Department of Health & Social Care

NHS Health Check Best Practice Guidance

Overview of the 2026 update

17 November 2026

Aims of today's webinar



Explain key changes to the new guidance



Share new resources to support commissioners and providers



Q&A answer your questions

Agenda

Item	Time
1. Key changes to the Best Practice Guidance and supporting resources	14:00-14:10
2. End to end health check pathway	14:10-14:20
3. Menopause question	14:20-14:30
4. Data and reporting	14:30-14:40
5. Q&A	14:40-15:00

Development of the updated guidance

Development of the updated guidance

Learning from local delivery

Deep dives with local authorities and the Models of Delivery (MoD) survey.

Feedback on the approach

Webinar and survey gathered views on the previous guidance and proposed approach.

Draft chapter review

Shared draft chapters with local authorities for feedback during development.

Full draft review

Shared the full draft with local authorities and regional leads for wider feedback.

Clinical engagement throughout

Structure of the guidance at a glance

Chapter 1 Overview	Chapter 2 Commissioning and service design	Chapter 3 End-to-end pathway	Chapter 4 Data and reporting
Commissioners and providers	**Primarily commissioners**	**Primarily providers**	**Commissioners and providers**
Programme and priorities Inclusion and system working Using the guidance	Legal duties and workforce Service design and contracts Quality improvement	Identifying and inviting Overview of the pathway Clinical thresholds and guidance Common clinical queries	Governance and data flows Recording and reporting Assurance and common pitfalls

Key design changes

Clear requirements



Clear responsibilities and statutory duties, with relevant programme standards and recommended best practice together in one document.

Easy to navigate



Guidance organised by role and task so commissioners and providers can find the sections they need.

Support to improve uptake and quality



Practical guidance on service design, provider relationships and quality improvement.

Practical throughout



Local examples, case studies and tools to support day-to-day use.

Key content changes

Focus on inequalities and reaching people who are underserved.



Makes health equity part of how the service should be designed and delivered using the principle of proportionate universalism.

A practical end to end delivery manual



Guidance organised by role and task so commissioners and providers can find the sections they need.

New question on menopause symptoms and signposting



Including how to incorporate the new menopause question into the NHS Health Check and how to record it.

Strengthened guidance on data and reporting



Including SNOMED codes on first invitation and reminders.

End to End Delivery

End to end delivery

Review of previous comments and questions



Rich resource of previous queries and questions raised by local partners reviewed and categorised

Input from scientific and clinical experts



Review of the "tricky issues", where there was no clear direction from NICE guidance. National experts were asked to resolve

Linking to relevant national guidance



Reference and links to external guidance to provide detailed information, ensures BPG remains relevant

