

Summary of changes to NHS Health Check Pharmacy Specification 2019/2020

1. **New Best Practice Guidance** for NHS Health Checks published (October 2019) <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

2. Potential variations during 2020/2021

The new national best practice guidance recommends the following changes to the NHS Health Check, however the systems/pathways aren't currently in place to allow these changes to be implemented locally, and we are awaiting further national guidance:

- **QRisk3**

Estimated 10-year risk of developing CVD should be calculated using QRISK. In 2019, the 10-year CVD risk factor calculator QRISK® 2 was replaced by QRISK® 3, which uses a further seven fields of data (diagnosis of chronic kidney disease, a measure of systolic blood pressure variability (standard deviation of repeated measures), migraine, corticosteroids, systemic lupus erythematosus, atypical antipsychotics, severe mental illness, and erectile dysfunction). These additional variables help to enable a more precise identification of people most at risk of heart disease and stroke.

In Pharmacy, if there is no way to automatically pull information on the new variables from a person's medical into the risk calculator, QRISK® 3 may, for the time being, be used with the QRISK® 2 fields only. A score calculated in this way is considered a limited QRISK® 3 score. Therefore, practitioners must explain that the assessment may underestimate a person's risk if they have one of the seven additional clinical variables.

QRisk3 will be introduced as further guidance becomes available. Pharmacies will be informed in good time and supported to make any necessary amendments.

- **Audit score of 16 or more to get referred for clinical follow up**

Clinical follow-up: new advice on the clinical management of people with an AUDIT risk score of 16 or more (Section 6.7 of Best Practice Guidance)

If the individual meets or exceeds an AUDIT score of 16 (higher risk) a non-invasive test for liver fibrosis/cirrhosis must be offered – either transient elastography (Fibroscan) if locally available, or a blood test for serum fibrosis markers (ELF).

Pharmacies should continue to follow local guidance and pathways regarding audit scores, until further guidance is issued.

These potential changes to service delivery will be covered in the annual update training and will be incorporated into the Service Specification by a further Contract variation in due course.

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