Specification

Primary Prevention of Cardiovascular Disease

Provision of Derbyshire NHS Health Check Programme

2018 to 2021

Specification

1. Introduction

This specification sets out the requirements for the provision of the NHS Health Check Programme 2018 to 2023. The current NHS Health Check specification and contract with existing providers ends on the 31st March 2018. The Council is seeking to appoint Service Providers to manage and oversee the delivery of The NHS Health Check Programme for a period of 3 years from 1st April 2018, with the option to extend for a further two 12 month periods subject to satisfactory performance.

The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes, kidney disease, and raise awareness of dementia and alcohol harm both across the population and within high risk and vulnerable groups within Derbyshire. In April 2013 the NHS Health Check became a statutory public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years as set out in regulations 4 and 5 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, S.I. 2013/351.

The programme is a national risk assessment and management service for men and women aged 40-74 years who are at risk of Cardiovascular Disease (CVD), registered within a primary care general practice and living in Derbyshire; who do not have existing CVD, and who are not currently treated for certain risk factors.

The NHS Health Check is made up of three key components:

- Risk Assessment
- Risk Awareness and
- Risk Management

During the risk assessment uniform tests are used to measure key risk factors and establish the individual's risk of developing CVD. The outcome of the assessment is used to raise awareness of CVD risk factors, as well as an informed discussion and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk

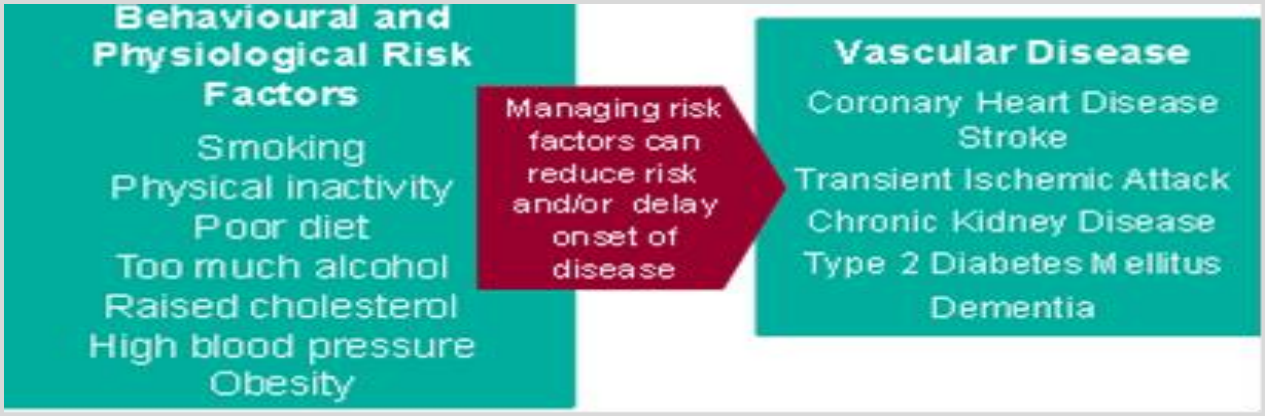
The seven modifiable risk factors for CVD are:

1. High blood pressure
2. Smoking
3. Cholesterol
4. Obesity

5. Poor diet
6. Physical inactivity
7. Alcohol consumption

For people at risk of CVD (the eligible population) the NHS Health Check is offered once every five years. The NHS Health Check consists of a risk assessment using standardised, mandated tests that measure key risk factors and establish the individual's risk of developing cardiovascular disease over the next 10 years; or that may detect early or late signs of the disease. The assessment is used to raise awareness of cardiovascular risk factors, and offer an informed discussion with agreement for lifestyle and medical approaches best suited for managing the individual's health risk. If an individual's risk is high the client can be supported to manage/change their behaviour and psychological risk factors through individually tailored healthy lifestyle advice; signposting to healthier lifestyle services and/or to the client's GP for further investigations and or treatment. This is represented in the flow diagram below.

Diagram 1 Modifying Behaviour and Physiological Risk factors to reduce CVD risks



Local and National Context

Reducing avoidable premature mortality is a Derbyshire wide health priority. Through the early identification and management of risk factors and early detection of disease the NHS Health Check will help achieve the ambitions set out in:

1. Living well for longer: a call to action on avoiding premature mortality – the Government's ambition is for England to have the lowest rates of premature mortality amongst European peers[1].
2. CVD outcomes strategy – provides advice to local authority and NHS commissioners and Providers about actions to improve cardiovascular disease outcomes. It sets out outcomes for people with or at risk of CVD[2].

[1] Living Well for Longer: a call to action to reduce premature mortality. Department of Health. 5 March 2013. Gateway reference 18716
[2] Cardiovascular Disease Outcome Strategy: Improving Outcomes for people with or at risk of cardiovascular disease. Department of Health. 5 March Gateway reference:18747

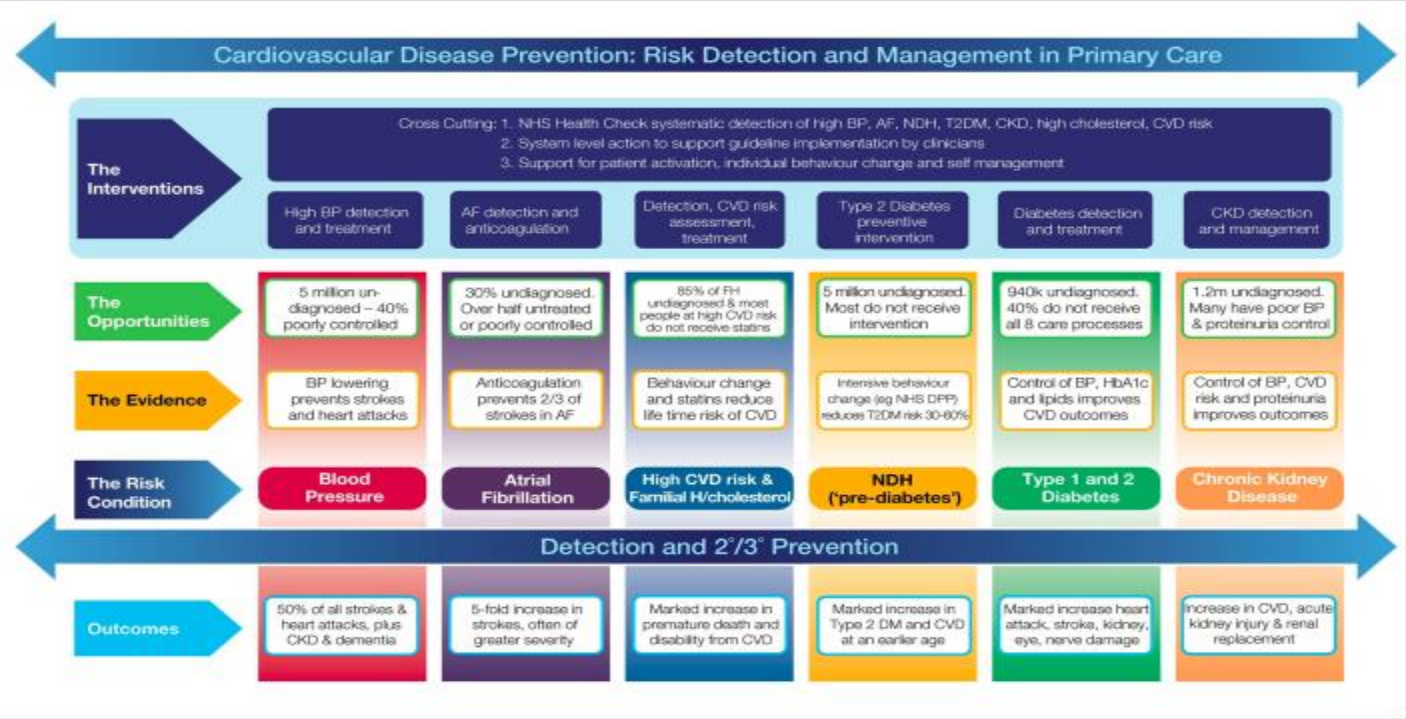
Evidence suggests that it is possible to identify risk factors for cardiovascular disease and that early intervention can prevent, delay and in some circumstance reverse the onset of CVD. The modelling also suggests that the NHS Health Check programme is cost effective with a cost per quality adjusted life year (QALY) of around £3000.

