FRAMEWORK SERVICE SPECIFICATION FOR NHS HEALTH CHECK PROGRAMME: FOR USE IN CHESHIRE & MERSEYSIDE

2012/2013

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1 INTRODUCTION

The purpose of this framework is to set out the arrangements for the NHS Health Check Programme to be delivered by providers within Cheshire & Merseyside. This framework has been created using information provided by the NHS Health Check Leads.

2 NATIONAL CONTEXT

Nationally, cardiovascular disease (CVD) accounts for more than half of the mortality gap between rich and poor. Modelling work undertaken by the Department of Health (DH) found that offering an NHS Health Check to people between the ages of 40 and 74, and recalling them every five years was clinically and cost effective.

The NHS Operating Framework for 2012/13 targets for the NHS Health Check are for 20 percent of the eligible population to be invited of which at least 50 percent are required to attend.

3 LOCAL CONTEXT

[Insert information on local context]

4 SERVICE AIM AND OBJECTIVES

4.1 The aim of this service is to prevent heart disease, stroke, diabetes and chronic kidney disease by identifying [risk] factors and managing them appropriately.

The core objectives of the service include the following:

- Identification of the eligible population
- Call and recall of the eligible population
- Provide a face to face assessment of a patient's cardiovascular risk (which includes heart disease, diabetes, chronic kidney disease and stroke risk)
- Communication of cardiovascular disease risk to individuals
- Health check to be carried out on all patients with a risk of less than 20 percent, once every 5 years
- High risk review to be carried out on all patients with a risk of greater than 20 percent, annually (at this stage patients are excluded from the Health Check Programme but should be monitored by another service)
- Development and continued maintenance of a risk register for patients with a risk of 20 percent or more
- Management of risk factors including:

- ✓ Advice on lifestyle risk factors and signposting to other services appropriate
- ✓ Medical management of cardiovascular risk if required
- ✓ Referral to other services if required

5 DOCUMENTS RELIED UPON

National guidance sets out the evidence base for the NHS Health Check Programme. Visit www.healthcheck.nhs.uk/national_guidance

6 WHOLE SYSTEMS RELATIONSHIPS

The provider should build and maintain effective links with all relevant stakeholders as required, including:

- National Office
- NHS Commissioning Board
- Public Health England
- Local Authorities – Public health and commissioning
- Quality Assurance Teams (when established)
- C&M Clinical Networks
- ChaMPs Public Health Network
- Clinical Commissioning Groups
- Patient groups
- Lifestyle services

7 SERVICE OUTLINE

7.1 Eligible Population

The service will deliver the NHS Health Check to all individuals registered with a GP in Cheshire & Merseyside between the ages of 40-74 without known CVD, by inviting 20 percent of them every year over a period of 5 years.

7.2 Exclusions

The following population groups are to be excluded (see appendix A for further details) from this service as they are already covered by existing services:-

- Those with established hypertension (including those already screened via the primary prevention QOF indicators PP1 and PP2)
- Those with established chronic kidney disease stages 3-5
- Those with Type 1 and Type 2 diabetes mellitus
- Those with existing CVD; this includes heart disease, stroke, transient ischemic attacks and peripheral vascular disease
- Any individual who has had a face to face NHS Health Check in the past 3 years.
- Those individuals identified as having familial hypercholesterolemia

- Patients receiving treatment for arterial fibrillation (related to ischemia)
- Patients receiving treatment for heart failure (related to ischemia)

7.3 Prioritisation and Invitations
Running a risk prediction tool prior to inviting patients is an indicative way of prioritising who to invite first and should not replace calculating their CVD risk when face to face health checks happen. Every effort should be made to ensure that invitations are prioritised to those populations from deprived communities.

The invite will be generated by practices from their list of eligible patients and will be accompanied by an information leaflet about the NHS Health Check. A template invitation letter and information leaflet, as recommended by the DH is available in Braille, large print and audio versions.

If the individual has not responded following methods of invitation (mixed methods of invitation i.e. letter, telephone have been shown to increase uptake), this will need to be recorded and coded on the practice clinical system, so that future attempts can be made to opportunistically screen them. It is recommended that each patient receive three invites prior to being excluded for non-attendance.

In order that the NHS Health Check is delivered in a uniform, systematic and integrated manner, the service will comply with DH requirements as illustrated (see appendix B).

