

APPENDIX A

SERVICE SPECIFICATION

Service Specification No.	
Service	NHS Health Checks (General practices)
Authority Lead	
Provider Lead	
Period	1st April 2014 – 31st March 2015
Date of Review	

1. Population Needs

1. NATIONAL AND LOCAL CONTEXT

1.1 NATIONAL CONTEXT

1.1.1 Overview of commissioning responsibilities

- a. The Department of Health (DH) has introduced a systematic and integrated programme of vascular risk assessment and management for those aged between 40 and 74 years, which follows on from the recommendations published by the National Screening Committee in March 2008. DH has concluded that such an approach is both clinically and cost effective.
- b. From April 2013, Local Authorities will be required to commission a mandatory programme of NHS Health Checks that will enable all of the registered or resident eligible population to continue to be invited for a Health Check. This will be part of the existing five year rolling call/recall programme, which commenced full roll out via Primary Care in 2012/13.
- c. Heart disease and stroke continue to be the most common causes of death, contributing to almost one-third (32 per cent) of all deaths registered in 2010 (ONS, Births and Deaths in England and Wales 2010). Everyone is at some risk of developing heart disease, stroke and diabetes. These conditions can lead to significant forms of disability with implications for social care and consequent expenditure from the Local Authority. The aim of the NHS Health Check programme is to enable the population to stay healthier for longer by identifying their risk of developing these conditions, and offering support to reduce or manage this risk. For further information, see Section 1 of the Worcestershire NHS Health Checks Procurement Tendering Support Document.

1.1.2 Public Health Outcomes Framework

- a. 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 two indicators relating to NHS Health Checks:
 - [Indicator 2.22i](#) - Take up of NHS Health Check Programme by those eligible - health check offered
 - [Indicator 2.22ii](#) - Take up of NHS Health Check programme by those eligible - health check take up

1.2 LOCAL CONTEXT

- a. Cardiovascular disease continues to be a major cause of morbidity and mortality in Salford and is a significant factor towards the current wide levels of health inequalities in the city.

2. Scope

Specification

This document is to:

- Inform the provider of the services and standards that the commissioner requires, and which the provider shall provide and meet
- Seek to ensure that the provider is clear about their responsibilities within the LES
- Ensure the co-ordination and development of the service
- Informs all parties of the scope of service
- Requires providers to cooperate and collaborate with others involved in the process of providing the service

Benefits of a Structured Cardiovascular Screening Programme

The commissioners are keen to support the provision of a structured cardiovascular screening programme that will reduce health inequalities and deliver measurable health gain of patients

Eligibility

All GP practices are eligible to provide this service for their own patients. Salford City Council is keen to ensure that identified high-risk patients are reviewed at least annually.

In the event that a GP practice decide NOT to implement this service for their patients Salford City Council will offer provision of this service to other practices or a third party provider as an enhanced service. More information will be made available should this occur.

In the event that a GP practice decides NOT to implement this service for their patients it is expected that they will sign up to deliver annual reviews for patients identified as high risk by an appropriate third party provider and will manage the patients appropriately.

Scope

The cardiovascular screening programme is aimed at men and women between the ages of 40 and 74 who are not on an existing primary care disease register for CHD, Diabetes, Hypertension, Stroke, CKD, or already identified as high risk under previous Health Checks or on a statin as their health needs are managed within existing services.

Exceptions

The following criteria have been agreed as exceptions to vascular assessment:

- Patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty, other factors, where a patient has a condition in which his life expectancy or quality of life would not be enhanced by primary prevention.

Patients who have been recorded as refusing to attend for assessment, investigation or treatment (informed dissent), and this has been read-coded and recorded in their medical records.

Delivery of Vascular Risk Assessment

The assessment will be face-to-face.

Clinical assessment will include:-

- Age

- Ethnicity
- Sex
- BP
- BMI
- Waist circumference
- Total cholesterol (near patient testing)
- HDL measurement
- Medical history
- Family history

Lifestyle Assessment:-

- Diet
- Exercise
- Smoking
- Alcohol use
- Weight Management

All the above data will be analysed by an appropriate cardio vascular risk assessment tool to provide an understandable risk of developing vascular disease. Public Health England recommend the use of QRisk or Frammingham for this purpose, but providers may use alternative tools provided that they can assure the Authority of their effectiveness to achieve the same outcome i.e. patient understanding of their cardio vascular risk. The Authority will forward updates to Providers regarding risk tool effectiveness.

