APPENDIX A

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification	
Service	**NHS Health Checks Programme**
Authority Lead	
Provider Lead	
Period	
Date of Review	**April 2014 – March 2015**

1. Population Needs

1.1 National/local context and evidence base

The NHS Health Check programme is a mandatory public health service for the local authority. The NHS Health Check is a systematic vascular risk assessment and management programme to help prevent various cardiovascular diseases (CVD) including heart disease, stroke, diabetes and dementia and kidney disease. The check is offered once every five years. The eligible cohort includes people between 40 to 74 years of age who do not have any diagnosed CVD at the time of the check. The full exclusion list is provided below.[1]

Specifically people diagnosed with the following are excluded from the programme:
• coronary heart disease
• chronic kidney disease (CKD)
• diabetes
• hypertension
• atrial fibrillation
• transient ischaemic attack
• hypercholesterolemia
• heart failure
•peripheral arterial disease
• stroke.
Also excluded are people:
• being prescribed statins
• who have previously had an NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing cardiovascular disease over the next 10-years.

The Department of Health expects 20% of the eligible population to be invited each year over the 5 year rolling programme with an uptake moving from an initial 50% towards 75%.

[1] http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

The Department of Health estimated that the programme could prevent 1,600 heart attacks and strokes, at least 650 premature deaths, and identify over 4,000 new cases of diabetes each year. At least 20,000 cases of diabetes or kidney disease could be detected earlier, allowing individuals to be better managed to improve their quality of life. The estimated cost per quality adjusted life year (QALY) is approximately £3,000.[2]

Add local data here, Richmond's example is below:

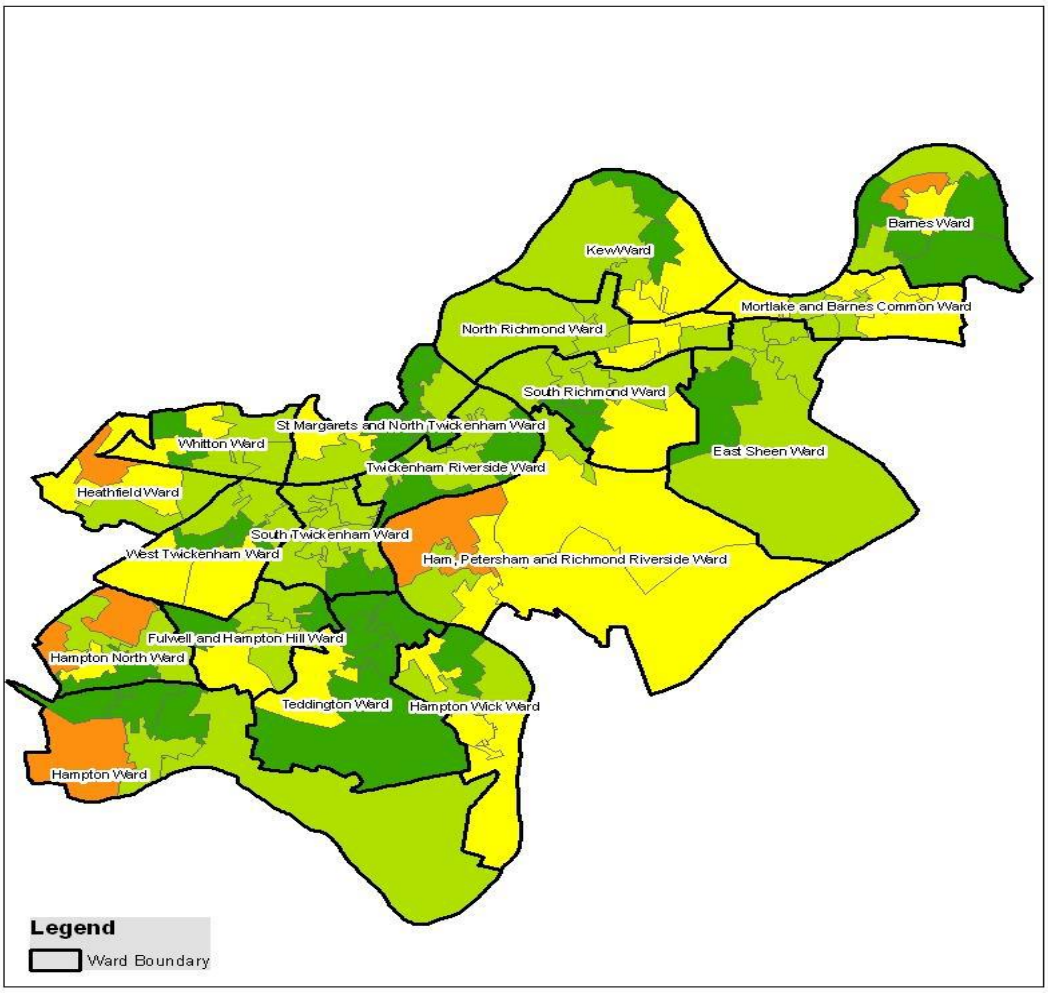
LBRuT has an ageing population with large number of older people with undiagnosed long-term conditions. There is an opportunity to help these people through highlighting risk early. The eligible cohort is approximately 46,000 people in Richmond. It is estimated that there are around 3500 undiagnosed cases of diabetes and about 19000 undiagnosed cases of hypertension (for those aged 16+) in LBRuT.[3] According to the Director of Public Health's Report 2012, 210 deaths per year are due to smoking and there is a 5 year gap in life expectancy between people living in the best and worst wards.[4] There are six areas with approximately 11000 (6%) residents which have levels of deprivation that are above the national average.

