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| **Service Specification No.** | |
| **Service** | **NHS Health Check Delivery** |
| **Commissioner Lead** | **Amanda McKenzie, Health Checks Manager** |
| **Period** | **1st April 2016 – 31st March 2021** |
| **Date of Review** | |

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| **1** | **Service overview & rationale** |
| **1.1** | **Overview**<br><br>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes; and will be given support and advice to help them reduce or manage that risk. |
| **1.2** | **National/local context**<br><br>National: Cardiovascular disease (CVD) is the second largest cause of death in England - causing 131,659 deaths in 2012 (28% of all deaths). Of all CVD deaths, about 45% are due to coronary heart disease (CHD) and about 25% are due to stroke. CHD itself is the most common single cause of death (13% of all deaths in England in 2012).<br>(Source: Health and Social Care Information Centre)<br><br>There are also inequalities with the most deprived areas in the city having the highest rates of CVD premature mortality. The first treatment approaches following clinical evaluation and a diagnosis of CHD are often drug therapy and advice to follow a healthier lifestyle. But surgical options, carried out as elective or planned procedures, may be necessary. As a measure of unmet need, local rates of angiography procedures are significantly lower than the national rate. However, emergency admission rates for both CHD and stroke are similar to the national rate.<br>(Source: Health and Social Care Information Centre. Public Health England. Cardiovascular disease PCT profile) |
| **1.3** | **Health Burden of Cardiovascular disease (CVD) in Portsmouth**<br><br>Portsmouth's rate of premature mortality (i.e. mortality in those aged under 75 years) due to CVD has declined by 52% since 1995. However, the local rate is still significantly higher than the national rate. There are gender differences; for the period 2010 to 2012 the CVD premature mortality rate for Portsmouth males (98 deaths per 100,000 males) was significantly higher than the England average (83 deaths per 100,000 males). The premature mortality rate for Portsmouth females (41 deaths per 100,000 females) was not significantly different to the England average (36 deaths per 100,000 females). |
| **2** | **Key Service Outcomes** |
| **2.1** | **NHS Health Checks in Portsmouth**<br><br>NHS Health Checks are a systematic prevention programme that assesses an individual's risk of heart disease, stroke, diabetes and kidney disease, once every five years. It is for people aged between 40 and 74 who have not been previously diagnosed with one of the above conditions, hypertension, or are currently receiving certain medications. |

