

## Health Checks Enhanced Outreach - Observer Checklist

| Skill   | Y/N | Comment |
|---|-----|---------|
| Introduce self and role                               |     |         |
| Explain what is a health check                        |     |         |
| Explain process + time                                |     |         |
| Confidentiality                                       |     |         |
| Consent to proceed                                    |     |         |
| Eligibility: Age                                      |     |         |
| Eligibility: Bristol Resident                         |     |         |
| Eligibility: GP in Bristol?                           |     |         |
| Eligibility: No existing CVD                          |     |         |
| Eligibility: Not already had a HC in last 5yrs?       |     |         |
| DOB   |     |         |
| Name (Check Spelling)                                 |     |         |
| Address, Contact No                                   |     |         |
| GP Surgery  |     |         |
| First Language Asked?                                 |     |         |
| 'Were you directed by a local champion' asked?        |     |         |
| Ethnicity   |     |         |
| Family History (clearly explained)                    |     |         |
| Pulse Regular/ irregular                              |     |         |
| If pulse irregular refer to WiC or GP                 |     |         |
| BP Arm level with heart                               |     |         |
| BP Cuff size  |     |         |
| BP Arrow in correct place                             |     |         |
| BP Result   |     |         |
| BP retest after 10mins?                               |     |         |
| BP Info given to client about BP                      |     |         |
| BP Referral to surgery made                           |     |         |
| Cholesterol Collect 6 items                           |     |         |
| Cholesterol Hand Sanitizer                            |     |         |
| Cholesterol Gloves                                    |     |         |
| Cholesterol Check L/R handed                          |     |         |
| Cholesterol Turn on Machine insert cartridge          |     |         |
| Cholesterol Finger warmth/ massage                    |     |         |
| Cholesterol Hand below heart                          |     |         |
| Cholesterol Move purple prick test to deepest setting |     |         |
| Cholesterol Prick test                                |     |         |
| Cholesterol Wipe first blood                          |     |         |

|   |  |  |
|---|--|--|
| Cholesterol squeeze upper finger  |  |  |
| Cholesterol Collect blood, keep horizontal  |  |  |
| Cholesterol Drop onto cartridge   |  |  |
| Cholesterol Await results   |  |  |
| Cholesterol Record 3 results  |  |  |
| Cholesterol Safe disposal: sharps, gloves, swabs  |  |  |
| Cholesterol Hand sanitizer  |  |  |
| Cholesterol Info given to client  |  |  |
| Leaflet Given?  |  |  |
| BMI check height  |  |  |
| BMI check weight  |  |  |
| Calculate BMI   |  |  |
| BMI =/+ 25 signpost local support/ Weightwatchers/ Slimming World                         |  |  |
| Give Leaflet  |  |  |
| BMI =/+ 30 or 27.5 South Asian Clients refer to Bristol Weight Mgt Service (with consent) |  |  |
| Give leaflets x 3   |  |  |
| GPAQ score Inactive (no hrs per week on physical exercise)                                |  |  |
| Discuss & signpost  |  |  |
| GPAQ score Moderately inactive (less than 1hr per week)                                   |  |  |
| Discuss & signpost  |  |  |
| GPAQ score Moderately active (1-3hrs per week)  |  |  |
| GPAQ score Active (more than 3hrs per week)   |  |  |
| Audit C pt 1  |  |  |
| Audit C pt 2 (if Pt 1 score =/+ 5)  |  |  |
| Part 1 and 2 scores added together  |  |  |
| Results given & explained   |  |  |
| Info/ leaflet given (Unit wheel and Bristol Roads info)                                   |  |  |
| Dementia Q  |  |  |
| Info/ leaflet given   |  |  |
| Signposted back to GP?  |  |  |

|                               |  |  |
|-------------------------------|--|--|
| Qrisk score given & explained |  |  |
| Info on next steps            |  |  |
| “Your results” given          |  |  |

| Skill  | Y/N | Comment |
|--|-----|---------|
| MI Open Questions                                      |     |         |
| MI Affirmation   |     |         |
| MI Reflection  |     |         |
| MI Summarising   |     |         |
| MI Engage: active listening & understanding            |     |         |
| MI Engage: Focus                                       |     |         |
| MI Explore: why change and how might you be successful |     |         |
| MI Evoke: their reasons for change                     |     |         |
| MI Plan: goal setting, signposting                     |     |         |

|                            |
|----------------------------|
| General comments/ feedback |
|                            |