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| Service Required: | Worcestershire NHS Health Checks Programme |
| Commissioning Lead: | Worcestershire County Council |
| Period of Delivery: | 1 st April 2013 – 31 st March 2015 |
| Contract Value: | Payment by Results |
| Version: | WNHSHCP-FINAL |

Section 1: Introduction

1.0 The Department of Health (DH) has introduced a systematic and integrated programme of vascular risk assessment and management for those aged between 40 and 74 years, which follows on from the recommendations published by the National Screening Committee in March 2008. DH has concluded that such an approach is both clinically and cost effective.

1.1 From April 2013, Local Authorities will be required to commission a mandatory programme of NHS Health Checks that will enable all of the registered or resident eligible population to continue to be invited for a Health Check. This will be part of the existing five year rolling call/recall programme, which commenced full roll out via Primary Care in 2012/13.

Section 2: Background and evidence base

2.0 Heart disease and stroke continue to be the most common causes of death, contributing to almost one-third (32 per cent) of all deaths registered in 2010 (ONS, Births and Deaths in England and Wales 2010). Everyone is at some risk of developing heart disease, stroke and diabetes. These conditions can lead to significant forms of disability with implications for social care and consequent expenditure from the Local Authority. The aim of the NHS Health Check programme is to enable the population to stay healthier for longer by identifying their risk of developing these conditions, and offering support to reduce or manage this risk. For further information, see Section 1 of the Worcestershire NHS Health Checks Procurement Tendering Support Document.

Section 3: Section Period of service

3.0 This service specification will cover the period between **1st April 2013 and 31st March 2015**. A review of delivery for a further 2 years will take place during the lifetime of this agreement.

Section 4. Scope and Definition of Service

4.0 This service specification outlines the delivery requirements for the NHS Health Checks Programme in Worcestershire. The programme aims to identify and manage people's risk of a range of vascular diseases (i.e. heart disease, stroke, diabetes and kidney disease) and to offer them appropriate advice, referral or follow up. The scope of the programme is:

- Identification of those people who are eligible (including targeting of hard to reach populations);
- Risk assessment and identification of associated risk factors;
- Communication of results and level of risk;
- Management of risk (including advice, brief interventions, referral for clinical support, signposting and referral to other services if appropriate).

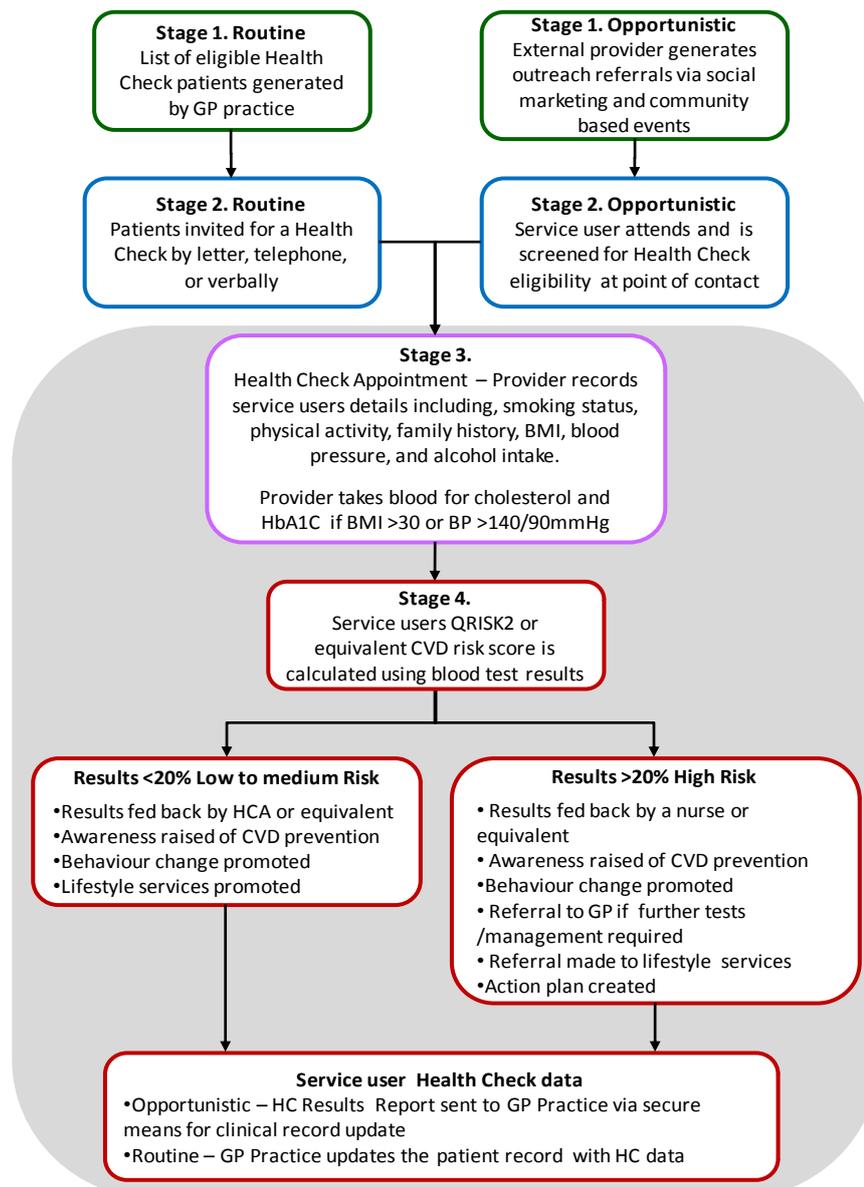
4.1 The service is primarily a preventive one; it is not intended for those people who already have vascular disease, e.g. people with an existing diagnosis of coronary heart disease, stroke/TIA, peripheral vascular disease, atrial fibrillation, type 2 diabetes, heart failure, chronic kidney disease (CKD stages 3-5), hypertension, or those with confirmed familial hyperlipidaemia. Patients on the Mental Health Register (who should be screened for CVD as part of their routine reviews) are also excluded from this service.

