



Dorset
Council

Bournemouth, Poole and Dorset councils
working together to improve and protect health



Lot 1

Provision of NHS Health Checks

Reference DN382042

**April 2022 – March 2023
(12 months)**

Service Specification

1. Introduction

- 1.1. Public Health Dorset (PHD) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. We are a shared service across Bournemouth, Christchurch and Poole (BCP) Council and Dorset Council.
- 1.2. Public Health Dorset is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC), Needle Exchange, Supervised Consumption and Smoking Cessation.
- 1.3. These services are commissioned through an Any Qualified Provider (AQP) Framework approach which broadens the scope for providers who fulfil the CHIS Selection Criteria to apply to deliver those services on the framework.
- 1.4. This Service Specification sets out the requirements for the provision of NHS Health Checks in accordance with the national programme. The focus of the Service is to provide NHS Health Checks to the eligible population within Dorset county boundaries.
- 1.5. LiveWell Dorset (LWD) is a free service for adults in the county of Dorset who would like to improve their health and wellbeing. <https://www.livewelldorset.co.uk/> LWD provides a single point of contact and referral management for health improvement services.
- 1.6. LWD offers additional behavioural support for people who may benefit from it including support pathways for weight management, physical activity, smoking cessation and brief interventions for alcohol.
- 1.7. The Provider will work in conjunction with LiveWell Dorset (LWD) to deliver the NHS Health Checks service.
- 1.8. Public Health Dorset will maintain real-time online lists of active Providers of the service which will be accessible by the public.
- 1.9. A description of the pathway of delivery of NHS Health Checks and the referral processes to either 1) GPs or 2) LWD are set out in Paragraph 3-Service Description and Pathways.

2. Scope of Service

2.1. The aims of the Service are to:

- Reduce the risk of cardiovascular disease in the eligible population of Dorset county
- Reduce health inequalities
- Increase awareness of the risks relating to lifestyle surrounding cardiovascular disease
- Increase uptake of behaviour change programmes to improve health outcomes in the local population

2.2. Access to service

2.2.1. Eligible service users are:

- Aged between 40 and 74*

- Not received a NHS Health Check in the last 5 years*
- Not have a previously identified disease as listed below*
 - coronary heart disease
 - chronic kidney disease (CKD) (classified as stage 3, 4 or 5 within the National Institute for Health and Care Excellence (NICE) CG 73)
 - diabetes
 - hypertension
 - atrial fibrillation
 - transient ischaemic attack
 - familial hypercholesterolaemia
 - heart failure
 - peripheral arterial disease
 - stroke

2.2.2. In addition, individuals:

- must not be being prescribed statins for the purpose of lowering cholesterol*
- must not have been assessed through a NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20% or higher risk of developing cardiovascular disease over the next ten years*
*as declared by individual at point of presentation

2.2.3. Eligible service users are able to request a NHS Health Check from any Provider contracted to provide the services on behalf of Public Health Dorset (PHD).

2.3. Service User Support

2.3.1. To signpost Service Users who are identified with an increased risk of cardiovascular disease as set out by the NHS Health Checks Referral Criteria. Service users identified as requiring further support can be signposted to:

- Their registered GP for further testing, advice and/or support
LWD www.livewelldorset.co.uk to enable them to make changes to their lifestyle to reduce their risk of CVD

3. Service Description

3.1. Best practice Guidance

3.1.1. The Provider will be required to deliver NHS Health Checks (The Service) in accordance with this agreement and NHS Health Checks Best Practice Guidance (Public Health England (PHE) updated October 2019: <https://www.healthcheck.nhs.uk/seecmsfile/?id=1480>)

