

Introduction

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Physical Activity

Nutrition & Weight Management

Alcohol and Drug Services

Expert Patient Programme

Health Exchange

Lifestyle

Sundries

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Sundries

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Despite recent advances in medicine, at least 50% of deaths in the HoB area occur before the age of 75 years, over more than 300 people in our area die prematurely before the age of 75 each year from heart disease, diabetes or chronic kidney disease - "the deadly trio".

Our service model of CVD prevention and early treatment

- Screening and assessment of risk for CVD
- Health promotion to decrease CVD risk and encourage patients to:
 - stop smoking
 - eat a healthier diet
 - increase physical activity
 - regulate/moderate their alcohol intake
- Early intervention to reduce CVD risk

We expect

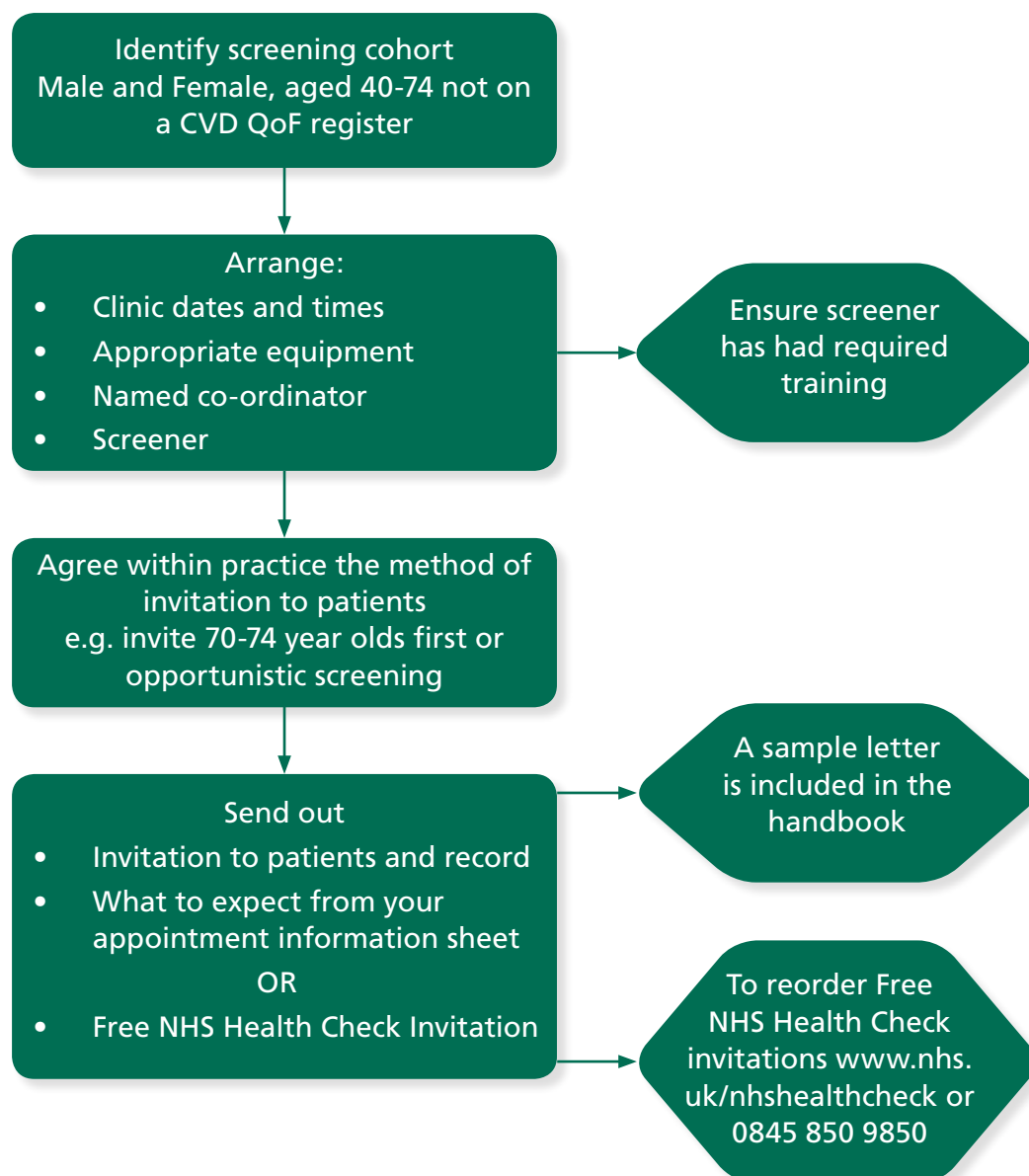
- More people identified at an earlier stage of vascular change with a better chance of putting in place positive ways to substantially reduce the risk of premature death or disability.
- The prevention of diabetes in many of those at increased risk of this disease.
- Sustained increase in life expectancy and the reduction in premature mortality from the rise of obesity and sedentary living.
- To reduce health inequalities e.g. ethnic, gender and socio-economic.



Screening Activity

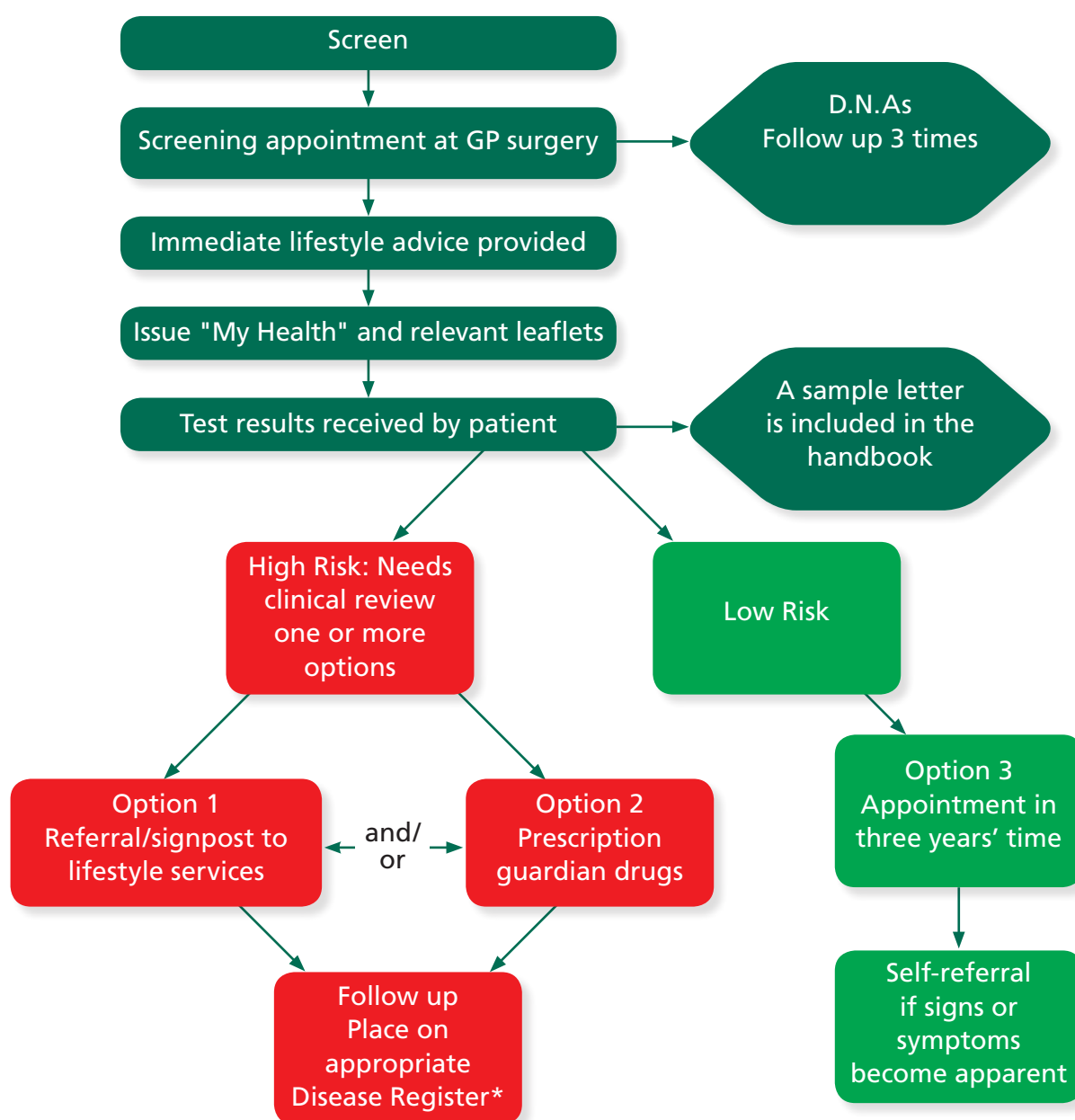


Suggested Preparation for Screening Process





Suggested Screening Process



* Disease Registers that will be monitored are
Diabetes/CKD/CHD/AF/Stroke/Hypertension/Hyperlipidaemia



Equipment Needed for Clinic

1. Urine test strips
2. Blood Pressure monitor (electronic - Omron or similar, stethoscope if using manual sphygmomanometer) duly calibrated and quality tested
3. Watch with second hand
4. Scales - electronic or manual, duly calibrated and quality tested
 - ° All weigh scales should be checked to confirm they meet the class relevant to their clinical location.
 - ° Ensure all scales for weighing patients in relation to medication, treatment or diagnosis are of Class III type.
 - ° There should be a system in place for checking the accuracy of weighing equipment.
 - ° Practices should ensure all scales are regularly checked and maintained to ensure correct calibration.
 - ° Any weighing equipment that may be giving inaccurate readings should be removed and re-calibrated. They should be re-checked after a short period to ensure there are no undetected problems.

For further details please see Section 2 of the 'Estates & Facilities Alert' available on: <http://www.dh.gov.uk>

5. Height measure
6. Tape measure (for waist)
7. BMI chart
8. 'My Health' patient held record
9. Relevant lifestyle leaflets and booklets
10. Phlebotomy equipment
11. Access to computer and patient clinical system (EMIS or similar)

The Free NHS Health Check Identity

The Department of Health has issued guidelines on promotional materials and patient communication to be used as part of the "Free NHS Health Check" (CVD Screening).

These guidelines will apply to:-

- letters of invitation (see opposite page)
- all written communications to patients relating to the screening process
- all information leaflets to be sent out to patients.

The NHS Health Check programme is a national initiative and therefore the promotional materials have been produced to ensure consistency of message and to save time and money.

Please use the letter of invitation on the opposite page to invite patients in for CVD Screening.

The letter is available to download at the following web page address:

<http://nwww.pctnet.wmids.nhs.uk/hobintranet/docs/gphandbook.pdf> on the HoBtPCT intranet under Key Documents section.

The information leaflet is available free of charge from the DH publications orderline: www.orderline.dh.gov.uk or, alternatively, please contact the Deadly Trio Team for copies (see Contact Us section for details).

GP Letterhead

Screening invitation letter

Dear Xxxx

**We are inviting you to attend your free NHS Health Check on xx xxxxxx
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 heart disease, stroke, kidney disease or diabetes. If there are any warning signs, then together we can do something about it.

By taking early action, you can improve your health and prevent the onset of these conditions. There is good evidence for this.

The check should take about 20–30 minutes and is based on straightforward questions and measurements such as age, sex, 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 xxx xx xxx and we will arrange a more suitable time for you.

Yours sincerely

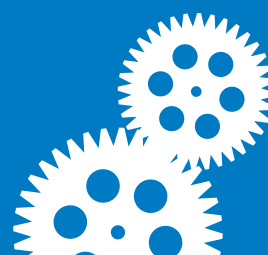
xxxxxxxxxxxxxxxxxx

(Name of health care professional to go here)

Screening Activity

Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease





What to expect at your appointment

- Please allow about 30 minutes for your appointment
- Bring along any tablets or medicines you are taking at the moment
- Your blood pressure may be taken up to three times throughout the appointment so we can get an average reading
- Wear clothing with loose sleeves
- You will have a blood test taken and will be asked for a urine sample
- We will measure your height and weight
- We will measure your waist

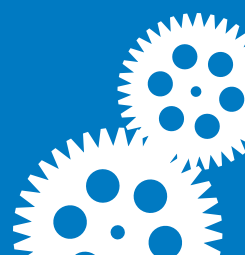
We will discuss:

- Your lifestyle - diet, exercise, smoking etc
- Family history of heart disease and/or diabetes

Some patients will be invited for a follow-up appointment for more blood tests and/or blood pressure checks. You will be told about this within two weeks of your visit.

Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease





What to expect at your appointment (fasting)

- Please fast before your appointment (fasting means nothing to eat or drink apart from water from at least 10pm the night before)
- Please allow about 30 minutes for your appointment
- Bring along any tablets or medicines you are taking at the moment
- Your blood pressure may be taken up to three times throughout the appointment so we can get an average reading
- Wear clothing with loose sleeves
- You will have a blood test taken and will be asked for a urine sample
- We will measure your height and weight
- We will measure your waist

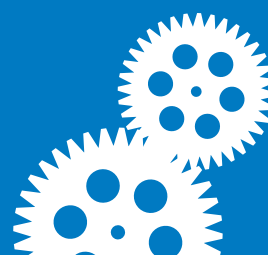
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Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease





Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.

Working together to improve your health

Everyone is at risk of developing heart disease, stroke, diabetes or kidney disease.

The good news is that these conditions can often be prevented – even if you have a history of them in your family. Have your free NHS Health Check and you will be better prepared for the future and be able to take steps to maintain or improve your health.



Why do I need an NHS Health Check?

We know that your risk of developing heart disease, stroke, type 2 diabetes and kidney disease increases with age. There are also certain things that will put you at even greater risk.

These are:

- being overweight
- lack of exercise
- smoking
- high blood pressure
- high cholesterol.

Both men and women can develop these conditions, and having one could increase your risk of developing another in the future.

- In the brain a blocked artery or a bleed can cause a stroke.
- In the heart a blocked artery can cause a heart attack or angina.
- The kidneys can be damaged by high blood pressure or diabetes, causing chronic kidney disease and increasing your risk of having a heart attack.
- Being overweight and a lack of exercise can lead to type 2 diabetes.
- If unrecognised or unmanaged, type 2 diabetes could increase your risk of further health problems, including heart disease, kidney disease and stroke.

Even if you're feeling well, it's worth having your NHS Health Check now. We can then work with you to lower your chances of developing these health problems in the future.

What happens at the check?

This check is to assess your risk of developing heart disease, type 2 diabetes, kidney disease and stroke.

- The check will take about 20–30 minutes.
- You'll be asked some simple questions. For example, about your family history and any medication you are currently taking.
- We'll record your height, weight, age, sex and ethnicity.
- We'll take your blood pressure.
- We'll do a simple blood test to check your cholesterol level.

What happens after the check?

We will discuss how we can support you to reduce your risk and stay healthy.

- You'll be taken through your results and told what they mean. Some people may be asked to return at a later date for their results.
- You'll be given personalised advice on how to lower your risk and maintain a healthy lifestyle.
- Some people with raised blood pressure will have their kidneys checked through a blood test.
- Some people may need to have another blood test to check for type 2 diabetes. Your health professional will be able to tell you more.
- Treatment or medication may be prescribed to help you maintain your health.

Questions you may have

Why do I need this check? I feel fine!

The NHS Health Check helps to identify potential risks early. By having this check and following the advice of your health professional, you improve your chances of living a healthier life.

But don't these conditions run in the family?

If you have a history of heart disease, stroke, type 2 diabetes or kidney disease in your family then you may be more at risk. Taking action now can help you to prevent the onset of these conditions.

I know what I'm doing wrong, how can the doctor help me?

If you would like help, we will work with you to find ways to reach your healthy weight, take more exercise or stop smoking. You may be prescribed medication to help lower your risk.

If I am assessed as being at 'low risk', does this mean I won't develop these conditions?

It is impossible to say that someone will or won't go on to develop one of these conditions. But taking action now can help you lower your potential risk.

Will everyone have this check?

This check is part of a new national scheme to help prevent the onset of these health problems. Everyone between the ages of 40 and 74 who has not been diagnosed with the conditions mentioned will be invited for a check once every five years. If you are outside the age range and concerned about your health, you should contact your GP.

For more information visit www.nhs.uk/nhshealthcheck or call the NHS Health Check helpline on 0845 850 9850

Calls cost a maximum of 5p per minute from a BT landline. Mobiles and other networks may vary. You may be charged a minimum cost per call.

Local NHS Health Check provider stamp here:

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291778 1p 500k Apr09 (A14)
Produced by CDO for the Department of Health
This leaflet is available in braille, audio, easy read and different languages.
If you would like copies in one of these formats, please contact us.
DfH Publications Orderline
www.orderline.dh.gov.uk
Tel: 0300 123 1002
Fax: 01623 724 524
Email: orderline@dh.gov.uk
Textphone: 0300 123 1003 (8am to 6pm, Monday to Friday)

Screening Activity

GP Letterhead

Example results letter

Name

Address

Dear

Health Check Results

Thank you for attending your recent health check.

Your results have come back to the surgery and we would like to discuss them with you.

Option 1

An appointment has been made for you to attend the surgery on at If this is not convenient please contact us on the number above to re-arrange.

Option 2

Please contact us on the number above to arrange an appointment convenient to you.

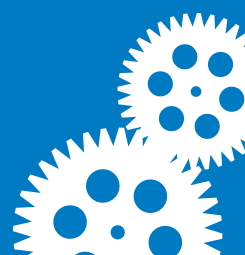
Yours sincerely



The information collected during this screening will be used by the NHS for provision of your healthcare and for planning future service needs. This information will be anonymised. All staff have a legal responsibility to comply with the Data Protection Act 1998 and NHS Confidentiality Code of Practice. For further information about how your information may be used, please contact your surgery or visit www.hobtpct.nhs.uk/our_trust/data_protection

Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease



GP Letterhead Practice

Example results letter

Name

Address

Dear

Health Check Results

Thank you for attending your recent health check.

I am pleased to let you know that your results indicate that you are currently at low risk of developing heart disease.

You will be invited for another health check in three years' time. We will contact you when this is due.

In the meantime, please remember that staying healthy involves:

- eating at least five portions of fruit and vegetables a day as part of a Mediterranean-style diet
- not smoking (call the Stop Smoking Service on 0800 052 5855 if appropriate)
- taking regular exercise each week
- keeping your alcohol intake below the recommended limit

If you would like further information on any of the issues mentioned above, please contact the Health Exchange on 0800 158 3535 or visit their website www.healthexchange.org.uk.