Patients recorded as having a 10-year cardio vascular risk of >20% will be treated in accordance with the Statin Guidelines and treatment initiated and maintained.

Patients recorded as having a high risk as defined by the assessment tool used will be treated in accordance with the Statin Guidelines and treatment initiated and maintained.

All information will be read-coded and recorded electronically in the patient's clinical record. A list of approved read codes will be provided.

All patients undergoing a NHS Health Check will receive comprehensive and appropriate lifestyle advice; the service provider will provide advice and education regarding risk to assist them in making informed choices about their health. This should be supported in the form of a customised written report outlining advice given and any agreed actions.

Providers will also refer patients into local lifestyle services where appropriate.

It is the responsibility of the provider to arrange routine follow-up. All patients undergoing screening should have a recall date recorded in their computerised clinical record.

Where patients have been assessed by a third party provider, it is not the responsibility of that third party provider to arrange routine follow up.

DNAs will be recorded under the appropriate read code. These individuals will be offered further 2 separate invitations. Public Health England recommends that at least the first invitation should be in the form of a letter but providers may use any means they deem appropriate as long as they can assure that informed consent for the health check has been given by the patient prior to the appointment..

Equipment

Point of care testing equipment may be used by practices to enable them to provide vascular assessments. This will be equipment that meets the specifications as outlined by current Department of Health guidelines.

The provider will be responsible for:

- calibration and maintenance of equipment as per manufacturers' instructions
- ensure all staff are trained to use equipment according to manufacturers' instructions
- safekeeping and storage of all equipment, and will be responsible for replacing or repairing any damaged, lost or stolen equipment
- the disposal of all medical waste as per infection control and health and safety policies
- purchase of test cassettes and other consumables
- stock control and recording of batch numbers of test cassettes

List of Required Equipment to Perform Assessment

1. Blood pressure monitor (electronic preferably with irregular pulse detection facility – e.g. Omron M6 or A&D UA767 Plus) duly calibrated and quality tested
2. Scales – CE class III electronic or manual, duly calibrated and quality tested
3. Height measure
4. Tape measure (for waist)
5. Cholesterol point of care testing machine as provided by the PCT (duly calibrated and tested)
6. Lancets for capillary blood sampling
7. Equipment for venous blood sampling
8. Access to a computer with an appropriate vascular risk assessment tool either installed or accessed via clinical system or Internet.
9. Access to GP clinical system or data sheet to be used for passing data to GP for inputting on system.
10. Record booklet/sheet for patient
11. Relevant lifestyle/diet/stop smoking booklets
12. Contact/referral details for local support e.g. smoking cessation, health trainer.
13. AUDIT-C Tool.

Identifying Patients and Inviting in for Screening

MIQUEST queries will be provided to assist practice to generate a list of eligible patients to invite for screening. This will exclude patients on the following registers:

- CHD Register
- CKD Register
- Diabetes Register
- Hypertension Register
- Atrial Fibrillation Register
- Stroke / TIA Register
- Heart Failure Register
- PAD Register
- Patients currently on a statin
- Familial Hypercholesterolemia
- A 10-year cardio vascular risk of >20%

Letters sent to patients will be generated via the GP clinical system and will be based on letters contained within "The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management". Practices may alternatively decide to generate their own invitation letters with their own masthead and wording. Alternative invitation methods may also be considered such as text, email, phone call and face to face so long as providers can assure that informed consent for the health check has been given by the patient prior to the appointment.

Patients identified with learning disabilities already receive annual health checks commissioned using a different contract; the NHS Health Check will be incorporated into the existing check.

Patients identified with mental health problems are required under the Quality and Outcome

Framework to receive an annual review which incorporates routine health promotion and prevention advice appropriate to their age, gender and health status. The vascular screening assessment will be incorporated into the existing check.

Patients currently identified with a 10-year cardio vascular risk of >20% should continue to be called in for annual review and re-assessed using appropriate cardio vascular risk assessment tool. The appropriate vascular risk score and recall details should then be recorded on the clinical system.

Practices are responsible for developing an administration system to implement recalls, in line with DoH guidance, including a system to follow up patients who DNA.

