

# Protocol for remote consultations for patients identified as having multiple cardiovascular risk factors

**Guide for healthcare assistants and other appropriately trained staff for contacting patients with raised cholesterol, type 2 diabetes, hypertension and/or atrial fibrillation.**

## Introduction

The following provides suggested wording to be used by healthcare assistants, social prescribers, nursing assistants and other appropriately trained staff, to contact people who have been identified as having one or more cardiovascular risk factors: atrial fibrillation (AF), raised cholesterol, type 2 diabetes, and hypertension.

The aim of this consultation is to encourage lifestyle change and self-management of the conditions and collect relevant clinical information. Please note that this is a guide and can be adapted as required.

We suggest you have a telephone or video call with the aim of:

1. Highlighting lifestyle changes to improve a patient's cardiovascular risk profile.
2. Supporting patients to confidently manage their condition.
3. Ensuring up to date clinical information is collected.
4. Using this protocol to discuss more than one risk factor or condition, in a structured and timely manner.
5. Ensuring patients know what to do if their condition deteriorates.

### How to use this guide:

If the patient has raised cholesterol, hypertension, atrial fibrillation and/or diabetes, there is condition-specific advice that they need. Patients with any of the four conditions will also need advice about blood pressure (including the value of knowing your blood pressure, and what blood pressure machine to buy and how to use it), cholesterol and broader lifestyle advice (smoking, exercise, diet, alcohol) and calculation of the QRisk score.

Prior to calling the patient, please select the condition(s) that the patient is known to have:

- Hypertension (high blood pressure)
- Raised cholesterol
- Atrial fibrillation
- Diabetes

If the patient has 3-4 of the risk conditions, you may want to schedule a longer appointment or split the content into two if more convenient for the patient.

Each question is numbered to help guide you through the content.

- Questions for you to ask are in black print.
- The wording in red is there to provide directions as to which questions you should ask next or as general information for you. The wording in red is **not** intended to be read to the patient.
- We suggest that the sections highlighted in blue are prioritised if less than 20 minutes is available.
- NB: Sections of the proposed wording will need to be locally agreed and adapted e.g. how to confirm patient identity, how and where to record information provided; local arrangements as to repeat prescriptions. These sections are highlighted in yellow.

### Useful tips

Some tips to make the most out of this consultation:

- Demonstrate care and empathy.
- Avoid distractions during the conversation.
- Listen attentively.

Remember you do not need to have all the answers – if the patient has a question about their condition(s) that you do not feel comfortable in answering, please pass it onto a suitable member of the team to respond (i.e. a doctor, nurse, pharmacist or physicians' associate).

### Practise

We suggest you practise the wording and the consultation below with a colleague before you contact your first patient.

### Section 1:

**Information gathering:** It is important to collect the relevant clinical information highlighted below. It is advisable to check what information is outstanding prior to calling the patient.

Ensure that the values for the following measurements are all within the last 12 months. If not, please ask the patient if they have a recent level and record this in the notes.

Depending on the patient's conditions, check the notes to make sure the following values are up to date (within the last 12 months). If not, make a note of this for the GP/pharmacist/physicians' associate/nurse to follow-up:

Condition	Test results
Hypertension	Renal function, urine albumin:creatinine ratio (ACR), and lipid profile*
Raised cholesterol	Lipid profile* (3 months and 12 months after initiation of statin and only repeated after this if requested by clinician)
Atrial Fibrillation	CHA <sub>2</sub> DS <sub>2</sub> VASc Score, HASBLED Score, blood tests (full blood count, liver function test, lipid profile* and renal function) (NB: May require more frequent renal function tests if on blood thinning medication).
Type 2 Diabetes	HBA1c, urine ACR, lipid profile*, and renal function
<p><b>All patients:</b></p> <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight, (calculate BMI using computer system)</li> <li>• Blood pressure</li> <li>• Smoking status</li> <li>• Check if a QRisk score is on the patient's record, if not please calculate (see <a href="#">appendix 1</a> for instructions).</li> </ul>	

\* Lipid profile = Serum cholesterol, serum cholesterol/HDL ratio, HDL cholesterol, LDL cholesterol, serum triglycerides, non-HDL cholesterol

## Suggested wording:

### Section 2: Beginning the conversation

2a. Hello, my name is [(first name)] and I'm calling from the [ \_\_\_\_\_ ] practice.

2b. Can I confirm I am speaking to [(insert patient's name)]?

2c. You should have received a letter or a text message, advising that I would be contacting you about conditions related to the health of your heart. Did you receive this message from us?

(If patient says no, please ask 'are you happy to carry on talking today, the call should take approximately 20 minutes?')

- Yes – Great, thank you. **Continue to question 2d.**
- No – when would be a better time to call you? (Note down date/time on the patient's record and set a reminder to call this patient back.)

