



# NHS Health Check: Restart Preparation

Version 2: 22 July 2020

This document aims to assist commissioners and providers with NHS Health Check restart planning and preparation.

## 1. When to restart

The Government remains committed to the implementation of the NHS Health Check. The [COVID-19 Recovery Strategy](#) highlights its clear role in delivering preventative and personalised solutions to ill-health, empowering individuals to live healthier and more active lives.

Responsibility for commissioning the NHS Health Check lies with local authorities. The decision on when to restart is one for local authorities to take, informed by NHS Health Check and ancillary providers, and national guidance:

- NHS England and Improvement (NHS E/I) correspondence to [NHS trusts and community providers](#) advising that provision of NHS Health Checks should be stopped, expires on the **31 July 2020**.
- As of the **12 June** the BMA and [RCGP COVID-19 response level](#) has been reduced to Level 3. [Guidance](#) released by the RCGP advises that practices should aim to restart appropriate services, including those previously rated as 'red'.

## 2. Regulatory requirements

The [Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#), set out that each local authority must make provision to offer an NHS Health Check to all eligible people every five years (see Chapter 2, [Best Practice Guidance](#) (BPG)). This five-year activity cycle affords some flexibility with the temporary suspension of delivery. However, NHS Health Check commissioners will still need to make provision to meet these requirements going forwards.

## 3. Funding and provider payments

Cabinet Office has issued [guidance](#) and [FAQs](#), which apply to local authorities, on managing contracts and supplier payments during the COVID-19 response up until **31 October 2020**. This guidance should be considered alongside advice from legal and procurement experts to inform local decisions on NHS Health Check provider payments.

The government have announced a [new support package](#) to help councils respond to COVID-19, including a further non-ringfenced £500 million. This is in addition to the

previously announced £3.2 billion of vital non-ringfenced **emergency COVID-19 funding** for councils to spend on local pressures and priorities.

#### **4. Workforce, workplace and patient risk**

Staff and patient safety are paramount, therefore before restarting the NHS Health Check an assessment of and action to reduce workforce, workplace and patient risk should be undertaken. NHS England have published a **letter** highlighting the importance of risk assessments for at-risk staff groups. Guidance produced by the **Health and Safety Executive** can help identify who is at risk of harm. It includes templates and examples, along with specific guidance. NHS employers have also produced **guidance** on how to enhance existing staff risk assessments.

To minimise workplace risk NHSE/I have produced a **standard operating procedure** for general practice and the Royal Pharmaceutical Society has published **guidance** for pharmacies. Public Health England has produced guidance on **infection control** and **Personal Protective Equipment (PPE)**.

Information on how to access PPE in community and primary care settings is provided on NHS England's **website**. Due to the costs involved in adapting workplaces and protective equipment, NHS E/I have produced **guidance** which sets out finance reporting and an approval process for COVID-19 spending in relation to adapting workplaces and PPE. The British Medical Association have also created a **template** reimbursement claim form.

#### **5. Workforce capacity**

Where existing workforce capacity may be a limiting factor in restarting the programme, commissioners may wish to consider making adaptations to the way the service is delivered and/or using alternative delivery methods. Any provision will continue to need to meet the **regulatory requirement** (see Chapter 2, **BPG**) and the **programme standards**.

Existing **webinars** on the NHS Health Check website share learning on different models of delivery. PHE's Top Tips for **Maximising the impact of the NHS Health Check** and **Increasing the Uptake of the NHS Health Check** may also provide helpful insights. Where the implementation approach does deviate from the historical service provision approach it will be important to evaluate the impact of the changes on take up, completion and outcomes.

#### **6. Workforce competence and confidence**

All staff delivering checks should meet the requirements set out in the **NHS Health Check Competence Framework**. If adaptations and/or alternative modes of delivery are being used, consider how that will impact on staff training requirements. For example, commissioners may want to ensure staff are familiar with the NHS E/I guidance on the **principles of safe video consulting in general practice during COVID-19**. Further **training resources** can be found on the NHS Health Check website.

## 7. Availability of follow-up service provision

To maximise impact, it is essential that individuals having a NHS Health Check can also access appropriate follow-up interventions. This includes timely access to behaviour change services e.g. weight management, stop smoking and, where indicated, clinical management to ensure that they get the right support to reduce their cardiovascular (CVD) risk (see Chapter 5 and 6 of the [BPG](#)).

## 8. Equity

When restarting the NHS Health Check, providers should continue to apply the principle of proportionate universalism, delivering checks in a way that prioritises resources and effort to inviting and engaging those who are most likely to be at higher risk of CVD (see Chapter 3 of the [BPG](#)).

PHE's [review of disparities in the risks and outcomes from COVID-19](#) confirms that the impact of the disease has replicated existing health inequalities and, in some cases exacerbated them. The evidence and [stakeholder review](#) recommends that efforts to target culturally competent health promotion and disease prevention programmes' are accelerated. There is a specific reference to prioritising the NHS Health Check to improve identification and management of multiple long-term conditions in Black, Asian and Minority Ethnic (BAME) groups.

PHE has published and advocates the use of a [health equity audit](#) tool and [local data](#) to inform local commissioning decisions in support of prioritising groups most likely to benefit from a check. [PHE's Local Health](#) and [SHAPE](#) tools can be used to identify distribution of sociodemographic determinants of CVD risk such as age, gender, ethnic group and socio-economic status.

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