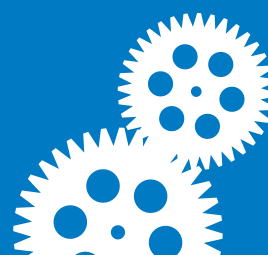
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Clinical Audit

- Clinical audit is essential to the provision of good care. All practitioners have a duty to participate in clinical audit.
- As a patient, your data may be used in clinical audits in an anonymised format.
- If you have any objections to your data being used for clinical audit purposes, please inform the practice/department.
- If you have any queries regarding the use of your data for audit purposes, please ask for further information.

Screener Performance Guidelines

You need to

1. Explain clearly to individuals
 - your own role and its scope, your responsibilities and accountability
 - the information that will be obtained and stored in records and with whom this information might be shared
 - what is involved in the assessment
2. Respect individuals' privacy (i.e. using the individual's name of choice, being courteous and polite), wishes and beliefs (e.g. who may work with the individual, who else may need to be present, preparation for certain activities)
3. Minimise any unnecessary discomfort and encourage individuals' full participation in the assessment
4. Obtain individuals' informed consent to the assessment process
5. Use appropriate tools and methodologies to measure individuals' physical indicators of risk of Cardiovascular Disease
6. Find out about factors in individuals' family history and lifestyle that may affect the levels of risk
7. Find out any symptoms individuals have that may indicate they have Cardiovascular Disease
8. Find out about any other conditions individuals have that may affect their levels of risk
9. Calculate individuals' level of risk based on your measurements and findings
10. Refer people to other practitioners when their needs are beyond your own role or scope of practice

Valid Consent (England Definition)

For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".

Screener Role

- Prepare clinic
- Screen patients in line with the NMC Code: Standards of conduct, performance and ethics for nurses and midwives
- Record data, keeping clear and accurate records, using the CVD Risk Management template, ensuring all tests required by the LES are completed and the risk score is calculated
- Explain the screening purpose and process including the potential recall to patient
- Give immediate lifestyle advice and issue "My Health" patient-held record
- Signpost/refer patient to lifestyle services where appropriate
- Ensure the patient record is updated accordingly
- Issue certificate to patient for achievement, if appropriate

Suggested Named Practice Co-Ordinator Role

- Identify patients eligible for screening
- Ensure screener(s) have had appropriate training (Staff training sessions run by the PCT will be provided on an annual basis)
- Arrange screening clinic timetable ensuring time, space and staff are co-ordinated
- Ensure invitation for screening letters or phone calls are sent/made in line with the clinic timetable
- Remind patients of screening appointment by letter, or text/phone where possible
- Send second and third appointments to patients who DNA by letter, or text/phone where possible
- Ensure blood samples are labelled and stored correctly, maintaining the integrity of the specimen and transported within time limits
- Send follow-up appointment to patients whose screening results warrant follow-up
- Liaise with the "Deadly Trio" team
- Ensure the computer with MSDi is left on overnight to allow the automatic upload of data to the "deadly trio" team. The team will advise on the dates
- Ensure that the cardiovascular QoF registers are updated and maintained
- Ensure the patient record has been updated with feedback from lifestyle services
- Ensure that the practice has sufficient stocks of the "My Health" patient-held record and lifestyle leaflets
- Ensure that the "Clinical Audit" poster is displayed in the practice waiting room (available in GP Handbook)
- Liaise with Health Exchange for Health Trainer and Chronic Disease Educator services

Phlebotomy - Obtaining venous blood samples

Competence Specification

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this unit.

When using this specification **it is important to read the requirements in relation to expectations and requirements of your job role.**

You need to show that you know, understand and can apply in practice:

Legislation and organisational policy and procedures

1. A factual knowledge of the current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to obtaining venous blood
2. A working knowledge of your responsibilities and accountability in relation to the current European and national legislation, national guidelines and local policies and protocols

Theories and Practice

3. A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification
4. A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence
5. A working knowledge of the importance of applying standard precautions and the potential consequences of poor practice
6. A working knowledge of how infection is spread and how its spread may be limited - including how to use or apply the particular infection control measures needed when working with blood

Anatomy and Physiology

7. A factual knowledge of the structure of blood vessels
8. A factual knowledge of the position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures
9. A factual knowledge of blood clotting processes and factors influencing blood clotting

Care and Support

10. A working knowledge of the extent of the action you take, which includes any information you may give, particularly in relation to clinical issues
11. A working knowledge of the contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped and advice sought
12. A working knowledge of the concerns which those giving blood/ donors may have in relation to you obtaining venous blood

13. A working knowledge of how to prepare those giving blood/donors for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation
14. A working knowledge of what is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised
15. A working knowledge of common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur

Materials and equipment

16. A working knowledge of the type and function of different blood collection systems
17. A working knowledge of what dressings are needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site

Procedures and Techniques

18. A working knowledge of the factors to consider in selecting the best site to use for venous access
19. A working knowledge of the equipment and materials needed for venepuncture/phlebotomy and how to check and prepare blood collection systems
20. A working knowledge of the importance of ensuring venous access sites are cleaned effectively and how and when this should be done
21. A working knowledge of the correct use of tourniquets
22. A working knowledge of the importance of correctly and safely inserting and removing needles
23. A working knowledge of how to recognise an arterial puncture, and the action to take if this occurs
24. A working knowledge of the factors involved in the procedure which could affect the quality of the blood
25. A working knowledge of the remedial action you can take if there are problems in obtaining blood
26. A working knowledge of the complications and problems that may occur during venepuncture, how to recognise them and what action(s) to take
27. A working knowledge of when and how to dress venous puncture sites

Reporting, Recording and Documentation

28. A working knowledge of the information that needs to be recorded on labels and other documentation
29. A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately
30. A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff

Checklist for obtaining venous blood from individuals

1. You apply standard precautions for infection control, any other relevant **health and safety measures**
2. You select and prepare an appropriate site for obtaining the venous blood, immediately before the blood is obtained, in line with organisational procedures
3. You apply, use and release a tourniquet at appropriate stages of the procedure
4. You gain venous access using the selected blood collection system, in a manner which will cause minimum discomfort to the **individual**

You obtain the blood from the selected site:

5. In the correct container according to investigation required
6. In the correct volume
7. In the correct order when taking multiple samples.
8. You take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site
9. You mix the blood and anti-coagulant thoroughly **WHEN** anti-coagulated blood is needed
10. You promptly identify any indication that the individual may be suffering any adverse reaction/event to the procedure and act accordingly
11. You remove blood collection equipment and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped
12. You apply a suitable dressing to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site

Label and prepare blood for transportation

13. You label blood samples clearly, accurately and legibly, using computer-prepared labels where appropriate
14. You place samples in the appropriate packaging and ensure the correct request forms are attached
15. You place samples in the nominated place for collection and transportation, ensuring the blood is kept at the required temperature to maintain its integrity
16. You document all relevant information clearly, accurately and correctly in the appropriate records
17. You ensure immediate transport of the blood to the relevant department when blood sampling and investigations are urgent



Evening bloods, their storage and viability

- HbA1c values are stable over time
- Do not measure non-fasting glucose values
- Creatinine values are inclined to be higher when stored. This is usually not significant clinically but, as usual, if a result appears clinically inappropriate it would need to be repeated
- Total cholesterol values will be higher in the evening but will not be affected by storage
- If practices have access to a centrifuge machine; use as appropriate

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A JO CASICAL SPECIMEN FORM. PATENT NO. 2221208 B
Jones & Brooks 01706 645088

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER**

GP Request form CHM, HAE & IMM

NHS Number

Surname (BLOCK CAPITALS)

Forename

Sex:
Male ☐ Female ☐

Date of Birth

Address

Post Code

Private Patient?
☐ Yes ☐ No

Private Telephone:

Practice
GP

Relevant Clinical Details:

Assessment of cardiac function

for

Is the patient required to fast for these investigations?
☐ Yes ☒ No

Requester's Signature

DATE & TIME SAMPLE COLLECTED **FASTING?** ☐ **URGENT?** ☐ **PHONE**

Collected by:

MARK BOXES LOTTERY STYLE

Chemistry, Haematology & Immunology Investigations:

Code	Investigation	Tube	Code	Investigation	Tube
U	USE Creatinine	SST	ANA	Antinuclear Antibodies	SST
L	Liver function	SST	DDNA	ddDNA antibody screen	SST
B	Bilirubin	SST	EMAS	EMA antibody screen	SST
CE	Ceruloplasmin	SST	ACA	Anti-cardiolipin abs	SST
GL	Glucose	PLOx	ATA	Anti Thyroid Antibodies	SST
AMY	Amylase	SST	NCA	Neutrophil cyto abs	SST
LP	Cholesterol & Trig	SST	GBM	Glomerular Basement Mem ab	SST
HCL	HCL Creatinine	SST	LUMB	Liver antibodies	SST
TRH	Thyroid Function (TSH)	SST	TTG	Celiac Screen	SST
FEA	Prostate Specific Ag	SST	IGE	Immunoglobulin IGE	SST
FE	Iron & UBC	SST	RCHAP	RAST Caltiva/Protein	SST
HBA	HbA1c	EDTA	FEKMW	RAST Egg/Milk/Wheat	SST
URIC	Urate	SST			
LTTH	Lithium	SST			
MS	Magnesium	SST			
GGT	Y-Glutamyl Transferase	SST	HBA5	Haemophilus Hb abs	SST
BL2	Vitamin B12 & Folate	SST	TEMB5	Tetanus Toxoid abs	SST
FER	Ferritin	SST	PCWT	Pneumococcal IgG abs	SST
CRP	C-reactive protein	SST			
UHL3	Urine Microalbumin	U	SK	Full Blood Count	EDTA
GAM	IgG, A & M	SST	NP	Mutual Penetration	EDTA
BJP	Urine Bence Jones Prot U	SST	GE	Guticular Fever Screen	EDTA
B2M	Beta 2-microglobulin	SST	ELECT	Hb Electrophoresis	EDTA
AAT	Alpha-1-Antitrypsin	SST	PT	PT (aPTT)	CIT
COM	Complement C3/C4	SST	PTT	aPTT	CIT
RAV	Rheumatoid Screen	SST			

Other investigations / sample types:

GP Request form CHM, HAE & IMM

GP Request form CHM, HAE & IMM

DATE & TIME SAMPLE COLLECTED **FASTING?** ☐ **URGENT?** ☐ **PHONE**

Collected by:

MARK BOXES LOTTERY STYLE

Chemistry, Haematology & Immunology Investigations:

Code	Investigation	Tube	Code	Investigation	Tube
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L	Liver function	SST	DDNA	ddDNA antibody screen	SST
B	Bilirubin	SST	EMAS	EMA antibody screen	SST
CE	Ceruloplasmin	SST	ACA	Anti-cardiolipin abs	SST
GL	Glucose	PLOx	ATA	Anti Thyroid Antibodies	SST
AMY	Amylase	SST	NCA	Neutrophil cyto abs	SST
LP	Cholesterol & Trig	SST	GBM	Glomerular Basement Mem ab	SST
HCL	HCL Creatinine	SST	LUMB	Liver antibodies	SST
TRH	Thyroid Function (TSH)	SST	TTG	Celiac Screen	SST
FEA	Prostate Specific Ag	SST	IGE	Immunoglobulin IGE	SST
FE	Iron & UBC	SST	RCHAP	RAST Caltiva/Protein	SST
HBA	HbA1c	EDTA	FEKMW	RAST Egg/Milk/Wheat	SST
URIC	Urate	SST			
LTTH	Lithium	SST			
MS	Magnesium	SST			
GGT	Y-Glutamyl Transferase	SST	HBA5	Haemophilus Hb abs	SST
BL2	Vitamin B12 & Folate	SST	TEMB5	Tetanus Toxoid abs	SST
FER	Ferritin	SST	PCWT	Pneumococcal IgG abs	SST
CRP	C-reactive protein	SST			
UHL3	Urine Microalbumin	U	SK	Full Blood Count	EDTA
GAM	IgG, A & M	SST	NP	Mutual Penetration	EDTA
BJP	Urine Bence Jones Prot U	SST	GE	Guticular Fever Screen	EDTA
B2M	Beta 2-microglobulin	SST	ELECT	Hb Electrophoresis	EDTA
AAT	Alpha-1-Antitrypsin	SST	PT	PT (aPTT)	CIT
COM	Complement C3/C4	SST	PTT	aPTT	CIT
RAV	Rheumatoid Screen	SST			

[illegible]

Sandwell & W B'ham Lab Form Non-Fasting

A JB EASISEAL SPECIMEN FORM. PATENT NO. 2221208 B

Jones & Brooks Tel: 01706 645 088

HAVE YOU LABELLED THE

SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER**

JB-42022

FOLD



G.P. REQUEST FORM



TEAR

<p>SURNAME</p> <p>FORENAMES</p> <p>DOB</p> <p>SEX M/F</p> <p>PATIENT ADDRESS</p>		<p>REASON FOR TEST - CLINICAL DETAILS</p> <p><i>Assessment of cardio-vascular risk.</i></p>	
<p>POST CODE</p> <p>NHS No</p>		<p>RELEVANT THERAPY / ANTIBIOTICS</p> <p><i>None.</i></p>	
<p>ETHNIC ORIGIN</p> <p><input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRO-CARIB <input type="checkbox"/> OTHER</p>		<p>PATIENT CATEGORY</p> <p><input type="checkbox"/> NHS <input type="checkbox"/> PRIVATE <input type="checkbox"/> OVERSEAS VISITOR</p>	
<p>CLINICAL CHEMISTRY</p> <p><i>Total Cholesterol</i></p> <p><i>HDL</i></p> <p><i>Creatinine + eGFR</i></p> <p><i>HbA1c</i></p>		<p>HAEMATOLOGY</p> <p>IMMUNOLOGY</p> <p>ANCA <input type="checkbox"/> Rin Factor <input type="checkbox"/> Other: <input type="checkbox"/></p>	
<p>SPECIMEN TYPE</p> <p>BLOOD RANDOM / FASTING</p> <p>DATE OF SPECIMEN TIME COLLECTED</p>		<p>Specimen Type:</p> <p>Investigation Required</p> <p>Specimen & Site</p> <p>Swab (Site) Burgical Wound? Y/N</p>	
<p>GP Name</p> <p>GP Address (for Report)</p>		<p>LAB No</p> <p>Post Code</p> <p>GP Signature</p>	
<p>Please stick document label on both copies and use a BALLPOINT PEN</p>			

A JB EASISEAL SPECIMEN FORM, PATENT NO. 2221206 B Jones & Brooks Tel: 01706 645 088

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

JB 42022 FOLD TEAR

G.P. REQUEST FORM

Sandwell and West Birmingham Hospitals NHS Trust
DIVISION OF PATHOLOGY

PATIENT DETAILS

SURNAME: _____
FORENAMES: _____
DOB: _____ SEX: ☐ M ☐ F

PATIENT ADDRESS: _____

POST CODE: _____

NHS No: _____

ETHNIC ORIGIN: CAUCASIAN ☐ ASIAN ☐ AFRO-CARIB ☐ OTHER ☐

REASON FOR TEST - CLINICAL DETAILS

Assessment of Cardio-Vascular risk

RELEVANT THERAPY / ANTIBIOTICS

None

CLINICAL CHEMISTRY

fasting Cholesterol
HDL
Creatinine + eGFR
glucose

HAEMATOLOGY

ANCA ☐
Rh Factor ☐
Other: ☐

IMMUNOLOGY

PATIENT CATEGORY

NHS ☐ PRIVATE ☐ OVERSEAS VISITOR ☐

MICROBIOLOGY

Specimen Type: _____
Investigation Required: _____

HISTOPATHOLOGY

Specimen & Site: _____

Specimen Type

BLOOD ☒ RANDOM/FASTING ☒ URINE ☐ FAECES ☐ SWAB/STIC ☐ SURGICAL WOUND? Y/N ☐

DATE OF SPECIMEN COLLECTED

TIME COLLECTED: _____

COLLECTED BY

GP Name: _____
GP Address (for Report): _____

Please stick document label on both copies and use a BALLPOINT PEN

Post Code: _____
GP Signature: _____
LAB No: _____

Screening Activity

UHB Lab Form Non-Fasting

Surname		Forename		Registration No.		Date Collected	
Investigations:				Specimen Type:		/ /	

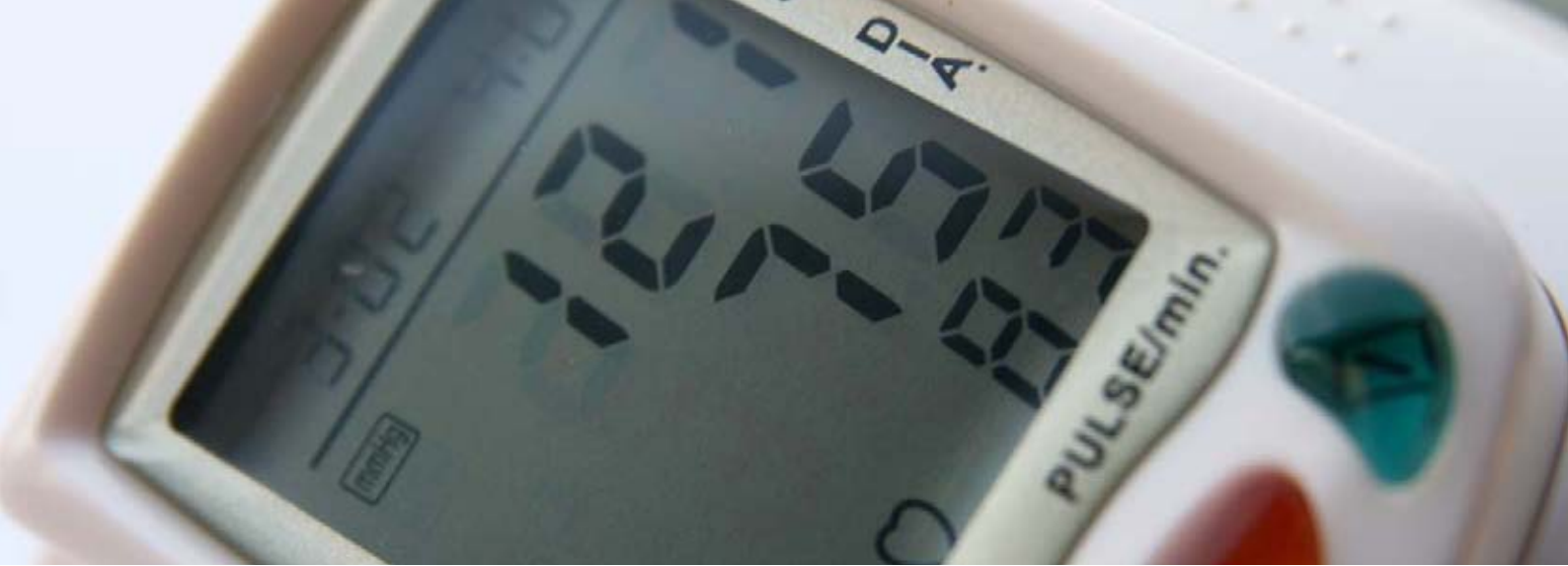
University Hospital Birmingham NHS Foundation Trust CLINICAL LABORATORY SERVICES <small>PLEASE USE BALLPOINT PEN AND BLOCK CAPITALS</small>							
Practice Code No.		Tel No.		Practice Address: X. & F. Hafeez Code 050 158 College Road Moseley Birmingham B13 9LH Tel 0121 777 4040		Doctors Name: (PRINT)	
Date sample taken:		Time sample taken:		Copy to:		Doctors Signature	
Clinical Details: <i>Arterial 4 Cardio vascular</i> <i>(12)</i>				TREATMENT <i>None</i>			