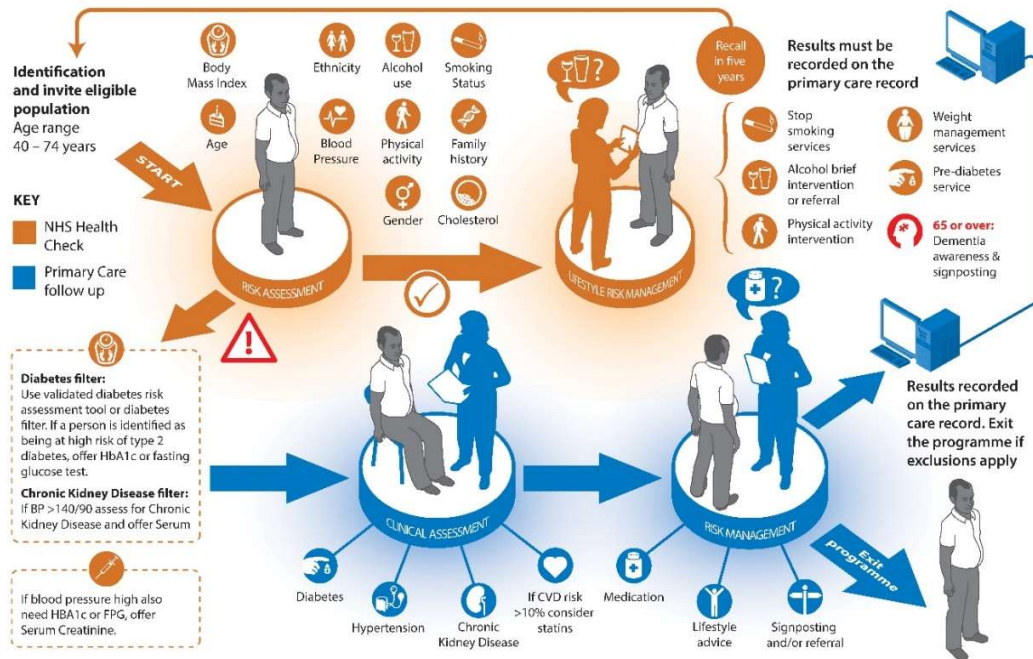
3.2. Service Availability Requirements

3.2.1. The Provider must be available to deliver a minimum of 5 NHS Health Check appointments* per calendar month.

*Some Providers may offer opportunistic NHS Health Check appointments at point of user contact rather than a booked appointment system.

The NHS Health Check Pathway and tests/process to be undertaken

NHS Health Check



3.3. THE RISK ASSESSMENT: ensuring a complete health check for those who accept the offer is undertaken and recorded

3.3.1. Description:

- i. A complete NHS Health Check must include all the elements outlined in the best practice guidance all taken at the time of the check unless specified:
 - age
 - gender
 - ethnicity
 - smoking status
 - family history of coronary heart disease
 - blood pressure, systolic (SBP) and diastolic (DBP)
 - body mass index (height and weight)
 - General practice physical activity questionnaire (GPPAQ)
 - Alcohol use score (AUDIT-C or FAST can be used as the initial screen, further guidance is in the best practice guidance 2013)
 - cholesterol level: total cholesterol and HDL cholesterol (either point of care or venous sample if within the last six months)
 - cardiovascular risk score: a score relating to the person's risk of having a cardiovascular event during the ten years following the health check, derived using an appropriate risk engine that will predict cardiovascular risk based on the population mix within the local authority's area
 - dementia awareness (for those aged 65 to 74)
 - diabetes filter (BMI and BP)
- ii. The Provider shall take no less than 20 minutes per NHS Health Check risk assessment completing all of the above tests.

3.3.2. Rationale:

- i. The tests, measurements and risk calculations that make up the risk assessment part of the NHS Health Check are stipulated in legislation because of the importance of a uniform, quality offer.
- ii. Every individual who receives an NHS Health Check should receive a good quality, complete risk assessment, irrespective of where they live, or the provider.
- iii. An incomplete risk assessment may lead to an inaccurate calculation of their risk score and therefore have clinical implications and in turn, reputational implications for the programme.

