

LIFESTYLE ASSESSMENT – BEST PRACTICE GUIDELINES

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Name	Position within the Organisation
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ACE	24/3/16

Summary Sheet

This guidance has been developed to provide an amalgamation of the key points of all pathways, protocols and referral criteria for Public Health Improvement Services within Dudley. This will provide individuals, teams and practices to with better access to assessment and referral options for their service users. This guidance will enable staff to follow identified protocols and criteria for referral for a range of lifestyle issues, and also access the most up to date local and national guidance on lifestyle assessment and advice.

Supporting Policies and Documents

Dudley NHS Health Check Pathway

[Dudley Atrial Fibrillation Primary Care Diagnosis and Management Pathway](#)

[Dudley Cardiovascular Risk Management Clinical Pathway](#)

[Dudley Core Competencies for Adult Diabetes Care in Primary Care](#)

[Dudley Diversity and Equal Opportunities](#)

[Dudley Hypertension Management and the Reduction of Cardiovascular Risk Protocol](#)

[Lipid Management Guidelines for CVD Risk Reduction Management in Dudley Health Economy](#)

[Dudley Nicotine Replacement Therapy Protocol](#)

[NICE Guidelines on the Management of Essential Hypertension](#)

[NICE Guidelines for Cardiovascular Risk Assessment and Lipid Modification](#)

[NICE Guidelines for Secondary Prevention of Myocardial Infarction](#)

[NICE Guidelines for Assessment and Management of Obesity](#)

[NICE Guidelines for Alcohol-Use Disorders](#)

[NICE Guidelines for Drug Misuse – Psychosocial Interventions](#)

[NICE Guidelines for Brief Intervention and Referral for Smoking Cessation](#) [Smoking Cessation Services](#) and [Workplace Smoking Cessation Interventions](#)

[NICE Guidelines for Physical Activity](#) [Physical Activity and the Environment](#) and [Physical Activity in the Workplace](#)

[Change 4 Life](#)

[DH Alcohol Campaign](#)

[NHS Choices Health Weight Campaign](#)

[NHS Smoke Free](#)

[NHS Choices Physical Activity Campaign](#)

[NHS Choices Health Check Tools](#)

[NHS Health Check Programme](#)

Summary of Content

This guidance contains Public Health pathways for the following areas:

- Smoking cessation
- Food and nutrition
- Weight management
- Physical activity
- Alcohol and drug use
- Health Trainer service
- Brief Motivational Interviewing

It also contains an overview of audit standards for lifestyle interventions.

Policy Review

These guidelines will be due for review two years from date of ratification.

This guideline has been developed by the following people:

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The following groups were consulted by the lifestyle services teams during the production of this document:

- Lifestyle service providers within the Office of Public Health and commissioned services
e.g. Health Trainers
- Health care professionals
- Service users
- Volunteers
- Members of the general public

LIFESTYLE ASSESSMENT BEST PRACTICE GUIDELINES

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Lifestyle Referral Overview

All referrals can be made through the single point of contact referral form (see Chapter 8).

Service	Eligibility Criteria	Referral Options
Dudley Stop Smoking Service	Current smoker who wants to quit	<ul style="list-style-type: none"> - Opticians service - Smoking in Pregnancy Service - Primary Care Services (GP) - Secondary Care Services (DGOH) - Specialist Service - Community Pharmacist
Food and Nutrition	Aged 16+ Dudley resident and/or Registered with a Dudley GP and/or Working in Dudley Poor diet/cooking skills	<ul style="list-style-type: none"> - Get Cooking! - Get Cooking! gluten-free - Fun With Food - Grow Food 4 Life
Weight Management Service	Aged 18+ (adult services) Dudley resident Work in Dudley	<p>BMI 28+ or 23+ if South Asian:</p> <ul style="list-style-type: none"> - Shapes - Fit Blokes Club (men only) <p>BMI 30+ (28+ with co-morbidities) or 27.5+ if South Asian (23+ with co-morbidities):</p> <ul style="list-style-type: none"> - Shapes - Fit Blokes Club - Weight Watchers/Slimming World - Counterweight 1:1 - Specialist Weight Management Support - Learning Disability Programme
Physical Activity	Dudley resident Registered with a Dudley GP Work in Dudley	<ul style="list-style-type: none"> - Pink Letter - Stepometer loan - Green referral (parks

		activities and led walks) - Structured exercise referral (leisure centres or Action Heart – high risk)
Substance Misuse Service	AUDIT 8 – 15 AUDIT 16 – 19 AUDIT 20+ and/or identified problem with drug use	- Brief advice and information - Brief advice and information - Consider referral to Atlantic Recovery Centre
Health Trainer Service	Aged 18+ Resident in Dudley Registered with a Dudley GP Work in Dudley At least one lifestyle risk factor and/or Long term condition and/or Previously referred to a lifestyle service and failed to attend or complete programme	- Health Trainer support

Chapter 1 - Smoking Pathway

Dudley Stop Smoking Service Brief Intervention Pathway

There are very few healthcare professionals (HCPs) who do not treat conditions caused or exacerbated by smoking. Helping these patients to stop smoking is often the most effective and cost-effective of all the interventions they receive.

Simple advice from a HCP can have a small but significant effect on smoking cessation.¹ Advice and/or counselling given by nurses also significantly increase the likelihood of quitting.²

Giving stop smoking advice need only take a few minutes, all HCPs should deliver very brief or brief interventions as time allows. However, this approach needs to be sustained and systematic.

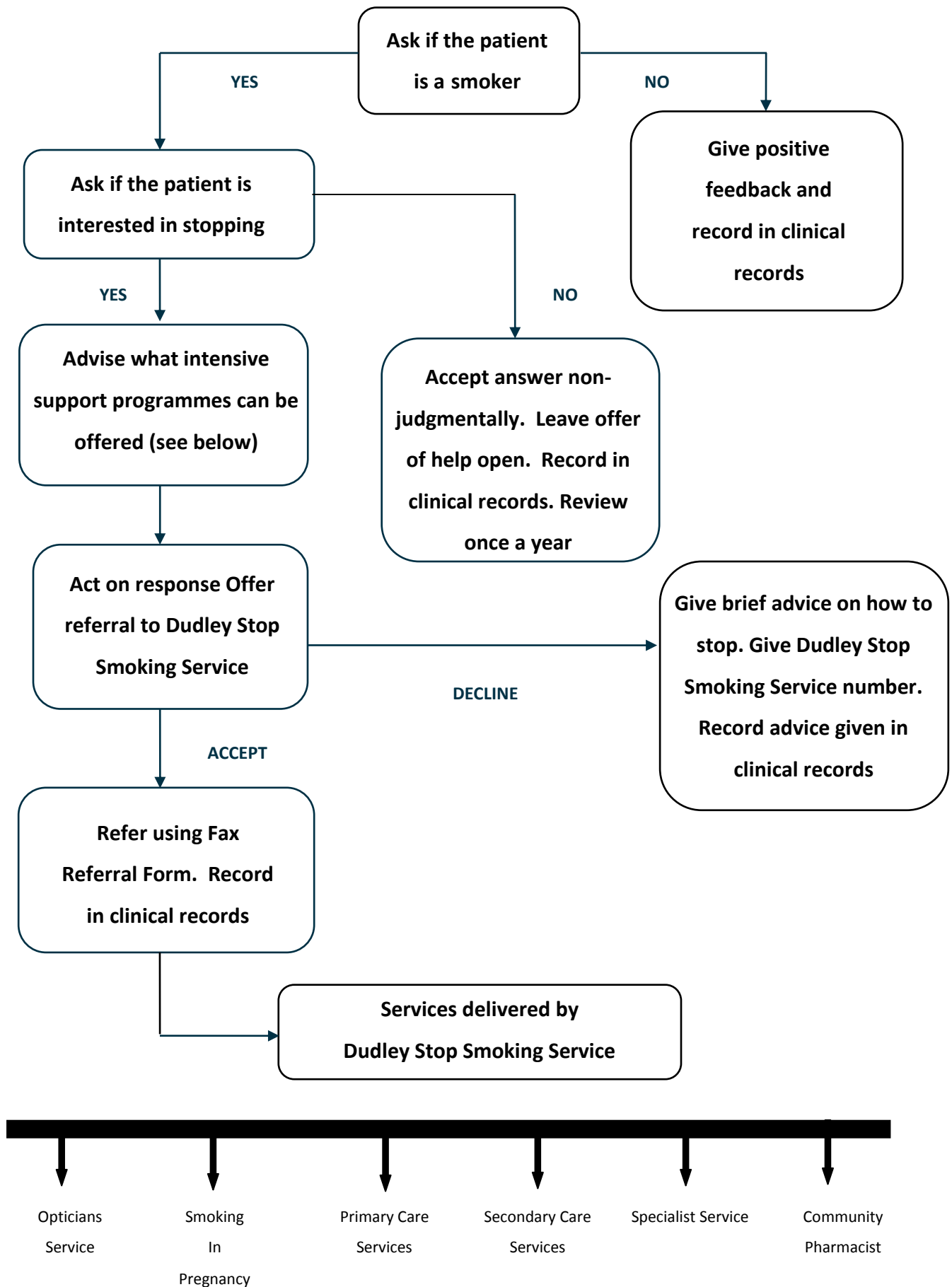
Very Brief Advice (AAA)

30 seconds to save a life

- | | |
|----|--|
| 1. | ASK and record smoking status
Smoker – ex smoker – non smoker |
| 2. | ADVISE patient of health benefits
Stopping smoking is the best thing you can do for your health |
| 3. | ACT on patient's response
Build confidence, give information, and refer.
Succeed with local NHS Stop Smoking Services |

Refer your patient to the Dudley Stop Smoking Service and give them the best chance to quit and improve their health – they are up to four times more likely to quit successfully with support from the Dudley Stop Smoking Service. Brief advice and intervention is more effective when part of an overall stop smoking strategy within your practice. Dudley Stop Smoking Service can help develop and maintain a successful strategy, including auditing smokers accessing services.

Dudley Stop Smoking Service Referral Pathway



Who should receive advice?

Recommendation 1

Everyone who smokes should be advised to quit, unless there are exceptional circumstances. People who are not ready to quit should be asked to consider the possibility and encouraged to seek help in the future. If an individual who smokes presents with a smoking related disease, the cessation advice may be linked to their medical condition.

Recommendation 2

People who smoke should be asked how interested they are in quitting. Advice to stop smoking should be sensitive to the individual's preferences, needs and circumstances: there is no evidence that the 'stages of change' model is more effective than any other approach.

Record patient's smoking status, including type of tobacco smoked, e.g. cigarettes, cigars, pipe etc. and how long they have smoked for in years – "pack years".

Record number of pack years using this method:

$$\frac{\text{Number smoked per day} \times \text{Number of years smoked}}{20} = \text{Total pack years}$$

(Read code: Pack years - 388B.)

If patient smokes, assess motivation to quit. (Use attached questionnaire and flow diagram for brief intervention provided)

If patient is highly motivated to quit, and is willing to set a quit date within the next 4 weeks, refer to practice based smoking cessation clinic. If no clinic is available in practice, refer to Dudley Stop Smoking Service (DSSS) on 0800 0850 652 using referral forms.

If patient is not motivated at this time, assess motivation at each follow-up session and refer if patient is willing to set a quit date within the next 4 weeks.

Give verbal and written information on smoking and how to quit, also give the contact number for Dudley Stop Smoking Programme (as above).

For more information on smoking cessation services, including relevant training for health professionals and copies of the “Guidelines for Dudley Stop Smoking Service Providers”, contact:

Dudley Stop Smoking Service - 01384 818033

<http://www.dudleystopsmoking.co.uk/>

How to calculate “PACK YEARS” for your patients

Cigarettes

15 cigarettes a day for 1 year = $\frac{3}{4}$ pack year

20 cigarettes a day for 1 year = 1 pack year

40 cigarettes a day for 1 year = 2 pack years

Pipe Smoker

1 pipe = 2.5 cigarettes

e.g. 2 pipes a day = 5 cigarettes a day. If they smoked this amount for 1 year = $\frac{1}{4}$ pack year.

4 pipes a day = 10 cigarettes a day. If they smoked this amount for 1 year = $\frac{1}{2}$ pack year.

Cigars

1 Café Crème = 1.5 cigarettes a day

1 Hamlet (or similar) = 2.5 cigarettes a day

1 Havana = 4 cigarettes a day

e.g. 4 Hamlet cigars a day = 10 cigarettes a day. If they smoked this amount for 1 year = $\frac{1}{2}$ pack year.

Roll Ups

25 grams (1 ounce) = 50 cigarettes

Ask your patient how many ounces per week smoked?

E.g. 25 grams tobacco (1 oz) per week = 50 cigarettes, divided by 7 days = approx 7 cigarettes per day

50 grams tobacco (2 oz) per week = 100 cigarettes, divided by 7 days = approx 14 cigarettes per day

75 grams tobacco (3 oz) per week = 150 cigarettes, divided by 7 days = approx 21 cigarettes per day

And so on

An on-line calculator can also be accessed via the address below:

<http://smokingpackyears.com/>

Useful Links and Numbers

Dudley Stop Smoking Service Free Phone	0800 0850 652
NHS Smoke Free Smoking Helpline	0300 123 1944
Website	www.dudleystopsmoking.co.uk

A referral form is also available by following the link below.

[Dudley Stop Smoking Service On-line enquiry form](#)

Individuals can also be referred using the Lifestyle Single Point of Contact Referral form available on paper (see Chapter 8), through EMIS Web in GP surgeries and through the PharmOutcomes NHS Health Check template.

Chapter 2 – Food and Nutrition

Our Aim

Dietary intervention can help to improve the health of patients with hypercholesterolemia and hypertension and achieve glycaemic control in people with diabetes.

