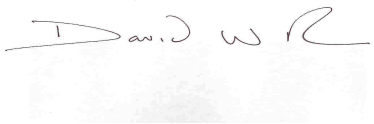
Public Document Pack

Executive Board

Thursday, 3 October 2013 2.00 p.m.
The Boardroom, Municipal Building



Chief Executive

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

PART 1

Please contact Angela Scott on 0151 511 8670 or
Angela.scott@halton.gov.uk for further information.

The next meeting of the Committee is on Thursday, 17 October 2013

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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Executive Board

DATE: 3 October 2013

REPORTING OFFICER: Strategic Director, Children and Enterprise

PORTFOLIO: Children Young People and Families

SUBJECT: Pledge to Children Care

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the revised Pledge to Children in Care and to seek approval of it.

2.0 **RECOMMENDATION: That Executive Board**

1) **endorse the Pledge;**

2) **endorse action to promote the Pledge so it is known to the Council, Children's Trust and other partners;**

3) **identify actions to support the commitments to Children in Care; and**

4) **the Pledge to Children in Care be presented at Full Council on 16th October 2013.**

3.0 **SUPPORTING INFORMATION**

3.1 The Government's Green Paper "Care Matters: Transforming the Lives of Young People in Care" and the subsequent White Paper "Care Matters: Time for Change" identified steps that needed to be taken to improve outcomes for children and young people in care.

3.2 The Children and Young Persons Act 2008 then set out the reforms that were needed to transform the life chances of children in care. The Act strengthened the statutory framework around the care system to enable children and young people to receive high quality care and support, and drive improvements in the delivery of services focussed on the needs of the child.

3.3 One of the key aims of these developments was to improve the role of the corporate parent, as part of children's trusts. It is with the corporate parent that responsibility and accountability for the wellbeing and future prospects of children in care and care leavers ultimately rest.

3.4 A good corporate parent must offer everything that a good parent would, including stability. It must address both the difficulties which children in care experience and the challenges of parenting within a complex system of different services. This means that children in care and care leavers should be cared about, not just cared for, and that all aspects of their development should be nurtured requiring a corporate approach across all of the agencies involved in the Children's Trust.

3.5 The corporate parents are the officers and Members of the Council, members of the Children's Trust, and other partner agencies.

3.6 It is equally important that children have a chance to shape and influence the parenting they receive.

3.7 In order to improve the role of the corporate parent the Government announced their expectation that:-

i. every local authority should put in place arrangements for a Children in Care Council, with direct links to the Director of Childrens Services and Lead Member. This would give children in care and care leavers a forum to express their views and influence the services and support they receive

ii. every local area should set out its 'Pledge' to children in care and care leavers covering the services and support that they should expect to receive. The Department for Education has also circulated a Charter for Care Leavers, which is enclosed in the appendix to this report. We are suggesting that we adopt this but have added additional matters relating to Halton which are marked in yellow on the Charter.

iii. the Director of Children's Services and Lead Member for Children's Services should be responsible for leading improvements in corporate parenting

3.8 Halton established its Children in Care Council in December 2007. Work on the Pledge commenced in October 2008 and concluded with the young people accepting the final version at their meeting in May 2009. This was endorsed by Executive Board in July 2009.

3.9 The Pledge was reviewed with children in care and care leavers between February and July 2013. Whilst the Children in Care Council was central to the consultation, questionnaires were also sent to all children in care aged over 7 years, 1:1 consultations were offered and young people were invited to attend their Council meetings.

3.10 The young people felt that much of the previous Pledge remained relevant but that they would prefer to see the commitments presented in a fuller and more self-explanatory way. The result of their work is presented in draft form at Appendix 1 and represents

the 12 key things that children in care and care leavers say are key to improving outcomes for them. The Pledge is supported by the Care Leavers Charter (Appendix 2) which has also recently been endorsed by Executive Board.

3.11 Officers, Members, The Children's Trust and other partners all need to contribute in order to achieve the commitment contained within the Pledge.

4.0 POLICY IMPLICATIONS

4.1 The Pledge is consistent with national policy, the Care Matters agenda, Halton's multi-agency strategy for Children in Care and legislation.

5.0 OTHER IMPLICATIONS

5.1 The Pledge is consistent with the Council's responsibility as a Corporate Parent.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Pledge is consistent with ensuring the best possible outcomes for children in care and care leavers and in promoting their life chances.

6.2 Employment, Learning & Skills in Halton

Improving outcomes for children in care and care leavers and ensuring that they receive the appropriate education and are supported to find employment are essential to their long term economic prospects.

6.3 A Healthy Halton

Improved outcomes will contribute to the emotional and physical well being of children in care and care leavers.

6.4 A Safer Halton

Improving outcomes and raising the aspirations and achievements of children in care and care leavers will contribute to constructive and long term options for them.

6.5 Halton's Urban Renewal

Improved outcomes for children in care and care leavers will enhance their own and the borough' economic environment.

7.0 **RISK ANALYSIS**

7.1 There are no significant risks associated with the Pledge.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Improving the life chances of children in care and care leavers through ensuring that they receive the services and support they require, will contribute to meeting the needs of this vulnerable group.

9.0 **REASON (S) FOR DECISION**

9.1 The Children and Young Persons Act 2008 strengthened the role of the corporate parent. The Government requires every local area to set out its' 'Pledge' to children in care and care leavers covering the services and support that they should expect to receive.

10.0 **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.1 There is no prescribed format for a Pledge to children in care and care leavers. Halton's 'Pledge' has been designed and reviewed by the Children in Care Council and care leavers and therefore it is the one they would like the Executive Board to endorse.

11.0 **IMPLENTATION DATE**

11.1 Immediately

12.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	**Place of Inspection**	**Contact Officer**
Children in Care Strategy	Rutland House	Christine Taylor
Children & Young Person's Act 2008	DCSF Website	Christine Taylor

The Pledge

What is the Children in Care Council?

The Children in Care Council is a group of young people, who are all cared for by Halton Borough Council, who represent the views and wishes of all children in care and care leavers. We meet once a month to discuss the things that really matter in our lives. The Children in Care Council gives us the chance to speak up, shape and influence the parenting we receive at every level.

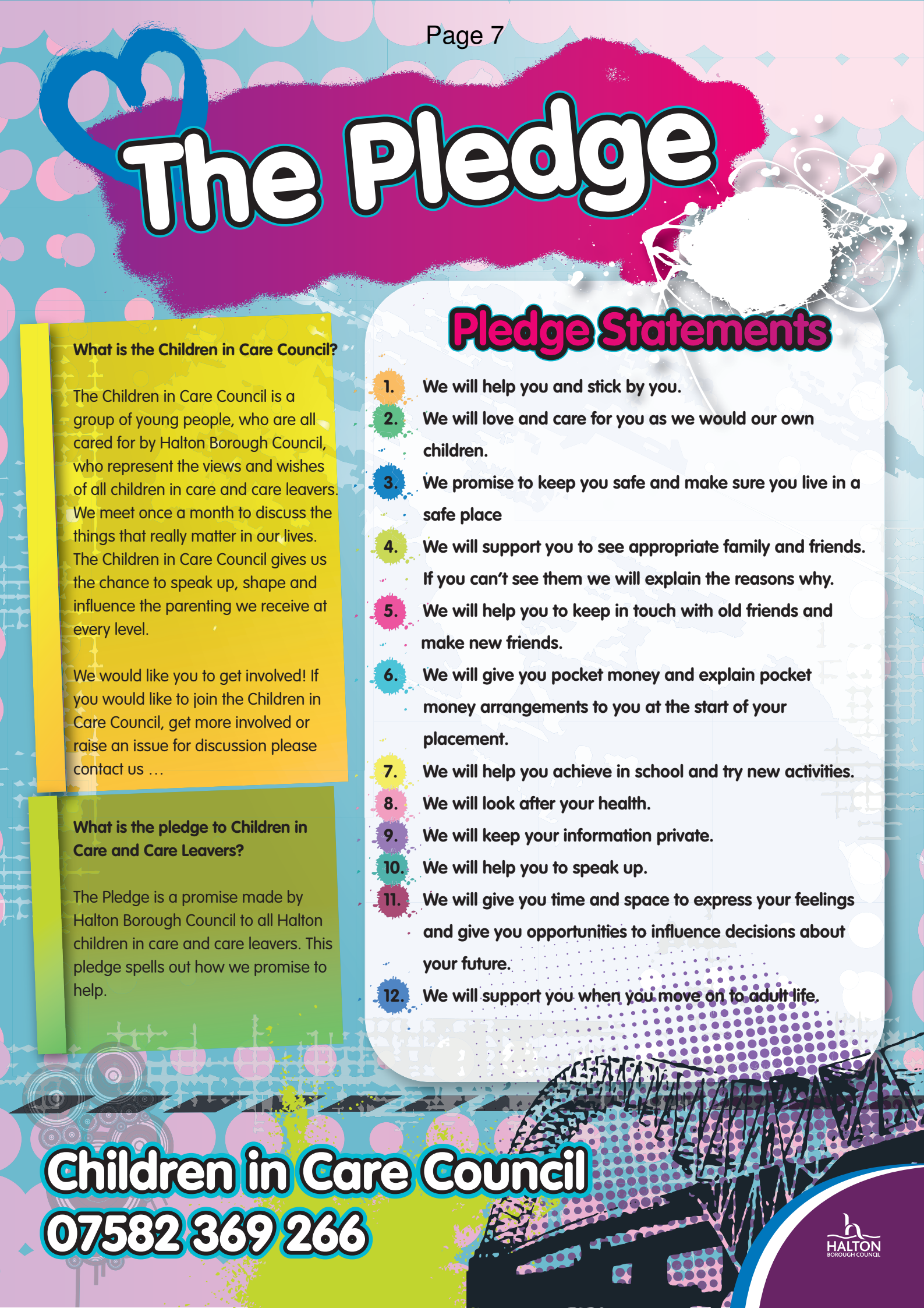
We would like you to get involved! If you would like to join the Children in Care Council, get more involved or raise an issue for discussion please contact us …

What is the pledge to Children in Care and Care Leavers?

The Pledge is a promise made by Halton Borough Council to all Halton children in care and care leavers. This pledge spells out how we promise to help.

Pledge Statements

1. We will help you and stick by you.
2. We will love and care for you as we would our own children.
3. We promise to keep you safe and make sure you live in a safe place
4. We will support you to see appropriate family and friends. If you can't see them we will explain the reasons why.
5. We will help you to keep in touch with old friends and make new friends.
6. We will give you pocket money and explain pocket money arrangements to you at the start of your placement.
7. We will help you achieve in school and try new activities.
8. We will look after your health.
9. We will keep your information private.
10. We will help you to speak up.
11. We will give you time and space to express your feelings and give you opportunities to influence decisions about your future.
12. We will support you when you move on to adult life.



Children in Care Council

07582 369 266

HALTON BOROUGH COUNCIL

Department for Education

The Care Leavers' Foundation
help when you need it

HALTON BOROUGH COUNCIL

Charter for Care Leavers

A Charter is a set of principles and promises. This Charter sets out promises care leavers want central and local government to make. Promises and principles help in decision making and do not replace laws; they give guidance to show how laws are designed to be interpreted. The key principles in this Charter will remain constant through any changes in Legislation, Regulation and Guidance. Care leavers urge local authorities to use these principles when they make decisions about young people's lives. The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what the government and local authorities should do to be good Corporate Parents.

We Promise:

To respect and honour your identity

- **We will support you to discover and to be who you are and honour your unique identity. We will help you develop your own personal beliefs and values and accept your culture and heritage. We will celebrate your identity as an individual, as a member of identity groups and as a valued member of your community. We will value and support important relationships, and help you manage changing relationships or come to terms with loss, trauma or other significant life events. We will support you to express your identity positively to others**

To believe in you

- **We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you. We will seek opportunities to celebrate your achievements.**

To listen to you

- **We will take time to listen to you, respect, and strive to understand your point of view. We will place your needs, thoughts and feelings at the heart of all decisions about you, negotiate with you, and show how we have taken these into account. If we don't agree with you we will fully explain why. We will provide easy access to complaint and appeals processes and promote and encourage access to independent advocacy whenever you need it.**

To inform you

- **We will give you information that you need at every point in your journey, from care to**

adulthood, presented in a way that you want including information on legal entitlements and the service you can expect to receive from us at different stages in the journey. We will provide this information as early as is appropriate and keep it up to date and accurate. We will ensure you know where to get current information once you are no longer in regular touch with leaving care services. We will make clear to you what information about yourself and your time in care you are entitled to see, including your health information. We will ensure that your personal information is safely managed and stored. We will support you to access this when you want it, to manage any feelings that you might have about the information, and to put on record any disagreement with factual content.

To support you

- **We will provide any support set out in current Regulations and Guidance and will not unreasonably withhold advice when you are no longer legally entitled to this service. As well as information, advice, practical and financial help we will provide emotional support. We will assist you, where necessary, to access specialist heath and other support services. We will make sure you do not have to fight for support you are entitled to and we will fight for you if other agencies let you down. We will not punish you if you change your mind about what you want to do. We will continue to care about you even when we are no longer caring for you. We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can. We will help you learn from your mistakes; we will not judge you and we will be here for you no matter how many times you come back for support.**

To find you a home

- **We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times you may need to take a step back and start over again. We will do our best to support you until you are settled in your independent life; we will not judge you for your mistakes or refuse to advise you because you did not listen to us before. We will work proactively with other agencies to help you sustain your home. We will support you in your search for employment, education and training opportunities in recognition that this will help you to maintain your independence and achieve in life.**

To be a lifelong champion

- **We will do our best to help you break down barriers encountered when dealing with other agencies. We will work together with the services you need, including housing, benefits, colleges and universities, employment providers and health services to help you establish yourself as an independent individual. We will treat you with courtesy and humanity whatever your age when you return to us for advice or support. We will help you to be the driver of your life and not the passenger. We will point you in a positive direction and journey alongside you at your pace. We will trust and respect you. We will not forget about you. We will remain your supporters in whatever way we can, even when our formal relationship with you has ended.**

Signatures

REPORT TO: Executive Board

DATE: 3 October 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: NHS Health Check Programme

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to inform Executive Board about NHS Health Checks and to seek agreement to vary and extend the current Service Level Agreement with GPs and Community Providers in accordance with revised guidance from the Department of Health.

