

## SIX MONTH PROGRESS REPORT

### GP-based Point of Care Testing for NHS Health Check Pilot across South of Tyne and Wear



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## EXECUTIVE SUMMARY

This report provides a summary of the progress made in the first six months of the GP-based NHS Health Check Point of Care Testing (POCT) pilot across South of Tyne and Wear.

- **Key findings:**

- Engagement with practices has been very successful, with 35 practices delivering the GP-based POCT pilot, comprising 12 (34%) practices in Gateshead, 7 (20%) in South Tyneside and 16 (46%) in Sunderland.
- Participating in the pilot proved to be an incentive for some practices to sign up to the local enhanced service (LES) and start delivering the service.
- The impact of the pilot can be demonstrated by analysis of practice activity, within a six month period:
  - 1,150 health checks completed using POCT, of which 1105 were initial checks and 45 reviews
  - 376 checks were completed in Gateshead, 193 in South Tyneside and 581 in Sunderland
  - 34% of people were classed as high risk
  - 66% were in the moderate / low risk category
  - 69% of patients experienced the NHS Health Check as a 'one stop shop'
  - Staff feedback was positive and provided valuable learning
  - Patient feedback via postal questionnaire was good with a 61% return rate, 53% from men and 47% from women
  - Responses demonstrated high levels of patient satisfaction, 96% suggesting they would be very likely or quite likely to recommend the health check to others.

- **Emerging evidence:**

- Improving productivity
  - initial activity from pilot shows promising trends with 72% (n=13) of Phase 1 practices increasing the number of health checks completed.
  - time-efficient for practice staff, eliminating a second visit for 69% of patients
  - face-to-face consultation has the potential to improve patient compliance to treatment
- Reducing inequalities
  - increasing the number of men accessing the service
  - improving access to early intervention and management
  - immediate results, advice and support has the potential to motivate people to make long term changes to their lifestyle
- Enabling innovation and creativity
  - A variety of models are emerging, with practices delivering health checks using a different skill mix, and 'one stop' clinics proving successful
  - development of electronic patient summary report and referral form
  - achieved consistent manual monthly data collection

- **Challenges:**

- Loss of staff and securing specific training for new staff
- Additional work due to internal and external control, inputting cholesterol results into EMIS system, and manual data collection
- Competing pressures such as flu vaccinations resulting in some practices suspending delivery of the health checks

- **Key learning:**
  - Do not underestimate the time it takes to set up a project, good planning and lead in time are essential for smooth implementation
  - Maintaining practice links and providing ongoing support are key to the success of the pilot
  - Appropriate training, updates and quality control are essential for accurate near patient cholesterol results
  - It is essential to give practice staff enough time to deliver the health check in one appointment and to perform quality checks
  - Need to consider competing pressures on practices and impact on delivery of NHS Health Check activity
  - Administration support is vital for processing requests for consumables and inputting monthly data for project monitoring
  
- **Recommendations:**
  1. Identify who will be providing project support, detailed notes, key documents and information to be collated to ensure a smooth handover.
  2. Further analysis to be undertaken comparing POCT activity with the data from the new NHS Health Check LES
  3. Due to the positive outcomes and emerging trends extension of Phase 1 of the pilot for 3 months to 30<sup>th</sup> June 2011 should be explored, this would:
    - allow practices to continue delivering the service while the annual evaluation takes place
    - provide consistency, allowing all practices to complete the pilot at the same time
    - have the added benefit of providing 15 months worth of data for Phase 1 practices
  4. Undertake annual report and commission external evaluation to identify to what extent the pilot has achieved its aim and objectives, gather evidence of the effectiveness of the approach to inform the decision to roll out the service.
    - Should the outcome of the evaluation prove positive the following should be explored prior to rolling out the service:
      - determine how many practices across South of Tyne and Wear would like to provide near patient testing as part of the NHS Health Check
      - identify READ codes to enable outcome data to be collected as part of the NHS Health Check LES
      - options for expanding the blood tests to include a blood glucose test, such as Hb1A<sub>c</sub>
    - Should the outcome of the evaluation not support roll out consideration should be given to:
      - discussing a more flexible approach to laboratory blood tests, for example, providing blood sample collection and processing in the evenings and at weekends
      - how the near patient testing units be re-deployed
  5. A sample of patients who identified they are willing to be contacted by the PCT should be invited to take part in individual interviews and focus groups as part of the external evaluation of the pilot.
  6. Undertake a series of re-timings of the health check process using the electronic resources to determine time savings.

## 1. BACKGROUND

A Rapid Process Improvement Workshop (RPIW) for NHS Health Check was held 10<sup>th</sup> – 14<sup>th</sup> August 2009. The focus of the event was to standardise the health check process and explore ways of ensuring maximum service uptake. As part of a review of the current pathway it became evident that a whole step in the process could be removed if point of care testing (POCT) or near patient testing<sup>1</sup> for cholesterol was adopted, identifying a new approach to delivering GP-based health checks.

The redesign of the health check process was facilitated by a RPIW sub-group, members consisting of Practice Manager, Pharmacist, Public Health Practitioner and representative from NHS Improvement, with input from a local hospital pathology department manager who was also the Point of Care Testing (POCT) lead. Additional feedback was sought from workshop attendees, all with long experience of vascular risk assessment, including pharmacists, GPs, primary care business managers, public health specialists, practice nurses, and data / information managers.

## 2. AIM

Pilot near patient testing in a GP setting to test the feasibility of delivering the NHS Health Check in a single appointment with patients receiving instant feedback, reducing the time for both patient and staff and improving the patient experience.

## 3. OBJECTIVES

1. Engage GPs and gain support for the initiative
2. Pilot POCT in a small, medium and large practices to assess feasibility and scale, particularly in small practices
3. Provide training to ensure teams have the relevant skills and competencies
4. Identify the number of initial NHS Health Checks and reviews carried out using near patient testing
5. Provide the NHS Health Check in a single consultation
6. Improved access to effective and timely interventions at an early stage for patients at risk of vascular disease
7. Carry out satisfaction surveys with patients and staff
8. Develop standardised operational protocols
9. Test standardised programme resources and data collection template
10. Provide valuable learning to inform the implementation of the full NHS Health Check
11. Test the Cholestech LDX units
12. Have the pilot externally evaluated

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<sup>1</sup> Near patient testing, is defined 'as diagnostic testing that is performed near to or at the site of the patient care with the result leading to possible change in the care of the patient'. In simple terms, it is an analytical test performed outside the conventional laboratory setting by non-laboratory staff.

## 4. SCOPE OF PILOT

- Phase 1 of the POCT NHS Health Check pilot to run from 1<sup>st</sup> May 2010 to 30<sup>th</sup> April 2011, and Phase 2 from 1<sup>st</sup> July 2010 to 30<sup>th</sup> June 2011. Continuation and rollout of near patient testing in a GP-setting will be determined by evaluation outcomes.
- Practices to be currently delivering the service, or signed up to the new NHS Health Check Les (1<sup>st</sup> July 2010), confirm participation by signing the addendum to the service level agreement.
- POCT should be integrated into the current NHS Health Check service. Ideally all NHS Health Checks being performed in the pilot practices should be delivered using near patient testing, unless clinical judgement indicates otherwise.
- The POCT equipment may be used for NHS Health Check reviews, where appropriate.
- POCT equipment and consumables will be provided by, and remain the property of, the South of Tyne and Wear PCT (see **appendix 1** for rationale and list).
- The practice to maintain the equipment and perform quality control checks according to manufactures instruction, and check lists.
- The practice to undertake training and deliver the NHS Health Checks and reviews in line with the standardised operation procedure.

## 5. IMPLEMENTATION

Practices were recruited to the pilot on a first come first served basis, expression of interest was sought via the NHS Health Check October 2009 Update Newsletter. Interest was high with 18 practices taking part in Phase 1 and an additional 23 on a reserve list should additional POCT kits become available.

Due to the high level of interest and to support practices in their delivery of the NHS Health Check it was decided to offer those practices on the reserve list the opportunity to take part in Phase 2 of the pilot. Of these 17 are currently delivering under Phase 2, three are still interested in taking part in the pilot and three have withdrawn due to it not being appropriate for them at this time, or the perception it would increase their workload.

Tables 1 and 2 identify the practices delivering the service at the time of the report, all practices undertook the in-house training, and 'went live' in a staged approach.