2d. Could you confirm your date of birth and address for me please?

(If talking to a member of the family, you will need to ask for consent from the patient to do so: are you happy for me to talk to your [insert who]?)

2e. I am a healthcare assistant/ [(insert role)] which means I support [(Dr or nurse name if possible)] to care for patients.

I am here to talk to you about your health and listen to any concerns you have.

2f. The aim of today's call is primarily to discuss your health and how to manage your risk factors for conditions affecting your heart. Changes to your lifestyle can have a significant impact on your health and I will discuss some of these with you today.

2g. Before we go on to discuss your conditions, I need to gather some up-to-date information but please feel free to stop me at anytime and ask any questions.

### Section 3: Condition specific information – discuss appropriate condition(s) only:

I will now go on to explain your specific condition(s) and why it is important to manage this/these. Are there any of your conditions that you are particularly concerned about? (Start with the condition that most concerns the patient).

#### 1) Hypertension (high blood pressure)

1a. What is your understanding of high blood pressure and why it requires treatment? (Give the patient a moment to answer- and then provide the relevant information as needed).

- Your heart pumps blood through the arteries in your body. Your blood pressure is the force of blood against your artery walls as your heart contracts and relaxes. A blood pressure reading has 2 numbers, for example 130/80. The top number is the force of blood against your artery walls when your heart contracts. The lower number is the force when your heart relaxes.
- Prolonged high blood pressure damages your arteries and increases your risk of heart attack, stroke and dementia. If you keep your blood pressure within the normal range with treatment and a healthy lifestyle, the risk is much lower.
- We will discuss blood pressure machines and more information about how to take your blood pressure a bit later in the conversation.
- **See section 4 for more information on high blood pressure**

## 2) Raised cholesterol

2a. What is your understanding of cholesterol and why it requires treatment? (Give the patient a moment to answer- and then provide the relevant information as needed).

- Cholesterol is a fatty substance which is made in the liver. It is also found in some foods. We can measure your cholesterol level by doing a blood test. We all need some cholesterol in our bodies to keep us ticking over but having too much can clog up your arteries and lead to health problems in the future.
- Some of our cholesterol comes from the food we eat, but most (about 80%) is made in the liver.
- Your cholesterol can become raised for a number of reasons:
  1. A diet high in saturated fats.
  2. Not being active enough so the fats you eat are not used up.
  3. Genetic conditions which mean the fats are not processed in the usual way.
- In addition to lifestyle changes, your medications will also help reduce the cholesterol levels in your blood. It is important you continue taking these medications if you have been prescribed them.
- The British Heart Foundation and Heart UK websites are excellent resources for more information on cholesterol and how to ensure you can improve your risk from raised cholesterol. I can send you links to these resources:
  - <https://www.bhf.org.uk/information-support/risk-factors/high-cholesterol>
  - <https://www.heartuk.org.uk/cholesterol/what-is-high-cholesterol>

## 3) Atrial fibrillation

3a. What is your understanding of atrial fibrillation – or AF - and why it requires treatment? (Give the patient a moment to answer and then provide the relevant information as needed)

- Atrial fibrillation or AF is a common abnormal heart rhythm. AF happens when electrical impulses fire off from different places in the top chambers of the heart (the atria) in a disorganised way. It causes an irregular and sometimes very fast pulse.
- AF increases your risk of a blood clot developing in your heart which can travel to your brain and cause a stroke.

3b. Management

- In addition to lifestyle interventions, medication is usually given to help control your heart rate and rhythm. They help to improve the symptoms of AF.
- People with AF are usually prescribed a blood thinning medicine to reduce the risk of stroke.
- Are you currently taking a blood thinner such as Apixaban, Dabigatran, Edoxaban, Rivaroxaban or Warfarin? **If Yes go to section 3c; if No, calculate CHA<sub>2</sub>DS<sub>2</sub>VASc and refer to GP.**

Blood thinning medicines prevent blood clots from forming which reduces the risk of stroke.

### 3c. Bleeding:

Because your blood is thinner, there is a risk of bleeding more easily. If you were to have a fall, a head injury, or any unexpected bruising or bleeding, it is important to seek medical advice immediately.

Do you carry your yellow card with you? (Yes/no). Please note you should carry a yellow card regardless of the blood thinning medicine you are taking (i.e. warfarin or the newer blood thinning medicines called direct oral anticoagulants (DOACs)).

It is important to carry your yellow card with you at all times in case it needs to be seen by a doctor, pharmacist, or paramedic.