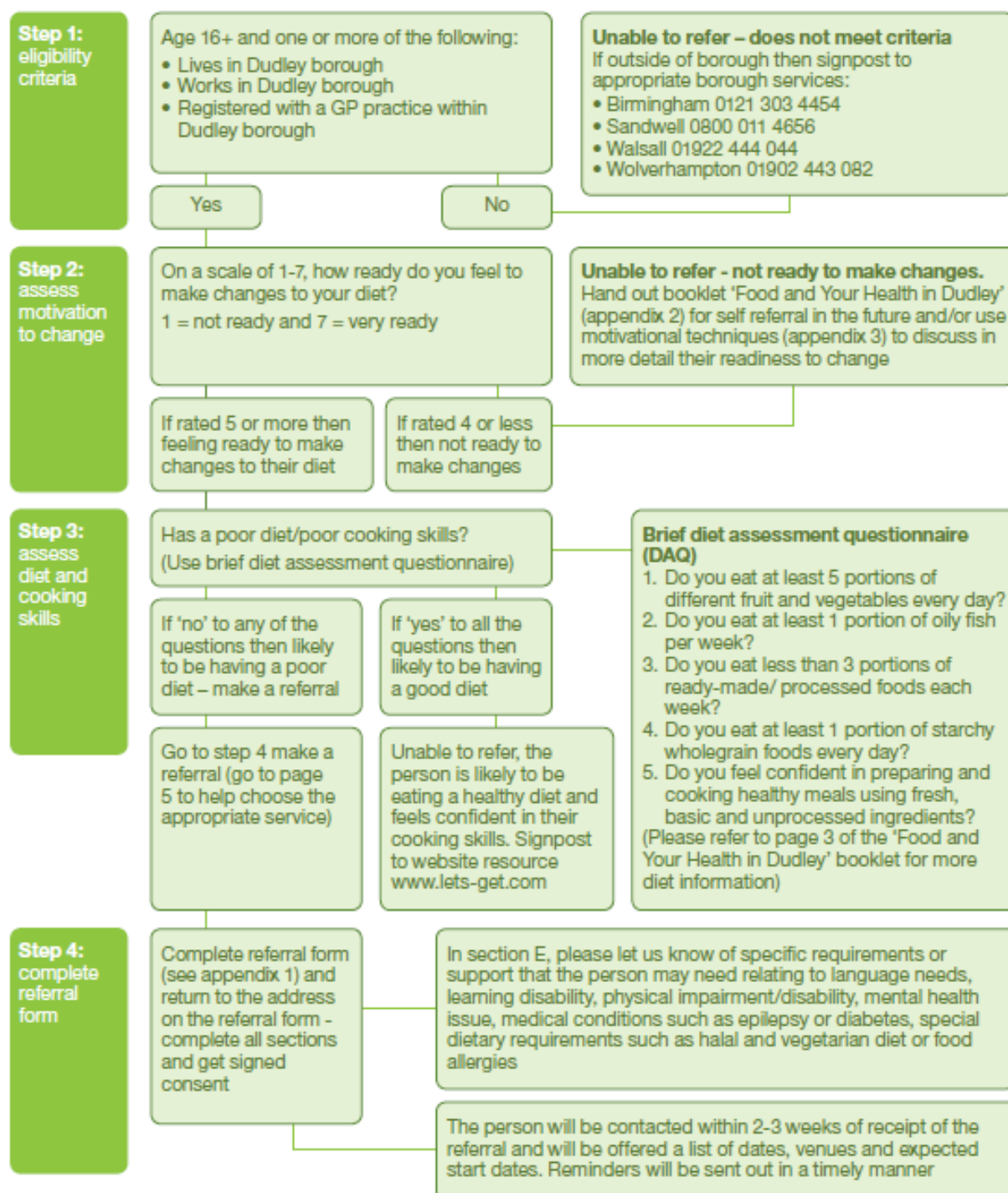
A healthy balanced diet can also aid weight loss, prevent malnutrition, correct nutrient deficiencies, promote bowel health, and improve mental health.

We aim to support people age 16+ living and working in Dudley borough to improve their diet and reduce their risk of diet related conditions such as cardiovascular disease, type 2 diabetes, obesity and diet related cancers.

How to Refer – Flow Chart

How to Refer - Flow Chart

Use the flowchart to assess the person's eligibility criteria and assess their need for food and nutrition services.



Choosing a Service

Choosing a Service

Our services operate from community venues and healthy hubs across the borough. All services are free, available during the day and evenings, weekdays and weekends. For latest updates visit www.lets-get.com. Families with children are welcome - please ask on referral.

Get Cooking!

What to expect:

- Informative, educational and practical sessions
- Courses run for 6 sessions two hours per week
- 1 hour discussion on various nutrition topics and healthy eating messages
- 1 hour cooking together as a group
- Participants set dietary change goals
- A diet assessment is taken at the beginning and at the end of the course

Benefits:

achieve dietary change goals and feel more confident in making healthier food choices. Improve knowledge and skills and support each other in the group.

Get Cooking! gluten-free

What to expect:

- Specialist nutrition course for people with coeliac disease
- Courses run for 6 sessions two hours per week
- Cooking with healthy gluten-free recipes
- Information on how to prevent cross contamination, identify ingredients that contain gluten and how to access gluten-free food on prescription

Only available to those who have a clinical/medical diagnosis for coeliac disease or a carer for someone who has been diagnosed with coeliac disease.

Benefits:

reduce symptoms of coeliac disease, prevent long term health risks, improve knowledge, share tips and experiences on how to manage the life-long condition and reduce anxiety.

Fun with Food

What to expect:

- Fun, practical and hands on experience with cooking healthy meals individually/in pairs
- Courses consist of 12 weekly sessions of approx 2 hours based on a different food theme and seasonal foods
- Two skills level available:
 - Essential level - introduces basic skills and basic recipes
 - Intermediate level - a wider range of ingredients and more complex recipes
- Participants showcase new skills and knowledge on last session and cook their own healthy meal to share with the group

Benefits:

improve practical food skills and feel more confident in cooking healthy meals. Get lots of recipe ideas and feel motivated to maintain long term dietary changes.

Grow Food 4 Life

What to expect:

- Participants learn to grow their own fruit, vegetables and herbs, even in small spaces
- Courses run for 6 sessions two hours per week or one-off workshops
- Family and adult sessions available
- Sessions are practical and informative with inspiring ideas to take home
- Seeds and equipment are provided

Benefits:

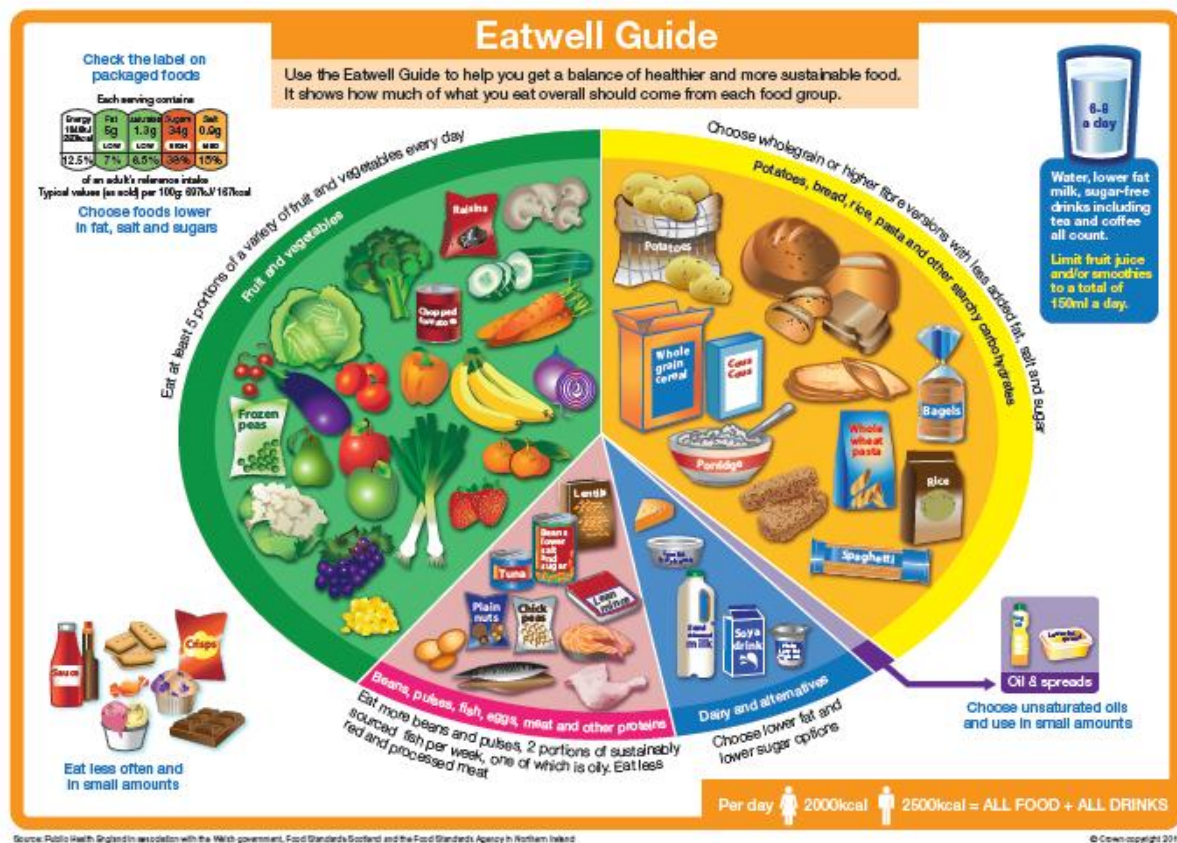
increase consumption of fruit and vegetables, get active outdoors, improve mental health and wellbeing and help to stretch the food budget further.

Healthy Eating - Key Referral Triggers

Use the following 10 triggers, based on key healthy eating messages, to help you identify areas for improvement and to support and encourage people to make dietary behaviour changes.

1. Lack of variety and balance - healthy eating is not about a single food or nutrient. The focus should be on considering the whole diet and eating a variety of foods every day. A healthy diet should contain food from each food group in the correct proportions, as shown in the 'eatwell plate'.
2. Lack of fruit and vegetables - these are packed with essential vitamins, minerals, antioxidants and dietary fibre. The recommendation is a minimum of 5 portions of different fruit and vegetables every day. A portion is about one handful.
3. Misunderstanding that carbohydrate foods are fattening - the recommendation is to include a portion of starchy food at every meal as these foods provide gradual release of carbohydrates for sustained energy. Choose wholegrain varieties where possible to increase dietary fibre intake. A portion is one slice of bread, 2-3 tablespoons of cooked rice or pasta, or 2-3 egg-sized potatoes. Starchy carbohydrates are also found in beans, lentils, nuts and seeds.
4. Too much sugary food - free or added sugars should make up no more than 5% of total calories consumed - this is a maximum of 7 teaspoons of sugar per day for those aged 11 or over. This includes sugary food such as sweets, chocolates, cakes, biscuits, soft drinks and sugary breakfast cereals and the sugar you add at the table or during cooking. Fruit juice and honey are also counted as free sugars. Sugar can also be found in savoury foods too, such as canned food and sauces. Sweeteners in food can help cut down on excess calorie consumption but still encourages a 'sweet tooth' and does not always help towards longer term dietary change.
5. Excessive salt intake - the recommendation for adults is to have no more than 6g of salt per day, which is about 1 teaspoon. This includes salt that we add at the table and during cooking and salt already in some processed foods. Cutting down on salty foods such as crisps, savoury snacks, pre-prepared foods such as ready-meals and sauces and fast food/ takeaways can help towards reducing the risk of high blood pressure.

6. Confusion around good fats and bad fats - good fats are found in nuts, seeds, avocado and oil-rich fish (e.g. mackerel, pilchards, sardines, trout, salmon, tuna – but not tinned tuna) and plant based oils such as rapeseed and olive. Bad fats are related to foods high in saturated fats and tend to be from animal origin and can raise blood cholesterol. Healthy tips include using leaner cuts of meat, reducing consumption of fatty meat products (e.g. bacon, burgers, pies, sausage rolls) and fried foods and choosing lower fat cheeses such as cottage cheese, mozzarella and reduced fat cream cheese.
7. Lack of cooking skills/reliance on pre-prepared foods - simple ingredients can be turned into a quick healthy meal. Cooking more often with fresh, unprocessed and raw ingredients can help towards a healthier diet by controlling the amount of fat, salt and sugar added to meals and including more fruit and vegetables. Healthier cooking methods include grilling, dry-frying, stir-frying, steaming, braising and oven-baking. Check nutrition information on packaged food for the healthier choice.
8. Dehydration - stay hydrated by drinking 6-8 small glasses of water daily. For people who drink caffeinated drinks try alternating them with a non-caffeinated drink. Reduce consumption of soft drinks as they contain lots of sugar and can add to excess calorie intake. A 500ml bottle of fizzy pop can contain 11 teaspoons of sugar and a 200ml bottle of fruit shoot can contain 3½ teaspoons of sugar.
9. Skipping meals/large portions - skipping meals may lead to snacking on fatty and sugary foods so start the day well by eating breakfast and having healthier snacks available. During meal times eat more slowly and manage food portion sizes. As a rough guide, half the dinner plate should be made up of vegetables and/or salad, a quarter of the plate should be starchy foods, e.g. rice, potatoes, chapatti, etc and the remaining quarter should be a protein source, e.g. meat, fish, eggs, beans and lentils, nuts and seeds.
10. Lack of activity - getting fitter means eating well and being more active. Adults should aim to do 150 minutes a week of moderate intensity activity (breathing a little harder than normal and feeling warmer), or 75 minutes of vigorous intensity activity (heart beating rapidly and breathing is hard). A mixture of cardiovascular and muscle strengthening activity is recommended.



Individuals can be referred using the form below or the Lifestyle Single Point of Contact Referral form available on paper (see Chapter 8), through EMIS Web in GP surgeries and through the PharmOutcomes NHS Health Check template.

Food and nutrition programme referral form

Food and nutrition programme referral form

Section A. Personal details

Name: Gender: M / F D.O.B: / /
Address:
Postcode: Tel no: Mobile no:
Email: GP Practice:

Section B. Ethnicity (please tick one box only)

- A. White:** ☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller
☐ Any other white background.....
- B. Mixed/multiple ethnic groups:** ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian
☐ Any other mixed or multiple ethnic background.....
- C. Asian/Asian British:** ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
☐ Any other Asian background.....
- D. Black/Black British:** ☐ Caribbean ☐ African ☐ Any other Black/ Black British background.....
- E. Other ethnic group:** ☐ Arab ☐ Any other ethnic background.....

