Research into the Uptake of NHS Health Checks

Prepared by Rita Brophy

Prepared for

Shelagh Cleary, Office of Public Health, Dudley

Dudley
Metropolitan Borough Council

March 2015
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>2</td>
</tr>
<tr>
<td>Aims &amp; Objectives</td>
<td>3</td>
</tr>
<tr>
<td>Methodology &amp; Segmentation</td>
<td>4</td>
</tr>
<tr>
<td>Sample</td>
<td>5</td>
</tr>
<tr>
<td>Logistics</td>
<td>6</td>
</tr>
<tr>
<td>Key Conclusions</td>
<td>7-15</td>
</tr>
<tr>
<td>Key Insights</td>
<td>16-99</td>
</tr>
</tbody>
</table>

**Appendices:**
- >Recruitment Questionnaire: 101
- >Discussion Guide: 104

Page | 1
BACKGROUND

The Vascular Team from the Office of Public Health Dudley commissioned SMS to conduct qualitative research to inform a social marketing intervention to increase the uptake of NHS Health Checks amongst adults aged 40-74 years.

Over the last decade there have been many developments in reducing the mortality rate from vascular conditions, with many initiatives proving very successful, such as advances in the emergency treatment of heart attack and stroke. However, although more people have survived heart attack and stroke over the past decade, and the prevention of these conditions has remained fairly stable over this time, rates of related conditions including obesity, diabetes, kidney disease and dementia have greatly risen. This means that there are now many people living with a vascular condition, including those that have survived heart attack and stroke.

However, prevention of these conditions is achievable. Indeed, 90% of people presenting with their first heart attack could have had this prevented by reduction of their risk factors. Furthermore, it has also been shown that prescribing cholesterol lowering drugs to those at high risk of developing a cardiovascular condition is very effective in preventing vascular disease and the development of Type 2 Diabetes can take several years so there is a large window of opportunity in which to prevent the condition from developing.

As many of the clinical risk factors including high blood pressure, high cholesterol and blood sugar have no signs or symptoms, outwardly ‘well’ people need to be screened to find these signs at an early stage to enable them to be empowered to manage their risk and prevent the development of disease.

The NHS Health Check programme is a national programme run by Public Health England (PHE), which first commenced in 2009. Each Public Health Department in England has a responsibility to offer NHS Health Checks to the public they serve. The Health Check is a disease prevention programme targeting people aged 40-74 with no existing vascular disease, i.e. heart disease, stroke, kidney disease or diabetes. It aims to assess individuals for the likelihood of developing a vascular condition in the next 10 years and also to raise awareness of the links of this pattern of risk factors with the increased risk of developing dementia. Any risk factors identified at the check can be managed to reduce the overall vascular risk and hopefully pre-empt predicted outcomes. The assessment is offered to those eligible every 5 years. The eligibility criteria are as follows:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Adults 40 – 74 years</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Males and females</td>
<td></td>
</tr>
<tr>
<td>Medical history</td>
<td>History of a vascular condition, i.e. heart disease, diabetes stroke, or kidney disease</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>Every 5 years</td>
<td>NHS Health check within the last 5 years</td>
</tr>
</tbody>
</table>
Low uptake of the programme has the potential to dilute its effectiveness and expected outcomes. For this reason PHE have set the target for uptake at 75% of those invited. This is an ambitious target, which in the main has not been achieved either nationally or locally within Dudley. Since the NHS Health Check programme commenced, there has been no national campaign by any media to raise the awareness of the general public. Marketing materials and branding has been developed by PHE, but this is generic, so may not meet local needs and so far has not had the positive effect of increasing uptake.

The Office of Public Health Dudley has commissioned qualitative research with people aged 40 - 50 to explore their knowledge and awareness of the programme and their experiences of being offered a health check, accessing a check and having the health check. The insight gained in this study will be used to inform a targeted programme of work designed to increase the uptake of the NHS Health Check programme.

The key intention of this research is to identify barriers to taking up a health check and to identify some positive and motivating messages which may nudge people into attending for a health check when invited.

**AIMS & OBJECTIVES**

- To identify the key influences and motivators for people attending an NHS Health Check.
- To gain insight into people’s experiences of having an NHS Health Check.
- To identify the key barriers which prevent people from taking up an NHS Health Check.
- To identify people’s levels of awareness of the NHS Health Checks, the purpose of them, and the benefits of attending.
- To identify people’s level of awareness of the risk factors associated with heart attacks, strokes, kidney disease, diabetes and dementia.
- To identify the target audiences preferred media, messages and motivations for attending an NHS Health Check to inform future marketing and communications activity.
METHODOLOGY & SEGMENTATION

In order to explore the topic in depth, qualitative research was used, with the sample being segmented as follows:

**Gender**
- The attitudes and behaviour of males and females toward NHS Health Checks could be quite different due to specific gender needs and, importantly, same-gender interviews lessen the risk of the self-consciousness that could occur if men and women were being interviewed about the sensitive subject of health at the same time.

**Age**
- It is hypothesised that those nearer to 40 have different attitudes and behaviour towards NHS Health Checks than those nearer 50, therefore the primary sample was split into two distinct age bands: 40-44 years; 45-50 years.

**Primary/Control**
- In order to gain a clear picture of the differences between attendees/non-attendees, the sample was structured around two segments.

- The largest of these is ‘Primary’, i.e. those that have not attended an NHS Health Check; and the smaller segment is ‘Control’, i.e. those that have attended an NHS Health Check.
A robust sample was achieved, as follows:

FGD = Focus Group Discussion
IDI = Individual In-depth Interview

<table>
<thead>
<tr>
<th>Primary Sample</th>
<th>No.of Participants</th>
<th>Control Sample</th>
<th>No.of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female 40-44 FGD</td>
<td>4</td>
<td>Female 40-50 FGD</td>
<td>5</td>
</tr>
<tr>
<td>Male 40-44 FGD</td>
<td>5</td>
<td>Male 40-50 FGD</td>
<td>3</td>
</tr>
<tr>
<td>Female 45-50 FGD</td>
<td>5</td>
<td>Female 40-44 IDI</td>
<td>1</td>
</tr>
<tr>
<td>Male 45-50 FGD</td>
<td>3</td>
<td>Female 45-50 IDI</td>
<td>1</td>
</tr>
<tr>
<td>Female 40-44 IDI</td>
<td>3</td>
<td>Male 40-44 IDI</td>
<td>1</td>
</tr>
<tr>
<td>Female 45-50 IDI</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male 40-44 IDI</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>25</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>
LOGISTICS

Timing
- All focus groups took place after working hours.
- Female groups took place from 5pm-7pm and the male groups took place 7.30pm-9.30pm. Each focus group lasted 2 hours.
- In depth interviews took place at various times during selected days to suit participants e.g. daytime and evening. Each interview lasted 1 hour.

Venue
- The venue selected for the research was the Dudley Showcase Cinema.
- The venue is located in central Dudley with excellent public transport links and free parking.
- All interviews were audio recorded. Some verbatim comments and stories appear in this report.
- As anonymity and confidentiality have been guaranteed to research participants, no names have been used within this report.

Incentives
- Each participant received a cash incentive to thank them for taking part in the study.

KEY TO VERBATIM COMMENTS

Primary Females: Red
Primary Males: Blue
Control Females: Green
Control Males: Purple
KEY CONCLUSIONS
In answer to the research objectives, the key conclusions are as follows:

**The key influences and motivators for people attending an NHS Health Check**

**The Invitation Letter**
- Many people in the primary sample stated that they had not received an invitation letter.
- One of the key influences for attendance is receipt of the invitation letter.
- Although receiving the letter is by no means a guarantee of attendance, it is usually the first step in the process for those that do attend, therefore **by not receiving it one is excluded from this vital stage**.
- Indeed, some of those who did not receive a letter were aggrieved by this, claiming that, now that they were aware of the availability of the NHS Health Check, they would approach their GP to take part.

**A Gentle Nudge**
- Some males reveal that their partners will “go on” at them until they attend; whilst a female attendee acknowledges that she does “keep an eye” on her husband’s health appointments as well as her own.
- There is also some evidence of medical professionals nudging patients to undergo the check.

**A Proactive Attitude**
- It is evident that attendees are typically characterised by having a pro-active, ‘can do’ attitude, typified by the ethos “deal with it”.
- There is no evidence to indicate that attendees are any fitter or healthier than non-attendees, but they do display greater levels of self-acknowledged ‘health consciousness’ than non-attendees; thus they think about their health frequently.
- Many attendees admit that health checks are “scary”, as do non-attendees; however the attendees **conquer their fear** by asking themselves the question “what have you got to lose?”
- Unlike some non-attendees who are ‘avoidance driven’ and would “rather not know”, the attendees are ‘control driven’, believing that if a condition is caught early there is a chance to correct it.

**Challenge: To convert non-attendees from avoidance attitudes/behaviour to proactive attitudes/behaviour - see ‘Key Barriers’ section below.**
Insight into experiences of having an NHS Health Check

Positive
- Most attendees have had a positive experience of the check itself.
  - The check is praised for being “relaxed, quick and simple”.
- Many, but not all, received useful practical advice from the nurse on obtaining their results, with some being offered the opportunity to join a slimming club.
- The overwhelming feeling after receiving a positive result is one of “relief” and, in some cases ‘elation’, as evidenced by the comment “I felt young again!”

Negative
- Lack of information:
  - Most were unaware that one could attend at venues other than their GP surgery.
  - Most were unaware that one could opt for a finger prick test.

These matters can be addressed in future communications activity - see ‘Media & Messages’ section below.

