

Public Health Agreement
for the
Health Checks Programme in Pharmacy

For adults aged 40-74 years

1ST April 2015 to 31ST March 2016

BETWEEN Surrey County Council **AND** The Pharmacy

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1.0 Introduction

- 1.1 This specification outlines the more specialised care being offered above that normally provided through essential and additional services that pharmacies are contracted to provide. No part of this specification by commission, omission or implication defines or redefines essential or additional services.
- 1.4 The Health Checks programme is included in the Public Health Outcomes Framework and is mandatory for local authorities.
- 1.5 The services will be reviewed on an annual basis.
- 1.6 In the delivery of any services commissioned on behalf of the Council, Providers must demonstrate awareness and be responsive to the accessibility and needs of underserved groups in attempting to access services.

2.0 Background and Summary of Local Needs

- 2.1 It is well known that people living in deprived circumstances have poorer health than the rest of the population. This is strongly reflected in vascular diseases where people in lower socioeconomic groups tend to suffer earlier and more severe disease. What is perhaps less well known or understood is that vascular disease in some ethnic groups makes a significant contribution to premature death. For example, in the UK, mortality from coronary heart disease is currently 46% higher for men and 51% higher for women of South Asian origin than in the non-Asian population. The occurrence of diabetes in individuals of South Asian origin is twice that of the general population and the occurrence of chronic kidney disease is six times the rest of the population, which in turn also increases their risk of coronary heart disease.
- 2.2 Surrey is an affluent county but does have geographical pockets of deprivation as well as population groups that experience health inequalities. The programme also provides an opportunity to promote 'proportionate universalism' which is to be done by providing services for all as well as targeting at risk populations. The health checks programme will be rolled out Surrey wide.

3.0 Aims

- 3.1 The purpose of the vascular check is to identify an individual's CVD risk, for this risk to be communicated in a way that the individual understands, and for that risk to be managed by appropriate follow-up, including being recalled every five years for assessment. The Health Checks programme facilitates behaviour change around modifiable lifestyle factors.

- 3.2 To reduce the burden of cardiovascular disease in the community by enabling more people to have their CVD risk identified and managed at an early stage of vascular change. This national service is open to everyone aged between 40 and 74
- 3.3 Offer the opportunity to make significant inroads into health inequalities, including socio-economic, ethnic and gender inequalities.
- 3.4 To sustain the continuing increase in life expectancy and reduction of premature mortality that is under threat from the rise in obesity and sedentary living.
Patient groups excluded from the programme
- CHD
 - Stroke
 - CKD stages 3-5
 - Diabetes
 - Atrial fibrillation
 - Hypertension
 - Familial hypercholesterolaemia
 - Transient Ischaemic attack (TIA)
 - Heart failure
 - Peripheral Arterial Disease (PAD)
 - Hypercholesterolaemia treated with statins
- 3.5 To increase population awareness of dementia specifically among 65 to 74 year olds
- 3.6 To identify level of potentially harmful drinking
- 3.7 Risk Assessment**
- 3.7.1 To offer adults access to an individual risk assessment through a number of different validated strategies
- 3.7.2 To promote healthy lifestyle advice focusing on potential benefits of reducing vascular disease risk
- 3.7.3 To detect undiagnosed T2DM facilitating early implementation of prevention strategies and vascular disease intervention

3.8 Risk Communication

- 3.8.1 Offer all adults undergoing a risk assessment, appropriate feedback of the results with subsequent care planning (i.e. to simply and effectively communicate their current risk of vascular disease)
- 3.8.2 To agree an action plan designed to reduce risk of incident vascular disease

3.9 Risk Management

- 3.9.1 To integrate activities of the programme with primary prevention activities in the general population
- 3.9.2 To ensure those identified as high risk of T2DM are offered appropriate diagnostic testing delivered according to agreed Standard Operating Procedures (SOPs)
- 3.9.3 To ensure the overall programme addresses potential inequalities in healthcare
- 3.9.4 To ensure the optimal integration of these policies with existing systems and initiatives for example Quality and Outcomes Framework (QOF), to avoid duplication and unnecessary testing and/or assessment

4.0 Assessment

All patients attending the pharmacy for a health check will be assessed for their CVD risk. The following information will be collected investigations will be carried out:

- Blood pressure
- Smoking status
- BMI
- Physical activity levels (GPPAQ questionnaire)
- Total cholesterol level
- HDL cholesterol level
- HBA1C (for those at high risk of diabetes)
- Family history of diabetes and premature heart disease
- Ethnicity
- Postcode (to enable deprivation score to be calculated)
- Alcohol (Audit C screen) – see appendices
- Dementia awareness – see appendices

5.0 Scope and Definition of Service

- 5.1 The service is primarily a preventive one; **it is not intended for those people who already have vascular disease, e.g. people with existing diagnosis of diabetes, hypertension, heart disease, stroke, TIA, CKD.** It is assumed that these people will be on the appropriate disease registers and receiving treatment as necessary. Anyone on high risk register is excluded.
- 5.2 It is expected that the service will be delivered proactively in a structured and systematic way and can include work outside of the pharmacy with workplaces for example. This should be done in liaison with Surrey CC public health team.