The British Heart Foundation is an excellent resource for more information on AF. I will send you the link: <https://www.bhf.org.uk/informationsupport/conditions/atrial-fibrillation>

### 4) Diabetes:

4a. Do you know what type 2 diabetes is? [Pause to let patient respond and depending on what they describe either read out the following explanation or move to 4c]:

4b. Can I offer you an explanation?

- Type 2 diabetes is a condition where the insulin made in your pancreas (an organ connected to the gut) doesn't work properly, or your pancreas can't make enough insulin.
- People need insulin to live as it helps to carry the glucose from food, into our cells and fuel our bodies.
- With type 2 diabetes, the body still breaks down carbohydrates from food and drink and turns them into glucose or sugar. But because the insulin can't work properly, blood sugar levels keep rising and more insulin is required.
- If left untreated, high sugar levels in your blood can seriously damage parts of your body, including your eyes, heart and feet. These are called the complications of diabetes.
- With the right treatment and care, the effects of diabetes and high blood sugar levels can potentially be reversed and certainly managed.

4c. Are you familiar with the Diabetes UK website?

**Yes** – Great, you will already know about the vast amount of information available for people with diabetes. It would be worth re-visiting the website for any updated information.

**No** - It has a lot of clear information about diabetes, I can send you links to these pages after this conversation: <https://www.diabetes.org.uk/>

4d. How confident do you feel in managing your diabetes with food choices? (Pause to let patient respond and then offer information as appropriate below)

There is no such thing as a special diabetic diet. No two people with diabetes are the same.

But it is most important to learn how to make healthier choices, to eat treats occasionally and in small portions.

The '[Top Tips](#)' section included on the Diabetes UK website is a good place to start when looking for diet advice.

It includes advice on:

- Cutting down on unhealthy carbohydrates e.g. white bread/pasta, processed breakfast cereals.
- Reducing salt intake.
- Eating more fruit and vegetables and understanding which fruits are naturally high in sugar and should be eaten in small amounts.

#### **Low blood sugar level advice – Only discuss if patient is on insulin or injectable medicine.**

4e. Do you know what happens when your blood sugar is too low? (pause to let patient respond)

A low blood sugar level is also called hypoglycaemia or a "hypo". It mainly affects people who are on medication for diabetes, especially if you take insulin. A low blood sugar level can be dangerous if it's not treated promptly, but you can usually treat it easily yourself (see below).

4f. Are you familiar with the symptoms of low blood sugar? (pause to let patient respond)

A low blood sugar level causes different symptoms for everybody. You'll learn how it makes you feel if you keep getting it, although symptoms may change over time.

Early signs of a low blood sugar level include:

- feeling hungry
- sweating
- tingling lips
- feeling shaky or trembling
- [dizziness](#)
- feeling tired

If this happens you should have a small glass of a sugary drink immediately and then follow this with a meal or a piece of fruit. Contact your GP, if you remain unwell.

#### **Foot checks**

Your feet are important, especially if you have diabetes.

With diabetes, it means you're much more likely to develop problems with your feet such as ulcers. If you take good care of your feet and check them regularly, you can reduce your risk of developing foot problems.

Have a look at the Diabetes UK website for a video with simple advice on keeping your feet healthy and checking for problems.

Check your feet at least once a month and if you see any changes or anything unusual, please contact us. See <https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/taking-care-of-your-feet#Check>

## Eyesight

Keeping your blood sugars and blood pressure controlled is also important for your eyesight as persistently high blood sugar or blood pressure can damage the blood vessels in your eyes and damage your eyesight. It is important to attend regular eye screening appointments when you are invited as this is the best way of picking up problems early.

<https://www.diabetes.org.uk/guide-to-diabetes/complications/retinopathy>

## Section 4: General advice that will help manage all four conditions

**Having (insert condition(s) here) increases the risk of having heart attacks and strokes and I will now explain some measures you can take to reduce this risk.**

**1) Measuring blood pressure. It is important to check your BP regularly and take action if it is high to prevent further complications. We can check this by measuring it.**

1a. Do you have a blood pressure monitor at home?

- No

- Are you able to purchase a blood pressure machine so that you can monitor your blood pressure at home? You can obtain reliable machines from approximately £25.

- Yes - Great, there are some BP monitors that I can recommend for you. I will send you a list of these, some can be purchased from local pharmacies. (See <https://giftshop.bhf.org.uk/health/blood-pressure-monitors>). Ensure that you measure your upper arm beforehand so that the correct cuff size is chosen. (See [https://eshop.bpassoc-shop.org.uk/epages/BT3770.mobile/en\\_GB/?ObjectPath=/Shops/BT3770/Categories/Blood\\_Pressure\\_monitors1/Why\\_cuff\\_size\\_matters](https://eshop.bpassoc-shop.org.uk/epages/BT3770.mobile/en_GB/?ObjectPath=/Shops/BT3770/Categories/Blood_Pressure_monitors1/Why_cuff_size_matters))
- No - Ok, I will need to direct you to clinics where you can have your blood pressure taken for you. (Provide information as per your local pathway).

