

**APPENDIX A**

**NHS HEALTH CHECKS  
PHARMACY SERVICE SPECIFICATION**

Service Specification	NHS Health Checks
Authority Lead	Suffolk County Council; Adam Baker
Provider Lead	Community Pharmacies
Period	1 <sup>st</sup> April 2023 - 31 <sup>st</sup> March 2024

Care type	NHS Health Checks - Prevention Cardiovascular risk reduction programme and education;
Target population	Adult; 40-74 year olds
Service setting	Selected Suffolk pharmacies in areas of higher deprivation
Service sector	Outreach services; Public Health; NHS Health Checks; Pharmacy
Description of requirements	<p><b>1 Introduction &amp; Aims of Service</b></p> <p>1.1 The NHS Health Check programme is part of a series of preventative programmes across the NHS, that aim to improve the health and wellbeing of adults aged 40-74 and reduce the chance of people experiencing a heart attack, stroke or developing some forms of dementia. It does this by promoting awareness about the risk factors associated with premature death, disability and health inequalities in England – which are also associated with adverse outcomes from Covid-19 - and referring people for additional support or pharmacological treatment where appropriate. Up to half of cardiovascular disease (CVD) may be preventable through lifestyle changes, so supporting individuals to adopt positive lifestyle changes is a fundamental part of the NHS Health Check. For a diagrammatic overview of the pathway, see Appendix 1</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Through a face-to-face appointment, assess individuals’ risk of coronary heart disease, stroke, diabetes and kidney disease and communicate this risk in a way that the individual understands.</li> <li>2. During that appointment, to help the individual manage their risk of CVD and related conditions through advice and interventions (e.g. motivational interviewing), referrals and signposting, as needed and appropriate.</li> <li>3. For individuals aged over 65, to provide information and raise awareness of dementia and the availability of memory services.</li> <li>4. To help reduce inequalities in the distribution and burden of behavioural risks, related conditions, and multiple morbidities.</li> </ol> <p>Further details are available at <a href="http://www.healthcheck.nhs.uk">www.healthcheck.nhs.uk</a></p> <p>1.2 In order to increase access to NHS Health Checks for those with highest need and increase the proportion of individuals receiving an NHS Health Check in more deprived parts of Suffolk, Suffolk County Council seeks to extend provision of the programme to up to 10 eligible pharmacies. These will primarily be located in areas of deprivation and higher BAME population, with some spread across the county area.</p>

1.3 The NHS Health Check programme is only cost effective and clinically effective if the programme being delivered is of high quality and every NHS Health Check delivered is complete, with follow-up as required. To ensure that health checks delivered in Suffolk are of a high standard, pharmacies will use PharmOutcomes to provide Public Health Suffolk with data to evaluate the service and its impact.

## 2. Who gets an NHS Health Check

2.1 Pharmacy staff are required to check with each patient booking a check that they are eligible for a free NHS Health Check (see 2.2. below), and complete the relevant fields on PharmOutcomes. Pharmacies will not be paid for health checks for patients recorded as ineligible.

2.2 Eligibility Criteria: patients will be:

5. Aged 40-74
6. Must not have received an NHS Health Check within the previous 5 years
7. Must be registered with a Suffolk GP

2.3 People diagnosed with the following are **excluded** from the programme

8. Coronary heart disease
9. Chronic kidney disease (CKD) (classified as stage 4,5, or 5 within NIC CG182)
10. Diabetes
11. Hypertension
12. Atrial fibrillation
13. Transient ischaemic attack
14. Familial hypercholesterolaemia
15. Heart failure
16. Peripheral arterial disease
17. Stroke

In addition, people offered a check

18. Must not already have been prescribed statins for lowering cholesterol
19. Must not have been assessed (through an NHS Health Check or other NHS check) as having a 20% or higher risk of developing cardiovascular disease over the next 10 years.

2.4 Some patients may request an NHS Health Check having received an invite letter sent by the commissioned Call/Recall provider on behalf of their GP practice. (This will invite the patient to make an appointment with their GP or local pharmacy). The letter confirms their eligibility for an NHS Health Check.

