

Primary Care Directorate
General Practice Policy Division



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Addresses

For Action

Health Board Chief Executives

For information

General Practices
National Services Scotland
Primary Care Leads
British Medical Association

Enquiries to:

Michael Taylor
Primary Medical Services
1 Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 0131-244 5483
Michael.taylor@gov.scot

11 April 2025

CARDIOVASCULAR DISEASE PREVENTION SCHEME – DIRECTED ENHANCED SERVICE

Dear colleague

Summary

1. This circular relates to a new Directed Enhanced Service (DES) to be offered by Health Boards for provision by GP practices to identify patients at risk of developing cardiovascular disease (CVD), and thereby help prevent the development of CVD.
2. This circular gives Directions to Health Boards by Scottish Ministers, in exercise of their power under section 2(5) of the National Health Service (Scotland) Act 1978, requiring Health Boards to offer the Enhanced Service, as specified in this circular, to GP contractors, and detailing the payment arrangements (Annex A), which must be made under the DES.
3. The DES has been agreed with the Scottish General Practitioners Committee (SGPC).
4. Contractors are required to notify Health Boards within one month of receipt of this circular by Thursday 8 May 2025 if they wish to participate in this DES.

Background

5. CVD is the second largest cause of the overall disease burden and second most common cause of death after cancer. It causes 25% of all deaths in Scotland, with 4,478 avoidable CVD deaths in under 75s. In addition, mortality from coronary heart disease is five times higher in Scotland's most deprived areas, compared to the least deprived.
6. Many people do not know they are living with CVD risk factors. 1.3 million people in Scotland are estimated to have high blood pressure, but only 24% of adults with high blood pressure are treated and controlled. In the adult specific population around one in three adults were recorded as having high blood pressure as part of the Scottish Health Survey.
7. A key objective of the Scottish Government's Cardiovascular Risk Factors Programme is to find those living with key modifiable risk factors that they are currently unaware of, and to optimise our early intervention and care to therefore reduce patients' risk of developing CVD. We recognise that this needs to be done in innovative ways to reach people who often under-utilise healthcare services (e.g. group consultations, community outreach).

ENHANCED SERVICE SPECIFICATION

ELIGIBLE PATIENTS AND ACTIONS

Eligible patients

8. Patients will be eligible for checks if they meet the following conditions:
 - Are aged 35-60; and
 - Have not received the full suite of CVD checks in the last 3 years:
 - a BP;
 - a lipid profile or key element of this;
 - a weight/BMI;
 - an assessment of glycaemic level such as blood glucose/HbA1c; and
 - a smoking status asked

Actions

9. Contractors will be required to identify patients on their practice lists at risk of developing CVD and carry out appropriate checks on eligible patients. Contractors will be informed of a capped amount of funding and the number of patients expected to be identified and offered checks. The payment will be made on an item of service basis per patient. This will be based on the number of patients in each practice weighted by Standardised Mortality Ratio for Coronary Heart Disease Death and by Scottish Index of Multiple Deprivation (SIMD).

10. Contractors should search their patient lists to identify eligible patients and should use local knowledge to target patients in higher deprivation. Practices signing up to the Enhanced Service are required to download and use ESCRO tool (created by NHS NSS and their contractors, Albasoft), which is suitable for use on desktops and displays an eligible population report (people aged 35-60 who have not received the full suite of CVD checks in the last 3 years) at a patient level, using data held on practice servers. This list is grouped by Scottish Index of Multiple Deprivation (SIMD) using reference tables of postcode/SIMD that are embedded in the existing ESCRO data pump already deployed on every practice server to support the vaccination programme.
11. The target population of this enhanced service are characterised by “missingness” so contractors should consider whether innovative modes of engagement (e.g. group consultation, community outreach) are the most appropriate methods of engaging with their eligible patients.
12. Contractors should then provide the following CVD Risk Factors bundle check to identified patients (a toolkit for the CVD bundle will be live on the Right Decision Scotland ‘RDS’ from April 2025 to guide clinicians on pathways):
 - Blood pressure assessment
 - Lipid Profile assessment (TC and HDL will be required for ASSIGN)
 - BMI
 - [T2D risk assessment questionnaire](#) completion (which requires the height, weight and waist circumference measurement to be entered) followed by glycated haemoglobin (HBA1c) or fasting glucose (as per local board arrangements) if questionnaire shows high risk; and
 - Smoking status
13. Contractors should then use the results to create an ASSIGN score for each patient. Please refer to the CMO letter on launch of ASSIGN v2.0.
14. Contractors should then offer patients a follow up appointment. Patients with ASSIGN score and wider results within the normal range should be offered lifestyle advice to support onward health.
15. Contractors should treat patients with abnormal results/ ASSIGN v2.0 scores over the 10% threshold/ ASSIGN 1.5 scores over 20% threshold, as required as part of the follow up appointment (with guidance in RDS Risk Factor toolkit to support clinicians). Please note the guidance in the CMO letter on ASSIGN for any interim use of v1.5 in embedded calculators in GP IT.
16. Six months after the follow-up appointment, for patients with original high ASSIGN score or abnormal results only, contractors should repeat the bundle of tests as set out in paragraph 12.
17. A code list will be shared to allow the key interventions above to be coded in a standardised way for payment, monitoring and evaluation purposes.

18. Health Boards should consider whether they have already commissioned comparable Local Enhanced Services with their GP practices. Where Health Boards identify that they have existing services in place, those services should be retired. Health Boards should agree alternative uses for freed up expenditure with their Local Medical Committees where appropriate.

Timing and reporting arrangements

19. Contractors are required to participate in the CVD prevention programme between 8 May 2025 and 28 February 2026.

Claims for payments

20. As set out in the Annex A, payments will be made on an Item of Service basis for consultations on a monthly basis, via use of the ESCRO tool, with a flat fee for the identification of the target group and consideration of innovative models.
21. Payment will be made automatically via PSD to contractors, based on automated reporting using ESCRO, using a list of codes to be shared in due course.

Action and Enquiries

22. NHS Boards are required to action these Directions and ensure that their primary medical services contractors are aware of it.
23. In the event of any enquiries on this circular, please contact Michael Taylor.

Yours sincerely

A handwritten signature in cursive script, reading 'Susan Gallacher'.

Susan Gallacher
Deputy Director General Practice Policy Division

Annex A

PAYMENT ARRANGEMENTS

1. Contractors who have entered into an arrangement with a Health Board as part of that Health Board's Enhanced Services CVD prevention scheme will be reimbursed in accordance with the paragraphs below.
2. Payments applicable to GP contractors are set out below.
3. A flat payment of £250 will cover initial planning time – including consideration of the innovative models outlined in paragraph 7 – and a flat fee of £100.30 will be paid per practice to conduct patient searches.
4. An item of service fee of £95 will be paid on a monthly basis, via use of the ESCRO tool, for each patient who:
 - receives the full CVD bundle of checks subsequently carried out; and
 - completes the clinical review appointment.