



Public Health  
England



# NHS Health Check competence framework

June 2014

# About Public Health England

Public Health England's (PHE) mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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# 1. Introduction

The NHS Health Check is a national initiative to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early identification and management of certain risk factors. The tests, measurements and risk management interventions that make up the NHS Health Check can be delivered in different settings by different healthcare professionals. For example, health trainers, healthcare assistants and pharmacy assistants working in primary care *and* pharmacy, together with a range of outreach models, has supported commissioners seeking to engage as many eligible people as possible.

Local NHS Health Check programmes should target people who have previously not accessed conventional healthcare services and are at greatest risk of premature death and disability. By ensuring more people in high risk and vulnerable communities take up the offer of an NHS Health Check, this programme will be a key intervention in addressing health inequalities across England.

## 2. Programme background

The NHS Health Check programme started in April 2009 to help prevent heart disease, stroke, diabetes, kidney disease and, as of 2013, dementia awareness-raising. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions or have certain risk factors is eligible. The programme ensures everyone in this eligible population is invited once every five years to have a NHS Health Check, and gives them support and advice to reduce or manage any risks it identifies.

Until 31 March 2013, it was the responsibility of primary care trusts (PCTs) to deliver the programme, which they did predominantly by commissioning GPs through local enhanced services (LES). From 1 April 2013, as directed by the Health and Social Care Act (2012), the responsibility to provide many public health services moved to local authorities. At the same time the NHS Health Check programme has expanded to include an alcohol assessment and dementia awareness-raising among people aged 65 to 74 years. The NHS Health Check programme is one of only five public health programmes that local authorities are legally responsible for providing to local people.

Modelling suggests that the NHS Health Check programme could prevent 1,600 heart attacks and strokes, over 4,000 new cases of diabetes, and at least 650 premature deaths every year. This would have a noticeably positive impact on the health and social care systems. Evidence also shows that inequality in early deaths from cardiovascular causes and the underlying risk factors persists. They are most common in people from the poorest communities, those with mental health problems and individuals in minority groups compared to people living in more wealthy areas. The NHS Health Check programme offers an opportunity to address such health inequalities.

The programme is constantly reviewed to reflect changes in the health and social care system. For current information on best practice and standards see:

NHS Health Check programme standards: a framework for quality improvement (February 2014)

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/managing\\_your\\_programme/information\\_governance\\_and\\_data/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/)

NHS Health Check Programme Best Practice Guidance (September 2013)

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/managing\\_your\\_programme/quality\\_assurance/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/)

### 3. Purpose

Regardless of how commissioners choose to deliver the NHS Health Check programme, they must consider workforce training and capacity. With the support of Skills for Health, Health Education England and NHS England, PHE set up a working group of professionals with differing backgrounds and experience to review this competence framework.

This document 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 Check should aspire to.

This document makes use of National Occupational Standards (NOS). Staff delivering the NHS Health Check and the subsequent discussion regarding risk and mitigating actions are expected to have face-to-face training and on-going clinical supervision. Technical competence alone is not enough; staff

must also be able to communicate appropriately with people particularly around risk.

Commissioners should be clear in their commissioning documents and procurement packs that prospective bidders and current providers (in the case of contract variation) must ensure that staff delivering the NHS Health Check or communicating the outcomes of the check are demonstrably competent to the standards in this document.

Commissioners who wish to commission or create training packages for people who deliver the NHS Health Check should use this document as the template for minimum standards.

### **Code of Conduct**

People carrying out NHS Health Check are encouraged to work in line with the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers.

[http://www.skillsforhealth.org.uk/component/docman/doc\\_download/2246-code-of-conduct-healthcare-support.html](http://www.skillsforhealth.org.uk/component/docman/doc_download/2246-code-of-conduct-healthcare-support.html)

The Code clearly describes the standards of conduct, behaviour and attitudes that are expected of workers providing care and support. Not all staff who carry out an NHS Health Check are employed as support workers. Registered professionals will have their own Codes of Practice that they already adhere to. For staff who do not have a Code of Conduct that they adhere to, the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers fits well with this role and should be used where possible.

### **Care Certificate**

The Care Certificate is the shared health and social care training which must be completed and assessed before a new support worker can practice without supervision in any setting.

<http://www.skillsforhealth.org.uk/service-area/care-certificate/>

People carrying out an NHS Health Check may have completed this certificate before starting in their role but new starters will need support from their employers to complete it during their induction period.

The competences have been assigned to each step of the NHS Health Check:

**Figure 1. NHS Health Check competences**



The competences and their underpinning criteria should be used to identify the training requirements for staff involved in delivering the NHS Health Check programme.

The skills/standards for delivering the NHS Health Check should not be confused with those needed for the diagnostic tests taken following the onward referral of at-risk people. This is because these tests are beyond the scope of the NHS Health Check. An appropriate clinician, such as the client's GP, is responsible for the clinical follow-up; this document does not cover those skill requirements.

This publication contains hyperlinks to other existing documents and frameworks including NOS. It should be considered as current best practice only when viewed electronically. Printed copies should be date stamped and carry a clear caveat that they may not contain the latest guidance.

## 4. Minimum practitioner level standards

The competences recognise the evolution of the NHS Health Check programme and local variations in the way it is delivered and managed. Given the scope of variation that reflects the needs of the local population, it is crucial that anyone delivering the NHS Health Check does so to a minimum standard. This will support the overall aim of equality in delivery and the best possible outcomes for people having an NHS Health Check. The competences also reflect the minimum standards expected of all practitioners delivering the NHS Health Check, regardless of their level. Commissioners and NHS Health Check providers must satisfy themselves, in a manner that is auditable, that this is the case and that it continues to be so as the programme evolves and staff members change.

## 5. Competences

### **National Occupational Standards**

The NHS Health Check competence framework is based on National Occupational Standards. NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work

effectively. A NOS is a single function that defines the task. Some can be applied to roles at different levels and across professions in a Career Framework, whilst others describe functions that can only be undertaken by people at certain levels and in particular roles.

**The benefit of the National Occupational Standards is that they:**

Describe the minimum standard to which an individual is expected to work in a given occupation

Set out a statement of competence which brings together the skills, knowledge and understanding necessary to do the work

Provide managers with a tool for a wide variety of workforce management and quality control

Offer a framework for training and development

Form the basis of Vocational Qualifications on the Qualifications and Credit Framework (QCF)

Skills for Health (SfH) has lead responsibility for developing NOS for the health sector in the UK. It works collaboratively with stakeholders, practitioners and experts across all four countries (England, Wales, Scotland and Northern Ireland) to write the standards. The NOS also have to meet the quality criteria set down by the UK Commission for Employment and Skills (UKCES), which is responsible for the approval of all NOS for all sectors.

This competence framework outlines the core and technical competences that describe the functions required of people who are carrying out an NHS Health Check.

### **Core competences**

The Core Competences for Healthcare Support Workers outline the skills and knowledge that all staff require when undertaking any support worker role. Registered Professionals will already have these skills and knowledge, or more advanced skills and knowledge in their role.

[http://www.skillsforhealth.org.uk/component/docman/doc\\_download/2264-core-competences-healthcare-support.html](http://www.skillsforhealth.org.uk/component/docman/doc_download/2264-core-competences-healthcare-support.html)

The Core Competences for Healthcare Support Workers represent the minimum requirement. Anyone who is working in a role that performs any

direct clinical interventions (e.g., taking physiological measurements) should be able to carry out these functions, no matter what their job title is.

