

Document filename:	Requirements Specification for Physical Health Checks for people with Severe Mental Illness Directions 2020		
Project / Programme	Primary Care Domain	Project	Primary Care Domain
Document Reference			
Project Manager	[REDACTED] – Senior Business and Operational Delivery Manager	Status	Final
Owner	[REDACTED] - Head of Service: Open Data and Publications (Workforce & Estates, Adult Social Care, Secondary Care and Primary Care Domain)	Version	2.0
Author	[REDACTED] – Business and Operational Delivery Management Officer	Version issue date	05/10/2023

Requirements Specification for Physical Health Checks for people with Severe Mental Illness (PHSMI) Directions 2020

Document management

Revision History

Version	Date	Summary of Changes
1.0	23/11/2020	Published following review by IG and Legal and approval from Information Asset Owner.
2.0	04/10/2023	Uplifted for publication following review and approval by Information Asset Owner

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
[Redacted]	Senior Business and Operational Delivery Manager	31/07/2023	1.2
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Approved by

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Name	Signature	Title	Date	Version
[Redacted]		Head of Service: Open Data and Publications (Workforce & Estates, Adult Social Care, Secondary Care and Primary Care Domain) / Information Asset Owner	02/10/2023	2.0

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Purpose of document

This is a revision of this Requirements Specification to reflect the change in the collection frequency, the upcoming retirement of the Strategic Data Collection Service (**SDCS**) collection in March 2024 and the legal and organisational changes which came into effect on 1 July 2022 and 1 February 2023.

This document sets out the requirements for the Physical Health Checks for people with Severe Mental Illness (**PHSMI**) Directions 2020 and should be read alongside the Directions issued by NHS England. The Directions can be found on the following webpage:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/physical-health-checks-for-people-with-severe-mental-illness-directions-2020>.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (**Transfer Regulations**). Under these Transfer Regulations, the provisions of all Directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are to be treated as if contained in Directions from the Secretary of State for Health and Social Care to NHS England. The Transfer Regulations can be found on the following webpage:

<https://www.legislation.gov.uk/ukxi/2023/98/contents/made>.

Consequently, the legal basis for this Specification is still the Direction identified above, with its status now treated as if contained in a Direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the Health and Social Care Act 2012 (**the 2012 Act**).

Introduction / Purpose of data collection

In 2016, the Five Year Forward View for Mental Health (**MHFYFV**) set out NHS England's approach to reducing the stark levels of premature mortality for people living with severe mental illness (**SMI**) who die 15-20 years earlier than the rest of the population, largely due to preventable or treatable physical health problems. The MHFYFV can be found on the following webpage:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>.

In the MHFYFV NHS England was committed to leading work to ensure that "by 2020-21, 280,000 people living with SMI have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year". This equates to a target of 60% of people on the General Practice SMI register receiving a full and comprehensive physical health check across primary and secondary care. As of 31st March 2021, 121,030 people on the General Practice SMI register had received a full and comprehensive physical health check in the preceding 12 months.

This ambition was reiterated in NHS Long Term Plan and associated Mental Health Implementation Plan, with the commitment to increase the number of people receiving physical health checks to an additional 110,000 people per year (in addition to the current 280,000 MHFYFV ambition), bringing the total to 390,000 checks delivered each year. The NHS Long Term Plan and associated Mental Health Implementation Plan can be found on the following webpage:

<https://www.longtermplan.nhs.uk/>.

As of 31st March 2023, 313,022 people on the General Practice SMI register had received a full and comprehensive physical health check in the preceding 12 months.

A central, NHS England General Practice Extraction Service (**GPES**) data collection is required to track progress towards these objectives. The collection is crucial as it enables monitoring of the delivery of the full comprehensive SMI health check, collection of benchmarking information on the uptake of the corresponding, relevant follow-up interventions and access to national cancer screening programmes. This is vital as it ensures monitoring drives the right clinical behaviour. In addition, to understand the impact of the health checks and provide rapid and ongoing policy evaluation, it is important to understand physical health outcomes. Patient-level information is required to monitor these outcomes, for example to understand whether the delivery of a particular follow-up intervention affects individual health check indicator values over time.