3.4. **THE RISK ASSESSMENT: equipment use**

3.4.1. Description:

- i. Ensure all equipment used for the NHS Health Check is: fully functional, used regularly, CE marked, validated, maintained and is recalibrated according to the manufacturer's instructions. This includes height and weight measuring devices, blood pressure monitors and point of care testing equipment.
- ii. Any adverse incidents involving medical equipment should be reported to the manufacturer as well as the Medicines and Healthcare products Regulatory Agency (MHRA) and managed according to providers' governance arrangements.
- iii. An adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the accuracy and/or safety of device users (including patients) or other persons.
- iv. For example:
 - a patient, user, carer or professional is injured as a result of a medical device failure or its misuse
 - a patient's treatment is interrupted or compromised by a medical device failure
 - a misdiagnosis due to a medical device failure leads to inappropriate management and treatment
 - a patient's health deteriorates due to medical device failure (MHRA)
- v. Providers shall be required to supply all equipment and ensure that quality control, clinical disposal and training is undertaken as per manufacturers recommendations.

3.4.2. Rationale:

- i. If equipment is not used correctly, there is a risk that incorrect readings are given, affecting the risk score and potentially the clinical management of the individual.
- ii. Incidents should be reported as soon as possible. Some apparently minor incidents may have greater significance when aggregated with other similar reports.

3.5. **THE RISK ASSESSMENT: quality control for point of care testing**

3.5.1. Description:

- i. Point of care test (POCT) is a device the manufacturer has intended to be used for examining specimens derived from the human body including blood and urine.

- ii. Where using POCT, providers should ensure:
 - They should only be used by healthcare professionals and staff who have been trained (by a competent trainer) to use the equipment (see para 6.1).
 - An individual is identified as the named POCT coordinator.
 - That an appropriate internal quality control (IQC) process is in place in accordance with the MHRA guidelines on POCT, 'Management and use of IVD point of care test (POCT) devices. Device bulletin 2010(02) February 2010'. This should take the form of at least a daily "go/no go" control sample (use of a liquid sample) on days when the instrument is in use. This may require other procedures e.g. optical check to be performed in addition to the use of a liquid control sample. All record keeping on this process should be accurate & contemporaneous.
 - That each POCT location is registered in and participating in an appropriate External Quality Assessment (EQA) programme through an accredited (CPA or ISO 17043) provider that reports poor performance to the National Quality Assessment Advisory Panel (NQAAP) for Chemical Pathology. This can be checked on UKAS or CPA websites: www.ukas.com/ www.cpa-uk.co.uk.

3.5.2. Rationale:

- i. Inadequate Quality Assurance of POCT may lead to potentially inaccurate results affecting clinical management and clinical risk for the provider. As well as being a threat to the integrity of the programme and to clinical engagement.

3.6. COMMUNICATION OF RESULTS: ensuring results are communicated effectively and recorded

3.6.1. Description:

- i. All individuals who undergo a NHS Health Check must have their cardiovascular risk score calculated and explained in such a way that they can understand it. This communication should be face to face at the time of the NHS Health Check.
- ii. Staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables the risk calculators use to equate the risk. (ref para 6.1)
- iii. When communicating individual risks, staff should be trained to:
 - communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk
 - use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk
 - establish a professional relationship where the individual's values and beliefs are identified and incorporated into a client- centred plan to achieve sustainable health improvement.
- iv. Individuals receiving the NHS Health Check should be given adequate time to ask questions and obtain further information about their risk and results.

- v. Individualised written information should be provided that includes their results, bespoke advice on the risks identified and self-referral information for lifestyle interventions.
- vi. This should include and provide an explanation of their:
 - BMI
 - cholesterol level (total cholesterol and HDL cholesterol)
 - blood pressure
 - alcohol use score (AUDIT C or FAST)
 - risk score and what this means
 - referrals onto lifestyle or clinical services (if any)
- vii. Providers shall ensure that the following consent is secured from all Service Users receiving the NHS Health Check. Consent that NHS Health Check results can be shared with:
 - The Commissioner for monitoring and evaluation purposes only
 - The Service User's registered GP if the NHS Health Check has not been undertaken at their registered practice
 - LWD or any other third-party health improvement provider as agreed with the Service User.

