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| **Appendix A**  **Specification**  **CPH100**  **Provision of Derbyshire NHS Health Check Programme – Any Qualified Provider (AQP)**  **From 2025** |

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| **Evaluation Approach** |
| |  |  |  | | --- | --- | --- | | In assessing the response documents the Council will be seeking evidence of the Potential Provider’s suitability to deliver the requirements of the contract.   * Responses will be evaluated in accordance with the Evaluation Approach detailed below. * The provision of false information will disqualify organisations from further consideration.  |  | | --- | | **Accreditation requirements** | | * **Providers must complete Appendix B, Expression of Interest.**      * **Complete the Supplier Information Security Questionnaire Policy** *(\*Not required for Providers to complete where they hold a contract with the NHS and have completed the annual NHS Data Security and Protection Toolkit (DSPT).* * **Copies of Cyber Certification** (\*Not required for Providers to complete where they hold a contract with the NHS and have completed the annual NHS Data Security and Protection Toolkit (DSPT) * **Copies of Insurances Certificates** * **Signed Letter Head with Bank Details** * **Submit all documentation required as part of the Expression of Interest.** |   **Additional Information**  The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in documents. The Council may seek independent financial and market advice to validate information declared, or to assist in the evaluation.  Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in response to Appendix B, Expression of Interest and Supplier Information Security Questionnaire Policy, within the timescale given, may mean that your organisation will not be considered further. Please note this is an AQP opportunity and is open throughout the duration of the contract.  Providers failing to meet and achieve a Pass for the Supplier Information Security Questionnaire Policy, will be deemed non-complaint and will not be considered further. Please note this is an AQP opportunity and is open throughout the duration of the contract. | |
| **Instructions for Completion** |
| * Responses and comments should be provided in English and should be as accurate and concise as possible. * Proposal documents should be self-contained and supply all information, which are considered necessary for the accurate evaluation of their proposal. * Technical and sales literature may be included as part of the proposal document but only as supporting evidence. Replies to questions must be, therefore, complete and not consist of references to such literature. * The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this document. Failure to provide the required information within the timescale given may mean that your organisation will not be considered further. * Failure to provide the required information, make a satisfactory response to any question/fully address the requirements of the specification, or supply documentation referred to in responses within the specified timescale may lead to your Tender being judged to be non-compliant. * If you have any queries regarding how to complete this document, please address them through the questions and answers stage of the Tender. |

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| **Definitions** |
| |  |  | | --- | --- | | LLBD | Live Life Better Derbyshire | | DCC | Derbyshire County Council | | POCT | Point of Care Testing | | NHS Health Check Programme | Refers to requirements of national programme | | CVD | Cardiovascular Disease | | NHS Health Check Service / The Service | Refers to Local delivery requirements | | AQP | Any Qualified Provider | | DNA | Did Not Attend | | PCN | Primary Care Network | | OHID | Office for Health Improvement and Disparities | | Derbyshire Eligible Population | Patients registered to a Derbyshire GP Practice excluding Derby City. | |

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| **Introduction** |
| The NHS Health Checks service is being commissioned as an Any Qualified Provider (AQP) who can deliver face to face Health Checks across Derbyshire to the eligible population who meet the NHS Health Check criteria.  The set price the Council will pay for a completed Health Check will be £21.00.  The service is available for Any Qualified Provider who can deliver Health Checks face to face within Derbyshire to join at any time throughout the duration of the contract term.  The new contract will commence on 1 April 2025 on a rolling contract basis, with the option for either party to opt out at any time giving 3 months’ notice.  **Introduction**  Derbyshire County Council’s (DCC) Public Health Department aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. The Public Health Department Commissions a range of population health interventions with the aim of improving health and reducing inequalities.  In April 2013 the NHS Health Check became a statutory Public Health service in England. Local Authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years old, once every five years as set out in regulations 4 and 5 of the Local Authorities Regulations 2013 (Regulations, 2013)[[1]](#footnote-2) (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, S.I 2013/351. The NHS Health Check is a national risk assessment and management service which aims to reduce the chance of a heart attack, stroke or developing some forms of dementia in people aged 40-74 years old.  The requirements for the provision of NHS Health Checks locally are in accordance with the nationally defined programme and key requirements are reflected in this specification. The focus of the NHS Health Checks service, called The Service in this specification, is to provide NHS Health Checks to men and women aged 40 to 74 years, who are registered within a primary care general practice and living in the county council areas of Derbyshire, who do not have existing cardiovascular disease (CVD), and who are not currently treated for certain risk factors.  The NHS Health Check assesses the top seven risk factors driving the burden of noncommunicable disease in England, and by providing individuals with behavioural support and, where appropriate, pharmacological treatment [[2]](#footnote-3).  The seven modifiable risk factors for cardiovascular disease (CVD) are:  1. High blood pressure  2. Smoking  3. Cholesterol  4. Obesity  5. Poor diet  6. Physical inactivity  7. Alcohol consumption  With any provision of service, consideration must be given to addressing inequalities in health. This service provides an opportunity to narrow the inequalities gap by providing services not only to the mainstream population but also to those disadvantaged groups who are more likely to experience poorer health outcomes.  The current contract ends on 31 March 2025, the service is being delivered throughout Derbyshire via 87 General Practices across the county.  AQP’s will be responsible for delivery of the service, providing lifestyle brief advice, referring patients to Live Life Better Derbyshire (LLBD)[[3]](#footnote-4) for lifestyle and behaviour change support and/or to other relevant providers as appropriate.  LLBD is a free service for adults in Derbyshire who would like to improve their health and wellbeing. LLBD provide a single point of contact and referral management for health improvement services such as Smoking Cessation, Physical Activity and Weight Management Services. LLBD offers additional behavioural support for people who may benefit from it including support pathways for weight management, mental health, physical activity, smoking cessation, and brief interventions for alcohol.  An overview of the full NHS Health Check Risk Assessment Pathway can be viewed in Figure 1 below.  **Figure 1 - NHS Health Check Risk Assessment Pathway**  The approach to delivery of the service outlined in this specification supports the Integrated Care System (ICS) Strategy objectives of ‘Stay Well’ and ‘Age/Die Well’, the Integrated Care Board (ICB) Five Year CVD Prevention Plan and the Public Health Strategy to reduce health inequalities and increase healthy life expectancy. |
