

**SWINDON BOROUGH COUNCIL: PUBLIC HEALTH SERVICES CONTRACT:  
PHARMACY NHS HEALTH CHECKS PROGRAMME**

**APPENDIX A – SERVICE 4**

**SERVICE SPECIFICATIONS: PHARMACY NHS HEALTH CHECKS PROGRAMME**

Service Specification No.	PH/HEALTH CHECKS 2
Service	Pharmacy - Health Checks
Authority Lead	Lewis Bird (Public Health Principal)
Provider Lead	Name of Practice Manager
Period	1 <sup>st</sup> April 2026-31 <sup>st</sup> March 2027
Date of Review	1 <sup>st</sup> October 2026

## 1. Population Needs

### 1.1 National/Local Context and Evidence Base

The NHS Health Check Programme is a public health programme for people aged 40 -74 which aims to keep people well for longer. The NHS Health Check should be offered to all eligible people once every five years. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. Together diabetes, heart and kidney disease and stroke make up a third of the difference in the life expectancy between the most deprived areas and rest of the country. The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia in those aged 65-74 and highlight where people can go for help.

It is mandatory for LAs to offer and provide NHS Health Check risk assessments. Legal duties exist for local authorities to make arrangements to ensure:

Those eligible aged 40-74 to be offered a NHS Health Check once in every 5 years, and for each person to be recalled every 5 years if they remain eligible. In Swindon the NHS Health Check programme is provided by:

- GP Practices
- Pharmacies

## 2. Key Service Outcomes

**2.1** The service will support delivery against the Public Health Outcome Framework measure:

- Take up of NHS Health Check Programme by those eligible (Health Check take up)

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In addition it will contribute to the delivery of the following outcomes to improve health in the local population:

- To reduce under 75 mortality rate from all cardiovascular disease considered preventable.
- To improve the recording of Diabetes
- To reduce excess weight in adults
- To increase physical activity in adults
- To reduce smoking prevalence in adults
- To reduce health inequalities

### 3. Scope

#### 3.1 Aims and Objectives of Service

The NHS Health Check Programme aims to keep people well for longer by preventing or delaying the onset of diabetes, heart and kidney disease and stroke. The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia and where people can go for help.

The NHS Health Check Programme will achieve this by:

- Offering an NHS Health Check to all eligible adults between the age of 40 -74 once every five years. 20% of the eligible population should be invited annually.
- Ensuring the uptake of this offer
- Explaining the outcome of the risk assessment to the individual giving them their cardiovascular risk score and the results of other tests.
- For health checks delivered outside the GP practices the results must be sent to the individuals GP.
- Offering brief intervention and advice to individuals with regard to smoking, weight management, physical activity, alcohol consumption, non-diabetic hyperglycaemia intensive lifestyle intervention.
- Signposting people to additional support regarding lifestyle as required.
- Raising awareness of dementia and signposting
- Referring on for static and anti-hypertensive therapies if required.

The requirements of the programme are outlined in the document NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020). The provider must keep up-to-date with relevant evidence and national guidance relating to NHS Health Checks and update its programme as appropriate.

#### 3.2 Service Description/Pathway

The NHS Health Check Programme comprises 4 key elements:

- The Invitation Process – Call and Recall Process

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- The Risk Assessment
- Communication of Risk
- Risk Management

Pharmacies will only be involved in the Risk Assessment and Communication of Risk elements of the programme. However, it is useful for them to understand all elements of the programme.

### **3.2.1 The Invitation Process (Call and recall process)**

The GP practice will manage a systematic invitation process. Practices should call patients for their Health Check in the year of their 40<sup>th</sup>, 45<sup>th</sup>, 50<sup>th</sup>, 55<sup>th</sup>, 60<sup>th</sup>, 65<sup>th</sup>, and 70<sup>th</sup> birthdays. This should approximate to 20% of the eligible population per year. Eligible individuals should be offered an NHS Health Check once every five years.

Pharmacies will not be providing the invitation process, however we have included the details of the process for your information. It is important that pharmacies providing health checks are aware of the eligibility criteria set out in section 3.3. and 3.4 below.