7.4 Health Check Assessment
During the assessment, which is expected to take approximately 20 minutes, the following information should be collected and recorded:

- Age
- Gender
- Smoking status
- Level of physical activity
- Family history (CVD, diabetes)
- Ethnicity
- Height, weight (BMI)
- Total cholesterol testing (using near patient testing)
- Total cholesterol/HDL Ratio (using near patient testing)
- Blood pressure measurement (those with a raised BP and or BMI of 30 or more also require a HbA1c. Patients with raised BP also require a serum creatinine, see appendix C)
- Alcohol assessment (see appendix E for guidance on questions)
- Dementia assessment (details on this are awaited from National Office)
- Information, advice and signposting on brief intervention
- Referral as appropriate

The presence of other conditions that increase CVD risk should also be recorded during the consultation i.e. rheumatoid arthritis, premature menopause, erectile dysfunction.

The individual's risk will then be calculated, using a risk assessment tool, QRisk2 or JBS2 and lifetime risk tool JSB3 with the results communicated to them in a way that the individual understands.

- All people will receive healthy lifestyle advice on how to maintain/improve their vascular health and reduce their risk
- People identified as being at less than 20 percent risk will be recalled after 5 years yet may also need lifestyle interventions to maintain or improve their vascular health (e.g. referral to a stop smoking service, advice regarding weight management or physical activity interventions)
- People identified at high (greater than 20 percent) risk will be managed separately according to national guidance and will not be invited for further health checks. The management of high risk individuals is outlined (see appendix D)
- Where pre-existing disease is identified, the patient will be managed separately accordingly by general practice using existing local clinical pathways
- The provider will actively involve the patient in agreeing what advice and/or interventions are to be pursued
- Any decisions made or tests/measurements undertaken must be in partnership with the patient and with the patient's informed consent

8 COMPETENCY

8.1 Equipment

All equipment used to perform the physiological measurements must be validated and calibrated according to national guidance. There must be a system of quality assurance in place for near-point testing equipment.

8.2 Education & Training

Staff delivering the NHS Health Check should demonstrate the workforce competencies as set out in the skills for health vascular risk assessment workforce competencies document found at http://www.healthcheck.nhs.uk/Library/VRAWorkforceCompetences294521_PreventionFirst_v3.pdf.

In order to maintain their competencies it is recommended that clinical staff have evidence of having attended recent educational training/events in relation to vascular disease/NHS Health Check.

8.3 Clinical Governance

The practice must operate a robust clinical governance framework, including but not limited to:

- Regular attendance at clinical quality and governance meetings will be required
- Appropriate infection control procedures in line with best practice
- Clinical audit data to be submitted to the commissioner to inform the NHS Health Check process

9 PERFORMANCE MONITORING

The key performance measures and their expected standards for this service include:
1. Total number of the eligible population who were offered a Health Check
2. The percentage of eligible individuals who were offered an NHS health check in 2012/13 (expected to achieve the standard of 20 percent)
3. The percentage of invited individuals who had a face to face NHS Health Check in 2012/13 (expected to achieve the standard of 50 percent of those invited)
4. Total number of people on the high risk register

The service provider must submit the following data quarterly to the commissioner:

Term	Code
Eligible population	
NHS Health Check telephone invitation	9mC0
NHS Health Check invitation 1st letter	9mC1
NHS Health Check invitation 2nd letter	9mC2
NHS Health Check invitation 3rd letter	9mC3
NHS Health Check verbal invitation	9mC4
Failed to respond to NHS Health Check invite	9Nj5
DNA NHS Health Check	9NiS
NHS Health Check declined	8IAx
NHS Health Check completed	8Bag
NHS Health Check exceptions	

- The number of people who have had a face to face NHS Health Check

In addition to the above, the management of patients at risk of developing vascular disease will be measured through a regular clinical audit which will include the following in line with the national minimum dataset developed by the NHS Information Centre (see appendix E). The minimum dataset should be captured on all those who have received an NHS Health Check appointment.

10 QUALITY ASSURANCE

A national quality assurance framework is under development for the NHS Health Check. Once published all NHS Health Check commissioners and service providers and local programmes will be required to adhere to the guidance.

11 SERIOUS INCIDENTS

The provider will supply the commissioner with full details of all serious incidents occurring within services covered by this agreement, including actions taken to remedy these situations.

The provider will notify the commissioner within one working day of any significant incidents affecting patients, staff or premises giving rise to concern to the ? Head of Governance, at xxx.

12 VALIDATION AND PAYMENT

All activity should be submitted to the commissioner on a quarterly basis.

