



**Professional
Record
Standards
Body**

**Better records
for better care**

NHS Health Check Record Standard Survey Report

August 2024

Document Management

Revision History

Version	Date	Summary of Changes
0.1	23/07/2024	Initial version
1.0	20/12/2024	Updated following feedback during endorsement phase

Reviewers

Reviewer name	Title / Responsibility	Date	Version
Catherine Lagord	Programme Manager Analysis, DHSC	31/07/2024	V0.1
Conrad Eydmann	Improvement Lead, DHSC	31/07/2024	V0.1
Alicia Nolan	Programme Manager, DHSC	31/07/2024	V0.1
Kate Sahota	Programme Manager, DHSC	31/07/2024	V0.1
Stephen Arthur	Product Lead, Kainos	31/07/2024	V0.1

Approved by

Name	Title / Responsibility	Date	Version
Project Team	Project Team	31/07/2024	V0.1
Project Board	Project Board	08/08/2024	V0.1
Assurance Committee	Assurance Committee	14/08/2024	V0.1

Glossary of Terms

Term / Abbreviation	What it stands for
AHP	Allied Health Professional
BCS	British Computer Society
BHCC	Brighton and Hove City Council
CCIO	Chief Clinical Information Officer
CNIO	Chief Nursing Information Officer
CSU	Commissioning Support Unit
CVD	Cardiovascular Disease
DEXA	Dual-Energy X-Ray Absorptiometry
eGFR	Estimated Glomerular Filtration Rate
EMIS	Egton Medical Information Systems
ESCC	East Sussex County Council

GP	General Practitioner
GPPASS	General Practitioner Payment and Audit System Searches
HIDS	Herts Valley Integrated Diabetes Service
ICB	Integrated Care Board
IT	Information Technology
LA	Local Authority
MSK	Musculoskeletal
N/A	Not applicable
NECS	North of England Care System Support
NHS	National Health Service
NHSE	National Health Service England
NHSHC	National Health Service Health Check
NSC	National Screening Committee
PHQ	Patient Health Questionnaire
PPI	Proton Pump Inhibitors
PSA	Prostate Specific Antigen
POCT	Point of care test
PRSB	Professional Record Standards Body
QRISK	QRISK is a cardiovascular risk algorithm
SIG	Special Interest Group
TTT	Train-the-Trainer
UK	United Kingdom

Contents

1	Introduction	5
2	Methodology	5
2.1	Survey Overview	5
2.2	Scope	5
3	Survey Analysis	5
3.1	Multidisciplinary Professionals	5
3.2	System Suppliers	17
4	Conclusions and Recommendations	19
5	Appendix A – Multidisciplinary Professionals Questions	19
6	Appendix B – System Suppliers Questions	22

1 Introduction

This is an appendix to the final report for the NHS Health Check Record Standard project.

One online survey was distributed to multidisciplinary professionals, and system suppliers to gather quantitative and qualitative data to inform the further development of the draft information standard. The full list of survey questions is included in Appendices A and B.

2 Methodology

2.1 Survey Overview

Following the webinars, an online survey was conducted via SurveyMonkey. The questionnaire intended to gather qualitative and quantitative data to inform the further development of the standard. The Professional Record Standards Body (PRSB) Communications, Engagement and Strategy team distributed the survey through social media channels, through email, and through existing lists of people connected to the NHS Health Check programme.

The survey consisted of 2 pathways depending on the type of respondent:

1. **Multidisciplinary Professionals** (See Appendix A for this pathway's questions.)
2. **System Suppliers** (See Appendix B for this pathways questions.)

The survey was open from Monday 13th May 2024 – Friday 7th June 2024.

2.2 Scope

The survey was:

- For testing questions that arose from the webinars that were held earlier in the consultation period.
- To better understand issues that may affect the implementation of the standards in the real world and the potential impact on people who will use them.
- A short and pragmatic exercise to engage stakeholders.

Caution should be applied when drawing inferences that may not be generalisable to the wider population of the United Kingdom (UK) and four nations. The information may be representative of the views of some or even many professionals, but it was not the intention of this exercise to draw conclusions beyond those relevant to guiding us in the development of the standard's content.