For all eligible patients (please refer to section 3.3 and 3.4) , practices should send the national leaflet in the appropriate format (easy read or translated versions) with information about the NHS Health checks programme (available to order from <https://www.healthcheck.nhs.uk/commissioners-and-providers/delivery/invitation-letter-and-results-card/>) alongside an initial invitation letter (see 3.2.1.1 below for sample invitation letter). The invitation letter should give patients the opportunity to choose to have their health check at the practice or at a participating pharmacy.

For individuals who do not respond to the invitation, two additional attempts should be made to contact the patient either by text, letter, phone call or any other appropriate method of communication over the next three months. At least one of the attempts to contact the patient should be made by telephone. If the patient does not respond to all three attempts at contact, the patient can be coded as unable to contact or declined a check. This patient will then be recalled at their next appropriate birthday.

In addition to national guidance, first degree<sup>1</sup> relatives of patients with Heart Disease can also request an NHS Health Check. Working in co-operation with secondary care, an information leaflet will be distributed to cardiac patients within Great Western Hospital (see 3.2.1.2). This leaflet will explain the family links for cardiac disease and encourage patients to speak to their first degree relatives about requesting a Health check via their GP Practice.

Opportunistic checks can be offered to eligible patients who are unlikely to respond to an invitation so long as they have not received a health check within the last five years. It is the pharmacist responsibility to ensure that individuals are eligible (See section 3.3 and 3.4 below).

### **Out of Hours Services**

We ask that some NHS Health checks are provided out of hours in evenings and weekends.

#### **3.2.1.1 Sample invitation letter**

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<sup>1</sup> First degree relative would include mother, father, brother, sister.

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Your ref:.....(nhs number)

Dear xxxx,

**We are inviting you to book a free NHS Health Check.** These checks are being offered to people aged between 40 and 74 once every five years. The aim is to find out your risk of developing heart disease, stroke, kidney disease or diabetes.

Following the health check you will receive **free advice, based on your results**, with ideas about what you can do to stay healthy. If we find any warning signs, then we can give you ideas that will help you prevent the onset of these conditions.

The enclosed leaflet has more information about your NHS Health Check and how it could benefit you.

**Please call to arrange an appointment at a time to suit you.** On the back of this letter is a list of places and times where you can have your check, and you should ring whichever you choose.

The health check will take between 20 and 30 minutes and is based on straightforward questions and measurements such as your age, sex, family history, height, weight and blood pressure. There will also be a simple blood test to measure your cholesterol level.

Please bring this letter with you to your health check.

Yours sincerely

Xxxxxxxxxxxxxxxxxx

(Name of G.P.-GP wherever possible- to go here)

*If you have any concerns about the Health Check please contact our Health Check Manager on\_\_\_\_\_.*

**3.2.1.2 Sample leaflet for Heart Disease patients**



You were admitted to the Great Western hospital with a heart problem and may be aware that this can run in families.

**To reassure or help your family**, we would like to offer them **a free NHS Health Check.** This will check their risk of developing heart disease as well as other health problems.

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The health check will take about 30 minutes and is based on straightforward questions and measurements, such as height and blood pressure. The health check also normally includes a **free cholesterol check**.

Following the health check they will receive **free advice, based on their results**, with ideas about what they can do to stay healthy. By acting now they may be able **reduce their risk of heart disease** and other health problems.

**If you give this letter to your family** members, they can take it to their GP who will help them arrange an NHS Health Check at a convenient time and place.

If they want further information about heart disease, you can try NHS Choices ([www.nhs.uk](http://www.nhs.uk)) or the British Heart Foundation ([www.bhf.co.uk](http://www.bhf.co.uk)). The hospital rehabilitation team can also offer advice, on 01793 604020 (GWH switchboard number)

### **3.2.2 The Risk Assessment**

Pharmacies will use PharmOutcomes which has been designed to ensure that the health check is consistently delivered throughout the Swindon area and that the patient has not already had a health check in a community venue. They should also check with the patient to ensure they have not received a check in their GP Practice. Training on using PharmOutcomes will be supplied, either on site or in group sessions.