**Table 1: Phase 1 practices delivering near patient cholesterol testing for NHS Health Checks**

	<b>GATESHEAD</b>	<b>SOUTH TYNESIDE</b>	<b>SUNDERLAND</b>
1	Dr Hassan	Dr Nixon	Dr Owen & Partners
2	Bridges Medical Practice	St George Medical Practice	Maritime Surgery
3	Millennium Family Practice	Dr Burns & Partners	Pennywell Medical Centre
4	Dr Morris & Partners		Barmston Medical Centre
5	Dr Penrice & Partners		Dr Weaver
6	Birtley Medical Group		Dr Parry & Partners
7	Dr Tasker & Partners		Dr Pepper & Partners
8			Kepier Medical Practice

**Table 2: Phase 2 practices delivering the services at the time of this report**

	GATESHEAD	SOUTH TYNESIDE	SUNDERLAND
1	Dr Kumar	Dr Win	Dr Cloak & Partners
2	Grange Road Medical Practice	Dr Vinayak & Partner	Dr Vakharia & Dr Hegde
3	Chainbridge Medical Partnership	Marsden Road Health Centre	Dr Weatherhead & Associates
4	Oldwell Medical Partnership	Wawn Street Surgery	Dr Ford & Partners
5	Dr Duggal		Dr Dixit & Dr Kolla
6			Dr Widdrington & Dr Leeks
7			Fullwell Medical Centre
8			Dr Reddy & Partners

The pilot has successfully engaged GP's with a mix of small, medium and large practices taking part, with 12 (34%) practices in Gateshead, 7 (20%) in South Tyneside and 16 (30%). In addition, the PCT briefings, national and in-house training were well received, suggesting that objectives 1, 2 and 3 were fully met. In addition, some practices became involved in the pilot to enable them to start delivering the service, providing an incentive for them to sign up to deliver the service.

A challenging aspect of developing and implementing the pilot was an underestimation of the amount of work and time required to enable practices to 'go live' and the level of ongoing support required.

The recent reconfiguration has resulted in changes in roles for key members of staff who support the practices, deal with data input, monitoring, and ordering of consumables. Failure to continue to provide these functions will compromise the delivery of the service and potentially the continuation of the pilot. Furthermore, the impact of re-organisation may have a negative effect in terms of future engagement and trust.

**RECOMMENDATION 1:** Identify who will be providing project support, detailed notes, key documents and information to be collated to ensure a smooth handover.

## 6. MONITORING AND EVALUATION

Objectives 4, 5, 6 and 7 can be demonstrated by monitoring the POCT pilot, data is captured on a monthly basis using the data collection grid. Due to an inability to obtain relevant READ codes data is captured manually, with practitioners recording the number of patients who:

- have had the NHS Health Check or review carried out using near-patient testing
- following assessment, **do not** require any additional blood tests
- have an absolute CVD 10 year risk score recorded as low, moderate or high
- are given the POCT patient survey questionnaire and pre-paid envelope

## 6.1 DATA ANALYSIS

The data presented below is from 22 practices (18 from Phase 1 and 4 from Phase 2) for a 6 month period April – September 2010.

Key findings include:

- Total number of checks completed using POCT equal 1,150 of which the majority 96% (n=1,105) were initial NHS Health Checks and 4% (n=45) were reviews. The breakdown per area is 376 (375 initial, 1 review) checks completed in Gateshead, 193 in South Tyneside (165 initial, 28 reviews) and 581 (565 initial, 16 reviews) in Sunderland (graph presented in **appendix 2**).
- Patients 10 year risk of developing vascular disease were categorised in table 3 below.

**Table 3: Provides a summary of risk disease categories**

CATEGORY	NUMBER	PERCENT
High	386	34%
Moderate	399	35%
Low	365	32%
Mod/Low	764	66%

- As expected, local people are at higher risk of vascular disease with 34% (n=386) in the high risk category. This data also identifies that practices are picking up a higher proportion of people with moderate risk, demonstrating that patients have improved access to effective and timely interventions at an early stage.
- To assess the Government's premise that 80% of people going through the health check do not require further action data was collected on the numbers of people requiring further blood tests:
  - Locally, 69% (n=792) of people going through the process did not require additional tests. Which, while slightly less than the Government's suggestion of 80%, is still a significant number of people experiencing the NHS Health check as a 'one stop shop'. Only 31% (n=358) required additional blood tests for further investigation.
  - Interestingly, while the majority of those requiring additional tests were in the high risk category (64%, n=230), 36% were in the moderate and low risk categories, 31% (n=110) and 5% (n=18) respectively.

The fact that 69% of people required a single appointment only suggests improved efficiencies for practices, eliminating unnecessary lab tests and appointments. Importantly, face-to-face communication of risk, advice and support for all patients can lead to behaviour change and improved compliance with medication.

Delivery of the pilot was delayed for some Phase 1 practices due to:

- the loss of key members of staff
- an inability to get phlebotomy training for health care assistants
- needing time to get used to the new machinery

The above resulted in data collection being limited for some practices. However initial analysis comparing number of tests carried out using POCT (three month period for 18 practices) with data from the Interim NHS Health Check Local Enhanced Service (LES)



shows promising trends. Productivity was increased in 50% (n=9) of practices, increases ranged from 33% to 88%. Additional analysis comparing POCT data (6 month period) with the average quarterly LES data identified that 72% (n=13) of Phase 1 practices have increased the number of health checks performed, supporting initial findings.

This section demonstrates that near patient testing has the potential to improve productivity and reduce 'did not attend' (DNA's), particularly for those who fail to attend following the initial blood test.

**RECOMMENDATION 2:** Further analysis to be undertaken comparing POCT activity with the data from the new NHS Health Check LES.

**RECOMMENDATION 3:** Due to the positive outcomes and emerging trends extension of Phase 1 of the pilot for 3 months to 30<sup>th</sup> June 2011 should be explored, this would:

- allow practices to continue delivering the service while the annual evaluation takes place
- provide consistency, allowing all practices to complete the pilot at the same time
- have the added benefit of providing 15 months worth of data for Phase 1 practices

## 7. STAFF FEEDBACK

Feedback was obtained from Phase 1 practice staff in a variety of ways, interview with individual member of staff and groups, telephone conversations, and anonymous survey.

Results from staff feedback reflect how practices have integrated near patient testing into their current services, identifying that 50% (n=9) of practices are using a model based on individual appointments at the patients convenience. However, 28% (n=5) are using a combination of newly set up appointment based clinics and individual appointments to deliver the service, while 22% (n=4) use NHS Health Check clinics as their main delivery mechanism.

The 'one stop' clinics are potentially proving successful, allowing practices to increase the number of health checks offered, for example one practice has gone from 22 checks in a three month period to 137 using near patient testing.

Practices were encouraged to decide how to use the equipment to deliver the best service for their population, feedback is based on 22 responses and presented in table 4.

**Table 4: Provides a summary of how practices use the near patient equipment**

STATEMENT	NUMBER	PERCENT
All initial NHS Health Checks (HC's)	9	41%
Combination targeted and opportunistic approaches	5	23%
All NHS HC & reviews	4	18%
Opportunistic	3	14%
Targeting lo /moderate risk patients only	1	5%
<b>TOTAL RESPONSES</b>	<b>22</b>	

The data in table 4 indicates that the practices main use of equipment was for all initial Health Checks only, with second and third choices being a combination of targeted and opportunistic approaches, and using the equipment to deliver all health checks and reviews.

Participating in the pilot encouraged practices to explore delivering the NHS Health Check using a different skill mix, upskilling staff to take on additional duties. Examples include Health Care Assistants (HCA's) taking on elements of the Practice Nurse role and Practice Nurses potentially reducing the GP's burden.

Feedback from staff was positive, with comments ranging from staff learning new skills to saving a Practice Managers life. There were also a number of comments on how the service was very popular with patients, and an appreciation of the support provided by the PCT particularly having a named contact to answer specific questions. See **appendix 3** for full list of comments.

As previously mentioned initial challenges to implementing the service related to loss of staff and needing to get used to the equipment, once the programme was underway the main challengers were identified by grouping responses, detailed in table 5.

**Table 5: Table identifying staff areas of concern and recommended action**

CONCERN	ACTION
Additional work due to monthly internal and external control tests <ul style="list-style-type: none"> <li>• frequency of testing</li> <li>• additional paperwork</li> <li>• lack of sufficient testing sample</li> </ul>	<ul style="list-style-type: none"> <li>• Reiterate the importance of quality control to monitor the unit's performance, and to ensure accurate cholesterol testing</li> <li>• Worked with Health Diagnostics to streamline the quality check process and have the internal and external tests sent to practices on alternative months</li> <li>• Devised and disseminated an internal and external quality control schedule</li> <li>• Provided additional support to practices where staff had expressed a lack of confidence in performing the tests and reporting results.</li> <li>• Provided feedback to Health Diagnostics and Royal Bolton Hospital regarding the lack of testing sample.</li> </ul>
Problems obtaining adequate blood sample	Provide additional training for practices where staff reported problems obtaining a viable blood sample
Needing to spend additional time explaining things properly to patients, and filling in referral forms	Working with the data team and a practice to develop and test an automated patient summary report and an electronic version of referral form for exercise and weight management
Some practices experienced problems with near patient testing equipment, primarily with the printer which related to the printer labels	Discussed printer problems with Heath Diagnostics, located and distributed alternative label

Two areas requiring additional work relate to practices not having enough time to perform the health check (some practitioners identified they only had 10–15 minute appointments) and data collection – staff having to fill in data collection forms manually.

