

NHS Community Pharmacy Contractual Framework

Enhanced Service – NHS Health Check (Vascular risk assessment and management service)

Background

For the purposes of the NHS Health Check programme, vascular disease includes:

- coronary heart disease (heart attacks and angina);
- stroke;
- diabetes; and
- kidney disease.

These diseases all affect the body in different ways; however, they are all linked by a common set of risk factors. Obesity, physical inactivity, smoking, hypertension, dyslipidaemias and impaired glucose regulation (non-diabetic hyperglycaemia - higher than normal blood glucose levels, but not as high as in diabetes), all raise the risk of vascular disease. Having one vascular condition increases the likelihood of an individual suffering from other vascular conditions.

Damage to the vascular system increases with age and progresses faster in men than women, in those with a family history of vascular disease and in some ethnic groups. These are called 'fixed factors' because they can't be changed. However the rate at which vascular damage progresses is also determined by 'modifiable factors', i.e. factors which can be altered. Changing these can reduce the probability that vascular disease will strike early, bringing premature death or disability. These modifiable factors are:

- smoking;
- physical inactivity and a sedentary lifestyle;
- high blood pressure;
- raised cholesterol levels; and
- obesity.

The combined effects of these factors lead to a build-up of atheroma. In the coronary arteries of the heart, this causes heart attacks and angina; in the arteries of the brain, atheroma and high blood pressure can lead to strokes or transient ischaemic attacks. In the arteries of the kidneys and the small blood vessels that make up the filters of the kidneys, the result is the commonest form of chronic kidney disease that, in turn, increases the risk of heart attacks and may lead to kidney failure. Obesity and physical inactivity may lead to type 2 diabetes, which, if unrecognised or poorly controlled, itself damages blood vessels and increases the risk of atheroma and therefore other vascular diseases.

Taking action to reduce these risk factors can make a difference to how fast these diseases progress, or whether they happen at all, and so reduce the risk of vascular disease.

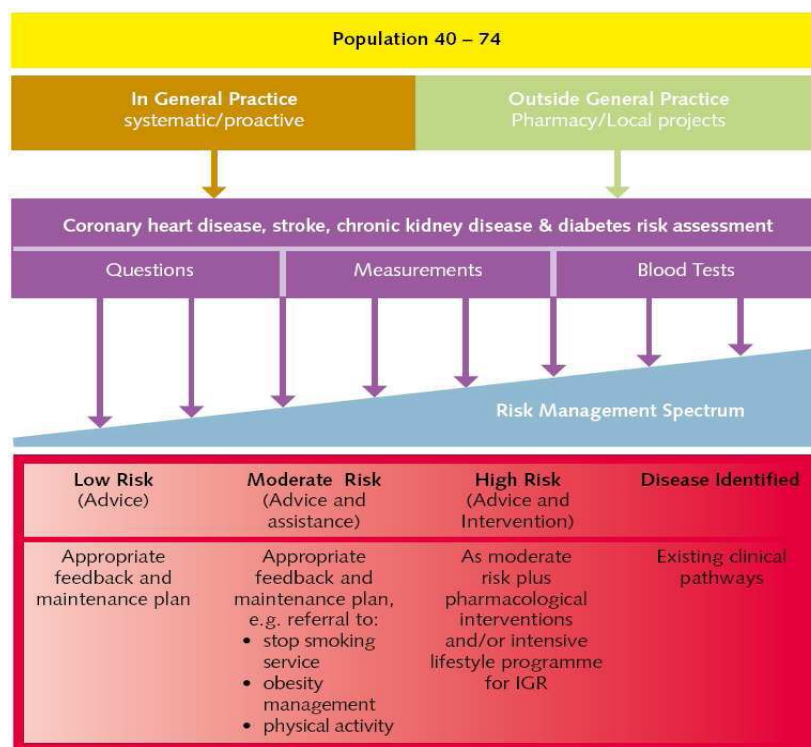
It is well known that people living in deprived circumstances have poorer health than the rest of the population. This is strongly reflected in vascular diseases where people in lower socio-economic groups tend to suffer earlier and more severe disease. What is perhaps less well known or understood is that vascular disease in some ethnic groups makes a significant contribution to premature death. For example, in the UK, mortality from coronary heart disease is currently 46% higher for men and 51% higher for women of South Asian origin than in the non-Asian population. The occurrence of diabetes in individuals of South Asian origin is twice that of the general population and the occurrence of chronic kidney disease is six times the rest of the population, which in turn also increases their risk of coronary heart disease.

Evidence shows that it is possible to identify the risk factors for these diseases, and also to take action to change them. Early intervention to reduce risk can prevent, delay, and, in some circumstances, reverse the onset of vascular disease.

