

## Appendix I

### Pharmacy Health Check Targets (to be updated as required).

The eligible population to be invited an NHS Health Check in Herts (2020-2025) has increased from 353,095 in 2019/20 to 343,990 individuals in 2020/21. This is the equivalent of 68,798 individuals to be invited each year, and based on an approximate 50% uptake rate, 34,500 individuals should receive a Health Check each year. Community Pharmacy can make a significant contribution to reaching this target by inviting eligible individuals registered with a Hertfordshire GP to receive this service.

For the year 2020/21, each Community Pharmacy Commissioned to deliver NHS Health Checks will be expected to deliver a minimum of 20 completed Health Checks per year and a maximum of 40. This number must not be exceeded without written permission of Hertfordshire Public Health Service. An increase in targets will only be granted if there is a local need to deliver more Health Checks or if there is a need to reach specific higher-risk communities. This will only be considered if the pharmacy delivering to NHS Health Check best practice standards as outlined in the service specification.

Hertfordshire Health Improvement Service (HHIS) will produce quarterly dashboard reports so that the pharmacy can monitor their progress to reaching target and review the quality of their service.

Please inform HHIS at the earliest opportunity if you have any problems with under or over achievement.

### GP practices that are commissioned to deliver NHS Health Checks in Hertfordshire (2019-22)

GP Surgery	GP Practice Code	PCN Group	Locality
Abbey Road Surgery	E82042	Lee Valley Health	Lower Lea Valley
Abbotswood Medical Centre	E82105	North Watford	Watford & Three Rivers
Amwell Surgery	E82061	Hoddesdon and Broxbourne	Upper Lea Valley
Annandale Medical Centre	E82098	Potters Bar	Hertsmere
Archway Surgery	E82643	Delta	Dacorum
Ashwell Surgery	D81047	Icknield	North Herts
Attenborough Surgery	E82124	Attenborough & Tudor Surgery	Watford & Three Rivers
Baldwins Lane Surgery	E82049	Grand Union	Watford & Three Rivers
Bancroft Medical Centre	E82053	Hitchin and Whitwell	North Herts
Bedwell Medical Centre	E82093	Stevenage South	Stevenage
Bennetts End Surgery	E82032	Danais	Dacorum

Birchwood Surgery	E82082	Icknield	North Herts
Bridge Cottage Surgery	E82019	Peartree Group Practice & Bridge Cottage Surgery	Welwyn Hatfield
Bridgewater Surgeries	E82013	Grand Union	Watford & Three Rivers
Burvill House Surgery	E82023	Hatfield	Welwyn Hatfield
Central Surgery	E82100	Stort Valley & Villages	Stort Valley and Villages
Chells Surgery	E82089	Stevenage North	Stevenage
Chorleywood Health Centre	E82064	Rickmansworth & Chorleywood	Watford & Three Rivers
Church Street Partnership	E82067	Stort Valley & Villages	Stort Valley and Villages
Coleridge House Medical Centre	E82644	Danais	Dacorum
Colney Medical Centre	E82113	Abbey Health	St Albans & Harpenden
Consulting Rooms	E82020	Central Watford & Oxhey	Watford & Three Rivers
Cromwell Medical Centre	E82079	Lee Valley Health	Lower Lea Valley
Cuffley and Goffs Oak Medical Practice	E82081	Lee Valley Health	Lower Lea Valley
Davenport House Surgery	E82077	Harpenden	St Albans & Harpenden
Dolphin House Surgery	E82092	Ware & Rurals	Upper Lea Valley
Elms Medical Practice	E82071	Harpenden	St Albans & Harpenden
Everest House Surgery	E82051	Danais	Dacorum
Fairbrook Medical Centre	E82012	HertsmereFive	Hertsmere
Fernville Surgery	E82022	Beta	Dacorum
Gade Surgery	E82068	Rickmansworth & Chorleywood	Watford & Three Rivers
Garston Medical Centre	E82017	Grand Union	Watford & Three Rivers
Gossoms End Surgery	E82652	Alpha	Dacorum
Grange Street Surgery	E82059	Alban Healthcare	St Albans & Harpenden
Grove Hill Medical Centre	E82050	Danais	Dacorum
Hailey View Surgery	E82088	Hoddesdon and Broxbourne	Upper Lea Valley
Hall Grove Group Practice	E82062	Welwyn Garden City A	Welwyn Hatfield
Hanscombe House Surgery	E82007	Hertford and Rurals	Upper Lea Valley
Harvey Group Practice	E82084	HLH	St Albans & Harpenden
Hatfield Road Surgery	E82004	HLH	St Albans & Harpenden
Haverfield Surgery	E82066	Delta	Dacorum
High Street Surgery	E82133	Lee Valley Health	Lower Lea Valley
Highfield Surgery	E82640	Beta	Dacorum
Highview Medical Centre	E82078	Potters Bar	Hertsmere
King George Surgery	E82086	Stevenage South	Stevenage
Kings Langley Surgery	E82129	Delta	Dacorum

Knebworth & Marymead Medical Practice	E82035	Stevenage South	North Herts
Lattimore & Village Surgery	E82107	Abbey Health	St Albans & Harpenden
Lincoln House Surgery	E82009	Delta	Dacorum
Lister House Surgery	E82018	Hatfield	Welwyn Hatfield
Little Bushey Surgery	E82657	HertsmereFive	Hertsmere
Lodge Group	E82014	HLH	St Albans & Harpenden
Maltings Surgery	E82031	Abbey Health	St Albans & Harpenden
Manor House Surgery	E82641	Stevenage North	Stevenage
Manor View Practice	E82073	Manor View - Pathfinder	Watford & Three Rivers
Midway Surgery	E82055	Alban Healthcare	St Albans & Harpenden
Much Hadham Health Centre	E82021	Stort Valley & Villages	Stort Valley and Villages
New River Health (Church Street)	E82102	Hertford and Rurals	Upper Lea Valley
New Road Surgery	E82106	Grand Union	Watford & Three Rivers
Park Lane Surgery	E82090	Hoddesdon and Broxbourne	Upper Lea Valley
Parkbury House Surgery	E82060	Alban Healthcare	St Albans & Harpenden
Parkfield Medical Centre	E82027	Potters Bar	Hertsmere
Parkwood Surgery	E82091	Beta	Dacorum
Parsonage Surgery	E82654	Stort Valley & Villages	Stort Valley and Villages
Pathfinder Practice	Y01165	Manor View - Pathfinder	Watford & Three Rivers
Peartree Group	E82040	Peartree Group Practice & Bridge Cottage Surgery	Welwyn Hatfield
Potterells Medical Centre	E82058	Hatfield	Welwyn Hatfield
Puckeridge & Standon Surgery	E82038	Ware & Rurals	Upper Lea Valley
Regal Chambers Surgery	E82075	Hitchin and Whitwell	North Herts
Rothschild House Surgery	E82001	Alpha	Dacorum
Roysia Surgery	E82132	N/A Cambs	North
Royston Health Centre	E82072	N/A Cambs	North
Schopwick Surgery	E82043	HertsmereFive	Hertsmere
Sheepcot Medical Centre	E82096	North Watford	Watford & Three Rivers
Shephall Health Centre	E82056	Stevenage South	Stevenage
South Oxhey Surgery	E82655	Central Watford & Oxhey	Watford & Three Rivers
South Street Surgery	E82074	Stort Valley & Villages	Stort Valley and Villages
Spring House Health	Y02639	Welwyn Garden City A	Welwyn Hatfield
Stanhope Surgery	E82638	Lee Valley Health	Lower Lea Valley
Stanmore Medical Group	E82005	Stevenage North	Stevenage
Stockwell Lodge Med.Ctr.	E82115	Lee Valley Health	Lower Lea Valley

Suthergrey House Medical Centre	E82015	Central Watford & Oxhey	Watford & Three Rivers
The Baldock Surgery	E82099	Icknield	North Herts
The Colne Practice	E82083	Rickmansworth & Chorleywood	Watford & Three Rivers
The Elms Surgery	E82069	Central Watford & Oxhey	Watford & Three Rivers
The Garden City Practice	E82041	Welwyn Garden City A	Welwyn Hatfield
The Garden City Surgery	E82661	Icknield	North Herts
The Grove Medical Centre	E82117	HertsmereFive	Hertsmere
The Limes Surgery	E82006	Hoddesdon and Broxbourne	Upper Lea Valley
The Manor Street Surgery	E82094	Alpha	Dacorum
The Maples	E82063	Lee Valley Health	Lower Lea Valley
The Medical Centre Buntingford	E82130	Ware & Rurals	Upper Lea Valley
The Nevells Road Surgery	E82008	Icknield	North Herts
The New Surgery	E82131	Alpha	Dacorum
The Portmill Surgery	E82044	Hitchin and Whitwell	North Herts
The Red House Group	E82085	HertsmereFive	Hertsmere
The Sollershott Surgery	E82104	Icknield	North Herts
The Symonds Green Health Centre	E82111	Stevenage North	Stevenage
Theobald Medical Centre	E82048		Hertsmere
Village Surgery	E82037	Harpenden	St Albans & Harpenden
Vine House Health Centre	E82046	North Watford	Watford & Three Rivers
Wallace House	E82024	Hertford and Rurals	Upper Lea Valley
Warden Lodge Medical Practice	E82123	Lee Valley Health	Lower Lea Valley
Watford Health Centre (Upton/Cassio merger)	E82045	Central Watford & Oxhey	Watford & Three Rivers
Watton Place Clinic	E82121	Hertford and Rurals	Upper Lea Valley
Whitwell Surgery	E82626	Hitchin and Whitwell	North Herts
Woodhall Farm Medical Ctr	E82070	Danais	Dacorum
Wrafton House Surgery	E82002	Hatfield	Welwyn Hatfield

## Appendix II. Letter of invitation from GP to attend Pharmacy Health Check Service

**\*\*\* PRACTICE HEADED PAPER \*\*\***

Dear <name of person>

**Your NHS Health Check is now due and for your convenience this can now be done at your local pharmacy.**

Please call **XXXX** Pharmacy on **XXXX** to book your appointment with them and then write the date and time on the tear off slip below.

The NHS Health Check is a national screening programme for 40 – 74 year olds. It only takes about 30 minutes and could prevent you developing diabetes, heart disease, kidney disease, stroke and dementia.

Your health is important to us. Even if you are feeling well, we want you to have your NHS Health Check so we can help keep you healthy and well in the future. Your results will be sent back to us and we will follow up if there are any issues identified.

Please see the enclosed leaflet for more information about the NHS Health Check, and how it could benefit you or visit: [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

Please call **<insert participating pharmacy name>** as soon as possible to make sure you get your appointment at the pharmacy and record the date & time on the tear off slip below.

Yours sincerely

Dr **<to be inserted by mail merge>**

Note to surgery:

Enclose NHS Health Check information leaflet, this can be ordered from:  
[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)



**Please record the date and time of your appointment and stick it on your fridge.**

**Name: <to be inserted >**

**Pharmacy Name: <to be inserted >**

**I am going to my NHS Health Check on \_\_/\_\_/\_\_ at \_\_\_\_am/pm**

**Pharmacy address: <to be inserted by mail merge>**



## Appendix III. Letter of invitation from a community pharmacy

### \*\*\* PHARMACY HEADED PAPER \*\*\*

Dear <name of person>

**Your NHS Health Check is now due, and you can now have this done conveniently our pharmacy**

Please call us on XXXX to book your appointment and then write the date and time on the tear off slip below.

