

Oldham Council
Provision of NHS Health Checks Programme
in Partnership with Local GP Practices

1. Population Needs

1. NATIONAL AND LOCAL CONTEXT

1.1 NATIONAL CONTEXT

1.1.1 Overview of commissioning responsibilities

Local authorities have the lead for improving health and for coordinating efforts to protect public health. Public health teams within local authorities are responsible for commissioning and funding a number of mandated services and other services to improve the health and wellbeing of local populations.

Local authorities are mandated to commission and fund the national NHS Health Check programme for their eligible population.

1.1.2 National NHS Health Check programme

The aim of NHS Health Checks is to provide a systematic vascular risk assessment for people aged 40-74 years who are not already on a risk register for heart disease, stroke, diabetes or chronic kidney disease in order to improve health and quality of life. Cardiovascular disease (CVD) is the leading cause of death in England and Wales with the prevalence rising in people over the age of 50 years.

The majority of NHS Health Checks are carried out in GP practices in Oldham, but trained staff in Community Pharmacies when provided with the necessary background knowledge, service and implementation details can safely deliver a targeted, high quality, NHS Health Checks service in their premises.

The service to be provided will be underpinned by the values and principles detailed in the following documents:

- Putting Prevention First (DOH, March 2008)
- The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management (UK National Screening Committee, March 2008)
- Public Health England NHS Health Checks Best Practice Guidelines

1.1.3 Public Health Outcomes Framework

The [Public Health Outcomes Framework](#) sets out a vision for public health, desired outcomes and the indicators that will be used to monitor how well public health is being improved and protected. The Framework includes an indicator to reduce mortality from all cardiovascular disease (including heart disease and stroke).

1.2 LOCAL CONTEXT

Cardiovascular disease (which includes coronary heart disease, diabetes, stroke, and chronic kidney disease), is a major cause of premature mortality and morbidity in Oldham. The NHS Health Check focuses on reducing the risk of developing cardiovascular diseases by identifying risk factors early. Obesity, physical inactivity, smoking, high blood pressure, abnormal cholesterol levels (dyslipidaemia) and impaired glucose regulation (higher than normal blood glucose levels, but not as high as in diabetes) all raise the risk of vascular disease. Having one vascular condition increases the likelihood of the individual suffering others.

Damage to the vascular system increases with age, and progresses faster in men than women, in those with a family history of vascular disease and in some ethnic groups. These are called 'fixed factors' because they can't be changed. Importantly, however, the rate at which vascular damage progresses is also determined by 'modifiable factors', which can be altered. Changing these can greatly reduce the probability that vascular disease will strike early, bringing premature death or disability.

These modifiable factors are:

- Smoking;
- Physical inactivity and a sedentary lifestyle;
- High blood pressure;
- Raised cholesterol levels; and
- Obesity.

The combined effects of these factors lead to a build-up of atheroma; fatty deposits on the walls of the arteries. In the coronary arteries of the heart, this causes heart attacks and angina. In the arteries of the brain, atheroma and high blood pressure can lead to strokes or transient ischaemic attacks. In the arteries of the kidneys and small blood vessels that make up the filters of the kidneys, the result is the commonest form of chronic kidney disease. This in turn, increases the risk of heart attacks and may lead to kidney failure. Obesity and physical inactivity may lead to the most prevalent form of diabetes, which, if unrecognised or poorly controlled, itself damages blood vessels and increases the risk of atheroma and therefore other vascular disease.

Taking action to reduce these risk factors can make a difference to the rate at which these diseases progress, or whether they happen at all, and so reduce the risk of vascular disease.

2. Outcomes

2.0 EXPECTED OUTCOMES

The delivery of NHS Health Checks is a mandatory service for Local Authorities and they can commission a range of providers. 20% of the eligible population should be invited each year over 5 years.

The majority of NHS Health Checks take place in GP practices in Oldham, but for people in employment it can be difficult to take time off to attend. One of the aims of the pharmacy offer is to increase the uptake of NHS Health Checks in Oldham by making service delivery more accessible, particularly in areas where GPs have not signed up to provide the Health Checks..

3. Scope

3.1 AIMS AND OBJECTIVES

3.1.1 Aims

The delivery of the NHS Health Checks programme is a primary care led delivery model and this is an opportunity for practices and pharmacies to come together to deliver a be-spoke NHS Health Checks programme.

The aim of the NHS Health Checks Pharmacy Programme is to:

- identify asymptomatic individuals who may be at high risk of developing cardiovascular disease
- identify individuals with no prior diagnosis of CVD but who demonstrate symptoms of disease as a result of the NHS Health Check
- ensure that the results of the NHS Health Check are shared with both the individual and their GP

3.1.2 Objectives

This service is intended to provide NHS Health Checks to people who meet the eligibility criteria:

- Age 40-74
- Registered with an Oldham GP Practice
- Not already on a GP register for diabetes, heart disease, stroke or kidney disease
- Not already had an NHS Health Check within the past 5 years

3.2 SERVICE DESCRIPTION

Pharmacy responsibilities:

The pharmacy must gain agreement to work in partnership with an Oldham GP Practice to deliver the NHS Health Checks Programme based on local need. The pharmacy will co-produce with their local GP practice/s the referral pathway. This will include working with the LPC to implement the NHS Health Check template through PharmOutcomes.

The pharmacy must provide evidence that there is an agreement between the pharmacy and the GP practice and a pathway is in place that meets the NHS Health Check best practice guidance (2016) and NHS Health Check competency framework (2015).

http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/

A Copy of your Patient Pathway should be provided to the Purchaser.

Public Health will provide an LDX Point of Care cholesterol testing machine and the consumables and POCT training.

