

Addresses

For Action

Health Board Chief Executives

For information

General Practices
National Services Scotland
Primary Care Leads
British Medical Association

Enquiries to:

Esther Black
Primary Medical Services
1 Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 0131-244 5483

Esther.black@gov.scot

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CARDIOVASCULAR DISEASE PREVENTION SCHEME – DIRECTED ENHANCED SERVICE

Dear colleague

Summary

1. This circular relates to the Directed Enhanced Service (DES) to be offered by Health Boards for provision by GP contractors to identify patients at risk of developing cardiovascular disease (CVD), and thereby help support prevention 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), 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 30 April 2026 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:
 - Do not have a pre-existing diagnosis of cardiovascular disease. This includes:
 - Coronary heart disease (including angina or myocardial infarction)
 - Stroke or transient ischaemic attack
 - Peripheral arterial disease
 - Heart failure
 - Atrial fibrillation(A full coded exclusion list will be utilised within the search tool).
 - 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 use the Enhanced Services Contract Reporting Options (ESCRO) tool 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 Cardiovascular Disease and by Scottish Index of Multiple Deprivation (SIMD).
10. Contractors should use their patient lists and local knowledge to identify eligible patients, with a focus on areas of higher deprivation. Practices participating in the Enhanced Service

must download and use the ESCRO tool, which generates a patient-level report of those aged 35–60 who have not received CVD checks in the past three years. This report is automatically grouped by SIMD using postcode/SIMD reference tables already built into the ESCRO tool (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 is available at [National cardiovascular disease \(CVD\) prevention and risk factors toolkit | Right Decisions](#)):
 - Blood pressure assessment
 - Lipid Profile assessment (TC and HDL will be required for ASSIGN)
 - BMI
 - Type 2 diabetes risk assessment calculation (as listed in bullet point 13) (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 are asked to use a calculation to assess diabetes risk. This can be done using one of the following methods:
 - a) The Leicester risk score [scoring table](#) which is on [page 4](#) of the linked document.
 - b) The Prevent Diabetes [Diabetes Risk Calculator](#)
 - c) [Diabetes Risk Calculator | Diabetes Prevention Programme](#)
14. Contractors should then use the results to create an ASSIGN score for each patient. Please refer to the [Chief Medical Officer letter](#) on launch of ASSIGN v2.0.
15. 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.
16. 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.
17. 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. The 6 month appointment does not trigger the payment, which will already have been triggered by the initial data collection and GP review appointment.
18. A code list will be shared to allow the key interventions above, including the 6 month repeat testing, to be coded in a standardised way for payment, monitoring and evaluation purposes.

19. The funding for the CVD DES was negotiated to include the costs for practices completing all aspects of this work. We recognise that sometimes practices may wish/need to involve Community Treatment and Care (CTAC) services, this should be by local agreement. Practices should be aware that this may affect the broader support CTAC services can provide them with.

Data extraction

20. The GP Editorial Board has approved the extraction of CVD DES data, disaggregated by Health Board, Health and Social Care Partnership, age and SIMD, to show the number of people receiving the service and their recorded clinical outcomes.

21. This data will be used for monitoring, evaluation and, where appropriate, publication.

Managing payments using ESCRO

Actions for Practices

22. The submit tab on the ESCRO tool allows practices to submit monthly claims for payment ([full instructions](#) are available).

23. Practices should review the list of claims prior to submitting and remove any test or invalid claims, or duplicate CHIs. Submitted claims can be viewed using the practice portal for the relevant health board.

24. Practices are required to submit CVD DES activity on the ESCRO tool by the end of each month for the previous month (e.g. data for July must be submitted before the end of August).

Actions for Health Boards

25. Boards will be required to instruct Practitioner Services Division (PSD) to make payments to practices for this enhanced service based on returns from practices using the ESCRO tool.

Claims for payments

26. As set out in the Annex, 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 a flat fee for data collection.

27. Payment will be made via PSD to contractors, based on automated reporting using ESCRO, using a list of codes to be shared in due course.

Timing and reporting arrangements

28. Contractors are required to participate in the CVD prevention programme between 1 April 2026 and 28 February 2027.

Action and Enquiries

29. NHS Boards are required to action these Directions and ensure that their primary medical services contractors are aware of it.

30. In the event of any enquiries on this circular, please contact Esther Black.

31. For technical enquiries about use of the ESCRO tool, please contact escro.highland@nhs.scot or phone 01463 572000.

Yours sincerely

A handwritten signature in cursive script that reads "Susan Gallacher".

Susan Gallacher
Deputy Director General Practice Policy Division

Annex

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. A flat fee of £250 will be paid per practice to support data collection and initial planning time – including consideration of the innovative models outlined in paragraph 7.
3. 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.
5. The Scottish Government and SGPC will determine an uplift for the fees described in this Annex as part of the annual practice funding uplift process. Any uplift to fees will be backdated for all activity completed in 2026-27. This circular will be amended on conclusion of those discussions.