The NHS Health Check is a national screening programme for 40 – 74 year olds. It only takes about 30 minutes and could prevent you developing diabetes, heart disease, kidney disease, stroke and dementia.

Your health is important to us. Even if you are feeling well, we want you to have your NHS Health Check so we can help keep you healthy and well in the future.

Please see the enclosed leaflet for more information about the NHS Health Check, and how it could benefit you or visit: [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

Please call <insert name> Pharmacy as soon as possible to make sure you get your appointment at the pharmacy and record the date & time on the tear off slip below.

Yours sincerely

Pharmacist Name<to be inserted by mail merge>

Note to pharmacy:

Enclose NHS Health Check information leaflet, this can be ordered from:  
[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)



**Please record the date and time of your appointment and stick it on your fridge.**

**Name: <to be inserted >**

**Pharmacy Name: <to be inserted >**

**I am going to my NHS Health Check on \_\_/\_\_/\_\_ at \_\_\_\_am/pm**

**Pharmacy address: <to be inserted by mail merge>**



## Community Pharmacy NHS Health Checks:

### Protocol for the measurement of blood pressure and pulse using an electronic blood pressure monitor



Version	Version 1b
Ratified/signed off by	Hertfordshire Public Health Assurance and Governance Group
Date ratified/signed off	14 March 2021
Name and designation of Lead Policy Author	Rachel Cumming, NHS Health Check Clinical Lead, Hertfordshire Health Improvement Service
Name of responsible committee/individual	Hertfordshire Public Health Assurance and Governance Group
Date issued	14 March 2021
Review date	14 March 2023
Target audience	All community pharmacy staff who deliver NHS Health Checks

The purpose of this protocol is to ensure that community pharmacy staff who are taking blood pressure measurements as part of the NHS Health Check provide a high quality and safe service to service-users.

Community pharmacy staff required to take blood pressure and pulse measurements should receive initial training and an assessment of their competence and confidence by the pharmacy Health Check Lead before taking pulse and blood pressure measurements independently. An annual update will be required.

Only blood pressure machines that are recommended by the British and Irish Hypertensive Society for clinical use should be used.

#### **Additional measures during the COVID 19 pandemic**

- During the COVID 19 pandemic, additional Infection Prevention and Control measures must be adhered to, in line with the NHS Health Check Infection Prevention and Control policy for Community Pharmacy
- A risk assessment should be carried out for all areas where NHS Health Checks are delivered to protect staff, clients and the public. This must be in line with latest Government guidance to ensure a facility is Covid-secure.

- Hand hygiene and decontamination of surfaces (eg chair armrests, door handles, tables etc) and equipment (eg blood pressure monitor and cuff) should be carried out as per guidance in the NHS Health Check Infection Prevention and Control policy for Community Pharmacy
- As blood pressure monitoring is direct care and social distancing cannot take place, PPE should consist of a fluid repellent face mask (Type IIR), disposable apron and nitrile gloves, in line with national guidance, found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf). All staff should be trained in the correct donning and doffing of PPE, which should be disposed of as clinical waste.
- Eye protection/full face visors if required should be available at all times in line with the IPC policy.
- The client should not be allowed to attend the appointment if they are suffering from any of the known COVID-19 symptoms, or answer yes to any of the [Sample Triage questions](#)
- The client should use alcohol hand gel on arrival and before leaving as a minimum. In line with government advice, they should also be asked to wear a face covering.

## **PROTOCOL FOR MEASURING BLOOD PRESSURE AND PULSE**

- Explain to the client the rationale behind offering a blood pressure and pulse measurement
- Explain the procedure to the client and obtain verbal consent to proceed
- Ask client if either arm may be used for the measurement
- Explain that three or more BP measurements may be taken
- Ensure the client has been sitting for at least 5 minutes before measurements are taken
- Ensure the arm is supported at the level of the heart and that no tight clothing is constricting the arm
- Be aware of any marks which could raise safeguarding concerns and follow the Safeguarding policies of the pharmacy
- Palpate the radial or brachial pulse before measuring blood pressure as automated devices may not measure blood pressure accurately if there is pulse irregularity
- Use the cuff size recommended by the manufacturer of the monitor
- Place the cuff on neatly, 2cm above the brachial artery, with the centre of the cuff bladder over the brachial artery
- The client should sit back in the chair, relaxed, feet flat on the floor and not moving or speaking whilst the measurements are being taken



If the machine takes a single BP measurement:

- If blood pressure measured is 140/90 mmHg or higher take a second measurement
- If the second measurement is substantially different from the first, take a third measurement and record the lower of the last two measurements as the clinic blood pressure.

If the machine takes 3 BP measurements:

- If the machine automatically takes 3 BP measurements, the mean BP is recorded.
- If the mean BP is 140/90mmHg or higher, take a second set of BP measurements.
- The lower mean of the two sets of BP measurements is then recorded.

## **RECOMMENDATIONS**

- If the blood pressure is below 140/90:
  - give healthy lifestyle advice to help reduce and/or prevent hypertension and cardiovascular disease.
  - if the blood pressure is close to 140/90 advise the service user to get it rechecked within a year.
- If the blood pressure is 140/90 – 159/99 (or if any one of these numbers is within this range):
  - advise the client to make an appointment with their GP or nurse within 2 weeks
  - give healthy lifestyle advice to help reduce hypertension and reduce or prevent cardiovascular disease
  - if the blood pressure measurement is part of an NHS Health Check, make a referral to their GP for further assessment of hypertension, chronic kidney disease and diabetes as specified in the NHS Health Check: Best practice guidance, October 2019 (updated March 2020).
- If the blood pressure is 160/100 -179/109 (or if any one of these numbers is within this range):
  - Advise client to make an urgent appointment with their GP
  - give healthy lifestyle advice to help reduce hypertension and reduce or prevent cardiovascular disease
  - If the blood pressure measurement is part of an NHS Health Check, make a referral for further assessment for hypertension, chronic kidney disease and diabetes as specified in the NHS Health Check: Best practice guidance, October 2019 (updated March 2020).

- If the blood pressure is 180/110 or above (or if either of these numbers is above this threshold) an immediate referral to a doctor is required.

If the pulse fails to record using the BP monitor, shows as AF (atrial fibrillation), or is outside normal parameters of 60-100, palpate pulse manually:

- Use the index and middle fingers to press lightly on the inside of the wrist at the base of the thumb until you feel the pulse. (Do not use your thumb as it has its own pulse)
- Count for 30 seconds and multiply by 2 to get the pulse rate, or heart beats, per minute.
- If the pulse remains irregular and/or is outside normal parameters of 60-100 bpm, ascertain if the client knows why this may be the case.
- Advise, if appropriate, to make an appointment with their GP and recommend that the GP rechecks the BP
- Record results in client notes and any actions required

Healthy lifestyle advice should be given, as appropriate, following a BP reading to help reduce and/or prevent hypertension and cardiovascular disease.

Ensure that the BP cuff and monitor is wiped with a combined detergent/disinfectant wipe (or a detergent wipe followed by a disinfectant wipe) after each client.

The BP monitor must be properly validated, maintained and regularly recalibrated according to manufacturers' instructions.

## References:

NICE (2019) *Hypertension in adults: diagnosis and management* (CG136).

Accessible at [Hypertension in adults: diagnosis and management | Guidance and guidelines | NICE](#)

British Hypertension Society *measuring blood pressure using an automated monitor.*

Accessible at <https://bihsoc.org/wp-content/uploads/2017/11/BP-Measurement-Poster-Automated-2017.pdf>

NHS.UK accessible at [How do I check my pulse? - NHS.UK](#)

Public Health England (December 2017) NHS Health Check: best practice guidance. Accessible at:

[https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance1/](https://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/)

British and Irish Hypertensive Society: [BP monitors - British and Irish Hypertension Society | Registered UK Charity No. 287635](#)

*PHE and NHS (2020) Covid 19: Guidance for maintaining services within health and care settings, Infection Prevention and Control recommendations. August 2020 (revised January 2021)*

*PHE and NHS (2020) Infection Prevention and Control Appendix 1. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/953310/Infection Prevention and Control Appendix 1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953310/Infection_Prevention_and_Control_Appendix_1.pdf)*

## Appendix VI

# This is one unit of alcohol...



Half pint of  
"regular" beer,  
lager or cider



Half a  
small  
glass of  
wine



1 single  
measure  
of spirits



1 small  
glass of  
sherry



1 single  
measure of  
aperitifs

## ...and each of these is more than one unit



Pint of  
"regular" beer,  
lager or cider



Pint of "strong" or  
"premium" beer,  
lager or cider



Alcopop or a  
275ml bottle of  
regular lager



440ml can of  
"regular" lager  
or cider



440ml can of  
"super  
strength" lager



250ml glass of  
wine (12%)



75cl Bottle of  
wine (12%)

## AUDIT-C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

### Scoring:

**0-4 Lower risk:** Commend lower level of drinking

**5-7 Increasing risk:** Advise that their health could be affected.

Give information and advice to cut down

**8-10 Higher risk:** Advise that their health could be affected.

Give information and advice to cut down. Refer to alcohol service

**11-12 Possible dependency: DO NOT ADVISE TO CUT DOWN OR STOP**

Advise that health could be seriously affected. Refer to community alcohol service for specialist advice.

**SPECTRUM: 0800 652 3169**

<https://www.changegrowlive.org/content/spectrum-hertfordshire-drug-alcohol-services-hatfield/refer-someone-else>



## Appendix VII HHIS Point of Care Testing Policy for NHS Health Checks

Version	1
Ratified/signed off by	Public Health Assurance and Governance Group
Date ratified/signed off	8 September 2020
Name and designation of Lead Policy Author	Rachel Cumming, NHS Health Check Clinical Lead, Hertfordshire Health Improvement Service
Name of responsible committee/individual	Public Health Assurance and Governance Group
Date issued	8 September 2020
Review date	8 September 2022 (or sooner if significant changes required)
Target audience	All community pharmacies delivering NHS Health Checks commissioned by Hertfordshire Public Health Service

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## 1 Introduction

- 1.1 The NHS Health Check is a statutory Public Health function which came into force on 1 April 2013. The legal duty is for the Council to make arrangements for each eligible individual aged 40-74 to be offered an NHS Health Check once every 5 years. The Health Check includes a risk assessment which includes specific tests and measurements and the calculation of the individual's risk of cardiovascular disease.
- 1.2 A blood cholesterol result is an essential component of the NHS Health Check as it is one of the most important indicators of cardiovascular disease risk and is necessary to calculate an accurate individual risk score using the QRISK2 risk calculator (or its updates). A blood glucose test (HbA1c) is also indicated for people who are at higher risk of diabetes.
- 1.3 GP practices are the main provider of NHS Health Checks in Hertfordshire, with some NHS Health Checks being delivered by Hertfordshire Health Improvement Service (HHIS) in GP practices, community settings and workplaces. In order to further increase the accessibility and availability of NHS Health Checks to the public, a number of community pharmacies in Hertfordshire will be commissioned to offer NHS Health Checks to eligible individuals from 1 October 2020.
- 1.4 In 2018, HHIS considered the options for obtaining up-to-date, accurate cholesterol and blood sugar results. Almost all GP practices use laboratory blood testing systems. However, this involves the patient attending for a blood test prior to the Health Check appointment so that the results can be discussed and reviewed as part of the risk assessment. Anecdotally, when a patient requires more than a single appointment for a Health Check, this results in a higher rate of non-attendance and sometimes the calculation of QRisk2 scores without complete information.
- 1.5 Point of care blood testing (POCT) makes it possible for the whole NHS Health Check to be completed in one appointment without the need for prior blood tests. Evidence suggests that this gives a much better experience for the patient, increases the quality of the Health Checks and reduces the rate of non-attendance, as well as being cost-effective<sup>1</sup>.
- 1.6 Portable handheld POCT devices which are currently used by HHIS in the delivery of NHS Health Checks will also be used by community pharmacies:
  - CardioChek PA Cholesterol Analyser for the measurement of total cholesterol and high-density lipoprotein (HDL)
  - A1C NOW+ Analyser for the measurement of HbA1c, which is an acceptable non-fasting measure of blood sugar.<sup>2</sup>
  - This policy only applies to these analysers and the policy will be updated should other monitors be purchase