- Interaction with the medical staff:
  - Many had positive experiences with the nurse/GP, however some stories highlight the need for uniformly positive and courteous service standards:
  - One attendee was asked to return to take her blood test without any explanation why, causing her stress.
  - Two male non-attendees were put off attending their NHS Health Check as a result of interaction with medical staff: one tried to make an appointment at his GP’s and was informed that he couldn’t as there was “a back-log” yet he was not informed about alternative venues; the other male proactively requested a check when he was attending the surgery with his daughter but was informed that as he was 39, not 40, he could not have it.
  - A female BME attendee has been put off attending an NHS Health Check in future as a result of interaction with a nurse: she regarded the nurses comments about the “food you people eat” as presumptive and judgemental.
    [She complained to the GP and received an apology].
The key barriers which prevent people from taking up an NHS Health Check

Lack of awareness
- Many do not know the NHS Health Check exists.
- Some have not received an invitation letter.
- Only a few have seen any mainstream communications about NHS Health Checks, what they are, who they are for, the benefits of being checked...

Perception that it is only available at the GP’s
- Many do not attend their GP on a regular basis; indeed there is some evidence of ‘GP avoidance’ due to:
  - The waiting time for an appointment at the GP’s is off-putting.
  - The opening hours of GP surgeries clash with working full-time hours.
  - Some do not have a good rapport with the nurse/GP.
  - Others fear wasting the doctor’s precious time when they feel “fit and well”.

In order to challenge this barrier, participants were unanimously in favour of including the leaflet ‘Where can I get my NHS Check?’ with the invitation letter as it is a quick and easy guide to all venues in the vicinity of their home/place of work.

[NB. They would improve the leaflet – see Examination of Stimulus section of this report].

Fear of being examined
- Some female non-attendees are aware that they are overweight and they reveal that they fear being weighed and then “judged”.
  - Within the privacy of an individual interview, a male non-attendee revealed that he had suffered a sexual assault in his youth and he was concerned about what “type of examination” the NHS Health Check was. Due to being BME he was aware of the increased risk of prostate cancer for males within his ethnicity, which led him to speculate that the check may involve a digital examination to detect signs of that. He informed the researcher that he has discussed his experience with a medical professional, but that he does not want to re-discuss it at further health checks.

These insights illustrate how important it is to stress in communications that the NHS Health Check is non-invasive and non-judgemental.
It should be clearly communicated that it is a very simple, very quick, blood test or finger prick test.

Feeling “too young”
- Many participants near the age of 40 are living a ‘youthful lifestyle’, e.g. they have recently married and had children, or they are studying to achieve the next level in their career.
Once they are nearer 50, participants are showing some signs of slowing down, e.g. aching joints and the onset of Menopause, therefore they are more accepting of the offer of an NHS Health Check, but they still don’t feel ‘old’.

These insights illustrate the need for ‘youthful’ imagery going forward. Indeed, images of ‘older people’ have been greatly criticised in the stimulus material.

The 40-44 year old males designed an App for the service (see the Collages section within this report) which, if followed through into the final campaign, should send a clear message that it is ‘up-to-date’ with modern lifestyles.

Avoidance behaviour
- Many non-attendees are “scared” and “would rather not know” if they have a problem.
- Some state “I’ll deal with it if it happens”.

Challenge: To convert non-attendees from avoidance attitudes/behaviour to proactive attitudes/behaviour the insights from their own collage creations and those of the attendees should be used to inform a future communications campaign.

It is very important to dispel fear and engender the motivation to ‘take control’.

This could be achieved by using images and headlines that focus on positive messages, such as “feeling as fine tomorrow as you are today”, rather than negative messages, such as those about “finding hidden problems”.

**Level of awareness of the risk factors associated with heart attacks, strokes, kidney disease, diabetes and dementia**

Most people thought that although ‘fate’ could deliver anyone any of these conditions at almost any stage of life, all of the conditions had “lifestyle factors” in common and one’s risk could be managed through adopting a healthier lifestyle.

However, most believe that one’s risk of dementia is somewhat ‘less preventable’ than the other conditions, as they associate it with a deterioration of the brain during old age, although some hope that keeping an active mind may help contain it.

This research has shown that diabetes is not treated a seriously by some non-attendees as it by attendees.

Remarkably, those non-attendees with relatives who had a condition, and were therefore observing it ‘up-close’ via their relative, would acknowledge their own increased risk due to ‘family history’, yet many of these maintained that ‘if it happened to them they would deal with it’ rather than take any preventative steps in order decrease their risk of contracting the condition.

This behaviour is indicative of the ‘avoidance’ mind-set alluded to earlier, rather than that of conquering fear and ‘taking control’ by being tested and adjusting one’s lifestyle accordingly.

These participants do acknowledge that they could be at risk of diabetes, but some of them state that it ‘if you get it, it can be managed by diet and pills’.

*As stated: This avoidance mind-set needs to be challenged head-on in future communications if up-take of NHS Health Checks is to increase.*

The non-attendees attitude contrasts with that of the attendees who are very fearful of diabetes because they, unlike some participants in the primary sample, treat it with the severity it deserves.

They do not hold that one can simply manage diabetes with diet and pills, rather they believe that getting diabetes would have a hugely negative impact on one’s life.

All were informed that the NHS would like to make them aware that these five conditions are interlinked and that attending one’s NHS Health Check is a means of identifying one’s risk for all five, enabling one to take necessary steps to manage this risk.

It was apparent that most non-attendees and attendees were intrigued that all five conditions actually link together. Importantly, this knowledge has the capacity to convince non-attendees of the dire seriousness of diabetes, which, at present,
some believe can be relatively easily managed via diet and pills. This is because this knowledge convinces them that having diabetes could increase one’s risk of all of the other ‘serious’ conditions, including the two most feared, stroke and dementia.

This insight indicates that this fact about ‘connections’ should be stressed in an awareness-building campaign for NHS Health Checks. This could be achieved by a graphic device communicating the interlinking between diabetes and all other conditions, which could become ‘visual shorthand’ for the rationale behind being checked.
Preferred media, messages and motivations for attending an NHS Health Check to inform future marketing and communications activity

Invitation Letter

- The invitation letter is a vital piece of communication.
- However, it is regarded as too long at present. It is recommended that it should be 2 sides of A4, bullet-point format.
- The Dudley MBC logo is confusing as it is associated with matters other than health, e.g. ‘rates’, therefore it should come from the NHS or one’s GP.
- The letter should be combined with an information leaflet to include some simply worded, essential pieces of information about the NHS Health Check and the venues where NHS Health Checks are available.
- This leaflet should have a simple colour-coded key to denote opening times and locations.

Brand Identity

- This research has shown that NHS Health Checks lack a distinctive brand identity.
- It is recommended that the first point going forward is to develop a brand identity for NHS Health Checks in Dudley, so that it can be used as ‘visual shorthand’ on all communications materials including the invitation letter.

Communications Campaign

- An awareness building campaign should be designed so that when an individual receives their invitation they are informed and prepared; not “a bolt out of the blue” as has been alluded to in this study.
- Participants call for a multi-media campaign, utilising billboards, buses, trains, radio, cinema screens, TV, social media, public buildings, GP’s, hospitals and shops.

  - The females created collages to convey motivational messages, whilst the males chose to create their own imagery, e.g. by designing a mailshot with vouchers for healthy foods and gym passes as an incentive to take part, and an App. They also ‘teared and shared’ images that appealed to them from magazines, adding their own headlines.

  - Images are positive: family life; and challenging personal situations, e.g. bike riding, mountain climbing so as to communicate Being in Control and having Peace of Mind.
- **Headlines feature**: the word FREE; Quick and Easy; Change; and Healthy on the inside and outside.

- **Key motivational messages**: included *positive benefits*, e.g. “Live life longer; Look after yourself” and “Be confident, feel Better”.

- **There was no mention of disease in the headlines**, as this information can be ‘scary’ if it’s too ‘up-front’

- The words “Your” or “My” could add an emotional quality to NHS Health Checks, as they link to a sense of ‘personal ownership’ and, when coupled with a brand identity could communicate ‘community spirit’, e.g. “Get your NHS Health Check”.

*It is recommended that the ideas generated in this research form the basis of a creative brief from which branding and campaign concepts can be designed. These will require further qualitative testing with members of the target audience to identify the strongest concept prior to launch.*
KEY INSIGHTS

PRIMARY SAMPLE:
FOCUS GROUPS & IDI’S

HEALTH & HEALTH CHECKS
ASSOCIATIONS WITH ‘HEALTH CHECKS’

Participants in the primary sample, i.e. those who have not been for an NHS Health Check, were asked to call out all words, terms, images and emotions that spring to mind when they think about ‘health checks’.

Their comments follow, with key issues, positive and negative, being highlighted.

**Females 40-44**

- Nervous.
- More nervous about the smear test than the others.
- By the time my daughter was 22 she had ovarian cancer. I think that everyone should be aware. You may feel awkward but it’s worth it.
- It saves lives.
- There’s health check for men with testicular cancer as well.

- Weight as well. I went to see the nurse, she said I was obese. I didn’t think I was. I was upset about being ‘labelled’ as something like obese! I can’t go back to the nurse who called me obese! She didn’t give me any advice or anything. She didn’t give me information on any risks. She just told me to lose weight. I felt humiliated.
- It depends on who you see. If you have a rapport with someone it’s not so bad.

**Females 45-50**

- Scary!
- It makes you think, oh God I’m getting old!
- Frightened of the results.
- That you’re going to get ill.
- You think of past relatives and what they’ve had.
- It could turn out to be a good thing because they could find something preventable.
- Embarrassed...smear tests.
- I find the smear test a bit invasive. Blood tests not invasive and might pick up something that could be prevented.
- They are sometimes scary; I don’t want a man to perform a procedure.

- I’m frightened of the results in case they are bad, it could lead to some long time medication or other tests you have to have. You don’t think of all this when you are younger, just as you get older! It starts as you reach 40. In your 30’s you don’t think about it, you’re bringing the kids up etc.

