



Public Health
England

Skills for
Health

NHS Health Check Competency Framework

Updated July 2020

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

About Skills for Health

Skills for Health is responsible for developing National Occupational Standards (NOS) for the healthcare occupations in the UK. The competencies included in the NHS Health Check competency framework are drawn from these standards.

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1. Introduction

This document is a guide for NHS Health Check commissioners and providers. It details the competencies staff are required to have to deliver NHS Health Checks, and its intention is to support improvement in the quality of programme delivery.

Regardless of the methods used to deliver the NHS Health Check programme locally, staff capability and capacity is essential for a high-quality service. Staff delivering NHS Health Checks are expected to have face-to-face training and on-going clinical supervision. Technical competence alone is not enough; staff must also be able to communicate appropriately with people, particularly in relation to risk factors.

Commissioners should be clear in their commissioning specifications that prospective bidders (and current providers in the case of contract variation) must ensure staff delivering checks are demonstrably competent to the standards in this framework. This document can be used to inform such commissioning requirements. It can also be used for the development of training packages to support NHS Health Check providers, to help reduce variation.

This is an update to Public Health England's (PHE) NHS Health Check Competency Framework guidance, previously published in March 2015. A task and finish group was formed to support the development of the latest framework. Section 2 of this document outlines the core competencies and clinical skills competencies, and section 3 focuses on the NHS Health Check programme specific competencies. The framework draws on National Occupational Standards (NOS)¹ to set out the skills and knowledge required to competently, effectively and safely deliver NHS Health Checks. It also refers to the [Code of Conduct](#)² and the [Care Certificate](#)³ that all practitioners carrying out an NHS Health Check should aspire to.

This document should be used in conjunction with the NHS Health Check [Learner and Assessor Workbook](#), [Best Practice Guidance](#) and [Programme Standards](#).

Table 1. Summary of the changes introduced to the competency framework in the 2020 update

Date	Description of Change	Chapter
July 2020	NHS Health Check competency development workshop attendee list removed, and the latest task and finish group list added.	Acknowledgements
July 2020	Added Table 3 - 'Clinical skills competencies.'	Chapter 2.3
July 2020	Added Figure 2 - 'An example of how NHS Health Check training could be structured.'	Chapter 3.1
July 2020	Technical competencies re-named NHS Health Check programme competencies.	Chapter 3
July 2020	NHS Health Check programme competencies have been consolidated from ten to seven. Competency 2 has been re-named 'Information Governance and Data Flow' and has been expanded to incorporate competency 3	Chapter 3

	'Invitations,' competency 4 'Client consent' and competency 8 'Consent to share data.'	
July 2020	Table 4 - 'NHS Health Check programme competencies, mapped against NOS and learner workbook units' has been updated and links the programme competencies to NOS and learner workbook units.	Chapter 3.2
July 2020	Technical competencies appendix has been removed and NOS website links are provided in Table 5 in section 3.3	Table 5 Section 3.2
July 2020	Appendix A added – 'NHS Health Check Pathway'	Appendix A
July 2020	Appendix B added – 'Checklist of commissioner and provider responsibilities.'	Appendix B

2. Developing staff competence

2.1 Background

The NHS Health Check is a national prevention programme which aims to reduce the chance of a heart attack, stroke or developing certain forms of dementia in people aged 40-74. It achieves this by assessing the top seven risk factors driving the burden of non-communicable disease in England. It provides individuals with behavioural support and where appropriate pharmacological treatment. It is essential that the programme is designed to reduce health inequalities and having a workforce that is trained with the same competencies will help to achieve this.

It is the responsibility of Local Authorities (LA) to make provision for the delivery of the NHS Health Check programme, in line with [legislation](#). The NHS Health Check Pathway is shown in Appendix A.

Not all staff that deliver NHS Health Checks are employed as healthcare support workers and some may not have any prior experience of working on a programme which contains elements of clinical practice. This therefore highlights the necessity and importance of ensuring a robust clinical governance policy is in place. As outlined in the checklist of commissioner and provider responsibilities in Appendix B, they have a responsibility to ensure that staff delivering NHS Health Checks have demonstrated that, as a minimum, they meet the competencies set out in this framework prior to delivering NHS Health Checks. These competencies comprise of:

- a) **Core competencies** ([Care Certificate](#) or equivalent) (Table 2)
- b) **Clinical skills competencies** specific to the check (Table 3)
- c) NHS Health Check **programme competencies** (Figure 1)

2.2 Clinical governance

It is the responsibility of both the commissioner and provider, whether located in primary care or within the community setting, to ensure that there is a designated person responsible for clinical governance. This includes leadership, staff competency and training, and quality assurance for the programme, in line with the principles of clinical governance.

Clinical governance can be defined as 'doing the right thing, at the right time, by the right person.'⁴ It is applying best evidence to a patient's problem, in line with the patient wishes, by an appropriately trained and resourced individual or team. It also requires that the individual, or team, work within an organisation that is accountable for the actions of its staff. They value their staff through appraisals, help them develop, minimise risks, and learn from good practice, as well as mistakes.

These principles are not limited to traditional healthcare settings but apply to any organisation delivering healthcare services. Further information and guidance on clinical governance can be found on the [Royal Pharmaceutical Society website](#).

2.3 Core competencies and clinical skills competencies

The provider organisations are responsible for ensuring that all staff who deliver health checks are competent. This means that both registered and non-registered health care professionals must achieve the core competencies (Table 2) and clinical skills competencies (Table 3), prior to achieving the NHS Health Check programme competencies. Registered healthcare professionals should already have the clinical skills and knowledge as part of their existing role, however, it is important that they can also demonstrate up to date and accurate practice. Non registered health care professionals can gain the core competencies (Table 2) through the **Care Certificate** or equivalent, and the provider organisation can support them gaining the clinical skills competencies (Table 3).