| **Part 1 – Aims** |
| **1. Aims**   * 1. Derbyshire County Council Public Health Department aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. The NHS Health Check aims to prevent heart disease, stroke, type 2 diabetes, kidney disease, and raise awareness of dementia and alcohol harm both across the population and within high risk and vulnerable groups within Derbyshire.   2. The Service aims to improve the health outcomes and quality of life amongst Derbyshire residents by identifying individuals at an earlier stage of vascular change. It provides opportunities to empower them to substantially reduce their risk of cardiovascular morbidity or mortality. In turn this will lead to a reduction in the incidence of acute cardiovascular events in the Derbyshire population.   **1.3 Objectives**  • To offer an NHS Health Check to 100% of the eligible population every 5 years (20% per annum)   * To ensure a minimum of 50% of the Eligible Population take up a NHS Health Check, with a year-on-year improvement working towards 66% target set by OHID. * To actively target populations where high-risk service users may be more prevalent.   • To enable the early detection of hypertension  • To enable the prevention and early detection of diabetes  • To enable the early detection of chronic kidney disease  • To identify individuals with a high risk of future cardiovascular disease  • To initiate the appropriate medical management of newly diagnosed chronic diseases  • To identify levels of potentially harmful drinking  • To increase population level awareness of dementia specifically among 65 to 74-year-olds  • To work collaboratively with individuals who require lifestyle support and offer them ongoing support through referral to one or more of the following local lifestyle interventions:  o Live Life Better Derbyshire service which includes stop smoking, weight management and physical activity advice and support  o NHS Diabetes Prevention Programme (NHSDPP)  1.4 The Service links into a number of high-level priorities in primary care such as cardiovascular disease. The registration and on-going management of new patients with vascular disease will contribute to the Network Contract Specification for CVD prevention and Neighbourhood Health Inequalities and towards 13 Quality and Outcomes Framework (QOF) indicators, e.g., SMOK004 – current smokers offered smoking cessation support and treatment, BP002 (NM61) – recording of Blood Pressure in over 45s, and OB001 – patients over 16 with a BMI greater than or equal to 30. |
| **Part 2 – Delivery** |
| **2. Service Description**  This specification will continually be reviewed in line with national recommendations in order to ensure adherence with best practice, quality assurance standards and national and local requirements.  **2.1. Best practice Guidance**  2.1.1. AQP’s will be required to deliver the Service in accordance with this agreement and NHS Health Checks Best Practice Guidance[[4]](#footnote-5)  **2.2. Service Availability Requirements**  2.2.1. AQP’s must be available to deliver the minimum number of NHS Health Check appointments per annum, face to face and for a minimum duration of 30 minutes. The minimum number is based on eligible population at each practice.  2.2.2. Must be able to identify patients and have a process for sending invites to eligible individuals for NHS Health Checks which must include: invitation letters, follow up telephone calls, text or further letters and have a robust process in place to update Patients Medical Records with results from the completed Health Check and QRisk score.  2.2.3 NHS Health Checks will take place in a private consultation room or area. The provider will conform to the national standards and quality objectives of the NHS and infection control policies when carrying out NHS Health Checks.  2.2.4. Allow entry by a representative for DCC such as Local Healthwatch for quality assurance purposes.  2.2.5 Provide appropriate trained and stable workforce at all times to meet the potential demand.  **Figure 2: Stages of the NHS Health Check**    **2.3 Stage 1: Identify eligible population.**  AQP’s will record patient information concerning invitation, risk assessment and risk management using the standardised clinical data template, as defined by Derbyshire County Council.  Providers delivering Health Checks must use practice generated lists of eligible patients to ensure only patients meeting the eligible criteria are invited and must exclude people with conditions as set out in 2.3.2 Exclusion Criteria.  **2.3.1 Eligibility criteria**  The regulations state that people aged 40 – 74 years who do not meet any of the criteria for exclusion.  **2.3.2 Exclusion Criteria**  The NHS Health Check programme aims to prevent disease. People with previously diagnosed vascular disease or who meet the exclusion criteria set out below are excluded from the programme. These individuals should already be receiving appropriate management and monitoring through existing pathways. Therefore, individuals with known CVD, see exclusion list below, are omitted from the programme:  • Coronary Heart Disease (CHD)  • Chronic Kidney Disease (CKD) which has been classified as stage 3, 4 or 5 within the National institute for Health Excellence (NICE) clinical guidelines on CKD (NG203)[[5]](#footnote-6)  • Diabetes  • Hypertension  • Atrial Fibrillation (AF)  • Transient Ischaemic Attack (TIA)  • (Familial) Hypercholesterolemia  • Heart Failure  • Peripheral Arterial Disease  • Stroke  • Prescribed statins for the purpose of lowering cholesterol   * People who have previously had an NHS Health Check, or any check undertaken through the health service in England and found to have a 20% or higher risk of developing CVD over the next 10 years. * Where someone has a CVD risk score of 10%-19%, they would not be excluded from recall unless they meet one of the other exclusion criteria, e.g. being prescribed a statin.   **2.4 Stage 2: Inviting eligible population for an NHS Health Check Assessment**  To successfully invite the Derbyshire eligible population, AQP’s will operate a call/recall process that ensures that all of the Derbyshire eligible population is invited to have an NHS Health Check once every five years.  2.4.1 AQP’s will ensure that the most appropriate mix of invitation methods are used to encourage uptake of the service with a focus to increase uptake amongst deprived and disproportionately disadvantaged groups and those likely to be most at risk.   * + 1. AQP’s will make a minimum of two attempts to invite patients for a Health Check with approximately a month between invitations. AQP’s can decide on the optimal call and recall strategy, including for example writing to, email, or contacting by telephone or text message, according to communication preference. An email can only be used as an invitation if the patient has specifically identified it as a preferred method of contact. The email should also include an attachment of the NHS Health Check leaflet[[6]](#footnote-7). The main provider must report their invitation approach to DCC and be willing for this to be shared with other providers where appropriate.     2. If inviting patients by telephone, this should be followed up with a written confirmation or text, including details of the venue, and a copy of, or link to the NHS Health Check leaflet. A telephone call attempt should be made at least twice at different times of the day. If there is no contact made with the patient, they have not been invited and therefore a letter will still be required as a second invitation.     3. **Any** first invitation should be coded as a ‘first letter invites. **Any** second invitation should be coded as ‘second letter invite’.     