Section C. Referral criteria

- ☐ Lives in Dudley Borough ☐ Registered with Dudley Borough GP ☐ Works in Dudley Borough ☐ Age 16+
☐ The individual is feeling motivated and ready to make changes to their diet (Step 2 Motivation to change)
☐ The individual has a poor diet (Step 3 Assess diet)

Section D. Service / Programme Area

Please tick the appropriate service (For further information see referral pack)

- ☐ Get Cooking! ☐ Fun with Food ☐ Gluten-free Get Cooking ☐ Grow Food 4 Life

Section E. Specific needs

Does the individual have any specific needs (e.g. physical, dietary, language or learning, attendance with a support worker/carer/family member, dietary requirements, medical needs etc)? If so, please specify below:

.....
.....

What times/ days would be most suitable for attendance? (Please tick)

- ☐ Morning ☐ Afternoon ☐ Evening / ☐ Weekday ☐ Weekend

Other comments.....

Section F. Referrer's details

Referrer's name: Occupation:
Organisation: Tel no:
Address: E mail:

Section G. Statement of consent

I, the service user, understand the Office of Public Health, Dudley Council will view and keep my personal details in order to deal effectively with my referral and for auditing and evaluation purposes in accordance with the Data Protection Act. Only anonymous details will be published without my expressed consent.

Print name: Signature: Date: / /

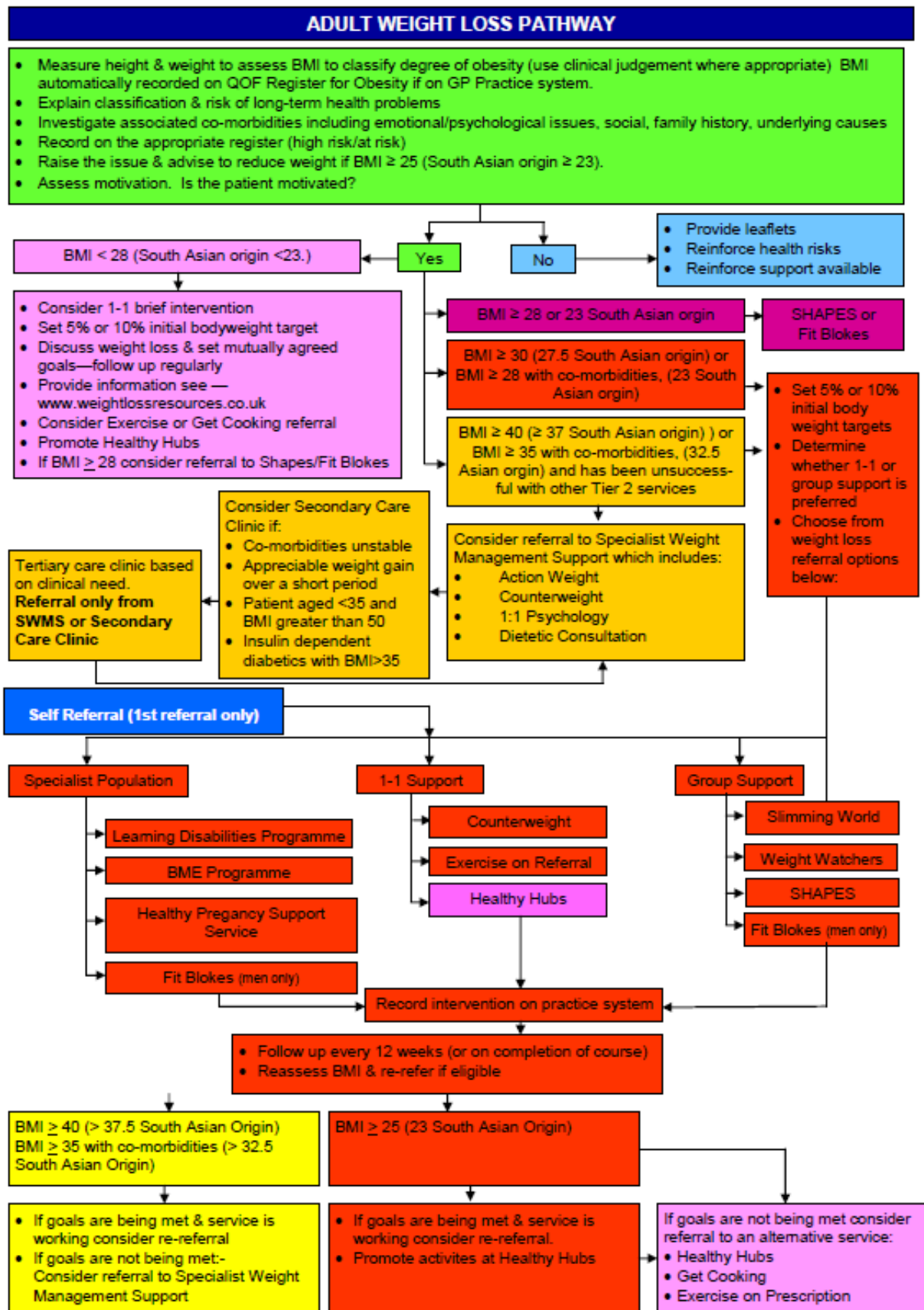
- ☐ We may use your personal details to contact you in the future to inform you about public health services or events. Please tick this box if you are happy for us to send you such information. We will not disclose, transfer or share your personal details with third parties.





Please return completed form to: Food and Nutrition Team, Office of Public Health, 8th Floor, Falcon House, The Minories, Dudley, DY2 8PG
Tel: 01384 816491 Fax: 01384 818021
Email: nutrition@dudley.gov.uk Website: www.lets-get.com



Chapter 3 - Adult Weight Loss Pathway



Weight Management Referral Form

 WEIGHT MANAGEMENT REFERRAL FORM 	
Patient Name NHS No. (if known) Home Address Post Code Telephone No Gender Male/Female D.O.B/...../..... GP Name GP Address	
ETHNICITY (PLEASE TICK APPROPRIATE BOX)	
White; English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/> Mixed / Multiple ethnic groups; White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> Asian / Asian British; Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/> Black / Africa / Caribbean / Black British; African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Any other ethnic group; Arab <input type="checkbox"/> Yemeni <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to state; <input type="checkbox"/>	
REFERRERS DETAILS	
Name (please print) Job Title (please print) Base: (please print) Contact No: (please print)	
ASSESSMENT DETAILS (PLEASE COMPLETE ALL BOXES WHERE APPLICABLE AS INCOMPLETE FORMS WILL BE RETURNED)	
Height (M) *must be completed <input type="text"/> Weight (Kg) *must be completed <input type="text"/> BMI Score *must be completed <input type="text"/>	
REFERRAL LEVEL 2 Weight Management Team	REFERRAL LEVEL 2* Specialist Weight Management Support
Weight Watchers <input type="checkbox"/> Slimming World <input type="checkbox"/> SHAPES <input type="checkbox"/> Fit Blokes Club <input type="checkbox"/> Counterweight <input type="checkbox"/> Referral Number	Specialist Weight Management Support <input type="checkbox"/> <i>This includes:</i> <i>Action Weight, Specialist Counterweight, 1:1 support from Psychology & Dietetics and Bariatric Assessment from a GP.</i>
Criteria for Referral (except SHAPES and Fit Blokes) • BMI ≥ 30 (27.5 south Asian) • BMI ≥ 28 (23 south Asian) with co-morbidities. • Patient is motivated and ready to change SHAPES and Fit Blokes • BMI ≥ 28 (23 south Asian)	Criteria for Referral • BMI ≥ 40 (37.5 south Asian) & has completed a level 1 & 2 service • BMI ≥ 35 (32.5 south Asian) with comorbidities & has completed a level 1 & 2 service • Aged over 18 and is motivated and ready to change.
DETAILS OF CO-MORBIDITIES (MUST BE COMPLETED) Previous or current history of the following?	
Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Patient has a Learning Difficulty/Disability <input type="checkbox"/> Most recent BP reading *must be completed for SHAPES / Fit Blokes Club / Specialist Weight Management Service //..... Any other co-morbidities..... Any factors that would prevent patient from exercising.....	
CLINICAL DECLARATION — <u>Voucher patients who have not met weight loss target only</u>	
In my clinical opinion the following health condition/s (please state)is the reason why this patient has not met their weight loss target on this occasion.	
GEOGRAPHIC ELIGIBILITY CONFIRMATION <u>Please tick one box only.</u>	
Patient lives in the Dudley borough <input type="checkbox"/> Patient works in the Dudley borough (if ticked please attach proof of current employment) <input type="checkbox"/>	
STATEMENT OF CONSENT— *Please note: only GP's can refer to SHAPES & Fit Blokes Club	
I (name of referrer) refer the above patient under the terms and conditions of our mutually agreed protocol. Referrer Signature Date of Referral Courier Number I the patient understand and give my informed consent that the service and relevant service partners (Weight Watchers, Slimming World, Pharmalead, Action Heart, Dudley Group of Hospitals and Black Country Partnership where applicable) will view and keep my personal details in order to deal effectively with my referral and for auditing and evaluation purposes in accordance with the Data Protection Act. Only anonymous details will be published without my expressed consent. If I have chosen to use Specialist Weight Management Support I consent to the team viewing my relevant blood test results and liaising with my GP about my health status. I agree that I may be contacted within 24 months after the end of the service for evaluation purposes. If I have requested vouchers, I confirm that I have not been a paying member to my selected service within the last 3 months. Patient Print Name Signature Date	
ALL PARTS OF THIS FORM MUST BE FILLED SO THE REFERRAL CAN BE PROCESSED. FORMS WITH MISSING INFORMATION CANNOT BE PROCESSED AND THE PATIENT WILL BE INFORMED. Please fax this COMPLETED form to the Weight Management Team, The Office of Public Health, Dudley MBC, 8th Floor - Falcon House, The Minories, Dudley, West Midlands, DY2 8PG. Tel: 01384 814444-- FAX: 01384 818021—Email: weight.management@nhs.net	

Individuals can also be referred using the Lifestyle Single Point of Contact Referral form available on paper (see Chapter 8), through EMIS Web in GP surgeries and through the PharmOutcomes NHS Health Check template.

Managing overweight and obesity in adults

NICE Guidance 53, 'Managing overweight and obesity in adults – lifestyle weight management services', makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (aged 18 and over). It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active.

The aim is to help meet a range of public health goals. These include helping reduce the risk of the main diseases associated with obesity, for example: coronary heart disease, stroke, hypertension, osteoarthritis, type 2 diabetes and various cancers (endometrial, breast, kidney and colon).

The focus is on lifestyle weight management programmes that:

- Accept self-referrals or referrals from health or social care practitioners
- Are provided by the public, private or voluntary sector
- Are based in the community, workplaces, primary care or online

Usually known as 'tier 2' services, these programmes are just 1 part of a comprehensive approach to preventing and treating obesity. Clinical judgement will be needed to determine whether they are suitable for people with conditions that increase the risk of, or are associated with, obesity or who have complex needs.

Different tiers of weight management services cover different activities

- Tier 1 covers universal services (such as health promotion or primary care). This is managed by the Physical Activity and Food Team, Public Health, Dudley Borough Council

- Tier 2 covers lifestyle interventions which are managed by the Weight Management Team, Public Health, Dudley Borough Council
- Tier 2+ services include specialist weight management services provided by the Dudley Group of Hospitals NHS Foundation Trust with onward referral to Shrewsbury and Telford Hospitals NHS Trust for bariatric surgery.

Body mass index

Body mass index (BMI) is commonly used to measure whether or not adults are a healthy weight or underweight, overweight or obese. It is defined as weight in kilograms divided by the square of height in metres (kg/m²).

A BMI calculator is available at www.slimdowndudley.co.uk

Adults are assessed to see if they are overweight or obese using their body mass index (BMI). The following table shows the cut-off points for a healthy weight or being overweight or obese:

Classification	BMI (kg/m ²)
Healthy weight	18.5–24.9
Overweight	25–29.9
Obesity I	30–34.9
Obesity II	35–39.9
Obesity III	40 or more

The use of lower BMI thresholds to trigger action to reduce the risk of conditions such as type 2 diabetes has been recommended for black African, African–Caribbean and Asian groups. The lower thresholds are 23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk.

(See [“BMI and waist circumference – black, Asian and minority ethnic groups”, NICE public health guidance 46](#))

BMI is a less accurate indicator of adiposity in adults who are highly muscular, so it should be interpreted with caution in this group.

Waist circumference can also be used to assess whether someone is at risk of health problems because they are overweight or obese (up to a BMI of 35).

- For men, a waist circumference of less than 94 cm is low risk, 94–102 cm is high and more than 102 cm is very high risk
- For women, a waist circumference of less than 80 cm is low risk, 80–88 cm is high and more than 88 cm is very high risk

Taking Measurements

Height Measurement (in Metres)

- The height should be measured with the base plate on a firm and level surface, preferably with a perpendicular surface to ensure the measure is vertical
- Ask the individual to remove their shoes and stand on the base plate with their back to the measure
- If the subject has a ponytail or other hair dressing that may affect the result, ask them to remove it
- Ask the subject to stand as tall and straight as possible with feet together and arms loosely at the side and shoulders relaxed
- The head should be placed in the Frankfurt Plan, such that an imaginary line joining the upper margin of the external auditory meatus and the lower border of the eye is horizontal. (Ensure that the subject is looking straight ahead with the back of their head against the plate.)
- Lower the head plate so that it gently rests on the highest part of the subject's head. Press down to flatten hair
- Read the height measurement from where the arrow points to on the measure to the nearest cm

Weight Measurement (in kilograms)

- The individual should remove their shoes and coat and heavy outerwear for this test
- Ensure scales have been calibrated/serviced within the specified time range.
- Set scale to '0'
- Ask the individual to step on scales
- Wait for weight to register properly
- Record weight (in kg)

Waist Circumference (in centimetres)

- Measure waist circumference at the mid-point between iliac crest (top of hipbone) and last rib (bottom of rib cage)
- For larger patients where it may be difficult to isolate this point, the measurement across the umbilicus should be used
- The tape should be maintained along a straight horizontal line parallel to the ground whilst the measurement is taken
- The skin should not be depressed, but the tape should be touching the whole circumference without any gaping
- The point where measurement is taken should be indicated in the patient's notes to allow for comparison of subsequent readings

Raising the issue of weight with adults

- We use a measure called BMI to assess whether people are the right weight for their height. Using your measurements we can see that your BMI is in the [overweight/obese] category. When weight goes into the [overweight/obese] category this can seriously affect your health.
- We use waist circumference in people with a BMI of >35 to identify increased risk as part of the clinical judgement for referral.
- If a person has a BMI of >25 and obesity related conditions: Your weight is likely to be affecting your [co-morbidity/condition]. The extra weight is also putting you at greater risk of diabetes, heart disease and cancer.
- If the patient has a BMI of >30 and no co-morbidities: Your weight is likely to affect your health in the future. You will be at greater risk of developing diabetes, heart disease and cancer.