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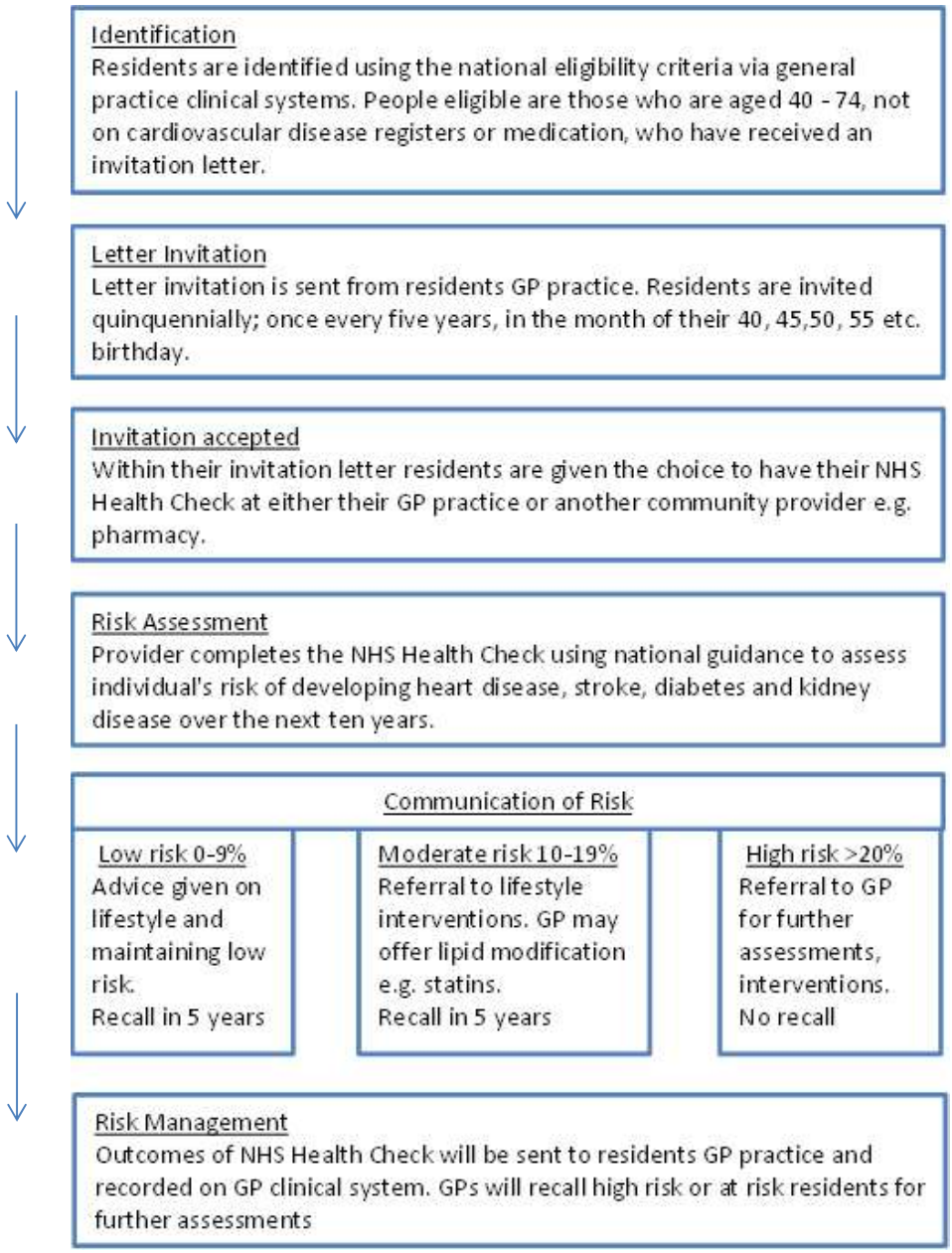
| | The aim of NHS Health Checks in Portsmouth is to provide a quality service that will help people live longer, healthier lives. The longer term aim is a reduction in incidence or early detection of heart attacks and strokes, type II diabetes, chronic kidney disease and vascular dementia. There are three main elements to the delivery of the NHS Health Check; Risk Assessment, Communication of Risk and Risk Management. |
| **2.2** | **Objectives of whole service:**<br><br>▪ To invite people aged 40 – 74, who are not on a cardiovascular disease register, for an NHS Health Check, once every five years, at a convenient time and place<br>▪ To assess an individual's cardiovascular disease risk score<br>▪ To communicate the risk score in a meaningful way, so that the individual understands, and prompts them to manage and reduce their risk with appropriate support and offer brief advice<br>▪ To appropriately refer or signpost individuals into PCC, NHS and community services, such as stop smoking services<br>▪ Advise individuals at high risk to have a follow-up appointment at their GP practice<br>▪ Providers to support Commissioners to evaluate the effectiveness and cost effectiveness of NHS Health Checks in Portsmouth |

**2.3 Service pathway**




**2.4 Exclusion of Residents not eligible for an NHS Health Check**

Individuals will be excluded for the following reasons:

- Any individual who has been identified as receiving an NHS Health Check in the last five years will not be invited until that time expires
- They are on registers, diagnosed or on medications as in Table 1
- They have had an NHS Health Check with a risk score ≥20%, so are permanently excluded from a future NHS Health Check
- **Due to published budget reductions for NHS Health Checks in Portsmouth, providers are now unable to delivery opportunistic health checks to**

