

**GP Locally Commissioned Service (LCS)
NHS Health Checks Specification**

Service	NHS Health Checks
Service Specification No.	1
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Period	1st April 2020 – 31st March 2021
Date of Review	19th February 2020

1. Purpose

The NHS Health Check programme aims to reduce avoidable premature mortality through early identification and management of risk factors and early detection of disease among people age 40 to 74. It is a systematic risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke.

The NHS Health Checks programme is nationally mandated. From April 2013, Local Authorities in England became responsible for ensuring that eligible patients are offered a check every five years. In Camden, approximately 60,000 people are eligible for an NHS Health Checks; therefore 12,000 people should be offered a check every year. The Public Health England uptake expectation is 66% of people who are offered an NHS Health Check will take up the offer. This equates to the delivery of 7,920 checks annually.

2. Key Service Aims and Outcomes

The aims of the NHS Health Checks LCS are:

- To ensure practices invite 20% of their eligible patients for an NHS Health Check every year, prioritising patients who are at high risk of CVD (QRisk2 >20%) and those with a learning disability/mental health diagnosis.
- To provide an NHS Health Check to all those who take up the offer.
- To refer eligible and willing patients to a range of lifestyle and behaviour change services commissioned by Public Health and others.

The outcomes of the NHS Health Checks LCS are:

- To promote and improve early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with these risk factors.
- To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.
- To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple comorbidities

3. Duration

This LCS is available to providers until further notice but will be subject to revisions. London Borough of Camden must ensure that they are compliant with any statutory duty set by the

Department of Health. Camden & Islington Public Health will review the specification on a regular basis to ensure that the service is:

- meeting the desired objectives set out in the specification
- compliant with any statutory duty given by the Department of Health
- delivered in line with [NHS Health Check Best Practice Guidance](#)

Practices will be notified if any changes are made in-year and will require immediate modification of service specification. Minor adjustments to ensure the service remains in line with PHE guidance are expected to be included without a modification of service specification.

4. Service to be provided under the LCS

4.1 Offering NHS Health Checks to those eligible

Requirement

The practice must identify and invite 20% of the practice's eligible population for a NHS Health Check during the twelve months of the LCS period. For example, if the practice's eligible population is 100, they should invite 20 patients for an NHS Health Check between 1st of April 2019 and 31st of March 2020. These must be new invitations, i.e. patients who have not had an invitation at all or not in the last five years, as agreed locally.

The list of eligible population by GP practice is available in Appendix 1.

Process

Practices can decide how best to batch their eligible population in order to ensure that 20% are invited for an NHS Health Check over the twelve-month period of the LCS.

The following should be incorporated into the invitation process:

- Patients with an estimated QRisk2 $\geq 20\%$ and those with a mental health or learning disability diagnosis should be invited first.
- Practices are advised to make at least three attempts to invite the patient for an NHS Health Check. However, only one invitation per patient will be counted for payment purposes. Therefore, it is important practices appropriate code their activity on the template (see codes below).

Practices who wish to further target groups in terms of invitation for health checks, may want to consider those with a QRISK2 of between 15%-19.9% as a medium priority group. However, this is only a suggested approach and is not a specific requirement of this LCS.

To help practices, search strategies to identify the eligible population, including those to identify priority groups, such as those with an estimated QRisk2 of $>20\%$, and those on Mental Health and/or Learning Disability registers, searches have been provided on EMIS. If you require any help with locating these searches, please contact Camden GP IT and Systems on 0203 688 1881 (see Section 10).

The practice can decide on the most appropriate method of invitation (i.e. text, letter, telephone or verbal), where possible, a text is preferred over the other invitation methods. The invitations should be coded using SNOMED codes as follows:

Invitation method	SNOMED code	ReadCode
Telephone invitation	523261000000108	9mC0
First letter sent	523281000000104	9mC1
Second letter sent	523301000000103	9mC2
Third letter sent	523321000000107	9mC3

Verbal invitation	522261000000101	9mC4
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A standard [NHS Health Check invitation letter](#) produced by the Department of Health, as well as the NHS Health Check information leaflet produced by Public Health can be used for the letter invitations (see Section 10).