The risk assessment requires a number of tests and measures to be carried out and information collected as set out below. (See data entry template in 4.2.1).

- Age
- Gender
- Smoking status
- Family history of coronary heart disease
- Ethnicity
- Body mass index (height and weight) (BMI)
- Cholesterol level: total cholesterol and HDL cholesterol
- Blood pressure, systolic (SBP) and diastolic (DBP)
- Physical activity level – General Practice physical activity questionnaire (GPPAQ) result
- Cardiovascular risk score using Q-risk 2 (see Risk Algorithm section below)
- Alcohol Use Disorders Identification Test (AUDIT-C) score (see Section 4.2.2)

In addition, those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to their GP if they are concerned. An NHS Health Check information sheet on Dementia should be handed out patients 65 years and over. These are available from Public Health Dept SBC or can be downloaded or ordered from <https://www.healthcheck.nhs.uk/commissioners-and-providers/marketing/dementia->

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[resources/](#). Those providing the health check should also complete the on-line dementia training tool available on the same link.

The risk assessment should be undertaken in line with NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020).

### Risk Algorithm

QRISK2 (2018) should be used for the calculation of the risk, this simple calculation is available at <https://qrisk.org/three/> . (For screen print please see below)

**ClinRisk** Welcome to the QRISK<sup>®</sup>3-2018 risk calculator <https://qrisk.org/three>

This calculator is only valid if you do not already have a diagnosis of coronary heart disease (including angina or heart attack) or stroke/transient ischaemic attack.

Reset Information Publications About Copyright Contact Us Algorithm Software CE

**About you**

Age (25-84): 64

Sex:  Male  Female

Ethnicity: White or not stated

UK postcode: leave blank if unknown

Postcode:

**Clinical information**

Smoking status: non-smoker

Diabetes status: none

Angina or heart attack in a 1st degree relative < 60?

Chronic kidney disease (stage 3, 4 or 5)?

Atrial fibrillation?

On blood pressure treatment?

Do you have migraines?

Rheumatoid arthritis?

Systemic lupus erythematosus (SLE)?

Severe mental illness? (this includes schizophrenia, bipolar disorder and moderate/severe depression)

On atypical antineuroleptic medication?

**Welcome to the QRISK<sup>®</sup>3-2018 risk calculator**

Welcome to the QRISK<sup>®</sup>3-2018 Web Calculator. The QRISK<sup>®</sup>3 algorithm calculates a person's risk of developing a heart attack or stroke over the next 10 years. It presents the average risk of people with the same risk factors as those entered for that person.

The QRISK<sup>®</sup>3 algorithm has been developed by doctors and academics working in the UK National Health Service and is based on routinely collected data from many thousands of GPs across the country who have freely contributed data to the QRResearch database for medical research.

QRISK<sup>®</sup>3 has been developed for the UK population, and is intended for use in the UK. All medical decisions need to be taken by a patient in consultation with their doctor. The authors and the sponsors accept no responsibility for clinical use or misuse of this score.

The science underpinning QRISK<sup>®</sup>3 has been published in the BMJ -- see the publications tab for details.

**What is the difference between QRISK<sup>®</sup>3 and QRISK<sup>®</sup>2?**

QRISK<sup>®</sup>3 includes more factors than QRISK<sup>®</sup>2 to help enable doctors to identify those at most risk of heart disease and stroke. These are

- Chronic kidney disease, which now includes stage 3 CKD
- Migraine
- Corticosteroids
- Systemic lupus erythematosus (SLE)
- atypical antipsychotics
- severe mental illness
- erectile dysfunction
- a measure of systolic blood pressure variability

### Near Patient Testing

A random (non-fasting) cholesterol test is required under the NHS Health Check Programme. All pharmacies participating in the Public Health NHS Health Check Service will use a Point of Care Testing machine for measurement of Cholesterol. This will enable the check (including calculation and communication of risk) to be undertaken in a single visit. Manufacturer training, equipment support and participation in a quality assurance programme are available to pharmacies (all pharmacies must participate in the quality control scheme to ensure on-going precision and accuracy of patient results). Pharmacies will be responsible for calibration and maintenance in line with quality standard 4. Near Patient testing consumables will be purchased by the pharmacies and this has been factored into the tariff attached to the testing.