Strengthened supporting products



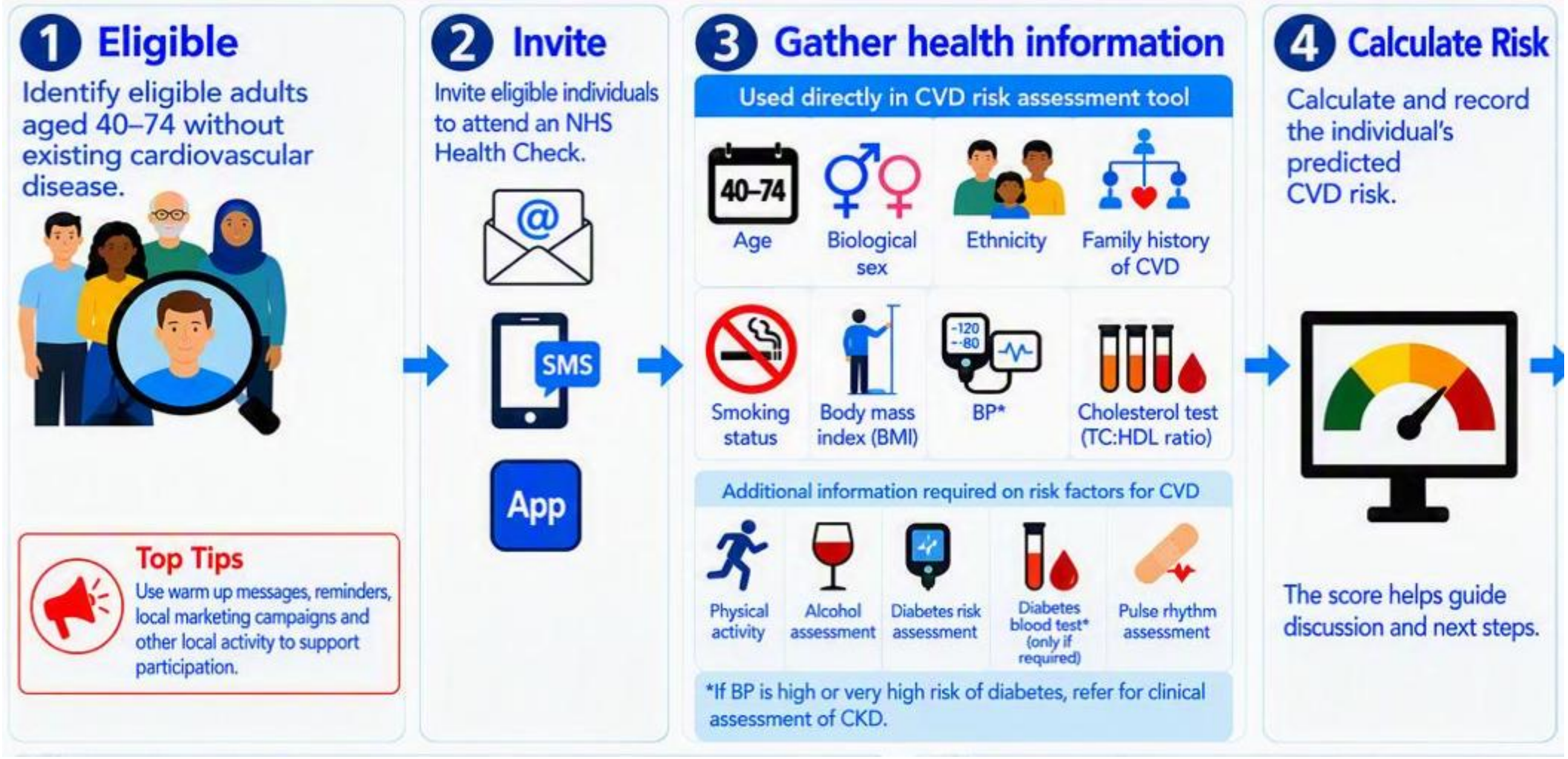
Frequently asked questions, case studies, NHS Health Check on a page. Included information from previous Programme Standards into the main guidance

End to end delivery

Questions to clinical and scientific experts

- NHS Health check during pregnancy
- Approach to missing components of the CVD risk score
- Approach to gender and sex in the CVD risk assessment
- Smokeless tobacco CVD risk assessment and referral for cessation
- Vaping and CVD risk assessment

End to end delivery – practical supporting materials



End to end delivery – practical supporting materials

5 Dementia and Menopause Information

All patients: heart and brain health are linked, and common modifiable risk factors should be addressed.

People aged 65–74

Raise awareness of signs and symptoms of dementia. Signpost to memory services where appropriate.

Women aged 40–55

Information and signposting about menopause.

6 Discuss & Plan

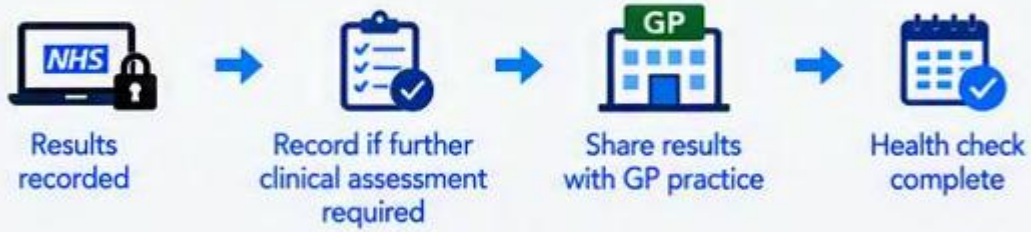
Explain results and agree personalised actions to reduce risk.



