

Public Health Agreement for Health Checks Programme in Pharmacy

1 April 2021 to 31 March 2022

1.0. Introduction..... 3

2.0. Background and summary of local needs..... 3

3.0. Aims..... 3

 3.7. Risk assessment..... 4

 3.8. Risk communication 4

 3.9. Risk management 4

4.0. Assessment..... 4

5.0. Scope and definition of service..... 4

6.0. Service outline 5

7.0. Training, governance and requirements 5

8.0. Performance monitoring and payment..... 6

9.0. Point of care testing equipment 6

Appendices..... 7

 Appendix 1 ±Health checks pathway 7

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.

1.2. The Health Checks programme is included in the Public Health Outcomes Framework and is mandatory for local [Health and Wellbeing Strategy](#) & R X of developing a preventative approach.

1.3. The services will be reviewed on an annual basis.

1.4. 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 often.

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 communicate simply and effectively 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 Standing 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 he-3 (.)-3 (Tr4.92 re Weiso Q /P <</M6ns4 (pfs)-3 t (s a)-stifi)1

5.3. The pharmacy will deliver checks opportunistically and will deliver a minimum equal to 8 Health Checks a month. Those failing to achieve this target will receive support from Surrey County Council and the Local Pharmaceutical Committee (LPC) to improve performance.

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

PDQXIDFWXUHUV¶ JXLGHOLQHV DQG 0+5\$ JXLGHOLQHV DV D P

- x Clear lines of responsibility and accountability
 - x Participation in quality improvement activities where appropriate
 - x Adherence to policies and procedures, and consideration given to risk management
 - x A commitment to further training for staff where necessary and maintenance of skills
 - x Procedures for all professional groups to identify and remedy poor performance
 - x The use of clinical guidelines is considered to be consistent with good practice
- 7.8. 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.

7.9. The pharmacy should be registered as healthy living pharmacy level 1 with the RSPH.

8.0. Performance monitoring and payment

- 8.1. Payment will be made monthly in arrears.
- 8.2. All claims are made via the Pharmoutcomes portal made available by the public health team.
- 8.3. See appendix 2 for payment structure.
- 8.4. 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.
- 8.5. By providing this public health service you agree to sharing of anonymised activity data with Surrey LPC for the purposes of service development.

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. Approval to purchase equipment is required from Surrey County Council. Receipt for the equipment should be provided and this amount will then be added to the next monthly payment. This funding is subject to ongoing activity monitoring. The equipment purchased must be able to measure cholesterol and HbA1c and be in line with the POCT MHRA Guidance documents in the appendices. If following ongoing discussion, training and support from the public health team, the pharmacy is not able to achieve the minimum required number of health checks (as per 5.3.), ceases 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.

9.2. Where an outline portal is provided by Surrey County Council for submission of EQA and IQC UHVXOWV WKH SURYLGHU LV UHVS RQVLEOH IRU V XEiPds.W W L Q J Failure to submit IQC and EQA data as required could result in a review of the service and reallocation of POCT equipment.

9.3. The pharmacy will purchase consumables, maintain the equipment in terms of calibration, and internal and external quality assurance.

9.4. Pharmacy providers should ensure:

- x Only staff who have been trained (by a competent trainer) use the POC equipment
- x That an appropriate internal quality control (IQC) process is in place up to date register of trained/competent operators
- x That there is a named POCT coordinator
- x That records of results of quality control performed are maintained
- x

Appendices

Appendix 1 ±Health checks pathway



- x [Best practice guidance 2019](#)
- x [MHRA POC management and guidance](#)
- x [QRisk](#)
- x [GPAQ Questionnaires](#)
- x [Audit C questionnaire](#)

Appendix 2 – payment structure

£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 and 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.

*Pulse check key points: as set out NICE clinical guideline 127 (2011) practitioners should perform a pulse rhythm check prior to taking blood pressure to detect any pulse irregularities that could affect the reading from an automated device. Individuals who are found to have an irregular pulse rhythm should be referred to the GP for further investigation. As blood pressure is one of the top modifiable risk factors for preventing premature mortality, commissioners and providers will wish to familiarise themselves with the NICE hypertension guidance.

Hypertension – clinical management of primary hypertension in adults. NICE clinical guideline 127 August 2011.

Best practice guidance 2019: DoH publication [NHS Health Checks Best Practice](#)