4. If both invitation attempts fail to get a response, then the patients should be coded as a ‘non responder’.This patient will then be re-entered into the system and invited again in 5 years. If a patient actively declines or DNAs, the patient should be coded as ‘decline’ or ‘DNA’ as appropriate. These patients will also be invited again in 5 years.     5. If a patient has a health check opportunistically, this must still have a ‘first letter’ invitation read code.     6. The NHS Health Checks lead from Derbyshire County Council will provide advice and information on how to download patient information leaflets and other promotional materials to be used for the service.     7. AQP’s will offer patients a choice of appointments, including out of hours appointments, for the initial risk assessment. All attempts to contact patients will be recorded using the agreed local template.     8. Notify the commissioner where residents cannot be offered an NHS Health Check within one month due to resource issues.   **2.5 Consent – medical services**  Those involved with delivering the NHS Health Check must understand the nature, risks and benefits associated with the NHS Health Check itself. Consent for an NHS Health Check should be voluntary and informed. The recording of consent should fit the environment the NHS Health Check is delivered in. In a clinical setting this can be verbal consent and should comply with the practices consent policies and procedure.  **2.6 Stage 3 – The NHS Health Check Risk Assessment**  2.6.1 **The NHS Health Check Risk Assessment**: ensuring a complete Health Check for those who accept the offer is undertaken and recorded.  2.6.2 Description:   1. A complete NHS Health Check must include all the elements outlined below and in the best practice guidance all to be taken at the time of the check unless specified:   2.6.3 **Age**  *Data required*: age recorded in years.  *Key points:* The age of the individual should be 40-74 years (inclusive).  2.6.4 **Gender**  *Data required:* the gender should be recorded as reported by the individual.  *Key points:* If the individual discloses gender reassignment, they should be provided with CVD risk calculations based on both genders, and advised to discuss with their GP which calculation is most appropriate for them as an individual.  2.6.5 **Ethnicity**  *Data required:* self-assigned ethnicity using one of the following categories: white/not recorded, Indian, Pakistani, Bangladeshi, other Asian, black African, black Caribbean, Chinese, other including mixed.  *Key points*: ethnicity is needed for the diabetes risk assessment. Ethnicity should be recorded using the Office for National Statistics 2001 census codes.   * + 1. **Smoking Status**   *Data required****:*** non-smoker (never smoked), ex-smoker (previously smoked), light  smoker of (fewer than 10 a day), moderate smoker of (11-19 a day), heavy smoker (≥  20 a day).  *Key points:* a person’s smoking status is defined as smoking tobacco, vaping status is  excluded from this definition.   * + 1. **Family history of coronary heart disease**   *Data required:* information on family history of coronary heart disease in first-degree relative under 60 years.  *Key points:* ‘first-degree’ relative means father, mother, brother, or sister.   * + 1. **Blood pressure, systolic (SBP) and diastolic (DBP)**   *Data required****:*** both systolic (SBP) and diastolic blood pressure (DBP).  *Key points:* pulse rhythm should be taken prior to a blood pressure check, in line with NICE Hypertension clinical guideline[[7]](#footnote-8). Individuals who are found to have an irregular pulse rhythm should be referred to the GP for further investigation of atrial fibrillation.  *Related stages of the check****:*** if the individual has a blood pressure at, or above,  140/90mmHg, or where the SBP or DBP exceeds 140mmHg or 90mmHg, respectively,  the individual requires:  • a non-fasting HbA1c test or a fasting plasma glucose (FPG)  • an assessment for hypertension. This will take place in primary care and will require local authorities to work closely with their partners to ensure people receive appropriate clinical follow up.  • an assessment for CKD (see 4.3 clinical assessment & risk management). This will take place within a GP setting, and links across the system are essential.  *Additional guidance*   * Hypertension in adults: diagnosis and management. NICE clinical guideline 136. Updated November 2023   + 1. **Body mass index (height and weight)**   *Data required*: BMI is calculated from the weight of the individual, divided by their height squared.  *Key points*: if the individual cannot have their height and/or weight measured, including amputees, the individual’s waist circumference, in supine position where possible, can be used to assess whether the person is overweight or obese, and their risk of developing diabetes. The thresholds for waist circumference are set out in the NICE obesity clinical guidelines[[8]](#footnote-9). The QRISK® 3 calculation will default to population averages where information is not added, so it will estimate BMI based on the age and gender entered into it.  *Related stages of the check:* BMI is required for the CVD risk calculation. It may also  be used by the diabetes validated risk assessment tools and diabetes filter to identify individuals at risk of type 2 diabetes.  *Additional guidance*  o Obesity: identification, assessment and management. NICE Clinical Guideline  CG189. November 2014, updated July 2023  o Body mass index thresholds for intervening to prevent ill health among black, Asian  and other minority ethnic groups. NICE advice LGB13. January 2014   * + 1. **General practice physical activity questionnaire (GPPAQ)**   *Data required:* Level of physical activity as categorised using the General Practice Physical Activity Questionnaire (GPPAQ)[[9]](#footnote-10).  *Key points****:*** GPPAQ provides a measure of an individual’s physical activity levels, which have been shown to correlate with cardiovascular risk. It is the only validated measure for physical activity that correlates with all-cause mortality and is advocated by NICE for use for this purpose. While the GPPAQ asks questions about walking and activities of daily living, these are not included in the calculation, due to the significant levels of over-reporting in the amount and intensity of these physical activities during validation. Clinicians will need to use their judgement whether patients meet the minimum physical activity levels for those classified as less than active. Related stages of the check: a brief intervention on physical activity can help support people to become and remain active and will be appropriate for the majority of people who fall into all GPPAQ classifications other than active. NICE guidance recommends that individuals identified as inactive who have existing health conditions or other factors that put them at increased risk of ill health should be considered for exercise referral. Other individuals identified as inactive or only moderately active should be given brief advice on physical activity and suggested physical activity opportunities.   * + 1. **Alcohol use score** (AUDIT-C or FAST can be used as the initial screen, further guidance is in the best practice guidance October 2019)   *Data required:* alcohol use disorder identification test-consumption score (AUDIT-C). Fast alcohol screening test (FAST) or alcohol use disorder identification test (AUDIT)  score. If the individual achieves a score of five or more on AUDIT-C or three or more on FAST, the second phase should be undertaken. The second phase involves completing the remaining questions of the full AUDIT. It is this full AUDIT score that can identify the risk level of the individual. If the total AUDIT score from the full ten questions is eight or more, this indicates the individual’s consumption of alcohol might be placing their health at increasing or higher risk of harm.  *Key points:* To identify the risk of harm from alcohol, the World Health Organization (WHO) recommends that the full AUDIT questionnaire should be used. This questionnaire is validated, has been used all over the world and is considered to be the ‘gold standard’ alcohol risk questionnaire. AUDIT-C, FAST and full AUDIT can be self-completed by the individual or the questions can be verbally asked of the individual and their response recorded. Alcohol guidelines published in January 2016 recommend that men and women should not regularly exceed 14 units per week to keep their risk of alcohol-related harm low.  Related stages of the check**:** if the individual meets or exceeds the AUDIT threshold of eight, the individual should be given brief alcohol advice to reduce their health risk and to help reduce alcohol-related harm. If the individual meets or exceeds an AUDIT score of 16 (higher risk) this should be flagged with the individual’s GP so that an assessment for cirrhosis can be undertaken. A referral to alcohol services should be considered for those individuals scoring 20 or more on AUDIT.   * + 1. **Cholesterol:**   *Data Required****:*** cholesterol must be measured as the ratio of total serum cholesterol to high density lipoprotein (HDL) cholesterol (either via point of care testing or venous blood test take prior to health check appointment (a previous venous blood sample can be used if taken within the previous six months)  *Key points****:*** a random cholesterol test should be used for this assessment. A fasting sample is not required.  *Related stages of the check:* cholesterol is a major modifiable risk factor of vascular disease and can be reduced by dietary change and physical activity, but medicines may also be required depending on the degree of elevated risk.   * + 1. **Cardiovascular risk score:** a score relating to the person’s risk of having a cardiovascular event during the ten years following the health check, derived using Qrisk3 that will predict cardiovascular risk.     2. **Dementia awareness** (for those aged 65 to 74)   *Key points:* There are two dementia components to the NHS Health Check. Neither require any formal assessment or memory testing. The first is that everyone who has an NHS Health Check should be made aware that the risk factors for cardiovascular disease are the same as those for dementia. What is good for the heart is good for the brain. Up to 35% of dementia is preventable through modifiable risk factors, including physical activity, healthy diet, reduced alcohol intake and not smoking.  The second is that people aged 65-74 should be made aware of the signs and symptoms of dementia and be signposted to memory services if this is appropriate.   * + 1. **Diabetes Risk Assessment:** HbA1c (preferred in Derbyshire) or fasting glucose, for patients with BMI equal to or greater than 30 (27.5 for patients of South Asian ethnicity), and/or a BP reading greater than 140/90 mmHg.   *Data required:* this varies depending on the validated diabetes risk assessment tool used, but can include age, gender, ethnicity, family history of diabetes, BMI, diagnosis of hypertension, waist circumference, smoking status, history of CVD, taking regular steroid tablets. Individuals should be considered as being at high risk of diabetes using the following thresholds for the corresponding validated risk assessment tools:  • QDiabetes score is greater than 5.6  • Cambridge diabetes risk score is greater than 0.2  • Leicester practice risk score is greater than 4.8  • Leicester risk assessment score is greater than or equal to 16   * If you are unable to introduce the use of a validated tool, then the diabetes filter can still be used. In this case, people at high risk of diabetes, and so eligible for a blood glucose test, include:   • an individual from black, Asian and other ethnic groups with BMI greater than or equal to 27.5  or  • an individual with BMI greater than or equal to 30  or  • those with blood pressure at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg, respectively.   * In addition to individuals meeting the high-risk filter criteria, it is important to consider the situation of the individual, because some people who do not fall into the filter categories will still be at significant risk. This includes:   • people with first-degree relatives with type 2 diabetes or heart disease  • people with tissue damage known to be associated with diabetes, such as  retinopathy, kidney disease or neuropathy  • women with past gestational diabetes  • those with conditions or illnesses known to be associated with diabetes (e.g.  polycystic ovarian syndrome or severe mental health disorders)  • those on current medication known to be associated with diabetes (e.g., oral  corticosteroids)  *Key points****:*** The assessment of diabetes risk should be undertaken in two stages; the first step should be to use a validated risk tool (or where that is not possible, the diabetes filter) to identify people at risk. The second step involves performing a blood test to indicate whether an individual is at risk of type 2 diabetes. A diagnosis of type 2 diabetes can only be made on the blood glucose results from a venous blood sample. Where a person has no symptoms but falls above the threshold for type 2 diabetes, a second blood test should be undertaken before a diagnosis is made. As with the other tests in the check, it is important that those people who do not go on for further diabetes testing understand that everyone has some level of risk of developing diabetes. They should also be made aware of the risk factors for diabetes as part of the general lifestyle advice that should be offered to everyone having a check, regardless of their risk.  2.6.16 To collect all of the above information during a face to face NHS Health Check assessment the provider shall take a minimum of 30 minutes to complete.  2.6.17 The NHS Health Check helps identify individuals who require additional clinical assessment and follow up. Clinical follow up is the responsibility of Derbyshire General Practices.  2.6.18 The NHS Health Check programme aims to prevent disease. People with previously diagnosed vascular disease or who meet the exclusion criteria (See 2.3.4 Exclusion Criteria) are excluded from the programme. These individuals should already be receiving appropriate management and monitoring through existing pathways. Therefore, individuals with known CVD are omitted from the programme.  2.6.19. **Rationale:-** The NHS Health Check Risk Assessment  i. The tests, measurements and risk calculations that make up the risk assessment part of the NHS Health Check are stipulated in legislation because of the importance of a uniform, quality offer.  ii. Every individual who receives an NHS Health Check should receive a good quality, complete risk assessment, irrespective of where they live, or the provider.  iii. An incomplete risk assessment may lead to an inaccurate calculation of their risk score and therefore have clinical implications and in turn, reputational implications for the programme.  **2.7 The NHS Health Check Risk Assessment: equipment use.**  2.7.1. **Description:**  i. The Provider must ensure all equipment used for the NHS Health Check is fully functional, used regularly, CE/UKCA marked, validated, maintained and is calibrated according to the manufacturer’s instructions. This includes height and weight measuring devices, blood pressure monitors and point of care testing (POCT) equipment.  ii. The Provider must report any adverse & serious incidents involving medical equipment to the manufacturer and commissioners, as well as the Medicines and Healthcare Products Regulatory Agency (MHRA) and managed according to providers and commissioners governance arrangements. Serious incidences where appropriate shall be reported onto the Strategic Executive Information System(STEIS), NHS England’s web-based serious incident management system. The provider shall address the recommendations from all individual learning reviews and inspections. DCC serious incidents report policy detailed in section 7.9  iii. An adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the accuracy and/or safety of device users (including patients) or other persons.  