- 1.7 It is recognised that a robust system of assuring the quality and accuracy of POCT is paramount, and this is reflected in this policy.
- 1.8 The expertise of the pathology department at West Hertfordshire NHS Hospital Trust was sought prior to HHIS using POCT in the delivery of NHS Health Checks and this is reflected in this policy.
- 1.9 This policy should be read in conjunction with the NHS Health Checks Service Specification (CP) and Hertfordshire Health Improvement Service, Infection Prevention and Control Policy (CP).
- 1.10 In view of the current situation relating to the COVID 19 pandemic, and the likelihood that this guidance is likely to change, community pharmacies are required to implement any relevant Royal Pharmaceutical Society recommendations in addition to this policy. For example:  
<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy>

## **2. Purpose**

- 2.1 This policy is intended for all community pharmacy staff performing POCT for NHS Health Checks. It sets out the use and care of the equipment as well as how quality control will be performed and monitored, ensuring a safe and accurate service.

## **3. Scope**

- 3.1 This policy applies to all staff working for a community pharmacy who perform POCT as part of the NHS Health Check programme. This includes all permanent, bank, temporary, and locum staff.

## **4. Ownership and responsibilities**

- 4.1 The Public Health Assurance and Governance Group (PHAGG) has responsibility to ensure this policy is fit for purpose and up to date. PHAGG is therefore responsible for the periodic review of this policy.
- 4.2 HHIS Head of Service is responsible for:
- reviewing this policy on a two-yearly basis as a minimum
  - arranging for an assessment of each practitioner to ensure quality of the intervention offered
- 4.3 The Community Pharmacy Health Check Lead is responsible for:
- nominating a Point of Care Coordinator (this can be the Community Pharmacy Health Check lead themselves), in line with PHE and MHRA recommendations<sup>3,4</sup>



- completing a risk assessment of all venues where POCT may be performed.

#### 4.4 The Point of Care Coordinator is responsible for (although may delegate):

- Arranging initial training and annual updates on POCT, including Infection Prevention and Control (IPC) and the disposal of clinical waste (see separate policy) as well as WEE waste (waste electrical and electronic equipment) and keeping a record of training completed
- Ensuring that appropriate personal protective equipment (PPE), cleaning materials and equipment are available
- Ensuring that all staff have been assessed for Hepatitis B immunity and immunised against Hepatitis B as required, prior to performing POCT
- Ensuring POCT Quality Control logs are retained securely on file for 7 years for audit purposes
- Reporting of results outside of expected parameters to BHR Pharmaceuticals Ltd (BHR)
- Purchasing an External Quality Assurance programme and periodically auditing the process according to the manufacturer's instructions
- Clinical support of staff
- Stock control and ordering of consumables as required

#### 4.5 Staff who perform POCT are responsible for:

- Ensuring they attend Occupational Health or a reputable provider of the Hepatitis B vaccination programme, such as a travel clinic, according to the Community Pharmacy Standard Operating Procedures, as soon as possible on appointment and follow their advice on immunisation requirements as required
- Following the guidance in this policy and the IPC policy at all times in order to protect themselves, their patients and the public
- Completing recommended training and updating their knowledge as required
- Reporting all accidents, incidents and near misses to their line manager
- Maintaining the equipment and performing the quality control checks as in the Standard Operating Procedures (see section 6).
- Handling and disposing of clinical waste, including sharps, in line with the IPC policy.
- Correctly disposing of WEE waste in line with pharmacy policy

## 5. Equipment

### 5.1 The BHR Pharmaceuticals Ltd. CardioChek analyser has been purchased to

test total cholesterol and total cholesterol: high density lipoprotein (HDL) ratio. The BHR A1c NOW+ analyser is used to analyse non-fasting HbA1c in patients identified as having a higher risk of diabetes.

- 5.2 Both devices are handheld and completely portable as they are battery operated. There is no requirement for the devices, test strips or the control solutions to be refrigerated, so they may be used in a variety of settings. However the shelf life of the A1cNOW+ kit is extended if kept in a refrigerator (see below), so in the community pharmacy setting it is preferable that they are kept in a refrigerator.
- 5.3 Careful planning of when to order stock is necessary to manage the shelf life of the products (see below) and stock needs to be stored in date order and expiry dates checked on a monthly basis.
- Cholesterol test strips have a shelf life of 12-18 months
  - Control solutions have a shelf life of 10 months after opening
  - A1C NOW+ packs have a shelf life of 4 months outside a refrigerator. However, if kept in a refrigerator, they can be used until the expiry date on the pack.
- 5.4 In order to perform POCT for NHS Health Checks, the following equipment is required:
- CardioChek monitor, including carry case, daily optics test strip and internal control solutions
  - Test strips for cholesterol
  - Log sheets for both the daily optic tests and the Internal Quality Control (IQC) tests (see Appendices 1 and 2 of this policy)
  - Laminated poster/card with instructions of actions following a needle-stick injury
  - A1c NOW+ packs, including analyser, test cartridge, pipette and dilution bottle.
  - Alcohol hand sanitiser
  - Non-sterile nitrile gloves
  - Alcohol wipes
  - Lancets
  - Pipettes
  - Gauze swabs
  - Sharps bin
  - Clinical waste bag and method of securing
  - UN approved rigid container to transport clinical waste to disposal site (if required)
  - EITHER combined chlorine and detergent wipes (e.g. Sani-Cloth Chlor, 1000ppm); OR separate detergent wipes and chlorine wipes (updated recommendation during Covid 19 pandemic)

- Blood spillage kit

## 6. Quality Control

6.1 There are 3 levels of quality control checks to be performed on the equipment:

1. Daily optics test for the CardioChek – to be performed at the beginning of every day the analyser is being used, using the grey strip in the CardioChek carry case.
  - Record the result on the Daily Optics Log Sheet template (see Appendix 1)
  - If the test fails, call BHR Technical Support. If there is no resolution, speak to your manager, the Point of Care Coordinator, or the Pharmacy Lead for NHS Health Checks and do not carry out any tests using the analyser.
2. Internal Quality Control (IQC) Checks
  - Internal Quality Control solutions come with each analyser. The purpose is to check that the analyser is working correctly and that both the analyser and the test strips are being used correctly and giving accurate results
  - An IQC test needs to be done every week that the device is in use, or whenever a new box of test strips is opened (whichever is earlier) as agreed by Public Health Assurance and Governance Group (November 2018) and with reference to PHE guidance<sup>2, 3</sup> and West Herts Hospital Trust Pathology Laboratory
  - Record the result on the Internal Quality Control Log Sheet template (see Appendix 2).
  - If outside expected range, call BHR Technical Support. If there is no resolution, speak to your Point of Care coordinator or NHS Health Check Pharmacy lead and do not carry out any tests using the analyser
3. External Quality Control (EQC)
  - Each analyser is registered with an External Quality Control provider.
  - A whole blood sample will be sent to each community pharmacy during the first week of every month for testing.
  - The test will be carried out by a trained member of staff
  - The total cholesterol and HDL readings will be recorded and submitted by the deadline according to the instructions of the EQC provider.

6.2 The Standard Operating Procedures of the 3 quality control tests are found in Appendix 3 and are according to manufacturer's instructions.

## 7. Infection Prevention and Control

- 7.1 The HHIS Infection Prevention and Control policy (CP) should be followed in everything relating to POCT, including the handling and disposal of all waste generated, including WEE waste, in addition to existing pharmacy protocols and any guidance issued by Public Health England or the Royal Pharmaceutical Society during the COVID 19 pandemic.
- 7.2 A risk assessment for each venue must be carried out by the Community Pharmacy Lead which takes account of the potential risk to both staff member and patient in engaging in a face-to-face intervention following the COVID 19 outbreak. This must be in line with latest Government guidance.
- 7.3 In line with Government guidance, if the setting cannot be classed as COVID secure (taking into account social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate), staff must wear PPE. As POCT is direct care and social distancing cannot take place for the entirety of the consultation, PPE should consist of a face mask, disposable apron and nitrile gloves, in line with national guidance, found at <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy> and [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)
- 7.4 Eye protection/full face visors should be available at all times and are appropriate to use if an individual risk assessment reveals likely contamination from splashes, droplets of blood or body fluids, including through coughing/sneezing\*. Reusable visors can be used provided they do not contain fabric or foam and can be decontaminated after each client with a detergent and disinfectant wipe.

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\*anyone coughing/sneezing or with symptoms should not attend their appointment – please refer to Section 11 for further information

- 7.5 The client should not be allowed to attend the appointment if they are suffering from any of the known COVID-19 symptoms, or answer yes to any of the triage questions contained in Appendix 1 of the following guidance: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)

- 7.6 The client should use alcohol hand gel on arrival and before leaving as a minimum. In line with government advice, they should also be asked to wear a face covering.
- 7.7 Performing POCT involves handling and disposing of small amounts of blood and sharps and therefore carries with it a risk of exposure to blood-borne viruses.
- 7.8 The community pharmacy supplies the appropriate equipment, which is fit for purpose and easily cleanable, therefore minimising any risk.
- 7.9 Appropriate protective clothing, cleaning materials and spillage kits are made available by the community pharmacy to all staff performing POCT.
- 7.10 All staff are assessed for immunity to Hepatitis B by the Occupational Health provider or reputable vaccination clinic and offered an immunisation programme if necessary.
- 7.11 All staff are trained in immediate actions following a sharps injury and each CardioChek carry case contains a laminated card with instructions.

## **8. Environment**

- 8.1 Point of care testing must be performed in a dedicated consultation room in the community pharmacy as part of the NHS Health Check consultation.
- 8.2 Staff must be able to work in a clean environment with access to handwashing facilities, hand sanitizer and approved cleaning materials. A risk assessment needs to be completed for each new venue by the Community Pharmacy Lead (or someone to whom they have delegated the task). This must take account of the latest recommendations for social distancing, regular cleaning and PPE, to protect the member of staff and the patient.
- 8.3 The room should be set up in such a way that facilitates social distancing although given the nature of the NHS Health Check assessment, this will be impossible to maintain throughout the appointment.

## **9. Standard Operating Procedure for conducting POCT for NHS Health Checks**

- 9.1 The instructions for use of the analysers in performing POCT for cholesterol and HbA1c is shown in Appendix 5.

