHS Health Check.
2. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with chronic kidney disease within 180 days of the NHS Health Check.
3. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with:
 - a. type II diabetes mellitus within 180 days of NHS Health Check;
 - b. impaired glucose tolerance test within 180 days of NHS Health Check;
 - c. impaired fasting glucose within 180 days of NHS Health Check.
4. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with Coronary Heart Disease within 180 days of the NHS Health Check.
5. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with hypercholesterolaemia/hyperlipidaemia within 180 days of the NHS Health Check.
6. The number/percentage of patients who received an NHS Health Check and were subsequently diagnosed with Atrial Fibrillation within 180 days of the NHS Health Check.

Treatment, referrals and advice

1. The number/percentage of patients who are newly prescribed lipid modification medication within eight weeks of an NHS Health Check.
2. other medications, For example: antihypertensives
3. Number/percentage of referrals to health schemes within eight weeks of an NHS Health Check.
 - a. The number/percentage of patients referred to 'Slimming on Referral'
 - b. The number/percentage of patients referred to 'exercise referral'
 - c. The number/percentage of patients referred to 'Health Walks'

- d. The number/percentage of patients referred to 'Health Trainers'
 - e. The number/percentage of patients referred 'Smoking cessation'
 - f. The number/percentage of patients signposted to memory clinics.
4. The number/percentage of patients given smoking cessation advice within 30 days of an NHS Health Check.
 5. The number/percentage of patients given generic brief lifestyle intervention/advice, within 30 days of an NHS Health Check.
 6. The number/percentage of patients given brief alcohol advice within 30 days of an NHS Health Check.

Health Inequalities

1. Overall the number/percentage of opportunistic patients who have received an NHS Health Check
2. The number/percentage of patients assessed with ethnicity, sex, age and postcode.
3. A breakdown of assessed patients by cardiovascular disease risk category: number/percentage of patients at low risk (0-9%), medium risk (10-19%), high risk (20-30%), or very high risk at (30%).

7. Price

The Charges comprise of the following:

NHS Health Check

The Charge for the NHS Health Check is **£24.24** 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.

There is no upper or lower threshold to achieve by the Provider save those set out in section 4. However, the Authority has the option to set activity thresholds.

Excluded costs

The following costs associated with the provision of the service will be excluded from this Contract 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 that are used for the NHS Health Check.

Note that if a provider is signed up to the service specification for Nepali New Patient Registrants, they cannot claim for both service specifications for the same consultation.

NHS Health Check Self-Report

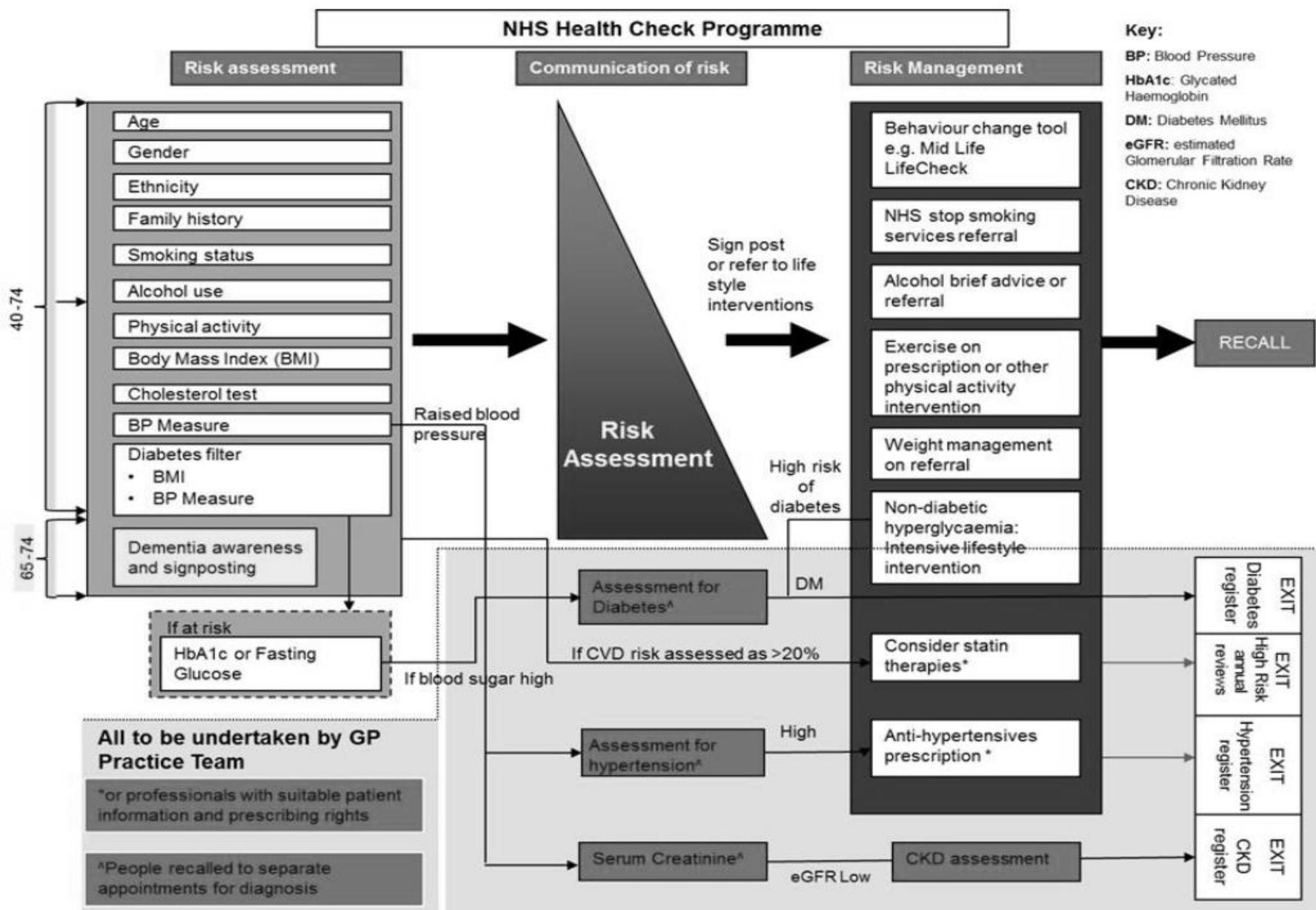
The NHS Health Check Self-Report is to be provided to support activity and to authorise payments.

