Public Health England

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NHS Health Check: Restart Preparation

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This document aims to assist commissioners and providers with NHS Health Check restart planning and preparation.

1. When to restart

The Government remains committed to the implementation of the NHS Health Check. The COVID-19 Recovery Strategy highlights the NHS Health Check's clear role in delivering preventative and personalised solutions to ill-health, empowering individuals to live healthier and more active lives.

Responsibility for commissioning the NHS Health Check lies with local authorities. The decision on when to restart is one for local authorities to take, informed by NHS Health Check and ancillary providers, and national guidance:

- On 19th December the government introduced a fourth tier to the system of local COVID-19 alert levels and corresponding restrictions.
- On 4th December NHS England and Improvement (NHSE/I) wrote to general practice regarding the COVID-19 vaccine programme. The letter states that on the sites and days when the vaccine is being delivered the efforts of general practice must be focussed to ensure effective delivery as the vaccination programme is a top priority.
- On 24th December NHSE/I updated their standard operating procedure for general practice in the context of COVID-19. The guidance confirms that, as capacity allows, general practice should continue to focus on restoring routine activity where clinically appropriate, whilst ensuring that care is clinically prioritised for those most in need of support, including those with urgent healthcare. This supports the guidance produced by NHS E/I regarding implementation of the third phase of NHS response to COVID-19.
- On the 5th November the British Medical Association (BMA) and Royal College of General Practitioners (RCGP) published guidance on Workload Prioritisation during COVID-19 Pandemic level rising. The guidance supports the national message that general practice remains open. Any decisions on deprioritisation of routine healthcare services in order to manage workload should be taken at a local level, based on clinical judgement, experience from responding to the first wave and informed by a shared understanding of the response level faced in local areas.

2. Regulatory requirements

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, set out that each local authority must make provision to offer an NHS Health Check to all eligible people every five years (see Chapter 2, Best Practice Guidance (BPG)). This five-year activity cycle affords some flexibility with the temporary suspension of delivery. However, NHS Health Check commissioners will still need to make provision to meet these requirements going forwards.

3. Funding and provider payments

Cabinet Office issued guidance and FAQs, which apply to local authorities, on managing contracts and supplier payments during the COVID-19 response up until **31 October 2020**. Guidance on emergency procurement has also been published by Cabinet Office.

On 22nd October the government announced over £900 million of funding will be provided to councils for their ongoing work to support communities during the pandemic. This brings the total funding provided directly to councils during the pandemic so far to £6.4 billion. This includes £4.6 billion in non-ringfenced funding, for councils to spend on local pressures and priorities.

4. Workforce, workplace and patient risk

Staff and patient safety are paramount, therefore before restarting the NHS Health Check an assessment of and action to reduce workforce, workplace and patient risk should be undertaken. NHS England have published a letter highlighting the importance of risk assessments for at-risk staff groups. Guidance produced by the Health and Safety Executive can help identify who is at risk of harm. It includes templates and examples, along with specific guidance. NHS employers have also produced guidance on how to enhance existing staff risk assessments.

To minimise workplace risk NHSE/I have produced a standard operating procedure for general practice and the Royal Pharmaceutical Society has published guidance for pharmacies. Public Health England has produced guidance on infection control and Personal Protective Equipment (PPE). Additional PPE guidance has been developed specifically for community and social care settings.

Information on how to access PPE in community and primary care settings is provided on NHS England's website. Due to the costs involved in adapting workplaces and protective equipment, NHS E/I have produced guidance which sets out finance reporting and an approval process for COVID-19 spending in relation to adapting workplaces and PPE. The British Medical Association have also created a template reimbursement claim form.

5. Workforce capacity

Where existing workforce capacity may be a limiting factor in restarting the programme, commissioners may wish to consider making adaptations to the way the service is delivered and/or using alternative delivery methods. Any provision will continue to need to meet the

regulatory requirement (see Chapter 2, Best Practice Guidance) and the programme standards.

Existing webinars on the NHS Health Check website share learning on different models of delivery. PHE's Top Tips for Maximising the impact of the NHS Health Check and Increasing the Uptake of the NHS Health Check may also provide helpful insights. Where the implementation approach does deviate from the historical service provision approach it will be important to evaluate the impact of the changes on take up, completion and outcomes.

6. Workforce competence and confidence

All staff delivering checks should meet the requirements set out in the NHS Health Check Competence Framework. If adaptations and/or alternative modes of delivery are being used, consider how that will impact on staff training requirements. For example, commissioners may want to ensure staff are familiar with the NHS E/I guidance on the principles of safe video consulting in general practice during COVID-19. Further training resources can be found on the NHS Health Check website.

7. Availability of follow-up service provision

To maximise impact, it is essential that individuals having a NHS Health Check can also access appropriate follow-up interventions. This includes timely access to behaviour change services e.g. weight management, stop smoking and, where indicated, clinical management to ensure that they get the right support to reduce their cardiovascular (CVD) risk (see Chapter 5 and 6 of the BPG).

8. Equity

When restarting the NHS Health Check, providers should continue to apply the principle of proportionate universalism, delivering checks in a way that prioritises resources and effort to inviting and engaging those who are most likely to be at higher risk of CVD (see Chapter 3 of the BPG).

PHE's review of disparities in the risks and outcomes from COVID-19 confirms that the impact of the disease has replicated existing health inequalities and, in some cases exacerbated them. The evidence and stakeholder review recommends that efforts to target culturally competent health promotion and disease prevention programmes' are accelerated. There is a specific reference to prioritising the NHS Health Check to improve identification and management of multiple long-term conditions in Black, Asian and Minority Ethnic (BAME) groups.

PHE has published and advocates the use of a health equity audit tool and local data to inform local commissioning decisions in support of prioritising groups most likely to benefit from a check. PHE's Local Health and SHAPE tools can be used to identify distribution of sociodemographic determinants of CVD risk such as age, gender, ethnic group and socio-economic status.

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