1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** | DRAFT V 1.0 |
| **Service** | **Enhanced Health Checks** |
| **Commissioner Lead** | **Agnes Kasprowicz** – Primary Care Lead, North Kensington Recovery WLCCG  **Dr. Meena Nathan** – Clinical Lead, North Kensington Recovery WLCCG |
| **Provider Lead** | **TBC** |
| **Period** | **April 2020 – April 2021** |
| **Date of Review** | **April 2021** |

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| **1. Population Needs** |
| **1.1 Overview**  The Enhanced Health Checks program aims to help prevent heart disease, stroke, diabetes, kidney disease, certain types of dementia and respiratory problems. It is designed to provide assurance to the communities that are worried about their heath post Grenfell Tower fire.  **1.2 National Context**  For national context please see:  [**https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/**](https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/)  **1.2 Local context**  Following the Grenfell Tower disaster, in September 2018, Dr Fiona Wilcox, HM Senior Coroner for the Grenfell Tower incident released a Regulation 28: Report to Prevent Future Deaths to the public.  Dr Wilcox cited 8 concerns that she stated NHS England should respond to in order to prevent future deaths. The following 6 of these are related to physical health:  1. That no structured health monitoring programme is in place for those who were exposed to risks of smoke and dust inhalation during the Grenfell Tower fire.  2. That those subject to smoke and dust inhalation are at risk of developing health conditions in particular respiratory illness after particulate and poison inhalation.  3. That there may have been exposure to asbestos during and after the fire that could possibly cause late onset health issues such as mesothelioma.  4. That without an appropriate system of health checks, there is a risk that illness may arise unnoticed or present later in survivors, first responders and site workers, and thus reduce their life expectancy.  5. That the NHS needs to undertake a risk evaluation and then consider an appropriate regular health monitoring programme for survivors of the fire and first responders and site workers.  6. That survivors and first responders and site workers, need to be given access to guidance and/ or information that would help them to understand what could be the health consequences of being exposed to the hazardous environment of the site of the fire.  On the 24th October, Simon Stevens confirmed in his response to the Coroner’s report that NHSE would be investing £50m to fund long term monitoring and health support for those affected by the Grenfell tower fire (circa 8,500 population) over the course of 5 years.  The WLCCG worked with Primary care providers and other organisations in North Kensington and developed a systematic programme of Enhanced Health Checks which were commissioned and implemented in November, building on the enhanced primary care service provided to date. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | Preventing people from dying prematurely | **x** | | **Domain 2** | Enhancing quality of life for people with long-term conditions | **x** | | **Domain 3** | Helping people to recover from episodes of ill-health or following injury | **x** | | **Domain 4** | Ensuring people have a positive experience of care | **x** | | **Domain 5** | Treating and caring for people in safe environment and protecting them from avoidable harm | **x** | |
| **3. Scope and service delivery** |
| **3.1 Service Aims and Objectives**  Since the fire the NHS has responded to the expert advice given from agencies such as the Health & Safety Executive, Public Health England and the site management team. We have also listened to community groups and Grenfell United members and other survivors of the Tower who remain concerned about long term ill health.  Extended Health checks provision aim to:   * Reduce health inequality and the existing difference in life expectancy of patients in north of the borough vs. south of the borough * To support the key principals from North Kensington Recovery Plan * Early intervention through health promotion to prevent diseases which are prevalent in North Kensington area * Address the concerns in the community regarding long term ill health * Response Coronary’s Regulation 28 Report recommendations. * Provide support around media scrutiny of Professor Anna Stec’s statement regarding evidence related to her team’s soil sampling around the Tower and that there are added toxicants that need to be measured   The main objective of this service is to provide assurance to patients who are worried about their health as a result of the Grenfell Fire.  **3.2 Service description**  The Enhanced Health Checks cover;  **Respiratory examination**:   * Spirometry (lung function testing). * Oxygen saturation. * Physical examination of chest. * Smoking cessation intervention. * Fast track referral to secondary care respiratory clinic if any concern identified.   **Mental Health**:   * Anxiety screening * Depression screening * Post-Traumatic Stress Disorder screening * Insomnia/ sleep review * Alcohol use screening * Substance misuse * Onward referral to specialist services if indicated.   **Physical Health examination and promotion**:   * Weight * Body mass index * Blood pressure and pulse * Physical activity reviews with onward referral to gyms, personal trainer, etc. * Dietary review with onward referral to various weight loss management programmes. * Health advice around dental and visual care.   **Bloods tests**:  Tests to rule out conditions such as diabetes, high cholesterol, thyroid function test, renal function if indicated.  **For Children:**   * For children we will offer an innovative health promotion and health check review. They will include a focus on the following; * Respiratory symptom check. * Mental health screen. * Weight monitoring and linking to local weight services. * Dental hygiene. * Focus on physical activity and exercise programmes, linked to social prescribing offer.   **3.3 Population covered**  The service is available to patients who are worried about their physical or mental health following Grenfell Tower fire.  **3.4 Accessibility**  The provider will have choice over the location of service delivery, this must include community venues. The list below suggests potential venues:   |  | | --- | | * The Harrow Club, Freston Road * Community Living Well, St Charles * North Kensington Job Centre * Grenfell United * Catalyst Community Shop, Ladbroke Grove * The Curve Community Centre * Dalgarno Trust Community Centre * Kensal Library, Golborne Road |   Service delivery sites must be easily accessible via public transport and provide the option of parking nearby.  **3.5 Equality**  The service must demonstrate how they will ensure equality of access for all patients meeting the duties of the Equalities Act 2010 for protected characteristics including but not limited to age, gender, disability, race, religion and sexuality, including where appropriate, positive outreach to patients and case finding.  The service will provide translation services and information in other languages and formats where necessary.  The WLCCG will expect the provider to make changes to arrangements in order to be consistent with any new approach.  **3.6 Acceptance/Exclusion Criteria**  **Acceptance criteria**   * **Grenfell Tower survivors** (annual EHC required) - i.e. adults and children who lived at Grenfell Tower as their main home at the time of the fire, including children born since, as well as people who were visiting Grenfell Tower on the night of the fire. * **Grenfell Tower bereaved** - i.e. the people related to the deceased (including their household) in one of the following ways: Spouse / Partner; Sibling; Parent; Grandparent; or Child**.** * **For the wider community** - i.e. adults and children who live the area of North Kensington and adjoining areas or anyone who is concerned about their physical or mental health following the fire at Grenfell Tower;   **Exclusion criteria**   * Patients who are not affected by Grenfell Fire   For clinical exclusion criteria please follow the best practice NHS guidelines:  <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>  **3.7 Invitation and Booking**  Patients will be invited for their Enhanced Health Check by receiving a text/letter via their GP practice, inviting them for their NHS Health Check at their preferred Provider.  Patients should also be able to self-book via Providers website or via the telephone service if chosen to receive their EHC in the community.  Their first point of contact (e.g. reception staff at the GP or call handlers via the community provider) must be trained in how to book patients in for their Enhanced Health Check. Patients must be offered an appointment within a suitable timeframe; no longer than four weeks from request.  **3.8 Consent**  It is important to gain consent prior to delivery of the Enhanced Health Check.  There are two levels of consent required:  1. Consent to share the results with individuals GP practice  2. Consent to share for reporting purpose, as described below:  "The information from your NHS Health Check will be held on our confidential database and is covered by the Data Protection Act 1998. To ensure we are providing sufficient care to all Grenfell affected patients, we intend to share anonymised information with NHS West London CCG, Royal Borough of Kensington and Chelsea Council and Public Health England for reporting purposes".  **3.9 Risk Assessment**  Everyone receiving an NHS Health Check will have a risk assessment which will look at individual risk factors as well as their risk of having, or developing, vascular disease in the next ten years. Individuals are assessed based on the following measures:   * age, * gender and ethnicity * smoking status * family history of coronary heart disease * 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   **3.10 Measurements and Thresholds**  Provider should refer to ARTP best practice and NICE guidance. Full guidance should be accessed from:  [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)  and  <http://www.artp.org.uk/en/professional/artp-standards/>  **3.11 Service delivery and equipment**  **3.11.1 Spirometry and equipment** –  Purchasing of spirometers and consumables will be the responsibility of the Provider and is included in the service price. This includes replacing spirometers that have reached the end of their lifespan. There are several makes of equipment and all spirometers need as a minimum to meet the standards of measuring and recording as specified in international guidelines.  The Provider will ensure that spirometers used meet the following standards and requirements:   * Meet ISO standard 26782 [[1]](#footnote-1) * One-way mouthpieces and nose clips * Bacterial and viral filters (as indicated in selected patients) * Height measure and weighing scales – calibrated according to manufacturer’s instructions. * Nebuliser or single patient use volumatics (for post bronchodilator spirometry and reversibility testing). * Single-patient use mask/mouthpiece for nebulizer * Short acting bronchodilators as per guidelines, must be able to calculate fev1 % as well as actual numbers (see below)   It is the Provider’s responsibility to calibrate, clean and arrange for servicing of the device in line with the manufacturer’s guidance and in line with ARTP Guide to Quality Assured Spirometry. Calibration should be verified prior to every clinic/session or after every 10th patient (whichever comes first). A calibration log should be maintained.  It is the Provider’s responsibility to monitor the quality of tests performed using each spirometer and to purchase a new device as and when required. Again this cost will be borne by the Provider as it is built into the service price.  Any necessary cleaning and maintenance processes should be carried out on a regular basis according to manufacturer’s instructions with reference to local guidelines and protocols. A record of cleaning and calibration must be kept accordingly by the Provider accordingly as evidence which will be verified annually.  **3.11.2 Blood Testing and equipment**  Providers are required to provide patients with random cholesterol blood testing as part of the Enhanced Health Check Risk Assessment, along with other clinical measures such as height, weight and waist circumference. Providers need to be able to:   * Provide the range of facilities and resources needed to carry out the screening * Implement quality assurance, quality control and regular monitoring of quality within the Enhanced Health Check * Implement a range of health and safety measures, infection prevention control and the relevant personal protective controls and containment * Understand the importance of following protocols and procedures for any required investigations including quality checks and the order of sequencing * Provide ways of presenting information, including statistical and factual information applicable * Perform first line calibration on all clinical equipment to ensure it is fit for use.   Providers are expected to provide as part of the EHC:   * Random cholesterol blood testing for all individuals, this can be done using either phlebotomy services or Point of Care Testing Equipment (see 4.4) * A physical environment that respects the dignity and privacy of individuals and their right to confidentiality * Test and clinic rooms that meet access requirements under the Disability Discrimination Act Equipment necessary to deliver the service, which is maintained and calibrated in deemed appropriate for use by similar specialists * Suitable accommodation and equipment to carry out the full assessment including a private room/area with sink or alcohol hand gel and sharps disposal * Blood pressure monitors * BHS validated Scales * Tape measures Gloves, Cotton swabs, plasters (where appropriate) etc.   