Table 2. Core competencies - relevant Care Certificate standards

Core competencies
1. Personal development
2. Effective communication
3. Equality, diversity and inclusion
4. Duty of care
5. Safeguarding
6. Person-centred care and support
7. Handling information
8. Infection prevention and control
9. Health and safety
10. Moving and assisting
11. Basic life support
12. Privacy and dignity
13. Understanding your role

Developed by Skills for Health, the 13 standards shown in Table 2 are part of the 15 standards required to achieve the Care Certificate. Further information about the Care Certificate including the full standards, a self-assessment tool and workbooks can be accessed on the [Skills for Health website](#).

All of these core competencies can be achieved by assessing the professional either against National Occupational Standards (NOS) via a qualification unit that is based on the NOS, or by completing the Care Certificate or an equivalent set of standards.

The NOS must meet a set of quality criteria set down by the UK NOS Panel who are responsible for the approval of all NOS for all sectors. Further information about the NOS and the Care Certificate may be accessed via the following links:

- [Skills for Health National Occupational Standards](#)
- [Skills for Health Care Certificate](#)

Staff delivering checks must also be able to demonstrate the clinical skills competencies outlined in Table 3. The skills and standards for delivering the NHS Health Check do not extend to those needed for the diagnostic tests taken following the onward referral of at-risk people. This is because these tests are beyond the scope of the NHS Health Check. An appropriate clinician, such as the person's GP, is responsible for any relevant clinical follow-up.

Table 3. Clinical skills competencies

Clinical skills	Risk identification and prevention	Competencies
Pulse measurement	Atrial Fibrillation	<ul style="list-style-type: none"> • Ability to accurately measure and record pulse rate and rhythm • Recognising when use of automated blood pressure monitor is not appropriate • Knowledge of when, where and who to refer to for further management and/or assessment.
Blood pressure measurement	Hypertension Diabetes	<ul style="list-style-type: none"> • Ability to accurately measure and record blood pressure, using an automated and aneroid BP Monitor • Knowledge of when, where and who to refer to for further assessment and/or management.
Height and weight measurement Waist measurement	Diabetes	<ul style="list-style-type: none"> • Ability to accurately measure and record height and weight to assess body mass index (BMI) as well as waist circumference • Knowledge of low, moderate and high-risk measurements as well as high risk groups and when, who and where to refer/signpost to for further assessment and/or management.

2.4 Code of Conduct

People carrying out NHS Health Checks are encouraged to work in line with the [Code of Conduct for Healthcare Support Workers and Adult Social Care Workers](#). The code clearly describes the standards of conduct, behaviour and attitudes that are expected of workers providing care and support.

Registered professionals will have their own codes of practice that they adhere to. The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers can help staff from any setting to provide safe care and support. Although not mandatory, it is seen as a sign of best practice and is commonly used alongside the Care Certificate.

3. NHS Health Check Programme Competencies

In addition to the core competencies (Care Certificate or equivalent) and clinical skills competencies described in 2.3, staff carrying out an NHS Health Check must be able to demonstrate that they meet the NHS Health Check programme competencies.

Figure 1. List of NHS Health Check programme competencies



These are not new competencies, they are a consolidated version of the ten competencies published in the 2015 version of the competency framework. Competency 2 has been re-named 'Information Governance and Data Flow' and has been expanded to incorporate invitations, client consent and consent to share data, which were previously listed as separate competencies.

The seven programme competencies are mapped to the NOS and the learner workbook units in Table 4. Competency 3 'Risk Assessment' has 3 associated learner workbook units, competency 6 'Brief Intervention/Signposting/Referral' has 2 workbook units and the remaining competencies all have 1 workbook unit. All learners should be assessed against these competencies using the [NHS Health Check Learner and Assessor Workbook](#).