  Or, for some, it starts in your 50’s. You’ve still got plenty of energy at 40, then you start to go through the change. I’m slowing down, getting tired. You tend to worry more about your health in general, especially when you’re
approaching menopause time. At 40 I didn’t think every pain was something like cancer but I do now!

- I think of past relatives deaths because of heart problems. Medicine has come on since our grand-parents days. I have a family history of high blood pressure, my sister has taken blood pressure tablets since her mid 50’s so I think when will my turn come as it runs in the family.

  I think it’s your own responsibility if it runs in the family. You should keep a check on it; you can’t expect doctors and the Health Service to do everything. You can’t keep knocking on the doctor’s door because of the pressure on GPs and the NHS at the moment. You should only go if you have symptoms.

- I don’t agree, I think they should call you in if you have a history of it in the family.

Males 40-44

- Getting old!
- I’d love to have one, because I feel as though when you have an ailment the doctors only have 10 minutes and if you are a bit concerned it’s a nightmare to try and get the proper checks.
- It's good to have them, a midlife check.

Three of the men in the focus group have received a letter inviting them for an NHS Health Check at their GP’s. They never went, citing their busy lifestyle prohibiting this due to family and work commitments, however they also admit to being a “bit idol”

This prompts the following reactions from the other two men in the group:

- If I had a letter inviting me I would go and have it done.
- I would go because I really value my health today and for a lot of my life I didn’t.

Males 45-50

- Blood pressure, sugar, diabetes, cholesterol, weight.
- Hearing tests.
- Eye tests.
- Heart, ECG.
- I think of the older generation…60’s...
- I think you only start thinking about it if you have a scare.
- If you feel ill.
- I have an older brother and he has just had one of those but he has just turned 60, when he came out he was relieved.
ATTITUDES REGARDING ‘THEIR HEALTH’

Some females reveal they are the life-stage when they are taking care of their own children as well as taking care of elderly relatives. This situation leaves them little time to take care of themselves, yet they acknowledge that if anything were to negatively affect their health it would impact not only on them but on many close relatives who rely on their help.

Females 40-44

- With my mum having dementia. And my daughter with cancer. I think is there anything wrong with me? Thoughts are with the family and you think it will happen to you.
- Is it going to run in the family? Has it run before?
- I don’t have time to think about myself. I’m more worried about taking care of my parents and children.
- I’m the same. I don’t have time to worry about myself. I never stop to think about myself.
- I think about my health quite a lot. My mother died of ovarian cancer. And it runs in the family. I haven’t got it but my sister has. My son has a form of cerebral palsy. I think about what if anything happens to you, what will happen to your kids.

Some 40-44 year old females reveal that they are self-conscious about their weight and admit that their lifestyle choices could be healthier. They state that they know they are overweight and fear being ‘patronised’, ‘told off’ or ‘judged’ by medical professionals:

- I have always been uncomfortable about my weight. I’m a yo-yo person anyways. I have no time for the gym and things like that. Or to think about what I’m eating. I’m a smoker. I like my caffeine. I like to have a drink.
- I am overweight, but I am still quite healthy, I exercise, I go to the gym, I swim, I do all those things. I eat as healthily as possible; I know I need to lose weight.

Whilst other females in the 40-44 year age group believe that they are healthy due to their lifestyle choices:

- I feel good in myself. I have more energy than a lot of people my age. I do a lot of walking. I eat healthily. I’ve packed in drinking, packed in smoking. It was too expensive to keep on doing it. I did it on my own, with no help.
Females in the 45-50 year age group reveal that they think about their health more as they age, due to signs of ageing such as stiff joints, and when friends/acquaintances fall ill.

**Females 45-50**

- I think about my health quite often as I'm getting older.
- I have a knee that creaks as I'm going upstairs!
- I have had a lot of friends from 30’s to 50’s recently who have had cancer. I think we are more aware of cancer these days. Years ago it was quite rare but now...
- There’s TV ads about it...if you are having difficulty swallowing, see your doctor, it might be cancer. Also if you have heartburn, or if you pass blood.
- I listen and take notice of all the ads, but unless I was passing blood or I couldn’t swallow I wouldn’t go to my GP. There may be some underlying problem that hasn’t been detected and I’m sitting on it and it’s dormant at the moment, but you feel you’re wasting their time.
- People go to A&E because the GP isn’t open at weekends or evenings, plus it’s hard to get an appointment.
- Also a lot of people go on a Sunday because they don’t want to be off work on a Monday.
- Our doctor is on a time scale and you just get 10 minute. It’s not good at all. It might be hard to explain a problem quickly and then you have to make another appointment. Also, they’ve got too many people on their books. It’s not easy to get an appointment!
- I have a problem with my ear, I am deaf in one ear, so I go for hearing tests, I go every 6 months, apart from that I don’t think about my health too much.

Some 45-50 year old females are also conscious about their weight.

- Scary, you have to get on the scales and be measured! Positively it helps you if there are any areas where you need help, like your blood pressure. I know I’m over weight and unfit. I feel like I am going to be judged or be told that I need to lose weight, I know that already! If I didn’t have to get weighed I’d be more likely to go to the GP’s.

Males in both age bands reveal that they tend not to think about their health; only in times of illness:

**Males 40-44**

- If you get an ache or a pain, you tend to think about it because of the word ‘cancer’, any lumps or something you’re not sure about you think ‘it could happen
because people are more aware, but really it’s not until you are older that you think about it.

- You look at your health more as you get older.
- For me it’s a lifestyle, I want to enjoy my life to the best of my ability and it does involve putting effort in, but I get the rewards from that.

**Males 45-50**

- I have been good throughout my life; *I have never had anything serious go wrong with me, so it’s just at the back of my mind.*
- It only comes to the forefront if you start to feel ill.
- You’re more preoccupied with your children’s health.
AWARENESS & OPINIONS OF ‘NHS HEALTH CHECKS’

It is apparent that some females are not aware of the specific nature of an “NHS Health Check”, as they assume that the term is referring to health checks in general.

This finding indicates that the “NHS Health Check” needs strengthening as a brand.

Females 40-44

- Same as previously. There is a breast screening one and that. Weight is in there.
- It’s free through the NHS. If you went through BUPA you would pay for it.
- Being free is a good thing.

Females 45-50

- Mammogram.
- Government money is going into specifically targeted areas... diabetes, whatever is popular at the moment...bowel cancer, poos in pots...
- I think of smear tests.
- Checks for cholesterol.
- Blood pressure.
- I don’t know of any other tests.

Those who are aware of NHS Health Checks were asked to relay their knowledge, with comments as follows:

- They are for people aged 40-50. You have a letter in your 40’s.
- You get invited through letter from your GP surgery. I’m fine with getting it from them.
- It takes place in doctor’s surgery I think.
- If it was the nurse who called me obese, no way!
- It takes a while to get an appointment, 4-5 days. I’d rather go to a walk in centre.
- They can tell if you’re going through the change through blood testing.

- They are because the NHS spends billions of pounds on the elderly. If they can make you healthy at 40-50 it’ll be easier at 70-80. There’s a big problem with diabetes now. They want to try and sort it out before then.

- Sometimes you don’t want to find out if anything is wrong. You don’t want to know.

- But if you find out there’s a problem you can plan for the future and your families future and make plans. The NHS takes care of my sister because my mother and
other family members had breast cancer. She’s got an 80% change of getting breast cancer so she’s checked regularly and she goes for regular smear tests.

- I think they are a good thing. It is a bit of being scared, because in the last few years a lot of members of my immediate family have either been diagnosed with cancer and they have been diagnosed late, therefore there has been nothing they can do for them. My 27 year old cousin had a stroke and a bleed on the brain. And she died and they don’t really know what caused what, she’d just been having a few headaches and never really bothered to go to the doctors. And because of seeing things happen to people I love, it scares me slightly. You can be here one day, and the next your whole life is changed for some reason. I am a believer in catching things early so you’ve got options.

Some of the males have high awareness of NHS Health Checks, as they recall being invited to attend. However, other males have no knowledge and claim that they have never been invited.

This finding indicates that the invitation procedure is ‘hit and miss’.

Some of the male’s comments follow, with barriers and enablers to attendance at an NHS Health Check highlighted.

Males 40-44

- I had a letter; I got it 2 years ago. At first it looked like junk mail but I did open it, I was worried that I had to go for it; I thought I was singled out at first. I didn’t read all of it; I got fed up after a few paragraphs. It wasn’t for me; I felt that there was nothing wrong with me like that. I thought I don’t have the time to go and I don’t want to go, if there is something wrong I don’t want to know, it was an inconvenience more than anything. It went in the bin. My wife didn’t know I had it, she hasn’t seen it. If it was a request direct from the doctor I would go.

- I haven’t received a letter. I would have liked to receive one as I would have gone, to check to see if I am ok to check my health, because my dad did have a heart attack when he was in his 50’s and in the back of my head it could be hereditary and in the past I have had issues with my heart so it is worth checking up on. But I didn’t even know there was one you could go to.

- I have never gotten a letter. I would take every opportunity, because that is a great service and I am going to phone my doctor now to arrange one.
I just want to comment on something that’s been said about the length of the letter, in this digital age no one is going to read a 4 to 5 page letter! We are used to Facebook and Twitter, so if I was the Office of Public Health, I would be hitting Facebook with something quick and hard or a billboard.

- A TV advert would draw your attention to it and it would be explained, they could show you something along the lines of ‘this is them before the health check and this is them now’.
- Or use bit of humour to catch people’s eyes, instead of a boring long NHS document that you don’t want to read.
- I got a letter last year inviting me to go to the Well Mans Clinic. I think I will go, but I normally work 12 hours a day so it is just having the time to do it.
- I had the letter, but I had only just turned 40 and it was waiting for me with my cards! I felt a bit young for it, I’ve got two toddlers! And I was worried if I did go they might tell me that my lifestyle is horrible.

