IMPROVING EQUITY OF ACCESS TO NHS HEALTH CHECKS IN ISLINGTON: A COMMUNITY-BASED APPROACH

Jennifer Millmore, Public Health Business Manager
Kinga Kuczkowska, Public Health Projects Manager

With input and assistance from: ToHealth, Gemma Lyons and Charlotte Ashton

Camden and Islington Public Health
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Overview

- Background
- Current Picture
- Achievements
- Areas for improvement
- Enablers
- Barriers
- What’s coming next
- Summary
Background

High deprivation and health inequalities

High CVD mortality

Premature mortality rates attributable to CVD per 100,000, 2008-2010

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<thead>
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<th>2008-2010</th>
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<tbody>
<tr>
<td>Islington</td>
<td>129</td>
</tr>
<tr>
<td>London</td>
<td>94</td>
</tr>
<tr>
<td>England</td>
<td>89</td>
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Nationally set targets (2014/15)

Expected NHSCHC uptake, 2012/13-2015/16
Current picture

Targeted deprivation areas

Percentage community NHSHC recipients by local deprivation quintile

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<tbody>
<tr>
<td>Primary Care</td>
<td>64%</td>
<td>33%</td>
<td>3%</td>
<td>15%</td>
<td>21%</td>
<td>23%</td>
<td>26%</td>
<td>33%</td>
<td>3%</td>
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<tr>
<td>Pharmacies</td>
<td>64%</td>
<td>33%</td>
<td>3%</td>
<td>15%</td>
<td>21%</td>
<td>23%</td>
<td>26%</td>
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<td>3%</td>
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<tr>
<td>Community</td>
<td>64%</td>
<td>33%</td>
<td>3%</td>
<td>15%</td>
<td>21%</td>
<td>23%</td>
<td>26%</td>
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Significant contribution towards target (2014/15)

64% Primary Care
33% Pharmacies
3% Community

Drop in CVD inequality gap

Directly age-standardised premature mortality rates attributable to CVD per 100,000 population

- Islington
- London
- England
Achievements

- 40% of recipients from ethnic minorities, 13% more than in primary care
- 48% from two most deprived quintiles locally
- 11% of recipients not registered with a GP

Supermarkets good for reaching people from deprived areas

Leisure centres successful at attracting men
Areas for improvement

42% of community NHSHC recipients were male

3% attendees with QRisk2 &ge; 20%, compared to 13% in primary care

Men significantly less likely to accept weight management referrals

Fewer smokers and high risk drinkers, compared to primary care
Enablers

Key enablers
- Alternative to primary care
- Convenience
- Good quality of service

Additional advantages
- Positive user feedback
- Similar cost per NHSHC
- Flexible / targeted locations
Challenges

Barriers
- Lack of time
- Lack of awareness
- Issues with settings
- Data protection concerns

Challenges
- Ineligible people
  - Age
  - Homeless
  - Non-residents
  - Repeat clients
- Logistical issues
What’s coming next

- More integrated lifestyle services
- Lifestyle Checks (mini-checks)
- In-depth evaluation
Summary

Delivery of NHS Health Checks in the community…
- Reduces inequality
- Increases reach
- Provides an alternative

However
- Further work needed to increase uptake among men
- Most effective alongside other channels
Any questions please contact:

- Jennifer.Millmore@islington.gov.uk
- Kinga.Kuczkowska@islington.gov.uk

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