Office for Health Improvement & Disparities

NHS Health Check: Restart Preparation

Version 11: 03 February 2022

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

1. When to restart

On 27 January 2022 NHE England/Improvement published guidance on Next steps for general practice following the accelerated COVID-19 vaccination booster campaign. The guidance advises that all providers should now restore routine care where services were paused in line with the guidance previously released by NHSE/I.

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, and empowering individuals to live healthier and more active lives.

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 (LA) must make provision to offer an NHS Health Check to all eligible people every five years (see Chapter 2, Best Practice Guidance (BPG)). By virtue of having a rolling indicator on offers and people having a check, the Office for Health Improvement and Disparities (OHID) recognises that the impact of COVID-19 will be seen in the NHS Health Check data for the next five-years. Given the current need for General Practice to prioritise an acceleration of the booster programme, the Office for Health Improvement and Disparities will not be scrutinising LA NHS Health Check delivery activity at this time. However, as General Practice is the dominant provider of NHS Health Checks, LAs are encouraged to consider alternative models of delivery (section 5 and 8) when planning and making local decisions on the future provision of the service.

3. Funding and provider payments

NHSE/I have released a letter detailing temporary General Practice contract changes to support the COVID-19 vaccination programme. This includes changes to the Quality and Outcomes Framework (QOF) and Investment and Impact Fund (IIF).

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. Health and Safety Executive have produced guidance on working safely during the COVID-19 pandemic including producing risk assessments. NHS employers have also produced guidance on how to enhance existing staff risk assessments.

To minimise workplace risk the UK Health Security Agency have produced COVID:19: Infection prevention and control (IPC) guidance for health and care settings and the Royal Pharmaceutical Society has published guidance for pharmacies. Additional personal protective equipment (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.

On 16th December 2021 updated UK Health Security Agency guidance on NHS staff, student and volunteer self-isolation and return to work following COVID-19 contact was published. This letter provides a summary of the latest guidelines and applies to the NHS workforce.

5. Workforce capacity

In planning the recovery of the NHS Health Check programme commissioners should consider making adaptations to the way the programme 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) for eligibility and content as well as the programme standards.

In July 2021 Public Health England (PHE) delivered a webinar 'Learnings from County Durham NHS Health Check service evaluation and re-design' which highlighted how County Durham have used the COVID-19 pandemic as an opportunity to evaluate and redesign their service. 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 Competency 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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Gateway number: GW-1379

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