Currently national, regional, Integrated Care Board (**ICB**) and sub-ICB delivery is monitored via an NHS England SDCS collection and GPES collection. The SDCS data collection will be retired on 31 March 2024. At this point the “Establishment of information systems for NHS services: serious mental illness data collection Direction 2018” will be revoked. The Direction can be found on the following webpage:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/establishment-of-information-systems-for-nhs-services-serious-mental-illness-data-collection-direction-2018>.

The record level data will enable data linkage with wider national datasets.

The data collection links to ICB's statutory functions, responsibilities and commitments to, alongside other bodies, improve and integrate services providing physical healthcare and reduce health inequalities and premature mortality across people with SMI, in line with the relevant legislation including the Public Sector Equality Duty, the Equality Act 2010 and the 2012 Act.

Data Collection

Scope

Under section 259(1)(a) of the 2012 Act, a Data Provision Notice has been served in accordance with the procedure published as part of NHS England's duty under section 259(8) on the following persons:

- General practices in England

Under section 259(5) of the 2012 Act, the organisation types specified above must comply with the Form, Manner and Period of the data collection requirements.

In line with the national data opt-out operational policy guidance, national data opt-outs will not apply to the collection. However, Type 1 objections will be upheld in collecting this data from general practices and therefore the data for those patients who have registered a Type 1 objection with their GP will not be collected. The Type 1 objection prevents an individual's personal identifiable confidential information from being shared outside of their general practice except when it is being used for the purposes of their direct care.

Source

The data will be collected from general practices using the GPES.

Category

GPES will collect identifiable patient level data, which is subsequently held by NHS England. A full list of the data items to be collected can be found at [Annex A](#).

There is one patient cohort:

- Patients of any age with a diagnosis of schizophrenia, bipolar affective disorder, and other psychoses up to and including the reporting period excluding patients recorded as 'in remission'.

The purpose of this cohort is to understand the impact of the health checks and provide rapid and ongoing policy evaluation. This is important to understand physical health outcomes. Patient-level information is required to monitor these outcomes, for example to understand whether the delivery of a particular follow-up intervention affects individual health check indicator values over time.

Personal data is required to inform whether patients on the SMI register have received a health check. This allows NHS England to identify recorded interventions and the outcomes of these.

A data minimisation exercise has been undertaken to ensure that the data collected for each individual is kept to a minimum.

There are six different groups of data items included in this data extraction. All these data items will be extracted for patients included in the cohort listed above.

- **Patient characteristics – demographic and key data items:** this group includes the identifiers (for example: date of birth, NHS number and postcode) and demographic information (for example: sex and ethnicity) for each patient, as well as other key data items (for example: patient's registered GP practice) required for the purposes of the collection
- **Patient characteristics – inequalities data items:** NHS England requires these data items to estimate the reach to disadvantaged populations. These data items cover patients with SMI. It is critical that NHS England is able to monitor the access/provision of PHSMI services by these patients and attainment of optimal treatment
- **SMI health check data items:** data relating to the relevant health checks and national screening checks, as recommended by the National Institute for Health Care Excellence (**NICE**). The SMI health check data items include the latest date and code recorded for alcohol consumption, blood pressure, Body Mass Index (**BMI**), cholesterol test, glucose test and smoking status (as specified in the data specification document)
- **Advice, signposting, information, interventions, referral data items, prescribed medication:** required so that NHS England can estimate the following:
 - whether or not a patient received the appropriate advice, signposting, information, intervention and referrals based on NICE guidance
 - whether patients are prescribed appropriate pharmacological interventions.
- **Outcome health check data items:** the date and code of the latest health check (for example: alcohol consumption, BMI, blood pressure, cholesterol test, glucose test, and smoking status (as specified in the data specification)), preceding or on the date of the latest intervention is extracted. This is required so that NHS England can estimate whether or not the appropriate advice, signposting, information, intervention and referrals led to a change (ideally a positive change) in the patient's health
- **Declined data items:** the date and code for when a patient declines the relevant health checks, national screening programmes and interventions are extracted (as specified in the data specification document). This is required so that NHS England can estimate whether or not it was the patient's choice not to accept the intervention.

