



Citation for published version:

Coghill, N, Garside, L & Chappell, A 2015, 'A Quantitative Service Evaluation of a Telephone Outreach Initiative to Enhance the Uptake of NHS Health Checks', WEAHSN, LCRN, CLAHRC conference 2015, Cheltenham, UK United Kingdom, 15/10/15 - 15/10/15 pp. 1.

Publication date:
2015

Document Version
Publisher's PDF, also known as Version of record

[Link to publication](#)

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A Quantitative Service Evaluation of a Telephone Outreach Initiative to Enhance the Uptake of NHS Health Checks

Nikki Coghill, Ludivine Garside, Amanda Chappell
School of Social and Community Medicine, University of Bristol

Background

NHS Health Checks are offered to patients aged 40-74 who are not on a disease register for CVD, stroke, diabetes, kidney disease or dementia. The main aim is to assess their risk of developing one of these diseases or conditions and provide support and advice to help them reduce or manage their risk, disease or condition.

A recent study that explored attendance and method of invite for a Health Check found that verbal and telephone invitations resulted in a greater likelihood of attendance compared to a written letter invitation, particularly in hard to reach groups (1).

Method

Aim and Design

This study aimed to determine the efficacy of a telephone outreach service for inviting patients for an NHS health Check, from GP practices in the lowest super output areas of Bristol using a quasi-experimental pre/post study design.

Analyses

Quantitative, individual level data including IMD, age and gender was explored for uptake as a consequence of either a telephone or letter invite. Data was further explored for any associations between these potential predictors and uptake of an NHS Health Check..

Findings

Patients were more likely to attend their GP practice to complete their NHS Health Check, following their phone call if they were female, older and less deprived. Of the 1038 patients who responded to the telephone call, 71% (n=734) made an appointment to have the remaining aspects of their NHS Health Check completed at their GP Practice, 21% (n=213) decided against attending or an NHS Health Check wasn't appropriate, and in 9% (91) of cases the caller didn't record the outcome from the phone call. Of those who made an appointment to have their NHS Health Check completed at their GP Practice, 80% (n=587) attended and completed their NHS Health Check in full.

Discussion

Our findings relating to older people being more likely to attend for an NHS health Check concur with those in previous studies (2-3). Reasons for are likely to centre around less childcare and reduced family and working responsibilities and commitments.

Lower attendance rates in lower income groups concurs with some previous work (4-7) but is at dissonance with others (2-3). In a previous study with differing results to ours, there was potential bias in the study population (3). Patients who were not continuously registered with a GP throughout the study period were excluded from the analysis (3).

It is potentially these excluded populations who are most likely to be from lower income groups. They could include: prisoners released from prison who may have no fixed abode, homeless populations and ethnic minority groups, particularly travellers (8-9). Additionally, over the study period, in the UK, the Welfare Reform Act was introduced (10). In April 2013, as part of this act, the UK government introduced a bedroom tax. This aspect of the act restricted council and housing association tenants' rights to claim housing benefit. Consequently, some tenants moved home to avoid being penalised. The resultant move could have impacted on their registration with a GP practice.

Although the results from a recent report on uptake of the NHS Health Checks programme in East London also describes a similar level of uptake across deprivation quintiles and ethnic groups (2) it reports this from a population who are ranked as being in the most deprived local authorities in England. (11)

Conclusions

Using a telephone invitation in this evaluation showed a conversion from invitation to full NHS Health Check of 80% compared to 34% using a traditional letter invite. Even those who didn't attend for the full NHS Health Check, as a result of the telephone call, may have had their awareness raised, opportunistically, of risk factors associated with CVD

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Correspondence to: nikki.coghill@bristol.ac.uk