- 9.2 Appendix 6 gives guidance as to how to use PPE throughout the NHS Health Check consultation and should be read in conjunction with the HHIS IPC policy.
- 9.3 The BHR CardioChek analyser tests total cholesterol and HDL cholesterol. It will display both readings as well as the total cholesterol:HDL ratio, which is needed to calculate CVD risk using the QRISK2 calculator (or its updates). This blood test is to be performed on all patients receiving an NHS Health Check, unless this test has been completed within the last 6 months and the results are known.
- 9.4 The A1c NOW+ analyser tests non-fasting HbA1c in service users at higher risk of diabetes (if their BP is 140/90 or above or if their BMI is 30 or above (or BMI 27.5 or above if from black or Asian ethnic groups)). This blood test is to be performed in the above patients, unless this test has been completed within the last 6 months and the results are known.
- 9.5 If neither BP nor BMI place the patient at higher risk of diabetes, the following questions (included on the PharmOutcomes template) need to be asked:
- first-degree relative with type 2 diabetes or heart disease
  - tissue damage which patient has been told is associated with diabetes, such as retinopathy, kidney disease or neuropathy
  - had gestational diabetes (diabetes during pregnancy) in the past
  - conditions or illnesses which the patient has been told is associated with diabetes (e.g. polycystic ovarian syndrome or severe mental health disorders)
  - taking any medication which the patient has been told can be associated with diabetes (e.g. oral corticosteroids)

## **10. Interpretation of results gained from POCT**

- 10.1 It is essential to run the necessary quality control tests as per manufacturer's instructions in order to avoid an inaccurate result being given to a patient, which could have implications for their health and safety.
- 10.2 Advise the patient that a POCT test will not lead to a diagnosis but may provide an indication that further assessment is needed. Advise a visit to their GP practice or refer the service user to their GP practice, if appropriate, to discuss results if outside normal parameters.
- 10.3 If possible, within the social distancing guidelines, ask the patient to read off the result from the analyser for themselves and check the result. Record the result in the NHS Health Check Results Booklet provided by HHIS and record on the PharmOutcomes NHS Health

Check clinical template. This will ensure that the patient is able to have a more productive discussion with the GP (if indicated). It will also minimise errors being made in writing down the results.

- 10.4 The table below summarises the normal parameters of results obtained and appropriate actions:

Test	Normal parameters	Result	Actions
Total cholesterol	5 or less	>5	Lifestyle advice Advise retest 3 months
		>7.5	Refer to GP for assessment for familial hypercholesterolaemia Lifestyle advice
HDL ("good cholesterol")	More than 1 (men) More than 1.2 (women)	Less than recommended	Lifestyle advice, especially dietary advice
Total cholesterol:HDL ratio	≤4	>4	Lifestyle advice Advise retest with GP 3 months
HbA1c	20-41mmol/mol	42-47mmol/mol*	Pre-diabetic range. Lifestyle advice. Offer information and signpost to Diabetes Prevention Programme
		48mmol/mol* or more	Advise appointment with GP as soon as possible

\*HbA1c results traceable to the IFCC reference method are expressed as *mmol per mol* of haemoglobin without glucose attached.

## 11. Implementation and Training

- 11.1 Full online training will be given by BHR in respect of the use, maintenance and quality control of the analysers.
- 11.2 Further 1:1 training will be provided if necessary in order to ensure competence and confidence of each staff member required to perform POCT.
- 11.3 All staff must have competencies signed off by HHIS before they perform POCT independently. This will require all trained pharmacy staff to submit a video of a full NHS Health Check, including POCT, for an

HHIS Health Improvement Specialist to assess or to be observed doing a full NHS Health Check. The competencies have been written with reference to the Public Health England POCT competency framework (Appendix 4).

11.4 Training on Infection Prevention and Control as it relates to POCT shall also be given to all staff by HHIS before performing POCT and annual updates required.

11.5 This policy, once ratified, will be stored electronically on the PharmOutcomes and the LPC website to which all pharmacy staff have access.

## **12.0 Monitoring compliance and effectiveness**

12.1 Completion of POCT training, including annual updates will be recorded by HHIS.

12.2 Any compliments/complaints/reports of incidents and near misses related to POCT should be reported to HHIS and will be monitored and regularly reported through assurance and governance processes to Hertfordshire's Health Improvement Board and entered on the Public Health Complaints and Compliments log.

## **13.0 Review and revision arrangements**

This policy will be reviewed every 2 years or sooner, if required, to take account of any significant changes to equipment or following complaints, incidents, or near misses, and suggested improvements.



## References and Bibliography

<sup>1</sup>El-Osta et al. BMJ Open 2017;7:e015494. Does use of point-of-care testing improve cost-effectiveness of the NHS Health Check programme in the primary care setting? A cost minimisation analysis.

<sup>2</sup> Public Health England (2019) NHS Health Check: best practice guidance (updated March 2020) Accessible at: <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

<sup>3</sup> Public Health England (2020) NHS Health Check Programme Standards. Accessible at: <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

<sup>4</sup>MRSA (2013) Management and use of IVD point of care test devices

NHS Improvement A Practical Guide to point of care testing.  
[www.healthcheck.nhs.uk/document.php?o=129](http://www.healthcheck.nhs.uk/document.php?o=129)

Buyer's guide: point of care testing for HbA1c June 2009:  
[www.healthcheck.nhs.uk/document.php?o=12](http://www.healthcheck.nhs.uk/document.php?o=12)

Buyer's guide: point of care testing for cholesterol September 2009:  
[www.healthcheck.nhs.uk/document.php?o=11](http://www.healthcheck.nhs.uk/document.php?o=11)

Health and Social Care Act 2008: Code of practice of the NHS on the prevention and control of healthcare associated infection and related guidance (2015). Accessible at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

## COVID

Infection Prevention and Control measures against COVID-19, found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)

<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy>

PHE videos found at:

[COVID-19: Donning and doffing of Personal Protective Equipment in Health and Social Care Settings - YouTube](#)

## Appendix 1: Log sheet for Daily Optics Test

[illegible]

Appendix 2: Log sheet for Internal Quality Control Checks. To be used every time a new box of test strips is opened or weekly (whichever is earlier).

[illegible]

### **Appendix 3: Standard Operating Procedures: Quality Control**

There are 3 levels of quality control checks to be performed:

1. Daily optics test for the CardioChek – to be performed at the beginning of every day the analyser is being used, using the grey strip in the CardioChek carry case.
  - The grey strip is contained in the analyser's carry case.
  - Switch on analyser by pressing either of the two buttons.
  - When the analyser displays Insert Strip, press the O button to get to the Main Menu.
  - Press the arrow button twice to get to Utility
  - Press O button and the analyser will display Check Strip.
  - Press O button again and the analyser will display Insert Strip.
  - Insert the grey strip – the analyser will display Testing then either Pass or Fail.
  - Record the result on the Log Sheet Template (above)
  - If the test fails, call BHR Technical Support. If there is no resolution, inform your manager, Point of Care Coordinator or Pharmacy Health Check Lead and do not carry out any tests using the analyser.
2. Internal Quality Control (IQC) checks
  - Internal Quality Control solutions come with each analyser. The purpose is to check that the analyser is working correctly and that both the analyser and the test strips are being used correctly and giving accurate results.
  - An IQC test needs to be done every week that the device is in use or whenever a new box of test strips is opened (whichever is sooner, as agreed by Public Health Assurance and Governance group (November 2018) and with reference to PHE guidance<sup>2,3</sup> and local pathology laboratory recommendations
  - Switch on analyser by pressing either of the two buttons.
  - When the analyser displays Insert Strip, press the O button to get to the Main Menu.
  - Press the arrow button twice to get to Utility, then press O button to enter.
  - When you see Check strip, press arrow button to access Run Control and press O button to confirm.
  - Follow the screen prompt and insert test strip into the analyser
  - It will then ask you to Apply Sample. Take one of the four test solutions, mix well and apply 2 hanging drops onto the test strip.
  - The results will be available in 2 minutes.
  - Record result on appropriate log sheet, template (above)
  - If outside expected range, call BHR Technical Support. If there is no resolution, inform your manager, Point of Care Coordinator or Pharmacy health Checks Lead and do not carry out any tests using the analyser.

### 3. External Quality Control (EQC)

- Each analyser is registered with an External Quality Control provider.
- A whole blood sample will be sent to the pharmacy in the first week of every month along with a plunger and pipette. Unless used immediately on arrival it needs to be refrigerated.
- This test will be carried out by the NHS Health Check Clinical Lead, Point of Care Coordinator or a named deputy in their absence.
- If refrigerated, the blood sample must be removed from the fridge at least 45 minutes before the test is carried out so it is at room temperature.
- Wash hands and put on nitrile gloves
- Switch on the analyser and insert strip when prompted to do so.
- When the analyser asks you to apply sample, place the pipette tip on the end of the plunger and insert into the vial. Press and release the plunger twice to get a blood sample.
- Apply to the test strip and the result will be available within 2 mins.
- Replace the cap onto the vial and dispose of in the sharps bin along with the plunger and pipette tip.
- Remove gloves and dispose of in the clinical waste bin. Wash hands. Record the total cholesterol and HDL readings and submit these by the deadline to the EQC provider via the email you have received.

These SOPs are taken from information supplied by the manufacturer. Please click on links below to access training videos supplied by the manufacturer

#### **Daily Optics (Grey Check Strip) Test**

<https://www.youtube.com/watch?v=663Cf3B6ez0>

#### **Internal Quality Control Check (IQC Test)**

<https://www.youtube.com/watch?v=-KmwSrdzwo4>

#### **External Quality Assurance (EQA) Test**

[https://www.youtube.com/watch?v=7xIZ-sFk1\\_I](https://www.youtube.com/watch?v=7xIZ-sFk1_I)

#### Appendix 4: HHIS POCT Competencies

##### HC5b. Risk assessment

##### Perform first line calibration on clinical equipment to ensure it is fit for use

In relation to the NHS Health Check programme the professional has demonstrated the ability to:

No.	Performance criteria	Date Achieved	Essential (E) Desirable (D) N/A	Comments/Evidence
1.	Run appropriate tests to confirm the operational status of equipment		E	
2.	Calibrate equipment for operation using supplied reference materials to within correct parameters for intended purpose in line with required schedule		E	
3.	Record the validity and reliability of calibration procedure conducted		E	
4.	Correctly identify equipment that does not meet calibration standards and take appropriate action to prevent inadvertent use		E	
5.	Work within the limits of your competence and seek advice where necessary		E	
<b>Competency achieved:</b>				
Improvement required	<input type="checkbox"/>	Agreed Action (outline as appropriate):		Date:
Yes – competency achieved	<input type="checkbox"/>	Comments:		Date:

Signed by reviewee:	Signed by reviewer:	Date:
Print name:	Print name:	

<b>HC5c. Risk Assessment</b> <b>Perform point of care testing</b> In relation to the NHS Health Check programme the professional has demonstrated the ability to:				
No.	Performance criteria	Date Achieved	Essential (E) Desirable (D) N/A	Comments/Evidence
1.	Confirm the individual's identity against the point of care request and check authorisation for the procedure, clearly explain the procedure and confirm individual's understanding		E	
2.	Apply appropriate health and safety measures and standard precautions for infection prevention and control relevant to the test procedure and environment		E	
3.	Conduct the point of care procedure in accordance with the approved protocols to ensure performance and quality		E	
4.	Seek appropriate advice and guidance if an unexpected situation or any variances or non-conformance occurs and ensure it is fully documented in the appropriate manner, in accordance with local policy and protocol		E	
5.	Obtain the results and apply the referral structures for results outside expected parameters		E	
6.	Complete relevant NHS Health Check clinical template immediately		E	
7.	Dispose of waste materials and undertake decontamination		E	

	of equipment used within the point of care procedure in line with legal requirements and local protocol			
8.	Maintain all point of care documentation in the correct location for future reference and traceability in line with national guidelines (e.g. NHS publication: A Practical Guide to Point of Care Testing) and HHIS policies and protocols.		E	
<b>Competency achieved:</b>				
Improvement required <input type="checkbox"/>		Agreed Action (outline as appropriate):		Date:
Yes – competency achieved <input type="checkbox"/>		Comments:		Date:
Signed by reviewee:  Print name:		Signed by reviewer:  Print name:		Date:



## **Appendix 5: Standard Operating Procedure for performing POCT as part of the NHS Health Check programme.**

**Please note that in addition to the procedure outlined below, additional measures may be necessary in line with guidance given to Community Pharmacies to help prevent any potential spread of the COVID 19 virus.**

NB HbA1c only needs to be tested in service users who are at increased risk of diabetes

- Use Sani-cloth Chlor 1000ppm wipe to wipe surface to be used for the equipment (or a detergent wipe followed by a chlorine wipe)
- Wash or decontaminate hands with alcohol hand rub
- Ensure appropriate sharps box accessible and in a stable position, and that clinical waste bag accessible.
- Ensure CardioChek analyser switched on
- Prepare all equipment and place on a clean paper towel:
  - Alcohol wipe
  - Gauze
  - Pipette
  - Test strip
  - Lancet
  - If an HbA1c test is to be done as well, you will also require the HbA1 NOW analyser and 2 pouches.
  - Open Pouch 1 and place the contents – blood collector and dilution bottle – on the paper towel. Do not open Pouch 2 until after the blood sample has been collected.
- Check identity of patient, explain procedure and gain consent
- Put on nitrile gloves
- Insert test strip into analyser
- Ideally middle finger of non-dominant hand- but check this with the patient . Should be pierced on the side about 5 mm from the nail bed as there are fewer nerve endings here and it is likely to be less painful
- Cleanse site to be pierced with an alcohol wipe and dry with gauze
- Make sure lancet is set to the deepest setting, press on the side of the finger and pierce skin.
- Dispose of the lancet immediately into the sharps bin
- Wipe away first drop of blood with gauze and dispose immediately into clinical waste bag.
- With patient 's hand over the paper towel, encourage bleeding by applying pressure along the finger but avoid squeezing finger at the puncture site itself.
- Without squeezing the pipette, hold the pipette at a 45 degree angle to the puncture site and it will automatically fill. Fill until the black line has been reached.

- Ensuring that Cardiochek is showing 'ready', squeeze pipette over the test strip window.
- The test result will be ready in about 90 seconds.

If an HbA1c test is to be carried out, use the same puncture site and immediately take the blood sample required by dipping the end of the blood collector into the spot of blood until blood reaches the required level.

- Ask patient to apply pressure to the site using some gauze
- Insert the blood collector firmly into the dilution bottle and turn upside down 6- 8 times. Stand the blood collector on the table while you prepare the test cartridge.
- Open Pouch 2 and remove the test cartridge. Ensure the code on the test cartridge matches that on the analyser. Insert cartridge until it clicks.
- Wait until the analyser displays 'SMPL' with the flashing blood drop displayed.
- Without turning upside down again, remove the grey cap on the dilution bottle.
- Apply the blood to the cartridge using a quick press and release motion. The exact required amount of blood is inserted onto the cartridge.
- Dispose of the dilution bottle into the clinical waste bag.
- Do not move the analyser once the blood sample has been applied.
- After 5 minutes 3 messages will be displayed:
  - QCOK - which confirms the analyser has passed all electronic tests
  - The HbA1c result
  - How many tests are remaining on the analyser
- These 3 messages will rotate constantly for 40 minutes before the analyser turns itself off.
- Dispose of the cartridge in the clinical waste bag and the test strip in the sharps bin.
- Remove gloves and dispose of in the clinical waste bag and wash hands.
- Show the results of each blood test to the patient and record immediately in the NHS Health Check Result booklet and check that the written results are correct with the patient .
- Explain results to the patient and proceed with the NHS Health Check as per protocol.

#### **Between each patient and at the end of a clinic:**

- Put on nitrile gloves
- Wipe over analysers with Sani-cloth Chlor 1000ppm wipe and dry
- Wipe over any surfaces which came into contact with patient with Sani-cloth Chlor wipe
- Dispose of wipe and gloves in clinical waste bag
- Wash hands
- Close clinical waste bag with approved tie and dispose of as per pharmacy protocol. Ensure sharps bin is closed.

- Perform any additional cleaning measures contained in the pharmacy protocol to help prevent any potential spread of COVID 19 virus.

This SOP is taken from information supplied by the manufacturer. Please click on links below to access training videos supplied by the manufacturer.

**How to Perform Patient Testing**

<https://www.youtube.com/watch?v=nlw8Fhahf0U&feature=youtu.be>

**HbA1c – A1cNow+ Training Video**

<https://youtu.be/v93GLJ7ZgDM>

## **Appendix 6: Use of PPE throughout the NHS Health Check appointment**

- Apply hand gel, put on nitrile gloves and apron and wipe over external containers of equipment ie Health Check box, cases/boxes of weighing scales etc, with a detergent and a disinfectant wipe. Wipe over all surfaces in the room which are likely to be touched eg door handles, chair arm rests, desks. Prop door open to minimise contact with the handle.
- Remove gloves and apron and dispose of as clinical waste. Apply hand gel.
- Arrange room so that if possible the client is at least 2m away from the practitioner for most of the time.
- Instructions re waiting for the appointment will already have been discussed with the workplace/venue and instructions given to the client; prepare any waiting area if required.
- Set up equipment as usual ie POCT, weighing scales, height measure, BP monitor, resources, laptop etc
- Apply hand gel and change face covering to a fluid resistant mask before the client enters.
- When client enters, ask them to apply hand gel. Ask set of triage questions on PharmOutcomes template, in line with guidance:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)
- If exposed to a potential case of Covid, discontinue the consultation, report to line manager or service lead and follow HHIS IPC policy. (The room will need to be taken out of use and deep cleaned).
- Explain the NHS Health Check to the client, including the extra Covid-secure measures.
- Give client the Results Leaflet for them to fill in throughout the consultation (add to appointment confirmation that they will need a pen) (have some spare pens in case they do not have one and wipe over with detergent and disinfectant)
- Apply hand gel, apron and nitrile gloves before doing the elements of physical assessment ie BP, height and weight. Remove gloves and dispose of in clinical waste, then apply hand gel before continuing. Retain apron.
- Prepare POCT blood test(s), applying hand gel and nitrile gloves before performing. Remove gloves and dispose of in clinical waste, apply hand gel.
- Complete the rest of the consultation, turning round screen and zooming if necessary so that the client can see the risk score etc. Signpost and refer in the usual way.
- When the client leaves, ask them to apply hand gel.
- Apply gloves then wipe over all equipment and surfaces with a detergent and disinfectant wipe. Dispose of wipes, gloves and apron as clinical waste.
- Wash or apply hand gel to hands
- Face masks can be changed sessionally. However, they must also be changed if they become damp, have been touched or become uncomfortable.

**END**

## Appendix VIII

### Information that is included in the PharmOutcomes NHS Health Check template

1. How patient was invited for a Health Check (letter/SMS text or opportunistic verbal invitation)
2. Date of birth
3. Gender
4. Family history of CVD or diabetes
5. Ethnicity
6. Smoking status
7. Height
8. Weight
9. Body Mass Index (BMI)
10. GPPAQ (General Practice Physical Activity Questionnaire) result
11. AUDIT C score
12. Total serum cholesterol
13. High Density Lipoprotein (HDL) cholesterol
14. Ratio of total serum cholesterol to HDL
15. Blood Pressure
16. Pulse rate and rhythm check
17. HbA1c (if required)
18. Patient made aware that the risk factors for dementia are the same as for CVD
19. Patients 65 and over to be provided with information on dementia and the availability of memory services.
20. QRisk2 score (or it's updates)
21. Relative heart age

Patient given brief advice about:

- a. Smoking
  - b. Weight / diet
  - c. Physical activity
  - d. Alcohol consumption
  - e. Overall CVD risk score and heart age and how to reduce it
22. Patient signposted to the following services
- a. Stop Smoking Service
  - b. Weight management services
  - c. Physical activity services
  - d. Alcohol support services
  - e. Memory services
23. Patient referred to the following services:
- a. Stop Smoking Service
  - b. Weight management services
  - c. Physical activity services
  - d. Alcohol support services
  - e. GP for follow up of results outside of normal parameters
24. NHS Health Check complete

## Appendix IX

### Hertfordshire Health Improvement Service: NHS Health Check Infection Prevention and Control Policy for Community Pharmacy

Version	Version 1
Ratified/signed off by	Hertfordshire Public Health Assurance and Governance Group
Date ratified/signed off	8 September 2020
Name and designation of Lead Policy Author	Rachel Cumming, NHS Health Check Clinical Lead, Hertfordshire Health Improvement Service
Name of responsible committee/individual	Hertfordshire Public Health Service Assurance and Governance Group
Date issued	17 September 2020
Review date	September 2020 (unless significant changes are required before then)
Target audience	All staff working on behalf of community pharmacies commissioned by Hertfordshire Public Health Service to deliver NHS Health Checks

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## 1. **Introduction**

- 1.1 This policy provides Infection Prevention and Control guidance for all staff working for community pharmacies commissioned by Hertfordshire Public Health Service to deliver NHS Health Checks.
- 1.2 The NHS Health Check is a statutory Public Health function which came into force on 1 April 2013. The legal duty is for the Council to make arrangements for each eligible individual aged 40-74 to be offered an NHS Health Check once every 5 years. The Health Check includes a risk assessment which includes specific tests and measurements and the calculation of the individual's risk of cardiovascular disease.
- 1.3 This policy specifically covers hand hygiene; protection of staff from infection; the decontamination of environment and equipment used in the assessment; and the disposal of waste generated.
- 1.4 This policy should be read in conjunction with the following documents:
  - Hertfordshire Health Improvement Service (HHIS) NHS Health Checks service specification for community pharmacies
  - HHIS Point of Care (blood) Testing Policy for NHS Health Checks for community pharmacies
  - Relevant community pharmacy standard operating procedures
- 1.5 In view of the current situation relating to the COVID-19 pandemic, and the likelihood that guidance will change as the situation is monitored, community pharmacies are required to implement government guidance and the General Pharmaceutical Council (GPhC) guidance in relation to COVID-19 in addition to this policy.

## 2. **Purpose**

- 2.1 The purpose of this policy is to assist community pharmacies in providing a safe and high quality NHS Health Check service to all eligible individuals to control any risks of infection in order to protect clients, staff and the public.

## 3. **Scope**

- 3.1 This policy applies to all staff working for a community pharmacy that is commissioned to deliver the NHS Health Check programme by Hertfordshire Public Health Service. This includes all permanent, bank, temporary and locum staff.

## 4. **Ownership, roles and responsibilities**

- 4.1 This policy belongs to Hertfordshire Public Health Service.



It draws on the expertise and experience of other local authorities who offer similar services; Occupational Health; the Infection Prevention and Control team of Hertfordshire and West Essex STP and has been ratified by Hertfordshire Public Health Service Assurance and Governance Group.