BIOCHEMISTRY / ENDOCRINOLOGY LABORATORY Urgent requests must be pre-booked - phone 0121 627 1627 Ext 51041 Enter Ref. Number 				Ref. Number On T4? - Y / N			
<input type="checkbox"/> Glucose (G) <input checked="" type="checkbox"/> Renal Profile (N) <input type="checkbox"/> Liver Profile (N) <input type="checkbox"/> Bone Profile (N) <input type="checkbox"/> Gamma GT (N) <input checked="" type="checkbox"/> Cholesterol (N) <input type="checkbox"/> Triglyceride (N) <input checked="" type="checkbox"/> Other (specify) <i>HDL</i>	<input type="checkbox"/> Thyroid (N) <input type="checkbox"/> CRP (N) <input type="checkbox"/> Rheumatoid Factor (N) <input type="checkbox"/> PSA (N) <input type="checkbox"/> Menopause Screen (N) <input type="checkbox"/> HbA1c (P) <input type="checkbox"/> ALB / Creat Ratio (Urine)	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Fasting <input checked="" type="checkbox"/> Non-Fasting <input type="checkbox"/> Urine <input type="checkbox"/> Faeces					

HAEMATOLOGY LABORATORY Urgent requests must be pre-booked - phone 0121 627 2470. Enter Ref. # 				Ref. Number			
<input type="checkbox"/> Full Blood Count (P) <input type="checkbox"/> Glandular Fever (P) <input type="checkbox"/> Haemoglobinopathy (P) <input type="checkbox"/> Malaria (P) <input type="checkbox"/> PT/INR (B) <input type="checkbox"/> APTT (B) <input type="checkbox"/> Other (specify)							

Screening Activity

Surname		Forename		Registration No.		Date Collected	
Investigations:				Specimen Type:		/ /	
University Hospital Birmingham NHS Foundation Trust							
Practice Code No.		Tel No.		Doctors Name: (PRINT)		Doctors Signature	
Practice Address:				Date sample taken:		Copy to:	
Time sample taken:				Clinical Details:		TREATMENT	
				Attainment of Cardiovascular		None.	
BIOCHEMISTRY / ENDOCRINOLOGY LABORATORY							
Urgent requests must be pre-booked - phone 0121 627 6227 Ext 51041 Enter Ref. Number →				Ref. Number			
<input checked="" type="checkbox"/> Glucose	(G)	<input type="checkbox"/> Thyroid	(M)	On T42 - Y / N			
<input checked="" type="checkbox"/> Renal Profile	(M)	<input type="checkbox"/> CRP	(M)				
<input type="checkbox"/> Liver Profile	(M)	<input type="checkbox"/> Rheumatoid Factor	(M)				
<input type="checkbox"/> Bone Profile	(M)	<input type="checkbox"/> PSA	(M)				
<input type="checkbox"/> Gamma GT	(M)	<input type="checkbox"/> Menopause Screen	(M)				
<input checked="" type="checkbox"/> Cholesterol	(M)	<input type="checkbox"/> HbA1c	(P)				
<input type="checkbox"/> Triglyceride	(M)	<input type="checkbox"/> ALB / Creat Ratio (Urine)					
<input checked="" type="checkbox"/> Other (specify)							
HDL							
<input type="checkbox"/> Fasting				<input checked="" type="checkbox"/> Fasting			
<input type="checkbox"/> Non-Fasting				<input type="checkbox"/> Non-Fasting			
<input type="checkbox"/> Urine				<input type="checkbox"/> Urine			
<input type="checkbox"/> Faeces				<input type="checkbox"/> Faeces			
HAEMATOLOGY LABORATORY							
Urgent requests must be pre-booked - phone 0121 627 2470. Enter Ref. # →				Ref. Number			
<input type="checkbox"/> Full Blood Count	(P)	<input type="checkbox"/> Glandular Fever	(P)				
<input type="checkbox"/> Haemagglutination	(P)	<input type="checkbox"/> Malaria	(P)				
<input type="checkbox"/> PT/INR	(B)	<input type="checkbox"/> APTT	(B)				
<input type="checkbox"/> Other (specify)							
CLINICAL LABORATORY SERVICES							
PLEASE USE BALLPOINT PEN AND BLOCK CAPITALS							
Surname		Forename		Sex M / F		DOB	
Patient Address		Home Tel. No.		Ethnic Origin		Post Code	



Blood Pressure

- Choose an appropriately sized cuff
- Apply the cuff to the upper arm of the patient ensuring the tube is placed over an artery
- Secure the cuff using the velcro
- Ensure neither you nor the patient is talking whilst the BP is being measured. Make sure that the patient's legs are not crossed
- Press the "on" button
- Press the "start" button
- The cuff will inflate and deflate giving a reading that should be entered onto the template
- Record on CVD Risk Management template and on "My Health" patient-held record

Pulse

- Seat the patient
- Using a watch with a second hand, take the patient's pulse for 30 seconds
- Establish if the pulse is regular or irregular

NB. if the pulse is irregular refer patient to the GP

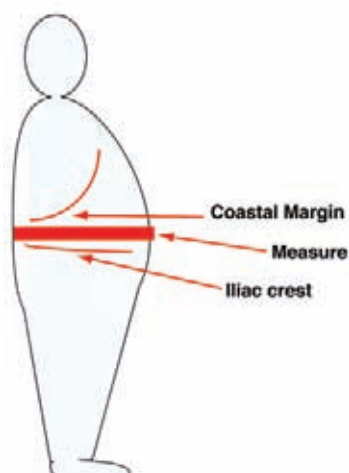


Waist circumference

This should be measured over bare skin or light clothing.

- Ask the patient to stand with their arms by their sides and to relax, not to deliberately hold stomach in or out, looking straight ahead
- If possible, kneel or sit on a chair to the side of the patient
- Palpate the lower rib margin (coastal margin) and the iliac crest and mark half-way between the two points. This is the level at which the measurement of waist circumference should be taken
- The measuring tape should be placed horizontally on the circumference and you should check that it is not kinked or twisted; this is best done by looking sideways on. As well as checking the front, peer around the subject's back to inspect their left side. The tape should rest on the skin, not indent it. Do not pull too tightly
- Take the reading at the end of expiration
- Measure to the nearest (cm)
- Record on CVD Risk Management template and on "My Health" patient held-record

Central obesity is present if the waist circumference is $> 102\text{cms}$ (40.2") in men and 88cms (34.5") in women. For the Asian population, lower values of waist circumference are more appropriate: $> 90\text{cms}$ (35.4") in men and 80cms (31.4") in women.





Height measurement

The height should be measured on a firm, level surface.

- Ask the patient to remove their shoes and stand with their back to the measure
- Tell them to stand as tall and straight as possible with feet together, arms held loosely at the side and shoulders relaxed
- Ensure that the patient is looking straight ahead with the head not tilted up or down
- Lower the head plate so that it gently rests on the highest part of the subject's head. Press down to flatten hair
- Read the height measurement from where the arrow points to on the measure to the nearest (cm)
- Record (usually in metres) in CVD Risk Management template and on "My Health" patient-held record

Weight

The participant should remove their shoes and coat and heavy outerwear for this test.

- Ensure scales have been calibrated/serviced within specified time range
- Set scale to '0'
- Ask patient to step on scales
- Wait for weight to register properly
- Record weight (usually in KG) in CVD Risk Management template and on "My Health" patient-held record



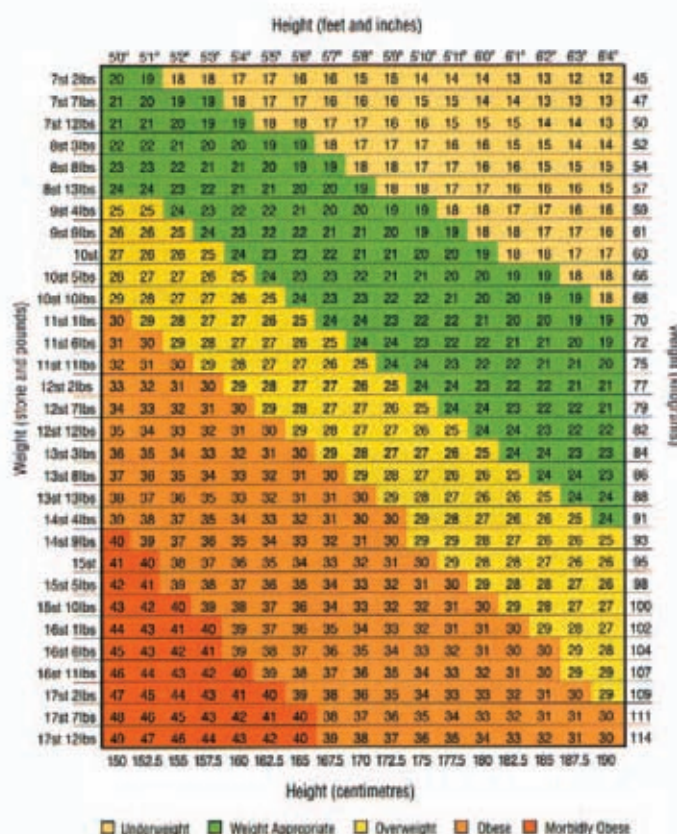
BMI - Body Mass Index

The body mass index is used to assess if a person's weight lies within the healthy range for their physical height. This can be determined if you know your weight in kilograms and your height in metres.

- BMI will be calculated automatically when the height and weight have been entered onto the CVD template

Alternatively you can calculate your BMI in three ways:

- Use an automatic calculator via the internet
- Calculate your BMI yourself using the following steps:
 - Work out your height in metres and multiply the number by itself, e.g. if your height is 1.6 then $1.6 \times 1.6 = 2.56$
 - Measure your weight in kilograms
 - Divide this by the answer to question 1.
For example, you might be 1.6 metres tall and weigh 65 kilograms.
The calculation would then be $1.6 \times 1.6 = 2.56$.
BMI would be $65 \div 2.56 = 25.4$
- If you know your height in metres (or in feet and inches) and your weight in kilograms (or in pounds) you can calculate your BMI using the chart opposite



2730



RESET

STEPS

ADJ.

Issuing a pedometer: Criteria

Ask the main question:

"How do you feel about being more active?"

The general aim is to do at least 30 minutes a day, five days a week, of activity that makes you feel warm and slightly puffed.

If the individual fits any of the below criteria, they may benefit from using a pedometer.

"I've started to be more active"

- Praise and encourage
- If a plan was issued, review to see if changes are needed
- Re-assure the patient that the odd lapse is normal
- Suggest a pedometer to look at how much they do and to give positive feedback on their effort

"I'm definitely planning to be more active"

- Set some realistic goals
- Give record sheet and pedometer

"I'm just thinking about being more active"

- Identify any barriers e.g. difficulties/problems
- Suggest trying a pedometer to look at how much walking/exercise they do already

Questions to ask

1. Can you tell me anything about the benefits of walking?
 - Helps to reduce the risk of coronary heart disease and stroke
 - Helps control body weight
 - Reduces anxiety and depression
 - Helps build and maintain healthy bones, muscles and joints
2. Where does walking fit into your daily life?
3. Do you know what a pedometer is?
4. Would you be interested in using a pedometer?

If answer is **"yes"** go ahead and issue a pedometer.

CVD Risk Management Screening Template Examples from EMIS PCS

Use to record screening appointment with patients

Please ensure that you have the correct template. Changes to the template and explanations are listed by the screen shot where relevant

Screening for cardiovascular disease - **Very important** that all screened patients have this boxed ticked

Diary entry for CVD risk assessment - select the date when the patient next needs to come back to the practice

Framingham score - When all related values are completed (i.e. bloods, etc) a risk score will automatically be calculated

Alcohol Status - Teetotaler - This refers to a person who never drinks alcohol

Screening Activity

BMI - This will be calculated automatically when the height and weight have been entered

BB - CRA

BMI and Blood Pressure - As part of the CVD Risk Management

O/E - height cm XXXX cm 00/00/0000

O/E - weight Kg XXXX Kg 00/00/0000

BMI: ☐ Body Mass Index XXXX 00/00/0000

Systolic blood pressure mm Hg XXXX mm Hg 00/00/0000

Diastolic blood pressure mm Hg XXXX mm Hg 00/00/0000

OK Cancel

Weight-reducing diet - tick if patient has been signposted to Size Down or referred to Dietetic Service

Patient advised re diet - tick if patient has been given advice on cardio protective diet. Use leaflets from www.5aday.nhs.uk, FSA (www.eatwell.gov.uk) or British Heart Foundation (www.bhf.org.uk)

DE - CRA

Diet and Exercise - As part of the CVD Risk Management

Oily Fish Intake last entry:

Weight reducing diet ☐ Qualified values 00/00/0000

Patient advised re diet ☐ Qualified values 00/00/0000

Pt advised re low salt diet ☐ Qualified values 00/00/0000

Exercise Activity last entry:

Lifestyle advice regarding exercise ☐ Qualified values 00/00/0000

Health education - weight management ☐ Qualified values 00/00/0000

OK Cancel

Patient advised re low-salt diet - It is still important and useful if somebody can adhere to a low-salt diet. Reduction in salt intake could help with improving blood pressure, although it is not as beneficial as eating two portions of oily fish per week, reducing saturated fat and increasing fruit & veg i.e. a Mediterranean diet. Not evidence-based for CVD prevention.

SHLHH - CRA

Results - As part of the CVD Risk Management

Waist circumference cm XXXX cm 00/00/0000

HbA1c level (DCCT aligned) ☐ Qualified values 00/00/0000

Serum creatinine umol/L XXXX umol/L 00/00/0000

Serum cholesterol mmol/l XXXX mmol/l 00/00/0000

Serum HDL cholesterol level mmol/l XXXX mmol/l 00/00/0000

Serum triglycerides mmol/l XXXX mmol/l 00/00/0000

Plasma fasting glucose level mmol/l XXXX mmol/l 00/00/0000

Total cholesterol:HDL ratio XXXX 00/00/0000

Glomerular filtration rate XXXX 00/00/0000

OK Cancel

Plasma fasting glucose - Added

UT - CRA

Urine Tests - As Part of CVD Risk Management

Urine Glucose	Urine Protein	Urine Blood
<input type="checkbox"/> Urine glucose test not done	<input type="checkbox"/> Urine protein test not done	<input type="checkbox"/> Urine blood test not done
<input type="checkbox"/> Urine glucose test negative	<input type="checkbox"/> Urine protein test negative	<input type="checkbox"/> Urine: trace haemolysed blood
<input type="checkbox"/> Urine glucose test = trace	<input type="checkbox"/> Urine protein test = trace	<input type="checkbox"/> Urine: trace non-haemol. blood
<input type="checkbox"/> Urine glucose test = +	<input type="checkbox"/> Urine protein test = +	<input type="checkbox"/> Urine blood test = negative
<input type="checkbox"/> Urine glucose test = ++	<input type="checkbox"/> Urine protein test = ++	<input type="checkbox"/> Urine blood test = +
<input type="checkbox"/> Urine glucose test = +++	<input type="checkbox"/> Urine protein test = +++	<input type="checkbox"/> Urine blood test = ++
<input type="checkbox"/> Urine glucose test = ++++	<input type="checkbox"/> Urine protein test = ++++	<input type="checkbox"/> Urine blood test = +++
last entry:	last entry:	last entry:

OK Cancel Previous Data

Not interested in giving up smoking

Refuses obesity monitoring - (covers all weight management related services)

Both have been added. Please tick if patient refuses service.

Referrals

☐ Refer to weight management programme

☐ Referral to G.P.

☐ Refer to dietician

☐ Referral to smoking cessation advisor

☐ Not interested in stopping smoking

☐ Refuses obesity monitoring

Screening Activity

CVD Screening and Thresholds

Priority setting

While we aim to screen all people aged between 40 and 74 registered with a HoB GP, you may wish to start the programme by screening those at higher risk. Two possible strategies are given below.

1. Those known to be probably at high risk of cardiovascular disease

Many people have some investigations that have been performed previously which suggest that they may be at an increased risk of CVD. This patient cohort should be tackled early. If you need help with this, please let the "Deadly Trio" team know.

2. Those who are likely to have a high risk of Diabetes

If you want to specifically look for people who may have diabetes, then you may wish to use QDScore [<http://www.qdscore.org/>].

Remember the classical risks:

1. Increased risk from ethnicity:
When compared with white people as a risk of 1, people from
 - Bangladesh have a risk of about 4
 - Pakistan have a risk of about 2
 - India have a risk of 1.8
 - Black folk have a risk of 0.8 [women] - 1.5 [Black African]
2. The older the individual, the higher the risk
3. Men have a higher risk [except Chinese]
4. Deprivation increases risk
5. Family history [first degree relatives] doubles the risk
6. Treated hypertension increases the risk by 1.7
7. Cardiovascular disease increases the risk by 1.5
8. Steroid treatment increases the risk by 1.4

Recommended action to take once screening has occurred

Calculate Framingham risk.

Additional factors to allow for in the Framingham calculator if you wish:

Social deprivation: multiply by 1.5

Glucose intolerance/Impaired Fasting Glycaemia: multiply by 1.25

If you have no ECG evidence of left ventricular hypertrophy score 0, otherwise 1.

Ethnicity is usually incorporated in most practice systems, if not increase risk by 50% [i.e. 13.5% becomes 20%]. This is important for all people who came from, or whose forefathers came from, the Indian subcontinent.

Once risk is established as 20% or more or if an isolated risk is identified:

Priority should be given when possible to lifestyle intervention, such as the DASH diet*, exercise, weight loss and stopping smoking.

Total cholesterol and HDL should then be re-measured after an adequate period of improved lifestyle, usually 1-3 months, and in the fasting state.

If the CVD risk remains raised then start pharmacological treatment with Simvastatin.

Aspirin should be offered to high-risk patients without any contraindication.

What should you do if risk is not more than 20% but isolated values seem raised?