Males 45-50

- I know nothing about them, no.
- I have heard the term, but I don’t know a lot about it.
- I was invited to go to one about 2 years ago when I turned 45.
STORYTELLING:

‘THEIR EXPERIENCE & OPINIONS OF NHS HEALTH CHECKS’

Participants were asked to tell their own unique story about their experience of an NHS Health Check.

Those in the Primary Sample had never attended an NHS check, therefore their stories were told in order to highlight whether they had ever been invited or not, and if so, why they declined to take up their invitation.

Some of the stories follow, with barriers and enablers to attendance at an NHS Health Check highlighted.

Females 40-44

• I got the letter a couple of years ago. I opened the letter. Read the first few lines, didn’t finish it, ripped it up, put it in the bin. My husband got a letter on the same day. He did the same thing. We never talked about it. If there were illnesses in the family we would think differently about it. I am never poorly. We might have thought different and got a check. We only had 1 letter, if we were harassed with more than 1 letter than we might have gone. We might have got fed up at the reminder letter, we might have gone.

• I got my letter last year in September/October. That’s when my daughter got sick, and my mother got dementia. I didn’t look at the letter. I would have benefitted from a reminder. My family come first so if I can’t take them I can’t go, I’m their carer. Email reminders would be good. I read emails every day, or texting. Our GP is sends out texts when we have an appointment so we don’t forget to turn up.

• I’ve not received a letter. I’m 44. I didn’t know about the NHS Health Checks. I probably still wouldn’t go. I feel healthy and I feel fine. I don’t want to rock the boat. I do have smears as my mum had cancer.

• I haven’t received it yet. I was 40 last month. I will go when I get it. I know when you turn 40 you get a letter from your GP. But I will go. I want to be in control of things.

• I’ve never had one. When I had my little girl, five weeks later I had a heart attack, due to stress, and my GP he is absolutely fab when I can get into see him but he doesn’t call me for regular check-ups, only if I’m ill and I try to go and see him.
To be perfectly honest you can never get into my GP, it’s a nightmare. It really is I mean like I said my doctor he is absolutely fab, but you have to wait three or four weeks to get into see him, and it’s a nightmare. When my little girl is ill, by the time you have phoned and got through, there is no appointments, so you have to phone back at half one again. So now I always take her at eight o’clock up to Prime Care at Russell Hall, they’re absolutely fab up there. As I said, you can never get in to see a doctor.

I didn’t know they existed until a few weeks ago! (referring to when she was recruited to take part in the research). Is it more prevention rather than cure? Giving you information on signs, what to look out for. I call it an MOT, giving you a once over. I would rather be aware now and have the opportunity to fix it or put things in place than being diagnosed and it is too late.

- I know he’s had one come through (referring to her partner’s invitation letter), and I haven’t for some reason, and we are at the same doctors, and we are the same age. But there again, I was due for a smear at the end of last year, that hasn’t come through either so I need to chase that up. I don’t know if it is an oversight on their part or they have a backlog. I know they exist and I think they are a good idea, I’m just waiting for my letter and if I don’t get one I will give them a call and see.

Females 45-50

None of the participants in the focus group of females aged 45-50 had heard of NHS Health Checks. There was no recollection of receiving an invitation letter. Some were vaguely aware of a ‘Well Women’ check, but thought that they had to ask for it from the GP.

They revealed that they do have certain health concerns linked to their age, most notable the symptoms and effects of the menopause and concerns about their thyroid.

- I think I’ve heard of them as MOT tests. I thought you had to go to the doctor for one of those and I’ve never actually been asked for one.
- I think there are well woman and well men clinics
- Checks are important, especially at a certain age, because I’ve heard you can have trouble with your thyroid, at 40-50 years. It’s like everything else, it starts to wear out, or sometimes things just go wrong.
- One thing I’m aware of is the menopause; it’s a big, big issue. Every woman goes through the menopause and we all have symptoms of the menopause but there’s not enough out there for us to find out about it. It’s a case of you just live with it or you take a few supplements.
I don’t really know much about it. I just know they do health checks. So my knowledge is really poor in that respect. Is it a complete health check or is it just for specific reason, I am not sure.

I don’t know if there is an age group, I don’t know if it boils down to ethnicity, I don’t know, no idea. (BME female)

If I received the invitation with all the relevant information as why they do that and what they want to check, then I probably would go. You get a free MOT, to say you are driveable, you are ok. Because it is there and it is available, I would do it.

I personally would like to know, so if I know then I can make an informed decision as how I am going to deal with it, do I bury my head in the sand or am I going to say ‘ok let’s see what can happen and resolve the issue’ to try to get to the point when it is not a major problem in my life. I personally would like to know.

The nurse usual does them. They take weight, height, blood pressure then they ask you questions, your medical history. To ensure you are healthy and if you have something you are not aware of, like high blood pressure, they also check your family history in case there is anything you need to watch out for such as stroke. But I’ve not had a letter asking me to go for one.

Males 40-44

One male, who is very involved in his health and fitness, was pro-active in asking for an NHS Health Check, but he was refused due to being too young.

His story reveals the importance of the check being available flexibly, with an on-the-spot approach being offered as an option.

I did apply to have it, not realising it’s for when you were 40, I was 39 and I was told to come back.

Eventually I went back to have it done, but I didn’t go through with it at the end. The appointment is still stuck on my kitchen fridge door.

I thought it was a good MOT to have. It would be a good idea to have those things checked. I don’t know how I got to know about it; maybe I saw it at the doctor’s surgery when I was with one of my daughters. I was in there, and I said can I book this. They went through it all with me, but they realised my date of birth. I was 9 months away, but I couldn’t have it till 40.

I went back after just after I turned 40. I booked in to do it. They gave me a form to take it to get my blood test, and I had to make an appointment in one of the locations but I never got round to doing it.

I never had a time to go. If I could have had my blood having taken at the GP, then and there, it would have been done by now.

I will do it. I regret it. I should have done it straight away.

It’s about having those things checked that you can’t check yourselves, cholesterol, blood pressure, tests with the blood. You don’t know what is in there.

A friend found out about cancer because of a blood test, very early on, he had it treated.
Males 45-50

The males on the older age group have heard of the checks some, but not all, have been invited to attend.

- I changed my doctors and I had to see the nurse to check my height, weight and to check my blood pressure. And she mentioned that the NHS are doing health checks, all it involves is coming back and doing your heart, blood pressure and you go for a blood test. 3 weeks later, the paperwork came through the post and it turns out it is a fasting one and the hospital doesn’t open until 7.30am, and I have to start work 3.30-4am, so that is the reason I haven’t gone. I get up at 3.30 and I can’t have a coffee or a drink of water until 8am! The letter is still in the bottom draw. I have no objections, I would go, if I could get straight up and go for the blood test.

- I know you can go to the chemist, because I went to the opticians and she asked me about diabetes, which runs in the family, and she asked if I’d been for a check and I said no and she said go to the chemist down the road and they will do a finger test for you.

- The first I heard about it was when my brother went a few weeks ago, but we did not go into detail. I haven’t had a letter.

- I have heard the term, but very little else about it. I haven’t seen any advertising on it or in the local newspapers, no letter.

Those that haven’t received an invitation letter maintain that if they did, they would attend their check, for the following key reasons:

- To have peace of mind, to know you are 100% healthy.
- Or to prevent something, to catch it early if you had something.
AWARENESS & OPINIONS OF ‘HEALTH RISKS’

Although it is stated that illness can strike at random at any age, most acknowledge that one's risk of illness increases with age and many believe in the term ‘prevention is better than cure’, however many find that temptation gets in the way of good intentions, and there is some concern about the additives in processed foods.

- I do believe in prevention, that’s why I am exercising. But having said that, I personally feel that we have got far too much choice, I think that in the West we have got far too much choice in terms of food stuff and things like that. I think the drug agencies and food agencies have a lot to answer for, in terms of over production of salt and sugar in our food.

The following conditions were read out and all knowledge, attitudes and perceptions relating to each were called out by the groups or individuals:

**Diabetes; Heart Disease; Stroke; Kidney Disease; Dementia.**

Notably, when a condition was called out, if a person had direct experience of it via someone in their family, they immediately said that was the case and conveyed some information about it.

Remarkably, those with relatives who had a condition, and were therefore observing it ‘up-close’ via their relative, would acknowledge their own increased risk due to ‘family history’, yet many of these maintained that ‘if it happened to them they would deal with it’ rather than take any preventative steps in order decrease their risk of contracting the condition.

This behaviour is indicative of an ‘avoidance’ mind-set, born from fear, rather than that of conquering fear and ‘taking control’ by being tested and adjusting one’s lifestyle accordingly. This mind-set needs to be challenged head-on if up-take of NHS Health Checks is to increase in future.

**Diabetes**

There is fairly high knowledge about Diabetes, with some acknowledging the shocking complications that can result, however there is a general perception that it is most common in very old people, and some question whether they themselves are at risk.

Some, but not all, are aware that one’s risk increases if one is overweight, and some do think a healthy diet could help prevent it, although many struggle to take any permanent steps to manage their diet.

There is some general perception that if one were to get diabetes it can be “managed”, which lessens how seriously this prospect is taken.
This indicates that a convincing message about the seriousness of living with diabetes and the importance of regular checks in order to control/avoid one’s risk should be delivered going forward.

That said, one respondent is acutely aware of the serious consequences of not managing diabetes and has taken the dramatic step of having a gastric band fitted to decrease her risk. She illustrates a convincing message against contracting diabetes as follows:

- **Diabetes can be managed at the very early stage if you take it seriously and you change your way of life, but if you ignore it and you think it won’t happen to you, you are on insulin in no time.** It restricts you quite a bit, my dad’s sister had it; she had to have both legs amputated, because she ignored it. **It is a minefield, and once you are in that area there is no coming back. So, to me, I would rather prevent it through checks, diet and knowledge.**

A few others also acknowledge its risks:

- **I know they have problems with their toes.** My friend’s husband has had his leg off. It affected his eyes, the back of the eyes.
- **My mum and dad have it. They have to go and have their eyes checked.** Their nails done as well, at the doctors.

