



Appendix A Specification

Provision of Derbyshire NHS Health Check Programme

Definitions

CCG/s Clinical Commissioning Group/s
COPD Chronic Obstructive Pulmonary Disease
CVD Cardiovascular disease
DCC Derbyshire County Council
DNA Did not Attend
GP General Practitioner
PHE Public Health England
POCT Point of Care Testing - cholesterol testing as part of the NHS Health Check
NICE National Institute of Clinical Excellence
NHS National Health Service
NHS England National Health Service England
SBP
DBP Systolic Blood Pressure
Diastolic Blood Pressure

Specification

Introduction

NHS Health Check programme

The NHS Health Check programme ambition is to help prevent the onset of cardiovascular disease (CVD) including vascular dementia in England. Through the provision of local support to identify and manage risk factors by supporting changes to and management of key modifiable risk factors:

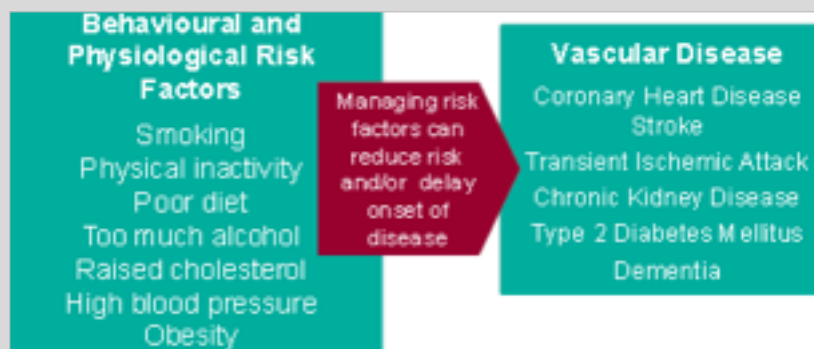
To seven modifiable risk factors:

1. High blood pressure
2. Smoking
3. Cholesterol
4. Obesity
5. Poor diet
6. Physical inactivity
7. Alcohol consumption

National Context

The primary purpose of the NHS Health Check is to reduce the burden of preventable morbidity and mortality due to CVD in England, and to reduce health inequalities. It is a national risk assessment and management programme for those aged 40–74 years living in England, who do not have an existing vascular disease, and who are not currently treated for certain risk factors. It is aimed at preventing heart disease, stroke, diabetes, and kidney disease and raising awareness of dementia for those aged 65–74 years and includes an alcohol risk assessment; assesses individual risk of developing these conditions; early detection and management of risk factors; early detection of disease; manage/change their level of risk by offering individually tailored support and advice.

The programme aims to help prevent the onset of vascular disease and vascular dementia by supporting changes and management of behavioural and psychological risk factors. As set out below:



Reducing and managing risk factors will reduce prevalence and effects of disease:

Background

Since 1990, the number of people dying from ischaemic heart disease and diabetes has risen by 30% and a high body mass index has attributed as the most important cause of premature mortality and disability.

Part 1 – Aims

The aim of the service is to for every Derbyshire resident who is eligible for an NHS Health Check is provided with an offer and takes advantage of an effective complete risk assessment and follow up, irrespective of where they live, or the Provider commissioned to deliver it.

Ensuring that those offered a NHS Health Check actually receive a complete check is necessary to optimise the clinical and cost effectiveness of the programme. This is especially important for populations with the greatest health needs and will impact on the programme, the CCGs' and Derbyshire's abilities to narrow health inequalities. Equally, it is important that actions taken at critical points on the pathway are the same, to ensure a systematic and uniform offer across Derbyshire to maximise the public health impact of the programme.

1. Objectives

1.1 Service Inputs

- leadership and management of the programme within the allocated budget and time frame
- access to NHS Health Checks across Derbyshire for those eligible provided by trained and competent staff (usually a Health Care Assistant) within general practice and/or approved community venues; with access available in the evening and on Saturdays
- provision of a quality led risk assessment with; free results booklet; lifestyle advice, and or referral to lifestyle, and or referral to GP or nurse practitioner
- provision of required standards and safe operating procedures to deliver the NHS Health Check operating within a culture of quality assessment; audit and continual improvement
- clinical and information governance arrangements must be in place including contracts and protocols for all who provide the NHS Health Check risk assessment and or handle related data
- provide effective reach into the local population to ensure increasing take up; based on need, in a variety of settings ensuring that individuals are given choice about availability and access
- work in partnership with Public Health to deliver a range of universal and tailored information to target and encourage uptake
- ensure delivery of the outcomes of the programme incorporating brief lifestyle advice; support services though signposting to active interventional support e.g. smoking cessation; weight management etc. or referral to GP for further investigation and or treatment
- increase awareness of the NHS Health Check in general and specifically to ensure people know how to access the programme and where to go for further advice e.g. NHS Choices – <http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-is-an-NHS-Health-Check.aspx>
- develop links with key Providers of healthier lifestyle support to ensure effective pathways for people requiring support; work with key support Providers e.g. TCR, Derby Hospital