- Yes

- (Confirm that the patient's BP machine is on the approved list – see <https://bihsoc.org/bp-monitors/for-home-use/> - and check if the patient has had it for fewer than 5 years. If not on the approved list or over 5 years old, advise the patient to obtain a new BP machine. Advise them to measure their upper arm before buying a new machine to ensure the correct cuff size is chosen. See [https://eshop.bpassoc-shop.org.uk/epages/BT3770.mobile/en\\_GB/?ObjectPath=/Shops/BT3770/Categories/Blood\\_Pressure\\_monitors1/Why\\_cuff\\_size\\_matters](https://eshop.bpassoc-shop.org.uk/epages/BT3770.mobile/en_GB/?ObjectPath=/Shops/BT3770/Categories/Blood_Pressure_monitors1/Why_cuff_size_matters))

1b. You should have received a video from us explaining the best way to check your blood pressure. Did you receive this?

- **No** – sorry about that, I will send it to you after our conversation.
- **Yes** – great.

1c. When did you take your blood pressure last and what was the reading? (Make a note of this reading and the date it was taken).

1d. If you haven't taken your blood pressure recently, could you please do it before our follow-up call? It is advisable that you watch the video on taking your blood pressure before taking further blood pressure readings. (Send the British Heart Foundation video about the best way to check your blood pressure at home using a blood pressure machine: <https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>)

- **Patients without AF:**  
Take a total of three blood pressure readings, waiting 1-2 minutes between each reading and then record the lowest of the 3 measurements.
- **Patients with AF:**  
The best way to obtain an accurate reading is to measure your blood pressure several times and take an average. We recommend you take your blood pressure twice in the morning and twice in the evening for 4 consecutive days. This will allow us to take an average reading.

#### Red flags

Please refer to a clinician the **same day**:

- If a patient's repeated BP reading is above 180/110 (or similar) AND/OR the patient feels unwell (e.g. headache or chest pain)
- If the BP is below 90/60 (or similar) AND/OR the patient feels unwell (e.g. dizziness)

(If the patient has AF, please ensure the BP readings are taken as detailed above as some readings may be inaccurate).

NB: Please ask a clinician if you are unsure whether the patient needs referral

- Normal blood pressure for **adults aged under 80 years** is below 135/85 mmHg.
- Normal blood pressure for **adults aged 80 years and over** is below 145/85 mmHg.

Please note that the above values are for home blood pressure monitoring. The acceptable blood pressure values in the clinic are slightly higher.

## 2) Checking your pulse (only for those not diagnosed with AF)

2a. What is your understanding of heart rate and rhythm and why it is important to check these? (Give the patient a moment to answer).

- Your heart rate is the number of times your heart beats per minute – or bpm. A normal heart rate is between 60 and 100 bpm while you are resting (and higher during physical activity).
- Your heart rhythm is the pattern of your heart beats and should be regular (like the second hand of a clock). This can be checked manually, by checking your pulse. It is important to know if your pulse is irregular because, if it is, a single blood pressure measurement might not be accurate, and you may need to have several measurements instead.

2b. Do you know how to take your pulse?

- Yes – great, could you talk me through it please? (Allow the patient to explain their process to you and then provide them with any missed information from the steps below).
- No – ok that's fine, I am going to explain step by step how to check your pulse. Please follow each step as I read it out to you. If you have any queries, please stop me:
  1. Put one of your hands out so you're looking at your palm.
  2. Use the first finger (your index finger) and middle finger of your other hand and place the pads of these fingers on the inside of your wrist of the other hand, at the base of your thumb.
  3. Press lightly and feel the pulse. If you can't feel anything press slightly harder and, if necessary, move your fingers slightly up or down to find the pulse.
  4. Once you've found your pulse, continue to feel it for about 30 seconds. Check to see if it feels regular (beating like a clock) or irregular (jumping around).
  5. You can work out your heart rate in beats per minute (bpm) by counting the number of beats in your pulse over 60 seconds or counting the beats for 30 seconds and multiplying by 2. When you can feel your pulse, count each beat out loud and I will time 30 seconds for you. (Keep track of the time and stop the patient when 30 seconds is over, then multiply the number of beats they counted by 2 for their current bpm). A normal heart rate is between 60 and 100 bpm while you're resting. It can be lower in people who are physically fit, and it can be higher when you are exerting yourself.

I will send you a video after this call on the best way to check your pulse manually. Please watch this video and repeat your pulse before our follow-up consultation.