The Council is seeking to appoint Service Providers to effectively manage and support front line providers to ensure quality assurance of the programme in line with national best practice.

The primary purpose of the NHS Health Check is to reduce the burden of preventable morbidly and mortality by improving health outcomes in Derbyshire, especially where there is the greater need.

The programme is well placed in primary care and aligns strongly with the Quality Outcomes Framework (QOF), supporting the achievements of a number of assessments and clinical indicators, These are summarised in Appendix 1.

Diagram 1 CVD Prevention and Risk Detection and Management in Primary Care



Supporting the residents' of Derbyshire to stop smoking or to not start and to develop healthy attitudes and practices around nutrition, exercise and alcohol consumption will impact on the rates of preventable and premature deaths in Derbyshire.

Across Derbyshire, groups have been identified as potentially having inequitable access to the NHS Health Check. In line with the literature, significantly lower uptake of the NHS Health Check is observed in:

- Males;
- Younger age groups, particularly males;
- Most deprived populations, particularly males;
- Certain risk behaviours such as smoking and inactivity;
- Geographical areas and CCGs with higher proportions of these populations;
- Those on the Learning Disability (LD) and Severe Mental Illness (SMI) QOF registers.

There are differences in outcomes of health check between different populations and areas, but the extent to which data recording affects this is not known. The already identified gaps of uptake in priority groups in itself impacts on improving outcomes due to non-attendance, but apparent differences in the health check process may increase this further.

The historical targeted method of invitation resulted in equitable access to the programme as a whole, but there are significant differences in the uptake of offer within priority groups, and the apparent differences in the delivery and recording of health checks indicate both variation and imbalance within the programme.

CVD Risk Factors, Prevalence and Outcomes within Derbyshire

Within Derbyshire there are differences in CVD health factors and outcomes. Variation exists across all areas for prevalence of lifestyle risk factors, existing disease prevalence and premature mortality from CVD, but it is significantly worse across a range of indicators for example:

- Bolsover and Chesterfield have significantly lower male and female life expectancy at birth, and healthy life expectancy at birth is significantly worse in nearly all of the Derbyshire County CCGs when compared nationally.
- Two thirds of people in Derbyshire are estimated to be overweight, or obese, significantly higher than across England, as are all districts apart from High Peak and Derbyshire Dales. Bolsover has a significantly higher percentage of physically inactive adults.
- Between 12% and 16% of adults smoke in Derbyshire, with prevalence highest in Bolsover (18%) and Chesterfield and High Peak (16% each).
- Bolsover has significantly higher hospital episodes for alcohol-related CVD conditions in both men and women, whilst Chesterfield is significantly higher for hospital episodes for alcohol-related CVD conditions in males.

Estimated prevalence of CVD, Stroke, and Diabetes in Derbyshire is above average, particularly in Bolsover and Chesterfield. Over a quarter of people in Derbyshire are estimated to have hypertension and approximately 30% of cases may be undiagnosed. This equates to an estimated 75,000 people in Derbyshire County with an undiagnosed major risk factor for CVD.

In Chesterfield, premature mortality CVD outcomes are significantly worse across most indicators. Hardwick CCG has a significantly higher hospital admission rate for CHD and Heart Failure admissions; North Derbyshire has a significantly higher level of additional mortality associated with Diabetes. In Southern Derbyshire CCG

admissions for heart failure, additional risk of angina in those with Diabetes and premature mortality from CVD are significantly higher.

Eligible Population

The summary below briefly describes the baseline eligible registered population in Derbyshire County since the start of the NHS Health Check programme.

Table 1 Summary Characteristics of the Eligible Population – Derbyshire County

Area	Summary Characteristics of the Eligible Population – Derbyshire County	Literature reviews and needs profile - Consideration
Derbyshire	51% eligible are female, with a higher proportion in older age groups compared to men A third eligible in the most deprived quintiles, a higher proportion of which are in the younger age groups An older population in less deprived areas Higher overall deprivation in the North and East and urban centres A higher proportion of men are estimated high risk A relatively low proportion in minority ethnic groups primarily located in the South of the county and urban areas Age, ethnic and deprivation vary between CCGs	Potential for higher uptake areas with older more affluent populations – risk of missing more deprived populations benefiting from early intervention or those under estimating level of risk. Variation in age, ethnicity and associated geographical areas requires different approaches to increase uptake
Erewash CCG	A higher proportion of eligible men and women aged 40-49 A mixed population with areas of higher deprivation A higher percentage of those classifies as Black African/Caribbean than in Derbyshire	A lower uptake seen in younger age groups, and more deprived areas, lower uptake in those with higher risk behaviour
Hardwick CCG	Two thirds of the eligible population in 40% most deprived LSOAs A higher proportion of eligible population in	A higher level of overall population need where risk could be underestimated by the population particularly in younger deprived groups, lower

	younger age groups in most deprived quintile	uptake in those with higher risk behaviours, a potentially harder to reach population
North Derbyshire CCG	An older population with higher proportion of men and women aged 55-64 and 70-74 Chesterfield has a higher percentage of those classified as Black Africa/Caribbean than in Derbyshire	Better uptake seen in older populations that are less deprived and a potentially higher number of older women that could benefit
Southern Derbyshire	A younger, relatively less deprived eligible population overall, but certain areas with high deprivation. The highest number in minority ethnic groups, particularly Asian.	Potentially hard to reach less deprived younger population, more ethnically diverse and population risk factors may differ to other areas.
Glossop	Six practices fall within the Derbyshire County Authority boundary, with an eligible population of just over 10,000 people. The population is typically traditional communities with deprived areas and poorer health. Overall participation in the programme needs to increase as currently only two practices are active.	A lower uptake seen in more deprived areas, lower uptake in those with higher risk behaviour

The Service Providers are appointed to ensure access to the NHS Health Check for the residents of Derbyshire, especially in areas of greater need, thereby facilitating the prevention of or early detection of a number of CVD conditions, allowing individuals to be better informed to manage and improve their quality of life and/or to be given treatment for CVD; be placed on a specific register to ensure appropriate care can be given within Primary Care. As highlighted in the section one - CVD Prevention and Risk Detection and Management in Primary Care.

The NHS Health Check programme aims to prevent disease; people with previously diagnosed vascular disease or who meet the criteria set out below are excluded from the programme. These individuals should already be receiving appropriate management and monitoring through existing pathways. Therefore, individuals with known CVD, see exclusion list below, are omitted from the programme.

NHS Health Check Exclusion Criteria

- Coronary Heart Disease (CHD)
- Chronic Kidney Disease (CKD) which has been classified as stage 3, 4 or 5 within the National institute for Health Excellence (NICE) clinical guidelines 182 on CKD
- Diabetes
- Hypertension

- Atrial Fibrillation (AF)
- Transient Ischaemic Attack (TIA)
- Hypercholesterolemia
- Heart Failure Peripheral Arterial Disease
- Stroke
- Prescribed statins
- People who have previously had an NHS Health Check, or any check undertaken through the health service in England, and found to have a 20% or higher risk of developing CVD over the next 10 years

Where someone has a CVD risk score of 10%-19%, they would not be excluded from recall unless they meet one of the other exclusion criteria, e.g. being prescribed a statin.

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 10 years. The Council has a legal duty to ensure that the specific test and measurements listed below are completed during the risk assessment and that these results are recorded and provided to the individual face to face and in writing. Where the risk assessment is conducted outside of GP practice, there is a legal duty that the information is forwarded to the individual's GP.