Delivery of the service was also hindered by competing pressures on practices, such as having to deliver flu vaccinations in a specific time period, which resulted in practices suspending delivery of health checks. In addition, an area that proved challenging was delivering the NHS Health Check opportunistically, primarily due to the time it takes to perform a full check. However, one practice found it enhanced their opportunistic appointments as they already had staff collecting the main core components of the checks

core routinely, adding the fingerstick cholesterol test meant risk could be assessed and communicated immediately.

Another area for consideration is the perception that near patient testing results are not as accurate as laboratory services; this was expressed by a number of staff, particularly GP's. Providing appropriate evidence of the extensive research identifying that the LDX unit provides accurate and timely tests that are statistically comparable to laboratory results and becoming confident in using the equipment resolved this issue for most practices. However, one practitioner expressed this concept in the staff survey under areas of improvement, suggesting it is still an area of concern for some.

***“Check to confirm reading from machine and labs are the same”***

Areas for improvement identified by staff revolved around less quality checks, smaller blood samples, having READ codes for data collection and additional tests such as glucose.

**RECOMMENDATION 4:** Undertake annual report and commission external evaluation to identify to what extent the pilot has achieved its aim and objectives, gather evidence of the effectiveness of the approach to inform the decision to roll out the service.

- Should the outcome of the evaluation prove positive the following should be explored prior to rolling out the service:
  - determine how many practices across South of Tyne and Wear would like to provide near patient testing as part of the NHS Health Check
  - identify READ codes to enable outcome data to be collected as part of the NHS Health Check LES
  - options for expanding the blood tests to include a blood glucose test, such as Hb1A<sub>c</sub>
- Should the outcome of the evaluation not support roll out consideration should be given to:
  - discussing a more flexible approach to laboratory blood tests, for example, providing blood sample collection and processing in the evenings and at weekends.
  - how the near patient testing units be re-deployed

## **8. PATIENT FEEDBACK**

Patient feedback was gathered via postal survey, practices were asked to distribute the two page questionnaire, together with a pre-paid envelope, to all patients who received the NHS Health Check or review using near patient testing. A total of 702 (61%) questionnaires were returned during the reporting period, this is a higher than average return rate. Postal surveys response rates vary depending upon the target audience and topic, with return rates of 5% to 50%<sup>2</sup> being reported, and satisfaction surveys response being between 15-30%<sup>3</sup>.

Response rate is an important indicator of how much confidence can be placed in the results; the improved response rate may be attributed to:

- providing a pre-paid envelope
- the questionnaire being given out by a health professional – stressing the importance of patients filling it in
- having an opportunity to express their opinion anonymously

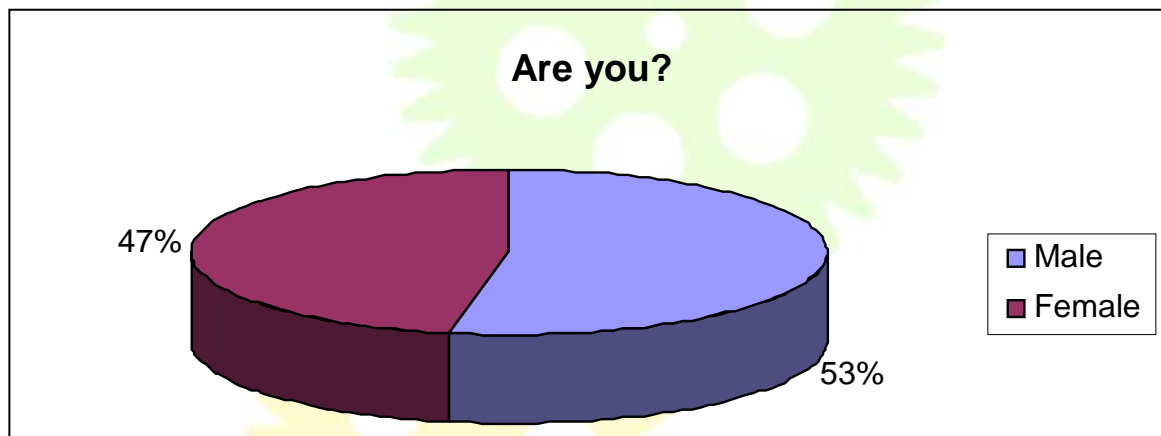
<sup>2</sup> B2B International (2008) Postal Surveys In Industrial Marketing Research [www.marketresearchworld.net](http://www.marketresearchworld.net)

<sup>3</sup> Survey response rates <http://www.peoplepulse.com.au/Survey-Response-Rates.htm>

The following information is based on data from the 702 questionnaires; where applicable the number of patients skipping the question is indicated.

When asked about gender seven people declined to answer the question, with 53% (n=367) of the respondents being identified as male and 47% (n=328) as female (see chart 2).

**Chart 1: Patient responses to the question relating to gender (695 replies)**



It is well documented that males are less likely to visit their GP and have a higher risk of vascular disease than women, particularly those between the age 55-64<sup>4</sup>. Locally some practices have identified they have a number of patients who do not come back for the results of their blood tests. The slightly higher number of males attending is promising, identifying the GP-based POCT has the potential to reduce gender inequalities and DNA's.

Chart 2 presents the age range of participants diagrammatically, it should be noted that 13 patients declined to respond to this question.

**Chart 2: Patient responses to the question relating to age range (689 replies)**

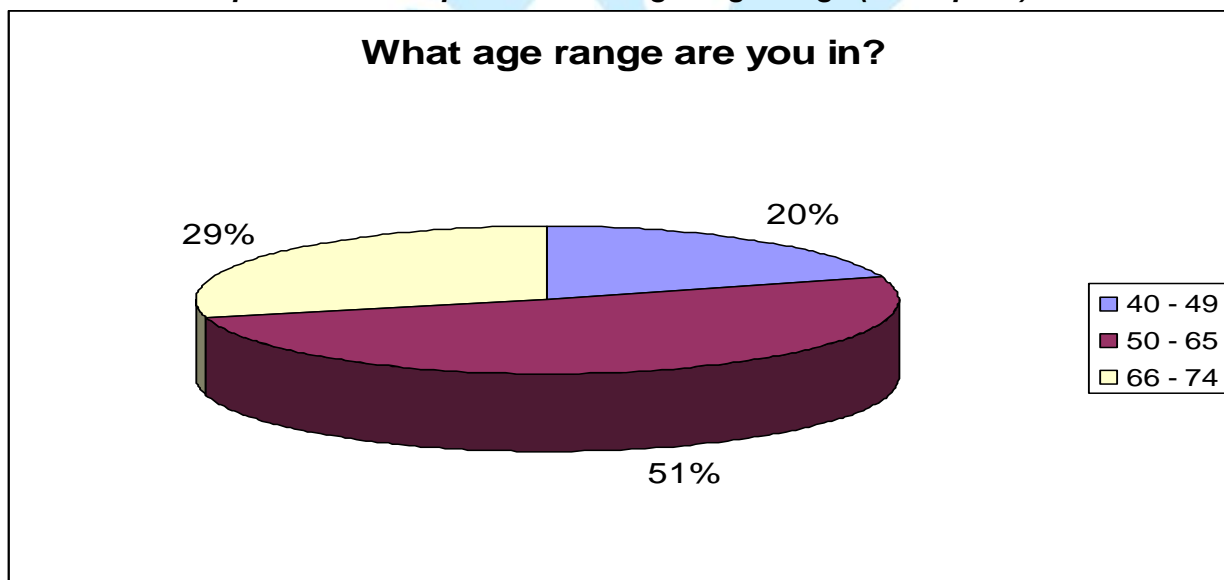


Chart 2 clearly shows the majority of patients are in younger age groups, with 61% being under 65 years. Demonstrating that patients have access to prevention services at an early

<sup>4</sup> Scarborough, P., Bhatnagar, P. et. al. (2010) Coronary Heart Disease Statistics 2010 edition. British Heart Foundation

stage, giving people the opportunity to receive advice and management and potentially change their lifestyle. The importance of this was reflected in many patients comments, a selection are presented below (a full list of patients comments is presented in **appendix 4**):

