

## SCHEDULE 1 – SERVICE SPECIFICATION

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	001
<b>Service</b>	NHS Health Checks Southampton City Outreach Events
<b>Commissioner Lead</b>	Nicola Duffield, NHS Health Checks Commissioning Lead
<b>Provider Lead</b>	
<b>Period</b>	
<b>Date of Review</b>	

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p><b>National context</b></p> <p>The UK National Screening Committee defines NHS Health Checks as a “disease control programme” that will integrate prevention, screening, early detection and disease management for:</p> <ul style="list-style-type: none"> <li>• Coronary Heart Disease</li> <li>• Stroke and Transient Ischaemic Attacks</li> <li>• Type 2 Diabetes</li> <li>• Chronic Kidney Disease</li> </ul> <p>The UK National Screening Committee approved the NHS Health Check programme following a report by the University of Leicester. There is considerable evidence supporting individual components of the NHS Health Check, such as a Norwegian study on screening for Chronic Kidney Disease (Hallan et al., 2006), and large parts of the overall programme, for instance the Diabetes, Heart Disease and Stroke (DHDS) pilot (Goyder &amp; Carlisle, 2006). However, it has to be acknowledged that the NHS Health Checks programme in its entirety was not piloted and evaluated prior to its launch. Prospective studies examining the impact of NHS Health Checks are ongoing.</p>

## Cost effectiveness evidence base

The Department of Health has, using conservative assumptions, estimated that NHS Health Checks cost £2,142 per Quality Adjusted Life Year (Kerr, DH, 2010). This compares well to the £30,000 threshold per QALY determined by NICE.

## References & Bibliography

- Be Active Be Healthy: (DH, February 2009).
- Department of Health (2008) Economic modelling for vascular checks. Department of Health.
- Hallan SI, Dahl K, Oien CM, Grootendorst DC et al. (2006) Screening strategies for chronic kidney disease in the general population: follow-up of cross sectional health survey. BMJ, 333: 1047.
- Goyder E, Carlisle J. (2006) National evaluations of DHDS diabetes screening pilot programme: interim report to UK National Screening Committee, Sheffield: Public Health Section of SchARR.
- Kerr, M. (2010) NHS Health Checks benefits and savings, NHS Diabetes & Kidney Care. Department of Health.
- National Institute of Health & Clinical Excellence (2010) Lipid modification: Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease <http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf>
- Putting Prevention First – Best Practice Guidance (April 2009) ([http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_098410.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098410.pdf))
- Putting Prevention First (DH, March 2008).
- The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management (UK National Screening Committee, March 2008).

## Local Context

In Southampton we have been commissioning this service since April 2013. We use an invitation mechanism that systematically calls and recalls patients based on their quinquennial birthdays. General Practices are contracted to deliver the service to their patients utilising Practice Nurses, HCAs and GPs/associate physicians to assess patients. Patients who are in the right stage of behaviour change are referred on to the local Health Trainer service or elsewhere on the care pathway if they meet the correct criteria.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and	

## Public Health Outcomes Framework

The service potentially contributes to a number of indicators in the PHOF including the following:

0.2	Slope index of inequality in life expectancy at birth	✓
1.09	Sickness absence – percentage of employees having at least one day off in previous week	✓
2.13	Percentage of physically active and inactive adults	✓
2.22	Take up of NHS Health Check programme by those eligible	✓
4.03	Mortality rate from causes considered preventable	✓