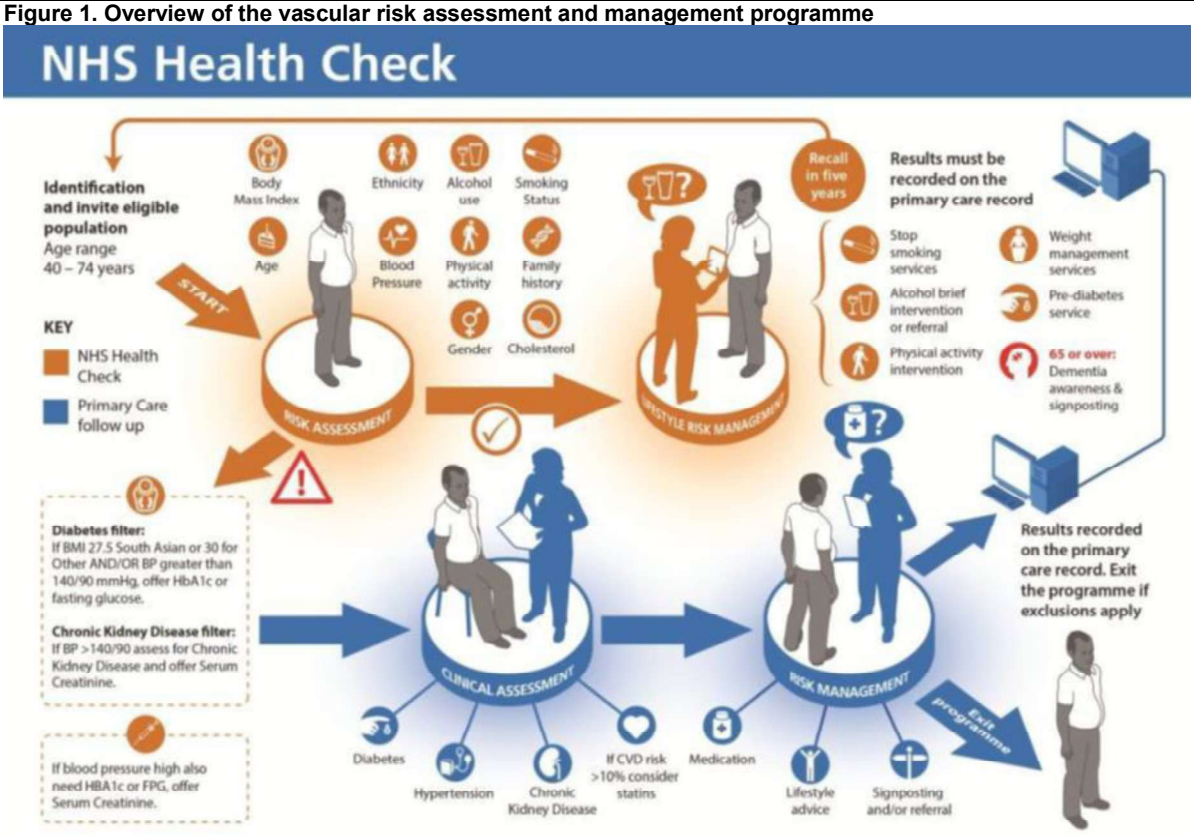
**Portsmouth residents.**

- **All NHS Health Check recipients must have received an invitation letter to be eligible for an NHS Health Check.**
- **We will be monitoring the NHS Health Check budget monthly, and if we find we are approaching our budget limitations we reserve the right to request Providers stop sending invitation letters for certain periods of time**

**Table 1: Exclusions from NHS Health Checks**

| NHS Health Check Exclusions | |
|---|---|
| Palliative Care Register | Myocardial Infarction |
| Atrial Fibrillation | Coronary Heart Disease |
| Heart Failure | Cerebrovascular accident - haemorrhagic and ischaemic |
| Diabetes Mellitus Type I and II | Transient Ischaemic Attack |
| Kidney Disease stages 3 - 5 | Hypertension |
| Familial Hypercholesterolemia | Peripheral Vascular/Arterial Disease |
| Those who have been prescribed statins. | |

**Figure 1. Overview of the vascular risk assessment and management programme**




## 3 Scope

### 3.1 Invitation and booking in processes

Residents are invited for their NHS Health Check by receiving a letter in the post directly from their GP practice, inviting them for their NHS Health Check at their preferred Provider. Their first point of contact (e.g. reception staff, counter assistants) must be trained in how to book Residents in for their NHS Health Check:

- Residents must be offered an appointment within a suitable timeframe; no longer

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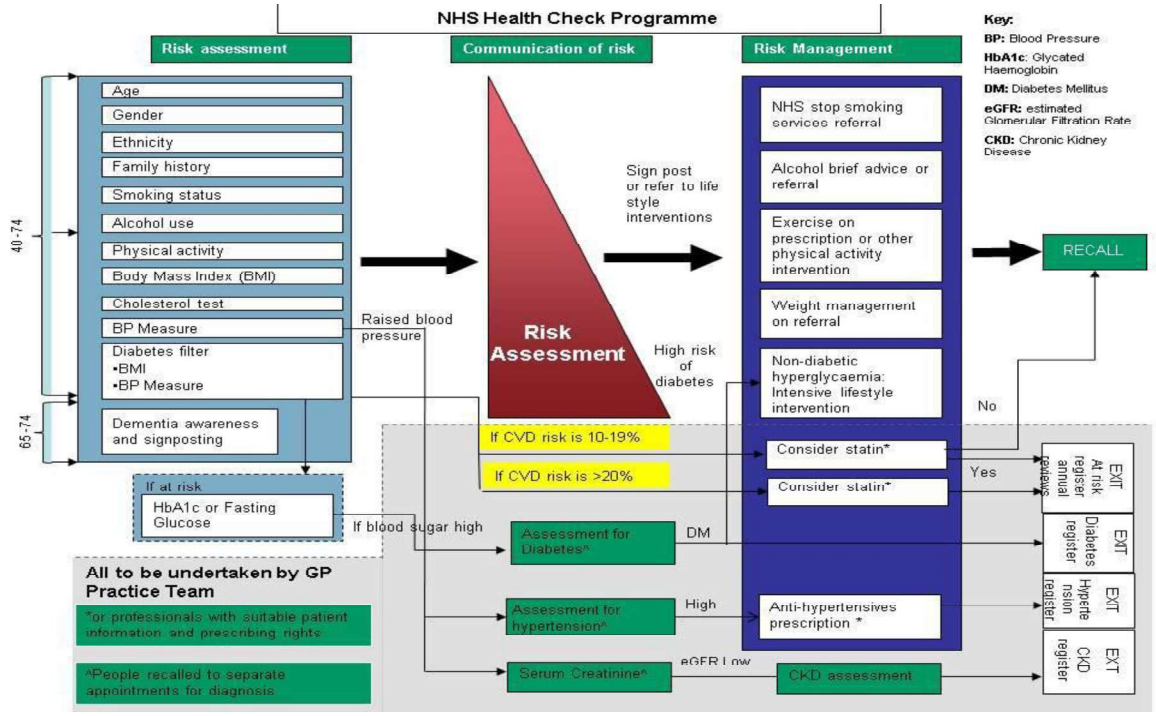
| | than three months from request<br>▪ Residents are requested to bring their invitation letter or voucher with them and are checked for eligibility again at point of making appointment<br>▪ If a Resident has received an invitation but is showing as not eligible the Provider is to proceed with check, but their details need to be reported back their GP practice to ensure that they are updated, and the Commissioner should be notified. |
| **3.2** | **Consent**<br><br>It is important to gain consent prior to delivery of the NHS Health Check. There are two levels of consent required;<br><br>1. Consent to share with individuals GP practice<br>2. Consent to share for reporting purpose, as described below:<br><br>**"The information from your NHS Health Check will be held on our confidential database and is covered by the Data Protection Act 1998. To ensure we are looking after the health of everyone in Portsmouth, we intend to share information with NHS Portsmouth CCG, Portsmouth City Council and Public Health England for reporting purposes. Please let your GP know if you do not wish to share this information".** |
| **4** | **Delivery of NHS Health Check** |
| **4.1** | **Risk Assessment**<br>Everyone receiving an NHS Health Check will have a risk assessment which will look at individual risk factors as well as their risk of having, or developing, vascular disease in the next ten years. Individuals are assessed based on the following measures:<br>▪ age, gender and ethnicity<br>▪ smoking status<br>▪ family history of coronary heart disease<br>▪ body mass index (BMI)<br>▪ cholesterol level<br>▪ blood pressure<br>▪ physical activity level - inactive, moderately inactive, moderately active or active<br>▪ cardiovascular risk score<br>▪ alcohol use disorders identification test (AUDIT) score |