2.1 Key outcomes

The service shall reduce risk of CVD and enable earlier detection of CVD in the local population by

Reducing rates in:

1. Smoking prevalence
2. High blood pressure
3. High cholesterol
4. Physical inactivity
5. Poor diet
6. Obesity levels
7. Alcohol intake

A reduction in Derbyshire in:

1. disability and mortality rates from causes considered preventable
2. under 75 mortality rate from all CVD – reduction in the incidence of heart attacks, strokes, diabetes, chronic kidney disease and vascular dementia
3. CVD emergency admissions and elective and emergency procedures
4. narrowing the gap in health inequalities between the most deprived and the least deprived

2.2. Service outcomes

1. 100% of the eligible population (20% of the total eligible population) invited per annum; 100% invited of the 5 year cycle (total eligible population)
2. Minimum of 66% - 75% of those invite take up the offer of the NHS Health Check
3. 100% of those who do not respond have been recalled
4. 100% of those at high risk referred

2.3 Accessibility outcomes

- **To improve the cardiovascular health of the local population who are at high risk of CVD** through the provision of evidence base behavioural change interventions tailored to meet specific needs of individuals in high risk groups
- **To promote services that are welcoming and accessible** and can meet the needs of a diverse range of service users
- **To contribute to reducing inequalities in cardiovascular health (in partnership with other agencies) by:**
 - targeting vulnerable groups/communities with greater risk of CVD for example individuals with learning difficulties
 - encouraging individuals less likely to engage with primary care and those who may feel stigmatised because of the risk factors they undertake
- **To improve access** by delivering a 'one stop shop' approach to the NHS Health Check to

3.1 Service Description

The service 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 leading to diagnosis and treatment. Based on The Health and Social care Act (2012) defines quality in terms of three elements:

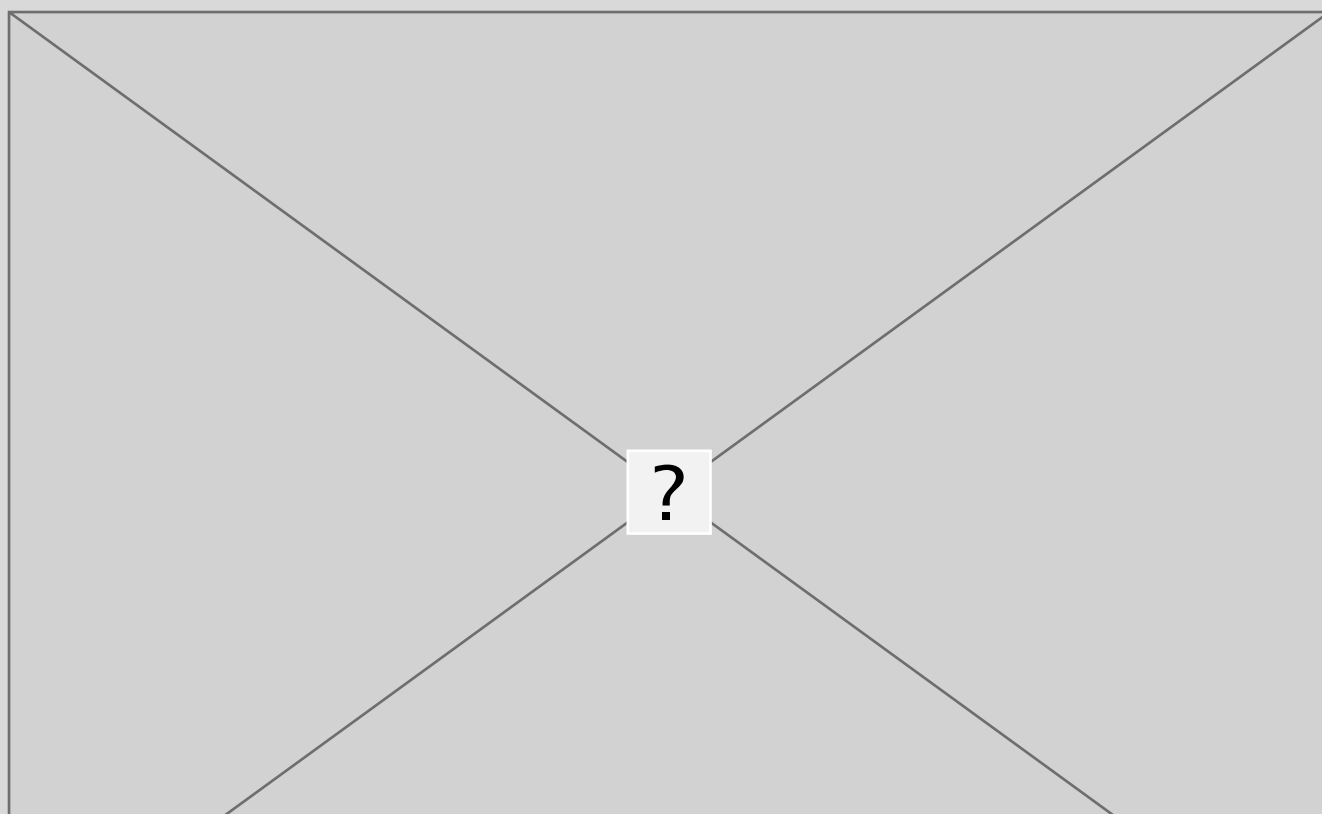
1. Clinical effectiveness: care is delivered to the best evidence of what works
2. Safety: care is delivered so as to avoid all avoidable harm and risks to the individual
3. Patient: experience: care is delivered to give as positive experience as possible for the individual