Practices are responsible for developing a system to provide the identified community screening provider with the details of patients who have not attended for screening, in line with information governance requirements.

Invitations to Patients

In order to enable practices to invite 100% of patients, who qualify for an NHS Health Check, the practice will be paid 40p for an initial invitation. It is recommended by PHE that this initial invitation is by letter (reference [NHS Health Check programme standards: a framework for quality improvement](#)):

“A written NHS Health Check information letter is important to ensuring informed choice. Individuals should be provided with clear information so that they understand the potential benefits and risks of the NHS Health Check process and can give informed consent.”

Alternative invitation methods may also be considered such as text, email, phone call and patient information boards provided that informed consent for the health check has been given by the patient prior to the appointment. **The practice must record the method used for the first invitation.**

The practice will be paid for carrying out a second and third invitation at 28p and 24p respectively. These follow up invites can be telephone call, face to face or SMS text. **The practice must record the method used for the follow up invitation(s).**

All invitations must be Read coded using one of the codes identified in the “Read Codes” section below for purposes of standardisation and post payment verification. **In addition patients declining or not attending a Health Checks must coded using the appropriate read code.**

Payment for Performing Health Checks

To enable practices to respond positively to a patient request for a Health Check, practices will also be funded for carrying out Health Checks as part of their new patient check. This is as long as the patient is within the specified age range, not in any of the exclusion groups or if a Health Check is requested by a patient who fits the required criteria as described above.

Patients who are receive a Health Check in this ad-hoc manner will be added to the cohort figure and reported in the total number of patients screened in each quarter.

Point of Care Testing (POCT) for Cholesterol Reading

During the 2012/13 Health Checks Programme, practices were asked to confirm the use of POCT for Health Checks. This determined the payment to the practices based on one of the two options below:

- a) Option 1: Health Check carried out in line with national guidance i.e. using POCT;
- b) Option 2: NHS Health Check carried out without POCT.

N.B. The choice made in 2012/13 will be continued into 2014/15 unless otherwise stated by

the practice.

Dementia awareness

Risk factors that increase the chance of developing cardiovascular disease also increase the chance of developing dementia. As a consequence, people aged 65 to 74 attending the NHS Health Check will be given information to raise their awareness of the risk of dementia.

It should be noted that the intention of this variation is to raise awareness of dementia, **and is not about assessing individuals for memory difficulties at the time of the check**. It will however help to ensure that people with suspected dementia are assessed by their GP and referred as appropriate to the Memory Assessment and Treatment Service to support early diagnosis.

Following a Health Check, if the GP did suspect a patient is presenting with symptoms associated with dementia, it would be expected they would urgently follow up with a primary care assessment using an appropriate tool such as:

- 1) General Practitioner Assessment of Cognition (GPCOG)
- 2) 6-Item Cognitive Impairment Test (6-CIT)
- 3) Mini-Cog Assessment Instrument
- 4) Mini Mental State Examination (MMSE)
- 5) Learning Disability Dementia Screening questions (only if the level of LD makes the above tools inappropriate to use)

Whilst this Dementia Awareness variation does not advocate the assessment of memory difficulties at the time of the Health Check, this document supports, and draws The Provider's attention to, The Department of Health Dementia CQUIN for acute hospitals and the Draft Local Primary care pathway for dementia. These recommend adopting the 'one question approach' in general practices:

"Has the person been more forgetful in the past few months to the extent that it has significantly affected their daily life?"

If the answer to this question is "Yes", a referral to Community Mental Health Team should be completed.

The completion of the Dementia Awareness must be recorded using the appropriate read code from the "Read Codes" section below.

Alcohol Screening

Alcohol use is a risk factor for many of the conditions covered by the NHS Health Check. From April 2013, an alcohol check will be included for all people attending a NHS Health Check. Practitioners carrying out the NHS Health Check will use the validated WHO developed Alcohol Use Disorder Identification Test (AUDIT). A copy of AUDIT is enclosed with this document.

Synthetic estimates from Salford Liver Case Demand Estimates suggest that Salford has:

- **40,400 hazardous drinkers (23%)** will present **AUDIT scores of 8-15**. Nationally it is understood that 5.6% of alcohol dependent individuals will access treatment per annum; in Salford around 777 will seek the treatment that is offered. This translates to approximately 44 patients per practice in Salford.
- **13,200 harmful drinkers (7.5%)** present **AUDIT scores of 16-19**. Nationally it is understood that 5.6% of alcohol dependent individuals will access treatment per annum; in Salford around 253 will seek the treatment that is offered. This translates to approximately 5 patients per practice in Salford.