iv. For example:   * a patient, user, carer or professional is injured as a result of a medical device failure or its misuse * a patient’s treatment is interrupted or compromised by a medical device failure * a misdiagnosis due to a medical device failure leads to inappropriate management and treatment * a patient’s health deteriorates due to medical device failure (MHRA)   v. AQP’s will be required to supply all equipment and ensure that quality control, clinical disposal and training is undertaken as per manufacturers recommendations.  2.7.2. **Rationale:**  i. If equipment is not used correctly, there is a risk that incorrect readings are given, affecting the risk score and potentially the clinical management of the individual.  ii. Incidents should be reported as soon as possible. Some apparently minor incidents may have greater significance when aggregated with other similar reports.  **2.8 The NHS Health Check Risk Assessment: quality control for point of care testing**  2.8.1. **Description**:  i. Point of care test (POCT) is a device the manufacturer has intended to be used for examining specimens derived from the human body including blood and urine. POCT is used to enable the NHS Health Check to be a ‘one-stop-shop’ service with measurements and results give on the same day and time. The use of POCT is recommended as best practice but should only be used where appropriate quality assurance mechanisms and appropriate accredited protocols are in place. These are set out in NHS Health Checks Best Practice Guidance. AQP’s who elect to use POCT will need to purchase their own consumables. AQP’s which elect not to use POCT testing will need to identify processes for paying phlebotomy laboratory costs.  ii. Where using POCT, providers must ensure:   * They are only used by healthcare professionals and staff who have been trained (by a competent trainer) to use the equipment. DCC NHS Health Check lead will send details of relevant training throughout the contract. * An individual is identified as the named POCT Co-ordinator. * That an appropriate internal quality control (IQC) is carried out in accordance with the Medicines and Healthcare Products Regulator Agency (MHRA) guidelines on POCT, ‘Management and use of IVD point of care test (POCT) devices. Device bulletin 2010(02) February 2010’[[10]](#footnote-11). * Other essential quality control procedures e.g., optical checks to be performed, in addition, to ensure the POCT device is working effectively. * Record keeping for all processes should be accurate & contemporaneous. * That each POCT location is registered in and participating in an appropriate \*External Quality Assessment (EQA) programme through an accredited (CPA or ISO 17043) [[11]](#footnote-12)provider that reports poor performance to the National Quality Assessment Advisory Panel (NQAAP) for Chemical Pathology. * All POCT machines, which have been unused for over a period of 1 month should be tested before use with the Optics check and quality assurance sample to ensure the device is working accurately. * The provider of the quality assurance sampling will be identified & managed by DCC where a practice is using a POCT device, which has been provided by DCC**.**   2.8.3. **Rationale:**  i. Inadequate Quality Assurance of POCT may lead to potentially inaccurate results affecting clinical management and clinical risk for the provider. As well as being a threat to the integrity of the programme and to clinical engagement.  **2.9. STAGE 4: COMMUNICATION OF RESULTS, CLINICAL ASSESSMENT & ONGOING RISK MANAGEMENT:**  2.9.1 **Communication of Results**: - ensuring results are communicated effectively and recorded.  2.9.2 **Description:**  i. All individuals who undergo an NHS Health Check must have their cardiovascular risk score calculated and explained in such a way that they can understand it. This communication should be face to face at the time of the NHS Health Check.  ii. Staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables the risk calculators use to equate the risk.  iii. When communicating individual risks, staff should be trained to:   * communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk * use behaviour change techniques (such as motivational interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk * establish a professional relationship where the individual’s values and beliefs are identified and incorporated into a client-centred plan to achieve sustainable health improvement.   iv. Individuals receiving the NHS Health Check shall be given adequate time to ask questions and obtain further information about their risk and results.  v. Individualised written information should be provided that includes results, bespoke advice on the risks identified and self-referral information for lifestyle interventions.  vi. This shall include and provide an explanation of the patients:   * BMI * cholesterol level (total cholesterol and HDL cholesterol) * blood pressure * alcohol use score (AUDIT C or FAST) * risk score and what this means * referrals onto lifestyle or clinical services (if any)   vii. AQP’s will ensure that the following consent is secured from all service users receiving the NHS Health Check. Consent that NHS Health Check results can be shared with:   * The Commissioner for monitoring and evaluation purposes only. * The Service User’s registered GP if the NHS Health Check has not been undertaken at their registered practice. * LLBD or any other third-party health improvement provider as agreed with the Service User.   2.9.3 **Rationale:**  i. Legal duties exist for local authorities to make arrangements to ensure the people having their NHS Health Check are told their cardiovascular risk score, and other results are communicated to them.  ii. NHS Health Checks is a preventative programme to help people stay healthy for longer. To maximise these benefits, efforts should be made to ensure individuals understand their level of risk and their results. Everyone who has an NHS Health Check, regardless of their risk score, should also be given lifestyle advice to help them manage and reduce their risk. That means that, unless it is deemed clinically unsafe to do so, everyone having an NHS Health Check should be provided with individually tailored advice that will help motivate them and support the necessary lifestyle changes to manage their risk. This includes supporting and encouraging individuals to maintain a healthy lifestyle where no change is required.  **2.10. RISK MANAGEMENT: high quality and timely lifestyle advice given to all**  2.10.1 **Description:**  i. Provision and timely access to high quality and appropriate risk management interventions should be in place in line with the best practice guidance. This includes signposting to evidence-based and accessible interventions such as:   * stop-smoking services * physical activity interventions * weight management interventions * alcohol-use interventions   ii. LLBD is the lifestyle behavioural change resource for Derbyshire. Providers are expected to refer individuals to LLBD to support the advice and guidance they provide within the NHS Health Check.  iii. AQP’s will provide the NHS Health Check results booklet or copy of NHS Health Check results export from the clinical system for issue to each individual at the time of the NHS Health Check.  2.10.2**. Rationale:**  i. NHS Health Checks are a preventative programme to help people stay healthy for longer. To maximise these benefits, all individuals who have an NHS Health Check, regardless of their risk score, should be given lifestyle advice, where clinically appropriate, to help them manage and reduce their risk. Unless it is deemed clinically unsafe to do so, everyone having the Health Check should be provided with individually tailored advice that will help motivate them and support the necessary lifestyle changes to manage their risk. This includes supporting and encouraging individuals to maintain a healthy lifestyle where no change is required.  