

## SERVICE SPECIFICATION

### Schedule Service Specification for the Provision of NHS Health Checks – Primary Care

## 1. Overview

### 1.1. Local Authority procuring the service

West Sussex County Council

### 1.2. Why the service is being procured

- 1.2.1. The NHS Health Check is a national programme commissioned by local authorities, as a mandated service through the public health grant.
- 1.2.2. Moving from ‘sickness to prevention’ is a key focus of the NHS 10 Year plan, with cardiovascular disease (CVD) as an early priority. According to the plan, 70% of cardiovascular disease, 40% of cancers and 40% of dementia are preventable.[1]
- 1.2.3. Through early identification of disease and management of risk factors, the NHS Health Check helps to achieve the national ambition to reduce health inequalities associated with CVD over the next 10 years [2].
- 1.2.4. ‘Size of the Prize’ data for NHS Sussex and East Surrey Health and Care Partnership suggests that identifying and treating an additional 16% of patients with hypertension could prevent 273 heart attacks, 407 strokes and 218 deaths. For cholesterol, a 12% increase in CVD patients treated with lipid lowering therapy could prevent 688 cardiovascular events and 83 deaths across Sussex ICB [3]. Hypertension and cholesterol identification and referral are key areas of focus for NHS Health Checks.
- 1.2.5. Evidence has shown that a national prevention programme that aims to prevent non-communicable disease and address its risk factors can result in better risk-recording, more disease detection and higher rates of advice, referrals and follow-up leading to behaviour change [4].
- 1.2.6. Local data on the prevalence of CVD and associated conditions demonstrates that:
  - Approximately 23% of all deaths of West Sussex residents registered in the period of

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2023 were due to CVD or related diseases. For under 74s, this figure was 20% [5].

- Age and ethnicity are significant risk factors for CVD, with those over the age of 50 and people of South Asian or Sub-Saharan African origin most at risk [6].
- 11.6% of adult residents in West Sussex are estimated to be living with obesity [7] which is a known risk factor for CVD and related conditions, such as diabetes.
- Diabetes rates are increasing nationally [8] and 7.8% of adults in West Sussex are estimated to be living with the condition [9]. Living with diabetes can make a person up to four times more likely to experience CVD [10].
- In 2023/24 in West Sussex there were 1500 hospital admissions due to stroke, 1210 due to heart failure, and 3165 due to coronary heart disease [11].

#### 1.2.5. Evidence that supports the NHS Health Check programme:

- An OHID 2021 programme review found that NHS Health Checks are effective at targeting those at higher risk of disease and delivering better outcomes for attendees [4].
- A 2020 rapid review found that the NHS Health Checks led to an increase in disease detection, and the programme is associated with an overall decrease in CVD risk, BMI, smoking prevalence, blood pressure and total cholesterol [12].
- In 2017, the NHS Health Check Expert Scientific and Clinical Advisory Panel published its first report on emerging evidence [13], which found that:
  - In comparison to standard care, the detection of chronic kidney disease, familial hypercholesterolemia, hypertension, peripheral vascular disease and type 2 diabetes is significantly more frequent among people who have received an NHS Health Check.
  - Targeting people at greatest risk of CVD is likely to be cost-effective.

## 2. Scope of Services

### 2.1. Aims and objectives of Service

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2.1.1. The aim of the Service is to address inequalities and reduce premature deaths and ill health from heart attacks, strokes, dementia and diabetes. To improve health outcomes by identifying people at increased risk of CVD, enabling more people to be identified at an earlier stage of vascular change.

2.1.2. The national target of inviting 20% of the eligible population each year to have an NHS Health Check on a 5 year rolling programme, with 75% of those being invited taking up the service, far exceeds recent local activity levels. In recent years a lower local target has instead been achieved across the range of providers. Additional NHS Health Checks are delivered through the West Sussex Wellbeing Programme and by nurse advisors within the prevention assessment teams at NHS Sussex Community Foundation Trust. Activity from all providers will contribute towards achieving the target.

2.1.3. Providers being paid via more than one arrangement or route of activity for delivery of NHS Health Checks will not be considered for delivery of this NHS Health Check Service. This approach reduces the risk of paying twice, ensures best use of public funds and supports highest possible impact with the resources available.

2.1.4. The objectives of the service are:

- To offer a service to people aged 40 to 74 who meet the eligibility criteria as set out in 2.3 of the service specification.
- To deliver the NHS Health Check assessment in accordance with the National Best Practice Guidance October 2019 (updated March 2020).
- To measure and assess Service Users' risk factors and identify those who would benefit from further clinical testing and/or management with onward referral into their general practice.
- To offer specific brief interventions to Service Users with behavioural risk factors and signpost or refer those Service Users to support services.
- To prioritise inviting target groups (smokers and/or those with a BMI of 30+) to NHS Health Check appointments where possible which is considered an approach to tackling inequalities.

## **2.2. Service description / care pathway**

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2.2.1. The NHS Health Check service is designed to provide one to one support to identify risk factors for cardiovascular disease, and signpost Service Users who would benefit from further management, including referring onto other services.

2.2.2. This Primary Care NHS Health Check service complements the Community NHS Health Check service being delivered within the integrated lifestyle service offered by the West Sussex Wellbeing Programme and the nurse advisors within the Prevention Assessment Teams.

2.2.3. The Service Provider will:

- Identify those who are eligible for an NHS Health Check, following a search of general practice clinical system, or opportunistically using a Make Every Contact Count (MECC) approach in line with the West Sussex MECC programme.

