



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

What constitutes evidence?

This document provides examples of the types of evidence that could be used to demonstrate the criteria. It is intended to serve as a prompt. This is not an exhaustive list and you do not need to provide every form of evidence listed against each question.

Section 1: Vision and leadership		Examples of evidence
1.a	Does the health and wellbeing board receive reports or dashboard indicators on the NHS Health Check programme?	Minutes of the meeting Board paper submitted KPI quarterly report
1.b	Do senior elected members assert a clear ambition for the NHS Health Check programme?	Ambition stated in local health and wellbeing strategy Ambition stated in council's business plan Minutes of health and wellbeing board meeting where the ambition is articulated
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?	Commitment to support the implementation is set out in the delivery or business plans of other directorates/teams/organisations i.e. charities, CCG
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)	Scrutiny meeting agenda and minutes Briefing paper or report considered as part of the scrutiny process
1.e	Are there clinical leadership champions engaged with the NHS Health Check programme? (source: standard 1 <a href="#">QS framework</a> pg14)	Championing NHS Health Check is included in the job description for GP champion Terms of Reference from the NHS Health Check steering group show GP champion is a member Letter of support for the programme from the champion to all local providers
1.f	Have you provided briefing on the NHS Health Check to councillors in the last 6 months?	Briefing paper Email correspondence Summary of a meeting discussion
1.g	Has your delivery of the programme been championed at a PHE regional or national level?	Agenda from the regional NHS Health Check meeting Slides used to present on local work at a network meeting or other regional PHE event Poster presentation accepted at the NHS Health Check national conference Webinar programme on the NHS Health Check website.
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?	Email Briefing paper Public health report KPI quarterly report
1.i	Does your organization act as an exemplar in supporting staff to access an NHS Health Check?	We have a work force event once a year where staff are given time to have an NHS Health Check

1.j	Are your offers on track to achieve 20% this year? (source: adapted from <a href="#">LA regulations</a> and referenced in <a href="#">NHS Health Check Implementation review and action plan</a> )	NHS Health Check data on <a href="http://www.nhshealthcheck.nhs.uk">www.nhshealthcheck.nhs.uk</a>
1.k	Have you achieved year-on-year improvement in uptake? (aspiring to 75%) (source: adapted from <a href="#">LA regulations</a> and <a href="#">NHS Health Check Implementation review and action plan</a> )	NHS Health Check data on <a href="http://www.nhshealthcheck.nhs.uk">www.nhshealthcheck.nhs.uk</a>

Section 2: Planning and commissioning		Source of evidence
2.a	i) Do you have a current NHS Health Check delivery plan?	Delivery plan Programme plan Action plan
	ii) If so, does your plan include Specific, Measurable, Achievable, Realistic, Timebound objectives which are monitored regularly?	Delivery plan Programme plan Action plan
	iii) Does your Director of Public Health sign the plan off?	Email Board paper
	iv) Does the council's executive team sign off the plan?	Board paper
	v) Can you demonstrate improvement against the objectives in your own plan?	KPI reporting Annual review report Programme monitoring documents
	vi) Is there a clear connection between the NHS Health Check plan, joint strategic needs assessment, and health and wellbeing strategy?	NHS Health Check plan Joint strategic needs assessment Health and wellbeing strategy
2.b	Do you have sufficient resources to deliver the programme as planned?	Finance sheets demonstrate that budget will enable delivery of programme as planned i.e. number of checks, marketing etc.
2.c	How do you monitor expenditure on the NHS Health Check programme?	Expenditure on the programme is reported as part of the requirement for the public health grant to DCLG. <a href="https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2013-to-2014-provisional-outturn">https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2013-to-2014-provisional-outturn</a> Budget and expenditure sheets Board paper on budget and expenditure
2.d	Do you have a service specification for commissioned providers?	Service specification
2.e	To what extent do your provider contracts include output, quality and outcome standards?	Provider contracts Provider service level agreement Terms and conditions

