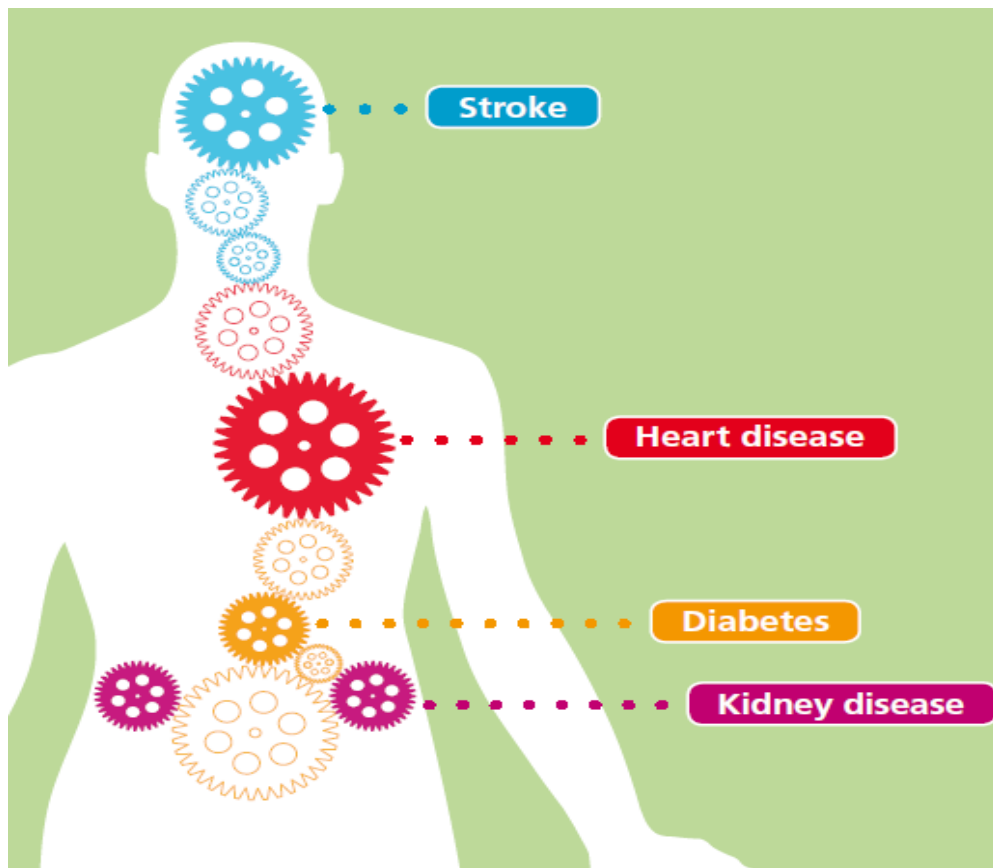


NHS Health Check Handbook



Free NHS Health Check
Helping you prevent heart disease, stroke,
diabetes and kidney disease.



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Copy date: January 2015

Introduction

The purpose of Health Promotion Devon NHS Health Check Handbook is to ensure consistency, provide quality assurance and safety across service delivery footprint and to support Health Promotion Devon staff in their service provision of the NHS Health Check programme.

Background to the NHS Health Check programme

The NHS Health Check is a national programme that started in April 2009 to help prevent heart disease, stroke, diabetes, kidney disease and, as of 2013, it also includes an alcohol assessment and dementia awareness raising¹.

The NHS Health Check is offered to everyone between the ages of 40 and 74 (approximately a quarter of the population), who has not already been diagnosed with one of these conditions or have certain risk factors. The programme ensures everyone in this eligible population is invited once every five years to have a NHS Health Check, and gives them support and advice to reduce or manage any risks it identifies. The programme can help people modify behavioural risk factors such as smoking, alcohol, weight control, diet and physical activity.

It is expected that the check is carried out face-to-face, in a setting or an area, which allows a private conversation. This will help to focus on the individual's needs and preferences and to maximise the support provided to that individual to help them manage their risk and stay well for longer – the ultimate aim of the NHS Health Check programme.

Modelling suggests that the NHS Health Check programme could prevent 1,600 heart attacks and strokes, over 4,000 new cases of diabetes, and at least 650 premature deaths every year. This would have a noticeably positive impact on the health and social care systems.

Evidence also shows that inequality in early deaths from cardiovascular causes and the underlying risk factors persists. They are most common in people from the poorest communities, those with mental health problems and individuals in minority groups compared to people living in more wealthy areas. The NHS Health Check programme offers an opportunity to address such health inequalities.

The tests, measurements and risk management interventions that make up the check can be delivered in different settings and in different ways to suit the needs of local populations. It is however important that the tests and measurements themselves are quality assured.

The programme is constantly reviewed to reflect changes in the health and social care system. For current information on best practice and standards see:

¹ The programme is constantly reviewed to reflect changes in the health and social care system. For current information on best practice and standards see: [NHS Health Check programme standards: a framework for quality improvement](#) (February 2014) and [NHS Health Check Programme Best Practice Guidance](#) (September 2013)

NHS Health Check programme standards: a framework for quality improvement (February 2014)

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/information_governance_and_data/

NHS Health Check Programme Best Practice Guidance (September 2013)

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/managing_your_programme/quality_assurance/

Staff training and competencies

National guidance

The NHS Health Check competence framework (June 2014), which can be found at

www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance

describes the Core Competences and Technical Competences required to carry out an NHS Health Check.

Vascular Risk Assessment: Workforce Competences, which can be found at www.healthcheck.nhs.uk/document.php?o=164 describes relevant competencies for all staff who may be involved in NHS Health Checks.

Health Promotion Devon training requirements

E-Learning courses/support materials

Principles of Infection prevention (Available from STAR)

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

<http://www.youtube.com/watch?v=LXPFCzmabzo>

<http://www.cardiochek.com/how-to-use/professional/training-video>

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/dementia_resources

<http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2013/04/NHS-Health-Check-Best-Practice-Guidance-OCT-2013.pdf>

The below links show video clips of how to use CardioChek and additional e-learning:

<http://www.youtube.com/watch?v=LXPFCzmabzo>

<http://www.cardiochek.com/how-to-use/professional/training-video>

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

<http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>

Please refer to Health Promotion Devon NHS Health Checks Competency Checklist in Appendix A.

Face to Face training

Primary Care Health checks training (bookable via Health Promotion Devon)

Motivational Interviewing/Brief intervention training (bookable via Health Promotion Devon)

Competency sign off training

Conducting the NHS Health Check (Standard Operating Procedures)

The NHS Health Check process

1. Explain the rationale
2. Explain the process
3. Carry Out Screening
4. Explain results, signpost or make a referral

Invitation to the NHS Health Check

People who are invited for a check should be informed about what the check entails. All correspondence should be appropriate to the individual and it is important that all reasonable steps are taken to aid people's understanding – including, for example, those who require assistance because of reading difficulties, who have a disability or who require a translation service.

An invitation letter template has been developed and tested, and is also available to download from the DH publications orderline at www.orderline.dh.gov.uk.

Please refer to Appendix D for NHS Health Check Invitation Letter Template.

Free NHS Health Check Leaflet is available free of charge from the Department of Health publications orderline at www.orderline.dh.gov.uk. Braille, large print and audio versions of the leaflet will be available upon request. Translated versions of the leaflet will be available to download.

When a person attends for their check, the person carrying it out is responsible for ensuring that they are informed about the process.

It is important to establish that the person has received, read and understood the patient information leaflet, and for them to be offered an opportunity to ask any questions. All staff carrying out any part of the check need to be able to answer accurately any queries the person may pose, and we have provided a frequently asked questions section on the NHS Choices website (www.nhs.uk/nhshealthcheck) to support them in this task.

Onward referral to a GP

Once you carried out a Health Check you need to explain results, signpost or make a referral. Please refer to Appendix E - NHS Health Check follow up letter template.