2.0 RECOMMENDATION: That Executive Board:

1) **Note the requirement to deliver NHS Health Checks and endorse the approach proposed for local delivery as set out in paragraph 7;**

2) **Authorise a variation of existing Service Level Agreements with GP Practices and community providers to reflect revised national guidance; and**

3) **Authorise an extension of the revised Service Level Agreement to 31 March 2016 with an option to extend the agreements thereafter on an annual basis for a maximum of two years.**

3.0 BACKGROUND

3.1 From 1 April 2013, local authorities took over responsibility for the NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities. The Department of Health and Public Health England issued joint draft guidance in May 2013 to support local authorities to fufil their statutory duty to offer health checks to the local eligible population and advise on where there is scope to tailor programmes to local needs.

3.2 The NHS Health Check programme is a public health programme for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. Together these conditions account for a third of the difference in life expectancy between the most deprived areas and the rest of the country.

3.3 The programme also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia and where people can go for help. Everyone attending a NHS Health Check will have their alcohol consumption risk assessed. In addition, people aged 65-74 will be informed of the signs and symptoms of dementia and sign posted to memory clinics if needed.

3.4 As Health Checks is a public health programme aimed at preventing disease, people who have been previously diagnosed with the following are excluded as they should already be being managed and monitored through existing care pathways:

- Cardiovascular disease;
- Coronary heart disease;
- Chronic kidney disease (CKD);
- Diabetes;
- Hypertension;
- Atrial fibrillation;
- Transient ischaemic attack;
- Hypercholesterolaemia;
- Heart failure;
- Peripheral heart disease;
- Stroke.

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 cardiovascular disease over the next 10 years.

3.5 Local authorities have the flexibility to cover a wider age range or include everyone aged 40 to 74 years but they are advised to consider the cost and benefits of doing so.

4.0 **Local authority responsibilities**

4.1 From 1 April 2013, local authorities are responsible for:

- Commissioning the risk assessment element of the programme

(mandatory);
- Monitoring of offers made to complete a NHS Health Check (mandatory);
- Monitoring and seeking continuous improvement in take up of the programme (mandatory);
- Promotion/branding of the programme;
- Risk management and reduction (lifestyle interventions).

4.2 Commissioning and monitoring of the risk assessment element of the NHS Health Check is a mandatory public health function in the Health and Social Care Act 2012 and requirements upon councils are set out in The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013. The programme is to be funded from the local authority Public Health budget.

4.3 Specifically, local authorities must make arrangements:

- for each eligible person aged 40-74 to be offered a NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible;

- so that risk assessments include specific tests and measurements;

- to ensure that the person having their health check is told their cardiovascular risk score and other results are communicated to them;

- for specific information and data to be recorded and, where the risk assessment is conducted outside the GP's practice, for that information to be forwarded to the person's GP.

4.4 Local authorities are also required to seek continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check. It is for each authority to determine how best to do this and to make their own decisions about continuous improvement bearing in mind that take up rates for Health Checks is one of the indicators in the Public Health Outcomes Framework. Whilst draft government guidance acknowledges that 100% take up is unlikely to be achieved and does not set targets, it suggests that over time authorities may wish to aspire to take up rates comparable with screening programmes (in the region of 75%). Local authorities will be required to provide data returns which will be published allowing national and local comparisons of achievement.

4.5 The risk reduction elements of the NHS Health Check are the shared responsibility of both councils (lifestyle interventions) and Clinical Commissioning Groups (clinical interventions). Where additional follow up and testing is required, for example, where

someone is identified as being at high risk of having or developing vascular disease this remains the responsibility of primary care and is to be funded through NHS England.

5.0 The risk assessment

5.1 The risk assessment requires a number of tests and measures to be carried out, as set out below:

- Age
- Gender
- Smoking status
- Family history of coronary heart disease
- Ethnicity
- Body mass index (BMI)
- Cholesterol level
- Blood pressure
- Physical activity level
- Cardiovascular risk score
- Alcohol Use Disorders Identification Test (AUDIT) score.

In addition those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to memory services if appropriate.

The tests and measurements to be used as set out in the draft Best Practice guidance are detailed in Appendix A.

5.2 The use of a risk engine to calculate the individuals' risk of cardiovascular disease in the next ten years is required, and everyone who undergoes a NHS Health Check must have their cardiovascular risk score communicated to them as well as their BMI, cholesterol level, blood pressure and AUDIT score.

5.3 Local authorities are free to decide where Health Checks are carried out and who conducts them but must ensure that staff who carry them out are appropriately trained and are advised to ensure quality assurance systems are in place e.g. ensuring that actions taken at certain thresholds are consistent with national guidelines. Where the assessment has taken place outside of the GP practice (e.g. in a pharmacy or community setting) there is a legal requirement for the above information to be forwarded to the individual's GP.

6.0 Guidance on risk management and lifestyle interventions

6.1 Although not a statutory requirement, the risk management element of the programme, provided through lifestyle interventions, is important to ensure that the programme has long term benefits for public health. The guidance recommends that everyone receiving a

health check is given individually tailored advice to help motivate them to make appropriate lifestyle changes to manage their risk (unless clinically unsafe to do so). Such advice may include referrals to:

- Local stop smoking services;
- Physical activity interventions;
- Weight management programmes;
- Alcohol use interventions.

6.2 The guidance recognises that those providing this advice may not be the same as those who have undertaken the risk assessment element of the health check and, there is a need, therefore, to ensure that relevant information from the health check e.g. smoking status, blood pressure, activity levels is relayed to the lifestyle intervention provider.

6.3 The Department of Health has published a ready reckoner for Health Checks which estimates the local outputs from the Health Check programme. It estimates that in each of the first five years of implementing the NHS Health Check programme:

- 330 additional people will complete a weight loss programme
- 180 additional people will be taking statins
- 85 additional people will be compliant with an Impaired Glucose Regulation lifestyle
- 46 additional people will be diagnosed with diabetes
- 138 additional people will be taking anti-hypertensive drugs
- 113 additional people will be diagnosed with chronic kidney disease
- 84 additional people will increase physical activity
- 6 additional people will quit smoking (the low number of people quitting smoking is due to the low compliance rate with smoking cessation interventions – 5%)

The ready reckoner also provides a cost benefit analysis of providing NHS Health Checks in Halton based on national cost estimates of delivering the programme and a total health gain of 627 QALY per annum at a cost of £1,905 per QALY. This estimates that the programme will deliver net savings of £31,895 after 20 years after the HC is completed.

7.0 Proposals for delivering NHS Health Checks in Halton

7.1 Currently the Council has an agreement with GP practices to deliver "Health Checks Plus" to local residents as a local enhanced service. Health Checks Plus include most of the minimum requirements of NHS Health Checks in addition to some locally developed questions which are not necessary to carry out the risk assessments.

7.2 Feedback from GP practices reveals that in its current form the Health Checks Plus assessment takes on average around 45 minutes per patient, far longer than the 20 minutes expected. It is likely that this is one reason why Halton consistently does not reach the required targets for invitations and for take up of Health Checks.

7.3 It is proposed that Health Checks are streamlined so that they include only the required information to carry out the mandatory risk assessments and including the new areas of alcohol screening and dementia awareness raising for patients aged 65 to 74.

7.4 Currently GP practices are paid £1 for each eligible patient invited for a Health Check, £18 for each Health Check completed and £1 for each HC recorded on the GP system. Despite the proposed reduction in the time needed to complete a HC, the authority does not propose to reduce this fee schedule. This is due to the fact that the fee per HC is already slightly higher in other areas. However the time reduction will enable more HCs to be completed increasing the potential income generation for GPs.

7.5 The review of existing HealthChecks also looked at the commissioned pharmacy based programmes and found that while four pharmacy based providers had signed up to deliver HealthChecks Plus not one had over a two year period. The existing SLA would require that they are paid a fee per client and an additional full HealthCheck fee also be paid to individual practices in order to send out invitations, complete CVD risk assessment and input data onto systems in order to complete returns- which are taken wholly from GP practice systems. This makes pharmacy based provision more expensive currently.

7.6 The Council proposes that HC will continue to be delivered by GP practices under existing contractual arrangements and will seek to identify community based provision that is cost effective. A pilot will be run by the Public Health Team working with occupational health and human resources will seek to offer HealthChecks and lifestyle advice to eligible staff of the Council as part of a healthy workplace based initiative. This will be funded from the Public Health Budget

7.7 Currently Halton's Health Improvement Team carries out an opportunistic assessment with their clients which includes many of the questions undertaken as part of the Health Check. To prevent duplication and to ensure that an appropriate cardiovascular risk assessment and recording on GP systems takes place an agreement to share the information has been reached which will still allow primary care to claim a full Health Checks payment.

7.8 A range of well-established and successful lifestyle interventions are available for HC patients who are identified as being at risk of CVD,

diabetes and other conditions. These include free weight management courses such as Fresh Start, Stop Smoking Services including the provision of free vouchers for nicotine replacement products and alcohol reduction services such as Brief Interventions. The Council is working with Halton's Health and Well Being Service and Halton Clinical Commissioning Group to ensure that GP practices can advise patients of the full range of available services and make appropriate referrals into the services on behalf of the patient and for outcomes resulting from lifestyle interventions to be monitored.

7.9 A new Service Level Agreement has been drafted for GP practices setting out the requirements of the revised NHS Health Checks.

8.0 POLICY IMPLICATIONS

The Health and Social Care Act 2012 placed a statutory duty on local authorities to make arrangements for the delivery of NHS Health Checks in their area.

9.0 OTHER/FINANCIAL IMPLICATIONS

Halton has a budget of £160,000 per annum for the delivery of Health Checks. This sits within the Public Health budget.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children and Young People in Halton

While HCs are specifically for people aged 40 to 74, it is anticipated that there will be indirect benefits to children and young people as a result of their parents and other family members being supported to lead a healthier lifestyle and/or prevent or delay the onset of ill health.

10.2 Employment, Learning & Skills in Halton

Improving the health of individuals can have a positive impact on their long term employability.

10.3 A Healthy Halton

HCs are a key tool in the identification, early detection and prevention of a range of health issues and can help to promote healthier lifestyles, thereby contributing to the aims and objectives of Halton's Health and Well Being Strategy.

10.4 A Safer Halton

None directly

10.5 Halton's Urban Renewal

None directly

11.0 RISK ANALYSIS

11.1 NHS Health Checks are a statutory requirement for local authorities. Failure to offer Health Checks in a locality could result in damage to the authority's reputation and impact on future funding levels.

11.2 A risk register has been developed by ChAMPS the public health commissioning service on behalf the Cheshire and Merseyside authorities for the transition to the newly branded NHS Health Checks. Mitigating factors have been identified and are being put in place.

12.0 EQUALITY AND DIVERSITY

An Equality Impact Assessment has been completed for the delivery of NHS Health Checks. The assessment revealed two potential negative impacts.

The first relates to the fact that GPs are unlikely to invite pregnant women for Health Checks due to the high probability of temporarily misleading results. However provided they remain eligible pregnant women can be invited once the baby is born. In any case pregnant women are in regular contact with their GP so that any potential health issues are likely to be picked up.

The second relates to the fact that traditionally a disproportionately high proportion of Gypsies and Travellers do not register with GPs. To mitigate this impact it is proposed that proactive engagement is carried out with the Gypsy and Travelling community through the Council's Gypsy and Traveller Co-ordinator and site wardens with a view to the Halton Health and Well Being service offering health screenings on site. The service already carries out health screenings for people who participate in its weight management programmes. While the screenings do not constitute a full health check (as blood tests are not carried out) they will indicate whether there is an increased risk of certain conditions sufficient for advice to be given and for the patient to be signposted to relevant services or health establishments.

13.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Department of Health/Public Health England draft Guidance on NHS Health Checks.

14.0 REASON(S) FOR DECISION

Local authorities have a statutory duty to arrange for NHS Health Checks to be offered to the eligible population every five years. It is for local authorities to decide how this is managed and who carries out the Health Checks. GP practices are well placed to deliver Health Checks due to their knowledge of and established relationships with the practice population. However, the ability to deliver Health Checks in the community, while more problematic in terms of delivery and data protection, offers choice for patients who do not wish to have a Health Check carried out in their GP practice.

15.0 ALTERNATIVE OPTIONS CONSIDERED AN REJECTED

Not applicable.

16.0 IMPLEMENTATION DATE

October 2013.