2.f	Has there been an internal audit of the programme?	Internal audit report and recommendations
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Section 3: Partnerships		Source of evidence
3.a	Do you have active partnerships which contribute to local plans for the delivery of the NHS Health Check programme?	Steering group terms of reference Minutes of planning meetings
3.b	i) Do you have an NHS Health Check steering group?	As in 3a
	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?	As in 3a
	iii) Does the work of the group have clear links to the health and wellbeing board?	As in 3a – steering group member(s) also sit on health and wellbeing board.
3.d	Do you have regular links and communications with CCGs and GPs, outside of the context of a steering group?	Newsletter KPI dashboard Summary of planned meetings with CCGs and GPs Training programme/updates delivered to providers Minutes of CCG membership meeting Minutes of practice managers' meeting
3.f	Can you evidence that partners have worked together to secure local achievements?	Minutes of meetings Email correspondence Award Commendation for partnership work
3.g	Would you agree that the NHS Health Check is visible in other plans and objectives, policy and procedures across internal and external partners?	Commitment to support the implementation is set out in the delivery or business plans of other directorates/teams/organisations i.e. charities, CCG
3.h	Do you contribute to and benefit from relevant existing sub-national (PHE Region) networks?	Minutes of network meeting
3.i	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)?	Memorandum of Understanding with neighbouring boroughs to offer NHS Health Checks to non-residents Joint contract for marketing i.e. radio adverts, bill boards etc.

Section 4: Service delivery		Source of evidence
4.1 Identification and invitation		
4.1.a	Is the PRIMUS query (or alternative) used by GP providers to identify the eligible population? (source: <a href="#">IG and data flow</a> pg14)	Service specification Email correspondence Provider training
4.1.b	Is a systematic strategy used to identify the eligible local population that will be invited for an NHS Health Check? (source: <a href="#">IG and data flow</a> pg14)	Service specification Email correspondence Provider training
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: <a href="#">IG and data flow</a> pg14; source: standard 1 <a href="#">QS framework</a> pg14)	Invitation letter Patient information leaflet
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 <a href="#">QS framework</a> pg15)	Service specification Email correspondence Provider training Care pathway
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 <a href="#">QS framework</a> pg14)	Service specification Email correspondence Provider training Care pathway .

4.2 Risk assessment		Source of evidence
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 <a href="#">QS framework</a> pg17)	Data recording template Service specification Provider training Standard operating procedure
4.2.b	Do you use a cardiovascular risk calculator in line with NICE guidance? (source: <a href="#">NICE lipid modification guidance</a> pg 10)	Service specification Screen shot of provider system
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 <a href="#">QS framework</a> ,)	Evidence that staff have been offered motivational interviewing. Evidence that local training addresses this Service specification Evaluation of user experience and understanding Audit showing number of people having a check and number with a recorded CVD risk score
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 <a href="#">QS framework</a> )	Service specification Standard operating procedure Staff training
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 <a href="#">QS framework</a> )	Service specification Standard operating procedure Clinical guidelines
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?	Clinical audit



4.3 Risk management and follow-up		Source of evidence
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 <a href="#">QS framework</a> pg 24& BPG)	Clinical audit Training
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)	Clinical audit Training
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?	Clinical audit Local clinical guideline Training
4.3.1.d	Are individual's at high risk of CVD managed in accordance with NICE guidelines? (source: standard 9 <a href="#">QS framework</a> pg26)	High CVD risk register Service specification Local clinical guideline
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? ( <a href="#">NICE lipid modification guidance</a> )	Clinical template Clinical audit Patient feedback
4.3.2.b	Can providers refer into a range of lifestyle programmes that address the individual's modifiable risk factors? (source: standard 7 <a href="#">QS framework</a> pg22 BPG pg22 NICE LG briefing)	Care pathway
4.3.2.c	Are these lifestyle services based on the latest NICE guidelines? (source: <a href="#">BPG</a> pg 22-26)	Service specification

Section 5: Competence, training and development		Source of evidence
5.a	How do you ensure that providers meet the core competences? (source: NHS Health Check competence framework; standard 6 <a href="#">QS framework</a> pg21)	Service specification Training Assessor and learner workbooks
5.b	Have delivery staff recently been offered brief intervention training?	Email correspondence Advertising
5.c	Are NHS Health Check training and education materials available for health professionals?	Provider delivery manual Distribution of the best practice guidance
5.d	How are provider's experiences used to inform future training requirements?	Skills needs assessment
5.e	How are patient's experiences used to inform future training requirements	User feedback and evidence of delivering training relevant to the feedback.

