SCHEDULE 1 VERSION 1.9

NHS HEALTH CHECKS
delivered in Community Pharmacy

Contents

Service Specification to start on 1 October 2020

1. INTRODUCTION

Following the Health Act 2006 and Local Authority Regulations Functions 2013, Hertfordshire County Council has statutory responsibility for the provision of NHS Health Checks in Hertfordshire. Eligible adults aged 40 to 74 years must be offered an NHS Health Check once every 5 years. The number of NHS Health Checks available for each pharmacy to deliver will be reviewed annually and each pharmacy will be informed of their targets at the beginning of each financial year or at the start of their contract, whichever is sooner (see Appendix I).

1.1 Service aims and objectives

The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for CVD; risk factors that are associated with premature death, disability and health inequalities in England (Best Practice Guidance 2019) and also associated with adverse outcomes from Covid-19.

Up to half of CVD may be preventable though lifestyle changes, therefore support for lifestyle change is a key component of the NHS Health Check.

Public Health England (PHE) and Hertfordshire County Council support the prioritisation of Health Checks that invites those most at risk first and considers the needs of those with protected characteristics. This is in keeping with the Equality Act 2010.

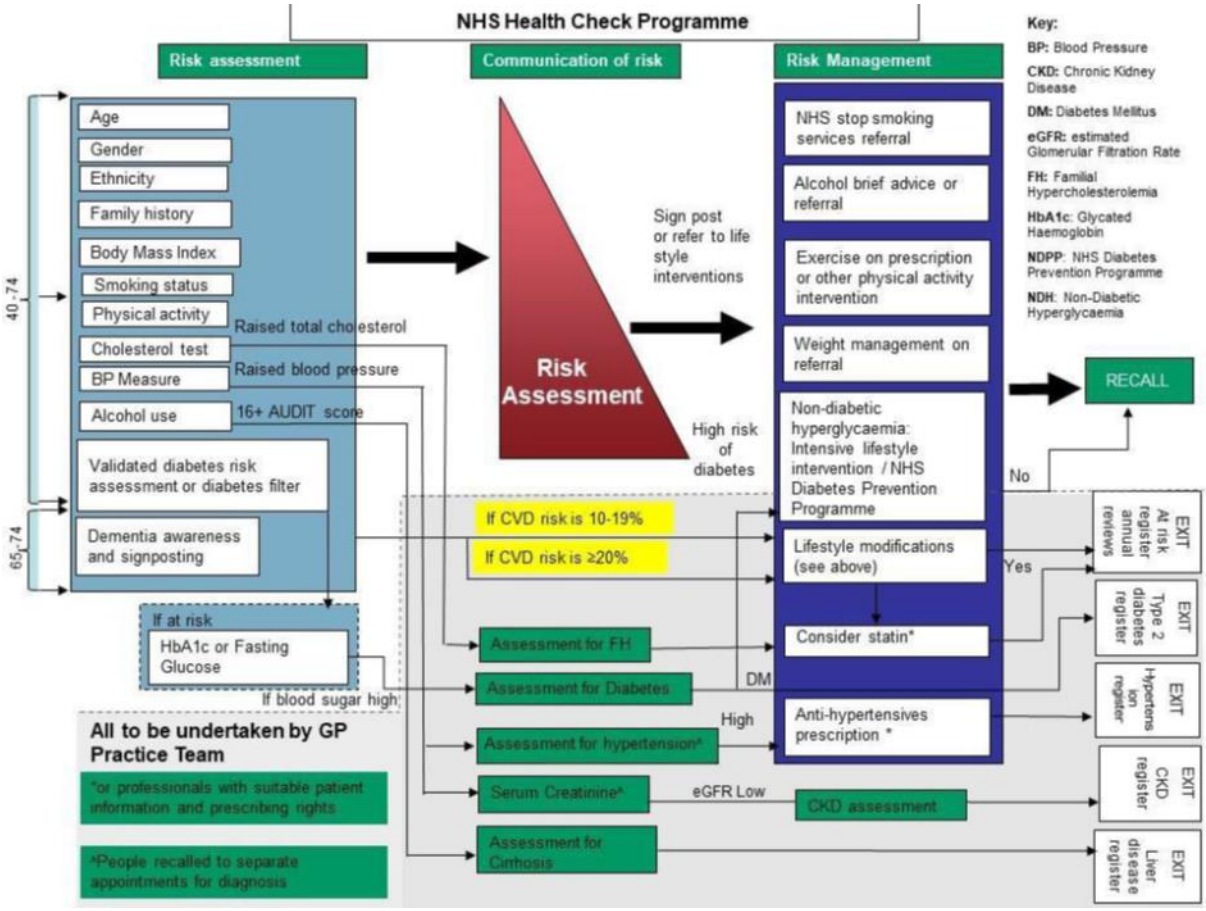
The objectives of the NHS Health Check programme are to:

- Identify and invite the population eligible for a Health Check;
- Assess an individual's risk of coronary heart disease, stroke, diabetes and kidney disease;
- Through a face to face consultation, communicate the level of risk to the individual in a way they understand;
- Manage the risk with advice and/or interventions (i.e. motivational interviewing and goal setting, medication, referrals or signposting) as appropriate;
- Provide information and raise awareness of dementia with all individuals and the availability of memory services to individuals aged 65 and over;
- Recall and reassess risk after 5 years.

The NHS Health Check programme is only cost effective and clinically effective if the programme being delivered is of high quality and every NHS Health Check delivered is complete, preferably as a single appointment, and followed through to reduce risk. Public Health Hertfordshire's focus will be on ensuring that Heath Checks delivered as part of this contract are of the highest quality and demonstrate continuous improvements.

It is important that there is robust data collection for the programme so that effectiveness can be evaluated, and we can be assured that every individual is receiving the best possible preventative intervention.

Figure 1 Overview of the vascular risk assessment and management programme



NHS Health Check best practice guidance - October 2019 (updated March 2020) – see page 20

2. SERVICE OUTLINE

2.1 In summary, the Community Pharmacy commits to:

- Identifying & inviting their target number of eligible patients (all of whom must be registered with a Hertfordshire GP)
- Prioritise invitations to patients according to potential risk of cardiovascular disease.
- Meet their target for the number of Health Checks to be provided to eligible patients per pharmacy which is a minimum of 20 and a maximum of 40[1]
- Use Point of Care Testing equipment to assess the patient's (non-fasting) total cholesterol and HDL cholesterol, and HbA1c if required
- Assess an individual's risk of coronary heart disease, stroke, diabetes and kidney disease
- Use QRISK2 (or its updates) to calculate the individual's 10-year cardiovascular risk
- Use the Heart Age tool to calculate and inform an individual of their own relative risk
- Communicate the level of risk to the individual in a way they can understand through a dedicated face to face consultation
- Manage the risk with advice and/or interventions (i.e. motivational interviewing and goal setting, medication, referrals or signposting) as appropriate

[1] This may be increased following written agreement from the Public Health commissioner

- Provide the individual with the results of the NHS Health Check and a summary of agreed actions using the results booklet provided by Public Health
- Provide the individual with the means of evaluating the service they have received; again, using the results booklet provided by Public Health
- Provide information to raise awareness of dementia to all individuals and the availability of memory services to those aged 65 and over using this information leaflet: Dementia: helping your brain stay healthy
- Complete the NHS Health Check template provided by Public Health on PharmOutcomes (or its updates)
- Results will usually be sent automatically by PharmOutcomes to the patient's own GP practice. Where on the rare occasion, an automatic email is not generated by PharmOutcomes, the pharmacy must send the results to the GP practice by secure email. In these circumstances, the pharmacy MUST send this by an alternative secure email address verified between the pharmacy and the GP practice.
- Ensure that patients with identified risks are counselled on the importance of following up the results of their Health Check with their own GP practice in a timely manner
- Pharmacies are encouraged to liaise with their local GP practices to identify patients who might otherwise not be invited for an NHS Health Check. A template letter that GPs may use to invite patients for a Health Check at your pharmacy can be found at Appendix II
- A template letter for community pharmacies to use can be found at Appendix III.