<https://www.westsussexwellbeing.org.uk/topics/information-for-professionals/making-every-contact-count>

- Invite those eligible for an NHS Health Check in line with the provider's capacity to deliver.
- Target those eligible for an NHS Health Check that are deemed at highest risk, in particular smokers and those with a BMI of over 30. This may also include mental health secondary care service users, substance misuse service users, those with learning disabilities, routine and manual workers, carers and people with certain protected characteristics: <https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>
- Offer the service to those who present for an NHS Health Check, which may be as a result of a formal invitation and to those who self-refer assuming they meet the service eligibility criteria.
- Ensure the Service User is fully informed about the NHS Health Check and its implications.
- Deliver the NHS Health Check Assessment in accordance with the following guidelines:
  - Best Practice guidance:  
<https://www.healthcheck.nhs.uk/commissioners-and->

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[providers/national-guidance/](#)

- All Our Health guidance:  
<https://www.gov.uk/government/publications/nhs-health-checks-applying-all-our-health/nhs-health-checks-applying-all-our-health>
- NICE guidance: [CVD prevention: NHS Health Checks](#)
- Measure and assess Service Users’ risk factors and identify those who would benefit from further clinical testing and/or management from their general practice
- Offer specific brief interventions to Service Users with lifestyle risk factors and signpost or refer Service Users to lifestyle support services.

2.2.4. Where the Service Provider for NHS Health Checks also delivers the annual physical health checks for those with serious mental illness and for those people with a learning disability, they should incorporate the NHS Health Check with these annual checks, for those meeting the eligibility criteria as paragraph 2.3, on a five-year cycle.

### 2.3. Who is eligible for the service?

People aged 40-74 who are resident, registered with a GP within West Sussex or work within West Sussex are eligible for the service providing they have not under-gone an NHS Health Check within the preceding 5-year period and are not ineligible under the exclusion criteria in paragraph 2.4.

### 2.4. Exclusion criteria

People diagnosed with:

- Coronary heart disease
- Chronic kidney disease
- Diabetes
- Hypertension
- Atrial fibrillation
- Transient ischaemic attack
- Hypercholesterolemia
- Heart failure

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- Peripheral arterial disease
- Stroke
- People on prescribed statins
- People who have previously had an NHS Health Check or any other NHS check in England and have been found to have a 20% or higher risk of developing CPD in the next 10 years.

#### 2.5. Interdependencies with other services

2.5.1. The Service Provider will use a 'Making Every Contact Count' (MECC) approach to engage with eligible Service Users. A MECC approach uses simple conversations to encourage positive behaviour changes to improve health and wellbeing.

2.5.2. Service Providers should be aware of the other Service Providers within their locality such as neighbouring practices or pharmacies, the West Sussex Wellbeing Programme and Nurse Advisors and work with them to ensure timely initial engagement.

- Service Users assessed as 'low Risk' (CVD Risk score 0-10%, with no abnormal results) should be signposted or referred to local services and pathways detailed at Appendix A.
- Service Users assessed as 'medium risk' (CVD Risk score >10<20%) should be advised to contact their GP for follow up as per individual GP Practice defined protocol.
- Service Users assessed as 'high risk' (>20% 10 year CVD risk) should be advised to contact their GP for follow up in line with NICE Guidance.

#### 2.6. Information provision

2.6.1. The service provider shall:

- Provide appropriate verbal and written information to the service user, which explains fully the implications of having an NHS Health Check.
- Ensure information, support and guidance is available to all wishing to access the Service. This may include interpreting services and or documents produced in different language or formats.  
[https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/marketing/leaflets/](https://www.healthcheck.nhs.uk/commissioners_and_providers/marketing/leaflets/)
- Have an understanding of and take account of the needs and requirements of different cultures, religions, race and gender.

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#### 2.7. Any activity planning assumptions and caseloads

##### 2.7.1. The service provider should:

- Consider seasonal fluctuation, workload, staff capacity and any awareness campaigns they may wish to run their assumptions.
- Submit an Activity Schedule to [healthchecks@westsussex.gov.uk](mailto:healthchecks@westsussex.gov.uk) before the start of each financial year, using the template provided / attached in Appendix C. Activity schedule should meet the Key Performance Indicators set out in Section 6, including the required minimum of 12 service users per trained individual to receive an NHS Health Check each year (minimum of 1 a month). It is the responsibility of the Clinical Manager/Lead for each provider to ensure this is adhered to.
- For existing providers who have submitted and claimed for activity in previous years, the activity schedule is based on the previous year's activity with a 10% tolerance.
- Inform the Council of any significant disruption to the NHS Health Check Service which is likely to impact on delivery of the Contract such as staff vacancies.
- Target priority groups, in particular smokers and those with a BMI of over 30, but also men and people living in deprived communities (who are less likely to seek out or take up an invitation to have an NHS Health Check).

##### 2.7.2. The Service Provider and the Council will monitor delivery against this schedule alongside the Service Specification.

- The Council will monitor number of NHS Health Checks delivered across the county and by individual provider (including proportion of priority group checks). The council may on occasion contact the service provider to explore reasons behind higher or lower levels of activity.
- At the start of the financial year the service provider should submit an expected activity schedule for the year (Appendix C)
- The Council will monitor this schedule and in the event of a higher levels of activity being delivered or forecast to be delivered, the Council may discuss capping activity levels with the provider.
- In the event of the number of NHS Health Checks delivered by the service provider **exceeding the number set out in the activity schedule by more than 10%, the**

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**Council reserves the right to not pay for the extra checks.**

### **2.8. NHS Health Checks Online (NHSHC-O)**

There is a national ambition to roll out an online version of NHS Health Checks to increase the availability and uptake of checks. Some local authorities and GP providers are involved in piloting this new service. For participating GP providers, this primarily involves:

- Inviting eligible patients to complete an online health check, while continuing to also offer face to face checks for patients who cannot or do not want to complete their check online.
- Recording the outcome of the patient's check and actioning any necessary onward referrals or next steps.

Currently only GP practices that use the EMIS system will be eligible. Details of this aspect of the programme will be shared with the practices concerned at a later date.

## **3. Applicable Service Standards**

### **3.1. Applicable national standards and guidance**

Service standards and best practice guidance are located on the national NHS Health Check website at [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk).

The Council will notify the service provider of any new or revised national or regional standards and guidance, and the service provider will be responsible for implementing any changes as a result of the new or updated standards and guidance.

