

Protecting and improving the nation's health

Top tips: Maximising the impact of the NHS Health Check programme

This document is part of the NHS Health Check top tips series which share findings from research to help providers and commissioners maximise the programme's effectiveness. This briefing summarises the key learnings from a systematic literature review and behavioural diagnosis [1], undertaken in 2019, into the factors which influence the impact of the NHS Health Check across all stages of the pathway i.e. from inviting a person to attend to how results are communicated.

This work was undertaken by identifying 37 studies through a systematic literature review and applying tools such as the Behaviour Change Wheel (BCW) ^[2], which includes the theoretical model of behaviour COM-B; the Theoretical Domains Framework (TDF) ^[3, 4] and the Behaviour Change Techniques Taxonomy (BCTTv1) ^[5], to identify factors which served as facilitators or barriers to maximising the impact of the NHS Health Check. This document summarises those barriers and facilitators (annex A) at key points in the NHS Health Check pathway and highlights actions and considerations for commissioners and providers to implement these findings.

Recruitment: what affects take-up? [6]

Do:

- Encourage multiple invitation methods (either written, telephone or opportunistic). The
 review suggested that different methods of invitation appeal to different people (e.g.
 some patients report that they like to take up the offer opportunistically, yet others
 need more time to plan and prepare for their check).
- Consider the use of primers and reminder text messages (prompts) to remind patients to book an appointment for their check and computer prompts to clinical staff to remind them to invite eligible patients to complete their check in a timely manner.
- Consider behaviourally informed messaging such as simplification to ensure that your message is clear and simple.
- Consider using social norms (feedback about peer behaviours) to engage GP surgeries to increase the number of invitations they make to the NHS Health Check or to encourage eligible patients that "people like you" are attending their check.

PHE publications gateway number: GW-1107

Ensure the purpose of the NHS Health Check as a prevention programme is clear to
eligible patients in promotional materials. It was revealed in the study that one of the
barriers that hinder patients' attendance is the lack of understanding of CVD risk and
the purpose of the NHS Health Check.

Delivering the check: Practical considerations (for providers and commissioners) [7]

Do:

- Provide a designated space, resources and sufficient time for a check: in a qualitative study [8] a number of healthcare professionals (HCPs) expressed the view that a 10minute consultation was not enough to perform the risk assessment, communicate risk, give patient-centred lifestyle advice and fully explain any prescribed medication.
- Provide training [9] on how to deliver a short behaviour change intervention to increase HCPs confidence in their ability to facilitate patient's small incremental change.
- Consider offering the opportunity for people to have an NHS Health Check in a community setting.
- Work with system partners to develop a log of currently available support services.
 See a great example here [10]. The HCPs could also consider signposting patients to One You website [11].

Communicating the results: Providing the patient with an opportunity to be proactive

Do:

- Consider that some patients who receive high risk results could experience a negative
 emotional response such as anxiety. Do seek to address these concerns by providing
 reassurance and giving people sufficient time to think about their results.
- Provide patients with take home summaries of the information necessary to interpret their risk scores, which can be found on the NHS Health Check website.
- Frame the risk messages in a positive way that motivates the patient to act.
- Take account of patients' social context so that conversations about risk could be individually appropriate.
- Where available, let patients know that there is support available to them from HCPs to facilitate their intended behaviour change.

Follow-up: Support behaviour change by making it tailored, achievable and social

Do:

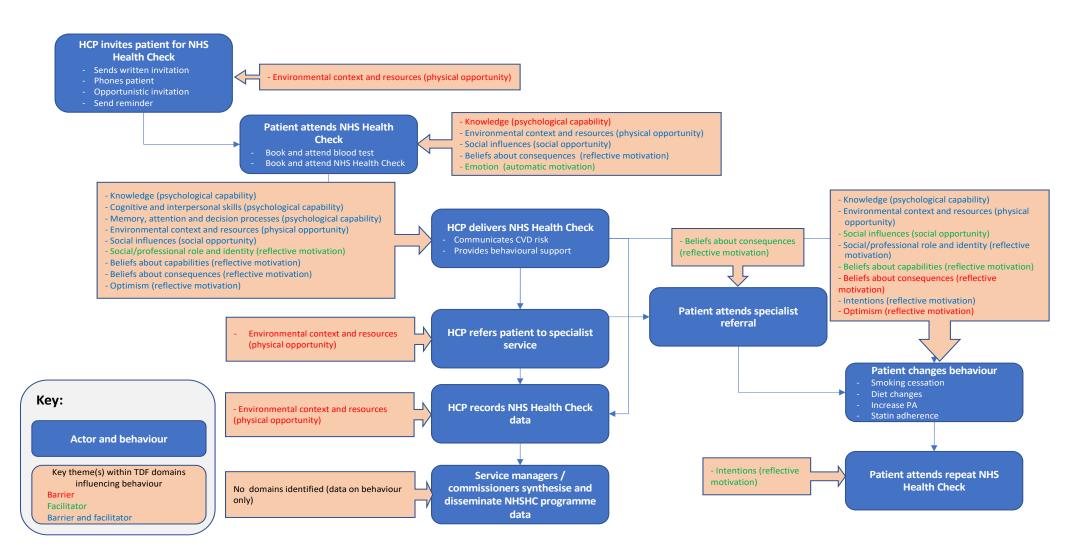
- Help patients identify and build on small changes evidence shows that change is more likely if you build on small successes and suggest easy ways of how this might be achieved.
- Help patients to understand that it is possible for them to reduce their risk of CVD. For example, signpost patients to testimonials and films of patients talking about the health benefits of the changes they have made.
- Incorporate the support of family and friends when agreeing behaviour changes.
 HCPs may suggest that the patients ask their friends and family for help with arrangements to accommodate their health goals, e.g. asking a friend to look after patient's children while they go swimming.

Follow-up: HCPs as the facilitators of change

Do:

- Not underestimate the influence of HCPs in helping motivate behaviour change. The
 evidence shows that HCPs were perceived to have an important role in influencing
 patients' decisions to adapt their lifestyle.
- Recognise that HCPs beliefs in the value of preventive care as well as their confidence in their ability to support patients on their journey through behaviour change were important in helping patients to make a behaviour change. Providing HCPs with the information they will need to support a patient that intends to change their behaviour is crucial. For example, HCPs may benefit from tips on how to initiate a discussion and how long to discuss strategies to bring about behaviour change.
- Provide HCPs with NHS Health Check training [12] including films of consultations where risk is communicated, and behaviour change is discussed

Annex A: Summary of key influences on behaviours



PHE publications gateway number: GW-1107

References

- 1. Atkins L, Stefanidou C, Chadborn T, Thompson K, Michie S, Lorencatto F. Influences on NHS Health Check behaviours: a systematic review. Manuscript submitted for publication. 2019.
- Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implement Sci. 2011;6:42.
- 3. Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implement Sci. 2012;7:37.
- 4. Michie S, Johnston M, Francis J, Hardeman W, Eccles MP. From Theory to Intervention: Mapping Theoretically Derived Behavioural Determinants to Behaviour Change Techniques. Applied Psychology. 2008;57(4):660-80.
- 5. Michie S, Richardson M, Johnston M, Abraham C, Francis J, Hardeman W, et al. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. Ann Behav Med. 2013;46(1):81-95.
- 6. See previous Top Tips focused on uptake: https://www.gov.uk/government/publications/nhs-health-checks-increasing-uptake/top-tips-for-increasing-the-uptake-of-nhs-health-checks
- 7. See also the programme standards for delivery: https://www.healthcheck.nhs.uk/seecmsfile/?id=537
- 8. Boase, S., D. Mason, S. Sutton, and S. Cohn, Tinkering and tailoring individual consultations: how practice nurses try to make cardiovascular risk communication meaningful. Journal of Clinical Nursing. 2012;21:(17-18): 2590-8.
- See training tools available on the NHS Health Check website: https://www.healthcheck.nhs.uk/commissioners-and-providers/training/e-learning-resources/
- 10. See an example of resources available on Yorkshire and Humber Public Health Network: https://www.mecclink.co.uk/mecc-resources/
- 11. See resources available as part of the One You campaign that encourages adults to make changes to improve their health: https://www.nhs.uk/oneyou/about-one-you/
- 12. See the national guidance available on the NHS Health Check website: https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/

PHE publications gateway number: GW-1107