Tests and Measurements

- Age
- Gender
- Smoking status
- Family history of CHD
- Ethnicity
- Body Mass Index (BMI)
- Cholesterol (Point of Care Testing (POCT))
- Blood pressure
- Physical activity level
- Alcohol use disorders identification test (AUDIT) score
- Cardiovascular risk score

In addition, those aged 65-74 should receive a simple falls risk assessment and be made aware of the signs and symptoms of dementia, with ongoing referral made to falls prevention and/or memory services if appropriate.

NHS Health Checks are delivered via GP practices across Derbyshire. The Service Provider is appointed to manage the programme, to increase offers made and ensure the uptake of the NHS Health Check especially for

those in greater need.

Part 1 – Aims

The aim of the NHS Health Check programme is to help people to live longer, healthier lives. It aims to improve health and wellbeing of adults aged 40-74 years through the promotion of earlier awareness, assessment, and management of the major risk factors and conditions driving premature death, disability and health variations across Derbyshire.

The programme aims to achieve this by:

- Promoting and improving the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with these risk factors
- Supporting individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions
- Helping to reduce variation in the distribution and burden of behavioural risks, related conditions and multiple morbidities

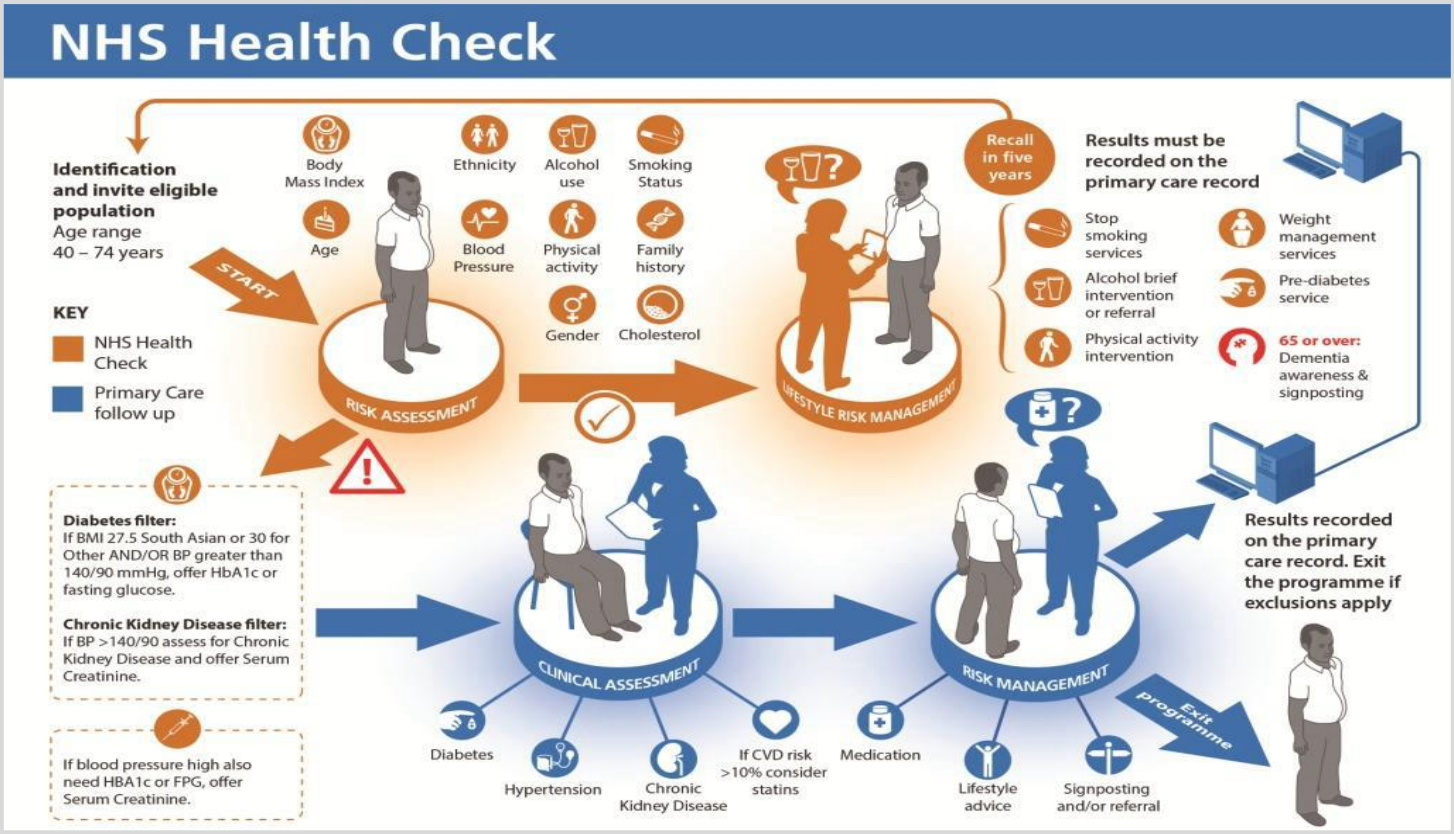
The Council is dedicated to reduce health variation across Derbyshire. The Council aims to work closely with the Service Providers to tailor the delivery of the programme in a number of ways to achieve this and supports approaches that prioritise offers to those with the greatest health risk which will include, for example, prioritising invitations to people with an estimated ten-year CVD risk score greater than 10% or those living in the most deprived areas.

The Service Provider aims on behalf of the Council are to provide:

- For each eligible individual aged 40-74 to be offered an NHS Health Check once in every five years and for each individual to be recalled every five years if they remain eligible
- For individuals who have not responded to their first invitation to be recalled
- For the risk assessment to include specific tests and measurements
- To ensure that individuals having their NHS Health Check are told their cardiovascular risk score, and other results are communicated to them; face to face and in writing – NHS Health Check Result Booklet
- For specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP
- To ensure staff carrying out the risk assessment are appropriately trained and qualified to perform the risk assessment and offer appropriate advice
- To ensure people receive advice, signposting, brief interventions or onward referral to clinical or lifestyle services where appropriate
- To ensure continuous improvements in the number of people offered and number people receiving an NHS Health Check, especially in areas of most need

- To ensure the delivery of the programme pathway, as set out below, and any national update during the contract period/s

Diagram 3 NHS Health Check Risk Assessment Pathway



Part 2 INPUTS AND OUTCOMES

Scope

The following table identifies the volume of NHS Health Checks to be delivered over the contract period base on the five year cycle April 2018 to March 2023.

Table 2 Number of NHS Health Checks Required

	Eligible Population - 100% Invited over 5 years	66% Uptake	75% Uptake	Invites per Year	Checks per year 66% Uptake	Additional Checks per year to achieve 75%
Derbyshire	238898	157673	179174	47780	31535	4300
Erewash	29374	19387	22031	5875	3877	529
Hardwick	29148	19238	21861	5830	3848	525
North Derbyshire	93538	61735	70154	18708	12347	1684
Southern Derbyshire	76730	50642	57548	15346	10128	1381
Glossop	10108	6671	7581	2022	1334	182

Quintile 1	43092	28441	32319	8618	5688	776
Quintile 2	52862	34889	39647	10572	6978	952
Quintile 3	49689	32795	37267	9938	6559	894
Quintile 4	56199	37091	42149	11240	7418	1012
Quintile 5	37056	24457	27792	7411	4891	667

The Council will set out the number of offers to be made and the number of checks to be delivered for each GP practice at the start of each year.