You will also have to fill in the General Risk Assessment Record, which can be found in Appendix F.

Resources required to deliver the NHS Health Check

It is important that all the correct equipment and resources are available, including the following:

Cardiochek machine



Testing strips
(Includes data chip)



Safety Lancets



Pipets



Sterile wipes



Gauze



Band aids



Blood pressure monitor and cuffs



Sharps box



Clinical waste bag



National information leaflets, Dementia leaflets and Devon Health Check results leaflets



Scales



Height measure



Monitoring forms (see appendix for full size version)

Public Health Devon

Devon County Council

At a recent health check the individual has had some results which according to the NHS Health Check Programme Best Practice Guidance (2013) should be investigated further the individual has been advised to contact you to make an appointment.

RISK ASSESSMENT		
Patient Name		
Address		
Age	Years	Date of birth
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> White British	<input type="checkbox"/> Other (please specify)
Date of assessment		
Height in m	Weight in kgs	BMI (kg/m ²)
GPPAQ / Physical activity questionnaire score		
Alcohol / AUDITC score		
Smoking status		
Family history of CHD (in 2 nd degree relative)		
Blood pressure (repeat if high, record lower measurement)		
Total cholesterol		
HDL cholesterol		
Total cholesterol/MDL ratio		
QRISK ² score		
REFERRALS		
Referral to GP recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Reason for GP referral		
Referral advised for lifestyle interventions?		
Reason for referral for lifestyle intervention		
Patient signature:		
NHS Health Check results leaflet received <input type="checkbox"/> Yes <input type="checkbox"/> No		

Waste disposal procedure

The safe disposal and subsequent destruction of clinical waste is a key step in the reduction of illness or injury through contact with this potentially hazardous material, and in the prevention of environmental contamination.

It is important that you dispose of the partially filled sharps boxes and clinical waste bags safely and correctly.

Before any waste can be disposed of, Lucinda Murray (Tel: 01392 208634 / Email: lucinda.murray@nhs.net) or Linda Lewis (Tel: 01271 314055 / Email: linda.lewis@sodexo.com) will need to be contacted for authorisation and so that they can contact the relevant site to ensure someone can take the waste from you.

You only need to complete the third party waste form to be found on the shared X drive under health checks---- Community health checks-- HPD delivery resources and email it; the log will be completed by Lucinda or Linda.

Please refer to 3rd Party Disposal Log in Appendix B and 3rd Party Disposal Form in Appendix C.

The sites that we as NDHT deal with and the contacts are:

Contact Lucinda Murray for the below sites:

Email: lucinda.murray@nhs.net **Tel:**01392 208634 **Mobile:** 07969 771845

Axminster	Ottery St Mary
Budleigh Salterton Crediton	Seaton Sidmouth
Exmouth	Tiverton
Honiton	Whipton
Moretonhampstead	Okehampton

Contact Linda Lewis for the below sites:

Contact: Linda Lewis **Tel:**01271 314055 **Bleep** 131

Email: lindalewis2@nhs.net

NDDH	South Molton
Holsworthy	Bideford
Tyrell	

In the event of any spillages or issues around clinical waste please complete a Datix incident form or and contact Chukumeka.maxwell@nhs.net if you have any concerns.

Cardiovascular Risk Assessment

The NHS Health Check risk assessment requires the use of a risk engine to calculate the individuals' risk of developing cardiovascular disease in the next ten years. In order to calculate the overall Q risk score a member of staff needs access to a computer or tablet with a Wi-Fi in order to use an online tool, which can be accessed at www.qrisk.org. Where there is no Internet access, please refer to the Joint British Societies' (JBS) CVD risk prediction charts in Appendix H.

The QRISK®2-2014 cardiovascular disease risk calculator

QRISK®2 is a well established cardiovascular disease (CVD) risk score, in use across the NHS since 2009, which is designed to identify people at high risk of developing CVD who need to be recalled and assessed in more detail to reduce their risk of developing CVD.

The QRISK®2 score estimates the risk of a person developing CVD over the next 10 years.

The tool can be accessed on-line at <http://www.qrisk.org>

Calculate Cardiovascular disease risk

- All measurements taken will feed in to produce a CVD risk score
- Anyone with a CVD risk score $\geq 20\%$ (i.e. a 20% or above chance of suffering a cardiovascular event in the next 10 years) should be routinely referred to their GP
- If a patient has a CVD risk score of less than 20% but meets the referral criteria for one or more of the individual measurements taken then they should still be referred using the individual referral criteria

What does a Q risk score look like?

About you

Age (25-84):

Sex: Male Female

Ethnicity:

UK postcode: leave blank if unknown

Postcode:

Clinical information

Smoking status:

Diabetes status:

Angina or heart attack in a 1st degree relative < 60?

Chronic kidney disease?

Atrial fibrillation?

On blood pressure treatment?

Rheumatoid arthritis?

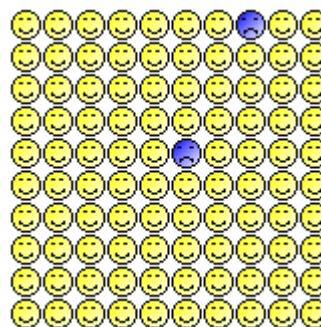
Leave blank if unknown

Your results

Your risk of having a heart attack or stroke within the next 10 years is:

1.5%

In other words, in a crowd of 100 people with the same risk factors as you, 2 are likely to have a heart attack or stroke within the next 10 years.



Risk of heart attack or stroke

Your score has been calculated using the data you entered.

Your body mass index was calculated as 32 kg/m².

Cholesterol/HDL ratio:

Systolic blood pressure (mmHg):

Body mass index

Height (cm):

Weight (kg):

Calculate risk over years.

How does your 10-year score compare?

Your score
 Your 10-year QRISK[®] 2 score
 The score of a typical person with the same age, sex, and ethnicity
 Relative risk**
 Your QRISK[®] Heart Age***

Communicating the risk of CVD

Providing lifestyle advice

“Once the person’s level of vascular risk has been assessed, it is essential that the necessary lifestyle advice and interventions are available for the programme to be effective.”

(Further Guidance for PCTs, 2008, NICE guidance)

All patients, even those at low risk, should be given information to help them reduce their CVD risk further:

- Physical activity
- Weight reduction
- A healthy diet
- Quit Smoking
- Limiting alcohol and salt intake

More information at www.nhs.uk/lifecheck

Essential references and information

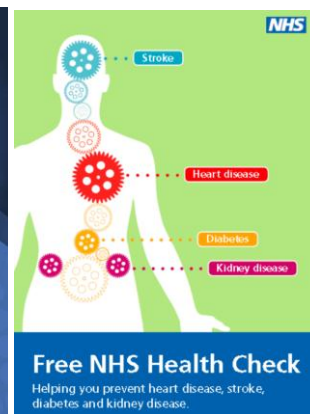
<http://www.devonhealthandwellbeing.org.uk/library/prof/health-checks/>

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/nice_guidelines/

<http://www.nice.org.uk/>

<http://www.bhsoc.org/>

<http://www.qrisk.org/>



CardioChek Standard Operating Procedure

CardioChek is a fast, portable and reliable whole blood analyser, which is used for screening lipids in the main. This includes total cholesterol, HDL cholesterol and Triglycerides.

The technology behind CardioChek is reflectance photometry, the measurement of colour development once blood is placed on the test strip in the analyser.

Please note that the CardioCheck machine will not give a reading if someone had HDL of greater than 2.59 or lower than 0.39.

Setting up CardioChek

CardioChek uses two (2) AAA 1.5 volt batteries. CardioChek monitors the health of the batteries and will notify the user when the batteries need to be changed.

