



Workplace Cardiovascular Disease Checks – Local Authority Grant Scheme: FAQs

Version 4 (13 November 2024)

These FAQs were first published on 4 April 2024 following post-launch webinars for local authorities in March 2024. Further updates followed on 9 April 2024 and 19 April 2024. The latest changes have been made to reflect discussions at local authority webinars held on 13 August 2024 and 20 August 2024. New questions are labelled '**NEW**'. Where changes have been made to existing questions / answers they are labelled '**UPDATED**'.

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.

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: Bids do 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.

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.

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.

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 and private sector organisations.

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.

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.

NEW Q1.13: Some of our workplaces have a younger workforce including those as young as 18. QRISK 3 is not validated in under 25s. Does this mean that we must exclude younger employees from the offer?

A: Alternative CVD assessments that do not use QRISK can be offered to those not eligible for a full NHS Health Check, including those aged below 25 years of age. It is for local authorities to determine the eligibility criteria (including age criteria) for any alternative assessments of CVD delivered as part of this pilot, ensuring that all assessments are clinically safe and appropriate and follow relevant NICE guidance.

NEW Q1.14: The existing NHS Health Checks programmes is targeted at registered residents, but workplaces have a wider group. Are we targeting residents or all workers?

A: All workers that meet eligibility requirements for the pilot can receive CVD checks. This includes both residents and those employees living outside of the local authority in which the workplace is based. 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.

NEW Q1.15: Where do we stand on workplaces just outside region? For example, our employer has one office within and one just outside our area.

A: Any employer with at least one permanent premises or operational staff within the LA boundary can be included. We would strongly advise informing commissioners in other LAs where pilot activity may be delivered in their area as part of the arrangements, to ensure that the NHS Health Check programme already operating in that area is not at risk of impact because of any additional activity under this scheme.

NEW Q1.16: Will you share a directory of local authorities involved in the pilot?

A: Yes, a directory will be shared with all local authorities participating in the pilot. It will include contact details for the programme lead and a summary of the delivery model for each participating local authority.

NEW Q1.17: Are we able to do the full NHS Health Check on non-residents outside the age limits? For those just under 40, could it have an impact on the 5-year cycle for invites to the regular NHS Health Check programme?

A: The full NHS Health Check can be provided to those under 40 (as set out in Q1.8) however these checks should not be recorded as a part of national quarterly data returns for the national NHS Health Check programme. It is important that the results of checks for those out of area are communicated back to their GP, to minimise the risk of duplication.

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.

UPDATED 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: Any underspend – which might result from the delivery of fewer checks than forecast – should 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 to date.

If local authorities are able to deliver more checks than expected with the funding provided, that would of course be welcome. We are exploring the potential of a second funding round for those likely to exceed their targets. If confirmed, we will

contact local authorities as soon as possible with the criteria for expressions of interest. Additional funding will be paid in February 2025 and must be spent by the end of the pilot in March 2025.

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

UPDATED 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.

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 in eligible individuals aged 40-74 conducted as part of this pilot, so that these checks will be added on the primary care record.

As part of this pilot, local authorities may offer an NHS Health Check to people aged 25-84 (as set out in Q1.8) – the age range for which QRISK3 is validated. However, NHS Health Checks offered to those outside of the 40-74 age range (i.e. 25-39 years old) will not count towards national quarterly returns for the national NHS Health Check programme and should not be included under this SNOMED code.

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.

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

A: It will be the responsibility of local authorities to develop a privacy notice if deemed appropriate by their local governance team. An example can be provided by DHSC on request to nhshealthcheck@dhsc.gov.uk

As part of this programme, it is the responsibility of local authorities to provide appropriate privacy information to data subjects, as they will be data controllers for any personal data collected as part of delivering the CVD health checks. This privacy information will need to cover which data will be shared with DHSC and the programme's independent evaluator (noting that these data will be shared in an aggregated and anonymised format and will not be personally identifiable).