Please be aware that this list is not exhaustive and Providers should always refer to best practice and NICE guidance. Full guidance should be accessed from [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)  **3.11.3 Point of Care testing**  Providers can choose to use POCT equipment, at their cost, and the following requirements must be met:   * Providers must use Cardiochek Health Diagnostics Standard Operating Procedure * Cardiocheks will be monitored through the National External Quality Assurance Service (NEQAS) * It is the Providers responsibility to ensure the POCT equipment is tested for accuracy by taking part in the National External Quality Assurance Service (NEQAS) * NEQAS Compliance Reports will be provided to the Commissioner * Non-compliance of three or more consecutive months, or six out of 12 rolling months may result in non-payment * It is the Providers responsibility to ensure they have adequate supplies of POCT disposable items, and that they are in date.   1. **Staff Training, Skills and Experience**  1. The service to be provided by NHS band 6 and 7 healthcare professionals who are trained in delivering NHS Health Checks, provider shall follow the NHS guidelines regarding skills for delivering the NHS Health Checks[[2]](#footnote-2) 2. The service will be provided by healthcare professionals who are trained to the requirements as specified and agreed by West London CCG (ARTP Qualification)[[3]](#footnote-3); 3. Interpretation and of results is the responsibility of the provider; 4. The Provider is responsible for ensuring that all staff performing spirometry maintain their certification; 5. The service must ensure that there is appropriate support and supervision available for those providing the service; 6. The Provider will carry out checks to monitor the quality of tests performed and the competency of staff delivering the Service 7. The requirements detailed under this section will be reported on annually by the Provider.   **3.13 Interdependence with other services/providers**  The Provider will develop relationships with other providers in order to become an integral member of the Health and Social Care Community.   * North West London Collaboration of Clinical Commissioning Groups; * The Community Respiratory Specialist Service (Spiro Hub); * North Kensington GPs and Practice Nurses; * Third Sector Organisations * Central North and West London NHS Foundation Trust; * Imperial College Healthcare NHS Trust; * Service users and local community represemtatives;   The service will be primary care facing and will proactively support primary care clinicians.  No work shall be sub-contracted without prior approval of the Commissioners.  **3.14 Care Pathways**  To be agreed prior to mobilisation.  **3.15 Information Technology (IT) and Reporting**   1. **IT**   To facilitate transfer of information between the Community based EHCs, Spirometry Hub service and Primary Care providers, the EHC service will use the SystemOne operating system, using a secure connection for transfer of patient identifiable data.  The provider will install and maintain IT systems that enable secure storage and transfer of information between providers in the care pathway. This will include, but is not limited to:   * Computer hardware, software, and networking that are secure and used only for clinical case management purposes. * Use of NHS.net mail to ensure the secure transfer of patient information. * Training for all staff in information governance and confidentiality. * Ensuring controls for access to systems are managed effectively in line with national standards for registration (and smartcards where appropriate) so that permissions are allocated and withdrawn as necessary.   The provider will work with the CCG and other parties involved in the care pathway to improve the use of information in support of patient care. This may include participation in audits.   1. **Reporting**   Providers are expected to use the appropriate data collection systems to capture the outcomes of the Enhanced Health Check.  Specific detailed reporting requirements will be agreed prior to service mobilisation.  **3.16 Do not attend (DNA) process**  If a patient does not attend their appointment, it is the responsibility of the provider to rearrange the appointment. Following 3 attempts to contact over a 2 week period, the provider will notify patient’s GP and discharge the patient.  If the patients do not wish to engage with the service, patients GP should be notified. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  4.1.1 Spirometry   * NICE guideline CG101 - Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care. * NICE Quality Standard 10 Chronic obstructive pulmonary disease quality standard.   + 1. Health Check   <https://www.nice.org.uk/guidance/ph38/evidence/ep1-nhs-health-check-programme-heather-white-pdf-435076237>  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**   * Primary Care Commissioning, British Thoracic Society et al - A Guide to Performing Quality Assured Diagnostic Spirometry. * Primary Care Respiratory Society UK Guidelines * ARTP - A Guide To Performing Quality Assured Diagnostic Spirometry * NHS Health Check best practice guidance   **4.3 Applicable local standards**   * Please see section 3 |
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1. <https://www.iso.org/standard/43761.html> [↑](#footnote-ref-1)
2. <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/> [↑](#footnote-ref-2)
3. <http://www.artp.org.uk/en/professional/artp-qualifications.cfm> [↑](#footnote-ref-3)