- Smoking cessation support
- Physical activity support
- Weight management / healthy eating
- Alcohol support
- Other relevant behaviour change support
- Referral and support services

7 Record & Share

Record outcomes and securely communicate relevant information to GP practice.



Results recorded → Record if further clinical assessment required → Share results with GP practice → Health check complete

8 Outcomes

Provide support or refer for further assessment based on findings.

Outcome A – No further clinical assessment required

- NHS Health Check complete.
- Behaviour change support may still be provided, e.g. smoking cessation support.
- Individual returns to NHS Health Check call-and-recall processes.
- Individual may be re-invited after 5 years if still eligible.

Outcome B – Further clinical assessment required

- Further clinical assessment is required.
- Conditions such as hypertension or diabetes may be identified.
- Treatment, management or follow-up may be needed.
- If no condition is diagnosed and the person remains eligible, they may be re-invited.

New menopause content

Menopause content in the NHS Health Check

Read the Statement

Menopause can cause periods to change or stop. You may feel sudden hot feelings (hot flushes) and nighttime sweating, poor sleep, and mood changes. Treatment can help with symptoms and support your long-term health.

Ask the question

Do you know where to get more information about the menopause?

Resources: If the individual does not know where to go, providers should signpost to the resources in the BPG.

Monitoring: When signposting is given, the code 313207002 | Menopause education (procedure) should be used.

Rationale

Women may not recognise menopause symptoms or know where to find reliable information. The NHS Health Check can reach eligible women aged 40-55. Our aim is to help them recognise common symptoms and access trusted information and support.

How the new menopause question was developed

Expert input and testing

Women's health experts and behavioural scientists helped develop the content. Surveys and interviews with women tested two statements and the follow-up question. Their feedback informed the final wording.

Choosing the wording

We balanced the aim of raising menopause awareness with staff training needs and women's feedback. Women preferred wording that explained symptoms over an alternative which mentioned heart health.

However, we have ensured that the guidance includes a BHF link explaining the relationship between menopause and cardiovascular health.

Within existing delivery arrangements

The content fits current appointment times and the role of delivery staff.

Data reporting and coding

Quarterly reporting: offered and received

Offered

Count the first invitation to an eligible person within a five-year cycle, in the quarter it occurs.

Exclude warm-up messages, reminders, undelivered invitations and invitations to ineligible people.

Received

Count complete NHS Health Checks delivered to eligible people in the quarter, including checks outside general practice.

Exclude incomplete checks, ineligible people and additional checks within five years.

Opportunistic checks

For those with no previously reported invite in the cycle, record and report both the offer and completion in quarterly returns.

Why accurate coding matters

Finding eligible people

Consistent coding helps providers identify who is due a check and distinguish first invitations from reminders.

Inaccurate coding can cause providers to miss eligible people or invite people who meet exclusion criteria.

Clinical follow-up and reporting

Structured, coded records support further clinical assessment and future call and recall.

They also support reliable local monitoring, national returns and assessment of inequalities.

Consistent expectations across providers

Commissioners should agree coding requirements in contracts and provider monitoring.

Coding first invitations and reminders

Suggested approach within each five-year cycle, regardless of invitation method

Contact	SNOMED code and display name	Counted quarterly?
First invitation	523281000000104 NHS Health Check invitation first letter	Yes, if eligible
First reminder	523301000000103 NHS Health Check invitation second letter	No
All further reminders	523321000000107 NHS Health Check invitation third letter	No

NHS Health Check Online exception

Use 2406501000000101 for a first invitation that includes the Online service.
Use the reminder codes above for later invitations within the same cycle.

Complete records and timely data transfer

Recording data from the check

Providers should record every component of the check in line with the NHS Health Check Information Standard for clinical coding.