## 2.2 Local defined outcomes

Performance Indicator	Indicator	Threshold	Method of Measurement
Identification of event venues	Appropriate involvement in establishing appropriate venues for workplace and community events.	<ul style="list-style-type: none"> <li>Venues must be discussed immediately after the instruction of the contract.</li> </ul>	Discussions on telephone.
Marketing of events in collaboration with Southampton City Council's Public Health Communication Specialist	Marketing focussed at the target group specified.	<ul style="list-style-type: none"> <li>Marketing must begin at least two weeks before the first event.</li> <li>Media marketing to be completed in collaboration with the commissioners.</li> </ul>	Discussions at Marketing meeting
Providing 300 Full Health Checks overall	Number of full Health Checks completed for the eligible population.	<ul style="list-style-type: none"> <li>Full health check assessment must be completed and each element recorded.</li> <li>Brief intervention on appropriate lifestyle issues to be completed and recorded.</li> <li>Onward referral to a Health Trainer or Quitters advisor as appropriate.</li> <li>Patient data to be delivered to and acknowledged at appropriate general practice within 2 working days of the event – data required to be supplied.</li> </ul>	Post event report and review including a number of indicators to be supplied.
Those who are not eligible for a Full Health Check should be passed to the Health Trainers and Quitters staff present.	Patients outside the age range or those who already have established cardiovascular disease should be offered a discussion with a Health Trainer or Quitters advisor.	<ul style="list-style-type: none"> <li>Clear guidance to be produced for practitioners to establish if people are eligible for a full Health Check.</li> <li>Onward referral to a Health Trainer or Quitters advisor as appropriate.</li> <li>Any patient data gathered to be delivered to and acknowledged at appropriate general practice within 2 working days of the event – data required to be supplied.</li> </ul>	<ul style="list-style-type: none"> <li>Bid and pre event discussions</li> <li>Post event report and review.</li> </ul>
Evaluation of project	Project evaluation to include a number of indicators which will be supplied.	<ul style="list-style-type: none"> <li>Full evaluation report produced within 1 month of project completion</li> </ul>	Final report

## 3. Scope

### 3.1 Aims and objectives of service

The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these health problems.

The commissioning of Outreach Events aims to achieve the following:

- Increasing the number of Health Checks completed.
- Increasing the number of people seen from BME groups.
- Increasing the number of men seen.
- Increasing the number of working people seen.
- Increasing the number of people seen from deprived communities (IMD)

deciles 1, 2, & 3).

- Increasing the profile of NHS Health Checks locally.

### 3.2 Service description/care pathway

#### **NHS Health Checks Outreach Events**

The provider is required to deliver high profile events providing opportunistic NHS Health Checks, brief intervention and appropriate onward referral targeting deprived communities, working people and/or BME people in Southampton. The scale and scope of these events is determined by the target population and the KPIs below.

This will include:

- Provision of venues criteria to ensure appropriate venues are sourced by SCC.
- Provision of NHS Health Check assessments to national and local guidelines to include Point of Care Testing for cholesterol (see QA considerations below).
- Provision of staff within appropriate skill mix.
- Organising Health Trainers and Quitters Advisors for follow up after assessment (and IAPT if workplace Health Checks are included).
- Provision of marketing in consultation and agreement with Southampton City Council Communications Specialist.
- Provision of data capture.
- Generation and safe communication (N3 connection is required) of confidential patient records to General Practices in Southampton City and beyond. This must be compliant with Information Governance Guidelines and to follow up this communication of data with a phone call to the practices to ensure receipt.
- Evaluation and review after each event to include a report for commissioners (including data as specified) and a meeting to discuss if necessary.

#### **Reporting to General Practices in Southampton**

Within 2 working days using a secure N3 connection and checking receipt via the practice manager.

#### **Summary Reporting to Commissioning Lead**

The provider will provide the following performance information to the commissioner within 5 working days in preparation for a review meeting.

### 3.3 Population covered

People aged 40 – 74 years old without CVD. Focusing on BME, men and/or the more deprived communities in Southampton City (IMD 1, 2 & 3) - map supplied.

### 3.4 Any acceptance and exclusion criteria and thresholds

People who are not within the 40 – 74 age range or have CVD can only see a Health Trainer if they would like some behaviour change advice.

### 3.5 Interdependence with other services/providers

Solent NHS Trust - Health Trainers and Quitters.  
Southern NHS Foundation Trust - Steps 2 Wellbeing  
CRI - Southampton Alcohol and Brief Interventions Service  
Spire - The Weigh Ahead  
Active Nation - Exercise on Referral

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

NICE guidance can be found here:

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_guidance/nice\\_guidelines/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/nice_guidelines/)

The provider is required to carry out self-assessments of their compliance against the IG requirements using the IG toolkit found here <https://www.igt.hscic.gov.uk/about.aspx>

### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

### 4.3 Applicable local standards

The provider must have public and professional liability insurance.

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

- NHS Health Checks Best Practice Guidance
- Vascular Risk Assessment : Workforce Competencies  
These can be found here: [www.publichealth.southampton.gov/healthimprovement/healthchecks/resources.aspx](http://www.publichealth.southampton.gov/healthimprovement/healthchecks/resources.aspx)
- Staff must have completed the online training for dementia  
<http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/>
- Draft Quality Assurance Standards for NHS Health Checks
- Point of Care Testing Buyers Guide  
These can be found here <http://www.healthcheck.nhs.uk/>