Any adverse incident should be reported to the programme coordinator and the manufacturer. Any adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the accuracy and/or safety of devices users (including patients) or other persons.

Providers should ensure that point of care testing (see standard 5):

- Should only be used by healthcare professionals and staff who have been trained (by a competent trainer) to use the equipment.
- An individual is identified as the named point of care coordinator

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- That an appropriate internal quality control process is in place as outlined in the MHRA guidelines on Point of care Testing
- That each point of care test location is registered in and participating in an appropriate EQA programme through an accredited (CPA or ISO 1743) providers that report poor performance to the National Quality Assessment Advisory Panel (NQAAP) for Chemical pathology.
- This should be done through the RIQAS Point of Care Scheme process (or equivalent).
- The safety, both of those taking blood and carrying out the tests, and of the individual who is having their NHS Health check, is paramount. There is a need for clearly defined procedures for infection control, storage and disposal of clinical waste, needle stick injuries and spillages. As part of this, appropriate hand washing facilities nearby or within any room where blood is taken or handled is required. All staff should be aware of these procedures and also be aware of their hepatitis B status and ensure they are up to date with hepatitis B vaccinations.

### **Recording Health Check results**

All health check results should be recorded on PharmOutcomes.

### **3.2.3 Communicating the results to Patients**

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. The use of a risk engine to calculate the individuals' risk of developing cardiovascular disease in the next ten years is required and anyone who undergoes a NHS Health check must have their cardiovascular risk score communicated to them. The communication should be face to face. The person having their check should also be told their BMI, cholesterol level, blood pressure and AUDIT score.

Staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables the risk calculators and use to equate the risk.

When communicating individual risks, staff should be trained to:

- Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk.
- Use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk.
- Create a two-way dialogue to explore individual values and beliefs to facilitate a client-centred risk-reduction plan.
- Individuals receiving a NHS Health Check should be given adequate time to ask questions and obtain further information about their risk and results. Appropriate written information should also be provided.
- A copy of the Q-risk score should be given to the patient

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This should include personalised written feedback explaining their:

- BMI
- Cholesterol level
- Blood pressure
- Audit-C
- Q-risk risk score and what their means
- Lifestyle advice given
- Referrals onto lifestyle or clinical services

**The communication of the risk and what it means for the individual is of paramount importance.**

#### **3.2.4 Risk Management**

The NHS Health Check Programme is a preventative programme which is intended to help people stay healthy for longer. The risk management element of the programme, through the provision of lifestyle interventions is important if the programme is to benefit the public. The person undertaking the Health Check should deliver this element of the programme through brief interventions advice described above.

Those who have concerns about dementia should be referred to their GP for follow up and referral to the memory clinic where appropriate.

Lifestyle interventions please refer to the Best Practice Guidance chapter 4 and Quality standard 7

Everyone who has an NHS Health Check, regardless of their risk score, should be given clinically appropriate lifestyle advice, to help them manage and reduce their risk. Individual-level behaviour change interventions can be delivered through different methods, including:

- brief advice,
- brief interventions
- motivational interviewing

The approaches are not mutually exclusive, brief interventions may contain brief advice and may use a motivational interviewing approach.

This includes providing evidence-based and accessible:

- stop-smoking services
- physical activity interventions
- weight management interventions
- alcohol-use interventions

When appropriate, individuals should be provided with local information on lifestyle services (see below). For those with an Audit C Score  $\geq 5$  should go on to have the full Audit undertaken. Those with a score  $\geq 8$  can be offered advice to reduce their alcohol consumption. For individual's scoring 20 or more on AUDIT, referral to alcohol service should be considered.

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Health Check providers may want to promote the NHS Better Health site. <https://www.nhs.uk/better-health/> which has many resources to help individuals improve their lifestyle.