An incomplete check missing any required dataset component **does not count as a completed NHS Health Check.**

Data transfers to the GP record

For checks outside general practice, transfer the complete dataset securely and in a structured format as soon as possible, within two working days.

Agree local protocols for data transfer and clinical follow-up.

Structured, coded and extractable information

PDF attachments alone do not support reliable clinical continuity, call and recall or reporting.

Clinical templates

National and local recording

Unless any additions to the NHS Health Check have been specified by commissioners, providers may disregard optional items listed in templates and should prioritise the required components of the check.

Staff should actively record current responses, even when pre-saved answers remain unchanged.

Template and search checks

Commissioners and providers should review template completeness, coding and reporting outputs.

Confirm that eligibility searches and quarterly extracts reflect the national definitions.

Overview of supporting resources

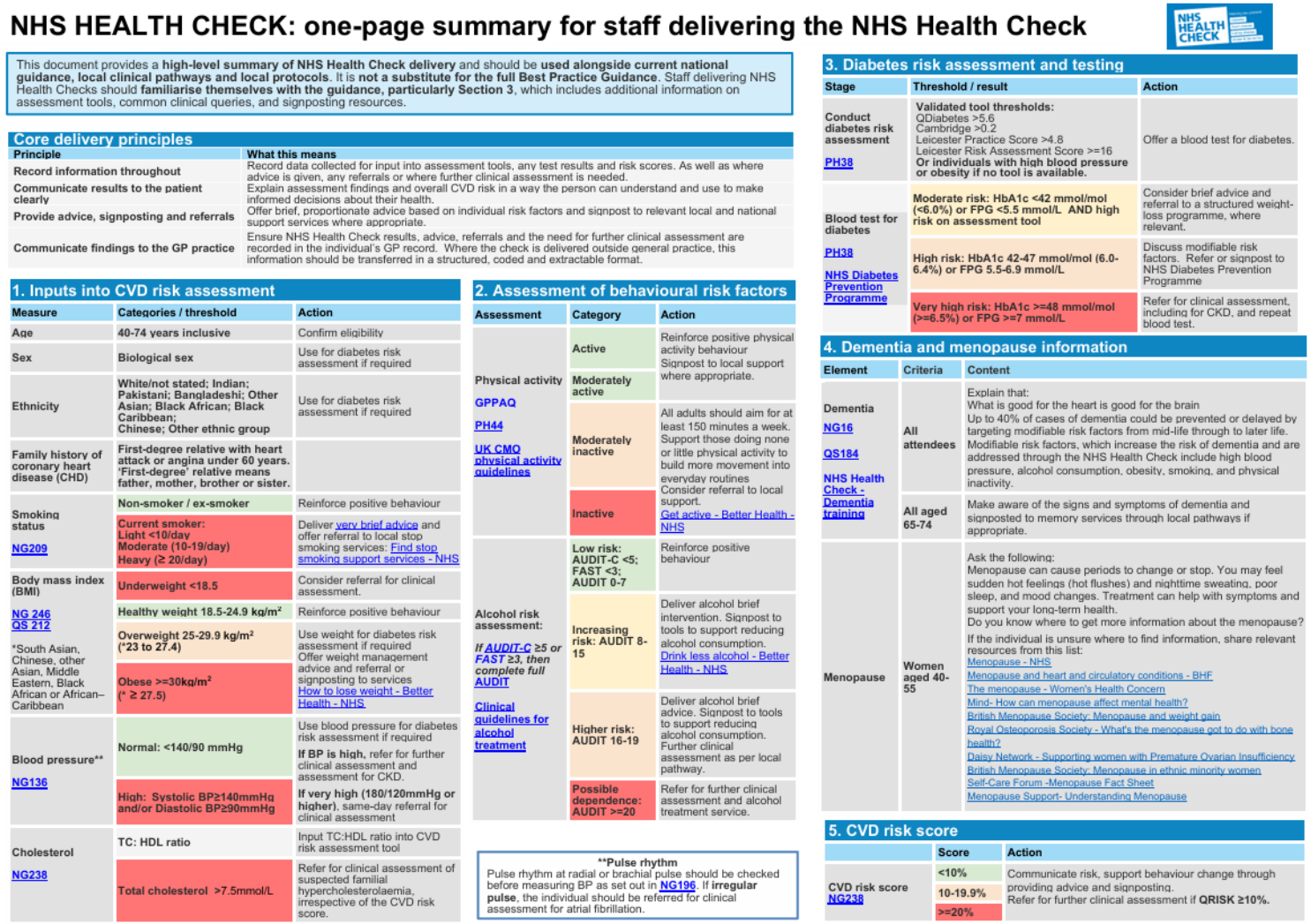
NHS Health Check on a page

What it offers:

A high-level summary of NHS Health Check delivery for staff delivering the programme

How to use it:

Providers print or open on screen to ensure all elements of the NHS Health Check are covered



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.
	High: Systolic BP≥140mmHg and/or Diastolic BP≥90mmHg	**If very high (180/120mmHg or higher)**, same-day referral for clinical assessment
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 feelings (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%	

Marketing materials

What it offers

Ready-to-use materials for local authorities and providers, developed with behavioural scientist advice.

How to use it

The how-to guide supports use of office and professional print files, plus landscape and portrait screen formats.



Communication templates

What it offers

Suggested wording for messages inviting people to their NHS Health Check, developed with behavioural scientist advice.

How to use it

Templates cover warm-up messages, different invitation formats and reminders.

Use with

the **market segmentation overview** to tailor communications and service delivery.

These suggested invitation templates include:

- **Warm up messages** – these could be sent prior to an invite to raise awareness of the programme, so an individual is more likely to act when they receive their invite. These should not be coded as an invitation.

- **Invitations via SMS, NHS App message, letter and email** – these should be sent using the method agreed by the commissioner, ideally within two weeks of sending a warm-up message. All first invitations to the NHS Health Check, regardless of the method, should be coded with *523281000000104 | National Health Service Health Check invitation first letter (procedure).*

