



Workplace Cardiovascular Disease Checks – Local Authority Grant Scheme: FAQs

These FAQs were produced following post-launch webinars for local authorities on 21 March 2024 and 27 March 2024 respectively. They were first published on 4 April 2024 and updated on 9 April 2024 and 19 April 2024.

1. Delivery of Cardiovascular Disease (CVD) Checks

Q1.1: Can local authorities offer a mixture of both NHS Health Checks and an alternative assessment of CVD as part of this pilot?

A: Yes, local authorities may offer a mixture of both NHS Health Checks and an alternative assessment of CVD as part of this pilot. Details of this split / mixed approach should be included in grant applications where applicable. This includes setting out the expected percentage of each type of check to be delivered and the respective target populations for each type of check. Please note that for scoring purposes, bids from local authorities who will deliver a mixture of both NHS Health Checks and an alternative assessment of CVD will be considered equal to those delivering exclusively NHS Health Checks.

Q1.2: Other than those set out in the minimum requirements, can we assess additional risk factors as part of the alternative assessment of CVD?

A: An alternative assessment of CVD must include the minimum requirements as set out in Section 3 of the grant specification. An alternative CVD assessment may also include the assessment of other risk factors.

Q1.3: What is the position regarding offering NHS Health Checks to workers who are not resident within the local authority in which they work as part of this pilot?

A: As part of this pilot, NHS Health Checks can be delivered to workers from 'out of area', i.e. who are not resident in the local authority in which they work. These NHS Health Checks, like any other, would need to meet [programme standards](#), including the return of data to primary care. NHS Health Checks offered by a local authority to

non-resident workers aged 40-74 will not count towards their national quarterly returns for the NHS Health Check programme unless formal agreements are in place between neighbouring local authorities.

Q1.4: Does the bid need to be a universal offer across the local authority or can it focus on a smaller area known to have particular need?

A: It does not need to be a universal offer.

Q1.5: Can community organisations play a role in the pilot or does activity have to fit within local authority structures?

A: Grant scheme applicants must be local authorities, but there is no restriction on local authorities working with community organisations.

Q1.6: For NHS Health Checks, people with existing CVD are not eligible – is it correct that people with CVD in workplaces would be eligible for this programme?

A: People who are ineligible for the current NHS Health Check programme for reasons other than age – as defined in the [programme standards](#) – remain ineligible for NHS Health Checks for the purposes of this programme. It is for local authorities to determine the eligibility criteria for alternative assessments of CVD delivered as part of this pilot, ensuring that all assessments are clinically safe and appropriate and follow relevant NICE guidance.

Q1.7: For the check to be a full NHS Health Check, do the blood tests need to be formal lab blood tests, or are finger prick (point of care tests) ok?

A: NHS Health Checks should adhere to the [programme standards](#), including on blood tests.

NEW Q1.8: As part of this pilot, can local authorities offer NHS Health Checks to those outside of the 40-74 age cohort (the age cohort eligible for an NHS Health Check as part of the national programme)?

A: Yes. As part of this pilot, local authorities may offer an NHS Health Check to people aged 25-84 – the age range in which QRISK3 is validated. All NHS Health Checks should follow the [programme standards](#).

NHS Health Checks offered to those outside of the 40-74 year age cohort will not count towards national quarterly returns for the national NHS Health Check programme.

NHS Health Checks offered to those not eligible for the national programme as part of this pilot are not subject to the requirement set out in [the regulations](#) to return a record of the check to primary care. We would nonetheless encourage local authorities to make provision for this wherever possible.

NEW Q1.9: Is there a requirement for results of NHS Health Checks delivered as part of this pilot to be fed back to primary care?

A: Where NHS Health Checks are delivered to those eligible for the national NHS Health Check programme (ages 40-74), a record of the check must be returned to primary care in accordance with [the regulations](#) and [programme standards](#).

Where NHS Health Checks are delivered to those outside of the eligible age cohort for the national NHS Health Check programme as part of this pilot, this requirement does not apply. We would nonetheless encourage local authorities to make provision for it – in line with [programme standards](#) – wherever possible.

NEW Q1.10: Can local authorities deliver CVD checks to local authority / partner organisation / acute trust staff as part of this pilot?

A: Yes, local authorities can commission the delivery of CVD checks in any workplace settings, including both public sector and private organisations.

NEW Q1.11: Are there any restrictions/deadlines on when delivery must start, as long as all checks are delivered by the end of March 2025?

A: There is no set deadline for when delivery of the CVD checks must start. However, as set out in the grant specification, applications must demonstrate either existing workplace/community health check programme(s) or the ability to establish quickly. Furthermore, funding for successful applicants will be split into two tranches, with the second tranche subject to a review of performance data. An accurate estimate of the number of checks to be delivered and over what timeframe is therefore important.