In addition to the formal invitation, practices can also offer NHS Health Checks opportunistically, i.e. during a patient consultation, especially for those patients who may be more difficult to engage with by letter or telephone. Invitations should be recorded in the patient's records using the codes specified above. These have been included in the template.

4.2 Providing NHS Health Checks to all eligible patients who take up the offer

Requirement

To provide an NHS Health Check to all eligible patients who take up the offer. The NHS Health Check must be provided by an appropriately trained and qualified clinician, i.e. GP, practice nurse, or HCA (see training information in Section 7).

Process

The NHS Health Check should be provided face-to-face. The check is not considered complete until all aspects of the check are delivered, this includes communication or risk scores, which may, in some patients be delayed due to additional testing for diabetes or CKD. Payment will be based on the code **523221000000100** (was 8BAg) for NHS Health Check completed being present on the patient's record.

A completed NHS Health Check should include the following elements:

4.2.1. Risk Assessment

The following number of tests and measures to be carried out and information collected:

- Age
- Gender
- Smoking status
- Family history of CHD
- Ethnicity
- Body mass index (BMI)
- Cholesterol
- Blood Pressure
- Physical Activity levels (inactive, moderately inactive of active)
- Cardiovascular risk score (using QRisk2)
- Alcohol Use Disorders Identification Test (AUDIT score).
- Dementia component: Raising awareness of the signs and symptoms of dementia for patients aged 65-74.
- Pulse Check for patients age 65 – 74

Previous blood tests and other observations can be used in the NHS Health Check provided they have been completed within the timeframes below:

- Non-blood results – valid for up to 2 months prior to date of the NHS Health Check

- Blood results – valid for up to 6 months prior to the date of the NHS Health Check

4.2.2. Diabetes and Hypertension assessment (when indicated)

[NHS Health Checks Best Practice Guidance](#) published by Public Health England has recommended the replacement of the previous diabetes filter (based on BMI and blood pressure readings) with a validated risk assessment tool. In response, in Camden, the QDiabetes risk assessment tool has been incorporated into the current NHS Health Checks template.

Additional tests must be performed in the following circumstances:

Where Measurement Indicates	Activity Required
<ul style="list-style-type: none"> • QDiabetes score of >5.6% 	Formal screening for diabetes mellitus (using either a fasting glucose (FPG) or an HbA1c measurement)*
<ul style="list-style-type: none"> • BP \geq140/90 	Screening for CKD (currently needs laboratory measurement).
<ul style="list-style-type: none"> • Ten year risk score of CVD event \geq20% QRisk2 	Assessment for statins (see NICE guidance CG181) People at or above 20% risk without disease should be placed on a high risk register and managed accordingly through annual reviews (this will then mean they are ineligible for the NHS Health Check programme in five years' time).

*See information in section 3.2.1 regarding previous test results

4.2.3 Communication of Risk

Everyone who has undergone an NHS Health Check should have their individual risk of developing cardiovascular disease communicated to them, including a full explanation of results, tailored to the individual needs of the patient. Public Health England has developed a [results card](#) that can be used to aid in risk communication.

4.2.4 Management of risk factors

Risk factor management and medication should be provided as appropriate. Everyone who has been diagnosed with vascular disease as a consequence of the NHS Health Check should be added to appropriate disease registers and followed up or managed as required.

5. Eligibility criteria

In order to be eligible for a NHS Health Check through the LCS, patients must meet **all** of the criteria below:

- Fully registered with a Camden GP.
- Aged 40-74 years (i.e. the NHS Health Check must be completed on or after 40th birthday and before 75th birthday).
- Not have a diagnosis or documentation of:
 - Coronary heart disease
 - Chronic kidney disease (CKD stages 3-5)
 - Diabetes
 - Previous stroke
 - Hypertension
 - Atrial Fibrillation

- Transient Ischaemic Attack (TIA)
- Heart Failure
- Peripheral Arterial Disease
- Familial Hypercholesterolemia

6. Exclusion criteria

In addition to meeting the eligible criteria, the following individuals are **excluded** from the LCS:

- Those currently prescribed statins, as they are being already regularly monitored in primary care.
- Those that received an NHS Health Check in the previous 5 years.
- Patients who have previously had an NHS Health Check and recorded a QRISK2 $\geq 20\%$ are also ineligible for recall.