Many of these need lifestyle advice. Listed below are actions which may be needed:

Blood Pressure

Systolic	Diastolic Blood Pressure	Outcome
Less than 140	Less than 90	Acceptable give lifestyle advice
If more than 140 on 2 separate visits	Or more than 90 on 2 separate visits	Offer DASH diet* and or drug therapy
If more than 140	Or more than 90	Arrange a repeat measurement at another visit
If then on second visit more than 140	Or more than 90	Arrange review by GP
If more than 180	Or more than 110	Refer to GP
If more than 180	Or more than 110	Refer to GP if signs of accelerated hypertension such as papilloedema

Waist measurement

Gender	Central Obesity Present if...	Outcome
Men	More than 102cms / 40.2 inches	Provide Lifestyle advice - diet and physical activity
Asian Men	More than 90cms / 35.4 inches	Provide Lifestyle advice - diet and physical activity
Women	More than 88cms / 34.5 inches	Provide Lifestyle advice - diet and physical activity
Asian Women	More than 80cms / 31.5 inches	Provide Lifestyle advice - diet and physical activity

* The Dietary Approaches to Stop Hypertension (DASH) is detailed at the end of this section

BMI

BMI	Outcome
Less than 18.5	Below normal/healthy
More than 18.5 & less than 25	Normal/healthy weight
More than 25 & less than 30	Over Weight - provide lifestyle advice - diet and physical activity
More than 30 & less than 40	Increase Risk - refer to HoB Dietician or weight management programme
More than 40	Refer to specialist obesity service
More than 37.5 Asian Men & Women	Refer to specialist obesity service
More than 35 with co-morbidities	Refer to specialist obesity service
More than 32.5 Asian Men & Women with co-morbidities	Refer to specialist obesity service

Smokers	Outcome
Anyone who smokes	Offer brief intervention & advice
Anyone who smokes & wants to quit	Refer to Smoking Cessation

Fasting

From 10pm the night before, nothing to eat or drink, apart from water.
(Preferably 10 hours before the test)

Random capillary or venous plasma glucose	Outcome
If more than 5.5 mmol/l	Investigate with fasting plasma and HbA1c

Plasma Glucose

Fasting Glucose	Outcome
If less than 4.0	Acceptable
If more than 4 & less than 5.5	Acceptable
If more than 5.4	Arrange/OGTT (unless diagnostic)

HbA1c

Casual HbA1c	Outcome
If less than 6% [42 mmol/mmol]	Acceptable give lifestyle advice
If 6% to 6.4% [42 to 47 mmol/mmol]	Arrange GTT
If 6.5% with no symptoms of diabetes [48 mmol/mmol]	Repeat HbA1c, if less than 48 do GTT. If more than 48 diabetes is diagnosed. Manage appropriately
If 6.5% with symptoms of diabetes [48 mmol/mmol]	Diabetes diagnosed, manage appropriately



Cholesterol

Total Cholesterol	Outcome
If more than 7.5 mmol/l & Family History of Myocardial Infarction [if first degree relative younger than 60, if second degree relative younger than 50]	Consider a diagnosis of familial Hypercholesterolemia
OR Family History of total cholesterol more than 7.5 mmol/l in adult first or second degree relatives	Consider a diagnosis of familial Hypercholesterolemia

DASH Diet

The Dietary Approaches to Stop Hypertension (DASH)

Studies have shown that the greatest reductions in blood pressure are observed with a diet that is:

Low in

- salt
- total fat and saturated fat

Rich in

- fruit (4-5 servings a day)
- vegetables (4-5 servings a day)
- low-fat dairy foods (3 servings a day)
- grains & grain products - starchy foods
- nuts, seeds & legumes (4-5 servings a week)

Studies

1. **The Dietary Approaches to Stop Hypertension (DASH) trial (Appel et al, 1997)** assessed the effects of dietary patterns on blood pressure.

Results: compared with a typical US diet, a diet rich in fruit, vegetables and low-fat dairy products (the DASH diet) significantly reduced average blood pressure by 5.5/3.0mmHg.

2. **The DASH Sodium trial (Sacks et al, 2001)** examined the combined effect of the DASH diet and reduced salt intake.

Results: The greatest reductions in blood pressure were observed with the DASH diet and low salt intake (3g) which reduced blood pressure by an average 8.9/4.5mmHg below the control diet (representing a typical US diet) at the high salt (9g) level.

The DASH Sodium trial also showed that reducing salt intake reduced average blood pressure levels of people on the DASH diet or the control diet. The effects were observed in those with and without hypertension, in both sexes and across ethnic groups.

Speak to your GP or 'Call To Quit' on 0800 0525 855

Speak to your GP or 'Call To Quit' on 0800 0525 855

Heart of Birmingham **NHS**
Teaching Primary Care Trust

If you smoke, your children
are more likely to smoke.

Speak to your GP or 'Call To Quit' on 0800 0525 855



Your Stop Smoking Service can offer **FREE** advice, support
and a choice of nicotine replacement medications to help
improve your chances of staying stopped for good.

CALL TO QUIT

Smoking. Don't keep it in the family. **SMOKEFREE**

If you smoke, your children
are more likely to smoke.

Speak to your GP or 'Call To Quit' on 0800 0525 855

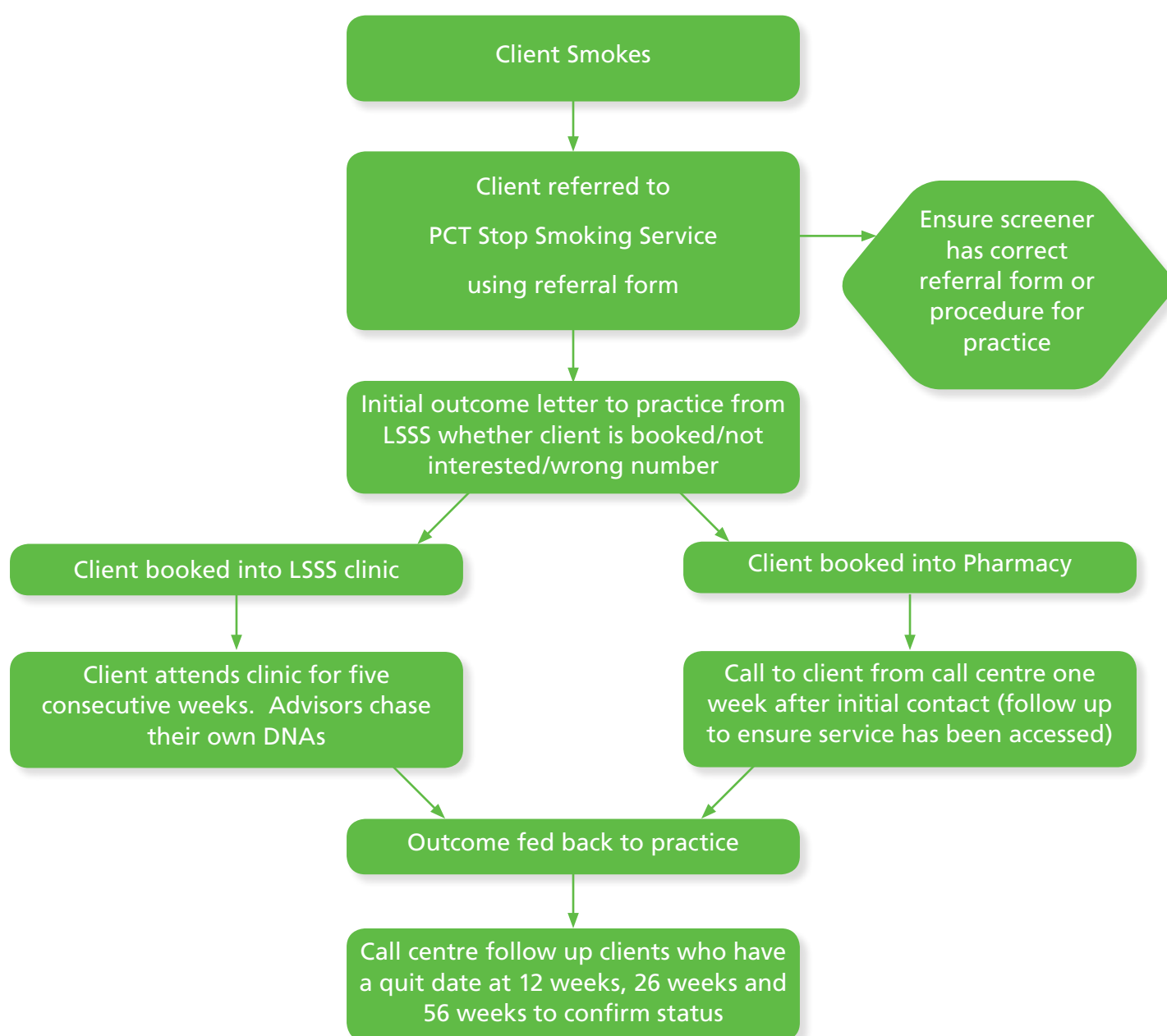
If you smoke, your children
are more likely to smoke.

Speak to your GP or 'Call To Quit' on 0800 0525 855

Stop Smoking



Smoking Referral



Stop Smoking Service Specification

Universal Access

Service Description

An evidence-based NHS service developed to help smokers quit via a programme of behavioural and pharmacological support available through community clinics, local pharmacies and GPs.

Age Range

No restriction

Referral Criteria

Anyone who smokes and WANTS to stop smoking.

Who can Refer

- Self
- Healthcare Professional
- GP

Referral Method

Telephone: 0121 224 4065 or 0800 0525 855

Fax: 0121 224 4700

Post: Heart of Birmingham Stop Smoking Service
Ladywood Health & Community Centre
St Vincent St West
Ladywood
Birmingham
B16 8RP

Send referral to

Heart of Birmingham Stop Smoking Service

Feedback

Yes

Service Contact

Stop Smoking Service Manager 0121 224 4065

Stop Smoking Service Referral Form

Please refer only patients who are assessed as being motivated to engage in this support programme (i.e. express an interest in stopping smoking). Patients who do not wish to stop smoking should not be referred.

Surgery Address:	
Post Code:	Referred by:
Tel no:	Referral Date:

Patient Name:	
Patient Address:	
Post Code:	D.O.B:
Tel no (home)	Age:
Mobile No.	Gender:
NHS No:	Is Patient Pregnant? Yes/No

Please complete the above details and fax to:

(0121) 224-4700

For information on what support is available to smokers within the Heart of Birmingham area, contact the HoB Stop Smoking Team direct on:

(0121) 224-4065

Stop Smoking Service

Ladywood Health and Community Centre
St Vincent St West
Ladywood
Birmingham
B16 8RP

Tel: (0121) 224-4065

Fax: (0121) 224-4700

22nd January, 2009

Dear Colleague,

Re: New GP Referral Form for Stop Smoking Referrals

Smoking remains the main cause of preventable ill health and premature death in England and accounts for over 2,200 deaths in Birmingham every year.

GPs and nurses are ideally placed to raise awareness of both the benefits of quitting and the effectiveness of local NHS stop smoking services - smokers are four times more likely to quit with support than if they go "cold turkey".

To make the process of referral for stop smoking support easier, the Heart of Birmingham Stop Smoking team have developed a referral template that will self-populate with all the relevant patient information, allowing your practice to complete referrals in a more efficient manner.

In addition, the Stop Smoking team will shortly implement a system to provide practices with information on the outcome of referrals to local pharmacies and clinics. Further information will be sent out about this in the near future.

Yours faithfully,

Dale Ricketts

Smoking Cessation & Public Health Manager

Stop Smoking Service

Ladywood Health and Community Centre
St Vincent St West
Ladywood
Birmingham
B16 8RP

Tel: (0121) 224-4065

Fax: (0121) 224-4700

Date:_____

STOP SMOKING REFERRAL FEEDBACK

Patient Name:_____ DOB:_____
ID_____

GP:_____

Practice:_____

Thank you for referring this patient to the Stop Smoking Service. Following your referral, the following outcome was recorded:

Patient has been booked into a local stop smoking support programme (see booking letter for details). Feedback on outcome for this patient will be provided in due course.

Patient was referred to another NHS Stop Smoking Service:

Patient did not wish to access NHS Stop Smoking Service:

Patient could not be contacted by telephone (see non-contact letter)

Please reinforce the importance of stopping smoking for those patients who could not be contacted or did not wish to receive NHS help to stop smoking.

Yours sincerely,

The Stop Smoking team

Get Active...Get Walking Service Specification

Universal Access

Service Description

The programme provides residents with the opportunity to access regular supervised walks on a weekly basis from a wide range of locations, from local parks to community centres.

There will be a total of 30 walks set up, including two or three in each HoBTPCT ward.

Age Range

18+

Referral Criteria

Available to everyone, either turn up to an organised Get Active... Get Walking walk or contact the Health Exchange.

Who can Refer

- Self

Referral Method

Health Exchange

Telephone: 0800 158 3535

Send referral to

N/A

Feedback

No

Service Contact

Health Exchange

Telephone: 0800 158 3535

'Be Active' Service Specification

Universal Access

Service Description

Free gym, exercise classes and swimming at Council-run Leisure Centres.
Time restrictions may apply.

Available to people resident in Heart of Birmingham TPCT until 31/03/2011.

Patient to see individual Leisure Centres for details.

Age Range

15+

Referral Criteria

Aged 15 and above for the standard Council Leisure Centres

Aged 8-16 for children's ICE Gyms

Who can Refer

- Self

Referral Method

Signpost patient to individual Leisure Centres.

See information on next page for Heart of Birmingham Leisure Centres.

Send referral to

N/A

Feedback

N/A

Service Contact

Individual Leisure Centres. See information on next page.

'Be Active' Scheme Information

The Be Active scheme currently provides free gym, exercise classes and swimming in Council run Leisure Centres to residents of the Heart of Birmingham Teaching Primary Care Trust area.

To find out if you are covered by the scheme, visit your local Leisure Centre or visit our website at www.hobtpct.nhs.uk which will allow you to check your postcode online.

Can anyone take part?

Anyone living in the Heart of Birmingham area can enjoy the offer, as long as they are 15 and over for the standard Leisure Centres or aged 8-16 for the children's ICE Gyms.

To which gyms does the offer apply?

The scheme covers Council-run local Leisure Centres, and the two children's ICE Gyms in the Heart of Birmingham area (Aston Villa ICE Gym and Hamstead Hall Community Learning Centre ICE Gym).

Are there any restrictions?

As long as there is room at your local Leisure Centre, we'll be able to offer you a free pass - all we ask is that you actively attend the Leisure Centre at least four times a month. Currently, gym, swimming and exercise sessions are included so you will need to pay for any other sport. Time restrictions may also apply for free use, so please check with your local Leisure Centre for information. This is currently running until 31/03/2011.

How do I get involved?

All you need to do to register is take some proof of identity and address with you to your local Leisure Centre:

- 1 x Proof of identity with photo, e.g. driving licence, passport
- 2 x Proof of address e.g. bank statement, utility bill

For the Children's Gyms, the parent/guardian will need to provide the above.

The receptionist will take some details from you and you will then be informed whether you are eligible for Be Active.

Leisure Centre Details

Leisure Centre	Address 1	Address 2	Address	Post Code	Phone Number
Alexander Stadium	Walsall Road	Perry Barr	Birmingham	B42 2LR	(0121) 464 8008
Beeches Pool & Fitness Centre	Beeches Road	Great Barr	Birmingham	B42 2HQ	(0121) 464 6296
Birmingham Sports Centre	Balsall Heath Road	Balsall Heath	Birmingham	B12 9DL	(0121) 464 6060
Handsworth Leisure Centre	Holly Road	Handsworth	Birmingham	B20 2BY	(0121) 464 6336
Nechells Community Sports Centre	Rupert Street	Nechells	Birmingham	B7 5DT	(0121) 464 4373
Newtown Pool & Fitness Centre	Newtown Road	Aston	Birmingham	B19 2SW	(0121) 464 2370
Perry Beeches Sports and Fitness Centre	Perry Beeches Secondary School	Beeches Road	Birmingham	B42 2PY	(0121) 360 3262
Small Heath Leisure Centre	Muntz Street	Small Heath	Birmingham	B10 9RX	(0121) 464 6131
Sparkhill Pool & Fitness Centre	Stratford Road	Sparkhill	Birmingham	B11 4EA	(0121) 464 1873
Summerfield Centre	Winson Green Road	Winson Green	Birmingham	B18 4EJ	(0121) 303 0863
Hamstead Hall ICE GYM	Craythorne Avenue	Handsworth Wood	Birmingham	B20 1HL	
Aston Villa ICE Gym	Villa Park	Aston	Birmingham	B6 6HE	

Physical Activity



Exercise on Prescription Referral



Exercise on Prescription Service Specification

First line management

Service Description

A supported exercise programme over a 10-week period including an entry/exit consultation with a Health and Fitness Advisor (HFA). Exercises on the scheme are predominantly gym or exercise class based, but also include walking groups and swimming.

Age Range

18+

Referral Criteria

Inclusion Criteria

People with two or more major risk factors of Coronary Heart Disease:

- Family history of CHD
- Smoking
- Raised Cholesterol
- Obese - BMI > 30 or - BMI > 25 plus one other risk factor
- People suffering from well-controlled chronic medical conditions:
 - Mild or controlled asthma
 - Chronic bronchitis
 - Controlled diabetes mellitus
 - Mild to moderate depression and/or anxiety
- People for whom the onset of osteoporosis may be delayed through regular exercise: ie post-menopausal women
- Borderline hypertensive: patients with a blood pressure no higher than 160/102, prior to medication
- People exhibiting motivation to change

Exclusion Criteria

- Angina pectoris
- Moderate to high (or unstable) hypertension - 160/102 or above
- Poorly-controlled, insulin-dependant diabetes
- History of myocardial infarction within the last six months - unless the patient has completed Stage III cardiac rehabilitation
- Established cerebro-vascular disease
- Severe chronic obstructive airways disease
- Uncontrolled asthma

Who can Refer

- GP

Send referral to

Relevant Health and Fitness Advisor

Referral Method

Telephone: individual HFA's number on contact list

1) Fill out and give the patient an EoP prescription card.

2) Telephone HFA directly, stating surgery, patient name, patient contact details. Choose closest Leisure Centre.

