**NHS Health Check Crib Sheet**

**Please Note - Patient Record Clinical Template**

**The clinical template will be updated and changed periodically. This may cause the data entry sections within the clinical template to change. The following information contains the minimum data required to complete an NHS Health Check. Other additional questions within the clinical template including, Diet, Veterans, Mental Health, National Screening, EGFR is currently not required. The guide below has been produced to help undertake a full NHS Health Check.**

**QRISK3**

**Please ensure, for generating the CVD risk score / Heart Age - and recording in the Clinical template, to use the external QRISK3 template at** [**https://www.qrisk.org**](https://www.qrisk.org)

**Patient Results Card**

**A printable result card for the patient can be downloaded** [**here**](https://www.healthcheck.nhs.uk/commissioners-and-providers/delivery/invitation-letter-and-results-card/)

**Order of Health Check**

**Start with**

Role and purpose of the NHS Health Check

Consent and information sharing to the client.

**Undertake First**

Height and Weight – Calculate BMI

Waist Measurement – where indicated.

Blood Pressure

**Start** Point of Care **Cholesterol (LIPID)** test if no indication of **HBA1C** test is required.

Undertake **HBA1C** firstif indicated from **BMI or BP result** (further information below) then **Cholesterol (LIPID)** test.

**Undertake History Questions**

Smoking Status

1st line relative - heart disease under <60)

1st line relative - diabetes of any kind

**General questions:**

Falls prevention and Vascular dementia awareness in the over 65’s (NOTE may not appear in Clinical Template)

Alcohol Screening - Audit C first and enhanced audit where indicated

GPPAQ activity questionnaire.

**Complete Qrisk3 Screening – Data entry into the external link**

Age / Gender / Ethnicity / Smoking Status /

1st relative Angina / Heart Attack <60) / systolic Blood Pressure level /

Cholesterol Ratio / Height / Weight /

Generate Qrisk3 CVD Score and Heart Age

**Signposting and interventions**

Document all interventions, brief advice, and referrals.

**Complete Health Check**

Record completion of the Health Check.

**Examination and Results and Obtaining QRISK 3 Data.**

**BMI - Height and Weight**

Undertake doing height and weight - this will indicate Body Mass Index BMI. Where BMI is indicated as OBESE **always** undertake **HBA1C**

**BMI range**

* <18.5 – underweight
* 18.5 – 24.9 – normal range
* 25- 29.9 – overweight
* >30 – obese
* >27.4 – obese in Asian ethnicity

Advise client of result, the risks associated with being overweight, underweight, or obese and provide lifestyle advice.

People who are overweight or obese, compared to those with healthy weight, are at increased risk of certain health conditions. These include:

High blood pressure (hypertension), high LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidaemia), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis (a breakdown of cartilage and bone within a joint), sleep apnoea and breathing problems, numerous cancer’s, reduced quality of life, pain and difficulty with physical functioning, mental illness such as clinical depression, anxiety, and other mental health difficulties.

**WAIST MEASUREMENT**

An option where BMI is raised and can be used to explain Increased CVD risk and how we carry weight.

**Men** - waist circumference of 94cm (37in) or more - **Women** - waist circumference of 80cm (about 31.5 inch) or more

**Blood pressure**

Under current NICE guidelines the ranges are

**120/80** Normal

Upper end of normal

**140/90 and above**

Low end of normal

***90/60 and below***

[**NICE recommends**](https://www.nice.org.uk/guidance/ng136) **the following - If blood pressure measured in the clinic is 140/90 mmHg or higher (or below 90/60) (please allow 1- 2 minutes between each retest)**

* take a second measurement.
* If the second measurement is substantially different from the first, take a third measurement.
* Record the lower of the last two measurements this is the clinic blood pressure result.

If BP is **140/90 and above** but under **180 /120** Follow **Practice protocol** **-** a **HBA1C** should always be completed, and **request** serum creatinine venous sample (kidney function) from GP.

If BP is **180/120** and over undertake a ‘**urgent referral to GP’ following practice protocol**

**Low Blood Pressure** – a reading below **90/60** does not always cause symptoms and may be normal for the person – however if a low blood pressure is recorded, please ask the client if they have Symptoms especially when they stand up suddenly or change position, please **refer to GP** – **follow practice protocol** for this.

**Normal Pulse / Irregular Heart Rhythm**

During the procedure for taking an automated blood pressure from time to time a ‘symbol’ may ‘flash’ on a BP monitor indicating an irregular heart rate – please complete a **Manual Pulse Check.**

Taking a manual pulse will establish the following.