Remuneration for the service will be structured as follows:

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APPENDICES

Appendix A

Read Codes for Exclusions from NHS Health Check Programme

(NB Codes listed below are based on QOF Business Rule Sets version 21)

Field Number	READ Version	CODE	Description (Original Spec)
5	Read codes v2	G573.%	Atrial fibrillation and flutter
5	Read codes v2	*Not Excluded*	
5	Read codes v2	G5731	Atrial flutter
7	Read codes v2	G3...%	Ischaemic heart disease
7	Read codes v2	Gyu3.%	[X]Ischaemic heart diseases
7	Read codes v2	*Not Excluded*	
7	Read codes v2	G30A.	Mural thrombosis
7	Read codes v2	G331.	Prinzmetal's angina
7	Read codes v2	G332.	Coronary artery spasm
7	Read codes v2	G341.%	Aneurysm of heart
7	Read codes v2	G37..	Cardiac syndrome X
11	Read codes v2	1Z12.	Chronic kidney disease stage 3
11	Read codes v2	1Z13.	Chronic kidney disease stage 4
11	Read codes v2	1Z14.	Chronic kidney disease stage 5
11	Read codes v2	1Z15.	Chronic kidney disease stage 3A
11	Read codes v2	1Z16.	Chronic kidney disease stage 3B
11	Read codes v2	1Z1B.	Chronic kidney disease stage 3 with proteinuria
11	Read codes v2	1Z1C.	Chronic kidney disease stage 3 without proteinuria
11	Read codes v2	1Z1D.	Chronic kidney disease stage 3A with proteinuria
11	Read codes v2	1Z1E.	Chronic kidney disease stage 3A without proteinuria
11	Read codes v2	1Z1F.	Chronic kidney disease stage 3B with proteinuria
11	Read codes v2	1Z1G.	Chronic kidney disease stage 3B without proteinuria
11	Read codes v2	1Z1H.	Chronic kidney disease stage 4 with proteinuria
11	Read codes v2	1Z1J.	Chronic kidney disease stage 4 without proteinuria
11	Read codes v2	1Z1K.	Chronic kidney disease stage 5 with proteinuria
11	Read codes v2	1Z1L.	Chronic kidney disease stage 5 without proteinuria
12	Read codes v2	G63y0	Cerebral infarct due to thrombosis of precerebral arteries
12	Read codes v2	G63y1	Cerebral infarction due to embolism of precerebral arteries
12	Read codes v2	G64..%	Cerebral arterial occlusion
12	Read codes v2	G66..%	Stroke and cerebrovascular accident unspecified
12	Read codes v2	G6W..	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
12	Read codes v2	G6X..	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
12	Read codes v2	Gyu62	[X]Other intracerebral haemorrhage

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Field Number	READ Version	CODE	Description (Original Spec)
12	Read codes v2	Gyu63	[X]Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
12	Read codes v2	Gyu64	[X]Other cerebral infarction
12	Read codes v2	Gyu65	[X]Occlusion and stenosis of other precerebral arteries
12	Read codes v2	Gyu66	[X]Occlusion and stenosis of other cerebral arteries
12	Read codes v2	Gyu6F	[X]Intracerebral haemorrhage in hemisphere, unspecified
12	Read codes v2	Gyu6G	[X]Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
12	Read codes v2	*Not Excluded*	
12	Read codes v2	G617.	Intracerebral haemorrhage, intraventricular
12	Read codes v2	G669.	Cerebral palsy, not congenital or infantile, acute
14	Read codes v2	66AJ1	Brittle diabetes
14	Read codes v2	C10%	Diabetes mellitus
14	Read codes v2	Cyu2%	[X]Diabetes mellitus
14	Read codes v2	*Not Excluded*	
14	Read codes v2	C1098	Reaven's syndrome
14	Read codes v2	C10F8	Reaven's syndrome
14	Read codes v2	C10J.	Insulin autoimmune syndrome
14	Read codes v2	C10J0	Insulin autoimmune syndrome without complication
14	Read codes v2	C10K.	Type A insulin resistance
14	Read codes v2	C10K0	Type A insulin resistance without complication
14	Read codes v2	C10L.	Fibrocalculous pancreatopathy
14	Read codes v2	C10L0	Fibrocalculous pancreatopathy without complication
16	Read codes v2	C3200	Familial hypercholesterolaemia
16	Read codes v2	C3205	Familial defective apolipoprotein B-100
18	Read codes v2	G58..%	Heart failure
18	Read codes v2	662f.	New York Heart Association classification -class I
18	Read codes v2	662g.	New York Heart Association classification -class II
18	Read codes v2	662h.	New York Heart Association classification -class III
18	Read codes v2	662i.	New York Heart Association classification -class IV
20	Read codes v2	G2…	
20	Read codes v2	G20..%	Essential hypertension
20	Read codes v2	G24..%	Secondary hypertension
20	Read codes v2	G2y..	Other specified hypertensive disease
20	Read codes v2	G2z..	Hypertensive disease NOS

