

**NHS
HEALTH
CHECK**

Helping you prevent

diabetes

heart disease

kidney disease

stroke & dementia

NHS Health Check StARS framework: A systematic approach to raising standards

Version 1

Introduction

The purpose of this framework is to provide you with a structured and systematic approach that will support you to raise NHS Health Check delivery standards. It provides:

- an opportunity to review and reflect on the delivery of the NHS Health Check programme, to identify gaps and recognise achievement and subsequently focus future strategic and delivery activity more effectively and efficiently
- a baseline against which you can benchmark future activity and demonstrate progress
- an opportunity to raise awareness of the programme with both internal and external stakeholders
- a legitimate reason to begin a conversation about the NHS Health Check and establish new relationships
- elected members with assurance that legal obligations have been met

Some other benefits identified by local authorities that have used the StARS framework include:

- a checklist for developing a new service specification
- a reason for engaging GPs in a constructive and meaningful discussion
- a lever for raising the profile of the NHS Health Check among local authority executives and elected members
- a legitimate reason for undertaking a service audit

The framework has been developed with contributions from a range of sectors including the Local Government Association, Centre for Public Scrutiny, Association for the Directors of Public Health, local commissioners and NHS England.

1. Using the StARS framework

The framework brings together criteria, drawn from existing guidance, into ten themes.

1. Vision and leadership
2. Planning and commissioning
3. Partnerships
4. Service delivery
5. Competence, training and development
6. Information governance and data
7. Communication
8. Programme development and evaluation
9. Innovation
10. Equity and health inequalities

These themes intentionally bridge the roles and contributions of different partners in supporting the strategic and operational delivery of the programme. Therefore the framework should not only be completed in collaboration with your local partners, to help you collectively identify your strengths, successes and areas for improvement, but the findings and actions from going through the framework should also be shared. How you choose to engage partners in this process is up to you.

As you work through the framework you are asked to consider the extent to which you are absolutely confident you are doing everything you can to achieve the criteria and to score yourself accordingly (table 1). Examples of the sort of evidence you might draw on are set out in the *StARS framework: what constitutes evidence?* It is helpful to embed your evidence document against every criteria in the framework, that way, when you or others look to benchmark progress at a later date you will have all the information and evidence to hand to compare against.

You will see some of the criteria are posed as closed questions, in these instances you should state that you either have strong or no evidence. As you complete the framework you will also need to check and

challenge your own evidence and scoring by thinking about whether you would be prepared to stand up and defend your score if it was scrutinised by your peers. You may also wish to use the actions column to record the tasks or actions you feel are needed in order to address any gaps highlighted.

Table 1. scoring

<p>Strong evidence If you are confident that you can demonstrate this is common practice or that all possible actions are being progressed.</p>	<p>scores 2 or a green RAG rating</p>
<p>Some evidence If you are confident that there is some evidence and that there is room for improvement or development.</p>	<p>scores 1 or an amber RAG rating</p>
<p>No evidence If you feel that you cannot demonstrate this as current practice tick.</p>	<p>scores 0 or a Red rag rating</p>

11. Getting the most out of it

Before using the StARS framework:

- **Identify a lead** such as your NHS Health Check programme manager or commissioner. This person has overall responsibility for completing the framework and should ensure that the process is done in line with the ethos and expectations.
- **Identify a senior sponsor** such as your Director of Public Health or Health and Wellbeing Board. As well as endorsing the process, your senior sponsor is important to ensure commitment and momentum is maintained to build on the outcomes of this work.
- **Join one of the training sessions** which will give you specific guidance on using the framework and be an opportunity to discuss a sample response with peers

In completing the StARS framework:

- **Involve and collaborate with relevant partners**, for instance NHS or CCG colleagues. How you manage this involvement is up to you, you may choose to use existing engagement channels like a CVD clinical reference groups, or through new working groups or teleconferences etc.
- **Cultivate an ethos of open, collaborative reflection.** Completing the framework will be most valuable if contributors commit to honest self-reflection with partners as a way to improve. This approach will also support collective understanding of the local challenges, and encourage ownership of actions needed for improvement from an early stage.
- **Determine each score based on the individual question** rather than, for instance, trying to achieve a particular 'score' for a section or the framework as a whole. The scoring system is intended as a diagnostic tool to help you identify your particular strengths and gaps, *not* to give a 'total score of achievement'.