***“I am now aware of problems and can do something about putting them right”***

***“I’ve made an appointment to stop smoking”***

***“Important service, given prompt to make lifestyle changes”***

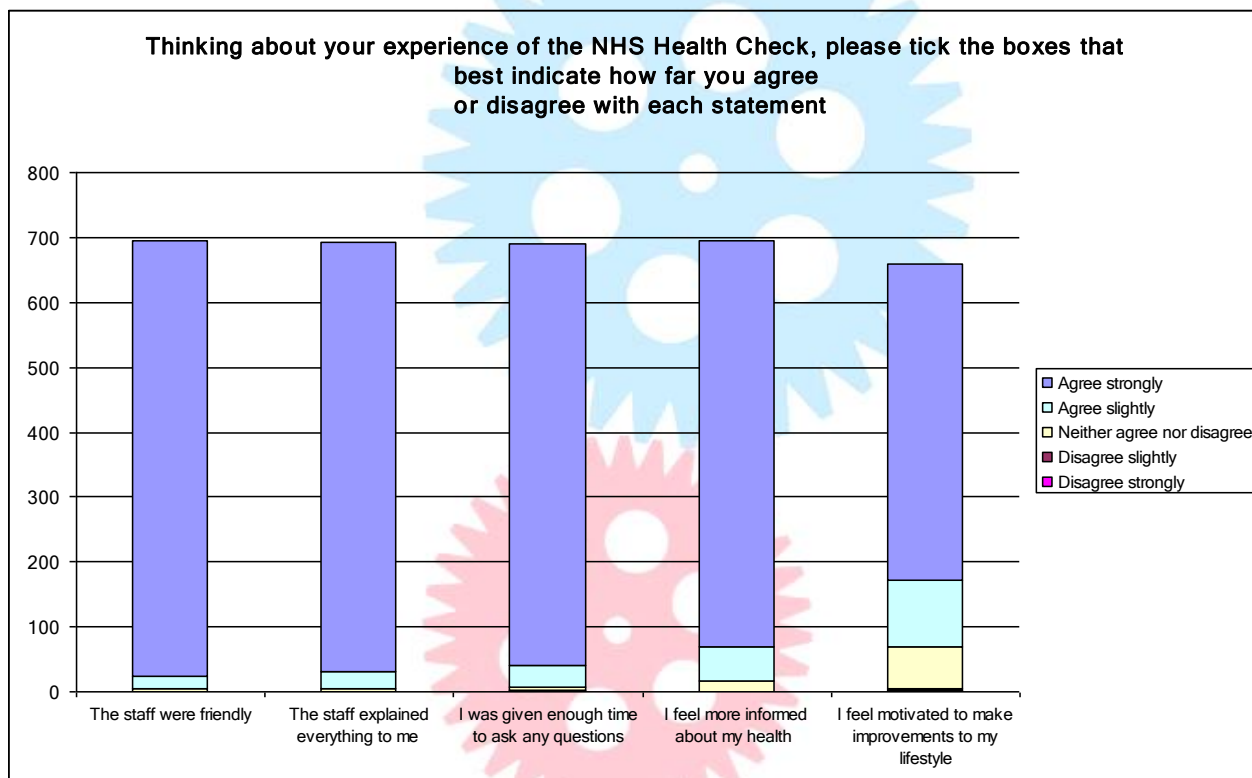
***“Quick and very helpful, I’ve been referred for exercise”***

Four people declined to respond to the question one “How did you find out about the NHS Health Checks? The highest response rate of 42% (n=296) was the option ‘told by Practice staff’, ‘told by my Doctor’ was second at 28% (n=192) and poster or leaflet’ was third (16%, n=113) choice. Interestingly, there were 153 comments indicating patients had been ‘invited’ to attend by letter/phone call and 29 opportunistically suggesting that patients will attend when prompted by a health care professional.

The main statement identified for question two why the attended for the NHS Health Check was ‘I take care of my health, and this was an opportunity to have it checked’ with 46% (n=323) strongly agreeing with the statement. Opportunistic invitation was second – staff telling them about the check when they came into the surgery with 21% (n=147), and third with 13% (n=89) ‘I was worried about my health’.

All patients responded to question three asking them to rate their experience of the NHS Health Check with the majority agreeing that the staff were friendly and the experience was positive. Patients identified that they were more informed about their health and felt motivated to make improvements to their lifestyle (see chart 3).

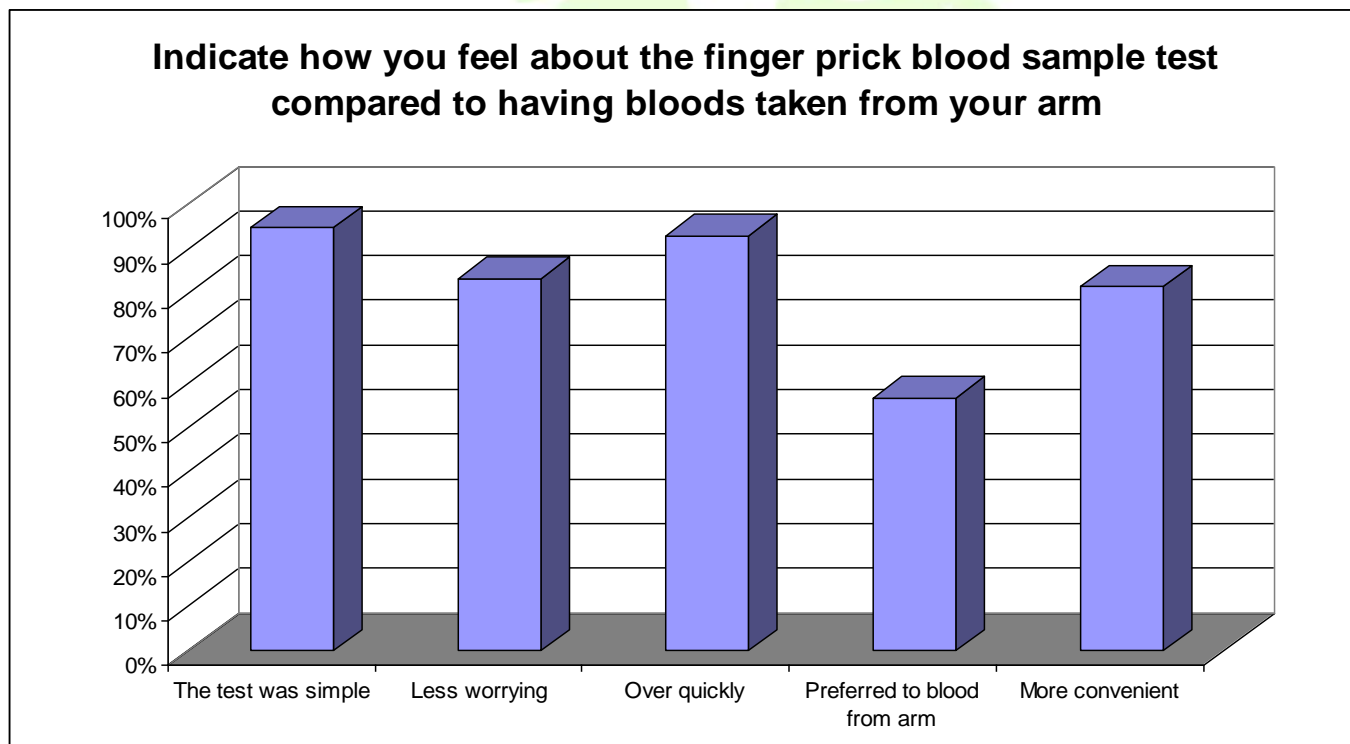
**Chart 3: Responses regarding patient experience of the NHS Health Check**



People were given the option of identifying what changes they would make to their lifestyle, an impressive 469 (67%) statements, with an equal emphasis on improving diet (including reducing alcohol), increasing activity, stopping smoking, and losing weight.

When asked about rating their experience of near patient testing compared to having venous bloods taken (question 5) responses were positive, relating to the simplicity of the test, the fact it was over quickly and was less worrying. The data are presented diagrammatically in chart 4.

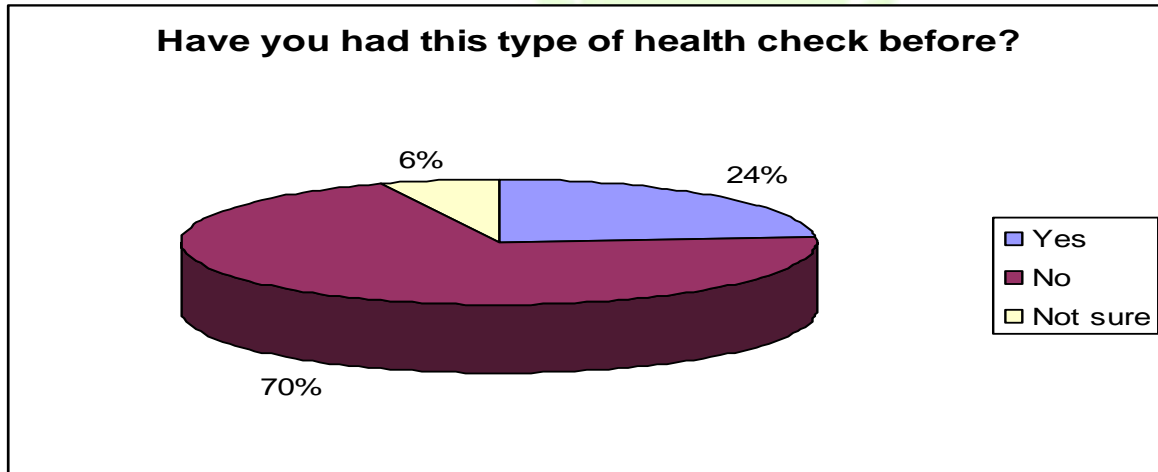
**Chart 4: Responses relating to their experience of near patient testing (692 replies)**



Patients suggested that having the fingerpick test was more convenient than having blood taken from the arm, 81% (n=319) agreed strongly with this statement. However in response to question three only 11% (n=49) of patients identified convenience as a reason for attending the health check, highlighting that something within the appointment had changed potentially changed their opinion. This could be related to having the results available immediately and subsequent discussion and support from the staff, or not having to attend a second appointment.

