

NHS Health Check Crib Sheet

Please Note - Patient Record Clinical Template

The clinical template will be updated and changed periodically. This may mean that where data is entered into the clinical template may 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.

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>

Order of Health Check

Start with

Consent and information sharing to the client.

Role and purpose of the NHS Health Check

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** first if indicated from **BMI or BP result** (further information below) then **Cholesterol (LIPID)** test.

Complete Qrisk 3 Screening

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

General questions:

Falls prevention and dementia awareness in the over 65's, Alcohol Screening and GPPAQ activity questionnaire.

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 population

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. Many types of cancer. Low quality of life. Mental illness such as clinical depression, anxiety, and other mental health difficulties. Body pain and difficulty with physical functioning.

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 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 as the clinic blood pressure.

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 'urgent referral to GP' following practice protocol

Low Blood Pressure – a reading below **90/60** it 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** 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 GP because 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](#) and **refer to GP** for follow up - **Following Practice protocol.**

If result is **48** and above – [offer lifestyle intervention](#) - **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**. **Do not** give **Triglyceride** or **LDL** reading.

Results

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

Total Cholesterol under 4.99 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)

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.

1.0 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.

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 – Certain ethnicity status can raise risk factors i.e., in people of Asian ethnicity, a BMI of 27.5 will be considered obese 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.

Smoking status – [smoking](#) 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.

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.

External QRISK 3 data required for generating the CVD risk Score and Heart Age

Enter the data collated into the External QRISK template.

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 a 10-year predictive risk score of cardio vascular disease.

Follow up recommendations for CVD risk are based on [NICE guidelines](#), but each GP practice may have its own preference to how and when a referral to the GP should be considered - **Follow practice Protocol**.

Low Risk

Under 10% is low cardiovascular risk, in the absence of other raised results – No further action is needed. Offer lifestyle advice on maintaining a low-risk score.

A **referral** may be recommended when.

Medium Risk

CVD risk score is between **10% and 20%** when additional factors may be present like high blood pressure, cholesterol, and diabetes risks. The GP record system whether will flag all CVD risk – **follow practice protocol**.

High risk

CVD risk score is **20%** or above – a **referral to GP** must be made to the in [consultation](#) with the client.

Heart Age

The Qrisk3 engine also provides a Heart Age score. Please offer the heart age score and discuss modifiable risk factors through lifestyle intervention which can improve their heart age and reduce CVD risk.

Further History Questions

Falls prevention.

For those aged **65 and over** 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.

Dementia awareness

For those age **65 and over** advise CVD linked **vascular dementia** risk associated with lifestyle factors and prevention

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** and its relationship to heart disease. An individual can be directed to local services or their GP if they wish to seek further advice 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** of reducing alcohol.

Record brief interventions, offer online information through **NHS Drink Aware** and if referral made to **support services** or GP

Physical activity – GPPAC Questionnaire

Undertake **GPPAC** physical activity questionnaire – Give **Chief Medical officers** recommendations for activity level.

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

Advise that feedback can be given on the NHS Health Check at: **NHS Health Check | Shropshire Council**

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 well being 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 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 and 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 Arrhythmia <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