The Council will communicate with the service provider via:

- Quarterly newsletter
- Annual provider forum
- Site visits
- Email

### **3.2. Applicable local standards**

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#### 3.2.1 The Service Provider will:

- Ensure the results of each Service User's NHS Health Check is securely transferred to the Service User's registered GP practice within 2 working days.
- Encourage Service Users not registered with a GP to register with a GP Practice. Retain the Service User's results outcome form to be made available to the Service User's GP should they register within 5 years of their NHS Health Check.
- Advise the Service User to contact their GP practice the next working day if the NHS Health Check is delivered out of regular hours i.e. evenings, weekends or bank holiday where clinically significant results which require urgent attention have been identified.
- Stop the NHS Health Check and immediately contact the Service User's GP where clinically significant results which require immediate attention have been identified. In the event of this occurring when the GP practice is closed, the Service Provider will contact Out of Hours services through 111 or 999.

3.2.2 Service Providers under this contract must ensure all professionals delivering NHS Health Checks have completed the West Sussex approved training programme (outlined below). This training programme will be provided free of charge to providers through the Council. Service providers should also refresh their training in the event of significant changes to guidance (if this happens this will be advised by the Council) or if there has been a period of delivering fewer than one health check per month over a 6 month period.

#### **WSSCC NHS Health Check Training Programme:**

- WSSCC NHS Health Checks E-Mentor – (this includes a formal assessment to evidence comprehension) available at <https://learnpublichealth.westsussex.gov.uk/>
- WSSCC NHS Health Checks Face-to-Face training – delivered in line with national guidance and available on-demand for both new providers and as a refresher. To book, please email [healthchecks@westsussex.gov.uk](mailto:healthchecks@westsussex.gov.uk).
- Point-of-care-testing (POCT) training – delivered by partner BHR to train service providers in how to use POCT equipment. To book, please email [healthchecks@westsussex.gov.uk](mailto:healthchecks@westsussex.gov.uk). (Service Providers will be issued with a CardioChek machine for this service and will be enrolled onto the external quality

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- Making Every Contact Count (MECC) – training in how to have healthy behaviour change conversations is available as both E-Learning and workshops. Available at: <https://westsussexcpd.learningpool.com/course/view.php?id=1180> .

Each practitioner must familiarize themselves with NHS best practice guidance and complete the NHS Health Check learner and assessor workbook. Available at:

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>.

3.2.4. For new providers, once staff training has been completed, a meeting (online or in person on site) will be arranged to discuss the following:

- Details of data collection and invoicing, including PharmOutcomes and Ardens Manager.
- A confirmation the Service Provider has received their CardioChek starter kit and enrolment on to the RIQAS External Quality Audit (EQA) scheme.
- Ensure the Service Provider has all the necessary resources to commence delivery of the service.

3.2.5. The Service Provider must ensure that trained staff update their knowledge and skills through regular use of the online training and any face-to-face training available. This also is applicable to staff who have had a break in service of longer than 6 months. To maintain competency each NHS Health Check advisor will be required to deliver an NHS Health Check to a minimum of 1 Service User per month.

3.2.6. The Service Provider is responsible for provision of consumables.

3.2.7. The Service Provider will be responsible for ensuring staff delivering the service are:

- 1) DBS checked.
- 2) Assessed by Occupational Health staff for any required immunisations, including Hepatitis B where indicated, based on the provider's risk assessment of exposure to blood or body fluids during finger-prick testing. The Service Provider must ensure that staff comply with Occupational Health advice and that appropriate measures are in place to control any identified risks.
- 3) Aware of all guidance and where to access it is listed in paragraph 3.1 of the

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- 4) Supported clinically and there is adequate oversight of the quality and delivery of the service.

### 3.3. Infection control

Service Providers must have robust systems to manage, monitor, and evidence the prevention and control of infection in line with:

- [The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections](#) (and related guidance)
- [NICE CG139: Healthcare-associated infections: prevention and control in primary and community care](#)
- [National infection prevention and control manual \(NIPCM\) for England](#)
- [Care Certificate Standard 15, Infection Prevention and Control](#)

#### 3.3.1. Infection Prevention and Control Governance and Responsibilities:

- A named Infection Prevention and Control Lead with appropriate knowledge, skills, and responsibility for overseeing IPC and cleanliness.
- Written policies and procedures, reviewed annually or sooner if national guidance changes, covering as a minimum:
  - Standard infection prevention and control precautions (SICPs)
  - Safe handling and disposal of sharps (including needlestick injury protocol)
  - Decontamination of reusable medical devices and use of single-use devices
  - Safe handling, segregation, and disposal of healthcare waste
  - Cleaning, decontamination, maintenance, and disposal of equipment
  - Environmental cleaning schedules and responsibilities.

#### 3.3.2. Staff Training and Competence:

- All staff delivering the NHS Health Check must complete infection prevention and control training at local induction and refresh annually (minimum) or sooner if guidance changes. Training must include:

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- Hand hygiene (including the WHO “5 Moments for Hand Hygiene”)
- Use of personal protective equipment (PPE) appropriate to risk
- Management of blood and body fluid (BBF) exposure incidents
- Awareness and prevention of blood-borne virus (BBV) transmission, including-Hepatitis B, Hepatitis C, and HIV, and specific protocols for working with patients with known BBVs (universal precautions apply regardless of status).

#### 3.3.3. Occupational Health and Staff Protection:

- Providers must have systems for staff vaccination against Hepatitis B (and other vaccines as per occupational risk assessment, e.g. seasonal influenza, COVID-19).
- Risk assessments for exposure to BBVs must be documented, and staff made aware of post-exposure protocols, including timely access to occupational health and post-exposure prophylaxis (PEP) where indicated.
- Clear guidance on illness reporting, work restrictions, and exclusion periods for staff with potentially transmissible infections.

#### 3.3.4. Clinical Environment:

- The consultation area must be visibly clean, clutter-free, and facilitate effective decontamination between patients.
- Cleaning responsibilities, methods, and frequencies must be documented, with audits undertaken to evidence compliance.
- Adequate hand hygiene facilities (with liquid soap, running water, and disposable towels, or alcohol-based hand rub where hands are visibly clean) must be available at the point of care.
- PPE must be readily accessible, single-use, and disposed of safely after use.

#### 3.3.5. Sharps and Waste Management:

- Sharps disposal must comply with the latest Health and Safety (Sharp Instruments in Healthcare) Regulations.
- Single-use safety engineered lancets must be used for finger prick testing.
- Waste disposal must follow [HTM 07-01: Safe management of healthcare waste](#).