**The Core Competences are:**

1. Personal development
2. Effective communication
3. Equality, diversity and inclusion
4. Duty of care
5. Safeguarding
6. Person-centred care and support
7. Handling information
8. Infection prevention and control
9. Health and safety
10. Moving and assisting

All people delivering the NHS Health Check must be able to demonstrate competence against all of these Core Competences. They can achieve the Core Competences by being assessed either against a NOS or via a qualification unit that is based upon the NOS.

**Technical competences**

In addition to the Core Competences, people carrying out an NHS Health Check should be able to carry out an identified range of Technical Competences. The Technical Competences and their underpinning criteria should be used to identify the training requirements for those who will be involved in the delivery of the NHS Health Check programme. It should be noted that the skills/standards for delivering the NHS Health Check are not confused with the diagnostic tests that are taken following onward referral of at-risk clients. Clinical follow-up is the responsibility of the appropriate clinician such as the client's GP; this document does not cover those skill requirements.

See appendix B for full details of the Technical Competences, mapped to the NHS Health Check process.

Table 1 identifies the competences and pre-requisites.

**Table 1. NHS Health Check technical competence overview**

Competences		National Occupational Standards	Page
1	Programme knowledge	<a href="#">CHS227</a>	13
2	Information governance	<a href="#">N/A – ref NHS Health Check IG data flow pack</a>	14
3	Invitation	<a href="#">CHS167</a>	15
4	Client consent	<a href="#">CHS167</a>	17
5	Risk assessment	<a href="#">CVD EF3</a> <a href="#">GEN77</a> <a href="#">CHS217</a>	18
6	Interpreting results	<a href="#">CHS19</a>	20
7	Communication of risk	<a href="#">CHS45</a>	21
8	Consent to share data	<a href="#">CHS167</a>	22
9	Brief intervention/ signposting/referral	<a href="#">HT2</a> <a href="#">SCDHSC0026</a>	23
10	Communication with GP	<a href="#">CHS221</a>	25

The following sections move in a logical sequence identifying the relevant NOS against which those delivering the NHS Health Check may be audited and must be able to demonstrate competence against all of these Technical Competences. They can achieve the Technical Competences by being assessed either against a NOS or via a qualification unit that is based upon the NOS.

The list below contains only a brief description of the competence. To view the NOS in full please follow the links provided, or in appendix B.

1. Programme knowledge	
<b>Description</b>	Registered health care professionals carrying out the NHS Health Check are encouraged to work in line with their own Code of Conduct that they already adhere to. However, for unregistered health care professionals who do not have a Code of Conduct to adhere to, the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers fits well with the role of delivering the NHS Health Check and should be used where possible.
<b>NOS ref.</b>	<p><b>CHS227 Conduct health screening programmes</b></p> <p>This standard refers to the conducting of health screening programmes for identified at risk target groups or for specific clinical conditions.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/pdf/id/2852/">https://tools.skillsforhealth.org.uk/competence/show/pdf/id/2852/</a></p>
<b>Further information</b>	<p>Code of Conduct for Healthcare Support Workers and Adult Social Care Workers:</p> <p><a href="http://www.skillsforhealth.org.uk/component/docman/doc_download/2246-code-of-conduct-healthcare-support.html">http://www.skillsforhealth.org.uk/component/docman/doc_download/2246-code-of-conduct-healthcare-support.html</a></p>

## 2. Information governance

<p><b>Description</b></p>	<p>Using and sharing confidential personal data is often an important component of efforts to improve population health. The use of such data is strictly controlled in order to protect the interests of clients and the public while ensuring that important functions can continue.</p> <p>Where data is initially held by the GP they are the data controller and is required by law to satisfy themselves that the need to move data is fair and lawful.</p> <p>There are three main data flows for the NHS Health Check programme, these are:</p> <ul style="list-style-type: none"> <li>A. identifying and inviting the eligible population</li> <li>B. transferring NHS Health Check assessment data from non-GP NHS Health Check providers back to the GP practice</li> <li>C. data extraction from GP practices for local monitoring, evaluation and quality assurance of NHS Health Check</li> </ul> <p>It is a legal requirement that people working with client identifiable data and personal confidential data work within the Data Protection Act (1998) and Information Governance principles. The penalties for breaching this requirement can be severe, however, the NHS Health Check IG and data flow pack details actions that should be taken and can be found here:</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/</a></p> <p>Commissioners should make it a specific requirement that those delivering the NHS Health Check are compliant with the NHS Health Check IG and data flow pack as well as the Data Protection Act 1998</p>
<p><b>NOS ref.</b></p>	<p><i>N/A please refer to the NHS Health Check information governance and data flows pack, for best practice guidance</i></p>
<p><b>Further information</b></p>	<p>Information Commissioners website <a href="http://ico.org.uk/">http://ico.org.uk/</a></p> <p>NHS anonymisation standard (published by Information Standards Board). <a href="http://www.isb.nhs.uk/documents/isb-1523/amd-20-2010/1523202010guid.pdf">http://www.isb.nhs.uk/documents/isb-1523/amd-20-2010/1523202010guid.pdf</a></p> <p>Anonymisation code of practice (published by the ICO). <a href="http://ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation">http://ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation</a></p> <p>NHS Health Check information governance and data flow pack <a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/</a></p>

### 3. Invitation

<p><b>Description</b></p>	<p>Local authorities have a statutory obligation to make arrangements for everyone eligible aged 40 to 74 to be offered a NHS Health Check once in every five years. People diagnosed with the following are excluded from the programme:</p> <ul style="list-style-type: none"> <li>• coronary heart disease</li> <li>• chronic kidney disease</li> <li>• diabetes</li> <li>• hypertension</li> <li>• atrial fibrillation</li> <li>• transient ischaemic attack</li> <li>• familial hypercholesterolemia</li> <li>• heart failure</li> <li>• peripheral arterial disease</li> <li>• stroke</li> <li>• being prescribed statins or other lipid lowering medication</li> <li>• who have previously had a NHS Health Check and found to have a 20% or higher risk of developing cardiovascular disease</li> </ul> <p>Healthcare professionals delivering the programme might not be directly involved with the invitation process; however they must demonstrate their understanding of the eligibility criteria and recall process.</p> <p>Where NHS Health Checks are offered opportunistically, health care professionals should see this as an opportunity to explain the advantages of having an NHS Health Check.</p>
<p><b>NOS ref.</b></p>	<p><b>CHS167 Obtain valid consent or authorisation</b></p> <p>This standard covers obtaining valid consent or authorisation from the individual, guardian or relevant others for the range of health activities and research. It includes the explanation of the options available to the individual, guardian or relevant others. It involves facilitating an understanding of the advantages, disadvantages, benefits and potential complications. It also covers assistance for the individual in reaching an informed decision.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p>

	<a href="https://tools.skillsforhealth.org.uk/competence/show/pdf/id/2818/">https://tools.skillsforhealth.org.uk/competence/show/pdf/id/2818/</a>
<b>Further information</b>	<p>Standard 1, NHS Health Check programme standards: a framework for quality improvement (February 2014)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/</a></p> <p>Section 2.2, NHS Health Check Programme Best Practice Guidance (September 2013)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/</a></p> <p>Department of Health example invitation letter</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/promotional_materials/invitation_letter/">www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/promotional_materials/invitation_letter/</a></p>