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Field Number	READ Version	CODE	Description (Original Spec)
20	Read codes v2	*Not Excluded*	
20	Read codes v2	G24z1	Hypertension secondary to drug
22	Read codes v2	*Not Excluded*	
22	Read codes v2	be1..%	DIAZOXIDE [CARDIOVASCULAR USE]
22	Read codes v2	be4..%	SODIUM NITROPRUSSIDE
22	Read codes v2	bkG..%	AMBRISENTAN
24	Read codes v2	G73..	Other peripheral vascular disease
24	Read codes v2	G733.	Ischaemic foot
24	Read codes v2	G73y.	Other specified peripheral vascular disease
24	Read codes v2	G73y1	Peripheral angiopathic disease EC NOS
24	Read codes v2	G73yz	Other specified peripheral vascular disease NOS
24	Read codes v2	G73z.	Peripheral vascular disease NOS
24	Read codes v2	G73z0	Intermittent claudication
24	Read codes v2	G73zz	Peripheral vascular disease NOS
24	Read codes v2	Gyu74	[X]Other specified peripheral vascular diseases
24	Read codes v2	Gyu7A	[X]Peripheral angiopathy in diseases classified elsewhere
26	Read codes v2	bxd%	SIMVASTATIN
26	Read codes v2	bxe%	PRAVASTATIN SODIUM
26	Read codes v2	bxg%	FLUVASTATIN SODIUM
26	Read codes v2	bxi..	ATORVASTATIN
26	Read codes v2	bxj..	CERIVASTATIN
26	Read codes v2	bxk..	ROSUVASTATIN
28	Read codes v2	F4236	Amaurosis fugax
28	Read codes v2	G65..%	Transient cerebral ischaemia
28	Read codes v2	ZV12D	[V]Personal history of transient ischaemic attack
28	Read codes v2	*Not Excluded*	
28	Read codes v2	G655.	Transient global amnesia
5	Read codes v3	G573.%	Atrial fibrillation and flutter
5	Read codes v3	G5730%	Atrial fibrillation
5	Read codes v3	*Not Excluded*	
7	Read codes v3	G310.	Post-myocardial infarction syndrome
7	Read codes v3	G342.	Atherosclerosis
7	Read codes v3	G343.	Generalised ischaemic myocardial dysfunction

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Field Number	READ Version	CODE	Description (Original Spec)
7	Read codes v3	G36..%	Certain current complications following acute myocardial infarction
7	Read codes v3	G364.	Rupture of chordae tendinae as current complication following acute myocardial infarction
7	Read codes v3	G365.	Rupture of papillary muscle as current complication following acute myocardial infarction
7	Read codes v3	G366.	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
7	Read codes v3	X202r.	Post-infarction mural thrombus
7	Read codes v3	XE2uV%	Ischaemic heart disease
7	Read codes v3	*Not Excluded*	
7	Read codes v3	G341.%	Aneurysm of heart
7	Read codes v3	X200B%	Coronary spasm
7	Read codes v3	X200c	Cardiac syndrome X
7	Read codes v3	Xa07j%	Myocardial ischaemia of newborn
9	Read codes v3	*Not Excluded*	
9	Read codes v3	XE0df%	Chronic renal failure
11	Read codes v3	XaLHI%	Chronic kidney disease stage 3
11	Read codes v3	XaLHJ%	Chronic kidney disease stage 4
11	Read codes v3	XaLHK%	Chronic kidney disease stage 5
12	Read codes v3	X00D1%	Cerebrovascular accident
12	Read codes v3	*Not Excluded*	
12	Read codes v3	XE1Xs%	Vascular dementia
14	Read codes v3	C10..%	Diabetes mellitus
14	Read codes v3	*Not Excluded*	
14	Read codes v3	L180.	Diabetes mellitus during pregnancy, childbirth and the puerperium
14	Read codes v3	L1800	Diabetes mellitus -unspecified whether during pregnancy or the puerperium
14	Read codes v3	L1801	Diabetes mellitus during pregnancy -baby delivered
14	Read codes v3	L1802	Diabetes mellitus in the puerperium -baby delivered during current episode of care
14	Read codes v3	L1803	Diabetes mellitus during pregnancy -baby not yet delivered
14	Read codes v3	L1804	Diabetes mellitus in the pueperium -baby delivered during previous episode of care