4.2 For the benefit of this service specification, the following terms shall have the following meanings:

- Those eligible are referred to as service users. The term 'patient' is used to refer to someone registered on a GP practice list;
- An 'external provider' refers to any organisation that is not a registered GP practice;
- A 'routine health check' is one that is carried out by a registered GP practice;
- An opportunistic health check is one that is carried out by an external provider.

Section 5: Service Description

5.0 There are 4 stages required to deliver an effective service:



(The national patient and service pathways can be found in section 2 of the NHS Health Checks Procurement Tendering Support Document).

Stage 1. Identify eligibility for the Health Check assessment

5.1 There are two main methods for identifying and establishing eligible referrals for a Health Check:

1. GP practice identifies eligible patients based on the HC read codes template in section 3 of the Support Document, and creates a validated invite register;
2. External provider conducts social marketing campaign and/or community based events to generate interest for opportunistic referrals.

5.2 People identified opportunistically by an external provider should be filtered at the point of contact to ensure that they are eligible to proceed to a full Health Check. Filtering criteria should include:

- Has not had a previous NHS Health Check in last 5 years;
- Is aged between 40 and 74 years;
- Is registered with a Worcestershire GP or resident in the county;
- Does not have an existing diagnosis of any CVD related condition (E.G. hypertension, diabetes, kidney disease, atherosclerotic CVD). See point 4.1 for further details.

Stage 2. Invite eligible people for a Health Check

5.3 Eligible people identified from the GP list should be invited verbally, by telephone, or by letter. If the patient's GP Practice is working with an external provider or other GP Practice, the host GP practice must gain patient consent to share their contact details. Alternatively the host GP practice could send a letter to eligible patients, on behalf of the external provider or other GP practice, inviting the patient for a Health Check.

5.4 Opportunistic invites via external providers should use social media, outreach events, or other marketing techniques to generate interest. All marketing materials should be produced in line with the NHS Health Check Branding Guidelines.

5.5 When a person has been invited or declines a health check, GP practices should update patient notes using the appropriate Read code (see Section 3 of the Support Document for the read code template).

5.6 All providers should actively look to target populations where high risk service users may be more prevalent.

Stage 3. Conduct the NHS Health Check

5.7 Those eligible should receive a Health Check assessment that lasts a minimum of **20 minutes** duration. This is likely to take longer for those with identified risk factors, in order to effectively communicate risk and deliver healthy lifestyle advice.