A concerning aspect of the patient feedback relates to question four asking if the patient had the NHS Health Check before, with 24% (n=168) indicating that they had (see chart 5). Taking into consideration that the POCT unit can be used for reviews, and 45 reviews performed, this would potentially reduce this figure to 18% (n=123). This could indicate duplicate health checks being performed or the patient's perception that other checks such as the Mini MOT as performed by Health Trainers are NHS Health Checks.

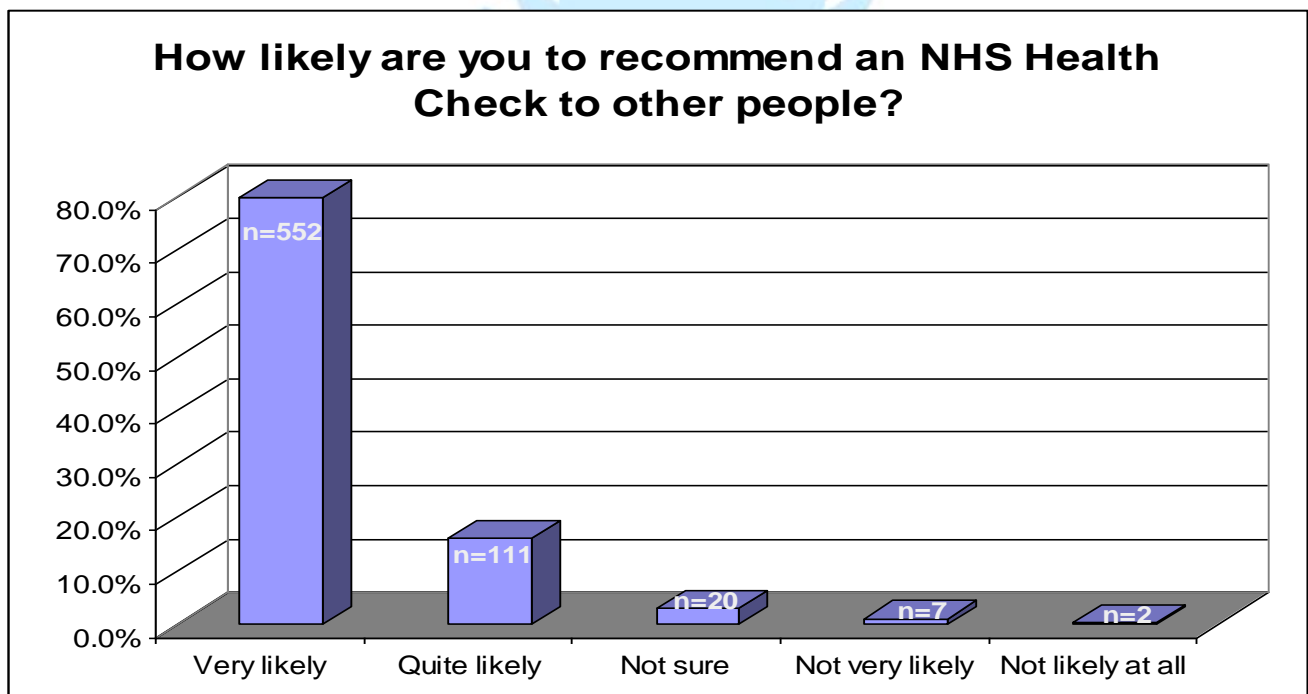
**Chart 5: Indicates the percentage having had a NHS Health Check (695 replies)**



Responses to this question emphasises the need for practices and community delivery teams to fully embrace all aspects of the NHS Health Check. Practitioners should ensure that all patients/clients understand that they have had a NHS Health Check, and more importantly understand the action needed and review timescales to avoid duplication of effort and resources.

As previously indicated patients responses were very positive, reflected by the high number of patients suggesting they would recommend people have a health check (80% very likely, 16% quite likely). Data from question 6 is presented in see chart 6.

**Chart 6: Showing the percentage recommending the NHS Health Check (695 replies)**



Of those people not likely or not likely at all to recommend the NHS Health Check there were five comments:

- Three indicated that people should make up their own minds

- One didn't know anybody to recommend the health check to
- One thought it was a waste of time

Under question seven 'any other comments' there were 193 (27%) responses, of which 82% (n=158) were positive, the main themes related to how good the health check was, quick, easy and reassuring, and how patients felt more informed and motivated to make changes. There was also an awareness of what could have happened if they hadn't gone, and many praising the professionalism, knowledge, skills and helpfulness of staff.

There were 21 (11%) negative responses which need addressing. Comments have been grouped into six categories, with some fitting into more than one; data is presented in table 6.

**Table 6: Table identifying patients areas of concern and recommended action**

CONCERN	ACTION
Patients already having regular check up due to other conditions e.g. heart failure	Ensure practices are aware of exclusion criteria and are clear what constitutes a NHS Health Check review
Information required about what is involved e.g. patients think they are going to have a comprehensive check while it mainly focused on the heart	Reinforce the use of branded literature and share comments with practices to stress the importance of focusing on vascular disease and associated conditions not just the heart
Increased worry/anxiety about risk factors; concern whether HCA is fully qualified to do the test and give advice; and whether blood taken from the arm would show other ailments	Provide appropriate educational updates to staff to ensure they are communicating risk, and delivering appropriate advice and support to patients. Staff to provide reassurance that results are comparable results regardless of the blood collection method.
Near patient testing equipment not working or needing to be warmed up	Update to practices as the main faults with the equipment has proved to be related to incorrect blood collection technique and when changing printer labels
Waiting time for test	Develop short lifestyle questionnaire to utilise patient waiting time by collecting current lifestyle data
Other: the main issue related to a comment by a patient that they had to come back for a fasting blood test, would have preferred to have everything done the same day and not come back. (It is not clear why the fasting test was required, therefore there are potentially two courses of action)	<ul style="list-style-type: none"> <li>• Ensure practices are informing patients of the importance of additional fasting tests should threshold levels be triggered or prior to starting medication</li> <li>• If this is a result of a near patient testing machine failure practices to be informed that a random total cholesterol and HDL test can be performed as fasting is not required for initial risk assessment</li> </ul>

The 14 (7%) of the comments related to service improvements fell into four categories:

- More tests to check for other things, e.g. blood sugar (n=4)
- Expanding the service (n=4)
- Resources to give people e.g. print out of results (n=3)
- Regular follow up (n=3) suggestions ranged from less than a year to 18 months-2 years

Of the questionnaires returned a total of 214 people (30%) agreed that could be contacted to provide additional feedback on the service.

**RECOMMENDATION 5:** A sample of patients who identified they are willing to be contacted by the PCT should be invited to take part in individual interviews and focus groups as part of the external evaluation of the pilot.



## 9. STANDARD WORK

A key part of the pilot, as outlined in objectives 8 – 11, was to develop and test standardised resources and share the learning promoting a consistent approach to NHS Health check delivery. The following have been developed as part of the pilot:

- in-house POCT training programme
- programme resource and information file
- access database for monitoring and analysing:
  - programme data
  - consumable use
  - programme costs

In the context of the wider NHS Health Check service pilot practice feedback have been instrumental in further developing and refining the:

- Standard Operating Procedure (SOP)
- minimum dataset
- standardised GP template

Additional work has been undertaken to test the newly developed:

- electronic patient summary report (see **appendix 5**)
- an electronic version of referral form for exercise and weight management

The North East Transformation system (NETs) tools have been used to further streamline the process. It is envisaged that using the patient summary report and electronic referral form have the potential to reduce the length of time taken to deliver the health check by providing structure to the discussion, removing duplication caused by the practitioner repeating test results and advice and reduce paperwork .

**RECOMMENDATION 6:** Undertake a series of re-timings of the health check process using the electronic resources to determine time savings.

## 10. CONCLUSIONS

The pilot has been positive in terms of engaging GP's to secure participation, benefits include streamlining and standardising the NHS Health Check process, promoting innovation, improved productivity and efficiencies for practices.