2.5 Patients may also be offered a health check opportunistically, subject to an eligibility check. Pharmacies should be mindful of the opportunities for extending access to NHS Health Checks to people who may be under-represented currently in the service or have difficulty accessing health checks in GP practices. This could include men, people from Black and Asian communities, manual workers, people with caring responsibilities, and people who have little contact with their GP surgery.

2.6 In order to widen access to NHS Health Checks, pharmacies are encouraged to offer these during extended opening hours and at weekends.

2.7 Pharmacies may use advertising or social media to promote the service locally, but are responsible for any costs incurred in doing so. Pharmacies are asked not to use third party providers to elicit referrals.

### 3. Payment and Activity

3.1 Pharmacies will be paid £27 per Health Check. Public Health Suffolk will meet all POCT equipment, quality assurance and consumable costs.

3.2 Minimum Commitment: Each pharmacy must commit to a minimum of 6 checks every 3 months (or 24 per annum), to ensure that staff delivering health checks can sustain their practice. Any pharmacy struggling to meet this minimum level, or anticipating difficulties, should contact Public Health Suffolk to discuss any issues and how they could be resolved. Where a pharmacy continues to be unable to meet this level of activity they will be asked to leave the programme and return the POCT equipment. The contract has a 3 month termination period.

3.3 Maximum activity is 200 NHS Health Checks per pharmacy, over the term of the contract. This may be extended (or a lower limit set out outset) in discussion with Public Health Suffolk, depending on the catchment and capacity of the pharmacy, and on performance across the overall pharmacy contracts overall (as assessed every three months).

### 4. Service Delivery

4.1 Pharmacies will deliver a complete NHS Health Check which **must** include **all** of the elements listed below, all taken at the time of the check. See Appendix 2 for a diagrammatic representation. The order is not prescriptive. Pharmacies should expect an NHS Health Check to last a minimum of 20 minutes. The NHS Health Check should be delivered in a private consultation room.

Clinical measurements:

- Pulse rhythm check and Blood pressure (see template SOP in Appendix 6)
- Height and Weight
- Waist measurement may also be taken

Cholesterol check using Point of Care Testing (see below)

- Age
- Gender
- Ethnicity
- Family history of Cardiovascular disease

Discussion about health behaviours:

- Smoking status
- General Practice physical activity questionnaire (see Appendix 3, also available in PharmOutcomes)
- Alcohol use score (using either AUDIT-C or FAST as the initial screen, see Appendix 4 (also available in PharmOutcomes) and section 3.2.5 for further guidance)

Risk Calculations and discussion of next steps:

- The practitioner will use QRISK using the information from the lists above, to calculate the patient's 10 year CVD risk score (further details below) and healthy heart age.
- Any further risk assessments as set out in section 5 below.

- The practitioner will explain what these mean and discuss the risks and next steps with the patient. This may include recommendations or referrals in relation to health behaviours, or onward referral (e.g. to [OneLife Suffolk](#) for smoking cessation support).
- For anyone aged 65-74 the practitioner will talk through the signs and symptoms of dementia, using the leaflet that can be downloaded [here](#). Patients should be provided with information to raise awareness of dementia and the availability of memory services, and be referred or signposted to services if appropriate. The NHS Health Check dementia leaflet is available [here](#) in a variety of languages.

4.2 Pharmacies may wish to ask additional questions as part of the NHS Health Check; for example screening questions on mental health are commonly added. For guidance on this please contact the commissioner for NHS Health Checks in the public health team.

4.3 QRisk: Once the practitioner has carried out the clinical measurements, questions and discussion about health behaviours as listed above, and any additional risk assessment required as set out in section 5 below, they will carry out the CVD assessment using the QRISK online calculator within the PharmOutcomes template.

The practitioner must explain the CVD risk score, ensuring that the patient understands it. Practitioners must also use this opportunity to provide brief advice, signpost to sources of support or refer patients to their GP, lifestyle services or other support as appropriate. This may include support in matters that influence health and health behaviours such as debt advice – see for example [Suffolk Advice & Support service](#).