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 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.

3.2 NHS Health Check Pathway

Figure 1 Standards mapped against the NHS Health Check programme pathway



- **Part 4 – KPI's and Output Measures**

The Provider/s is requested by the Council to submit monitoring and information through:

- Monthly report including KPI Dashboard (and meeting if required)
- 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

Quality Performance Indicator	Guidance	Threshold	Remedy for failure to achieve threshold
Method of measurement	Frequency		

Provider Responsibility

1. **Invitation and offer** – identifying the eligible population and offering an NHS Health Check to men and women aged 40-74 years

performance outcomes –
 1. number of invites sent
 number of completed NHS Health Checks Each year 20% of the eligible population has been invited

Expected number of checks undertaken 66% in year 1

Performance not to drop below 66%

Discussions with the Council re increasing the uptake rate to 75%

Please note these figures may change in line with national guidance but the minimum will be 66%

All GP practice in Derbyshire including Glossop will be providing or sharing data to invite and provide access to NHS Health Checks

100% of invites sent each year

66% of individuals to receive an NHS Health Check in 2015/16

Monthly and quarterly aims will be monitored and action plans are expected to remedy under performance

5.1 Budget

The Provider shall be responsible for delivering and managing the programme within the aims and the budget. Each element of the service shall be allocated a suitable proportion of the budget and any necessary readjustments made to ensure effective and efficient delivery of the NHS Health Check programme. The indicative percentage of the overall budget for each has been given to provide an indication of how the Council expects the budget to be apportioned. This is a guide based on current arrangements and the Provider should demonstrate how the plan to allocate the budget, including cost effective pricing process, and their justification for this must be made available to the commissioner.

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.

The Provider, in conjunction with the Council shall be required to identify and manage possible over or 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 seen.

5.2 Recall system

The NHS Health Check programme is required to reduce the number of non-responders e.g. Individuals invited for a NHS Health check but not responded. The Council recognises that this will result in an increase in activity of the number of invites sent alongside the 'average number of monthly invites' required, this is necessary is so that:

- a) Individuals are offered the best opportunity to engage with the programme
- b) Increase the number of individuals taking up the offer of an NHS Health Check

5.3 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 monthly payment schedule.

5.4 Backing Data

The Council is only responsible for payment of service delivered to Derbyshire residents, within the remit of the NHS Health Check service. NHS Health Checks delivered to non-Derbyshire residents, 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.

5.5 Payments to sub-contract providers

The Provider shall be responsible for monthly payments to sub contracted providers within 30 days. This shall be a combination of monthly arrears or in areas based on actual monthly activity. The

The 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. Quarterly meeting with the Council shall take place 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 Provider's responsibility to ensure monitoring and reporting arrangements are in place across the whole service including the agreed sub-contractual arrangements. The Provider/s 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.

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

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

The Provider must ensure information for meeting and national and local reporting requirements, 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 Provider and the Council
- Compliance with the Data Protection Act 1998 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.
- Contract must be in place with GP practice for community venues in respect to information governance in respect to sharing information. Guidance is available via –
http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/
 e.g. NHS Health Check Data IG and data flow guidance; Sample data processing contract.
- 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

Ends