Installing/replacing the batteries

Open the battery door on the back of CardioChek by pressing and sliding it in the direction of the arrow

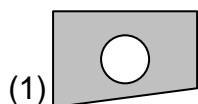
Remove the old batteries from the compartment and safely dispose of them

Insert the new batteries into the compartment with the positive (+) terminal facing to the left on the top battery, and to the right on the bottom battery as marked on the casing inside the compartment.

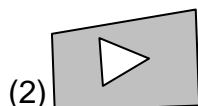
Replace the battery door

To make sure that the batteries were installed properly, switch on the CardioChek by pressing one of the buttons on the front of the instrument.

Buttons



This button turns CardioChek on and confirms the menu choice



This button advances the menu options and switches on

Checking the system

Instrument check strip: a grey check strip is included with the analyser carry case. This is to verify proper functioning of the electronic and optical systems. The check strip provides a colour standard, which is read by CardioChek.

Please store this safely in the case when not in use.

Recommended use of the check strip:

- a) When you first receive the analyser
- b) If you drop the analyser accidentally
- c) If you question a result from the system

Using the Check Strip

1. Turn on the analyser
2. Press (2) next button until utility is displayed
3. Press next (2) until CK STRIP is displayed, then press enter (1)
4. Insert the Check Strip, rib side uppermost into the test strip insert
5. CardioChek should display "PASSED". If the display reads "FAILED" please refer to appendix X
6. Press next (2) until exit is displayed, confirm with enter (1)
7. Press next (2) until "RUN TEST" is displayed
8. Press enter (1). CardioChek is now ready to start working

Quality Control

Control testing is used to ensure all parts of the system are working correctly and that the test results being reported are accurate and reliable. This should be carried out when you change packs of test strips, and when you are unsure of a patient result.

For more details on quality control see the section at the end of the SOP on QA in the Bolton QA handbook.

Blood Sample

Here are some helpful hints on get a good drop of blood:

1. Warm the fingers to increase blood flow
2. Let the arm hang down at the person's side briefly to allow blood flow to the fingertips
3. Have the patient wash their hands in warm soapy water, rinse well and dry completely. Allow the alcohol wipe to dry properly before testing.

Obtaining a blood sample

1. Clean the finger. Be sure the finger is completely dry.
2. Use a new sterile, disposable lancet to puncture the skin
3. Stick the finger on the side of the fingertip. **NOT THE FINGERTIP ITSELF**
4. Wait for a few seconds
5. Gently apply pressure "milking" the finger from the hand out to the fingertip.
6. The drop should sit proud of the finger to allow the pipette to draw up the blood to the line. This part of the procedure is vital to guarantee good results. Not enough blood will lead to erroneous results.

Running a Test

1. Insert the correct MEMo Chip that relates to the strips you are using. This is inserted with the finger notch top side up and lot number facing down.
2. Turn on the CardioChek system
3. The system will go through a safety check and display the lot number.
4. When "INSERT STRIP" is displayed, insert the strip as far as it can go into the system
5. CardioChek will then display "APPLY SAMPLE"
6. Obtain a blood sample as described in the previous section
7. Apply the blood sample from the pipette into the window on the test strip.
8. Within two minutes, the result will be displayed
9. Withdraw the test strip and discard safely in a sharps bin
10. CardioChek is now ready to test again, if it is not used within 3 minutes, it will turn off to conserve battery power.

Quality Control

Quality control is the process to ensure that the results from CardioChek are consistently reliable and accurate. It tests all the aspects of the test procedure from the system to the operator. It will also highlight problems in the test strips or system if the result is out of range.

Quality control material is a solution containing cholesterol of a known value. It is used to make sure that CardioChek is working properly and also that the test strips have been stored correctly and are functioning to specification.

Testing is done just as a normal sample except that the sample is applied from the dropper bottle provided. There are two levels in the box, a high level and a low level. They test the optical system and should be in the range set in the package insert.

If the Quality Results are not in range:

1. Ensure that the strip insert opening area is clean
2. Check expiration of test strips and control material
3. Check that the MEMo Chip matches the strip lot
4. Repeat using fresh materials
5. Call customer services for product support

Running a Control Test

1. Install the correct MEMo Chip to the lot of strips you are using
2. Turn on system
3. Press next (2) until "UTILITY" is displayed, confirm with the enter button (1)
4. Press next (2) until "RUN CONTROL" is displayed, press enter (1)
5. Insert test strip into analyser
6. Apply the control material from the dropper bottle and replace the cap immediately
7. The result will be displayed after 2 minutes
8. Compare the results to the package insert range
9. Log the result, date and operator in the log book
10. Exit the menu to start testing patients

Setting up CardioChek

Setting the Time

1. Turn CardioChek on
2. Wait for the display to read "INSTALL MEMo CHIP" or "INSERT STRIP". Press enter, the display will read "RUN TEST"
3. Press next (2) until "SET TIME" is displayed
4. Press enter (1) and the clock format is displayed: 12/24 HR.
5. Press next (2) to toggle between 12-hour am/pm or 24 hour clock.
6. Press enter once you have decided the time format
7. The display will now read "HOUR"
8. Press next (2) until the to increase the hour to the correct one, press enter (1) to confirm the hour
9. The display will now read "MINUTE"
10. Press next (2) to increase the minute to the chosen time, press enter to confirm
11. The display will now read "SET TIME"
12. Press next (2) until exit is displayed, press enter,
13. Press next to return the display to "RUN TEST"

Setting the Date

1. Turn CardioChek on
2. Wait for the display to read "INSTALL MEMo CHIP" or "INSERT STRIP". Press enter, the display will read "RUN TEST"
3. Press next (2) until "SET DATE" is displayed
4. Press enter (1) and the numerical month is displayed
5. Press next (2) to increase the month to the correct one, press enter (1) to confirm the choice.
6. The display will then read "DAY" and the numerical month.
7. Press next (2) to increase the day to the correct day and press enter (1) to confirm the day.
8. Next the display will read "YEAR" and the numerical year in the system.
9. Press next (2) to increase the year to the chosen year, press enter (1) to confirm. The display will now read "SET DATE", press exit to return to run a test.

Setting the Units

CardioChek has been set to the US units of measurement, Mg/dL, this needs to be changed to international units, mmol/L

1. Turn CardioChek on
2. Wait for the display to read "INSTALL MEMo CHIP" or "INSERT STRIP". Press enter, the display will read "RUN TEST"
3. Press next (2) until "USER SET" is displayed
4. Press enter (1)
5. The display will read "SOUND", press next until "UNITS" is displayed
6. Press enter (1). The display will read "US", press next (2) to change to "INTL"
7. Press enter (1) to confirm the units. The display will read "USER SET"
8. Press next (2) to "RUN TEST"

Setting the Sound

CardioChek has been pre-set to BEEP ON. To turn the sound off or on follow the steps listed below:

1. Turn CardioChek on
2. Wait for the display to read "INSTALL MEMo CHIP" or "INSERT STRIP". Press enter, the display will read "RUN TEST"
3. Press next (2) until "USER SET" is displayed
4. Press enter (1).
5. The display will read "SOUND", press enter (1) to confirm
6. The display will read "BEEP ON" or "BEEP OFF"
7. Select the required choice and confirm by pressing enter (1)
8. Press next until "EXIT" is displayed
9. Press enter to return to "USER SET"
10. Press next to "RUN TEST"

Troubleshooting

Please refer to the troubleshooting guide in the training pack for all the error codes. If you are not able to resolve the issue, please call 01204 390421 for technical support.

CardioChek e-learning

The below links show video clips of how to use CardioChek and additional e-learning:

<http://www.youtube.com/watch?v=LXPfczmabzo>

<http://www.cardiochek.com/how-to-use/professional/training-video>

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

<http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>

Height measurement

1. The height should be measured with the base plate on a firm and level surface, preferably with a perpendicular surface to ensure the measure is vertical.
2. Ask the individual to remove their shoes and stand on the base plate with their back to the measure.
3. If the individual has a ponytail or other hair dressing that may affect the result, ask them to remove it.
4. Ask the individual to stand as tall and straight as possible with feet together and arms loosely at the side and relaxed.
5. The head should be placed in the Frankfurt Plane, such that an imaginary line joining the upper margin of the external auditory meatus and the lower border of the eye is horizontal. Ensure that the individual is looking straight ahead with the back of their head against the plate.
6. Lower the head plate so that it gently rests on the highest part of the individual's head. Press down to flatten hair.
7. Read the height measurement from where the arrow points to on the measure to the nearest cm.