3 Survey Analysis

3.1 Multidisciplinary Professionals

215 multidisciplinary professionals took part in the survey. Response rates dropped throughout the survey to 132, though some questions had fewer responses due to their nature.

A range of people with different professions took part in the survey including healthcare professionals such as GPs, nurses, pharmacists and healthcare assistants; managers such as practice managers, operations, clinical, and commissioning managers; public health roles such as consultants, specialists, coordinators, and strategists; and local authority representatives.

ANSWER CHOICES	RESPONSES
Ambulance staff	0 (0%)
Clinical support worker	0 (0%)
Community nurse	2 (>1%)
Dietitian/nutritionist	0 (0%)
Doctor – General practitioner	22 (10%)
Doctor - Physician	10 (5%)
Doctor - Psychiatrist	7 (3%)
Health promotion nurse	0 (0%)
Health visitor	0 (0%)
Healthcare assistant	15 (7%)
Nurse	26 (12%)
Other allied health professional (AHP)	15 (7%)
Other scientific or therapeutic role	1 (<1%)
Pharmacist	12 (6%)
Physiotherapist	3 (1%)
Practice manager	11 (5%)
Practice nurse	10 (5%)
Public health consultant	5 (2%)
Public health specialist	20 (9%)
Specialist nurse	15 (7%)
Other clinical or non-clinical staff (please specify)	41 (19%)
Total Respondents	215
OTHER RESPONSES	RESPONSES
Active Lifestyle Development Officer for Local Authority	3
Operations Manager	2
“Expert By Experience”	1
“Public Health Intelligence Analysts on Behalf of Public Health Commissioner”	1
Assistant Practice Manager	1
Business Intelligence Analyst	1
Chief Executive	1
Clinical manager	1
CNIO	1
Commissioning Manager	1
Consultant Podiatric Surgeon	1
Contract Holder	1
CVD Lead (Non-clinical)	1
Digital Lead	1
Director of Operations	1
Dispensing Optician	1
Health Advisor	1

Health and Wellbeing Development Manager for Local Authority	1
Health Improvement Programme Manager and Registered Nurse (Adult)	1
Healthcare Specialist in International Trade	1
LA Commissioner	1
Manager	1
Midwife	1
Nursing Associate	1
Practice Co-ordinator	1
Public Health – Commissioner of the Programme	1
Public Health Assistant Strategist	1
Public Health Commissioning Manager	1
Public Health Lead for NHS Health Checks in Richmond and Wandsworth	1
Public Health Manager	1
Public Health Officer	1
Public Health Practitioner	1
Public Health Programme Lead	1
Public Health Programme Manager	1
Public Health Project and Contract Support Officer	1
Research Advisor	1
Service Manager	1
Voluntary sector worker	1
Total Respondents	41

Of these respondents, there were a range of specialties and focuses of practice. Popular specialties across roles included: tissue viability, diabetes, CVD, community pharmacy, mental health, and learning disabilities. 78 respondents did not indicate that they had a specialism.

PROFESSION/JOB TITLE	SPECIALITY	RESPONSES
Community Nurse	Wound care	1
	District nurse	1
Doctor - General Practitioner	Dementia, mental health, intellectual disability	1
	CVD	4
	Autism, health informatics, & medical ethics	1
	Mental health learning disability	1
	Diabetes	2
	Social determinants of health and health inequalities	1
	Sport and exercise medicine, musculoskeletal medicine	1
	Cardiology	1
	“JLJ”	1
	Cancer care	1
	“I am GP Digital lead for the ICB”	1
	Obstetrics and Gynaecology	1
Doctor - Physician	Diabetes	1