5.8 The Health Check requires the information outlined below to be collected in order to calculate the 10-year CVD risk score:

History

- Age and gender;
- Ethnicity;
- Family history (first degree relatives with diabetes) (for CHD, record age at onset – positive family history is younger than 55 in fathers, sons or brothers or younger than 65 in mothers, daughters or sisters);
- History of gestational diabetes;
- Medication already prescribed (statins, ACEI or ARB, beta-blocker, aspirin or warfarin).

Lifestyle

- Smoking status;
- Current physical activity level (using GPPAQ);
- Alcohol consumption using Audit C (or full AUDIT)

Measurements

- Height, weight, and body mass index (BMI);
- Radial pulse (see Atrial Fibrillation note at Point 5.6 in the Support Document);
- Systolic and diastolic blood pressure (see Hypertension and Chronic Kidney Disease Assessment note Point 5.4 in the Support Document);
- HbA1c if at risk of diabetes (BMI ≥ 30 (or ≥ 27.5 if Indian, Pakistani, Bangladeshi Other Asian or Chinese) or BP $\geq 140/90$);
- Non-fasting total cholesterol and ratio.

5.9 Bloods should be taken to test for cholesterol (non-fasting), along with HbA1c if there is a risk of diabetes (BMI ≥ 30 or ≥ 27.5 if Indian, Pakistani, Bangladeshi, Other Asian or Chinese) or BP $\geq 140/90$).

5.10 The use of point of care testing machines (POCT) is recommended as best practice for the Worcestershire NHS Health Checks Programme and should be used where appropriate quality assurance mechanisms are in place, see section 6 for further information.

5.11 Where the service is delivered via a GP practice with existing laboratory testing processes in place, then this system can be continued to be used. GP practices using this system will need to agree in-house processes for paying laboratory costs.

Stage 4. Results and calculation of risk score.

5.12 The Qrisk2 (or other CVD risk equivalent tool) score should be calculated based on the information in point 5.6.

- Those identified as **low to medium risk** (<20% CVD risk) should be given their results on an NHS Health Checks results leaflet (or own equivalent). If risk factors are identified, the service user should be given lifestyle advice and brief interventions for adopting healthier lifestyle behaviours. The service user should be encouraged to develop a behaviour change action plan and to set manageable goals in order to maintain/adopt a healthier lifestyle; this can be completed on the reverse of the results leaflet. The service user should also be signposted to the Worcestershire Healthy Lifestyles Hub for further support. If the Health Check has been delivered by an external provider, it must be made clear both verbally and in writing that they do not need to seek further follow up from their GP, and that they only need a Health Check once every 5 years.
- Those identified as **high risk** (>20% CVD risk) must be given individually tailored feedback/follow-up* by a GP, Nurse Practitioner or Nurse. As with low risk patients, an NHS Health Checks results leaflet (or own equivalent) should be used to record the service users results and develop a behaviour change action plan. If the Health Check has been conducted by an external provider and the service user needs further follow up from their GP, they should be advised of the relative urgency of this follow-up and this should also be recorded on their Health Checks results leaflet.

A link to the NHS Health Checks Results Leaflet can be found in section 5 of the Support Document.

5.13 Public Health will provide a set of onward referral thresholds for the risk factors outlined below. These will include trigger points for the need for further GP follow up. This is to ensure that service

users are appropriately sent back to their GP. (an example of onward referral thresholds table can be found in Section 4 of the Support Document):

- Blood pressure;
- Cholesterol – Total and TC/HDL ratio;
- HbA1c;
- Smoking;
- Alcohol – AUDIT score;
- Weight – BMI;
- Physical activity (GPPPO);
- QRISK2 or JBS2.

5.14 All individuals aged 65 – 74 should be provided with information to raise their awareness of dementia and the availability of memory services. Dementia leaflets will be provided by the Council.

5.15 All individuals receiving a Health Check should also be given a Health Checks card advising them that they have had an NHS Health Check and informing them that their next Health check is due in five years time. This is in order to help reduce the number of individuals attending for repeat Health Checks.