- **Reminders** - these could be sent to individuals who have not booked an appointment to encourage them to take up the offer. First reminders should be coded with *523301000000103 | National Health Service Health Check invitation second letter (procedure),* and any further reminders or offers should be coded with *523321000000107 | National Health Service Health Check invitation third letter (procedure).*

Contract management tool

What it offers

A concise quarterly tool for constructive conversations between commissioners and providers.

How to use it

Review programme reach, quality and impact on cardiovascular disease prevention to agree improvements.

- Still to be updated – StaRS Framework and Competency Framework



NHS Health Check contract management template

A concise quarterly tool to support constructive commissioner-provider conversations about activity, quality and improvement.

Provider	Financial year	Quarter	Review date

1. Activity and financial opportunity

Activity and coverage

Start with a review of delivery and the local factors affecting performance. Where available, use comparison data to understand changes over time and the provider's position in the local context such as performance across local practices or providers, PCN-level data, and applicable QOF or CVD prevention indicators.

Eligible population for this provider: _____

Measure	Quarterly target	This quarter	% of quarterly target achieved	Annual target	Year to date	% of annual target achieved	Comparable period last year
First invitations sent							
Completed NHS Health Checks							
Coverage of eligible population							

Coverage = completed checks ÷ eligible population. Adapt targets and denominators to local contractual and data arrangements. All local authorities should be aiming to achieve the ambitions in the CVD MSF.

Financial opportunity

Showing missed financial opportunity has helped motivate providers in some areas. In other settings, beginning with finance may make the discussion more difficult. Local authorities should therefore decide when to introduce this information according to the provider relationship. It should also be adapted to the local payment for instance if they pay for invitations, different tariffs for particular population groups, or use target-based and bonus payments that could be achieved through improved performance.

Income achieved in quarter	Indicative income opportunity
£	£
Completed checks × tariff per completed check	Gap between target and completed checks × tariff; use as an improvement prompt only

NHS Health Checks and wider system frameworks

What it offers

Links to wider system frameworks and the relevant 2026/27 QOF indicators.