This contrasts with most others reactions:

- **Type 2 is the one where you can just have tablets and diet control.**
- **I wouldn’t take any steps to prevent it. I’ll deal with it if it happens.**
- **I was told I was at risk of it. I don’t believe her (the nurse). I think if I felt in myself that my health was going down, I would get checked.** I’ve had a blood pressure and cholesterol test in the past and they were both fine.
- **I know there are 2 types. Type 1 and 2.**
- **My mum has just been diagnosed with Type 2, which does come with age apparently.** So I think type 1 is something you can have at any age.
- **My mum is 85 and was diagnosed last year with type 2. Her pancreas is wearing out.**
- **You can get it in pregnancy. But with Type 1, I know someone who got it at 19.**
- **I know children who have had it.**
- **I don’t know if I’m at risk.**
- **Weight can bring it on. If you carry weight.**
- **I presume we’re all at risk of getting anything, but you can get it from weight.**
- **Does it make a difference how much sugar you have? I’m not sure...**
- **It’s been in the news about the high energy drinks, they’re lethal! They’ve got a lot of sugar in them. They give you a high. Anything in excess will cause something.**
- **If we went back to war rations none of us would be ill. These things would hardly exist because a restricted diet made you very healthy.**
You could prevent it if you eat healthily.

I am aware of diabetes, in terms of fat and high salt content in food. So I am aware of that, because that is in public eye at the moment so I am aware of that. I don’t have none of those; I am actually looking to stay that way, that’s why I look at my weight and try to reduce it. It is a 21 century disease isn’t it. With high blood pressure as well, I am aware of that as well because it is in the media.

It can be managed if you’ve got the right tools. It boils down to willpower, having the right tools, having the right support and the right knowledge as to what you can do and what’s achievable. You have got diet sheets; you’ve got one to one sessions with a dietician.

I don’t feel I am currently at risk, but research shows that because I am an African Caribbean female I am at higher risk of getting it. I read it in some kind of research. Diabetes and strokes, I am aware of that as well because it is in the media. It can be managed if you’ve got the right tools. It boils down to willpower, having the right tools, having the right support and the right knowledge as to what you can do and what’s achievable. You have got diet sheets; you’ve got one to one sessions with a dietician.

I don’t feel I am currently at risk, but research shows that because I am an African Caribbean female I am at higher risk of getting it. I read it in some kind of research. Diabetes and strokes, I am at risk of getting them because of being overweight as well. I don’t worry about things I can’t control. I am not affected by it so is nothing for me to worry about it. Diabetes can be managed by diet and exercise, also by injections they give and sometimes tablets I believe.

I think it can be prevented. But we need the right advice to tell us how to diet and exercise, what is acceptable and what’s not. They don’t really say how it can be managed, they just say follow a balanced diet and that’s it, but what is balanced diet, because everybody’s diet is different?

Too much sugar, your blood sugar is too high and there is an issue with the insulin levels.

There is Type 1 which is insulin dependent and Type 2, which can be managed by diet.

It runs in my family and I haven’t researched it but a lot of the medical forms ask ‘has anybody in your family had diabetes’ so it has signalled that for me.

Weight plays a factor, what you eat.

I work with 5 or 6 people who have diabetes, there seems to be more with it than not!

There are a lot of foods with too much sugar in, fizzy pops.

We have it in the family history, but it’s not a concern for me at the moment as I am fit and healthy.

Lacking capability of controlling your blood sugar levels. There can be Type 1 or Type 2. Type 1 is with insulin depending, Type 2 is diet related, you can control it through your diet. I could be at risk of Type 2 in the future. In another 10 years I would imagine I may be at risk. (age 41)
Heart Disease
There is high knowledge of what heart disease is and what causes it.

However, there is evidence from some, but not all, females and males that even in light of a family history of heart disease, they have little concern about their own risk.

- I have to watch. My dad suffers. He had his first heart attack at 45.
- I don’t regard myself at risk. My mum had a heart attack but she is overweight. Hers is due to her being overweight.
- Heart disease, that’s in terms of heart attack, irregular heartbeat, blocking of valves and that kind of things. No I’ve never thought of it as a risk to me. I am quite healthy. (previously admitted to being overweight).

- I’m at risk because it is hereditary.
- Your arteries get clogged up with fat, if you eat too much saturated fat and unhealthy food.
- High cholesterol.
- Does it accumulate, all the years of unhealthy eating and not exercising does that catch up with you in the form of heart disease?
- We have it in the family history, but it is not a concern to me at the moment as I am fit and healthy.

Asked how one’s risk of heart disease could be lessened, the responses linked to healthy diet, regular exercise and giving up smoking.

- Exercise. Keep active.
- Smoking is a big factor in heart disease, fatty foods.
- A lot of it is about managing diet.
- It is brought on by cholesterol, blocking the arteries, and damaging the heart. It is cholesterol based, which is diet based. It is again controlled by diet. I’d have thought I have a pretty good diet, pretty healthy, I wouldn’t think it is something that would affect me, but then I have never had my cholesterol checked.

Stroke
There is some awareness of how to spot the signs of a stroke due to the ‘FAST’ TV advertisement, with some stating that stroke is ‘a bleed’ in the brain, with a possible cause being stress.
There is evidence that having a stroke is a very frightening prospect, even more so than a heart attack, as it is supposed that one can ‘fully recover’ after a heart attack but this is not always the case after a stroke.

- You have more chance to have a heart attack than a stroke.
- Is it a bleed in the brain?
- I only know the symptoms because of it being on the news. It’s like a vein bursting.
- It’s linked to high blood pressure isn’t it?
- And cholesterol.
- And society, where there is so much stress on people. People worrying and their lifestyles.
- It’s worse for women today because they have such an active role in the work place. But women still live longer than men.
- Stroke is connected to heart disease isn’t it, you can get it if you have got high cholesterol I believe, to do with cholesterol and fat in your blood stream. I know that people are getting strokes earlier than what they used to. They are getting strokes in their thirties and forties now. I would put it down to lifestyle. There is diet and there is also lack of exercise.

- F.A.S.T.
- It’s a blood clot in the brain.
- That’s the thing that I fear the most, its feels like it just happens and that’s it...
- It can take your speech as well, even if you recover from it, it can change the rest of your life.
- You can have it when you are younger as well as older.
- Stroke scares me the most, you don’t know what the outcome will be, It can paralyse you.

Reducing ones risk of stroke is attributed to living a healthy lifestyle and reducing stress in order to keep one’s blood pressure down. However, there is slight evidence of fatalism, as it is stated that people of all ages and fitness levels have strokes.

- There are warnings, you are likely to get mini strokes first, and you can get medication.
- Be active.
- If it’s going to happen, it’s going to happen.
- Try to live as healthy a life style as you can.
- If your blood pressure is lower you are less likely at risk of a stroke, so if you are fitter, in theory you are less likely to have one.

**Kidney Disease**

This condition has generally least awareness, but most associate it with drinking excess amounts of alcohol, or not drinking enough water.
Very few regard themselves at risk of kidney disease.

- Nothing, no I don’t know anything about it.
- I will never have kidney disease because I drink gallons of water.
- I haven’t got a clue about the kidneys. All I know is you need to wash the kidneys out. Drinking water, to flush them out. It all gets filtered through your kidneys.
- I used to get a lot of cystitis and I was told to drink a lot of water and cranberry juice because otherwise you can have kidney problems with cystitis.
- I used to drink a lot of hot chocolate and then got kidney stones. It was sheer hell until I passed a kidney stone.
- Your body is made up of a lot of water.
- I know someone who drank a lot of water, in excess, and is now mentally ill. Everything in moderation!
- Drinking alcohol can affect the liver. It might affect both. The kidneys and the liver?

- Drinking!
- Genes.
- Everyone knows that if you drink water it helps your kidneys function, everyone knows you should drink more water, but you drink coffee, I do it at work, I have a water fountain outside the office but I want the kettle on!
- Give up drinking!
- You can have it if you don’t drink enough water.
- Never had any concerns. I drink plenty of water. I don’t drink too much alcohol.

Dementia

It is apparent that dementia is a condition that strikes fear into most people. This is because many have seen its effects first hand, on older family members. Thus, they associate with older people; hence it is a fear for the future.

This mind-set could be challenged by communicating that the steps one takes toward managing one’s health now could pave the way for lesser risk of dementia in future.

- That is what scares me the most!
- You can be normal. You can be here now and you can remember everything from 20-30 years ago. But within 5 minutes you forget what you’ve said. That’s the hardest thing. When we first took our mum to the doctors, they told her to write it down. She wasn’t aware of what was happening. She asked where we had gone that day. She went through a CCTV thing on her brain. She had a mini stroke and that is when the dementia set in.
- I think part of it is hereditary and part of it is living longer.
- That is scary!
• As I’m getting older I’m starting to find out more about it. You hear lots more about it, you never heard about it years ago.

• I think lifestyle has something to do with it because my mother-in-law had been on her own for years after her husband died. I can remember her being old at the age of 40. She wanted to be old, didn’t go out, or put the TV on or radio on. I think that brought on dementia. If you stagnate and don’t do anything... the brain is a muscle isn’t it?

• There’s not much you can do about dementia. If your brain cells are giving up because they are tired so be it.

• That is something that runs in the family.

• I always associate dementia with much older people, 70’s or 80’s. Everything you have listed I have had experience with, with family or friends, and they are all different people. The people I know with diabetes are all big people and I think a lot of it is food related. My grampy had heart palpations and then a stroke and he was younger than me. I don’t think it is anyone’s fault if something happens I put it down to fate.

• There is a risk of getting any of these things but you can mitigate them. What I understand about dementia is if it is diagnosed early it can be mitigated through treatment. People regress back to a very young age.