Data item timescales

The dataset is structured as follows:

1. Patient demographics
2. Health check as indicated by 'latest reading in the 12 months up to and including the reporting period end date'
3. Interventions – all instances, of referrals for example, in the 12 months up to and including the reporting period end date
4. Outcomes - latest reading (for core health checks and the additional elements of the comprehensive physical health assessment) in the 12 months up to and including the latest intervention. This reading together with the health check reading enables tracking of outcomes.

Frequency

The first extract took place in January 2021. NHS England received an initial full-year extract of data covering the 2019-2020 financial year. The data has been extracted on a quarterly basis following that initial full-year extract. However, for the financial year 2023-2024, the data is being extracted on a biannual basis. This is due to the retirement of the SDCS collection.

Analysis

Internal processing

Once the data is collected from GP system suppliers (**GPSS**), validation on the file structure and contents is carried out before files are accepted by NHS England's GP Data Collector system. The data is then processed by the Data Management Service (**DMS**) to create a data asset. The processing involves loading the files from GPSS into a secure database and linking to corporate reference data to provide additional demographic information. This process also removes any Personal Identifiable Data (**PID**) from the data asset.

Data quality is checked against the standard six data quality characteristics, which are coverage, completeness, validity, default, integrity and timeliness, as per the requirements of NHS England.

Many of the SNOMED CT codes used to specify the data items listed are also used in the Quality and Outcomes and Framework (**QOF**) and other payment extractions and therefore the data quality of these codes is expected to be high. For other SNOMED CT codes that are not used in payment extractions, the data quality may not be as high. Analysis conducted by NHS England determines this.

Other non-coded information is validated against standard NHS England protocols. For example, patient NHS Number is validated against the Modulus 11 algorithm¹ and GP practice code validated against reference data held by NHS England.

Internal Access

Data obtained under these Directions may be analysed under the NHS England De-Identified Data Analytics and Publication Directions 2023 (**Data Analytics Direction**), available here:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice-secretary-of-state-directions/nhs-england-de-identified-data-analytics-and-publication-directions-2023>.

¹ https://www.datadictionary.nhs.uk/attributes/nhs_number.html

Any analysis under the Data Analytics Direction will be subject to the conditions set out in Paragraphs 4.2 and 4.3 of those Directions and having regard to the statutory guidance issued by the Secretary of State under section 274A of the 2012 Act including, so far as is applicable under that guidance, obtaining advice from the NHS England Advisory Group for Data². The statutory guidance can be found on the following webpage:

<https://www.gov.uk/government/publications/nhs-englands-protection-of-patient-data>.

Data linkage

As described above, data collected under these Directions is linked to corporate reference data to provide additional demographic information.

In addition, it is also anticipated that PHSMI data will be linked with the Mental Health Services Data Set (**MHSDS**), Hospital Episode Statistics (**HES**) data and Mortality data in order to track the monitoring and evaluation of national programme delivery across the life course and care pathway, and to determine the impact on outcomes and health inequalities.

Data collected under these Directions may also be linked to other data sets held by NHS England to meet the purpose of the Directions and to provide richer information, enhance existing publications, develop new publications, and to respond to requests from the Department of Health and Social Care (**DHSC**).

Linkage will only occur where approved in accordance with information governance procedures and controls, including where required, advice from the Advisory Group for Data.

Where there is a proposal to link data obtained under the Directions with other data that NHS England has obtained, this Specification will be reviewed in line with the change control process to ensure the linkage is aligned with the Directions.

More information about the data sets and collections that NHS England holds and that may be used for linkage can be found on the Data Collections and Data Sets webpage:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets>.

Consultation

Consultation, as required by section 258 of the 2012 Act, has been completed with the following organisations:

- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)
- DHSC, as the directing organisation
- PHSMI expert reference group which includes several GPs, secondary care clinicians, service users, commissioners, and representatives from Arm's Length Bodies
- The Data Coordination Board (**DCB**)³.

² <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/interim-data-advisory-group>

³ DCB provided the national governance of information standards and data collections (including extractions), known collectively as ISCE, from April 2017 to March 2021. The Data Alliance Partnership Board (DAPB) replaced the DCB as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and information standards, mandated for use in health and care in England, are scrutinised and approved.