The Federations shall ensure delivery of the programme across Derbyshire's GP Practices and external partners:

- Offer 20 per cent of all eligible adults within Derbyshire aged 40-74 years an NHS Health Check in line with National Best Practice Guidelines 2017 (and subsequent updates during the contract period) per annum;
- Set up call and recall systems, send invitations
- Ensure the recording of outcome data from all checks carried out in a timely and accurate way on the GP clinical system;
- Develop support and signposting for individuals identified at increased risk of cardiovascular disease to enable them to make changes to lifestyles to reduce their overall risk;
- Develop convenient and accessible one-stop testing facilities including Point of Care Testing (POCT) by providing a choice of location and extended hours of availability
- Provide an NHS Health Check Champion to support individual providers in continuous improvements in data processes to develop explicit offers to those most in need; support for self - assessment of GPs risk assessment delivery for ongoing quality assurance and development

Cardiovascular Risk Assessment

During an NHS Health Check, QRISK® 2 should be used to calculate an individual's 10-year risk of developing cardiovascular disease.[3] The following information explains what data is required for the QRISK® 2 risk engine, and the best practice for obtaining it.

Age

Data required: age recorded in years.

Key points: the age of the individual should be 40-74 years (inclusive).

Gender

Data required: the gender should be recorded as reported by the individual. If the individual discloses gender reassignment, they should be provided with CVD risk calculations based on both genders and advised to discuss with their GP which calculation is most appropriate for them as an individual.

[3] NICE (2014) Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease www.nice.org.uk/Guidance/CG181

Ethnicity

Data required: self-assigned ethnicity using one of the following categories: white/not recorded, Indian, Pakistani, Bangladeshi, other Asian, black African, black Caribbean, Chinese, other including mixed.

Key points: ethnicity is needed for the diabetes risk assessment. Ethnicity should be recorded using the Office for National Statistics 2001 census codes.

Smoking status

Data required: non-smoker (never smoked), ex-smoker (previously smoked), light smoker (fewer than 10 a day), moderate smoker (11-19 a day), heavy smoker (≥ 20 a day). Practices should consider discussing individuals accessing the Live Life Better Derbyshire service.

Family history of coronary heart disease

Data required: information on family history of coronary heart disease in first-degree relative less than 60 years. Key points: first-degree relative means father, mother, brother or sister.

Body mass index (BMI)

Data required: BMI is calculated from the weight divided by the height squared of the individual. Key points: if the individual cannot have their height and/or weight measured, including amputees, the individual's waist circumference, in supine position where possible can be used to assess whether the person is overweight or obese, and their risk of developing diabetes. The thresholds for waist circumference are set out in the NICE obesity clinical guidelines. Practices should consider discussing individuals accessing the Live Life Better Derbyshire service.

The QRISK® 2 calculation will default to population averages where information is not added, so it will estimate BMI based on the age and gender entered into it. Related stages of the check: BMI is required for the CVD risk calculation. It may also be used by the diabetes validated risk assessment tools and diabetes filter to identify individuals at risk of type 2 diabetes.

Systolic and diastolic blood pressure

Data required: both systolic (SBP) and diastolic blood pressure (DBP). Key points: pulse rhythm (manual pulse) should be taken prior to a blood pressure check, in line with NICE Hypertension clinical guideline. Individuals who are found to have an irregular pulse rhythm should be referred to the GP for further investigation of atrial fibrillation. Related stages of the check: 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 requires:

- A non-fasting HbA1c test or a fasting plasma glucose (FPG) (see section on diabetes risk assessment). This is part of the diabetes risk assessment element of the NHS Health Check and the Council will need to consider its provision

- An assessment for hypertension. This will take place in primary care and will require the Council to work closely with their partners to ensure people receive appropriate clinical follow up

- An assessment for CKD (see the section on additional testing and clinical follow up). Again this will take place

within a GP setting and links across the system are essential

Physical activity assessment

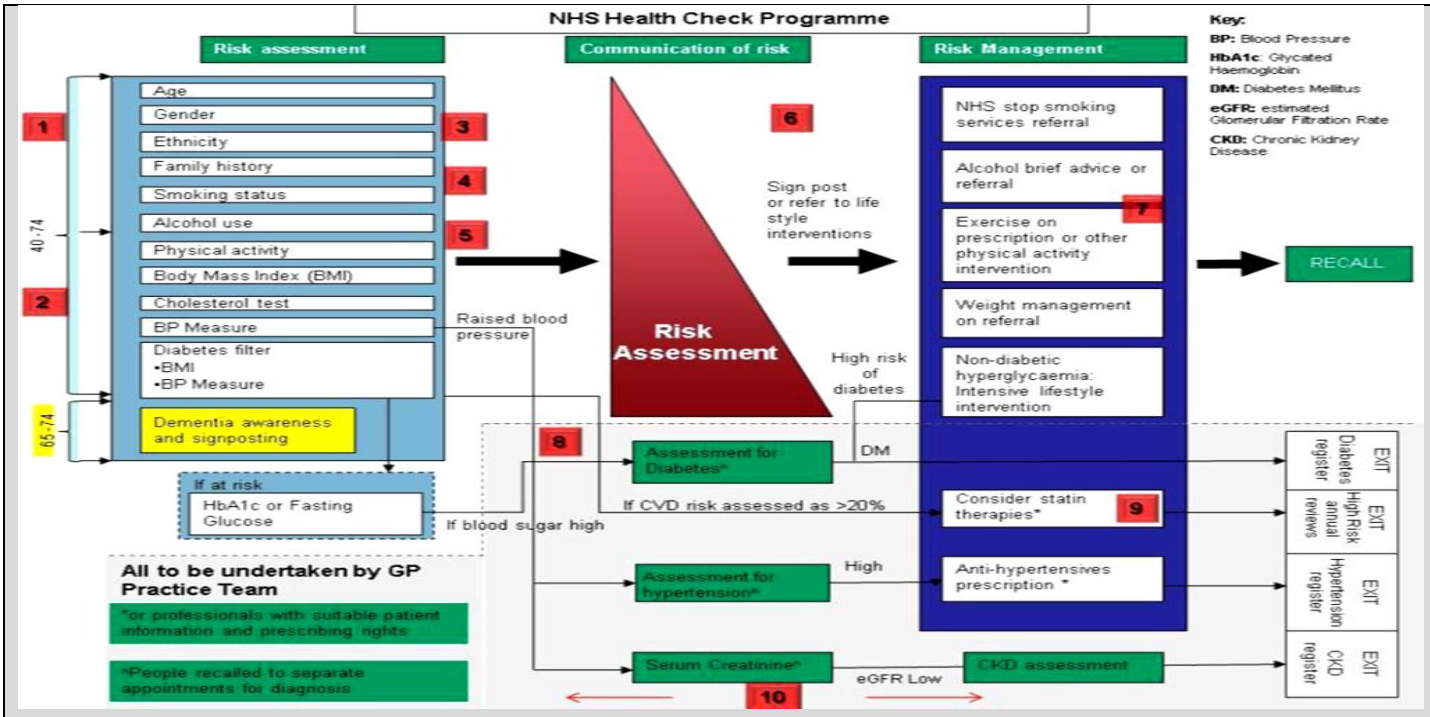
Data required: Level of physical activity as categorised using the General Practitioner Physical Activity Questionnaire (GPPAQ). Key points: GPPAQ provides a measure of an individual's physical activity levels, which have been shown to correlate with cardiovascular risk. It is also recommended for use as part of Let's Get Moving (LGM): a physical activity care pathway. Practices should consider discussing individuals accessing the Live Life Better Derbyshire service.

Alcohol risk assessment Data required:

Fast alcohol screening test (FAST) or alcohol use disorder identification test (AUDIT) score. If the individual achieves a 'positive result', which is a score of five or more using the first three questions of AUDIT-C or three or more on FAST, the second phase should be undertaken, see Figure 3. The second phase involves completing the remaining questions of the full AUDIT. It is this full AUDIT score that can identify the risk level of the individual. If the total AUDIT score from the full ten questions is eight or more, this indicates the individual's consumption of alcohol might be placing their health at increasing or higher risk of harm. Key points: to identify the risk of harm from alcohol, the World Health Organization (WHO) recommends that the AUDIT questionnaire should be used. This questionnaire is validated, has been used all over the world and is considered to be the 'gold standard' alcohol risk questionnaire. Both FAST and AUDIT can be self-completed by the individual or the questions can be verbally asked of the individual and their response recorded. New UK alcohol guidelines that were published in January 2016, recommend a lower threshold of alcohol units for men. The guideline now states that both men and women should not regularly exceed 14 units per week to keep their risk of alcohol-related harm low. As a result, PHE reviewed the recommended screening tools (AUDIT-C, FASE and full AUDIT) and concluded that no changes are needed to these tools.