• I would not expect anyone our age to have dementia, I don’t know what age is the youngest but I associate it with really old people.

• It’s associated with older people.

• It is age onset thing as far as I am aware. It never really affected my family. I don’t think there is anything you can realistically do to prevent it. Apart from working long rather than retiring ... keep yourself active.

• I never heard of anyone being in their forties suffering with dementia.

Some regard dementia fatalistically as they are unaware that one’s risks can be managed, whereas others hope that a physically active lifestyle may also keep one mentally active.

• I don’t know if it can be controlled.

• It’s just unfortunate; your brain cells just deteriorate.

• Keep active. Do things. Go out!

CONNECTIONS BETWEEN HEALTH CONDITIONS

Each of the five conditions Diabetes; Heart Disease; Stroke; Kidney Disease; Dementia was written on a separate card and each participant/group of participants were asked to place conditions next to each other based on their opinion as to whether they were ‘connected’ or not.
Most people thought that although ‘fate’ could deliver anyone any of these conditions at almost any stage of life, all of the conditions had “lifestyle factors” in common and one’s risk could be managed through adopting a healthier lifestyle.

However, most believe that one’s risk of dementia is somewhat ‘less preventable’ than the other conditions, as they associate it with a deterioration of the brain during old age, although some hope that keeping an active mind may help contain it.

- They are all connected in some way. Diet links them all, along with exercising. Diet and exercise can even improve dementia. Being out and about, socialising, get a bit more stimulus and exercising and doing something can give you a sense of wellbeing.

There were some differences of opinion about which conditions linked, with some placing dementia and kidney disease by themselves as they did not feel any other conditions linked to them; some linked stroke to diabetes and heart attack due to all three being ‘diet related’.

- Heart disease, stroke and dementia come together. I think stroke and dementia, it is the brain. Strokes are caused by blood flow and the heart pumps the blood. Diabetes is on its own. Kidney disease is on its own.

However most notably, the following were linked together:

**Diabetes, Heart Disease and Kidney Disease.**

There was some knowledge of these conditions being interlinked via family histories.

- If you have got one (diabetes) then the other two could follow.

And:

**Stroke and Dementia.**

There was general awareness that the ‘brain’ was connected to stroke and also connected to dementia, but generally there was minimal knowledge that having a stroke could interrupt blood flow to the brain, which could lead to the increase of one’s risk of getting dementia, however some carers of dementia sufferers were aware of this.

- Stroke and dementia, because both are in the brain.

- I looked after a lady with dementia. Stroke and dementia, it is affecting your brain isn’t it; I think if you have a stroke, it affects your brain, depending on how serious your stroke is.
All were informed that the NHS would like to make them aware that these five conditions are interlinked and that attending one’s NHS Health Check is a means of identifying one’s risk for all five, enabling one to take necessary steps to manage this risk.

It was apparent that most were intrigued that all five conditions actually link together. Importantly, this knowledge has the capacity to convince them of the dire seriousness of diabetes, which, at present, most believe can be relatively easily managed via diet and pills. This is because this knowledge convinces them that having diabetes could increase one’s risk of all of the other ‘serious’ conditions, including the two most feared, stroke and dementia.

This insight indicates that this fact about ‘connections’ should be stressed in an awareness-building campaign for NHS Health Checks. This could be achieved by a graphic device communicating the interlinking between diabetes and all other conditions, which could become ‘visual shorthand’ for the rationale behind being checked.

- Well I think I would go, yes. If I could prevent it and it would help me, yes I would. You would obviously read it all through and see, oh I shouldn’t be doing that or I should be doing this, and you would do things different if you think you’re doing it right. You could prevent something from happening, you might think you’re doing things right now but you’re not, I would, I would try my best.

A further barrier to overcome when convincing people to take the opportunity to have their NHS Health Check is that some of those nearest 40 don’t tend to regard themselves as old enough to need a check.

This is because they associate ‘MOT style health checks’ with ‘older people’ and as they are at the life-stage where they have e.g. been recently married, have young children, are still climbing up the career ladder, they feel ‘too young’ to take part.

- You still don’t feel old enough to get that done. In your 40’s you don’t feel old.  
- I’m not old enough for anything like that!

This mind-set could be challenged in communications activity by addressing the matter head-on by messages along the lines of ‘making sure you’re as young on the inside as you are on the outside’.

- They probably are important for people like me who don’t tend to go to the doctors and carry on regardless of those niggling aches and pains, it may be something more serious. And just to make sure what I think is healthy and ok is actually healthy and ok; you can pick up anything before it becomes a major problem. (43 year old male).
This mind-set was less evidenced with those in their middle 40’s- 50, as they did acknowledge that they were middle aged and had started to reflect on the passing of time, menopause, aching joints etc., however, none of them regarded themselves as particularly ‘old’.

- At my age now it’s a necessity. **Peace of mind is important.** It’s something I have been thinking about, for couple of years now, quite a bit. I am not as young as I used to be, so **get the old MOT done.** There are girls at work, they have been diagnosed with different types of cancers, three of them within 2 years. It makes you stop and think. Coming up to 44, things start go wrong. **I had a slipped disk a few weeks back so I am kind of conscious now I am falling apart a bit, so it would be nice to have a check, like a car service.**

- I don’t have the energy I used to have. It seems it takes longer to get over things. You become more mindful as you get older. If something’s not right you need to get it seen to rather than just ignore it. When you are young you think you are invincible, you are going to live for ever. When you get to your forties it isn’t so easy to brush off. **I am more mindful I need to look after myself a bit better.** People of a similar age to me are getting serious illnesses. **I am in that age bracket now so I need to be more mindful now and get these things checked over.**
KEY INSIGHTS
CONTROL SAMPLE:
FOCUS GROUPS & IDI’S

HEALTH & HEALTH CHECKS
ASSOCIATIONS WITH ‘HEALTH CHECKS’

Participants in the control sample, i.e. those who have been for an NHS Health Check, were asked to call out all words, terms, images and emotions that spring to mind when they think about ‘health checks’. Their comments follow, with key issues, positive and negative, being highlighted. Having had experience of them, some males focus straight away on ‘NHS Health Checks’.

[NB. Unlike the primary sample, these participants were seen in groups of 40-50 year olds, as opposed to being split into the 40-44 and 45-50 year groups].

Interestingly, one female respondent immediately makes links between diabetes and other serious conditions, displaying an increased awareness of this fact versus many participants in the primary sample.

Furthermore, unlike many in the primary sample, not one person in the control sample focus groups mentions the word ‘scary’ in this spontaneous association with the term ‘health checks’.

**Females 40-50**

- Heart; Heart attacks.
- Weight.
- Being overweight, links to diabetes and heart conditions, strokes. I’ve seen advertisements on TV.
- Alcohol.
- Diabetes.
- Blood pressure.
- Stress and an inadequate diet.
- Cholesterol.
- Age.
- Smoking.
- Fitness.
- Cancer.

**Males 40-50**

- Cholesterol.
- Diabetes.
- Kidneys.
- Heart disease.
- It was a good service – very quick.
- I had the letter and I booked in to make the appointment with the date and time to suit myself. The blood test was no more than 1 week for the results. The blood test only took minutes really. They took some blood and that was it. The only problem was they couldn’t get the computer to work. That was what took the most time for me. The check itself was quick.

- I did mine at Boots. I rang the number on the form. It’s held at the doctor’s surgery but it’s not the doctors that do it. The nurse that did it comes from the hospital. I phoned my own doctors for the results.

Within the IDI’s, a female participant does admit to being ‘scared’ of health checks, due to her father being in poor health, her mother dying young, and the knowledge that she has developed the same health condition as her mother, however she highlights that she has conquered her fear through the belief that by being checked, issues can be caught early and dealt with.

- Scary, it can be quite scary. My dad’s got health problems, it’s a worrying thing, you think to yourself ‘does it run in the family?’
  I lost my mum, she was very young, she was only 58. She died with lung disease which is what I’ve got as well so that’s quite scary, you know you go to the doctors so you think to yourself, I cough blood up quite frequently because of the disease I’ve got, so it’s when they want to send you for an x-ray you’re a little bit should I go or not?
  You are frightened of what it’s going to show, but on a positive note, if you do go early enough and it does show something then obviously something might be able to be done a bit quicker, but there is also the unknown.
  My mum, she never went to the doctors, and I think that’s why she died so young, she should of gone a lot quicker, so I always think to myself ‘get there, get checked, and at least if there is something they can catch it early’ and you won’t end up being like your mum, and dying young. My mum never went anywhere, and she was in ill health and never went and she’s not here now.
ATTITUDES REGARDING ‘THEIR HEALTH’

These females are very conscious of their health.

This is due to some having health issues, but also to a general belief in looking after oneself.

Most are aware that in order to maintain good health one’s weight should be controlled, with a few finding the time for exercise, however, although they would like more time to exercise, lack of time is prohibitive for others, particularly those with younger children and a job.