In late 2005, the UK National Screening Committee recommended that screening certain subgroups of the population who are at high risk of Type 2 diabetes is feasible, but that it

should be undertaken as part of an integrated programme to detect and manage cardiovascular risk factors.

In response to this recommendation, the Department of Health examined how a comprehensive vascular risk assessment and management programme could work, including assessment and modelling of clinical and cost effectiveness. The conclusion from the initial phase of modelling work was that a systematic, integrated approach to assessing risk of vascular diseases for everyone (without existing vascular disease) between 40 and 74, followed by the offer of personalised advice and treatment and an individually tailored management programme to help individuals manage their risk more effectively, is both clinically and cost effective.



1. Service Description

- 1.1 The pharmacy will provide a vascular risk assessment and management service for people in the target group (people aged 40 to 74 years of age who have not had a previous diagnosis of vascular disease) in order to improve the person's awareness of their vascular risk and how to minimise or manage that risk. The service will comply with the DH national requirements, in order that NHS Health Checks are delivered in a uniform, systematic and integrated manner.
- 1.2 The results of the risk assessment will be communicated to the person and will be added to the person's pharmacy record and shared with their GP.
- 1.3 The pharmacy will offer brief healthy lifestyle advice and support to all people receiving the service to assist them with managing and / or reducing their risk.
- 1.4 People who are found to be at moderate or high risk will be offered appropriate interventions and referral, where required, in line with national and local guidance.
- 1.5 Where pre-existing disease is suspected or identified the person will be referred to their GP.

2. Aims and intended service outcomes

- 2.1 To improve health outcomes and quality of life by enabling more people to be identified at an earlier stage of vascular change, with a better chance of putting in place positive ways to substantially reduce the risk of cardiovascular morbidity, premature death or disability.
- 2.2 To enable the prevention of diabetes in many of those at increased risk of this disease.
- 2.3 To sustain the continuing increase in life expectancy and reduction in premature mortality that are under threat from the rise in obesity and sedentary living.
- 2.4 To offer a real opportunity to make significant inroads into reducing health inequalities, including socio-economic, ethnic and gender inequalities.
- 2.5 To improve convenience and accessibility of testing facilities by offering increased choice of location and extended hours of availability.