#### 4. Client Consent

<p><b>Description</b></p>	<p>Client consent is the principle that an individual must give their permission before they receive any type of medical treatment. For consent to be valid, it must be voluntary and informed.</p> <p>The individual must understand the nature, risks and benefits associated with the proposed NHS Health Check and their data being transferred, if the NHS Health Check is being delivered by an alternative provider, back to the GP practice. In general the individual should be informed of:</p> <ul style="list-style-type: none"> <li>A. how their information is being recorded and retained</li> <li>B. what kind of information sharing will occur</li> <li>C. the protections in place to ensure non-disclosure of their information</li> </ul>
<p><b>NOS ref.</b></p>	<p><b>CHS167 Obtain valid consent or authorisation</b></p> <p>This standard covers obtaining valid consent or authorisation from the individual, guardian or relevant others for the range of health activities and research. It includes the explanation of the options available to the individual, guardian or relevant others. It involves facilitating an understanding of the advantages, disadvantages, benefits and potential complications. It also covers assistance for the individual in reaching an informed decision.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/2818/">https://tools.skillsforhealth.org.uk/competence/show/html/id/2818/</a></p>
<p><b>Further information</b></p>	<p>NHS Health Check Information Governance and data flows section 2.2</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/</a></p>

5. Risk assessment	
<b>Description</b>	<p>Health care professionals should be competent in how to assess someone's cardiovascular risk. This includes what information and measurements are required to do this.</p> <p>Risk assessment information and measurements include:</p> <ul style="list-style-type: none"> <li>A. personal data <ul style="list-style-type: none"> <li>i. physiological measurement</li> <li>ii. near patient testing</li> <li>iii. BP, height, BMI, etc.</li> <li>iv. immediate action protocols</li> </ul> </li> <li>B. alcohol</li> <li>C. lifestyle</li> <li>D. dementia</li> <li>E. smoking</li> </ul>
<b>NOS ref.</b>	<p><b>CVD EF3</b>  <b>GEN77</b>  <b>CHS217</b></p>
<b>Risk assessment:</b>	<p><b>CVD EF3 Carry out assessment with individuals at risk of developing cardiovascular disease</b></p> <p>This standard is about assessing individuals at risk of developing cardiovascular disease.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/671/">https://tools.skillsforhealth.org.uk/competence/show/html/id/671/</a></p>
<b>Personal data:</b>	<p><b>GEN77 Perform first line calibration on clinical equipment to ensure it is fit for use</b></p> <p>This standard relates to first line calibration of specific equipment prior to clinical use. Individuals will be able to calibrate equipment for use in their own healthcare context. Individuals can use the standard for each type of equipment within the scope of their normal work activity. This is not intended for use following major repair or service.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/code/GEN77/">https://tools.skillsforhealth.org.uk/competence/show/html/code/GEN77/</a></p>
<b>Near patient testing</b>	<p><b>CHS217 Perform point of care testing</b></p> <p>This standard relates to clinical or pathology testing applied at the point of care. Point of care testing may involve single test devices or equipment with wider applications and involves adherence to</p>

	<p>approved protocols and quality performance checks. Point of care testing may be undertaken by health care individuals or external health agencies and organisations within a wide range of environments.</p> <p>Individuals will be assessed against this standard for the range of point of care investigation within their responsibility.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/2842/">https://tools.skillsforhealth.org.uk/competence/show/html/id/2842/</a></p>
<p><b>Further information</b></p>	<p>Standard 3, NHS Health Check programme standards: a framework for quality improvement (February 2014)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/</a></p> <p>Chapter 3, NHS Health Check Programme Best Practice Guidance (September 2013)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/</a></p>

<b>6. Interpreting results</b>	
<b>Description</b>	The use of a risk engine together with clinical judgement and observations/discussions during the assessment, to calculate the individual's risk of developing cardiovascular disease. Thereafter, understanding the results that must be communicated to them.
<b>NOS ref.</b>	<p><b>CHS19 Undertake routine clinical measurements</b></p> <p>This standard covers taking and recording routine clinical measurements to establish a baseline for future comparison or as part of the individuals care plan.</p> <p>The recording of such measurements must take into account the individuals overall condition. It is important that where you have concerns regarding your ability to correctly take these clinical measurements, or if you are at all unsure of you readings, you must ask another competent member of staff to check your recordings to ensure the correct actions can be instigated without delay.</p> <p>These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home and GP surgeries.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/348/">https://tools.skillsforhealth.org.uk/competence/show/html/id/348/</a></p>
<b>Further information</b>	<p>Chapter 3, NHS Health Check Programme Best Practice Guidance (September 2013)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/</a></p> <p>QRISK2 <a href="http://qrisk.org/">http://qrisk.org/</a></p> <p>JBS3 <a href="http://www.jbs3risk.com/">http://www.jbs3risk.com/</a></p> <p>Framingham <a href="http://www.framinghamheartstudy.org/">http://www.framinghamheartstudy.org/</a></p>

<b>7. Communication of risk</b>	
<b>Description</b>	<p>All healthcare professionals involved with delivering the NHS Health Check should be trained in communicating the risk score and results to the client. It is important to understand that sharing information about risk with people may not necessarily motivate them to change. Therefore, the use of behaviour change methods, such as motivational interviewing techniques, should engage clients in person-centred conversations about their own reasons for change. Risk should be communicated in everyday, jargon free language, so the client understands their level of risk. Advice should be tailored to the client's values and beliefs for better health outcomes, and the impact of the wider social determinates of health should also be considered.</p>
<b>NOS ref.</b>	<p><b>CHS45 Agree course of action following assessment to address health and wellbeing needs of individuals</b></p> <p>This standard is about reviewing the results of assessments to agree courses of action that address the health and well-being needs of individuals.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="#">CHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals</a></p>
<b>Further information</b>	<p>Healthcare professionals may wish to consider additional training such as Motivational Interviewing to maximise their skills in this area. MECC implementation toolkit</p> <p><a href="http://learning.wm.hee.nhs.uk/sites/default/files/behaviour_change_care_pathway_and_competence_mapping_0.pdf">http://learning.wm.hee.nhs.uk/sites/default/files/behaviour_change_care_pathway_and_competence_mapping_0.pdf</a></p> <p>Improving Health: Changing Behaviour, NHS Health Trainer Handbook, Department of Health (2008)</p> <p><a href="http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/department_of_health_publications/">http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/department_of_health_publications/</a></p> <p>PH6 Behaviour Change: the principles for effective interventions, NICE (2007)</p> <p><a href="http://publications.nice.org.uk/behaviour-change-the-principles-for-effective-interventions-ph6">http://publications.nice.org.uk/behaviour-change-the-principles-for-effective-interventions-ph6</a></p> <p>RCN Support behaviour change online learning resource, open to anyone involved with supporting lifestyle and behaviour change,</p> <p><a href="http://www.rcn.org.uk/development/practice/cpd_online_learning/support_behaviour_change">http://www.rcn.org.uk/development/practice/cpd_online_learning/support_behaviour_change</a></p>

<b>8. Consent to share data</b>	
<b>Description</b>	This identifies the specific requirement of obtaining client consent for the transferring of data between deliverers, commissioners and data processors, which will enable quality assurance of the programme. This is particularly relevant where private companies are used for delivery and/or data handling.
<b>NOS ref.</b>	<p><b>CHS167 Obtain valid consent or authorisation</b></p> <p>This standard covers obtaining valid consent or authorisation from the individual, guardian or relevant others for the range of health activities and research. It includes the explanation of the options available to the individual, guardian or relevant others. It involves facilitating an understanding of the advantages, disadvantages, benefits and potential complications. It also covers assistance for the individual in reaching an informed decision.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/2818/">https://tools.skillsforhealth.org.uk/competence/show/html/id/2818/</a></p>
<b>Further information</b>	Healthcare professionals should be aware of and compliant with any locally agreed protocols for the transmission of data.