12. Sources of support

Your local networks provide the opportunity to engage peers who are completing, or have completed, the framework and to share learning on using it to achieve greatest impact.

13. Planning

What do you want to get from this process?

Who are you going to involve?

How are you going to involve them?

What are your next steps

What is your approximate timeline?

StARS framework

Timing			
Self-assessment commencement date			
Self-assessment completion date			
Review date			
Self-assessment lead details			
Organisation			
Name			
Job title			
Email address			
Telephone number			
Organisation's PHE Centre			
Senior sponsor details			
Name			
Job title			
Organisation			
Key contributors (please record all key contributors)			
	Name	Job title	Organisation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Describe your local delivery model and context

Section 1: Vision and leadership		Source of evidence	Score	Actions
1.a	Does the health and wellbeing board receive reports or dashboard indicators on the NHS Health Check programme?			
1.b	Do senior elected members assert a clear ambition for the NHS Health Check programme?			
1.c	Do you have a vision for delivering the NHS Health Check programme that is widely understood and shared by others across the organization(s)?			
1.d	Have members recently conducted a local scrutiny enquiry that includes the NHS Health Check (source: Centre for Public Scrutiny NHS Health Check report)			
1.e	Are there clinical leadership champions engaged with the NHS Health Check programme? (source: standard 1 QS framework pg14)			
1.f	Have you provided briefing on the NHS Health Check to councillors in the last 6 months?			
1.g	Has your local delivery of the programme been championed at a PHE centre level?			
1.h	Does your Director of Public Health regularly (twice a year or more) highlight the NHS Health Check to your lead member and the corporate management team?			
1.i	Does your organization act as an exemplar in supporting staff to access an NHS Health Check?			
1.j	Are your offers on track to achieve 20% this year? (source: adapted from LA regulations and referenced in NHS Health Check Implementation review and action plan)			
1.k	Have you achieved year-on-year improvement in uptake? (aspiring to 75%) (source: adapted from LA regulations and NHS Health Check Implementation review and action plan)			

Section 2: Planning and commissioning		Source of evidence	Score	Actions
2.a	i) Do you have a current NHS Health Check delivery plan?			
	ii) If so, does your plan include Specific, Measurable, Achievable, Realistic, Timebound objectives which are monitored regularly?			
	iii) Does your Director of Public Health sign the plan off?			
	iv) Does the council's executive team sign off the plan?			
	v) Can you demonstrate improvement against the objectives in your own plan?			
	vi) Is there a clear connection between the NHS Health Check plan, joint strategic needs assessment, and health and wellbeing strategy?			
2.b	Do you have dedicated resources to deliver the programme as planned?			
2.c	How do you monitor expenditure on the NHS Health Check programme?			
2.d	Do you have a service specification for commissioned providers?			
2.e	To what extent do your provider contracts include output, quality and outcome standards?			
2.f	Has there been an internal audit of the programme?			

Section 3: Partnerships		Source of evidence	Score	Actions
3.a	Do you have active partnerships which contribute to local plans for the delivery of the NHS Health Check programme?			
3.b	i) Do you have an NHS Health Check steering group?			
	ii) How does the steering group engage a range of partners i.e. local elected members, local authority officers, representatives from the CCG, key groups in the local voluntary sector, PHE centres and local communities?			
	iii) Does the work of the group have clear links to the health and wellbeing board?			
3.c	Do you have regular links and communications with CCGs and GPs, outside of the context of a steering group?			
3.d	Can you evidence that partners have worked together in securing local achievements?			
3.e	Would you agree that the NHS Health Check is visible in other plans and objectives, policy and procedures across internal and external partners?			
3.f	Do you contribute to and benefit from relevant existing sub-national (PHE Region) networks?			
3.g	Can you show instances where you have collaborated with people outside of the local authority to improve your service (e.g. through cross-boundary working arrangements with neighbours)?			