NHS Health Checks – Best Practice on the Risk Assessment

1. Cardiovascular risk assessment				
Tool/engine	**Data required**	**Thresholds**	**Key points**	**References**
Either QRISK2 or Framingham depending on local needs	Age (in years)	40 – 74 (inclusive)		
	Gender	Male or Female		
	Smoking status	QRISK2: Current smoker Non smoker (including ex-smoker) Framingham: Cigarette smoking or quit within past year Otherwise (i.e. not smoking and/or quit over a year ago)		
	Physical activity levels	UK Chief Medical Officer recommends that all adults shall be physically active daily and activity over a week should add up to 150 minutes.	A validated tool such as the Department of Health's General Practitioner Physical Activity Questionnaire (GPPAQ) is recommended to measure activity levels	http://publications.nice.org.uk/four-commonly-used-methods-to-increase-physical-activity-ph2 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152108/dh_128210.pdf.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152000/dh_133101.pdf.pdf
	Family history of coronary heart disease	In first degree relative under 60 years (required for QRISK2 but not Framingham)	First degree relative means father, mother, brother or sister	
	Ethnicity	White/not recorded Indian Pakistani Bangladeshi Other Asian Black African Black Caribbean Chinese Other (including mixed)	Ethnicity is needed for diabetes risk assessment Ethnicity should be recorded using the codes used for Office for National Statistics	
	Body Mass Index	Blood sugar tests required when	Required for CVD and	

		individual is in obese category: BMI is 27.5 or over in Indian, Pakistani, Bangaldeshi, Other Asian and Chinese ethnicity categories BMI over 30 for other ethnicity categories	Diabetes risk assessment	
	Cholesterol test	Framingham model: cholesterol measured as total serum cholesterol and high density lipid cholesterol QRISK2: cholesterol measured as ratio of total serum cholesterol to high density lipoprotein cholesterol	Cholesterol is a major modifiable risk factor of vascular disease and can be reduced by dietary change, physical activity and drugs A random (not fasting) cholesterol test can be used to ensure maximum take up	http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf http://publications.nice.org.uk/statins-for-the-prevention-of-cardiovascular-events-ta94
	Systolic (SBP) and diastolic (DBP) blood pressure	If the individual has a blood pressure at, or above, 140/90mmHg or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively, the individual requires: A fasting plasma glucose (FPG) or HbA1c test An assessment for hypertension An assessment for chronic kidney disease	Required for the diabetes filter and for assessment for chronic kidney disease and hypertension within primary care Local authorities will need to consider the provision of these tests and work closely with partners to ensure people are clinically followed up appropriately Recommended that 2011 NICE clinical guidance 127 on management of hypertension is followed	http://publications.nice.org.uk/hypertension-cg127 http://www.nice.org.uk/nicemedia/live/13561/56008/56008.pdf http://www.nice.org.uk/nicemedia/live/13561/56015/56015.pdf

2. Diabetes risk assessment					
Data required	**Thresholds for blood glucose test**	**Type of tests**	**Thresholds for lifestyle intervention**	**Key points**	**References**
Ethnicity BMI Blood pressure	BMI is in the obese range (30 or over, or 27.5 or over in individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnic groups) Or Blood pressure is at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg respectively Some people who do not fall into the above categories will also be at significant risk: People with first degree relatives with type 2 diabetes or heart disease; People with tissue damage known to be associated with diabetes, such as retinopathy, kidney disease or neuropathy Women with past gestational diabetes; People with conditions or illnesses known to be associated with diabetes (e.g. polycystic ovarian syndrome or severe mental health disorders); People on current medication known to be associated with diabetes (e.g. oral corticosteroids)	Fasting plasma glucose	FPG greater than or equal to 7mmol/l (with symptoms) = diabetes diagnosis FPG greater than or equal to 7mmol/l (no symptoms) = repeat FPG – if same = diabetes diagnoses, if less than 7mmol/l = Non diabetic hyperglycaemia – intensive lifestyle advice FPG between 6 to 6.9 mmol/l = non diabetic hyperglycaemia – intensive lifestyle advice FPG less than 6mmol/l = healthy lifestyle advice	Recognised as an acceptable first test to identify those at high risk of diabetes. Person tested should be informed of fasting requirement and if possible appointment scheduled for 11am or earlier to make fasting easier.	www.screening.nhs.uk/vascular/VascularRiskAssessment.pdf http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38 http://www.who.int/diabetes/publications/report-hba1c_2011.pdf
		HbA1c (glycated haemoglobin)	HbA1c greater than or equal to 6.5%/48mmol/mol (with symptoms) = diabetes diagnosis HbA1c greater than or equal to 6.5%/48mmol/mol (no symptoms) = repeat HbA1c – if same = diabetes diagnosis, if less than 6.5%/48mmol/mol = non diabetic hyperglycaemia –intensive lifestyle advice	More convenient than FPG as individual doesn't need to fast. Recognised by World Health Organisation as an alternative method of diagnosis provided: Stringent quality assurance methods are in place; Measurements are standardised; No conditions exist that would affect its accuracy	

			HbA1c between 6 to 6.5%/42 to 48mmol/mol = non diabetic hyperglycaemia – intensive lifestyle advice HbA1c less than 6%/42mmol/mol = healthy lifestyle advice	(e.g. anaemia and some variant haemoglobins) The test is not recommended for pregnant women or where in situations where the blood glucose levels can rise rapidly	

3. Alcohol risk assessment			
Data required	**Key points**	**Thresholds**	**References**
AUDIT score	The AUDIT questionnaire is 10 questions long (not everyone will need to answer all 10 questionnaires) and takes approximately 3 minutes to complete The assessment can be split into 2 phases: 1. An initial screen to identify those at risk; 2. A second phase to identify the level of risk There are two initial screening questionnaires bot are sub sets of the full audit and can be self completed by the user or as verbal questions: AUDIT-C (first 3 questions of full audit); Fast Alcohol Screening Test (FAST) (four of ten questions from full AUDIT).	Initial screening: AUDIT-C Above or equal to 5 FAST Above or equal to 3 If patient scores above threshold the second phase is to complete the full AUDIT AUDIT threshold – a score of 8 or above indicates that the person's alcohol consumption could put their health at risk and they should be offered brief alcohol advice. A referral to alcohol services should be considered for those scoring 20 or more.	http://publications.nice.org.uk/alcohol-use-disorders-preventing-harmful-drinking-ph24

HALTON
BOROUGH COUNCIL

Service Level Agreement:

NHS Health Checks

Between

Halton Borough Council

and

GP Practices

DATE: 1st October 2013 – 31st March 2016

Signature Sheet

This document constitutes the agreement between the GP Practice and Halton Borough Council in regards to the delivery of NHS Health Checks that will be offered during the period of 1st October 2013 to 31st March 2016. The authority will review the operation of NHS Health Checks prior to 31st March 2016 and reserves the option to extend the agreement on an annual basis for up to a maximum of two years.

Signature: ……	Signature ……..……
For and on behalf of the Commissioner	For and on behalf of the Provider
Date:	**Date:** ……
Name:	**Name:** ……
Position: Director of Public Health Halton Borough Council	**Position:** ……

Section A

1. PARTIES TO THE AGREEMENT

1.1 This Service Level Agreement ("Agreement") is between:

a) Halton Borough Council, Municipal Buildings, Kingsway, Widnes, WA8 7QF ("The Commissioner")

And

b) Dr
Add 1
Add 2
Add 3
Add 4
Add 5
Post Code ("The Provider")

2. VARIATION TO THIS AGREEMENT

2.1 If the Commissioner wishes to add, modify, or withdraw any part of the service, the Commissioner shall notify the Provider, in writing, two months in advance of the change. Any such variation will only be valid if it is in writing.

If the Provider wishes to withdraw from the service the Provider shall notify the Commissioner, in writing, two months in advance of the change.

3. RESOLUTIONS OF DISPUTES

3.1 In the event of any dispute or difference arising out of the Agreement the matter will be dealt with, initially by the Agreement Managers recorded or nominated managers (see signature sheet). Every effort shall be made by both parties to resolve differences as quickly as practicable. If the Agreement Managers cannot resolve the matter, then the matter will be referred to the Chief Executive (nominated executive) of the Commissioner and the Senior Partner / Chief Executive of the Provider.

4. LEVEL OF PROVISION / SERVICE AND QUALITY STANDARDS

4.1 Providers must comply with any relevant NICE or other clinical guidance. Participation in NHS Health Checks must not reduce the quality or availability of other service provision.

5. TERMINATION

5.1 This Agreement will terminate on: 31st March 2016

6. RISK MANAGEMENT / PATIENT SAFETY

6.1 Reporting and investigation of adverse incidents

6.1.1 Adverse incidents must be reported and investigated in line with relevant legislation, national and local guidance.

6.1.2 Following analysis of the causes of the adverse incident, any learning that can be shared to prevent recurrence of the incident should be shared with the Council for distribution to other GP practices.

6.2 Identification and mitigation of risks:

6.2.1 All risks relating to the treatments contained in the service should be identified recorded and scored in accordance with national and local guidance.

6.2.2 Halton Borough Council and relevant stakeholders, including staff, are to be kept informed of and, where appropriate, consulted on the management of significant risks faced by the Commissioner and/or Provider.

7 ELIGIBILITY TO PROVIDE NHS HEALTH CHECKS

7.1 Satisfactory facilities and equipment

7.1.1 Adequate and appropriate equipment should be available for the provider to undertake the procedures chosen in line with prevailing national guidance on premises standards.

7.2 Training

7.2.1 The Provider must ensure that all staff involved in providing any aspect of care under these schemes has the necessary training and skills to do so.

7.2.2 Staff undertaking the NHS Health Check must have the relevant core skills identified in the Vascular Risk Assessment Workforce Competencies (CVD EF3). **See Appendix 1**

7.3 Accreditation

7.3.1 Those doctors who have previously provided services similar to NHS Health Checks and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as

is necessary to enable them to contract for the service shall be deemed professionally qualified to do so.

7.4 Nursing support

7.4.1 Nurses and Health Care Assistants should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

8. The Service

8.1 Consent

8.1.1 In each case the patient should be fully informed of the Health Check Assessment procedure. A record of the patient's consent should be filed in the patient's lifelong medical record.

8.2 Education and continuing information for patients

8.2.1 The Provider shall ensure that all newly treated patients (and/or their carers when/where appropriate) receive appropriate education and advice on management of and the prevention of secondary complications of their conditions. This should include written information where appropriate.

8.2.2 The Provider must ensure all patients who receive an NHS Health Checks assessment are given a copy of the NHS Health Check Patient Workbook with their personalised details and the results from their assessment appropriately recorded.

8.3 Verification

8.3.1 Verification may involve the Council randomly selecting a number of case records of patients to confirm that the components of the Service have been undertaken and recorded.

9. Referral policies

9.1 Where appropriate the Provider shall refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

9.2 The Council has commissioned a wide range of lifestyle services to support patients to lead healthier lifestyles and assist in the prevention of ill health. These include weight management and physical activity programmes, stop smoking support services and drug and alcohol intervention and falls

prevention services. **Appendix 2** provides more detail about the range of services available and appropriate contacts.

SECTION B

NHS HEALTH CHECKS

1. Service aims and objectives

1.1 The aim of this service is to prevent heart disease, stroke, diabetes and chronic kidney disease by identifying risk factors and managing them appropriately and to raise awareness of dementia amongst the over 65s.

1.2 The core objectives of the service include the following:

- Identification of the eligible population;
- Call and recall of the eligible population;
- Provide a face to face assessment of a patient's cardiovascular risk (which includes heart disease, diabetes, chronic kidney disease and stroke risk);
- Communication of cardiovascular disease risk to individuals;
- Health check to be carried out on all patients with a risk of less than 20 percent, once every 5 years;
- High risk review to be carried out on all patients with a risk of greater than 20 percent, annually (at this stage patients are excluded from the Health Check Programme but should be monitored by another service);
- Development and continued maintenance of a risk register for patients with a risk of 20 percent or more;
- Management of risk factors including:
  - ✓ Advice on lifestyle risk factors and signposting to other services as appropriate;
  - ✓ Medical management of cardiovascular risk if required;
  - ✓ Referral to other services as required.
- Undertake an alcohol risk assessment using AUDIT-C where a patient is identified as at risk by initial screening questions;
- Raise awareness of dementia symptoms with eligible patients over the age of 65.

2. Service outline

2.1 Eligible Population

The service will deliver the NHS Health Check to all individuals registered with a GP in Halton between the ages of 40-74 without known CVD, by inviting 20 percent of them every year over a period of 5 years.

2.2 Exclusions

As NHS Health Checks is a public health programme aimed at preventing disease, people with previously diagnosed vascular disease or meeting the certain criteria set out below are excluded from the programme. These

individuals should already be being managed and monitored through existing care pathways.

People diagnosed with the following are excluded from the programme:

- Cardio vascular disease;
- Chronic kidney disease;
- Diabetes;
- Hypertension;
- Atrial fibrillation;
- Transient ischaemic attack;
- Hypercholesterolaemia;
- Heart failure;
- Peripheral arterial disease;
- Stroke

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 cardiovascular disease over the next 10 years.

2.3 Prioritisation

All eligible patients (see criteria above) are required to be invited for a Health Check over a five year period. In selecting which patients to invite for a health check in the early years of the scheme Providers are requested to prioritise the following:

- Eligible patients exhibiting risk factors of CVD (e.g. overweight, smokers, family history of CVD);
- Eligible patients who are known to have caring responsibilities (this is to support them to stay healthy and continue these responsibilities);
- Eligible patients living in a deprived community (to help bridge the health inequalities gap);
- Eligible patients who are classed as vulnerable adults[1].

To maximise the benefit of the programme a Risk Assessment on the practice clinical system data to identify the cohort of patients who would most benefit

[1] A vulnerable adult is defined as
•a person aged 18 years and over "who is or may be in need of community care services by reason of mental or other disability, age or illness"
•who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation (No Secrets, 2000)
A vulnerable adult can be anyone over the age of 18 who receives social care services or has a personalised budget or has a physical or sensory impairment, learning disability or mental health problem or may not be able to protect themselves from abuse or harm. It can also include ex-offenders or transient populations including travellers and asylum seekers (this is not an exhaustive list)

from a HC must be carried out. The Council will be able to support this process as outlined in the attached Data Sharing Agreement. The agreement has the support of the LMC, the Clinical Commissioning Service Development Committee and the Council's Executive Board.

The Provider will need to sign and return the Data Sharing Agreement below to the commissioner to enable the practice to benefit from this service. See **Appendix 3**

Where a Provider does not wish to use this service the commissioner will provide Risk Stratification documentation which will need to be applied locally to identify the eligible cohort.

2.4 Inviting patients for a Health Check

Providers can select the most appropriate method for inviting eligible patients for a Health Check according to their normal communication methods. This can include, for example, letter, telephone call, email, SMS text messaging or opportunistically. If inviting patients by letter the template attached below should be used and should be accompanied by the NHS Health Check leaflet below. Providers will initially be supplied with a stock of leaflets but thereafter these can be ordered free of charge directly from the NHS orderline webpage.
http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf See **Appendices 4 and 5.**
.

Whichever method is used to invite eligible patients it is important that the invitation is recorded using the appropriate read code even if the initial invitation was opportunistic (this should be recorded as a verbal invitation). This is to ensure that the Council can demonstrate that it is reaching the required target of 20% of eligible patients invited per year.