9. Brief intervention / signposting / referral	
<b>Description</b>	<p>These competences enable the effective and appropriate signposting of clients to the range of locally available interventions in a supportive manner. It requires more than a simple communication of information; the person signposting must be able to engage the client in the choice and communicate in a manner that will maximise the potential that the client will take up the agreed action and sustain it.</p>
<b>NOS ref.</b>	<p><b>HT2 Communicate with individuals about promoting their health and wellbeing</b></p> <p>This standard is about communicating with individuals about how they can improve their health and wellbeing so they can develop healthy behaviours and lifestyles. This includes:</p> <ul style="list-style-type: none"> <li>• providing information to individuals about health and wellbeing</li> <li>• providing information to individuals about the relationship between behaviours and health</li> <li>• enabling individuals to develop their knowledge and skills about health and wellbeing</li> </ul> <p>This standard will help individuals move from the pre-contemplative to the contemplative stage i.e. help them be ready to change their behaviour.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="http://tools.skillsforhealth.org.uk/competence/show/html/id/2499/">http://tools.skillsforhealth.org.uk/competence/show/html/id/2499/</a></p>
<b>Further information</b>	<p>Healthcare professionals should ensure that they are aware of the range of local opportunities for healthy lifestyles; this may involve collaborative working with local authority leisure teams and other groups.</p> <p>PH6 Behaviour Change: the principles for effective interventions, NICE (2007)</p> <p><a href="http://publications.nice.org.uk/behaviour-change-the-principles-for-effective-interventions-ph6">http://publications.nice.org.uk/behaviour-change-the-principles-for-effective-interventions-ph6</a></p> <p>RCN Support behaviour change online learning resource, open to anyone involved with supporting lifestyle and behaviour change,</p> <p><a href="http://www.rcn.org.uk/development/practice/cpd_online_learning/support_behaviour_change">http://www.rcn.org.uk/development/practice/cpd_online_learning/support_behaviour_change</a></p>

10. Communication with GP	
<b>Description</b>	<p>Communication of outcome back to the client's GP after the NHS Health Check, is critical to enable any clinical follow up and for tracking of outcomes through either local or (in the future) national data extracts. There is a requirement for the health care professional to understand both the specific process and the importance of ensuring it is done in a timely manner.</p> <p>If a NHS Health Check is delivered by the client's GP, this competence is not applicable.</p>
<b>NOS ref.</b>	<p><b>CHS221 Report results from healthcare investigations</b></p> <p>This standard relates to the issuing of a report containing validated results of investigations. The report may be given in hard copy or electronic format and may be generated automatically according to defined criteria. Reports may be compiled from data or qualitative/descriptive statements. Reports may impact on the clinical management of the individual.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p><a href="https://tools.skillsforhealth.org.uk/competence/show/html/id/2846/">https://tools.skillsforhealth.org.uk/competence/show/html/id/2846/</a></p>
<b>Further information</b>	<p>Anyone involved in this process must be aware of and compliant with any locally agreed process for data transfer.</p>

## 6. Glossary

**Brief interventions:** an intervention designed to promote behaviour change. It involves opportunistic advice, discussion, negotiation or encouragement. It is often used as a pre-treatment tool, commonly used in many areas of health promotion and delivered by a range of primary and community care professionals. It typically lasts 5-20 minutes and can include educational materials.

**Client:** a recipient of a healthcare service regardless of their state of health.

**Code of Conduct:** a set of principles, values, standards or rules of behaviour that guide the decisions, procedures and practices for an individual, party or organisation.

**Commissioning (and commissioners):** commissioning is essentially buying care in line with available resources to ensure that services meet the needs of the population. The process of commissioning includes assessing the needs of the population, selecting service providers and ensuring that these services are safe, effective, people-centred and of high quality. Commissioners are responsible for commissioning services.

**Data extraction:** a process to retrieve data from a data source (ie, clinical system) for further data processing or data storage (ie, extracting eligible patient data from a clinical system, for patient recruitment / invite to attend a NHS Health Check).

**Information governance:** how organisations manage the way information is shared and handled within the health and social care system in England. It covers the collection, use, access and decommissioning as well as requirements and standards of organisations and their suppliers need to achieve to fulfill the obligations that information is handled legally, securely, efficiently and in a manner that maintains public trust.

**Making every contact count (MECC):** an opportunistic intervention programme designed to encourage and support people to make healthier choices to change their long-term behaviour.

**Motivational interviewing technique:** a collaborative, person centred form of guiding to elicit and strengthen motivation to change.

**National occupational standards (NOS):** describes the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.

**Person-centred:** an approach/practice provided by health care professionals that places the individual at the centre of their own care, service or treatment.

**Personal data:** data that relates to a living individual who can be identified from that data or from that data and other information that is in the possession of, or is likely to come into the possession of the data controller. This includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

**Primary care:** services provided by GP practices, dental practices, community pharmacies and high street optometrists, but can also be used to refer to GP practices.

**Risk engine:** a risk calculator to predict the likelihood of developing a specific condition. Risk engines used for the NHS Health Check will calculate the risk of developing cardiovascular disease.

**Risk factors:** a variable associated with an increased risk of disease or infection.

**Social determinants of health:** social, economic and environmental conditions that influence the health of individuals and populations.

**Valid consent:** for consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. Consent should be given to the health care professional directly responsible for the person's current treatment.

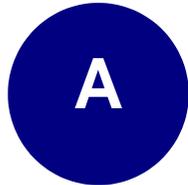
**Very brief interventions:** often used interchangeably with brief interventions but distinct in the very short time scale, typically 30 seconds following the ask, advise, act process.

# Appendix A

Thanks are given to the individuals that attended the NHS Health Check competency development workshop, provided feedback and contributed to the development of this document.

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# Appendix B (technical competences)



## CHS227 Conduct health screening programmes

### OVERVIEW

This standard refers to the conducting of health screening programmes for identified at risk target groups or for specific clinical conditions. Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. your own level of competence, authority and specialist knowledge base
2. the range of stakeholders involved, their information needs, roles and responsibilities
3. how to manage the factors influencing the effectiveness of investigations, procedures and interventions of screening programmes within your work practice
4. why it is important to recognise the contra- indications and risk factors for conducting screening programmes within your work practice
5. how to comply with risk assessments within health screening programmes relevant to your work practice
6. the importance of protocols and procedures for obtaining valid consent of participants
7. the purpose and scope of the screening programme
8. the range of facilities and resources needed to carry out the screening
9. the range and repertoire of information and appropriate tests required within the screening programme
10. the importance and significance of quality assurance , quality control and regular monitoring of quality within a health screening programme
11. the range of health and safety measures, infection prevention control and the relevant personal protective controls and containment, their importance and their applicability within the screening programme
12. the range and purpose of equipment and associated systems required for the screening programme and their application

### PERFORMANCE CRITERIA

You must be able to do the following:

1. work within your level of competence, responsibility and accountability
2. where appropriate, liaise with key members of the health screening team and relevant key stakeholders at the appropriate stages of the screening programme
3. inform participants of the purpose of the screening programme and their expected commitment
4. inform participants if any structures/systems are in place for referral and the selection criteria and processes for referral
5. ensure individuals fully understand what is expected of them during the screening programme and gain their written evidence of valid consent
6. collate appropriate information from the participants in the required format applicable to the screening programme
7. provide advice and information effectively throughout the screening programme, in the appropriate medium to meet any recipients needs and preferences
8. ensure any required screening tests is undertaken by the authorised health screening team member in accordance with the approved protocols and procedures
9. ensure all health screening testing results have been fully analysed and the reports are validated and authorised for inclusion in the report
10. collate all data and information from the screening programme
11. where appropriate apply statistical programmes to the data and information to validate the findings

13. the importance of following protocols and procedures for any required investigations including quality checks and the order of sequencing
14. the ways of presenting information, including statistical and factual information applicable to your speciality
15. how to communicate effectively in the appropriate medium to meet any recipients' needs and preferences
16. where applicable, the importance of follow up requirements resulting from screening programmes and how the referral process will be initiated
17. the relevant information that needs to be included in national or local health screening programmes interim and/or final reports
18. the importance of recording information clearly and accurately in the required format in accordance with current legislation, guidelines and local policies, procedures and protocols
19. the importance of maintaining confidentiality of participants throughout the screening programme consistent with legislation and information governance
20. the current national legislation, guidelines, local policies and protocols which affect your work practice
21. the policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing

This standard has replaced HCS\_BC13 and HCS\_AUD13.