Weight measurement

1. The individual should remove their shoes and coat and heavy outerwear for this test.
2. Ensure scales have been calibrated/ serviced within the specified time range.
3. Set scale to '0'.

4. Ask the individual to step on scales.
5. Wait for weight to register properly.
6. Record weight (in kg).

Calculating BMI

BMI calculation can be done on a phone/laptop etc. using a calculator: Weight (kg)/Height (m²)

Or there are online calculators:

<http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

<http://www.bhf.org.uk/bmi/home.html> (to be used as a print out)

Onward referral – weight

Tier 1 - support (non-funded)

BMI >25 – 29.9 (kg/m²) or South Asian population and > 22.5- 27.4 (kg/m²) with co-morbidities *

BMI >30 – 34.9 (kg/m²) or South Asian population and >27.5- 32.4 (kg/m²) without co-morbidities

Considered ready to change by Health Professional

Tier 2 - funded weight management on referral voucher

BMI >30 (kg/m²) or South Asian population and >27.5 (kg/m²) with co-morbidities*

BMI >35 (kg/m²) or South Asian population and >32.5 (kg/m²) without co-morbidities

Considered ready to change by Health Professional

* type 2 diabetes or previous gestational diabetes, uncontrolled hypertension, hyperlipidaemia uncorrected by maximum doses of statins, sleep apnoea, severe osteoarthritis

All individuals must be referred by a GP/health professional.

Health Promotion Devon will determine which Tier the client can access and which service they are eligible for

Referral via electronic referral form, fax or post to Health Promotion Devon

Details of referral process at www.devonhealthandwellbeing.co.uk

General Practice Physical Activity Questionnaire

Please tell us the type and amount of physical activity involved in your work.

I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)

I spend most of my time at work sitting (such as in an office)

I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)

My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery worker etc.)

My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)

During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not.

Physical exercise such as swimming, jogging, aerobic, football, tennis, gym workout, etc.

Cycling (including cycling to work) and during leisure time.

Walking (including walking to work), shopping, etc.

Housework or childcare.

Gardening or DIY.

How would you describe your usual walking pace?

Physical Activity Index (PAI)

Physical Activity and GPPAQ score

The GPPAQ is a validated screening tool for use in primary care that can be used to assess adult (16-74 years) physical activity levels.

It generates simple, 4-level Physical Activity Index (PAI)

categorising patients as: Active, Moderately Active, Moderately Inactive, and Inactive.

The General Practice Physical Activity Questionnaire (GPPAQ) can be accessed below or in Appendix G:

<http://www.patient.co.uk/doctor/general-practice-physical-activity-questionnaire-gppaq>

Onward referral – Physical activity and GPPAQ

All patients who receive a score less than "Active" should be offered a brief intervention supporting behaviour change to increase their physical activity. It can be used as part of the NHS Health Check programme to assess people's risk of heart disease, stroke, kidney disease and diabetes.

Please refer to the table below for guidance:

GPPAQ rating	Content of Brief intervention
Inactive	The questionnaire indicates that you might benefit from increasing your activity levels. What is your view? Use knowledge of Motivational Interviewing and the Stages of Change model to determine patient's motivation for change.
Moderately inactive	The questionnaire indicates that you might benefit from increasing your activity levels. What is your view? Use knowledge of Motivational Interviewing and the Stages of Change model to determine patient's motivation for change.
Moderately Active	The questionnaire indicates that you are moderately active which is in line with the governments' recommendation. How active do you think you are? It's important to maintain this level of activity and or look to increase it if possible as it will help reduce your risk of CHD, stroke, diabetes, manage your blood pressure and many other diseases.
Active	The questionnaire indicates that you are an active person. This is fantastic as it means you are achieving the governments' recommendation of 150 minutes a week which will help protect you against many diseases and reduce your risk of developing CHD and diabetes for example.

Target: 150 hours of moderate intensity or 75 hours of vigorous intensity per week

If an individual is not achieving the above CMO activity guidelines staff should make them aware of the recommendations and signpost them to information about physical activity opportunities. There is no requirement to refer back to the GP if the individual is inactive.

Please note that if BMI is >25 they are eligible for the Weight management programme (>22.5 if BAME).

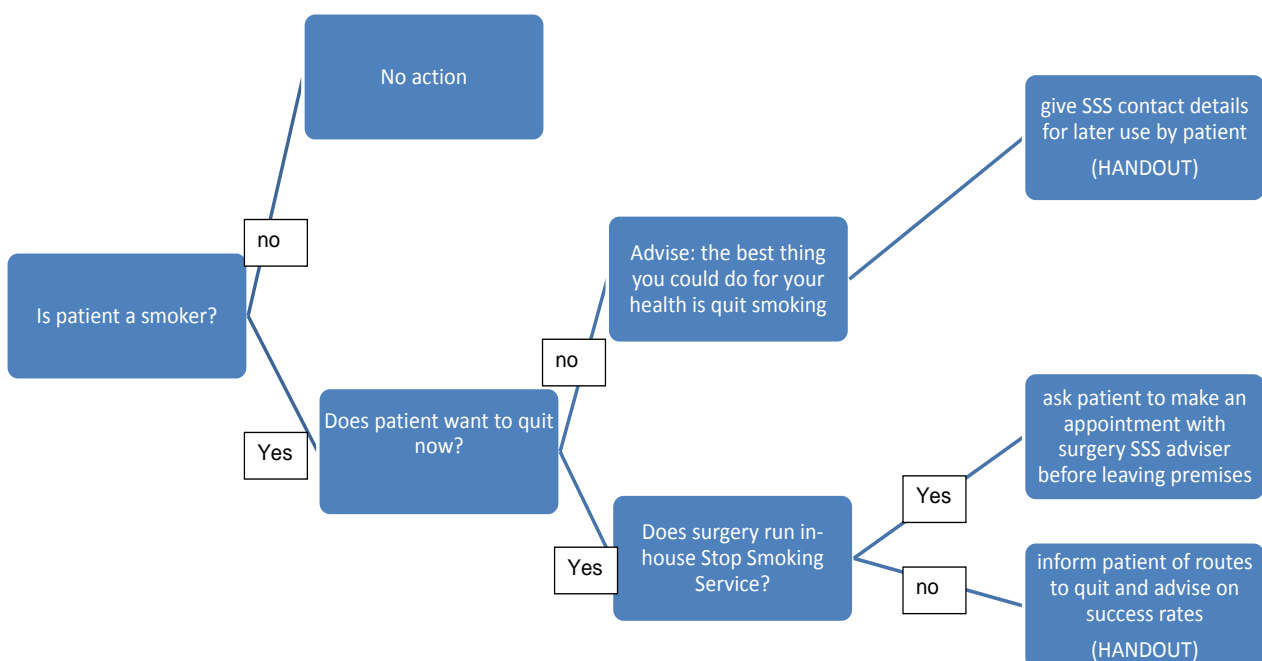
- Exercise Referral Schemes
 - 12 – 16 week exercise programme referred to by health professional, supported by a qualified instructor and paid for by the patient
 - Available through some local leisure centres in Devon
 - Check http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/10/Exercise-Referral-Schemes_Devon.pdf for details of your local scheme.

