Draft Pan London NHS Health Checks Quality Standards

These Quality Standards are intended to ensure comparable and robust commissioning and delivery of NHS Health Checks. They do not describe the entire process, but are touch points within the service where quality can be measured to determine a successful programme. Each programme should produce an NHS Health Checks Annual Report demonstrating delivery against the Quality Standards annual and report to XXX.

These Pan London NHS Health Checks Quality Standards agreed by the Pan London NHS Health Check working group and endorsed by Heart UK (They have agreed to, but need to be part of the consultation)

Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure
One To ensure NHS Health Checks have leadership	1. Named person responsible for the commissioning of the NHS Health Check Programme within local authority (should a grade/roll be outlined here?)	To be in post	To be in post	Name and role submitted in Annual Report

Two
To invite all eligible persons to attend a NHS Health Check
	1. Percentage of the eligible population invite for an NHS Health Check
	Eligible population:
	    a. 40-74 Years
	And does not have a diagnosis or documentation of:
	    b. Coronary heart disease
	    c. Chronic kidney disease (CKD stages 3-5)
	    d. Diabetes
	    e. Previous stroke
	    f. Hypertension
	    g. Atrial Fibrillation
	    h. Transient Ischaemic Attack (TIA)
	    i. Heart Failure
	    j. Peripheral Arterial Disease
		20% of eligible population	20% of eligible population
			
			Eligible age criteria can be extended to 30-74 (or other locally agreed range) years for certain South Asian ethnicities:
			    a. Indian
			    b. Pakistani
			    c. Bangladeshi
			    d. Sri Lankan
			    e. Tamil
				Quarterly Data returns

Michaela Nuttall 21st September 2013

Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure
	2. Uniform Read Codes to be used to disease 1b-1h. (While would be brilliant, is this beyond the scope of the standards? A huge piece of work to get all practices to standardise the way they code diseases)			
Three Maximise uptake	The proportion of those invited who have a an NHS Health Check	50% of those who receive an invitation	75% of those who receive an invitation	Quarterly Data Returns

Four Providing the NHS Health Check	1. The NHS Health Check/CV risk assessment must include (at least) all elements outlined in the Best Practice Guidance.
	   a. Blood pressure
	   b. Height/Weight/BMI
	   c. GPPAQ
	   d. Audit C
	   e. TC:HDL (either Point of Care or if venous sample within the last 6 months)
	   f. Smoking status
	   g. Demographics
	   h. Dementia awareness (65-74yrs)
	   i. Diabetes & CKD if filters activated
	
	Agreed data fields must form part of the Commissioning of NHS Health Checks. Completeness of NHS Health Check will be determined through payment process
		100% of NHS Health Checks have 100% completed data	100% of NHS Health Checks have 100% completed data	Quarterly Data Returns (Each item should be included within the NHS Health Check template. Quarterly Data Returns by either audit or via software should include measures, with dates for each item)

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Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure
	2. The results of the NHS Health Check, particularly the 10 year risk must be communicated face to face and recorded.	100% of all NHS Health Checks delivered	100% of all NHS Health Checks delivered	To be included within NHS Health Check template and captured as part of Quarterly Data Returns
Five Additional activity following NHS Health Check	1. Use of diabetes filter when indicated by either : a. BP >140/90 mmHg b. BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories 2. Use of hypertension filter when indicated by: a. BP >140/90 mmHg 3. Use of chronic kidney disease filter when indicated by: a. BP >140/90 mmHg 4. Use of Familial Hypercholesterolemia filter when indicated by: a. Total cholesterol >7.5 mmol/L 5. Use of Audit C filter when indicated by: a. Score >=5	Investigations recorded in 80% filter activated	Investigations recorded 100% of any filter activated	Quarterly Data Returns and Annual audit reviewing any change in prevalence

Objective	Criteria	Minimum Standard	Achievable Standard	How to Measure

	6. People with >20% CVD Risk to:
	   a. Be assessed for treatment with statins
	   b. Receive an annual review
		100% of all people with CVD Risk >20%	100% of all people with CVD Risk >20%	

	7. Referral into lifestyle services for:
	   a. Smoking cessation
	   b. Weight management
	   c. Physical Activity
	   d. Alcohol use
		80% of lifestyle advice offered and referrals made to be recorded	100% of lifestyle advice offered and referrals made to be recorded	

Six Monitoring of quality within programme	1. Robust reporting mechanism within the local authority 2. If used, all point of care devices must demonstrate and comply with Quality Control.	6 monthly monitoring/reporting 75% of devices have QA programme	4 monthly monitoring/reporting 100% of devices have QA programme	Recorded Quarterly performance reports and issue log