5.16 External providers must send a Health Check Results Report to the service users GP practice via a secure N3 network for all service users receiving a Health Check. Where a service user has been identified as high risk and has been advised to see their GP for further follow-up, their results report should be sent back to the practice within 3 days. This report must state the details of the service user receiving the Health Check, their results, and flag any areas of high risk for further follow up. The Health Check Results Report can also be used by practices delivering on behalf of other practices.

5.17 Where service users have been advised to see their GP for further follow-up, external providers should follow up within two weeks by telephone to identify if they have acted on the advice given, and to motivate them to do so where no action has been taken.

5.18 Systems for reporting back to non Worcestershire GP's (including those in other UK countries such as Wales), should also be in place for non Worcestershire registered patients. A sample Health Check Results Report is available in Section 6 the Support Document.

5.19 Service users that are not registered with a GP practice should be signposted to the Worcester Walk in centre, or advised to contact their local CCG for practice registration details.

5.20 Service users identified as high risk that decline follow up should be given their results in writing, together with appropriate advice on next steps.

5.21 Providers are encouraged to work in partnership if necessary to achieve the best available service for a geographical locality.

5.22 A link to further details of the content of the Health check, which is set out in the national Best Practice and Guidance can be found in Section 5 of the Support Document.

*For feedback best practice recommendations see Section 7 of the Support Document.

Section 6. Equipment and materials

6.0 It is the provider's responsibility to provide all necessary equipment and facilities required to conduct a Health Check. This includes a private area for assessment, height and weight measuring devices, blood pressure monitors, point of care testing equipment, consumables (including suitable storage and disposal facilities e.g. refrigerator and sharps bins)

6.1 It is recommended that providers utilise Point of Care Testing POCT to undertake cholesterol and HbA1c tests. Laboratory testing may also be used, subject to approval by the Council.

6.2 It is recommended that one of the following POCT machines are used by the provider;

- Cholesterol – Cardiocheck PA, Cholestech LDX, Piccolo Zpress, Reflotron Plus
- HbA1c – A1CNow+, Afinion, DCAvantage, in2it, Nycocard

6.3 Further details on the above recommended POCT machines are available in the NHS Purchasing and Supply Agency Buyer’s Guides for POCT for Cholesterol (2009) and HbA1c (2009).

6.4 The provider is expected to adhere to Medicines and Healthcare Regulatory Agency (MHRA) advice* on selection of appropriate equipment, training in its use and ongoing management, troubleshooting, and quality assurance processes that ensure the accuracy and ability to reproduce results.

6.5 All equipment should be fully functional, accurate and regularly calibrated. POCT equipment should be checked internally either daily, or on those days it is being utilised. Providers should sign-up to and participate in an External Quality Assessment (EQA) scheme such as WEQAS www.weqas.com or the Birmingham Quality POCT EQA Service for lipids:

www.birminghamquality.org.uk

6.6 Documentation relating to the quality assurance processes utilised by the provider should be made available to the Council upon request. Failure to comply with the required QA processes will result in suspension of the provider’s contract, until sufficient evidence of compliance is provided.

***MDA DB 2002(03): The management and use of IVD Point Of Care Testing Devices. Medical Devices Agency, UK.**

Section 7: Data Recording and Reporting Requirements

7.0 All providers must record the number of eligible people they invite;

- GP practices should record invites using the read codes outlined in the read code template* outlined in section 3 of the supporting document.
- External providers should record the number of individuals they engage and identify as eligible for a Health Check but who subsequently decide against having a Health Check

*The latest version of the Health Checks Read Code Template is currently being developed for GP practices to download onto their system prior to the commencement of this contract.