Dementia leaflet should be given to those age 65 -74 years see above. Those who have concerns about dementia should be referred to their GP for follow up and referral to the memory clinic where appropriate.

Resources to facilitate the communication of risk are available from the NHS Health Check website.

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/)

### **3.2.5 Communicating the results to the Patients GP practice**

Pharmacies providing NHS Health Checks should securely communicate results of to the patient's GP on the same day as the health check was carried out using Pharmoutcomes. Patient information should only be kept by the patient's GP. All information held by the pharmacy should be held on Pharmoutcomes.

### **3.2.6 High Risk Management**

#### **High Risk - additional testing and clinical follow up**

**This element of the programme should be undertaken by the GP practice following the initial health check.** GP practices should aim to record the results sent by alternative health check providers onto their clinical system and act upon the results within two to five working days. Practices should have a protocol in place for timely referral of patients where abnormal parameters are identified.

Where patients are deemed to be at high risk, they should be encouraged to make an appointment with their GP to discuss initiation on pharmacological intervention and / or any follow up investigations/referrals that are recommended.

Timely access to further diagnostic testing should take place as outlined in the best practice guidance at the following thresholds:

1. Following the diabetes filter, undertaken as part of the risk assessment, blood glucose test; either fasting or plasma glucose or HbA1c (glycated haemoglobin) for all identified as high risk. Indicated by either:
  - a. BP  $\geq$  140/90 mmHg or where the SBP or DBP exceeds 140 mmHg or 90mmHG respectively
  - b. BMI  $\geq$  30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, or other Asian and Chinese ethnicity categories.

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

2. Assessment for Hypertension by GP practice or Community Pharmacy Hypertension Case Finding Advanced service where indicated by:

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- a. BP  $\geq$  140/90 mmHg
- b. Or where the SBP or DBP exceeds 140 mmHg or 90mmHG respectively

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

3. Assessment for chronic kidney disease by GP practice team when indicated by:
  - a. BP  $\geq$  140/90 mmHg
  - b. Or where the SBP or DBP exceeds 140 mmHg 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:
  - a. Total cholesterol > 7.5 mmol/L
5. Alcohol risk assessment use of full AUDIT C when indicated by:
  - a. AUDIT C Score > 5

If the individual meets or exceeds the AUDIT threshold of 8, brief advice given. For individual's scoring 20 or more on AUDIT, referral to alcohol service should be considered.

6. Where the individual's BMI is in the obese range as indicated by:
  - a. BMI  $\geq$ 27.5 in individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories
  - b. BMI  $\geq$ 30 individuals in other ethnicity categories
  - c. Then a blood sugar test is required.

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

Providers will ensure that they follow the most up to date NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020)HS Health Checks Programme Best Practice Guidance currently March 2016 (DH, PHE) and meet the quality standards<sup>Error! Bookmark not defined.</sup>

**Appropriate follow up for all if CVD assessed as greater than 20%**

### **3.3 Population Covered**

Those aged 40 – 74 registered with a Swindon GP practice or resident in Swindon in the Borough of Swindon, who do not have one or more of the exclusion criteria.

### **3.4 Any Acceptance and Exclusion Criteria and Thresholds**

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**Exclusion criteria. Those with:**

- Coronary heart disease
- Chronic kidney disease (CKD)
- Diabetes
- Hypertension
- Atrial fibrillation
- Transient ischaemic attack
- Hypercholesterolemia
- Heart failure
- Peripheral arterial disease
- Stroke

As defined by the GP Quality Outcomes Framework (QOF) register

Also excluded are people:

- Being prescribed statins
- Who have previously had an 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 cardio vascular disease over the next 10 years.

Practices are also advised to consider excluding patients who are receiving palliative care.

Patients with Learning Difficulties are likely to be offered an annual GP Health Check therefore this should be combined with the NHS Health Check where possible.