Ensure delivery of the entire Health Check Clinical Pathway and standards across the whole pathway as outlined below:-

Health Check Clinical Pathway (2017)



The Federations shall use innovative ways of engaging with the public particular for specific target groups using a range of promotion and marketing tools and methods, including social media. It is expected the Federations shall use marketing tools and guidance from PHE[4]. All marketing material to be used shall, adhere to the NHS Health check identity. The Council should be consulted and notified of any key promotional events in advance and/r other marketing activity.

Part 3 Delivery the NHS Health Check Programme

The programme is governed by national standards for the whole pathway, from identification of an individual as eligible and through their subsequent care to safe exit of the programme; which involves a range of measurements and tests to diagnosis and treatment. Based on The Health and Social Care Act (2012) defines quality in terms of three elements:

- Clinical effectiveness: care is delivered in line with best evidence available
- Safety: care is delivered so as to all avoidable harm and risks to the individual
- Patients experience: care delivered to give as positive experience as possible for the individual

The NHS Health Check pathway for an individual is complex, involving several Providers, data flows between organisations and systems, and a variety of tests, assessments and investigations. This complexity and the interface between the components create risk that might be clinical, financial or affect the public perception of the programme or the organisational reputation of those delivering or commissioning the service. The pathway

[4] healthcheck.nhs.uk/commissioners and_providers/marketing/

consists of identification of the eligible population, the offer of an NHS Health Check, the risk assessment, communication of results, subsequent management, follow up and appropriate recall.

The pathway is defined here as starting with the identification of the eligible population through to their exit from the programme either by turning 75 years old, passing away, moving outside of England, or receiving a diagnosis that means they are no longer eligible for the programme.

The level of data required by the Council to properly assess the impact of the programme is set in the NHS Health Check minimum data set. The current template can be found on the NHS Health Check national website; this information can also be found on the NHS Digital national website.

NHS Health Check Standards

To ensure an effective and high quality NHS Health Check service the following standards must be in place. These underpin the minimum requirements and standards for the delivery of the NHS Health Check service in Derbyshire.

Table 2 NHS Health Check Standards

No	Standard	Point on the pathway
1	Identifying the eligible population and offering an NHS Health Check	Invitation and offer
2	Consistent approach to non-responders and those who do not attend their risk assessment appointment	Invitation and offer
3	Ensuring a complete health check for those who accept the offer is undertaken and recorded	The risk assessment
4	Equipment used in the health check	The risk assessment
5	Quality control for point of care testing	The risk assessment
6	Ensuring results are communicated effectively and recorded	Communication of results
7	High quality and timely advice given to all	Risk management
8	Additional testing and follow up	Risk management
9	Appropriate follow up for all if CVD risk score as 20% and greater	Risk management
10	Confidential and timely transfer of patient data	Throughout the pathway

Invitation and Offer: Identifying the eligible population and offering an NHS Health Check

Standard 1

- Systems need to be in place to consistently and accurately identify the population, establish eligibility and offer NHS Checks to all eligible persons
- The system must record the number of invitations and number of NHS Health Checks undertaken. Only those who fulfil the criteria will count as an NHS Health Check

To ensure eligibility the invitee must be:

- Aged 40-74
- Eligible for the check
- Registered with a GP in Derbyshire.

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 (TIA)
- Familiar hypercholesterolemia
- Heart failure
- Peripheral vascular disease
- Stroke

In addition, individuals:

- Must not be being prescribed statins for the purpose of lowering cholesterol
- Must not have previously 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 CVD over the next 10 years
- All eligible individuals must be invited to attend a NHS Health Check using a variety of formats, tailored for the specific audience i.e. gender, age, disability, nationality.
- Public information is also available via NHS Choices via: http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx
- To support uptake the Council will work with the Primary Provider to test the impact of behavioural insight and social marketing interventions
- Ensure there is choice for venues and booking mechanisms
- An appointment must be a minimum of 30 minutes
- Individuals with a disability shall be offered longer appointments to facilitate their needs and their carers to be accommodated in consultations subject to safeguarding and confidentiality procedures and policies
- Services must be provided where there is access via public transport

Standard 2

Invitation and Offer; Consistent approach to non-responders and those who do not attend their risk assessment

- A process must be in place to re-contact those eligible for the NHS Health Check who either do not respond to the offer or do not attend (DNA) their appointment. At least two further contacts must be made to increase the likelihood of the individual attending. Encouraging non-responder and DNA's to attend will contribute to the number of invites and the number of NHS Health Checks which must be undertaken.

Standard 3

The Risk Assessment

Those eligible must receive a health check assessment that lasts a minimum of 30 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.

A complete NHS Health Check must include **all of the elements** set out below and all **at the same time** unless otherwise stated.

- Age
- Gender
- Ethnicity
- Smoking status
- Family history of coronary heart disease (history of CVD in first-degree relative under 60 years)
- Level of physical activity using the General Practice Physical Activity Questionnaire (GPPAQ)
- Height, weight and Body Mass Index (BMI)
- Pulse check to detect atrial fibrillation
- Blood pressure measurement (systolic and diastolic)
- Initial alcohol screening test (AUDIT-C or FAST may be used as the initial screening tool, see further guidance in PHE Best Practice Guidance 2013 via: http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/Random total cholesterol and HDL (using point of care sample or a venous sample result taken within the previous six months)
- Cardiovascular risk score – a risk score for the patient's likelihood of suffering a cardiovascular event in the next ten years
- Assessment of memory loss for raising awareness of dementia for individuals aged 65-74 year and signpost to memory clinics if appropriate
- Height, weight, and body mass index (BMI) (weight in kg/height in m2)
- Fasting blood sugar if BMI >30 or (BMI >27.5 if Indian, Pakistani, Bangladeshi, other Asian or Chinese) or BP > 140/90
- An incomplete risk assessment for a person will lead to inaccurate calculation of their risk score and therefore have clinical implications for the client and in turn, reputational implications for the health care worker, GP practice, Provider and DCC.

Standard 4

Equipment use

- All equipment used for the health check including height, weight, measuring devices, blood pressure monitors and point of care testing equipment must be fully functional, used regularly, CE marked,

validated, maintained and recalibrated according to the manufactures' instructions.

- Any adverse incidents involving equipment must be reported to the manufacturers as well as the Medicines and Healthcare Products Regulatory Agency (MHRA), DCC and managed according to Providers' governance arrangements
- To engage with approved supplier of POCT and external quality control services
- An adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the accuracy and/or safety of device users including patients or other persons. Incidents must be reported to those mentioned above and the commissioner as soon as possible, even minor incidents as these may have greater significance when aggregated with other similar reports.