2.2 Eligibility and Exclusion Criteria

The pharmacy must identify patients within the eligible population; these must be patients registered with a Hertfordshire GP. This can be done opportunistically, by SMS text, by letter, or in collaboration with local GP practices. The eligible population is everyone aged 40-74 who are not **excluded** by the below criteria:

a. Patients who have received an NHS Health Check in the last 5 years
b. Patients diagnosed with any of the following conditions:
    i. Coronary heart disease
    ii. Chronic kidney disease (CKD) which has been classified as stage 3, 4 or 5 within the meaning of the NICE clinical guideline 182 on CKD
    iii. Diabetes
    iv. Hypertension
    v. Atrial fibrillation
    vi. Transient ischemic attack
    vii. Hypercholesterolaemia
    viii. Heart failure
    ix. Peripheral arterial disease
    x. Stroke
c. Patients currently prescribed statins
d. Patients assessed as having a 10-year cardiovascular disease risk of ≥20% (for example the patient would be having an annual CVD check-up)

No payments will be made for NHS Health Checks delivered to ineligible patients or to those not registered with a Hertfordshire GP.

It is the pharmacy's responsibility to ensure that the patient is screened thoroughly for eligibility prior to delivering the Health Check.

2.3 Offering an NHS Health Check

Definitions

Patients will be identified by the Community Pharmacy via the following routes:
- Invited by letter, text or SMS message
- Self-referral
- Opportunistic verbal offer

Patients who meet the eligibility criteria may also be invited, even if they have been previously offered an NHS Health Check by their GP practice, but did not take up the offer or receive the Health Check.

Invitations to receive a Health Check should be prioritised in the following order to ensure that those most at risk of CVD get invited first:

1. Estimated or actual QRisk2 (or its updates) score of 10% or more (if known)
2. Postcode in area of deprivation (see Appendix IV)
3. Older patients (working backwards from age 74)
4. BAME (Black, Asian, Minority Ethnic) patients
5. Smokers
6. Overweight or BMI over 30
7. Patients with long term conditions such as COPD, mental ill health or cancer
8. Patients with known drug or alcohol problems

Inviting and Offering Health Checks

Eligible patients may be invited by written letter, an SMS message, phone call or opportunistically.

2.4 Appointments and Appointment Order

Patients should have access to morning, afternoon and evening or weekend appointments in order to improve accessibility and increase uptake.

Every patient should have a dedicated 30-minute appointment for their Health Check which includes the use of POCT (Point of Care blood Testing) for cholesterol and an HbA1c (a measure of diabetes risk) as required, and the NHS Health Check should be completed in this single dedicated appointment.

An essential component of the Health Check is to calculate an accurate QRisk2 score (or its updates) at the time of the appointment and to explain the results to the patient.

2.5 Risk Assessment

Everyone receiving an NHS Health Check must have a QRisk2 score (or its update) calculated. This risk assessment assesses individual risk factors as well as calculating their risk of having, or developing, cardiovascular disease in the next ten years. Appropriate behaviour change and follow up to reduce that risk must also be discussed if risks are identified.

The NHS Health Check must be undertaken by an appropriately trained member of the community pharmacy team. This must be in the form of a face-to-face consultation with the patient in a private consultation room. All specific tests and measures listed below must be completed during the risk assessment and the results must be recorded on the patient's record on PharmOutcomes or other Public Health recommended database:

1. Date of birth
2. Gender
3. Smoking status
4. Family history of CVD or diabetes
5. Ethnicity
6. Blood Pressure (see Appendix V)
7. Pulse rate and rhythm check
8. Body Mass Index (BMI)
9. Physical activity using GPPAQ (General Practice Physical Activity Questionnaire) which can be found here
10. Alcohol intake using the AUDIT-C tool shortened tool (see Appendix VI)
11. Using Point of Care Testing Equipment (see Appendix VII):
    a. Total cholesterol
    b. High Density Lipoprotein (HDL) cholesterol
    c. The ratio of total cholesterol to HDL cholesterol
12. QRisk2 (or its updates) calculation
13. Relative heart age score
14. Diabetes risk (filter to be used, details below)
15. Chronic kidney disease risk (filter to be used, details below)
16. Everyone who has an NHS Health Check should be made aware that the risk factors for cardiovascular disease are the same as those for dementia.
17. Patients aged 65 and over should be provided with information to raise awareness of dementia and the availability of memory services. Patients should be referred or signposted to services if appropriate[2]. The NHS Health Check dementia leaflet is available from Public Health and here in a variety of languages.