- If patient has BMI of >25 and no co-morbidities: Any increase in your weight is likely to affect your health in the future.
- Losing 5-10% of your initial body weight will reduce your risk of getting CHD, diabetes, joint problems, high blood pressure for example and improve your [co-morbidity].

Readiness to Change

Overweight/obese people are more motivated to lose weight if advised to do so by a health professional.

Some Key Trigger Questions

- How important is losing weight at the moment?
- What would have to change in your life for you to be able to tackle your weight?
- Are you concerned about your weight?
- Do you believe that you could lose weight? On a scale of 1 to 10 how motivated do you feel to lose weight?
- On a scale of 1 to 10 how confident do you feel that you could lose weight?
- Is your weight affecting your life in any way at the moment?

There may be circumstances where a health professional should recommend weight management to an overweight or obese patient with established disease even if they lack motivation. This should be at the clinician's discretion.

Referral into Weight Management Services

To be eligible to use our weight management services you must be a resident or work within Dudley borough.

Commercial Weight Loss Services – Slimming World and Weight Watchers:

- 12 weeks FREE membership to attend either Weight Watchers or Slimming World for clients who meet our BMI criteria.
- BMI of 30 and above (or 27.5 and above if of South Asian origin)

- BMI of 28 and above (or 23 and above if of South Asian origin) with relevant cardiovascular health conditions confirmed by their GP.
- Complete the referral form and return to the Weight Management Team in Public Health.
- The patient will receive a letter asking them to call the Telephone Assessment Line or complete a written assessment.
- During the call the patient's motivation and the suitability of the service will be assessed.
- All patients who pass the assessment are sent the resources they need, by post which enables them to attend any group of their choice free of charge.
- All patients will be set a weight loss target of 5% for their first referral
- If the patient's BMI is still eligible at the end of 12 weeks and if they have been attending regularly and met their weight loss target they may be eligible to receive further voucher packs.

A Referral Form is available from weight.management@dudley.gov.uk.

Patients can self refer for their first referral - visit www.slimdowndudley.co.uk

Referrals for Non Commercial Services

Shapes

- 10 week weight loss programme which runs twice a week and includes both exercise and nutrition.
- The programme is delivered at Dudley Leisure Centre, Halesowen Leisure Centre and Mary Stevens Park, Stourbridge
- The BMI criteria for programme is 28 or above (or 23 and above if of South Asian origin)

Fit Blokes

- 12 week weight loss programme for men delivered once a week by a male instructor.
- The programme is delivered at Huntingtree Park, Halesowen and Netherton Park.
- The BMI criteria for programme is 28 or above (or 23 and above if of South Asian origin)

Counterweight

- This is a weight loss service for anyone who prefers one to one support.

- The programme supports lifestyle and behaviour change and consists of nine appointments over a 12 month period and delivered in selected GP practices and pharmacies across the borough.
- The BMI criteria for this programme is BMI of 30 and above (or 27.5 and above if of South Asian origin)

Referral Process

- Complete the relevant referral form and return to the Weight Management Team in Public Health.
- The Team will call the patient and describe the service and inform the patient of the next group start date and location.
- During the call the patient's motivation and the suitability of the service will be assessed.
- Interested patients will be placed onto a group or put onto the waiting list.
- All groups are facilitated by trained sessional workers and are free of charge.
- The patient must commit to the whole course.

Specialist Weight Management

This is an enhanced tier 2 service for adults who have been unsuccessful in losing weight with our other weight management services and who are very overweight. The service is for clients with a BMI of 40 or above (37.5 or above if of south Asian origin) and if you have previously tried to lose weight at another weight loss service without success. The programme provides a service specifically tailored to a client's individual needs which will be discussed with the client on an individual basis with our Specialist GP or psychologist.

The package of options includes:

- Action Weight – a 12 week programme delivered by a multi-disciplinary team at Action Heart, Russell Hall Hospital. The team includes a counsellor, dietitian and physical activity advisor.
- Specialist Counterweight – a 1:1 weight loss programme delivered over 1 year at Central Clinic Dudley
- 1:1 Psychological support
- Dietetic consultation

- 12 exercise referral with Action Heart

Learning Disabilities Programme

The Learning Disabilities programme provides a range of weight loss services for clients with a learning disability. Each service offered is run in partnership between the Office of Public Health and The Ridgehill Learning Centre, Health Access Team. The service offers a person centred approach to weight management and participants may be offered group or one-to-one support depending on their needs. Each person receives a personalised individual assessment, so that their exact needs are established. We offer a variety physical activities and practical healthy living advice tailored to each individual.

The package of options includes:

- Counterweight LD
- Counterweight for adults with learning disabilities is a one to one intervention that runs for 18 months. The service is tailored to the individual and promotes weight loss by supporting adults to make long term lifestyle changes.
- Slimmers' Kitchen - a weekly group which encourages healthy eating and physical activity. The programme is a 15 week course delivered by staff with specialist knowledge of working with this group of clients.
- Carers Training - two days training for carers of adults with Learning Disabilities. The training aims to enable carers to feel confident in addressing and supporting the weight loss and weight management needs to people with a learning disability.

The following conditions must be satisfied in order to refer a patient to the Learning Disabilities Programme:

- The patient must have a BMI $\geq 30\text{kg/m}^2$ or 27.5kg/m^2 for patients of [South Asian](#) origin.
- The patient must have a learning disability. A DES Health Check must be complete

To refer:

Complete the Learning Disabilities Referral Form available from the weight management team at weight.management@dudley.gov.uk

Community Dietitian Referral

In some instances a referral to a dietitian may be more appropriate (e.g. co-morbidities, housebound patients). A referral form for this service is available from the weight management team at weight.management@dudley.gov.uk

Criteria for referral to the Weight Management Clinic at Dudley Group of Hospitals

- Where co-morbidities are unstable
- Appreciable weight gain over a short period
- Post bariatric surgery
- Adults under 35 years of age with a BMI greater than 50.
- Type 1 diabetic or type 2 diabetic controlled by insulin with a BMI>35

N.B. Patients are not eligible to attend both Specialist Weight Management Support and the Secondary Care Clinic.

Bariatric Surgery

The Secondary Care Clinic, Dudley Group of Hospitals NHS Foundation Trust will act as gate-keeper for bariatric surgery referral. It will allow Dudley to fully meet the [NICE Guidance on Obesity](#) criteria.

The Clinical Commission Group is currently working to the [NHS England Commission Guidelines](#) for complex and specialised obesity.

Locally, the Metabolic Clinic at DGOH also uses the Dudley Bariatric Surgery Co-morbidity Assessment, [DUBASCO](#) score that combines BMI and co-morbidity risk. Score levels are based on BMI level, numbers of co-morbidities and the degree of control. Scores of 10 or more are considered eligible for bariatric surgery.

Eligibility for bariatric surgery

- Surgery will only be considered as a treatment option for people with morbid obesity providing all of the following criteria are fulfilled:

- The individual is considered morbidly obese. For the purpose of this policy bariatric surgery will be offered to adults with a BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² or greater in the presence of other significant diseases.
- There must be formalised MDT led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management.
- Such medical evaluation is mandatory prior to entering a surgical pathway.
- Morbid/severe obesity has been present for at least five years.
- The individual has recently received and complied with a local specialist obesity service weight loss programme.

Chapter 4 - Physical Activity

The current Department of Health recommendation for physical activity states that adults can achieve their recommended level of activity by doing any one of the following options as a minimum:

Option 1 – Moderate Activity: At least 150 minutes (2 hours and 30 minutes) of [moderate-intensity aerobic activity](#) such as cycling or fast walking every week, including [muscle-strengthening activities](#) on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

Option 2 – Vigorous Activity: 75 minutes (1 hour and 15 minutes) of [vigorous-intensity aerobic activity](#) such as running or a game of singles tennis every week, including muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

Option 3 – A combination of moderate and vigorous activity: An equivalent mix of moderate and vigorous-intensity aerobic activity every week (for example two 30-minute runs plus 30 minutes of brisk walking), including muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

The activity can be done in bouts of at least 10 minutes and built up during the week.

Definitions of the intensity of Physical Activity undertaken

The key to using these definitions is to focus on the rate of exertion rather than the activity, as it is the determining factor for individual health outcomes. It also enables people of all ages and abilities to be assessed by the same criteria.

Intensity of activity	Impact on individual / rate of exertion
Vigorous	Heart beats rapidly, breathing hard.
Moderate	Breathing harder than normal and feeling warmer.
Mild	Minimal effort, very easy.

- E.g. A 70 year old lady may do line dancing, which makes her heart beat rapidly and her breathing hard, therefore she is performing a vigorous activity.
- On the other hand an active 25 year old man may go cycling, and yet only be breathing a little harder than normal and feeling warmer, which for him would be a moderate activity.

The exercise should be within the patient's own limits and if embarking on a new exercise regime after a sedentary lifestyle, should be built up gradually starting with mild activity.

As only 30% of adults currently meet the Department of Health recommendation, it is safe and appropriate to recommend physical activity (particularly walking) to almost all patients. However if exercise provokes discomfort, the exercise should be stopped and the patient should be referred to the Action Heart for an exercise test/ECG.

If the patient has new symptoms awaiting investigation or has significant risk factors they must be referred to Action Heart using Form A. Exercise should not be encouraged if the GP or cardiologist has advised against it.

Defining Criteria

There are 5 categories that people can be placed into based on their levels of physical activity. These are shown in the table below;

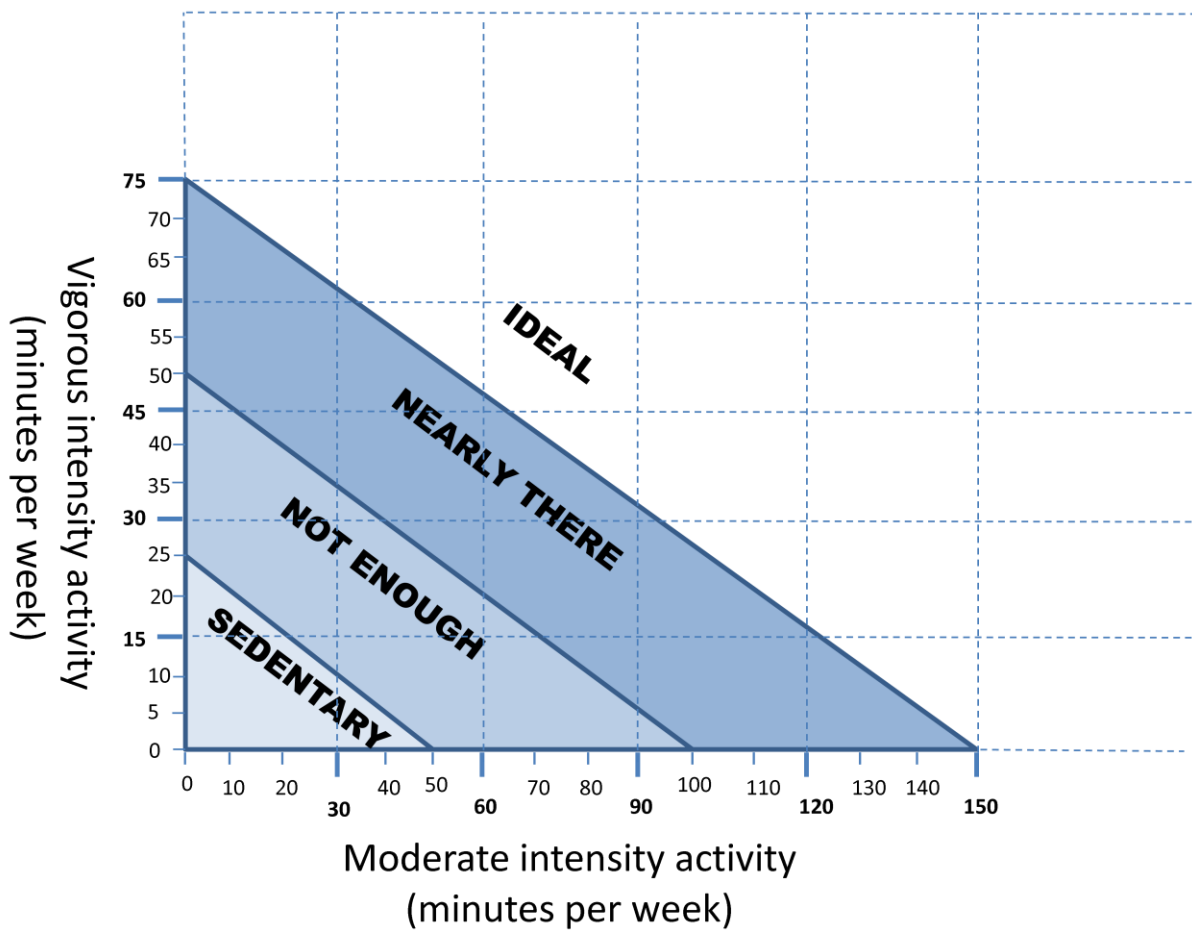
Category	Recommendation
Active or Ideal	This patient is meeting the activity recommendation, and should be encouraged to

	maintain their activity levels.
Moderately Active or 'Nearly There'	The patient is almost doing enough activity to meet the recommendation; they should be encouraged to increase the activity level enough to meet the recommendation.
Moderately Inactive or 'Not Enough'	The patient is doing some activity, but needs to be encouraged to significantly increase activity levels, working towards the recommendation as a long term goal.
Inactive or 'Sedentary'	The patient is not any activity at the moment and needs to be encouraged to start taking some physical activity, starting with a little and increasing gradually.
Inappropriate	Due to injury, illness, medication or an unstable medical condition a patient's activity level may be classed as Inappropriate. In this instance the risks of physical activity/exercise are disproportionately high to the benefits.