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Field Number	READ Version	CODE	Description (Original Spec)
14	Read codes v3	L180z	Diabetes mellitus during pregnancy, childbirth or the puerperium NOS
14	Read codes v3	L1805	Pre-existing diabetes mellitus, insulin-dependent
14	Read codes v3	L1806	Pre-existing diabetes mellitus, non-insulin-dependent
14	Read codes v3	L1807	Pre-existing malnutrition-related diabetes mellitus
14	Read codes v3	L1808	Gestational diabetes mellitus
14	Read codes v3	Q441.	Neonatal diabetes mellitus
14	Read codes v3	X40JF	Transitory neonatal diabetes mellitus
14	Read codes v3	Xa08a	Small for gestation neonatal diabetes mellitus
14	Read codes v3	X40JE	Metabolic syndrome X
14	Read codes v3	X40JS	Hyperproinsulinemia
14	Read codes v3	XaJIP	Fibrocalculous pancreatopathy without complication
16	Read codes v3	C3200%	Familial hyperbetalipoproteinaemia
16	Read codes v3	X40X5	Familial defective apolipoprotein B-100
16	Read codes v3	XaR4h	Familial hypercholesterolaemia due to heterozygous low density lipoprotein receptor mutation
16	Read codes v3	XaR4i	Familial hypercholesterolaemia due to homozygous low density lipoprotein receptor mutation
16	Read codes v3	XaR4k	Familial defective apolipoprotein B-100
18	Read codes v3	G58..	Heart failure
18	Read codes v3	*Not Excluded*	
18	Read codes v3	G5y4.%	Post cardiac operation functional disturbance
20	Read codes v3	XE0Ub	Hypertension
20	Read codes v3	G2...%	Hypertensive disease
20	Read codes v3	G202.	Systolic hypertension
20	Read codes v3	G24..%	Secondary hypertension
20	Read codes v3	XE0Uc%	Essential hypertension
20	Read codes v3	XSDSb	Diastolic hypertension
20	Read codes v3	Xa0Cs	Labile hypertension
20	Read codes v3	Xa3fQ	Malignant hypertension
20	Read codes v3	*Not Excluded*	
20	Read codes v3	61462	Hypertension induced by oral contraceptive pill
20	Read codes v3	G24z1	Hypertension secondary to drug
24	Read codes v3	X203Q%	Peripheral ischaemia
24	Read codes v3	*Not Excluded*	
24	Read codes v3	X203R%	Upper limb ischaemia

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Field Number	READ Version	CODE	Description (Original Spec)
28	Read codes v3	G65z0	Impending cerebral ischaemia
28	Read codes v3	G65z1	Intermittent cerebral ischaemia
28	Read codes v3	XE0VK%	Transient ischaemic attack
28	Read codes v3	XaX16	[V]Personal history of transient ischaemic attack

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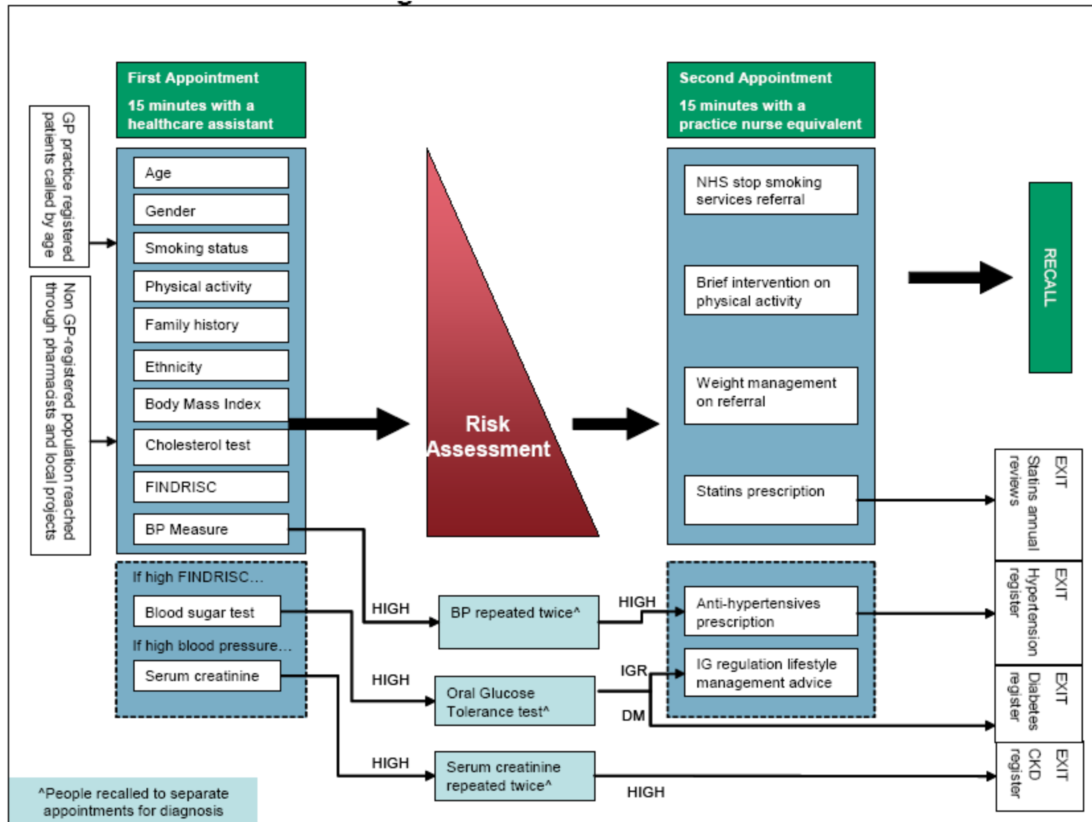
Appendix B

Diagram: Vascular risk Assessment and Management Programme (DH, 2008)



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Appendix C

Diabetes Filter
Blood glucose test if: **BMI** is in the obese range (**30** or over, or **27.5** or over in individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories)
Or
Blood pressure is at or above **140/90mmHg**, or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively.