### **3.5 Interdependencies with other Services**

The NHS Health Check programme is delivered by a variety of different agencies. In order to ensure the programme is as effective and achieves optimal outcomes providers will maintain efficient working relationships with a range of agencies to enhance the quality of service delivered. This includes but is not restricted to:

- Community pharmacies
- GP practices
- Public Health
- Health Ambassadors
- Stop smoking services
- CGL alcohol service
- Physical activity and healthy weight programmes
- POCT kit provider

The Provider is expected to actively participate in local health check networks, training and audit programmes where applicable.

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### 3.6 Any Activity Planning Assumptions

It is intended that any pharmacy taking part in this schedule would achieve a minimum of one check per week or 50 per year. Where a pharmacy is unable to fulfil this obligation they should inform the commissioner at the earliest opportunity.

## 4. Applicable Service Standards

### 4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- NHS Health Check Best Practice Guidance – March 16 Final Version
- NHS Health Check Programme Standards - Feb 2014
- NHS Health Check IG and data flow pack
- NHS Health Check Learner Handbook
- NHS Health Check Assessor Handbook
- The NHS Health Check Competency Framework

All guidance is available at [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

### 4.2 Applicable Local Standards

Pharmacies should record all NHS Health Check data on Pharmoutcomes. The template below is just for information.

### 4.3 Applicable Training and Local Standards

4.2.1 It is the responsibility of the Pharmacist to ensure all staff undertaking NHS Health Checks have received appropriate training and have been signed off as competent against the NHS Health Check Competency Framework.

<http://www.healthcheck.nhs.uk/document.php?o=664>

The NHS Health Check website has considerable resources for training and support for health checkers and practices are encouraged to use the assessor and learner workbooks to provide evidence that staff providing the checks are competent. Training guidance and both assessor and learner workbooks can be found on the NHS Health Check Website

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance1/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/)

Swindon Borough Council can request that pharmacies complete an annual training audit. In addition:

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- At least one member of staff undertaking NHS Health Checks should attend annual update training and cascade the training to other members of staff.
- All staff undertaking Point of Care Testing should have received training and be deemed competent at using the CardioChek machine.
- NHS health checkers should have received training in brief interventions and motivational interviewing.

NHS health checkers should have completed the on-line dementia training tool. [http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources/dementia\\_resources/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/dementia_resources/).

#### 4.4 Data Requirements

Pharmacies will use the Pharmoutcomes template on the system to record data on NHS Health Checks they provide. Swindon Borough Council will extract the data required from the system so Pharmacies will not be required to submit data on a quarterly basis. Pharmacies are required to complete the data recording outlined in the template in 4.2.1. In addition SBC will request evidence that quality assurance checks are being completed on the Point of Care Testing kit, staff meet the competency standards and Health Checks are only being completed on eligible individuals. (See appendices C and H)

### 5. Location of Provider Premises

#### The Provider's Premises are located at:

***(Insert service location)***

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

### 6. Required Insurances

#### 6.1 The following minimum insurance cover is required:

Employers Liability Insurance - £5 million

Public Liability Insurance - £5 million

Professional Indemnity Insurance (including Medical Malpractice) - £5 million

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**CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GPhC where the Provider must be so registered under the Law
2. Copies of valid insurance certificates covering the duration of the contract period.
  - Employers Liability Insurance - £5 million
  - Public Liability Insurance - £5 million
  - Professional Indemnity Insurance (including Medical Malpractice) - £5 million

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**APPENDIX C – SERVICE 4**

**QUALITY OUTCOMES INDICATORS<sup>2</sup>**

**Monitoring and Evaluation**

Monitoring and evaluation of the pharmacy NHS Health Checks will be undertaken by SBC using PharmOutcomes. Pharmacies may be asked to provide evidence to show that quality assurance standards are being met. This will include quality assurance with regard to the POCT equipment and protocols for communicating results to GP practices. Pharmacies also need to ensure that individuals receiving a NHS Health Check are eligible.