Section 6: Information governance and data		Source of evidence
6.1 Data recording		
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 <a href="#">QS framework</a> pg15)	Standard operating procedure Service specification Template Clinical audit
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 <a href="#">QS framework</a> pg17)	Clinical audit Service specification Template
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 <a href="#">QS framework</a> pg22)	Clinical audit Service specification Template Monitoring reports
6.1.d	How do you ensure that providers of lifestyle services record information on individuals' outcomes following the completion of an intervention?	Normal operating procedure Monitoring reports Service specification
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)	Clinical audit

	6.2 Information governance	Source of evidence	Score	Actions
6.2.a	Is there evidence that <a href="#">data processors</a> (GPs or organisations acting on their behalf and other providers) are compliant with the Information Commissioners level 2 toolkit?	Service specification CQC inspection report	0	
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: <a href="#">IG and data flow</a> 14)	Data processing contract	N/A	
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: <a href="#">IG and data flow</a> p.16)	Data processing contract	N/A	

	6.3 Data return and monitoring	Source of evidence
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: <a href="#">NHS HC single data list returns: a brief guide for local authorities</a> pg 7, standard 10 <a href="#">QS framework</a> pg27)	Public Health Outcome Framework Data on: <a href="http://www.nhshealthcheck.nhs.uk">www.nhshealthcheck.nhs.uk</a>
6.3.b	Do commissioners receive anonymous information from providers above and beyond offers and uptake? (source: standard 2 <a href="#">QS framework</a> pg17)	Service specification Template monitoring report
6.3.c	Do you monitor the proportion of individuals recalled in five years, if they remain eligible? (source: standard 2 <a href="#">QS framework</a> pg15)	Service specification Template monitoring report
6.3.d	Do you monitor how your local implementation compares to other similar areas?	Report drawing comparisons using published data Presentation using data and tools i.e. longer lives
6.3.e	Do you provide quarterly internal performance reporting on the delivery of the programme?	KPI quarterly report
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: <a href="#">LA regulations</a> , standard 10 <a href="#">QS framework</a> ).	Service specification Standard operating procedure Clinical audit KPI quarterly monitoring
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?	Service specification Serious untoward incident protocol/procedure SUI completed reporting template

Section 7: Communication		Source of evidence
7.a	Do you have a communication/ marketing plan and an approach for engaging with key stakeholders? (source: standard 1 QS framework pg14)	Communication/marketing plan Communication actions in a general delivery plan
7.b	Do you link with and amplify national and/or regional (PHE centre) marketing campaigns?	Leaflets Newsletters Copies of promotional material used for a local campaign
7.c	How do you make use of internal communication channels in ensuring and improving quality and uptake of NHS Health Checks?	Staff newsletter Screen shot of the intranet Emails You tube Social media
7.d	How do you make use of external communication channels in ensuring and improving quality and uptake of NHS Health Checks?	Copies of materials used for a marketing campaign GP TV service specification You tube Social media
7.e	How do you engage with voluntary, community or professional bodies to raise awareness of the programme among the public?	Copies of communication materials developed in partnership NHS Health Check content in partner newsletters
7.f	Can you show instances where you have spent money on marketing and communication?	Budget sheet Project plan
7.g	Are tried and tested branding and marketing materials used to promote the programme?	Social marketing report Evidence review
7.h	Is there an entry for the service on the NHS Choices directory?	NHS Choices directory link

Section 8: Programme development and evaluation		Source of evidence
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 <a href="#">QS framework</a> )	Questionnaires used Discussion guide Summary report of customer feedback Service specification
8.b	Have you used data from users to influence or change the design and delivery of the service?	Summary report Project or action plan showing the implementation of actions that link to feedback
8.c	Have you evaluated how successful the service is at helping patients to understand their CVD risk? (source: standard 6 <a href="#">QS framework</a> pg21)	Evaluation report
8.d	Have you undertaken activity to better understand local public attitudes or behaviour towards the NHS Health Check programme?	Market research report
8.e	Do you work with providers to monitor issues or challenges arising in delivery of NHS Health Checks?	Minutes of contract meetings Minutes of steering group meetings Email correspondence inviting feedback Summary report of a survey or interviews with providers
8.f	Have you, or are you, collecting evaluation data on the outcomes of your programme?	Service specification setting out what data is returned to the commissioner Service specification with a third party to evaluate the programme Project plan for an evaluation

Section 9: Innovation		Source of evidence
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?	Development of an app Using social media Using the NHS Health Check widget on your and providers websites
9.c	Have you developed innovative solutions to meet local needs?	Summary report Project or action plan showing the implementation of actions that link to feedback



Section 10: Equity and health inequality		Source of evidence
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?	Evidence that you have access to equity data Minutes of a steering group meeting where equity data has been considered
10.b	Is NHS Health Check information available in other formats (Braille, languages, easy read) (source: standard 1 <a href="#">QS framework</a> pg14)	Staff training/updates Standard operating procedure
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? ( <a href="#">BPG</a> pg 5)	Needs assessment Service specification encourages provider to prioritise people with greatest health needs