The practitioner will provide the patient with the results of their NHS Health Check, recording their results on a results card (see Appendix 8). This can be printed out from PharmOutcomes. Or providing them with their personal data if the patient prefers to store this electronically. Physical copies of the results cards are available to order by emailing [Admin.publichealthsuffolk@suffolk.gov.uk](mailto:Admin.publichealthsuffolk@suffolk.gov.uk). It is the pharmacy's responsibility to ensure that they have adequate stocks of the results card or any other leaflets that they give to patients.

4.4 In planning and delivering NHS Health Checks, practitioners should be alert to any specific access requirements, communication needs or support to adopt healthier behaviours for patients with one (or more) of the 9 protected characteristics: Age; Disability; Gender reassignment; Marriage or civil partnership; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation.

4.5 Infection Control: In planning and delivering NHS Health Checks, providers must follow current guidance and information regarding infection control for Coronavirus, which is regularly updated and available at:

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

## 5. Additional Risk Assessments

As part of the NHS Health Check the pharmacy practitioner will undertake or refer as required for the following additional risk assessments where indicated:

**5.1 Diabetes risk assessment:**

Patients who meet any of the following criteria should receive an HbA1c test:

- BMI  $\geq$  30 (or  $\geq$  27.5 if Indian, Pakistani, Bangladeshi, other Asian or Chinese).
- A blood pressure threshold, at or above either a 140 mmHg systolic or 90 diastolic mmHg.
- Family history of diabetes
- Taking oral corticosteroids
- History of gestational diabetes (diabetes in pregnancy)

Patients with an HbA1c  $\geq$ 48mmol/mol (6.5%) should be referred to their GP for further investigation.

The POCT provider will provide pharmacies with disposable test kits for HbA1c, alongside other POCT supplies.

- Further information:
- Type 2 diabetes in adults: management. [NICE Guideline NG28, August 2019](#):
- Preventing Type 2 diabetes: risk identification and interventions for individuals at high risk. [NICE Public Health Guidance PH38, September 2017](#)

**5.2 Hypertension assessment:**

When a patient's blood pressure is at or above 140/90 mmHg (or where either number is above the respective threshold) the practitioner should carry out further measurements during the health check and take actions as required, as shown in the Community Pharmacy protocol & Pathway for Blood Pressure Monitoring (See Appendix 5). Practitioners will signpost/refer patients for further measurement if required. Where a Hypertension case finding service is in operation, please use this service guidance prior to referring to the GP.

Further information:

[NICE guideline NG136 August 2019. Hypertension in adults: diagnosis and management.](#)

**5.3 Atrial Fibrillation detection**

Individuals found to have an irregular pulse require referral to their GP within 24 hours for further assessment to determine if atrial fibrillation is present.

Additional guidance - [Atrial fibrillation: management](#). NICE clinical guideline 180. June 2014

**5.4 Familial hypercholesterolemia**

Pharmacies shall advise the patient to contact their GP – or refer directly if appropriate where:

- the patient's total cholesterol is greater than 7.5 mmol/L

And/or

- There is a personal or family history of premature CHD (CVD before age 60)

Further information:

- Familial hypercholesterolaemia: identification & management. [NICE Clinical Guideline CG71, October 2019](#)
- Familial Hypercholesterolaemia, [NICE Quality Standard QS41 August 2013](#).

5.5 It is the responsibility of the patient's GP to carry out all further appropriate assessments on patients with abnormal parameters for hypertension, chronic kidney disease, diabetes and familial hypercholesterolemia.

**5.6 Alcohol risk assessment**

When patients meet or exceed either:

- AUDIT C score greater than or equal to 5
- FAST score greater than or equal to 3

The practitioner shall carry out the remaining AUDIT questions to gain a full AUDIT score and act as follows.

- Where patient's score is 8 or above, they will offer brief advice
- Where the patient's score is 16 or above, will be offered referral to their GP for assessment of any liver damage.
- Where the patient's score is 20 or above, the practitioner will offer signposting or referral to [Turning Point](#).