If the patient does not respond to the invitation for a Health Check this should be recorded on the practice's clinical system so that future attempts can be made to opportunistically screen them. No less than three invitations should be sent to the eligible patient before they can be recorded as "Did not respond". It is recommended that a variety of methods of invitation for each patient be used to maximise the response rate.

Providers can only claim for one invitation per patient regardless of the number of invitations the person receives.

In order that the NHS Health Check is delivered in a uniform, systematic and integrated manner, the service will comply with prevailing national guidance.

2.5 Health Check Assessment

The Health Check assessment is designed to:

- Facilitate the early detection of major illnesses and 'case-find' adults who have established disease in order they can be offered evidence based care to manage the existing disease
- Identify those patients as being at high risk of developing a range of major illnesses, so that they can then be offered interventions in order to prevent or manage their disease onset that will maximise their quality of life and minimise their incidence of the disease.
- Identify patients who are in need of lifestyle and/or primary prevention interventions.
- Raise awareness of dementia in people aged over 65.

Providers will invite and undertake a Health Check assessment on the eligible population using the Health Check assessment

- Each Health Checks assessment shall be evidenced by a completed Health Checks assessment template or GP Clinical System Template

- Read codes for Health Checks offered and completed and for all other significant findings as identified in the assessment document should be added to the patient's records.

- Providers must comply with data and verification requests from the Council or third party acting on the Council's behalf (e.g. St Helens and Knowsley NHS Trust's Health Informatics Service) in a timely manner and comply with requests for data to inform the NHS Health Checks Returns. Verification requests from the Council will take the form of a quality assurance visit to the practice.

During the assessment, which is expected to take approximately 20 minutes, the following information should be collected and recorded:

- Age
- Gender
- Smoking status
- Level of physical activity
- Family history (CVD, diabetes)
- Ethnicity
- Height, weight (BMI)
- Total cholesterol testing (using near patient testing were possible)
- Total cholesterol/HDL Ratio (using near patient testing were possible)
- Impaired Glucose Regulation status
- Blood pressure measurement (those with a raised BP and or BMI of 25 or more also require a HbA1c. Patients with raised BP also require a serum creatinine and electrolytes
- AUDIT-C Alcohol assessment

- Dementia awareness raising (a leaflet and training tool are available of the NHS Health Check website - http://www.healthcheck.nhs.uk/national_resources/dementia_resources

- Peak flow assessment
- Information, advice and signposting on brief intervention
- Referral as appropriate

The presence of other conditions that increase CVD risk should also be recorded during the consultation i.e. rheumatoid arthritis, premature menopause, erectile dysfunction.

The individual's CVD risk will then be calculated, using a risk assessment tool, QRisk2 or JBS2 and lifetime risk tool JSB3 with the results communicated to them in a way that the individual understands.

Collaborative work between Public Health and CCG commissioners has led to the addition of Impaired Glucose Regulation (IGR) detection as the initial pathways and management options are the same. People with IGR have 12 times the risk of developing type 2 diabetes and as a result there is an associated CVD risk.

A pulse check has been included to detect Atrial fibrillation. AF is the most common arrhythmia seen in primary care, affecting up to 1% of the population. The condition is important to diagnose early as it is a major risk factor for stroke – people with AF have a one in twenty chance of having a stroke. This will enable a larger cohort of patients to be tested and contributes directly to one of the CCG quality premium metrics.

Peak Flow assessment is included to provide a lung age score to patients who smoke and who may be falsely reassured by a low CVD risk score, and to enhance decision making about potential lifestyle change.

2.6 Outcomes from the Health Check

It is expected that:

- Following assessment, the CVD risk-score of the patient shall be recorded in the patient's life long clinical record and the NHS Health Check Patient Workbook;

- All patients must be provided with an NHS Health Check Patient Workbook (see attached) with their individual results that will communicate overall risk and be supported where necessary with an individual care management plan;

- People identified as being at less than 20 percent risk will be recalled after 5 years yet may also need lifestyle interventions to maintain or improve their vascular health (e.g. referral to a stop smoking service, weight management programme or physical activity interventions);

- People identified at high (greater than 20 percent) risk will be managed separately according to national guidance and will not be invited for further health checks.

- Where pre-existing disease is identified, the patient will be managed separately accordingly by general practice using existing local clinical pathways;

- Where no existing condition or risk is identified the patient should receive basic advice to enable them to maintain a healthy lifestyle;

- The Provider will actively involve the patient in agreeing what advice and/or interventions are to be pursued;

- Any decisions made or tests/measurements undertaken must be in partnership with the patient and with the patient's informed consent.

The practice shall ensure that lifelong medical records are kept up to date. NHS HealthCheck workbooks will be provided to practices.

2.7 Relationship with lifestyle services

Where relevant it is expected that Providers will, with the patients consent, refer patients into an appropriate lifestyle support service currently delivered by Halton's Health and Well Being Service as set out in Part A section 9.2.

Currently the Health and Well Being Service carries out an opportunistic assessment which includes many of the questions undertaken as part of the Health Check. To prevent duplication and to ensure that an appropriate cardiovascular risk assessment and recording on GP systems takes place an agreement to share the information has been reached which will still allow primary care to claim a full Health Checks payment.

3. Level of Provision/Service Standards

3.1 The responsibility for the provision of the service lies with Halton Borough Council and the Provider named in this agreement.

3.2 Providers should manage patient's needs in line with the following NICE guidance

NICE TA 094	Cardiovascular Disease – Statins. January 2006
NICE CG 067	Lipid Modification. May 2008
NICE CG127 Hypertension: NICE guideline	Clinical management of primary hypertension in adults August 2011

NICE CG 043	Obesity: the prevention, identification, assessment and management of overweight adults and children. Dec 2006
NICE CG 015	Diagnosis and Management of Type 1 Diabetes in children, young people and adults. July 2004
NICE CG 073	Chronic Kidney Disease. September 2008
NICE CG 068	Diagnosis and initial management of acute stroke and TIA. July 2008
NICE CG 101	COPD guidelines June 2010
NICE PH 025	Prevention of Cardiovascular disease June 2010
NICE QS 06	Diabetes in Adults March 2011
NICE CG 066	Type 2 diabetes (partially updated by CG 87) May 2008
NICE PH 038	Preventing type 2 diabetes – risk identification and interventions for individuals at high risk July 2012
NICE PH 035	Preventing type 2 diabetes – population and community level interventions in high risk groups and the general population May 2011
NICE CG 42	Dementia: supporting people with dementia and their carers in health and social care Nov 2006

3.3 Providers should manage patient's needs in line with the following National guidance

	Dec 07	National Stroke Strategy
NSF	Mar 01	Older People
NSF	Mar 2000	Coronary Heart Disease
NHS Health Check Programme	Apr 2009	Best Practice Guidance for the Assessment and Management of Vascular Risk
PHE	May 2013	Draft Best Practice Guidance for the NHS Health Check Programme http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

4. Quality

4.1 Providers are required to:

- Operate a complaints policy and procedure that complies with NHS Standards;
- Provide assurance of full compliance with the prevailing guidance relating to standards of quality and patient safety as they apply to this service;

- Have a quality assurance system and mechanisms to monitor and quality assure the service;

- Support clinical audits of the service to demonstrate compliance with NICE and other national guidance.

4.2 To provide this service Providers shall ensure that:

- All health care professional responsible for the assessment and management of the patients have a responsibility for ensuring that their skills are regularly updated;

- Robust record keeping is in place;

- Any health care professional carrying out physical measurements or diagnostic procedures on patients should be appraised on what they do and take action where inappropriate variance is identified. E.g. inappropriate referrals;

- Health care professionals delivering Health Checks participate in necessary supportive educational activity.

5. Performance monitoring

5.1 Health check data is monitored by St Helens and Knowsley NHS Trust on behalf of the Council on a monthly and quarterly basis. Providers are required to support the collection of data through timely verification to enable data submissions within required timescales.

5.2 Monthly data records outcomes from the Health Checks e.g. number of people identified as having the following conditions:

- Diabetes
- Chronic Kidney Disease
- Hypertension

The monthly data collection also records CVD risk score, smoking status, alcohol risk, Body Mass Index, physical activity status and follow up activity.

5.3 Quarterly data returns collect the following performance indicators:

- Total patients aged 40 to 74 years who are eligible for a Health Check in the reporting quarter;
- Total eligible patients who have been invited for a Health Check (Providers are required to invite 20% of the eligible population over a 12 month period);

- Total eligible patients who have been invited for and received a Health Check (Providers are expected to aim for a 75% conversion rate from invitations);
- Number of eligible patients who failed to respond to a Health Check invitation;
- Number of eligible patients who did not attend a Health Check appointment;
- Number of eligible patients who have refused or declined a Health Check;
- Number of eligible patients who have had a Health Check done in the community.

5.4 The Council may from time to time request to visit GP practices and other Provider's premises for the purpose of conducting quality assurance inspections in relation to the delivery of Health Checks.

6. The Fee

6.1 Each Provider contracted to provide this service will receive a payment of:

- **£1.00** per each eligible patient invited for a Health Check. A single payment will be made per patient invited for HealthCheck regardless of the number of invitations they receive or method used to contact them.
- **£18.00** per patient for each HC Assessment carried out and completed by the Provider.
- **£1.00** per each completed HC Assessment recorded on the Practice Clinical System regardless of who has completed the HC assessment.

Only 1 payment per patient can be made during any 5 year period.

6.2 This fee will be paid on a monthly basis upon submission of the required Claim form to:

Contracts and Commissioning Officer (Public Health)
Halton Borough Council
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD

6.3 All claims must be made within a month of the Health Check being carried out.

6.4 The Council will only pay for health check claims undertaken on the eligible population up to a maximum of 20% of the practice patient list per year.

6.5 Failure to verify monthly and quarterly data returns or significant variations between recorded data and claim forms may result in payments being delayed.

7. Claims, Audit and monitoring arrangements

Providers are expected to submit a monthly claim on the agreed electronic template as follows:

- The number of NHS Health Check invitations sent in the last month (9mC0;9mC1;9mC2; 9mC3; 9mC3; 9m25.) £1.00
- The number of NHS Health Check Assessments completed by the Provider within the last month (8BAg; 8BAg0; 6B5...) £18.00
- The number of NHS Health Check Assessments entered onto the clinical system in the last month (8Bag; 8BAg0) + (6B5..) £1.00

The Council or an organisation working on its behalf will collect the NHS minimum data set for NHS Health Checks. Currently HIS collects this data for the Council.

8. Patient Experience

The Provider shall ensure that patients are offered the opportunity to complete a patient experience survey. See **Appendix 6**. Completed surveys should be returned to:

Public Health Contracts and Commissioning Officer
Halton Borough Council
2nd floor Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD

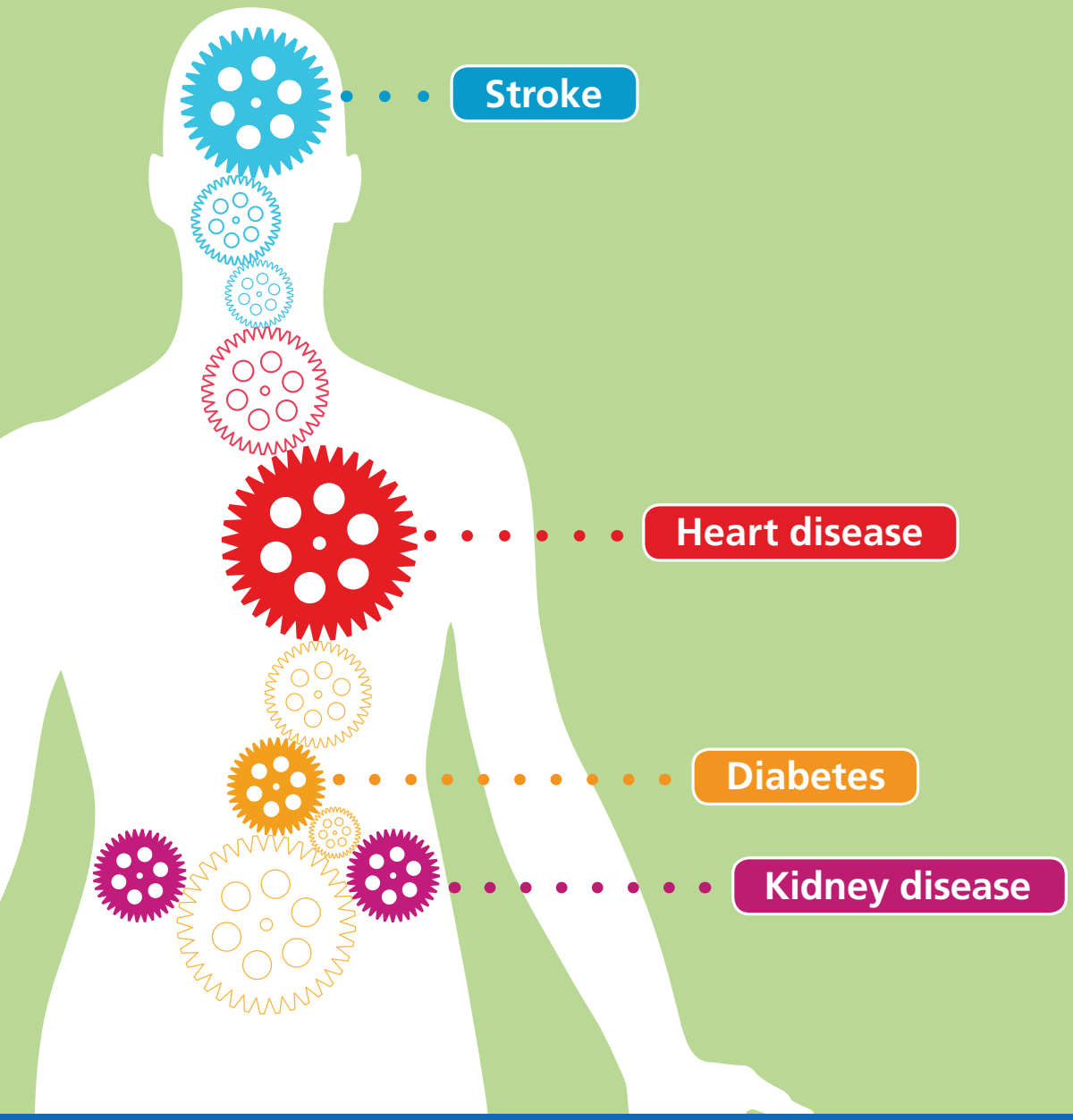
References

See **Appendix 7**

9. QOF Indicators included in the NHS Health Check

9.1 There is potential for work carried out within an NHS Health Check to overlap with work which affects the achievement of Quality and Outcome Framework (QOF) points.