Which category a patient fits into can be calculated by plotting the weekly amount of vigorous and moderate intensity they undertake onto the chart below.

Physical Activity Self Assessment

Dudley Public Health, Physical Activity Team (2011)



The following page outlines all of the physical activity referral options, to include the use of the General Practice Physical Activity Questionnaire (GPPAQ).

Patients who are not meeting the Department of Health recommendation (nearly 70%), identified using the GPPAQ (or other screening methods) can be referred to Dudley's Exercise Referral Programme using three referral pathways using the resources and protocols that follow.

Dudley GPPAQ

Date:

Name:

NHS No:

1. Please tell us the type and amount of physical activity involved in your work

Classification		Please mark box only
A Sedentary	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
B Sedentary	I spend most of my time at work sitting (such as in an office)	
C Standing	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
D Physical	My work involves definite physical effort including handling heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc)	
E Heavy Manual	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

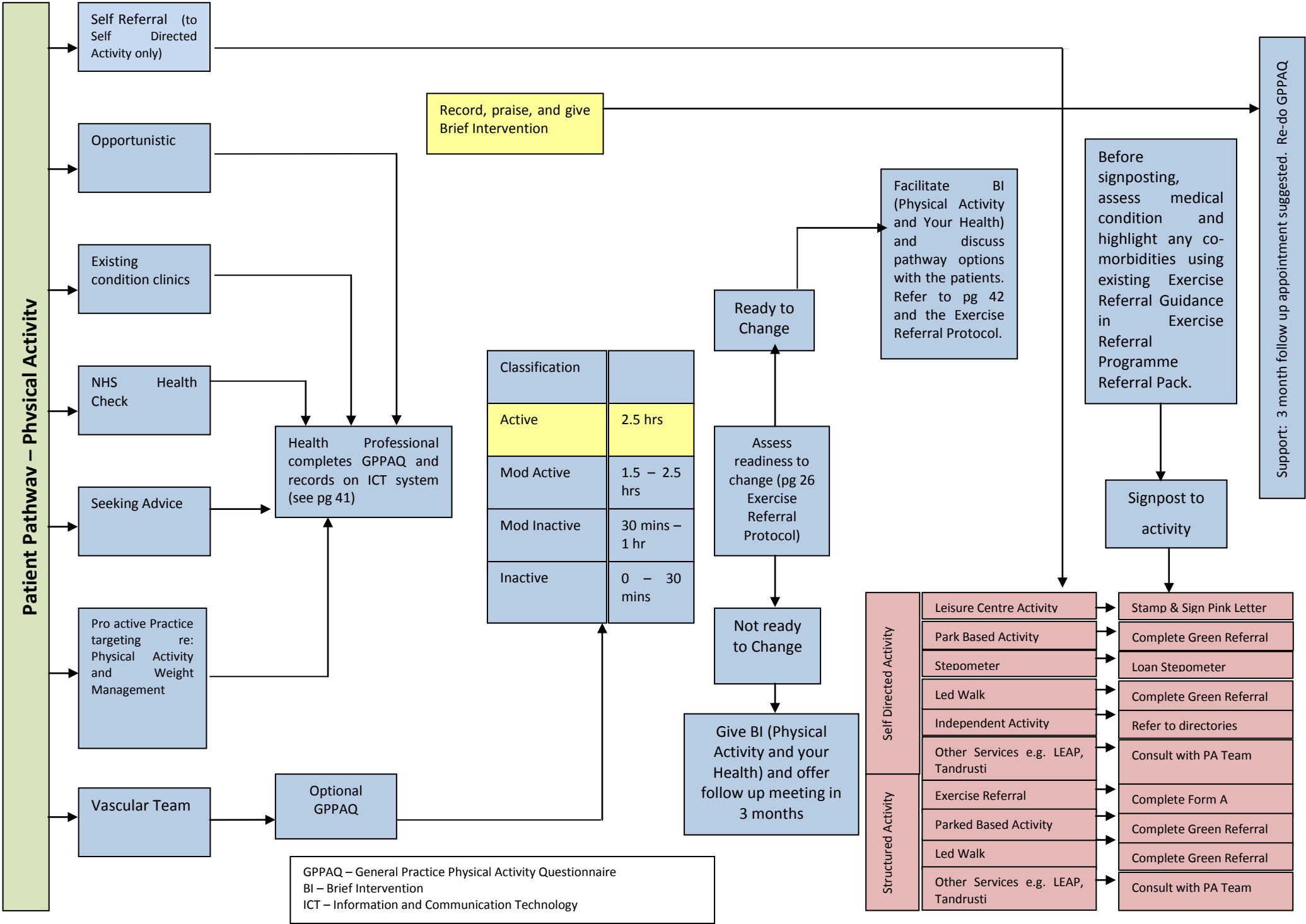
2. During the *last week*, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not

Please mark one box only in each row with a tick

		None	Up to 1 hour	1 – 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc at a brisk pace ≥ 4 mph)				
<div style="display: flex; justify-content: space-between;"> Health Professional Use Only Total Ticks Calculation </div>					
			X1	X2	X3

Summary for referral Using GPPAQ

	Occupation			
Physical Activity (hr/wk)	Sedentary	Standing	Physical	Heavy Manual
0	Inactive	Moderately Inactive	Moderately Active	Active
Some but <1	Moderately Inactive	Moderately Active	Active	Active
1-2.9	Moderately Active	Active	Active	Active
≥ 3	Active	Active	Active	Active
Refer all those in red/orange or yellow boxes				



Supervised Exercise Referral Service Summary

Activity Stations

- Action Heart – Russells Hall Hospital
- Crystal Leisure Centre – Stourbridge
- Halesowen Leisure Centre – Halesowen
- Dudley Leisure Centre – Dudley
- Mary Stevens Park, Stourbridge
- Huntingtree Park, Halesowen
- Netherton Park, Netherton
- Silver Jubilee Park, Coseley

Length of Referral 12 weeks (regardless of activity station)

Activity type 12 weeks gym based. Alternative activities will be discussed at wk 6 and at wk 12

Cost

- Action Heart: 12 weeks free, then if appropriate they may be offered membership with unlimited access for £22 per month or once per week attendance £12 per month
- Dudley Council Leisure Centres: 24 weeks at 1/2 price, then all participants will be offered membership from £22.00 or can continue 'pay & play' (subsidy not limited to the fitness suite – also include swimming/badminton/ bowls/exercise classes – VENUE SPECIFIC).
- Fitness Suite Induction £5 (after subsidy)
- Fitness Suite Fee approx £2.50 (after subsidy)

ALL PRICES VENUE SPECIFIC AND CORRECT AT TIME OF WRITING

All parks venues The activities in the parks are free of charge.

Time Participants are **not** limited to off-peak usage

Age Limit

All participants referred to Action Heart or a leisure centre must be over 12. There is no upper limit. For parks, referrals are for those aged 16 and over.

Repeat Referral

Once referred, patients **cannot** have a repeat referral until 12 months have elapsed since the patient's last recorded attendance on their previous referral.

For all referral forms please contact the Physical Activity Team:

01384 816479 or rama.patel@dudley.gov.uk

Useful Links

Let's Get Website link (www.lets-get.com)

Steps to Health Discount Leisure Scheme Protocol

1. The *Steps to Health* poster should be displayed in an appropriate place
2. Store the *Steps to Health* recommendation letter in your consultation room
3. When discussing patient's activity levels ask them if they are aware of the scheme. If the patient is sedentary (see FAQ's sheet) ask them if they would like to benefit from 12 months subsidised (50% off membership or pay per session) admission to Dudley Council's Leisure Centres.
4. When a patient requests a letter
 - Stamp the letter in the box on the right (using the practice stamp)
 - Sign the letter (over the practice stamp).
5. The letter informs the patient of the next steps, and the terms and conditions of the offer.
6. When you only have 5 *Steps to Health* letters left call Bal Johal or Rama Patel on 01384 816479 or email Balraj.johal@dudley.gov.uk or rama.patel@dudley.gov.uk to request further copies.
Please do not make your own copies!

Steps To Health Frequently Asked Questions

Q1. Who is eligible to join the Steps to Health scheme?

A1. Anyone who does not currently meet the DOH recommendation to take part in at least 30 minutes of moderate physical activity, at least 5 times a week, every week.

Anyone who has previously taken up the Steps to Health offer, or is an existing member at a Dudley Leisure Centre is **not** eligible.

Q2. What counts as physical activity?

A2. Physical activity is any form of exercise or movement and may include planned activity such as walking, basketball, or other sports. It also includes other daily activities such as housework, gardening, DIY etc.

Q3. What is moderate intensity?

A3. During a moderate intensity you should feel warm and slightly out of breath, but be able to continue a conversation throughout the activity. Most activities can be performed at a moderate intensity and this is different for each person.

Q4. What happens after 12 months?

A4. 12 months after your first visit to the leisure centre you will become a full paying exerciser, unless you are eligible for the Dudley Council's Options+ Card. The leisure centre staff will discuss this with you when the time comes.

Q5. Which Leisure Centres can be used?

A5.

Crystal Leisure Centre	Dudley Leisure Centre	Halesowen Leisure Centre
Bell Street	Wellington Road	Great Cornbow
Stourbridge	Dudley	Halesowen
West Midlands	West Midlands	West Midlands
DY8 1AE	DY1 1UH	B63 3AF
01384 812 800	01384 812 800	01384 812 800

Q6. What activities are included?

A6. Exercise Classes, Swimming, Fitness Suite, Racket Sports, Bowls, Badminton

Q7. Can patients re-join after 12 months?

A7. No, once a patient has joined the scheme and enjoyed a 12-month period at a subsidy they will have to pay full price.

Q8. How does the practice get more letters?

A8. When you only have 5 *Steps to Health* letters left in reception call Rama Patel on 01384 816479 or email rama.patel@dudley.gov.uk to request further copies.

Q9. Can I just copy the letters myself?

A9. No, the letters have to be copied in colour and printed on pink paper. Also by ordering them from Public Health we can register how many letters have gone out to the practices and use this figure to evaluate the scheme.

Q10. If the patient has any further questions who should they contact?

A10. If the question is about the Leisure Centre/Council policy/the Options+ card then they should call 01384 815 594. For all other queries they should call 01384 816460

For the Walking Programme/Outdoor Activity Programme referral form, or more information regarding any aspect of physical activity programme please contact the Physical Activity Team in Public Health:

- Physical Activity CHD Prevention Programme Manager - 01384 816462
- Physical Activity Coordinator - 01384 816460
- Project Support Officer - 01384 816479

Action Heart

Director of Action Heart, or Head of Clinic,
on 01384 292233

Health Club Manager

01384 456111 ext.1470

<http://www.actionheartrunning.com/action-heart>

Further information may be accessed from:

www.Lets-get.com – Dudley Physical activity and nutrition website

www.bhf.org.uk e.g. "Physical Activity for Weight Loss"

People with Physical and/or Sensory Impairment/Disability

A person with physical disability is defined as someone "... with a physical... impairment, which has a substantial and long-term effect on his or her ability to carry out day-to-day activities" (Department of Health (2003) A Practical Guide for Disabled People or Carers) e.g. individuals with musculo-skeletal disorders such as osteo-arthritis, individuals with spinal injury. Sensory impairment can be defined as being when one of the senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal (e.g. visual impairment; hearing impairment; individuals who have impairment following a stroke or spinal injury)

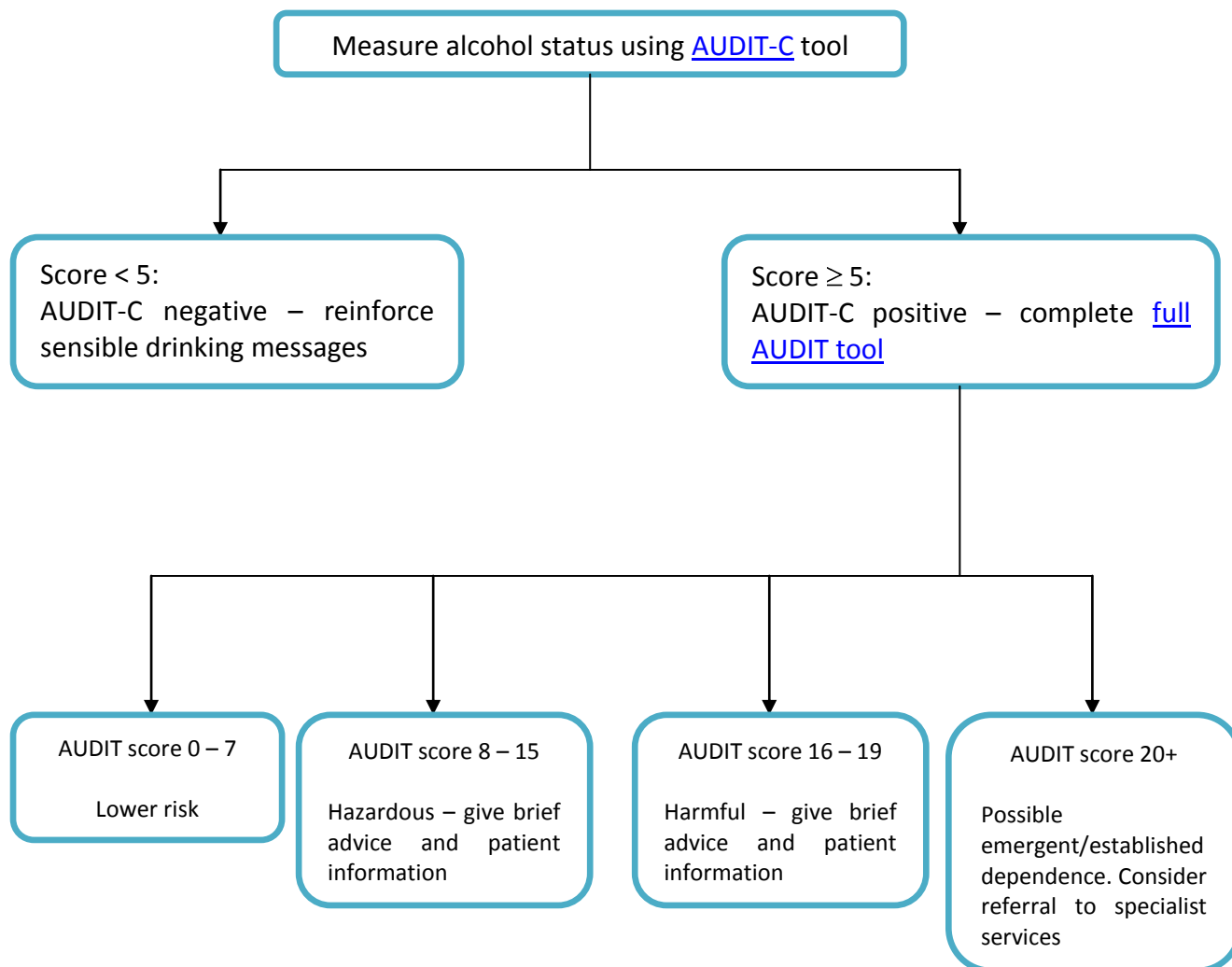
Having such a disability or impairment could possibly affect a person's ability to undertake physical activity at levels which would be of benefit to cardiovascular health, reduction of diabetes risk and weight reduction.