NEW Q3.5: Many workplaces employ people out of area a) is this a problem for your data? and b) it might be problematic with sharing with GPs as our systems often don't 'talk' to each other?

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.

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 Q3.6: How do we communicate with employees about the programme – e.g. is there a specific name for the checks? Are there any marketing materials available? People are more familiar with health checks but might not understand this pilot.

A: There is not a specified name/branding for any checks completed as part of the Workplace CVD checks pilot, but we have previously used wording like heart health checks. We are interested to see what local areas choose to use across the pilot and what impact it may have on uptake.

NEW Q3.7: We already use the code for NHS Health Checks completed outside of the primary care settings (completed by a third party) for our existing programme. How can we distinguish between NHS Health Checks delivered by the pilot?

A: There will not be a new SNOMED code for workplace checks. Discussions will need to be had at a local level as to how you will keep a separate record of checks made as part of the pilot.

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).

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.

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.

NEW Q4.7: What process are local authorities using to transfer the funding to providers?

A: The process that local authorities will use to transfer funding to providers will vary dependent on the local authority and their arrangements with their providers. For example, whether they are using a new or existing supplier.

5. Evaluation

NEW Q5.1: Do we expect much difference in the collection of quantitative data for evaluation from what we normally collect routinely for the NHS Health Check?

A: The evaluation dataset for the pilot has been chosen to align with that required for the NHS Health Check returns where possible. We have included a small number of additional fields specific to the pilot to meet the needs of the evaluation. This will include a one-off return for each workplace that includes fields including the number of employees and industry type. Participants in the CVD checks will also be asked if they have previously declined an NHS Health Check to explore whether individuals, or certain groups, are more likely to accept the offer in a workplace setting compared to the existing offer.

NEW Q5.2: Will we be required to submit a collated dataset or require individual lines per patient?

A: Neither DHSC or the evaluator will be requesting or handling personal identifiable data as part of the evaluation. Therefore, this data must be aggregated and anonymised before it is returned to the evaluator and/or DHSC.

NEW Q5.3: Will the pilot be seen as a platform for looking into linked data across the NHS and LAs to better evaluate the impact of prevention on long term conditions?

A: The pilot will not be looking at linked data across local authorities and the NHS to better evaluate the impact on long term conditions.

NEW Q5.4: We are doing alternative CVD assessments. How do we complete the QRISK field of the evaluation dataset?

A: We do not expect alternative assessments of CVD to generate QRISK scores or report on QRISK scores, although we do encourage providers to generate the score if all the required information is being collected – even as part of an alternative

assessment of CVD - as understanding personal risk levels will be of value to participants and can be something they can discuss with their GP. If not all the QRISK data fields are being collected, then clearly the score can neither be calculated or reported on.

NEW Q5.5: We are concerned that workplaces that we are partnering with on the pilot will not collect the data required for the workplace section of the evaluation dataset. For example, gender and ethnicity fields. Does this mean they cannot take part in the pilot?

A: We would expect all local schemes to secure the data requested for the workplace section of the evaluation dataset where it is available. With larger organisations it may be that an explanation is required (and assurances to confirm that this is non-personalised aggregated data) in order to conduct a data extract on HR equality and diversity records. We recognise that this will be more challenging for smaller SMEs with only a small number of employees who are not familiar with requesting this information on their employees or holding such records. We accept that nil returns may be the only option in those instances. This is preferable to preventing the organisation from participating.

NEW Q5.68: Will local authorities need to be involved in the qualitative side of the evaluation too?

A: Yes, local authorities will be involved in the qualitative research. Our evaluators will be inviting local authority leads to attend a 1-hour interview in November-December 2024. The questions will be shared prior to the interview. Additional local authority colleagues can attend if there are questions that they are better suited to respond to.

The focus of the interview is about local authority experiences of developing the workplace checks programme. The interview will not be an evaluation of local performance.

Local authorities will be contacted through the local authority lead for the pilot named in the application form.