The pharmacy must provide an area that has sufficient privacy and safety to meet the criteria specified for providing the Advanced Service of the Community Pharmacy contract.

The specific objectives of the NHS Health Check programme are:

- To offer targeted NHS Health Checks in an easily accessible community setting at appropriate times of the day
- To accurately test and record specific clinical and lifestyle information in order to calculate a personalised estimated level of CVD risk (Q risk)
- To communicate this risk to the individual and signpost accordingly
- To accurately and promptly report information to the Local GP Practice that is working in partnership with the Community Pharmacy.
- The service is primarily a preventative one; it is not intended for those people who already have vascular disease.
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The Pharmacy contractor has a duty to ensure that pharmacy staff involved in the provision of the service are aware of, and operate within local protocols and have the relevant knowledge and are appropriately trained in the operation of the service. Ensure that their staff meet the training, registration and competence requirements (Department of Health, Public Health England, September 2013, NHS Health Check Programme: Best Practice Guidance 2016 and NHS Health Check Competence Framework 2015).

The Joint British Society (JBS) CVD Risk Prediction Chart based on Framingham data can be used to estimate total risk of developing CVD over a period of 10 years based on 5 key factors:

- Age
- Gender
- Smoking habit
- Systolic Blood Pressure
- Ratio of total cholesterol (TC) to High Density Lipoprotein (HDL) (as measured by random cholesterol test using approved, calibrated equipment)

Therefore, the above factors must be measured and used to calculate the estimated risk. (Diabetes status must be recorded to determine which predictive chart should be used)

In addition, the assessment will also record

- Body Mass Index (BMI)
- Waist measurement
- Diastolic Blood Pressure
- Physical Activity level
- Glucose level measurement
- Unit of alcohol consumed per week
- Dementia (65-74 yrs)

The Provider will document the measurements and assessed level of CVD risk using the appropriate recording form and communicate this information to the Local GP Practice that is working in partnership with the Community Pharmacy, in order to inform the predictive risk registers in General Practice and the individual's subsequent medical management. The Pharmacy team member will communicate the results of the NHS Health Check to the patient and provide them with a copy of their result.

The Pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.

Pharmacy staff should share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

3.3 CLINICAL GOVERNANCE

3.3.1 General

The Contractor is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services delivered to a high standard. The Contractor is required to:

Establish and maintain links with the client's GP Practice.

Have processes and procedures in place for reporting incidents including serious untoward incidents (SUIs). The Contractor is required to inform the Public Health Specialist on incidents and near misses as well as reports on complaints and compliments and other patient feedback.

The Contractor is required to ensure that all staff involved in the provision NHS Health Checks have received appropriate training in accordance to NHS Health Check Competency Framework (2015).

Oldham Council reserves the right to liaise with NHS England and / or CCG to check that the Contractor is eligible and competent to provide pharmacy services.

3.3.2 Clinical skills and competencies

The Contractor is required to ensure that all pharmacy staff participating in the delivery of NHS Health Checks detailed in this specification have the appropriate skills and competencies.

3.3.3 Clinical audit

Clinical audit should be used to review practice and to determine opportunities to improve patient experience and outcomes.

3.3.4 Care pathways and protocols

The Contractor is required to support the implementation of care pathways and protocols relating to the provision of NHS Health Checks.

3.4 POPULATION

Oldham Council is responsible for commissioning NHS Health Checks for the Local GP Practices who have an eligible population of 60,473 people.

3.5 INCLUSION AND EXCLUSION CRITERIA

3.5.1 Opportunistic

(1) Inclusion criteria

The Contractor is required to offer an NHS Health Check to those eligible to attend and to feedback information to the partner GP Practice (with their consent) on the attendees in a confidential manner so that results can be recorded in the patient's medical records.

(2) Exclusion criteria

The Contractor is required to exclude:

- 40-74 year olds who are already on a disease register at the partner GP practice for CVD, stroke, diabetes, hypertension or chronic kidney disease
- Those who have already had an NHS Health Check in the past 5 years
- Those who are not registered with the partner GP practice

The Contractor should refer excluded clients, as appropriate, to their own GP or to other appropriate lifestyle services.

3.6 REFERRALS

The Contractor must only accept invited patients from the partner GP practice and must not accept opportunistic self-referrals from patients.

3.7 INTERDEPENDENCIES WITH OTHER SERVICES

Where appropriate, clients with vascular risk factors should be referred to the Early Help Service for stop smoking services, weight management, alcohol services etc.

Pharmacy staff are recommended to undertake the online training module through the NHS Health Checks website www.healthcheck.nhs.uk in addition to the locally provided training.

4. Service Monitoring

Each Community Pharmacy will be monitored quarterly against the following Key Performance Indicators:

Evidence that the Local Community Pharmacy is acting in accordance with Responsibilities at section 3 should be provided to the Purchaser upon request.

The Local Community Pharmacy is expected to provide:

A Blood Pressure Check to 100% of patients receiving a NHS Health Check.

A Point of Care test to 100% of patients receiving a NHS Health Check.

100% of Patients identified at risk following a NHS Health Check to be referred to a GP.

100% key risk score identified.

Patients to be provided with Stop Smoking/Diabetes Awareness/Dementia advice where appropriate.

Patients to be provided with referrals to Lifestyle services where appropriate.

Each Community Pharmacy will be monitored quarterly against the social value deliverables stated in their application.

Each Community Pharmacy will be monitored quarterly against the Environmental impact deliverables stated in their application.

5. Applicable Service Standards

General

http://www.healthcheck.nhs.uk/news/nhs_health_check_programme_best_practice_guidance/

http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/