Insert your boroughs local map of deprivation and analysis (Richmond's attached as an example)

[2] Public Health England report 'NHS Health Check: our approach to the evidence' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224537/NHS_Health_Check_our_approach_to_the_evidence_v2.pdf

[3] QOF prevalence and APHO modelled prevalence of CHD, stroke, hypertension, diabetes, chronic kidney disease, CVD and COPD for Richmond and Twickenham PCT based on 2011/12

[4] Annual Public Health Report for Richmond 2012



Index of Multiple Deprivation by Lower Super Output Area

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Tel: 020 8891 1411
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Produced from our Corporate Geographic Information System

Scale 1:58,000
N
Printed: 13/04/2012

Figure 1 – Index of Multiple Deprivation (IMD) 2010 by Lower Super Output Area (LSOA) shows deprivation in the Borough according to the main IMD domain score. It is relative to Richmond, with the most severely deprived area highlighted in orange. These areas are not within the most deprived quintiles in England.[5] The percentage of deaths attributable to CHD in the borough is considerably smaller than in England and Wales (13.76% versus 16.36% respectively), there are marked inequalities. For example East Sheen has a Standardised Mortality Ratio (SMR) for CHD of 39.9 compared to an SMR of 120.9 in West Twickenham. The programme offers an opportunity to target these known health inequalities in the borough with respect to CVD.

1.2 Local Strategy

Please insert your local NHS Health Checks strategy e.g. to target people with learning disabilities. Richmond's example is below:

- In LBRuT, the roll-out of the programme across the population will be prioritised to

[5] IMD 2010 Briefing note for Richmond

reduce inequalities by initially offering checks to those people at high or medium risk, people with Learning Disabilities, Severe Mental Illness and Carers.
- NHS Health Checks programme will be commissioned to GP practices, community pharmacies and the outreach service working in local communities.
- The health checks clients will include all eligible people who are Richmond residents or those registered with a Richmond practice.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The provider will ensure that the most appropriate mix of invitation methods are used to encourage uptake of the programme and in particular to increase uptake amongst relatively deprived and hard-to-reach groups.

The provider will provide an accessible service for working individuals by offering appointment times which include evening and/or weekend appointments for an NHS Health Check.

The provider will deliver tailored face-to-face feedback for each individual on their future risk of cardiovascular disease. In addition to the appropriate medical management of risk this will include advice on lifestyle and referral to local lifestyle interventions as appropriate.

The service will contribute to achievement on the following outcomes from the Public Health Outcomes Framework:
- Mortality rate from causes considered preventable (4.03 provisional)
- Under 75 mortality rate from all cardiovascular diseases (4.04i revised provisional)
- Under 75 mortality rate from all cardiovascular diseases considered preventable (4.04ii provisional)

Quality outcomes indicators for this service are further described in Appendix C.

Please insert your local outcomes

3. Scope

3.1 Aims and objectives of service

The aims and objectives of the NHS Health Check programme are:

- To offer an opportunity to make significant inroads in reducing health inequalities, including socio-economic, ethnic and gender inequalities.[6]
- To improve health outcomes and quality of life by enabling more people to be identified at an earlier stage of vascular change, with a better chance of putting in place positive ways to substantially reduce the risk of cardiovascular morbidity, premature death, or disability;