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#### 3.3.6. Monitoring and Assurance:

- Governance arrangements must include regular IPC audits (e.g. hand hygiene, environment, equipment cleaning) with documented action plans if required. Frequency of these audits:
  - Full IPC audit (covering environment, equipment, hand hygiene, PPE, sharps, waste etc) at least annually.
  - Focused audits (hand hygiene, equipment cleaning, high-touch surfaces) at least quarterly (or even monthly depending on risk).
  - Immediate ad-hoc audit following any incident, change in location/process, or new venue.
- Evidence of compliance must be available for inspection by the Council or regulators.

#### Full IPC Reference Guidance:

- [Care Certificate Standard 15 – Infection Prevention and Control](#)
- [NICE CG139: Healthcare-associated infections: prevention and control in primary and community care \(updated 2017\)](#)
- [NHS England » National infection prevention and control manual \(NIPCM\) for England](#)
- [The Green Book, Immunisation against infectious disease \(Hepatitis B chapter\)](#)
- [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013](#)

## 4. Statutory Requirements

### 4.1. Applicable legislation

4.1.1. The Protocols underpinning the delivery of the NHS Health Check should meet the requirements of the [NICE Clinical Guidance 238 Cardiovascular disease: risk assessment and reduction, including lipid modification](#).

### 4.2. Statutory guidance

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/35116 require local authorities to:

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- Make arrangements for each eligible person aged 40-74 to be offered an NHS Health Check every five years, and for each individual to be recalled every five years
- If they remain eligible include specific tests and measures in the risk assessment
- Ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- Ensure that specific information and data is recorded during a check and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP. This includes all health criteria that make up an NHS Health Check and the information required to calculate the Q-RISK score (as outlined in 5.1.1).
- Continuously improve the percentage of eligible individuals having an NHS Health Check.

More information on the legal duties and statutory guidance are available in the NHS Health Check Best Practice Guidance – October 2019 (updated March 2020), available at: [NHS Health Check - National guidance](#).

## 5. Service Requirements

5.1.1. The NHS Health Check assessment will consist of a face-to-face consultation of approximately 30 minutes with the Service User covering the standardised tests, measurements and data set as defined in the NHS Health Check Best Practice Guidance October 2019 (updated March 2020) and listed below:

- Age
- Gender
- Smoking status
- Family history of coronary heart disease
- Ethnicity
- Body mass index (BMI)
- Waist Measurement
- Cholesterol level – Total, HDL, Ratio
- Blood pressure
- Physical activity level – using the DH General Practitioner Physical Activity Questionnaire (GPPAQ)

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- Alcohol Use Disorders Identification Test score – using AUDIT C (and full AUDIT if indicated based on AUDIT C)
- Cardiovascular risk score – calculated using the most up to date Q risk calculator, as agreed with the Council
- Registered GP (if applicable)
- Pulse check for Atrial Fibrillation Screening
- Dementia awareness (if applicable).

#### 5.1.2 Communicating Results

The Service Provider will provide:

- A clear communication of CVD risk and advice regarding how the Service User could reduce their modifiable risk factors and check for their understanding
- An assessment of motivation to change health behaviour and requirements for onward support
- An appropriate onward signposting for further clinical assessment and/or lifestyle support as shown in Figure 1:

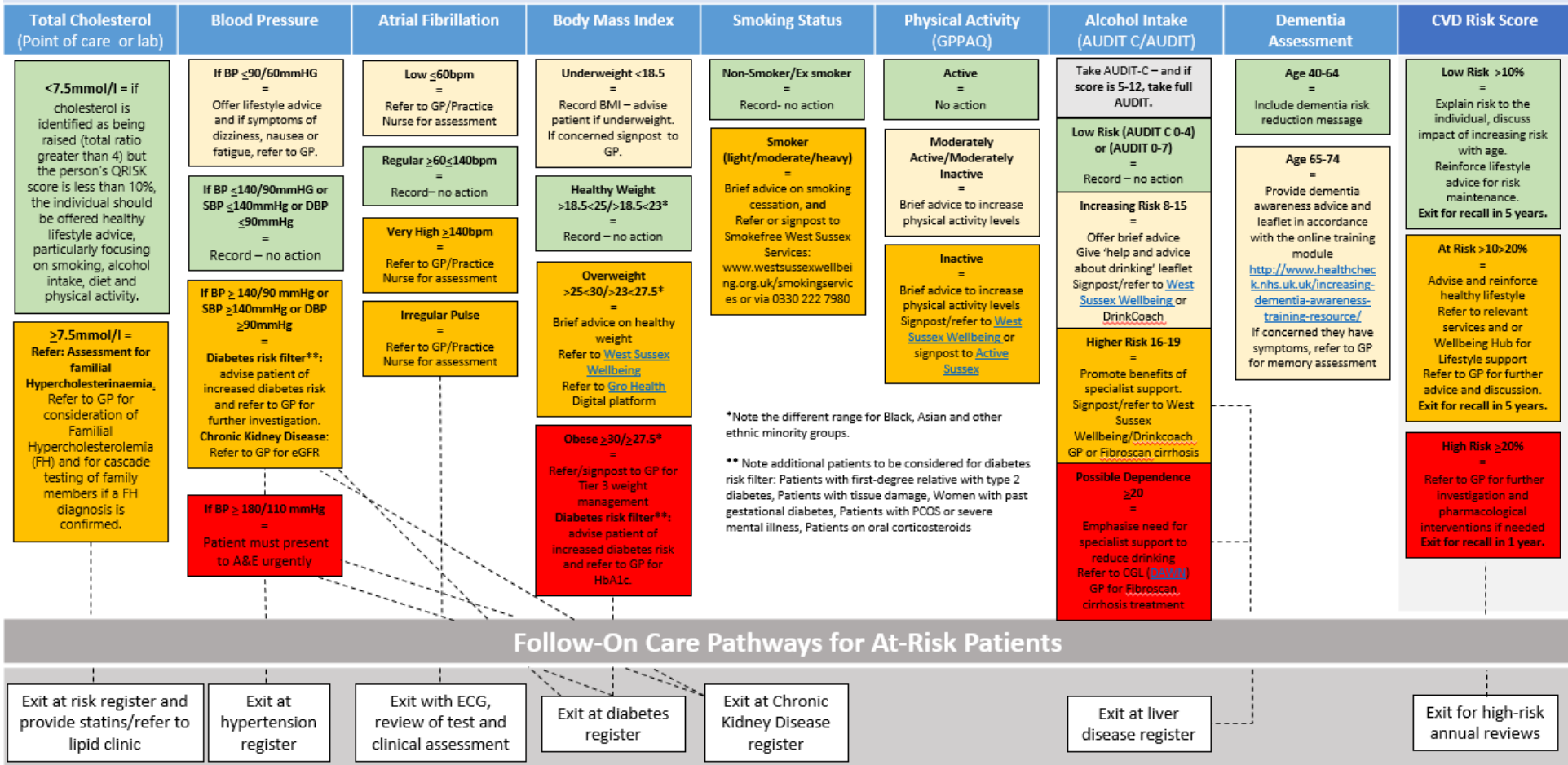
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# NHS Health Check Programme | Interpreting results from risk assessment