**Figure 2. Clinical overview of the vascular risk assessment and management programme**




## 4.2 Measurements and thresholds

The NHS Health Check risk assessment requires the use of a risk engine to calculate the individual's risk of developing cardiovascular disease in the next ten years. NICE now advises that QRISK® 2 should be the engine used, rather than the previous recommendation that local areas should choose between using Framingham or QRISK®. The NHS Health Check expert scientific and clinical advisory panel (ESCAP) supports this recommendation, therefore the following information explains what data is required for the QRISK® 2 risk engine, and the best practice for obtaining it.

**Table 2: Measurements and Thresholds**

| Measurement | Data required | Key point / threshold |
|---|---|---|
| **Age** | Age recorded in years | The age of the person should be 40-74 years (inclusive |
| **Gender** | Gender recorded as reported by the individual | |
| **Ethnicity** | Self-assigned ethnicity using ONS categories | Ethnicity is needed for the diabetes risk assessment. Ethnicity should be recorded using the Office for National Statistics 2001 census codes |
| **Smoking status** | Current smoker or non-smoker (including ex-smoker) | |
| **Family history of coronary heart disease** | Information on family history of coronary heart disease in first-degree relative under 60 years | First-degree relative means father, mother, brother or sister |
| **Body Mass Index (BMI)** | BMI is required for the CVD risk calculation. It also provides one approach to identifying those at high risk of developing diabetes, or those who have existing undiagnosed diabetes, and is required for the | Where the individual's BMI is in the obese range then a blood sugar test is required:<br>- BMI is 27.5 or over in individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories |

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| | diabetes risk assessment | - BMI is 30 or over in individuals from other ethnicity categories |
| **Cholesterol test (random)** | Cholesterol must be measured as the ratio of total serum cholesterol to high density lipoprotein cholesterol | If the If the ten- year risk is 10% or greater, and NHS Health Check is undertaken outside of general practice the individual should be referred to their GP for further assessment and management |
| **Systolic and diastolic blood pressure** | Both systolic (SBP) and diastolic blood pressure (DBP) are required for the diabetes filter and for assessment for chronic kidney disease and hypertension within primary care | If the individual has a blood pressure at, or above, 140/90mmHg, or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively, the individual needs to be referred to their GP for further assessment and management |
| **Physical activity levels** | Activity levels should be assessed using the recommended validated tool, DH's General Practitioner Physical Activity Questionnaire (GPPAQ) | Brief intervention on physical activity can help support people to become and remain active and will be appropriate for the majority of people who fall into all GPPAQ classifications other than active |
| **Alcohol** | Alcohol use disorder identification test (AUDIT) questionnaire should be used to assess individuals alcohol consumption | 1. Initial assessment threshold: (AUDIT-C >5) If the individual scores five or more using AUDIT-C this indicates the individual is positive on the initial assessment questionnaire and the second phase should be undertaken;<br>2. Full AUDIT: if the individual scores above the initial assessment threshold then the second phase is to complete the remaining questions of the full AUDIT. It is this full AUDIT score that can identify the risk level of the individual |
| **Diabetes Risk** | Ethnicity, BMI and blood pressure are required for the diabetes risk assessment. Where the individual's BMI is in the obese range as follows or their blood pressure is at or above 140/90mmHg, the individual requires a blood glucose test | The diabetes filter requires referral to individuals GP for further assessments and/or blood glucose test if:<br>- BMI is in the obese range (30 or over, or 27.5 or over in individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories)<br>Or<br>- Blood pressure is at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg respectively |
| **Dementia awareness** | Those aged 65-74 should be made aware of the signs and symptoms of dementia and sign posted to memory services if this is appropriate | There is a national patient information leaflet available to support individuals |

Please be aware that this list is not exhaustive and Providers should always refer to best practice and NICE guidance. Full guidance should be accessed from www.healthcheck.nhs.uk.