The 'one stop shop' approach has proved successful for both staff and patients, providing improved access to early intervention and management. Furthermore, face-to-face consultation and immediate results has the potential to increase motivation to change and compliance with medication resulting in better patient outcomes. Patient satisfaction was high, with 96% suggesting they would recommend the check to others.

Lessons learned

- Do not underestimate the time it takes to set up a project, good planning and lead in time are essential for smooth implementation
- Maintaining practice links and providing ongoing support are key to the success of the pilot

- Appropriate training, updates and quality control are essential for accurate near patient cholesterol results
- It is essential to give practice staff enough time to deliver the health check in one appointment and to perform quality checks
- Need to consider competing pressures on practices and impact on delivery of NHS Health Check activity
- Administration support is vital for processing requests for consumables and inputting monthly data for project monitoring

The provision of near patient cholesterol testing in a GP setting has been shown to increase the feasibility, acceptability and convenience of NHS Health Check, reducing the need for multiple visits or repeat appointments. This flexibility has the potential to reduce inequalities reaching groups who find it hard to access health services.

## 11. RECOMMENDATIONS

1. Identify who will be providing project support, detailed notes, key documents and information to be collated to ensure a smooth handover.
2. Further analysis to be undertaken comparing POCT activity with the data from the new NHS Health Check LES
3. Due to the positive outcomes and emerging trends extension of Phase 1 of the pilot for 3 months to 30<sup>th</sup> June 2011 should be explored, this would:
  - allow practices to continue delivering the service while the annual evaluation takes place
  - provide consistency, allowing all practices to complete the pilot at the same time
  - have the added benefit of providing 15 months worth of data for Phase 1 practices
4. Undertake annual report and commission external evaluation to identify to what extent the pilot has achieved its aim and objectives, gather evidence of the effectiveness of the approach to inform the decision to roll out the service.
  - Should the outcome of the evaluation prove positive the following should be explored prior to rolling out the service:
    - determine how many practices across South of Tyne and Wear would like to provide near patient testing as part of the NHS Health Check
    - identify READ codes to enable outcome data to be collected as part of the NHS Health Check LES
    - options for expanding the blood tests to include a blood glucose test, such as Hb1A<sub>c</sub>
  - Should the outcome of the evaluation not support roll out consideration should be given to:
    - discussing a more flexible approach to laboratory blood tests, for example, providing blood sample collection and processing in the evenings and at weekends
    - how the near patient testing units be re-deployed
5. A sample of patients who identified they are willing to be contacted by the PCT should be invited to take part in individual interviews and focus groups as part of the external evaluation of the pilot.
6. Undertake a series of re-timings of the health check process using the electronic resources to determine time savings.

## APPENDIX 1: POCT EQUIPMENT AND CONSUMABLES

The Cholestech LDX unit was chosen for the GP-based POCT pilot to align the service with community delivery systems and because it is considered to be the gold standard for near patient testing.

The LDX machine has been certified by the Cholesterol Reference Method Laboratory Network. This certification validates that the system meets the standards for accuracy and reproducibility developed by the Centres for Disease Control and Prevention for the measurement of total and HDL cholesterol, consistent with the National Cholesterol Education Program analytic goals<sup>5</sup>. The instrument measures cholesterol within the same bias and accuracy as laboratory testing, regardless of the blood collection method.

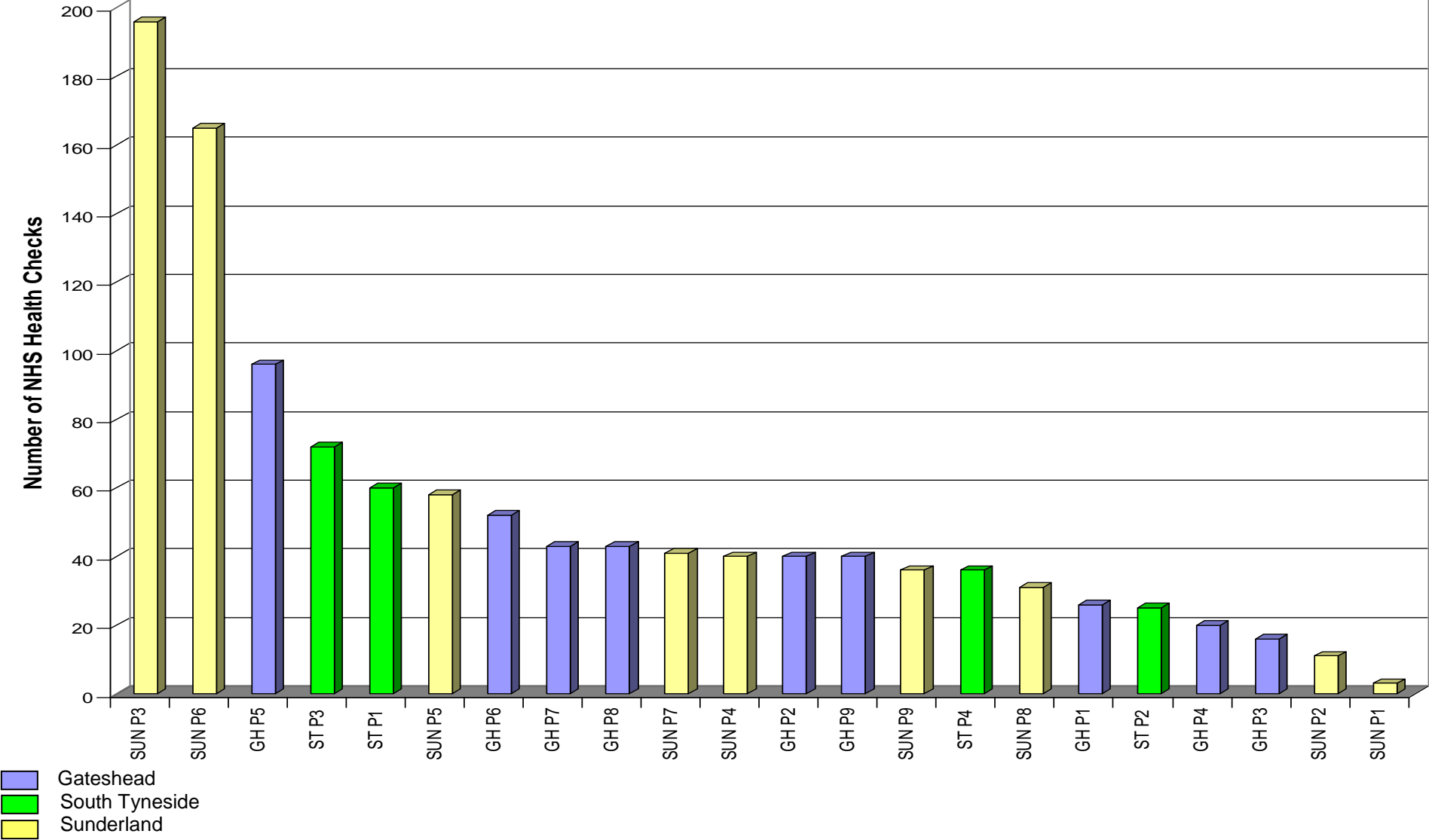
Appropriate training, monitoring and compliance with quality control are crucial to ensure that health care professionals can be confident that the LDX unit continues to deliver lab accurate results.

<b>Near Patient Testing Kit</b>	<b>Unit Cost</b>
Cholestech LDX, power pack, optics check	£1,250.00
Cholesterol testing cassettes (pack of 10)	£80.00
Capillary tubes/plungers (pack of 50)	£17.50
Unistik lancets (pack of 100)	£7.61
Cotton swabs (pack of 100)	£0.91
Plasters (pack of 100)	£0.46
External Quality Control (6 samples per year)	£135.00
Internal Quality Control (1 sample per month)	£165.00
<b>Sub total</b>	<b>£1,656.48</b>
17.5% VAT	£289.88
<b>TOTAL</b>	<b>£1,946.36</b>

<sup>5</sup> Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults (2001) Executive summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults (Adult Treatment Panel III). JAMA. 285:2486-2497.