	"Clinical knowledge management - I co-chair the computable knowledge SIG for BCS"	1
	Rheumatology	1
	Paediatrics	1
	Geriatrics	1
	Anaesthesia	1
	Nephrology	1
	General practice	1
Doctor - Psychiatrist	General adult psychiatry	4
	Liaison psychiatry	1
	Primary, secondary and tertiary prevention	1
	Intellectual disability	1
Healthcare Assistant	Community care	1
	NHS health checks, smoking cessation	1
	Hypertension	1
	Disease prevention	1
	Mental health, learning disability reviews, lifestyle changes and diet advice, NHS health checks, smoke cessation	1
	Mental health, learning disability, smoke cessation, NHS health checks, basic dressings routine bloods and whatever comes in	1
Nurse	Women's health	1
	Tissue viability	4
	Social care	1
	Respiratory	1
	Oncology and vaccinations	1
	Asthma, children	1
	Care homes	1
	Digital	2
	Health care commissioning (ICB)	1
	Hypertension	1
	Family planning, female health, menopause, sexual health	1
	Nephrology	1
	Lipids	1
	Primary care	1
	Infection prevention and control	1
	Social care	1
Other Allied Health Professional	Podiatrist - High risk lower limb care and foot ulcers	1
	Podiatry	1
	Diabetes and wound care	1
	General practice	1
	Adult autism	1
	Operating department practitioner	1
	Podiatrist - Podiatric foot surgery	1
	Diabetes	1

	Diabetes / vascular	1
	Primary care	1
	Community delivery	1
	Podiatrist - High risk MSK	1
Other scientific or Therapeutic Role	Clinical governance	1
Pharmacist	Community Pharmacy	3
	CVD	1
	Digital safety	1
	Support pharmacists	1
	IT systems	1
Physiotherapist	Musculoskeletal	1
	Governance and standards	1
	Dizziness (vestibular disorders)	1
Practice Nurse	Diabetes	2
	Sexual health, diabetes, respiratory	1
	“How to interpret the blood result and QRISK in less time”	1
	Management	1
Public Health Consultant	General local authority public health	1
	Health services public health - quality and inequalities	1
	Dental public health	1
	Member of NSC	
Public Health Specialist	Healthy lifestyle	1
	Health improvement	2
	Healthy hearts	1
	Lifestyle behaviours	1
	CVD and diabetes	1
	“My job is collecting data about commissioned services such as NHS Health checks from GP Clinical systems”	1
	Service specification development and contract management	1
	NHS Health Check and smoking cessation	1
	Public health, CVD prevention	1
	CVD prevention and NHS Health Check regional lead	1
	NHS Health Check commissioner/lead	1
Specialist Nurse	Tissue viability	6
	Diabetes, all types, especially younger onset Type 2	1
	Informatics	2
	Eating Disorders, children	1
	Digital health	1
	Rheumatology	2
	Wound care	1
	Intensive care	1

“Expert by Experience”	Public health	1
“Public Health Intelligence Analysts on Behalf of Public Health Commissioner”	Contract management, performance review, stakeholder engagement & encouragement	1
Active Lifestyle Development Officer for Local Authority	Exercise referral	1
	CVD prevention service	1
CNIO	Digital systems	1
Consultant Podiatric Surgeon	Foot surgery	1
Dispensing Optician	Eyes	1
Health Advisor	Health promotion	1
Health Improvement Programme Manager and Registered Nurse (Adult)	Primary prevention	1
Healthcare Specialist	International Trade	1
LA Commissioner	Commissioner of public health services	1
Manager	Maximising uptake	1
Midwife	Maternity and neonatal health	1
Nursing Associate	NHS	1
Public Health Officer	Health protection	1
	“Lead on Health Check programme locally and deliver training to providers delivering health checks”	1
Public Health Practitioner	NHS Health Check programme	1
Public Health Programme Manager		1
Public Health Project and Contract Support Officer	Supporting the NHS health checks contract	1
Service Manager	Diabetes	1
Voluntary sector worker	Eye health and vision impairment	1
No specialism indicated		78
Total Respondents		

Respondents were based in many settings, with the most popular being general practice, community, hospitals, and local authorities.