Standard 5

Quality Control of Point of care Testing (POCT)

- Internal Quality Control (IQC)
- External Quality Assurance (EQA)

The Provider must ensure that

- POCT is used to enable the NHS Health Check to be a 'one-stop-shop' service with measurements and results give on the same day and time
- The internal and external quality control and assurance is only carried out by healthcare professionals and staff who have been trained to use the equipment
- They have an individual and deputy as the named POCT coordinator

Standard 6

Communication of Results: ensuring results are communicated effectively and recorded

- 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.
- Communication about the risk score must be:
    i. face to face and given as a part of the NHS Health Check appointment
    ii. and supported by written information i.e. results booklet or card
- Staff delivering the NHS Health Check must be trained in communicating, capturing and recording the risk score and results, understanding the variables the risk calculations use to equate risk
- Communicate risk using plain language so that individuals understand their level of risk and what changes they can make to reduce it
- Use behavioural change techniques such as motivational interviewing to deliver appropriate lifestyle advice and how it can reduce risk

- 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

Results must include:

- BMI
- Cholesterol level (total cholesterol and HDL cholesterol)
- Blood pressure
- Physical activity
- Alcohol score and what this means
- Memory assessment
- CVD risk score

Standard 7

Risk Management: high quality and timely advice given to all

The Service Provider shall ensure timely access to high quality and appropriate risk-assessment interventions in line with best practice guidance. This shall include signposting with self-referral and/or referral to:

- Live Life Better Derbyshire including stop smoking services, physical activity interventions, weight management interventions
- Alcohol-use interventions
- Dietary advice
- Memory clinics

It is pivotal that actions taken at a certain threshold are the same and in line with national guidance, including those issued by NICE, so that people receive the necessary care and appropriate care. The Service Provider shall ensure:

- agreed plan in place

documentation of:

- Brief advice, record of specific lifestyle advice given
- Signpost to local provision – Live Life Better Derbyshire etc.
- Offer of referral made
- Referral declined
- Referral to intervention accepted
- Outcome

Standard 8

Risk Management: additional testing and clinical follow up

Individuals must 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 must take place at the following thresholds:

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:

a) >140/90 mmHg or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively

b) BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories

Individuals identified with pre-diabetes need to be reviewed at least annually.

2) Assessment for **hypertension** by GP practice team when indicated by:

- BP >140/90 mmHg
- Or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively

Individuals diagnosed with hypertension to be added to the hypertension register and treated through existing care pathways. They must be reviewed in line with NICE guidance, including provision of lifestyle advice.

3) Assessment for **chronic kidney disease** by GP practice team when indicated by:

- BP >140/90 mmHg
- Or where SBP or DBP exceeds 140mmHg or 90mmHg respectively

All who meet these criteria to receive serum creatinine test to estimate glomerular filtration rate (eGFR).

4) Assessment for **familial hypercholesterolemia** by GP practice team when indicated by:

- Total cholesterol >7.5 mmol/L

5) Alcohol risk assessment, use of full AUDIT when indicated by:

- AUDIT C Score >5
- Or FAST >3

If the individual meets or exceeds the AUDIT C or FAST thresholds above the remaining questions of AUDIT must be administered to obtain a full AUDIT score. If the individual meet or exceeds a threshold of 8 on AUDIT, brief advice is given. For individuals scoring 20 or more on AUDIT referral to alcohol services must be considered.

A blood glucose test is required where the individual's BMI is in the obese range as indicated by:

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

For all, systems, processes must be in place to ensure follow up test(s) are undertaken and results are received and provided to the individual. All staff must be competent in interpreting the results.

Protocol must be in place that:

- Outlines the parameters
- What to do if results are outside of the safe readings for example blood pressure which is clinically unsafe

Thresholds must be consistent to ensure a systematic and uniform offer. Disease management must be undertaken in line with NICE guidance including the provision of appropriate lifestyle interventions.

The Service Provider is responsible for ensuring that where threshold in standard 8 are met actions to reduce risk are implemented and are in line with national guidelines, including those by NICE so that people receive the necessary and appropriate care.

Standard 9

Risk Management: appropriate follow up for all if CVD risk assessed as 10% and greater NICE update 2014[5] (update from NICE 2008)[6]

- All individuals with ≥10% risk must be managed according to NICE guidelines including the provision of lifestyle advice and intervention, assessment for treatment of statins and an annual review. This may be through maintaining a high risk register.

Standard 10

Throughout The Pathway - confidential and timely transfer of patient data

Information governance and data flows

The Primary Provider shall follow guidance and processes for effectively implementing and managing the three main data flows for the NHS Health Check programme:

- Identifying and inviting the eligible population
- Transferring NHS Health Check assessment data from non-GP NHS Health Check Providers back to GP practice
- Data extraction from GP practices for local monitoring, evaluation and quality assurance of NHS Health Check

In the invitation process and other data flows described here the GP remains as data controller for personal confidential data (PCD). In all cases, the GP remain as data controller and the Council will not have access to PCD without explicit consent from the patient. Unless explicit consent has been gained from patients, only

[5] http://www.nice.org.uk/guidance/cg181
[6] http://www.nice.org.uk/Guidance/CG67

anonymised information will flow back to the Council from the GP practice data base.

Data processor may be any of the following:

1. A commercial organisation (including alternative NHS Health Check providers themselves)
2. An NHS organisation such as CSC, primary care support agency, hospital or community trust
3. The Council

In all cases a valid, data sharing agreement for data processing **must** be in place. The organisation acting as the data processor will be contractually bound to:

1. Only use the patient contact details for the purpose of contacting patients for the NHS Health Check
2. Retain data for a limited period of time, which must be no more than is required to perform their contractual function and any necessary follow up, and dispose of them appropriately[7]
3. Otherwise process data in line with the General Data Protection Regulation (GDPR) (for example, to gain approval from the GP as data controller for any subcontracting of the data processing, and to make clear the lines of responsibility

To comply with the GDPR Regulation it is essential that the data processor makes it clear that it is acting on behalf of the GP for the NHS Health Check only. This information must be provided to the patients.

All data processors must be Information Governance Toolkit level 2 compliant[8]

A comprehensive guide to NHS Health Check information governance and data flows is available via:

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

The Primary Provider shall ensure all providers record the number of eligible people they invite; in writing; and those made by phone or face to face. Where the risk assessment is carried out outside the individual's GP practice, and not using information technology system to transfer information, then the Provider shall send the following information to the person's GP:

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

[7] https://www.gov.uk/government/publications/records-management-nhs-code-of-practice
[8] https://www.igt.hscic.gov.uk/

• Total Cholesterol
• Physical Activity Level (GPPAQ)
• Smoking Status
• CVD Risk Score
• AUDIT-C Score (or full AUDIT score)
Health Check Information, Advice or Brief Intervention
• Info, Advice or BI provided (e.g. Stop Smoking, Physical Activity, Weight Management, Alcohol, Falls, Dementia)
Health Check Signposting and Referral
• Signposted or referred to one of the Lifestyle services (i.e. Live Life Better Derbyshire, alcohol support, memory services)

- Information to be forwarded to the GP practice:
- If the risk assessment is undertaken in a community setting the result must be sent back to the GP practice within 2 working days
- A protocol must be in place for action to deal with abnormal results which may require urgent attention

3.2 Core Competencies for staff undertaking the NHS Health Check

The Core Competencies for Healthcare Support workers represent the minimum requirements. Anyone who is working in a role that performs any direct clinical interventions (e.g. taking physiological measurements) must be competent in carrying out these functions. In addition to the NHS Health Check competencies.

Core competencies are:

- Personal development
- Effective communication
- Equality, diversity and inclusion
- Duty of care
- Safeguarding
- Person-centred care and support
- Handling information
- Infection prevention and control
- Health and safety
- Moving and assisting

NHS Health Check key Competencies

- Programme knowledge
- Information governance
- Invitation
- Client consent
- Risk assessment
- Interpreting results
- Communication of risk

- Consent to share data
- Brief interventional signposting/referral
- Communication with GP

Part 4 – KPI's and Output Measures

The Primary Provider shall ensure the monitoring of and collection of data on:-

- Proportion of eligible individuals offered who take up the offer of an NHS Health Check
- Number of NHS Health Checks delivered
- Number of people who are offered and take up the offer by:
    1. Age (5 year Bands)
    2. Gender
    3. Ethnicity
    4. Post code
    5. Provider e.g. GP or other
    6. Disability

Monthly report including KPI Dashboard (and meeting if required at the Council's premises)

- Quarterly performance management meeting and report including self-assessment against quality indicators and capacity
- Annual performance management meeting and report
- Key performance Indicators (KPI's)

4.1 Key Performance Indicators

The Primary Provider shall ensure all NHS Health Checks are delivered to the national standard.