7. Training requirements

The practice must identify a named lead on NHS Health Checks at the practice. The practice lead does not necessarily need to be the person delivering the health checks, but a member of staff who takes responsibility for the quality and coordination of delivery of NHS Health Checks by the practice.

The [NHS Health Check Competence Framework](#) sets out the core competences and technical competences required to carry out an NHS Health Check. All those delivering the check should hold these competences.

The practice must also ensure all staff performing NHS Health Checks have had appropriate training. E-training is available to all parties delivering checks in Camden:

- The practice must inform the Public Health Projects Manager of any changes in the allocated NHS Health Checks lead by emailing polly.kwok@islington.gov.uk.
- The practice can request access to the e-training tool for NHS Health Checks available on Islington's e-learning portal Ollie at <http://islington.learningpool.com> for their staff by contacting CIPHAdmin@islington.gov.uk with the following information:
 - Participant's full name and email address
 - Borough
 - Practice name

8. Key performance indicators and payment

Only invitations and checks delivered to patients who are eligible for an NHS Health Check will count towards payment. Payments will only also be paid on completion of a full NHS Health Check (see Section 4).

The aim of the network level delivery bonus is to encourage practices to work collaboratively and share best practice within the networks in NHS Health Check delivery. The payment for the delivery bonus will be a sliding scale. In order for the practice to be eligible for the bonus, both the practice and the network will need to reach the minimum percentage of eligible population receiving a check (see Appendix 1 and 2 for details).

Maximum payment will be capped at 15% of eligible people receiving a check in Camden. The approximate maximum payment at practice and network level based on the percentage of each practice's eligible list size per year is found in Appendix 1.

Please see payment structure below:

Key performance indicator	Payment	Frequency of payment
NHS Health Checks delivered	<ul style="list-style-type: none"> £35 for an NHS Health Check in eligible patients. £10 extra payment for patients with an estimated QRisk2 of 20% or greater. £5 extra payment for patients on the Mental Health or Learning Disabilities register. 	Quarterly (housekeeping checks will be used to determine fully completed checks starting Q2 2020-21 onwards)
NHS Health Checks delivery bonus (based on individual and network achievements)	£1000 per average size practice for delivering: <ul style="list-style-type: none"> Practice-level minimum: Checks to 6% of the eligible population Network-level minimum for bonus: Checks to 8% of the eligible population Network-level maximum for bonus: Checks to 13% of the eligible population 	Annually after Q4 based on remote data extraction

9. Reporting Requirements

On a quarterly basis, new invitations and NHS Health Checks delivered to the eligible population in Camden are reported nationally to Department of Health.

10. Monitoring

By delivering on this LCS, practices agree to have aggregated data on numbers of patients offered a check and number of health checks offered remotely extracted by Camden CCG IT team on a quarterly basis for payment and monitoring purposes. Data will be extracted only on the SNOMED codes provided in Camden's NHS Health Checks template in EMIS web. Data extracted will be in aggregated and anonymous form, and will be used exclusively for payment and performance monitoring purposes.

To ensure completeness of the NHS Health Checks delivered, housekeeping checks are made available on EMIS to allow participating practices to review their NHS Health Checks to ensure all elements of the check are delivered. The practices will only be paid for fully completed checks using the housekeeping checks starting in Q2 of 2020-2021; requirements of a completed check are described in Section 4.

Additionally, every three years a Health Equity Audit will be carried out where pseudonymised data on individual basis will be extracted for evaluation purposes. The outputs of the evaluation will be shared with practices, and where requested and possible, data on practice level can be provided to practices

11. Useful Guidance

NHS Health Checks Handbook for General Practice

- Contains instructions on how to run searches to identify target population in EMIS,

- Contains full details information to support the delivery of NHS Health Check
- Link to handbook here: <https://gps.camdenccg.nhs.uk/service/nhs-health-checks>, also available on request from the Camden GP IT and Systems.