* Rate – (speed)
* Beat – (rhythm)
* Amplitude –(strength) – (Not required for recording in Health Check)

A normal Pulse rate is between **60-100 BPM** (beats per minute)– A person with pulse above **120 BPM** should be referred to GP for further follow up following **Practice protocol.**

If [**irregular heart**](https://www.nice.org.uk/guidance/ng196) rhythm is detected - **refer to GP** – (an ECG or further investigation maybe required)

**High BMI / BP**

Explain to the client the need to undertake **HBA1C** and serum creatinine – because of **high blood pressure** or **BMI** is 30 and over (27.5 in those of Asian Ethnicity)

And advise the Practice to need to request.

**Serum creatinine – (kidney function)** Maybe requested by GPbecause blood pressure is raised, or BMI is over 30 (or 27.5 in those of Asian ethnicity) – **follow practice protocol.**

**HBA1C**

**Please note – do not undertake an HBA1C in every Health Check – only undertake a HBA1C where indicated above**

**Results from HBA1C**

The results are in **mmol/mol.**

Normal range

**20-41**

Prediabetes

**42-47**

Type 2 diabetes

**48** and above

**When to refer / advise**

If result is between **42-47** – [offer lifestyle intervention](https://www.nice.org.uk/guidance/ph38) and **refer to GP** for follow up - **Following Practice protocol.**

If result is **48** and above – [offer lifestyle intervention](https://www.nice.org.uk/guidance/ng28) - **refer immediately** to GP for further investigation.

**Cholesterol**

Cholesterol must be tested in **every** Health Check

For the Health Check, input only the **total cholesterol**, **HDL** and **Ratio**. The **Triglyceride**, **NON-HDL** or **LDL** reading’s **are not required** for the patient.

**Results**

**Please note – Each practice may have a preferred preference for Cholesterol follow up – the below is based on NICE Guidelines**

**Total Cholesterol under 5** is within the normal range.

**Total Cholesterol between 5 and 6.2 (Average 5.7)** two thirds of the population of the UK can have a result in this range – (offer lifestyle / cholesterol reduction advice and **Follow practice Protocol** on follow up.

**Total Cholesterol between 6.2 and 7.49** – also offer lifestyle / cholesterol reduction advice - For follow up **Follow practice Protocol.**

**Total Cholesterol from 7.5** *–* will require **referral to GP** for further intervention and investigation into Familial Hypercholesterolemia (inherited high cholesterol)or Dyslipidaemia (other illness cause)

**Total Cholesterol from 9.0** – will require **Referral to GP** – will need specialist assessment including investigation into Familial Hypercholesterolemia (inherited high cholesterol) and for underlying conditions that can cause high cholesterol.

**HDL Cholesterol levels**

HDL Cholesterol is the non-saturated (good) fats from foods like, fruit, vegetables, nuts, and fish. We need lots of ‘good’ cholesterol, as this acts as the ‘road sweeper’ to help take away the saturated (Bad) fats from meats, pastries, chocolates, certain cooking oils and dairy products, especially cheese and butter. We also need to ensure that we have a good balance (ratio) between the two. In all circumstances offer [lifestyle advice](https://www.nhs.uk/conditions/high-cholesterol/how-to-lower-your-cholesterol/) on maintaining and lowering of cholesterol to prevent CVD disease

1. **and above for men**

**1.2 and above for women**

**Total Cholesterol / HDL ratio**

Is the amount of ‘good’ cholesterol to the amount of ‘bad’ cholesterol?

**Ideal ratio**

2.99 and below

**Acceptable ratio**

3.00 to 6.00 - clients should always be given advice on cholesterol reduction through lifestyle advice.

**High Ratio**

6.0 and above – is considered high for CVD risk – **refer to GP** for further intervention / investigation **Follow practice Protocol** and offer cholesterol reduction advice.

**Ethnicity**

**Ethnicity –** Certain ethnicity status can raise risk factors i.e., in people of Asian ethnicity, a BMI of 27.5 will be considered obsess instead of 30 –also in African American or black African origin some may be at great risk of high blood pressure and higher cholesterol – please make client aware of these risks and advise lifestyle interventions that can help manage overall health.