<https://www.bhf.org.uk/information-support/tests/checking-your-pulse>

**If your pulse feels irregular, you should check it for a full 60 seconds. If it still feels irregular, let me know and I can refer you to a doctor, nurse or pharmacist.**

### 3) Smoking

Do you smoke?

- No/ ex-smoker (go to part 3 below).

- Yes, less than 10 cigarettes a day.
- Yes 10-19 a day.
- Yes, more than 20 a day.

(Make a note of the patient's response)

What do you know about the impact of smoking on your health?

Did you know that nearly 20,000 UK heart and circulatory disease deaths are attributed to smoking each year? Stopping smoking is one of the best things you can do for your health. Within days your health will begin to improve and within a year your risk of heart disease will be halved.

Have you thought about giving up? Yes/no

- Would you like some help with this?
- You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website (<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>). It also contains a free downloadable app to support you. I'll send you the link to this.

#### 4) Exercise

Are you managing to stay active?

It can be challenging to keep active and difficult to know which activities to do, however there are several helpful resources and tips that you can do at home or at your local park.

Do something active every day, something is better than nothing. Even 10 minutes is a good start. Aim for 150 minutes per week in chunks of 10 minutes or more (for example 30 minutes a day, 5 days a week). For more information and tips on exercise see <https://www.nhs.uk/oneyou/for-your-body/move-more/>.

You don't have to use a gym or join the local football team if it's not your cup of tea. Instead, see where you can fit extra bursts of activity into your day – make them part of your routine and form new healthy habits.

- Hop off the bus or tube a stop early and walk part of your journey.
- Take the stairs, not the escalator.
- Go for a regular walk, before breakfast or at lunchtime.
- Park further away from the shops and walk the rest of the way.
- Get into gardening or share an allotment with friends.

When you do any activity that gets your pulse rate up, it's totally normal if you breathe faster and more deeply or get hot and sweaty.

Regular physical activity helps to control your blood pressure and keep it within healthy levels.

## 5) Diet

Eating healthily and keeping track of your calorie intake can be tricky sometimes. If we consume more calories than we burn, our bodies store any extra as fat. Over time this could mean we put on weight. The calorie content can usually be found on the nutrition label under energy and shown as a number of kcals.

We all know too much saturated fat is bad for us, but it seems to be in lots of things we like. You can eat less saturated fat and still eat well. Check the labels when you shop and swap in foods that are lower in saturated fat.

Healthier snacks include fresh fruit, unsalted nuts or seeds, plain rice cakes and low-fat yoghurt.

Drink plenty of fluids (i.e. water, non-caffeinated and non-alcoholic drinks) a day or enough to ensure you are passing urine every couple of hours.

Are you managing to eat regularly and include fruit and vegetables in your diet?

We understand that obtaining all the usual fruits/vegetables and other groceries may be difficult now but try to maintain a balanced diet as much as possible during this time, as it will help your overall well-being.

The 'One You' website has some great information on eating healthy and cooking tips. <https://www.nhs.uk/oneyou/for-your-body/eat-better/>

I can give you some resources to help improve your diet and reduce your cholesterol intake:

<https://www.heartuk.org.uk/healthy-living/introduction>

<https://www.heartuk.org.uk/healthy-living/south-asian-diets-and-cholesterol>

<https://www.bhf.org.uk/informationsupport/support/healthy-living/healthy-eating/salt>

## 6) Alcohol

Do you drink alcohol?

- No – **Move to next section**
- Yes – We understand that being at home for longer means that some people might drink more alcohol than usual. Just remember, both men and women are advised not to regularly drink more than 14 units a week.

- A small 125ml glass of wine, for example is 1.6 units and there are around 10 units in the average bottle of wine.
- An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.
- A single gin and tonic is approximately 1 unit.

You can access more information about this on the 'One You' website:

<https://www.nhs.uk/oneyou/for-your-body/drink-less/>

## Section 5: Medication

5a. Do you currently have enough medication to last 7 or more days?

**If they say yes** – That's great, please request further supplies 7-10 days before you run out of medication. You can request repeat prescriptions by **(please mention options that apply to your practice which might include)**:

- The NHS app
- Your nominated pharmacy
- Contact us directly at **[insert name of GP practice]**

**If they say no, please note this down. Please say:** I will request a prescription from your GP.

**If they are unsure** - Could you please double-check while I wait on the phone?

5b. Do you have any concerns about your medications?

- Yes – Ok I will ask a pharmacist, nurse or doctor to call you to discuss these with you.
- No - **continue**

## Section 6: Health and well-being

We have already discussed lifestyle in terms of physical health however it is just as important to look after your mental health. There is some great information on the 'one you' website. Shall I send you the link after our conversation?