How to use it

The table shows how NHS Health Checks can support primary care in achieving those indicators.

NHS Health Checks and links to wider system frameworks

Section 1: Quality and Outcomes Framework (QOF)

The table below sets out the 2026/27 QOF indicators for which the NHS Health Check provides a mechanism to support primary care in achieving them.

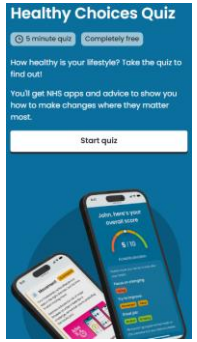
Indicator area	QOF indicator	QOF ID code
Blood pressure	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years.	BP002
Obesity	The percentage of patients aged 18 or over living with obesity, appropriately adjusted for ethnicity in line with NICE guidelines (either with a BMI ≥30 kg/m² recorded in the preceding 12 months, or a BMI ≥27.5 kg/m² recorded in the preceding 12 months for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background) who have been referred to a weight management programme within 90 days of the BMI being recorded.	OB004
Obesity	Percentage of eligible patients (per NICE TA1026 Funding Variation cohorts, accounting for ethnicity and comorbidity status) who have a recorded shared decision-making discussion about the management of obesity and are offered NICE approved medicines management (pharmacotherapy) for use in a primary care setting with accompanying referral to suitable behavioural support programme, in the preceding 12 months.	OB005
Smoking	The percentage of patients with any or any	SMOK002

Better Health Apps and tools

NHS Better Health

Triage

Healthy Choices Quiz

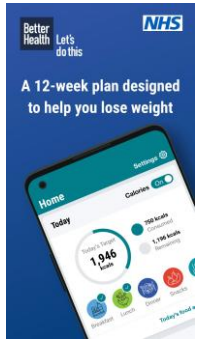


Over **1.4 million completions** from Healthy Choices Quiz

500k+ behaviour change journeys started

Physical Activity & Nutrition

Weight Loss Plan app

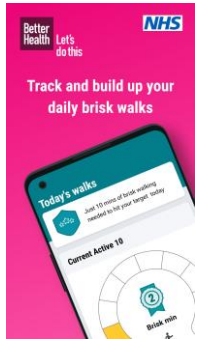


Over **4.4m downloads**

89% of new users overweight / obese.

