

**CARDIOVASCULAR DISEASE  
DIRECTED ENHANCED SERVICE**

**INNOVATIVE WAYS TO ENGAGE WITH  
PEOPLE AROUND THEIR  
CARDIOVASCULAR HEALTH**

**INFORMATION PACK**

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## **1. Introduction**

This information pack has been developed in collaboration with a number of experts in Cardiovascular Disease (CVD) and lifestyle medicine.

The pack gives practical information and key resources on some innovative ways of engaging with people who have not been reached by more traditional consultation methods.

The pack also includes a practical guide for community appointment days, and sample tools for group consultations, lifestyle consultations and goal setting, which can be adapted to suit individual requirements.

The contents of this pack are intended as a guide to support the implementation of the CVD Directed Enhanced Service (DES), and do not form part of the GMS contract.

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**General Practice Policy Division  
Primary Care Directorate  
Scottish Government**

## **2. Community Engagement**

Engaging with communities can be non-medical, in the first instance, by reaching into local communities for the first contact, whilst ensuring appropriate consent is obtained for any intervention.

### **Examples of locations and methods to engage communities**

#### ***Locations***

- Community centres
- Community/ vocational fairs
- Third sector organisations
- Football clubs
- Religious buildings
- Large employers

It is important to ensure that the above locations are risked assessed and are accessible for wheelchairs, have seating arrangements, adequate parking facilities, toilet facilities and enough space for equipment, and for the team to provide this healthcare intervention. It is also important to have access to a nearby community defibrillator given the nature of this intervention, and the potential for high risk patient population attendance.

Practices may need to seek advice and support from cultural community or faith groups to make resources accessible to people from different cultural backgrounds, or with English as an additional language

#### ***Methods of engaging and outreach***

To maximise patient engagement it may be helpful to work alongside NHS Board and Health and Social Care Partnership communication teams for dissemination across all social media platforms. Methods of engaging and outreach are listed below.

- Involvement of community link workers where possible.
- Media campaign (local radio/press/TV/social media/bus adverts/promotion via football club).
- GP patient text platform to inform patients of health check day with inclusion criteria.
- Use of extended hours appointments.
- Linking with third sector initiatives and local groups, for example Men's Shed, walking groups, etc.
- Use of QR codes to access surveys and advice: [How to Create a QR Code | QR Code Generator](#)..
- Putting up laminated posters in well-known local busy areas to reach populations without access to social media.

- Making patient information leaflets available for people to take away with them (high cholesterol/healthy eating/exercise etc.). These can be [ordered](#) free of charge from the [British Heart Foundation/Pumping Marvellous charity](#).
- Asking local businesses to highlight events to employees.
- Running patient participation groups or focus groups to enable local understanding of how engagement can be optimised.
- Having a list of resources which are available in the local area which could be hosted on the practice website (community link workers could assist with this).

### ***Content of innovative consultation***

Examples and principles for innovative ways of engaging with people around their cardiovascular health are detailed below.

- Use of extended hours appointments
- Use of proactive outreach approaches such as phone, mail, text or other mechanisms (for more information, see [Inclusion health action in general practice: early evaluation report - gov.scot](#))
- Consider principles of [trauma informed practice](#)
- For individuals who have previously not engaged with services, practices may consider scripting the language used in advance to provide reassurance, for example “There is nothing to worry about, we want to be sure that we are doing everything we can to support your health,” “can we organise\_\_ on a day and time that suits you,” “it’s so good you made it in today, thank you for coming in.”
- Community appointment days.
- Group consultations – online or in person.
- Patient led with SMART objectives for the patient – coaching conversations and making every opportunity count – further information is available on [TURAS](#).
- Linking with welfare advisors, community link workers, local food banks, cookery classes etc.
- Use of apps, e.g. YUKA [Application - Yuka](#). YUKA gives a breakdown of food contents by scanning the barcode and makes suggestions for healthier alternatives.
- Exercise programmes on YouTube, such as <http://www.youtube.com/@TheBodyCoachTV>.

### **3. Key resources**

#### **Outreach initiatives**

[Health Hut for farmers at Royal Highland Show](#)

[Advice on prostate concerns for farmers](#)

[Health Hut nurse selected for Queen's award](#)

#### **Innovative consultation resources**

[Training and implementation programme for group consultations](#)

[Simulated Virtual Group Consultation](#)

[Simulated Face-to-Face Group Consultation](#)

[Virtual group consultation resources](#)

[How to deliver personalised care virtually](#)

#### **Case studies**

[Group consultations case studies](#)

#### **4. Community Appointment Days: A Practical Guide for CVD Risk Reduction in Scotland**

**Provided by Dr Alexia Pellowe, Clinical Director, East Ayrshire HSCP, NHS Ayrshire and Arran, GP Associate Adviser for Patient Safety and Improvement, NHS Education for Scotland**

##### **1. Baseline Data**

Download and complete the necessary CVD DES searches at a practice level and decide if you will be offering a Community Appointment Day (CAD) at a practice or cluster level. Consider why those identified by the search may not already be attending the practice and whether there will be additional language or interpreter needs.

