NHS HEALTH CHECK: one-page summary for staff delivering the NHS Health Check

This document provides a **high-level summary of NHS Health Check delivery** and should be **used alongside current national guidance, local clinical pathways and local protocols**. It is **not a substitute for the full Best Practice Guidance**. Staff delivering NHS Health Checks should **familiarise themselves with the guidance, particularly Section 3**, which includes additional information on assessment tools, common clinical queries, and signposting resources.

Core delivery principles

Principle	What this means
Record information throughout	Record data collected for input into assessment tools, any test results and risk scores. As well as where advice is given, any referrals or where further clinical assessment is needed.
Communicate results to the patient clearly	Explain assessment findings and overall CVD risk in a way the person can understand and use to make informed decisions about their health.
Provide advice, signposting and referrals	Offer brief, proportionate advice based on individual risk factors and signpost to relevant local and national support services where appropriate.
Communicate findings to the GP practice	Ensure NHS Health Check results, advice, referrals and the need for further clinical assessment are recorded in the individual's GP record. Where the check is delivered outside general practice, this information should be transferred in a structured, coded and extractable format.

1. Inputs into CVD risk assessment

Measure	Categories / threshold	Action
Age	**40-74 years inclusive**	Confirm eligibility
Sex	**Biological sex**	Use for diabetes risk assessment if required
Ethnicity	**White/not stated; Indian; Pakistani; Bangladeshi; Other Asian; Black African; Black Caribbean; Chinese; Other ethnic group**	Use for diabetes risk assessment if required
Family history of coronary heart disease (CHD)	**First-degree relative with heart attack or angina under 60 years. 'First-degree' relative means father, mother, brother or sister.**	
Smoking status **NG209**	**Non-smoker / ex-smoker**	Reinforce positive behaviour
	Current smoker: Light <10/day Moderate (10-19/day) Heavy (≥ 20/day)	Deliver very brief advice and offer referral to local stop smoking services: Find stop smoking support services - NHS
Body mass index (BMI) **NG 246** **QS 212** *South Asian, Chinese, other Asian, Middle Eastern, Black African or African–Caribbean	**Underweight <18.5**	Consider referral for clinical assessment.
	Healthy weight 18.5-24.9 kg/m²	Reinforce positive behaviour
	Overweight 25-29.9 kg/m² (*23 to 27.4)	Use weight for diabetes risk assessment if required Offer weight management advice and referral or signposting to services How to lose weight - Better Health - NHS
	Obese >=30kg/m² (* ≥ 27.5)	
Blood pressure** **NG136**	**Normal: <140/90 mmHg**	Use blood pressure for diabetes risk assessment if required **If BP is high,** refer for further clinical assessment and assessment for CKD. **If very high (180/120mmHg or higher)**, same-day referral for clinical assessment
	High: Systolic BP≥140mmHg and/or Diastolic BP≥90mmHg	
Cholesterol **NG238**	**TC: HDL ratio**	Input TC:HDL ratio into CVD risk assessment tool
	Total cholesterol >7.5mmol/L	Refer for clinical assessment of suspected familial hypercholesterolaemia, irrespective of the CVD risk score.

2. Assessment of behavioural risk factors

Assessment	Category	Action
Physical activity **GPPAQ** **PH44** **UK CMO physical activity guidelines**	**Active**	Reinforce positive physical activity behaviour Signpost to local support where appropriate.
	Moderately active	
	Moderately inactive	All adults should aim for at least 150 minutes a week. Support those doing none or little physical activity to build more movement into everyday routines Consider referral to local support. Get active - Better Health - NHS
	Inactive	
Alcohol risk assessment: ***If AUDIT-C ≥5 or FAST ≥3, then complete full AUDIT*** **Clinical guidelines for alcohol treatment**	**Low risk: AUDIT-C <5; FAST <3; AUDIT 0-7**	Reinforce positive behaviour
	Increasing risk: AUDIT 8-15	Deliver alcohol brief intervention. Signpost to tools to support reducing alcohol consumption. Drink less alcohol - Better Health - NHS
	Higher risk: AUDIT 16-19	Deliver alcohol brief advice. Signpost to tools to support reducing alcohol consumption. Further clinical assessment as per local pathway.
	Possible dependence: AUDIT >=20	Refer for further clinical assessment and alcohol treatment service.

****Pulse rhythm**
Pulse rhythm at radial or brachial pulse should be checked before measuring BP as set out in **NG196**. If **irregular pulse**, the individual should be referred for clinical assessment for atrial fibrillation.

3. Diabetes risk assessment and testing

Stage	Threshold / result	Action
Conduct diabetes risk assessment **PH38**	**Validated tool thresholds:** QDiabetes >5.6 Cambridge >0.2 Leicester Practice Score >4.8 Leicester Risk Assessment Score >=16 **Or individuals with high blood pressure or obesity if no tool is available.**	Offer a blood test for diabetes.
Blood test for diabetes **PH38** **NHS Diabetes Prevention Programme**	**Moderate risk: HbA1c <42 mmol/mol (<6.0%) or FPG <5.5 mmol/L AND high risk on assessment tool**	Consider brief advice and referral to a structured weight-loss programme, where relevant.
	High risk: HbA1c 42-47 mmol/mol (6.0-6.4%) or FPG 5.5-6.9 mmol/L	Discuss modifiable risk factors. Refer or signpost to NHS Diabetes Prevention Programme
	Very high risk: HbA1c >=48 mmol/mol (>=6.5%) or FPG >=7 mmol/L	Refer for clinical assessment, including for CKD, and repeat blood test.

4. Dementia and menopause information

Element	Criteria	Content
Dementia **NG16** **QS184** **NHS Health Check - Dementia training**	**All attendees**	Explain that: What is good for the heart is good for the brain Up to 40% of cases of dementia could be prevented or delayed by targeting modifiable risk factors from mid-life through to later life. Modifiable risk factors, which increase the risk of dementia and are addressed through the NHS Health Check include high blood pressure, alcohol consumption, obesity, smoking, and physical inactivity.
	All aged 65-74	Make aware of the signs and symptoms of dementia and signposted to memory services through local pathways if appropriate.
Menopause	**Women aged 40-55**	Ask the following: Menopause can cause periods to change or stop. You may feel sudden hot flushes (hot flushes) and nighttime sweating, poor sleep, and mood changes. Treatment can help with symptoms and support your long-term health. Do you know where to get more information about the menopause? If the individual is unsure where to find information, share relevant resources from this list: Menopause - NHS Menopause and heart and circulatory conditions - BHF The menopause - Women's Health Concern Mind- How can menopause affect mental health? British Menopause Society: Menopause and weight gain Royal Osteoporosis Society - What's the menopause got to do with bone health? Daisy Network - Supporting women with Premature Ovarian Insufficiency British Menopause Society: Menopause in ethnic minority women Self-Care Forum -Menopause Fact Sheet Menopause Support- Understanding Menopause

5. CVD risk score

	Score	Action
CVD risk score **NG238**	**<10%**	Communicate risk, support behaviour change through providing advice and signposting. Refer for further clinical assessment if **QRISK ≥10%.**
	10-19.9%	
	>=20%	