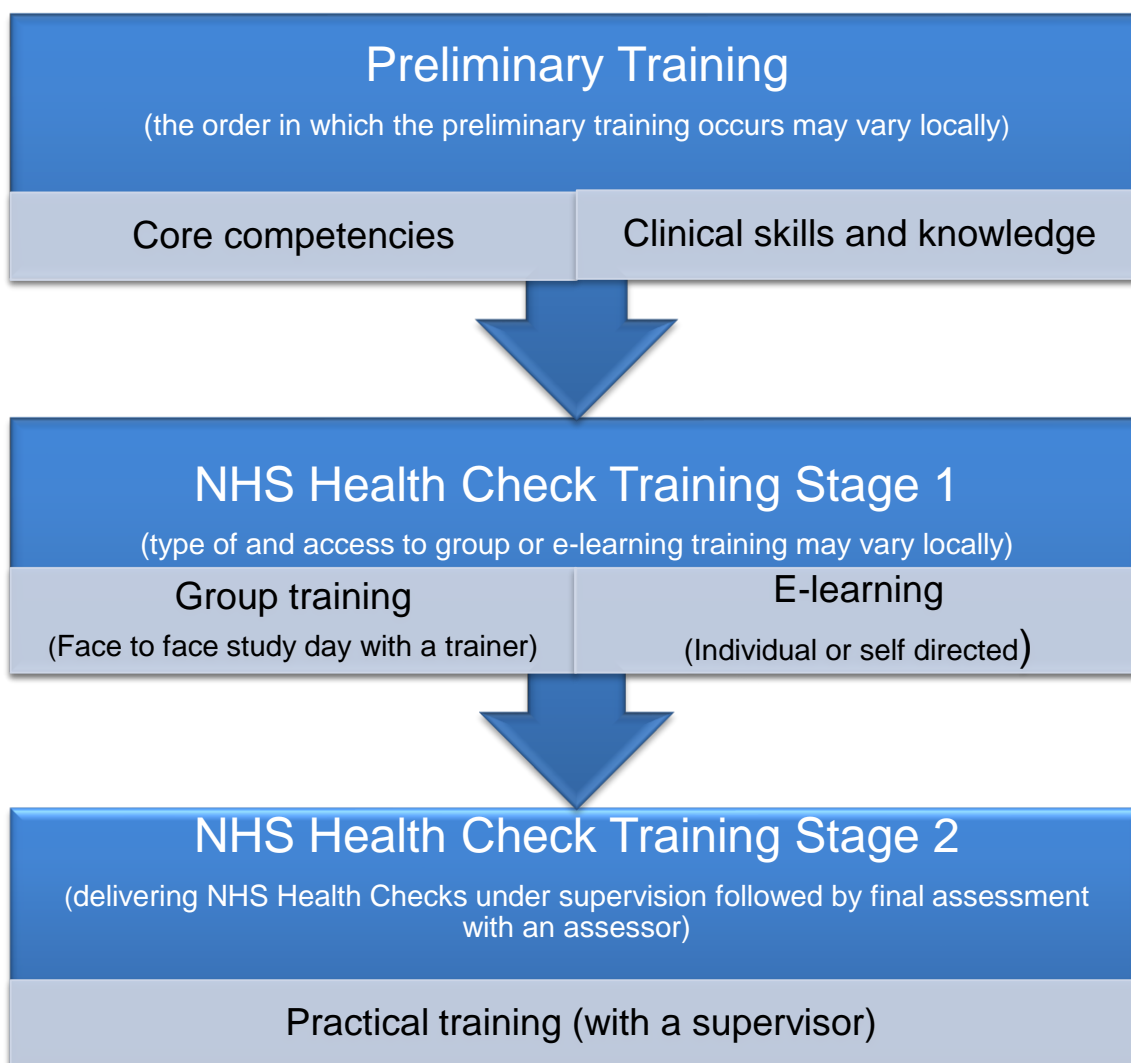
3.1 How to help staff to achieve the programme competencies

Building on the core, clinical skills and programme competencies, staff delivering the NHS Health Check and the subsequent discussion on risk and mitigating actions, would benefit from face-to-face training and on-going supervision. This will assure quality in the delivery of NHS Health Checks. Figure 2 shows an example of how NHS Health Check training could be structured.

To maintain high quality delivery of NHS Health Checks, it is good practice for commissioners and providers to establish systems that help staff to keep their competencies up to date. This means providing opportunities for staff to receive updates on the NHS Health Check programme and relevant policies and guidelines.

While this competency framework is specifically aimed at staff delivering checks, everyone involved in the programme should be aware of their own responsibilities. A check list of commissioner and provider responsibilities across the whole of the NHS Health Check programme is available in Appendix B.

Figure 2. An example of how NHS Health Check training could be structured



Commissioners who wish to commission or create a training package for people who deliver the NHS Health Check should use this Competency Framework as a template for minimum standards.

It is essential that training, supervisions and assessments are undertaken by people who are competent in all areas of the core, clinical skills and the NHS Health Check programme competencies.

The programme competencies in Figure 1 and their underpinning criteria should be used to identify the training requirements for those who will be involved in the delivery of the NHS Health Check programme. There are free training options available to staff employed to deliver the NHS Health Check, such as online e-learning modules and videos on various elements of the check. Training resources can be found on the [NHS Health Check website](#).

Ideally the learner would be allocated a supervisor and assessor during the training process.

Supervision can be provided by a member of staff who has already been trained and approved to competently deliver the NHS Health Check. The supervisor will provide support and guidance on the practical application of the NHS Health Check programme in line with all the competency-based units.

It is recognised that some learners may not be in an environment where there is a member of staff available to provide direct supervision to the learner. In such instances, providers should contact a local or national NHS Health Check training provider to discuss possible options for supervision to support staff with achieving all the areas of competency required as suggested in Figure 2.

3.2 NHS Health Check programme competencies mapped against NOS and learner workbook units

Table 4. NHS Health Check programme competencies, mapped against NOS and learner workbook units¹

Programme Competencies		National Occupational Standards	Learner Workbook units
1	Programme knowledge	CHS227	Unit 1: NHS Health Check programme knowledge
2	Information governance (includes invitations, call/recall, patient and data sharing consent)	NHS Health Check IG and data flow ⁵ CHS167	Unit 2: Information governance and consent
3	Risk assessment	CVD EF3 GEN77 CHS217	Unit 3: Carry out NHS Health Check Assessments Unit 5: Perform first line calibration on clinical equipment ready for use Unit 6: Perform point of care testing
4	Interpreting results	CHS19.2012	Unit 4: Undertake routine clinical measurements

¹ Please note to access the NOS you may have to accept the licence and create a free account to log into the Skills for Health competency tools.

5	Communication of risk	CHS45 CHS167	Unit 8: Agree actions to address health and wellbeing
6	Brief intervention/signposting/referral	HT2 SCDHSC0026	Unit 7: Communicate with client about health and wellbeing Unit 9: Support clients to access information on services and facilities
7	Communication with GP	CHS221	Unit 10: Communicate results with GP practice and relevant allied healthcare providers

Table 5 provides further information on each of the programme competencies and the relevant NOS, against which practitioners delivering the NHS Health Check should be assessed. Staff must be able to demonstrate competence against all these programme competencies.