Everything that is included on the PharmOutcomes template for the completion of an NHS Health Check is available at Appendix VIII.

2.6 Further assessment of risk

Hypertension risk assessment:
Further hypertension risk assessment to detect and treat undiagnosed hypertension must be undertaken for patients with a blood pressure at or above ≥140/90 mmHg or where either the systolic OR diastolic blood pressure exceeds the respective threshold. To identify persistent raised blood pressure these individuals should return for at least two further measurements under the best possible conditions. Community Pharmacies should follow the BHF community pharmacy protocol and pathway for blood pressure monitoring which can be found at Appendix V.

Diabetes risk assessment:
Patients who meet any of the following criteria should receive an HbA1c point of care blood test as per NICE guidance:

- BMI ≥ 30 (or ≥ 27.5 if Indian, Pakistani, Bangladeshi, other Asian or Chinese).
- A blood pressure threshold, at or above either a140 mmHg systolic or 90 diastolic mmHg.
- Family history of diabetes
- Taking oral corticosteroids
- History of gestational diabetes (diabetes in pregnancy)

[2] https://www.hpft.nhs.uk/services/older-peoples-mental-health-services/early-memory-diagnosis-and-support-service-emdass/

Alcohol risk assessment:
All patients with a shortened AUDIT-C score of 5-10 should be given brief intervention advice about safer levels of drinking. Individuals scoring 8 or more should be referred to the alcohol treatment service, CGL (Spectrum). Individuals scoring 11 or 12 should not be advised to cut down or stop drinking but be advised on the dangers of drinking at this level and be referred to the alcohol treatment service, CGL (Spectrum). See Appendix VI for further information.

It is the responsibility of the patient's GP to carry out all further appropriate assessments on patients with abnormal parameters for hypertension, chronic kidney disease, diabetes and familial hypercholesterolemia.

Familial hypercholesterolemia assessment: Patients with a total cholesterol >7.5mmol/L should be formally assessed for familial hypercholesterolemia by their GP.

The individual's CVD risk must then be calculated, using QRISK2 (or its updates) in line with NICE guidance. The individual's relative heart age must also be calculated using the Heart Age Tool and communicated to the individual.

2.7 Communication of Risk

All communication of risk must be delivered through a face-to-face consultation in a private room. Information on the results of the NHS Health Check should be communicated to the patient during the consultation. Their level of cardiovascular risk, and the implications of that risk, should be clearly explained in a way they understand using every day, jargon-free language. As well as explaining the QRisk2 score (or its updates), the individual's relative heart age must be explained and be tailored to the individual.

The patient should also be advised of their cholesterol levels and the relevance of the total cholesterol:HDL ratio, HbA1c if appropriate, BMI, GPPAQ score, blood pressure, pulse and AUDIT-C score. Patients should be provided with the results on the Health Check results and evaluation booklet provided by Public Health. Please contact publichealth@hertfordshire.gov.uk or HealthImprovementService@hertfordshire.gov.uk for a supply of these booklets.

All pharmacy staff delivering the NHS Health Check should be trained in communicating the risk score and results. Sharing information about risk with people may not necessarily motivate them to change and therefore, the use of behaviour change methods, such as motivational interviewing techniques and goal setting should be used to engage patients in person-centred conversations about their own reasons for change. The agreed lifestyle changes should be agreed and documented on the NHS Health Check results booklet.

2.8 Management of Risk

Everyone who has an NHS Health Check, regardless of their risk score, is to be given general lifestyle advice and behaviour change techniques should be used to encourage them to improve their lifestyle.

Those with risk factors (e.g. hypertension, high cholesterol, smoking, overweight/obesity, physical inactivity, excessive alcohol consumption) should be offered specific advice and assistance. Where there are appropriate services, the patient should be offered a referral into a service. If the patient refuses a direct referral, or a direct referral pathway does not

exist, they should be signposted into services. Patients should all be signposted to Health in Herts.

Individuals who are subsequently diagnosed with cardiovascular disease or assessed to be at high risk of developing vascular disease, (i.e. have a 10-year cardiovascular risk of ≥20%) should be referred to their GP using the automated email pathway via PharmOutcomes and be managed through the relevant pathway or disease register. They will be removed from the eligible population by the GP software provider and not be invited for any further Health Checks. The patients should be made aware that they need to follow up this referral with their GP.