3.6.2. Rationale:

- i. Legal duties exist for local authorities to make arrangements to ensure the people having their NHS Health Checks are told their cardiovascular risk score, and other results are communicated to them.
- ii. NHS Health Checks is a preventative programme to help people stay healthy for longer. To maximise these benefits, efforts should be made to ensure individuals understand their level of risk and their results. Everyone who has a NHS Health check, regardless of their risk score, should also be given lifestyle advice to help them manage and reduce their risk. That means that, unless it is deemed clinically unsafe to do so, everyone having a NHS Health Check should be provided with individually tailored advice that will help motivate them and support the necessary lifestyle changes to manage their risk. This includes supporting and encouraging individuals to maintain a healthy lifestyle where no change is required.

3.7. **RISK MANAGEMENT: high quality and timely lifestyle advice given to all**

3.7.1. Description:

- i. Provision and timely access to high quality and appropriate risk-management interventions should be in place in line with the best practice guidance. This includes signposting to evidence-based and accessible interventions:
 - stop-smoking services
 - physical activity interventions
 - weight management interventions
 - alcohol-use interventions
- ii. LWD is the PHD behavioural change resource for Dorset and Appendix 1 outlines the referral criteria to the service for the outlined pathways above. Providers are expected to refer individuals to LWD to support the advice and guidance they provide within the NHS Health Check.
- iii. The Commissioner will provide the NHS Health Check results booklet for issue to each individual at the time of the NHS Health Check.

3.7.2. Rationale:

- i. NHS Health Checks is a preventative programme to help people stay healthy for longer. To maximise these benefits, all individuals who have a NHS Health Check, regardless of their risk score, should be given lifestyle advice, where clinically appropriate, to help them manage and reduce their risk. Unless it is deemed clinically unsafe to do so, everyone having the check should be provided with individually tailored advice that will help motivate them and support the necessary lifestyle changes to manage their risk. This includes supporting and encouraging individuals to maintain a healthy lifestyle where no change is required.
- ii. It is pivotal that the actions taken at a certain threshold are the same and in line with national guidelines, including those issued by the National Institute for Health and Care Excellence (NICE), so that people receive the necessary and appropriate care.

3.8. **RISK MANAGEMENT: additional testing and clinical follow up**

3.8.1. Description:

- i. Individuals should not leave the NHS Health Check until all abnormal parameters have been followed up and an appropriate referral has either been made or ruled out. Timely access to further diagnostic testing should take place as outlined in the best practice guidance at the following thresholds:
 - a) Following the diabetes filter, undertaken as part of the risk assessment, blood glucose test; either fasting plasma glucose or HbA1c (glycated haemoglobin) for all identified as high risk. Indicated by either:
 - BP >140/90 mmHg or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively
 - BMI > 30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories
 - Individuals identified with pre-diabetes need to be reviewed at least annually.
 - b) Assessment for hypertension by GP practice team when indicated by:
 - BP >140/90 mmHg
 - Or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively
 - Individuals diagnosed with hypertension to be added to the hypertension register and treated through existing care pathways. They should be reviewed in line with NICE guidance, including provision of lifestyle advice.
 - c) Assessment for chronic kidney disease by GP practice team when indicated by:
 - BP >140/90 mmHg
 - Or where SBP or DBP exceeds 140mmHg or 90mmHg respectively
 - All who meet these criteria to receive serum creatinine test to estimate glomerular filtration rate (eGFR).

- d) Assessment for familial hypercholesterolemia by GP practice team when indicated by:
 - Total cholesterol >7.5 mmol/L
- e) Alcohol risk assessment, use of full AUDIT when indicated by:
 - AUDIT C Score >5
 - Or FAST >3
 - If the individual meets or exceeds the AUDIT C or FAST thresholds above the remaining questions of AUDIT should be administered to obtain a full AUDIT score. If the individual meet or exceeds a threshold of 8 on AUDIT, brief advice is given. For individuals scoring 20 or more on AUDIT referral to alcohol services should be considered.
- f) Where the individual's BMI is in the obese range as indicated by:
 - BMI >27.5 in individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories
 - BMI > 30 individuals in other ethnicity categories
 - Then a blood glucose test is required.

Appendix 1 refers to the referral criteria for clinical and behaviour change advice and guidance where any of the above criteria highlight a need for additional follow up tests to be taken. The individual should be advised of the reason for each and any referral.