[6] Croydon NHS Health Check Pharmacy Specification 2013/14, p.2

- To offer a NHS Health Check to 20% of the eligible population every year as part of a 5 year rolling programme with an uptake level of 50-75%;
- To raise awareness of various cardiovascular diseases (CVD) and the importance of lifestyle choices in reducing risk e.g. reduced alcohol consumption, stopping smoking.
- To identify individuals eligible for the NHS Health Check service and assess and communicate their CVD risk.
- To work collaboratively with individuals with a high-risk of CVD and offer them ongoing support through referral to one or more of the local life style intervention services.
  e.g. Weight management, exercise referral, alcohol awareness, smoking cessation (Please insert your local service provider).
- To reduce the incidence of various CVD including CHD, stroke, diabetes, CKD and hypertension;
- To offer a convenient, flexible and accessible service by providing a choice of location and hours of availability to support access for all.[7]

3.2 Service description/pathway

Please also refer to the Quality Assurance Standards for NHS Health Checks: http://www.healthcheck.nhs.uk/document.php?o=528

Call/ recall service

An agreed process should be in place for those **eligible** for the NHS Health Check who do not respond to the offer or who choose to opt out. At least two contacts should be made: a written invitation letter should be followed up by a reminder if there is no response. Local areas may agree on the most appropriate reminder method for their population (e.g. phone, text, letter, email, in person). Those who choose to opt out of the NHS Health Check should be read coded and if they remain eligible recalled in five years.[8] The call-recall process needs to be agreed with Local Authority and provider(s) to ensure it is robust. (Please insert your agreed call recall process here)

Standard Risk assessment

The provider will assess and record the following information for **ALL eligible patients** who attend for an NHS Health Check:

Age
Gender
Ethnicity
Smoking status
Body Mass Index
Level of physical activity (The GP Physical Activity Questionnaire[9] classifies physical activity levels as active, moderately active, moderately inactive and inactive).
Family history (history of coronary heart disease in first-degree relative under 60 years)
Blood pressure measurement
Pulse check to detect Atrial Fibrillation

[7] Medway NHS Health Check Outreach Service Specification 2013/14, p.2
[8] NHS Health Check Programme Standards: A framework for quality improvement, February 2014, p.14
[9] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063812

Random total cholesterol and HDL
Alcohol risk assessment
Raise awareness of dementia and signpost to memory clinics (for individuals aged over 65)

Providers will use a validated screening tool for the alcohol risk assessment; either the WHO developed Alcohol Use Disorder Identification Test (AUDIT C) or FAST.

If the patient has already had a full lipid test (fasting or non-fasting**) in the previous one year** then the test does not need to be repeated and the risk calculation (e.g. QRisk2) can be based on the previous TC: HDL ratio. If the patient also requires a further diabetic risk assessment (see below) then the total cholesterol/HDL should be tested on the fasting sample taken for the plasma glucose test.

Providers who would like to use near patient testing for their Health Checks will need to demonstrate compliance with national guidelines and advice on training, quality assurance and safety[10].

The provider will perform further risk assessments for hypertension, chronic kidney disease and diabetes as appropriate (see below). Further reference should be made to Putting Prevention First – NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance[11].

Hypertension risk assessment

The provider will perform further hypertension risk assessments to detect and treat undiagnosed hypertension for patients with a blood pressure at or above ≥140/90 mmHg or where either the systolic or diastolic blood pressure exceeds the respective threshold. To identify persistent raised blood pressure these individuals should return for at least two further measurements under the best possible conditions.

As providers begin to implement the new NICE guidance on hypertension[12] it is expected that practices will phase in the use of 24-hour ambulatory blood pressure monitoring for the diagnosis of primary hypertension.

Diabetes risk assessment

The provider will perform a diabetes risk assessment to detect impaired glucose tolerance (IGT) and Diabetes Mellitus for any patient who meets any of the following criteria:

- BMI ≥ 30 (or ≥ 27.5 if Indian, Pakistani, Bangladeshi, other Asian or Chinese).
- A blood pressure threshold, at or above either a 140 mmHg systolic or 90 diastolic mmHg.

These patients should receive one of the following:

- A fasting plasma glucose test. However if the patient has had a normal fasting

[10] Next Steps' Guidance for Primary Care Trusts. Department of Health. November 2008. Gateway reference: 10729. www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/ DH_090277
[11] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097489
[12] http://www.nice.org.uk/CG127

plasma glucose within the last six months then there is no need to repeat the test. Patients who are found to have non-diabetic hyperglycaemia (6 -7 mmol/l) will also receive a formal oral glucose tolerance test to exclude diabetes or impaired glucose tolerance.

- Alternatively, an HBA1c test can be used for the screening and/or diagnosis of diabetes or impaired glucose tolerance.

- Further reference should be made to NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance[13].