Further resources:

- Physical Activity Finder Tool available at Active Devon website www.getactivedevon.org.uk. Helps the health professional to signpost their patient to local physical activity opportunities.
- Local District Council websites
- Let's Get Moving patient handbook
- <http://www.devonhealthandwellbeing.org.uk/library/prof/weight/>

Stop Smoking – Health Check referral pathway

HEALTHCHECK REFERRAL PATHWAY – STOP SMOKING SERVICES



Onward referral – smoking

Specialist Stop Smoking Service

There are specialist advisors offering clinics in community venues across Devon with many clinics available after 5pm. The service also provides training to Primary Care Staff wanting to offer their own in house stop smoking service.

The individuals can self refer or you can refer them by contacting 01884 836024 for more details.

More information is available on www.healthpromotiondevon.nhs.uk or by email ndht.hpd@nhs.net or post referrals.

Taking blood pressure

National guidance

The British Association for Hypertension guidance in accordance with NICE is that someone can be treated for hypertension if their systolic blood pressure is consistently greater than 140mmHg or if their diastolic blood pressure is consistently greater than 90mmHg.

For a diagnosis to be confirmed clinicians will normally look at a 24-hour tape, or an average reading collated over a 7-day period. A one off reading is not a reliable measure, but can be used to have a brief intervention with a client.

Every 2mmHg increase in systolic blood pressure can increase the risk of CHD by 7% and stroke by 10%.

Methodology

Health Promotion Devon staff is trained to use automated blood pressure machines (ABPM) that will be calibrated in line with manufacturer's guidance.

How to take blood pressure:

1. The individual should have been seated for at least 10 minutes and asked to relax whilst the readings are taken, they should be asked not to talk whilst the reading is being taken and that an explanation of the reading will be given at the end.
2. The individual's arm should be outstretched and supported.
3. Preferably with any clothing around the arm removed. Any tight fitting garments around the upper arm will interfere with the measurement. It may be necessary to ask the individual to slip their arm outside of their clothing. For this reason the measurement should be taken in a confidential/private environment.

4. Make sure you have access to a large cuff for those people whom are overweight.
5. Take a measurement on both arms. If there is substantial difference between the two readings (greater than 20mmHg) take a third reading and then use the lower of the last two readings as the measure to record.

A case study

A Practice Nurse measured a gentleman's blood pressure using a manual sphygmometer, as she listened she heard some erratic noises. She then checked the gentleman's pulse and this too felt erratic. As he was at the surgery he was plugged into an ECG machine and was having a heart attack. This situation is extremely rare and so if you ever perform a Health Check and you are concerned by a patient's blood pressure reading, an erratic pulse (which they were not already aware of) and any symptoms associated with a heart attack **call 999** immediately.

Onward referral – blood pressure

	What to do/say
Individuals on hypertensive medication/ or with known 'white coat syndrome'/ women who are pregnant/ individuals with a known heart arrhythmias	No need to measure as they are on a clinical pathway/Clinician is aware
Individuals whose blood pressure is within recommended guidance i.e. systolic <140mmHg and diastolic <90mmHg	Brief intervention to congratulate them on their reading today, explain it varies and the factors that can affect BP, i.e. Salt, inactivity, dehydration, stress, alcohol and caffeine consumption, family history, quit smoking. Obtain client consent to write a letter to their GP explaining the reading and for the surgery to update their records.
>140/90mmHg or above	Brief intervention to explain the reading as above. Provide literature. Obtain patient consent to write a letter to their GP explaining the reading and for the surgery to contact the client should they feel it necessary. (Should we attempt to check pulse for any irregularities?). Further discussion about physical activity and eating habits.
<90/<60mmHg (possible hypotension)	Ask the client if they have any history of falls or dizziness and whether this has ever been mentioned to their GP. If there have been episodes of dizziness or falls obtain consent to write to GP.

Alcohol Audit C score

The AUDIT-C is a three-question screen (as seen below) that can help identify clients with alcohol misuse. The AUDIT-C is scored on a scale of 0 - 12 points (scores of 0 reflect no alcohol use in the past year). In both men and women 4 points or more is considered positive for alcohol misuse.

Please refer to Appendix H for an Audit C Alcohol Screening Tool.

Generally, the higher the AUDIT-C score, the more likely it is that the client's drinking is affecting his/her health and safety.

Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic drinks during this past year."

Read the questions as written. Record answers carefully.

Explain what "alcoholic drinks" mean by using local examples of beer, wine, vodka, etc.

Code answers in terms of "standard drinks". Select the correct answer number in the box on the right.

Audit C	Content of Brief intervention
Lower Risk 0-7	Congratulations, you have achieved a low score which indicates you are someone who drinks in moderation and whom is likely to achieve the recommendation of having at least 2 alcohol free days a week and drink within safe limits most of the time.
Increasing Risk 8-15	Your score indicates that you might be at increased risk of developing a dependency on alcohol. What is your view? Ask if they know what the recommendation is for their gender on a daily basis? Did you know that we are also encouraged to have at least 2 alcohol free days a week? Use motivational interviewing skills to determine any readiness to change.
Higher Risk 16-19	Your score indicates that you may be developing or have developed a dependency on alcohol. What is your view? Ask if they know what the recommendation is for their gender on a daily basis? Did you know that we are also encouraged to have at least 2 alcohol free days a week? Use motivational interviewing skills to determine any readiness to change.

Possible dependence 20+	<p>Your score indicates that you may be developing a dependency on alcohol. What is your view?</p> <p>Ask if they know what the recommendation is for their gender on a daily basis? Did you know that we are also encouraged to have at least 2 alcohol free days a week?</p> <p>Use motivational interviewing skills to determine any readiness to change.</p>
-------------------------	--

Onward referral - alcohol

- Community Alcohol Services

RISE (Recovery and Integration Service) is the provider for any adult with an alcohol problem. Service users or professionals can make a referral with the service user consent.

How to make a referral –

Email rise.referral@riserecovery.cjsm.net

Exeter, East and Mid Devon.

Tel :01392 492360 Fax: 01392 213485

North and West Devon, Torridge

Tel: 01271 859044 Fax: 01271 370712

South Devon and Teignbridge

Tel: 01626 351144 Fax: 01626 366314

- Breaking Free Online

Breaking Free Online is an award-winning computerised treatment programme for alcohol and drug difficulties. It is now available for GPs within the Devon area to provide to their patients for free.

Please contact Glyn Davies at gdavies@breakingfreeonline.com or by telephone on 0161 834 4647 in order to provide this resource to the individual.

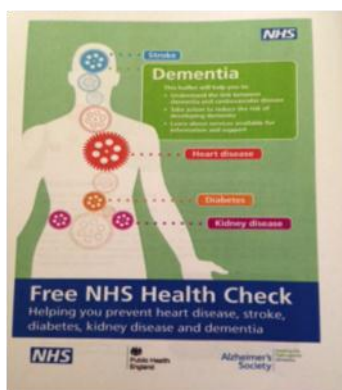
- E-learning available <http://www.alcohollearningcentre.org.uk/eLearning/IBA/>
- Addaction
- Health Trainer service (where clinics exist)
- Further resources www.drinkaware.co.uk

Dementia awareness

Every person aged from 65 to 74 years who is undergoing a health check shall be given information at the time of the health check designed to raise their awareness of dementia and of the availability of memory services which offer further advice and assistance to people who may be experiencing memory difficulties, including making a diagnosis of dementia.

To access a 20 minute e-learning training package click here:

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/dementia_resources



Template script:

So we have been through the disease risk factors for cardiovascular disease. What I'd like to do next is just make you aware of the links to dementia. Can you tell me what you know about Dementia?

Dementia relates to how the brain functions. A healthy lifestyle also reduces the risk of dementia and the risk of cardiovascular disease. Were you aware of the link?

Show some points in the leaflet to reinforce your points.

Dementia relates to how the brain functions and can affect our memory, ability to everyday tasks and our mood.

If you have any concerns about yourself or a friend or family member you can discuss this with your GP. Do you have any questions? Was the information useful?

Onward referral – dementia

Anyone who has concerns about themselves or a friend/family member should be encouraged to discuss this with their GP.