NEW Q1.12: Are those who have had an NHS Health Check within the last five years eligible for an NHS Health Check as part of this pilot?

A: No. Anyone who has received an NHS Health Check within the last five years is not eligible to receive another NHS Health Check as part of this pilot. Local authorities may commission alternative CVD assessments for these individuals if they wish to do so as part of this pilot.

2. Grant Applications

Q2.1: Will the application window for bids be extended?

A: We are not planning to extend the application window as we do not wish to delay the allocation of funds and delivery of this programme. We have tried to keep the application form as light touch as possible in acknowledgement of this.

Q2.2: Can multiple upper tier local authorities (UTLAs) make joint bids?

A: Yes. Local authorities may:

- a. Submit a single joint bid
- b. Submit multiple, linked bids

For a single joint bid, one local authority must be named as lead, and receive all funding provided, taking all financial responsibility. Directors of Public Health from all participating local authorities must sign joint bids.

Alternatively, multiple, linked bids would see funding allocated to each participating local authority. This approach allows for a degree of variation across participating local authorities as well as joint working. Linked bids should be clearly marked as such on the application form, and should preferably be submitted together in a single email.

Q2.3: What are the implications of doing fewer / more checks than estimated in the application process? Is there potential for funding being reclaimed or receiving an additional amount?

A: If local authorities are able to do more checks than expected with the funding provided, that would of course be welcome. There are no plans to provide additional funding beyond the initial total grant award.

Any underspend – which might result from the delivery of fewer checks than forecast – will be expected to be returned to DHSC. Grant funding will be provided in two tranches, - as set out in the grant specification – and the second tranche will be conditional on a review of performance data to date.

We encourage all applicants to make as accurate an estimate as possible.

Q2.4 If a community provider is already delivering NHS Health Checks in workplaces, is a bid acceptable that is exclusive to those outside of the eligibility requirements for NHS Health Checks?

A: Yes. Bids can be for the delivery of an alternative CVD assessment, and it is for local authorities for define the eligible population within the parameters set out in the grant specification.

3. Data Collection and Processing

Q3.1: Will DHSC set out a data collection template?

A: Yes. We are working with evaluators to develop a data collection template, and will discuss data collection requirements with local authorities in advance of agreeing MoUs.

Q3.2: Will there be a new SNOMED code created for workplace checks?

A: No – there will not be a new SNOMED code for workplace checks.

Q3.3: How do we avoid primary care claiming costs for NHS Health Checks that are delivered in workplaces as part of this pilot (avoiding double payments)?

A: There is a SNOMED code for NHS Health Checks completed outside of the primary care settings (completed by a third party). This SNOMED code may be used for NHS Health Checks conducted as part of this pilot, so that these checks will be added on the primary care record but will not be mistakenly claimed for during audit.

***NEW* Q3.4: Will DHSC provide a privacy notice or will this need to be developed at local level?**

A: We are working through the data-sharing requirements and their implications, and will confirm all relevant arrangements with successful applicants at the MoU stage.

4. Grant Funding

Q4.1: Can funding be used to purchase equipment such as point-of-care testing machines?

A: If this is not capital spending and is for supporting this programme then it is acceptable, but local authorities need to decide what is capital and revenue spending at that level.

Q4.2: How many grants are DHSC planning to award?

A: We expect to make up to 75 awards as part of this grant scheme.

Q4.3: How do we cover staff costs within the bid? Should this be considered as part of the direct cost per check or the 20% additional costs?

A: The cost of any administrative or programme staff should be considered as part of the additional (admin) costs. The costs of staff who are delivering the check should be considered as direct delivery costs.

Q4.4: We have wellbeing champions in workplaces delivering brief interventions. Could funding be used to retrain them to complete mini checks in their workplace?

A: Yes. Staff training should be accounted for as part of additional costs (as opposed to 'direct' costs).

NEW Q4.5: Can we use funding for local authority-led evaluation within our bid?

A: Yes. Funding may be used by local authorities to complete a local evaluation of their part in the pilot, as long as:

- any such activity is within the cost parameters as set out in the grant specification - i.e. additional costs should not exceed 20% of direct delivery costs; and
- local authorities commit to sharing a copy of any such evaluation with DHSC.

NEW Q4.6: Can funding be used to pay primary care for upload of data from workplace checks to their systems?

A: Yes - as part of this pilot, funding may be used to pay primary care for upload of data from workplace checks to their systems. However, by permitting this as part of this pilot we are not suggesting that it is or should be standard practice. These costs should be considered part of direct delivery costs and should be set out clearly in the application.