3.8.2. Rationale:

- i. Only through the early detection and management of risk factors can the NHS Health Check maximise its public health impact and reduce premature mortality.
- ii. It is key that the actions taken at these thresholds are the same to assure a systematic and uniform offer across England. Systems should be in place to ensure follow up tests are undertaken and results received in order to provide assurance that appropriate follow up and management is undertaken. Disease management should be undertaken in line with NICE guidance including provision of appropriate lifestyle intervention.

3.9. THROUGHOUT THE PATHWAY: confidential and timely transfer of patient identifiable data

3.9.1. Description:

- i. Where the risk assessment is conducted outside the individual's GP practice, the provider shall send the following information to the person's GP:
 - age
 - gender
 - smoking status
 - family history of coronary heart disease
 - ethnicity
 - body mass index (BMI)
 - cholesterol level
 - blood pressure
 - physical activity level - inactive, moderately inactive, moderately active or active
 - cardiovascular risk score

- alcohol use disorders identification test (AUDIT) score (AUDIT C or FAST)
- ii. A protocol also needs to be in place for timely referral of patients where abnormal parameters are identified including the referral process to LWD.
- iii. For all individuals who require additional testing and clinical follow up, GP practices should follow Standards 8 and 9. (PHE, December 2017).
- iv. Providers are responsible for:
 - Storing and transferring collected data should be in accordance with the Data Protection Act (2018). Where the Provider is not the Service User's registered GP the Provider will forward the results of each assessment to the Service User's registered GP practice within 10 (Ten) working days. All results information shall be recorded through the electronic data system as specified by the Commissioner.
 - The Provider shall use one of the following electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic data system as specified by the Commissioners who will provide the results capture template:
 - Pharmoutcomes
 - Outcomes4Health
 - SystemOne

3.9.2. Rationale:

- i. Legal duties exist for local authorities to make arrangements for specific information and data to be recorded and where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP.
- ii. There are a number of potential issues surrounding data flows for example:
 - if NHS Health Checks are undertaken in a community setting, there may be delay in the GP practice receiving the information and results
 - ensuring confidential transfer of patient-identifiable data
 - errors surrounding accuracy of data inputted
- iii. These process failures could lead to a breach in confidentiality and/or inappropriate action undertaken due to inaccurate or delayed information being received. If information is not recorded it is unknown whether appropriate intervention and follow up has been undertaken.
- iv. These standards only focus on a limited number of points on the delivery pathway. They focus on describing what good looks like, and they are a starting point for increasingly robust assessment of quality.
- v. There is an expectation that the Provider will adapt their delivery accordingly and as appropriate in consultation with the Commissioner where the need arises throughout the life of this contract.

4. Training and Competency Requirements

- 4.1. The Provider shall ensure that all practitioners who conduct NHS Health Checks are fully trained to deliver the programme as per the NHS Health Check Competence Framework

(March 2021) and NHS Health Check Competence Framework (June 2021). Resources are available https://www.healthcheck.nhs.uk/commissioners_and_providers/training/

- 4.2. Point of Care Testing machine familiarisation should be provided by the machine manufacturer.
- 4.3. The Provider shall ensure that all practitioners who conduct NHS Health Checks are fully skilled to provide the behaviour change advice and guidance as per NICE guidance PH6. <https://www.nice.org.uk/Guidance/ph6> Healthy Living Pharmacy (HLP) Level 1 or PSPH Award level 2 demonstrate this skill requirement.

5. Activity, Performance and Reporting Requirements

- 5.1 The Provider shall have internet access in place at all times and shall use appropriate electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Commissioner.
- 5.2 The Provider shall record all activity and performance data using one of the following electronic systems:
 - PharmOutcomes
 - Outcomes4Health
 - SystemOne

Providers using PharmOutcomes or Outcomes4Health:

- 5.3 The Provider shall complete the relevant template on PharmOutcomes or Outcomes4Health to submit their activity to the Commissioner on a **monthly** basis.
- 5.4 The deadline to submit activity data to Public Health Dorset via PharmOutcomes or Outcomes4Health is the end of each month.
- 5.5 Any late Provider data submissions will not be paid until the following month.
- 5.6 Providers using PharmOutcomes or Outcomes4Health will not be paid for data submitted more than six months after the activity was undertaken.