ii. It is pivotal that the actions taken at a certain threshold are the same and in line with national guidelines, including those issued by the National Institute for Health and Care Excellence (NICE), so that people receive the necessary and appropriate care e.g. thresholds for further clinical follow up for cholesterol and HbA1c (See figure 4 and Best Practice Guidance for further information).  **2.11 Clinical Assessment & RISK MANAGEMENT: additional testing and clinical follow-up**  **Figure 3**: **Overview of the Vascular risk assessment and management programme**    2.11.1. **Description:**  i. AQP’s must ensure that all abnormal parameters have been followed up, within the NHS Health Check appointment and an appropriate referral has either been made or ruled out. Timely access to further clinical follow-up and diagnostic testing is the responsibility of primary care and must take place as outlined in the best practice guidance at the following thresholds:  a) Following the diabetes filter, undertaken as part of the risk assessment, blood glucose test; either fasting plasma glucose or HbA1c (glycated haemoglobin) for all identified as high risk. Indicated by either:   * BP >140/90 mmHg or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively * BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories * Individuals identified with pre-diabetes need to be reviewed at least annually.   b) Assessment for hypertension by GP practice team when indicated by:   * BP >140/90 mmHg * Or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively * Individuals diagnosed with hypertension to be added to the hypertension register and treated through existing care pathways. They should be reviewed in line with NICE guidance, including provision of lifestyle advice.   c) Assessment for chronic kidney disease by GP practice team when indicated by:   * BP >140/90 mmHg * Or where SBP or DBP exceeds 140mmHg or 90mmHg respectively * All who meet these criteria to receive serum creatinine test to estimate glomerular filtration rate (eGFR).   d) Assessment for familial hypercholesterolemia by GP practice team when indicated by:   * Total cholesterol >7.5 mmol/L   e) Alcohol risk assessment, use of full AUDIT when indicated by:   * AUDIT C Score >5 * Or FAST >3 * If the individual meets or exceeds the AUDIT C or FAST thresholds above the remaining questions of AUDIT must be administered to obtain a full AUDIT score. If the individual meets or exceeds a threshold of 8 on AUDIT, brief advice is given. For individuals scoring 20 or more on AUDIT referral to alcohol services should be considered.   2.11.2. **Rationale:**  i. Only through the early detection and management of risk factors can the NHS Health Check maximise its public health impact and reduce premature mortality.  ii. It is key that the actions taken at these thresholds are the same to assure a systematic and uniform offer across England. Systems should be in place to ensure follow-up tests are undertaken, and results received in order to provide assurance that appropriate follow-up and management is undertaken. Disease management should be undertaken in line with NICE guidance including provision of appropriate lifestyle intervention.  **2.12 Stage 5: DATA TRANSFER THROUGHOUT THE PATHWAY: confidential, timely recording and transfer of patient identifiable data**  2.12.1 **Description:**  i. Access the Patients Medical Records to update with Health Check Data and QRisk score.  ii. A protocol in place for timely referral of patients where abnormal parameters are identified including the referral process to LLBD and other relevant services.  iii. For all individuals who require additional testing and clinical follow-up, AQP’s should follow Standards 8 and 9 of the NHS Health Check programme standards (PHE, December 2020)[[12]](#footnote-13).  iv. Providers are responsible for:   * Storing, maintain and transferring collected data must comply with the DH Records Management Code of Practice (2006) and with General Data Protection Regulation (GDPR) and the Data Protection Act (2018)[[13]](#footnote-14).   v. Derbyshire AQP’s must use one of the following electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic data system as specified by the Commissioners who will provide the results capture template:   * TPP SystmOne * EMIS   vi.NHS Health Checks undertaken by providers other than General Practices will be  returned to the GP as required by the Local Authorities (Public Health Functions and  Entry to Premises by Local Healthwatch Representatives) Regulation 2013,  electronically in line with data sharing agreement and protocols agreed  with the GP Practice providing the eligible population list. Providers will be issued with a  Read Code to be entered in the system by GP Practices when using paper copies of an  NHS Health Check from that provider. Patient consent is not required for this data flow  as it is a legal requirement, but the patient should be informed that such data will be  returned to the GP.  All the results from health checks undertaken in other settings must be transferred on to  the practice clinical system (NHS Health Check April 2015 version) within 5 working days,  and appropriate additional testing/follow-up arranged as needed as outline in best  practice guidance.  2.12.2. **Rationale:**  i. Legal duties exist for local authorities to make arrangements for specific information and data to be recorded and where the risk assessment is conducted outside the individual’s GP practice, for that information to be recorded accurately against the Patients Medical Record.  ii. There are a number of potential issues surrounding data flows for example:   * if NHS Health Checks are undertaken in a community setting, there may be delay in the GP practice receiving the information and results * ensuring confidential transfer of patient-identifiable data * errors surrounding accuracy of data inputted   iii. These process failures could lead to a breach in confidentiality and/or inappropriate action undertaken due to inaccurate or delayed information being received. If information is not recorded it is unknown whether appropriate intervention and follow up has been undertaken.  iv. These standards only focus on a limited number of points on the delivery pathway. They focus on describing what good looks like, and they are a starting point for increasingly robust assessment of quality.  v. AQP’s are required to be willing to adapt their delivery accordingly and as appropriate in consultation with the Commissioner where the need arises throughout the life of this contract.  **2.14 Public Health Planning**  2.14.1. The Council may review elements of the Service Specification in accordance with changes to NHS service provision, Public Health delivery plans and changes to national requirements.  2.14.2 The Council reserves the right to amend the contract and service specification without agreement to introduce new quality assurance and KPI’s and will discuss these where it is reasonably able to before implementing any variation, including service credits, where performance is an issue. |
| **Part 3 – TRAINING & COMPETENCY STANDARDS** |