Section 4: Service delivery		Source of evidence	Score	Actions
4.1 Identification and invitation				
4.1.a	Is the PRIMUS query (or alternative) used by GP providers to identify the eligible population? (source: IG and data flow pg14)			
4.1.b	Is a systematic strategy used to identify the eligible local population that will be invited for an NHS Health Check? (source: IG and data flow pg14)			
4.1.c	Where individuals are sent an invitation letter, does this contain information on the contact details of the organisation providing the NHS Health Check, set out how their data will be handled, and provide information on the harms and benefits of having an NHS Health Check? (source: IG and data flow pg14; source: standard 1 QS framework pg14)			
4.1.d	Is there an agreed protocol that requires at least one follow-up with non-responders or people that do not attend an NHS Health Check? (source: standard 2 QS framework pg15)			
4.1.e	What systems are in place to provide NHS Health Checks to people who request them and to people who are not registered with a GP? (source: standard 1 QS framework pg14)			

4.2 Risk assessment		Source of evidence	Score	Actions
4.2.a	How do you ensure that a complete NHS Health Check, for those accepting the offer, is undertaken and recorded in line with quality standard 3? (source: standard 3 QS framework pg17)			
4.2.b	Do you use a cardiovascular risk calculator in line with NICE guidance? (source: NICE lipid modification guidance pg 10)			
4.2.c	How do you ensure that individual risk factor measures and CVD risk score are communicated effectively and recorded in line with quality standard 6?(source: standard 6 QS framework ,)			
4.2.d	How do you ensure that equipment calibration and incident reporting is undertaken as set out in quality standard 4 ? (source: standard 4 QS framework)			
4.2.e	Are you implementing risk assessment and quality control practices for point of care testing as set out in standard 5 of the quality standard framework (source: standard 5 QS framework)			
4.2.f	Have quality assurance visits been undertaken with providers in the last 12 months to ensure that checks are being delivered in line with best practice guidance?			

4.3 Risk management and follow-up		Source of evidence	Score	Actions
4.3.1.a	How do you ensure that individuals with abnormal risk profiles receive appropriate follow-up in line with the best practice guidance? (CVD risk, pre-diabetes, diabetes, hypertensive, CKD, FH, AUDIT C and Fast above initial thresholds, BMI >27.5) (source: standard 8 QS framework pg 24& BPG)			
4.3.1.b	How do you ensure that individuals with abnormal risk profiles receive appropriate clinical management in line with the best practice guidance? (CVD risk, pre-diabetes, diabetes, hypertensive, CKD, FH, AUDIT C and Fast above initial thresholds, BMI >27.5)			
4.3.1.c	Where a statin, antihypertensive or other clinical treatment is offered how do you ensure that this is recorded along with whether or not it is accepted?			
4.3.1.d	Are individual's at high risk of CVD managed in accordance with NICE guidelines? (source: standard 9 QS framework pg26)			
4.3.2.a	Do you have evidence that where clinically appropriate, all individuals who have a check are given lifestyle advice, regardless of their CVD risk score, to help them manage and reduce their CVD risk? (NICE lipid modification guidance)			
4.3.2.b	Can providers refer into a range of lifestyle programmes that address the individual's modifiable risk factors? (source: standard 7 QS framework pg22 BPG pg22 NICE LG briefing)			
4.3.2.c	Are these lifestyle services based on the latest NICE guidelines? (source: BPG pg 22-26)			

Section 5: Competence, training and development		Source of evidence	Score	Actions
5.a	How do you ensure that providers meet the core competences? (source: NHS Health Check competence framework; standard 6 QS framework pg21)			
5.b	Have delivery staff recently been offered brief intervention training?			
5.c	Are NHS Health Check training and education materials available for health professionals?			
5.d	How are provider's experiences used to inform future training requirements?			
5.e	How are patient's experiences used to inform future training requirements			

Section 6: Information governance and data 6.1 Data recording		Source of evidence	Score	Actions
6.1.a	How do you ensure a consistent approach to recording information on non-responders, people that opt-out and DNA, is adopted in line with quality standard 2? (source: standard 2 QS framework pg15)			
6.1.b	How do you ensure that all providers record data using the snomed codes set out in the data requirements? (source: NHS IC data requirements guidance; source: standard 3 QS framework pg17)			
6.1.c	How do you ensure that the completion and outcome of an NHS Health Check e.g. signposting/referral to local lifestyle services is recorded? (source: standard 7 QS framework pg22)			
6.1.d	How do you ensure that providers of lifestyle services record information on individuals' outcomes following the completion of an intervention?			
6.1.e	How do you ensure that GPs routinely upload data from an NHS Health Check, provided by an alternative provider, onto the patient's record? (programme standards specifies within two days)			