Feedback

Yes - 10 week Exit report

Service Contact

Your assigned HFA Or Health and Fitness Projects Officer

0121 464 6056



Health and Fitness Advisor - Contact List

Scheme Management:

- Email: firstname_lastname@birmingham.gov.uk

Sarah Barge

Projects Officer - Health and Fitness

House of Sport, 300 Broad Street

Birmingham, B1 2DR

Tel: 464 6056 Fax: 464 6035 E: •

Health and Fitness Advisors:

Sally Formon

Cocks Moors Woods Leisure Centre

Alcester Road South

Kings Heath, B14 6ER

Tel: 464 0303 Fax: 464 0562 E: •

Alan Hodson

Newtown Pool and Fitness Centre

Newtown Road

Aston, B19 2SW

Tel: 464 0832 Fax: 464 4338 E: •

Trevor Emms

Shard End Community Centre & Sports Hall

170 Packington Avenue

Shard End, B34 7RD

Tel: 464 0824 Fax: 464 2008 E: •

Michelle Harrison

Northfield Pool & Fitness Centre

Bristol Road South

Northfield, B31 2PD

Tel: 464 0799 Fax: 464 0359 E: •



Health and Fitness Advisor - Contact List

- Email: firstname_lastname@birmingham.gov.uk

Cheryl Emery

Wyndley Leisure Centre

Clifton Road

Sutton Coldfield, B73 6EB

Tel: 675 0733 Fax: 675 0733 E: •

Maria Joseph

Saltley Community Leisure Centre

Broadway Avenue

Bordesley Green, B9 5YD

Tel: 464 8556 Fax: 464 8707 E: •

Ivy Daley

Handsworth Leisure Centre

Holly Road

Handsworth, B20 2BY

Tel: 464 1513 Fax: 464 7151 E: •

Chad Boden

Fox Hollies Leisure Centre

Shirley Road

Acocks Green, B27 7NS

Tel: 464 0557 Fax: 464 0796 E: •

Richard Henry

Castle Vale Community Leisure Centre

Farnborough Road

Castle Vale, B35 7NL

Tel: 675 2564 Fax: 776 7292 E: •

Phil King

Stechford Cascades

Station Road

Stechford, B33 8QN

Tel: 464 1764 Fax: 464 8411 E: •

Vanessa Trench & Geoff Moyes

Kingstanding Leisure Centre

Dulwich Road

Kingstanding, B44 0EW

Tel: 464 0370 Fax: 464 1748 E: •

Richard Henry

Erdington Pool & Turkish Suite

Mason Road

Erdington, B24 9EJ

Tel: 464 0854 Fax: 464 8718 E: •

Louisa Knowles

Sparkhill Pool & Fitness Centre

Stratford Road

Sparkhill, B11 4EA

Tel: 464 0811 Fax: 464 8783 E: •



The Exercise on Prescription scheme helps people to be healthier by being more active.

The first appointment with your health and fitness advisor is an opportunity to talk about a healthy lifestyle, ways to be more active that are the most suitable for you and for you both to plan your new exercise programme.

The programme will be designed especially for you, taking into consideration any medical conditions, your likes and dislikes, your current level of fitness and any commitments such as family or work.

Your time with the advisor is free, but taking part in the leisure centre activities incurs a cost. More information will be available at your first appointment.

The scheme aims to give you the knowledge and skills to enable you to be able to continue independently with a more active lifestyle.

Your health and fitness advisor will monitor your progress for 10 weeks, after which he or she will discuss with you your achievements and your future activity plans.

Your surgery will be informed of your progress.

www.birmingham.gov.uk/eop



Prescription Card

First Name:

Surname:

Address:

Postcode:

Tel No:



45957

Name:

Date of Birth:

GP Practice:

What are the main reasons for referral:

- ☐ To aid weight loss
- ☐ To aid general mobility and joint stiffness
- ☐ To aid reduction in blood pressure
- ☐ To aid heart health
- ☐ To reduce stress
- ☐ To improve general well being
- ☐ To assist in the prevention of osteoporosis
- ☐ Chronic medical condition (please specify below)

Blood Pressure

If the patient is currently on prescribed medication, will this have an effect on his/her ability to take part in exercise?

Is there any activity that you consider should be avoided by the patient?

Doctor's Signature & Stamp:

Date of referral:

Date and time of Appointment:

Name of Health and Fitness Advisor:

Exercise Venue:

Contact Telephone Number:

(If you need to change your appointment time)

Further Information

1. Your first appointment with your health and fitness advisor will be for an informal talk.
2. Exercise clothing is **NOT** needed on your first appointment
3. The first appointment will last a maximum of one hour and you will have the opportunity to be shown around the centre and consider activities to which you are most suited and/or preferred by you
4. There is no charge for your first appointment or for the time spent with your advisor
5. **IMPORTANT** - as your health and fitness advisor will be waiting for you to arrive, it is important that you telephone in advance if you cannot keep your appointment. An alternative date and time will then be arranged

Physical Activity



Example of 10 week exit report

Name:	Number:		
Start Date:	Exit Date:		
Reason for Referral:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> To aid weight loss </div> <div style="width: 50%;"> <input type="checkbox"/> To reduce stress </div> <div style="width: 50%;"> <input type="checkbox"/> To aid general mobility and joint stiffness </div> <div style="width: 50%;"> <input type="checkbox"/> To improve general well-being </div> <div style="width: 50%;"> <input type="checkbox"/> To aid reduction in blood pressure </div> <div style="width: 50%;"> <input type="checkbox"/> To assist in the prevention of Osteoporosis </div> <div style="width: 50%;"> <input type="checkbox"/> To aid heart health </div> <div style="width: 50%;"> <input type="checkbox"/> Chronic Medical Condition: _____ </div> </div>			
Results	Start	Exit	Change
Weight			
Body Mass Index			
Waist			
Hips			
Waist:Hip Ratio			
Body Fat Percentage			
Lean Body Mass			
Aerobic Fitness			
Exercise Programme:			
Comments:			

Calorie Chart

Activity	Rank (1 being most intense)	Intensity	Kcalories used in 20 minutes of activity
Playing squash	1	Very high	200
Running (speed unspecified)	2	Very high	190
Aerobic dancing - (high)	3	Very high	170
Playing cricket	4	High	160
Playing football	5	High	140
Swimming	6	High	132
Aerobic dancing - (moderate)	7	High	130
Climbing stairs (moderate)	8	High	130
Dancing	9	High	130
Cycling on flat ground (10mph - moderate cycling)	10	High	125
Gardening	11	Medium	110
Bed making	12	Medium	100
Golf	13	Medium	100
Climbing stairs (slow)	14	Medium	95
Playing table tennis	15	Medium	90
Walking on the level (moderate)	16	Medium	85
Dusting	17	Low	70
Playing pool	18	Low	65
Cleaning windows	19	Low	60
Washing dishes	20	Low	49
Walking on the level (slow)	21	Low	45
Playing cards	22	Very Low	40
Surfing the internet	23	Very Low	30
Talking on the phone	24	Very Low	24
Watching TV	25	Very Low	23
Sleeping	26	Very Low	20

Source: Human Energy Requirements: A manual for planners and nutritionists, by WPT James and EC Schofield, published by the Oxford University Press

Size Down Service Specification

First Line Intervention

Service Description

A six session weight management group with two follow-ups after weeks four and weeks eight

Delivered by Food Health Advisors

Held at local community venues: Sparkbrook Family Centre, Birmingham Central Library and Soho Health Centre

Age Range

18+

Referral Criteria

Patients with BMI of 25+

Who can Refer

- Self

Referral Method

Telephone: 0121 465 2786

Send referral to

Fernbank Medical Centre

Feedback

No

Service Contact

Team Secretary

Telephone: 0121 465 2786

My Choice Weight Management Pilot

First Line Intervention

Service Description

Weight management service delivered within your GP practice.

12 weekly one to one appointments and 3 follow up appointments

To help patients identify easy and practical lifestyle changes they could make to help them lose weight and keep it off.

Age Range

18+

Referral Criteria

Patients with BMI of 30+ or 28+ (with co-morbidities)

Asian Population: BMI 25+ or 23+ (with co-morbidities)

Patient needs to be motivated to make lifestyle changes

Who Can Refer

- Any member of practice staff. GP, PN, HCA.

Referral Method

Refer patient to the member(s) of staff delivering the My Choice programme within your practice.

Send Referral to

N/A

Feedback

N/A

Service Contact

Sarah Mills, Commissioning and Development Manager, Tackling Obesity Team, 0121 255 0749

My Choice Weight Management Pilot

First Line Intervention

Service Description

Weight management service delivered within local pharmacies.

12 weekly one to one appointments and 3 follow up appointments

To help patients identify easy and practical lifestyle changes they could make to help them lose weight and keep it off.

Age Range

18+

Referral Method

Signpost patient to a participating pharmacy

See information on next page for participating pharmacies

Referral Criteria

Patients with BMI of 30+ or 28+ (with co-morbidities)

Asian Population: BMI 25+ or 23+ (with co-morbidities)

Patient needs to be motivated to make lifestyle changes

Send Referral to

N/A

Feedback

N/A

Who Can Refer

- Self

Service Contact

Sarah Mills, Commissioning and Development Manager, Tackling Obesity Team, 0121 255 0749

Participating Pharmacies

Name	Address	Phone Number
Blue Cross Pharmacy	Soho Road Health Centre, 249 Soho Road	0121 523 1500
Health Plus Pharmacy	221 Aston Lane, Perry Barr	0121 356 5358
Gill Pharmacy	341 Rookery Road, Handsworth Wood	0121 554 2487
Laser Pharmacy	9 Oakwood Road, Sparkhill	0121 778 2921
Nechells Pharmacy	55 Nechells Park Road	0121 327 0380
Pauls Pharmacy	31 Revesby Walk, Nechells	0121 359 2731
Raj Pharmacy	128 Stoney Lane, Sparkbrook	0121 449 1945
Rx Pharmacy	256 Wellington Road, Perry Barr	0121 356 3620
Shah Pharmacy	491 Stratford Road, Sparkhill	0121 772 0792
Shire Pharmacy	214 Edward Road, Balsall Heath	0121 440 1642
Soho Pharmacy	2 Trafalgar Road, Handsworth	0121 554 9723
Vantage Pharmacy	24 Church Road, Aston	0121 326 7159

Postnatal Size Down Service Specification

First line intervention

Service Description

A six session weight management group tailored specifically for women who have recently had a baby within the last 3 years. There are two follow-ups at four and eight weeks after completion.

Delivered by Food Health Advisors

Held at local community centres such as Children's Centres and Health Centres

Free crèche provided for infants and children under 4 years

Age Range

Women of childbearing age (18 – 46 years)

Referral Criteria

No BMI cut off. Any woman with excess weight to lose after childbirth

Who can Refer

- Self
- GP
- Health care professional

Referral Method

Telephone: 0121 446 1021

Fax: 0121 446 1020

Completed Maternal Nutrition Referral Form

Send Referral to

Nutrition & Dietetic Service, St Patrick's Centre for Community Health

Feedback

Yes – Standard letter sent to GP unless the patient objects

Service Contact

Maternal Nutrition Team Administrator, St Patrick's

Telephone: 0121 446 1021

Fit Moms Service Specification

Specialist service

Service Description

A healthy lifestyle and support group for obese pregnant women to assist them to minimise weight gain through the pregnancy. It consists of three group sessions followed by monthly weight checks throughout the rest of the pregnancy. A final appointment in the postnatal period will signpost into appropriate weight management for ongoing support such as Postnatal Size Down

The group sessions include healthy eating, staying active in pregnancy and promotion of breastfeeding

Delivered by Dietitians

Held at local community centres such as Children's Centres and Health Centres

Free crèche provided for infants and children under 4 years

Age Range

Women of childbearing age (18 – 46 years)

Send Referral to

Nutrition & Dietetic Service, St Patrick's Centre for Community Health

Referral Criteria

Pregnant women with a pre-pregnancy BMI 30 or more

Feedback

Yes. Written entries in the green pregnancy notes. Letter to GP after postnatal visit

Who can Refer

- Self
- Midwife
- GP and other health care professionals

Service Contact

Maternal Nutrition Team Administrator or Lead Dietitian, St Patrick's

Telephone: 0121 446 1021

Referral Method

Telephone: 0121 446 1021

Fax: 0121 446 1020

Completed Maternal Nutrition Referral Form

MATERNAL NUTRITION TEAM REFERRAL FORM FOR DIETITIAN

Surname Miss/Mrs/Ms/Other		First Name	
Address		GP	
		Practice Address	
Postcode			
DOB			
Telephone No:			
NHS Number	Ethnicity *	Postcode	
Civil Status M S W D		Telephone	
Number of weeks pregnant:		Maternity Unit booked into:	
Reason for referral:			
List any medical conditions:			
List any medication:		If relevant to referral: Weight:	
List any relevant social issues:		Height:	
		BMI:	
Are there any safety/security issues involved in seeing this patient ?		Afternoon commitment to pick up nursery/ school children?	
<input type="checkbox"/> Yes No		Yes No	
If yes, what?			
Is an interpreter required?			
No Yes What Language?			
Referred by (please print)		Community Midwifery Team	
Designation			
Signature		Telephone No	
Date of referral			
This referral has been agreed with the patient Yes			

Please complete this form in full as it will allow us to process the referral more efficiently

Return the completed form to:
Nutrition & Dietetic Department, St Patrick's Centre for Community Health, Frank Street,
Highgate, Birmingham B12 0YA
Tel: 0121 446 1021 Fax: 0121 446 1020
www.dietetics.bham.nhs.uk

* See over for ethnic categories



Ethnic Categories

White

British	A
Irish	B
Any other white background	C

Black or Black British

Caribbean	M
African	N
Any other Black background	P

Mixed

White and Black Caribbean	D
White and Black African	E
White and Asian	F
Any other mixed background	G

Other Ethnic Groups

Chinese	R
Any other ethnic group	S

Not Stated

Not stated	Z
------------	---

Asian or Asian British

Indian	H
Pakistan	J
Bangladesh	K
Any other Asian background	L

My Choice Weight Management Pilot

First Line Intervention

Service Description

Weight management service delivered within your GP practice.

12 weekly one to one appointments and 3 follow up appointments

To help patients identify easy and practical lifestyle changes they could make to help them lose weight and keep it off.

Age Range

18+

Referral Criteria

Patients with BMI of 30+ or 28+ (with co-morbidities)

Asian Population: BMI 25+ or 23+ (with co-morbidities)

Patient needs to be motivated to make lifestyle changes

Who Can Refer

- Any member of practice staff. GP, PN, HCA.

Referral Method

Refer patient to the member(s) of staff delivering the My Choice programme within your practice.

Send Referral to

N/A

Feedback

N/A

Service Contact

Sarah Mills, Commissioning and Development Manager, Tackling Obesity Team, 0121 255 0749

My Choice Weight Management Pilot

First Line Intervention

Service Description

Weight management service delivered within local pharmacies.

12 weekly one to one appointments and 3 follow up appointments

To help patients identify easy and practical lifestyle changes they could make to help them lose weight and keep it off.

Age Range

18+

Referral Method

Signpost patient to a participating pharmacy

See information on next page for participating pharmacies

Referral Criteria

Patients with BMI of 30+ or 28+ (with co-morbidities)

Asian Population: BMI 25+ or 23+ (with co-morbidities)

Patient needs to be motivated to make lifestyle changes

Send Referral to

N/A

Feedback

N/A

Who Can Refer

- Self

Service Contact

Sarah Mills, Commissioning and Development Manager, Tackling Obesity Team, 0121 255 0749

Participating Pharmacies

Name	Address	Phone Number
Blue Cross Pharmacy	Soho Road Health Centre, 249 Soho Road	0121 523 1500
Health Plus Pharmacy	221 Aston Lane, Perry Barr	0121 356 5358
Gill Pharmacy	341 Rookery Road, Handsworth Wood	0121 554 2487
Laser Pharmacy	9 Oakwood Road, Sparkhill	0121 778 2921
Nechells Pharmacy	55 Nechells Park Road	0121 327 0380
Pauls Pharmacy	31 Revesby Walk, Nechells	0121 359 2731
Raj Pharmacy	128 Stoney Lane, Sparkbrook	0121 449 1945
Rx Pharmacy	256 Wellington Road, Perry Barr	0121 356 3620
Shah Pharmacy	491 Stratford Road, Sparkhill	0121 772 0792
Shire Pharmacy	214 Edward Road, Balsall Heath	0121 440 1642
Soho Pharmacy	2 Trafalgar Road, Handsworth	0121 554 9723
Vantage Pharmacy	24 Church Road, Aston	0121 326 7159

Maternal Health Team
Community Nutrition and Dietetic Service
St Patrick's Centre for Community Health
Frank Street
Highgate
Birmingham
B12 0YA

SD3

DATE

Dr

Tel: 0121 446 1021

ADDRESS

Fax: 0121 465 1021

Dear Dr

Re: Name, D.O.B.

Address

For Information

The above patient has recently completed our 6 week postnatal Size Down Programme. This is a weight management programme run by Food Health Advisors as part of the Birmingham Community Nutrition and Dietetic Service.

Current Weight =

BMI =

Weight loss =

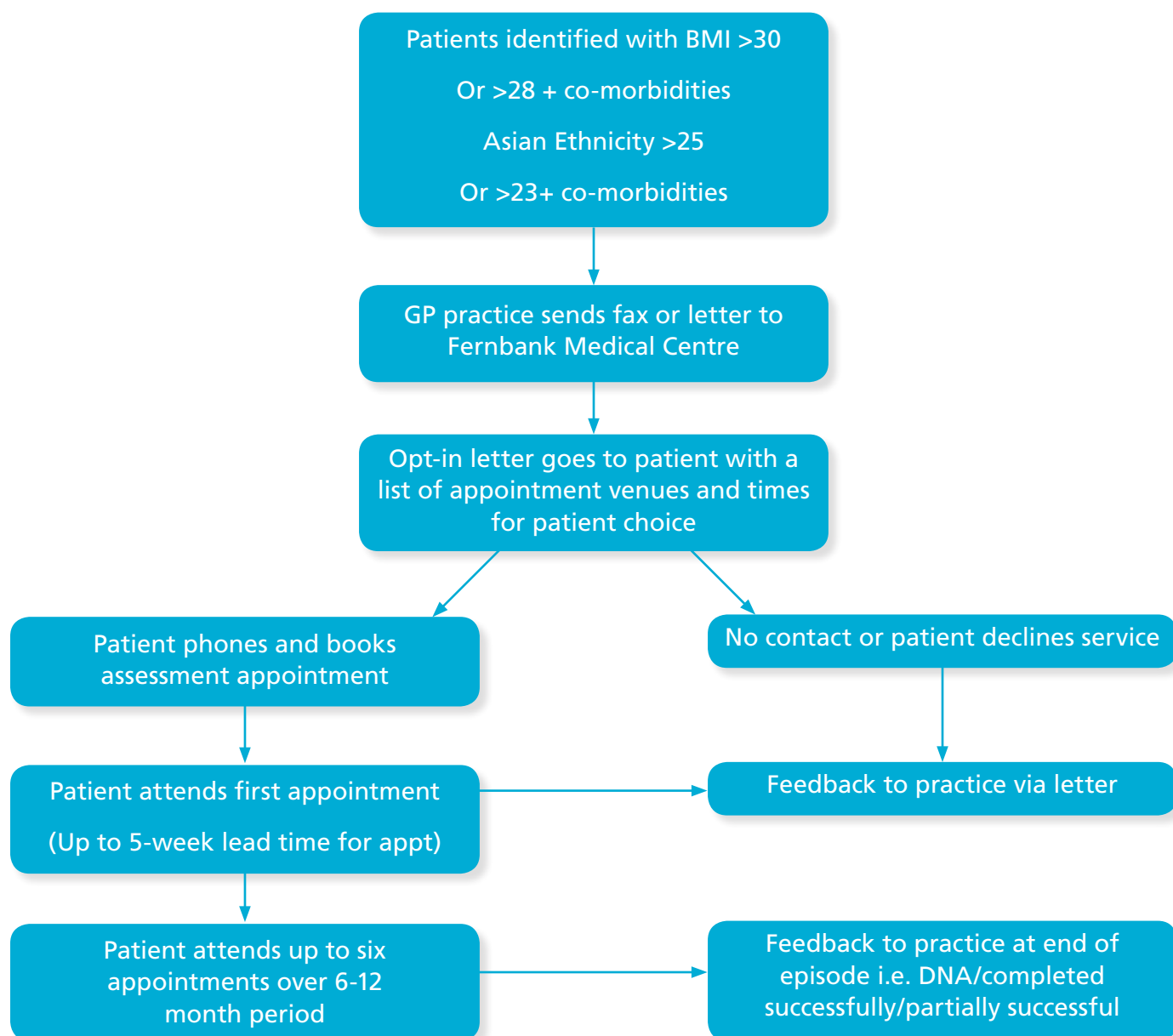
If you like any further information about this patient or the Size Down Programme. Please do not hesitate to contact me at the above number.