| **3. TRAINING & COMPETENCY STANDARDS**  3.1. AQP’s will ensure that all practitioners who conduct NHS Health Checks are fully trained to deliver the programme as per the NHS Health Check Competence Framework (June 2021)[[14]](#footnote-15). NHS Health Check Competence Framework describes the core competences and technical competences required to carry out an NHS Health Check. It also refers to the code of conduct and the care certificate that all people carrying out an NHS Health Checks should aspire to. The Framework sets out clear competences required of providers in general practice, pharmacy, commercial and other settings, with an enhanced focus on behaviour change skills for better health outcomes. See link for resources: <https://www.healthcheck.nhs.uk/commissioners_and_providers/training/>  3.2. AQP’s will ensure that all practitioners who conduct NHS Health Checks are fully skilled to provide the behaviour change advice and guidance as per NICE guidance PH6 & PH49[[15]](#footnote-16),[[16]](#footnote-17).  <https://www.nice.org.uk/guidance/ph6>  <https://www.nice.org.uk/guidance/ph49>  3.3 AQP’s will ensure that all staff involved in the provision of NHS Health Checks must complete any training provided by Derbyshire County Council. Evidence of this accreditation is required.  3.4. Point of Care Testing – AQP’s that choose to use POCT must ensure that all users have received full training in the use of the device, as provided by the machine manufacturer. Users must also be fully trained in ongoing quality control sample testing to ensure the accuracy of the device readings.  3.5 Public Health within Derbyshire County Council is developing a health literacy approach across the county. By working together with residents, the services we provide can play a key role in improving health literacy. This will help to reduce health inequalities and lead to better health outcomes. AQP’s will work towards becoming a health literate service/organisation by ensuring the health literacy levels of service users are considered at every opportunity. For example, in their communication during appointments, written information, signage and directions and policies.  To help the provider achieve this, they can access a range of free training and resources, click to access: health literacy webpage » [Health Literacy » Joined Up Care Derbyshire](https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/health-literacy/) and a free e-learning module from Health Education England, click to access: [NHSE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/601299) health literacy e-learning module.  3.6 AQP’s will:  • Ensure the implementation of a clinical audit process to review performance and provide a framework to enable improvements to be made.  • Support Derbyshire County Council Public Health or their nominated representatives to conduct performance reviews and if required to access premises in order to facilitate a clinical audit or inspection of the service being provided. |
| **PART 4. Interdependencies with other services** |
| **4. Interdependencies with other services**  4.1 People who fit the criteria and would benefit from a lifestyle intervention should be referred to Derbyshire County Council Lifestyle Services, Live Life Better Derbyshire  01629 538200  0800 085 2299  [https://www.livelifebetterderbyshire.org.uk/home](https://www.livelifebetterderbyshire.org.uk/home.)  4.2 People who require support from alcohol services are referred to the County’s substance use service Derbyshire Recovery Partnership:  01246 206514  [Info@derbyshirerecoverypartnership.co.uk](mailto:Info@derbyshirerecoverypartnership.co.uk)  4.3 All patients with a ≥ 10 % CVD risk score or meet the disease risk thresholds are referred to local practices for further investigation and treatment. |
| **Part 5 – KPI’s and Output Measures** |
| **5 – KPI’s and Output Measures**  5.1 AQP’s will ensure the monitoring of and collection of data on:-  • Proportion of eligible individuals offered who take up the offer of an NHS Health Check  • Number of NHS Health Checks delivered  • Number of people who are offered and take up the offer by:  1. Age (5-year Bands)  2. Gender  3. Ethnicity  4. Post code  5. Provider e.g. AQP or other  6. Nine Protected Characteristics  **Table 1: Key Performance indicators**   |  |  |  |  | | --- | --- | --- | --- | | **Key Performance Indicator** | **Threshold** | **Remedy for Failure to achieve Threshold** | **Method of Measurement** | | % of eligible population receiving a first invite for a health check | 20% of total eligible population invited per annum | Remedial action in place, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of non – responders receiving a second invite for a health check | 100% | Remedial action in place, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of eligible patients receiving a health check | 50% with a year-on-year improvement\* working towards 66%.  \*or improvement from baseline | Remedial action place, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of invites read coded appropriately | 100% | Remedial action plan in place i.e. staff to attend training refresher training, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of eligible individuals receiving an NHS Health Check that were signposted to lifestyle support services: -  1)Stop smoking  2)Weight management and advice  3)Healthy eating  4) Physical activity  5)Alcohol use  6)Dementia | 95% | Remedial action plan in place i.e. staff to attend training refresher training, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of eligible individuals receiving an NHS Health Check that were referred to lifestyle support services: -  1)Stop smoking  2)Weight management and advice  3)Healthy eating  4) Physical activity  5)Alcohol use  6)Dementia | 95% | Remedial action plan in place i.e. staff to attend training refresher training, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | % of eligible individuals receiving an NHS Health Check that were identified as:   * High Risk >20% * Type II Diabetes * Diabetes (Any) * CKD 1,2,3,4,5 * Hypertension * Non-diabetic hyperglycaemia * CVD * Atrial Fibrillation * PVD * Familial Hypercholesterolaemia * MI * TIA | 100% | Remedial action plan in place i.e., staff to attend training refresher training, developed and monitored | QRISK3 computer system  Measured by service - Public Health reporting data extraction | | **Feedback from people who have completed a Health Check** | | | | | Feedback from people who have recently completed a Health Check will include details of:   * Comments * Compliments * Complaints | Commissioner to be notified of all feedback and actions taken to resolve complaints | If a complaint is serious in nature or cannot be resolved to the satisfaction of the individual making the complaint, the details of the complaint and actions taken are to be forwarded to the commissioner to investigate. | Feedback survey | | Reporting Incidents | The provider must immediately notify the commissioner when they are notified of, or suspect, that an incident related to the delivery of the Service has occurred. Timely notification of Incidents occurring within Public Health commissioned services and a co-ordinated response to both the investigation and sharing of learning, when incidents occur within Public Health or NHS Services. | The commissioner will initiate an incident reporting system to confirm the nature and extent of the incident, agree the actions to be taken by the provider to resolve the incident and to incorporate any lessons learned into the delivery of the Service. | Feedback survey |   5.2 Quarterly performance management meetings will be conducted on a risk-based approach to review the KPI dashboard, capacity, and self-assessment against quality indicators.  5.3 In instances where NHS Health Checks are being delivered by AQP’s there is an expectation that underperforming AQP’s will work directly with DCC to address issues in performance.  5.4 All providers will be required to attend and provide information for an annual performance management meeting. |
| **Part 6 – Budget and Contract Term** |