ANSWER CHOICES	RESPONSES
Charity / voluntary organisation	3 (1%)
Community	27 (13%)
General practice	76 (36%)
Hospital	27 (13%)
Local authority	27 (13%)
Mental health	6 (3%)
Pharmacy	6 (3%)
Public health department	11 (5%)
Research institution	3 (1%)
Other (please specify)	27 (13%)
Total Respondents	213

OTHER RESPONSES	RESPONSES
Integrated care board	4
Social care	2
Acute trust	1
Advisory role, not clinical practice	1
All areas	1
Arm's Length Body	1
Defence	1
General practice and primary care commissioning	1
GP Federation	1
High street	1
Hospital and community	1
Industry	1
Integrated Diabetes team HIDS in Hertfordshire	1
Local authority, public health department	1
National government	1
NHSE Northwest	1
Office for Health Improvement and Disparities - Southeast	1
Pharmacy organisation	1
Private sector	1
Retired	1
Retired, formerly hospital	1
TTT	1
University	1
Total Respondents	27

24% of 213 respondents indicated that they have no involvement with the NHS Health Check and were routed out of the survey from this question onwards. Involvement in the programme included conducting NHS Health Checks (20%), advising patients to follow the results of an NHS Health Check (19%), and treating patients following the results of an NHS Health Check (15%). One participant indicated no involvement, but wanted to point out that social care nurses' involvement in the programme should be further considered.

ANSWER CHOICES	RESPONSES
I invite people to take an NHS Health Check	39 (18%)
I manage the call / recall of patients eligible for an NHS Health Check	24 (11%)
I conduct NHS Health Checks	44 (20%)
I expect to conduct NHS Health Checks in the future	12 (6%)
I advise patients following the result of an NHS Health Check	41 (19%)
I treat patients following the result of an NHS Health Check	33 (15%)
I manage the data of people who have received an NHS Health Check	25 (12%)
I have no involvement, or anticipate any future involvement, in the NHS Health Check programme	52 (24%)
Other involvement with the NHS Health Check (please specify)	67 (31%)
Total Respondents	213
OTHER RESPONSES	RESPONSES

Commissioner of programme	24
Management of NHS Health Check programme	4
Process payments/finance	4
Regional lead for NHS Health Check	4
Training provider	4
Encourage patients or communities to undertake health checks	3
Management of NHS Health Check contract	2
Service user	2
Strategy	2
Assessing digital clinical safety	1
Chair of regional Health Check network	1
Co-chair the UK Computable Knowledge Special Interest Group for the BCS	1
Commissioning Manager	1
Contract holder	1
CCIO role, designing clinical systems for capture of health check data	1
Develop the logic for EMIS searches, template and outcomes reporting	1
Development of digital assessments	1
Expectation to be involved in NHS Health Checks in the future	1
Interest in population health	1
Involvement in digital NHS Health Check work	1
Lead Provider for local NHS Health Check	1
Local authority perspective	1
Monitoring NHS Health Check uptake	1
Operations manager	1
Ordering consumables	1
Overview for the practice	1
PPI	1
Promoting the NHS Health Check overseas as part of the international NHS offer	1
Provider of public health advice	1
Results can help inform me about metabolic risk factors for my patient	1
Retired	1
Reviewing the NHS Health Check service delivery for local authority to inform on a new delivery model	1
Schedules NHS Health Checks for service users	1
Service delivery	1
Supervising health assistants to conduct the check	1
Support for commissioning	1
Transformation	1
Working on the potential commissioning of Workplace NHS Health Checks	1
Works to ensure NHC has the greatest visibility possible, across all our population	1
Total Respondents	67

Several respondents were routed out by this question, which affects the total number of professionals in each role that responded to the questions about the standard. The table below shows the roles of respondents that were routed out, how many of that role were routed out, and the new total for that role.

JOB TITLE	FREQUENCY ROUTED OUT (NEW TOTAL)
Nurse	14 (12)
Specialist nurse	10 (5)
Other allied health professional	5 (10)
Pharmacist	4 (8)
Physician	4 (6)
Community nurse	2 (0)
GP	2 (20)
Psychiatrist	2 (5)
CNIO	1 (0)
Consultant Podiatric Surgeon	1 (0)
Healthcare assistant	1 (14)
Other scientific or therapeutic role	1 (0)
Physiotherapist	1 (2)
Public health consultant	1 (4)
Research advisor	1 (1)
Volunteer sector worker	1 (0)

132 respondents were then asked the maximum duration that they would be comfortable using previously collected data for an NHS Health check (e.g., using previously recorded weight from up to two weeks before the check).

