

NHS Health Checks Evaluation Tool

This NHS Health Checks Evaluation Tool, endorsed by HEART UK, is intended to support local commissioners to review their service to ensure comparable and robust commissioning and delivery of NHS Health Checks. This evaluation tool is based on the previous Pan London NHS Health Checks Minimum Standardsⁱ and incorporates the National Quality Standardsⁱⁱ. This is not an exhaustive list and does not describe the entire NHS Health Check 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.

Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure	National QA Standard
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	N/A
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) d. Diabetes e. Previous stroke f. Hypertension g. Atrial Fibrillation	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 b. Pakistani c. Bangladeshi d. Sri Lankan e. Tamil	Quarterly Data returns submitted to Commissioner and PHE	Standard 1 Invitation and offer: <i>Identifying the eligible population and offering the NHS Health Check</i>

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	<ul style="list-style-type: none"> 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 				
Objective 3 Maximise uptake	1. 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	N/A
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 <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 	100% of NHS Health Checks have 100% completed data	100% of NHS Health Checks have 100% completed data.	Quarterly Data Returns to the Commissioner (Each item should be included within an NHS Health Check template)	Standard 3 The Risk Assessment: <i>ensuring a complete health check for those who accept the offer is undertaken and recorded</i>

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	<p>Care or if venous sample within the last 6 months)</p> <ul style="list-style-type: none"> 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	100% of all NHS Health Checks delivered	To be included within NHS Health Check template and captured as part of Quarterly Data Returns	<p>Standard 6 Communication of results: <i>Ensuring results are communicated effectively and recorded</i></p>

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<p>Objective 5 Additional activity following NHS Health Check</p>	<ol style="list-style-type: none"> 1. Use of diabetes filter when indicated by either : <ol style="list-style-type: none"> a. BP >140/90 mmHg b. BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories 2. Use of hypertension filter when indicated by: <ol style="list-style-type: none"> a. BP >140/90 mmHg 3. Use of chronic kidney disease filter when indicated by: <ol style="list-style-type: none"> a. BP >140/90 mmHg 4. Use of Familial Hypercholesterolemia filter when indicated by: <ol style="list-style-type: none"> a. Total cholesterol >7.5 mmol/L 5. Use of Audit C filter when indicated by: <ol style="list-style-type: none"> a. Score >=5 	<p>If any filter activated then investigations and outcome recorded in 80% of people</p> <p>100% of all people with</p>	<p>If any filter activated then investigations and outcome recorded in 100% of people</p> <p>100% of all people with</p>	<p>Quarterly Data Returns to the Commissioner and annual audit reviewing:</p> <ol style="list-style-type: none"> 1. Any change in disease prevalence <p>and</p> <ol style="list-style-type: none"> 2. Proportion of people identified as <ol style="list-style-type: none"> a) Pre diabetic / Diabetic b) Hypertensive c) CKD d) Familial Hypercholesterolemia e) Audit C >=5 f) CVD Risk >=20 	<p>Standard 8 Risk Management: <i>additional testing and clinical follow up</i></p>

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	<p>6. People with >20% CVD Risk to:</p> <ul style="list-style-type: none"> a. Be assessed for treatment with statins b. Receive an annual review <p>7. Referral into lifestyle services for:</p> <ul style="list-style-type: none"> a. Smoking cessation b. Weight management c. Physical Activity d. Alcohol use 	<p>CVD Risk >20%</p> <p>80% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)</p>	<p>CVD Risk >20%</p> <p>100% of lifestyle advice offered and referrals made to be recorded (irrespective of level of risk)</p>		<p>Standard 7 Risk Management: Appropriate follow up for all CVD >=20%</p> <p>Standard 7 Risk Management: <i>High quality and timely lifestyle given to all</i></p>
<p>Objective 6 Monitoring of quality within programme</p>	<p>1. Robust commissioning, contract monitoring and reporting mechanism</p> <p>2. If used, all point of care devices must demonstrate and comply with Quality Control.</p>	<p>4 monthly monitoring/reporting</p> <p>100% of devices have QA programme</p>	<p>Quarterly monthly monitoring/reporting</p> <p>100% of devices have QA programme</p>	<p>Recorded</p> <p>Quarterly performance reports (in line with national Standard 5) and issue log sent to Commissioner</p>	<p>N/A</p> <p>Standard 5 The Risk Assessment: <i>Quality control for point of care</i></p>

Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure	National QA Standard
New: Objective 7 Consistent approach to non-responders and those who do not attend	<ol style="list-style-type: none"> For people who do not respond to invite For people who do not attend their appointment 	<p>80% of eligible people receive 2 contacts</p> <p>80% of eligible people receive 2 contacts</p>	<p>100% of eligible people receive 2 contacts</p> <p>100% of eligible people receive 2 contacts</p>	Quarterly Data Returns to the Commissioner and annual audit	Standard 2 Invitation and offer: <i>Consistent approach to non-responders and those who do not attend</i>
New: Objective 8 <i>Equipment use</i>	<ol style="list-style-type: none"> Robust recording by providers to ensure that all equipment used is validated and regularly calibrated 	100% of equipment is validated and calibrated	100% of equipment is validated and calibrated	Quarterly performance reports and issue log sent to Commissioner	Standard 4 The Risk Assessment: <i>Equipment use</i>
New: Objective 9 <i>Confidential and timely transfer of patient identifiable data</i>	<ol style="list-style-type: none"> Agreed protocol for data transfer 	80% of data is sent to GP practice within 2 working days	100% of data is sent to GP practice within 2 working days	Audit against protocol	Standard 10 Throughout the pathway: <i>Confidential and timely transfer of patient identifiable data</i>

NHS Health Check Pan London Leads - Quality and Evaluation Working Group:
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ⁱ Pan London NHS Health Checks Minimum Standards 2013

ⁱⁱ NHS Health Check programme standards: a framework for quality improvement 2014