| 6. AQP’s will be responsible for organisation, support and compliance with national standards for the NHS Health Check programme.  6.1 The budget for the NHS Health Check programme is a finite resource; there is no national tariff for the cost per NHS Health Check tariff; prices shall be cost effective using innovative methods of delivery to maximise efficiency. The Council requires the requirements of the NHS Health Check service to be delivered within the set price per Health Check.  6.2 It is essential that the annual expected number of Health Check completions is not exceeded in any 12-month period. This needs to be between 01 April and 31 March not any rolling 12 months period and any Health Checks completed exceeding will not be funded by the Council.  6.3 Payment Mechanism  Payment will be made on delivery of services and delivery of reports in addition to specific data in relation to the claims for monthly activity, following a quarterly payment schedule.  6.4 The Commissioner will pay AQP’s at the set rate below for the claimed activity this includes all aspects of the health check (excluding POCT and Phlebotomy which are to be met by the Providers):   |  |  | | --- | --- | | **Description of Activity** | **Charge** | | Completion of a compliant NHS Heath Check | £21 | |
| **Part 7 – Reports and Contract Management** |
| **7 – Reports and Contract Management**  7.1 AQP’s are responsible and accountable for the NHS Health Check programme and required to report to the Council against all elements of the programme.  7.2 Meetings shall be in accordance with the contract and as set out in this specification. Meetings will be conducted using a risk-based approach i.e., where an area is performing to the required standard, meetings will be conducted every 6 months. Where there are concerns meetings will be conducted with AQP’s on a quarterly basis.  7.3 All meetings will be held via Microsoft Teams to discuss service progress and performance against national standards and local requirements. Additional meetings and reporting may be requested by the Council where a need arises.  7.4 It is the AQP’s responsibility to ensure monitoring and reporting arrangements are in place across the whole service including the agreed sub-contractual arrangements. It is the lead providers responsibility for the production of plans to ensure the Service delivers against the specification and Commissioners’ requirements from service commencement.  7.5 Links will be made with support organisations identified\* by the Commissioner:   * TBC\* – provision of information technology for the programme * TBC\* – for the support of POCT linked to: - * TBC\* – provision of quality assurance of the programme * TBC\* - NHS Health Check – Risk Assessment training; provision of a minimum of two course per year   **\* To be confirmed following a procurement exercise to identify providers in 2024**  7.6 A meeting report and schedule will be put in place with AQP’s and will be based on a risk-based approach e.g., where there are concerns meetings will take place quarterly. Where AQP’s are performing to agreed standards and there are no concerns meetings will take place on a 6 monthly basis.  7.7 AQP’s must ensure information for meetings and national and local reporting requirements, are provided 7 days prior to meeting dates as follows:  • Monthly data collection – uploading monthly data\*, which the Council will filter into the national data sets (data is numbers only does not contain patient identifiable data). \*Required only in practices that are not on automatic uploads.  • Data collection via the locally agreed dashboard and reporting mechanisms – to be agreed between the Service Provider and the Council during mobilisation.  • Compliance with the GDPR and the duty of confidentiality and Caldicott Principles.  • The processing of personal identifiable data shall be secure and adhere to confidentiality, data protection and information governance, including the secure transfer of data, secure storage and secure processing. Where it is proposed to store data in electronic data storage ‘cloud’, EU guidance shall be followed, and Commissioner approval sought.  • A Data Privacy Impact Assessment (DPIA) completed.  • Demonstrate provision of a sound Information Governance framework, including staff training.  • Sharing agreements shall be established where appropriate, including identification of data controller/processor roles and responsibilities for Subject Access Requests and Freedom of Information requests.  • All service user data must be treated as confidential and must only be disclosed on a need-to-know basis. Some data may be especially sensitive and is the subject of a specific organisation, policy, including information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms.  • Under no circumstances must any data be divulged or passed on to any third party who is not specifically authorised to receive such data.  7.8 All employees who take part in the NHS Health Check programme must comply with national legislation and local policy in respect of confidentiality and data protection.  7.9 AQP must comply with the Council’s requirements for serious incident management and reporting and adhere to relevant Standard Operating Procedures (SOP) for Serious Incidents (SI). The provider must ensure that all serious incidents are reported to the Council using the relevant reporting mechanism that can be given to providers as required. The provider will inform the Council within 48 working hours of an incident taking place. should report an incident considered serious in nature to DCC Public Health Commissioning Team email asch.publichealth.commissioning@derbyshire.gov.uk as soon as possible, but at least within two working days of the initial incident. Reports should be sent by email to the Commissioning Team Inbox from where it will be sent to a relevant Service Manager, Group Manager and if they are not in work a relevant member of the senior management team (e.g. the Assistant Director with oversight for the commissioning team or Director of Public Health).  7.10 Incidents which are considered to be serious are likely to have a severe impact on the operation of the service or attract media attention should be reported to Public Health urgently so that DCC Communications can be informed. It is suggested an urgent call, MS Teams call or email is issued.  If the provider is unclear whether the incident is serious incident, they should contact the commissioning team inbox with a summary of relevant information and this can be assessed.  Reports should give:  • the date, the time and location of the incident,  • brief details of the incident,  • the immediate consequences of the incident,  • any actions taken by the provider,  • other organisations informed.  7.11 The provider must attend relevant meetings as required by the Council. The outcome of serious incident investigations inform the provider’s improvement programmes and evidence of the improvements provided to the Council.  7.12 AQP’s will be required to identify and manage over or under performance per annum. This will require the development of innovative preventative mechanisms such as a recall system for individuals who have not responded to their first invitation or DNA their appointment and ensuring that those at greatest risk of CVD in areas of highest need are invited and take up the offer. |
| **Part 8 – Order and Invoices** |
| * 1. Orders   The Council requires the Contractor to agree to their inclusion in the Council’s Purchase Ordering system as soon as possible after the award of the Contract.  8.2 Invoices  The Council requires the ability to raise electronic orders, receive electronic invoices and that:   * Invoices always quote the purchase order number and a contact name. * Invoices for equipment orders are sent to the email address(es) specified by the Council; * Orders are accepted by the Contractor via the Council’s electronic ordering system, regardless of who raised the order, as internal validation will have been carried out before the order is submitted;   **8.3** Submission of a bid will be taken as confirmation that your organisation can comply with the stated ordering and invoicing requirements, any questions associated regarding this should be raised using the questions and answer process detailed in the Instructions for Bidders |

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15. NICE. Behaviour change: general approaches. 2007 [Available from: <https://www.nice.org.uk/guidance/ph6>] [↑](#footnote-ref-16)
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