In addition, and as part of the assurance process, the DCB requested that appropriate consultation be undertaken with the members of the Joint GP IT Committee (JGPITC) to obtain feedback on the technical design of the extraction.

A targeted stakeholder consultation exercise with members of the JGPITC took place between 6 July 2020 – 31 July 2020. The findings of the targeted stakeholder consultation were considered and inform future data extractions.

Few objections or challenges were raised in response to the consultation exercise. This reflects the extensive professional and other stakeholder involvement in developing the PHSMI data collection.

Wider consultation has been undertaken on what a comprehensive physical health check in primary care includes and therefore what data is required. Guidance was developed by a PHSMI expert reference group which included several GPs, secondary care clinicians, service users, commissioners and representatives from Arm's Length Bodies.

NHS England also consulted with relevant clinical advisors in deciding which data items should be included in this extract. The SNOMED CT codes that make up the data items have been reviewed and agreed by NHS England Clinical Informatics Advisors.

Dissemination/Sharing

Regular Dissemination/Sharing

Pursuant to the Physical Health Checks for people with Severe Mental Illness (**PHSMI**) Directions 2020, NHS England is directed not to exercise its powers under section 261(1) and 261(4) of the 2012 Act to disseminate data it obtains by complying with these Directions.

Publication

Data to be published

Where, pursuant to section 260(1) of the 2012 Act, NHS England publishes information obtained by complying with the Directions, it will do so in the form and manner agreed with the Secretary of State for Health and Social Care, that being publication of anonymous statistical data (with small numbers suppressed) in accordance with the Code of Practice for Statistics, which can be found on the following webpage:

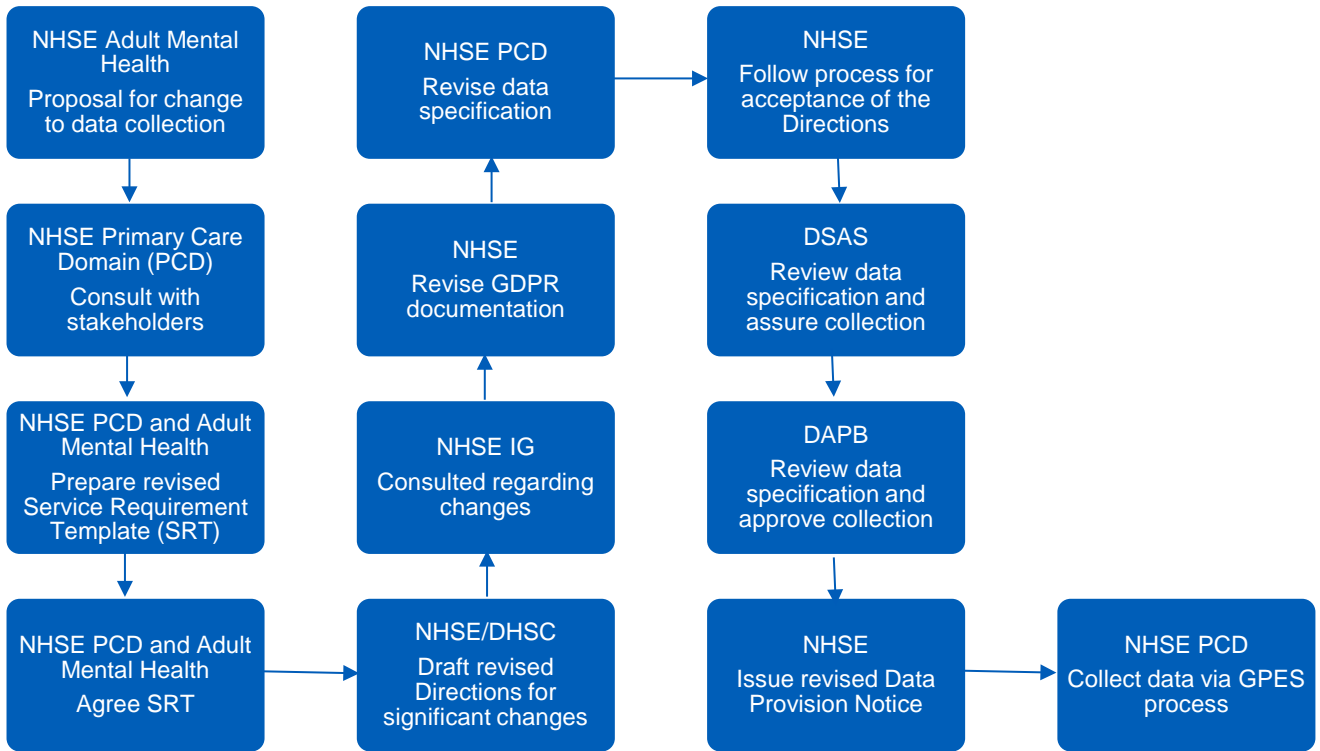
<https://code.statisticsauthority.gov.uk/>.