Identify and invite eligible population aged 40-74 (use clinical system to identify). Prioritise groups and populations more at risk of CVD, focussing on current smokers and people with a BMI of 30+. Prior to commencing the Health Check, inform patient of what will happen and check consent. Record all results in patient booklet, along with family history of CHD, ethnicity, age and gender.



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5.1.3. Where clinical assessment is required by a GP, advise the Service User that it is the responsibility of the Service User to contact their GP and make an appointment. Service Users not registered with a GP should be advised to register with a GP practice and share their results.

5.1.4. Recording outcomes and transfer of results

The Service Provider will:

- Record the results of the standardised tests, measurements, and data set for each NHS Health Check as set out in 5.1.1.
- Record the number of patients that have been invited and submit this figure to the Council. Only one invitation per individual should be submitted in a 5 year period, although an individual should be invited for an NHS Health Check more than once if they do not take up the initial offer. An invitation includes a text, email, phone call or letter inviting a patient to book an appointment for a NHS Health Check.
- Have arrangements in place for the secure electronic or paper transfer (if necessary) of the Health Check results to the Service User's registered GP record.
- Where applicable, service Provider must ensure that the Service User's registered practice is given all appropriate clinical details for inclusion into the Service Users notes after obtaining explicit verbal consent from the Service User.
- Provide a copy of the results to the Service User using the WSCC approved NHS Health Checks booklet. These booklets are available for ordering via [PHresources@westsussex.gov.uk](mailto:PHresources@westsussex.gov.uk).
- Providers should also retain and securely store the GP copy where the Service User is not registered with a GP to be made available to the Service User's GP should they register within five years of their health check. PharmOutcomes automatically has a retention period of seven years, and HealthManager has an editable retention period.

The NHS Health Check must be recorded via:

- The PharmOutcomes system (for pharmacy)
- The Ardens Manager system (for General Practice). It should also be noted that until

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notified, data should continue to be recorded via the West Sussex specified data collection template and sent to [PHES@westsussex.gov.uk](mailto:PHES@westsussex.gov.uk) on a monthly basis.

The Service User should be encouraged to complete the satisfaction survey located at the back of the NHS Health Check booklet provided during their treatment programme. These will be used to monitor Service User satisfaction and to inform improvements in service provision, quality, and development.

### 5.2. Quality Requirements

- 5.2.1. The Service Provider shall ensure that relevant safety alerts and Medical & Healthcare Products Regulatory Agency (MHRA) notices are circulated to staff and acted upon where Necessary:  
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>
- 5.2.2. The Service Provider shall address complaints from Service Users in relation to this service through their own complaints' procedure in the first instance. If further help is required, contact the Council as detailed within the contract.
- 5.2.3. The Service Provider shall ensure that a process is in place for any member of the professional team to raise concerns in a confidential and structured way.
- 5.2.4. The Service Provider shall fully co-operate with any national or the Council led assessment of Service User experience.
- 5.2.5. The Service Provider shall demonstrate that clear and accurate records are kept.
- 5.2.6. The Council shall undertake visits to the Service Provider's practice as appropriate as part of quality monitoring, verification of claims and payments and to ensure that the Service Provider is meeting the Service Specification.
- 5.2.7. The StARS Framework [NHS Health Check - Quality improvement](#) draws on advice and standards from existing national guidance to raise standards in the delivery of the NHS Health Check programme. The Council and the Service Provider will work collaboratively to progressively develop the service in line with the StARS framework.

### 5.3. Consent

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The Service Provider will obtain informed consent from the Service User to (if consent is not given by the Service User then the NHS Health Check cannot take place):

- Share anonymised information for the purposes of local monitoring and evaluation. Summary data will be forwarded for regional and national evaluation.
- Share information and results with Service Users' registered GP
- Share information to assist onward referral to support services organisations
- Consent to sharing anonymised/aggregated activity data, per named Service Provider, with relevant professional bodies, such as the Local Pharmaceutical Committee (LPC) who will offer to support those Service Providers struggling to deliver to contract.

#### **5.4. Location of services**

5.4.1. The Service Provider will ensure that premises are risk assessed and suitable for the provision of Health Checks with a consultation room that allows for privacy and dignity as well as have access to hand washing facilities and internet access.

5.4.2. Premises and staff performing the NHS Health Check need to have standards for infection control and the safe disposal of contaminated waste that complies with current NHS infection control standards. See section 3.3.

5.4.3. The Service Provider will ensure there is a delivery contingency plan in place in case of staff sickness or unforeseen changes to premises.

#### **5.5. Hours of service delivery**

5.5.1. The Service Provider will determine when the service will be offered in order to best meet the requirements of its service users in terms of access and to ensure capacity meets demand.