**4.3 Blood testing and Equipment**

Providers are required to provide Residents with random cholesterol blood testing as part of the NHS Health Check Risk Assessment, along with other clinical measures such as height, weight and waist circumference.

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| | Providers need to be able to:<br><br>▪ Provide the range of facilities and resources needed to carry out the screening<br>▪ Implement quality assurance, quality control and regular monitoring of quality within the NHS Health Check<br>▪ Implement a range of health and safety measures, infection prevention control and the relevant personal protective controls and containment<br>▪ Understand the importance of following protocols and procedures for any required investigations including quality checks and the order of sequencing<br>▪ Provide ways of presenting information, including statistical and factual information applicable to your speciality<br>▪ Perform first line calibration on all clinical equipment to ensure it is fit for use.<br><br>Providers are expected to provide, at their cost:<br><br>▪ Random cholesterol blood testing for all individuals, this can be done using either phlebotomy services or Point of Care Testing Equipment (see 4.4)<br>▪ A physical environment that respects the dignity and privacy of individuals and their right to confidentiality<br>▪ Test and clinic rooms that meet access requirements under the Disability Discrimination Act<br>▪ Equipment necessary to deliver the service, which is maintained and calibrated in line with manufacturer's recommendations and would be deemed appropriate for use by similar specialists<br>▪ Suitable accommodation and equipment to carry out the full assessment including a private non-carpeted room/area with a sink and sharps disposal facilities<br>▪ Blood pressure monitors – BHS validated<br>▪ Scales and tape measures<br>▪ Gloves, Cotton swabs, plasters (where appropriate) etc.<br>▪<br>Please be aware that this list is not exhaustive and Providers should always refer to best practice and NICE guidance. Full guidance should be accessed from www.healthcheck.nhs.uk. |
| **4.4** | **Point of Care Testing Equipment (POCT)**<br><br>Providers can chose to use POCT equipment, at their cost, and the following requirements must be met:<br><br>▪ Providers must use Cardiochek PA™ POCT equipment<br>▪ Cardiochek PA™ will be used for finger prick cholesterol, in accordance with Health Diagnostics Standard Operating Procedure<br>▪ Cardiocheks will be monitored through the National External Quality Assurance Service (NEQAS). It is the Providers responsibility to ensure the POCT equipment is tested for accuracy by taking part in the National External Quality Assurance Service (NEQAS)<br>▪ NEQAS will provide Compliance Reports directly to the Commissioner<br>▪ Non-compliance of three or more consecutive months, or six out of 12 rolling months may result in non-payment<br>▪ POCT disposables will be supplied by Health Diagnostic. It is the Providers responsibility to ensure they have adequate supplies of POCT disposable items, and that they are in date. More POCT disposable items can be ordered directly from Health Diagnostics. |