Figure 1 - Maximum Duration to Use Previously Collected Data

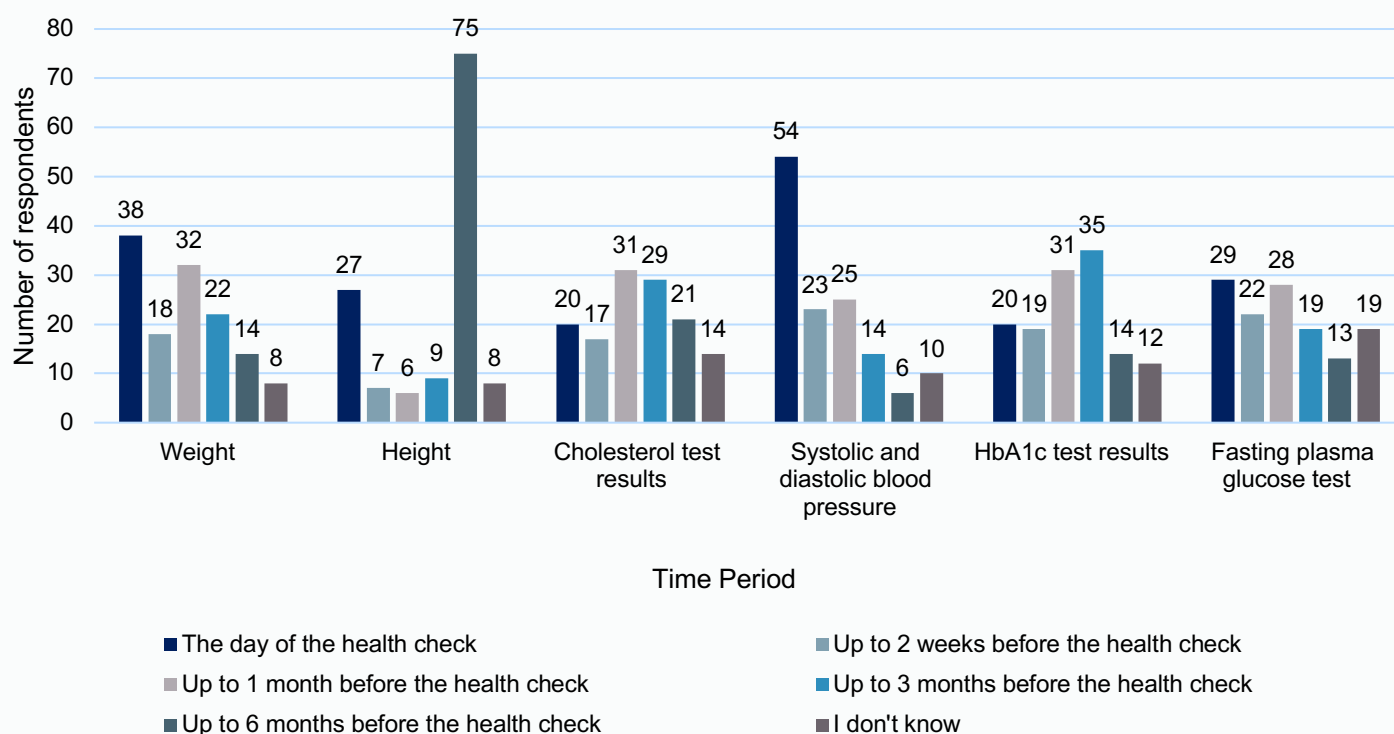


Figure 1 shows that most respondents would only be comfortable using data collected that day for weight (n=38), systolic and diastolic blood pressure (n=54), and fasting plasma glucose test (n=29) data. Most respondents indicated that they would be comfortable using height data collected up to 6 months before the health check (n=75), cholesterol test results collected up to 1 month before the health check (n=31), and HbA1c test results collected up to 3 months before the health check (n=35).