During the Health Check, the practitioner shall initially use the shorter AUDIT-C tool. A total of 5 or more indicates increasing or higher risk drinking; an overall total score of 5 or above is AUDIT-C positive. If the patient is AUDIT-C negative they are assessed as low risk for alcohol consumption and can simply be congratulated on their lower-risk use of alcohol and be encouraged to maintain this lifestyle. If however they are AUDIT-C positive the full AUDIT must then be carried out.

Following the completion of the AUDIT, the patient will fall into one of four categories according to their final score:

- a) Lower Risk (0 to 7) - Most people attending a NHS Health Check will be assessed as low risk for alcohol consumption and can simply be congratulated on their lower-risk use of alcohol and be encouraged to maintain this lifestyle.
- b) Hazardous, Increasing Risk (8-15) - For those patients who are AUDIT positive, the AUDIT score will help the NHS Health Check practitioner decide what to do next. The AUDIT score should then be fed back to the patient.
- c) Harmful, Higher Risk (16-19) - For those patients whose drinking (AUDIT score) is placing them at increasing or higher risk of future health damage, NICE guidance recommends that NHS Health Check practitioners provide them with brief advice about how alcohol can contribute to health problems and encourage the patient to reduce their alcohol consumption. This advice should be supported by giving the patient an appropriate leaflet to reinforce the messages delivered.
- d) Possible Dependence (20+) - For those patients whose AUDIT score is high and indicates that they may possibly be dependent on alcohol, the NHS Health Check practitioner should consider and discuss with the patient a referral to Tier 3 Specialist Service (and the Alcoholic Liver Disease Clinic - see below).

The Liver Pathway (currently in development with Salford CCG) will ask GPs who see patients with an AUDIT 16+ Score to refer them to the Alcoholic Liver Disease Clinic once the business case is signed off.

Key Responsibilities

All providers should identify

- a named clinical lead
- a named administrative lead

Clinical responsibilities

The provider will ensure that:

- they take into account nationally and locally agreed guidance when delivering treatment and care
- clinical care and treatments are carried out under supervision and leadership
- staff are appropriately trained to deliver screening
- adequate time is identified to permit staff to attend training. Training will include all current evidence based interventions plus all training appropriate to the POCT equipment being used.

Non-Clinical Responsibilities

The administrative lead should:

- ensure all staff are aware of and kept informed about the screening program
- ensure all administration staff are informed of the requirements to read-code patient data received from an alternative provider and to record that the screening was performed outside the practice
- ensure that only appropriate read codes (see appendix 2) are used to record data, to

support audit and post payment verification process.

- ensure the set up of a reliable recall system
- ensure that a system is in place to identify patients who have DNA'd and to follow up appropriately
- ensure that a system is in place to pass over to an alternative service provider the names and addresses of patients who fail to respond to 3 invitations to attend screening at the practice
- provide audit information on a quarterly basis as required

The completion of the Alcohol; AUDIT-C must be recorded using the appropriate read code from the "Read Codes" section below.

Governance

The provider will:

- ensure that principles of sound clinical and corporate governance are adopted
- support and encourage all employees to promote openness, honesty, probity, accountability and the economic, effective and efficient use of resources.

Complaints

The provider will:

- ensure that procedures to register formal complaints are clear and are accessible to all patients
- ensure that all complaints are handled appropriately within a specified timeframe
- ensure that complainants are informed of the progress and outcome of any complaint

Information Management

The provider agrees to pass on to the identified alternative service provider the names and addresses of all patients who are recorded as non-responders to 3 invitations to attend screening. This will exclude the information of any patients who have requested to be excluded from screening; this exclusion should be clearly recorded on the patients record using the approved read codes

Data received by the practice from an alternative service provider should be read-coded by the practice and recorded in the patient's electronic clinical record. The practice should also record that an alternative provider has performed the screening.

All communications should follow local policies on secure data transmission as well as The NHS Confidentiality Code of Practice and vulnerable adult protection procedures.

