Increasing engagement with the NHS Health Check programme: An outreach pilot in Devon

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INTRODUCTION

Devon County Council (DCC) Public Health has successfully commissioned the NHS Health Check (NHSHC) Programme using a GP delivery model since April 2013. However, commissioners were aware that a small proportion of people in the region did not engage with this model. In response, Public Health Devon commissioned a pilot NHSHC outreach project targeted at people who:

- Do not engage with the GP offer
- Are at a higher risk of vascular disease
- Do not have access to a check via their GP because their local practice does not deliver NHSHCs.

The aim of the pilot was to understand how to engage people from the above groups with NHSHC programme.

METHODS

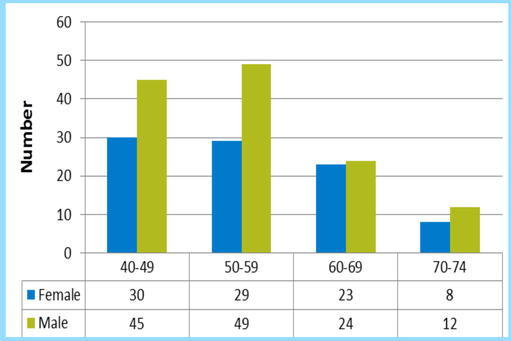
The pilot project was delivered by Health Promotion Devon (HPD) (August 2014–March 2015). The project used parallel approaches to target individuals in the following categories:

- People from the local farming community - by building partnerships with the Farming Community Network and National Farmers Union and holding pop-up clinics at livestock markets.
- People from Gypsy and Traveller communities – by working with an existing community development programme and building partnerships with the DCC Gypsy and Traveller Liaison Officer.
- Black, Asian, and other ethnic minority (BAME) people – by using social media to promote the NHSHC and delivering NHSHCs at a Mosque and a community centre.
- People living in areas of high deprivation - working with staff at a housing association to book service users into an NHSHC outreach clinic.
- People working in routine and manual occupations – by delivering NHSHCs at a refuse collection depot and a chicken processing factory.
- People using NHS mental health services – working with local mental health services and charities to deliver NHSHCs at an outreach clinic.
- Patients with no access to NHSHCs through their GP practice by holding NHSHC clinics at their local medical centre.

The effectiveness of these approaches was measured using metrics from the 220 NHSHCs delivered ; 6 client case studies and feedback from HPD staff.

RESULTS

The pilot project delivered a total of 222 NHS Health Checks. Of the 220 NHS Health Checks that were delivered to eligible clients, 90 (41%) clients were female and 130 (59%) clients were male. NHS Health Checks were delivered across the eligible 40-74 age group, with 69% of those who received a check aged 40–59. As in figure 2 below.



	40-49	50-59	60-69	70-74
Female	30	29	23	8
Male	45	49	24	12

Figure 2 NHS Health Checks delivered by gender and age group:

The largest numbers of NHS Health Checks were received by people from an area where there was no GP offer (73), routine and manual workers (60), and the farming community target groups (41). The smallest numbers were from the Gypsy and Traveller community (2), and people accessing mental health services (8).

The stated ethnicity of those who received a NHS Health Check shows that the majority (192) were White British. The second largest group was White Asian (10). The smallest number of attenders were from Pakistani (1) and Bangladeshi (1) ethnic groups.

Figure 3 compares NHS Health Checks delivered for each target group against a total target of 300 NHS Health Checks.

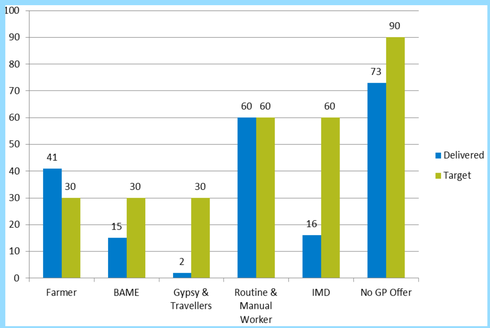


Figure 3 NHS Health Checks delivered compared with target

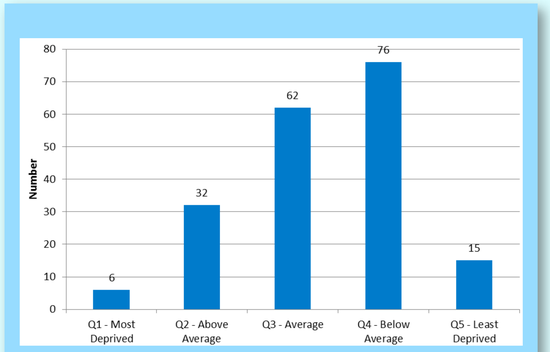


Figure 4 Deprivation quintile distribution of NHS Health Checks delivered

Figure 4 shows the distribution of clients receiving an NHS Health Check by deprivation quintile. It shows that the greatest proportion of people receiving an NHS Health Check were from areas of below average deprivation (76). It should be noted that the greatest volume of checks delivered was to the 'no GP offer' target population which was piloted with a GP practice that is not in an area of high deprivation

A total of 90 referrals were made to public health lifestyle services (41% of clients). Referrals to lifestyle services were made for a number of reasons:

- Alcohol misuse
- Poor diet
- Physical inactivity (PA)
- Smoking
- Weight management (WM)
- Or the client could be offered and accept referral to a health trainer (HT)

The greatest proportion of referrals were to weight management services which accounted for 30% of referrals, followed by referral to stop smoking services equating to 28% of referrals.

DISCUSSION

Important challenges were overcome and insights were gained about each of the target populations:

- Building trust , developing good partnerships with partner organisations and identifying a key staff member was critical
- Language could be a barrier and an interpreter was required for some groups. Leaflets with diagrams on specific health messages were particularly useful
- Internal barriers within organisations sometimes acted to slow the process gaining access to the routine and manual group
- The process was time and resource intensive as a number of meetings were required to promote the benefits of the programme and to gain sign-up
- Clients were interested in learning about their health, as many felt that their livelihood left them with little time to be ill
- With some groups it was important to first find a suitable space and discuss confidentiality before delivering the check
- Delivering NHS Health Checks in a rural area provided specific challenges in relation to staff travel time; expense; equipment and resources.to the Gypsy Travellers group was highly resource-intensive with 2 checks taking approximately 3 hours to deliver
- Some clients presented with multiple risk factors, and little experience of accessing health services which increased the time required to deliver each check.

The pilot found that a successful NHSHC outreach programme will:

- Identify key partners and build good working relationships
- Use existing networks and experience in delivering outreach projects to similar audiences
- Build community trust
- Plan well

CONCLUSIONS

The pilot was successful in generating insight and learning into delivering NHSHCs to people from the target audiences. This learning will be utilised to inform the commissioning of a full outreach service, and to inform the quality of programme targeting through GP practices, with the overall aim of reducing health inequalities.

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