Vascular Risk Assessment: Workforce Competences



Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.

Introduction
The vascular risk assessment and management programme - formerly known as the vascular check programme and now called NHS Health Check - is a national initiative. The tests, measurements and risk management interventions that make up the NHS Health Check can be delivered in different settings and by different workforce models. For example, the use of health trainers, healthcare assistants and pharmacy assistants in both primary care and pharmacy has been crucial to many approaches by PCTs. In some instances, new teams of primary care nurses and healthcare assistants have been mobilised for the sole reason of implementing the NHS Health Check.

Purpose of this document
Depending on the model of delivery PCTs choose to implement their NHS Health Check programme, consideration may need to given to workforce training and capacity. The Department of Health and Skills for Health have therefore compiled these workforce competences from the existing Skills for Health database to support PCTs in any necessary training of their staff. This document contains relevant competencies for all staff who may be involved in NHS Health Checks, including health trainers, pharmacists, pharmacy staff, healthcare assistants, nurses and GPs.

The competences covered include, amongst others, phlebotomy, infection control and lifestyle advice. There are separate competences for blood and measurements as some models of service may require a demarcation in roles.

The competences and their underpinning criteria can be used to support the commissioning of training for those who will be involved in the NHS Health Check service.

CVD EF3 Carry out assessment with individuals at risk of developing Cardiovascular Disease

About this workforce competence

This workforce competence is about assessing individuals at risk of developing Cardiovascular Disease.

Links

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (August 2004).
Dimension: Health and Wellbeing 1 – Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing, Level 2.

Origin

This workforce competence was developed by Skills for Health and replaces CHD EF3.

Key words, concepts and scope of this workforce competence

Scope

This section provides guidance on possible areas to be covered in this workforce competence

Physical indicators of risk of Cardiovascular Disease	• weight • height • body mass index • waist measurement • blood pressure • blood cholesterol level • blood glucose level • renal functions
Lifestyle factors that may affect levels of risk of Cardiovascular Disease	• physical activity • smoking • diet • stress • alcohol consumption

Performance Criteria

You need to

1. explain clearly to individuals

    - your own role and its scope, your responsibilities and accountability
    - the information that will be obtained and stored in records and with whom this information might be shared
    - what is involved in the assessment

2. respect individuals' privacy, dignity *(ie using the individual's name of choice, being courteous and polite)*, wishes and beliefs *(eg who may work with the individual, who else may need to be present, preparation for certain activities)*

3. minimise any unnecessary discomfort and encourage individuals' full participation in the assessment

4. obtain individuals' informed consent to the assessment process

5. use appropriate tools and methodologies to measure individuals' physical indicators of risk of Cardiovascular Disease

6. find out about factors in individuals' family history and lifestyle that may affect their levels of risk

7. find out any symptoms individuals have that may indicate they have Cardiovascular Disease

8. find out about any other conditions individuals have that may affect their levels of risk

9. calculate individuals' level of risk based on your measurements and findings

10. refer people to other practitioners when their needs are beyond own role or scope of practice.

Knowledge and Understanding

You need to apply the following:

Generic work-related knowledge

Communication and interpersonal relationships

K1. how to ask questions, listen carefully and summarise back

K2. how to present information and advice in ways which are appropriate for different people

Information and knowledge management

K3. how information obtained from individuals should be recorded and stored

K4. who might see information obtained from individuals

K5. the principle of confidentiality and what information may be given to whom

Generic healthcare knowledge

Anatomy and physiology

K6. basic cardiovascular anatomy, physiology and biochemistry

Consent

K7. the principle of informed consent, and how to obtain informed consent from individuals

Testing, measurement and assessment

K8. how to carry out a clinical examination of individuals

K9. how to measure individuals' weight, height, waist and body mass index

K10. how to measure individuals' blood pressure

K11. how to measure individuals' blood cholesterol level

K12. how to measure individuals' blood glucose level

K13. how to measure blood creatinine level

K14. how to test renal function

Working with individuals

K15. the importance of respecting individuals' privacy, dignity, wishes and beliefs, and how to do so

K16. the importance of minimising any unnecessary discomfort, and how to do so

Specialist healthcare knowledge

K17. the nature of Cardiovascular Disease, its different forms and its physical, psychological and social effects on individuals and their families

K18. the factors which determine the risk of Cardiovascular Disease and the relative impact of these factors

K19. how factors in people's lifestyles (*ie physical activity, smoking, diet, stress, alcohol consumption*) can affect their risk of developing Cardiovascular Disease

K20. how to interpret physical indicators of risk of Cardiovascular Disease and symptoms

K21. how to interpret the results of tests and measurements for individuals at significant risk of developing Cardiovascular Disease

K22. how to calculate individuals' levels of risk of developing Cardiovascualr Disease

Testing, measurement and assessment

K23. appropriate tools and methodologies to measure individuals' physical indicators of risk of Cardiovascular Disease

K24. validated tools to assess individuals' level of risk of Cardiovascular Disease, and how to use them effectively

Context-specific knowledge

Local knowledge

K25. people's health and wellbeing needs and the overall context in which they live

Reflective practice

K26. own role and its scope

K27. own responsibilities and accountability.

CVD ED2 Provide information and advice about how to reduce the risk of Cardiovascular Disease

About this workforce competence

This workforce competence is about providing people with information and advice about how they can reduce their risk of Cardiovascular Disease.

Links

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (August 2004).
Dimension: Health and Wellbeing 1 – Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing, Level 1.

Origin

This workforce competence was developed by Skills for Health and replaces CHD ED2.

Key words, concepts and scope of this workforce competence

Scope

This section provides guidance on possible areas to be covered in this workforce competence

Opportunities to provide information and advice

- during your day-to-day work
- on particular occasions such as conferences, meetings and mailings

Ways of providing information and advice

- speaking to individuals or groups
- inviting specialists to speak to groups
- providing written information and advice
- providing information and advice through the media

Performance Criteria

You need to

11. identify the opportunities you have for providing information and advice about how to reduce the risk of Cardiovascular Disease

12. assess people's knowledge about Cardiovascular Disease, the risk factors and what they need to know in order to reduce their own and others' risk of Cardiovascular Disease

13. enable people to correct any misunderstandings they may have about Cardiovascular Disease and the risk factors

14. provide the information and advice people need about Cardiovascular Disease and the risk factors in ways that are appropriate to the people concerned.

Knowledge and Understanding

You need to apply:

Generic work-related knowledge

Communication and interpersonal relationships

K28. how to ask questions, listen carefully and summarise back

K29. how to present information and advice in ways which are appropriate for different people

Generic healthcare knowledge

Information and knowledge management

K30. the information people need in order to be able to make informed lifestyle choices

Specialist healthcare knowledge

Cardiovascular Disease

K31. the factors which determine the risk of Cardiovascular Disease and the relative impact of these factors

K32. how factors in people's lifestyles *(ie physical activity, smoking, diet, stress, alcohol consumption)* can affect their risk of developing Cardiovascular Disease

K33. the nature of Cardiovascular Disease, its different forms and its physical, psychological and social effects on individuals and their families

K34. research-based evidence of the impact of environmental, social, lifestyle and behavioural factors on the incidence of Cardiovascular Disease

K35. the potential effects that modification of lifestyle and risk factors may have on individuals

K36. work environments and ways of working that encourage the adoption of behaviour and activities that reduce the risk of Cardiovascular Disease

Context-specific knowledge

Organisational context

K37. the opportunities you have to provide information and advice and encourage people to adopt behaviour and activities that reduce the risk of Cardiovascular Disease both as part of your day-to-day work and on special occasions.

CHS131 Obtain and test capillary blood samples

About this workforce competence

This workforce competence covers the collection of capillary blood samples using either manual or automated lancets, testing of the sample where this is required or sending it elsewhere for laboratory testing.

Samples may include those for blood sugar determination, haemoglobin levels and neonatal blood spot testing of the newborn.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB6 Assessment and treatment planning

Level: 1

Searchable key words

Blood samples, blood specimen, take capillary blood, test capillary blood

Origin

This workforce competence was developed by Skills for Health in August 2004.

Reviewed October 2007.

CHS131 Obtain and test capillary blood samples

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Clinical/Corporate Governance	**Clinical Governance** is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. **Corporate governance** is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.
Hand hygiene	Hand washing, or using alcohol-based hand rub products to remove or destroy transient microorganisms
Personal protective equipment (PPE)	PPE is additional to the uniform code for your specific working environment and may include: a) gloves b) aprons, gowns, overalls (single-use, fluid- repellent, disposable) c) masks d) eye protection e) X-ray lead apron
Valid consent	England definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not “consent”. NI definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent". Wales definition For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. The informed person may either be the patient, someone with parental responsibility or a person who has authority under a Power of Attorney. Consent will not be legally valid if the patient has not been given adequate information or

where they are under the undue influence of another. Acquiescence where the person does not know what the intervention entails is not “consent”. Where a patient does not have capacity to give consent, then treatment may be given providing it is given in accordance with the Mental Capacity Act 2005.

Scotland definition
In order for valid consent to treatment to exist, the patient must have been given, and been able to understand, a certain degree of information about the nature, purpose and possible outcomes of the proposed treatment. The caselaw in Scotland and England broadly suggests that, for the purpose of avoiding civil liability for treatment without consent, a doctor must provide such information as would be provided by a responsible body of medical opinion

CHS131 Obtain and test capillary blood samples

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Adverse reaction/event	May include: a) anxiety/fear b) pain c) re-bleed d) haematoma e) nerve damage
Appropriate staff member	May include: a) registered nurse b) midwife c) health visitor d) doctor
Health & Safety measures	May include: a) safe moving and handling techniques b) untoward incident procedures
Materials and equipment	Including those for: a) preparing and caring for the sampling site b) obtaining the sample such as manual and automated lancets; capillary devices, blood sugar monitors, slides, c) testing the sample d) recording results e) labelling f) single use g) multiple use
Packaging	Includes: a) bio- hazard bags b) trays c) sample racks
Settings	Include: a) clinical environments (e.g. wards and clinics), b) non-clinical environments (e.g. individual's home, blood collection venues)
Standard precautions for infection prevention and	Infection control measures that should be applied to the care of every individual, including:

control	a) **hand hygiene** b) using appropriate **personal protective equipment** c) safe handling of sharps d) safe disposal of healthcare waste e) good cleaning practices
Test	Includes: a) electronically b) non-electronically

CHS131 Obtain and test capillary blood samples

Performance criteria

You need to:

1. apply **standard precautions for infection prevention and control** and any other relevant **health and safety measures**
2. give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
3. gain **valid consent** to carry out the planned activity
4. select and prepare the site for obtaining the capillary blood sample immediately before the blood is obtained, in line with organisational procedures
5. obtain the required amount of blood of the required quality, using the selected **materials and equipment** into the container(s) and/or onto the appropriate strips or slides, in the correct order and in a manner which will cause minimum discomfort to the individual
6. take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site
7. apply pressure to the puncture site following completion to encourage closure and blood clotting
8. promptly identify any indication that the individual may be suffering any **adverse reaction/event** to the procedure and act accordingly
9. where the sample is to be sent for laboratory testing:
    a) label the sample, if it is not to be tested immediately clearly, accurately and legibly, using computer prepared labels where appropriate
    b) place sample in the appropriate **packaging,** ensure the correct request forms are attached and put in the appropriate place for transport or storage if required
    c) ensure immediate transport of the sample to the relevant department when blood sampling and investigations are urgent
10. document all relevant information clearly, accurately and correctly in the appropriate records
11. when appropriate, **test** the blood sample correctly using the appropriate method in line with organisational procedure
12. recognise and interpret results accurately or pass them onto an **appropriate staff member** for interpretation
13. record results fully and accurately in the appropriate manner and place and report to the appropriate staff member
14. give clear and accurate information to the individual about the results of tests, if available and within the limits of your responsibility
15. respond to questions from the individual clearly and accurately in an appropriate manner, level and pace or refer them to an appropriate staff member.
16. ensure that the individual is informed if any further action is required/the next stage in the process

CHS131 Obtain and test capillary blood samples

Knowledge and understanding

You need to apply:

Legislation, policy and good practice

K1 A factual knowledge of the current European and National legislation, national guidelines, organisational policies and protocols in accordance with **Clinical/Corporate Governance** which affect your work practice in relation to obtaining and testing capillary blood samples

K2 A working knowledge of your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance

K3 A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer

K4 A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification

K5 A working knowledge of the importance of confidentiality and the measures taken to ensure it is appropriately maintained

K6 A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence

K7 A working knowledge of the importance of applying standard precautions to obtaining and testing capillary blood samples and the potential consequences of poor practice

K8 A working knowledge of how infection is spread and how its spread may be limited, including how to use or apply the particular infection control measures needed when working with blood

Anatomy and physiology

K9 A factual knowledge of the structure and purpose of capillary blood vessels

K10 A factual knowledge of blood clotting processes and factors influencing blood clotting

K11 A working knowledge of the normal or expected results for particular tests and therefore what constitutes an abnormal result

Care and support of the individual

K12 A factual knowledge of the different reasons for obtaining capillary blood samples taken

K13 A working knowledge of the concerns that individuals may have in relation to capillary blood sampling

K14 A working knowledge of the sites which can be used for capillary sampling and what the factors that need to be considered in selecting the best site to use including the individual's own preference

K15 A working knowledge of why it is important to clean the sites from which you will obtain samples, and the appropriate ways of doing this

K16 A working knowledge of the limits of your role and the circumstances in which you would need to refer to another person

K17 A working knowledge of the contra-indications which indicate that capillary sampling should be stopped and advice sought

K18 A working knowledge of what is likely to cause discomfort to individuals during and after the collection of capillary blood samples, and how such discomfort can be minimised

K19 A working knowledge of what can cause problems in obtaining capillary blood samples, what can be done to stimulate blood flow and when another site should be used

K20 A factual knowledge of the common adverse reactions/events which individuals may have to blood sampling, how to recognise them and action(s) to take if they occur

Materials and equipment

K21 A working knowledge of the equipment and materials are needed for capillary blood sampling and testing

K22 A working knowledge of the sorts of equipment and materials which are sensitive to environmental changes and how this affects their storage and use

K23 A working knowledge of which equipment and instruments are re-usable and which must be discarded after one use

K24 A working knowledge of how and when to label samples if required

Procedures and techniques

K25 A working knowledge of the importance of ensuring sites for capillary blood sampling are cleaned effectively, and how and when this should be done

K26 A working knowledge of the process and procedure for obtaining capillary blood samples, including the correct sequence of actions

K27 A working knowledge of the factors involved in the procedures which could affect the quality of the blood

K28 A working knowledge of the importance of collecting capillary blood samples of the right quality, and how to achieve this

K29 A working knowledge of the complications and problems may occur during the collection of capillary blood samples, how to recognise them and what action(s) to take

K30 A working knowledge of how to perform relevant tests of capillary blood samples

Reporting, recording and documentation

K32 A working knowledge of how to record test results, and the importance of clear and accurate documentation

K33 A working knowledge of the information that needs to be recorded on labels and other documentation when sending capillary blood samples to the laboratory

K34 A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately, and the possible consequences of confusing samples or incorrect labelling

K35 A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.