It is also important to consider some people who do not fall into the categories above who will still be at significant risk. This includes:

- people with first-degree relatives with type 2 diabetes or heart disease
- people with tissue damage known to be associated with diabetes, such as retinopathy, kidney disease or neuropathy
- women with past gestational diabetes
- those with conditions or illnesses known to be associated with diabetes (e.g. polycystic ovarian syndrome or severe mental health disorders)
- those on current medication known to be associated with diabetes (e.g. oral corticosteroids)

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Appendix D

Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence

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Appendix E

Management of High Risk Individuals
Those whose estimated **CVD risk is >20%** should be managed according to NICE guidelines, http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf

Before offering lipid modification therapy they will require the following checks:

1. Fasting total cholesterol, LDL cholesterol, HDL cholesterol and Triglycerides (if fasting levels not already available)
2. Fasting blood glucose
3. Renal function
4. Liver function
5. TSH if dyslipidaemia is present

- They should be then be offered Simvastatin 40mg (or drug of similar efficacy and acquisition cost) and given advice on lifestyle changes, e.g. smoking cessation advice, and advice on cardio protective diet, physical activity, weight management, and alcohol consumption.

- Liver function should be measured within 3 months and at 12 months, but not again unless clinically indicated.

- They should be offered an annual review which will incorporate a medication review and further advice and support in relation to lifestyle changes.

- Patients should be involved in any decisions to commence treatment and receive information which they can understand.

There is no target level for total or LDL cholesterol for primary prevention and hence no need to repeat the lipid profile

National guidance for NHS Health Check recommends an annual review for individual's with a high risk factor of greater than 20 percent.

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Appendix F

National Minimum Dataset for NHS Health Check
There is a minimum dataset associated with recording NHS Health Check activities. Providers should ensure that all required data are recorded in the practice clinical system along with as much relevant optional data as possible.

Please be aware that the following codes are not exhaustive. Attention needs to be given to the practices working processes and coding conventions. However the codes below are the advised method for recording for patients at high risk of CVD, as per the NHS Health Check LES agreements.

NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Organisation Details		
Organisation Code (Code of Commissioner)	ODS Data	R
Organisation Code (NHS Health Check Provider)	ODS Data	R
NHS Health Check Programme		
Eligible Population Total (NHS Health Check)	To be derived by clinical system suppliers	R
Invitation Offer Sent Indicator (NHS Health Check)	9mC..	NHS Health Check invitation 9mC0.	NHS Health Check telephone invitation 9mC1.	NHS Health Check invitation first letter 9mC2.	NHS Health Check invitation second letter 9mC3.	NHS Health Check invitation third letter 9mC4.	NHS Health Check verbal invitation	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Demographics		
Lower Layer Super Output Area	To be derived by clinical system suppliers	R
Age at Assessment	To be derived by clinical system suppliers	R
Gender	1K0..	Male 1K1..	Female 1K2..	Gender Unknown 1K3..	Gender Unspecified	R

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NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Ethnic Category	White 9i0..% | British or mixed British - ethnic category 2001 census 9i1..% | Irish - ethnic category 2001 census 9i2..% | Other White background - ethnic category 2001 census Mixed 9i3..% | White and Black Caribbean - ethnic category 2001 census 9i4..% | White and Black African - ethnic category 2001 census 9i5..% | White and Asian - ethnic category 2001 census 9i6..% | Other Mixed background - ethnic category 2001 census Asian or Asian British 9i7..% | Indian or British Indian - ethnic category 2001 census 9i8..% | Pakistani or British Pakistani - ethnic category 2001 census 9i9..% | Bangladeshi or British Bangladeshi - ethnic category 2001 census 9iA..% | Other Asian background - ethnic category 2001 census Black or Black British 9iB..% | Caribbean - ethnic category 2001 census 9iC..% | African - ethnic category 2001 census 9iD..% | Other Black background - ethnic category 2001 census Other Ethnic Groups 9iE..% | Chinese - ethnic category 2001 census 9iF..% | Other - ethnic category 2001 census 9iG..% | Ethnic category not stated - 2001 census 916E.% | Patient ethnicity unknown	R
Person Observations		
Activity Location (NHS Health Check)	Pre Release Terminology TBC	R
Body Mass Index	22K..% | Body Mass Index *Excluding* 22K9. | Body Mass Index centile	R
Blood Pressure Sitting	246.. | O/E - blood pressure reading 246R. | Sitting diastolic blood pressure 246Q. | Sitting systolic blood pressure	R
Total Cholesterol/High-Density Lipoprotein Ratio	44PF. | Total cholesterol:HDL ratio 44l2. | cholesterol/HDL ratio 44lF. | Serum cholesterol/HDL ratio 44lG. | Plasma cholesterol/HDL ratio	R
Total Cholesterol Level	44OE. | Plasma total cholesterol level 44P.. | Serum cholesterol 44P1. | Serum cholesterol normal 44P2. | Serum cholesterol borderline 44P3. | Serum cholesterol raised 44P4. | Serum cholesterol very high 44PH. | Total cholesterol measurement 44PJ. | Serum total cholesterol level	R

NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Physical Activity Level	138X. | General practice physical activity questionnaire physical activity index: inactive 138Y. | General practice physical activity questionnaire physical activity index: moderately inactive 138a. | General practice physical activity questionnaire physical activity index: moderately active 138b. | General practice physical activity questionnaire physical activity index: active	R
Smoking Status Code	137.. | Tobacco consumption 1372. | Trivial smoker - < 1 cig/day 1373. | Light smoker - 1-9 cigs/day 1374. | Moderate smoker - 10-19 cigs/d 1375. | Heavy smoker - 20-39 cigs/day 1376. | Very heavy smoker - 40+cigs/d 137C. | Keeps trying to stop smoking 137D. | Admitted tobacco cons untrue? 137G. | Trying to give up smoking 137H. | Pipe smoker 137J. | Cigar smoker 137M. | Rolls own cigarettes 137P. | Cigarette smoker 137Q. | Smoking started 137R. | Current smoker 137V. | Smoking reduced 137X. | Cigarette consumption 137Y. | Cigar Consumption 137Z. | Tobacco Consumption NOS 137a. | Pipe tobacco consumption 137b. | Ready to Stop Smoking 137c. | Thinking about stopping smoking 137d. | Not interested in stopping smoking 137e. | Smoking restarted 137f. | Reason for restarting smoking 137h. | Minutes from waking to first tobacco consumption 137m. | Failed attempt to stop smoking	R
	1377. | Ex-trivial smoker (<1/day) 1378. | Ex-light smoker (1-9/day) 1379. | Ex-moderate smoker (10-19/day) 137A. | Ex-heavy smoker (20-39/day) 137B. | Ex-very heavy smoker (40+/day) 137F. | Ex-smoker - amount unknown 137K. | Stopped smoking 137N. | Ex-pipe smoker 137O. | Ex-cigar smoker 137S. | Ex-smoker 137T. | Date ceased smoking 137j. | Ex-cigarette smoker 137l. | Ex roll-up cigarette smoker	R
	137L. | Current non-smoker	R
	1371. | Never smoked tobacco	R
	137E. | Tobacco consumption unknown	R

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NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Cardiovascular Disease Risk Score	38DF. | QRISK cardiovascular disease 10 year risk score 38DP. | QRISK2 cardiovascular disease 10 year risk score 662k. | JBS cardiovascular disease risk <10% over next 10 years 662l. | JBS cardiovascular disease risk 10-20% over next 10 years 662m. | Joint British Societies cardiovascular disease risk > 20% up to 30% over next 10 years 662n. | JBS cardiovascular disease risk >30% over next 10 years 38DR. | Framingham 1991 cardiovascular disease 10 year risk score	R
Information and Advice		
Information and Advice Provided (General Lifestyle Advice)	66CQ. | Intervention for risk to health associated with overweight and obesity, general advice on healthy weight and lifestyle	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Information and Advice Provided (Stop Smoking Advice)	8CAL. | Smoking cessation advice 6791. | Health ed. - smoking 67A3. | Pregnancy smoking advice 67H6. | Brief intervention for smoking cessation 8B2B. | Nicotine replacement therapy 8HkQ. | Referral to NHS stop smoking service 8HTK. | Referral to stop-smoking clinic 9OO..% | Anti-smoking monitoring admin 9N4M. | DNA - Did not attend smoking cessation clinic 9N2k. | Seen by smoking cessation advisor 8H7i. | Referral to smoking cessation advisor 67H1. Lifestyle advice regarding smoking 8B3Y. | Over the counter nicotine replacement therapy 8B3f. | Nicotine replacement therapy provided free 745H.% | Smoking cessation therapy 8IAj. | Smoking cessation advice declined 9NS02 | Referral for smoking cessation service offered 13p..% | Smoking cessation milestones Excluding 13p50 | Practice based smoking cessation programme start date 13p8. | Lost to smoking cessation follow-up 13p7. | Smoking status at 12 weeks	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Information and Advice Provided (Weight Management Advice)	8Cd7. | Advice given about weight management 679P. | Health education - weight management 67I9. | Advice about weight	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Brief Intervention (Physical Activity)	9Oq3. | Brief intervention for physical activity completed	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O