Patients with a ≥10% 10-year risk of developing CVD should be referred to their GP to be considered for statin therapy for the primary prevention of CVD in line with NICE Clinical Guidance 181. The GP will be alerted to measurements outside of normal parameters through the automated email pathway via PharmOutcomes.

3. QUALITY

The NHS Health Check programme is only cost and clinically effective if the programme being delivered is of high quality and every Health Check delivered is complete and followed through to reduce risk. The Health Check programme must:

- Be patient focused
- Be completed in one appointment
- Invite the whole of their agreed annual target for the delivery of Health Checks
- Have a good uptake rate (50% or more)
- Prioritise groups and individuals listed at 2.3 above
- Identify problems early, minimising harm and error
- Have clear pathways in place that are followed, to reduce risk
- Be monitored and evaluated

There must be a named community pharmacist to act as the clinical lead for the provision of NHS Health Checks within the community pharmacy and they must take responsibility for the oversight of delivery within their pharmacy, including identifying suitable staff to be trained to deliver the programme.

3.1 Best Practice Support

In order to ensure that the programme is being delivered to national standards (available here), Hertfordshire Health Improvement Service (HHIS) or the commissioner will be conducting best practice visits or have a virtual consultation with the community pharmacy. The community pharmacy commits to having at least one best practice visit/consultation per year with the pharmacist acting as the clinical lead or the community pharmacy team member of staff who delivers NHS Health Checks. Any documentation will be sent 10 working days in advance of visiting the pharmacy. A quality improvement action plan may be created with the pharmacy and must be agreed and completed by the relevant parties. The provider commits to follow up agreed actions as deemed necessary to ensure there are quality improvements if required.

3.2 Training and competencies

The community pharmacy lead with responsibility for the NHS Health Check programme within the pharmacy must ensure that all staff trained to deliver Health Checks, are safe and competent to do so and that they deliver the programme to the highest standards.

All persons delivering NHS Health Checks must attend the 3-hour NHS Health Check training module presented by Public Health (this may be presented as a webinar). Online training for making every contact count (MECC) and Avatar (MECC) training is also available to access.

In addition, all persons delivering Health Checks must be trained and competent in the following procedures:

a) Taking weight and height measurements and calculating the patient's BMI
b) Taking pulse and blood pressure (BP) measurements and be able to follow the BP protocol and pathway (see Appendix V)
c) Accurately assess a patient's alcohol intake and calculate their AUDIT-C score (see Appendix VI)
d) Point of Care Blood Testing for total cholesterol, HDL cholesterol as well as HbA1c if diabetes risk factors are identified (see Appendix VII). Training may be provided by the manufacturer. The pharmacist is responsible for ensuring that all staff using POCT are offered immunisation against Hepatitis B (see Appendix IX)
e) Infection prevention and control and the correct use of Personal Protective Equipment (PPE) if required (see Appendix IX)
f) Perform internal and external quality assurance checks for the POCT cholesterol machine.

All persons delivering NHS Health Checks are encouraged to complete these e-learning modules. These areas are also covered briefly in the basic Health Check training:

- alcohol identification and brief advice available here
- dementia awareness and signposting training available here
- MECC Avatar training available here: www.keelevp.com/mecclifestyle

The community pharmacist lead for NHS Health Checks must be able to demonstrate that staff involved in the provision of NHS Health Checks have the knowledge and skills necessary to perform their duties.

3.3 Communication with patients
It is recommended that the pharmacies use standard national document templates and Public Health promotional materials for all communications in relation to NHS Health Checks. These are evidence based and have undergone testing with the Public Health England Behavioural Insights Department. This will ensure that consistent messages are delivered to people accessing the service. Templates and promotional materials can be accessed here

The results and evaluation booklet provided by Public Health must be used to provide the patient with their results and to identify areas for improvement to reduce the patient's risk of cardio-vascular disease.

3.4 Point of Care Testing (see Appendix VII)
All persons delivering Health Checks must be trained and competent in the use of near patient blood testing/Point of Care Testing (POCT).

Point of Care Testing machines (POCT) for cholesterol testing will be loaned by Public Health, Hertfordshire County Council. All disposable items, including testing strips and cartridges must be ordered and paid for by the pharmacy. A starter kit will be provided by Public Health, including enough lancets for the estimated number of POCT tests to be completed (see Appendix X).