CHS132 Obtain venous blood samples

About this workforce competence

This workforce competence covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB6 Assessment and treatment planning

Level: 1

Searchable key words

Blood specimens, venepuncture, phlebotomy, take blood

Origin

This workforce competence was developed by Skills for Health in August 2004.

Reviewed October 2007.

CHS132 Obtain venous blood samples

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Clinical/Corporate Governance	**Clinical Governance** is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. **Corporate governance** is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.
Hand hygiene	Hand washing, or using alcohol-based hand rub products to remove or destroy transient microorganisms
Personal protective equipment (PPE)	PPE is additional to the uniform code for your specific working environment and may include: f) gloves g) aprons, gowns, overalls (single-use, fluid-repellent, disposable) h) masks i) eye protection j) X-ray lead apron
Valid consent	England definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not “consent”. NI definition For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent". Wales definition For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. The informed person may either be the patient, someone with parental responsibility or a person who has authority under a Power of Attorney. Consent will

not be legally valid if the patient has not been given adequate information or where they are under the undue influence of another. Acquiescence where the person does not know what the intervention entails is not “consent”. Where a patient does not have capacity to give consent, then treatment may be given providing it is given in accordance with the Mental Capacity Act 2005.

Scotland definition
In order for valid consent to treatment to exist, the patient must have been given, and been able to understand, a certain degree of information about the nature, purpose and possible outcomes of the proposed treatment. The caselaw in Scotland and England broadly suggests that, for the purpose of avoiding civil liability for treatment without consent, a doctor must provide such information as would be provided by a responsible body of medical opinion

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Adverse reaction/event

Includes those relating to:

a) venepuncture/phlebotomy – haematoma
b) arterial puncture
c) pain
d) nerve damage
e) re-bleed
f) allergy
g) phlebitis
h) vaso-vagal reaction
i) anxiety/fear

Appropriate action

Includes:

a) checking tourniquet is providing sufficient venous engorgement
b) removing collection system and starting again at a different site
c) obtaining support from a more experienced practitioner

Blood collection system

Includes:

a) needles and syringes,
b) vacu-container systems,
c) ‘butterflies’

Dressing

Includes:

	a) standard plaster, b) hypoallergenic plaster, c) gauze, d) bandage
Health & Safety measures	May include: a) safe moving and handling techniques b) untoward incident procedures
Materials and equipment	Include: a) those for preparing and caring for the venous access site b) documentation and labelling c) needles and syringes/vacu-containers
Packaging	Includes: a) bio- hazard bags, b) trays, c) sample racks
Standard precautions for infection prevention and control	Infection control measures that should be applied to the care of every individual, including: f) **hand hygiene** g) using appropriate **personal protective equipment** h) safe handling of sharps i) safe disposal of healthcare waste j) good cleaning practices
Tourniquet	Includes: re-useable and disposable tourniquets specifically designed for the purpose

CHS132 Obtain venous blood samples

Performance Criteria

You need to:

1. apply **standard precautions for infection prevention and control** any other relevant **health and safety measures**
2. give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
3. gain **valid consent** to carry out the planned activity
4. select and prepare:
    a) an appropriate site
    b) appropriate equipment

    for obtaining the venous blood
5. apply, use and release a **tourniquet** at appropriate stages of the procedure
6. gain venous access using the selected **blood collection system,** in a manner which will cause minimum discomfort to the individual
7. obtain the blood from the selected site:
    a) in the correct container according to investigation required
    b) in the correct volume
    c) in the correct order when taking multiple samples
8. take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site
9. mix the blood and anti-coagulant thoroughly when anti-coagulated blood is needed
10. promptly identify any indication that the individual may be suffering any **adverse reaction/event** to the procedure and act accordingly
11. remove blood collection **equipment** and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped
12. apply a suitable **dressing** to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site
13. label blood samples clearly, accurately and legibly, using computer prepared labels where appropriate
14. place samples in the appropriate **packaging** and ensure the correct request forms are attached
15. place samples in the nominated place for collection and transportation, ensuring the blood is kept at the required temperature to maintain its integrity
16. document all relevant information clearly, accurately and correctly in the appropriate records
17. ensure immediate transport of the blood to the relevant department when blood sampling and investigations are urgent

CHS132 Obtain venous blood samples

Knowledge and Understanding

You need to apply:

Legislation, policy and good practice

K1. A factual knowledge of the current European and National legislation, national guidelines, organisational policies and protocols in accordance with **Clinical/Corporate Governance** which affect your work practice in relation to obtaining venous blood samples

K2. A working knowledge of your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance

K3. A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer

K4. A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification

K5. A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence

K6. A working knowledge of the importance of applying standard precautions to obtaining venous blood samples and the potential consequences of poor practice

K7. A working knowledge of how infection is spread and how its spread may be limited - including how to use or apply the particular infection control measures needed when working with blood

Anatomy and physiology

K8. A factual knowledge of the structure of blood vessels

K9. A factual knowledge of the position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures

K10. A factual knowledge of blood clotting processes and factors influencing blood clotting

Care and support

K11. A working knowledge of the contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought

K12. A working knowledge of the concerns which individuals may have in relation to you obtaining venous blood

K13. A working knowledge of how to prepare individuals for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation

K14. A working knowledge of what is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised

K15. A working knowledge of common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur

Materials and equipment

K16. A working knowledge of the type and function of different blood collection systems

K17. A working knowledge of what dressings are needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site

Procedures and techniques

K18. A working knowledge of the factors to consider in selecting the best site to use for venous access

K19. A working knowledge of the equipment and materials needed for venepuncture/phlebotomy and how to check and prepare blood collection systems

K20. A working knowledge of the importance of ensuring venous access sites are cleaned effectively, and how and when this should be done

K21. A working knowledge of the correct use of tourniquets

K22. A working knowledge of the importance of correctly and safely inserting and removing needles

K23. A working knowledge of how to recognise an arterial puncture, and the action to take if this occurs

K24. A working knowledge of the factors involved in the procedure which could affect the quality of the blood

K25. A working knowledge of the remedial action you can take if there are problems in obtaining blood

K26. A working knowledge of the complications and problems may occur during venepuncture, how to recognise them and what action(s) to take

K27. A working knowledge of when and how to dress venous puncture sites

Reporting, recording and documentation

K28. A working knowledge of the information that needs to be recorded on labels and other documentation

K29. A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately

K30. A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff

CHS19 Undertake physiological measurements

About this workforce competence

This workforce competence covers taking and recording physiological measurements as part of the individuals care plan.

Measurements include: blood pressure – both by manual and electronic; pulse rates and confirming pulses at a variety of sites e.g. pedal pulses; pulse oximetry; temperature, respiratory rates, peak flow rates; height; weight; body mass index (BMI); girth.

These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home, GP surgeries etc.

The recording of such measurements must take into account the individuals overall condition, and the delegation of these measurements to you may change as the individual's condition changes, and sometimes this skill will fall outside of your role and responsibility. Any adverse conditions may result in other members of the care team undertaking these measurements.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Links

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB6 Assessment and treatment planning

Level: 1

Origin

This workforce competence has been developed for Clinical Healthcare Support by Skills for Health.

Key words and concepts

Additional protective equipment	includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment
Contaminated	includes: items ‘contaminated‘ with body fluids, chemicals or radionuclides. Any pack/item opened and not used should be treated as contaminated
Individual	an individual is the person on whom the physiological measurement is being taken and could be an adult or a child
Personal protective clothing	includes items such as plastic aprons, gloves - both clean and sterile, footwear, dresses, trousers and shirts and all-in-one trouser suits. These may be single use disposable clothing or reusable clothing

Scope

Appropriate documentation	includes individual’s: a) notes b) charts
Appropriately prepared	includes: a) fully charged if electrical, b) with batteries, c) clean ear pieces on stethoscopes

Equipment includes:

a) sphygmomanometers of electronic blood pressure

b) recording devices

c) stethoscope

d) thermometers including tympanic membrane sensors

e) a watch with second hand

f) pulse oximeter

g) documentation

h) charts

Prescribed sequence includes:

a) lying and standing blood pressure

b) respiratory rate before and after medication such as broncho-dilators

c) temperature after procedures put in place to reduce raised temperature such as fan therapy, removing clothing/bed clothing

Prescribed time includes:

a) hourly

b) four hourly

c) twice daily

d) daily

e) weekly

f) before food

g) before hot/cold drinks

h) on return from operating theatre or other treatment/investigation

Significant changes include:

a) collapse

b) cardiac arrest

c) bleeding

d) postural

e) hypotension

Standard precautions and health and safety measures a series of interventions which will minimise or prevent infection and cross infection, including:

a) hand washing/cleansing before during and after the activity

b) the use of personal protective clothing and additional protective equipment when appropriate.

it also includes:

a) handling contaminated items

b) disposing of waste

c) safe moving and handling techniques

d) untoward incident procedures

Performance criteria

You need to:

1. apply **standard precautions** for infection control and apply other **necessary health and safety measures**
2. take the measurement at the **prescribed time** and in the **prescribed sequence**
3. use the appropriate **equipment** in such a way as to obtain an accurate measurement
4. reassure the individual throughout the measurement and answer questions and concerns from the patient clearly, accurately and concisely within own sphere of competence and responsibility
5. refer any questions and concerns from or about the patient relating to issues outside your responsibility to the appropriate member of the care team
6. seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading.
7. observe the condition of the individual throughout the measurement
8. identify and respond immediately in the case of any **significant changes** in the individuals condition or any possible risks
9. recognise and report without delay any measurement which falls outside of normal levels
10. record your findings accurately and legibly in the **appropriate documentation**

Knowledge and understanding

You need to apply:

Legislation, policy and good practice

K1 A factual awareness of the current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to undertaking physiological measurements

K2 A working understanding of your responsibilities and accountability in relation to the current European and national legislation and local policies and protocols

K3 A factual awareness of the importance of working within your own sphere of competence when and seeking clinical advice when faced with situations outside your sphere of competence

K4 A working understanding of the importance of applying standard precautions and the potential consequences of poor practice

K5 A working understanding of why individuals need to be informed about what is happening

K6 A working understanding of what is meant by “consent”.

K7 An in-depth understanding of why the recordings are necessary and the importance of undertaking measurements as directed

Care and support of the individual

K8 An in-depth understanding of the help individuals may need before you can undertake the measurement

K9 An in-depth understanding of why it is necessary to adjust clothing for some physiological measurements

Materials and equipment

K10 A working understanding of:

a) the equipment used for different measurements

b) any alternative equipment available

c) the importance of ensuring it is **appropriately prepared.**

Procedures and techniques

K11 A working understanding of common conditions which necessitate the recording of physiological measurements within your work environment.

K12 A working understanding of how blood pressure is maintained

K13 A working understanding of the differentiation between systolic and diastolic blood pressure and what is happening to the heart in each reading

K14 A working understanding of the normal limits of blood pressure

K15 A working understanding of conditions where blood pressure may be high or low

K16 A working understanding of how body temperature is maintained

K17 A working understanding of what normal body temperature is

K18 A working understanding of what is meant by pyrexia, hyper-pyrexia and hypothermia

K19 A working understanding of what is normal respiratory rate

K20 A working understanding of what affects respiratory rates in individuals, ill and well

K21 A working understanding of the normal limits of pulse rates

K22 A working understanding of what affects pulse rates – raising it and lowering it

K23 A working understanding of the sites in the body where pulse points can be found

K24 A working understanding of why an individuals pulse oximetry needs to be measured

K25 A working understanding of the findings when obtaining pulse oximetry, and the implications of these findings

K26 A working understanding of what BMI is and how it is used in weight/dietary control

K27 A working understanding of the factors that influence changes in physiological measurements

Records and documentation

K28 A working understanding of the importance of recording all information clearly and precisely in the relevant documentation

K29 A working understanding of the importance of reporting all information to the registered practitioner

K30 A working understanding of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff

CM.A7 Prescribe medication for individuals with a long term condition

About this workforce competence

This competence is about prescribing medication to reduce the impact of a long term condition on individuals' health and wellbeing. It covers relating the prescription to the individual's condition and treatment plan and, where appropriate, making arrangements for repeat prescriptions.

This competence is relevant to those who may be responsible for prescribing medication. In order to prescribe, you are legally bound to have successfully completed the Extended Formulary/Supplementary Prescribing course.
This competence is relevant to those who provide proactive and co-ordinated Case Management. Here, Case Management means identifying and risk stratifying vulnerable, high-risk people with complex multiple long term conditions. Case Management should take place within the philosophy of enabling and promoting self care, self management and independence.