Providers using SystemOne:

- 5.7 Providers shall extract a “search” of data on SystemOne using the relevant NHS Health Checks template to submit their activity data to the Commissioner on a **quarterly** basis.
- 5.8 The Commissioner reserves the right to reject or withhold payment for any data submitted using an incorrect SystemOne “search” template.
- 5.9 In exceptional circumstances, the Commissioner will accept a completed Excel template, available from the Public Health Dorset website, instead of a SystemOne search. Providers shall ensure they prioritise reporting through a SystemOne search and should liaise with the Commissioner by emailing phcontracts@dorsetcouncil.gov.uk if they experience any issues with this process.
- 5.10 The completed template should be submitted to Public Health Dorset via the dedicated “PH Contracts” mailbox using the email address: phcontracts@dorsetcouncil.gov.uk

5.11 The deadline to submit the Public Health Dorset reporting template via email to the Commissioner is the 20th of the month following quarter end:

(Q1) 1st April – 30th June	Data due 20 th July
(Q2) 1st July – 30th September	Data due 20 th October
(Q3) 1st October – 31st December	Data due 20 th January
(Q4) 1st January – 31st March	Data due 20 th April

5.12 Providers using SystemOne will not be paid for data submitted more than one quarter late.

5.13 Any late Provider data submissions will not be paid until the following quarter

5.14 No claim shall be submitted more than one month after the end of this agreement.

5.15 Quality control checks may take place at any point at the discretion of the Commissioner.

6. Payments

6.1. Payment will be made on a **monthly** basis on receipt of a fully completed PharmOutcomes or Outcomes4Health reporting template.

6.2. Payment will be made on a **quarterly** basis on receipt of fully completed SystemOne reporting template.

6.3. The Commissioner will pay the Provider at the rate outlined below for the claimed activity:

Description of Activity	Charge	VAT
Delivery of NHS Health Check	£28:00	Excluding

7. Notifying the Commissioner of Changes to Delivery or Organisational Details

7.1. The Provider is required to contact the Commissioner (Public Health Dorset), using the relevant letter (see Appendix 2) to provide formal notification of changes to:

- Bank details
- Contact details
- Changes to ownership

7.2. If the Provider is temporarily unable to deliver the service, they must notify Public Health Dorset by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400** within one-working day to agree any contingency plans and enable the Commissioner to maintain up to date records of active Providers.

7.3. The Provider should contact Public Health Dorset as soon as possible if they wish to be permanently removed from the Any Qualified Provider (AQP) Framework for delivery of a service, or services, by completing the **“Removal from the AQP Framework Agreement for Delivery of CHIS Services”** letter in Appendix 2.

8. Minimum Provider Qualification Requirements for Any Qualified Provider (AQP) Framework

As referenced in the Community Health Improvement Services Framework Agreement Selection Questionnaire (Part 4) the essential qualifications that a Provider must demonstrate to be awarded a position on the Framework for this service are listed below:

- 8.1. The Provider must have capacity to deliver a minimum of 5 NHS Health Checks per calendar month, taking into account staff turnover, annual leave, sickness absence or maternity leave. (It is acceptable for providers to offer opportunistic NHS Health Check at point of user contact rather than a booked appointment system)
- 8.2. The Provider must source and maintain the equipment used within the NHS Health Check. This includes height and weight measuring devices, blood pressure monitors and point of care testing (POCT) equipment
- 8.3. The Provider must ensure that each POCT location is registered and participating in an appropriate External Quality Assessment (EQA) programme through an accredited (CPA or ISO 17043) provider.
- 8.4. The Provider must receive POCT machine familiarisation and updates by the machine manufacturer.
- 8.5. The Provider must have frontline delivery staff who are fully trained to deliver the programme as per the NHS Health Check Competence Framework (March 2021) and the NHS Health Check Competence Framework (March 2021). https://www.healthcheck.nhs.uk/commissioners_and_providers/training/
- 8.6. The Provider must have frontline delivery staff trained to:
 - communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk
 - establish a professional relationship where the individual's values and beliefs are identified and incorporated into a client-centred plan to achieve sustainable health improvement.