Further information:

- Alcohol Use Disorders, Prevention. [NICE Public Health Guideline PH24, June 2010](#).
- Cirrhosis in over 16s: assessment and management. [NICE guideline NG50, July 2016](#)

5.7 Following calculation of risk on QRISK, the practitioner will refer patients with a  $\geq 10\%$  10-year risk of developing CVD to their GP to be considered for statin therapy for the primary prevention of CVD in line with [NICE Clinical Guidance 181](#). The GP will be alerted to measurements outside of normal parameters through the automated email pathway via PharmOutcomes.

The practitioner must ensure that the patient is aware of the need to follow up any referral to (or advice to contact) their GP.

## **6. Training**

Each participating pharmacy must have a named community pharmacist who will be the clinical lead for the provision of NHS Health Checks within the pharmacy. This lead will take responsibility for the oversight of delivery within their pharmacy, including identifying suitable staff to be trained to deliver the programme. There must be a named community pharmacist to act as the clinical lead for the provision of NHS Health Checks within the community pharmacy and they must take responsibility for the oversight of delivery within their pharmacy, including identifying suitable staff to be trained to deliver the programme.

The pharmacist leading on NHS Health Checks within the pharmacy is responsible for ensuring that staff delivering NHS Health Checks are appropriately trained in delivering all aspects of the NHS Health Check. Staff will need to be competent at:

- Undertaking the clinical measurements required in an NHS Health Check
- Infection prevention and control and the correct use of Personal Protective Equipment (PPE) if required (see 4.5 above)
- Performing internal quality assurance checks for the POCT cholesterol machine (as advised by the PCT provider).
- The communication of risk in ways which motivate, rather than alarm patients
- Ensuring individuals understand the importance of making and attending follow-up appointments with their GP, if required
- Tailoring of advice to suit individual need
- Provision of brief advice.

Online training in the delivery of NHS Health Checks is available free for contracted pharmacies via OnClick, and via the NHS Health Checks website. To access OnClick training please see login details set out in Appendix 7. Training is modular and can be accessed at any time (including by pharmacy staff not delivering NHS Health Checks).

Suffolk County Council is also offering each commissioned pharmacy a 2-3 hour training session (delivered either in person or online, depending on the pharmacy preference; in-person session will be limited to two staff providing a suitably large room is available). Training will cover an overview of the NHS Health Check pathway and use of PharmOutcomes, review of infection control and risk assessment to ensure compliance, and competency (or virtual competency) assessment of the biometrics. The Health Check commissioner will liaise directly with the pharmacy and training provider to arrange the training session.

Staff not qualified in a healthcare role and/or not assessed as competent at the required clinical measurements will need additional training and supervision - provided or organised by the pharmacy - until assessed as competent. Guidance on the required competencies is openly available on the [NHS Health Checks website](#).

## **7. Equipment Required**

7.1 Pharmacies will need calibrated weighing scales, a height measure, a blood pressure monitor and access to PharmOutcomes, preferably in the consultation room. Providers will need to document equipment checks (and respond to audit if required to evidence this), and ensure that use of equipment and notification of any incidents are included with their governance arrangements.

7.2 Public Health Suffolk commissions a POCT provider to provide Point of Care Testing equipment and training for cholesterol and HbA1c. (Public Health Suffolk will provide pharmacies with their contact details). Pharmacies should contact the POCT provider to be supplied with a Point of Care Testing Machine for cholesterol testing and associated testing strips and consumables, for disposable kits for HbA1c tests, and for training in how to use the CardioChek machine and carry out the tests. Pharmacies must comply with the quality assurance processes managed by the provider. There is no cost to the pharmacy for POCT.

## **8. Reporting and Payment**

8.1 Pharmacies will use the PharmOutcomes system to report activity and to submit the results of NHS Health Checks to patients' GPs. It is the pharmacy's responsibility to ensure that the outcome of patients' NHS Health Checks is reported to the patient's GP practice via PharmOutcomes.

8.2 The commissioner will access *non-identifiable data* on PharmOutcomes to gather data on activity and quality assurance.