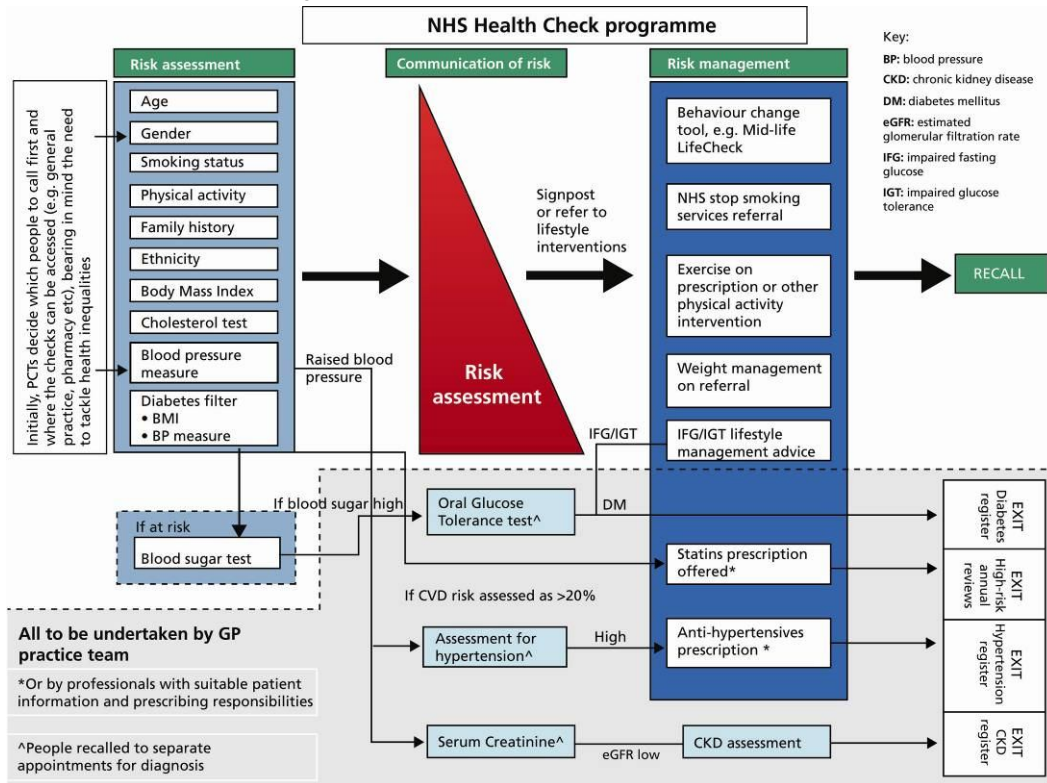
3. Service outline

- 3.1 The local approach taken by the PCT will determine how community pharmacies can engage in the service. The best mechanism for cohort identification will depend upon the needs of the local population and vascular risk assessment and management activity that have been previously implemented. In particular, it will need to take account of health inequalities within the area to ensure that the service narrows these gaps, and does not widen them. In most cases it is anticipated that PCTs will utilise local systems for identification of cohorts to be offered the service (prior to the start of the national call and recall systemⁱ) in order to manage the implementation of the service and to facilitate the initial targeting of population groups most at risk from vascular disease.
- 3.2 Commissioners will determine which aspects of the NHS Health Check service they wish community pharmacies to provide. For example pharmacies could provide the risk assessment alone or they may additionally provide some aspects of risk management, e.g. stop smoking or weight management support.
- 3.3 The information leaflet developed by the Department of Healthⁱⁱ should be provided to the person in advance of the NHS Health Check. The PCT will make these leaflets available to pharmacies providing the service.
- 3.4 The pharmacy will ensure that people presenting for an NHS Health Check are informed about the process of the service and given the opportunity to ask questions. People will be asked to agree to the assessment and the communication of results to their GP. This agreement will be captured in writing.
- 3.5 Consenting people will have the following parameters measured and / or recorded:
 - Age;
 - Gender;
 - Smoking status;
 - Level of physical activity;
 - Family history of vascular disease;
 - Ethnicity;
 - Body Mass Index;
 - Random blood cholesterol measurement (Total and HDL cholesterol); and
 - Blood pressure.

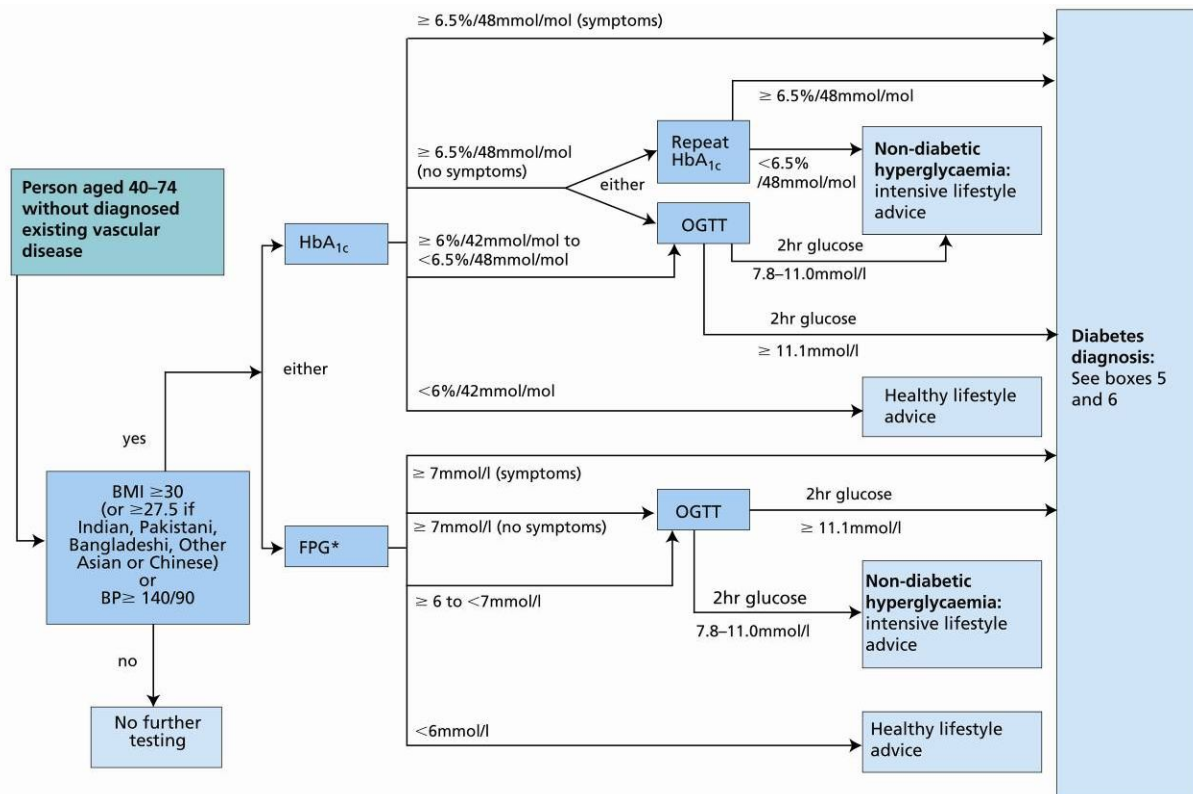
A diabetes filter, based on BMI and blood pressure measurement, will be used to determine whether the person should undergo a fasting blood glucose or HbA1c measurement.