**Send the following link if the patient agrees to receive this information:**

[www.nhs.uk/oneyou/every-mind-matters/](http://www.nhs.uk/oneyou/every-mind-matters/)

## Section 7: Ending the consultation

- 7a. Thank you for your time today. I hope this has been helpful. A GP or clinician may be in touch to follow up on the conversation we've just had.
- 7b. Do you have any questions or concerns on anything we talked about? (If yes, please note down and pass onto GP/experienced PA/nurse/pharmacist to respond).
- 7c. During our discussion I mentioned some websites and apps that you may want to have a look at. They have a lot of useful information. I will send these over (depending on whether phone or video session this could be by text message/ email/ via the post).
- 7d. Also, if you are feeling particularly anxious about the current situation, I would recommend having a look at the NHS mental health website.

## Section 8: Resources [to be updated according to local preference]

### Health and wellbeing resources

#### Diet:

- One You website [www.nhs.uk/oneyou/for-your-body/eat-better/](http://www.nhs.uk/oneyou/for-your-body/eat-better/)

#### Exercise:

- One You website [www.nhs.uk/oneyou/for-your-body/move-more/](http://www.nhs.uk/oneyou/for-your-body/move-more/)
- “iPrescribe” app offers a tailored exercise plan by creating a 12-week exercise plan based on health information entered by the user. It then sets the duration and intensity of the exercise based on this information. [www.nhs.uk/apps-library/iprescribe-exercise/](http://www.nhs.uk/apps-library/iprescribe-exercise/) (free to download)
- Getting active around the home: tips, advice and guidance on how to keep or get active in and around the home from Sport England: <https://weareundefeatable.co.uk/> (free to access)
- Dance to health: Dance to Health - dance program for older people accessed online (free to access). [www.dancetohealth.org/Online\\_Session/Online\\_Sessions](http://www.dancetohealth.org/Online_Session/Online_Sessions)

#### Smoking cessation:

- ‘One You’ website [www.nhs.uk/oneyou/for-your-body/quit-smoking/](http://www.nhs.uk/oneyou/for-your-body/quit-smoking/)

#### Wellbeing and Mental Health:

- [www.nhs.uk/oneyou/every-mind-matters/](http://www.nhs.uk/oneyou/every-mind-matters/)

**Hypertension specific resources:** <https://s31836.pcdn.co/wp-content/uploads/Resources-for-hypertension.pdf>

**Diabetes specific resources:** <https://s31836.pcdn.co/wp-content/uploads/Resources-for-T2-Diabetes.pdf>

**Atrial Fibrillation specific resources:** <https://s31836.pcdn.co/wp-content/uploads/Resources-for-AF.pdf>

**Lipid Management specific resources:** <https://s31836.pcdn.co/wp-content/uploads/Resources-for-Cholesterol.pdf>

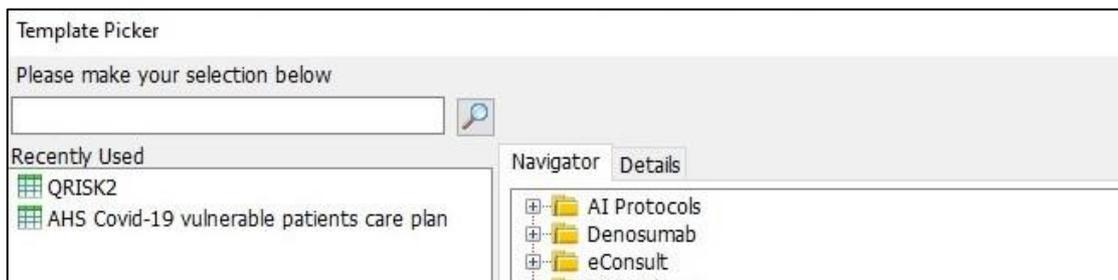
## Appendix 1: Calculating QRisk2 Score

### Calculating QRisk2 score on EMIS:

1. Click on 'Run Template' from the toolbar at the top of the screen:



2. Double-click on the QRisk2 template or search for QRisk2 in the search box if it is not under 'recently used' templates.



3. Update the patient details in the template where you have this information:
  - Latest blood pressure
  - Height and weight
  - Smoking status

For other sections (e.g. cholesterol, family history) the risk calculator will use previously entered information.

Active **MOUSE, Mickey (Mr)** Born **11-May-1998 (22y)** Gender **Male** NHS No. **Unknown** PDFS OS PROXY  
 Usual GP **THWE, S S (Dr)**

### QRISK2

**Examinations/Investigations**

Blood pressure  /  mmHg 08-Jun-2017 **120/75 mmHg** [»](#)  
 ClinRisk QScores evaluate blood pressure values coded using O/E - **blood pressure reading** only. If no new reading is added, review the patient record to ensure the latest blood pressure is evaluated.