30% of 132 respondents indicated that their practice gathered additional information during an NHS Health check, other than the data listed for Question 6 in [Appendix A](#).

ANSWER CHOICES	RESPONSES
No	41 (31%)
I don't know	27 (20%)
Not applicable	25 (19%)
Yes (please specify the additional information your practice gathers)	39 (30%)
Total Respondents	132

A wide variety of additional information was gathered by the 39 respondents that selected 'Yes', including waist measurement, referral information, mental health assessments, dementia awareness, and postcode.

ADDITIONAL INFORMATION	RESPONSES
Waist measurement	7
Referral information	5
Depression questionnaire, such as PHQ2	4
Dementia awareness	3
Postcode	3
Anxiety questionnaire, such as GAD2	2
Bloods	2
Carer information	2
Dementia risk	2
Disabilities	2
Drug use	2
eGFR	2
First language	2
Homelessness / housing status	2
Medical history	2
Mental health information (including depression)	2
Smear information	2
"Fit to"	1
Allergies	1
Average QRISK for age	1
Bone profile	1
Cancer screening	1
Chronic kidney disease	1
Clinical frailty score	1
Computer recall accuracy	1

Country of birth	1
Decline in statins	1
DEXA	1
Diagnoses of/treatment for erectile dysfunction	1
Diet	1
ECG	1
Falls risk assessment	1
Free text for relevant information	1
Full audit	1
Further screening required (i.e., for diabetes, hypertension)	1
Heart age	1
HIV opt-out screening	1
Hypertension	1
If AF is suspected, patient sent for ECG	1
If the person is ready to stop smoking	1
Information and advice given	1
Management of IGT	1
Maternal health	1
Medication information (e.g., atypical antipsychotic medication, regular steroid tablets)	1
Menstruation data	1
Migraines	1
Modality of health check (e.g., face to face, telephone, video, out of hours etc.)	1
Nicotine replacement therapies used	1
Occupation	1
OCT	1
Outcomes data (e.g., how many people diagnosed with hypertension, diabetes, CKD etc.)	1
Person's GP	1
Person's pharmacist	1
PSA test	1
QRISK	1
Ratio-need venous and POCT codes	1
Renal function	1
Respiratory checks	1
Retinal imaging	1
Rheumatoid arthritis	1
Screening history	1
Severe mental illness	1
Smoking cessation referral information	1
Townsend score	1
Urine albumin creatinine ratio	1
Vaping status	1
Vitamin D	1
Total Respondents	39

Of those 39 respondents, 74% indicated that it was very important to them to be able to continue to record the additional data that their practice currently collects.

VERY IMPORTANT	SOMEWHAT IMPORTANT	NEITHER IMPORTANT NOR UNIMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	N/A	TOTAL
29 (74%)	9 (23%)	1 (3%)	0 (0%)	0 (0%)	0 (0%)	39

79 respondents expanded on how they currently achieve compliance with NHS Health Check data reporting requirements.

RESPONSE THEMES	RESPONSES
N/A	9
Number of checks completed	8
"Yes"	6
Coding and reporting	6
EMIS searches	7
I don't know	5
We do not / "no"	5
Conduct own searches	4
Regular audits	4
Spreadsheet	4
Admin team	3
Number of invites sent	3
Community pharmacies will collect and report on data aligned to the agreed service specification which would include number of checks completed as a minimum	2
Federation is responsible	2
Locally developed templates	2
Practice manager reports	2
"52%"	1
"JLJ"	1
"We will start early in the year to complete the amount required"	1
An external data provider shares pseudo-anonymised data with the local authority public health team, who submit the data to OHID	1
ARDENS	1
As per local authority contract	1
Automated	1
Completed ad hoc during a clinic appointment due to staff and time constraints	1
Form sent to GP practices which is then recorded in the NHS digital portal	1
Health diagnostics software	1
It varies	1
It would be good to be able to roll this out with social care nursing involvement for people who are less mobile and are either in a residential setting or in receipt of care in their own homes	1
KPI reporting	1