Key Performance Indicators and Information Requirements		Threshold	Remedy for failure to achieve threshold	Method of measurement	Frequency
Objective 1: For all those eligible (i.e. those between 40 and 74 who do not have previously diagnosed vascular disease), to	a) 20% of the eligible population to be offered an NHS Health Check b) 100% of the required numbers of NHS Health	Minimum of 47,779 offers within Derbyshire 100% of offers made per GP practice and CCG areas as outlines by the	Remedial action, plan developed and monitored	QRISK® 2 computer system Number of first invites made	M Q A

be offered a NHS Health Check every five year and for this to be carried out in line with the best practice guidance	Checks delivered c) 100% of individuals who do not respond to the first invitation to be recalled d) 100% of individuals who do not respond to the second invitation to be recalled e) 100% of individuals offered an NHS HC to receive an NHS Health Check Information Booklet (appropriate to their needs e.g. Braille, Learning Difficulties, and or alternative languages)	Council < 4% or > 8% offers made to date out of quarter and year-end goal		Number of second invites made Number of third invites made Data broken down by the numbers of offers made and checks delivered By:- Age (5 year bands) Gender		
Objective 2: That the NHS Health Check programme is clinically and cost effective and that it remains so. **Objective 3: Help people live longer, healthier lives by:-** **i. reducing the risk, and incidence, of heart attacks and strokes, type II**	100% of individuals who receive an NHS Health Check to have a full risk assessment completed at the time of the check and the result issued face to face and in writing % of eligible individuals receiving an NHS Health Check that were provided with **brief interventional advice on**:- 1)Stop smoking 2)Weight management and advice	95%	In line with contractual obligations	QRISK® 2 computer system Client's note reviews Number of referrals to GP from the programme	M Q A	

diabetes and chronic kidney disease **ii. detecting cardiovascular disease, chronic kidney disease and type II diabetes earlier, allowing people to be managed earlier and in doing so improve their quality of life.**	3)Healthy eating 4) Physical activity 5)Alcohol use 6)Dementia risk % of eligible individuals receiving an NHS Health Check that were **signposted** to lifestyle support services:- 1)Stop smoking 2)Weight management and advice 3)Healthy eating 4) Physical activity 5)Alcohol use 6)Dementia % of eligible individuals receiving an NHS Health Check that were prescribed statins % of eligible individuals receiving an NHS Health Check that were prescribed anti-hypertensives % of eligible individuals receiving an NHS Health Check that did not have an assessment for IFG/IGT lifestyle management % of eligible individuals receiving an NHS Health Check that required an assessment for diabetes					

	% of eligible individuals receiving an NHS Health Check that did not require an assessment for serum creatinine % of eligible individuals receiving an NHS Health Check that required an assessment for hypertension % of eligible individuals receiving an NHS Health Check that required an assessment for fasting cholesterol % of eligible individuals receiving an NHS Health Check that did not require an assessment for fasting cholesterol Number of and % of people who received an NHS Health check recorded with the following outcomes:- BP > 140/90 Raised cholesterol Physically inactive Attendee's from ethnic minority groups From India, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories with a BMI of					

	>27.5 and of attendees from all other ethnicity categories with a BMI of >30					
Objective 4: Reduce health variation including:- socio-economic, ethnic and gender inequalities that result from vascular disease (heart disease, stroke, type II diabetes and chronic kidney disease). This also includes:- Individuals with 1) Learning disabilities 2) Severe Mental Segments 1) Quintiles 1 and 2 2) Quintiles 3,4 and 5	Number of people aged 40-74 by gender, ethnicity in key segments Number of eligible people by gender, age, disability, ethnicity been offered a NHS Health Check Number of eligible people by gender, age, disability, ethnicity who have received a NHS Health Check % of eligible individuals by gender, age, disability, ethnicity who have been offered a NHS Health Check % of eligible individuals by gender, ethnicity who have received a NHS Health Check % of those receiving a NHS Health Check by gender, ethnicity were provided with general lifestyle advice % of those receiving a NHS Health Check by gender, ethnicity provided with stop	a) % of Clients receiving an NHS Health Check diagnosis of type II diabetes b) % of Clients receiving an NHS Health Check diagnosis of chronic kidney disease c) % of Clients receiving an NHS Health Check diagnosis of hypertension d) % of Clients receiving an NHS Health Check diagnosis non-diabetic hyperglycaemia e) % of Clients receiving an NHS Health Check with a CVD risk score	In line with contractual obligations	Data review Client stories Client's note reviews	Monthly, annually	

	smoking information and advice % of those receiving a NHS Health Check by gender, ethnicity signposted to smoking cessation services. % of those receiving a NHS Health Check by gender, ethnicity referred to smoking. % of those receiving a NHS Health Check by gender, ethnicity given a brief intervention in physical activity. % of those receiving a NHS Health Check by gender, ethnicity and signposted to physical activity services. % of those receiving a NHS Health Check by gender, ethnicity and referred to physical activity services. % of those receiving a NHS Health Check by gender, ethnicity signposted to weight management service. % of those receiving a NHS Health Check by gender, ethnicity referred to weight management services				

	% of those receiving NHS Health Check by gender, ethnicity that required an assessment for IFG/IGT lifestyle management				
Objective 5: Quality assurance of the NHS Health Check – Risk Assessment	100% of individuals who take up the offer of an NHS Health Check, irrespective of who or where it is delivered, shall meet all quality standards for the programme:- 100% of individuals who take up the offer outside the individual's GP practice, the information collected within the risk assessment must be forwarded to the individual's GP. 100% of data flow between parties involved in the NHS Health Check programme shall meet the Data Protection Act and information governance rules see 2.4 100% of individuals to be offered and take up the offer of an NHS Health Check shall be identified through a risk engine to calculate the individuals' risk of developing CVD in the next 10 years.	a) 100% of GP practices and or community venues	In line with contractual obligations	Completion of self-assessment framework Action plans where quality gaps exist Support to overcome quality issues	Annually

	100% of individuals shall have all the following recorded Information:- Age Gender Ethnicity Smoking status Family history of CVD BMI Cholesterol test Systolic and diastolic blood pressure Manual pulse – rhythm Assessments:- Physical Activity (GPPAQ) Alcohol (Audit-C and FAST questionnaires) Diabetes Risk Blood glucose 100% of individuals should be made aware that the risk factors for CVD are the same as those for dementia In addition, 100% of those aged 65-74 should receive a falls risk assessment and be made aware of the signs and symptoms of dementia, with ongoing referral or signposting if appropriate				

Objective 6: Delivering a high quality service	**Raising delivery standards** 100% of the providers of the NHS Health Check – Risk Assessment will be monitored – self assessed, and available to the Council, in order to monitor service delivery and ensure continuous improvement in quality **Workforce competencies** 100% of health care professionals undertaking NHS Health Check – Risk Assessment have the: 1) Core and technical competencies required 2) Undertaken the NHS Health Check – Risk Assessment Training; including POCT and dementia awareness training 3) Have and are working through NHS Health Check core competence work books with a work place clinical supervisor				

	100% of risk assessments shall be recorded on the up to date version of the NHS Health Check – Risk Assessment Template 100% of individuals receiving an NHS Health Check shall be told face to face and provided in writing within the 'NHS Health Check Results Booklet' their BMI, Cholesterol level, blood pressure and AUDIT score as well as their CVD				

Output Measures

Achieving these health outcomes is dependent on close working between the Council, the Service Provider/s and their partners across the healthcare system, including primary care. This will help ensure the existence of robust referral pathways so that any additional testing and clinical follow up is undertaken, for example, where someone is identified in the risk assessment as being at high risk of having or developing a vascular disease.