7.1 All providers must record the core data set (outlined below) for all full Health Checks undertaken.

| Demographics |
|--------------------------|
| Name and Address |
| Post code |
| Age at attendance |
| Gender |
| Ethnicity |
| Assessment |
| Location of Health Check |
| Body Mass Index (BMI) |
| Blood Pressure (sitting) |
| HDL/LDL Ratio |

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|--|
| Total Cholesterol |
| Physical Activity Level (GPPAQ Score) |
| Smoking Status |
| CVD Risk Score |
| AUDIT-C Score (or full AUDIT score) |
| Health Check Information, Advice or Brief Interventions |
| Info, Advice or BI Provided (E.G. Stop Smoking, Physical Activity, Weight Management, Alcohol, Dementia) |
| Health Check Signposting and Referral |
| Signposted or referred to the Healthy Lifestyles Hub (E.G. Health Trainers, Stop Smoking, Physical Activity) |

7.2 For GP Practice providers this activity will be recorded onto the clinical system by using the Health Checks Read Code Template. This will enable anonymised, disaggregate Health Check activity data to be collected automatically via the MSDi Clinical Manager software by the Council.

7.3 GP practices uploading Health Check activity to the clinical system from external providers must ensure that they code the data appropriately to reflect that the Health Check was undertaken elsewhere (38B10). GP practices will not be paid for activity completed by external providers, and Worcestershire County Council reserves the right to conduct regular audits of GP practice patient Health Check data for identification of payment accuracy.

7.4 External providers should use the Health Checks Read Code Template as the basis for the individual service user Results Report, which they must send to GP practices for each service user that receives a Health Check. A sample Results Report is provided in section 6 of the supporting document.

7.5 For payment purposes, quarterly figures extracted from MSDi will be used for all GP providers. External providers must submit quarterly summary figures along with the core data set (shown above) that outlines activity undertaken. If a GP practice is conducting Health Checks on behalf of another non qualified practice, they should also submit a summary of this activity. The summary should consist of:

- Number of eligible invites*By registered GP Practice
- Number of eligible Health Checks (low risk and high risk)* By registered GP Practice

Section 8. Quality Assurance

Clinical

8.0 The initial assessment can be undertaken by any member of the clinical team with the appropriate skills in areas such as taking blood (E.G. Healthcare Assistant). Further information on the competencies of NHS Health Checks staff can be found via the link in section 5 of the Support Document.

8.1 All staff undertaking Health Check activity should be suitably trained. Evidence will be required to show that staff are competent in the following areas:

- How to conduct an NHS Health Check;
- Appropriate use of POCT and other measuring equipment;
- Health and safety standards;
- Clinical management including infection control, and taking of blood;
- Motivational interviewing and effective communication techniques;
- Knowledge of lifestyle advice and techniques for initiating behaviour change.

8.2 All staff delivering the Health Check assessments should be CRB cleared prior to commencement of delivery of the programme.

8.3 All POCT equipment must be subject to both internal and external quality assurance processes, further details are provided in section 6.

8.4 During the life of the contract, the provider must remain aware of all current and emerging national guidance for NHS Health Checks, and work with the Council to ensure it is implemented where necessary.

Data

8.5 All providers must ensure that they use data encryption and secure storage when storing and transporting patient data.

8.6 All data transferred between providers and the Council, or the service users GP practice must be sent via secure means, and be subject to agreement by both parties.

Section 9: Payment schedule

9.0 Health Check payments for the delivery of this service specification will be as follows:

| Method of Measurement | Price | Thresholds | Expected Annual Contract Value |
|--|-------|------------|--------------------------------|
| Low to medium Risk service user (QRisk2 score of <20%, calculated at the time of the Health Check) | £37 | N/A | N/A |
| High Risk service user (QRisk2 score of >= 20% | £44 | N/A | N/A |

NOTE: The tariff rates include the cost for laboratory testing.

9.1 The annual target for Worcestershire is to invite 37661 individuals for an NHS Health Check, 20% of the eligible population and deliver a Health check to 75% of those invited. Worcestershire County Council is therefore looking for providers to deliver a total of 28246 Health Checks annually.

9.2 The Council reserves the right to consider a cap on activity volumes based on performance against target and available funding.

Section 10. Essential Delivery requirements

Equality and Diversity

10.0 The Service Provider will need to ensure information, support and guidance is available to all individuals wishing to access an NHS Health Check. The Service Provider must ensure information is available to all and have tools to interpret information into the most appropriate formats for individuals; this could include interpretation services and or documents produced in different languages or formats.

10.1 The Service Provider will also have a robust understanding of the needs and requirements of different cultures and religious backgrounds and will take account of culture, religion, race, gender,

age, disability and sexuality. Service users will be seen as individuals.