There is no specific physical activity pathway for individuals with physical and or sensory impairment/disability due to the diverse nature of individual preferences and abilities. All local authority leisure centre and outdoor gyms in Dudley borough have been fitted with fitness equipment that is inclusive and suitable for individuals with physical and/or sensory disability, and staff at the sites will be able to offer appropriate assistance. A standard referral can be made to any of the physical activity referral stations specifying the particular support that is required for the person. Additional facilities for people with visual impairment can be accessed at [Beacon Centre for the Blind Activity Centre](#), telephone **01902 880111** or email activeeyes@beacon4blind.co.uk for more information, or through the LEAP over 50 project at [Age UK](#) on **01384 343 535** or email leapover50@ageukdudley.org.uk

Chapter 5 – Substance Misuse

Alcohol Pathway

The Alcohol Identification and Brief Advice Pathway for Primary Care



With thanks to the [Alcohol Learning Centre](#), [Department of Health](#) and [World Health Organisation](#).

Overview

Alcohol in moderation will cause little if any long term harm, however, discussing alcohol intake with patients can make many practitioners feel uncomfortable as they are concerned about dealing with dependence and are unsure themselves of what the recommended levels are; co-morbidities and medication may affect how much alcohol a patient can drink.

Increased alcohol intake is associated with cardiovascular disease, hypertension, liver disease, gastrointestinal tract conditions, raised lipids, cancers, obesity and mental health problems. It costs the NHS approximately £3000 million per year; this does not include the costs of informal care and lost productivity.

Evidence shows that around 1 in 8 people who receive advice about their alcohol intake will reduce the amount they are drinking.

Inclusion Criteria

Patients who are identified as consuming harmful, hazardous and dependant levels of alcohol.

Modern Drinking Habits

Increased accessibility to alcohol, reduced prices and changes to the licensing laws has led to changes in drinking habits in the UK. For example: wine glasses in pubs now tend to be larger than they were ten to fifteen years ago; people tend to use larger glasses at home and are less likely to monitor their drinking in this environment; many common types of alcohol, for example beer and wine, now have higher strengths compared to twenty years ago.

Terminology

There is a lot of confusion around terms associated with alcohol intake; the following terms are commonly used.

- Lower risk drinking implies that no level of alcohol consumption is completely safe. The context can determine the level of risk, for example drinking and driving.

- Increasing risk drinking means regularly drinking more than 2-3 units a day.
- Higher risk drinking means regularly drinking more than 6 units per day for women or more than 8 units per day for men or more than 35 units per week (women) and more than 50 units per week (men).

Binge drinking is a term frequently used in the media. It can be risky in the case of intoxication, drinking more than 6 units in a single drinking session i.e. twice the daily limit in a night out.

Assessing Drinking Habits

The generic AUDIT-C tool developed by WHO, is designed to be amended and used locally to assess drinking habits and risk arising from these habits. The AUDIT-C form in this section reflects the UK definition of units and categorises groups of drinkers using the relevant risk terminology appropriate for England. WHO defines hazardous drinkers as those drinking above recognised 'sensible' levels but not yet experiencing harm and harmful drinkers as those drinking above 'recommended' levels and currently experiencing harm (excluding dependence). These are diagnostic terms and are not recommended for use by Public Health England, use terms reflecting the level of risk incurred by drinkers as their consumption increases. These terms – lower, increasing and higher risk drinking – are also more readily understood by the general public and reflect their current consumption and hence are more directly useful. You will see that the increasing risk category largely equates to the WHO AUDIT category of hazardous drinking and higher risk category largely equates to the WHO AUDIT category of harmful drinking although it must be emphasised that they are not exactly the same. The AUDIT itself simply identifies those who are 'likely' to fall into the WHO-defined groups.

Alcohol Intake Screening

Before attempting to screen a patient it is important to ascertain the following information:

Does patient know of recommended limits for alcohol:-

- 2-3 units a day (1-2 for those with cardiovascular co-morbidities and hypertension) with at least 2 alcohol free days per week.

There is a lot of confusion around alcohol units and a [unit calculator](#) and [useful guide to alcohol](#) can be found on the [NHS Choices website](#).

Patients need to be aware that it is not advisable to drink up to the unit limits every day, that there should be at least two alcohol free days per week.

To ascertain whether a patient is drinking above the recommended amounts of alcohol it is suggested that the AUDIT-C questionnaire is used, this has been developed in-conjunction with the World Health Organisation as a method of assessing drinking habits, identifying potential harmful drinking and enabling more intensive follow-up.

The full AUDIT screening tool can be used for those individuals with a positive AUDIT-C score, followed up by brief intervention and signposting to GP or specialist services for those suspected of alcohol dependency.

Links

[AUDIT C](#)

[Full AUDIT Tool](#)

Brief Alcohol Intervention (IBA)

The characteristics for IBA are:

- Opportunistic
- Based on advice
- With or without formal follow up
- Up to 10 minutes in duration
- With self-help materials

Alcohol Brief Advice is most effective for individuals who drink at increasing or higher risk levels. People who are substantially alcohol dependent will probably require a different type

of counselling over a longer period of time and they should be referred to the appropriate services.

A useful learning tool for practitioners wishing to carry out the brief alcohol intervention can be found on the [Public Health England](#) website which will guide them through use of the AUDIT-C, FAST and AUDIT alcohol screening tools and link to other useful sites.

Action Following Alcohol Intake Screening

What action to take depends very much on the AUDIT-C/AUDIT result and how a patient's drinking would be termed.

Lower Risk Drinkers (Score 0-7)

Provide positive feedback and congratulate them on their result. Educate about Lower Risk Levels and the hazards of exceeding them. Re-iterate the sensible drinking guidelines and point out that people who exceed these levels increase their chances of alcohol-related health problems like accidents, injuries, high blood pressure, liver disease, cancer and heart disease.

If Brief Advice is necessary: (Increased (Score 8-15) and higher risk (Score 16–19) drinkers)

After establishing that the AUDIT-C/AUDIT score is in the range appropriate for Brief Advice, a statement should be made to prepare the patient for the intervention. This transitional statement is best accomplished by reference to screening test results concerning the frequency, amount, or pattern of drinking and problems experienced in relation to drinking. A copy of the brief intervention advice leaflet can be shown to the patient. Not only does it contain all of the information necessary for the patient, it also provides a complete visual guide for the health worker's spoken advice.

The form contains information about the common effects of drinking on health and well being, gives individuals a comparison with other people, provides information on the benefits of cutting down, and explains units and advice on limits. The tool also allows patients to establish a goal for reducing their intake, the most important part of the Brief Advice procedure is for the patient to establish a goal to change his or her drinking

behaviour. It is probably best for the practitioner to facilitate patients to make their own decision in choosing a drinking goal.

Giving brief intervention advice uses the motivational interviewing technique which is discussed fully in Chapter 7.

Higher Risk Drinking and Alcohol Dependence (Score 20+)

Alcohol dependence is a particular form of higher risk drinking and has a particular set of characteristics. Rather than being defined by intake, dependency is essentially typified by an increased drive to use alcohol and difficulty controlling its use, despite negative consequences. There is also a risk of alcohol withdrawal on stopping. This group is relatively small compared to lower, increasing or higher risk drinkers (around 3 % of the population). However you will encounter these drinkers among your caseload. Identification and Brief Advice does not aim to target this group but focuses on increasing risk and higher risk drinkers, these individuals will require signposting or referral to specialist services.

Dependant drinkers may display one or more of the following traits:

- **Compulsive drinking** – the dependent drinker continues to drink although they may be experiencing severe consequences
- **Alcohol tolerance** – the units of alcohol needed to give the dependent drinker the intoxicating effects increases
- **Withdrawal symptoms** – the dependent drinker cannot go long without getting physical symptoms (e.g. shaking hands) of withdrawal and they seek to avoid this. The time between cessation of drinking and the onset of withdrawal begins to lessen. They are physically dependent on alcohol to function normally

If a patient displays signs and symptoms of alcohol dependence it is important that they do not stop drinking suddenly as this could potentially lead to acute alcohol withdrawal, placing the individual in danger of developing seizures which could be fatal. Detoxification must be carried out under the supervision of an experienced professional.

When to Refer Patients

An individual should be referred for more specialist alcohol assessment and interventions (e.g. referral to a specialist alcohol service) if they have one or more of the following characteristics:

- A relatively high level of alcohol-related harm
- Where the individual is an increasing or higher risk drinker who has not responded to previous brief intervention and advice and who wishes to receive further help with their alcohol problems
- A score of 20 or more on the full AUDIT screening tool
- Severe alcohol-related problems or risk of such problems (for example: violence, possible loss of job or family)
- Obvious signs of physical dependence: withdrawal symptoms, withdrawal relief or avoidance drinking, very high tolerance, memory blackouts etc.

Detoxification

Should a patient require or request detoxification due to severe dependency, refer urgently to GP. Referrals for detoxification are accepted only from the patients GP. Blood may be taken for gamma GT level (normal value 11 – 55umol/l) and LFT if not already done, as a guide to changes taking place in the liver due to excessive alcohol consumption. This may then be monitored for the patient who is reducing alcohol consumption, to show improvements being made by their actions.

Where to go for advice and support

Atlantic Recovery Centre

Atlantic House

Dudley Road

Lye

DY9 8EL

Telephone: 01384 426120 Fax: 01384 895130

The service provides specialist interventions for alcohol, drugs (Substance Misuse) and Dual Diagnosis patients as one integrated Substance Misuse Service for the Dudley borough.

Referrals accepted by professionals or patients are able to contact the service directly and self refer.

Drug Pathway

Overview

The Drug Strategy (HM Government, 2010) sets out a fundamentally different approach to tackling drugs and an entirely new ambition to reduce drug use and dependence, instead of focusing primarily on reducing the harms caused by drug misuse, the approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency. The work will be structured around three themes:

- Reducing Demand
- Restricting Supply
- Building Recovery in Communities

The strategy has two overarching aims to measure success:

- Reduce illicit and other harmful drug use; and
- Increase the number recovering from their dependence.

The strategy describes the following as best outcomes:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and well-being
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

Inclusion Criteria

Patients who present or identified as having a problem with their use of drugs should be referred to Atlantic Recovery Centre.

Where to go for advice and support

Atlantic Recovery Centre

Atlantic House

Dudley Road

Lye

DY9 8EL

Telephone: 01384 426120 Fax: 01384 895130

The service provides specialist interventions for Alcohol, Drugs (Substance Misuse) and Dual Diagnosis patients as one integrated Substance Misuse Service for the Dudley Borough.

Referrals accepted by professionals or patients can contact the service direct and self refer.



safer communities,
healthier lives

Dudley Integrated Substance Misuse Service:

By completing this form you are consenting to a representative from the above service contacting you to offer support, information and advice for drugs or alcohol concerns.

Can be completed by professional or Service User.

Name	
DOB	
Mobile Telephone Number: (Can we leave a message?)	
Address	
Substance & any other information possible.	
If appropriate: name/contact details of professional making referral	
Service User Signature:	

PLEASE SEND TO:

Dudley Integrated Substance Misuse Service
Atlantic House
Dudley Road
Lye
DY9 8EL
Fax: 01384 895 130

Email: AtlanticHouse.Dudley@cri.org.uk

IF YOU ARE A PROFESSIONAL PLEASE ALSO SEND ANY COPIES OF ASSESSMENT PAPERWORK YOU MAY HAVE.

Chapter 6 - Dudley Health Trainer Service

Dudley Health Trainer Service Pathway

Overview

The Health Trainer Service offers personalised 1-1 support to empower people to make healthier choices, and achieve a change in behaviour.

Health trainers use techniques based on psychological evidence and theories to help people change their behaviours – these techniques include goal setting, self-monitoring, creating action plans and building social support. Health trainers are local people who understand the day-to-day concerns and experiences of the people they support. They have a shared stake in improving the health of the communities they live in, and are able to offer practical advice and good connections into a range of other local services and support networks.

The Health Trainer Service is interdependent with the other Public Health lifestyle services covered in these guidelines. It provides a gateway service for those who require confidence building, motivation and support in order to feel able to access these lifestyle services. It should also step in to support those who have accessed lifestyle services previously but failed to attend, have dropped out, or have not succeeded in achieving their goals.

Inclusion Criteria

The Health Trainer Service supports people who have self identified that they would like to make a lifestyle change, but feel that they may need some additional motivation and support to succeed. Their chosen lifestyle change should be in relation to one of the following:

- Healthy eating
- Being more physically active
- Stopping smoking
- Reducing their alcohol intake
- Losing weight

The Health Trainer Service is targeted at people aged 18+ living, working or registered with a GP in the Dudley borough. The service may work with those aged 16-18 who live, study or who are registered with a GP in the Dudley borough, at their own discretion.