- 4.2 Hertfordshire Public Health Service Assurance and Governance Group has responsibility to ensure this policy is fit for purpose and for the periodic review of this policy.
- 4.3 The Health Check Pharmacy Lead in each pharmacy has a duty of care to ensure that there are adequate Infection Prevention and Control measures in place, including waste disposal procedures, which comply with legislation and best practice guidance in order to protect both staff and the public.
- 4.4 The Health Check Pharmacy Lead for each pharmacy is responsible for:
  - Ensuring the implementation of this policy within the community pharmacy NHS Health Check Service
  - Ensuring the availability of appropriate PPE, cleaning materials and equipment
  - Ensuring appropriate training for all employees regarding infection prevention and control, including the correct procedures for the handling, transportation and disposal of waste generated, and the donning and doffing of personal protective equipment (PPE)
  - Identifying potential risks to the health and safety of employees, service users and the public by ensuring that a risk assessment of each venue is completed against COVID-secure criteria
  - Taking reasonable steps to ensure the safety of employees and service-users, which will include doing a risk assessment for each employee who is offering face-to-face NHS Health Checks, in the light of COVID-19 guidance. If an employee reports to work while sick, or is displaying COVID-19 symptoms, they should be sent home and the setting cleaned in line with the community pharmacy policy
  - Ensuring all employees are aware of emergency procedures (e.g. if a needlestick injury is sustained or in the event of spillage of clinical waste)
  - Recording and reporting all accidents, incidents and near misses associated with infection prevention and control and waste management practices within their control.
- 4.5 Staff involved in the delivery of NHS Health Checks are responsible for:
  - Following the guidance in this policy at all times in order to protect themselves, their clients and the public
  - Completing recommended training and updating their knowledge as required. This is particularly important in the face of COVID-19 and must include training on the correct use and disposal of PPE and other additional measures deemed necessary.

- Attending appointments in relation to Hepatitis B Immunisations to minimise the risk of blood-borne virus infection and share progress and outcomes as appropriate with their line manager to ensure they have adequate protection
- Knowing the procedures to follow in case of an emergency according to the Community Pharmacy Standard Operating Procedures (e.g. in the event of a needlestick injury or a spillage of clinical waste)
- Using protective clothing and equipment as provided and alerting line manager if any clothing or equipment needs replacing
- Reporting all accidents, incidents and near misses to their line manager.
- Making recommendations to their manager on improvements to infection prevention and control practices.

## 5. **Risk assessment**

- 5.1 A risk assessment should be carried out for all areas where NHS Health Checks are delivered to protect staff, clients and the public. This is the responsibility of the Community Pharmacy Service Lead and should take account of the potential risk to both staff member and client in engaging in a face-to-face intervention following the COVID-19 outbreak. This must be in line with latest Government guidance.

## 6. **Standard infection prevention and control measures**

- 6.1 Standard infection prevention and control measures underpin safe practice and help protect patients and the public from infection. They apply to all staff in all situations and settings.
- 6.2 Although the risk of infection due to an NHS Health Check appointment is generally considered to be low, the fact that it is undertaken face to face raises the risk level during the COVID-19 pandemic. Best practice infection prevention and control (IPC) principles are essential and are outlined in key PHE and NICE documents.<sup>1,2,3,4</sup>
- 6.3 The standard infection prevention and control measures which are applicable include:
- Immunisation
  - Hand hygiene
  - Correct use of personal protective equipment
  - Correct handling, transportation and disposal of waste, including sharps
  - Maintaining a clean environment with adequately decontaminated equipment

## **7.0 Immunisation**

7.1 Conducting point of care blood testing (POCT) carries with it a risk of exposure to blood borne viruses through sharps injury. It is the responsibility of the employer to provide a reasonable level of protection by:

- Offering immunisation in line with national guidance<sup>5</sup>
- Training staff on safe handling, transportation and disposal of sharps and other clinical waste
- The provision of appropriate equipment and facilities
- Training on action to be taken post exposure to a blood borne virus
- Advice and support following a sharps incident

7.3 Staff who do not already have immunity to Hepatitis B will require the full course of 3 vaccinations. A risk assessment, informed by expert advice and standard practice, concluded that POCT is a low-risk procedure provided that lancets with retractable needles are used. Staff may therefore be asked to perform POCT after receiving their second vaccination.

7.4 In the event that a sharps injury is sustained, staff should follow the Community Pharmacy Standard Operating Procedure.

## **8.0 Hand hygiene**

8.1 The World Health Organisation (WHO) has defined '5 Moments of hand washing': <sup>6</sup>

- Before service user contact
- Before a clean/aseptic technique
- After body fluid exposure
- After service user contact
- After contact with service user environment
- Immediately after the removal of gloves (added by NICE, 2012<sup>4</sup>)

8.2 Alcohol hand rub will be supplied by the community pharmacy and should be used frequently by the employee as well as by the client on arrival and before leaving, as a minimum. Hands should be cleaned between clients and after contact with anything the client has been in contact with e.g. table, chair arms, door handles, equipment.

8.3 Hands should also be cleaned before putting on nitrile gloves in order to perform POCT, and immediately after removing gloves. Further details are contained in the HHIS POCT policy which is available at Appendix V of the service specification.

- 8.4 When decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material; otherwise hands should be washed with soap and water (see Appendix A of this policy for effective hand cleaning techniques).
- 8.5 Hand washing facilities should be available at each venue where NHS Health Checks are delivered and form part of the standard risk assessment procedure

## **9.0 Correct use of personal protective equipment (PPE)**

- 9.1 Maintain physical distancing of 2 metres at all times (unless the member of staff is wearing appropriate PPE to provide clinical care) and advise other clients/visitors to comply
- 9.2 Personal protective equipment is used to provide protection against contact with body fluids, infective substances, chemicals and to reduce the risk of transmission of micro-organisms to service users and staff.
- 9.3 The risk of exposure needs to be assessed to determine what level of PPE needs to be used. During the COVID-19 pandemic, the risk of contact is high as social distancing will not be possible at all times, so disposable nitrile gloves, aprons and fluid repellent (type IIR) face masks are required. Government guidance is can be found at <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy> and [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)
- 9.4 Eye protection/full face visors should be available at all times and are appropriate to use if an individual risk assessment reveals likely contamination from splashes, droplets of blood or body fluids, including through coughing/sneezing\*. Reusable visors can be used provided they do not contain fabric or foam and can be decontaminated after each client with a detergent and disinfectant wipe.

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\*anyone coughing/sneezing or with symptoms should not attend their appointment – please refer to Section 11 for further information

- 9.5 Disposable nitrile gloves should be worn if there is any risk of exposure to body fluids, when there is contact with mucous membranes or non-intact skin, when handling sharps or contaminated equipment, or when there is a risk of exposure to chemicals. As part of the COVID-secure measures nitrile gloves

and apron should be worn at any time during the NHS Health Check when contact with the client or the client's environment is unavoidable e.g. taking blood pressure, taking height measurement. Gloves should be removed as soon as the task is completed.

- 9.6 Gloves should be removed before performing POCT, hands should be washed or cleaned with alcohol hand rub and new nitrile gloves put on. These gloves should be removed when POCT is complete and hands should be cleaned, and new gloves put on for the remainder of the Health Check. Appendix C demonstrates the use of PPE during an NHS Health Check consultation.
- 9.7 Nitrile gloves should be worn to clean POCT equipment.
- 9.8 Gloves and aprons are single-use items. Hands should be washed immediately on removal.
- 9.9 All staff should be trained in the correct donning and doffing of PPE (see Appendix B of this policy). Please see PHE videos found at: [COVID-19: Donning and doffing of Personal Protective Equipment in Health and Social Care Settings - YouTube](#)
- 9.10 Workwear should be washable and enable staff to adhere to the “bare below the elbow” rule. Staff should wear their own clothes to work and change into workwear once at work. They should then change back into their own clothes before leaving work, putting their workwear in a plastic bag to transport and keeping separate from other laundry until able to wash. All workwear should be washed separately from other laundry at 60°C if possible; if washed at 40°C, it should be tumble-dried or ironed.

## **10.0 Correct handling, transportation and disposal of waste, including sharps**

- 10.1 Staff delivering NHS Health Checks will be required to conduct POCT for both cholesterol and blood sugar levels (HbA1C). Lancets with retractable needles, designed to minimise the risk of sharps injury, must be used.
- 10.3 Staff must attend training in the specific POCT system utilised, including all aspects of correct handling and disposal of waste. Hertfordshire Health Improvement Service competencies in POCT must be signed off before the staff member can undertake POCT independently. Annual refresher training will be required.
- 10.3.1 POCT will produce the following waste:
  - Lancets and pipettes
  - Test reagent strips/cartridges

- Gauze and Mediswabs
- Nitrile gloves
- Detergent/disinfectant wipes
- Disposable A1c NOW analysers

10.3.2 Lancets, pipettes and reagent strips should be disposed of in yellow sharps bins with orange lids.

10.3.3 Test cartridges, gauze, Mediswabs, PPE and detergent/disinfectant wipes are classed as offensive waste and should be placed EITHER in yellow clinical waste bags OR 'tiger stripe bags' (yellow clinical waste bags with black stripes) unless the waste is known to be infectious, in which case it should be placed in an orange bag.<sup>7</sup>

10.3.4 In line with the manufacturer's guidance, used disposable A1c NOW analysers should be disposed of as Waste Electrical and Electronic Equipment (WEEE). Unused cartridges should be disposed of as clinical waste.

10.4 It is the responsibility of the Community pharmacy to ensure availability of spillage kits and decontamination procedures, instructions on periodic cleaning of containers and training in waste handling, transport and disposal.

10.5 Carbon monoxide testing is not a mandatory component of an NHS health Check and should not be offered during COVID secure measures.

## **11.0 Maintaining a clean environment and equipment**

11.1 Clients should use alcohol hand gel on arrival and before leaving as a minimum. In line with government advice, they must also wear a face covering.

11.2 The following triage questions should be asked of the client when the appointment is booked and again before the beginning of the consultation, and documented.

- Do you or anyone in your household have a confirmed diagnosis of COVID-19?
- Are you or anyone in your household waiting for a COVID-19 test result?
- Have you travelled internationally in the last 14 days from a country which has not been agreed as safe for travel by the Government?
- Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
- Do you have any of the following symptoms?
  - high temperature or fever
  - new, continuous cough

- a loss or alternation to taste or smell

If they answer yes to any of the above questions, they should not be allowed to attend the appointment. Please see Appendix 1 of the following guidance for more information

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19 Infection prevention and control guidance FINAL PDF 20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)

- 11.3 If a client is found to be suffering from COVID-19 symptoms during the NHS Health Checks appointment, the consultation should be discontinued and the protocol of the Community pharmacy should be followed. Advise the client to book a coronavirus test and give the information found at <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>. Ask the client to advise the pharmacy if the result is positive. Any waste already generated should be disposed of as infectious waste in an orange bag.
- 11.4 There are 3 levels of decontamination – cleaning, disinfection and sterilisation. Appendix D outlines when it is appropriate to use each of these in normal circumstances. Usually cleaning is adequate when delivering NHS Health Checks. However, during COVID secure measures, cleaning and disinfection is necessary for all equipment and surfaces..
- 11.5 Either a combined detergent and disinfectant wipe should be used (e.g. Sani-Cloth Chlor, 1000ppm); or a separate detergent wipe followed by a disinfectant wipe. Single use nitrile gloves should be worn and then disposed of as clinical waste with the wipes.
- 11.6 Equipment which needs to be cleaned and disinfected between clients includes:
  - Blood pressure cuff and monitor
  - Height measure
  - Weighing scales
  - POCT equipment
- 11.7 In addition, the table, chair arms, door handles should also be cleaned and disinfected between clients. The room should be set up in such a way that facilitates social distancing, although given the nature of the NHS Health Check assessment, this will be impossible to maintain throughout the appointment.
- 11.8 A dedicated blood spillage kit must be available at any site where blood testing is being undertaken, and instructions for its use followed in case of

spillage. Spillage kits for other body fluids (e.g. urine and vomit) must also be supplied.