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| | To implement this process please contact Health Diagnostics:<br><br>T: +44 (0) 1244 669 700<br>F: +44 (0) 1244 373 173<br>W:www.healthdiagnostics.co.uk. |
| **5** | **Communication of Risk** |
| **5.1** | **Communication of Risk**<br><br>All individuals who undergo a NHS Health Check must have their cardiovascular risk score calculated and explained in such a way that they can understand it. This communication should be face to face. Staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables the risk calculators use to equate the risk.<br><br>When communicating individual risks, staff should be trained to:<br><br>▪ Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk<br>▪ Use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk<br>▪ Establish a professional relationship where the individual's values and beliefs are identified and incorporated into a client- centred plan to achieve sustainable health improvement.<br><br>Individuals receiving a NHS Health Check should be given adequate time to ask questions and obtain further information about their risk and results. Individualised written information should be provided that includes their results, bespoke advice on the risks identified and self-referral information for lifestyle interventions. This should include and provide an explanation of all their results such as BMI, cholesterol level (total cholesterol and HDL cholesterol), blood pressure, alcohol use score (AUDIT C), risk score and what this means, and referrals onto lifestyle or clinical services, if any (PHE, 2014).<br><br>**Table 3: National Criteria for CVD Risk**<br><br>**LOW RISK** — 0 – 9% risk of CVD in the next 10 years<br>**MEDIUM RISK** — 10 – 19% risk of CVD in the next 10 years<br>Approximately 70 -75% of Residents will be in this group<br>**HIGH RISK** — 20%+ risk of CVD in the next 10 years — Approximately 25 – 30% of Residents will be in this group |
| **6** | **Risk Management** |
| **6.1** | **Risk Management**<br>NHS Health Checks is a preventative programme to help people stay healthy for longer. To maximise these benefits, all individuals who have a NHS Health Check, regardless of their risk score, should be given lifestyle advice where clinically appropriate, to help them manage and reduce their risk. That means that, unless it is deemed clinically unsafe to do so, everyone having the check should be provided with individually tailored advice that will help motivate them and support the necessary lifestyle changes to manage their risk. This includes supporting and encouraging individuals to maintain a healthy lifestyle where no change is required. |

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| | It is pivotal that the actions taken at a certain threshold are the same and in line with national guidelines, including those issued by the National Institute for Health and Care Excellence (NICE), so that people receive the necessary and appropriate care (PHE, 2014).<br><br>Providers need to proactively refer Residents for further risk management interventions appropriate for their level of risk. This may include national and local lifestyle interventions for those at low risk or GP follow up and clinical risk management for those at high risk. |
| **6.2** | **Follow up by GP practice teams**<br><br>Individuals should not exit the programme until all abnormal parameters have been followed up and a diagnosis has either been made or ruled out. Timely access to further diagnostic testing should take place as outlined in the best practice guidance at the following thresholds:<br><br>**1.** Following the diabetes filter, undertaken as part of the risk assessment, blood glucose test; either fasting plasma glucose or HbA1c (glycated haemoglobin) for all identified as high risk. Indicated by either:<br>a. BP >140/90 mmHg or where the SBP or DBP exceeds140mmHg or 90mmHg respectively<br>b. BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories<br>Individuals identified with pre-diabetes need to be reviewed at least annually, and clinically coded accordingly.<br><br>**2.** Assessment for hypertension by GP practice team when indicated by:<br>a. BP >140/90 mmHg<br>b. Or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively<br>Individuals diagnosed with hypertension to be added to the hypertension register and treated through existing care pathways. They should be reviewed in line with NICE guidance, including provision of lifestyle advice.<br><br>**3.** Assessment for chronic kidney disease by GP practice team when indicated by:<br>a. BP >140/90 mmHg<br>b. Or where SBP or DBP exceeds 140mmHg or 90mmHg respectively<br>All who meet these criteria to receive serum creatinine test to estimate glomerular filtration rate (eGFR).<br><br>**4.** Assessment for familial hypercholesterolemia by GP practice team when indicated by total cholesterol >7.5 mmol/L<br>The NICE Clinical Guideline 67 on Lipid Modification provides guidance on the communication of risk and this should be followed.<br><br>**5.** Alcohol risk assessment, use of full AUDIT when indicated by AUDIT C Score >5<br>If the individual meets or exceeds the AUDIT C thresholds above the remaining questions of AUDIT should be administered to obtain a full AUDIT score. If the individual meets or exceeds a threshold of 8 on AUDIT, brief advice is given. For individuals scoring 20 or more on AUDIT referral to alcohol services should be considered.<br><br>**6.** Where the individual's BMI is in the obese range as indicated by:<br>a. BMI >27.5 in individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories |

b. BMI > 30 individuals in other ethnicity categories
Then a blood glucose test is required.

For all, systems and process should be in place to ensure follow up test(s) undertaken and results received (PHE, 2014).