Females 40-50

- I have arthritis in my hands, knees, shoulders and back.
- A year ago I was not well and I had to take steroids and have an operation and not being able to go to work for 3 months but now I am so much better, I feel more healthy, I am still on medication but that is being reduced, so all the weight is going which is good and I am feeling so much better. I am going swimming and have been to the gym.
- I put a bit of weight gain over Christmas, I am finding it harder and harder to get the weight off as you get older, and it is hard to motivate yourself when you have a family and you go to work all day and go home the last thing you want to do is think about the gym.
- I am conscious of my weight, and I am very conscious of exercise but I don’t work, so I have time. I go swimming every day and walk the dogs every day and I manage what I’m eating but I do not have that pressure of a job, so I have more time to think about that, and I am always aware of my husband’s weight and what I am giving him to eat. I have always been weight conscious, but the exercise has come along in the last couple of years. I have never been one that carried a lot of weight so I never had to exercise but over the last couple of years as age has increased it is easy to put weight on if you don’t exercise, so I try to keep it at a level.
- I always used to exercise and I have always been very weight conscious, but having the children, I don’t have the time and in some senses I lack the motivation because by the time I have gotten home from work and done everything that I need to do and the kids are in bed its 8 or 9 o’clock and I do not have the motivation to go to the gym, I am too tired, I just want to collapse on the settee. But before the children I was always at the gym or swimming.
- I take all my medication regularly, I don’t smoke anymore, I did smoke and I stopped eight years ago, I try and eat quite healthy, regular exercise if I can. It’s to do with my lungs so it’s quite hard to. The children are quite older now, two of them are off my hands, my daughter and the youngest son are still at home now, so I can get out.
- I can walk and do all the house work, it does cause a lot of pain but I don’t let people see the pain that I am in. Pain killers help and I have started slimming world and lost 2 ½ stone so that is helping as well. At the health check they said my cholesterol was really low which was surprising for my age and my weight put me at a low risk for heart attacks and stroke but they said the asthma and my back would benefit by
losing weight, and they give me free vouchers for a slimming club so I said I would try it and I did. I can play with the grandkids better and I get a lot more exercise because we are walking and riding bikes. The vouchers last about 12 weeks and if you have lost enough, you can get another 12. I go for regular check-ups with the doctor, because of my back, every 2 months, because I am on a repeat prescription.

Males 40-50

Unlike those in the primary sample, the males reveal that they do think about their health, outside of times of illness.

This is primarily as a result of seeing friends suffer ill-health, or through taking stock of their own lives and acknowledging that their bodies are getting older.

Like those in the primary sample, they reveal a concern about food additives and the impact these may be having on our health.

They urge other men to be checked, with the statements:

- Better to take care of yourself now.
- They are foolish if they don’t have it done. 10 minutes could save your life.
- You’re not sure what’s around the corner so get checked out.
STORYTELLING: THEIR EXPERIENCE & OPINIONS OF NHS HEALTH CHECKS

Participants were asked to tell their own unique story about their experience of an NHS Health Check.

Those in the Control Sample had attended an NHS check, therefore their stories were told in relation to receiving their invitation and deciding to go, their experience of the health check and on receiving the results.

Some of the stories follow, with positive and negatives regarding their experiences of NHS Health Check highlighted.

Females 40-50

- When the letter arrived, it was an awareness that I was 40!, and I went into a bit of panic thinking am I drinking too much, am I exercising enough, am I eating the right foods?
  When I went to the surgery it was very informative. I was very relaxed, the nurse who did it was lovely, she reassured me because in my early twenties I had pre-cancerous cells and I was concerned about that so we chatted about that which was good.
  It was very positive, the only thing I would say is that if someone goes and blatantly lies, it’s very easy for someone to turn around and say I don’t drink or smoke, and there is no way around that.
  I had a full blood test, she weighed me, took my height and blood pressure. I got the results, I was relieved that everything was ok, I was at low risk.
  For me it would be good if they could check for cancerous cells in the blood, because in today’s society that is all you hear about, cancer.
  I have always been very health conscious so I wanted to know if something was wrong, I am at a good age to put it right, in ten years I might not be able to change what I am doing as much as I can now.
  Having two young children, I want to see them grow up. I want to give them a better life, what I eat and drink they look at, and it makes a difference to them.

- I had the letter, I was just over 48, I remember thinking it was a positive thing because when you are fit and well you do not go to the doctors so you don’t know if you are fit and well on the inside, so for me it was a positive, it gives me that confirmation that everything is in order.
  So I was interested and keen to go and have that chat and the checks. It was a positive experience.
  The cholesterol and blood pressure is not something I hear about everyday so I was not sure where I was going to be with the blood pressure and cholesterol but fortunately they were ok.
  The only thing is that I would say is that they said if you have a problem with weight they do classes for people, they run health food classes and I said I would be
interested in doing that, but I didn’t fit into that category so I could not access that, but it thought it was interesting, you go and just pay for the ingredients and they show you all these healthy recipes, I think it’s great if you can access it but I couldn’t access it because I wasn’t carrying the weight.

We do live in a society of food on the go and don’t always look at recipes for healthy eating. I am old-school, I tend to cook homely meals but I would like to know how I can cut out some of the fat.

- I got the letter and went for the blood test on a Wednesday and on the Friday I had a letter from the doctor asking me to repeat the blood test, at which point I am thinking ‘why?’ There was no explanation, just it was important to go back again. So I went the Monday morning had the repeat blood test and went for my appointment on Tuesday, she started talking about blood pressure and weight. She took my blood pressure and weighed me and it was all fine. Then I asked her about the blood tests because I was worried all weekend and all she said was that the blood came to us point 2 lower than it should have been and that is why I was asked to repeat it, it was nothing sinister or unusual.

In the letter they asked me to take a urine sample, so I walked around with it in my bag, and she did not ask for it!

She was speaking to me about my cholesterol levels and my good cholesterol was lower than it should have been but my bad cholesterol was fine. She said I need to improve my diet to eat my 5 a day, to have plain porridge for breakfast, to eat almonds or Brazil nuts, to exercise to increase my good cholesterol, so I have been doing all those things, but she did not ask for a follow up.

I was surprised about the good cholesterol, she gave me advice, she said exercise was the key to raising good cholesterol, along with eating 5 a day. She also spoke to me about apple and pear shape, she said at the moment I am pear shaped but I might be on my way to being apple shaped which is not good for the heart. She spoke to me about my percentage chance of having a stroke by a certain age, it was 70% chance of not having a stroke.

I went because of the way the letter was worded, everybody in my age group were being invited and it is recommended that you take it up, so it thought it was a positive and useful thing, I would never of disregarded it.

- I saw something on the TV about being ‘40 and having a health check’ so I was looking forward to it because for me it was an MOT.

I went to the doctor’s surgery and the nurse was someone I had known for years and she was very good. Blood pressure and cholesterol was fine but my weight wasn’t, which I knew was a problem anyway, so she spoke to me about exercising and she referred me to a programme called Shapers, for healthy eating and you go to the gym and do all different exercises. So I went away thinking this is good. I eat a lot of chocolate and cakes so I thought my cholesterol would be really high and my blood pressure because I am over weight but it was fine.

I think I went because of the age, being 40. For me 40 is sort of getting old and with strokes and all the other health issues, I am pretty aware of that and I wanted to know what I could do to improve, so if my blood pressure was high, I knew I could make those positive changes, like going on the weight management, it was twelve
weeks and it was really good and it helped me to think about what I was eating, better ways to cook, going to the leisure centre twice a week and trying different things. **For me it was good because the weight was an issue and I took steps towards changing that.**

- **I put my letter in a draw and forgot about it then another one came and I thought I really need to go** and when I went there was an issue because **the nurse was not very nice at all**, her words to me were ‘you black people, the food that you cook with, you will get diabetes or cholesterol’. **She then had to call the doctor in because I was so upset, there was no need for that. That is not politically correct. The doctor apologised and she apologised, then another nurse came in because I refused to do anything with her.** My blood pressure was not high, my cholesterol goes up and down anyway, everything else was fine. I am over weight. **But it upset me. I would not go again because of the way she spoke to me.**

- **I got a letter, a form come through the post, inviting me to get the check-up done, and I had to make an appointment at my GP. I made the appointment, and went up and saw the nurse, I think I was weighed, measured, blood pressure, I think if I remember right, I had to have a blood test, and the blood results come back, so I had to go back again, to see whether or not everything was ok, and everything was ok. It was alright, I think you get one every five years when you hit 40. And then you get it rechecked, so I will be due another one in a couple of years. I’ll definitely go again.**

  My main reason, my mum never acted on anything, My mum would have a poorly chest, and she would ring up the doctors, speak to the receptionist ask for a call back, the doctor would give her a call back, and she would say ‘oh doctor I’m not feeling the best today, I’ve really got it on my chest I’m coughing nasty phlegm up, can you do me a prescription’, and they would write her a prescription and either me or my sister would go up to the GP, and get the prescription, fetch the tablets and she would just do it like that; it was very, very, very rare she saw a doctor. I think if she had of done, she would have been alive, she went into hospital and in three weeks she was gone, and I think that frightens me now, thinking well if my mum had been for regular checks.

- **The letter came 2 days after my 50th birthday and I read it, then I put it down, I thought ‘I know I have to deal with that but I have plenty of time’. Then the advert came on the TV and I thought I had a letter about this, it was a month later that I rang the doctors and said ‘I have been invited for this health check, what do I have to do?’**

  They said you need to come and get a form first for a blood test, you have your blood tests done, then a week later you make your appointment to come and have a health check. So I did and **then waited for them to call me for the second part of the health check but heard nothing so I rang them and they asked if I could come in the next hour so I went straight up, they apologised why they had not gotten in touch, she got the file up and everything was fine, blood tests, and kidneys were fine, my cholesterol was the lowest she has ever seen, 2.3 considering my age and weight. I knew I was
overweight, she put me on the scales and I was over fourteen and half stone, which was less than I actually thought I was.

_Getting weighed didn’t bother me because I knew I needed a jolt, you look at yourself in the mirror and think you are not that big or heavy, you need someone else to tell you._

She put all these calculations into the computer and the screen is a picture with all figures of people on, about 50 people, and it says this shows how much of a risk you are of having a heart attack, stroke and I was 48 which was really good. She said I was at a very low risk, about 20% of having a heart attack or stroke. I was asked if I smoke or drank, which I think is the basic questions and I said I didn’t, and I said I have started a healthier diet because my son had tummy problem’s, we had to give him iron enriched foods because he was anaemic. _She advised that Slimming World might be good for me_ because it was about no fat which is what I was doing for my son.

