NHS Health Check contract management template

A concise quarterly tool to support constructive commissioner-provider conversations about their NHS Health Check programme activity, quality and impact it has on cardiovascular disease prevention.

Areas achieving high NHS Health Check coverage often attribute their success to strong provider relationships and structured approaches to performance and contract management. This template supports a shared discussion about improving cardiovascular disease prevention, understanding local delivery challenges, and identifying practical opportunities to improve reach, quality and outcomes.

Local authorities should tailor the template, the data used and the order of discussion to their provider model, contracts, information governance arrangements, local priorities and data availability.

How to use this template

- Use the template quarterly to support a constructive discussion between commissioners and providers about improving cardiovascular disease prevention via the NHS Health Check, including the programme's reach, quality and impact on outcomes.
- Complete and share it before the meeting, or work through it during the discussion, ensuring the provider has the relevant data available.
- Use the instructions in italics to help complete each section; these can be removed from the final version if preferred.
- Tailor the order to the provider and local context. In some areas, discussions around financial opportunity incentivises and encourages provider action, whereas in some areas or with certain providers it may not be relevant.
- Use quality indicators to identify where practical support, training or data improvement may be needed.
- Agree a small number of clear actions, owners and deadlines, and review progress at the next meeting.

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A concise quarterly tool to support constructive commissioner-provider conversations about activity, quality and improvement.

Provider	Financial year	Quarter	Review date

1. Activity and financial opportunity

Activity and coverage

Start with a review of delivery and the local factors affecting performance. Where available, use comparison data to understand changes over time and the provider's position in the local context such as performance across local practices or providers, PCN-level data, and applicable QOF or CVD prevention indicators.

Eligible population for this provider: _____

Measure	Quarterly target	This quarter	% of quarterly target achieved	Annual target	Year to date	% of annual target achieved	Comparable period last year
First invitations sent							
Completed NHS Health Checks							
Coverage of eligible population							

Coverage = completed checks ÷ eligible population. Adapt targets and denominators to local contractual and data arrangements. All local authorities should be aiming to achieve the ambitions in the CVD MSF.

Financial opportunity

Showing missed financial opportunity has helped motivate providers in some areas. In other settings, beginning with finance may make the discussion more difficult. Local authorities should therefore decide when to introduce this information according to the provider relationship. It should also be adapted to the local payment for instance if they pay for invitations, different tariffs for particular population groups, or use target-based and bonus payments that could be achieved through improved performance.

Income achieved in quarter	Indicative income opportunity
£	£
Completed checks × tariff per completed check	Gap between target and completed checks × tariff; use as an improvement prompt only

2. Quality of completed checks

For each indicator, divide the number of completed NHS Health Checks in which the element was recorded by the total number of completed checks reviewed. The standard is 100%, as these elements are legally required. Local authorities should verify provider performance during contract reviews, examine auditable evidence and agree action on any gaps. RAG ratings may show progress, but the required standard remains 100%.

Green: Meets or exceeds the locally agreed standard	Amber: Slightly below standard or requires improvement	Red: Materially below standard or requires prompt action

Quality indicator	Result	RAG rating	Comment or evidence
QRISK score recorded			

Quality indicator	Result	RAG rating	Comment or evidence
TC:HDL cholesterol ratio recorded			
Blood pressure recorded			
BMI recorded			
AUDIT score recorded			
Smoking status recorded			
GPPAQ result recorded			
Results coded in the GP record			

Referral and outcome data (if available)

Local authorities should seek to collect outcome data to understand the impact of the NHS Health Check programme. This may require working across the local health system to identify and access relevant data. Where available, enter the number and percentage for each measure and clearly state the denominator used, as this may vary by measure. If only counts are available, complete the number column and explain any data limitations in the comment or evidence column. The data can be reviewed quarterly or annually, depending on availability.

Measure	Number	Denominator	Percentage	Comment or evidence
People offered or receiving any onward referral		People identified as requiring onward referral		
Referrals to primary care		People identified as requiring referral to primary care		
Referrals to behavioural change services		People identified as requiring referral to behavioral change service		
People with hypertension identified		Completed NHS Health Checks		
People identified at high cardiovascular risk		Completed NHS Health Checks		
Other locally available outcome measure: _____		Specify the relevant population		

3. Review of actions from the previous quarter

Review progress against actions agreed at the previous meeting before discussing current performance and agreeing any further action.

Previous action	Owner	Due date	Status	Evidence / outcome	Further action required

Status options: Complete / On track / Delayed / No longer required.

4. Contract review conversation

Use these questions to guide the conversation with the provider, drawing on the performance, quality, outcome and action information reviewed above.

Discussion prompt	Notes
What is working well?	
What factors are affecting activity, coverage and equity of access? What does available demographic data show about who is being reached and any groups that may be underserved?	
Are there any quality issues with the NHS Health Checks which need addressing?	
What does comparison with previous performance and relevant local practices, PCNs, providers or indicators show?	
How are outcomes and onward referrals being understood? What data is available, what do they show, and are there any gaps?	
What support would help the provider?	

5. Agreed improvement actions for the next quarter

Action	Owner	Due date	Evidence / outcome