Alzheimer's Society's Devon office is located at:

Suite 1, Forde House
Park Five Business Centre, Harrier Way
Sowton Industrial Estate
Exeter
Devon
EX2 7HU

Tel: 0300 1232029

Email: devon@alzheimers.org.uk

National website: www.alzheimers.org.uk

www.dementiafriends.org.uk website have got a wealth of information about dementia

Depression and anxiety

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder or clinical depression, it affects how people feel, think and behave and can lead to a variety of emotional and physical problems.

Anxiety is a feeling of unease, such as worry or fear that can be mild or severe. Anxiety is the main symptom of several conditions, including panic disorder, phobias, post-traumatic stress disorder and social anxiety disorder (social phobia).

Onward referral – depression and anxiety

- Signpost to GP
- GP would refer to DRSS and they triage into either Assessment team or Older adults team
- Depression and Anxiety Service; Mental Health recovery team and Psychosis recovery team are the services available, 65yrs
- STEP work with 14-35 yrs. olds
- Devon and Partnership NHS Trust HQ tel: 01392 208866, website www.devonpartnership.nhs.uk
- An individual can also contact helplines such as Samaritans on 08457 90 90 90 for confidential, non-judgemental emotional support.

NHS Health Check FAQs

1. Why don't you need to fast for the cholesterol test and is it still accurate?

The cholesterol test is a point of care testing kit, and so will provide a current cholesterol test reading. Unlike blood sugars that are changeable immediately upon eating, the cholesterol in the body develops over time and is less susceptible to immediate changes. If a patient has a high reading the GP would then repeat a fasting blood test and test for diabetes as well.

2. Why can't someone with an irregular pulse rate have blood pressure monitored?

The automated blood pressure machines we use do not detect a blood pressure where there is an irregular pulse.

3. Why do people need to consent to information sharing before we can offer an NHS health check?

The NHS Health Check programme is designed to identify those at risk of Cardiovascular disease and whom may require further medical supervision. Therefore we have a duty of care to the patient to refer them onto a GP, and therefore we need their consent before we conduct the Health Check.

4. What is the Q score based on and why do we exclude high-risk people from an NHS health check?

Q risk is the risk calculation that indicates the likelihood of each individual developing cardiovascular disease within a 10-year period. A risk score of less than 10% is classified as acceptable, a score between 10-20% means there is an increased risk of CVD and changes to lifestyle can help manage these risks and a score of >20% means that we are concerned about the level of risk and you should visit your GP for further tests.

If someone already has a long-term condition then they will be on a disease risk register with their GP practice and have a disease risk management plan in place.

5. What is the problem with having high blood pressure, what does it mean?

High blood pressure can be an indicator that someone has or is at high risk of developing other vascular problems. High blood pressure indicates that the heart has to work harder than it should be. This could mean that there is a furring of the arteries and that there is a narrowing of the blood vessel walls. There is a risk that this could lead to stroke, heart disease or diabetes.

6. What's the difference between high-density lipids (HDL) and low-density lipids (LDL) in cholesterol?

HDL are the good cholesterol, and carries cholesterol away from the cells and back to the liver where it is broken down or passed out of the body as a waste product.

LDL is the bad cholesterol and it carries the cholesterol from the liver to the cells that need it. If there is too much cholesterol for the cells to use, it can build up in the artery walls, leading to disease of the arteries.

7. How does eating too much salt affect my health?

A high intake of salt can increase blood pressure.

8. If I am very active but still overweight does it still matter?

Being very active is a great way of reducing your risk for developing cardiovascular disease. If you are already active then altering your training pattern or taking part in new activities that use different muscle groups can help during efforts to reduce your weight.

By being overweight you are at greater risk than someone who is of a normal weight and active. What we know is people of a healthy weight are less likely to develop cardiovascular disease. If you are already active it may be that you are able to make alterations to your eating habits in order to achieve a healthy weight.

We know a 5-10% reduction in weight that is maintained means you are significantly lowering your risk of cardiovascular disease.

9. Why do we ask about alcohol?

Alcohol is a modifiable lifestyle risk factor that contributes towards the risk for Cardiovascular disease and Dementia.

10. What is Dementia?

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes problems with:

- memory loss
- thinking speed
- mental agility
- language
- understanding
- judgement

Dementia is becoming increasingly common and the risk of developing dementia increases with age.

11. Why do you need to take a blood pressure reading on both arms?

NICE guidance indicates that blood pressure should be tested on both arms. If there are significant differences then a 3rd reading should be taken on the arm with the highest reading. The highest reading should be the reading that is recorded. If referring back to the GP then the letter should state which arms each reading were taken on.

Before taking the measurement the patient should have been sat for at least 10 minutes and feel relaxed, any tight clothing around the upper arm should be removed.

Appendix A - Health Promotion Devon NHS Health Checks Competency Checklist

Employee Name:

Observer Name:

Date:

	Yes	No
Employee welcomes patient		
Employee explains the process to the patient		
Employee checks the patient is happy for us to share data with GP practice		
Employee asks patient if there is anything about their lifestyle in particular that is concerning them (a discussion about raised issues is had during the Health check)		
Employee checks patient height accurately		
Employee checks patient weight accurately		
Employee explains BMI and asks how patient feels about the result		
Employee goes through Lifestyle questionnaires with patient (Smoking Status; Audit C; Physical Activity)		
Employee correctly fits the blood pressure cuff to patients arm		
Employee takes blood pressure 1 reading on each arm; if BP is 10mmHg difference retake on arm with highest reading		
Employee explains the measure		
Employee washes their hands effectively (if not done here should be done between patients)		
Employee takes Cholesterol: Helps patient to increase blood flow to the finger		
Employee puts on gloves and asks patient which is their dominant hand and uses a finger on the non-dominant hand for the test		
Employee cleans the area to be tested with an alcohol wipe		
Employee sets the CardioChek machine up, making sure the test strip bottle code matches that of the memory chip and closes the lid of the bottle after removing each test strip		
Employee sets the lancet to 2mm by turning the dial to the long line		
Employee explains that they will massage the finger to increase blow flow		
Employee applies the lancet to the finger, applying pressure (below the bone and to the side of the finger away from the nail bed)		
Employee wipes the first drop of blood away from the site with gauze		

Employee gives gauze to patient to hold		
Employee massages finger to encourage a ladybird sized drop of blood to appear on the finger		
Employee uses the pipette to draw up the blood without air bubbles		
	Yes	No
Employee applies blood to the test strip using the pipette		
Employee disposes of the lancet, pipette, gauzes, and test strip into the yellow clinical waste bucket, gloves and alcohol wipes are disposed of in bin		
Whilst tidying up and awaiting the test results employee discusses lifestyle factors with patient		
Employee enters data onto the Qrisk 2 website or uses JCB2 graphs to obtain CVD risk score		
Employee explains CVD risk score to patient		
Employee discusses Dementia with patient if aged 65+		
Employee signposts/refers on appropriately		
Employee gives patient copy of results and explains that they will be re-invited in 5 yrs. time by their GP practice		

Employee states that they have:

Completed Principles of Infection Control (Primary Care, clinical) e learning

Completed online 20 minute Dementia E-learning training

Employee has had Hep B jab from Occupational Health

Employee Signature:

Observer Signature:



Workforce_Competencies.pdf

Appendix C - 3rd Party Waste Disposal Form



Incorporating community services in Exeter, East and Mid Devon

Third Part Waste Disposal

Please ensure that prior agreement has been received by:

Linda Lewis: NDDH, Holsworthy, South Molton, Tyrell, Torrington, Bideford (Tel: 01271 314055 / Email: linda.lewis@sodexo.com)

Lucy Murray: Axminster, Budleigh, Crediton, Exmouth, Honiton. Moretonhampstead, Okehampton, Ottery St Mary, Seaton, Sidmouth, Tiverton, Whipton (Tel: 01392 208634 / Email: lucinda.murray@nhs.net)

Please Note: Without this agreement you will not be able to dispose your waste any of our sites

Date:										
Name:										
Job Title:										
Department & Trust:										
Details of the clinic where the waste was generated:										
Intended Disposal Site:										
Waste Type:	Offensive Tiger Bag	Infectious Orange Bag	Incineration Yellow Bag	Sharps Containers				Other		
				Yellow Sharps	Anatomical (Red Lid)	Medicine (Blue)	Cyto (Purple Lid)			
Amount being Disposed:										
Date Authorisation Received to Dispose:										
Signature of Person Disposing:										
Name of Person Receiving Waste:										
Job Title:										
Signature :										

This form should be kept with the waste records at the site the waste was disposed of.