NHS Health Check Best Practice Guidance 2019

- Information on the NHS Health Check programme from Public Health England
- Link to guidance here: <https://www.healthcheck.nhs.uk/seecmsfile/?id=1393>

NHS Health Check Invitation Letter

- Standard NHS Health Check invitation letter produced by Public Health England developed based on behavioural insights research
- Link to letter template here: <https://www.healthcheck.nhs.uk/commissioners-and-providers/delivery/invitation-letter-and-results-card/>

NHS Health Check Information Leaflet

- Used to accompany the letter invitations
- Link to leaflet here: <https://gps.camdenccg.nhs.uk/service/nhs-health-checks>

12. Acceptance of Terms

Service Specification for 2020/21
 General Practice NHS Health Checks Locally Commissioned service (LCS)

Practice Code:..... Name of Practice:.....

By signing this document, the practice agrees to provide the LCS according to the specification and has both met the training criteria described in section 6 and provided the evidence to the commissioner to support this. This document will become part of the contract documentation between Public Health [Commissioner] and General Practice [Provider] to provide the NHS Health Checks.

**I hereby confirm my acceptance of the terms of this service.
 (Please sign and date below to confirm acceptance):**

Signed on behalf of [Provider].....

Print name..... Date.....

Signed on behalf of [Commissioner].....

Print name..... Date.....

Appendix 1 – Eligible population and targets, by practice, 2020-2021

	Eligible population*	Practice-level delivery minimum for bonus	Approximate maximum delivery (15% of eligible population)
Adelaide Medical Centre	2226	134	334
Amphill Practice	1165	70	175
Belsize Priory Medical Practice	427	26	64
Brondesbury Medical Centre	3094	186	464
Brookfield Park Surgery	448	27	67
Brunswick Medical Centre UHPC	801	48	120
Camden Health Improvement Practice (CHIP)	154	9	23
Caversham Group Practice	2139	128	321
Cholmley Gardens Medical Centre	1746	105	262
Daleham Gardens Health Centre	804	48	121
Fortune Green Practice	518	31	78
Gower Place (formerly Ridgemont Practice)	143	9	21
Gower Street Practice	350	21	52
Grays Inn Medical Practice	519	31	78
Hampstead Group Practice	2615	157	392
James Wigg Group Practice	3393	204	509
Kings Cross Surgery	272	16	41
Parliament Hill Surgery	907	54	136
Primrose Hill Surgery	1276	77	191
Prince Of Wales Road	1525	91	229
Rosslyn Hill Surgery	438	26	66
Somers Town Medical Centre	220	13	33
St Philips Medical Centre	342	21	51
Swiss Cottage Surgery	1851	111	278
The Abbey Medical Centre	1177	71	177
The Bloomsbury Surgery	803	48	120
The Holborn Medical Centre	1267	76	190
The Keats Group Practice	3499	210	525
The Museum Practice	772	46	116
The Park End Surgery	1681	101	252
The Queens Crescent Practice	748	45	112
The Regents Park Practice	827	50	124
West Hampstead Medical Centre	2078	125	312

*Based on Q3 2019-20 eligible population figures

Appendix 2 – Eligible population and targets, by network, 2020-2021

Network	Eligible population (as of Q3 2019-20)	Network-level delivery minimum for bonus (8% of eligible population)	Network-level delivery maximum for bonus (13% of eligible population)
Central Camden	4079	326	530
Central Hampstead	5535	443	720
Kentish Town Central	4571	366	594
Kentish Town South	4141	331	538
North Camden	10,907	873	1418
South Camden	3402	272	442
West Camden	7436	595	967

Note: The maximum cap for delivery of NHS Health Checks is checks delivered to 15% of all eligible population in Camden, based on Q3 2019-20 figures, it is a total of 6034 checks.