- 3.6 The following diagrams describe the risk assessment pathway and the diabetes filter:

Risk assessment pathway



Diabetes filter



*The values in the diagram are for laboratory tests. For FPG POCT, use a value of less than 5.5mmol/l to proceed to healthy lifestyle advice. If the FPG POCT value is 5.5mmol/l or above, repeat using a venous blood sample for laboratory testing and follow the diagram according to the results.

- 3.7 Vascular risk will be assessed using the locally agreed risk assessment engine, e.g. Framingham or QRISK[®] 2ⁱⁱⁱ.
- 3.8 In line with *NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance*^{iv} people who have a BMI greater than 30 (27.5 or over in individuals from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories) or blood pressure that is at or greater than 140/90 mmHg will need to have an assessment of their blood glucose. Commissioners will determine whether this assessment uses a measurement of fasting blood glucose or HbA1c (fasting not required). Where a high fasting blood glucose or HbA1c result is found the person will be referred to their GP or a professional with suitable patient information and prescribing responsibilities for further investigation.
- 3.9 In line with *NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance* people will be referred to their GP or a professional with suitable patient information and prescribing responsibilities where their blood pressure is at or greater than 140/90 mmHg in order that an assessment of hypertension and chronic kidney disease can be carried out.
- 3.10 The level of risk (high, moderate, low) will be communicated to the person, and an individually tailored management programme, with appropriate advice, support and interventions depending on the level of risk identified, will be agreed:
- The pharmacy will offer brief healthy lifestyle advice and support to all people receiving the service to assist them with managing and / or reducing their risk.
 - People who are found to be at moderate risk will be offered, where appropriate, interventions such as stop smoking or weight management where the pharmacy has been commissioned to provide such a service. Where the pharmacy does not provide such services they will refer people to other service providers.
 - People who are found to be at high risk will be offered, where appropriate, interventions such as stop smoking or weight management where the pharmacy has been commissioned to provide such a service. Where the pharmacy does not provide such services they will refer people to other service providers. All people found to be at high risk will also be referred on to their GP for further investigation and management. In many cases these people will require pharmacological interventions and / or an intensive lifestyle programme for Impaired Glucose Tolerance/non-diabetic hyperglycaemia. Pharmacists trained as independent or supplementary prescribers may be able to manage this group of people.
 - Where pre-existing disease is suspected or identified the person will be referred to their GP.

The pharmacist will actively involve the person in agreeing what advice and/or interventions they will follow. Any decisions must be made in partnership with the person and with their informed consent.

- 3.11 A consultation area, at least at the level required for the provision of the Medicines Use Review service^v, which provides sufficient privacy (including visual privacy) and safety, will be used for provision of the service. Hand washing facilities will be required within the consultation area or nearby. The pharmacy contractor must ensure that NHS infection control standards are complied with^{vi}.
- 3.12 A clinical waste disposal service will be required for each participating pharmacy. The pharmacy will allocate a safe place to store equipment required for the provision of the service and the resultant clinical waste.
- 3.13 The pharmacy contractor must ensure that their staff are made aware of the risk associated with the handling of clinical waste and the correct procedures to be used to minimise those risks. Standard Operating Procedures (SOPs) for needle stick injury and the handling of clinical waste (including dealing with spillages) must be in place. Staff involved in blood collection must be offered immunisation for Hepatitis B and uptake should be monitored.
- 3.14 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, must be readily available close to the site where the service is provided and clinical waste is stored.