Height  cm 12-Jun-2017 **160 cm** [»](#)  
 Weight  kg 12-Jun-2017 **56 kg** [»](#)  
 Body mass index   12-Jun-2017 **21.9 kg/m2** [»](#)

**Smoking status**

Non Smoker  04-Mar-2020 **Never smoke...** [»](#)  
 Current Smoker  24-Mar-2016 **Current smo...** [»](#)  
 Ex-smoker  23-Mar-2018 **Ex smoker** [»](#)

**Results**

Total cholesterol  10-Nov-2016 **4.5 mmol/L** [»](#)  
 HDL cholesterol  10-Nov-2016 **1 mmol/L** [»](#)  
 Cholesterol/HDL ratio  10-Nov-2016 **2.8** [»](#)

**Family history**

Family history  No previous entry

**Ethnicity**

Ethnic category  08-Jun-2017 **Other White ...** [»](#)

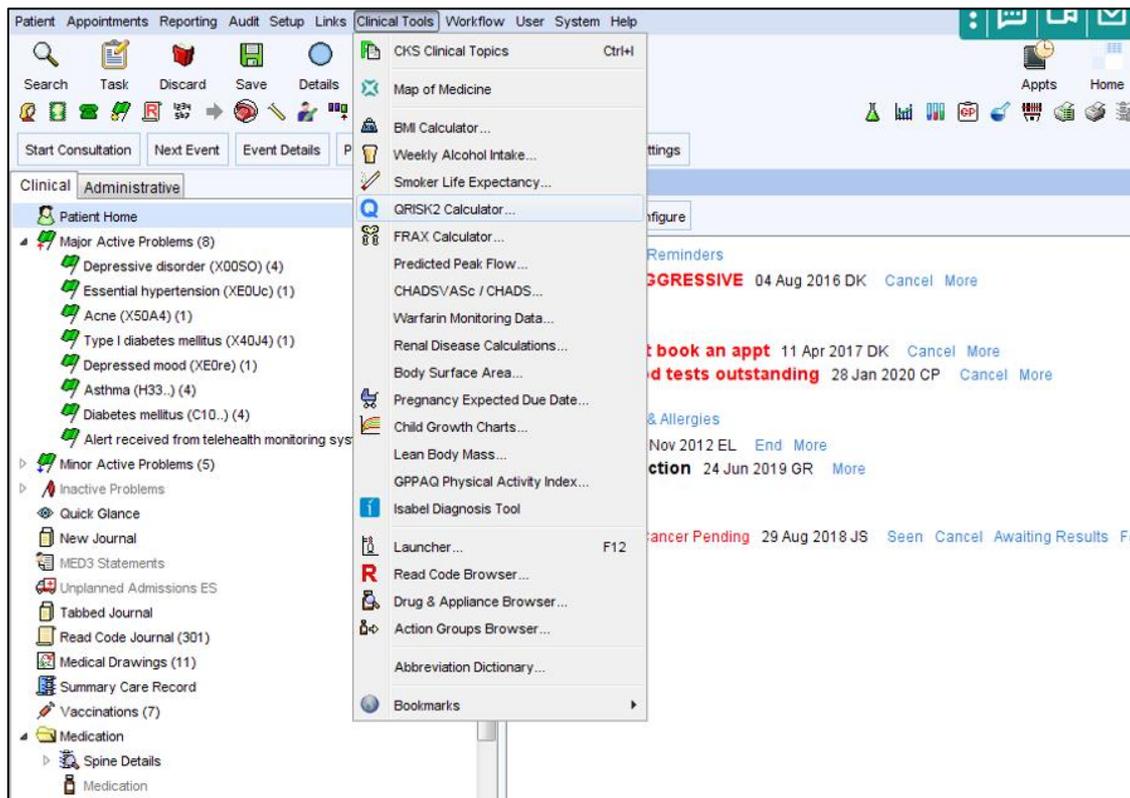
**QRISK2 score**

« QRISK 10 y CVD Risk  % over 10 years  [View](#) No previous entry

- Once all the available information has been entered, click 'Calculate' at the bottom of the form to obtain the QRisk2 Score. This will automatically enter into the patient records.