Table 5. Detailed list of NHS Health Check programme competencies and NOS

1. Programme Knowledge	
Description	Staff delivering NHS Health Checks should be competent in the knowledge of the purpose, scope and aims of the NHS Health Check programme, as well as the processes, pathways, policies, protocols and the national and local guidelines for carrying out an NHS Health Check. Staff delivering NHS Health Checks should also ensure they are working in line with their own professional code of conduct.
NOS ref.	CHS227 Conduct health screening programmes This standard refers to the conducting of health screening programmes for identifying at risk target groups or for specific clinical conditions. Meeting this standard requires evidence that practice reflects up to date information and policies.
Further information	<ul style="list-style-type: none"> • Code of Conduct for Healthcare Support Workers and Adult Social Care Workers² • NHS Health Check Best Practice Guidance (October 2019, updated March 2020) ⁶ • NHS Health Check Programme Standards (December 2017)⁷

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Description	<p>IG and Data Flow ⁵</p> <p>Using and sharing confidential personal data is often an important component of efforts to improve population health. The use of such data is strictly controlled in order to protect the interests of patients and the public, while ensuring that important functions can continue.</p> <p>Where data is initially held by the GP, they are the data controller and are required by law to satisfy themselves that the need to move data is fair and lawful.</p> <p>There are three main data flows for the NHS Health Check programme, these are:</p> <ol style="list-style-type: none"> A. identifying and inviting the eligible population B. transferring NHS Health Check assessment data from non-GP NHS Health Check providers back to the GP practice C. data extraction from GP practices for local and national monitoring, evaluation and quality assurance of the NHS Health Check. <p>It is a legal requirement that people working with patient identifiable data and personal confidential data work within the Data Protection Act (2018)⁸ This exists alongside the General Data Protection Regulation (GDPR, 2018) and Information Governance principles.</p> <p>The penalties for breaching this requirement can be severe, however, the NHS Health Check IG and data flow details actions that should be taken when handling patient personal data.</p> <p>Commissioners should make it a specific requirement that those delivering the NHS Health Check are compliant with the most current NHS Health Check IG and data flow as well as the Data Protection Act 2018.</p> <p>Invitations</p> <p>Local authorities have a statutory obligation to make arrangements for everyone eligible aged 40 to 74 to be offered a NHS Health Check once in every five years. People diagnosed with the following are excluded from the programme:</p> <ul style="list-style-type: none"> • coronary heart disease • chronic kidney disease • diabetes • hypertension

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- atrial fibrillation
- transient ischaemic attack
- hypercholesterolemia
- heart failure
- peripheral arterial disease
- stroke
- being prescribed statins or other lipid lowering medication
- who have previously had a NHS Health Check and found to have a 20% or higher risk of developing cardiovascular disease.

Healthcare professionals delivering the programme might not be directly involved with the invitation process, however they must demonstrate their understanding of the eligibility criteria and recall process.

Where NHS Health Checks are offered opportunistically, healthcare professionals should see this as an opportunity to explain the advantages of having an NHS Health Check and ensure that people being offered a check meet the required eligibility criteria. This can be achieved by devising a simple questionnaire for people to complete.

Consent – medical services

Those involved with administering the NHS Health Check must understand the nature, risks and benefits associated with the NHS Health Check itself. Consent for a NHS Health Check should be voluntary and informed. The recording of consent should fit the environment the NHS Health Check is delivered in. In a clinical setting this can be verbal consent, whereas outside a clinical setting consent should be recorded.⁹

Consent – data transfer

Those involved with administering the NHS Health Check must understand how data is transferred and shared. They should also be able to effectively communicate this to the public.

In general, the individual should be informed of:

- a. how their information is being recorded and retained;
- b. the kind of information sharing that will occur and the protections in place to ensure non-disclosure of their information.

This information should be found in the organisation’s Privacy Notice.

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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11¹⁰ explains patient consent as the principle that an individual must give their permission before they receive any type of medical treatment or service.

In terms of data sharing there are number of instances where this occurs:

1. The Commissioner (i.e. the Local Authority) will require the eligible patient lists from the GP practice (Controller) in order to offer invitations as required by The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013 statute)¹¹.

This can be done according to Article 6: Lawfulness of processing of the GDPR¹² by one of the following:

- a. the data subject has given consent to the processing of his or her personal data for one or more specific purposes;
- b. processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract;
- c. processing is necessary for compliance with a legal obligation to which the controller is subject;
- d. processing is necessary in order to protect the vital interests of the data subject or of another natural person;
- e. processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;
- f. processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child. NB: Point (f) shall not apply to processing carried out by public authorities in the performance of their tasks.

Gaining (a) consent to share from every patient is an option. The patient then has the right to withdraw that consent.

The other option is to share under (e) as a public task.

This must be clearly explained in the GP Practices' Privacy Notice.

