

Pan London NHS Health Checks Minimum Standards

These Pan London Consensus NHS Health Checks Minimum Standards, endorsed by HEART UK, are intended to ensure comparable and robust commissioning and delivery of NHS Health Checks. It is envisaged that these standards will be incorporated into local service specifications as part of the commissioning process. They do not describe the entire process, but are touch points within the service where quality can be measured to determine a successful programme. Commissioners may want to consider other elements as part of the service specification for example training and qualifications of staff delivering health checks and the competencies they need to have.

These standards are a precursor to National Quality Assurance Standards, currently being developed by Public Health England and due for release early 2014. The London NHS Health Check working group have helped inform this national work. Once released, this national guidance will supersede these standards.

	Criteria	Minimum Standard	Achievable Standard	How to Measure
Objective 1: To ensure NHS Health Checks have local leadership	1. Named person responsible for the commissioning of the NHS Health Check Programme within local authority	To be in post	To be in post	Name and role submitted in Annual Report
Objective 2: To invite all eligible persons to attend a NHS Health Check	1. Percentage of the eligible population invited for an NHS Health Check Eligible population: a. 40-74 Years And does not have a diagnosis or documentation of: b. Coronary heart disease c. Chronic kidney disease (CKD stages 3-5)	20% of eligible population annually	20% of eligible population annually Eligible age criteria can be extended to 30-74 (or other locally agreed range) years for certain South Asian ethnicities for example: a. Indian	Quarterly Data returns submitted to Commissioner and PHE

	Criteria	Minimum Standard	Achievable Standard	How to Measure
	<ul style="list-style-type: none"> d. Diabetes e. Previous stroke f. Hypertension g. Atrial Fibrillation h. Transient Ischaemic Attack (TIA) i. Heart Failure j. Peripheral Arterial Disease <p>or</p> <ul style="list-style-type: none"> k. Prescribed a statin l. Found to have 20% or greater CVD Risk in a previous NHS Health Check 		<ul style="list-style-type: none"> b. Pakistani c. Bangladeshi d. Sri Lankan e. Tamil 	
Objective 3 Maximise uptake	The proportion of those offered (verbal or written) who have an NHS Health Check	50% of those who receive an offer of an NHS Health Check take up the offer	75% of those who receive an offer of an NHS Health Check take up the offer	Quarterly Data Returns submitted to the Commissioner and PHE
Objective 4 Provision of the NHS Health Check	1. The NHS Health Check/CV risk assessment must include (at least) all elements outlined in the Best Practice Guidance. Using a validated risk engine such as QRisk2 or Framingham based tool	100% of NHS Health Checks have 100% completed data	100% of NHS Health Checks have 100% completed data. 100% of all NHS Health Checks delivered	Quarterly Data Returns to the Commissioner (Each item should be included within an NHS Health Check template)



	Criteria	Minimum Standard	Achievable Standard	How to Measure
	<ul style="list-style-type: none"> a. Blood pressure b. Height/Weight/BMI c. GPPAQ d. Audit C (alcohol) e. TC:HDL (either Point of Care or if venous sample within the last 6 months) f. Smoking status g. Demographics h. Dementia awareness (65-74yrs) i. Diabetes & CKD if filters activated <p><i>Agreed data fields must form part of the Commissioning of NHS Health Checks. Completeness of NHS Health Check will be determined through payment process</i></p> <p>2. The results of the NHS Health Check, particularly the 10 year risk must be communicated face to face and recorded.</p>	100% of all NHS Health Checks delivered		To be included within NHS Health Check template and captured as part of Quarterly Data Returns
Objective 5 Additional activity	<p>1. Use of diabetes filter when indicated by either :</p> <ul style="list-style-type: none"> a. BP >140/90 mmHg 	If any filter activated then investigations and outcome recorded in 80% of people	If any filter activated then investigations and outcome recorded in 100% of people	Quarterly Data Returns to the Commissioner and annual audit reviewing:

	Criteria	Minimum Standard	Achievable Standard	How to Measure
following NHS Health Check	<p>b. BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories</p> <p>2. Use of hypertension filter when indicated by:</p> <p>a. BP >140/90 mmHg</p> <p>3. Use of chronic kidney disease filter when indicated by:</p> <p>a. BP >140/90 mmHg</p> <p>4. Use of Familial Hypercholesterolemia filter when indicated by:</p> <p>a. Total cholesterol >7.5 mmol/L</p> <p>5. Use of Audit C filter when indicated by:</p> <p>a. Score >=5</p> <p>6. People with >20% CVD Risk to:</p> <p>a. Be assessed for treatment with statins</p>	<p>100% of all people with CVD Risk >20%</p>	<p>100% of all people with CVD Risk >20%</p>	<p>1. Any change in disease prevalence</p> <p>and</p> <p>2. Proportion of people identified as</p> <ol style="list-style-type: none"> 1. Pre diabetic / Diabetic 2. Hypertensive 3. CKD 4. Familial Hypercholesterolemia 5. Audit C >=5 6. CVD Risk >=20

	Criteria	Minimum Standard	Achievable Standard	How to Measure
	b. Receive an annual review 7. Referral into lifestyle services for: a. Smoking cessation b. Weight management c. Physical Activity d. Alcohol use	80% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)	100% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)	
Objective 6 Monitoring of quality within programme	1. Robust commissioning, contract monitoring and reporting mechanism 2. If used, all point of care devices must demonstrate and comply with Quality Control.	4 monthly monitoring/reporting 100% of devices have QA programme	Quarterly monthly monitoring/reporting 100% of devices have QA programme	Recorded Quarterly performance reports and issue log sent to Commissioner

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