## Calculating QRisk2 score on System One:

1. Click on 'Clinical Tools' from the tool bar at the top of the screen and select 'QRisk2 Calculator':

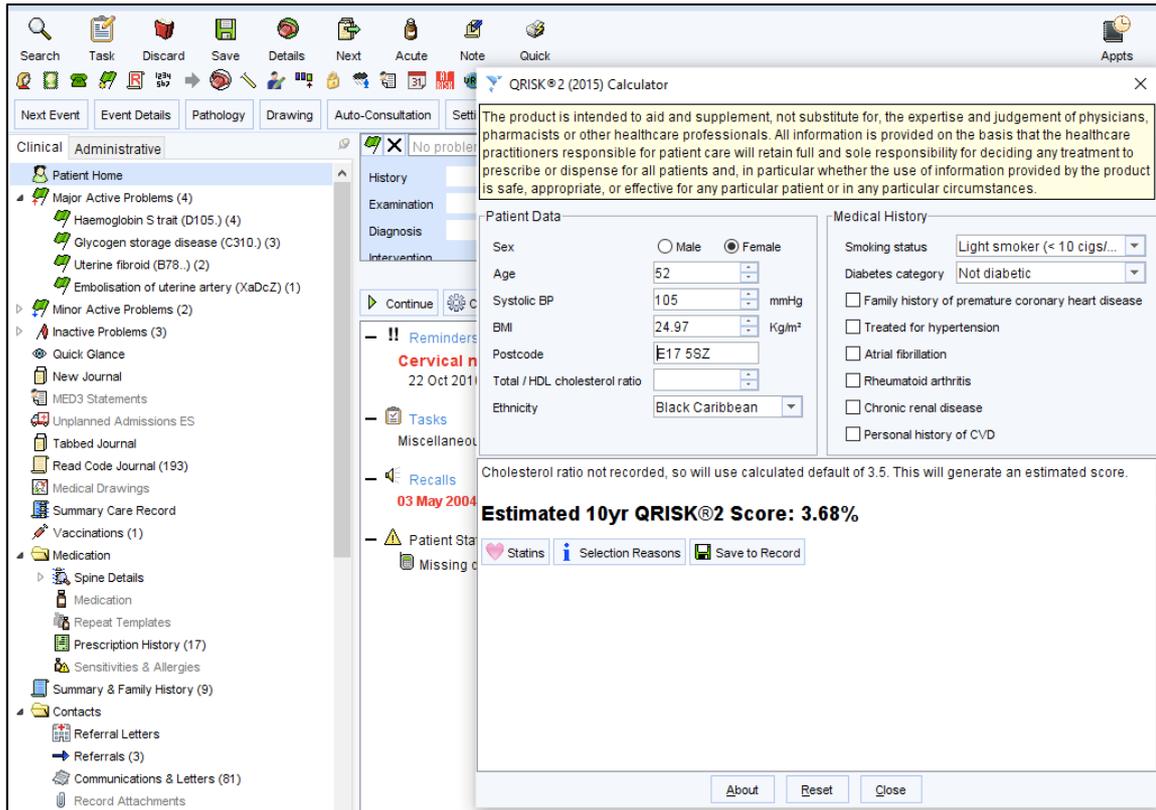


2. Update the patient details in the template where you have this information.

- Latest blood pressure
- Height and weight
- Smoking status

For other sections (e.g. cholesterol, family history) the risk calculator will use previously entered information.

3. The QRisk2 score will appear once the relevant information has been inserted.



The product is intended to aid and supplement, not substitute for, the expertise and judgement of physicians, pharmacists or other healthcare professionals. All information is provided on the basis that the healthcare practitioners responsible for patient care will retain full and sole responsibility for deciding any treatment to prescribe or dispense for all patients and, in particular whether the use of information provided by the product is safe, appropriate, or effective for any particular patient or in any particular circumstances.

**Patient Data**

Sex:  Male  Female  
 Age: 52  
 Systolic BP: 105 mmHg  
 BMI: 24.97 Kg/m<sup>2</sup>  
 Postcode: E17 5SZ  
 Total / HDL cholesterol ratio:   
 Ethnicity: Black Caribbean

**Medical History**

Smoking status: Light smoker (< 10 cigs/...  
 Diabetes category: Not diabetic  
 Family history of premature coronary heart disease  
 Treated for hypertension  
 Atrial fibrillation  
 Rheumatoid arthritis  
 Chronic renal disease  
 Personal history of CVD

Cholesterol ratio not recorded, so will use calculated default of 3.5. This will generate an estimated score.

**Estimated 10yr QRISK@2 Score: 3.68%**

Buttons: [Statin](#) [Selection Reasons](#) [Save to Record](#)

Buttons: [About](#) [Reset](#) [Close](#)

Version Tracker				
Version	Edition	Changes Made	Date amended	Review due
2	2.0	<ul style="list-style-type: none"> <li>• Added information in Section 1 into table format</li> <li>• Re-worded Section 3 (Hypertension)</li> <li>• Added information about blood pressure machine cuff sizes in sections 4</li> <li>• Added red flags for hypertension in Section 4, part 1.</li> <li>• Amended some wording in diabetes section</li> <li>• Updated resources to remove hypertension specific information and include links to hypertension, diabetes, AF and lipid management resources.</li> </ul>	June 2021	December 2021