Chronic Kidney Disease (CKD) risk assessment

The provider will perform a serum creatinine test to calculate the estimated glomerular filtration rate (eGFR) for any patient who has a raised blood pressure at or above either a 140 mmHg systolic or 90 mmHg diastolic. However if the patient has already had a serum creatinine within the past six months then the test need not be repeated.

Dementia

Everyone aged 65-74 who has a NHS Health Check should be made aware of the signs and symptoms of dementia and be signposted to memory services if this is appropriate. The dementia component of the NHS Health Check does not require any formal assessment or testing of memory. The purpose of the intervention is to raise awareness of dementia and the availability of memory services which offer further advice and assistance to people who may be experiencing memory difficulties, including making a diagnosis of dementia. In addition to raising awareness of dementia, which is a mandatory requirement, providers may wish to highlight the relationship.[14]

A leaflet for individuals having their check, and training materials for those carrying out the check have been produced to support this element. Copies of the dementia leaflets can be accessed on the following link: http://www.healthcheck.nhs.uk/document.php?o=327The web based Dementia training tool can be accessed on the following link: http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/

Risk Management

The provider will use the data from the risk assessment to calculate a risk score (please state the appropriate risk calculator that your borough uses e.g. QRisk2, JBS2 and recognise this may be updated as new tools become available). The risk score (high, moderate, low) will be communicated to the patient, with appropriate advice, support and interventions depending on the level of risk identified.

The provider will provide lifestyle advice to all patients on how to maintain/improve their vascular health.

All individuals with >20% CVD risk should be managed according to NICE guidance including provision of lifestyle advice and intervention, assessment for treatment with statins and an annual review this may be through maintaining a high risk register. People found to be at or above 20% risk should exit the programme irrespective of whether they have signs

[13]http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097489

[14] NHS Health Check Best Practice Guidance October 2013

of disease and should be followed up annually by their GP practice.
Insert referral criteria for local lifestyle intervention programmes here

Where the NHS Health Check is delivered by an alternative service provider, a timely referral back to the GP practice should be made following Information Governance and Data Protection Act guidelines, to ensure appropriate follow up undertaken (see standard 10). Those diagnosed with diabetes, hypertension or chronic kidney disease should be managed according to NICE guidance, recorded on the relevant disease register and will exit the programme.[15]

Data and monitoring requirements

The provider will record patient information concerning invitation, risk assessment and risk management using the standardised clinical data template, as defined /supplied by {xx} Council. Data must also be transferred securely to the patient's GP practice (legal requirement in the 2013 regulations)[16]

The provider will upload the data return search provided by the council onto the practice system and run the monthly/ quarterly data return search on the first day of each month and export the summary of activity to the council via (Please insert your local process here). **The data received by the council will be activity data only for monitoring and reporting purposes and will be completely anonymised**.

The provider will return the monthly data return to the council by, on or before the 10th day of the following month. For example the monthly return for March should be completed and returned by 10 April or if it falls on a weekend, then on the next working day.

The completed data return will include the following information on each patient:

{list data set}

Record Keeping

- The pharmacy/outreach contractor must maintain appropriate records to ensure effective ongoing service delivery and audit.
- The accredited pharmacist/outreach provider will record all relevant information using the NHS Health Check data collection software.
- Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies and the Data Protection Act.
- The pharmacy/outreach contractor will co-operate with any locally agreed assessment of service user experience and attend any future required accreditation training updates as appropriate.
- To ensure the security of confidential information the provider should be at least level 2 compliant with the IG Toolkit[17]

Referral and Follow-up

- (Insert name of borough) referral protocols to GPs/specialist services should be adhered to.

[15] NHS Health Check Programme Standards: A framework for quality improvement, February 2014, p.25
[16] http://www.legislation.gov.uk/uksi/2013/351/regulation/5/made
[17] https://www.igt.hscic.gov.uk/

All referrals to lifestyle services should be sent to (insert name of your local life style provider) either through electronic data transfer, fax or by post.

- Clients deemed high risk must be asked to make an appointment with their GP and a referral letter/electronic data transfer should also be sent to the GP with the client's test results. All test results must be sent to the clients GP.
- All information collected during a health check for every client should be sent back to the GP electronically, by fax or by post

3.3 Population covered

Each local authority to ensure systems are in place to consistently and accurately identify the population, establish eligibility and offer NHS Health Checks to all eligible persons in its area in a five-year period. The eligibility criteria are that the invitee must:

- be aged 40 to 74
- must not have been offered a health check within the previous five years

Specifically people already diagnosed with the following are excluded from the programme:

- coronary heart disease
- chronic kidney disease (CKD) (classified as stage 3, 4 or 5 within NICE CG 73)
- diabetes
- hypertension
- atrial fibrillation
- transient ischaemic attack
- hypercholesterolemia
- heart failure
- peripheral arterial disease
- stroke

In addition, individuals:

- must not be being prescribed statins for the purpose of lowering cholesterol
- must not have been assessed through a NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing cardiovascular disease over the next ten years

Written NHS Health Check information should be provided to all, outlining the risks and benefits of the programme.[18]

Local population may be different for some boroughs depending on local agreements. (e.g. cross border agreements with other boroughs). Please insert your local population.

