

Quality Assurance Framework for NHS Health Check in Leeds

Core Component	Actions in place
<p>Workforce skills and experience</p> <p>Staff providing the Risk Assessment must:-</p> <ul style="list-style-type: none"> • Be a trained Health Care Assistant, Nurse or GP • Be competent in the skills for health workforce competencies for the NHS Health Check Programme (2009) • Have adequate knowledge of Cardiovascular Disease and understand the risk factors relating to it • Follow the DH NHS Health Check: Vascular Risk Assessment and Management best practice guidance (2009) • Be competent in taking and recording Blood Pressure measurements • Be competent in taking blood samples and understand the health and safety issues relating to this procedure • Be competent in taking and recording a pulse and detecting any irregularities and referring on for further investigation <p>In addition staff communicating risk must:-</p> <ul style="list-style-type: none"> • Have attended brief motivational interview training and are competent in using this technique with patients attending for an NHS Health Check • Aware of how to signpost people to healthy living services • Be competent in interpreting the results of each persons health check and communicate the risk to the individual 	<p>2 days training included within the LES for the NHS Health Check :</p> <ul style="list-style-type: none"> • Assessing Cardiovascular Risk in Primary Care • Brief Motivational Interviewing Study day <p>Skills for Health Competencies for the NHS Health Check available at www.skillsforhealth.org.uk</p> <ul style="list-style-type: none"> • Provision of a suite of pre formatted templates to support standardised comprehensive Cardiovascular risk assessments and subsequent management

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<p>Equipment</p> <ul style="list-style-type: none"> The NHS Health Check Best Practice Guidance provide a guide to appropriate equipment recommended for the health Checks programme http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097489 Staff must ensure the equipment used for the NHS health check are CE marked, validated, maintained, and regularly recalibrated according to the manufacturers instructions Staff must adhere to policies and procedures relating to infection control, storage and disposal of any clinical waste as well as any needle stick injuries or spillages Any adverse incidents involving medical equipment should be reported to the manufacturer as well as the Medical Health Regulation Authority <p>Where Near Patient Testing (NPT) equipment is used Follow the Buyers guide – Point of Care Testing for Cholesterol Measurement (2009) available from the NHS Improvement website - www.improvement.nhs.uk</p> <ul style="list-style-type: none"> Staff must have received training from a competent trainer and be competent in the use of NPT equipment Correctly carry out patient preparation, specimen collection, and sample measurement Carry out and document internal and quality control assessment procedures Perform necessary maintenance and ensure it is documented Be capable of troubleshooting Adhere to infection control protocols 	<p>For NPT training provided by the manufacturer</p>

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<p>IT systems</p> <p>The effectiveness of the NHS Health Check programme cannot be properly evaluated unless IT, data quality assurance processes that allow timely reporting of data requirements are in place therefore:</p> <ul style="list-style-type: none"> • Staff should use the NHS Leeds suite of Vascular Risk templates within the clinical system to record the information required for the NHS Health Check • Staff must ensure required data for monitoring and evaluation purposes is available for extraction • The clinical system searches provided by NHS Leeds should be used by the practice to identify a priority target list of patients. • Staff are required to feedback to NHS Leeds IT any issues with the systems/templates to ensure improvement • Suggested read codes should be used 	<p>NHS Leeds has provided the provider with a suite of Vascular Risk Assessment Templates to capture the NHS Health Check</p> <p>Required data is extracted from the providers clinical system on a quarterly basis where data sharing has been agreed</p> <p>The provision of searches to enable practices to identify a target list of patients to call in for the NHS Health Check</p>
<p>Practice accountability</p> <p>The NHS Health Check Programme can only be successful with a team approach with an identified lead within the practice who will be responsible for:</p> <ul style="list-style-type: none"> • Ensuring that each of the components of the NHS Health Check are delivered by the appropriate member of the team (invitation process, face to face risk assessment, assignment of risk and follow up, monitoring progress towards target and feeding back to the rest of the team) • Ensure referral to appropriate services • Ensure that national standards of service quality and clinical governance are met when delivering the programme • Engage in peer reviews 	<p>Lead to be identified in each practice within LES</p>

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<p>PCT accountability/leadership</p> <ul style="list-style-type: none"> • Programme board in place with a designated lead and programme manager • Agreed Governance reporting arrangements • Clinical engagement • Provision of overall coordination of the NHS Health Check Programme • Develop and oversee the implementation of the Local Enhanced Service Specification for the NHS Health Check (The identification and Management of Adults Developing Vascular Disease) • Quarterly audit data and annual reports will be produced and shared • Secure budget to ensure the planned implementation is successful • Performance manage the Providers against the specification in the LES • Undertake social marketing research at various stages of implementation to inform the development of the service including a strong element of PPI, and also whole programme evaluation • Ensure the programme is linked to PCT and national priorities 	<p>Programme plan complete Programme Board with lead established Clinical Reference Group established Budget allocation agreed Key targets</p> <ul style="list-style-type: none"> • All age all cause mortality rate per 100,000 (VSB01;AHC,LAA) • AAACM rate disaggregated to focus on narrowing the gap between the most deprived 10% and the Leeds average (requiring a 40% reduction in forecast gap by 2011) (LAA/NI120) • Reduce under 75s CVD mortality rate (40% by 2010) (VSB02, AHC & LAA) • Reduce the vascular disease risk within the population (VSC23) • Reduction in gap between best and worst SOAs