Although the individual has the right to erasure, to restrict processing and the right to object, the GP practice (controller) can choose to

2. Information governance	
	<p>uphold this or not if using (e). They would, for example, not uphold this right if they were sharing information for contact tracing for communicable disease.</p> <p>If the practice wishes to uphold the individuals' right that the data is not shared with the LA or PHE national data extraction, the appropriate read/SNOMED code must be added to the record. These may include:</p> <ul style="list-style-type: none"> • 9Nd1 No consent for electronic record sharing • 93C1 Refused consent for upload to local shared electronic record • 93C3 Refused consent for upload to national shared electronic record • 9NdH Declined consent to share patient data with specified 3rd party • 9NdJ Consent withdrawn to share patient data with specified 3rd party. <p>Any patient with these codes should NOT have their data shared and it must be included in any business rules for extraction software.</p> <ol style="list-style-type: none"> 2. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013) states that where an NHS Health Check is being delivered by an alternative provider who is not a healthcare professional working in primary care, all relevant data collected must be transferred back to the GP practice and does not require patient consent. 3. Consent for sharing information for a referral to a lifestyle management service comes under 'direct care' and consent is not required, however, it may still be a useful discussion to have.
NOS ref.	<p>CHS167 Obtain valid consent or authorisation</p> <p>This standard addresses obtaining valid consent or authorisation from the individual, guardian or relevant others for the range of health activities and research. It includes the explanation of the options available to the individual, guardian or relevant others. It involves facilitating an understanding of the advantages, disadvantages, benefits and potential complications. It also covers assistance for the individual in reaching an informed decision.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p>

2. Information governance	
Further information	<ul style="list-style-type: none"> • Information Commissioners website¹³ • NHS anonymisation standard (published by Information Standards Board)¹⁴ • NHS Health Check IG and data flow⁵ • Chapter 2, NHS Health Check Best Practice Guidance (October 2019, updated March 2020)⁶ • Standard 1, NHS Health Check programme standards: a framework for quality improvement (December 2017)⁷ • National Invitation Letter Template

3. Risk Assessment	
Description	<p>Health care professionals should be competent in how to assess someone’s cardiovascular risk. This includes knowing how to gain the information and measurements required to do this.</p> <p>Risk assessment information and measurements include:</p> <ul style="list-style-type: none"> A. Personal data B. Physiological measurement <ul style="list-style-type: none"> i. near patient testing ii. pulse, blood pressure, height, weight, BMI, etc. C. Family history of Cardiovascular Disease (CVD) and Diabetes D. Alcohol E. Lifestyle F. Dementia risk reduction messaging G. Smoking H. Physical Activity I. Diabetes risk score J. CVD risk score.
NOS ref	<p>CVD EF3 Carry out assessment with individuals at risk of developing Cardiovascular Disease This standard is about assessing individuals at risk of developing Cardiovascular Disease. Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p>GEN77 Perform first line calibration on clinical equipment to ensure it is fit for use This standard relates to first line calibration of specific equipment prior to clinical use. Individuals will be able to calibrate equipment for use in their own healthcare context. Individuals can use the standard for each type of equipment within the scope of their normal work activity. This is not intended for use following major</p>

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	<p>repair or service.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p>
	<p>CHS217 Perform point of care testing</p> <p>This standard relates to clinical or pathology testing applied at the point of care. Point of care testing may involve single test devices or equipment with wider applications and involves adherence to approved protocols and quality performance checks. Point of care testing may be undertaken by health care individuals or external health agencies and organisations within a wide range of environments.</p> <p>Individuals will be assessed against this standard for the range of point of care investigation within their responsibility.</p> <p>Users of this standard will need to ensure that practice reflects up to date information and policies.</p> <p>Commissioners and providers should ensure all staff using POCT are trained by the manufacturer of the equipment commissioned. This is to ensure staff are appropriately, safely and effectively trained in line with the manufacturer’s specification and guidance, to ensure quality control and assurance for both staff and patients. Staff should provide evidence of training undertaken.</p>
	<p>CVD EF3 Carry out assessment with individuals at risk of developing cardiovascular disease</p> <p>This standard is about assessing individuals at risk of developing cardiovascular disease.</p> <p>To meet this standard evidence demonstrating that practice reflects up to date information and policies is required.</p>
	<p>GEN77 Perform first line calibration on clinical equipment to ensure it is fit for use</p> <p>This standard relates to first line calibration of specific equipment prior to clinical use. Individuals will be able to calibrate equipment for use in their own healthcare context. Individuals can use the standard for each type of equipment within the scope of their normal work activity. This is not intended for use following major repair or service.</p> <p>Staff delivering NHS Health Checks involved in point of care testing should also be made aware of and competent in (where applicable): external quality assurance policies and procedures to ensure the safe use of equipment; that the equipment is fit for use; and the safety of those being tested.</p>

3. Risk Assessment	
Further Information	<ul style="list-style-type: none"> • Standard 3, NHS Health Check programme standards: a framework for quality improvement (December 2017)⁷ • Chapter 2, NHS Health Check best practice guidance (October 2019, updated March 2020)⁶

4. Interpreting results	
Description	<p>This is the use of a risk engine together with clinical judgement, observations and discussions during the assessment, to calculate the individual's risk of developing cardiovascular disease. Thereafter, understanding the results that must be communicated to the individual.</p>
NOS ref.	<p>CHS19 Undertake routine clinical measurements</p> <p>This standard addresses taking and recording routine clinical measurements to establish a baseline for future comparison or as part of the individual's care plan.</p> <p>The recording of such measurements must take into account the individual's overall condition. It is important that where you have concerns regarding your ability to correctly take these clinical measurements, or if you are at all unsure of your readings, you must ask another competent member of staff to check your recordings to ensure the correct actions can be instigated without delay.</p> <p>These activities could be done in a variety of care settings, including hospitals wards and other departments including out-patients, nursing homes, the individual's own home and GP surgeries.</p> <p>To meet this standard, evidence that practice reflects up to date information and policies is required.</p> <p>Providers must ensure staff are using the most up to date CVD Risk calculator to prevent inaccuracies in results.</p>
Further information	<ul style="list-style-type: none"> • Chapter 4, NHS Health Check best practice guidance (October 2019 updated March 2020)⁶ • QRISK 3¹⁵