4.2 Output Measures

1. number of NHS Health Checks offered monthly, quarterly and annually
2. number of NHS Health Checks undertaken monthly, quarterly and annually
3. number of invites sent
4. number of non-responders re called for a second and third time
5. proportion recorded as do not respond
6. proportion recorded as DNA
7. number of individuals recalled
8. proportion of those who accept the offer that receive a complete NHS Health Check with all key indicators recorded and results given at the time of delivery

9. proportion of NHS Health Checks undertaken where brief lifestyle advice is provided
10. proportion of referrals to the following lifestyle services as a result of the NHS Health Check
    - Live Life Better Derbyshire including stop smoking services, physical activity interventions, weight management interventions
    - Alcohol-use interventions
    - Dietary advice
    - Memory clinics
11. proportion of referrals made to GP or Nurse Practitioner for further investigation and or treatment of high blood pressure, high cholesterol
12. proportion of individuals where a record of outcome following lifestyle intervention is available (i.e. four-week smoking quit/ 5% reduction in body weight etc.)
13. proportion of non-GP based service Providers that send data to the relevant GP practice in a timely way
14. proportion of GP practices that then record these results on their clinical system
15. proportion of Providers using Point of care Testing (POCT) that can demonstrate all four quality indicates are in place
16. number of staff trained in undertaking an NHS Health Check risk assessment
17. number of compliments, untoward incidents and or complaints
18. client satisfaction survey
19. 5 client stories indicating improved health and well-being as a result of the assessment (annually)

Part 5 – Budget

5.1 Budget

Prices and Payment

The contract will operate as a three element model:

Element 1

A maximum five year amount of up to £440,000 is available to be paid for the direct delivery of NHS Health Checks. The Primary Provider shall submit a breakdown of cost of their intentions for the service using Appendix D Cost Breakdown.

Payment to the Primary Provider of the block payments will be monthly / quarterly in arrears based on the number of NHS Health Checks delivered.

Element 2

In addition at the end of each contract year a further performance related payment of up to a maximum of £20,000 per annum will be made to the Provider if they are able to demonstrate that the agreed proportion of the individuals are offered and take up the offer for an NHS Health Check came from one or more identified groups as set out by the Council.

This will operate on the following basis:

- £5,000 if the proportion of NHS Health Checks delivered to the target group is above 50% of the expected annual target
- £10,000 if the proportion of NHS Health Checks delivered to the target group is above 66% of the annual target
- £15,000 if the proportion of NHS Health Checks delivered to the target group is above 75%
- £20,000 if the proportion of NHS Health Checks delivered to the target group is at 100%

Note - These figures relate to the percentage of offers made and checks delivered out of the financial year target April to March as set by the Council as part of the programme's 5 year cycle.

The target groups and the level of achievement expected for future years of the programme will be agreed by the Council and the Provider. This will take into account any needs identified following analysis of the number of offers made and number of checks delivered.

Element 3

The Primary Provider shall be responsible for organisation, support and compliance with national standards for the Health Check programme.

The budget for the NHS Health Check programme is a finite resource; there is no national tariff for the cost per NHS Health Check tariff; prices shall be cost effective using innovative methods of delivery to maximise efficiency. The Council requires the requirements of the NHS Health Check service to be

delivered within the published financial envelope. Federations may determine how services are delivered e.g. in own individual practices, within groups of practices or in practices on behalf of other practices.

The Provider shall be required to identify and manage over or under performance per annum. This will require the development of innovative preventative mechanisms such as a recall system for individuals who have not responded to their first invitation or DNA their appointment and ensuring that those at greatest risk of CVD in areas of highest need are invited and take up the offer. It is essential that the annual expected number of Health Checks is not exceeded in any 12 month period. This needs to be between April and March not any rolling 12 months period and will not be funded by the Council.

5.2 Payment Mechanism

Payment shall be made on delivery of services and delivery of reports in addition to specific data in relation to the claims for monthly activity, following a quarterly payment schedule.

5.3 Backing Data

The Council is only responsible for payment of service delivered to the registered population within Derbyshire General Practices (excluding Derby City) within the remit of the NHS Health Check service. NHS Health Checks delivered to non-Derbyshire registered individuals, or on individual resident in Derbyshire but not eligible for an NHS Health Check will not be counted in the number of individuals who have received an NHS Health Check. Any such services are provided entirely out of scope of this specification and will not be funded.

Table 2 Number of NHS Health Checks to be delivered and budget

	Eligible Population - 100% Invited over 5 years	**54% Uptake Per Year**	**56% Uptake Per Year**	**58% Uptake Per Year**	**60% Uptake Per Year**	**62% Uptake Per Year**
Derbyshire	238898	25801	26757	27712	28668	29623
Erewash	29374	3172	3290	3407	3525	3642
Hardwick	29148	3148	3265	3381	3498	3614
Chesterfield Provider Group	28089	3034	3146	3258	3371	3483
North Derbyshire	65449	7068	7330	7592	7854	8116
Southern Derbyshire	76730	8287	8594	8901	9208	9515
Glossop	10108	1092	1132	1173	1213	1253
Quintile 1	43092	4654	4826	4999	5171	5343
Quintile 2	52862	5709	5921	6132	6343	6555
Quintile 3	49689	5366	5565	5764	5963	6161
Quintile 4	56199	6069	6294	6519	6744	6969
Quintile 5	37056	4002	4150	4298	4447	4595

Federations will be funded at £18.00 per Health Check up to 65% of the annual practice target.

A payment of £25.00 per Health Check undertaken will be made where a practice exceeds the 66% of target figure. The intention is that there is a small annual increase in the numbers of health checks undertaken over the 5 year contract in order to work towards the national 66% uptake figure.

It is expected that particular attention is made to the populations in quintiles 4 and 5.

The Council expects 100% of the eligible population to be offered an NHS Health Check each month, quarter and per annum for eligible individuals within each GP practice in Derbyshire.

The number of NHS Health Checks required and KPIs for years two, three and four will be set following performance in year one of the contract.

Part 6 – Reports and Contract Management

The Service Provider organisation is responsible and accountable for the NHS Health Check programme and required to report to the Council against all elements of the programme. Meetings shall be in accordance with the contract and as set out in this specification. Meetings will be monthly in the first instance and then quarterly with the Council and shall take place at the Councils premises to discuss service progress and performance against national standards and local requirements. Additional meetings and reporting may be requested by the Council where a need arises. It is the Service Providers responsibility to ensure monitoring and reporting arrangements are in place across the whole service including the agreed sub-contractual arrangements. The Service Providers is responsible for the production of short, medium and long term plans to ensure the service delivers against the specification and commissioners' requirements from service commencement.

Links will be made with the following support organisations:

1. Total Computer Rooms – provision of information technology for the programme
2. Alere – for the support of POCT linked to:-
3. Derby Royal Hospital – provision of quality assurance of the programme
4. NHS Health Check – Risk Assessment training; provision of a minimum of two course per year

A meeting report and meeting schedule will be in place: for example:

Quarter	Months	Report submitted by
Q1	April to June	21st July
Q2	July- September	21st October
Q3	October - December	21st January
Q4	January – March	21st April
Annual report	Summary	1st of May

The Service Provider must ensure information for meetings and national and local reporting requirements, are provided 14 days prior to meeting dates as follows:

- Monthly data collection - uploading monthly data which the Council will filter into the national data sets (data is numbers only does not contain patient identifiable data)
- Data collection via the locally agreed dashboard and reporting mechanisms – to be agreed between the Service Provider and the Council

- Compliance with the GDPR and the duty of confidentiality and Caldicott Principles
- The processing of personal identifiable data shall be secure and adhere to confidentiality, data protection and information governance, including the secure transfer of data, secure storage and secure processing. Where it is proposed to store data in electronic data storage 'cloud' EU guidance shall be followed and Commissioner approval sought.
- A Privacy Impact Assessment (PIA)
- Demonstrate provision of a sound Information Governance framework, including staff training
- Sharing agreements shall be established where appropriate, including identification of data controller/processor roles and responsibilities for Subject Access Requests and Freedom of Information requests
- All service user data must be treated as confidential and must only be disclosed on a need to know basis. Some data may be especially sensitive and is the subject of a specific organisation policy, including information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms
- Under no circumstances must any data be divulged or passed on to any third party who is not specifically authorised to receive such data

All employees who take part in the NHS Health Check programme are expected to comply with national legislation and local policy in respect of confidentiality and data protection.