A copy is to be sent to: Lucy Murray, Assistant Area Facilities Manager, Arlington Centre, Exeter Community Hospital (Whipton), Hospital Lane, Whipton, Exeter, EX1 3RB

Appendix D – NHS Health Check invitation letter template

Dear Xxxx

We are inviting you to attend your free NHS Health Check on xx xxxxx xxxx at xxxx

NHS Health Checks are being offered to people aged between 40 and 74 once every five years.

The check is to assess your risk of developing diabetes, heart disease, kidney disease, stroke and dementia. If there are any warning signs, then together we can do something about it.

The check should take about 20-30 minutes and is based on straightforward questions and measurements such as age, gender, family history, height, weight and blood pressure. There will also be a simple blood test to measure your cholesterol level.

Following the check, you will receive free personalised advice about what you can do to stay healthy.

Take a look at the enclosed leaflet for more information about the NHS Health Check and how it could benefit you.

If you cannot attend this appointment, please call the xxxx on xx xxxxx xxxx and we will arrange a more suitable time for you.

Yours sincerely

xxxxxxxxxx xxxxxxxxxxxxx

(Name of healthcare professional to go here)

Appendix E - NHS Health Check follow up letter template



Practice headings

Dear Xxxx

You have attended your NHS Health Check.

The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. The check has identified the need for follow up at the practice to complete the risk assessment and ensure you are given the correct support and advice.

The practice would therefore like to invite you to come for further follow up. Please ensure you make an appointment with our reception staff so that we can complete your health check. If you have any concerns do not hesitate to contact us.

Yours sincerely

xxxxxxxxxxxxxxxxxxxx

(GP practice lead professional)

**NHS
HEALTH
CHECK**

Helping you prevent

diabetes

heart disease

kidney disease

stroke & dementia

Appendix F – General Risk Assessment Record



At a recent health check the individual has had some results which according to the NHS Health Check Programme Best Practice Guidance (2013) should be investigated further the individual has been advised to contact you to make an appointment.

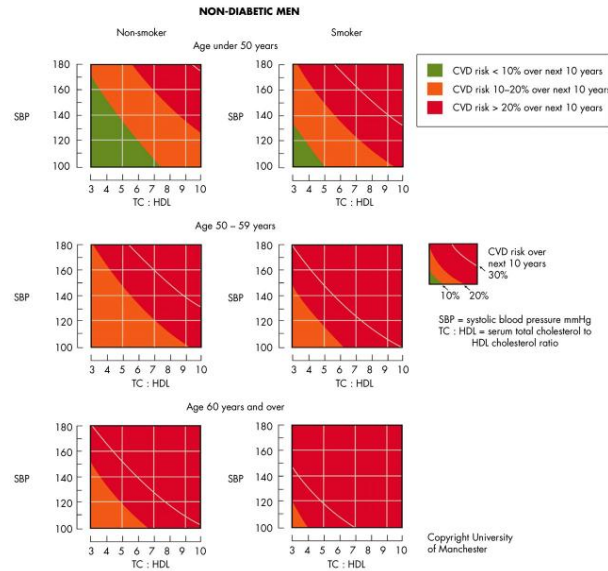
RISK ASSESSMENT			
Patient Name			
Address			
Age	Years	Date of birth	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnicity	<input type="checkbox"/> White British	<input type="checkbox"/> Other (please specify)	
Date of assessment			
Height in m	Weight in kgs	BMI (kg/m ²)	
		If 30+ or 27.5 for South Asian, refer to GP	
GPPAQ / Physical activity questionnaire score	<input type="checkbox"/> Active		<input type="checkbox"/> Moderately Inactive
	<input type="checkbox"/> Moderately Active		<input type="checkbox"/> Inactive
Alcohol / AuditC score			
Smoking status	<input type="checkbox"/> Current smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked		
Family history of CHD (in 1 st degree relative)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Blood pressure (repeat if high, record lower measurement)	If above 140/90 refer to GP	
Total cholesterol	If above 7.5 refer to GP	
HDL cholesterol		
Total cholesterol/HDL ratio		
QRISK ² score	If above 20% refer to GP	
REFERRALS		
Referral to GP recommended?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reason for GP referral		
Referral advised for lifestyle interventions?	<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical Activity <input type="checkbox"/> Weight Management <input type="checkbox"/> Health Trainer Other:	
Reason for referral for lifestyle intervention		
Patient signature:		
NHS Health Check results leaflet received		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please bring this information with you to a GP referral appointment

Appendix G - Joint British Societies' (JBS) CVD risk prediction charts

Joint British Societies' cardiovascular disease (CVD) risk prediction chart: non-diabetic men.

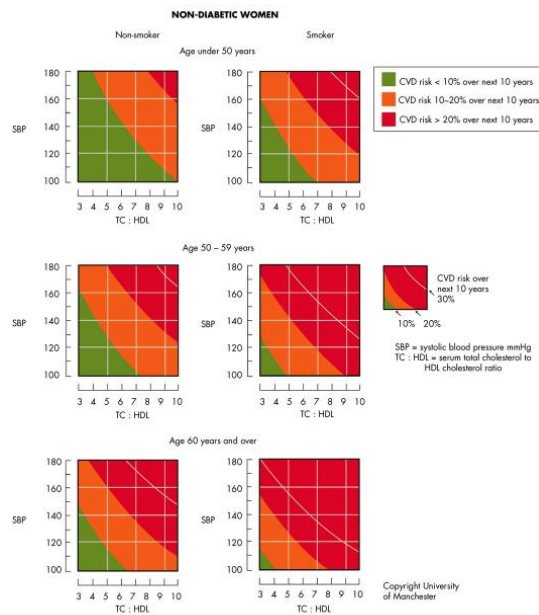


Prepared by: British Cardiac Society, British Hypertension Society, Diabetes UK, HEART UK, Primary Care Cardiovascular Society, The Stroke Association Heart
2005;91:v1-v52

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Joint British Societies' CVD risk prediction chart: non-diabetic women.



Prepared by: British Cardiac Society, British Hypertension Society, Diabetes UK, HEART UK, Primary Care Cardiovascular Society, The Stroke Association Heart
2005;91:v1-v52

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Appendix H - General Practice Physical Activity Questionnaire (QPPAQ)

General Practice Physical Activity Questionnaire

Date.....

Name.....

1. Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities?