In addition, clients need to:

- Have an existing lifestyle risk factor such as smoking, being overweight, having low levels of physical activity, a poor diet or alcohol consumption above the recommended levels;

Or

- Have an existing long term condition which could benefit from making a lifestyle change e.g. diabetes, hypertension (these clients should be referred by their clinical team or with their agreement and have a stable condition i.e. be managing their medication etc.)

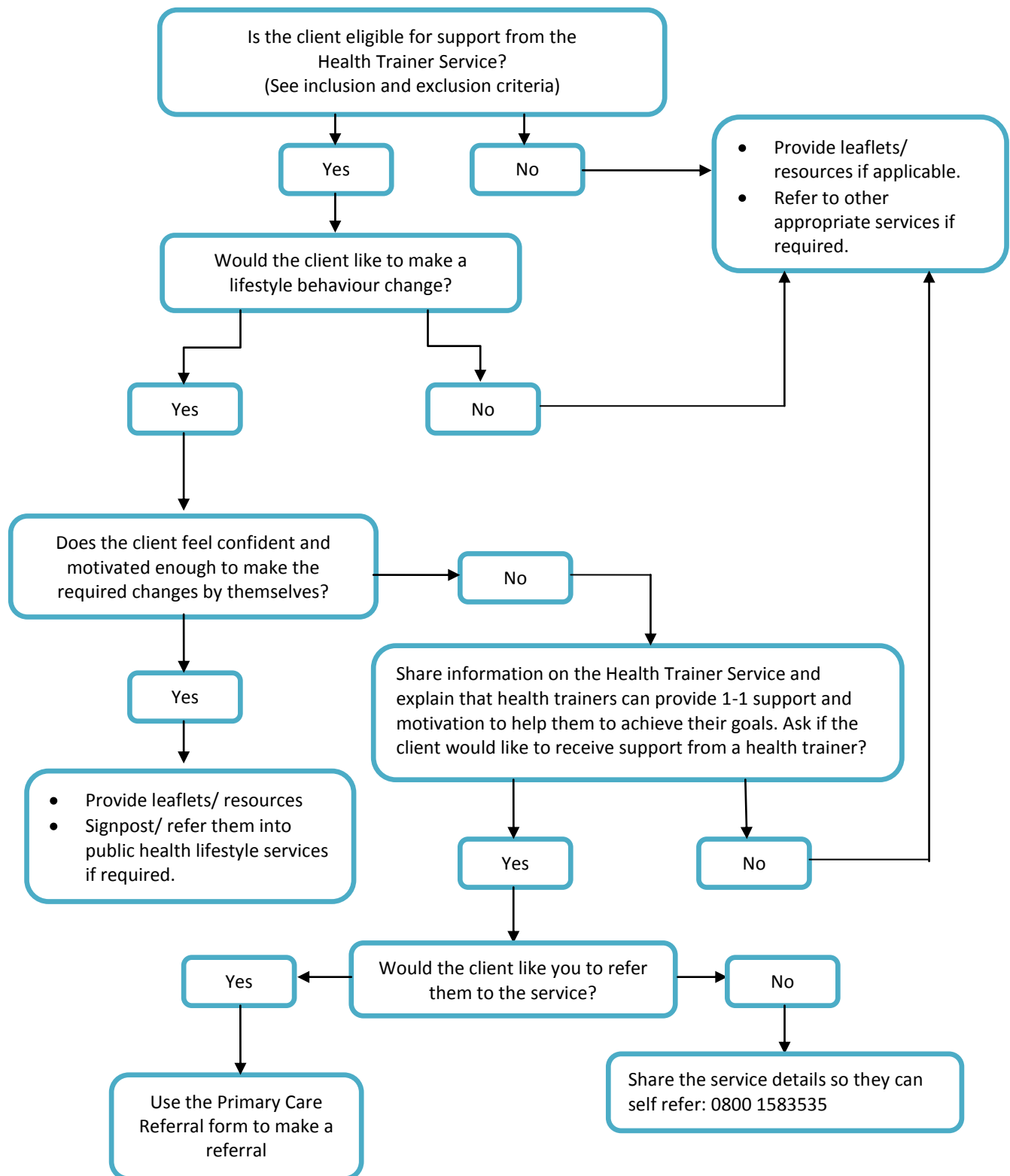
Or

- Have been referred previously to a lifestyle health improvement service but failed to attend or complete the programme.

Exclusion Criteria

People who are not living or working in Dudley borough or who are not registered with a Dudley GP are excluded. Women who are pregnant are excluded and should be referred to the Public Health Maternal and Early Years Weight Management Programme.

Referral Process



Dudley's Health Trainer Service encourages self referrals in an effort to ensure that people accessing the service are ready and committed to making a lifestyle behaviour change. If a client self refers into the service evidence shows that they are far more likely to attend appointments and to set and achieve their goals.

Service Availability

The Health Trainer Service is available:

- Monday – Friday
- Early evening appointments are available if required
- In a range of accessible venues throughout Dudley borough

The Health Trainer Intervention

Unlike many 'traditional' approaches, the health trainer approach does not focus on the advice of a health 'expert' but instead places an emphasis on encouraging, empowering and supporting clients to develop the skills needed to identify their own health goals and manage their own behaviour.

The Health Trainer Service puts the client at the centre of the intervention and aims to raise local people's health aspirations and support them to make small but significant lifestyle changes. The ultimate aim of the service is to help people become their own health trainer.

In brief, the health trainers take their client's through a staged process, as follows:

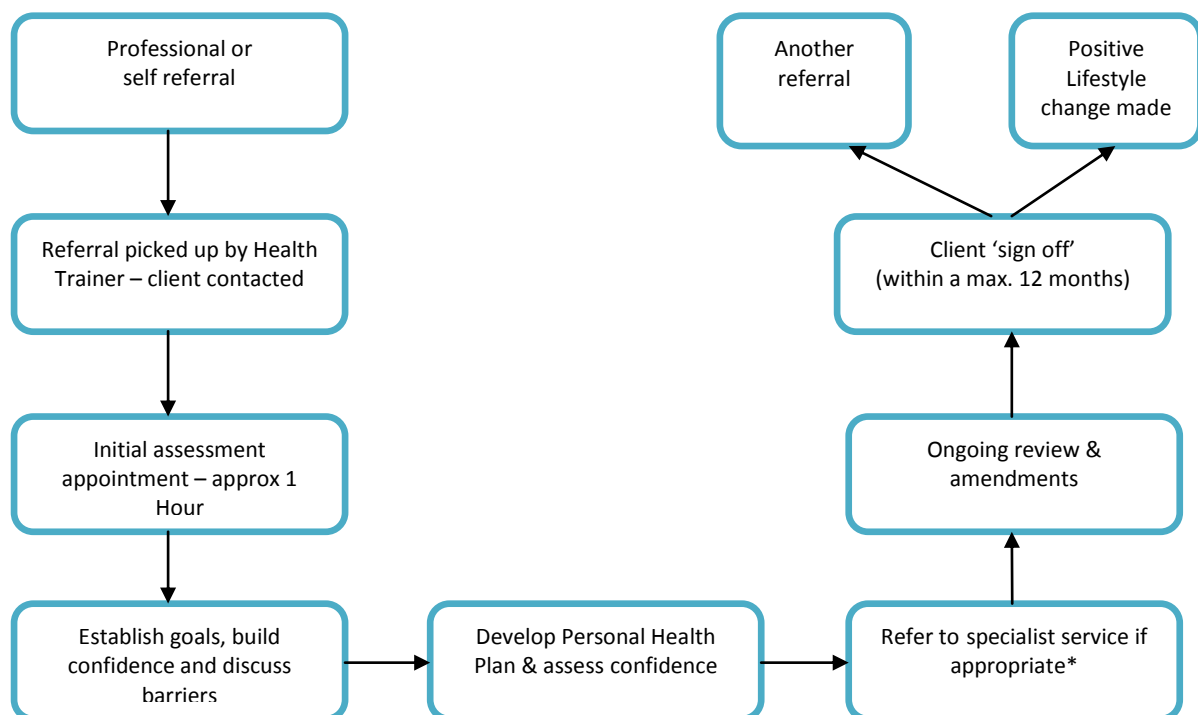
1. **Initial assessment** – to establish eligibility for the service.
2. **Lifestyle/ health behaviour assessment** - to establish lifestyle patterns, level of risk and identify potential areas for change.
3. **Decision making and goal setting** – to review and agree areas for change, and establish the most effective methods for change and agree goals.
4. **Personal health planning** – produce a personal action plan outlining actions to be taken and agreed time period.

5. **Referral** – to identify and signpost clients to other local services as appropriate and to ensure that these services can refer in to the Health Trainers Service.
6. **Review** - to review progress against the clients' personal health plans. This review should occur at an intermediate point and also an end point of a specific intervention.

Health trainers use basic risk assessment tools: measuring height and weight to enable calculation of BMI; waist and hip circumference measures, and to assess levels of physical activity, food intake, alcohol consumption and smoking. They give feedback on the information gathered and help their clients understand how their current lifestyle behaviours may impact on their long term health.

Health Trainer and Client Pathway

The following diagram outlines the health trainer and client pathway. This process can last for up to, but no longer than, a period of 12 months. Most clients will have an average of 6 sessions with their health trainer throughout this period.



**refer clients into mainstream health improvement and other local services, such as Dudley Stop Smoking Service, Weight Management services, physical activity/ exercise referral pathways, Food and Nutrition services, the Self Management Programme, NHS Health Checks, substance misuse services or any other wider health and social care service as deemed appropriate.*

Long term follow up support should be offered to those clients who identify a change and complete a personal health plan (minimum length of contact should be 3 months).

A maximum of 6 health trainer contacts per annum should be held with each client; after initial assessment some of these contacts may be by telephone or correspondence (as preferred by the client).

An example of the Health Trainer Service referral form can be found below, please contact the service directly for paper copies.

Individuals can also be referred using the Lifestyle Single Point of Contact Referral form available on paper (see Chapter 8), through EMIS Web in GP surgeries and through the PharmOutcomes NHS Health Check template.

Dudley Health Trainer Service Primary Care Referral

Please ensure you have the client's consent to make this referral

CLIENT INFORMATION:

Name:

Gender:

☐ Male ☐ Female

Date of birth:

Address:

Postcode:

Email:

Telephone:

Mobile:

GP DETAILS:

Name:

Date:

Time:

REFERRAL DETAILS:

Is the client disabled? Please state details:

Does the client speak English? ☐ Yes ☐ No

Please indicate preferred language?

REFERRAL CRITERIA:

Please refer only if the client meets the following criteria:

Is 18 years or over

Lives in the Dudley Borough / registered with a Dudley GP

Wants to make healthy lifestyle changes

SUPPORT REQUIRED?

Does the client understand how the Health Trainer Service can support them and are they happy for you to make the referral?

☐ Yes ☐ No

REFERRAL MADE BY?

Name:

Role:

By-handling and consent: I consent to the information provided on this form being accessed and stored on computer and in manual files together with information relating to the Health Exchange Service in accordance with data protection Act 1998

I agree to be contacted using the contact details provided on this document to follow up this appointment and/or when the service is being audited.

I understand that Health Exchange CIC may use and disclose anonymous information to third parties for statistical medical research purposes.

I consent to Health Exchange CIC disclosing my participation and outcome in the service to my General Practitioner.

☐ Please tick this box if the patient has agreed and understood the nature of the referral.

When completed please email to: dudleyhealthtrainers@healthexchange.org.uk

T: 01384 913 133

F: 01384 913 134

Chapter 7 - Brief Motivational Interviewing for Lifestyle Intervention

What is Brief Motivational Interviewing?

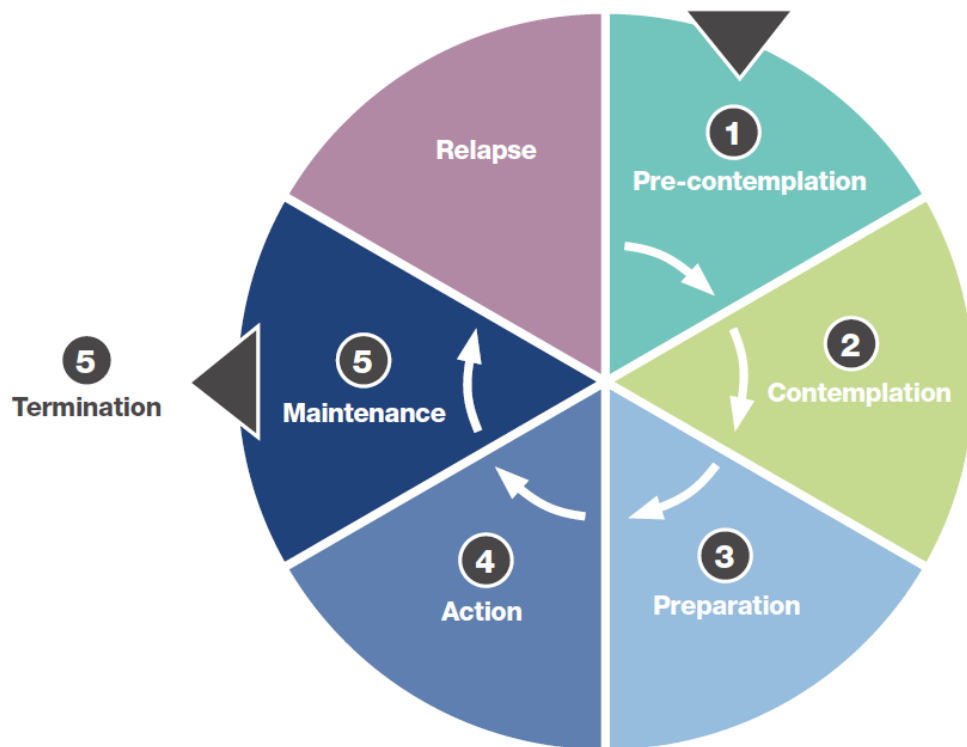
This intervention is based upon motivational interviewing techniques. The benefits of using these techniques is that the interview is more client centred, requires collaboration from both assessor and individual, supports rather than persuades, and helps build rapport that is positive and interpersonal which are conducive to behaviour change. The technique can be used for any lifestyle issue.