System Delivery Function

There is no requirement for NHS England to create or procure a system delivery function to facilitate this work. It is expected that NHS England will utilise its existing strategic toolset to meet this requirement.

Change control process

Changes to this Specification will be managed by NHS England in conjunction with DHSC to ensure such changes are aligned with the Directions. This includes liaising with external stakeholders as detailed below:



Annex A – Data Specification

Indicator and data extract

PHSMI001

Extract ID	PHSMI001
Description	Data extract for Physical health checks for people with severe mental illness.
Applied to population	PHSMICX001 - the patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses up to and including the reporting period excluding patients recorded as 'in remission'.

The table provides a description of the groupings of data items to be extracted for each of the patients in the cohort. These were defined following consultation and clinical review.

Description
Patient's date of birth
Patient's NHS number
Postcode of patient's CURRENT address only
The national practice code for the practice.
Patient's sex
Patient's ethnicity
The most recent code indicating the patient's ethnicity up to and including reporting period end date.
The code and date of the most recent psychosis, schizophrenia or bipolar affective disease diagnosis recorded up to and including reporting period end date.
The value, code and date of the latest BMI recording within the 12 months up to and including the reporting period end date.
The value, code and date of the latest height recording with an associated value within the 12 months up to and including the reporting period end date.
The value, code and date of the latest weight recording with an associated value within the 12 months up to and including the reporting period end date.
The date, code and value of the most recent waist circumference recorded with an associated value within the 12 months up to and including the reporting period end date.
ALL dates and codes for weight management interventions (either referrals to weight management services or referrals for exercise therapy or dietary or weight management advice or exercise advice) that have been recorded within the 12 months up to and including the reporting period end date.
ALL dates and codes indicating the patient's choice not to accept referral to weight management interventions (either referrals to weight management services or referrals for exercise therapy or dietary or weight management advice or exercise advice) that have been recorded within the 12 months up to and including the reporting period end date.

Description
<p>The date, code and value of the most recent BMI recorded within the 12 months up to and including the date of the latest weight management intervention (either referrals to weight management services, or referrals for exercise therapy, or dietary or weight management advice, or exercise advice). (The latest weight management intervention must have taken place in the 12 months up to and including the reporting period end date).</p>
<p>The date, code and value of the most recent height recording with an associated value within the 12 months up to and including the date of the latest weight management intervention (either referrals to weight management services, or referrals for exercise therapy, or dietary or weight management advice, or exercise advice). (The latest weight management intervention must have taken place in the 12 months up to and including the reporting period end date).</p>
<p>The date, code and value of the most recent weight recording within the 12 months up to and including the date of the latest weight management intervention (either referrals to weight management services, or referrals for exercise therapy, or dietary or weight management advice, or exercise advice). (The latest weight management intervention must have taken place in the 12 months up to and including the reporting period end date).</p>
<p>The date, code and value of the most recent blood pressure recording with an associated systolic and diastolic value within the 12 months up to and including the reporting period end date.</p>
<p>The date, code and value of the latest pulse rate recorded with an associated value within the 12 months up to and including the reporting period end date.</p>
<p>All dates, codes and prescription values of antihypertensive medications prescribed in the 12 months up to and including the reporting period end date.</p>
<p>ALL dates and codes indicating the patient's choice not to receive an antihypertension medication within the 12 months up to and including the reporting period end date.</p>
<p>The code, date and value of the latest blood pressure reading with an associated systolic and diastolic value in the 12 months up to and including the date of the latest weight management intervention. (The latest weight management intervention must have taken place in the 12 months up to and including the reporting period end date).</p>
<p>The date, code and value of the most recent blood pressure reading with an associated systolic and diastolic value within the 12 months up to and including the latest antihypertensive medication prescribed. (The latest antihypertensive medication must have been prescribed in the 12 months up to and including the reporting period end date).</p>
<p>The date, code and value of the most recent QRISK score recorded with an associated value within the 12 months up to and including the reporting period end date.</p>
<p>The date, code and value of the latest total cholesterol or HDL cholesterol or LDL cholesterol or total cholesterol: HDL cholesterol or non-HDL-C cholesterol or triglyceride test result with an associated value recorded within the 12 months up to and including the reporting period end date.</p>
<p>All dates, codes and prescription values of statins prescribed in the 12 months up to and including the reporting period end date.</p>