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## CHS167 Obtain valid consent or authorisation

### OVERVIEW

This standard covers obtaining valid consent or authorisation from the individual, guardian or relevant others for the range of health activities and research. It includes the explanation of the options available to the individual, guardian or relevant others. It involves facilitating an understanding of the advantages, disadvantages, benefits and potential complications. It

also covers assistance for the individual in reaching an informed decision.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1



### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the reasons for working within your own level of competence, authority and knowledge in relation to obtaining valid consent or authorisation within your specialist area
2. why it is necessary to confirm an individual's identification including where an individual is unable to consent themselves and/or where there are communication difficulties
3. the range of available interventions, investigations, treatments or research requiring valid consent or authorisation within your specialist area
4. the range of relevant diagnostic and monitoring investigations covered by the valid consent and authorisation within your specialist area
5. the contra-indications to any relevant interventions, diagnostic investigations, treatments or research covered by the valid consent and authorisation
6. how to complete the appropriate valid consent or authorisation form
7. the roles and responsibilities of other team members, associated professionals and agencies
8. the steps you would take to ensure that the ethical, cultural and confidentiality considerations of the individual are maintained
9. how to communicate advice effectively in the appropriate medium to meet the individual's needs and preferences
10. the importance of involving individuals in discussion and how to do so
11. the local guidelines for maintaining individual records, any required image

### PERFORMANCE CRITERIA

You must be able to do the following:

1. work within your level of competence, responsibility and accountability
2. refer to colleagues for advice and information when you are unable to resolve issues around the valid consent and authorisation
3. check the individual's identification details according to local guidelines before commencement of the valid consent authorisation process
4. follow national and local guidelines if the individual is unable to give valid consent him/herself
5. communicate effectively in the appropriate medium to meet the recipient's needs and preferences
6. clearly explain the purpose and procedures for the valid consent and authorisation to the individual and/or relevant others
7. explain the reasons for the clinical option covered in the valid consent form
8. offer the individual or relevant others opportunities to ask questions or seek clarification
9. where applicable, provide the individual with information to enable them to seek further clarification, advice, guidance or information
10. check the individual's or relevant other's clear understanding and confirm valid consent and authorisation
11. give reassurance that the individual or relevant other can change their mind for consent and authorisation at any stage
12. complete the valid consent form according to local policy, procedures and protocols

- capture, their storage and confidentiality in accordance with information governance
12. the current national legislation, guidelines and local policies and protocols which affect your work practice
  13. the policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others
13. maintain full, accurate and legible records of information in line with current legislation, guidelines, local policies and protocols

### **ADDITIONAL INFORMATION**

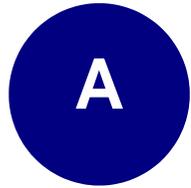
This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet people's health and wellbeing needs

*CHS167 Obtain valid consent or authorisation*

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## CVD EF3 Carry out assessment with individuals at risk of developing cardiovascular disease



### OVERVIEW

This standard is about assessing individuals at risk of developing cardiovascular disease. Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. how to ask questions, listen carefully and summarise back
2. how to present information and advice in ways which are appropriate for different people
3. how information obtained from individuals should be recorded and stored
4. who might see information obtained from individuals
5. the principle of confidentiality and what information may be given to whom
6. basic cardiovascular anatomy, physiology and biochemistry
7. the principle of informed consent, and how to obtain informed consent from individuals
8. how to carry out a clinical examination of individuals
9. how to measure individuals' weight, height, waist and body mass index
10. how to measure individuals' blood pressure
11. how to measure individuals' blood cholesterol level
12. how to measure individuals' blood glucose level
13. how to measure blood creatinine level
14. how to test renal function
15. the importance of respecting individuals' privacy, dignity, wishes and beliefs, and how to do so
16. the importance of minimising any unnecessary discomfort, and how to do so
17. the nature of cardiovascular disease, its different forms and its physical, psychological and social effects on individuals and their families
18. the factors which determine the risk of cardiovascular disease and the relative impact of these factors
19. how factors in people's lifestyles (ie, physical activity, smoking, diet,

### PERFORMANCE CRITERIA

You must be able to do the following:

1. explain clearly to individuals
  - I. your own role and its scope, your responsibilities and accountability
  - II. the information that will be obtained and stored in records and with whom this information might be shared
  - III. what is involved in the assessment
2. respect individuals' privacy, dignity (i.e. using the individual's name of choice, being courteous and polite), wishes and beliefs (e.g. who may work with the individual, who else may need to be present, preparation for certain activities)
3. minimise any unnecessary discomfort and encourage individuals' full participation in the assessment
4. obtain individuals' informed consent to the assessment process
5. use appropriate tools and methodologies to measure individuals' physical indicators of risk of cardiovascular disease
6. find out about factors in individuals' family history and lifestyle that may affect their levels of risk
7. find out any symptoms individuals have that may indicate they have cardiovascular disease
8. find out about any other conditions individuals have that may affect their levels of risk
9. calculate individuals' level of risk based on your measurements and findings
10. refer people to other practitioners when their needs are beyond own role or scope of practice.

stress, alcohol consumption) can affect their risk of developing Cardiovascular Disease

20. how to interpret physical indicators of risk of cardiovascular disease and symptoms
21. how to interpret the results of tests and measurements for individuals at significant risk of developing cardiovascular disease
22. how to calculate individuals' levels of risk of developing cardiovascular disease
23. appropriate tools and methodologies to measure individuals' physical indicators of risk of cardiovascular disease
24. validated tools to assess individuals' level of risk of cardiovascular disease, and how to use them effectively
25. people's health and wellbeing needs and the overall context in which they live
26. your own role and its scope
27. your own responsibilities and accountability.

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet people's health and wellbeing needs

*CVD EF3 Carry out assessment with individuals at risk of developing Cardiovascular Disease*

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## GEN77 Perform first line calibration on clinical equipment to ensure it is fit for use



### OVERVIEW

This standard relates to first line calibration of specific equipment prior to clinical use. Individuals will be able to calibrate equipment for use in their own healthcare context. Individuals can use the standard for each type of equipment within the scope of their normal work activity. This is not intended for use following major repair or service.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. relevant statutory, regulatory and legislative requirements, national standards and guidance
2. the relevant standard operating procedures, policies and their importance
3. limits of responsibility and when and where to seek advice
4. how and why to communicate effectively with appropriate others
5. the intended purpose, operational status and range of use of equipment
6. the importance of both accuracy and precision within calibration
7. the methods of first line calibration, and quality assurance
8. relevant reference materials
9. the significance of keeping calibration documentation
10. how to check for validity and reliability of tests conducted
11. the importance of comparisons between old and new techniques and related reference ranges, where relevant
12. the common faults in equipment and relevant corrective action
13. how to recognise factors which affect safety or risk associated with equipment use and relevant corrective action

### PERFORMANCE CRITERIA

You must be able to do the following:

1. run appropriate tests to confirm the operational status of equipment
2. calibrate equipment for operation:
  - I. using appropriate reference materials
  - II. to within correct parameters for intended purpose
  - III. against appropriate approved standards
  - IV. in line with required schedule
3. verify accuracy, precision and operational effectiveness of equipment following appropriate procedures
4. record the validity and reliability of calibration procedure conducted
5. confirm that equipment is suitable and ready for intended use
6. correctly identify equipment that does not meet calibration standards and take appropriate action to prevent inadvertent use
7. notify appropriate others of the status of equipment on completion of calibration
8. work within the limits of your competence and seek advice where necessary

### ADDITIONAL INFORMATION

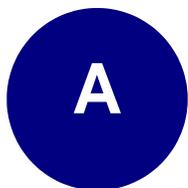
This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: EF1 Systems, vehicles and equipment

*GEN77 Perform first line calibration on clinical equipment to ensure it is fit for use*

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## CHS217 Perform point of care testing

### OVERVIEW

This standard relates to clinical or pathology testing applied at the point of care. Point of care testing may involve single test devices or equipment with wider applications and involves adherence to approved protocols and quality performance checks. Point of care testing may be undertaken by health care individuals or external health agencies and organisations within a wide range of environments.



