**FOIA 4160 Request for Information**

**LEICESTER CITY COUNCIL**

**Patient engagement**

Engaging with the eligible cohort is fundamental to the programme; please can you provide details of how you will ensure that the NHS Health Check programme is accessible to all eligible patients, including details of plans to support/drive patient engagement in order to achieve DH uptake targets?

Specifically;

Q1 Current delivery models

Delivery is through General Practice. All practices have signed contracts confirming their willingness to deliver the programme.

Q2 Programme support e.g. marketing

Programme support comes from both Leicester CCG and Leicester City Council

Q3 Alternative providers

None used currently.

**Diagnostic testing methods**

Clinical diagnostic testing is a core element of the NHS Health Check; please can you share the rationale for your choice of testing methods, particularly with reference to point of care testing (POCT)?

Specifically;

Q4 Tests undertaken during the NHS Health Check- Blood tests – HbA1C, U&E, Lipids, Blood Sugar (all tests required by NHS HC Protocol)

Q5 Attitude to POCT; has it been considered and is it available to service providers?

This is not explicitly included or excluded in the provider contract. The requirement is that testing should be accurate and comply with recognised standards.

Q6 Key factors driving the decision making process

Current delivery method, national requirements, provision of support services

**Quality and consistency**

Ensuring the quality and consistency of results is critical to providing meaningful Health Checks; please can you provide details of any training, accreditation and quality control processes that are utilised across the programme delivery?

Specifically;

Q7 Quality Assurance (QA) processes (internal IQC and external EQA)

By ensuring accurate recording of activity, the Practice should regularly audit this service and the commissioner would encourage this as good practice.

The commissioner will monitor and audit this service from data submitted each quarter.

The commissioner may also audit:

Results of the patient questionnaire survey, patient forum or focus group;

Number and overview of complaints received from patients about the service together with actions taken as a result.

Q8 Current training (who is trained and what training is delivered)

The GP Lead identified will need to satisfy the Commissioner that all personnel providing a NHS Health Check have the necessary skills and knowledge to deliver the care required to discharge their responsibilities under the standards and competencies set out in the contract.

Health checks may be carried out by a ‘suitable clinician’. A suitable clinician can include a General Practitioner, Nurse Prescriber, Practice Nurse or Healthcare Assistant. (This list is not exhaustive.) Practices must, however, ensure that prescribing is available at the time of the NHS Health Check and that the risk is communicated, appropriately to the patient.

The provider should:

1. Identify and provide any reasonable training and development to each ‘suitable clinician’ as defined through the Practice Performance Development and Review process.

2. Ensure all providers of services under this LES are familiar with the principles of communicating cardiovascular risk as per NICE guidance CG67.

Following any service review process carried out, providers may be required to undertake any identified refresher training as is deemed necessary by the commissioner to enable them to continue service provision.

Q9 Accreditation process

All providers must ensure that:

a) Where applicable they hold membership of approved professional body and all GPs are approved and included on a Performers list within England.

b) All health care professionals have a regular appraisal and maintain professional development generally.

c) Appropriate training is procured for all staff to ensure safe and competent delivery of the contract.

d) Up-to-date certifications of competency must be maintained and may be requested by the commissioner.

e) Professional indemnity cover is in place and adheres to the quality standards and guidelines of their professional body and those developed the commissioner.

Practice Protocols: - The Practice will ensure all health care professionals are compliant with the Practice protocols for the clinical management of all patients in receipt of services commissioned. These protocols must be in line with best practice clinical guidelines and be reviewed on a regular basis. The Practice must ensure that all protocols reflect up-to-date national and local guidance and are amended in the light of any changes.

Consent - In each case the patient should be fully informed of the treatment options and the treatment proposed.

A robust system for referral of adverse pathology must be in place and demonstrated if required by the commissioner.