- 5.3 The pharmacy will deliver checks opportunistically and will deliver a minimum equal to 5 Health Checks a week.
- 5.4 The pharmacy will identify and risk score patients with high CVD risk.

6.0 Service Outline

The Pharmacy will:

- 6.1 Ensure that only appropriately trained staff provide the service. (See item 7.1)
- 6.2 Ensure that all equipment used is maintained and accurately calibrated in accordance with manufacturers' guidelines and MHRA guidelines; 'Management and use of IVD Point Of Care testing equipment [Guidance Document](#) Blood Pressure management devices [MHRA Blood Pressure Management devices](#)
- 6.3 Use the QRISK2 risk engine in line with NICE guidance (NICE Clinical Guideline 67 Lipid modification: <http://www.nice.org.uk/nicemedia/pdf/CG67>)
- 6.4 Be able to identify eligible clients based confirming age of client, ie aged 40 – 74 years who are not currently having treatment for diseases listed in item 3.4.
- 6.5 Undertake a standard assessment, based on the following questions and measurements: height, gender, ethnicity, weight, hip/waist ratio, current medicines, age, family history, smoking and blood pressure and a blood test for total / HDL cholesterol. Those who have been identified at risk of diabetes or kidney disease may then have further blood and urine tests (see algorithm, Appendix 1)
- 6.6 Communicate the risk (high, moderate, low) to people, with appropriate advice, support and interventions depending on the level of identified risk.
- 6.7 Ensure that all patients receive lifestyle advice on how to maintain/improve their vascular health. Patients identified at high risk will require further investigation and (if applicable) referred to a lifestyle management programme e.g. smoking cessation, weight management, healthy walks.
- 6.8 Involve the patient actively in agreeing what advice and/or interventions are to be pursued.
- 6.9 Make decisions in partnership with the patient and with the patient's informed consent.
- 6.10 Have the flexibility to decide how to implement the vascular risk assessment programme – for example through allocated appointment times or open clinics. It may be that there are times when opportunistic assessment can take place.
- 6.13 Participate in the programme monitoring process by producing quarterly data as requested.

7.0 Training and Governance

- 7.1 The county council will provide training and support for all staff delivering the Health Checks Programme. Pharmacy teams must have a planned, regular programme of education, training and support for their staff. It is also expected that the level of training required for all staff providing this service specification is identified and provided by SCC.
- 7.2 Healthcare staff delivering the service will be required to demonstrate their professional eligibility, competence and continuing professional development in order to remain up-to-date and deliver an effective service which is culturally appropriate.
- 7.3 Practitioners must have the required competencies for the risk assessment process at an appropriate level.
- 7.4 Pharmacy teams should ensure safe staffing capacity at all times.
- 7.5 Staff should be able to demonstrate that they have participated in organisational mandatory and update training, for example infection control, manual handling, risk assessment and risk communication as required.

Workforce competencies: http://www.healthcheck.nhs.uk/national_guidance/

- 7.6 Services will be structured with consideration to clinical governance issues where appropriate including:
- Clear lines of responsibility and accountability.
 - Participation in quality improvement activities where appropriate.
 - Adherence to policies and procedures, and consideration given to risk management.
 - A commitment to further training for staff where necessary and maintenance of skills.
 - Procedures for all professional groups to identify and remedy poor performance.
 - The use of clinical guidelines is considered to be consistent with good practice.
- 7.7 Pharmacies will demonstrate their coordination of and involvement in regular inter-professional and inter-agency meetings and regular clinical audit of the service interventions and outcomes such as drug therapies or well-being and behaviour changes to inform long term planning of the programme.

8.0 Performance Monitoring and payment

- 8.1 Payment will be made quarterly in arrears.
- 8.2 All claims are made via the quarterly claim form provided by the public health team.
- 8.3 Pharmacies must provide the required data monitoring activity to support their claims. Failure to provide this may result in the claim being delayed until the information is provided.
- 8.4 See Appendix 2 for payment structure.