Consent

10.2 The service provider must ensure that all consent processes comply with the Department of Health requirements and, where applicable, written consent must be obtained and appropriately recorded on the service user's record.

10.3 A link to the Department of Health's Reference guide to consent for examination or treatment can be found in the Support Document.

Infection Control

10.4 The service provider must ensure that infection prevention and control mechanisms are in place that comply with the Health Act 2008, the Code of Practice for the prevention and control of Healthcare Associated Infections, and adhere to all national and local policies and implement best practice from Saving Lives in respect to hand hygiene.

Service Standards

10.5 The service provider must deliver services in accordance with best practice in health care and shall comply in all respect with the standards and recommendations contained in:

- a. Care Quality Commission registration requirements
- b. National Institute of Health and Clinical Excellence guidance
- c. National Service Frameworks and National Strategies
- d. National Patient Safety Agency alerts and guidance
- e. Clinical Negligence for Trusts/National Health Service Litigation Authority Scheme requirements

Risk Management

10.6 The service provider must have robust risk management processes in place, including:

- Incident reporting and investigation processes
- Complaints processes compliant with NHS guidance.

10.7 The service provider must report all SUIs (Serious Untoward Incidents) to Worcestershire County Council within 24 hours of occurrence and provide details of RCA (Root Cause Analysis), recommendations and actions taken as a result.

Safeguarding and Vulnerable Adults

10.8 The service provider must have robust policies and procedures in place to ensure that vulnerable adults are protected from harm and their welfare is promoted. National and local policies and procedures with regard to Safeguarding Children and Vulnerable Adults, including those of Worcestershire Safeguarding Children Board and the Worcestershire Safeguarding Adults Board must be adhered to.

Section 11. Governance

11.0 Providers must meet all national and local standards of service quality and clinical governance including those set out in Standards for Better Health. Compliance with all relevant NICE guidance is also required.

11.1 Providers will be required to demonstrate their coordination of and involvement in regular

clinical audit of the service interventions and outcomes.

11.2 Responsive protocols and procedures should be in place for managing service user complaints. These should be available in 'easy to read' format so they are accessible to people with limited communication skills. Complaints should be reviewed at regular intervals and learning from these shared and applied as appropriate to ensure that services are continually improved. A log of service user complaints should be shared with the Council on a quarterly basis.

11.3 Providers will be required to show how they respond to service user feedback, and how this is used to shape and improve the service.

11.4 Procedures should be in place to obtain service user consent for the collection, storage, and onward transmission of their records. Providers should comply with the NHS, and Worcestershire County Council's policies for secure data transmission.

Section 12. Health and Safety

12.0 Appropriate health and safety, and risk management systems should be in place that ensures that Worcestershire County Councils standards are met. They should also ensure that any risk assessments and significant events are both documented and audited regularly and outcomes of these implemented. Services should comply with national requirements for recording using an agreed risk reporting, investigation and implementation of learning from incidents.

Section 13: Performance Monitoring

13.0 The following list of performance indicators are essential to the delivery of this contract and must be adhered to by the provider:

| Quality Indicator | Threshold | Method of Measurement | Consequence of Breach |
|--|---------------------------------------|---|---|
| Percentage of invites that have a full NHS Health Check | A minimum of 40% of those invited | Quarterly, based on service users with a reported risk score in the Core Dataset Report | Trigger point for Council contract review meeting |
| All smokers offered advice and referral to Healthy Lifestyles Hub/or in house service if available | 100% of all identified smokers | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| All individuals with a BMI>25 to be offered advice and referral to the Healthy Lifestyles Hub/or in house service if available | 100% of all service users with BMI>25 | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |

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| All individuals with a less than active GPPAQ score (1-3) to be offered advice and referral to the Healthy Lifestyles Hub/or in house service if available | 100% of all service users with a less than active score | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| All individuals with an AUDIT score of 8+ given a brief intervention, all those with a score of 20+ offered referral to specialist alcohol services/or in house service if available | 100% of all service users with a score of 8+ and 20+ | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| Number of complaints received | | Provider to collate and submit as part of the Quarterly Service Quality Performance Report | Provider to submit to Council plan to address issues raised in complaints |