##### **2. Collaboration**

Consider inviting a wide range of services to collaborate and help plan your CAD, and ask them who else might be missing who would be interested in collaborating as each area may have different resources. These could include (but are not limited to)

- HSCP Clinical lead/director
- HSCP or Healthboard community engagement teams
- Community link workers
- Third sector e.g. Chest, Heart, stroke Scotland, British Heart Foundation, Diabetes Scotland
- Cluster GPs, GPNs, Practice Managers
- Local MDT Leads
- Public Health
- Weight Management Service Lead
- Dietetics Lead
- Technology Enabled Care Team/Local TEC BP monitoring lead
- Smoking Cessation Services
- Social Work
- Financial Inclusion
- Council Leisure Teams
- Patient Representatives
- Community Health Assessment Teams

##### **3. Location**

Having identified who you need to invite, explore venue options. Consider going to where people already are, such as community centres, faith venues, food banks, Men's sheds or sports clubs, libraries or leisure centres. Try to make it "low barrier" such as no appointment times required, family friendly and culturally welcoming.

Consider transport to the venue, accessibility at the venue and what time is required for the event to suit how many are attending. When deciding the best local venue, also consider who is missing from your waiting room, who cannot book appointments online

and who doesn't answer when you call. This may lead you to considering venues to best suit those who are not engaging with your practice or the wider healthcare system at present.

#### **4. Event Design**

Once you have established your collaborators and venue, consider designing the event as a group. An example from a cluster event is shown at the end of this section. Key areas to outline would include:

*Invitations* – how many can be invited; how will these be sent and what will be the wording?

*Event registration* – how will they reply to the invite and who will keep the register. Ask if they will be bringing someone to support them such as a carer and define any accessibility requirements.

*The venue* – How will the room be laid out? Will there be stalls hosted by the collaborators? Will you have a short presentation explaining the event or send out information in advance?

*The health check*

- Will you offer appointment times for the health check in advance or run a drop in?
- Who is best placed to offer this health check?
- Is there access to any point of care testing machines for cholesterol?
- For those at risk of diabetes will you offer HbA1c or fasting glucose testing? Can that occur at the event?
- How will health information be collected and transferred safely to their GP practice record?
- Can each person keep a copy of their information too?
- Is there access to any point of care testing for cholesterol via your Health and Social Care Partnership (HSCP) or Health board?
- What supportive health conversations can take place at the event?
- What signposting will be available, and can any onward referrals become streamlined?

#### **5. Follow Up**

Ensure clear routes for follow up appointments before people leave. Consider creating information packs with information from all of the collaborators to take home or save paper and host this on the practice website.