5.8kg lost on average by completers

Active 10



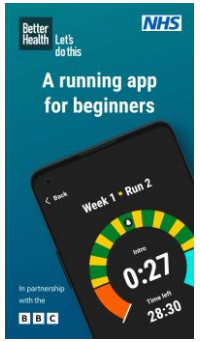
Over **1.8m downloads**

~95k monthly active users

Immediate **brisk walking increase 9 mins/day** on average

Used for 7 months on average

Couch to 5k



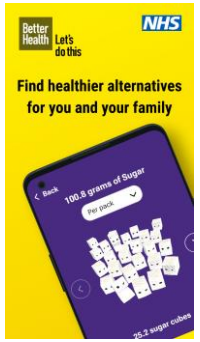
Over **8.1m downloads**

~407k monthly active users

Over **63m runs** attempted

98% report better wellbeing

Food Scanner app



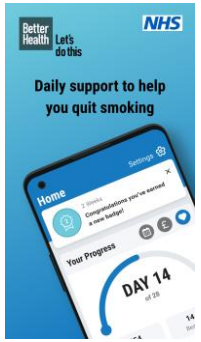
Over 5.8m downloads*

65.9m product scans*

81% report reducing sugary food and drink

Smoking

Quit Smoking app



Over **1.2m downloads**

~50k monthly active users

Half of quitters finish 28-day programme

3 - 4 attempts needed to reach 28 days smokefree

Personal Quit Plan



Approx **50k users per year**

34% signup to the quit smoking support email programme

Alcohol

Drink Free Days app



Over **614k downloads**

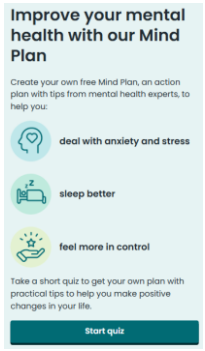
~47k monthly active users

47% users start as high-risk drinkers

Over **4.6m Drink Free Days recorded every year**

Mental Health

Mind Plan



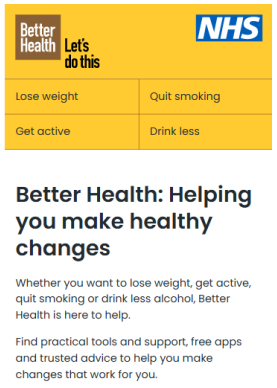
Over 5.3m tool completions

Lifted **2.26m out of poor mental wellbeing**

Better Health Web resources

NHS Better Health

Better Health
Adult Physical Activity, Weight Loss, Smoking, Alcohol



Practical advice and evidence-based guidance for adults to move more, manage their weight, drink less and quit smoking

Estimated at over **34.9m visits** since July 2020

Every Mind Matters
Mental Health



Simple, practical steps to look after wellbeing, including Mind Plan to support stress, anxiety, low mood and sleep.

Estimated at over **17.1m visits** since May 2021

Over 140k video views per year

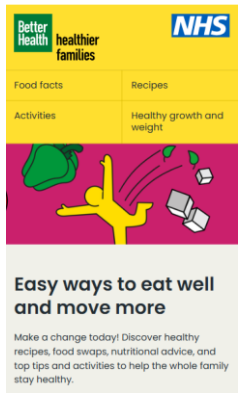
Best Start in Life
Pregnancy and Early Years



Supporting parents to provide the best start in their baby's life; including an email offer with regular developmental information and action to take

Estimated at over **48.2m visits** since 2010

Healthier Families
Child Nutrition and Physical Activity



Offers advice, healthy eating recipes and interactive quizzes to help reduce childhood obesity

Estimated at over **34.6m visits**

Talk to Frank

Talk to Frank
Drugs



Frank is the most popular drug and addiction related website in the UK

Estimated at over **77.6m visits**

Partner Resources

Campaign Resource Centre



Used by pharmacies, local authorities, NHS Trusts and other public sector partners to cascade Better Health programmes

Over **2.1m resource downloads** since March 2020

Your Questions

NHS Health Check online – how do I get involved?

Where we are now

- NHS Health Check Online remains in extended Private Beta, with 47 GP practices across 11 local authorities live and delivering.
- Testing has identified the main barriers to scale: consistent inviting, user awareness, login/access friction and completion of physical elements, particularly blood pressure and blood testing.
- We are now testing improvements across invites, awareness and engagement, access/login and flexible hybrid journeys, including greater GP and community support.

Next steps

- Focus is on using remainder of this F/Y to identify what works and for whom, improving uptake and completion to feed into future rollout plans in 2027. Focusing on resolving key integration and delivery dependencies, and build the evidence needed to move into Public Beta and wider scale.
- Test and evaluate hybrid delivery models, including GP, pharmacy and community-based support.

Overall: the focus is now on moving from a working service to a scalable, sustainable model that complements face-to-face NHS Health Checks.

Interested in getting involved? We are continuing to work with interested local authorities to test and develop NHS Health Check Online. **Please get in touch with the team if you would like to explore -** nhshealthcheck@dhsc.gov.uk

Questions received:

1. **Please can you clarify the expectation regarding diabetes testing within the NHS Health Check Programme?**

   The expectation remains unchanged from the previous 2019 Best Practice Guidance and Programme Standards (Standard 8). Any individual identified as high risk through a diabetes risk assessment should go on to receive either a HbA1c or fasting plasma glucose (FPG) test. Individuals must not exit the NHS Health Check Programme until all abnormal parameters have been followed up and a diagnosis made or ruled out. Providers and GP practices must have protocols and systems in place to ensure follow-up blood tests are undertaken; results are received and communicated to the patient in a timely manner.

