**NHS Health Checks**

Commenced in 2009, the NHS Health Check programme is a public health programme for 40-74 year olds aiming to keep people well for longer. It’s a cardiovascular risk assessment & management programme (with elements of screening) to prevent or delay onset of diabetes, heart, kidney disease & stroke.

These diseases account for 1/3 of difference in life expectancy between most deprived areas & rest of the country. With rise in Obesity, Type 2 Diabetes & their costs to NHS & social care, prevention is also key! People aged 65-74 will be informed of signs & symptoms of dementia & signposted to memory clinics as required.

**Health Check Requirements:**

Eligible people aged 40-74 are offered a NHS HC once every 5 years and for each person to be recalled every 5 years if they remain eligible.

Risk assessment includes specific tests and measurements.

Person having their HC is told their cardiovascular risk score, and other results are communicated to them.

**Exclusions:**

* Coronary heart disease (CHD)
* Chronic kidney disease (CKD)
* Diabetes
* Hypertension
* Atrial fibrillation
* Transient ischaemic attack
* Hypercholesterolaemia
* Heart failure
* Peripheral arterial disease
* Stroke

Also excluded are patients:

* Prescribed statins
* Who have previously had HC or any other check undertaken through health service in England & found to have ≥20% of developing CVD over next 10 yrs.

**The risk assessment (for QRISK2) 1**

* Age (40-74) QRISK2 c*an now be used up to age 84*
* Gender
* Post code (needed for deprivation score)
* Smoking status: smoker (ex, light, moderate, heavy) or non-smoker.
* Family history of CHD (angina or heart attack): First degree relative only, under 60 years
* Ethnicity: self-assigned (if unknown put white/not recorded).
Needed for Diabetes filter /risk assessment.
* Cholesterol (ratio of TC/HDL). A random, non-fasting can be used to ensure maximum take up.
* Blood pressure (also needed for CKD/diabetes filter/assessment).
* Height and weight for BMI
* *QRISK 2 inc questions on RA, CKD, AF, Diabetes*
* Physical activity level - inactive, moderately inactive, moderately active or active. GPPAQ recommended by DH but not agreed by CCG & therefore shouldn’t be on the HC template.
* Alcohol Use Disorders Identification Test (AUDIT) score.
* Dementia Awareness
* Waist measurements - Increased risk: Asian men: >90cms, white men: >94cms, Women: >80 cms
* Pulse

**Further testing: Diabetes Filter/Assessment**

BMI Obese range:

* BMI ≥27.5 from the Indian, Pakistani, Bangladeshi, other Asian & Chinese ethnicity categories.
* BMI ≥ 30 from other ethnicity categories

Blood Pressure:

≥140/90mmHg, the individual requires

Fasting plasma glucose (FPG) or HbA1c test

It’s not clinically effective or cost effective to test everyone. It’s also important to note only HbA1c or fasting plasma glucose test is recommended.

**Other significant diabetes risk:**

* People with first-degree relatives with 2 diabetes or CHD
* People with tissue damage known to be associated with diabetes, such as retinopathy, kidney disease or neuropathy
* Women with past gestational diabetes
* Conditions or illnesses known to be associated with diabetes: (e.g. polycystic ovarian syndrome or severe mental health disorders) those on current medication known to be associated with diabetes (e.g. oral steroids).

**Key point:**

If patients not going for further tests, they need to know:

* Everyone has some level of risk
* Their own level of risk
* Factors for diabetes as part of general lifestyle advice offered to everyone regardless of risk level.

**Alcohol risk assessment**

AUDIT questionnaire - 10 questions.

* Takes approx. 3mins.
* Not all will need to be asked 10 questions.

Split assessment into 2 phases:

* Initial screen to identify those who may be at risk
* Identify level of risk

If patient scores above 5 using AUDIT-C, this indicates the individual is positive on the

* initial screening questionnaire and the
* second phase should be undertaken.

If total AUDIT score from full 10 questions is ≥8, the individual might be placing their health at harm.

Scores ≥20 should be considered for referral.

**Dementia awareness 65-74**

* Raise awareness of the signs and symptoms of dementia
* No formal assessment or testing of memory
* Sign post to memory services which offer further advice and assistance to people who be experiencing memory difficulties, including making a diagnosis of dementia if appropriate.
* Highlight the relationship between cardiovascular risk factors and those risk factors associated with certain types of dementia.
* Leaflet available and online training for staff

**Dementia Leaflet**

Acts as prompt sheet to communicate key messages and info about dementia.

Should take no longer than 2mins of the appointment.

Key messages:

1. Factors that increase risk of cardiovascular disease also increase the chances of developing dementia

2. Adopting a healthy lifestyle can reduce risk

3. There are local services available for information and support

Key tips:

* Keep information clear and concise.
* Use the information about dementia as an opportunity to promote positive behaviour change to lifestyle.
* Ensure that the attendee knows what dementia is.
* Advise attendees that the leaflet is theirs to take home.

**Communication of results**

Use of risk engine to calculate the individuals’ risk of developing cardiovascular disease in next 10yrs is required, and everyone who undergoes a NHS Health Check must have cardiovascular risk score communicated to them. *NB: the risk scores do not take into account physical activity levels or alcohol score.*

People should also be told their BMI, cholesterol level, blood pressure and AUDIT score.

Ensuring results are communicated effectively and recorded:

* CV risk score calculated and explained in such a way that they can understand it. Should be face to face.
* communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk
* use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk

This should include and provide an explanation of their:

* BMI
* cholesterol level (total cholesterol and HDL cholesterol)
* blood pressure
* alcohol use score (AUDIT C or FAST)
* risk score and what this means
* referrals onto lifestyle or clinical services (if any)