- 3.15 Point of Care Testing (POCT) equipment used for the assessment of blood glucose, HbA1c and cholesterol levels will be procured after an assessment of the equipment options available at the time and after approval from the PCT. Guidance on procuring POCT equipment is contained in GH/016 Guidelines for point of care testing: haematology (British Committee for Standards in Haematology) and in MHRA guidance^{vii}.
- 3.16 POCT equipment must be used, cleaned, calibrated and serviced as advised by the manufacturer. Appropriate protocols must be in place directing the use, cleaning, quality assurance (internal and external), calibration and servicing of POCT equipment and they must be followed.
- 3.17 The pharmacy contractor must nominate a named pharmacist to act as the clinical lead for the service in each pharmacy.
- 3.18 The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Pharmacists and other staff providing the service will have completed locally agreed training and will have completed an assessment which confirms competence. The training and assessment will cover the nationally agreed Skills for Health competences for VRA^{viii}, in particular blood sample collection technique and use of POCT equipment. Update training will be undertaken on an annual basis or when changes to the programme occur.
- 3.19 The pharmacy contractor must have a standard operating procedure in place for this service that will specify which groups of staff can provide the individual elements of the service. The pharmacy contractor will ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local and national protocols.
- 3.20 Locally agreed referral criteria to GPs/specialist services will be in place and will be followed. The results of individual assessments will be sent to the person's GP using a locally agreed method specified by the PCT.
- 3.21 The pharmacy contractor must maintain appropriate records, including the national minimum data set^{ix}, to ensure effective ongoing service delivery and audit. Records will be confidential and must be stored securely and for a length of time in line with NHS record retention policies. Local paperwork approved by the PCT will be used for the recording of relevant service information for the purposes of audit and the claiming of payment^x.
- 3.22 The PCT will coordinate any promotion of the service locally, including the development of publicity materials and the use of nationally produced materials. Pharmacies should use these materials to promote the service to the public in line with guidance from the PCT and should ensure they coordinate their promotional activities with those of the PCT. PCTs may wish to promote the service using the public health campaigns element of the community pharmacy contractual framework.
- 3.23 The PCT will be responsible for the provision of healthy lifestyle advice leaflets, counselling aids and other promotional material to providers in order to ensure consistent messages are delivered to people accessing the service.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCT / DH provided healthy lifestyle advice leaflets and other promotional material available for the client group, actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
- 4.2 The pharmacy is making full use of promotional material provided by the PCT (where appropriate).
- 4.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.4 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service on at least an annual basis.
- 4.5 The pharmacy can demonstrate robust quality assurance for any processes or equipment used.
- 4.6 The pharmacy participates in an annual PCT organised audit of service provision.
- 4.7 The pharmacy co-operates with any local assessment of service user experience.

4.8 The results of external quality assurance tests fall within the acceptable range.

Useful sources of information:

Putting prevention first - vascular checks: risk assessment and management - next steps guidance for primary care trusts and

NHS Health Check: Vascular Risk Assessment and Management Best Practice Guidance

www.dh.gov.uk/nhshealthcheck

www.improvement.nhs.uk/vascularchecks

The Handbook for Vascular Risk Assessment, Risk Reduction and Risk Management –

www.screening.nhs.uk

NHS Primary Care Contracting Primary Care Service Framework for Vascular Checks -

www.pcc.nhs.uk/uploads/primary_care_service_frameworks/vascular_checks_final_version.doc

RPSGB practice guidance on diagnostic testing and screening services

www.rpsgb.org/pdfs/diagtestscreenservguid.pdf

Department of Health and PharmacyHealthLink resources for pharmacists and their staff can be used to support delivery of healthy lifestyle advice messages

www.pharmacymeetspublichealth.org.uk/publichealthresources.html

CPPE learning resources which may support this service:

Vascular Risk Focal Point Learning Programme

Screening populations, monitoring people, examining patients Open Learning Programme

ⁱ At the time of preparing this service specification the Department of Health is developing a national call and recall system for the service; this system will not be implemented in the first year of the roll out of the national VRA programme.

ⁱⁱ www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097490.

ⁱⁱⁱ QRISK[®] 2 is a UK registered trademark No. 2454356 owned by Egton Medical Information Systems Limited and the University of Nottingham.

^{iv} www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097489.

^v The requirements for consultation areas are detailed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended: www.dh.gov.uk/mpj.

^{vi} The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081927) and NICE clinical guideline Infection control, prevention of healthcare-associated infection in primary and community care (www.nice.org.uk/CG002) provide information on infection control.

^{vii} MDA DB 2002(03): The management and Use of IVD Point of Care Testing Devices. Medical Devices Agency UK 2002 (www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON007333) and British Society for Haematology (British Committee for Standards in Haematology) guidelines: www.b-s-h.org.uk and www.bcsghguidelines.com.

At the time of preparing this service specification The Department of Health is developing an accreditation system for pathology point of care testing.

^{viii} Competences to be published in 2009 at www.skillsforhealth.org.uk.

^{ix} A national minimum dataset will be published in due course. A locally agreed dataset will need to be used prior to the publication of the national dataset.

^x Example recording templates are available at www.psn.org.uk/database.