After initial assessment aim to:

- Raise the relevant issue in a non-judgemental way
- Use open questions to get information from the individual about the relevant issue and how they feel about it
- Reflect back to ensure and demonstrate understanding
- Avoid making assumptions
- Explore the individual's motivation
- Acknowledge the barriers and praise the individual's ideas and efforts
- Goal setting - set an agenda or plan to change some aspect of behaviour

Cycle of Change

Motivational interviewing technique employs the cycle of change (Prochaska and DiClemente 1996), and aims to determine where the individual is on that cycle. How important making a change is and how confident the patient feels that they can make that change is vital.



One of the simplest ways to assess a patient's readiness and determine their place within the cycle of change is to use the 'Readiness Ruler' recommended by Miller. Individuals are asked to rate, on a scale of 1 to 10, 'How important is it for you to change your ?' (1 being not important and 10 being very important).

Not ready to change			Unsure			Ready to change			Trying to change		
1	2	3	4	5	6	7	8	9	10		
Pre-contemplation			Contemplation			Action					

(Miller, W. R., and Rollnick, S. (2002). Motivational interviewing: Preparing people to change addictive behavior (2nd edition). New York: Guilford Press)

- Pre-contemplation: The advice session for someone in the pre-contemplation stage should focus more on feedback in order to motivate the patient to take action. Providing some information about the relevant issue may be beneficial.

- Contemplation: If the patient has been thinking about taking action (contemplation stage), emphasis should be placed on the benefits of doing so, the risks of delaying, and how to take the first steps.
- Action: If the patient is already prepared for taking action, then the health worker should focus more on setting goals and securing a commitment from the patient to make changes.

Raising the Issue

A couple of sentences are enough to convey the agenda, e.g. 'How do you feel about your diet/smoking/drinking?' rather than 'I want you to think about your diet/smoking/drinking'. Alternatively 'I'm concerned about your, I wonder how you feel about your' or 'have you ever considered whether having a better diet/drinking/smoking less/losing some weight might improve [condition]?' The assessor should be honest about their own agenda but also invite the individual to express their own views about the issue. Remain non-judgemental in approach by being clear that the professional's interest in the issue is because they believe that there may be some health benefits for making changes. The health care professional has raised the subject at this point with the question of change still open.

- Establish rapport and explore the patient's expectations
- Explain to the patient what the meeting is about and check if patient agrees. Suitable phrases: "Is there anything particular you want to talk about"
- Ask open-ended questions that encourage the patient to give you more information about their social and cultural circumstances that can hinder changes e.g. "How do you feel about that" instead of "Did that make you feel bad"
- Ensure that the patient understands the health implications of the issue in hand
- Assess the patient's motivation for making changes. It is helpful for the patient to have the opportunity to explore and be realistic about their motivation and the barriers that might stop them from succeeding
- Acknowledge the reasons why the patient wants to make changes. The patient is less likely to succeed, if they have identified the reasons for making changes are mainly for others than themselves. Sustained change is more likely to occur if the

patient is motivated and committed to long-term lifestyle changes and acknowledges that it is not a 'quick fix'

Getting Information

Open questions should be used to get specific information from the individual, e.g. 'Tell me about the foods you like to eat', rather than 'Do you like salad?' The aim is to find out what the individual typically eats/drinks/smokes etc. e.g. 'Can you take me through a typical day?' and what they think they can do to improve their lifestyle, e.g. 'How do you think you might fit some fruit in/cut down on the amount of alcohol you drink?' rather than to advise on what they should be doing, i.e. 'You should have some vegetables with your dinner'.

Key open-ended questions include:

- How does the patient feel about the issue? Listen well and reflect back to show empathy and understanding/use active listening skills
- Ask about previous attempts at making changes
- What worked well?
- What have they learnt?
- Have they relapsed or lapsed and would they like another go? At this point the health professional can discuss the stages of change model and identify where they fit on it. The health professional can emphasise that changes need to be realistic and client driven to fit into their routine

Reflective Listening

Listen and remember the small things; listening is not always as easy as it sounds. Reflecting back understanding of what the patient/service user has said can ensure that the assessor has understood correctly and demonstrate to them that they were listening and has heard their 'story', for example, 'It sounds to me...' or 'Am I right in thinking...' Use statements to reflect rather than questions.

It is important not to give advice at this stage but to encourage the individual to explore the importance of change and their confidence in achieving change.

Encourage exploration of the barriers to change. If the patient perceives there are too many barriers the health professional can encourage them to come up with some of their own solutions to offset the barriers.

Common barriers to change

Lack of time

Depression

Low self-esteem/lack social support

Shift patterns

Poor mobility

Concern about affordability

Solutions

Time management

Support/reward/incentives

Group referral/buddy support

Negotiating meal breaks

Activities to increase suppleness

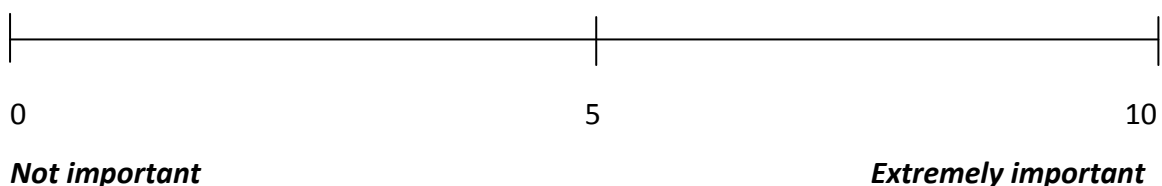
Discounted and free options

Allowing the patient to discuss barriers may help to improve motivation and overcome any resistance to change.

Exploring Motivation

It is important to explore what will motivate the individual and not focus on why the individual is not motivated. The motivation or the readiness for change is based on importance and the confidence of the individual.

For example, “How important is it for you to be eating more fruit and vegetables?”

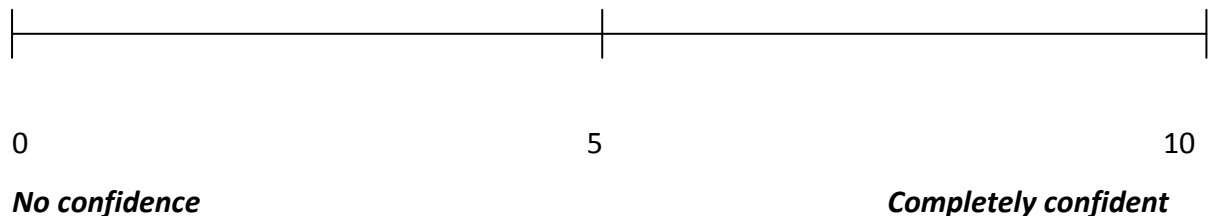


Encourage the individual to come up with self-motivating comments. Ask the individual...

- You have put it as little importance (2-3/10). Why is it not 0?
- What would have to happen to move your score from X to X?
- What stops your score moving from X to X?
- Why have you given yourself such a high score on importance?

Avoid saying 'You should..., You need..., I want..., If you don't...' The aim is not to jump in with solutions but to wait for the service user to develop their own.

For example 'How confident are you that you can increase your intake of fruit and vegetables?'



Brainstorm solutions together 'Other people have tried...' and discuss past efforts and successes. Ask the individual...

- Tell me about your most successful attempt to...
- What have you learnt from...?
- Is there anything you would do differently now?
- How did you manage to do so well for so long?

If both importance and confidence are low scores then it is low on their agenda, try considering other aspects of their lifestyle.

Acknowledging the Barriers

It is important to acknowledge how difficult healthy lifestyle is. Eating enough fruit and vegetables, for example, can be challenging if they have never formed a part of your diet or for low-income groups who may live some distance from a supermarket and do not have access to a car. It would be helpful to learn about any initiatives that may be happening in your locality. Praise any efforts that an individual may be making, small changes can lead to bigger ones over time. The aim is to encourage the individual to look for solutions to the barriers e.g. "How might you get round that?"

Goal Setting

In conclusion, the interview should finish with an agreement between the assessor and the individual about changing some aspect of their lifestyle. Goal setting should be SMART i.e.

specific, measurable, achievable, realistic and time specific and agreed and written down for the individual. A written copy of the agreed goals can be accompanied by appropriate information.

Follow-up

Arrange a follow-up meeting for feedback on progress at an appropriate time. This can be via telephone or face- to- face contact to evaluate the impact of brief intervention.

Checklist for Follow-up:

- Monitoring short term goals
- Identifying changes made
- Exploring difficulties
- Encourage positive changes
- Recording weight changes, waist circumference
- Adjust plan if necessary

Chapter 8 – Referral

To simplify the referral process a single point of contact referral form is available for the following lifestyle services:

- Weight Management
- Stop Smoking
- Food and Nutrition
- Physical Activity
- Health Trainers

This form is available electronically through EMIS Web in GP surgeries, and the PharmOutcomes NHS Health Check template and a paper version is also available (see below). This form must be completed in full and either faxed or securely emailed via EMIS or PharmOutcomes to the Office of Public Health.

Due to its sensitive nature, a separate referral form for Alcohol Services is available (see Chapter 5).

LIFESTYLE SINGLE POINT OF CONTACT REFERRAL FORM			
Patient Name:		NHS No	
Home Address:		DOB	
Telephone No:		Gender	
ETHNICITY			
REFERRERS DETAILS			
GP		GP Address:	
REFERRAL DETAILS (Please tick appropriate box and state service chosen)			
<input type="checkbox"/> Stop Smoking Service <input type="checkbox"/> Physical Activity Service (please print) <input type="checkbox"/> Weight Management Service (please print) 5% Weight loss target Clinical declaration why weight loss target not met (if applicable) <input type="checkbox"/> Food and Nutrition Service (please print) <input type="checkbox"/> Health Trainers			
Height:		Waist Circumference:	
Weight:		BMI:	
Fasting Serum Glucose:	Total Cholesterol:	Triglycerides:	
HbA1c:	HDL:	LDL:	
Random Glucose:	Ratio:	QRisk2:	
DETAILS OF CO-MORBIDITIES			
Previous or current history of the following?			
Cardiovascular	<input type="checkbox"/>	State:	
Metabolic	<input type="checkbox"/>	State:	
Respiratory	<input type="checkbox"/>	State:	
Musculoskeletal	<input type="checkbox"/>	State:	
Other	<input type="checkbox"/>	State:	
STATEMENT OF CONSENT			
I refer the above patient			
Print NameSignatureDate of ReferralPractice Courier No.			
I the patient understand the Public Health Team will view and keep my personal details in order to deal effectively with my referral and for auditing and evaluation purposes in accordance with the Data Protection Act. Only anonymous details will be published with my expressed consent.			
Print NameSignatureDate			
ALL PARTS OF THIS FORM MUST BE FILLED CORRECTLY IN ORDER FOR THE REFERRAL TO BE PROCESSED. Please fax this <u>COMPLETED</u> form to the Office of Public Health Vascular Team 01384 813497			

Chapter 9 - Audit

Audit of NHS Health Check Activity

Audit of activity (particularly relating to NHS Health Checks) will be carried out using centrally developed searches; this allows monitoring of both advice given and referral to lifestyle interventions, and referral Read codes picked up from the practice clinical system.

Most audit will be carried out centrally within the Public Health department using anonymised data for all practices within Dudley. This data will then be used to monitor impact of lifestyle changes within the borough.

Audit within GP Practices

Occasionally GP practices may wish to audit their own activity this can be carried out on an ad hoc basis within the EMIS Web system in the practice.

Practices can use the following list of Read codes on the next page to build their own in-practice searches when monitoring activity if they wish.

Audit for other providers

Other providers e.g. pharmacies may want to carry out their own audits of activity and will be able to do so using the report function within the PharmOutcomes application.

Approved Read Codes for Lifestyle Assessment

Rubric	Code	Rubric	Code
Systolic BP	2469	Declined referral to specialist alcohol treatment services	8IAJ
Diastolic BP	246A		
Lifestyle advice regarding hypertension	67H8	Total cholesterol	44P
Referral to GP (plus BP reading O/E)	8J62	HDL	44P5
Pulse	242	TC: HDL ratio	44PF
Regular pulse	2431	Calculated LDL	44P6
Pulse irregularly irregular	2432	Triglycerides	44Q
Pulse regularly irregular	2433	Advice about low cholesterol diet	8CA47
Refer for ECG recording	8HR1	Referral to lipid clinic	8HT1
Referral for 24 hour ECG	8HR9	Fasting plasma glucose	44g1
Height	229	Random plasma glucose	44g0
Weight	22A	Fasting blood test due	41B10
BMI	22K	Creatinine	44J3
Waist Circumference	22N0	eGFR	451E
Advice about weight	67I9	FH IHD <60	12C2
Refer to weight management programme	8HHH	FH Diabetes	1252
Referral to weight management service declined	8IAM	FH Stroke	12C4
		FH TIA	12C7
Smoking status hierarchy	137	FH Renal disorder	12FZ
Pack years	388B	NHS Health Check Completed	8BAg
Smoking cessation advice	8CAL	NHS Health Check completed by 3 rd Party	8BAg0
Referred to stop smoking advisor	8H7i	QRISK2 Score	38DP
Referred to stop smoking clinic	8HTK	High risk of CVD	14O70
Not interested in stopping smoking	137d	Vascular disease risk assessment declined	81AC
Diet good	1FA	Cardiovascular disease risk assessment declined	90h9
Diet average	1FC		
Diet poor	1FB	Referral to Health Trainer	8HLF
Health education re: diet	67H7	Referral to Health Trainer declined	8IAL
Refer to health worker (Get Cooking!)	8H7Z	Capillary blood sampling (POCT)	7L175
GPPAQ inactive	138X		
GPPAQ moderately inactive	138Y		
GPPAQ moderately active	138a		
GPPAQ active	138b		
Exercise advice given	67H2		
Referral to exercise programme	8HHc		
Declined referral to exercise programme	138S		
Alcohol use disorders identification test (AUDIT)	38D3		
Alcohol units	136		
Alcohol intake above recommended sensible limits	136K		
Alcohol advice given	67H0		
Referral to specialist alcohol treatment services	8HkG		