Description
ALL dates and codes indicating the patient has chosen not to receive a statin prescription within the 12 months up to and including the reporting period end date.
The date, code and value of the most recent HbA1c reading or blood glucose test or HbA1c Diabetes Control and Complications Trial (DCCT) level recorded with an associated value within the 12 months up to and including the reporting period end date.
All dates and codes of offer to diabetes prevention programme recorded within the 12 months up to and including the reporting period end date.
All dates and codes of attendance to diabetes prevention programme recorded within the 12 months up to and including the reporting period end date.
All dates and codes of completion of diabetes prevention programme recorded within the 12 months up to and including the reporting period end date.
The date, code and value of the most recent HbA1c reading or blood glucose test or HbA1c Diabetes Control and Complications Trial (DCCT) level code recorded with an associated value within the 12 months up to and including the most recent date of offer, attendance or completion of diabetes prevention programme. (The most recent date of offer, attendance and completion of diabetes prevention programme must have been taken place in the 12 months up to and including the reporting period end date).
The date, code and value of the most recent HbA1c reading or blood glucose test or HbA1c Diabetes Control and Complications Trial (DCCT) level code recorded with an associated value within the 12 months up to and including the latest weight management intervention (either referrals to weight management services, or referrals for exercise therapy, or dietary or weight management advice, or exercise advice). (The latest weight management intervention must be in the 12 months up to and including the reporting period end date).
All dates and codes of offers or referrals to diabetes structured education programme within the 12 months up to and including the reporting period end date.
All dates and codes of attendance or completion of diabetes structured education programme within the 12 months up to and including the reporting period end date.
All dates and codes indicating patient is unsuitable for diabetes structured education programme within the 12 months up to and including the reporting period end date.
All dates, codes and prescription values associated with the diabetes prescriptions recorded within the 12 months up to and including the reporting period end date.
The date, code and value of the most recent HbA1c reading or blood glucose test or HbA1c Diabetes Control and Complications Trial (DCCT) level code recorded with an associated value within the 12 months up to and including the most recent date of offer, attendance to diabetes structured education programme. (The most recent date of the arrays of offer, attendance, completion of NHS structured education programme must have taken place in the 12 months up to and including the reporting period end date).
The date, code and value of the most recent HbA1c reading or blood glucose test or HbA1c Diabetes Control and Complications Trial (DCCT) level code recorded with an associated value within the 12 months up to and including the most recent date of diabetes medication prescribed. (The prescription should be in the 12 months up to and including the reporting period end date).