#### **5.6. Equipment and consumables**

5.6.1. The Service Provider must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this Service.

The Service Provider will provide the following equipment:

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- Weighing scales for accurate calculation of a person's weight;
- Height measure;
- Tape measure;
- Automated blood pressure machine or sphygmomanometer -the Service Provider must use a machine/s which is on the list of validated devices on the British and Irish Hypertension Society (BIHS) website [https://bihs.org.uk/blood\\_pressure\\_technology/find\\_a\\_professional\\_bp\\_monitor.aspx](https://bihs.org.uk/blood_pressure_technology/find_a_professional_bp_monitor.aspx). If using an automated blood pressure device, ensure an appropriate cuff size is used.
- Personal protective equipment.

#### 5.6.2 The Service Provider will be responsible for:

- The provision, storage, maintenance, calibration and servicing of all equipment and all associated consumables listed above required to undertake the NHS Health Check.
- Should the provider wish to gather Cholesterol readings via venous testing the council is supportive of this method, providing the results are available to be recorded at the point the NHS Health Check is delivered. Should the provider choose to use point of care testing (POCT), the Council will provide, free of charge to the Service Provider:
  - A POCT Blood Analyser System and a consumables starter pack which is approved by and compliant with the Medical Devices Agencies requirements for the point of care testing of cholesterol, HDL cholesterol and cholesterol ratio.
  - Full training in the use, maintenance, storage, and quality assurance processes of the analyser system via the system manufacturer.
  - The machine must be used solely for the purpose of delivering NHS Health Checks and only by staff who are trained to use it.
  - In the event that the Service Provider ceases to deliver NHS Health Checks, the Service Provider must make arrangements to return the machine and case, minus the consumables starter pack, to the Council. Any consumables needed after the starter pack will be paid for by the provider.

#### 5.6.3. The Service Provider will be responsible for:

- Ensuring that staff attend the POCT training and that the system, it's reagents and

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samples are properly used, stored and maintained in accordance with the manufacturers' instructions

- Maintaining an up-to-date record of all staff trained and competent to use the system
- Ensuring lancing devices used to obtain finger prick blood samples are single use and disposable.
- Ensuring the internal quality control (IQA) procedures are carried out to provide reassurance that the system is working correctly. The Service Provider must, as a minimum, carry out IQA as per the manufacturer's IQA protocol supplied. The Service Provider must participate in the EQA process and ensure monthly returns are made to RIQAS. The Council advises that IQA should be carried out as defined in Department of Health practice guidance Pathology Quality Assurance Review 2015: [www.england.nhs.uk/wp-content/uploads/2014/01/path-qa-review.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/01/path-qa-review.pdf)
- Ensuring the Council and RIQAS are notified of changes in personnel and contact details.
- The Council reserves the right to request from the Service Provider, evidence of IQA processes carried out. In line with MHRA Devices Bulletin 2010(02) February 2010, the analyser machine is supported by a dedicated independent quality assurance service, Randox International Quality Assessment Scheme (RIQAS). This external quality assurance acts as an independent verification that the system is providing accurate readings.

5.6.4. The Council will be responsible for:

- Enrolment of the Service Provider on to the RIQAS External Quality Assurance Programme (EQA)
- The payment of annual EQA support fees for each analyser system supplied to the Service Provider.
- The Council will carry out regular audits of returns and reserves the right to suspend delivery if providers are non-compliant.

5.6.5 The Service Provider will need suitable IT infrastructure to:

- Access the specified data collection templates as detailed by the Council. This

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includes:

- The PharmOutcomes system (for pharmacy). Service Providers with an existing PharmOutcomes login will use that login for this service. Providers who do not have existing PharmOutcomes provision will be granted access once agreement has been given by The Council that all training requirements have been met.
- The Ardens Manager system (for General Practice). It should also be noted that until notified, NHS Health Checks should also be recorded via the West Sussex specified data collection template and sent to [PHES@westsussex.gov.uk](mailto:PHES@westsussex.gov.uk) on a monthly basis.
- Access the [West Sussex Wellbeing website](#), for information for professionals as well as service users.
- Access the [Department of Health and Social Care Campaign Resource Centre](#).
- Facilitate immediate inputting of information.
- Access: <https://www.healthcheck.nhs.uk/commissioners-and-providers/>
- Access to the On-Click e-mentoring Platform. Access to the Onclick platform is restricted to up-to-date secure browsers such as Chrome, Firefox, Safari, IE11 and Microsoft Edge. <https://learnpublichealth.westsussex.gov.uk/>
- Access to suitable I.T systems to manage appointments.
- Receive electronic referrals via a secure email address. The email address being used needs to be notified to the Council and must be monitored every working day and responded too.

### 5.7. Mobilisation

Prior to commencing delivery of the service, the Service Provider will confirm to the Council:

- Staff designated to deliver the service have completed full West Sussex NHS Health Checks training programme as outlined in section 3.2.3.
- On-going supervision and oversight arrangements are in place.
- Contact details of the clinical lead/responsible person.
- Staff involved in delivering the service are fully aware and understand the relevant requirements, guidance and policies within the Service Specification associated with their function.

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- How the provider will promote the service to Service Users.
- Support interdependent functions within the Service Provider’s team e.g. Admin Staff are aware the Provider will be offering the Service.
- Planned service activity for the financial year ahead.

### 5.8. Reporting of Incidents and Risk Management

The Service Provider must report all Serious Untoward Incidents (SUIs) to the Council on the next working day (24 hours after occurrence) and provide details of root cause analysis (RCA), recommendations and actions taken as a result.

## 6. Key Performance Indicators (KPIs) / Service Levels

The following performance indicators need to be measured and reported against:

Performance Indicator	Annual Target	Method of Measurement
Number of NHSHCs delivered	Minimum of one NHSHC delivered per month.	Monitored based on monthly data reports (via Ardens Manager/PharmOutcomes/Activity Sheets)
Number of NHSHC invites reported* ( <i>*providers are still expected to invite each eligible person more than once but only report the first invite</i> )	Maximum of one invite per eligible person reported in a rolling 5 year period	Monitored based on monthly data reports (via Ardens Manager/PharmOutcomes/Activity Sheets)
Percentage of service users receiving an NHSHC from high risk groups (smokers and/or BMI of 30+)	30% (or greater) of those receiving an NHSHC are high risk.	Monitored based on monthly data reports (via Ardens Manager/PharmOutcomes/Activity Sheets)
Completeness of NHSHC	All parts of NHSHC (including those not contributing to QRISK score) to be completed in full.	Monitored based on template activity completeness (via Ardens Manager/PharmOutcomes)
Qualitative feedback from service users (via NHSHC results booklet survey)	At least 10% of service users return a completed satisfaction survey.	Council monitoring survey feedback quarterly.