HHIS will arrange for external quality assurance testing with the EQA provider and the pharmacy. This must be done in accordance with the manufacturer's instructions and at the specified times**.**
The cost of external quality assurance will be paid for by HHIS. A loan agreement must be signed and any damage to, or loss of, machines must be paid for in full (see Appendix XI).

This equipment used must be cleaned, calibrated and serviced as advised by the manufacturer. The person providing the Health Check must follow the Public Health POCT policy found at Appendix VII directing the use, cleaning, quality assurance (internal and external), calibration and servicing of the POCT equipment.

Pharmacies that use POCT for cholesterol and HbA1c blood tests will be required to assure Public Health that the appropriate quality assurance measures are in place in line with the manufacturers' instructions.

Infection Prevention and Control measures as outlined in Appendix IX must be adhered to, including any updates by Government, Public Health or the General Pharmaceutical Council (GPhC) on Covid-19.

3.5 Record Keeping
The pharmacy must maintain up-to-date records, to enable effective ongoing service delivery, reporting to Public Health England, and audit of service provision. PharmOutcomes (or its updates) which captures all of the information required for a complete NHS Health Check must be used as a condition of service provision.

The pharmacy must also record the number of patients invited for a Health Check who do not take up the offer. This is part of the national reporting dataset and is a statutory requirement. A sample template is available at Appendix XII which should be sent to Public Health each and every quarter. Please send to:
HealthImprovementService@hertfordshire.gov.uk

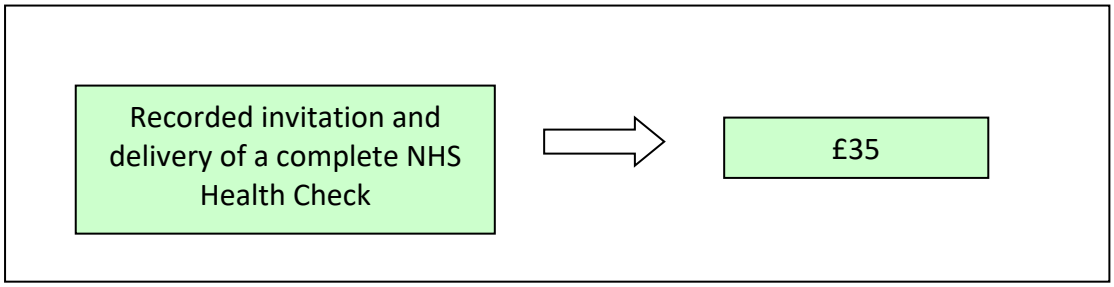
4. CONTRACT MONITORING AND FINANCIAL ARRANGEMENTS

Public Health can only pay the community pharmacy for the number of Health Checks that they have been commissioned to deliver, unless written approval to exceed their commissioned target has been agreed by Public Health in advance of service delivery.

No payments can be made for delivery beyond what has been commissioned by Public Health and no payments will be made for any NHS Health Checks delivered to ineligible patients or those who are not registered with a Hertfordshire GP.

Hertfordshire's NHS Health Checks Payment Model

Figure 2:



Point of Care Testing machines (POCT) for cholesterol testing will be loaned by Public Health, Hertfordshire County Council (see Appendix XI). All disposable items, including HbA1c testing kits and all testing strips and cartridges must be ordered and paid for by the pharmacy. A cholesterol testing starter kit will be provided as shown in Appendix X. External quality assurance testing must be completed each month. Public Health will pay for the cost of this.
If the pharmacy requests their local GP practice to send Health Check invitation letters on their behalf, any costs incurred must be agreed between the GP practice and the Community Pharmacy.

Lost or damaged POCT machines will need to be paid for in full (approximately £500). Any faulty machines are covered under manufacturer's warranty. Public Health should be informed as soon as any fault is suspected so that the machine may be returned to the manufacturer and replaced. The pharmacy will be invoiced for any damage not covered by the warranty.

Community Pharmacies will be paid quarterly in arrears based on the data entered on PharmOutcomes or other software commissioned by Public Health for this purpose. Quarterly payments will be made via BACS.

5. APPENDICES