Performance Monitoring and Data Collection

The practice must:

- indicate how audit data will be collected
- ensure that data is submitted to the Greater Manchester Commissioning Support Unit (GMCSU).

Verification & Audit

Practices are required to submit quarterly audit information at timescales in line with [National NHS Health Checks Programme](#).

It is proposed to validate the 'at risk' registers in line with Quality and Outcomes Framework Review

timescales, which may involve a meeting with the practice at which the 'at risk' registers will be verified and discussion will take place around the process.

A vascular screening template/management plan will be developed by the Data Quality Team and loaded onto the clinical systems to facilitate the collection of audit data.

Post Payment Verification (PPV) Visits

Salford City Council will reserve the rights to verify claims to measure compliance with this contract for the provision of NHS Health Checks during the contract period. All claims must be traceable back to the patient record

Read Codes

Invitation Codes

Vision	CTV3 (version 3)
6B5.. NHS Health Check programme	XaR6f NHS Health Check programme
9mC.. NHS Health Check invitation	XaRBR NHS Health Check invitation
9mC4. NHS Health Check verbal invitation	XaR9z NHS Health Check verbal invitation
9mC3. NHS Health Check invitation third letter	XaRBV NHS Health Check invitation third letter
9mC2. NHS Health Check invitation second letter	XaRBU NHS Health Check invitation second letter
9mC1. NHS Health Check invitation first letter	XaRBT NHS Health Check invitation first letter
9mC0. NHS Health Check telephone invitation	XaRBS NHS Health Check telephone invitation

Health Check

Vision	CTV3 (version 3)
9NiS. Did not attend NHS Health Check	XaRAA Did not attend NHS Health Check
9Nie. Did not attend NHS Health Check annual review	Xaa2N Did not attend NHS Health Check annual review
67DF. NHS Health Check raising awareness about dementia and memory clinics	XaRAF Failed to respond to NHS Health Check invitation
8BR2. NHS Health Check indicated	XaaD1 NHS Health Check raising awareness about dementia and memory clinics
8BAg. NHS Health Check completed	XaRBP NHS Health Check indicated
8IAx. NHS Health Check declined	XaRBQ NHS Health Check completed
6AH.. NHS Health Check annual review	XaX8h NHS Health Check declined
8BAg0 NHS Health Check completed by third party	XaXIS NHS Health Check annual review
8IEd. NHS Health Check annual review declined	XaZPq NHS Health Check completed by third party
	Xaa2P NHS Health Check annual review declined

Alcohol

Vision	CTV3 (version 3)
38D4. Alcohol use disorder identification test consumption questionnaire	XaORP Alcohol use disorder identification test consumption questionnaire (with synonym of 'AUDIT-C questionnaire').

Dementia Awareness

Vision	CTV3 (version 3)
V2: 67DF. NHS Health Check raising awareness about dementia and memory clinics	XaaD1 NHS Health Check raising awareness about dementia and memory clinics

Additional codes

You can find a list of all of the read codes on the [Health and Social Care Information Centre](#) website.

3. Location of Provider Premises

The Contractor is required to deliver the services detailed in this specification from:

Name of Branch 1

Address 1

Address 2

Address 3

Address 4

Postcode

Name of Branch 2

Address 1

Address 2

Address 3

Address 4

Postcode

4. Required Insurances

APPENDIX E

CHARGES

For every Health Check carried out by the practice, either on a patient in the identified cohort or within the eligible criteria, Practices will receive:

- Payment for inviting the eligible cohort as follows:
 - First Invitation* = £0.40
 - Second Invitation* = £0.28
 - Third Invitation* = £0.24
- £31.50 per Health Check for screening of cohort or ad-hoc patients using POCT

or:

- A reduced fee of £16.50 per NHS Health Check for practices who choose not to use POCT when carrying out NHS Health Checks.
- £12:00 per annual review for a high risk patient.

*** Method of invitations must be recorded by the Practice.**

Payments are subject to the following conditions:

- All payments are subject to verification and the return of quarterly audit information. The Provider must:
 1. Run the MIQUEST query supplied by GMCSU (Searches can be used for EMIS practices – date changes will be sent to you for each quarter by the Data Quality Team)
 2. Complete the attached spreadsheet based on the MIQUEST query / searches for EMIS sites
 3. Save MIQUEST “.csv” output file.
 4. Send the completed spreadsheet **AND** “.csv” output file to validation.gmcsu.tpm@nhs.net.