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. Individuals found to be at or above 20% risk will exit the NHS Health Checks call/recall programme irrespective of whether they have signs of disease. Where the NHS Health Check is delivered by a non-GP service Provider, a timely referral back to the GP practice should be made to ensure appropriate follow up undertaken. Those diagnosed with diabetes, hypertension or chronic kidney disease should be managed according to NICE guidance, including provision of lifestyle intervention, recorded on the relevant disease register and will exit the programme (PHE, 2014).

## 7 Practitioners and Competencies

### 7.1 Staff and Training

NHS Health Checks Core Competences and Technical Competences are required by staff to be able to carry out an NHS Health Check. To achieve this all staff are expected to work towards the NHS Health Check competence framework. Please refer to the national website for further details and to download the Learner and Assessor workbook for your organisation www.healthcheck.nhs.uk. These competences also reflect the minimum standards expected of all practitioners delivering the NHS Health Check and, regardless of their level, Providers should be able to evidence that they are implementing these standards on an on-going basis. The Core and Technical Competences also refer to the Code of Conduct and the Care Certificate, which all people carrying out an NHS Health Check should aspire to.

Staff delivering the NHS Health Check and the subsequent discussion regarding risk and mitigating actions are expected to have training, development and on-going clinical supervision, using the Learner and Assessor workbooks for guidance. Technical competence alone is not enough; staff must also be able to communicate appropriately with people, particularly around risk.

In order to ensure quality and strong governance each Provider will establish a named lead for NHS Health Checks. This person will have overall responsibility for the NHS Health Checks delivery service. The Provider lead will need to be able to provide evidence that individuals delivering health checks have the required knowledge and skills to deliver health checks as described by the competencies in the NHS Health Check competence framework. The Provider lead will ensure that individuals delivering NHS Health Checks attends and completes any mandatory training required, and attends and completes any follow up/refresher training when required.

Providers using Point of Care Testing (POCT) equipment must also ensure they are trained to use the Cardiochek PA™ and how to provide sample returns for the National External Quality Assurance Service (NEQAS), in accordance with Health Diagnostics Standard Operating Procedure.

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| **7.2** | **Data collection and IT systems**<br><br>Providers are expected to use the appropriate data collection systems to capture the outcomes of the NHS Health Check.<br><br>The systems will be able to:<br>▪ Guide the practitioner through delivery of the NHS Health Check<br>▪ Provide validated tools such as AUDIT and QRISK® 2<br>▪ Record the outcomes and values from the NHS Health Check<br>▪ Report back to the Residents GP practice, as a legal requirement of the health check<br><br><u>GP/Clinical Providers</u><br>GP and clinical Providers are expected to use their clinical systems with the most up to date NHS Health Check clinical template. The minimum requirements for data collection are clinical codes relating to:<br><br>▪ NHS Health Check completed<br>▪ BMI OR Height and Weight<br>▪ Systolic and Diastolic Blood Pressure OR Sitting Blood Pressure<br>▪ Total Cholesterol: HDL ratio OR Total Cholesterol<br>▪ Physical Activity Level (GPPAQ)<br>▪ Smoking status<br>▪ Alcohol Screening (AUDIT)<br>▪ CVD Risk Score<br><br>Incompletion of these minimum elements may result in non-payment.<br><br><u>Community/Pharmacy Providers</u><br><br>Community/Pharmacy Providers are expected to use PharmOutcomes to capture the outcomes of the NHS Health Check. Information captured on this system is safely transferred directly to the individuals GP. The system is designed so that the minimum requirements for data collection are mandated. |
| **7.3** | **Evaluation**<br><br>All Providers will participate in any ad-hoc or organised audit / evaluation on the service by Portsmouth City Council, Public Health England or NHS Portsmouth CCG.<br><br>The Providers must co-operate with the locally agreed patient satisfaction survey to record service user experience. |
| **7.4** | **Complaints**<br><br>All Providers will deal with any complaints from a Resident or other stakeholder about the service. They will report the complaint and the response to Portsmouth City Council Public Health team. Complaints must be dealt with professionally, thoroughly and within an appropriate timescale that the Resident agrees with. Complaints will be escalated to the Health Checks Service Manager when needed. Complaints directly to Portsmouth City Council from Residents will be dealt within according to Portsmouth City Council complaints procedure. |