



Outreach Event Memorandum of Understanding

ORGANISATION: _____

LOCATION OF EVENT (WITH POSTCODE): _____

DATE OF EVENT: _____

TIME OF EVENT: _____

NUMBER OF NHS HEART CHECK-UPS ANTICIPATED: _____

EMERGENCY CONTACT NUMBER OF ORGANISER: _____

Initial requirements

- **The event host** will:
 - Agree the time and length of the event (preferably no less than 4 hours)
 - Confirm the name and contact details of the nominated event organiser at the workplace
 - Book a room for the NHS Heart Check-Ups consultation to take place (the room should provide privacy, a handwashing facility, a desk/table and a power supply for the laptop and printer)
- **The Public Health team** will arrange for a suitably trained pharmacist/pharmacy technician to attend the workplace at the agreed time for the agreed period.
- **The pharmacy** will confirm the name and contact details of the pharmacist/technicians attending the event

Promoting the event

- **The event host** will promote the event in advance to raise awareness and increase uptake
- **The Public Health team** will provide promotional posters and other materials on request.

Pre-booking appointments

The event host will:

- Pre-book eligible individuals allowing 20/30* minutes per appointment (*delete as appropriate)
- Record the names of the individuals that have booked an appointment using the booking form template provided (see appendix A)
- Accommodate a break of 30 minutes for lunch for the pharmacist for longer events
- Inform individuals that as a random (i.e. not fasting) blood sample is used, they may be asked to repeat the blood test under fasting conditions at the pharmacy site or their GP to ensure an accurate result can be obtained.
- Consider having a reserve list of individuals who wish to have a NHS Heart Check-Up so they can be contacted on the day, in case individuals fail to show or there is time to deliver more checks.

Eligibility criteria

- **The event host** will ensure individuals booking an NHS Heart Check-Up comply with the eligibility criteria as per the pre-screening questionnaire. (See appendix B). Individuals who do not meet the criteria should be signposted to their GP for support.

- **The pharmacy** will receive payment for NHS Heart Check-Ups delivered to County residents and registered patients. Employees of organisations registered with the Nottinghamshire Wellbeing at Work Scheme are eligible regardless of residency/GP registration.

Confirmation of attendance

- **The event host** will confirm the number of bookings with the Public Health team 3 days before the event. If uptake is low the event may be postponed /cancelled as it would not be cost-effective to deliver. In this instance individuals should be signposted to their GP practice
- **The pharmacy** will confirm with the Public Health team, upon receipt of the number of bookings, that they will be attending the event at least 2 days prior to the date of the event.

Day of the event

The event host will:

- meet and greet the pharmacist on arrival
- assist the pharmacist with their equipment and show them to the room
- deliver any 'housekeeping' information i.e. fire evacuation procedures, relevant policies etc.
- provide refreshments (e.g. tea/coffee/water) for the pharmacist
- provide the list of pre-booked appointments including individuals' names and contact details
- assist the pharmacist with their equipment on leaving the workplace

The pharmacy will:

- arrive 30 minutes before the event start time to allow time to set-up.
- provide all IT, Point of Care Testing and other equipment to complete the NHS Heart Check-Ups.
- provide a printed report to each employee that completes an NHS Heart Check-Ups
- comply with all health and safety, equal opportunities and other relevant policies of the workplace whilst on the workplace premises

The Public Health team will not be held responsible for people failing to show, etc.

EVENT HOST

By signing this agreement, you accept and understand the responsibility your workplace has in organising and facilitating NHS Heart Check-Ups at the above outreach event.

Signature: _____ Dated: _____

Print name: _____

Organisation: _____ (event host)

PHARMACY

By signing this agreement, you accept and understand the responsibility your pharmacy has in attending and delivering NHS Heart Check-Ups at the above outreach event.

Signature: _____ Dated: _____

Print name: _____

Organisation: _____ (pharmacy)

PUBLIC HEALTH TEAM

By signing this agreement, you accept and understand the responsibility the Public Health team has in facilitating and supporting NHS Heart Check-Ups at the above outreach event.

Signature: _____ Dated: _____

Print name: _____

Organisation: _____ (public health team)



NHS HEART CHECK-UP PRE-SCREENING ELIGIBILITY QUESTIONNAIRE

Please answer the following questions by ticking your answer:

SECTION 1

- Are you Male Female
- Are you aged between 40 and 74? Yes No
- Do you live/work in Nottinghamshire County *and/or*
Are you registered with a Nottinghamshire County GP? Yes No

SECTION 2

- Have you had an NHS Health Check (given by a Pharmacist or GP) in the last 5 years?
Yes No
- Have you ever been diagnosed with any of the following:
 - Any sort of heart problem e.g. angina, heart attack? Yes No
 - Diabetes? Yes No
 - Stroke? Yes No
 - Kidney problems? Yes No
 - High Blood Pressure? Yes No
 - High cholesterol or have been prescribed statins? Yes No

SECTION 3

- Are you, or have you ever been, a smoker? Yes No

Unfortunately if you have ticked any red boxes, you will not be eligible for an NHS Heart Check-Up on this occasion.