Yours sincerely

Food Health Advisor



Dietetic Appointment Referral



Dietetic Appointment Service Specification

First Line Intervention

Service Description

A 45-minute assessment with up to six follow-ups (can be groups)

Consists of advice on undertaking activity as well as behavioural, lifestyle and complex issues

Age Range

18+

Referral Criteria

Patients with BMI of 30+ or 28+ (with co-morbidities)

Asian population: BMI 25+ or 23+ (with co-morbidities)

Who can Refer

- Self
- GP
- Healthcare Professional

Referral Method

Fax: 0121 465 2776

Post: Fernbank Medical Centre
508- 516 Alum Rock Road
Ward End
Birmingham, B8 3HX

Send referral to

Fernbank Medical Centre

Feedback

Yes - Feedback letter sent to referrer and copy to GP

Service Contact

Clinic Administrator or Lead Clinical Dietitian, Fernbank Medical Centre,
0121 465 2780

Nutrition and Dietetic Service Referral Form

Surname <small>Mr/Mrs/Miss/Ms/Other</small>		First Name	
Address		GP	
Post code		Practice Address	
DOB		Post Code	
Telephone No.		Telephone	
NHS Number	Ethnicity*	GP Code	
Sex: M F	Civil Status: M S W D		

Medical Diagnosis / Condition:-	Date of Diagnosis:
<p>Relevant Information (please tick all that apply)</p> <p>Underweight <input type="checkbox"/> Diabetes <input type="checkbox"/> type?..... Obesity <input type="checkbox"/> CHD <input type="checkbox"/> IBS <input type="checkbox"/> Allergy/intolerance <input type="checkbox"/></p> <p>Eating Disorders <input type="checkbox"/> Faltering Growth <input type="checkbox"/> Nutritionally Compromised <input type="checkbox"/> BP <input type="text"/> / <input type="text"/></p> <p>Other <input type="checkbox"/> please give details :-</p>	
Reason for Dietetic Input (e.g. to lose or gain weight; to improve diet; education on diet; supplementary feeding etc)	
Has first line advice been given? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Relevant medication	
Relevant recent measurements (e.g., BMI, weight, height, BP, HbA1c, lipids, Nutrition Screening Tool Score)	
Other services involved (e.g., District Nurse, CPN, Health Visitor, CCN, Hospital Services/Consultant etc)	
Non Urgent <input type="checkbox"/> Urgent <input type="checkbox"/> If urgent why?	
Is a home visit required No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, why?	
Are there any safety/security issues involved in seeing this client? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Is an interpreter required? No <input type="checkbox"/> Yes <input type="checkbox"/> What language?	
Referred by (please print)	Base if not at GP practice
Signature	
Date of referral	
Designation (if not GP)	
This referral has been agreed with the patient	Telephone No.
Yes <input type="checkbox"/> No <input type="checkbox"/>	



Ethnic Categories		Please circle
White	British	A
	Irish	B
	Any other White background	C
Mixed	White and Black Caribbean	D
	White and Black African	E
	White and Asian	E
	Any other mixed background	E
Asian or Asian British	Indian	H
	Pakistani	J
	Bangladeshi	K
	Any other Asian background	L
Black or Black British	Caribbean	M
	African	N
	Any other Black background	P
Other ethnic groups	Chinese	R
	Any other ethnic group	S
Not Stated	Not stated	Z

Example of Feedback Form

Date

Dear Dr

Re
NHS No:

DOB:
Address:

Thank you for referring the above patient to the Dietetic Service for advice.

They were seen in clinic on..... and
assessed as follows:-

Height.....m/cm Weight.....kg

BMI.....kg/m²

Advice and information regarding the following was given.

Weight reducing (weight reduction of 5-10% body weight)		Diabetes Mellitus	
Healthy eating			
(Balance of Good Health)		High protein /energy	
Food intolerance/allergy		Cardio protective diet	
IBS		Lifestyle/behavioural changes	
Other (more details provided under other comments)		Disordered Eating	
Other Comments:-			

A follow-up has been arranged for

.....

No follow-up has been arranged and therefore the patient has been
discharged from our service

.....

Please contact me if further information is required.

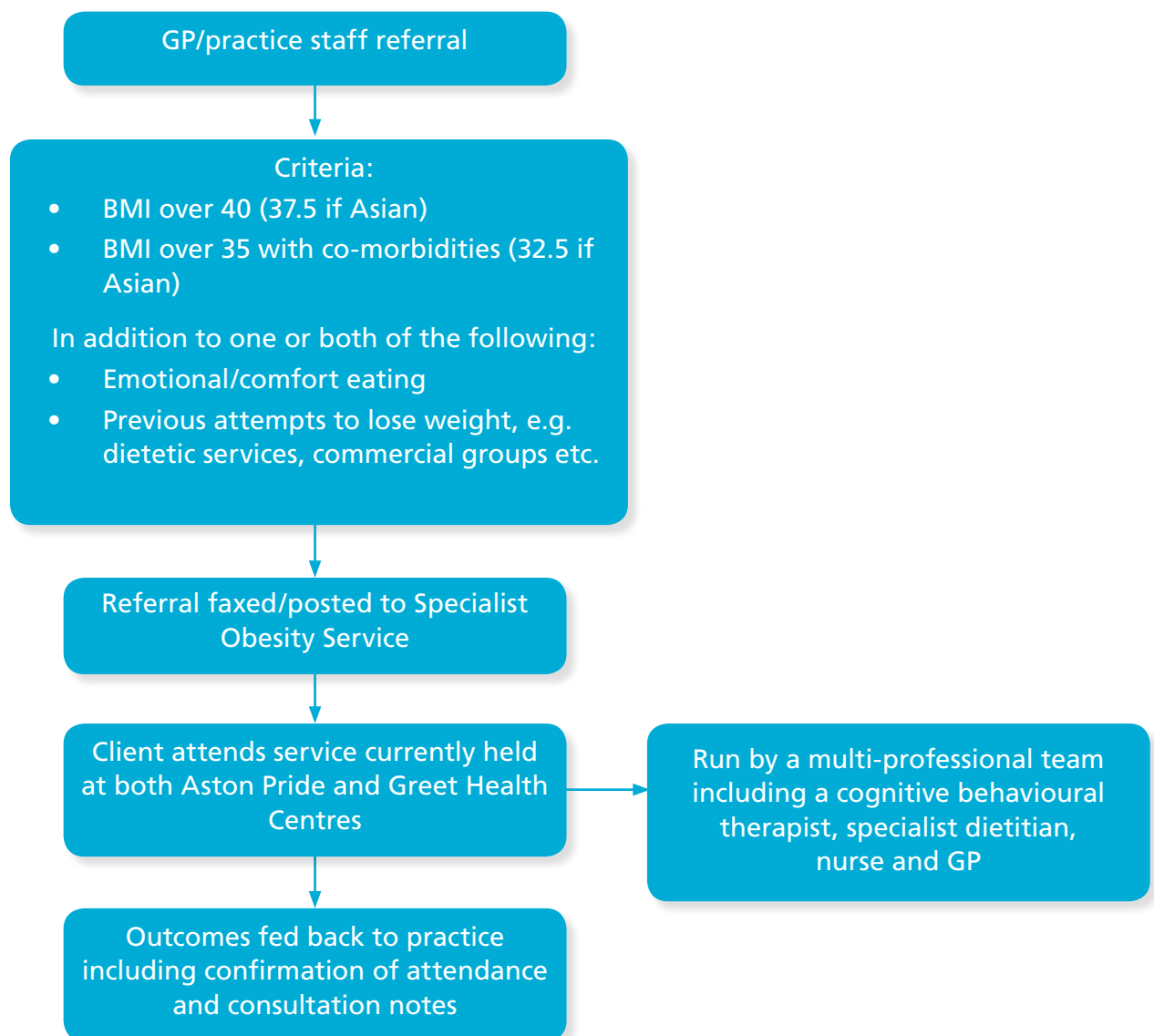
Yours sincerely

.....Signature

Dietitian.....Print Name



Specialist Obesity Service Referral



Specialist Obesity Service Specification

Specialist Service

Service Description

Service to treat people with morbid obesity. Run by a multi-professional team including a cognitive behavioural therapist, specialist dietitian, nurse and GP. The service aims to provide a more intensive approach and ensure that all options have been tried before someone is considered for bariatric surgery.

Age Range

18+

Referral Criteria

GP referral for patients with:

- BMI over 40 (over 37.5 if Asian ethnicity)
- BMI over 35 with co-morbidities (over 32.5 if Asian ethnicity)

In addition one or both of the following:

- Emotional/comfort eating
- Previous attempts to lose weight e.g. dietetic services/practice-based programmes/commercial groups/pharmacotherapy

Who can Refer

- GP
- Practice Staff

Referral Method

Fax: 0121 627 8834

Post: Obesity Service Administrator
Nutrition and Dietetics
Springfields Centre
Raddlebarn Road
Selly Oak
Birmingham, B26 6JB

Send referral to

Specialist Obesity Service

Feedback

Yes - A copy of consultation notes and confirmation of attendance is faxed to GP

Service Contact

Lead Obesity Dietitian
Telephone: 0121 204 1584

Specialist Obesity Service referral form

Criteria for referral

Please detail previous interventions, e.g. if seen by community dietician before

- BMI over 40 (over 37.5 for Asians)
- BMI over 35 with co-morbidities (over 32.5 for Asians)
- Emotional eating
- Previous attempts to lose weight

Surname Mr/Mrs/Miss/Ms/Other	First Name
Address	GP Practice Address
Post code	
DOB	
Telephone No.	Post Code
NHS Number	Telephone
Sex: M/F Civil Status: M/S/W/D	GP Code

Relevant Medical History

Current Height =

Current Weight =

Current BMI =

Summary of previous weight management interventions

Relevant Medication

Relevant recent measurements (e.g. BP, HbA1c, lipids)
(PLEASE INCLUDE LATEST BLOOD TEST RESULTS)

Other services involved e.g. Exercise on Prescription

Are there any safety/security issues involved in seeing this client? Yes/No
If yes, what?

Is an Interpreter required? No/Yes What language?

Referred by (please print)

Base if not at GP practice

Signature

Date of referral

Designation (if not GP)

This referral has been agreed with the patient? Yes/No

Telephone number

Ethnic Categories		Please circle
White	British	A
	Irish	B
	Any other White background	C
Mixed	White and Black Caribbean	D
	White and Black African	E
	White and Asian	E
	Any other mixed background	E
Asian or Asian British	Indian	H
	Pakistani	J
	Bangladeshi	K
	Any other Asian background	L
Black or Black British	Caribbean	M
	African	N
	Any other Black background	P
Other ethnic groups	Chinese	R
	Any other ethnic group	S
Not Stated	Not Stated	Z

Please return to:

Obesity Service Administrator

Nutrition and Dietetics

Springfields Centre

Raddlebarn Road

Selly Oak

Birmingham

B26 6JB

Tel: 0121 204 1584

Fax: 0121 627 8834

Thank you for completing this form in full as it will allow us to process the referral more efficiently.

Example of Feedback Form

Date:

Dear

Re:.....DoB:.....

Address:.....

NHS Number:.....

The above patient has attended their first appointment at the Specialist Obesity Service.

Weight:

Height:

BMI:

Overall Aim of Treatment :

5-10% weight loss

Doctor Comments

Dietitian Comments

We will review them regularly over the next 6 -12 months and will keep you informed of their progress.

Yours sincerely

Trisna Patel, Senior Dietitian in Obesity Management

BCNDS Specialist Weight Management Clinics are staffed by:

Dr George Areje and Dr Mohammed Waheed GP's with a Special Interest in Obesity

Alison French, Lisa Jack, Trisna Patel, Linda Hindle, Specialist Dietitians in Obesity Management

David Kendrick Consultant Bariatric Psychologist

Frances Lumley and June Silverthorne Counsellors and Therapists

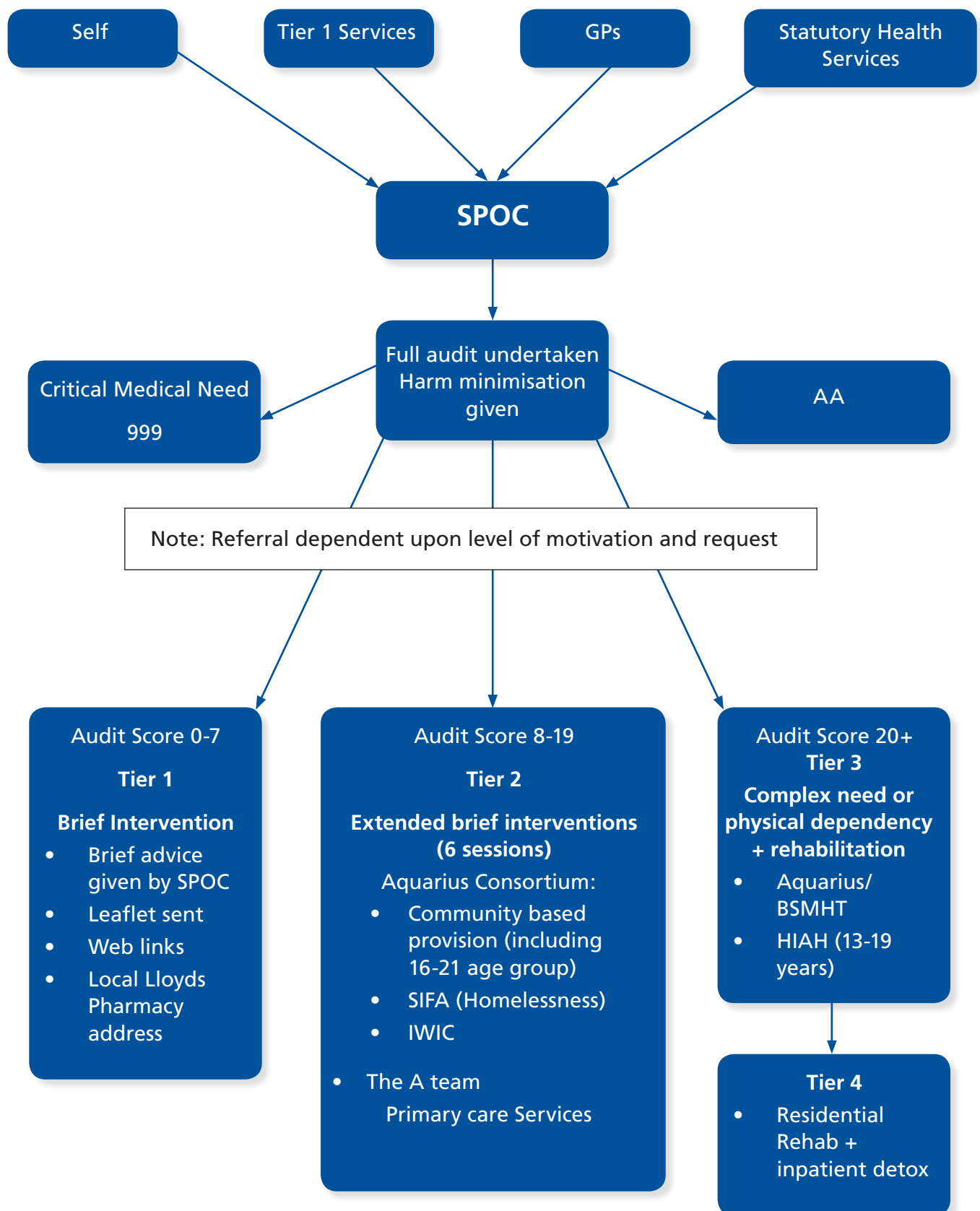
Claire Barnes Trainee Counsellor and Exercise Specialist

Balwinder Bhachu and Ade Suberu Obesity Clinic Administrator's

and managed by Alison French RD Obesity Lead Dietitian



Alcohol and Drug Services



Alcohol Service Specification

Universal Access

Service Description

All tiers of service can be accessed through the alcohol services Single Point of Contact (SPOC). On contact a short triage session will be made to assess what is the most appropriate service for referral.

Brief advice and information can also be offered.

Tier 1

- Lloyds pharmacist
 - Offering 1:1 advice, information and support

Tier 2

- NACRO/RAPT - Primary Care Services
- Aquarius - Community based services
 - offering ongoing specialist advice, information and support
- SIFA (Fireside) - Community-based service
 - Offering specialist advice and support to those who are socially disadvantaged or excluded on issues around alcohol and homelessness

Tier 3

- Birmingham & Solihull Mental Health Trust
 - Home detox programme
- Aquarius
 - In-depth psycho/social support

Tier 4

- In-patient detox and rehabilitation

Age Range

16+

Referral Method

Telephone: 0800 073 0817

Referral Criteria

Free access

Feedback

None at present

Who can Refer

- Anyone
- Self-referral or professional referral

Service Contact

Telephone: 0800 073 0817

Drugs Service Specification (Birmingham Drug & Alcohol Action Team)

Universal Access

Service Description

A wide range of services for help and support for problems with heroin, cocaine, crack, other stimulants and cannabis. Contact the Single Point of Contact (SPOC) in the Drug & Alcohol Action Team and a brief assessment will be made of what is the most appropriate service for referral.