**History**

**Smoking** **Status – (Tobacco consumed products)** – [smoking](https://www.nice.org.uk/guidance/ng209) remains one of the leading causes of premature death in the UK causing several types of cancer, increasing CVD risk through higher cholesterol and BP – advise stop smoking via online tools, app, or by speaking to a pharmacist. Vaping may also be considered, although vaping is not risk free, it has greater health benefits by excluded carbon monoxide and several thousand chemicals. **Do not record Vaping as smoking.**

**Family History – 2 key questions**

History of **CVD disease** in a **first line relative** (mother, father, brother, sister) **under the age of 60** –

History of **diabetes** of any kind in a **first line relative** – as well as lifestyle factors / familial habits and genetic links to predisposed risks.

**Further History Questions – Not in the clinical template**

**Falls prevention.**

For those aged [**65 and over**](https://www.nice.org.uk/guidance/cg161) please ask if the person has had any **unexpected trips or falls** in the last year – encourage to build and maintain a good level of physical activity especially building core strength which will help reduce the risk of falling and injury from falls. You may need to document as a comment in the patient record.

**Dementia awareness**

For those age **65 and over** advise CVD linked [**vascular dementia**](https://www.nice.org.uk/guidance/ng97) risk associated with lifestyle factors and prevention - You may need to document as a comment in the patient record.

**Alcohol Screening**

The purpose of the health check is to not diagnose or manage alcohol difficulties but to alert the client to the potential risks from [alcohol consumption](https://www.nice.org.uk/guidance/cg115) and its relationship to heart disease. An individual can be directedto local services or their GP if they wish to seek further advise on alcohol related difficulties. However, some people may not be aware of their own alcohol intake that may lead to further health complications now and in the future.

Undertake alcohol assessment **Audit C** then – complete the 10-question **full assessment** where the score is **5 and above**.You do not need to complete the **FAST assessment** in the clinical template. Always offer lifestyle advice on alcohol – including, maximum advised units per week and per sitting for a man or a woman, avoiding binge drinking, taking time off from alcohol and the [health benefits](https://www.nhs.uk/better-health/drink-less/) of reducing alcohol.

Record brief interventions, offer online information through [NHS Drink Aware](https://www.drinkaware.co.uk/) and if referral made to [support services](https://www.wearewithyou.org.uk/local-hubs/shropshire) or GP

**Physical activity – GPPAC Questionnaire**

Undertake **GPPAC** physical activity questionnaire – Give [Chief Medical officers](https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report) recommendations for activity level.

**QRISK 3 score and minimum data required for generating the CVD risk Score and Heart Age**

Enter the data collated into the external QRISK template.

**Data needed**

Age / Gender / Ethnicity / Smoking Status / 1st Line relative Angina - Heart Attack or CVD History <60 / Blood Pressure systolic level / Cholesterol Ratio / Height / Weight / generate QRISK3 CVD Score and Heart Age

**CVD risk score and referrals**

CVD risk is calculated to provide an estimate of a 10-year predictive risk score of cardiovascular disease.

Follow up recommendations for CVD risk are based on [**NICE guidelines**](https://cks.nice.org.uk/topics/cvd-risk-assessment-management/), but each GP practice may have its own preference to how and when a referral to the GP should be considered depending on the result - **Follow practice Protocol.**

**CVD Score Under 10%**

A CVD score under 10% is considered a low cardiovascular risk, in the absence of other raised results – No further action is needed. Offer [lifestyle advice](https://cks.nice.org.uk/topics/cvd-risk-assessment-management/management/cvd-risk-less-than-10percent/) on maintaining a low-risk score.

**CVD score of 10% or Greater**

Patients with a CVD risk score of 10% or greater, ten-year risk of developing CVD should be offered appropriate lifestyle advice and behaviour change support in relation to increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.

A **referral** may be recommended when.

[NICE Guidance](https://cks.nice.org.uk/topics/cvd-risk-assessment-management/management/cvd-risk-10percent-or-more/) advises that follow up is recommended where previous Lifestyle intervention has not been successful to reduce CVD [risk factors](https://www.bhf.org.uk/informationsupport/risk-factors) like high blood pressure, high cholesterol, chronic kidney disease, physical inactivity, obesity, and diabetes risks – this may be shown within the patient clinical record on reviewing any previous CVD risk scoring or on previous NHS Health Checks– **follow practice protocol**

**CVD Score of 20% and Greater**

If the CVD risk score is immediately **20%** or above – a **referral to GP** must be made in [consultation](https://www.nice.org.uk/guidance/ng197) with the client for a formal cardiovascular risk assessment. Offer supportive Lifestyle advice, and discuss [modifiable risk factors](https://cks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/risk-factors-for-cvd/).

**Heart Age**

The Qrisk3 engine also provides a Heart Age score. Please offer the heart age score and discuss [modifiable risk factors](https://cks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/risk-factors-for-cvd/) through lifestyle intervention which can improve their heart age and reduce CVD risk.