5. Communication of risk	
Description	<p>All healthcare professionals involved with delivering the NHS Health Check should be trained in communicating the risk score and results to the patient. It is important to understand that sharing information about risk with people may not necessarily motivate them to change.</p> <p>Therefore, the use of behaviour change methods, such as motivational interviewing techniques, should engage patients in person-centred conversations about their own reasons for change.</p> <p>Risk should be communicated in everyday, jargon free language, so the patient understands their level of risk. Advice should be tailored to the patient's values and beliefs for better health outcomes, and the impact of the wider social determinates of health should also be considered.</p>
NOS ref	<p>CHS45 Agree course of action following assessment to address health and wellbeing needs of individuals</p> <p>This standard is about reviewing the results of assessments to agree courses of action that address the health and well-being needs of individuals.</p> <p>To meet this standard, evidence that practice reflects up to date information and policies is required.</p>
Further Information	<ul style="list-style-type: none"> • Healthcare professionals may wish to consider additional training such as Motivational Interviewing to maximise their skills in this area • Making Every Contact Count Implementation Guide¹⁶ • PH49 Behaviour Change: Individual Approaches (NICE, 2014)¹⁷ • PH6 Behaviour Change: General Approaches (NICE, 2007)¹⁸ • All Our Health Framework • E-Learning for Healthcare <p>Public Health England have published Achieving Behaviour Change Guidance for local government and partners.¹⁹</p> <p>RCN's supporting behaviour change online learning resources, are open to anyone involved with supporting lifestyle and behaviour change: Understanding Behaviour Change²⁰ and Supporting Behaviour Change.²¹</p>

6. Brief Intervention/Signposting/Referral	
Description	<p>These competencies enable the effective and appropriate signposting of patients to the range of locally available interventions in a supportive manner. It requires more than a simple communication of information, the person signposting must be able to engage the patient in the choice and communicate in a manner that will maximise the potential that the client will take up the agreed action and sustain it.</p>
NOS ref	<p>HT2 Communicate with individuals about promoting their health and wellbeing</p> <p>This standard is about communicating with individuals about how they can improve their health and wellbeing, so they can develop healthy behaviours and lifestyle choices.</p> <p>This includes:</p> <ul style="list-style-type: none"> • providing information to individuals about health and wellbeing • providing information to individuals about the relationship between behaviours and health • enabling individuals to develop their knowledge and skills about health and wellbeing <p>This standard will help individuals move from the pre-contemplative to the contemplative stage i.e. help them be ready to change their behaviour.</p> <p>To meet this standard evidence that practice reflects up to date information and policies is required.</p>
Further Information	<p>Healthcare professionals should ensure that they are aware of the range of local and national opportunities for healthy lifestyles, this may involve collaborative working with local authority leisure teams and other groups.</p> <p>Additional resources:</p> <ul style="list-style-type: none"> • NHS Health Check Digital Exemplar²² • Healthy Lifestyles Apps and websites – One You <p>Alcohol</p> <ul style="list-style-type: none"> • Alcohol and Drug Misuse Prevention and Treatment Guidance

6. Brief Intervention/Signposting/Referral	
	<ul style="list-style-type: none"> • Alcohol Identification and Brief Advice programme <p>Smoking Cessation</p> <ul style="list-style-type: none"> • NICE Smoking Cessation Guidance <p>Physical Activity</p> <ul style="list-style-type: none"> • PH41 Physical Activity: Walking and Cycling, (NICE, 2012)²³ • PH44 Physical Activity: Brief Advice for Adults in Primary Care, (NICE, 2013)²⁴ • PH54 Physical Activity: Exercise Referral Schemes, (NICE, 2014)²⁵ • NHS One You <p>Behaviour Change</p> <ul style="list-style-type: none"> • PH6 Behaviour Change: general approaches (NICE, 2007)¹⁶ <p>RCN's supporting behaviour change online learning resources, are open to anyone involved with supporting lifestyle and behaviour change:</p> <ul style="list-style-type: none"> • Understanding Behaviour Change²⁰ • Supporting Behaviour Change²¹ • Making Every Contact Count¹⁶

7. Communication with GP Practice	
Description	<p>Communication of outcome back to the client's GP after the NHS Health Check, is critical to enable any clinical follow up and for tracking outcomes through either local or national data extracts. There is a requirement for the health care professional to understand both the specific process and the importance of ensuring it is done in a timely manner.</p> <p>If a NHS Health Check is delivered by the client's GP Surgery, this competence is still applicable. Staff working in this setting may need to communicate via internal processes with the GP, or another healthcare worker or provider, regarding an aspect of the NHS Health Check requiring attention.</p>
NOS ref.	<p>CHS221 Report results from healthcare investigations</p> <p>This standard relates to the issuing of a report containing validated results of investigations. The report may be given in hard copy or</p>

	<p>electronic format and may be generated automatically according to defined criteria. Reports may be compiled from data or qualitative/descriptive statements. Reports may impact on the clinical management of the individual.</p> <p>To meet this standard evidence that practice reflects up to date information and policies is required.</p>
<p>Further information</p>	<p>Anyone involved in this process must be aware of and compliant with any locally agreed process for data transfer. Healthcare professionals should have completed training on Information Governance.</p> <p>NHS Health Check Information Governance and data flows⁵</p> <p>Information Commissioners website¹³</p>