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# 7. Reporting Requirements and Service Specification Review

## 7.1 Data reporting and written reports

Service providers should collect the standardised tests/ measurements and data set as defined in the NHS Health Check best practice guidance October 2019 (updated March 2020).

The service provider will record the data for each NHS Health Check as it is carried out onto the corresponding West Sussex NHS Health Check Template within PharmOutcomes (Pharmacy) or via Ardens Manager/completed activity sheets (General Practice).

PHARMACY: The PharmOutcomes system will generate and submit automated reports and claims each month as per schedule B Part 1 of Public Health based services contract.

GENERAL PRACTICE: Specified data collection template for General Practice need to be submitted to [healthchecks@westsussex.gov.uk](mailto:healthchecks@westsussex.gov.uk) by the first working day of the following month, until Ardens Manager implementation phase is fully complete. These dates are in line with national reporting requirements.

The Council reserves the right to request the Service Provider to provide an audit of anonymised NHS Health Checks delivered.

## 7.2 Service Specification Review

It is recognised within this Service Specification that the Service may be subject to change due to a range of national and local policy initiatives. For example, government guidance and legislation, industry professional standards, NICE Guidance, Office of Health, Inequalities & Disparities (OHID) or West Sussex County Council Policy.

It is the responsibility of the service provider to make the necessary amendments to the service to reflect these changes. The Council will advise the Service Provider of any changes to be made. This review may also include a review of tariff when appropriate.

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- [3] UCLPartners Health Innovation (2025) *Size of the Prize – it's time to deliver a step change in the prevention of heart attacks and strokes*. Available at: [Size of the Prize for high blood pressure](#)
- [4] Office for Health Improvement and Disparities (2021) *Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations*. Available at: [Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations - GOV.UK](#)
- [5] Office for National Statistics, NOMIS service (2023) *Mortality Statistics – underlying cases, sex and age*. Available at: [Nomis - Official Census and Labour Market Statistics](#)
- [6] National Institute of Health and Care Excellence (2025) *Risk Factors for CVD*. Available at: [Risk factors for CVD | Background information | CVD risk assessment and management | CKS | NICE](#)
- [7] Quality Outcomes Framework (2024) *QOF Prevalence of obesity (18+) in West Sussex 2023/24*.
- [8] Office for Health Improvement and Disparities (2025) *Diabetes profile: statistical commentary*. Available at: [Diabetes profile: statistical commentary, March 2025 - GOV.UK](#)
- [9] Quality Outcomes Framework (2024) *QOF Prevalence of diabetes (17+) in West Sussex 2023/24*.
- [10] Bertocluci & Rocha (2017). Cardiovascular risk assessment in patients with diabetes. *Diabetol Metab Syndr.* **9**, 25. <https://doi.org/10.1186/s13098-017-0225-1>
- [11] Department of Health and Social Care (2023) *Fingertips – public health profiles*. Available at: [Fingertips | Department of Health and Social Care](#)
- [12] Tanner et al. (2020). *NHS Health Check Programme Rapid Review Update*. Available at: <https://www.healthcheck.nhs.uk/seecmsfile/?id=1589>
- [13] Expert Scientific and Clinical Advisory Panel (2017). *Emerging evidence on the NHS Health Check: findings and recommendations*. Available at: <https://www.healthcheck.nhs.uk/seecmsfile/?id=292>

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### Appendix A: Risk Management & Lifestyle Interventions

Topic	Support Services
<p>Weight Management / Physical Activity</p>	<p>Wellbeing Hubs:</p> <p>Arun - 01903 737862  <a href="https://arun.westsussexwellbeing.org.uk/">https://arun.westsussexwellbeing.org.uk/</a></p> <p>Crawley- 01293 585317 <a href="https://crawley.westsussexwellbeing.org.uk/">https://crawley.westsussexwellbeing.org.uk/</a></p> <p>Chichester 01243 521041 <a href="https://chichester.westsussexwellbeing.org.uk/">https://chichester.westsussexwellbeing.org.uk/</a></p> <p>Worthing &amp; Adur – 01903 221450 <a href="https://adur-worthing.westsussexwellbeing.org.uk/">https://adur-worthing.westsussexwellbeing.org.uk/</a></p> <p>Horsham – 01403 215111 <a href="https://horsham.westsussexwellbeing.org.uk/">https://horsham.westsussexwellbeing.org.uk/</a></p> <p>Mid Sussex - 01444 477191 <a href="https://midsussex.westsussexwellbeing.org.uk/">https://midsussex.westsussexwellbeing.org.uk/</a></p> <p>Hubs will direct Service Users to their local weight management services and monitor their progress.</p>
<p>Alcohol Reduction</p>	<p><u><a href="#">DrinkCoach – Digital Alcohol Support</a></u></p> <p>The <a href="#">DrinkCoach Alcohol Test</a> allows people to anonymously find out if you they drinking at harmful levels and to get advice and information about alcohol.</p> <p>DrinkCoach online coaching is for anyone wanting to reduce their drinking.</p> <p>DrinkCoach is professional, convenient and confidential. People can access the service anywhere and at any time to suit: weekdays, evenings and weekends. All that’s needed is a Skype connection.</p> <p>Visit <a href="https://DrinkCoach.org.uk">DrinkCoach.org.uk</a> Anyone living or working in West Sussex can enter the code WSWELL to get the session for free.</p>