	6.2 Information governance	Source of evidence	Score	Actions
6.2.a	Is there evidence that data processors (GPs or organisations acting on their behalf and other providers) are compliant with the Information Commissioners level 2 toolkit?			
6.2.b	Where a third party data processor is identifying the eligible population and/or sending invitations on behalf of a data controller e.g. general practice, is there evidence of a current data processing contract between the data controller and the data processor? (source: IG and data flow 14)			
6.2.c	Where the National Health Authority Information System is used to identify the eligible population is there a data processing contract between the data controller (NHS England) and the data processor? (source: IG and data flow p.16)			

	6.3 Data return and monitoring	Source of evidence	Score	Actions
6.3.a	Do you have evidence that data on offered and received NHS Health Checks is reported to PHE in line with the single data list returns and on time? (source: NHS HC single data list returns: a brief guide for local authorities pg 7, standard 10 QS framework pg27)			
6.3.b	Do commissioners receive anonymous information from providers above and beyond offers and uptake? (source: standard 2 QS framework pg17)			
6.3.c	Do you monitor the proportion of individuals recalled in five years, if they remain eligible? (source: standard 2 QS framework pg15)			
6.3.d	Do you monitor how your local implementation compares to other similar areas?			
6.3.e	Do you provide quarterly internal performance reporting on the delivery of the programme?			
6.3.f	Where the NHS Health Check is not conducted by general practice is there confidential and timely transfer of patient identifiable data back to their GP? (source: LA regulations , standard 10 QS framework).			
6.3.g	Do you have a protocol in place on the management and information-sharing of any Serious Untoward Incidents (SUIs) in delivery of NHS Health Checks?			

Section 7: Communication		Source of evidence	Score	Actions
7.a	Do you have a communication/ marketing plan and an approach for engaging with key stakeholders? (source: standard 1 QS framework pg14)			
7.b	Do you link with and amplify national and/or regional (PHE centre) marketing campaigns?			
7.c	How do you make use of internal communication channels in ensuring and improving quality and uptake of NHS Health Checks?			
7.d	How do you make use of external communication channels in ensuring and improving quality and uptake of NHS Health Checks?			
7.e	How do you engage with voluntary, community or professional bodies to raise awareness of the programme among the public?			
7.f	Can you show instances where you have spent money on marketing and communication?			
7.g	Are tried and tested branding and marketing materials used to promote the programme?			
7.h	Is there an entry for the service on the NHS Choices directory?			

Section 8: Programme development and evaluation		Source of evidence	Score	Actions
8.a	How do you invite feedback from individuals on their experience of the NHS Health Check e.g. on such as i.e. location, time, number of appointments, provider etc, in line with quality standard 1? (source: standard 1 QS framework)			
8.b	Have you used data from users to influence or change the design and delivery of the service?			
8.c	Have you evaluated how successful the service is at helping patients to understand their CVD risk? (source: standard 6 QS framework pg21)			
8.d	Have you undertaken activity to better understand local public attitudes or behaviour towards the NHS Health Check programme?			
8.e	Do you work with providers to monitor issues or challenges arising in delivery of NHS Health Checks?			
8.f	Have you, or are you, collecting evaluation data on the outcomes of your programme?			

Section 9: Innovation		Source of evidence	Score	Actions
9.a	Do you have systems in place for learning from local innovative delivery?			
9.b	Have you used technology in different ways to support delivery?			
9.c	Have you developed innovative solutions to meet local needs?			

Section 10: Equity and health inequality		Source of evidence	Score	Actions
10.a	Do you monitor your local data on equitable uptake of the NHS Health Check, looking at uptake among the disadvantaged and where need is likely to be greatest?			
10.b	Is NHS Health Check information available in other formats (Braille, languages, easy read) (source: standard 1 QS framework pg14)			
10.c	Have the needs of all communities, including the disadvantaged and those sharing a protected characteristic, informed both the commissioning and delivery of the programme? (BPG pg 5)			