3.4 Interdependencies with other services

- All patients with CVD risk score are referred to local practices for further investigation and treatment or for information only.
- People who would benefit from a lifestyle intervention are referred to Please insert the name of your local provider and flow chart

[18] Quality Assurance Standards for NHS Health Checks Draft Version, December 2013, p.12

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

Training Requirements:

- The Pharmacist/Outreach Lead must ensure that all staff involved in the provision of the service have relevant knowledge and skills, are appropriately trained in the operation of the service and follow local and national standard operating procedures and NICE guidelines.

It is recommended that staff have read and understood the *NHS Health Check Best Practice Guidance October 2013.*

- If additional training is scheduled, the pharmacy/outreach is expected to allow at least one member of staff already delivering Health Checks to attend.
- Update training and/or competency assessment may be undertaken on an annual basis or if changes to the programme occur.

NHS Health Check Programme Standards: A framework for quality improvement, February 2014

4.2 Applicable local standards

Facilities and Access: The site must be accessible by patients and should be compliant with the Disability and Discrimination Act (2005).

- All premises must meet national minimum standards set out by the Care Quality Commission. An accredited consultation area where privacy can be maintained. A sink and hand-washing facilities should be available to carry out the assessment.
- A consultation area, at least at the level required for the provision of the Medicines Use Review (MUR) service, which provides sufficient privacy (including visual privacy) and safety and enough room for the pharmacist/ outreach provider and client to sit comfortably with space for the testing equipment (desktop PC/laptop, scales, height meter and LDX machine/printer) will be required for the provision of the service
- A computer with internet access should be available within the consultation area to allow use of cardiovascular risk scoring tool. There should also be a fax machine, printer and shredder within the facility.
- A blood pressure monitor (clinically validated by the British Hypertension Society), medical weighing scales (of at least accuracy Class III or higher[2]), height and tape measures should also be available.
- There should be space identified that would be of adequate size and functionally suitable to safely store and operate patient testing equipment, handle blood samples and any resultant clinical waste (approximately 1x25L and 1x45L bin). 1sqm of space either in a cupboard or on a work surface would be required to store the patient testing equipment and consumables. Cassettes (box of 10 measures 10.5x7x12cm) should be stored in a refrigerator with space for a minimum of 2 boxes of cassettes at any one time (21x14x24cm).
- A secure lockable cabinet will be required for storage of completed consent forms and any other related confidential information.

Generic service specifications pharmacies and community outreach – Lead Dr Usman Khan

Pharmacies

- All pharmacies providing this service must operate a 6-day opening policy and provide the full range of essential services as defined by the Pharmacy Contract.
- Pharmacies must display one poster and leaflets to advertise the Health Checks in the store as a minimum
- A target has been set for pharmacies to carry out the Health checks during 2014/15. It is important that participating pharmacies proactively market the programme in their localities to attract numbers and therefore help achieve the target. This may include handing out leaflets, or giving out leaflets with prescriptions, marketing the Health Checks in a local pharmacy newsletter etc.
- If the Lead Pharmacist is on leave for more than a week, they should inform the commissioner about their absence and also ensure locum cover for their NHS Health Checks clients.

Community Outreach Provider

A suitable location is selected for the event considering the following factors:

- It is within a more deprived area of the borough or an area that has a more limited or lower access to healthcare services.
- The venue is suitable for the provision of NHS Health Checks (an adequate size, enough power sockets, provision of suitable tables and chairs etc.).
- The location is accessible for residents (close to transport links).
- The venue is available on a suitable date and is accessible when needed.
- The venue is available within budget.

Communications and relationships

- If the person delivering the health check leaves, they should inform the commissioner to discuss any alternate arrangements and training required for the new person.
- The staff should ensure that front desk/sales staff is well aware about the NHS Health Checks Programme running and can advise people enquiring about it.
- It is expected that the pharmacy will provide the service on a regular basis and if there is a disruption of more than 1 week due to unavoidable circumstances, then the commissioner is informed accordingly
- If the Pharmacy or Outreach lead feels that training or refresher training is required for any member of staff, then the commissioning lead should be informed accordingly.
- It is expected that good communication and links are maintained between pharmacies, partner practices doing the checks and the commissioner and any issues are mutually resolved.
- There should be a system in place to manage invitations.
- Community pharmacy and the Outreach provider signed up to the specification is required to provide an NHS Health Check service for eligible people. The provider must offer the service to any individual who chooses to make their Health Check appointment at the pharmacy.