Please answer whether you are in employment or not

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

Date: _____

GENERAL RISK ASSESSMENT RECORD

Location: Community Venues across Devon	Ward/Dept:
Task/Objective: Providing Healthchecks, drop in advice and information and support includes: training, events, and 1-2-1's (eg stop smoking, HT's)	Hazard(s): Slips. Trips and falls Aggressive, violent behaviour – could be verbal or physical Fire

	<p>Seating specifications (depending on client grp)</p> <p>Taking bloods</p>
--	--

<p>People at risk (e.g. patients/staff/visitors/contractors)</p> <p>Service users (customers), lifestyles staff, other members of public and other staff attending</p>	<p>Likely adverse effects (e.g. injury, litigation, bad publicity)</p> <p>Injury, distress.</p> <p>Adverse publicity for organisation.</p>
---	--

<p>Control measures already in place to control risk:</p> <p>Assess environment for trip, slip and falls risks e.g. trailing cables and poorly sited equipment.</p> <p>Ensure any display boards are positioned suitable to reduce any risk of falling or collapsing.</p> <p>Knowledge and familiarisation of fire drill (including exits and safety area), ensure all service users made aware of this during introduction.</p> <p>All equipment PAT tested and any defects (cabling/equipment) reported to line manager.</p> <p>Suitable and sufficient lighting both inside and outside building.</p> <p>Out of hours work: a lone working action plan must be agreed with the line manager.</p> <p>All staff trained in conflict resolution, and basic health and safety knowledge</p> <p>Ensure all staff use correct manual handling techniques for lifting any equipment and have attended mandatory training.</p> <p>Knowledge of who the named 1st Aider is in the building you are providing services from and ensure the delivery team know how to contact this person(s). The organisation or person providing the 1st Aid cover must have agreed to offer this service on our behalf where this is a shared area (i.e. library's, community centres).</p> <p>Staff have attended NHS Healthchecks training</p> <p>Staff have received appropriate vaccinations</p> <p>Staff are provided with appropriate Protective Equipment (i.e. single use disposable gloves and sharps bins)</p> <p>When delivering Community Healthchecks there is access to a wash basin (for infection control purposes).</p> <p>Any incidents to be reported on Datix.</p>
--

LIKELIHOOD of hazard being realised*	CONSEQUENCE*				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

LIKELIHOOD 2 x CONSEQUENCE 2 = 2 RISK RATING NUMBER (RRN)
RRN FOR THIS HAZARD = 4

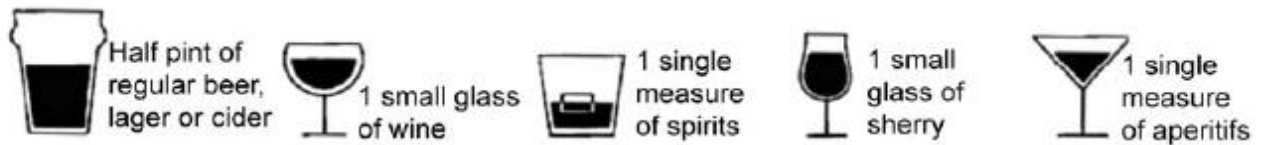
<i>Is the risk controlled to a satisfactory level?</i> xxxxx YES NO If NO, what further reasonably practicable measures are necessary to reduce/eliminate the risk?
--

Re-evaluation of the risk rating with the new control measures in place. Likelihood x Consequence = Risk Rating Approximate Cost £
--

<u>Year 1</u> Signed: Designation: Checked by Manager: Date:	
*LIKELIHOOD	DESCRIPTION
ALMOST CERTAIN	Will undoubtedly occur on a regular basis (daily)
LIKELY	Will probably occur (weekly)
POSSIBLE	May occur (monthly)
UNLIKELY	Do not expect it to happen but it is possible (once per year)
RARE	Cannot believe that this will ever happen (< once per year)

Appendix I - Audit C Alcohol Screening Tool

This is one unit of alcohol...



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



AUDIT - PC

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?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-PC positive.



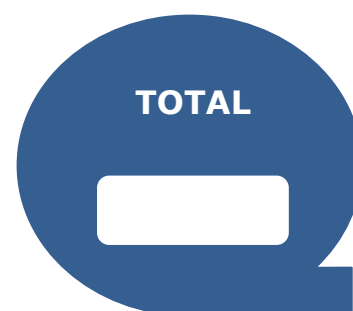
Score from AUDIT- PC (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
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	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence



Appendix K

Equipment Protocols



NDHT
Selection-Acquisition-



NDHT
Medical-Devices-Man:



Coagucheck-test-co
mpetency-v2-Copy.p



NDHT
blood_glucose_meter

Seca Scales



seca_man_899_int.p
df

Omron Blood Pressure



HEM-7321-E-01-08-2
013_EN.pdf

Appendix L

If you suspect someone is having a heart attack:

Dial 999 immediately if you suspect that you or someone you know is having a heart attack.

Symptoms can include:

- chest pain – a sensation of pressure, tightness or squeezing in the centre of your chest
- pain in other parts of the body – it can feel as if the pain is travelling from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and abdomen
- feeling lightheaded or dizzy
- sweating
- shortness of breath
- feeling sick (nausea) or being sick (vomiting)
- an overwhelming sense of anxiety (similar to having a panic attack)
- coughing or wheezing

Although the chest pain is often severe, some people may only experience minor pain, similar to indigestion. In some cases, there may not be any chest pain at all, especially in women, the elderly and people with diabetes.

When to call an ambulance

It's the overall pattern of symptoms that helps to determine whether you are having a heart attack.

Do not worry if you have doubts. Assume that you are having a heart attack and dial 999 to ask for an ambulance immediately.

Paramedics would rather be called out to find an honest mistake has been made than be too late to save a person's life.

Waiting for the ambulance

It is important to rest while you wait for an ambulance, to avoid unnecessary strain on your heart.

Cardiac arrest

In some cases a complication called ventricular arrhythmia can cause the heart to go into spasm and then to stop beating. This is known as sudden cardiac arrest.

Signs and symptoms suggesting a person has gone into cardiac arrest include

- they appear not to be breathing
- they are not moving
- they do not respond to any stimulation, such as being touched or spoken to

If you think somebody has gone into cardiac arrest and you do not have access to a piece of equipment called an automated external defibrillator (AED), you should perform chest compressions, as this can help restart the heart.

Chest compression

To carry out a chest compression:

- Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first hand and interlock your fingers.
- Using your body weight (not just your arms), press straight down by 5-6cm on their chest.
- Repeat this until an ambulance arrives.

Aim to do the chest compressions at a rate of 100-120 compressions a minute.

Watch this video on CPR for more information about how to perform "hands-only" CPR.

If you suspect someone is having a stroke:

The FAST Test

The FAST test identifies the most common symptoms of a stroke or mini-stroke in three easy to recognise categories.

Facial weakness: Can the person smile? Has their face fallen on one side?

Arm weakness: Can the person raise both arms and keep them there?

Speech problems: Can the person speak clearly and understand what you say? Is their speech slurred?

Time: If you see any one of these three signs, it's TIME to call 999. Stroke is always a medical emergency that requires immediate medical attention.

Recognising the signs of stroke or mini-stroke and calling 999 for an ambulance is crucial. The quicker a patient arrives at a specialist stroke unit, the quicker they will receive appropriate treatment and the more likely they are to make a better recovery. If you suspect a stroke, always dial 999.



What is a stroke.pdf

If you believe a person is at risk of suicide:

If you're worried that someone is at immediate risk of taking their own life, you should stay with that person and take one of the following steps:

- encourage them to ring the Samaritans, 08457 90 90 90, open 24 hours a day
- contact their GP for an emergency appointment or the out of hours service
- call their Community Mental Health Team (CMHT), if they have one
- ring 999 or NHS direct (111 from any landline or mobile phone, free of charge)
- go to the nearest Accident and Emergency (A&E) department.

If someone has attempted suicide, you should ring 999 and stay with them until the ambulance arrives.

If you feel someone is in immediate danger of suicide and will not approach anyone for help, you may want to think about contacting social services or your GP. Under the Mental Health Act 1983, a person can be treated without their consent. This means that they will be sectioned. The assessment of whether someone should be sectioned usually involves an approved social worker, two doctors and/or a relative. This is, inevitably, a heavy responsibility and can lead to the person being detained under the Mental Health Act. It's important that you are fully informed about what might happen before you make this decision (see our guide to the Mental Health Act 1983). It might also be a good idea to talk this through with someone you trust.



Its_Safe_To_Talk_A
bout_Suicide_10th_S

Community venue Risk assessment



Microsoft Word 97 -
2003 Document