

GP PERCEPTIONS OF THE NHS HEALTH CHECK PROGRAMME: A QUALITATIVE STUDY

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Overview

- Brief introduction to the evaluation
- Outline of findings from the evaluation overall
- Focus in this presentation – GPs' experiences
- Findings
 - *Primary care as a commercial enterprise*
 - *'Buy in' to concordance in preventive healthcare*
 - *Following protocol*
 - *Support provision*
- Conclusions
- Limitations & future research

Introduction to the evaluation

- Qualitative evaluation of the delivery of the NHS Health Check in Heart of Birmingham conducted in 2010-2011
- Systematic reviews of the quantitative and qualitative evidence of similar checks around the world
- Holland, C., Cooper, Y., Shaw, R., Pattison, H. & Cooke, R. (2013). Effectiveness and uptake of screening programmes for coronary heart disease and diabetes: a realist review of design components in interventions. *BMJ Open*, 3(11), e003428 DOI: 10.1136/bmjopen-2013-003428. Available from: <http://bmjopen.bmj.com/content/3/11/e003428.full>
- Meta-synthesis of qualitative evidence currently under review

Qualitative evaluation

- To examine the experience of delivering the NHS Health Check and fidelity to protocol – was it delivered as was intended?
- To explore patients' experiences of the Health Check and personal advice received
- To explore healthcare professionals' perceptions of the feasibility of lifestyle support for facilitating behaviour change in the context of everyday life
- **Shaw, R.L., Pattison, H.M., Holland, C. & Cooke, R. (2015). Be SMART: examining the experience of implementing the NHS Health Check in UK primary care. *BMC Family Practice*, 16 (1) DOI: 10.1186/s12875-014-0212-7 Available from: <http://www.biomedcentral.com/1471-2296/16/1>**

Outline of findings from overall evaluation

- Inconsistencies in delivery of the Health Check especially in relation to personalised advice & goal-setting/SMART goals
- Use of food boxes and traffic light tape measure were well received by healthcare professionals
- Healthcare professionals may not have fully grasped the benefits of goal-setting & use of SMART goals
- Some patients misunderstood advice given & some thought healthcare professionals were not good role models – collaborative working on goal-setting may be better than ‘traditional’ advice-giving
- Records of referrals were poor, some support services were unavailable
- There was confusion over follow-up

Focus here – GPs' experiences

- What were GPs' experiences of implementing the NHS Health Check?
- How did GP surgeries incorporate the Health Check into everyday practice?
- What challenges did GPs face?
- What were GPs' perceptions of the Health Check more generally?
- Paper currently under review

Methods

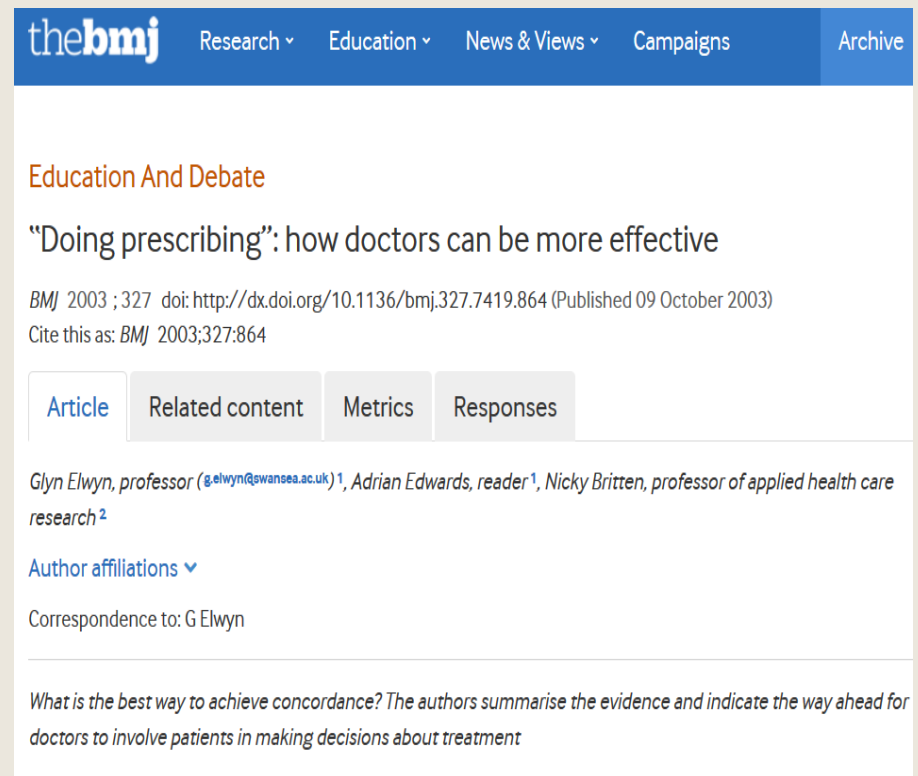
- GP surgeries by the Primary Care Trust (2010-2011)
- GPs were invited to participate in face-to-face or telephone interviews
- 9 GPs agreed to be interviewed from 9 different practices (out of approx. 80 in the region overall)
- Interview transcripts were analysed using thematic analysis
- An inductive approach to analysis was adopted (data-driven)