For further details of the GP Locally Enhanced Service for drugs treatment, contact tony.mercer@hobtpct.nhs.uk.

Open Access Services

- Information and advice
- Needle exchange
- Blood-borne virus testing and vaccination
- Assessment for structured treatment

Structured Treatments

- Specialist substitute prescribing
- GP substitute prescribing
- Structured day care
- Counselling and psychology services
- In-patient detox
- Residential rehabilitation

Specialist Services

- Mother and baby/pregnancy
- Sex workers (male & female)
- Rough sleepers

Age Range

18 +

Referral Method

Telephone: 0800 073 0817

Referral Criteria

Free access

Feedback

None at present

Who can Refer

- Anyone
- Self-referral or professional referral

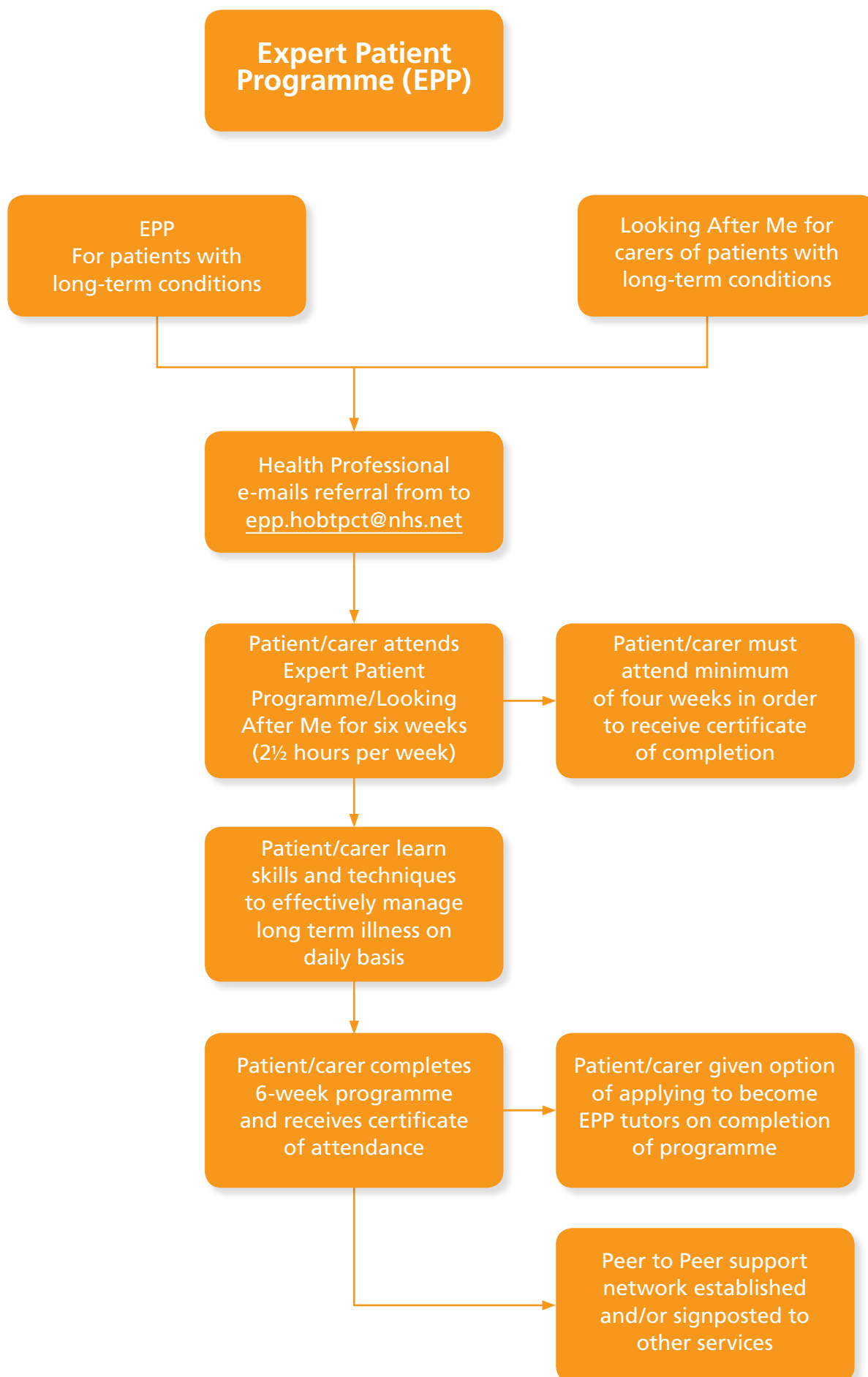
Service Contact

Telephone: 0800 073 0817



Expert Patient Programme

Expert patient referral pathway



Expert Patient Programme

Expert patient service specification

Expert Patient Programme (EPP)

Universal Access

Service Description

A free training course for patients and carers to help them live with a long-term illness (see examples listed below). The course lasts six weeks (2½ hours per week) and provides them with a variety of skills and techniques to better manage their illness on a daily basis.

The training is delivered by patients with a long term condition, who have successfully completed the programme, and is delivered in a range of languages and locations.

Age Range

18 +

Referral Criteria

Any patient (and their carer if they have one) with a long-term illness. Examples include; Heart Disease, Diabetes, Chronic Kidney Disease, IBS, Parkinson's Disease, MS, Anxiety/Depression, Arthritis, etc.

Who can Refer

- Health Professionals

Referral Method

E-mail referral form to address below

Send referral to

epp.hobtpct@nhs.net

Feedback

N/A

Service Contact

Expert Patient Programme

Co-ordinator

0121 255 0742

Looking After Me

Looking After Me is a free course for adults who care for someone living with a long-term health condition or disability. The course is about you making time to look after your own health needs. It aims to help you take more control of your situation and make a difference to your life.

The course looks at:

- relaxation techniques
- dealing with tiredness
- exercise
- healthy eating
- coping with depression
- communicating with family, friends and professionals
- planning for the future

Who can take part?

Any adult who cares or gives help to a relative or friend who is ill, disabled, elderly or in need of emotional support (in other words, they are a carer).

How can it help you?

By taking part in a Looking After Me course, you will:

- learn new skills to help you to cope with your caring situation
- develop the confidence to take more control of your life
- meet with others who share similar experiences

How has it helped others?

People who have taken part in a Looking After Me course have reported that it has helped them to:

- feel confident and more in control of their life
- manage their caring situation more effectively
- be realistic about the impact of their caring situation on themselves and their family
- develop more effective relationships with health and care professionals
- use their skills and knowledge to lead a fuller life

(For more Information complete the referral/registration form and e-mail to epp.hobtpct@nhs.net)

Expert Patient Referral/Registration Form

Email to epp.hobtpct@nhs.net

Mr/Mrs/Miss/Ms: _____

First Name: _____ Surname: _____

Address: _____

_____ Post code: _____

Tel: _____ Mobile: _____

Email: _____

Date of birth: _____ Male / Female: _____

Religion: _____ Ethnicity: _____

Long term condition (please state): _____

Are you a carer? Yes / No Is patient disabled? Yes / No

If YES please give details _____

1st spoken language (please state): _____

Referred by: _____



Health Exchange

Health Exchange Community Sites (Access to health information and supporters)

1. Afro Caribbean Millennium Centre
339 Dudley Road, Winson Green, B18 4EZ
2. Chinese Community Centre
98 Bradford Street, Digbeth, B12 0NS Tel: 0121 685 8510
3. Finch Road Health Centre
Finch Road, Lozells, B19 1HS
4. Handsworth Library
Soho Road, B21 9DP
5. Health Exchange Hub
5th Floor, Central Library, Chamberlain Square, B3 3HQ
6. Nishkam Centre
6 Soho Road, Handsworth, B21 9BH
7. Patient Information Centre
Birmingham Treatment Centre, City Hospital, Dudley Road, B18 7QH
8. Pertemps People Development Centre
Newtown Advancement Centre, Unit 40, Newtown Shopping Centre, Newtown, B19 2SS
9. Saheli Women's Centre
Court Road, Balsall Heath, B12 9LB Tel: 0121 446 6137
10. Small Heath Library
Muntz Street, B10 9RX
11. Soho Health Centre
Louise Road, Handsworth, B21 9RY
12. Spring Hill Library
Spring Hill, Birmingham, B18 7BH
13. Summerfield Health Centre
Winson Green Road, Winson Green, B18 7AG
14. Sure Start - Soho Children's Centre
Louise Road, Handsworth, B21 0RY
15. Sure Start - Summerfield Children's Centre
42 Cape Street, Winson Green, B18 4LE
16. The Mu'ath Trust
Bordesley Centre, Stratford Road, Birmingham, B11 1AR
17. UK Asian Women's Centre
23 Hamstead Road, Hockley, B19 1BX
18. Women's Help Centre
321 Rookery Road, Handsworth, B21 9PR

Health Exchange Service Specification

Universal Access

Service Description

The Health Exchange is a free one-stop shop for information on health services in your local community. For venues, please see facing page.

Information on services is provided by locally-recruited Health Exchange supporters.

Age Range

Any

Referral Criteria

Free access

Who can Refer

- Self
- Primary Care Staff

Referral Method

Telephone: 0800 158 3535

Send referral to

Health Exchange

Feedback

N/A

Service Contact

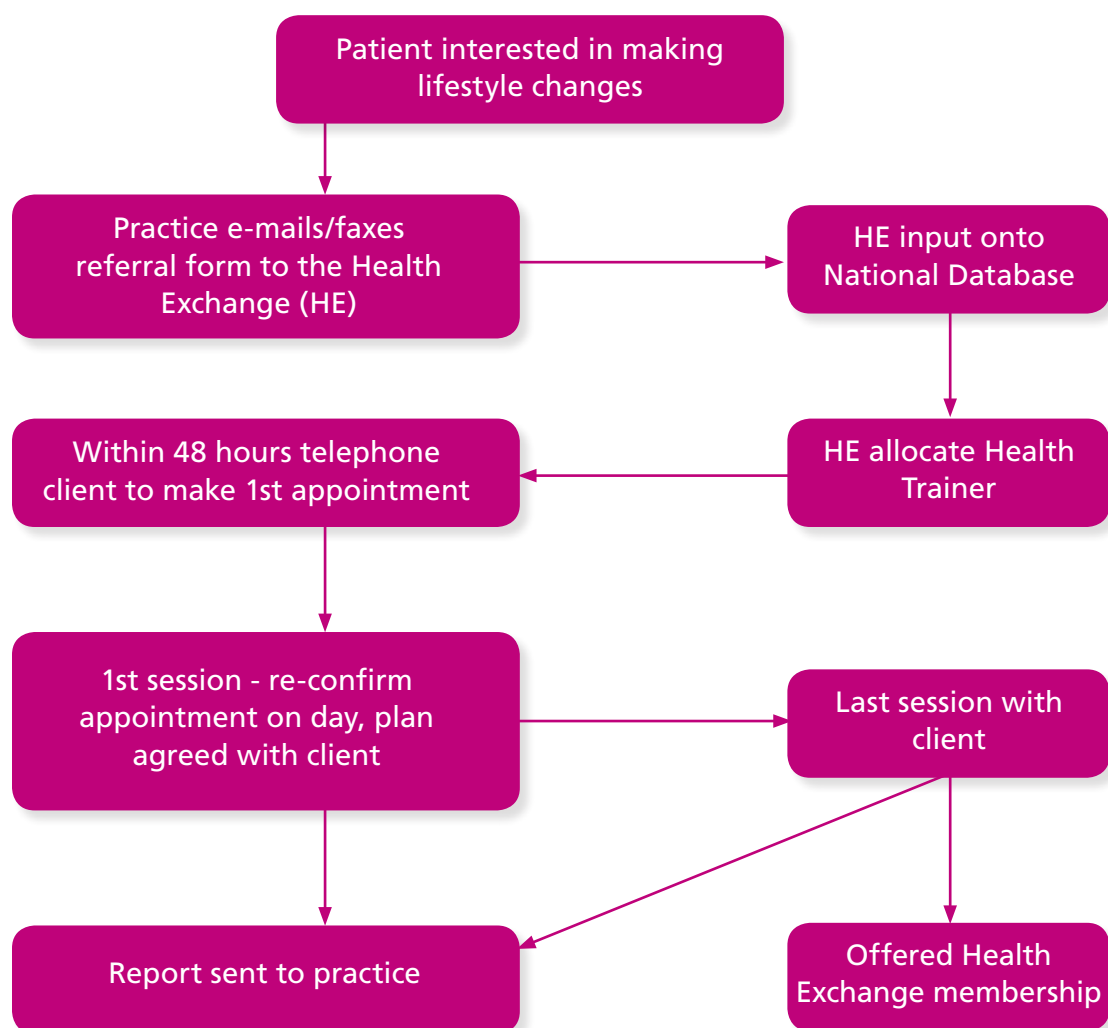
Operations Director Health Exchange

0121 607 0113

www.healthexchange.org.uk



Health Trainer Referral



Health Trainer Service Specification

Health Exchange

Service Description

The service offers support to patients to make lifestyle changes using a mix of goal-setting (maximum of three goals set, e.g. weight loss), monitoring and motivational coaching.

It consists of 6-8 one-to-one appointments lasting approximately one hour each in the practice*.

Patients are assigned a dedicated Health Trainer who will use the patients' first language wherever possible.

Age Range

18+

Referral Criteria

Clients must have at least one of the following risk factors:

- Smokes
- BMI 25+
- Alcohol usage necessary for referral

Who can Refer

- GP
- Practice Staff

Referral Method

Fax: 0121 607 0137

E-mail: healthtrainers@healthexchange.org.uk

Feedback

Yes, but must be requested

Please state:

Feedback form to GP Practice

Send referral to

Health Exchange

Service Contact

Health Trainer Co-ordinator

0121 607 0110

* if your practice is not signed up for this service, ring Health Exchange on 0121 607 0110

Referral Form

FAX to HEALTH EXCHANGE 0121 607 0137

or email to Healthtrainers@healthexchange.org.uk

Name of Patient																
Address																
Telephone Number	Home		Mobile													
Date of Birth																
Gender	Male		Female													
Religion																
Interests <i>(please mark the relevant box with an x)</i>	<table border="1"> <tr> <td>Weight reduction</td> <td></td> </tr> <tr> <td>Healthy Eating</td> <td></td> </tr> <tr> <td>Increase Exercise</td> <td></td> </tr> <tr> <td>Stop Smoking</td> <td></td> </tr> <tr> <td>Reduce Alcohol Intake</td> <td></td> </tr> </table>				Weight reduction		Healthy Eating		Increase Exercise		Stop Smoking		Reduce Alcohol Intake			
Weight reduction																
Healthy Eating																
Increase Exercise																
Stop Smoking																
Reduce Alcohol Intake																
Is Patient Disabled?	Yes/No															
If YES, please give details																
Does the patient speak English?	Yes/No															
If not, does the patient speak one of the following languages?	<table border="1"> <tr> <td>Punjabi</td> <td></td> </tr> <tr> <td>Bengali</td> <td></td> </tr> <tr> <td>Urdu</td> <td></td> </tr> <tr> <td>Gujurati</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td colspan="2">If other, please specify</td> </tr> </table>				Punjabi		Bengali		Urdu		Gujurati		Other		If other, please specify	
Punjabi																
Bengali																
Urdu																
Gujurati																
Other																
If other, please specify																
Referred by																
Position																
Practice Code Source	<table border="1"> <tr> <td>Chronic Disease Register</td> <td></td> </tr> <tr> <td>Cardio-vascular disease Screening</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>				Chronic Disease Register		Cardio-vascular disease Screening		Other							
Chronic Disease Register																
Cardio-vascular disease Screening																
Other																
Please ensure you have the patient's consent to make this referral																



Example of Feedback Form

Health Trainers

Health Trainer:

Name of Practice.....

Address.....

Postcode.....

Telephone Number.....

Contact.....

Name of Client.....

Address:.....

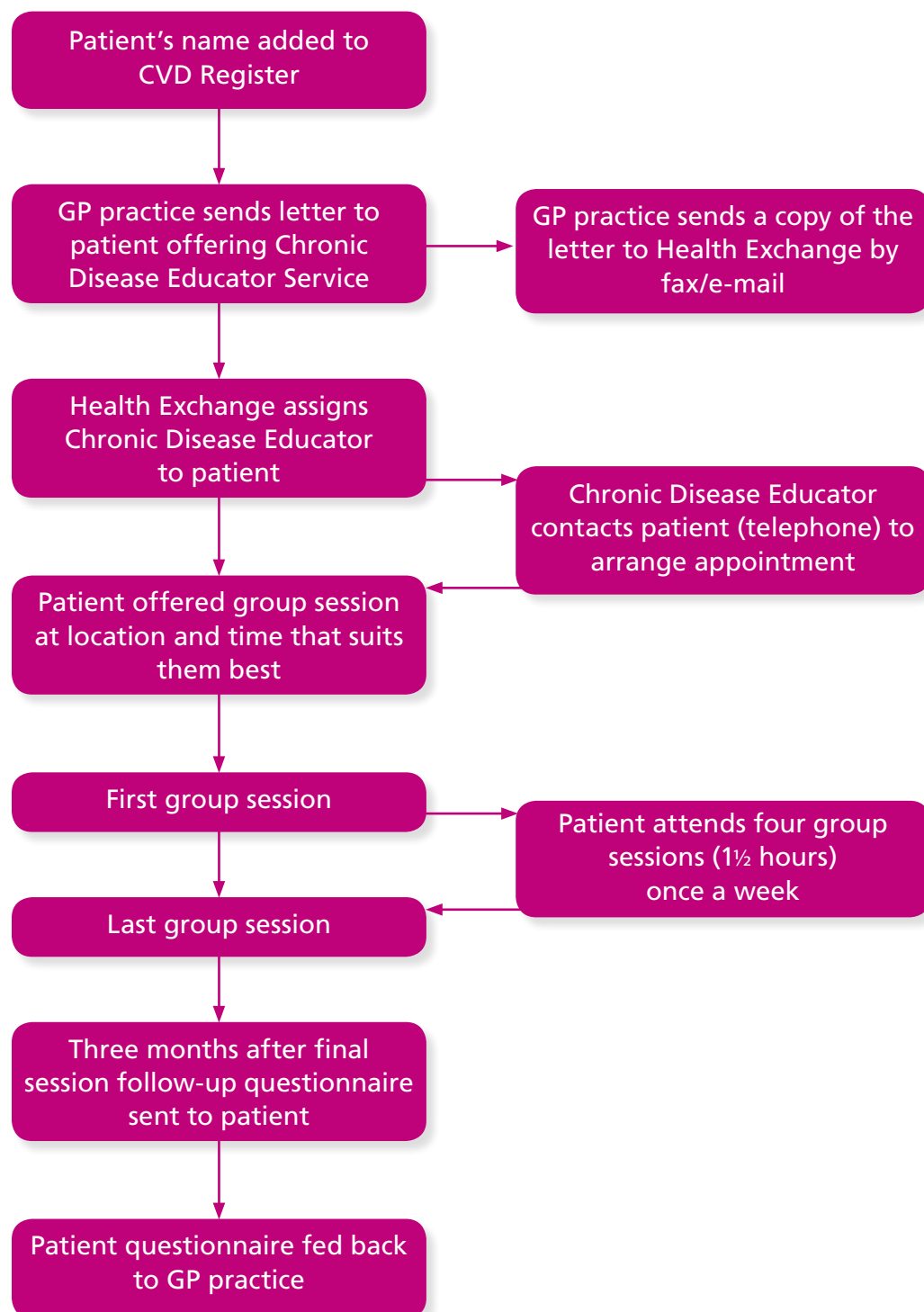
Home Tel:..... Mob:.....