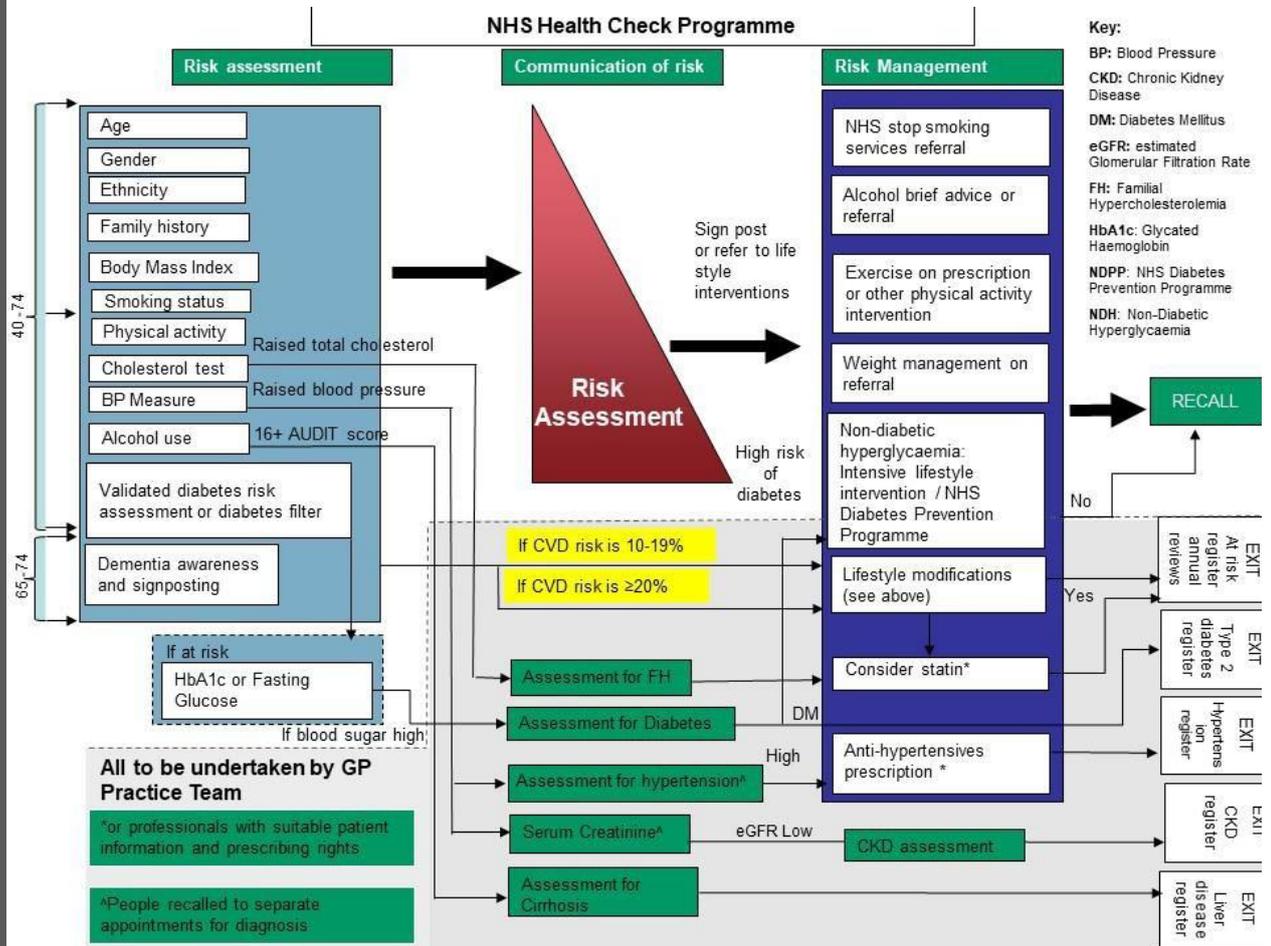
8.3 Pharmacies will need to inform SCC who their clinical lead pharmacist is for Health Checks (and of any subsequent changes during the term of this contract). Staff delivering NHS Health Checks will also be required to record their job role in PharmOutcomes when undertaking Health Checks.