Individuals will be assessed against this standard for the range of point of care investigation within their responsibility.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. your own level of competence, authority and knowledge base related to point of care testing
2. why it is important to ensure your role and responsibilities applicable to point of care testing are clearly defined and implications of exceeding these
3. the importance of accountability, reporting and referral structures for point of care testing and how to seek appropriate advice and assistance
4. the importance of checking the identity of the individual and authorisation for the point of care procedure
5. why it is important to match the point of care request against the tests planned; how and where to raise queries if discrepancies occur
6. the range and types of point of care resources, equipment and their limitations within your work activities
7. where to obtain the risk assessment to minimise the risks arising from undertaking point of care procedures
8. how to conduct the point of care procedures in line with health and safety requirements and infection prevention and control measures
9. why it is necessary to conduct procedures correctly in accordance with set protocols and policies
10. the expected performance and quality control criteria for checking the operational parameters for the type of equipment, resources and

### PERFORMANCE CRITERIA

You must be able to do the following:

1. work within your level of competence, responsibility and accountability
2. confirm the individual's identity against the point of care request and check authorisation for the procedure
3. where applicable, clearly explain the procedure to the individual and confirm their understanding
4. position and quality check the appropriate equipment, resources and associated systems for the point of care procedure with due regard to confidentiality, safety and access
5. confirm that all resources are of correct type, fully operational within expected performance parameters and safety requirements
6. apply appropriate health and safety measures and standard precautions for infection prevention and control relevant to the test procedure and environment
7. conduct the point of care procedure in accordance with the approved protocols to ensure performance and quality
8. seek appropriate advice and guidance if an unexpected situation or any variances or non-conformance occurs and ensure it is fully documented in the appropriate manner, in accordance with local policy and protocol
9. obtain the results and compare against expected performance parameters
10. seek guidance and apply the referral structures for results outside

associated systems

11. the importance and relevance of quality checking within point of care procedures and the actions to take when results fall outside expected parameters; how and where to seek appropriate advice and assistance
12. how to disposal of waste materials and undertake decontamination of equipment used within the point of care procedure in line with legal and organisational requirements
13. the reporting and referral structures for the point of care results within your work practice
14. why it is important to complete all necessary documentation accurately in the required format, in a timely manner and store in correct location
15. the current national legislation, guidelines, local policies and protocols which affect your work practice
16. the policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others

expected parameters

11. inform the relevant requester of the results obtained
12. complete all relevant records accurately in a timely fashion, in accordance with approved protocols
13. maintain all point of care documentation in the correct location for future reference and traceability in line with current legislation, guidelines, local practice and policies

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

This standard has replaced HCS\_SS4.

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## CHS19 Undertake routine clinical measurements

### OVERVIEW

This standard covers taking and recording routine clinical measurements to establish a baseline for future comparison or as part of the individuals care plan.



The recording of such measurements must take into account the individuals overall condition and it is important that where you have any concerns regarding your ability to correctly take these clinical measurements, or if you are at all unsure of you readings, you must ask another competent member of staff to check your recordings to ensure the correct actions can be instigated without delay.

These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home and GP surgeries.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the current European and national legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to undertaking routine clinical measurements
2. your responsibilities and accountability in relation to the current European and national legislation, national guidelines and local policies and protocols and clinical/corporate governance
3. the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer
4. the importance of applying standard precautions to undertaking physiological measurements and the potential consequences of poor practice
5. the importance of working within your own sphere of competence and seeking clinical advice when faced with situations outside your sphere of competence
6. what valid consent means and why it must be obtained and confirmed prior to actions being taken
7. the clinical measurements are necessary and the importance of undertaking them as directed
8. why it is necessary to adjust clothing and/or repositioning the individual

### PERFORMANCE CRITERIA

You must be able to do the following:

1. apply standard precautions for infection prevention and control and apply other necessary health and safety measures
2. check the individual's identity and confirm the planned action
3. give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
4. gain valid consent to carry out the planned measurement
5. take the measurement at the prescribed time and in the prescribed sequence
6. use the appropriate equipment in such a way as to obtain an accurate measurement
7. reassure the individual throughout the measurement and answer questions and concerns from the individual clearly, accurately and concisely within own sphere of competence and responsibility
8. refer any questions and concerns from or about the individual relating to issues outside your responsibility to the appropriate member of the care team
9. seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading
10. observe the condition of the individual throughout the measurement
11. identify and respond immediately in the case of any significant changes

- for some clinical measurements
- 9. the concerns and worries which individuals or client groups may have in relation to some clinical procedures
- 10. the equipment used for different measurements
- 11. any alternative equipment available
- 12. the importance of ensuring it is appropriately prepared
- 13. common conditions which necessitate the recording of physiological measurements within your work environment
- 14. how blood pressure is maintained
- 15. the differentiation between systolic and diastolic blood pressure and what is happening to the heart in each reading
- 16. the normal limits of blood pressure
- 17. conditions where blood pressure may be high or low
- 18. how body temperature is maintained
- 19. what normal body temperature is
- 20. what is meant by pyrexia, hyper-pyrexia and hypothermia
- 21. what is normal respiratory rate
- 22. what affects respiratory rates in individuals, ill and well
- 23. the normal limits of pulse rates
- 24. what affects pulse rates – raising it and lowering it
- 25. the sites in the body where pulse points can be found
- 26. why an individuals pulse oximetry needs to be measured
- 27. the findings when obtaining pulse oximetry, and the implications of these findings
- 28. what BMI is and how it is used in weight/dietary control
- 29. the factors that influence changes in clinical measurements
- 30. the importance of recording all information clearly and precisely in the relevant documentation, including whether the individual is receiving oxygen
- 31. the importance of reporting all information and any issues which are outside your own sphere of competence to the relevant member of staff without delay
- in the individuals condition
- 12. recognise and report without delay any measurement which falls outside of normal levels
- 13. record your findings accurately and legibly in the appropriate documentation
- 14. clean used equipment and return to usual place of storage after use
- 15. dispose of waste and disposable equipment appropriately

### **ADDITIONAL INFORMATION**

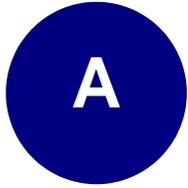
This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

*CHS19 Undertake routine clinical measurements*

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## CHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals



### OVERVIEW

This standard is about reviewing the results of assessments to agree courses of action to address the health and well-being needs of individuals.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the national and local legislation which relates to your area of work including:
  - I. health and safety
  - II. confidentiality and information sharing
  - III. the provision of services
  - IV. the rights of individuals
  - V. anti-discriminatory practice
  - VI. valid consent
2. the statutory and professional standards and codes of practice for your area of work and how to interpret and apply these
3. the nature, extent and boundaries of your work role and its relationship to others in your own and other organisations
4. procedures, protocols, and pathways for liaising with individuals, carers, practitioners, departments, and agencies
5. the tensions which may exist between an individual's rights and the organisation's responsibility to individuals
6. the ways in which communication can be modified and altered for different needs, contexts and beliefs,