2. **Please can you clarify the statement that the web-based version of QRISK3 is not suitable for clinical use?**

   The web-based version of QRISK3 states that it is not suitable for clinical use. This is because it has not been registered as a medical device for direct patient care. For this reason, QRISK2 versions that are integrated within GP IT systems should continue to be used. Best practice is that QRISK scores should be calculated (or recalculated) using an integrated version but it is recognised that for some outreach services this is not always possible.

3. **Could the guidance clarify its expectation regarding the provision of results in writing? It is unclear whether written results remain best practice or whether verbal communication alone is considered sufficient.**

   Written results remain best practice. These can be communicated in various ways, using the suggested templates included in the resources or using locally developed templates.

4. **Can an NHS Health Check be carried out in a non-clinical setting such as a workplace?**

   Yes they can, an evaluation of this approach was recently published (link here).

Questions received:

5. **Could there be a concise summary of what constitutes a fully completed Health Check – should we be including communication of results, supportive next steps, signposting, referral and further clinical assessment for a check to be complete so all LAs have a standardised approach?**

   The specified information which must be recorded for a complete NHS Health Check is set out in the Regulations and in section 2.1 of the updated best practice guidance (published November 2026). Any check which does not contain all the required information should not be considered a completed NHS Health Check and should not be included in any national reporting.

   Recognising the importance of the whole patient pathway, as well as the required data which must be recorded, it is best practice to include in the record any behavioural advice given, referrals where relevant and if further clinical assessment is needed. If the check is conducted outside of the GP practice, the record of the health check containing the required recorded information must be sent to the individual's GP practice. (This should be done as soon as possible and no later than two working days after the check.)

   The 'NHS Health Check on a page' document (published alongside the updated best practice guidance) gives a one-page overview of the programme and its key delivery steps. This includes the core delivery principles of:

   - clear communication of results to patients;
   - providing advice, signposting and referrals (including signposting to relevant local and national support services where appropriate); and
   - communicating findings to the GP practice.

   The requirements around the NHS Health Check include the detail and clarity needed for consistent and high-quality service delivery for patients across England. They also include sufficient flexibility such as to account for local patient pathways and the needs of local populations.

Questions received:

6. **Please can you clarify the eligibility criteria for an NHS Health Check? The Regulations state that an eligible person should be OFFERED an NHS Health Check ONCE every five years. However, the guidance (p.54) suggests that eligibility searches should identify individuals who have not RECEIVED an NHS Health Check within the previous five years.**

   If an eligible person fails to respond, then they should receive reminders/further offers within that same cycle. For national reporting, only the first invitation in the five-year cycle is counted as the offer. The intensity and method of invitation, follow-up and support should be proportionate to need and the barriers people face in taking up that offer.

7. **The challenge is that NHS Health Checks are delivered by health care assistants – they don't have the skillset to deal with menopause issues. Are we supposed to be screening them or booking GP appointments?**

   The purpose of the question in the NHS Health Check is to raise awareness and signpost, rather than screening, diagnosing, or managing menopause.

   It is also about starting the conversation. The statement and question help women recognise menopause symptoms and, importantly, know where they can find trusted information and support.

   We are not asking Health Check staff to diagnose or manage menopause. Where a woman has further questions, is concerned about her symptoms, or would like to discuss management or treatment, she should be directed to her GP practice for appropriate clinical advice and assessment.

Questions received:

8. How should surgical menopause, premature ovarian insufficiency (POI), or early menopause be handled? How should menopause discussions be documented in provider systems?

The purpose of the question in the Health Check is to raise awareness and signpost, rather than screening, diagnosing, or managing menopause.

It is also about starting the conversation. The statement and question help women recognise menopause symptoms and, importantly, know where they can find trusted information and support. This applies equally where someone may be experiencing surgical menopause, premature ovarian insufficiency (POI) or early menopause.

We are not asking Health Check staff to diagnose or manage menopause. Where a woman has further questions, is concerned about her symptoms, or would like to discuss management or treatment, she should be directed to her GP practice for appropriate clinical advice and assessment.

When signposting is given, the code 313207002 | Menopause education (procedure) should be used.