Links

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB7 Interventions and Treatments

Level: 4

Origins of this workforce competence

This competence originates from the Coronary Heart Disease Competence Framework (Phase 1) where it appears as ID2. It also appears as HK1 in the Coronary Heart Disease Competence Framework Phase 2. It has been tailored for use within the Long Term Conditions Case Management Framework.

Keywords, concepts and scope

Scope

Prescription of medication	might include: a) prescribing medicines and oxygen and would include: a) taking account of the individual's diagnosis, b) co-morbidity c) use of other medication.

Performance criteria

You need to:

1. relate the prescription (eg medicines, oxygen) to the individual's treatment plan and condition (eg long term conditions diagnosis, co-morbidity, other medication taken by the individual)
2. balance potential side effects and benefits to the individual
3. specify the required quantity and/or titration
4. state the dose and frequency of administration
5. indicate the route for administration when the administration route is other than oral
6. define the end point of the prescription
7. ensure, as far as practicable, that the prescription is cost-effective
8. record the prescription clearly and accurately on appropriate documentation
9. review your prescribing practice in view of new guidelines and/or evidence.
10. keep a written record of requests from individuals or their carers for a repeat prescription
11. agree the period for which repeat prescriptions will be issued
12. remind the individual or their carer of the need for a new prescription at the time of final repeat prescription
13. ensure that unnecessary supplies are not made
14. record details of the repeat prescription clearly and accurately on appropriate documentation
15. confirm consent for repeat prescriptions with dispensing pharmacists when required.

Knowledge and understanding

You need to apply:

Generic healthcare knowledge

Drugs and medication

K1. An in-depth knowledge of national legislation and local protocols for the prescription of drugs
K2. An in-depth knowledge of types, properties, function, effect and contra-indications of drug groups
K3. An in-depth knowledge of methods of drug administration
K4. An in-depth knowledge of how to relate the prescription to the individual's condition and treatment plan
K5. An in-depth knowledge of how to balance potential side effects and benefits to the individual
K6. An in-depth knowledge of causes and manifestations of individuals' adverse reactions and appropriate responses
K7. An in-depth knowledge of how to ensure that, as far as practicable, the prescription is cost-effective
K8. An in-depth knowledge of how to record prescriptions clearly and accurately on appropriate documentation
K9. An in-depth knowledge of how to review your prescribing practice in view of new guidelines and/or evidence
K10. An in-depth knowledge of why you must remind the individual or their carer of the need for a new prescription after the final repeat prescription
K11. An in-depth knowledge of how to ensure that unnecessary supplies are not made
K12. An in-depth knowledge of why you must confirm consent for repeat prescriptions with dispensing pharmacists when requested.

Specialist healthcare knowledge

Drugs and medication for long term conditions

K13. An in-depth knowledge of drugs commonly used in the treatment of long term conditions and their potential side effects

K14. An in-depth knowledge of research evidence, national and local guidelines and policies for prescribing drugs for individuals at significant risk of long term conditions

K15. An in-depth knowledge of the effects of long term condition medications on other health conditions

K16. An in-depth knowledge of the range of medications and their effects and side effects

K17. An in-depth knowledge of criteria for prescribing suitable medications (eg NICE guidelines).

Skills for Health is the sector skills council for the health sector. Their role is to help the whole UK health sector develop a skilled, flexible and productive workforce to improve the quality of health and healthcare.

www.skillsforhealth.org.uk

Lifestyle services

Below is a list of lifestyle services that Bridgewater NHS Trust offers for someone who is aged between 40 and 74 who has completed an NHS Health Checks Assessment in the Halton area.

Lifestyle Area	Service	Age group	Description	Contact details
Weight Management	Fresh Start	18 +	10 Weight management programme that provides dietary education, exercise, cooking and tasting sessions.	**Barbara Ralph:** Tel: 01514955450 Email: barbara.ralph@bridgewater.nhs.uk
Weight Management	Next Steps	18 +	14 week follow on programme that supports people after completion of Fresh Start.	**Barbara Ralph:** Tel: 01514955450 Email: barbara.ralph@bridgewater.nhs.uk
Weight Management	Lifestyle Referral – Recipe for Health	18 +	6 month one to one programme providing personalised advice on healthy lifestyle and individual exercise programmes.	**Barbara Ralph:** Tel: 01514955450 Email: barbara.ralph@bridgewater.nhs.uk
Weight Management	Family Cook and Taste	Families & 5-19 yrs	This programme provides advice on healthy meals, cookery classes and exercise sessions for families.	**Barbara Ralph:** Tel: 01514955450 Email: barbara.ralph@bridgewater.nhs.uk
Stop Smoking	SUPPORT Stop Smoking Service	12 +	Advice on stopping smoking, one-to-one support, and access to nicotine replacement.	**Smoking Team** Team leader: **Tisha Baynton** Tel: 01928593043 Email: smoking.support@bridgewater.nhs.uk
Healthy aging, falls prevention	APEX	50+	15 week programme to improve strength, co-ordination and confidence. Includes physical activity, healthy eating advice, complementary therapy and activities in the arts.	**Jane Fradley** Tel: 01514955450 Email: jane.fradley@hsthpct.nhs.uk
Healthy aging, falls prevention	APEX Follow on	50 +	48 week follow on programme to APEX.	**Jane Fradley** Tel: 01514955450 Email: jane.fradley@hsthpct.nhs.uk
Cancer Checks	Be Clear on Cancer Get Checked Volunteers	18 +	Group of volunteers who advice and educate people on early detection of breast, lung and bowel cancer.	**Kerry Grimes** Tel: 01514955450 Email: kerry.grimes@bridgewater.nhs.uk
Mental Health	Live Life Well	All	Website for clinicians and the public that lists local services, provides self-help guides and advice regarding mental health. Provides referral forms for services.	www.live-life-well.net **Jen Brown** Tel: 01744 621835 Email: jen.brown@bridgewater.nhs.uk
Mental Health	Mental Health Directory	All	Website that provides list of mental health services locally, regionally and nationally.	www.mhdirectory.net **Jen Brown** Tel: 01744 621835 Email: jen.brown@bridgewater.nhs.uk
Mental Health	Advice on prescription	18 +	Referral can be made to the citizens advice bureau who provide information on debt, money, family problems, benefits, employment and housing.	**Runcorn / Widnes CAB** Tel: 01512572449 Email: advice@haltoncab.org.uk
Mental Health	Books on prescription	18 +	GP can provide patient with a prescription for recommended self-help books, which are available from local libraries.	**Jen Brown** Tel: 01744 621835 Email: jen.brown@bridgewater.nhs.uk
Mental Health	Open Minds	16 +	Service that triages patients to provide advice, self-help, or referral for further services.	**Open minds** GP referral number: 01515115688 Email: openmind@hsthpct.nhs.uk
Alcohol	Alcohol team	18 +	Alcohol team can give advice and signpost to further services.	**Jane Fradley** Tel: 01514955450 Email: jane.fradley@hsthpct.nhs.uk
Alcohol	Ashley House	18 +	Provides direct one to one support, advice and information for people living with drug and alcohol addiction.	**Halton Ashley House** Tel: 08456011500

Halton Borough Council

Joint Agreement with General Practice

Joint Agreement with General Practice
NHS Health Checks Risk Assessment and Data Transfer System

Document Control

Author	Jo Sutton
Date	1 October 2013
Date for Review	31 March 2016
Version	1

Halton Borough Council

Joint Agreement with General Practice
NHS Health Checks Risk Analysis and Data Transfer System

This agreement is required to enable risk analysis and data transfer to support the delivery of NHS Health Checks (HC) for the population of Halton using Graphnet extract software and Docman / Intellisense input.

This agreement will be for the duration of the NHS HC SLA of which it is an integral part.

Summary.

This agreement is necessary to enable safe secure sharing of information across organisational boundaries. This sharing is necessary to:

- Enable the identification of those most at risk of developing one of the long term conditions that the HC screens on behalf of the GP Practice.
- To Provide the GP Practice with a list of those patients who would most benefit from an early assessment.
- Enable reporting against national data sets and local measures.

The participating organisations are :-

- St Helens & Knowsley Health Informatics Service (HIS)
- General Practice as named in the agreement. (Provider)
- Halton Borough Council (Commissioner)
- Halton Health and Well Being Service (aka Bridgewater Health Improvement Team) (Provider)

1.0 **General Principles**

1.1 The key legislation and guidance affecting the sharing and disclosure of information is set out in Appendix A.

1.2 All participating organisations should be registered as a Data Controller within the terms of the Data Protection Act 1998

1.3 Service users who may be affected by the defined information sharing will be effectively informed.

1.4 Service users will be informed of the information sharing. In the event of an objection this will be recorded and respected.

2.0 The **PARTIES** agree to the following:-

2.1 The **Provider** agrees to

2.1.1 Allow data extraction using Graphnet Extract or equivalent approved data extraction software for the purpose of sharing G.P practice data for this Practice by Halton Borough Council on behalf of the patient.

2.1.2 Allow the installation of Graphnet Extract or equivalent data extraction software and to facilitate any technical requirement by the HIS to enable this process on behalf of the PCT.

2.1.3 Allow install of Download Software to enable the Review and Download of read-code level data from HC into Client Clinical Systems as available, required and appropriate

2.1.4 Protect and maintain in the strictest confidence all information and materials to which the client is granted access via the Community of Interest Network

2.1.5 Use any confidential information obtained only for the purpose of supporting and facilitating NHS Health Checks, in accordance with relevant legislation (see Appendix A)

2.1.6 Notify the Council or HIS immediately upon learning of any improper disclosure or misuse of any confidential information, login or password and take whatever steps are reasonable to halt and remedy, if possible, any such breach of security to prevent further disclosure or misuse.

2.1.7 The Provider will ensure that they have a current Data Protection notification with an annual review date, and that their staff are aware of their responsibilities as defined in the Caldicott guidelines on confidentiality.

2.1.8 The Provider will identify those employees who will need access to the NHS Health Checks information and ensure appropriate system access documentation is completed and appropriate training is requested, given, and recorded. The Provider will also adhere to the system administration process to ensure that the Council or HIS are notified of any staff changes affecting access rights.

2.1.9 The Provider must report any issues or problems arising from the delivery of NHS Health Checks through their support and governance structures.

2.2 The **Commissioner** agrees to:

2.2.1 Protect and maintain all data in the strictest confidence.

2.2.2 Notify the provider immediately on learning of any improper disclosure or use of any data and take whatever steps are reasonable to halt or otherwise remedy, if possible, any such breach of security, and to take all appropriate steps to regain the data and prevent further misuse or disclosure.

2.2.3 Ensure that staff using the systems are made aware of the responsibilities in relation to relevant policies and procedures regarding security and confidentiality of patient information.

2.2.4 Ensure that a robust and continuous programme of data quality is in place to ensure validity of patient records and uniformity of clinical data. This programme will be delivered by the HIS Data Quality team.

Signatures

Provider

I/ we agree to abide by the conditions stated in this agreement

Address

Senior/Lead Partner (Print Name)

Signature

Date

Commissioner

Halton Borough Council agree to abide by the conditions stated in this agreement

Name ……..

Title…….

Address :

Signature

Date

APPENDIX A: Key Legislation and Standards

The Data Protection Act 1998
Criminal Justice and Immigration Act 2009
Human Rights Act 2000
Freedom of Information Act 2000
Computer Misuse Act 1990
Copyright Designs & Patents Act 1988 (amended by Copyright (Computer Programs) Regulations 1992)
The Common Law duty of Confidentiality
Electronic Communications Act 2000
ISO 2007:2005

Practice name
Practice address line 1
Practice address line 2
Practice address line 3
Practice postcode
Practice code

NHS Number:

Dear Patient Name

Don’t miss out on your free NHS Health Check

You are entitled to receive a free NHS Health Check which is designed to pick up early signs and symptoms of illness which you may not be aware of.

NHS Health Checks are being offered to people aged between 40 and 74 once every five years.

The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. By taking early action to address any warning signs, you can improve your health and prevent the onset of these conditions. There is good evidence for this. We can provide you with the support you need.

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

Following the check, you will receive free personalised advice about what you can do to stay healthy.

Take a look at the enclosed leaflet for more information about the NHS Health Check and how it could benefit you.

To claim your free Health Check please contact **your GP practice on Tel: xxxxxxxxx** to arrange a mutually convenient appointment.