### PERFORMANCE CRITERIA

You must be able to do the following:

1. obtain and review all of the information from the inter-disciplinary assessment
2. identify any gaps or ambiguities in the assessment results and seek clarification or further information from relevant members of the inter-disciplinary team
3. discuss the assessment results with members of the inter-disciplinary team to:
  - I. agree the outcomes
  - II. identify any risks to the individual
  - III. identify potential actions
4. discuss the outcomes of the assessment with the individual and key people in a way that is meaningful to them
5. explore the possible actions to be taken and provide the individual and key people with a rationale for them
6. explain the benefits and risks associated with the actions
7. agree the actions to be taken with the individual based on the results of the assessment and other relevant factors

- including the age, understanding and communication preferences of individuals
7. the effects of environments and contexts on communication (particularly institutional settings)
  8. how to explain the outcomes of the assessment and subsequent action that may be necessary
  9. the different fears and concerns that individuals may have about the outcomes of the assessment
  10. the reasons why it is important to be honest and transparent concerning the outcome of the assessment
  11. the risks which may be inherent in various courses of action and how to evaluate these realistically
  12. the resources available to meet the individual's needs within your own and other organisations, and how to access these
  13. the referral processes within your area of work
8. make any necessary arrangements in relation to the actions to meet the needs of the individual
  9. produce referrals to other practitioners that contain all the necessary information and are presented clearly and logically
  10. produce records and reports that are clear, comprehensive, and accurate, and maintain the security and confidentiality of information.

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet people's health and wellbeing needs

This standard has replaced HCS\_MAX1

*CHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals*

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## HT2 Communicate with individuals about promoting their health and wellbeing



### OVERVIEW

This standard is about communicating with individuals about how they can improve their health and wellbeing so they can develop healthy behaviours and lifestyles. This includes:

- providing information to individuals about health and wellbeing
- providing information to individuals about the relationship between behaviours and health
- enabling individuals to develop their knowledge and skills about health and wellbeing.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. that health and illness is affected by peoples perceptions and is different in different societies and groups
2. the kinds of misinformation that people may have about health and wellbeing and the affect of this on their behaviour
3. the things that affect health and wellbeing individual determinants (eg, behaviour and lifestyle) and the wider determinants on health (eg, poverty, employment, etc)
4. the different ways in which the health and wellbeing of individuals is promoted
5. the evidence about how individuals can promote their own health, including by changing behaviour
6. the contributions of different agencies to promoting individuals health and wellbeing and how to contact these agencies
7. the different arguments that people have against promoting health and wellbeing and how to use counter-arguments
8. how to apply negotiating and influencing skills in working with others to promote health and wellbeing and reduce inequalities
9. the financial and social costs of poor health and wellbeing and the need to identify the benefits of improving health
10. the legislation that relates to own work and how it affects own work
11. the policies and procedures of the employing organisation (including

### PERFORMANCE CRITERIA

You must be able to do the following:

1. communicate in a way that:
  - I. is appropriate to the individuals
  - II. encourages an open and frank exchange of views
  - III. minimises any constraints
  - IV. is free from discrimination and oppression
  - V. is open to the range of issues that individuals wish to explore
  - VI. acknowledges their right to make their own decisions
  - VII. helps them to make their own decisions
2. provide clear, up-to-date and relevant information to individuals about
  - I. health and wellbeing
  - II. things that might affect their health and wellbeing
  - III. the things they can do to improve their health and wellbeing
  - IV. other people and agencies who might be able to help them improve their health and wellbeing
3. encourage individuals to:
  - I. identify the things that are affecting their health and wellbeing
  - II. identify their views about health and wellbeing
  - III. identify their knowledge and skills about health and

- those relating to confidentiality, health and safety, equality and diversity)
12. the data storage and retrieval systems in own organisation
  13. the principles of effective communication with:
  14. communities
  15. people in own and other agencies
  16. own role and responsibilities and from whom assistance and advice should be sought if necessary
  17. the principles of equality, diversity and anti-discriminatory practice to work and how to apply these in own work
  18. how to develop your own competence and the benefits of doing this

- IV. wellbeing and any gaps in these
  - V. take responsibility for changing their own behaviour
  - V. learn how to change their behaviour
4. enable individuals to
    - I. get hold of up-to-date appropriate information and advice when they need it
    - II. access appropriate support.

### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB1 Promotion of health and wellbeing and prevention of adverse affects on health and wellbeing

*HT2 Communicate with individuals about promoting their health and wellbeing*  
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## CHS221 Report results from healthcare investigations



### OVERVIEW

This standard relates to the issuing of a report containing validated results of investigations. The report may be given verbally, in hard copy or electronic format and may be generated automatically according to defined criteria. Reports may be compiled from data or qualitative/descriptive statements. Reports may impact on the clinical management of the individual.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. your own level of competence, authority and specialist knowledge base related to reporting results
2. the range of stakeholders involved and their information needs
3. the importance, principles, protocols and procedures for maintaining confidentiality and privacy issues relating to reports on individuals
4. the importance of recognising when an investigation is complete and how to collate the completed data
5. where applicable, how to process data to extract relevant and accurate results from the investigations to create a report in line with appropriate guidelines, protocols and procedures
6. the authorisation protocols and procedures required for issuing reports and how to gain this within your work practice
7. how to recognise situations where there is a need for urgent reporting of results to colleagues or key stakeholders
8. the protocols and procedures for providing verbal reports to authorised recipients within your work practice
9. the range of normal values and significance of normal and abnormal results under investigation and their significance
10. the importance of checking that the identity of the individual and the results for the appropriate investigation
11. how to construct the report that is factually accurate and in the appropriate format
12. how and when to add any authorised explanations or include in the report qualitative/descriptive statements to give clarity of the science or

### PERFORMANCE CRITERIA

You must be able to do the following:

1. work within your level of competence, responsibility and accountability
2. collate results from complete investigations using the approved protocols and procedures
3. check the accuracy of results using defined validation criteria, identify any anomalous results and take the appropriate action
4. check the correlation of results with the individuals information and the request form or where appropriate to electronic requesting systems
5. where applicable, transfer results into a database or other record in preparation for hard copy or electronic reporting
6. consult, as appropriate, with colleagues to support, confirm or resolve any concerns in the reporting of results
7. generate the report in the appropriate format, include any required scientific/technological data according to protocol or check the automatic reporting systems for accuracy as appropriate to your work practice
8. confirm authorisation from relevant individuals for the release of the generated report
9. issue authorised reports in the defined format appropriate to the clinical need in line with appropriate guidelines, protocols and procedures
10. always respect the confidentiality and rights of individual, when communicating the reports of their investigations to the authorised recipient
11. where appropriate, answer questions according to protocol, raised by the authorised recipient, and refer all queries that are outside your competence or area of responsibility to the appropriate colleagues

- technology results in line with your work practice protocols and procedures
13. how to recognise anomalous results and the appropriate actions required
  14. how and when to generate additional results
  15. the current national legislation, guidelines, local policies and protocols which affect your work practice
  16. the policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others
12. maintain full, accurate and legible records of information collected and make these available for future reference and traceability protocols in line with organisational practice and information governance

### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: IK2 Information collection and analysis

*CHS221 Report results from healthcare investigations*

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## **SCDHSC0026 Support individuals to access information on services and facilities**

### **OVERVIEW**

This standard outlines the requirements when supporting individuals to access and use information on services and facilities. This includes supporting the individual to use information you supply, to access and use information themselves and then to evaluate and feedback on it.