# APPENDIX 2: POCT ACTIVITY SOUTH OF TYNE & WEAR

## Comparison of Activity for POCT Practices across South of Tyne and Wear during the 6 month reporting period



## APPENDIX 3: STAFF COMMENTS



Staff comments in response to what has been good about being part of the pilot:

#### GP

- staff are taking ownership
- promoting team building
- staff are excited and are actively looking at how they can implement the service and support colleagues e.g. making prompt cards re blood pressure for HCA's

#### Practice Manager

- looking at different staff skill mix
- exploring different methods of delivering NHS Health Checks
- opportunity to increase the number of checks were doing

#### Practice Nurse / Nurse Practitioner

- testing evening clinic targeting those just gone 60
- picked up quite a lot of people needing other action
- productive and useful
- immediate availability of results enables patient testing and consultation during a single visit
- opportunity to be involved in the project to fine tune how clinics could be made available
- instant results
- patients think it's a good initiative
- good to be able to put the patients mind at ease

#### Health Care Assistants

- prompted me to change my lifestyle
- quickly became part of routine
- patients like it
- good that patients get their results then and there

#### General:

- happy with the pilot, no problems
- communicating risk and providing on the spot advice works well
- being able to let patients know cholesterol results immediately
- good for highlighting those with a potential high cholesterol
- group of staff delivering the service have made measurable changes to their lifestyles
- good uptake
- less invasive than taking venous blood
- support from PCT, training, having named people to ring and come out and help you
- prompt delivery of consumables and posters / leaflets
- being able to target specific patient groups and offer them on-stop appointments

Staff comments in response to what has been challenging about being part of the pilot:

- occasionally difficult getting the appointments filled
- technical side of the machines
- getting used to the new equipment
- changing the labels (this proved to be an issue for a number of practices)
- additional work due to:
  - frequent testing – monthly internal and external control (this was raised as an issue from a number of practices)
  - getting sufficient sample for both the testing materials, and patients blood
  - maintenance required for machines for only limited use – would be more suitable for frequent clinics
  - paperwork – relating to internal and external tests and filling in data collection forms manually (mentioned by a number of practices)
  - needing to spend additional time explaining things properly to patients
- delivering opportunistic assessments are not practice due to tight time scales
- machine can be temperamental
- had a box of cassettes not working properly

List areas for improvement:

- being able to perform additional tests:
  - glucose
  - Hb1A<sub>c</sub>
  - liver function
- more effective lancets
- easier blood collection system i.e. like glucose blood monitoring testing strips
- smaller sample, shorter time for reading
- less checks on machinery
- READ codes for electronic data collection
- check to confirm reading from machine and labs are the same

Any other comments:

- worthwhile project in view of health advice and good practice in preventative medicine
- getting consumables quickly
- planning to use machines for reviews
- looking at outreach once up and running

## APPENDIX 4: PATIENTS COMMENTS

**“Glad I did it”**

**“Very informative”**

**“Makes you  
more health  
wise”**

**“Simple”**

**“Motivates you to  
make changes”**

**“It’s great; you get the  
results straight away”**

**“Reassuring”**

**“Convenient”**

**“It makes you  
think about what  
you eat and drink”**

**“Excellent  
service”**

**“Gives you the  
chance to put  
things right”**

**“I liked not  
bothering the GP”**

**“I’ve got a family  
history—able to  
discuss my  
worries”**



## Positive comments:

A feeling of relief getting the all clear.  
A lot of help to old people  
A NHS Health Check is a very good thing for everyone. It's made me aware of what could happen if these checks were not available.  
A positive experience.  
A very good idea  
A very good idea - I term it similar to 'having an MOT'.  
A very good idea, everyone should have one  
After a talk with the nurse, I now feel I am doing all the things to make me a healthier person  
After being made aware of the NHS Health Check I decided to have one, if I was not aware I probably wouldn't have had a check.  
Awareness about high blood pressure and cholesterol  
Done - everything is fine.  
Enjoyable and worthwhile experience - a good opportunity to consider taking care of our health as we get older.  
Everything was first class  
Excellent  
Excellent service  
Fast and informative. Very interested in the result.  
Found it informative and useful  
Found it was very informative  
Friendly and knowledgeable staff  
Friendly staff. Good advice  
Gives awareness of potential danger areas, also reassurance of current state of health.  
Gives you peace of mind and have this check every year  
Glad I did it. Gives me peace of mind.  
Glad I made the effort to go  
Good idea to find about any problems that could be rectified  
Great idea. Would be good to include a PSA test for older male patients (test for prostate cancer).  
I agree with getting checked over, as you never no what maybe.  
I am not one for needles and blood - it was very calming and a relaxed atmosphere.  
I am now aware of problems and can do something about putting them right.  
I asked the nurse if she could take a blood sample for a P.S.A. check and she which was good.  
I believe it to be a very good service and necessary  
I believe prevention is better than cure  
I believe that prevention is better than cure. This type of testing could save NHS millions if not billions a year.  
I didn't know about my raised cholesterol level till I had the test.  
I feel better in myself that I rated ok for my age  
I feel happier knowing my health check turned out well  
I feel more informed about any illnesses I may develop in the future, and I understand more about the symptoms.  
I found Nurse at the practice very friendly and approachable.  
I had already had a blood test before the health check. Blood taken from are, not given option of finger test.  
I had everything explained to me about my health and so forth and I felt very much at ease and comfortable with this appointment  
I had questions of my own and the lady was good and patient enough to explain things.  
I have been waiting for the opportunity to have a check and I was very happy in the way it was conducted.  
I have decided not to take medication just now for cholesterol level - preferring to try options first, no reflection on staff - will contact if any concerns.

I like to know about my body condition as I approach old age.  
I liked not having to bother the GP  
I think everyone should have one.  
I think everything about the "NHS" in general is excellent, and comments like this should be advertised more.  
I think it is a good thing to have as it makes you aware that you have to look after your body in the proper way. Also any worries you may have can be answered.  
I think it is a good thing. The nurse makes you feel at ease and in my case calm.  
I think it is a really good idea. It's quick, simple and you don't have to wait for results. My nurse was really good and helpful.  
I think it is a very good thing. We are very lucky to have this.  
I think it is essential for everybody  
I think it's a very good idea and was pleased with cholesterol results since parents had strokes  
I think it's an excellent service which is offered.  
I think people over 60 should have the health check done regular for their own well being  
I thought it was good to be told the truth about my health and how to look after my health  
I was extremely pleased to be informed of the test results so quickly.  
I was particularly impressed by the knowledge and interpersonal skills of the nurse conducting the check. Her non-judgemental attitude and realistic evaluation of the results was reassuring.  
I was pleased that it only took a short time to complete the test, but did not feel rushed. The nurse was pleasant, polite, friendly, efficient and informative.  
I was pleased to be offered the health check and it has made me realise I need to make changes in my lifestyle  
I was surprised when I got the outcome. Weight down, BP good.  
I was very impressed with the professional manner that the test was carried out. I found it relaxing, reassuring and unhurried. Well done.  
I would like my good health check result to encourage a further referral to another 12 weeks at Slimming World  
I would like to have a health check more often as in every couple of years would like to receive information by post  
I'd certainly recommend a check. It is so simple, relaxing and reassuring, facilitated by the excellent nurse with her lovely friendly manner and a thorough professional approach.  
Important service. Given prompt to make lifestyle changes  
It can highlight problems that were not known  
It gave me reassurance of my health even though I know I'm quite fit already  
It is good to know that your health is alright if not you can do something about it.  
It is reassuring to have a health check as it gives early warnings and a peace of mind.  
It is very good to be told what to eat. It is very good for keeping your health in good order and in check  
It makes you think about what you eat and drink  
It motivated me to change the way I live  
It put my mind at rest especially regarding the simple cholesterol test.  
It was a simple, no stress experience and I think it was worthwhile.  
It was a very pleasant experience and I think it is a great idea  
It was all an easy experience.  
I was informed about 'Weight and Exercise Programme' which I have agreed to take part in.  
It was quick and convenient. I discussed any worries I had as I have a family history of heart disease which put my mind at rest.  
It was quick and easy and the staff very friendly. Took about 20 minutes. It leaves you with peace of mind.  
It was quick, easy, friendly and informative  
It was simple and easy and was done at a time convenient for me  
It was very well carried out  
It went well despite a wait but the nurse was very fair.  
It's a easy and convenient way to keep healthy.

It's a good thing  
It's quick, unobtrusive and in my case reassuring, it's one thing to think you're healthy, another to have that confirmed by an expert.  
Knowing I am reasonably fit - make every effort to maintain and improve.  
Looking after your own health and that of your family  
Makes me feel better  
My blood pressure was low and I would not have come in just to waste a Dr. appointment so it was very good to have a check up put my way to make me consider myself.  
My experience of the health check was excellent and the whole time spent was very re-assuring. I would like to give a special mention to HCA who was totally brilliant.  
My health check very good and friendly also informative  
My partner thinks it was a more thorough test than he had at his practice.  
No - whole health check was very good  
No problems at all. Staff are wonderful - friendly and approachable  
No worries. Would like it done every 12 months.  
No, I think it's a good idea especially when one gets to 60 years old or over  
No. Just the nurse was very friendly and gentle towards me.  
Nothing to worry about.  
Nurse explained as she done her job  
Nurse was very friendly and took her time, I felt very relaxed.  
Nurse was very kind and explained everything. Put my mind at rest.  
Nurse was very nice, put me at ease straight away  
Pennywell Surgery is an excellent practice and the nursing staff are brilliant - warm, friendly and professional  
Pleased I went.  
Practice nurse was very informative and gave relevant advice.  
Prevention is much better than care  
Put at ease. No fuss. Made to relax easily.  
Puts your mind at ease, also good way to change your lifestyle  
Quick and very helpful, I've been referred for exercise  
Quick, easy, very important, advised on healthier lifestyle  
Reassuring  
Reassuring, informative - should be followed up every 18 months (or 2 years etc)  
Staff helpful and pleasant  
Staff were very good  
Super service and hope the pilot would lead to a fruitful service.  
Surprisingly simple - nothing to be worried about.  
The fact that if there is a problem it gives me a chance to change things to help eliminate the problem.  
The health check was quick and simple. I think it should be given to the younger people who eat more junk food to show them the risk of developing heart disease etc.  
The nurse was brilliant in advising me about exercise, healthy eating and regular health tests and check ups  
The nurse was lovely and made me feel at ease  
The nurse was very helpful and encouraging.  
The nurse was very helpful, explained the process in a clear and professional manner  
The nurse was very informative and put you at ease.  
The staff could not have been more helpful  
The staff nurse was absolutely first class in everything she explained to me.  
The venue was pleasant, friendly and not at all clinical.  
These checks make you more health wise  
Think it is a very positive exercise and helps inform you and make you think about better health.  
This test was quick and simple and as a patient I found it very convenient

