# Appendix B: Expression of interest for local authorities to participate in the next phase of NHS Health Check Online

## Application form

Published 14 July 2025

Please note: Expressions of interest should be submitted to NHSHealthCheck@dhsc.gov.uk in Word format by 12.00pm 8th September 2025

Please send a completed form as a single document (with no attachments) from a recognised local authority email address.

The subject line of your email should be as follows: ‘NHS Health Check Online extended private Beta EOI: [local authority name]’

## Pre-submission checklist

Before submitting this form, please ensure you have:

* Read and understood the full Guidance document.
* Confirmed that your local authority meets the eligibility criteria, as specified in the Guidance.
* Knowledge that there are GP provider/s using the EMIS IT system who are willing to engage in NHS Health Check Online private Beta phase. If selected, you will be required to name the GP providers and confirm eligible population list sizes towards the end of the year.
* Engaged with your Local Pharmaceutical Committee on your intention to engage in the NHS Health Check Online private Beta phase.

## Section 1: Local authority details

|  |  |
| --- | --- |
| Name of local authority submitting application | Insert here |
| **Name of application author** | Insert here |
| **Job title / position of application author** | Insert here |
| **Contact details for application author** | Insert here |
| **Email**  | Insert here. If possible, please also include a generic team inbox in the event the application author is on leave. |

## Section 2: Eligibility criteria

Local authorities must meet all the following essential criteria to be considered eligible to apply.

### A.1: The local authority can identify GP providers willing to deliver the NHS Health Check Online, who: are (i) using the EMIS IT system; and (ii) collectively could deliver NHS Health Checks to at least 7.5% of the local authority's eligible population (as per criteria set out in legislation)

#### Rationale

The NHS Health Check Online application in the initial private Beta phase will support and integrate with practices using EMIS GP IT systems only. We therefore require you to have the requisite portion of EMIS providers available to deliver the online check.

We would like to encourage both large and small providers to join us in this next phase, whilst also ensuring onboarding efforts align to the potential benefits you could uncover through delivering the NHS Health Check Online. We have therefore stipulated that 7.5% of your eligible population should be covered by EMIS providers, whether through one large provider or several smaller ones.

Providers do not need to be named at this stage however please note if you are selected for the private Beta phase, you will be required to engage and name these GP providers and provide an estimate of the size of the practice’s eligible population size in 2025/26 prior to any final agreement/MOU being signed.

#### Assessment

Please indicate whether there are GP provider/s using the EMIS IT system covering 7.5% of your eligible population who are willing to engage in the private Beta phase.

Please tick one as applicable:

Yes [ ]

No [ ]

### A.2: The local authority can commit staff time to support the private Beta phase

#### Rationale

The local authority should provide some dedicated resource with a good level of programme knowledge and experience, we estimate this to be no more than 1 day a month for the first 12 months and then named as a key contact point for the remainder of the programme. The staff member/s will focus on onboarding GPs, join key project meetings (quarterly), support performance tracking and evaluation discussions, and carry out a liaison role between DHSC, NHSE and providers. The staff member/s should be willing and able to confidently advocate for the programme and champion the digital platform in local system networks.

It is expected that the local authority would cover the cost and line management of this staff member’s time on the project.

This is to ensure that the NHS health Check Online service can be appropriately delivered in line with the local context and priorities to support successful delivery.

Please note if you are selected you will be required to provide the name of the staff member who will take on this role prior to any final agreement/MOU being signed.

#### Assessment

Are you able to provide dedicated resource for one day a month to this programme of work?

Please tick one as applicable:

Yes [ ]

No [ ]

### A.3: The local authority has the agreement of their Director of Public Health

#### Rationale

The Director of Public Health is responsible for the strategic leadership and oversight of the local NHS Health Check programme, including its commissioning and provision, and therefore must be aware of and support the local authority’s application to participate in the private Beta phase of NHS Health Check Online.

#### Assessment

Please tick one as applicable:

Yes [ ]

No [ ]

Note: The Director of Public Health must sign this form prior to submission (see Section 4: Signatures).