NICE guidance PH6 refers: <https://www.nice.org.uk/Guidance/ph6>
HLP level 1 or PSPH Award Level 2 demonstrate this skill requirement.
- 8.7. The Provider must sign up to receive alerts of Best Practice updates and other notifications at www.nhshealthchecks.co.uk.
- 8.8. The Provider must have robust, secure methods of sharing individual personal data as per GDPR legal guidance within 2 calendar weeks of the NHS Health Check being delivered with i) GP practices across Dorset ii) LWD iii) Commissioners (as required)?

9. Safeguarding

- 9.1. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 9.2. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.

- 9.3. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.
- 9.4. Public Health Dorset will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.

Public Health Commissioned services will be required to provide:

- 9.5. Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.
- 9.6. An annual declaration on safeguarding arrangements:
 - a. Designated Officers / Leads for Safeguarding in the Organisation
 - b. Safeguarding Policies, Procedures and Practice
 - c. Recruitment, Training and Workforce Development
 - d. Managing Allegations of Abuse
 - e. Record Keeping

Appendix 1: NHS Health Checks Referral pathways

CHOLESTEROL		
Total serum cholesterol:HDL ratio	4.4 – 6.0	Advise on diet and exercise to maintain health
	>6.0	Refer to GP for fasting blood test
Total cholesterol	>7.5mmol/l	Refer to GP for fasting blood test
PULSE RHYTHM CHECK		
Pulse Rhythm	Regular	No action
	Irregular	Refer to GP for further tests
BLOOD PRESSURE		
Blood Pressure (mmHg) (where systolic and/ or diastolic raised)	<140/90	Advise on exercise, alcohol and weight to maintain health
	≥140/90	Refer to GP for further tests
	≥180/110	Refer to GP same day
BODY MASS INDEX		
BMI Measurement	≤24 (≤22 if S Asian* or Chinese)	Advise on exercise and diet to maintain health
	25 - 29 (23 – 27.4 if S Asian* or Chinese)	Offer referral to LiveWell Dorset
	≥30 (≥27.5 if S Asian* or Chinese)	Refer to GP
PHYSICAL ACTIVITY		
GP Physical Activity Questionnaire	Inactive	Offer referral to LiveWell Dorset
	Moderately Inactive	Offer referral to LiveWell Dorset
	Moderately Active	Offer referral to LiveWell Dorset
	Active	Advise on physical activity to maintain health
TOBACCO		
Smoking Status	Non Smoker	No action
	Ex-Smoker	Encourage but no referral
	Current Smoker	Offer referral to LiveWell Dorset
	Smoking tobacco and using E-Cigarettes	Offer referral to LiveWell Dorset
ALCOHOL		
Audit C Initial Assessment; (where score is above 5, Full AUDIT)	0 - 7	Low risk, brief lifestyle advice to remain healthy
	8 - 15	Increasing risk, offer referral to LiveWell Dorset
	16 - 19	Higher risk, refer to GP for onward referral and support as necessary
	≥20	Possible dependence, refer to GP to access referral to alcohol treatment services (Dorset – REACH; Bournemouth – BEAT; Poole - SMART)
Q RISK RESULT		
QRisk2 Result (age/gender appropriate)	<10%	Brief lifestyle advice to remain healthy
	10% - 19%	Signpost to LiveWell Dorset
	≥20%	Refer to GP for further testing
DEMENTIA		
Dementia Awareness	No concerns	Advise on healthy lifestyle to remain healthy
	Concerns about memory	Advise an appointment with GP for assessment
LIVEWELL DORSET		
Service User requires advice on lifestyle support	Request from patient for lifestyle support around exercise, diet/ weight, smoking or alcohol	Signpost to LiveWell Dorset

Appendix 2: Letter templates for notifying the Commissioner of changes to delivery or organisational details



Public Health Dorset (PHD)
 County Hall
 Colliton Park
 Dorchester
 Dorset
 DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk
 Date: *****
 Your ref: CHIS_provider_details

Dear Colleague,

RE: Change of provider details – contact or bank information

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services (“CHIS”). We have been notified / you have notified us of amendments to information submitted through your application, either organisation contact details or bank details.