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	<p><b><u>DAWN (CGL)</u></b></p> <p>DAWN, the West Sussex Drug and Alcohol Wellbeing Network, provides support to people over 25, who are looking to reduce or stop their drinking.</p> <p>Call: 0330 128 1113 Email: <a href="mailto:WestSussex.Firststep@cgl.org.uk">WestSussex.Firststep@cgl.org.uk</a></p> <p><b><u>Under 25's Drug &amp; Alcohol Service (CGL)</u></b></p> <p>CGL West Sussex under 25 is a service supporting young people with drug and alcohol issues, helping them reduce substance use and improve well-being.</p> <p>Text: 07779 339 954 (someone will ring you back) Call: 0330 128 1113 Email: <a href="mailto:wsypsms@cgl.org.uk">wsypsms@cgl.org.uk</a></p> <p><b><u>West Sussex Wellbeing</u></b></p> <p>West Sussex Alcohol Wellbeing Service helps you reduce alcohol use for increasing &amp; high risk drinkers.</p> <p>Visit <a href="http://www.westsussexwellbeing.org.uk/alcohol">www.westsussexwellbeing.org.uk/alcohol</a> for more Information.</p>
Smoking Cessation	<p>A range of free services in West Sussex are available here: <a href="https://www.westsussexwellbeing.org.uk/smokefree">https://www.westsussexwellbeing.org.uk/smokefree</a> Or by phoning: 0330 222 7980</p>

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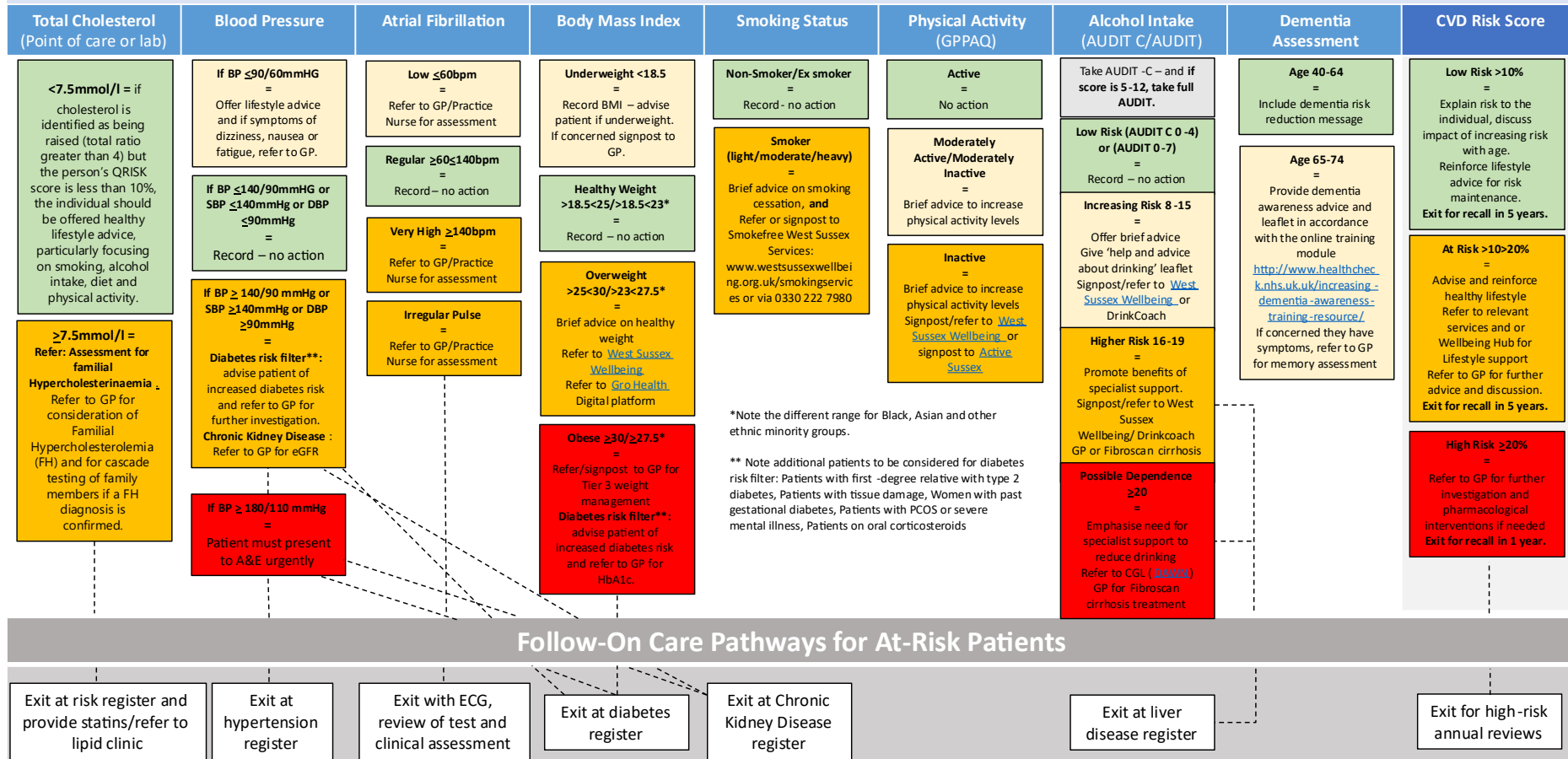
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## Appendix B: Referral and Follow-Up Actions



### NHS Health Check Programme | Interpreting results from risk assessment

**Identify and invite eligible population aged 4074** (use clinical system to identify). Prioritise groups and populations more at risk of CVD, focussing on current smokers and people with a BMI of 30+. Prior to commencing the Health Check, inform patient of what will happen and check consent. **Record all results in patient booklet** along with **family history of CHD, ethnicity, age and gender.**



## Appendix C: Activity Template

**Name of Service Provider:**

**Date Commencing Delivery:**

**Financial year activity plans relate to (delete as appropriate):**

2026/27

2027/28

Please complete this form with your best estimate for invites (where applicable) and the number of checks you estimate you will complete each month until the end of the financial year. Forms to be sent to [healthchecks@westsussex.gov.uk](mailto:healthchecks@westsussex.gov.uk).

Month	April	May	June	July	Aug	Sept
<b>No of Invites to be sent out</b>						
<b>No of checks Service Provider expects to deliver</b>						
Month	Oct	Nov	Dec	Jan	Feb	Mar
<b>No of Invites to be sent out</b>						
<b>No of checks Service Provider expects to deliver</b>						