### A.4: The local authority can provide a named clinical lead. This could be from the ICB, GP provider or Primary Care Network (PCN.)

#### Rationale

The NHS Health Check Online will operate alongside the existing in-person NHS Health Check, and therefore participants of digital checks will require follow on clinical pathways for further assessment if they are identified as having high blood pressure, high blood sugar, very high cholesterol or at high risk of a CVD event in the next 10 years. Therefore, it is important that either a clinical lead or Clinical Safety Officer is supportive of plans to trial the NHS Health Check Online locally. They will also need to ensure that the implementation of the service complies with the [DCB0160 standard](https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems/).

#### Assessment

Please insert name, job title of proposed candidate.

Note: local authorities will be able to change the name of the clinical safety officer prior to project commencement if needed.

1. Insert here.

### A.5: The local authority can provide a named Data Protection Officer or equivalent

#### Rationale

The Data Protection Officer will be required to provide advice across identified practices to ensure alignment and adherence to national and local data protection requirements.

#### Assessment

Please insert name, job title of relevant candidate.

Note: local authorities will be able to change the name of the data protection officer prior to project commencement if needed.

1. Insert here.

### A.6: The local authority will be required to procure the blood testing section of the NHS Health Check Online from a national framework from March 2026.

Rationale

Due to integration considerations and interoperability with the NHS App local authorities will only be able to use the NHS Health Check Online if they procure from the framework supplier(s) (once appointed) for the national blood-testing framework. Any other mechanisms of blood-testing cannot be integrated with the NHS Health Check Online system within the scope of the current programme.

There is currently no scope to integrate suppliers engaged under local authorities’ existing contracts outside of the national framework. Recognising that procurement from a national framework may take time to set up locally, subject to financial approvals, DHSC will cover the costs of the blood sampling element of the NHS Health Check until March 2026.

DHSC will establish and maintain the framework and work with local authorities to ensure they are able to draw down from this framework. There is recognition that in order for local authorities to use the framework they will need to go through their internal budget approval processes and this has been accounted for in the onboarding timeframes.

Assessment

Please confirm you have understood the requirement to procure from a national blood testing framework.

Yes [ ]

No [ ]

## Section 3: Assessed criteria

### B.1: Demonstrable experience and commitment to strong partnership working with NHS Health Check providers.

Please provide evidence of your strong, well-established commissioner-provider relationship. Your response should include a summary of regular meetings and contact with providers, evidence on the length of the relationship, and evidence of joint problem solving (maximum 300 words).

Insert here.

### B.2: Can evidence that the local population eligible for the NHS Health Check cover a broad range of population groups by age, sex, deprivation deciles, ethnicity and risk factor prevalence.

Please provide an overview of the demographic composition of the population eligible for an NHS Health Check within the local authority in 2025/26. If possible, provide information by age, sex, deprivation, ethnicity, and individual risk-factor prevalence (maximum 200 words).

Insert here.

### B.3: Has established pathways and service/s available to support behavioural change after participants complete their NHS Health Check

Please provide evidence that, upon completion of their digital NHS Health Check, participants can access relevant behaviour change services commissioned locally and/or nationally, including stop smoking services, weight management services, alcohol treatment services, and referrals to the Diabetes Prevention Programme (maximum 200 words).

Insert here.

### B.4: Can evidence local infrastructure available to support participants to carry out blood pressure checks in the community, including community pharmacy.

Please provide evidence that there are established pathways into community-based blood pressure checking (maximum 200 words).

Insert here.

## Section 4: Signatures

### Local authority NHS Health Check commissioning lead

|  |  |
| --- | --- |
| Signature | Insert here |
| **Name** | Insert here |
| **Email** | Insert here |
| **Telephone** | Insert here |

### Director of Public Health

|  |  |
| --- | --- |
| Signature | Insert here |
| **Name** | Insert here |
| **Email** | Insert here |
| **Telephone** | Insert here |