Please note that INPS are currently developing a Clinical Audit for Vision sites for NHS Health Checks. We are hoping this will be available and tested in time for the Q1 submission. The Data Quality Team will circulate once finalised.



SALFORD CCG -
Health Checks Data R

Submission deadlines for quarterly audit information are as follows:

Quarter 1	14th July 2014
Quarter 2	13th October 2014
Quarter 3	12th January 2015
Quarter 4	13th April 2015

- Practices agree to develop and maintain a validated vascular disease high risk register and have a system in place to identify those adults with a $\geq 20\%$ vascular disease risk. They must have appropriate call/recall systems in place.
- Practices delivering vascular disease care management through this contract must have a named clinical lead and ongoing professional development to ensure best clinical

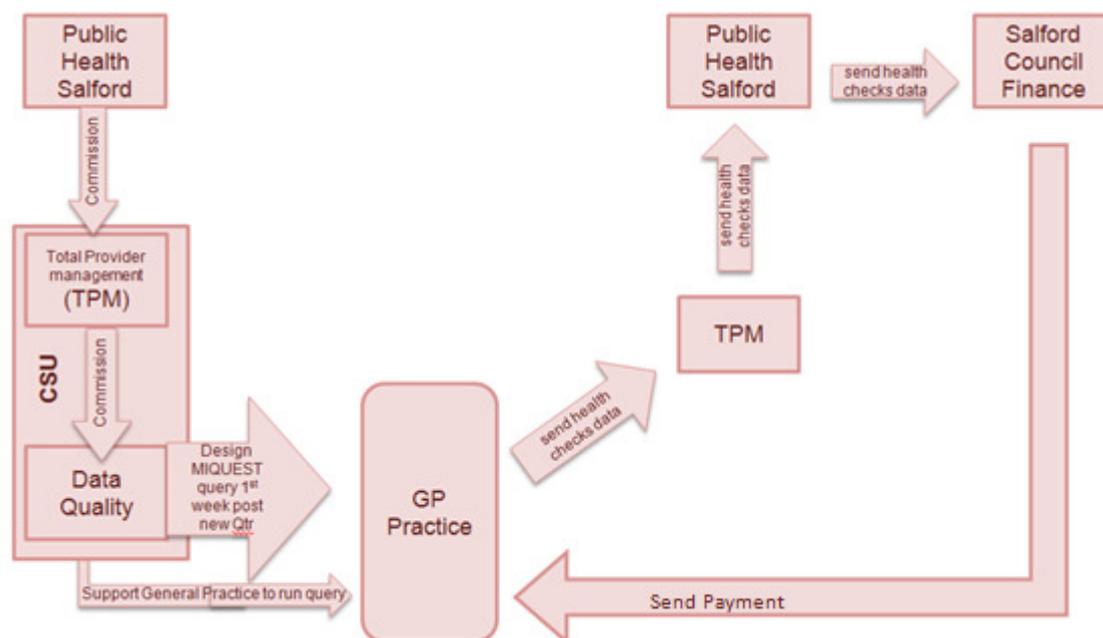
practice. The Nurse must be allowed to attend vascular screening high-risk training sessions. The nurse will lead the development of a high risk vascular disease register locally with the practical support of Health Care Assistants and Assistant Practitioners (where available).

- Practices must have a named administrative lead to assist with the Health Checks. This administrator should attend primary care education events on this subject or other training events, or an appropriate alternative representative should be nominated to attend in their place in order to report back to the practice.
- It is the responsibility of the practice to provide data in line with the timescales
- Practices will only be paid for currently registered patients at the time of data extraction.

All GP practices are eligible to provide this service for their own patients. Salford City Council is keen to ensure that all patients who are eligible for screening are identified and managed appropriately. **In the event that a GP practice decides NOT to implement this service for their patients the PCT will offer provision of this service to an appropriate community provider.** More information will be made available should this be the case.

Salford City Council reserves the right to revise fees.

Payment Process



All contractors must submit an invoice and audit data in a timely manner. Payments will not be made if audit data is not submitted. Any invoice which relates to work completed more than four months ago will not be paid.

ALL CHARGES, UNLESS OTHERWISE STATED, ARE INCLUSIVE OF VAT.