Liaise with practices on performance and quality assurance	1
Local EMIS template and dashboards produced by Clinical Effectiveness Group	1
Manual counting	1
Number of onward referrals	1
Performance figures written based on the OHID and local spec, with clinical guidance taken from lead GP	1
Process is cumbersome and confusing	1
Quarterly contract monitoring meetings	1
Query system	1
Reviews the data that comes in, and troubleshoot issues if the data looks/is inaccurate	1
Sent message and telephone invitation	1
Unnamed third-party provider	1
Unsure due to changing process	1
Verified through SystemOne	1
Total Respondents	79

3.2 System Suppliers

16 system suppliers took part in the survey, and all participants responded to each question. They indicated that they represented a range of system suppliers, GP surgeries, and local authorities.

ORGANISATION	RESPONSES
EMIS	2 (13%)
Bellegrove Surgery	1 (6%)
GPPASS ESCC & BHCC	1 (6%)
Haringey GP Federation	1 (6%)
Health Diagnostics Ltd	1 (6%)
HSN/A	1 (6%)
Middlewich Road Surgery	1 (6%)
Midlands and Lancashire CSU	1 (6%)
NECS	1 (6%)
NHS HM Integrated Care	1 (6%)
Nourish Care	1 (6%)
PROVIDE	1 (6%)
TPP	1 (6%)
Prefer not to say	1 (6%)
Total Respondents	16

Of the 16 respondents, 44% indicated that it was either feasible or very feasible to adopt the standard within the specified timescale for publication and endorsement. 19% indicated that it would be challenging, and no respondents indicated that it would not be feasible. The remaining respondents did not know, or indicated the question was not applicable to them.

RESPONSE OPTION	RESPONSES
-----------------	-----------

Very feasible	2 (13%)
Feasible	5 (31%)
Challenging	3 (19%)
Not feasible	0 (0%)
I don't know	5 (31%)
N/A	1 (6%)
Total Respondents	16

When asked how many GP practices in England use their software, there was a huge variation between responses, with the smallest being 0 and the largest being 2600. Of the responses, one indicated 1000+, three indicated between 300-500, and 3 indicated less than 100. 5 participants indicated that they did not know, and 1 indicated that their customer base is primarily social care.

RESPONSE	RESPONSES
I don't know	5 (31%)
2600	1 (6%)
>500	1 (6%)
400+	1 (6%)
350	1 (6%)
82	1 (6%)
69	1 (6%)
19	1 (6%)
Zero	1 (6%)
Customer base is primarily social care, however, many of these use GP connect	1 (6%)
N/A	1 (6%)
Prefer not to say	1 (6%)
Total Respondents	16

Over 50% of respondents indicated that their software could support the following:

- Identification of eligible populations (75%)
- Recording results of in-person checks (75%)
- Sending invites and reminders (69%)
- Reporting (69%)
- Delivering in-person checks (63%)

Only 38% reported that their software supported booking in-person checks. One respondent additionally reported that their software supported self-assessments, and another participant additionally reported that they are working with the NHS on data collection but that it is not in place yet.

RESPONSE OPTION	RESPONSES
Identification of eligible populations	12 (75%)
Sending invites and reminders	11 (69%)
Booking in-person checks	6 (38%)
Delivering in-person checks	10 (63%)
Recording results of in-person checks	12 (75%)
Reporting	11 (69%)
Other (please specify)	2 (13%)

Total Respondents	16
OTHER RESPONSES	RESPONSES
Self-assessment	1
Currently working with the NHS on data collection but not in place yet	1
Total Respondents	2

4 Conclusions and Recommendations

The outputs from the survey were used to refine the draft information standard and inform some of the project recommendations. These are discussed further in the main body of the project final report.