<b>Quality Outcomes Indicators</b>	<b>Threshold</b>	<b>Technical Guidance Reference</b>	<b>Method of Measurement</b>	<b>Consequence of Breach</b>
Percentage of individuals having a health check who are eligible	100%	NHS Health Check Programme Standards – July 2020	Clinical Audit	Remedial Action Plan
Percentage of results communicated to GP practices within 2 days Percentage of results communicated to GP practices within 5 days	90% 100%	NHS Health Check Programme Standards – July 2020	Clinical Audit	Remedial Action Plan
Risk Assessment – Equipment used Ensure all equipment used for NHS Health check is fully functional, used regularly, CE marked, validated, maintained and is recalibrated according to the manufactures instructions	All equipment used	NHS Health Check Programme Standards – July 2020 Standard 4	Audit	Remedial Action Plan in line with MHRA Medical devices safety standards.
Quality Control for point of care testing kit criteria met	100%	NHS Health Check Programme Standards – July 2020 Standard 5	Audit	Remedial Action Plan

<sup>2</sup> These are suggested indicators based on evidence of good practice and national standards and guidance. Their inclusion is for local determination.

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<p>Risk assessment results communicated face to face to all individuals receiving a health check accompanied by written tailored information provided at the time of the check. These should include Cardiovascular risk score, BME, cholesterol level, blood pressure and AUDIT score.</p>	<p>100%</p>	<p>NHS Health Check Programme Standards – July 2020 Standard 6</p>	<p>Audit</p>	<p>Remedial Action Plan</p>
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**APPENDIX D – SERVICE 4**

**SERVICE USER, CARER AND STAFF SURVEYS**

**Patient Satisfaction**

The provider will implement a patient feedback survey which will meet the national requirements around privacy and dignity and access to services. This should be completed on a regular basis and must be made available to the commissioner upon request, within one months' notice.

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**APPENDIX E – SERVICE 4**

**CHARGES**

**Payments**

Payments will be made on a quarterly basis based on information entered into PharmOutcomes. Pharmacies will receive £20 per health check to include the point of care testing consumables.

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**APPENDIX F – SERVICE 4  
SAFEGUARDING POLICIES**

The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon – Swindon Safeguarding Partnership**

[https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon\\_lscb/15/adult\\_safeguarding](https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon_lscb/15/adult_safeguarding)

This should include understanding safeguarding referral procedures and referral pathways to social care.

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**APPENDIX G – SERVICE 4**

**INCIDENTS REQUIRING REPORTING PROCEDURE**

The provider will adhere to the national regulations on the management of complaints. Any complaints received related to the service, and any responses will be copied to the commissioner at the time they are dealt with.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to the Commissioner on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner.

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**APPENDIX H – SERVICE 4**

**INFORMATION PROVISION**

Information on the outcome of health checks will be taken remotely from Pharmoutcomes, Pharmacies will not need to provide additional information.

Pharmacies will need to provide information on the timeliness of data transfer to GP and quality assurance of POCT on an annual basis.

Pharmacies will work with public health and GP practice to ascertain the eligibility of individuals for whom they have provided a health check.

The quality indicators are outlined in Appendix C.

On an annual basis SBC may request evidence of competency of staff undertaking the health checks as outlined in Appendix B

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**APPENDIX I – SERVICE 4**

**TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

Providers of NHS Health Checks outside the practice should inform the individuals GP practice on the outcome of the Health Check, using the template in section 4.2 above, on the day the health check was completed or within two working days at the latest.

Once the pharmacy has recorded data on an individual's health check on the Pharmoutcomes system and transferred data from the template to GP practices, they should not hold any personal data on NHS Health Checks.

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**APPENDIX J – SERVICE 4**

**SERVICE QUALITY PERFORMANCE REPORT**

**Programme Quality Assurance**

Each Provider will be responsible for quality assuring the provision of health checks carried out by staff in line with the programme Quality Standard (NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020).

NHS Health Checkers are encouraged to take part in any Health Check forums and keep themselves informed of updates in the service in conjunction with the NHS Health Check Coordinator.

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**APPENDIX K – SERVICE 4**

**DETAILS OF REVIEW MEETINGS**

Pharmacies will agree to partake in a minimum of one review meeting per year.

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**APPENDIX L – SERVICE 4**

**AGREED VARIATIONS**