On a quarterly basis, Providers will need to submit a Quarterly NHS Health Check Self-Report. The self-reporting template will be emailed to Providers prior to the deadline. These need to be sent to: hcc.hampshirehealthchecks@nhs.net by the 5th working day after the close of each quarter (**7th July 2016, 7th October 2016, 8th January 2017 and 7th April 2017**). Any Payments will be conditional upon receipt of the self-report.

Increases in Charges during the duration of the Contract

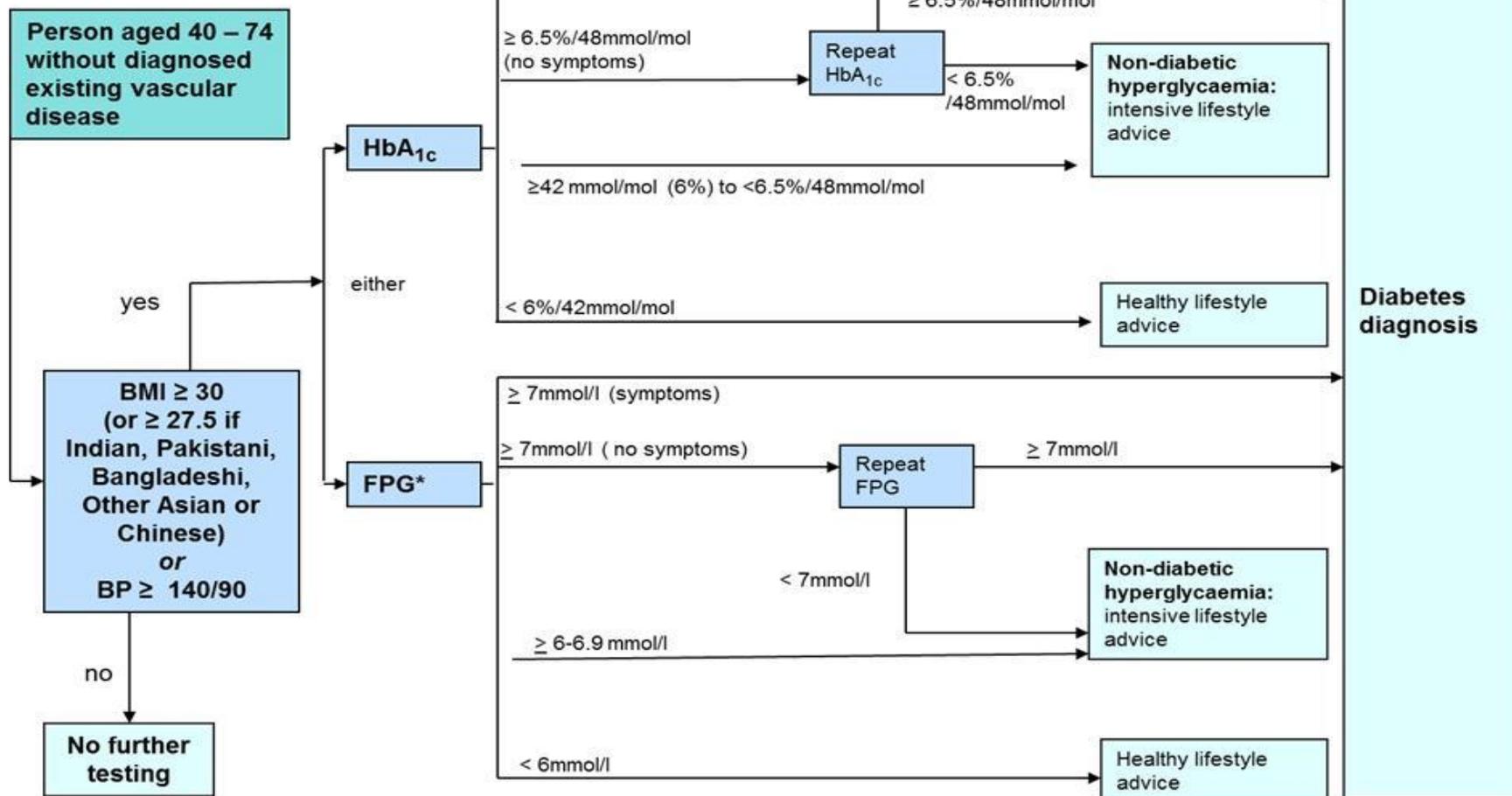
There are no agreed increases during the duration of the Contract (and clause B8.3 shall have no affect).

Annex 1: Overview of the NHS Health Check vascular risk assessment and management programme



Annex 2 Checking for diabetes risk pathway

Figure 2.
Checking for diabetes risk



Annex 3 Alcohol care pathway

Health Check —
Alcohol Care Pathway