5 Appendix A – Multidisciplinary Professionals Questions

1. **Please select your profession or job title.** [Single select]
 - Ambulance staff
 - Clinical support worker
 - Community nurse
 - Dietitian/nutritionist
 - Doctor - General practitioner
 - Doctor - Physician
 - Doctor - Psychiatrist
 - Health promotion nurse
 - Health visitor
 - Healthcare Assistant
 - Nurse
 - Other allied health professional (AHP)
 - Other scientific or therapeutic role
 - Pharmacist
 - Physiotherapist
 - Practice manager
 - Practice nurse
 - Public health consultant
 - Public health specialist
 - Specialist nurse
 - Other clinical or non-clinical staff (please specify) [Text entry]

2. **If you have a particular speciality, interest or focus to your practice, please share this with us here.** [Text entry]

3. **What care setting are you usually based in?** [Single select]
 - Charity/voluntary organisation
 - Community
 - General practice
 - Hospital

- Local authority
- Mental health
- Pharmacy
- Public health department
- Research institution
- Other (please specify) [Text entry]

4. **What is the nature of your role in relation to delivery of NHS Health Checks?**
[Multiple select]

- I invite people to take an NHS Health Check
- I manage the call / recall of patients eligible for an NHS Health Check
- I conduct NHS Health Checks
- I expect to conduct NHS Health Checks in the future
- I advise patients following the result of an NHS Health Check
- I treat patients following the result of an NHS Health Check
- I manage the data of people who have received an NHS Health Check
- I have no involvement, or anticipate any future involvement, in the NHS Health Check programme.
- Other involvement with the NHS Health Check (please specify) [Text entry]

5. **For the following types of data, what is the maximum duration you would be comfortable using previously collected information for an NHS Health Check?**
[Matrix/Rating Scale]

	The day of the health check	Up to 2 weeks before the health check	Up to 1 month before the health check	Up to 3 months before the health check	Up to 6 months before the health check	I don't know
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systolic and diastolic blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA2c test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting plasma glucose test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. **The NHS Health Check collects data on the following factors:**

- **Age**

- Ethnicity
- Sex
- Family history
- Systolic/Diastolic blood pressure
- Pulse
- Physical activity level
- Alcohol use
- Smoking status
- Weight
- Height
- Body mass index
- Cholesterol
- Cardiovascular disease risk score
- Diabetes risk/glucose score

Apart from factors listed above, does your practice record any other relevant information during the NHS Health Check? [Single select]

- Yes (please specify the additional information your practice gathers) [Text entry]
- No
- I don't know
- Not applicable

7. [If selected 'Yes' to the previous question] **And how important is it to you to be able to record the additional data that your practice currently collects?** [Likert scale]

- Very important
- Somewhat important
- Neither important nor unimportant
- Not very important
- Not at all important
- N/A

8. **How do you currently achieve compliance with NHS Health Check data reporting requirements i.e., reporting on the number of invites sent, and the number of checks completed?** [Text entry]

9. **If an NHS Health Check were to be completed digitally, how would you expect to understand that any action or follow-up was required e.g., would you expect the check to be flagged in some way and, if so, through what method?** [Single select]

- I expect the check to be flagged
- I expect an email to notify the relevant professional of actions/follow ups
- Other (please specify) [Text entry]

10. **Would you expect to be able to report on an in-person check vs those that have been completed digitally?** [Single select and text entry]
- Yes
 - No
 - Please give more detail [Text entry]

6 Appendix B – System Suppliers Questions

1. **Which system supplier organisation do you work for or represent?** [Text entry]
2. **Considering the timeline for the publication and endorsement of the NHS Health Check Standard, how feasible do you believe it is for your organisation to adopt the new standard within this specified timescale?** [Likert scale]
 - Very feasible
 - Feasible
 - Challenging
 - Not feasible
 - I don't know
 - N/A
3. **How many GP practices in England use your software to support the completion of an NHS Health Check? We understand you might be unable to answer this question.** [Text entry]
4. **What aspects of the NHS Health Check does your software support?** [Multiple select]
 - Identification of eligible populations
 - Sending invites and reminders
 - Booking in-person checks
 - Delivering in-person checks
 - Recording results of in-person checks
 - Reporting
 - Other (please specify) [Text entry]