Findings – primary care as a commercial enterprise

- GPs spoke openly about remuneration for recruitment to the Health Check – this was a strong driver to recruit patients
- There was some tension between patient care and running a commercial enterprise
- *“Some doctors won’t do it because they think it’s a lot of work to be done for the amount of finance that they will be reimbursed and they are just financially driven whereas other doctors, and I hope I’m one of them, are actually bothered about their patients and actually care”*

Findings – ‘Buy in’ to concordance in preventive healthcare

- *“Concordance describes a process whereby patient and doctor reach an agreement on how a drug will be used, if at all. In this process doctors identify and understand patients' views and explain the importance of treatment, while patients gain an understanding of the consequences of keeping (or not keeping) to treatment.”*



The screenshot shows the top navigation bar of the BMJ website with links for Research, Education, News & Views, Campaigns, and Archive. Below this is the 'Education And Debate' section. The article title is "‘Doing prescribing’: how doctors can be more effective". The citation information includes 'BMJ 2003 ; 327 doi: http://dx.doi.org/10.1136/bmj.327.7419.864 (Published 09 October 2003)' and 'Cite this as: BMJ 2003;327:864'. There are four tabs: Article, Related content, Metrics, and Responses. The author information lists Glyn Elwyn, Adrian Edwards, and Nicky Britten. A correspondence address for G Elwyn is provided. A short abstract or summary is visible at the bottom of the article preview.

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Education And Debate

“Doing prescribing”: how doctors can be more effective

BMJ 2003 ; 327 doi: <http://dx.doi.org/10.1136/bmj.327.7419.864> (Published 09 October 2003)
Cite this as: BMJ 2003;327:864

Article Related content Metrics Responses

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What is the best way to achieve concordance? The authors summarise the evidence and indicate the way ahead for doctors to involve patients in making decisions about treatment

‘Buy in’ to concordance in preventive healthcare

- Concordance – collaborative working with patients – is particularly challenging in preventive health
- There are no symptoms/signs of illness – we are in the prevention game – which GPs were clearly signed up to
- Challenges came in how that message was conveyed to patients
- *“Young Asian men...they’ve got a 60% higher risk...you can’t change your sex, you can’t change your race, you’ve already got risk factors which is why you need to be aggressive in your lifestyle change...you’re doomed!...they say ‘oh yes, I need to do something’ but then you get some who say ‘what’s the point because I’m already at risk?’”*

‘Buy in’ to concordance in preventive healthcare

- The region evaluated is a high risk area with high proportion of South Asian residents
- The focus on lifestyle change is therefore paramount
- The NHS Health Check recommended goal-setting using SMART goals
- *“Personally, I don’t give them goals. The practice nurse will follow them up. Whether she sets a target I’m not sure.”*
- This does not represent a concordant (interpretative/informed) approach to practitioner-patient relationship

Following protocol

- There are a number of requirements for fidelity to protocol to occur
 - *Training*
 - *Supportive materials*
 - *Software, IT support*
 - *Support in recruitment of patients*
 - *Potential restructuring of appointments/staff to fit in Health Checks*

Following protocol

- Opportunistic recruitment can be problematic
- *“When a patient comes in an alert will come up saying this person needs cardiovascular screening and there’s a template so while the patient’s there I’ll say, ‘look you’re over 40, you’re at risk of having a heart attack in the next 10 years and hence I’m going to do some blood tests, as you a few questions to alleviate that risk.’”*
- Informed consent is challenged, there is a focus on 1 condition, a focus on the biomedical
- No mention of lifestyle, preventive strategies, collaborative goal-setting

Support provision

- Lifestyle change requires support structure – either within the practice or local community
- *“The bulk of it is done by the healthcare assistant. Mainly it’s weight loss and exercise and diet advice.”*
- *“The onus is on the patient”*
- There is a lack of local authority funding, inaccessibility of leisure/gym services
- *“What the government needs to do is to supplement some money and say to the gyms ‘we’ll give you this much money but what we want as part of that is we want you to accept patients from inner city practices like this’”*

Conclusions

- Some GPs were involved in delivering the checks, others depended on healthcare assistants and nurses
- Some had support services in-house (diet, weight loss, smoking cessation, alcohol services)
- Financial incentive to recruit patients but little consideration of the added cost of treating those cases identified by the check
- GPs were firmly in favour of preventive medicine but getting that message across to patients was difficult
- GPs struggled to adopt a concordant, collaborative style in goal-setting
- Biomedical/historical risk was emphasized, lifestyle change came second

Limitations & future work

- This was a small scale evaluation with a very small proportion of GPs
- These findings need to be compared across different regions in the UK to gather data about other urban areas & rural areas
- Implementation of the NHS Health Check needs to be examined nationally – there are areas that have been similarly evaluated but more needs to be done
- Future training needs to stress lifestyle change & prevention, the effectiveness of collaborative working and individual goal-setting