8.4 Payment: Suffolk County Council will use PharmOutcomes data to pay by activity on a monthly basis.

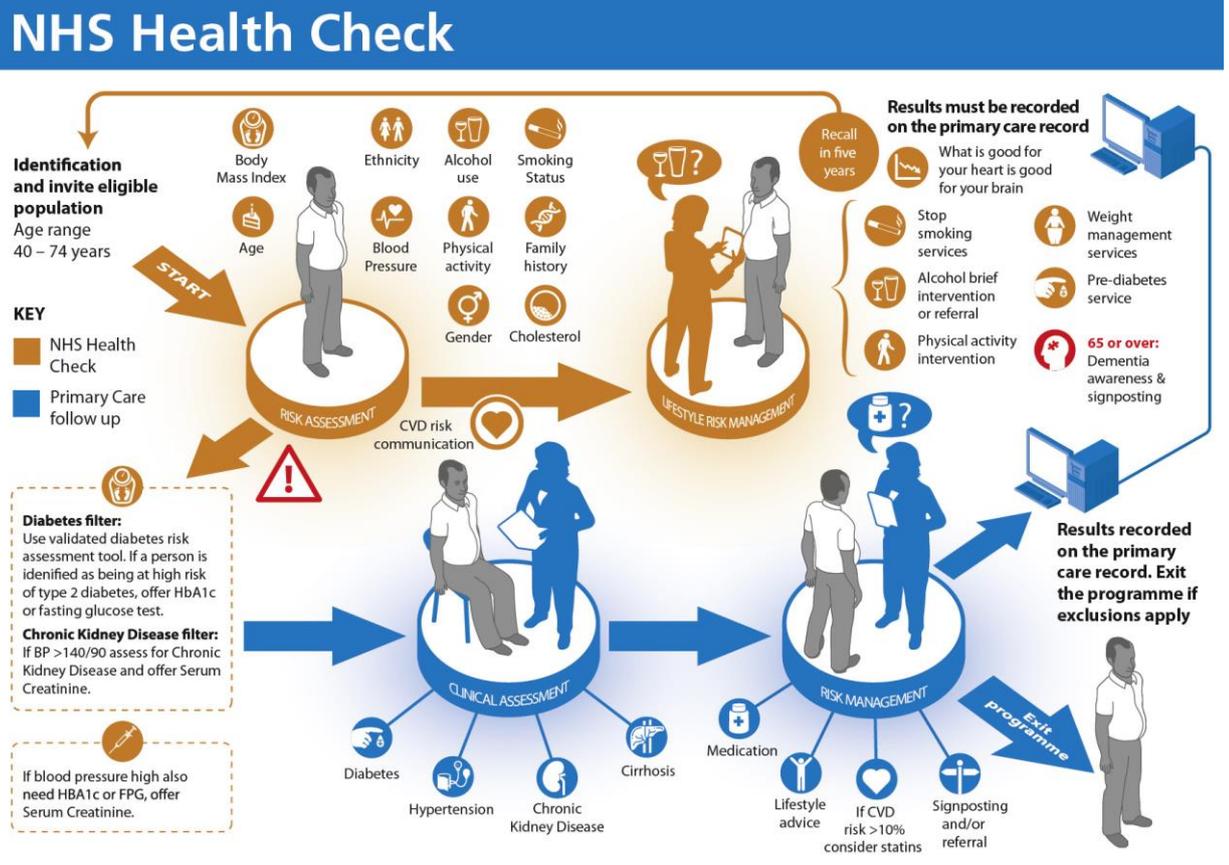
APPENDICES

- Diagrammatic overview of the NHS Health Check pathway (also available within the PharmOutcomes template as referral guidance)

Overview of the vascular risk assessment and management programme



2. Diagrammatic overview of the NHS Health Check



3. [General Practice Physical Activity Questionnaire \(GPPAQ\)](#)



**General Practice Physical Activity Questionnaire**

Date.....

Name.....