Description
Date, code and value of the most recent alcohol consumption or AUDIT code or AUDIT C code or FAST code or alcohol usage recorded within the 12 months up to and including the reporting period end date.
All dates and codes of brief intervention for excessive alcohol consumption recorded within the 12 months up to and including the reporting period end date.
All dates and codes of extended intervention for excessive alcohol consumption recorded within the 12 months up to and including the reporting period end date.
All dates and codes of advice, information and any brief intervention given on alcohol usage recorded within the 12 months up to and including the reporting period end date.
All dates and codes of referral to specialist alcohol treatment service recorded within the 12 months up to and including the reporting period end date.
All dates and codes of referrals regarding alcohol usage recorded within the 12 months up to and including the reporting period end date.
All dates and codes indicating patient has chosen not to accept an alcohol intervention service or alcohol health education within the 12 months up to and including the reporting period end date.
Date, code and value of the most recent alcohol consumption code or AUDIT code or AUDITC code or FAST code or Alcohol usage recorded within the 12 months up to and including the most recent date of alcohol interventions (including brief intervention for excessive alcohol consumption, extended intervention for excessive alcohol consumption, advice, information and any brief intervention given on alcohol usage, referral to specialist alcohol treatment service, referrals regarding alcohol usage) recorded. (The most recent date alcohol interventions recorded must have taken place in the 12 months up to and including the reporting period end date).
The code and date of the latest smoking status recorded within the 12 months up to and including the reporting period end date.
All dates and codes of smoking pharmacotherapy recorded within the 12 months up to and including the reporting period end date.
All dates, codes and prescription values of smoking pharmacotherapy drugs recorded within the 12 months up to and including the reporting period end date.
All dates and codes of smoking cessation service or advisor referral and support recorded within the 12 months up to and including the reporting period end date.
All dates and codes of advice, signposting or information on smoking recorded within the 12 months up to and including the reporting period end date.
Date and code of the most recent smoking habit recorded within the 12 months up to and including the most recent smoking pharmacotherapy prescribed or recorded or smoking cessation service or advisor referral and support or advice, signposting or information on smoking recorded. (The most recent date of smoking pharmacotherapy prescribed or recorded or smoking cessation service or advisor referral and support or advice, signposting or information on smoking recorded must have taken place in the 12 months up to and including the reporting period end date).
The date and code of the most recent nutrition and diet assessment recorded within the 12 months up to and including the reporting period end date.

Description
The date and code of the most recent exercise level assessment recorded within the 12 months up to and including the reporting period end date.
The date and code of the most recent Illicit substance abuse recorded within the 12 months up to and including the reporting period end date.
All dates and codes indicating interventions to illicit substance abuse within the 12 months up to and including the reporting period end date.
The date and code of the most recent Illicit substance abuse recorded within the 12 months up to and including the most recent code indicating an intervention to illicit substance abuse. (The most recent intervention to illicit substance abuse must have taken place in the 12 months up to and including the reporting period end date).
The date and code of the most recent medication review in the 12 months up to and including the reporting period end date.
The date and code indicating the most recent check or reconciliation of medication has been completed in the 12 months up to and including the reporting period end date.
The most recent date and code indicating the patient has chosen not to have their body mass index (BMI) measured up to and including the reporting period end date.
The most recent date and code indicating the patient has chosen not to have their waist circumference measured up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to have blood pressure recorded up to and including the reporting period end date.
The most recent date and code indicating the patient is unsuitable or has chosen not to have a cardiovascular disease (CVD) risk assessment up to and including the reporting period end date.
The most recent date and code indicating the patient has chosen not to have a cholesterol test up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to have a blood glucose test up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to have an alcohol screening or assessment up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to provide their smoking status up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to complete their General Practice Physical Activity Questionnaire up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to receive an exercise assessment up to and including the reporting period end date.
The date and most recent code indicating patient has chosen not to have an illicit substance abuse assessment up to and including the reporting period end date.
The latest code and date showing the patient has chosen not to receive a medication review up to and including the reporting period end date.
The date and code of the most recent cervical screening in the 60 months up to and including the reporting period end date.

Description
The earliest date and code indicating complete removal of the cervix up to and including the reporting period.
The most recent date and code indicating patient has chosen not to receive a cervical smear up to and including the reporting period end date.
The most recent date and code indicating that the cervical screening care is unsuitable for the patient.
The code and date of the latest breast cancer screening in the 36 months up to and including the reporting period end date.
The date and most recent code indicating patient has chosen not to have a breast cancer screening up to and including the reporting period end date
The code and date of the latest bowel cancer screening code in the 24 months up to and including the reporting period end date.
The date and most recent code indicating patient has chosen not to have a bowel cancer screening up to and including the reporting period end date.