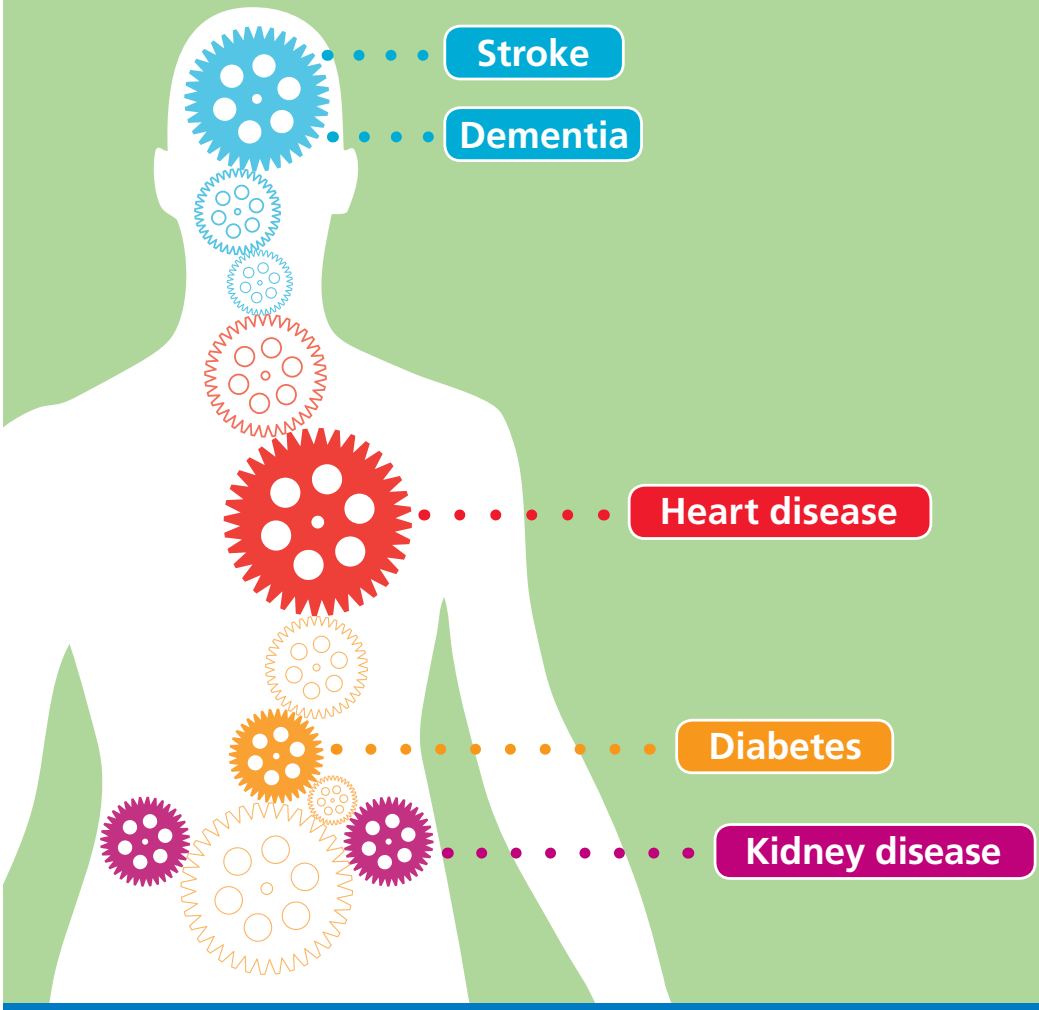
Yours sincerely

xxxxxxxxxxxxxxxx

(Name of health care professional to go here)

Public Health England

NHS



Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes, kidney disease, and dementia.

Working together to improve your health

Everyone is at risk of developing heart disease, stroke, diabetes, kidney disease, and some forms of dementia. The good news is that these conditions can often be prevented – even if you have a history of them in your family. Have your free NHS Health Check and you will be better prepared for the future and be able to take steps to maintain or improve your health.

Why do I need an NHS Health Check?

We know that your risk of developing heart disease, stroke, type 2 diabetes, kidney disease, and dementia increases with age. There are also certain things that will put you at even greater risk.

These are:

- being overweight
- being physically inactive
- not eating healthily
- smoking
- drinking too much alcohol
- high blood pressure
- high cholesterol.

Both men and women can develop these conditions, and having one could increase your risk of developing another in the future.

- In the brain a blocked artery or a bleed can cause a stroke.
- In the heart a blocked artery can cause a heart attack or angina.
- The kidneys can be damaged by high blood pressure or diabetes, causing chronic kidney disease and increasing your risk of having a heart attack.
- Being overweight and physically inactive can lead to type 2 diabetes.
- If unrecognised or unmanaged, type 2 diabetes could increase your risk of further health problems, including heart disease, kidney disease and stroke.

Even if you're feeling well, it's worth having your NHS Health Check now. We can then work with you to lower your chances of developing these health problems in the future.

What happens at the check?

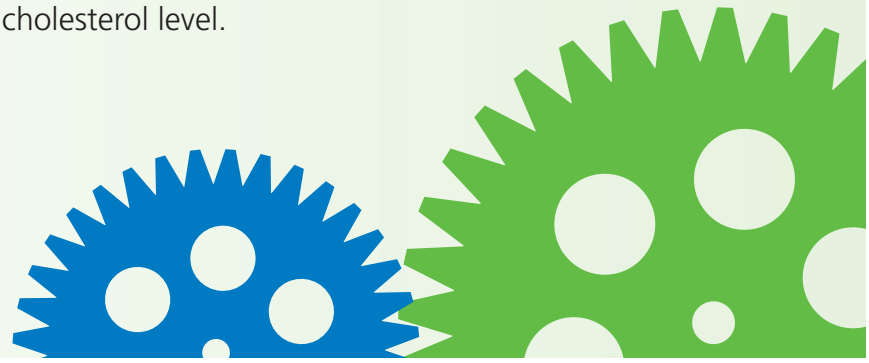
This check is to assess your risk of developing heart disease, type 2 diabetes, kidney disease, and stroke.

- The check will take about 20–30 minutes.
- You'll be asked some simple questions. For example, about your family history and choices which may put your health at risk
- We'll record your height, weight, age, sex, and ethnicity.
- We'll take your blood pressure.
- We'll do a simple blood test to check your cholesterol level.

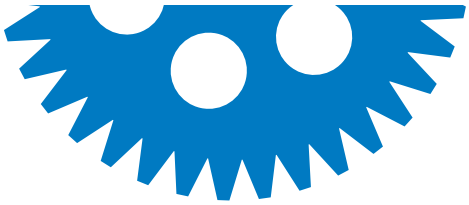
What happens after the check?

We will discuss how you can reduce your risk and stay healthy.

- You'll be taken through your results and told what they mean. Some people may be asked to return at a later date for their results.
- You'll be given personalised advice on how to lower your risk and maintain a healthy lifestyle.
- Some people with raised blood pressure will have their kidneys checked through a blood test.
- Some people may need to have another blood test to check for type 2 diabetes. Your health professional will be able to tell you more.
- Treatment or medication may be prescribed to help you maintain your health.



Questions you may have



Why do I need this check? I feel fine!

The NHS Health Check helps to identify potential risks early. By having this check and following the advice of your health professional, you improve your chances of living a healthier life.

But don't these conditions run in the family?

If you have a history of heart disease, stroke, type 2 diabetes, or kidney disease in your family then you may be more at risk. Taking action now can help you to prevent the onset of these conditions.

I know what I'm doing wrong. How can the doctor help me?

If you would like help, we will work with you to find ways to eat healthily, reach your healthy weight, be more active, cut down your drinking, or stop smoking.

If I am assessed as being at 'low risk', does this mean I won't develop these conditions?

It is impossible to say that someone will or won't go on to develop one of these conditions. But taking action now can help you lower your potential risk.

Will everyone have this check?

This check is part of a national scheme to help prevent the onset of these health problems. Everyone between the ages of 40 and 74 who has not been diagnosed with the conditions mentioned will be invited for a check once every five years. If you are outside the age range and concerned about your health, you should contact your GP.

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Produced by Williams Lea for the Department of Health

If you require further copies of this title visit
www.orderline.dh.gov.uk and quote
2900902/Free NHS Health Check

Tel: 0300 123 1002
Minicom: 0300 123 1003
(8am to 6pm, Monday to Friday)

www.dh.gov.uk/publications

Local NHS Health Check provider stamp here:

NHS Healthchecks in Halton

Patient Experience Survey

To be completed by the Health Care Professional carrying out the health check.

Health check venue:

Practice code or AWP code

Date of health check

CVD risk:

- ☐ 0 - 5%
- ☐ 5.1% - 10%
- ☐ 10.1% - 15%
- ☐ 15.1% - 20%
- ☐ >20%

We hope you were satisfied with your health check today. So that we can make improvements we would like to ask you a few questions about the health check. It will take less than 5 minutes. You do not have to give your name and your answers will be treated in the strictest confidence.

The first three questions are personal to you. You do not have to answer them but if you do so it will help us to understand the findings of this survey and ensure that the service is being targeted effectively. The details will not be used for any other purpose.

1. Are you:

- ☐ Male
- ☐ Female

2. What age group are you in?

- ☐ 39 and under
- ☐ 40 – 49
- ☐ 50 -65
- ☐ 66 – 74
- ☐ 75+

3. So that we can check whether we have health checks in the right place, please enter your postcode.

4. **How did you find out about NHS health checks?** *Please tick all that apply*

- ☐ Letter from my GP practice
- ☐ Told by a relative, friend or colleague
- ☐ Told by my doctor
- ☐ Information from work
- ☐ Leaflet
- ☐ Halton's Health and Well Being Service
- ☐ Poster or advertisement on:
- ☐ Other, please state:

5. **What made you decide to have a health check?** *Tick all that apply*

- ☐ I was worried about my health
- ☐ I was encouraged by a family member or friend
- ☐ The staff told me about it when I came in
- ☐ I take care of my health and this was an opportunity to have it checked out
- ☐ Other, please state:

6. **How satisfied were you with today's health check?** *Please tick one only*

- ☐ Very satisfied
- ☐ Quite satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Quite dissatisfied
- ☐ Very dissatisfied

If you answered quite or very dissatisfied, please indicate why in the box below.

7. **How likely are you to recommend health checks to other people?** *Please tick one only*

Very likely	Quite likely	Not sure	Not very likely	Not at all likely

8. **How likely are you to make changes to your lifestyle (e.g. diet, exercise, alcohol or tobacco intake) as a result of today's health check?** *Please tick one only*

Very likely	Quite likely	Not sure	Not very likely	Not at all likely

References

Theme	Reference	Link
Equality	*Public sector: quick start guide to the public sector Equality Duty*	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85041/equality-duty.pdf
Cholesterol test	Lipid modification. Cardiovasular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease. NICE clinical guideline 67. May 2008 (reissued May 2010).	http://www.nice.org.uk/cg67
	Statins for the prevention of cardiovascular events. NICE Technology Appraisal 94. January 2006.	http://www.nice.org.uk/nicemedia/pdf/TA094guidance.pdf
Hypertension	*Hypertension: clinical management of primary hypertension in adults.* NICE clinical guideline 127. August 2011.	http://www.nice.org.uk/nicemedia/live/13561/56008/56008.pdf
	Quick reference guide. Hypertension: clinical management of primary hypertension in adults. NICE. August 2011	http://www.nice.org.uk/nicemedia/live/13561/56015/56015.pdf
	Hypertension: management of hypertension in adults in primary care. NICE clinical guideline CG34: quick reference guide. June 2006.	http://www.nice.org.uk/nicemedia/pdf/cg034quickrefguide.pdf
	Hypertension: management of hypertension in adults in primary care. NICE clinical guideline CG34. June 2006	http://www.nice.org.uk/cg034
Diabetes	*The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management.* A report prepared for the UK National Screening Committee. University of Leicester. March 2008. Pages 120-122. (Provides additional advice on how to measure blood pressure using a standard sphygmomanometer, or a semi-automated device and electronic device.	www.screening.nhs.uk/vascular/VascularRiskAssessment.pdf
	Use of Glycated Haemoglobin (HbA1c) in the Diagnosis of Diabetes Mellitus. World Health Organisation. 2011. Abbreviated Report of a WHO Consultation. WHO/NMH/CHP/CPM/11.1.	http://www.who.int/diabetes/publications/report-hba1c_2011.pdf
	Consensus statement: Use of haemoglobin A1c (HbA1c) in the diagnosis of diabetes mellitus. The implementation of World Health Organisation (WHO) guidance 2011, Practical Diabetes, 2011, 1, 12a	
	Preventing type 2 diabetes: risk identification and interventions for	http://publications.nice.org.uk/preventing-type-2-diabetes-

	individuals at high risk. NICE public health guidance 38. July 2012	risk-identification-and-interventions-for-individuals-at-high-risk-ph38
	Type 2 diabetes: The management of type 2 diabetes. NICE clinical guideline 66. December 2008.	http://www.nice.org.uk/nicemedia/pdf/cg66niceguideline.pdf
	NICE QS6 Diabetes in adults quality standard	http://publications.nice.org.uk/diabetes-in-adults-quality-standard-qs6
Alcohol	*Alcohol-use disorders: preventing harmful drinking.* NICE public health guidance 24. June 2010	http://www.nice.org.uk/ph24
	Alcohol Identification and Brief Advice e-Learning course	http://www.alcohollearningcentre.org.uk/eLearning
	Primary Care Service Framework: Alcohol Services in Parimary Care. NHS. May 2009	http://www.pcc.nhs.uk/alcohol
Near patient testing and quality control	*Management and Use of IVD Point of Care Test Devices.* Device Bulletin 2002(03). Medical Devices Agency. March 2002. The bulletin provides extensive guidance, including advice on clinical governance issues relating to the setting up and management of POCT, pathology and laboratoryinvolvement, staff training, health and safety, standard operating procedures and quality issues.	http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON071082
	Buyers' guide: Blood glucose systems. Purchasing and Supply Agency, centre for Evidence-based Purchasing. May 2008.	
Smoking	*Brief interventions and referral for smoking cessation in primary care and other settings.* NICE Public Health Intervention Guidance no. 1. March 2006.	www.nice.org.uk/PHI001
	Local Stop Smoking services and monitoring guidance – 2012/13. September 2012. DH. Gateway reference: 17904.	https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance-update-published
Physical Activity	*Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community based exercise programmes for walking and cycling.* NICE Public Intervention Guidance 2. March 2006	http://guidance.nice.org.uk/PH2/Guidance
	Start Active, Stay Active. A report on physical activity from the four home countries' Chief Medical Officers. Department of Health. July	https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-

	2011	home-countries-chief-medical-officers
	Let's Get Moving: Commissioning Guidance – A physical activity care pathway. Department of Health. March 2012	https://www.gov.uk/government/publications/let-s-get-moving-revised-commissioning-guidance
Weight management	*Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.* NICE guideline CG43. December 2006	http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf
	Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Quick reference guide 2 for the NHS. NICE guideline CG43. December 2006	http://www.nice.org.uk/nicemedia/pdf/CG43quickrefguide2.pdf
	Healthy Weight, Healthy Lives: A toolkit for developing local strategies. National Heart Forum et al. October 2008. This toolkit was produced to help PCTs and local authorities plan, coordinate and implement comprehensive strategies to prevent and manage overweight and obesity.	http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_088967.pdf
Chronic Kidney Disease	*Chronic kidney disease: National clinical guideline for early identification and management in adults in primary and secondary care.* NICE clinical guideline 73. 24 September 2008.	http://www.nice.org.uk/nicemedia/pdf/CG073NICEGuideline.pdf