This Patient is NOT suitable for referral at this time for the following reason:

- ☐ On Holiday/Out of country
- ☐ Not contactable
- ☐ Inappropriate age (all patients MUST be 18 and over)
- ☐ Failed to attend 3 consecutive appointments
- ☐ Inconvenient time. Would prefer to wait a while.
- ☐ Not interested in Health Exchange services

Comments:.....
.....

Chronic Disease Educator Referral



Chronic Disease Education Service Specification

Health Exchange

Service Description

The service provides group education sessions for people with one or more long-term conditions. There are four sessions in a programme and they run once a week.

A session consists of tasks, information, visual aids, useful advice, tips about food, exercise and lifestyle and how to increase confidence to manage condition.

Patients' partners are welcome and the sessions are suitable for newly-diagnosed and long-term patients who need to accept condition, implications and lifestyle changes.

Age Range

18+

Referral Criteria

- One or more long-term conditions e.g. diabetes, heart disease and chronic kidney disease
- Patient's consent

Who can Refer

- Practice clinical staff

Referral Method

Fax: 0121 607 0137

E-mail: CDEducators@healthexchange.org.uk

Send referral to

Health Exchange - AS ABOVE

Feedback

Questionnaire is sent to patient and practice updated with outcome

Service Contact

Operations Manager Health Exchange

0121 607 0113

Chronic Disease Educators Referral



**FAX to HEALTH EXCHANGE 0121 607 0137
or email to CDEducators@healthexchange.org.uk**

Name of Patient _____

Address _____

Telephone Number

Home _____

Mobile _____

Date of Birth _____ Male / Female

Religion _____

Condition:

Please Tick

Diabetes ☐ Coronary Heart Disease ☐ Chronic Kidney Disease ☐

Date Diagnosed _____

Is Patient Disabled Yes / No

If YES Please give details _____

Does the patient speak English? Yes / No

If not does the patient speaks one of the following languages:

Please Tick

Punjabi ☐ Mirpuri ☐ Urdu ☐ Bengali ☐

Other Please Specify _____

Referred By _____

Position _____

Practice Code _____

Please ensure you have the patients consent to make this referral.

Example of patient questionnaire



Did you decide to try and change your lifestyle in some way?

Yes No

If Yes in what way did you decide to change ?
(Please Tick)

Were you Successful
(Please Tick)

Eat more Healthily

☐☐

Take More Exercise

☐☐

Lose Weight

☐☐

Take medication on a more regular basis

☐☐

Reduce / Stop Drinking Alcohol

☐☐

Stop Smoking

☐☐

Relax More

☐☐

How useful was the course in helping you make the change?

0 1 2 3 4 5 6 7 8 9 10

Not very useful

Very Useful

Health Exchange

Evidenced-based information

Key Healthy Eating Messages

Base your meals on starchy foods

- Try to include a helping of starchy food with each of your main meals (bread, cereals, rice or pasta)
- Try to choose wholegrain varieties

Eat lots of fruit and vegetables

- Try to eat at least five portions (one portion = approx. one handful) of a variety of fruit and vegetables every day
- Choose from fresh, frozen, dried, tinned and juiced (1 glass a day)

Eat more fish, including a portion of oily fish each week

- Aim for at least two portions of fish a week, including one portion of oily fish (e.g. salmon, mackerel, sardines)

Cut down on saturated fat and sugar *

- Try to cut down on foods high in saturated fat (processed meat, cheese, butter, cakes and biscuits) and eat foods rich in unsaturated fat (rapeseed/olive oils, oily fish, nuts and seeds) instead
- Cut any visible fat off meats
- Try to eat fewer foods that contain added sugar (e.g. sweets, cakes, biscuits and fizzy drinks)

Try to eat less salt - no more than 6g a day for adults *

- Most of the salt we eat is already in the food we buy, e.g. breakfast cereal, soups, sauces, bread and ready meals
- Try other flavourings such as herbs, spices, lemon, onion and garlic

Drink plenty of water

- Aim to drink about six to eight glasses of water every day
- When the weather is warm or when we get active, our bodies need more than this

Don't skip breakfast

- Breakfast can help give us the energy we need to face the day
- Eating breakfast helps people to control their weight

* See visual aid



Smart Goals

(**S**pecific **M**easurable **A**chievable **R**elevant **T**imely)

Deciding on a goal...

When helping the patient to choose a goal get them to think about changes they could make (these can be either long-or short-term).

Ensure that they are happy that the change they want to make is:

1. **Important** to them!
2. Something they are **confident** they can work towards

Setting a SMART goal...

When helping set goals with your patient, it is important that it is a SMART goal and not a general goal.

Often when people are setting goals for something they want to change about themselves or their behaviour, they set themselves goals that are too vague and difficult to achieve.

For example, many people set the goal "I want be healthier" or "I want to do more exercise"; in reality this is difficult to measure when we are assessing how successful we are in achieving this goal.

Smart Goal Glossary

Specific

It is important to set goals that are clear and precise. To help set goals that are specific, it is useful to ask the following questions:

- What are you going to do?
- How are you going to do it?
- Where you going to do it?
- When are you going to do it?
- Who are you going to do it with?

Measurable

If the goal has been made specific then this should also make the goal easy to measure. If the goal is easy to measure then we can also assess success or failure to achieve a given goal much easier.

For example, a measurable goal would be, "I will go to aerobics class for an hour on a Monday between 7pm and 8pm for a whole month". With this goal the individual can then record whether or not they went to aerobics class for an hour every Monday in a given month; if they didn't then we can safely say they did not achieve their goal.

Achievable

It is important that goals are set that are within the patient's reach and not unrealistic. For example, setting a goal such as "I am going to give up all chocolate and sweets now" is unrealistic and it is most likely the patient will fail.

Failing to achieve a goal can then have a negative effect on motivation and may lead to the patient giving up the goal altogether.

A more achievable and realistic goal would be "I will eat no more than three portions of chocolate or sweets in the next seven days." It is important to make the first goal quite easy to achieve to boost the patient's self-confidence and encourage them to carry on with the goal.

The most effective way to change behaviour and maintain behaviour change is to build on small successes.

Relevant

The patient needs to feel that the goal set is relevant to them and their behaviour. It is easy for us to project our own goals for change on to people, but we need to remember that if the goal is not something that the patient wants to achieve then it follows that it won't be achieved. It needs to be relevant.

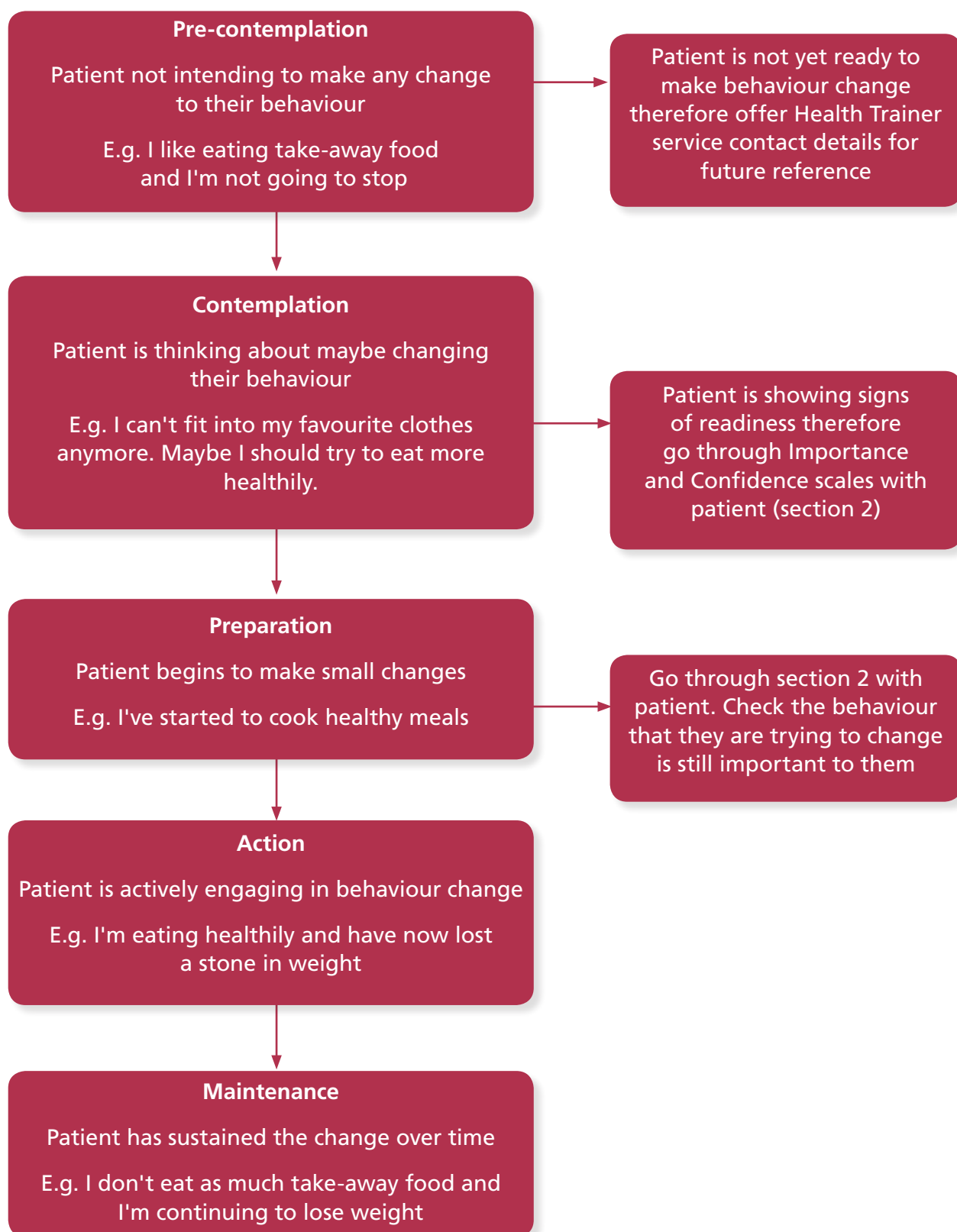
Timely

A timeframe needs to be set for when they are to achieve their goal by; if there is no completion date, the goal could go on forever without being achieved.

The patient needs to set a realistic timeframe in which to achieve their goal.

Changing Behaviours

Section 1. Stages of behaviour change



(Prochaska & DiClemente, 1982)

Note - Patients will often have temporary lapses in behaviour and fall back into a previous stage of change or relapse (e.g. permanently returning to their old habits. This is normal and part of the behaviour change process.

Changing Behaviours

Section 2. Assessing readiness to change

Assessing whether the patient is motivated, ready and willing to change behaviour.

Importance

1	2	3	4	5	6	7	8	9	10
Not at all important					Very important				

On a scale of 1-10, how important is it that you...? (insert behaviour change)

What number would you give yourself?

What could you do to increase your score on the scale?

Confidence

1	2	3	4	5	6	7	8	9	10
Not at all confident					Very confident				

On a scale of 1-10, how confident are you that you...? (insert behaviour change)

What number would you give yourself?

What could you do to increase your score on the scale?

Tackling barriers to change

- Get the patient to think about the behaviour they have chosen to change
- Then get them to list benefits of making the change
- Briefly allow the patient to look at the **COSTS vs. BENEFITS** of making this change

IF the COSTS outweigh the benefits, get them to think about a couple of things they could do to help make this change easier and discuss ways in which these obstacles can be tackled (E.g. I don't have enough money to exercise could be overcome by suggesting free walks in the park)

- Get the patient to think of a couple of things that may hinder them making this change, then how they may be able to overcome them
- Get the patient to think about a couple of things to help them make the behaviour change



Food Diary (optional use)

Use this diary sheet to record what you eat and drink every day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Morning snacks							
Lunch							
Afternoon snacks							
Evening meal							
Evening snacks							

Remember: Eat a variety of fruit and vegetables and aim for at least "5 a day".



Physical Activity (optional use)

Use this diary sheet to record the exercise you take every day.

Write down how long you spend doing these activities.

Remember physical activity includes walking, using stairs and gardening as well as sports and the gym.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Be active every day if you can.

The recommendation for health is at least 30 minutes on five days a week of activity that makes you slightly out of breath.

Physically active people are 50% less likely to develop major diseases like heart disease.



Smoking Diary (optional use)

Use this diary sheet to record how many cigarettes you smoke every day.

Writing down how many cigarettes you smoke each day will help act as a reminder of how many cigarettes you smoke each week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Remember that smoking causes heart disease, cancer and second-hand smoke harms the health of those around you.



Pedometer Diary (optional use)

Use this diary sheet to record how many steps you take each day.

Writing down how many steps you take each day will act as a reminder of how many steps you have taken each week and how well you have done.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Steps Taken							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Steps Taken							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Steps Taken							

Try to exercise every day.

Try to increase the number of steps you take each week.

Don't give up if you have a bad week.



Alcohol Diary (optional use)

Use this diary sheet to record how many alcoholic drinks you have each day.

Writing down how much alcohol you drink each day will help to remind you of how much alcohol you drink each week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Men should not regularly drink more than three to four units of alcohol per day.

Women should not regularly drink more than two to three units of alcohol per day.



My Health - Setting my SMART Goal

		Recommendations	My Goal
BMI	Results:	Healthy Range:	It is important to set a goal that you can reach!
		Yes/No	What are you going to do?
Weight	Results:	Healthy Range:	How are you going to do it?
		Yes/No	Where are you going to do it?
Waist	Results:	Healthy Range:	When are you going to do it?
		Yes/No	Who are you going to do it with?
BP	Results:	Healthy Range:	
		Yes/No	
Exercise	Results:	Aim for at least 30 minutes five times a week	
Diet	Results:	5 A Day (fruit & veg) Cut down fat & sugar Eat breakfast	
Alcohol	Results:	Less than three units per day (women) Less than four units per day (men)	
Smoking	Results:	0	

Free NHS Health Check


Helping you prevent heart disease, stroke, diabetes and kidney disease

Lifestyle

CERTIFICATE OF ACHIEVEMENT

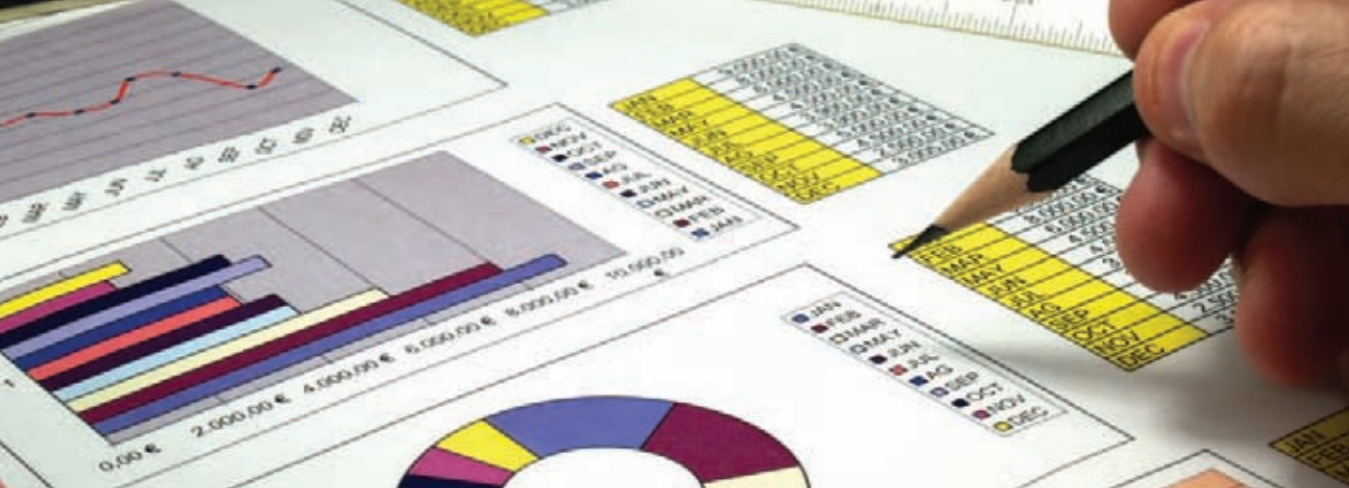
This certificate is awarded to _____

For being healthy

 Organization

Signature _____ Date _____

Lifestyle



Marketing Campaign

- Residents magazine
- Bus (Internal bulkhead) campaign - Winter 2009/2010
- Ad Van 10 days x 2 - Winter 2009 / Spring 2010
- Bus (Internal bulkhead) - Winter 2009 / Spring 2010
- TV - Dr Felix Burden appearance
- Radio
- Newspapers
- Mail shots

Sundries

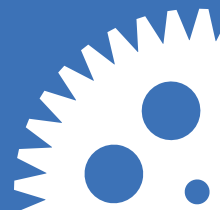
**“Last year over 10,000 people had
a free health check in Birmingham.
Why don’t you?”**



If you are aged between 40-74 years old, contact your GP
or call for a free health check: **0345 245 0790**

Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease.





Payment

Practices will be paid:

- Within the financial year
- According to the percentage of patients screened

Percentage achieved	Payment
Up to 20%	£10 per patient
21%- 50%	£15 per patient
51%-74%	£18 per patient
75% or more	£20 per patient

Practices will be expected to provide the Trust with an interim report via MSDi of patients screened.

The Trust reserves the right to terminate this LES.

Retrospective payments will be made to take into account the increased percentage of patients screened.

contact us

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Acknowledgments and References

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Dr Gwyn Harris (2009) *GP Prescribing Advisor*

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