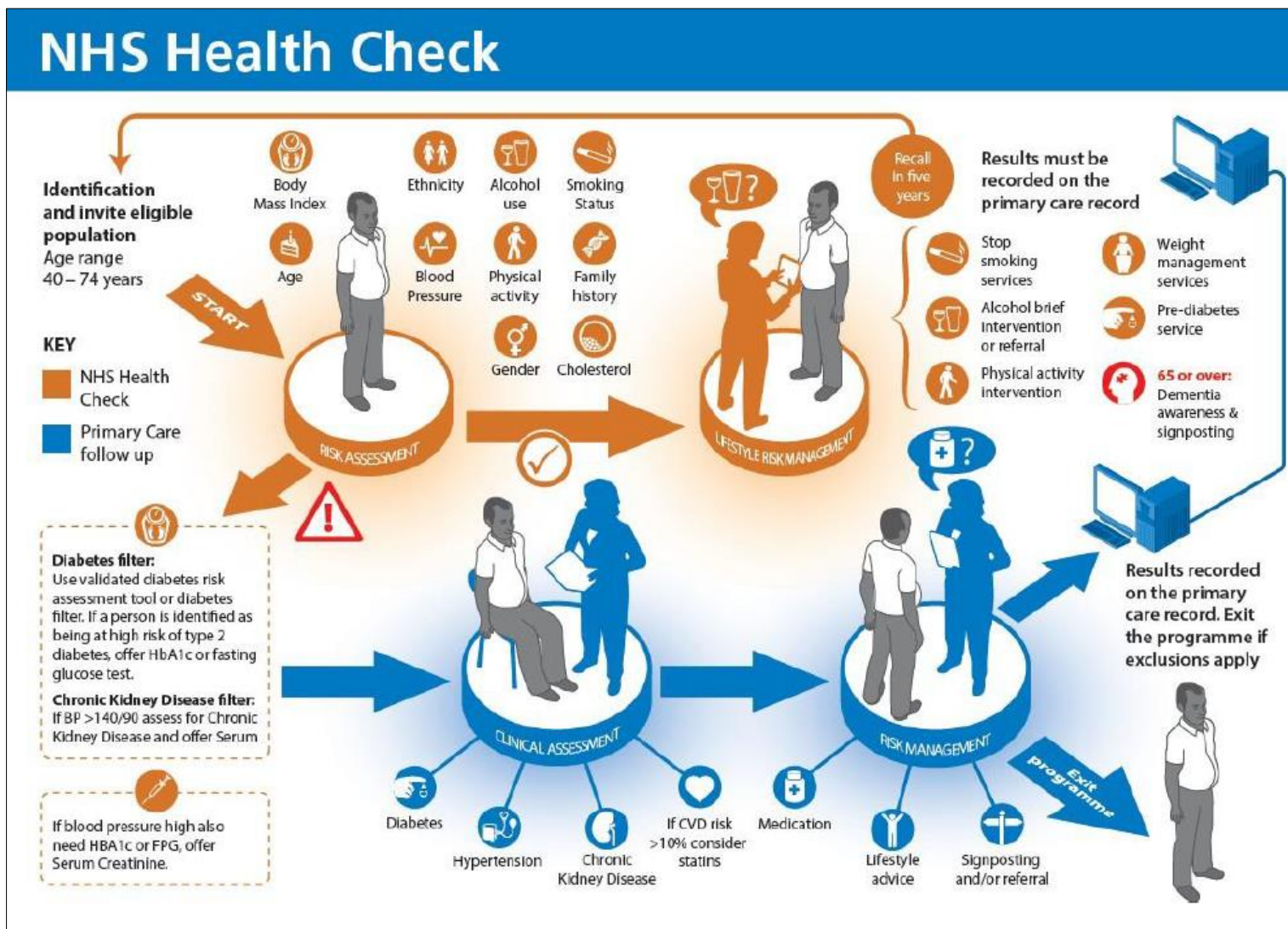
3.3 Resources

There are many resources available on the [NHS Health Check website](#) to help commissioners and providers with various aspects of commissioning, training, implementation and delivery of the programme.

3.4 Publication

This publication should be considered as current best practice only when viewed electronically. Printed copies should be date stamped and carry a clear caveat that they may not contain the latest guidance.

Appendix A: NHS Health Check Pathway



Appendix B: Checklist of commissioner and provider responsibilities

Responsibilities	Commissioner	GP Practice Provider	Community/Alternative Provider
<p>NHS Health Check staff</p>	<p>Provision of adequate and appropriate staff Set clear guidance in commissioning documents about staff provision and requirements.</p>	<p>Ensure provision of adequate and appropriate staff to deliver the NHS Health Check programme in line with commissioner’s specifications and NHS Health Check Competencies Framework guidance.</p>	
	<p>NHS Health Check guidance Ensure providers are aware of the requirements for the delivery of the NHS Health Check in line with:</p> <ul style="list-style-type: none"> a. Best Practice Guidance b. Programme Standards c. Competency Framework d. IG and data flow e. Learner and assessor workbook 	<p>Providers and staff employed to deliver NHS Health Checks must have knowledge and understanding of and work in line with National guidance regarding the delivery of the NHS Health Check programme.</p>	
	<p>Staff training and competency</p> <p>Commissioners must ensure that providers can produce evidence that staff employed to deliver NHS Health Checks have completed the necessary</p>	<p>Ensure all staff are competent to deliver NHS Health Check in line with the Competency Framework guidance and competencies listed within the learner and assessor workbook.</p> <p>Establish a process for assuring, documenting, and monitoring competence.</p> <p>Use the <i>Stages of NHS Health Check Training</i> (Figure 2) as a guide to staff training as detailed below.</p>	