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities?  
*Please answer whether you are in employment or not*

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

**2023-24  
SUFFOLK COUNTY COUNCIL PUBLIC HEALTH SERVICES CONTRACT**

4. [AUDIT - Alcohol Use Disorders Identification Test](#) (AUDIT C is the screening part, first 3 questions)

**ALCOHOL SCREENING TOOL**

<p><b>1 unit is typically:</b> Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)</p>	<b>UNIT GUIDE</b>				
					
<p><b>The following drinks have more than one unit:</b> A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)</p>					

The following questions are validated as screening tools for alcohol use

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>TOTAL :</b>						<input type="text"/>

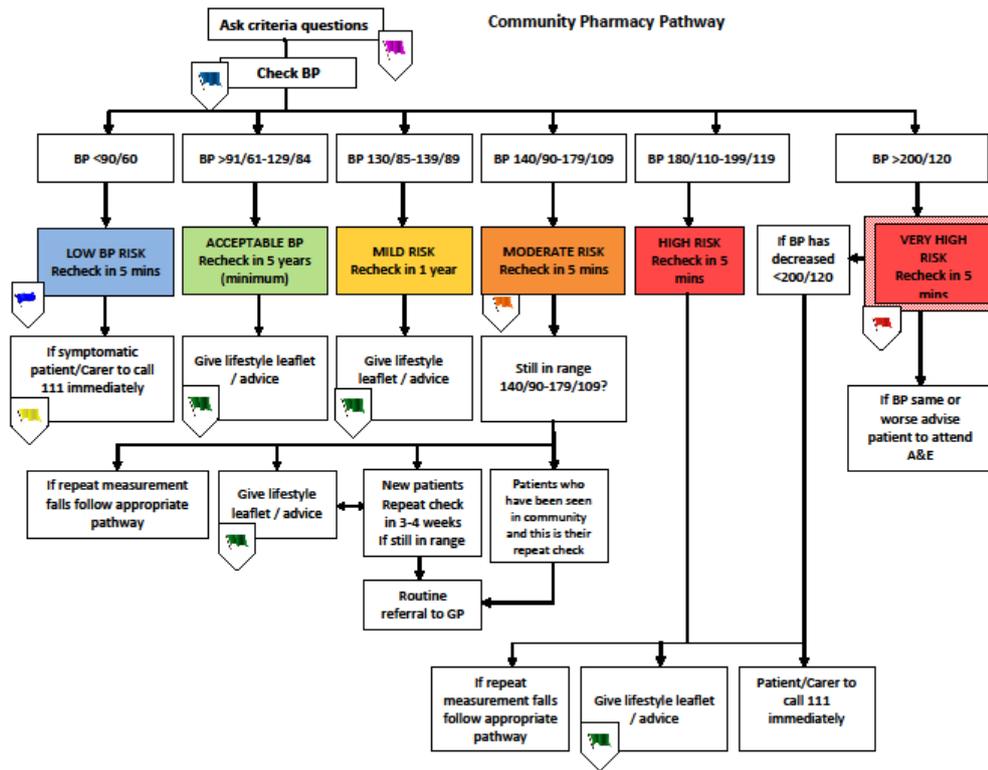
A score of **less than 5** indicates *lower risk drinking* (see overleaf)

**Scores of 5+** requires the following 7 questions to be completed:

AUDIT Questions (after completing 3 AUDIT-C questions above)	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>TOTAL</b>						<input type="text"/>

**PLEASE TURN OVER for scoring & next steps >>>>>>**

5. BHF Community Pharmacy protocol & Pathway for Blood Pressure Monitoring



6. Template SOP for BP monitoring



SOP Blood Pressure  
 Jan 2022 .pdf

7. OnClick login details (also available separately on PharmOutcomes)



## new online training for nhs health check providers in Suffolk

### where do i register?

1. Visit [shop.onclick.co.uk](https://shop.onclick.co.uk)
2. Register to the site by "creating a new account"
3. Activate your account via the automatic email (check your spam folder)

### need to ask for help?

Get in touch via our online helpdesk at [helpdesk.onclick.co.uk](https://helpdesk.onclick.co.uk)

### how do i get started?

1. Login to [shop.onclick.co.uk](https://shop.onclick.co.uk) using the details set up at registration
2. Select the Health Check Mentor course
3. Enter your Suffolk enrolment key

### what is my enrolment key?

**SuTwo87%£LK36z**  
Not to be shared with other regions.



This information must not be shared with anyone outside of your region.

## 8. NHS Health Check Results Card (Also available on PharmOutcomes)



New NHS Health  
Check Results Card A