This was an easy check carried out in a friendly and very professional manner.  
Thought it would be more involved than it was  
To have it done.  
Very friendly and personality of nurse 100%  
Very friendly and understanding  
Very friendly nurse - explained everything  
Very good  
Very good - everyone should have one.  
Very good all round health check  
Very good check  
Very good health check  
Very good. Please I went.  
Very impressed - pity it wasn't done earlier.  
Very informative  
Very positive all round. Glad to have the chance to do it.  
Very professional and informative. Helpful staff nurse.  
Very professional, honest approach  
Very reassuring  
Very worth the time to get checked out  
Was very informative  
Was very relaxing and all explained.  
Well worth the visit  
Well worthwhile  
What I liked about the nurse I saw she didn't dwell on the fact I smoke. I was expecting a 10 minute lecture on all the negative things about smoker's health. People suffer all sorts of bad illness not all caused by smoking.  
When you have it done it can tell you where problems are and you can change your outlook for a healthier life.  
Worth having check as it could find something you wouldn't know about without check  
Would like to motivate men/women my age into what looking after yourself can accomplish to your well being  
Yes because I was told about hidden fats, egg yolks and nuts, I can now limit my intake.  
Your staff were very professional and polite

### **Areas for concern / consideration:**

Already have health checks at doctors  
Already have yearly check at surgery and blood test.  
Did feel rushed slightly  
Focused on heart conditions/risk of having heart attack. It would be nice to have other areas looked at as well (eye, hearing, etc)  
Gives the impression it is a more comprehensive check where as it is mainly focused on cardiac issues.  
I thought I was going for usual blood pressure and blood test. I think a bit more information about what it entails in the letter would be very useful for the older generation.  
I was informed by the nurse that I should have been given 20 mins not 10, and I shouldn't have been given the first appointment because the machine used needs time to warm up first.  
I was surprised it was only a heart check - the leaflet mentioned stroke and diabetes  
I will worry more with my anxiety and stress about my heart  
I'd prefer to go to a chemist and leave the practice to deal with people who are ill.  
If you feel fit and well then it could cause concerns but it's good to know how fit you are. Having been summoned for this test, I was kept waiting at the clinic - staff apologised as equipment had proved faulty and this had to be sorted out. Good management essential. Also some questions asked e.g. about exercise were too vague. I am disabled so my moderate exercise would be considered by some as being too slight.

It can be concerning when you have a problem but cannot see any obvious changes to lifestyle  
Machine not working. Had to give bloods following day.

Machine was not working to the best of its ability, which made it not convenient.

My GP monitors my health on a regular basis - this NHS Health Check has just caused more work for all

Only the thought of an unqualified person (HCA) doing it and not a registered nurse who has been educated in healthcare/studies.

Since my heart failure 6 years ago the service I've had from NHS has been excellent

The finger prick blood sample test machine didn't work so I ended having a blood test from my arm.

The finger prick machine was not working. I now have to go for a blood test. I do not like having blood taken from my arm and it is very inconvenient.

The only comment I have to make is that I now have been asked for a blood test (fasting) 12 hours fasting prior to blood test, I would have preferred to have everything done the same day, therefore only one visit instead of twice.

Waited over 20 minutes for my appointment - hate waiting

Would a blood test from the arm show any other ailments a patient may have? But this would be a full medical?

### **Areas for improvement:**

Basing ideal weight on the BMI doesn't take into account muscle mass. Perhaps it would be possible to measure muscle mass, and get a more accurate reading.

Diet sheets possibly made available

Every year rather than 2 years.

It's good - when will my wife be invited for hers, or does she have to go voluntarily?

More tests would be better - diabetes etc.

People should automatically be given a copy of the info for themselves - motivational

Perhaps more general blood tests could be taken at this time, i.e. diabetes and other such illnesses which affect you as you become older.

Print out of results could be given.

Should be done on a more regular basis, not yearly.

Should be followed up every 18 months (or 2 years etc)

Super service and hope the pilot would lead to a fruitful service.

The health check was quick and simple. I think it should be given to the younger people who eat more junk food to show them the risk of developing heart disease etc.

We need more of these checks.

Would have liked blood sugar level checked

## APPENDIX 5: EXAMPLE OF PATIENT SUMMARY REPORT

### NHS Health Checks - Personal Health Profile

Mrs One Test  
Age: 52 years

The following print out summarises the results of your free NHS Health Check and gives you a brief overview if you are currently at risk of developing conditions such as heart disease, stroke, diabetes or chronic kidney disease. The information provided can be used to help plan changes to your lifestyle to maintain or improve your health; there are a wide range of help and support services that you can access across South of Tyne and Wear. If you have any queries regarding your results or would like further information, please speak to a member of the practice staff.

---

#### Blood Pressure results

21.6.2010 140/90 mm Hg

**Desirable Level:** Less than 140/90 mmHg

Untreated high blood pressure (values of 140/90 or above) is an increased risk factor for heart disease or stroke, by making simple changes to your lifestyle or by taking medication you can significantly reduce this risk. Risk factors include: family history, smoking, lack of exercise, being overweight and poor diet (particularly too much salt).

---

#### Cholesterol results

##### Date

16.7.2010  
16.7.2010  
16.7.2010

##### Coded Data

Serum cholesterol 6.5 MMOL/L  
Serum HDL cholesterol level 3 mmol/l  
Total cholesterol:HDL ratio 5

Total Cholesterol	desirable level	Less than 5
HDL (Good Cholesterol)	desirable level	men greater than 1, women greater than 1.2
Total Chol/HDL ratio	desirable level	less than 5

Cholesterol levels are improved by maintaining a healthy weight, being regularly active and not smoking.

---

#### NHS Health Check Risk Score

21.6.2010 Framingham CVD 10 year risk score 19 %

Your risk score is based on a number of lifestyle risk factors and shows your chance of having a heart attack or stroke or developing diabetes or kidney disease in the next ten years. The score is shown as a percentage and takes into account risk factors which you can improve such as: blood pressure, cholesterol, smoking and physical activity.

A risk score of greater than 20% is classed as high, meaning that without treatment there is a 1 in 5 chance of having a heart attack or stroke within the next ten years. A risk score of less than 10% is classed as low, meaning less than a 1 in 10 chance of developing these conditions. If you have any queries regarding your risk score please do not hesitate to contact one of the practice staff.

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## **Lifestyle results**

Heart disease and stroke are the leading cause of premature death in both men and women in the South and Tyne and Wear and changing or improving lifestyle habits can have a significant impact on these conditions.

### **Smoking Status**

21.6.2010 Cigarette smoker 1 /day

**Recommended action for people who smoke:** Cut down or stop – a member of the practice team can give you information and support to help you quit.

### **Physical activity**

21.6.2010 Enjoys light exercise 3 light d/wk

**Recommended action for people with low activity levels:** Making physical activity a part of your everyday routine is important, ask a member of the practice team to help you increase your activity levels safely. Thirty minutes of moderate activity (such as brisk walking) five times a week will significantly improve your health.

### **Alcohol**

21.6.2010

Alcohol consumption 2 units/week

**Recommended** Max 3-4 units per day for men or 2-3 units for women

Alcohol consumed within the guidelines can have some beneficial effects on health and wellbeing. Avoid binge drinking and aim to have at least two alcohol free days in the week.

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## **Weight management results**

21.6.2010 Body Mass Index 24.3

**Desirable level:** 18.5 – 24.9

Being overweight (body mass index greater than 25) is known to be a significant contributing factor in a number of life threatening diseases including: heart disease, stroke, diabetes and certain types of cancers. Maintaining a good body weight requires a combination of healthy eating and physical activity.

Asian populations have a lower body mass index threshold (greater than 23) because they are genetically more at risk. This is thought to be due to the fact that Asian people have a higher proportion of body fat in comparison to people of the same age, gender and body mass index in the general population.