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NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Signposting (Physical Activity Service)	8Cd4.| Physical activity opportunity signposted	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Signposting (Stop Smoking Service)	8CdB. | Stop smoking service opportunity signposted	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Signposting (Weight Management Service)	8CdC. | Weight management service opportunity signposted	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No	O
Referrals		
Referral Acceptance to Physical Activity Service	8H7s. | Referral to physical activity programme	O
	138S. | Declined referral to physical exercise programme	O
Referral Acceptance to Stop Smoking Service	8HTK. | Referral to stop-smoking clinic 8H7i. | Referral to smoking cessation advisor 8HkQ. | Referral to NHS stop smoking service	O
	137d. | Not interested in stopping smoking	O
Referral Acceptance to Weight Management Service	8HHH. | Refer to weight management programme 8HHH0 | Referral to local authority weight management programme	O
	8IAM. | Referral to weight management service declined	O
Further Assessments		
Assessment for Diabetes	6872. | Diabetes mellitus screen	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Assessment for Serum Creatinine	44J3.% | Serum Creatinine 44JC. | Corrected plasma creatinine level 44JD. | Corrected serum creatinine level 44JF. | Plasma creatinine level	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Assessment for Hypertension	68B1. | Hypertension screen	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Assessment for Fasting Cholesterol	44O5. | Fasting blood lipids	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O

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NHS Health Check Data Items	Read Codes Version 2	Required / Optional
Assessment for Impaired Fasting Glycaemia/Impaired Glucose Tolerance Lifestyle Management	8HIS. | Referral for impaired glucose management	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Prescriptions		
Statins Prescription	DERIVABLE FROM GPSS PRESCRIPTION RECORD	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Anti-Hypertensives Prescription	DERIVABLE FROM PRESCRIPTION RECORD	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis		
Diagnosis Chronic Kidney Disease (Stage 3)	1Z12. | Chronic kidney disease stage 3 1Z15. | Chronic kidney disease stage 3A 1Z16. | Chronic kidney disease stage 3B 1Z1B. | Chronic kidney disease stage 3 with proteinuria 1Z1C. | Chronic kidney disease stage 3 without proteinuria 1Z1D. | Chronic kidney disease stage 3A with proteinuria 1Z1E. | Chronic kidney disease stage 3A without proteinuria 1Z1F. | Chronic kidney disease stage 3B with proteinuria 1Z1G. | Chronic kidney disease stage 3B without proteinuria	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis Chronic Kidney Disease (Stage 4)	1Z13. | Chronic kidney disease stage 4 1Z1H. | Chronic kidney disease stage 4 with proteinuria 1Z1J. | Chronic kidney disease stage 4 without proteinuria	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis Chronic Kidney Disease (Stage 5)	1Z14. | Chronic kidney disease stage 5 1Z1K. | Chronic kidney disease stage 5 with proteinuri 1Z1L. | Chronic kidney disease stage 5 without proteinuri	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis Type 2 Diabetes	C10F.% | Type 2 diabetes mellitus Excluding C10F8 | Reavens syndrome	O

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	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis Hypertension	G2… | Hypertensive disease G20..% | Essential Hypertension G24.. | Secondary Hypertension G240. | Secondary malignant Hypertension G2400 | Secondary malignant renovascular Hypertension G240z | Secondary malignant Hypertension NOS G241. | Secondary benign Hypertension G2410 | Secondary benign renovascular Hypertension G241z | Secondary benign Hypertension NOS G244. | Hypertension secondary to endocrine disorders G24z. | Secondary Hypertension NOS G24z0 | Secondary renovascular Hypertension NOS G24zz | Secondary Hypertension NOS G2y.. | Other specified hypertensive disease G2z.. | Hypertensive disease NOS Excluding G24z1 | Hypertension secondary to drug	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O
Diagnosis Non Diabetic Hyperglycaemia	C11y3 | Impaired fasting glycaemia R10D0 | [D]Impaired fasting glycaemia R10D1 | [D]Stress induced hyperglycaemia R10C. | [D]Drug induced hyperglycaemia C11y2 | Impaired glucose tolerance R10E. | [D]Impaired glucose tolerance	O
	Where this data item is flowed as null in a record then it will be mapped to the value [N] No further assessment is required	O