

# Improving the uptake of NHS Health Checks in more deprived communities using 'outreach' telephone calls by specialist health advocates from the same communities

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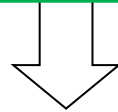
# Background



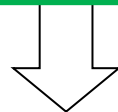
- Community outreach workers/interpreters work with GP practices
- Phoning members of own community to engage them with NHS Health Checks
- Also conduct some screening questions and signposting

# How does the telephone outreach initiative work?

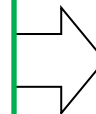
**Community link workers trained to telephone eligible patient**



**Patient agrees to NHS Health Check**



- **Selected aspects of NHS Health Check are completed over the phone**
- **demographic details – ethnicity**
- **AUDIT C (alcohol)**
- **PARQ (physical activity)**
- **smoking status**
- **family history of CVD**
- **Signposting to lifestyle services**



**Patient to attend GP Practice for remaining aspects of NHS Health Check**



# Aims

To examine the views and experiences of community outreach workers of telephone outreach



# Methods

- Semi structured interviews
- 10 Outreach Workers (ORW) - 9 female, 1 male
- 2 Black British, 2 White British, 2 South Asian, 4 Somali
- Working in 9 GP Practices in Bristol that serve a range of communities
- Interviews were audio-recorded, transcribed and imported into NVivo10
- Analysed using inductive thematic analysis.

# Results

Four major interconnected themes were identified:



1. Commitment
2. Communication style
3. Trust
4. GP Practice integration/support

# 1 - Commitment

*I think for ethnic minority people it's quite an important thing to have this done, because you know our diet, you know the way our living style is totally different, even the white community, you know the food is very heavy and people are getting aware of you know how to cut down the calories...*

*(ORW 10, South Asian, female)*

## 2a – Communication Style .....connectedness

*....a lot of the gents sometimes, they'll go, "Oh, what do I wanna have that for?" And I'll say, "Me and my husband had ours [NHS Health Check], and he had high blood pressure. ...you know, it's all about prevention and he knows now and he can do something about it.'*

*(ORW 2, White British, female)*



## 2b – Communication Style .....conveyor of cultural capital

*I have been here for sixteen years....all the names are similar, so I might not think that I know them, but when I call them they recognise me and I have to give them my full name, I shall say Samatar [list of ancestral names], who works at centre, so they say 'oh yeah', then from their voice I can understand they know me, .... once they recognise me they would not hesitate to cooperate. (ORW 6, Somali, Male)*

## 3 - Trust

*I think because they know us, they have actually built up trust with us, because they have seen us in the clinic several times, they have been seeing us for years and years and you know maybe they have shared a lot of personal stuff with us, so that's why even the husbands know us, things about their wife or daughter or anybody, so they know we are trustworthy.*

*(ORW 3, Somali, female)*

## 4 – GP Practice integration/support

*But it is the privacy, that is the only thing, the privacy, we need somewhere, although we cannot get a room just for a few hours, just for the [Outreach work], but we ask, we do ask.*

*(ORW 5, Somali, female)*

## 4 – GP Practice integration/support

I'm not saying late evening 'cause no one wants to be disturbed after about 6 o'clock and this surgery stays open till about 6, maybe a bit later, and they allow me...say 'yeah just come in any time and just make up your hours and get a few people' so I get people that way.

*(ORW 10, Black British, female)*

# Conclusion

- Community Outreach Workers have valuable communication skills, and shared experiences with those they contact. This helps to develop trust.
- They are knowledgeable about their communities adding clarity and effectiveness to cross cultural communication and valuable information to the Practice.
- Telephone Outreach for NHS Health Checks may benefit from better integration of Community Outreach Workers into GP Practices and improved provision of facilities to maximise the effectiveness of their role.

# Acknowledgements

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