- 11.9 Single-use nitrile gloves should be worn when cleaning and disinfecting equipment. The wipes and gloves should be disposed of as offensive material in a tiger stripe bag (see Section 10) or as clinical waste (yellow bag).

## **12. Implementation and training**

- 12.1 Once ratified, training on the contents of this policy should be provided for every staff member who will be delivering NHS Health Checks. This will be provided by, or facilitated by, Hertfordshire Health Improvement Service.
- 12.2 This policy will be stored electronically on the LPC website and on PharmOutcomes.

## **13. Monitoring compliance and effectiveness of policy**

- 13.1 Completion of IPC training needs to be recorded on completion, and forms part of the Public Health Service specification to deliver NHS Health Checks in community settings.
- 13.2 An Infection Prevention and Control audit will be completed every 6 months by the Health Check Pharmacy Lead, as detailed in Appendix E.
- 13.3 Any compliments/complaints/reports of incidents and near misses related to Infection Prevention and Control need to be reported to HHIS and will be monitored and regularly reported through assurance and governance processes to Hertfordshire's Health Improvement Group.

## **14. Review and revision arrangements**

- 14.1 As COVID-secure measures are updated, this document should be reviewed if there are significant changes to service delivery, or every 2 years unless there are complaints, incidents or suggested improvements which require it to be updated sooner.



## 15. References

- <sup>1</sup>Public Health England (2017) NHS Health Check: best practice guidance. Accessible at: [https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance1/](https://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/)
- <sup>2</sup>Public Health England (2017) NHS Health Check Programme Standards: a framework for quality improvement. Accessible at: [https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance1/](https://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/)
- <sup>3</sup>Health and Social Care Act 2008: Code of practice of the NHS on the prevention and control of healthcare associated infection and related guidance (2015). Accessible at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- <sup>4</sup>NICE (2012) Healthcare associated infections: prevention and control in primary and community care. CG 139. Updated 2017. Accessible at: <https://www.nice.org.uk/guidance/cg139>
- <sup>5</sup>Public Health England (2013) Hepatitis B: the Green Book, Chapter 18. Accessible at: <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>
- <sup>6</sup>World Health Organisation Clean Care is Safer Care. Accessible at: <http://www.who.int/gpsc/5may/background/5moments/en/>
- <sup>7</sup>Royal College of Nursing (2014) The management of waste from health, social and personal care: RCN guidance

## Further Information

[Immunisation against infectious disease - GOV.UK](#)

[MHRA \(2013\) Management and use of IVD point of care test devices](#)

## COVID - 19 specific information

<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)

PHE videos found at:

[COVID-19: Donning and doffing of Personal Protective Equipment in Health and Social Care Settings - YouTube](#)

## 16. Appendices

### Appendix A: Hand washing technique

According to NICE, an effective handwashing technique involves three stages: preparation, washing and rinsing, and drying.

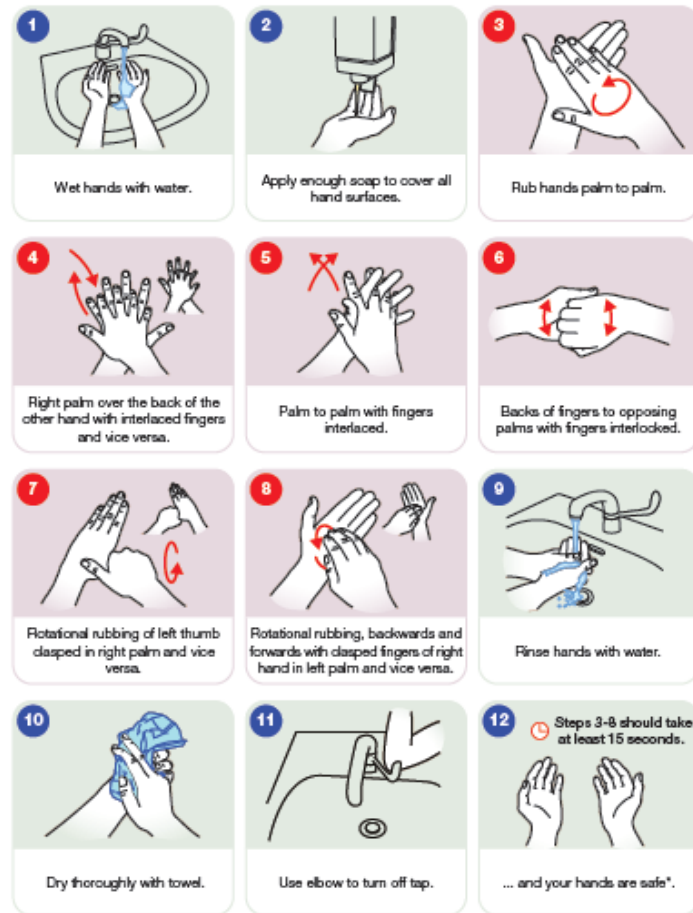
1. Preparation requires wetting hands under tepid running water **before** applying liquid soap (or an antimicrobial preparation).
2. The handwash solution must come into contact with **all** of the surfaces of the hand. The hands must be **rubbed** together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
3. Hands should be rinsed thoroughly before drying with good quality paper towels.

When decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be **rubbed** together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.

An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health team should be consulted.

From [NICE healthcare associated infections: prevention and control in primary and community care. CG 139 updated Feb 2017.](#)

Using soap and water, process 30-40 seconds








Using alcohol hand rub, process 20-30 seconds














Reproduced from guidance by Hertfordshire and West Essex STP

## Appendix B: Correct donning and doffing of PPE

### Donning PPE

Pre-donning instructions:		
<ul style="list-style-type: none"> <li>• Ensure healthcare worker hydrated</li> <li>• Tie hair back</li> <li>• Remove jewellery</li> <li>• Check PPE in the correct size is available</li> </ul>		
<p><b>1</b> Perform hand hygiene before putting on PPE.</p> 	<p><b>2</b> Put on apron and tie at waist.</p> 	<p><b>3</b> Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.</p> 
<p><b>4</b> With both hands, mould the metal strap over the bridge of your nose.</p> 	<p><b>5</b> Don eye protection if required.</p> 	<p><b>6</b> Put on gloves.</p> 

### Doffing PPE

<ul style="list-style-type: none"> <li>• PPE should be removed in an order that minimises the risk of self-contamination</li> <li>• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area</li> </ul>	
<p><b>1</b> Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.</p> 	<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.</p> 
<p><b>2</b> Clean hands.</p> 	<p><b>3</b> Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself. Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p>  
<p><b>4</b> Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p> 	<p><b>5</b> Clean hands.</p> 
<p><b>6</b> Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p>   	<p><b>7</b> Clean hands with soap and water.</p> 

This follows advice from Hertfordshire and West Essex STP.

## **Appendix C: Use of PPE throughout the NHS Health Check appointment**

- Apply hand gel, put on nitrile gloves and apron and wipe over external containers of equipment ie Health Check box, cases/boxes of weighing scales etc, with a detergent and a disinfectant wipe. Wipe over all surfaces in the room which are likely to be touched eg door handles, chair arm rests, desks. Prop door open to minimise contact with the handle.
- Remove gloves and apron and dispose of as clinical waste. Apply hand gel.
- Arrange room so that if possible the client is at least 2m away from the practitioner for most of the time.
- Instructions re waiting for the appointment will already have been discussed with the workplace/venue and instructions given to the client; prepare any waiting area if required.
- Set up equipment as usual ie POCT, weighing scales, height measure, BP monitor, resources, laptop etc
- Apply hand gel and change face covering to a fluid resistant mask before the client enters.
- When client enters, ask them to apply hand gel. Ask set of triage questions on PharmOutcomes template, in line with guidance: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)
- If exposed to a potential case of Covid, discontinue the consultation, report to line manager or service lead and follow HHIS IPC policy. (The room will need to be taken out of use and deep cleaned).
- Explain the NHS Health Check to the client, including the extra Covid-secure measures.
- Give client the Results Leaflet for them to fill in throughout the consultation (add to appointment confirmation that they will need a pen) (have some spare pens in case they do not have one and wipe over with detergent and disinfectant)
- Apply hand gel, apron and nitrile gloves before doing the elements of physical assessment ie BP, height and weight. Remove gloves and dispose of in clinical waste, then apply hand gel before continuing. Retain apron.
- Prepare POCT blood test(s), applying hand gel and nitrile gloves before performing. Remove gloves and dispose of in clinical waste, apply hand gel.
- Complete the rest of the consultation, turning round screen and zooming if necessary so that the client can see the risk score etc. Signpost and refer in the usual way.
- When the client leaves, ask them to apply hand gel.
- Apply gloves then wipe over all equipment and surfaces with a detergent and disinfectant wipe. Dispose of wipes, gloves and apron as clinical waste.
- Wash or apply hand gel to hands
- Face masks can be changed after each session. However, they must also be changed if they become damp, have been touched or become uncomfortable.

## **Appendix D: Decontamination**

**Please note that currently due to the Coronavirus pandemic, equipment and surfaces which would usually be considered low risk need to be cleaned and disinfected.**

Decontamination is a process that removes or destroys contamination so that infectious agents or other contaminants cannot cause infection. Different levels of decontamination are used depending on the medical device / item of equipment and the procedure involved. There are 3 levels of decontamination:

- **Cleaning**

Cleaning is a process that physically removes infectious agents and the organic matter on which they thrive but does not necessarily destroy infectious agents. A detergent must be used to achieve cleaning. Detergents therefore do not kill bacteria but assist with the removal of dirt, grease and bacteria. It is important to be aware that protein coagulates at 35° C and therefore water used for cleaning processes must not exceed this temperature but should be warm.

This service uses impregnated disposable detergent wipes for convenience.

Careful drying is also essential to prevent any remaining bacteria from multiplying.

- **Disinfection**

Disinfection is a process which reduces the number of micro-organisms to a level at which they are not harmful. Disinfection can be achieved either by heat, or via chemical disinfectants. Body fluid spillage kits should be available and contain disinfectant for use in the case of body fluid spillage.

- **Sterilisation**

Sterilisation is a process that destroys all micro-organisms, including bacterial or fungal spores. Only products that have already been sterilized prior to purchase will be used within this service (i.e. needles used for point of care testing).