#### **6. Evaluation**

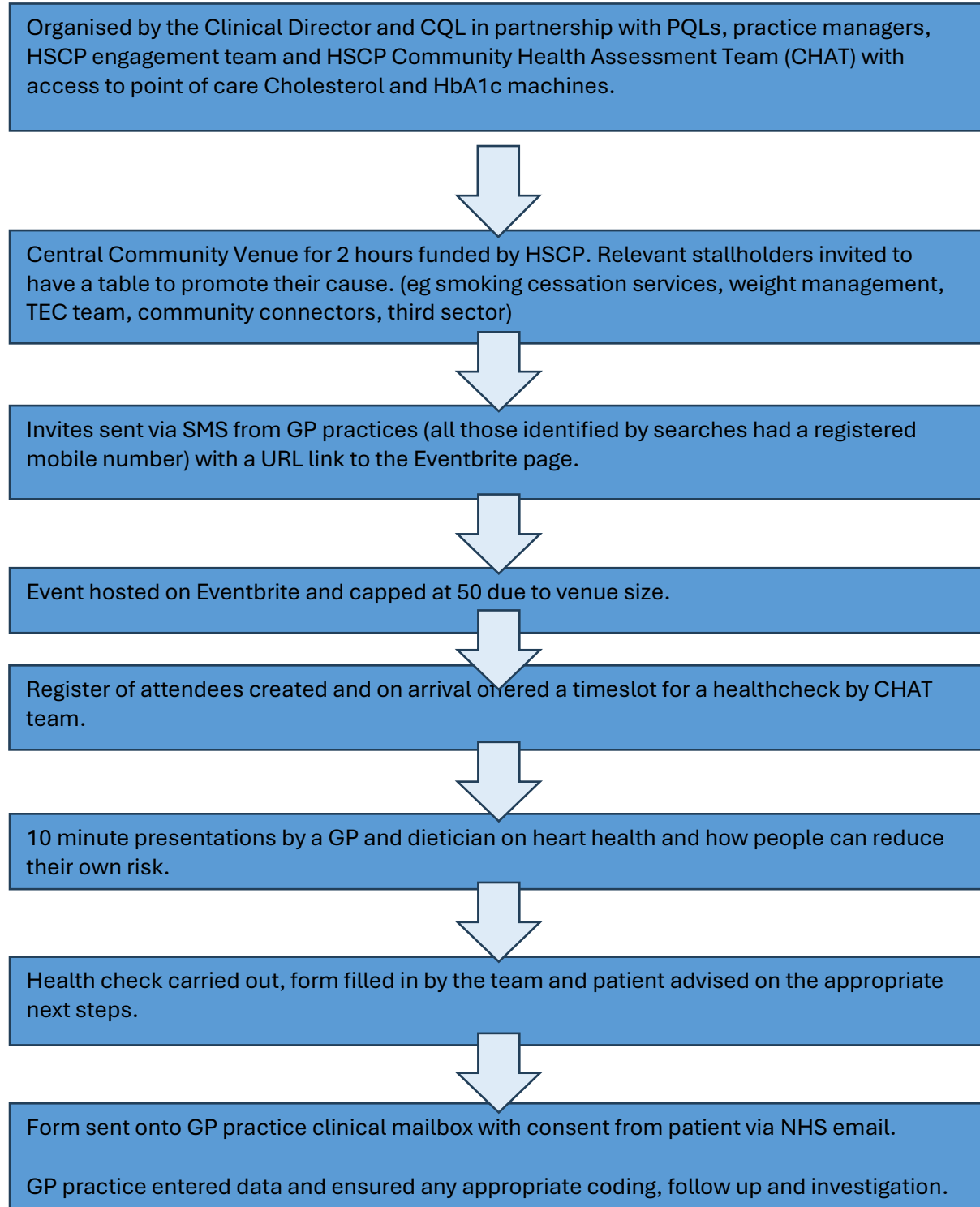
Consider an evaluation form for attendees to see what went well and what can be improved. This could be on paper, via a QR code or sent via SMS/letter after the event. The results can be shared learning for you and other practices/clusters, and allow you to celebrate positive feedback with staff and partners who collaborated with you.

## Final Thought

Consider making this more than just about a CVD Risk reduction DES. Community appointment days should be about connection, community engagement and improving all healthy habits. By making healthcare visible, local and engaging for all we don't just reduce risk, we reinforce trust in the vital role of general practice for improving people's health.

An example of a cluster event overview is provided below.

The Kilmarnock Cluster Event Overview:



## 5. Sample group consultation flow (CVD prevention)

Provided by [Group Consultations | Giving you the flexibility to deliver high quality routine care that improves outcomes for you & your patients.](#)

1. Title: "Heart Health Together"
2. *(Note: the full suite of checks listed in the DES can be conducted during the session)* Welcome, Confidentiality Consent and Check-in: Led by Group Consultations Facilitator
3. What matters to you – Introduce the Results Board - Patients share concerns or questions they have around their 'healthy heart' - Led by Group Consultations Facilitator
4. Short Break
5. Clinician joins session and gives upfront lifestyle talk – (e.g. Dietary Approaches to Stop Hypertension (DASH) diet, physical activity)
6. Individual patient one-to-ones, clinical and lifestyle reviews (conducted in the group) - including the full suite of required CVD
7. Prevention DES checks: BP, lipid profile, weight/BMI, glycaemic marker (e.g. HbA1c), and smoking status
8. Clinician leaves the session
9. Goal-setting and next steps: Led by Group Consultations Facilitator
10. Evaluation and Feedback

6. Sample goal setting tool

MY HOPES											
Name:											
Goal Setting											
What do I want to work on?											
What do I want to achieve?											
How important is it to me?											
Not at all	1	2	3	4	5	6	7	8	9	10	Very
Action Planning											
What exactly am I going to do?											
What and where will I get support to help me?											
How confident do I feel?											
Not at all	1	2	3	4	5	6	7	8	9	10	Very