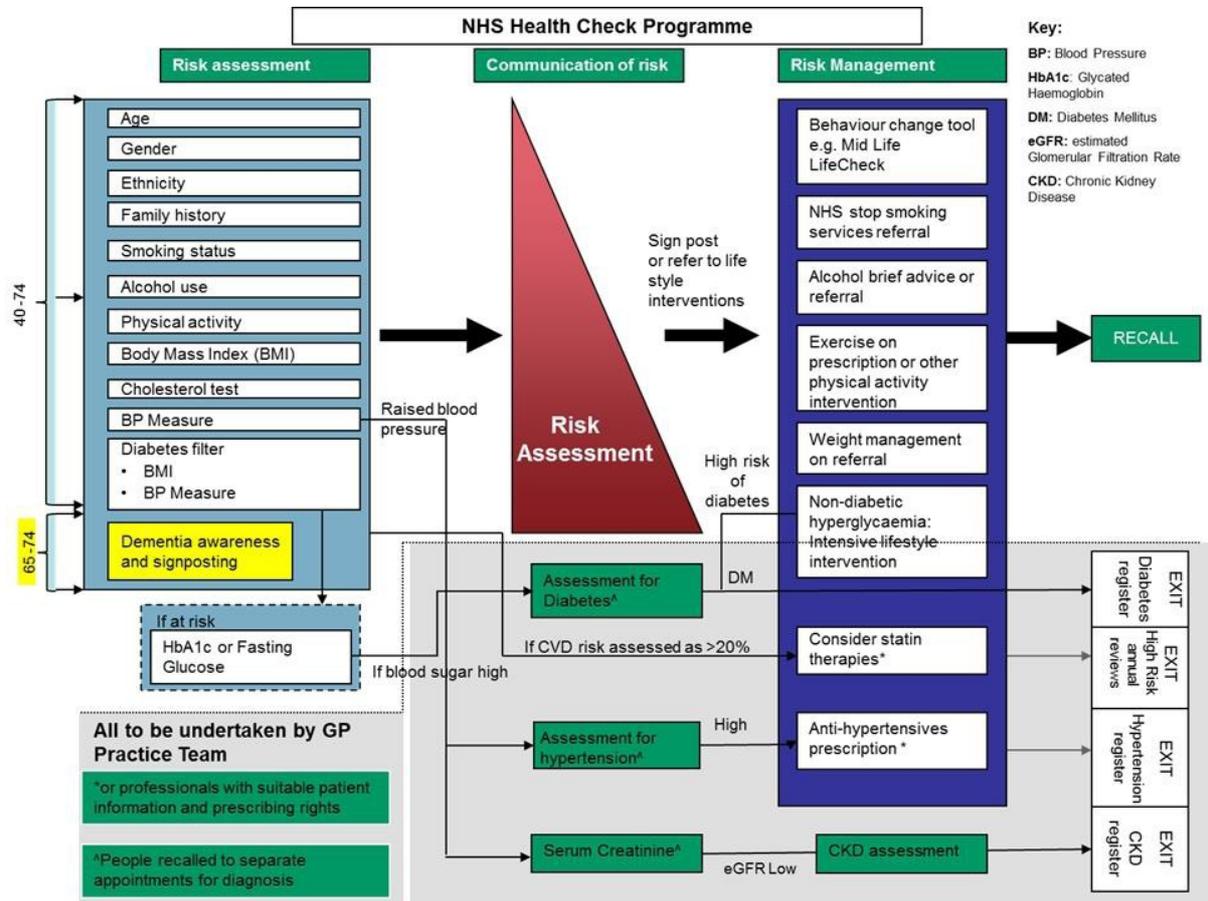
- 8.5 The Council has the right to audit a pharmacy against the claims received. Reasonable notice will be given to the pharmacy prior to the audit

9.0 Point of care testing equipment

- 9.1 Pharmacies will be provided with a budget of up to £2750 to purchase point of care testing equipment and support to carry out Health Checks. This will be a one off payment claimable in the first quarter of service delivery and can be submitted separately to the quarterly claim form for faster payment. This funding is subject to ongoing activity monitoring. The equipment will need to be able to measure cholesterol and HbA1c and be in line with the POCT MHRA Guidance documents in the appendices. The pharmacy will purchase consumables, maintain the equipment in terms of calibration, and external quality assurance. If following ongoing discussion, training and support from the public health team, the pharmacy is not then able to provide health checks to patients and there are no plans for future provision, the situation will be discussed with the pharmacy and arrangements may be made to re-allocate the equipment for use in another location.

APPENDICES

Appendix 1. Health checks algorithm



Best Practice Guidance : [DoH publication NHS Health Checks Best Practice](http://www.healthcheck.nhs.uk/national_guidance/)

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

POC Management and Guidance

<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON071082>

QRisk2

<http://www.qrisk.org/>

GPAQ Questionnaire :

<http://www.gpaq.info/>

Audit C Questionnaire :

<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4898>

Appendix 2. PAYMENT STRUCTURE 2015/16

NHS Health Checks

£28 per NHS Health Check completed. A completed NHS Health Check is defined above and comprises a risk assessment (including risk assessment for diabetes, hypertension & CKD, dementia prompt and Alcohol AUDIT C as required), and the appropriate instigation of risk management as defined by the Best Practice Guidelines. See Appendix 1