The level of decontamination required depends on the risk of the item transmitting micro-organisms. Any item can therefore be categorised into one of three levels of risk:

Risk	Use of Item	Recommendation
<b>HIGH</b>	<ul style="list-style-type: none"> <li>• Penetrates skin or mucus membranes</li> <li>• In contact with broken skin or mucous membranes</li> <li>• Enters sterile body areas</li> </ul>	<b>Any items must be sterilised prior to purchase</b>
<b>MEDIUM</b>	<ul style="list-style-type: none"> <li>• In contact with intact mucus membranes</li> <li>• Contaminated with any bodily fluid</li> </ul>	<b>Use the body fluid spillage kit for the appropriate body fluid following instructions within the kit</b>
<b>LOW</b>	<ul style="list-style-type: none"> <li>• In contact with intact skin</li> <li>• Not in contact with the service user</li> </ul>	<b>Wipe clean using a <u>detergent</u> wipe (this includes blood pressure monitor, blood pressure cuff etc.)</b>



**Appendix E: Programme of Infection Prevention and Control Audit (6 monthly) (to be completed by the Health Check Lead Pharmacist)**

<b>Topic</b>	<b>Question</b>	<b>Guidance</b>	<b>Comments</b>
Hand hygiene	Is there a poster demonstrating hand hygiene procedures?	WHO 5 Moments plus 1 (added by NICE 2012). Observation and discussion	
	Is the correct hand washing technique used?	WHO, Appendix 2 of Infection Prevention and Control Policy	
	Are hand-washing facilities available?		
	Are taps turned off using a no-touch technique?		
	Are hands dried thoroughly using paper towels?		
	Is alcohol hand sanitiser available?		
Environment and equipment	Is all equipment in good working order, clean and fit for purpose?		
	Are the BP cuff and CO monitor (if used) cleaned with a detergent and disinfectant wipe between service users?		
	Is all equipment cleaned with a detergent and disinfectant wipe at the end of a clinic?		
	Are wipes disposed of in a clinical waste bag?		
	Are spill kits for blood and other body fluids available and accessible?		

	Can the staff member state when and how to use the spillage kits?		
PPE	Are nitrile gloves available and worn?		
	Is the correct technique used to don and doff PPE?		
	Are hands washed immediately on removal of PPE?		
	Are gloves disposed of in a clinical waste bag?		
Immunisation	Does the staff member report their Hepatitis B immunisation status and how this was assessed and managed?		
	Is the information card of what to do following a needlestick injury found in each POCT carry case?		
Handling and disposal of clinical waste	Does the staff member demonstrate knowledge of how to assemble, handle and dispose of a sharps bin?	Assembly; date and name of service; not to fill above line; dispose of after 3 months; use temporary closure when not in use; stand in a stable safe place; lock and dispose of in designated clinical waste facility.	
	Does staff member demonstrate safe practice when handling sharps?	Dispose of sharps immediately into sharps bin?	
	Are both yellow/tiger stripe bags and orange (infectious waste) bags available?		
	Are approved ties used to secure bags?		

Training	Is each staff member up to date with training/refresher sessions in Infection Prevention and Control?		
	Is the record of training completed and up to date?		
Management	Is there a record of incidents/accidents/near misses/complaints?		

## Appendix X Point of Care Testing – Starter Kit contents

Description	List Price (ex. VAT)
<b>Unit Cost</b> (CardioChekPA blood analyser)	<b>FOC</b>
Hofbauer Case	<b>FOC</b>
Lancets	<b>25 FOC</b>
Gauze squares	<b>25 FOC</b>
Mediwipes	<b>25 FOC</b>
Nitrile gloves	<b>10 pairs FOC</b>
Internal Quality Control Solution	<b>FOC</b>
Training costs initial and ongoing	<b>FOC</b>
Maintenance / call out costs	<b>FOC</b>





Please note that NITRILE gloves will be supplied to community pharmacies in the starter kit.

## Community Pharmacy Point of Care Test (POCT) Equipment - Loan Agreement

\* ALL FIELDS TO BE FILLED IN WHERE APPLICABLE

<b>* Name of Community Pharmacy</b>	
<b>* F code</b>	
<b>* Address</b>	
<b>* Telephone</b>	
<b>* Email address</b>	
<b>Loan Period</b>	From: ...../...../... to contract end date: ...../...../....
<b>Purpose of Loan</b>	Point of Care (cholesterol) Testing for NHS Health Checks

Qty	Product Code	Description	Unit Cost	
1		Cholesterol Testing Machine (currently BHR Cardio-check). Loan includes carry case, Internal Quality Assurance (IQA) solutions, quick user guide and daily optics strips)	£	500.00
			VAT	-
			Total	£500.00

This agreement contains the entire and only agreement and supersedes all agreements discussions or arrangements between the parties relating to the subject matter herein, including any terms and conditions in the agreement or submitted by Hertfordshire County Council.

Signed for and on behalf of Hertfordshire Health Improvement Service

PRINT NAME		SIGNED		DATE	
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Signed for and on behalf of the pharmacy

<b>PRINT NAME</b>		<b>SIGNED</b>		<b>DATE</b>	
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## Conditions of Loan

### Definition of "Equipment"

- Loan item as specified (including the original packaging, carry case and non-disposable items) on page 1 of this agreement.

### 1. Timescales

The loan period of equipment is the time period as stated above. The equipment will be dispatched by Hertfordshire Health Improvement Service (HHIS) and needs to be returned by recorded and signed for delivery by the contract end date or whenever the contract is terminated or if the service is no longer being delivered by the Community Pharmacy.

### 2. Commencement and use of the POCT testing equipment

The loan of the equipment is free for the period of loan when agreeing to the terms and conditions of the Loan. The monitor must be used in accordance with the manufacturer's instructions and community pharmacy staff delivering this service must be trained and competent in its use, including knowledge and interpretation of cholesterol levels and required actions in case of high and abnormal readings.

Hertfordshire County Council take no responsibility for the use of the machine. It must only be used in accordance with the manufacturer's instructions and include daily optics testing, Internal Quality Assessment (IQA) and External Quality Assessment (EQA). The manufacturer will be the point of contact for any queries or issues.

### Consumables and maintenance:

- The purchase and supply of consumable materials for use with the POCT testing equipment is the responsibility of the Community Pharmacy for duration of the loan period. Specific testing items such as reagent strips must be compatible with the machine provided
- The Community Pharmacy must follow the manufacturer's instructions for the maintenance, cleaning and storage of the equipment stipulated in the manufacturer's operating instructions
- Calibration of the testing equipment is the responsibility of the Community Pharmacy and this must be done in line with the manufacturer's instructions. The Community Pharmacy Health Check Lead must facilitate calibration at the required time and keep a log of the dates that this is due and completed. Daily optics check and the IQA and EQA checks are required and Community Pharmacy staff must be trained and assessed as competent to do this (IQA and EQA may done by the Community Pharmacy Health Check Lead).
- The Community Pharmacy must inform the manufacturer, currently BHR Pharmaceuticals Limited (BHR) at the earliest opportunity of any suspected faults with the POCT equipment or if quality audit results are outside of the expected parameters HHIS should be informed if any issues remain unresolved.

### 3. Loss or Damage

Loss or damage, however caused, is the responsibility of the Community Pharmacy. The monitor must be paid for in full or replaced at the Community Pharmacy's cost, by the manufacturer. Faulty machines will be covered under the manufacturer's warranty, which is 2 years from the date of purchase.

### 4. Return of Equipment

On termination of the loan period, the Community Pharmacy must return all equipment (in original packaging, including carry-case and all non-disposable items) to Hertfordshire Health Improvement Service by arrangement and in person or by recorded and signed for delivery. All costs for shipping the equipment from the Community Pharmacy's location shall be paid for by the Community Pharmacy

Before returning an apparently faulty monitor, the pharmacy should check that:

- the monitor has been calibrated according to manufacturer's instructions and within the time period specified by the manufacturer
- the batteries are correctly installed and have been replaced.

### 5. Failure to Return

If the Community Pharmacy does not return the equipment to Hertfordshire Health Improvement Service in person or by recorded and signed for delivery within 10 working days of the termination of the loan period or following cessation of service delivery and has not requested an extension of the loan period, then THIS AGREEMENT SHALL CONSTITUTE A BINDING ORDER TO PURCHASE A REPLACEMENT CHOLSTEROL MACHINE OF THE SAME OR SIMILAR VALUE, and the Community Pharmacy shall accept and pay any invoice issued by Hertfordshire County Council reflecting such purchase without the necessity of further documentation being exchanged between the parties.

### 6. Alterations to the Equipment

The Community Pharmacy shall not alter any aspect of the equipment, or the appearance, fit, form or function of the equipment (or any component thereof) unless instructed to do so by the manufacturer and with the written consent of HHIS.

### 7. Damage to the Equipment

The cost of the equipment as delivered is the unit cost of equipment. Loss or damage to the equipment, including water damage during the period of the Loan shall be the unit cost as indicated on this agreement. The Community Pharmacy will

be liable to pay these loss/damage costs. These costs shall not exceed unit cost of the equipment plus the cost of carriage if appropriate.

**8. Title, Risk and Liability**

The agreement is for the Loan of equipment and at no time shall title pass to the Community Pharmacy without prejudice of the Community Pharmacy right to reject the equipment loaned. Risk shall pass to the Community Pharmacy upon delivery of the equipment from Hertfordshire Health Improvement Service. Hertfordshire County Council accepts no responsibility for the use of the Cholesterol testing machine. The Community Pharmacy accepts all liability for the use, interpretation of results, calibration and quality assurance process of the machine from the time of delivery.

**9. Enforceability**

If, for any reason, any part of this agreement is found to be unenforceable that shall not prejudice or affect the enforceability or validity of the remainder of this agreement.

**10. Infection Control**

The Community Pharmacy must follow their own organisation's infection prevention and control policy (including disposal of waste, including WEE waste, according to manufacturer's recommendations) or follow Hertfordshire Health Improvement Service's Infection Prevention and Control Policy (Appendix IX of the NHS Health Check service specification) with regards to the use of POCT equipment.



## Appendix XII

**Template for recording invitations for a Health Check in people who do not take up the offer/do not attend.**

**Pharmacy name:**

**F Code.....**

[illegible]


Please return to [HealthImprovementService@hertfordshire.gov.uk](mailto:HealthImprovementService@hertfordshire.gov.uk) at the end of June, September, December and March each financial year.

## Appendix XIII

### List of Hyperlinks

AUDIT-C tool (for assessing alcohol consumption):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/684826/Alcohol use disorders identification test for consumption AUDIT C .pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684826/Alcohol_use_disorders_identification_test_for_consumption_AUDIT_C_.pdf)

Dementia awareness and signposting training:

<http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/>

E-learning modules on alcohol identification and brief intervention:

<https://www.e-lfh.org.uk/programmes/alcohol/>

GPPAQ (the General Practice Physical Activity Questionnaire):

<https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq>

Health Check dementia leaflet in various languages:

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/resources/dementia/](http://www.healthcheck.nhs.uk/commissioners_and_providers/resources/dementia/)

Health in Herts website:

<http://www.hertsdirect.org/services/healthsoc/healthherts/>

Health in Herts for Professionals:

<http://www.hertsdirect.org/services/healthsoc/healthherts/hihprof/healthchecksprof/>

NHS Health Check website:

[www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

NHS Health Checks Competency Framework July 2020:

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

NHS Health Check Best Practice Guidance:

[https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/](https://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/)

NHS Health Check Programme Standards (Quality)

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Accessible materials are available here:

[https://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/marketing/accessible\\_materials1/](https://www.healthcheck.nhs.uk/commissioners_and_providers/marketing/accessible_materials1/)

NHS Improvement A Practical Guide to point of care testing.

[www.healthcheck.nhs.uk/document.php?o=129](http://www.healthcheck.nhs.uk/document.php?o=129)

Buyer's guide: point of care testing for HbA1c June 2009:

[www.healthcheck.nhs.uk/document.php?o=12](http://www.healthcheck.nhs.uk/document.php?o=12)

Buyer's guide: point of care testing for cholesterol September 2009:

[www.healthcheck.nhs.uk/document.php?o=11](http://www.healthcheck.nhs.uk/document.php?o=11)

Health and Social Care Act 2008: Code of practice of the NHS on the prevention and control

of healthcare associated infection and related guidance (2015). Accessible at:  
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

