The effect of NHS Health Checks on GP registration and lifestyle in an Inner London Borough

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Introduction:
• Uptake at GPs was low, particularly in areas where GP registration is poor (Artac et al., 2013).
• Dalton et al., (2011) reported that only 44.8% of individuals who were at high risk of CVD individuals took this opportunity to meet with their GP.
• Additional lifestyle support & referral adds to the Health Check programme (Cochrane et al., 2012).
• The London borough of Haringey is ranked the 13th most deprived authority out of 326 in England, and fourth most deprived borough in London. (Haringey Council, 2015).
• Haringey have taken a unique approach to the NHS health checks pairing up with Tottenham Hotspur Foundation to offer the health checks outside of the traditional GP surgery.

Aim:
The aim of this study was to investigate the effect of the NHS Health Checks on GP registration and uptake of local referral services.

Method:
3000 health checks were carried out between March 2014 and July 2015 by the THF Health Check Practitioner at 25 locations in the east of the Borough at supermarkets, public libraries, cultural centres and post offices. Following the initial Health Checks, those identified as being high risk consenting males were contacted via telephone (N=86). Responses were gained from 70 males for a short follow up questionnaire to gain information about any lifestyle changes and views on the Health check.

Results:
The whole group data (N=2254) was analysed comprising of 23.4% females (N=529) and 76.6% males (N=1729). The mean age for males was 49.4±8.0 years and 50.2±8.0 years for females. 64.9% of all participants were registered with a GP including 72.6% of females and 62.7% males.

Odds ratio analysis shows that females are 1.42 times more likely to be registered with a GP than males (p<0.001).

Health check data analysis revealed that only blood sugar, total Cholesterol and HDL were different between those registered with a GP or not (p<0.05).

Discussion & conclusions: The Health checks were a positive tool to increase GP registration in those not registered suggesting that alternative pop up clinics could help identify and help initiate treatment of early signs of CHD and diabetes. Males are much less likely to be registered with a GP which may help to explain the life-expectancy gap in the borough and more outreach initiatives could positively impact on this. Local Boroughs need to address the lack of take up in referral services and look into the reasons for participants not being able to/knowing about or wanting to access provision.