Method of invitation

Pharmacies

Mode of invitation to be inserted here e.g. by letters, opportunistic, local marketing. Local information to be inserted here. Richmond's example as below.
Offer letters will be sent out by GPs to invite people to contact their preferred provider to make an appointment for an NHS Health Check. Pharmacies and Outreach provider will also offer a walk-in service (opportunistic) for people who have received an invitation letter. Appointments should be managed by the staff. It is recommended that upto 30 minutes be allowed for an NHS Health Check. Eligibility criteria for a Health Check are provided in Appendix 2.

Community Outreach programme
Mode of invitation for outreach events to be inserted here e.g. by letter, adverts, leaflets, opportunistic etc. No. of events arranged per month, per year etc. Richmond's example as below
At least one outreach event per month to be held in different parts of the borough.

Offer letters are sent by the Public Health team using *Mosaic* software to target the population between 40-74 that live in the more deprived areas of the borough. Appointments can be booked in 2 ways either by calling the outreach provider direct or emailing the NHS Health Checks Inbox. The outreach provider will check the eligibility of the patient when booking and ensure that the time and date of the event are suitable. (Eligibility criteria for a health check provided in Appendix 2)

Integrated governance[19]

- The service must meet all national standards of service quality and clinical governance:
- The pharmacies should adhere to the Quality Assurance (QA) scheme i.e. sending out samples to a designated lab on a regular basis
- For example mystery shoppers may be employed by (insert the name of the borough) from time to time to monitor the quality of the checks provided and to give feedback on any other issues to LBRuT.

Integrated governance includes the following:

Professional standards and indemnity

- The pharmacist/outreach must ensure that their professional indemnity insurance provider has confirmed that this activity will be included in their policy.
- Any litigation resulting from an accident or negligence in connection with this service is the responsibility of the contractor who will be responsible for the costs and any claims for compensation.
- The pharmacy/outreach will have (insert name of your borough) standard operating procedures in place for all aspects of this service. The pharmacy/outreach contractor will ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. (Add a link to your local SOP)
- All pharmacists and outreach staff involved in the provision of health checks, lifestyle advice and signposting must complete the training provided by (insert name of the borough) and have evidence of this accreditation.
- The pharmacy/outreach contractor should ensure that all locums are accredited with (insert name of the borough) standard training if they provide the service on a day when the regular pharmacist is not present.
- The pharmacy/outreach contractor will cover all the costs for the training of locums if

[19] Croydon

they have not been part of the initial training sessions provided by (insert name of the borough).

Professional competency, education and training:

- If required, pharmacy/outreach staff carrying out NHS Health Checks should be able to demonstrate their professional eligibility, competence and continuing professional development to the commissioner by producing relevant documentation.

Patient, public and staff safety:

- Clinical guidelines should be followed when measuring height, weight, blood pressure, cholesterol and cardiovascular risk and referring people for additional testing.

- The pharmacy/outreach should have in place appropriate health and safety, infection prevention and control, and risk management systems. It is good practice for staff involved in delivering the NHS Health Check to have standard Disclosure and Barring Service (DBS) clearance (previously Criminal Record Bureau (CRB) clearance).

Information management:

- The community pharmacy must comply with the Information Governance and Data Protection clauses under section B37 of the 2013/14 Public Health Services Contract.

Equipment and testing:

- The pharmacy will be expected to adhere to Medicines and Healthcare products Regulatory Agency (MHRA) and (insert name of the borough) advice, guidance and policies on selection of appropriate standard equipment, training in its use and ongoing management, troubleshooting, and quality assurance processes that ensure the accuracy and reproducibility of test results. This applies to weighing scales, height measures, blood pressure monitors, cholesterol testing machines and any other clinical equipment used during NHS Health Checks. The service provider must only use the approved equipment provided to them by (insert name of the borough). Protocols and audit for quality assurance (internal and external) and calibration of testing equipment must be followed. The contractor must have evidence of robust business continuity plans that ensure the contractor has planned for possible pharmacist absence, pharmacy closure and emergency situations that may affect service provision.

Patient and Public Involvement:

- If asked, the pharmacy/outreach should be able to explain to (insert name of the borough) how it responds to patient feedback and how this feedback is used to develop and improve the pharmacy/outreach's NHS Health Check service.