**Outcome from the Health Check**

Provide a roundup of the results and any **referrals** from the health check and the CVD risk score.

Please provide a **Results Card** to the client

Please provide appropriate leaflets or links to online information and support related to what is important to the client. - Consider referral to Social Prescribing

**Feedback Form**

Clients who have undertaken an NHS Health Check can leave feedback via the link.

<https://forms.office.com/e/LSz9yvJR9T>

**Useful Links for Clients**

Leaflets may be available on aspects of the Health Check that you may wish to provide to the client. Alternatively, you may wish to pass on the links to the websites where clients can review that information

<https://www.nhs.uk/conditions/nhs-health-check/>

Information on the NHS Health Check for Individuals

<https://www.bhf.org.uk/>

British Heart Foundation - Supports and provides information into all heart and circulatory diseases and the things that cause them. Heart diseases. Stroke. Vascular dementia. Diabetes.

<https://www.heartuk.org.uk/>

HEART UK is the UK’s only cholesterol charity, providing support, information and influencing services for families and health professionals.

<https://www.diabetes.org.uk/>

Diabetes UK - The British Diabetic Association – providing information on the different types of Diabetes, prevention, management, and treatments.

<https://www.drinkaware.co.uk/>

Drink Aware provides information on Alcohol awareness for an individual, families, Business and employees.

<https://www.nhs.uk/live-well/>

The NHS Live Well site provides advice on many aspects of personal wellbeing including healthy weight and eating well, mental wellbeing, exercise, sleep, smoking, alcohol, addiction, pain, bone health, seasonal illness.

<https://www.nhs.uk/every-mind-matters/>

Every Mind Matters – provides advice on aspects of mental health and wellbeing.

**Cassette Panels**

**Testing Panels -** All testing panels that are ordered should be placed immediately in a fridge upon arrival.

**Lipids**

* Must be out of the fridge for at least 15 minutes to warm up before they can be used.
* Must be used within 10 minutes of opening the package and must be put into the machine **within 1 minute** of taking a sample.
* The panels must be left out of the fridge once removed and must be used with **14 days** (please mark this date on the box)

**HBA1C**

* Out of the fridge for at least 15 minutes to warm up before they can be used.
* Use within 10 minutes of opening the package and must be put into the machine **within 2-3 minutes** of taking a sample.
* Panels must be left out of the fridge, can be left out and used within **90 days** (please mark this date on the box)

**Quality Controls**

Quality Control samples are delivered on a bimonthly basis for both **Internal** (ABBOTT) Controls and Monthly Randox RIQAS **External** Controls

Please store all QC samples in a fridge immediately upon arrival until ready to use.

Samples will need to be brought to room temperature before use – please refer to the internal supplied instructions with each sample type.

To reduce the risk of errors, undertake the controls within the specified retention period and recommendation for each sample type.

**Useful Links for Practitioners**

Shropshire Council NHS Health Check online Professional resource is available via the link.

<https://www.shropshire.gov.uk/public-health/healthy-shropshire/nhs-health-check/professional-resources/>

NHS Health Check National Guidance for Commissioners, managers, GP Practice team adm Practitioners <https://www.healthcheck.nhs.uk/>

Cardiac disease overview <https://www.nhs.uk/conditions/cardiovascular-disease/>

NICE Hypertension Guidance <https://www.nice.org.uk/guidance/ng136>

NHS information on Arrythmia <https://www.nhs.uk/conditions/arrhythmia/>

NICE Guidance Chronic Kidney disease <https://www.nice.org.uk/guidance/ng203>

NICE Guidance Diabetes Type 1 <https://www.nice.org.uk/guidance/ng17>

NICE Guidance Diabetes type 2 <https://www.nice.org.uk/guidance/ng28>

NICE Guidance Cardiovascular disease: risk assessment and reduction, including lipid modification <https://www.nice.org.uk/guidance/ng238>

NICE Guidance - Familial hypercholesterolaemia: identification and management <https://www.nice.org.uk/guidance/cg71>

**SMI Health Checks - The Lester Score**

In some practices – Practitioners may support, using the ABBOTT AF2 device, the Annual SMI (Serious Mental Illness) Health Check – Further information can be found at.

NHS England

<https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/>

Royal College of Psychiatrists

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis/national-audit-schizophrenia#cmhresource>

The Lester score PDF

<https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncap-library/eip-2024/ncap-lester-tool-intervention-framework.pdf?sfvrsn=21e45dbd_17>