Adapted with kind permission from Year of Care Partnerships®

## Facilitator notes for goal setting tool

### The Goal

- Ask the person to describe the goal
  - ↳ What exactly would you like to achieve?
  - ↳ What will it look like when it's done?
- Be specific
  - ↳ How will you know you have got there / done it?
  - ↳ When do you hope to achieve that by?
- Establish importance
  - ↳ On a scale of 1 – 10, how important is this for you? (low – high)
- Scores of <7
  - ↳ Reflect back that a score of <7 might be a concern
  - ↳ What is it about their goal that is making it this low?
  - ↳ Explore, is it the goal or the timescale that is making it so low?
- Reflect back before moving on

### The Action Plan

- Imagine where they are now, can they imagine taking their first step towards their goal
  - ↳ What do you think you need to do next?
  - ↳ List plan as described using open questions to plan the detail
- Prompt Questions:
  - ↳ When exactly do you plan to do this?
  - ↳ How often / how much?
  - ↳ What support do you think you will need?
  - ↳ What could go wrong or stop you?
  - ↳ What could you do about this?

## Confidence

- On a scale of 1 – 10, how confident do you feel?
- (10 = very confident, 0 = not at all confident)
- Scores <7 may need reviewing
- Scores <7
  - ↳ Reflect back that this may be a concern
  - ↳ What would need to be different to help them get their score higher?
  - ↳ Explore the plan or even the goal
- Let the person lead the conversation, don't offer suggestions or use leading questions

## SMART

- If necessary may need to use SMART
  - ↳ Specific
  - ↳ Measurable
  - ↳ Achievable, agreed
  - ↳ Relevant
  - ↳ Timed, tangible, trackable
- Thank participant
- Reflect on the process, elicit components & collect ideas on **flipchart**

## 7. Sample lifestyle screening tool

Shared with permission from: [BSLM - Transforming Healthcare Through Lifestyle Medicine](#)

A [full version of the lifestyle screening tool](#) with footnotes is available [here](#):

# BSLM Lifestyle Medicine Screening Tool

This assessment can help you and your clinician focus on what matters most to you right now and which areas of your lifestyle you might want to focus on. This is a screening tool and there is no right or wrong answer or any score at the end. Your answers are just a guide to where you might like to start the discussion in a lifestyle medicine consultation.

Name: \_\_\_\_\_

Date of

Birth: \_\_\_\_\_

Address: \_\_\_\_\_

8. What Matters to You

What do you feel is most important to your health right now?

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If you have a health goal you'd like to discuss with your clinician, please share it here:

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9. Your Overall Health

Mark on this scale, how good or bad your health is TODAY:

The worst health you  
can imagine

The best health you  
can imagine

|-----|  
0 10 20 30 40 50 60 70 80 90 100

10. Your Relationships

1. Please circle which best describes you:

Full-time employment/part-time employment/carers for relative or  
children/unemployed/retired

2. Please circle to indicate how strongly you agree with these statements about  
your relationships:

a. I have someone who will listen to me when I need to talk:

Never, rarely, sometimes, usually, always

b. I feel there are people I can talk to if I am upset:

- Never, rarely, sometimes, usually, always
- c. I have someone I trust to talk with about my feelings:  
Never, rarely, sometimes, usually, always

3. Please circle to indicate how often you feel as described in these statements:

a. How often do you feel you lack companionship?

Hardly ever or never, some of the time, often

b. How often do you feel left out?

Hardly ever or never, some of the time, often

c. How often do you feel isolated from others?

Hardly ever or never, some of the time, often

d. How often do you feel lonely?

Hardly ever or never, some of the time, often

# 11. Your Mental Wellbeing

1. Over the past 2 weeks have you felt down, depressed or hopeless?

Not at all/Several days/More than half the days/Nearly every day

2. Over the past 2 weeks have you felt little interest or pleasure in doing things?

Not at all/Several days/More than half the days/Nearly every day

3. Please indicate how stressed you feel you have been over the past 2-3 weeks:

As stressed as I could be/very stressed/ somewhat stressed/ not stressed at all

4. Do you worry about making ends meet financially at the end of the month?

Never, sometimes, often, always

5. Please indicate how much you agree with these statements:

a. My life has a clear sense of purpose.

Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

b. I have lots of reasons for living.

Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

c. I generally feel that what I do in my life is valuable and worthwhile

Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

# 12. Your Sleep

Do you work night shifts? Yes/No

Please indicate your responses to these questions by circling the answer most appropriate to you:

1. Are you satisfied with your sleep?

Rarely/never, sometimes, usually/always

2. Do you stay awake all day without dozing?

Rarely/never, sometimes, usually/always

3. Do you spend less than 30 minutes awake at night? (including the time taken to fall asleep and awakenings from sleep)

Rarely/never, sometimes, usually/always

4. Do you sleep between 6-8 hours per night?

Rarely/never, sometimes, usually/always

13. Your Physical Activity

1. Please circle the type and amount of physical activity involved in your work:

- a. I am not in employment
- b. I spend most of my time at work sitting (e.g. an office)
- c. I spend most of my time at work standing or walking However, my work doesn't require much intense physical effort (e.g. shop assistant, hair dresser, security guard)
- d. My work involves definite physical activity including handling of heavy objects and use of tools (e.g. plumber, electrician, cleaner, nurse, postal delivery)
- e. 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, please circle the number of hours you spent on each of these activities:

- a. Physical exercise such as swimming, jogging, football, tennis, gym work out  
None, less than 1 hour, 1-3 hours, greater than 3 hours.
- b. Cycling  
None, less than 1 hour, 1-3 hours, greater than 3 hours.
- c. Walking  
None, less than 1 hour, 1-3 hours, greater than 3 hours.
- d. Housework/childcare  
None, less than 1 hour, 1-3 hours, greater than 3 hours.
- e. Gardening/DIY

3. Please circle how would you describe your usual walking pace:  
Slow, steady average, brisk, fast

14. Your Eating Patterns

1. Please list everything you ate and drank yesterday (breakfast, lunch, dinner and any snacks). Taking photos is also a good way to keep track:

Breakfast: \_\_\_\_\_

Snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snack: \_\_\_\_\_

2. Was yesterday a typical day for you in terms of what you ate and drank?

Yes/No

3. How many servings of fruit do you usually eat each day? (the picture below shows examples of fruit servings)



No servings / 1 serving / 2 servings / 3 servings / 4 servings / 5 servings / 6 or more per day

4. How many servings of vegetables do you usually eat each day? (the picture below shows vegetable servings)



No servings / 1 serving / 2 servings / 3 servings / 4 servings / 5 servings / 6 or more per day

5. Do you eat any fermented foods e.g. yoghurt, sauerkraut, kimchi, unpasteurised cheese, kefir, kombucha etc? daily, weekly, monthly, rarely, never



No servings / 1 serving / 2 servings / 3 servings / 4 servings / 5 servings / 6 or more per day

6. How many servings of ultra-processed (“junk”) food do you usually eat each day (the picture below shows servings of common ultra-processed foods)



No servings / 1 serving / 2 servings / 3 servings / 4 servings / 5 servings / 6 or more per day

7. If you are following any particular eating pattern, please circle or specify.  
vegan, keto, low carb, Mediterranean or other (please specify)

8. In an average week, how many servings of soft drinks, squash, sports drinks, caffeinated energy drinks or fruit juices do you usually drink each day?



No servings / 1 serving / 2 servings / 3 servings / 4 servings / 5 servings / 6 or more per day

15. Your risks from harmful substances and behaviours

1. Do you smoke cigarettes?

Yes/No

2. Please circle how often you have a drink that contains alcohol:

Never/monthly/weekends only/2-3 times per week/daily

3. Please circle how many drinks containing alcohol you have in a typical day when you are drinking:

1-2/3-4/5-6/7-9/10+ drinks

4. How often did you have 6 or more drinks on one occasion in the past year?  
Never, less than monthly/monthly/weekly/daily or almost daily
5. In the last 12 months have you used recreational drugs such as cannabis (marijuana), ecstasy (MDMA), cocaine or crack, methamphetamine (crystal meth), heroine, hallucinogen?  
Never, less than monthly, monthly, weekly, daily or almost daily
6. In the past 12 months, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?  
Never, less than monthly, monthly, weekly, daily or almost daily
7. Please indicate how much time you spend on social media (twitter, Instagram, snapchat, WhatsApp chat etc.)  
  
Not at all, 1 hour a week, 1 hour daily, 4 hours daily, most of the day
8. During the past year, have you:
- a. Regularly found that you can't think of anything else by the moment that you will be able to use social media again. Yes/No
  - b. Regularly felt dissatisfied because you wanted to spend more time on social media
  - c. Tried to spend less time on social media, but failed? Yes/No
  - d. Regularly neglected other activities such as hobbies or sport because you have wanted to use social media? Yes/No
9. Are there any other areas you feel you might be struggling with an addiction or a behaviour that you can't control? These could include shopping, eating, gambling, internet use, sex etc.
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## **8. Acknowledgements**

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