### **KNOWLEDGE AND UNDERSTANDING**

You will need to know and understand:

#### **RIGHTS**

- K1 work setting requirements on equality, diversity, discrimination and rights
- K2 your role supporting rights, choices, wellbeing and active participation
- K3 your duty to report anything you notice people do, or anything they fail to do, that could obstruct individuals' rights
- K4 the actions to take if you have concerns about discrimination
- K5 the rights that individuals have to make complaints and be supported to do so

#### **HOW YOU CARRY OUT YOUR WORK**

- K6 codes of practice, standards, frameworks and guidance relevant to your work and the content of this standard
- K7 the main items of legislation that relate to the content of this standard within your work role
- K8 your own background, experiences and beliefs that may affect the way you work
- K9 your own roles and responsibilities with their limits and boundaries
- K10 who you must report to at work
- K11 the roles and responsibilities of other people with whom you work
- K12 how to find out about procedures and agreed ways of working in your work setting
- K13 how to make sure you follow procedures and agreed ways of working
- K14 the meaning of person centred working and the importance of knowing and respecting each person as an individual
- K15 the prime importance of the interests and well-being of the individual
- K16 the individual's cultural and language context
- K17 how to work in ways that build trust with people
- K18 how to work in ways that support the active participation of individuals in their own care and support
- K19 how to work in ways that respect individuals' dignity, personal beliefs and preferences

- K20 how to work in partnership with people
- K21 what you should do when there are conflicts and dilemmas in your work
- K22 how and when you should seek support in situations beyond your experience and expertise

### **THEORY FOR PRACTICE**

- K23 the factors that may affect the health, wellbeing and development of individuals you care for or support
- K24 how these affect individuals and how they may affect different individuals differently
- K25 the main stages of human development

### **COMMUNICATION**

- K26 factors that can have a positive or negative effect on the way people communicate
- K27 different methods of communicating

### **PERSONAL AND PROFESSIONAL DEVELOPMENT**

- K28 why it is important to reflect on how you do your work
- K29 how to use your reflections to improve the way you work

### **HEALTH AND SAFETY**

- K30 your work setting policies and practices for health, safety and security
- K31 practices that help to prevent and control infection in the context of this standard

### **SAFE-GUARDING**

- K32 the duty that everyone has to raise concerns about possible harm or abuse, poor or discriminatory practices
- K33 signs and symptoms of harm or abuse
- K34 how and when to report any concerns about abuse, poor or discriminatory practice, resources or operational difficulties
- K35 what to do if you have reported concerns but no action is taken to address them

### **HANDLING INFORMATION**

- K36 legal requirements, policies and procedures for the security and confidentiality of information
- K37 work setting requirements for recording information and producing reports including the use of electronic communication
- K38 what confidentiality means
- K39 how to maintain confidentiality in your work

K40 when and how to pass on information

### **SPECIFIC TO THIS NOS**

K41 how to find out about whether the services and facilities are accessible to individuals

K42 how and where to access information relevant to individuals and key people's needs

K43 how to ensure that the information accessed is relevant and up to date and who to inform when it is not

K44 how to support individuals and key people to understand information

K45 how to encourage individuals to raise questions and concerns about how to access or interpret information

K46 who you go to and where to go when you cannot find information or answer questions

### **PERFORMANCE CRITERIA**

You must be able to do the following:

#### **SUPPORT INDIVIDUALS TO USE INFORMATION ABOUT SERVICES AND FACILITIES**

P1 support the **individual** to communicate their preferences and needs about the **information** they require on **services** and **facilities**

P2 identify accurate and up-to-date information on services and facilities that may benefit the individual

P3 make information available to the individual in accessible ways

P4 ensure that you and the individual both understand the information that has been shared

P5 support the individual to identify any impact that the information may have on them and key people

P6 support the individual to deal with any distress the content of the information may cause them

P7 challenge in appropriate ways any information that is discriminatory

#### **ENABLE INDIVIDUALS TO EVALUATE INFORMATION ABOUT SERVICES AND FACILITIES**

P13 support the individual and key people to evaluate in what ways the information about services and facilities has been beneficial to them

P14 support the individual and key people to identify information that is discriminatory or unhelpful

P15 support the individual to identify any changes that will improve the accessibility and usability of the information

P16 encourage the individual and key people to give feedback to appropriate people or organisations where they have experienced discrimination or exclusion when trying to access information

P17 support individuals and key people to challenge any information about services and facilities that is discriminatory or unhelpful

P18 encourage the individual and key people to give feedback to the appropriate people or organisations on the usefulness of the information they have selected and used

P19 support the individual to identify any changes that will improve the accessibility and usability of the information

#### ADDITIONAL INFORMATION SCDHSC0026 Support individuals to access information on services and facilities

<b>SCOPE / RANGE RELATED TO PERFORMANCE CRITERIA</b>	<p>The details in this field are explanatory statements of scope and/or examples of possible contexts in which the NOS may apply; they are not to be regarded as range statements required for achievement of the NOS.</p> <p>Note: Where an individual finds it difficult or impossible to express their own preferences and make decisions about their life, achievement of this standard may require the involvement of advocates or others who are able to represent the views and best interests of the individual.</p> <p>Where there are language differences within the work setting, achievement of this standard may require the involvement of interpreters or translation</p> <p><b>Active participation</b> is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible</p> <p><b>Facilities</b> are goods or settings/environments to which access can be provided to promote the individual's health and social well-being; they may be offered at a distance or taken to the place where the individual lives</p> <p>The <b>individual</b> is the person you support or care for in your work</p> <p><b>Information</b> could be verbal, written or electronic and needs to be in a format that is accessible to the individual and should be provided within confidentiality agreements and according to legal and work setting requirements</p> <p><b>Key people</b> are those who are important to an individual and who can make a difference to his or her well-being. Key people may include family, friends, carers and others with whom the individual has a supportive relationship</p> <p><b>Services</b> are personal and other amenities provided in the individual's home or in other places to promote the individual's health and social well-being Information may be <b>unhelpful</b> because it is misleading, inaccurate, inaccessible, difficult to understand or out of date</p>
<b>SCOPE / RANGE RELATED TO KNOWLEDGE AND UNDERSTANDING</b>	<p>The details in this field are explanatory statements of scope and/or examples of possible contexts in which the NOS may apply; they are not to be regarded as range statements required for achievement of the NOS.</p> <p><b>All knowledge statements must be applied in the context of this standard</b></p> <p><b>Factors that may affect the health, wellbeing and development of individuals</b> may include adverse circumstances or trauma before or during birth; autistic spectrum conditions; dementia; family circumstances; frailty; harm or abuse; injury; learning disability; medical conditions (chronic or acute); mental health; physical disability; physical ill health; poverty; profound or complex needs; sensory needs;</p>

	social deprivation; substance misuse
<b>VALUES</b>	<p>Adherence to codes of practice or conduct where applicable to your role and the principles and values that underpin your work setting, including the rights of children, young people and adults. These include the rights:</p> <ul style="list-style-type: none"> <li>To be treated as an individual</li> <li>To be treated equally and not be discriminated against</li> <li>To be respected</li> <li>To have privacy</li> <li>To be treated in a dignified way</li> <li>To be protected from danger and harm</li> <li>To be supported and cared for in a way that meets their needs, takes account of their choices and also protects them</li> <li>To communicate using their preferred methods of communication and language</li> <li>To access information about themselves</li> </ul>
<p>Version number 1 Review date: August 2014</p>	