Equality and Human Rights:

- The pharmacy/outreach must seek to remove or reduce the impact of any inequalities that emerge due to the NHS Health Check.

Confidentiality

- *Medicines, Ethics and Practice – The Professional Guide for Pharmacists*. No 37 July 2013; Professional Standards and Guidance for Patient Confidentiality.
- Any explicit request by a client that information should not be disclosed to particular people, or indeed to any third party, must be respected save in the most exceptional circumstances, for example where the health, safety or welfare of the client or someone other than the client would otherwise be at serious risk.

Patient Complaints and Serious Incidents

- The principle definition of a serious incident (SI) is in general terms something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest that occurs on LA premises or in the provision of an LA or a commissioned service. This may be because it involves a large number of patients, there is a question of poor clinical or management judgement, a service has failed, a patient has died under unusual circumstances, or there is the perception that any of these has occurred. SIs are not exclusively clinical issues; an electrical failure for example may have consequences that make it an SI.
- Pharmacy and Outreach contractor must record any serious untoward incidents or client complaints
- Any complaint that cannot be managed by the pharmacy/Outreach contractor should be passed to the (insert name of the borough) Complaints Team.
- In deciding whether or not one is dealing with a SI, consider the possible impact the incident could have, including in the media. If it could be damaging to the NHS, the incident needs to be reported. The contractor or pharmacist must report definite or possible SIs to the LBRuT's Strategic Lead or Project Manager for the programme immediately via telephone.

Data Returns

- The pharmacist/outreach provider must upload the data to a secure central server on a monthly basis, using the software provided by the (insert name of the borough), for the purposes of audit and the claiming of payment. This process involves following on screen instructions and takes approximately 2 minutes.
- The uploaded data is checked against the agreed eligibility criteria by the software provider and then an invoice produced and returned to the pharmacy. The pharmacy/outreach provider must send the invoice to **(**insert name of the borough**)** on the address below

Quality assurance

The pharmacy/outreach contractor will nominate a named pharmacist/health care professional to act as the clinical lead for the service.

- The pharmacy/outreach contractor should ensure that their staff are made aware of the risk associated with the handling of clinical waste and the correct procedures to be used to minimise those risks.
- A needle stick injury and spillage procedure must be in place in line with (insert name of the borough) guidance.
- Appropriate protective equipment, including gloves, aprons and materials to deal with blood spillages, must be readily available on the premises where the service is provided.
- It is the responsibility of the pharmacy/outreach contractor to ensure that pharmacists/health care professionals involved in the delivery of this service have been

immunised against Hepatitis B (for those that have not been immunised, they must have an accelerated course for immunisation for Hepatitis B: first three doses given at 0, 7 and 21 days and the 4th dose is taken after 12 months)[20].

- The screening programme will be made free of charge to the client at NHS expense. If the service provider is found to be charging clients their contract will immediately be terminated and they will be removed from the programme. Similarly, if it is learnt that slimming or any other weight management/health products have been recommended as part of the NHS Health Check, it would result in termination of the contract.
- The service provider will provide each client with an information pack at the end of each check, which contains (Information provided by (insert name of the borough)
- The service provider will encourage people who are not registered with a local practitioner to do so and refer them to the Primary Care Support Services (PCSS) for advice on how and where to register.

Responsibilities of the commissioner (Please insert your local community arrangement) (Insert the name of your borough) will;
- Clinical policies such as policy and procedure for needle stick injury to be provided by the relevant CCG.
- Provide standard operating procedures for Health Checks
- Provide pathway and protocols to follow for the Health Checks
- Conduct monthly monitoring and evaluation of service
- Install NHSmail at all participating pharmacies
- Provide software to support vascular risk assessment process including calculation and communication of risk, data storage and transfer.
- Supply provider with all required information for the client information pack
- Supply provider with information on local services to support lifestyle changes
- Provision of equipment for cholesterol testing (Please insert your local service provision)
-Marketing (Please insert your local provision). Richmond's example as below

For example Richmond Borough is responsible for the promotion of the service locally including;

- Ensuring invitation letters are sent to clients with information about the Health Checks, details of pharmacies providing checks and the eligibility criteria
- The development of publicity materials and targeted marketing methods

5. Location of Provider Premises

The Provider's Premises are located at:

[Insert address of Provider's Premises if applicable]

6. Required Insurances

6.1 If required, insert types of insurances and levels of cover required

[20] Green Book Chapter 18 v.2.0

APPENDIX B

CONDITIONS PRECEDENT

1. Provide the Authority with a copy of the Provider's registration with the CQC where the Provider must be so registered under the Law