In order to maintain our records and process payments, can we kindly request that you complete the relevant information below to formally notify us of any changes:

1. Changes to contact details

Previous details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	
Contact name	
New details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	

Contact name	
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Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

2. Changes to bank details

Please tick this box if you have recently changed your organisation's bank details

Provider name: _____

Provider postcode: _____

Change request completed by: _____

Date: _____

When a provider changes their bank details, Public Health Dorset requires the following information, on the organisation's headed paper, for our records:

- Organisation name
- Organisation address
- Email address (for remittance)
- Organisation phone number
- VAT registration number (if applicable)
- Sort code
- Account number

To enable timely payment for CHIS activity claims, please ensure this updated information is provided to us as soon as possible. Please email your new bank details, on company headed paper, to phcontracts@dorsetcouncil.gov.uk

If you have any questions, please do not hesitate to contact Public Health Dorset using the email address above.

Kind regards,



Jen Spencer
CHIS Contract Manager, Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHISChangeofOwnership

Dear Colleague,

RE: Change of ownership

We have been notified / you have notified us of a change of ownership of [organisation name] to the new organisation [name].

This organisation is a provider on the Public Health Dorset Any Qualified Provider (AQP) framework for the delivery of the following Community Health Improvement services ("CHIS"):

1. *****
2. *****
3. *****

As a result of this change of ownership, in-line with clause B23 of the Framework Agreement, we now require the following from you:

- a) completed Change of Ownership Details (below). Please return this to Public Health Dorset via phcontracts@dorsetcouncil.gov.uk
- b) a new AQP framework application for the required CHIS services: <https://www.publichealthdorset.org.uk/provider-resources/procurement-information>

Change of Ownership Details

Previous provider	
Organisation name	
Address	
Postcode	
Phone number	
Email address	
Contact name	
New provider	

Organisation name	
Address	
Postcode	
Phone number	
Email address	
Contact name	
CHIS services to be provided by the new organisation	
Change of ownership details	
Reason for change of ownership	
Change of ownership date	

Change request completed by: _____

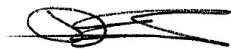
Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

By submitting a new application on the Any Qualified Provider Framework, this enables us, as the commissioner of CHIS services, to approve the change of ownership in accordance with the terms of the Framework Agreement, ensuring that you would not be in breach of your obligations under the Framework Agreement. The new application also provides key information for purchasing from the Framework, including updated company details such as the bank account, which will enable timely payments for activity in accordance with the service specifications.

If you have any questions please do not hesitate to contact Public Health Dorset: phcontracts@dorsetcouncil.gov.uk

Kind regards,



Jen Spencer
CHIS Contract Manager
Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHIS_remove_from_AQP

Dear Colleague,

RE: Remove provider from the Public Health Dorset AQP framework

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services (“CHIS”). We have been notified / you have notified us that the provider(s) below should now be permanently removed from the framework for the indicated service(s):

Provider Name	Provider Postcode	Service(s) to be removed from AQP framework

Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

Any outstanding activity claims should be submitted to Public Health Dorset at your earliest convenience, in accordance with the process outlined in the service specification(s), and will be paid as part of the next scheduled payments.

We are required to maintain records of changes to providers on the Any Qualified Provider framework and appreciate you taking the time to complete and return this information to us. Should you wish to apply in the future to deliver additional Public Health Dorset CHIS services or to restart the service(s) indicated above, please visit our website for further information about opportunities and application the process:

[Procurement information - Public Health Dorset - Dorset Council](#)

If you have any questions, please do not hesitate to contact us using the email address above.

Kind regards,

A handwritten signature in black ink, appearing to be 'Jen Spencer', written over a horizontal line.

Jen Spencer
CHIS Contract Manager
Public Health Dorset