	<p>core competencies, clinical skills competencies and NHS Health Check training in line with the Competency Framework guidance.</p> <p>Ensure providers can demonstrate evidence of a process for ensuring, documenting and monitoring ongoing competence.</p>	<p>Staff must have as a minimum before commencing NHS Health Check training:</p> <p>Preliminary Training</p> <p>A. Core Competencies</p> <ol style="list-style-type: none"> 1. Personal development 2. Effective communication 3. Equality, diversity and inclusion 4. Duty of care 5. Safeguarding 6. Person-centred care and support 7. Handling information 8. Infection prevention and control 9. Health and safety 10. Moving and assisting 11. Basic life support 12. Privacy and dignity 13. Understanding your role <p>The core competencies can be achieved by completing the Care Certificate or equivalent.</p> <p>B. Clinical Skills Competencies</p> <ol style="list-style-type: none"> 1. Pulse measurement 2. Blood pressure measurement 3. Height and weight measurement 4. Waist measurement <p>The clinical skills competencies can be achieved by staff completing training with a local or external clinical training provider. NHS Health Check providers must ensure staff have certificated evidence of completed training.</p>
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		<p>Ensure all staff delivering NHS Health Checks have completed NHS Health Checks programme competencies</p> <p>NHS Health Check Training: Stage 1 – Group training or E-Learning Stage 2 – Practical training with supervisor</p> <p>NHS Health Check Programme Competencies</p> <ol style="list-style-type: none"> 1. Programme knowledge 2. Information governance and data flow 3. Risk assessment 4. Interpreting results 5. Communication of risk 6. Brief intervention/signposting/referral 7. Communication with general practice
Clinical Governance	<p>Ensure within commissioning documents providers are aware that there should be a designated person within their organisation, who is responsible for managing clinical responsibility and leadership, staff competency and training and quality assurance in line with the principles of clinical governance.</p>	<p>Ensure that there is a person within the organisation who has been designated responsible for maintaining the principles of clinical governance.</p>
Continuous Learning and development	<p>Include within the commissioning documents that providers should provide a system for continuous learning and development of staff.</p>	<p>Ensure staff complete training for continuous learning and development.</p> <p>Ensure staff skills and knowledge is current and in line with the Competency Framework and using the learner and assessor workbook</p>

<p>Point of Care Testing (POCT)</p>	<p>Where applicable ensure providers are using validated devices to perform point of care testing and that there is evidence of appropriate staff training.</p>	<p>Where applicable, ensure all devices used for POCT are validated.</p> <p>Ensure that there are robust processes in place to ensure quality control and assurance.</p> <p>Ensure staff are appropriately trained by the manufacturer of the device and that staff receive regular training updates to ensure ongoing competence.</p>	
<p>Information governance and data flow</p>	<p>Ensure providers are informed and aware of the guidance available in relation to information governance and data flow.</p>	<p>Ensure all staff receive training on information governance, confidentiality and data protection.</p> <p>Ensure all staff are aware of policies and guidance on NHS Health Check information governance and data flow.</p>	
<p>Follow up of patients</p>	<p>Encourage GP Practices and lifestyle modification service providers to ensure they maintain a system for follow up of patients who have had an NHS Health Check.</p>	<p>Ensure all patients that have had an NHS Health Check are follow up by an appropriate healthcare professional and or lifestyles modification service provider where indicated.</p>	<p>Ensure all patient documentation, is sent to the patient's GP Practice for entering in to clinical records and to relevant lifestyles modification service provider where indicated.</p>

Glossary

Brief interventions: an intervention designed to promote behaviour change. It involves opportunistic advice, discussion, negotiation or encouragement. It is often used as a pre-treatment tool, commonly used in many areas of health promotion and delivered by a range of primary and community care professionals. It typically lasts 5-20 minutes and can include educational materials.

Care Certificate: The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The Care Certificate is based on 15 standards, all which individuals need to complete in full before they can be awarded their certificate.

Client: a recipient of a healthcare service regardless of their state of health.

Code of Conduct: a set of principles, values, standards or rules of behaviour that guide the decisions, procedures and practices for an individual, party or organisation.

Commissioning (and commissioners): commissioning is essentially buying care in line with available resources to ensure that services meet the needs of the population. The process of commissioning includes assessing the needs of the population, selecting service providers and ensuring that these services are safe, effective, people-centred and of high quality. Commissioners are responsible for commissioning services.

Data extraction: a process to retrieve data from a data source (i.e., clinical system) for further data processing or data storage (i.e., extracting eligible patient data from a clinical system, for patient recruitment / invite to attend a NHS Health Check).

Information governance: how organisations manage the way information is shared and handled within the health and social care system in England. It covers the collection, use, access and decommissioning as well as requirements and standards of organisations and their suppliers need to achieve to fulfil the obligations that information is handled legally, securely, efficiently and in a manner that maintains public trust.

Making every contact count (MECC): an opportunistic intervention programme designed to encourage and support people to make healthier choices to change their long-term behaviour.

Motivational interviewing technique: a collaborative, person centred form of guiding to elicit and strengthen motivation to change. NHS Health Check competence framework
26.

National occupational standards (NOS): describes the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.

Near patient testing: also known as point-of-care testing, is an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care

Person-centred: an approach/practice provided by health care professionals that places the individual at the centre of their own care, service or treatment.

Personal data: data that relates to a living individual who can be identified from that data or from that data and other information that is in the possession of, or is likely to come into the possession of the data controller. This includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

Providers: organisation or people who have been commissioned to deliver NHS Health Checks.

Primary care: services provided by GP practices, dental practices, community pharmacies and high street optometrists, but can also be used to refer to GP practices.

Risk engine: a risk calculator to predict the likelihood of developing a specific condition. Risk engines used for the NHS Health Check will calculate the risk of developing cardiovascular disease.

Risk factors: a variable associated with an increased risk of disease or infection.

Valid consent: for consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. Consent should be given to the health care professional directly responsible for the person's current treatment.

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