[Please insert any locally agreed conditions that must be satisfied prior to commencing service delivery – e.g. provide a copy of insurance certificate]

APPENDIX C

QUALITY OUTCOMES INDICATORS

	Criteria	Minimum Standard	Achievable Standard	How to Measure
Objective 1: To ensure NHS Health Checks have local leadership	1. Named person responsible for the commissioning of the NHS Health Check Programme within local authority	To be in post	To be in post	Name and role submitted in Annual Report
Objective 2: To invite all eligible persons to attend a NHS Health Check	1. Percentage of the eligible population invited for an NHS Health Check Eligible population: a. 40-74 Years And does not have a diagnosis or documentation of: b. Coronary heart disease c. Chronic kidney disease (CKD stages 3-5) d. Diabetes e. Previous stroke f. Hypertension g. Atrial Fibrillation h. Transient Ischaemic Attack (TIA) i. Heart Failure j. Peripheral Arterial Disease or k. Prescribed a statin l. Found to have 20% or greater CVD Risk in a previous NHS Health Check	20% of eligible population annually	20% of eligible population annually Eligible age criteria can be extended to 30-74 (or other locally agreed range) years for certain South Asian ethnicities for example: a. Indian b. Pakistani c. Bangladeshi d. Sri Lankan e. Tamil	Quarterly Data returns submitted to Commissioner and PHE
Objective 3 Maximise uptake	The proportion of those offered (verbal or written) who have an NHS Health Check	50% of those who receive an offer of an NHS Health Check take up the offer	75% of those who receive an offer of an NHS Health Check take up the offer	Quarterly Data Returns submitted to the Commissioner and PHE
Objective 4 Provision of the NHS Health Check	1. The NHS Health Check/CV risk assessment must include (at least) all elements outlined in the Best Practice Guidance. Using a validated risk engine such as QRisk2 or	100% of NHS Health Checks have 100% completed data	100% of NHS Health Checks have 100% completed data. 100% of all NHS	Quarterly Data Returns to the Commissioner (Each item should be included within an NHS Health Check template)

	Framingham based tool a. Blood pressure b. Height/Weight/BMI c. GPPAQ d. Audit C (alcohol) e. TC:HDL (either Point of Care or if venous sample within the last 6 months) f. Smoking status g. Demographics h. Dementia awareness (65-74yrs) i. Diabetes & CKD if filters activated *Agreed data fields must form part of the Commissioning of NHS Health Checks. Completeness of NHS Health Check will be determined through payment process* 2. The results of the NHS Health Check, particularly the 10 year risk must be communicated face to face and recorded.	100% of all NHS Health Checks delivered	Health Checks delivered	To be included within NHS Health Check template and captured as part of Quarterly Data Returns
Objective 5 Additional activity following NHS Health Check	1. Use of diabetes filter when indicated by either : a. BP >140/90 mmHg b. BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories 2. Use of hypertension filter when indicated by: a. BP >140/90 mmHg 3. Use of chronic kidney disease filter when indicated by: a. BP >140/90 mmHg 4. Use of Familial Hypercholesterolemia filter when indicated by: a. Total cholesterol	If any filter activated then investigations and outcome recorded in 80% of people	If any filter activated then investigations and outcome recorded in 100% of people	Quarterly Data Returns to the Commissioner and annual audit reviewing: 1. Any change in disease prevalence and 2. Proportion of people identified as 1. Pre diabetic / Diabetic 2. Hypertensive 3. CKD 4. Familial Hypercholesterolemia 5. Audit C >=5 6. CVD Risk >=20

	>7.5 mmol/L 5. Use of Audit C filter when indicated by: a. Score >=5 6. People with >20% CVD Risk to: a. Be assessed for treatment with statins b. Receive an annual review 7. Referral into lifestyle services for: a. Smoking cessation b. Weight management c. Physical Activity d. Alcohol use	100% of all people with CVD Risk >20% 80% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)	100% of all people with CVD Risk >20% 100% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)	
Objective 6 Monitoring of quality within programme	1. Robust commissioning, contract monitoring and reporting mechanism 2. If used, all point of care devices must demonstrate and comply with Quality Control.	4 monthly monitoring/reporting 100% of devices have QA programme	Quarterly monthly monitoring/reporting 100% of devices have QA programme	Recorded Quarterly performance reports and issue log sent to Commissioner

APPENDIX D

SERVICE USER, CARER AND STAFF SURVEYS

[***Insert form, frequency and reporting process where required***]

APPENDIX E

CHARGES

[*Please list the price(s) for the Services or set out the total charges to be paid*]