_I would go in future, it is finding out if anything is a potential problem or a problem at the time, and being able to do something to prevent it or reduce the risk._

When asked if she would have been so keen to go for an NHS Health Check at the age of 40, her response is in line with those in the primary sample who regard themselves as ‘too young’ due to lifestyle factors:

- *Probably not, because I didn’t have my son then and he is a big part of me wanting to be a healthy mum, it is for him. I don’t want to have a heart attack when I am 54 and he is 10 and him being left without a mum*.  
  _At 40 my daughter had left home so I was single and on my own so I started going out and enjoying myself so a health check didn’t cross my mind, I had my life back again and that was me enjoying myself again and not being a mum or a wife._

**Males 40-50**

This story, from a 50 year old male, also highlights that those nearer 50 can also regard themselves as young, especially if they have young children, as he does:

- *My misses was the driving force behind me going. She makes me keep all my appointments. I am that busy she keeps me right. If it wasn’t for her I wouldn’t go. She goes on about it until I get it done*.  
  _I did have a health issue come up. I ended up at the doctors and this is what prompted me to get the NHS Health Check. I’m only 50 years old but the doctor said that you need an MOT test. Let’s take your blood out and see what else is going on._

In line with the above story, another male reveals that female partners play an influential role in attendance:

- *When I went to the doctors he recommend for me to go for this health check. I was apprehensive. I was feeling find about myself but the misses already knew that I’d been to the doctors about my health and she started to enquire._
With her going on for about a week or so I decided that I would go and have a check-up.
It put my mind at rest. I was a bit scared as well because you never know. My mum died of a brain haemorrhage. There is no real explanation on that. As I’m getting older I’m worried but I’m trying not to show that.
After I received my results, I was fine. Better to take care of yourself now. They gave me practical advice. Like going to the gym and eating healthier. I’m happier in myself now and I would recommend it to anyone.
My son and daughter aren’t too well so we’re always at the doctors, so it was easy for me to make the appointment.

- I had my letter. I didn’t really think much of it at the start. Then I did phone the docs. They told me they had a huge waiting list for it. So I thought I’d wait a bit. Then I saw the leaflet about where else I could go. The doctors said nothing about the other places. I found out myself where else I could go to.
I decided to go to Boots when I was doing my shopping. It was the finger prick test. I had it done that way.
I got my letter late last year. I wasn’t worried or anything and I thought the opportunity was there so just got it done.
I was slightly overweight but on the whole there was nothing to worry about. I was pretty okay. I was just left wondering how I was slightly overweight, I didn’t feel I was.
I still do pretty much the same thing. I haven’t changed anything. I need to eat less of certain things and drink more water. They gave me some advice.

I had the letter and I thought ‘I am ok’. Then the next day I thought, if they offer this kind of service maybe I should take it up because if I don’t and I get a pain or an ache and go to the doctors and they say it is xyz, if you had your blood test we would have found this sooner...
I thought what have I got to lose?
I would rather know, than be stupid and ignore it. I always thought that down the line I would be classed with diabetes because of my parents, but so far everything is running right, I do long distance walking and I walk the dog every night, I am forever walking, I am not one to sit about.
The letter came and I initially phoned up the doctor’s surgery and they said you need to phone the number on the letter, the receptionist explained that they have a nurse come in from the hospital. The only down fall was I didn’t know where I would get my results. When I rang for the results, they said there was nothing to worry about, they did not go into detail. I got my cholesterol level and sugar. I have had a diabetes check in the past where you have to stop eating for 12 hours, but that was done at the surgery with the doctor.
The general health check I cannot fault them, I look forward to the next one. I would rather know so I can deal with it.
When asked *what they would say to others to encourage them to go*, responses included messages of *care taking and empowerment by taking control*:

- *I know it’s a scary thought, sometimes not knowing, it can be a little bit easier, but my motto is I would rather know, because at least if you know something earlier at least there is something that can be done.*

- *Look after yourself!*

- *I would say, what have you go to lose? All they can do is either tell you that you are healthy and fit, you might think you are, but at least you have it noted down that you are, and if not and there is a problem, then you have time to do something about it!*

- *I was putting it off and off and just decided to get it done. Do something about it!*

- *You’re not sure what’s around the corner, this could flag up any obstacles early enough for you to avoid them.*
AWARENESS & OPINIONS OF ‘HEALTH RISKS’

As with the primary sample, the following conditions were read out to the control sample and all knowledge, attitudes and perceptions relating to each were called out by the groups and individuals:

Diabetes; Heart Disease; Stroke; Kidney Disease; Dementia.

Diabetes

The control group females display a fear of diabetes and hone in on the very serious risks associated with being diabetic.

- It is frightening! My friend who is diabetic, she has to inject and has been for a few years now, she still feels she can live this normal lifestyle, I accept it more than she does, I am the one saying should you be eating that cake or chocolate bar? She will weight out how much sugar she is eating to how much she is injecting and she should not be doing that. She has had two mini strokes as well!
- Weight related.
- Lose fingers and toes.
- Sweating.
- Control diet.
- Comas; diabetic comas.

Many know of diabetes ‘up-close’ through family members, friends or through their job (2 participants work with the elderly).

This gives them an insight into the serious issues people with diabetes face and it scares them into taking action to avoid this themselves.

- My father in-law is diabetic.
- My mum is diabetic.
- My best friend is diabetic.
- I work with older people and I do a day centre two days a week and I have seen someone go into a diabetic coma, I have seen people sweating. People losing fingers and toes, I have seen that, because they went bad because of diabetes, amputation. Also sometimes we will have someone come in like a diabetic nurse to give them more information.
- For me and my job, because I work with the elderly, so it is something that you come across daily, so I need to have an awareness, to understand the implications. I want to know, I want to be able to help.
- If you’re just going to ignore that and you’re going to have loads of sugar then yes you’re going to make it worse. It’s a bad disease to ignore.
These participants do acknowledge that they could be at risk of diabetes, but that their risk can be managed somewhat by diet and exercise.

They are very fearful of diabetes because they, unlike some participants in the primary sample, treat it with the severity it deserves.

They do not hold that one can simply manage diabetes with diet and pills, rather they believe that getting diabetes would have a hugely negative impact on one’s life.

- The nurse said I was at risk because of the food that we eat but she is assuming we eat those things. (referring to BME ethnicity).
- That can happen at any time, with age, as you get older, diabetic, it comes with age.
- But you can manage your risk through diet and exercise.
- It is sugar levels so I try and control that even though I do like cake which is my downfall, but I am always aware of how much I am eating, you don’t have to be overweight to become diabetic.
- Because it is the bodies inability to break down insulin.
- It is hidden; there is only so much prevention you can do.
- A lot of people are under the impression that If you have it then you will deal with it, a lot of the people who go to Slimming World went because they got Type 2 Diabetes, but now that they have lost the weight they think it is no longer a threat, but it is one of those things that if you do get it, you have it for life! If you lose some weight it will be ok, it’s that attitude that people have to Type 2. It is not seen as a threat like Type 1.

- Your body is not producing insulin.
- The production of more white blood cells than red blood cells.
- You can lose limbs, death, create heart failure.
- It is to do with your pancreas or does it affect the pancreas?
- To avoid it look at your diet, well balanced, healthy.
- More greens, less fructose, less sugar, less spice.
- It is about balance and eating at regular times throughout the day.
- I do think I’m at risk because my parents have it.
- It is a cultural thing with black people; my mate lost his toe through diabetes. It is scary!
- You get ulcers as well.
- One of my friends collapsed, he didn’t know anything was wrong with him, he then found out he was diabetic and now he has to inject himself in the stomach. He has gone into his shell now, he doesn’t go out like he used to.
- There is no cure, but you can manage it.
Some females believe that the severity of diabetes requires more publicity. By doing so, they reveal that they regard diabetes as the link to other serious conditions.

- There are a lot of advertisements for stroke, heart disease and dementia so people are more aware of those. I don’t think you see much of kidney disease and diabetes, if they were more published then people might be more aware. It needs to be better publicised.
- Yes an advert for diabetes prevention, this is how you can prevent all of these things, which start with diabetes. Information about some of the causes, what causes diabetes, I have never seen an advert about diabetes.

Heart Disease

- It can be genetic.
- Linked to smoking.
- Healthy arteries, don’t clog them up with lots of fats.

- Your arteries are closing up, you have blood clots.
- High cholesterol.
- Fatty foods.
- Smoking.
- I think everyone is at risk, the chemicals that are pumped into foods these days; you don’t know what is in food.

Stroke

- That can be a clot, high blood pressure can lead to stroke.
- Stress

- There was a big advert on TV about that. The signs to look for.
  Does stress cause that?
  It is the brain, motor functions.
  The face.
  It can happen at any time. Everyone id at risk.

Kidney Disease

The females know little about kidney disease, although they feel it could be linked to diabetes. The males exhibit some knowledge.

- You have to have dialysis, because your body is not cleaning your blood, it is not taking the bad out of the blood and passing it through to the bowels.
• Alcohol.
• I don’t drink so I hope I am not prone to it

Dementia

Although acknowledged as being linked to old age, the females are more accepting of dementia as also affecting younger people than the participants were from the primary sample, with the males also noting that people in their 50’s could experience it.

• Memory loss.
• Age.
• We have had 50 year olds with dementia.
• It can happen at any time.
• That is the mind.
• Is it related to age, 65 and up?
• Late 50’s.

In line with the participants in the primary sample, there is the general belief that dementia is unavoidable but once a person has early signs of it they can deal with it somewhat by keeping their mind active.

However, it is also greatly feared due to the degenerative nature of the condition.

• You can manage it a bit, by cognitive working, mind games, lots of reading. Active mind, keeping the mind active
• If you get a bad case of dementia you lose everything. A friend of mine’s mum had dementia and she was in the foetal position, ultimately because it is a regression of the brain. You could go from being a 50 year old man back to a 5 year old child!

• Dementia... people coming to you, your family, and you not knowing who they are, it would be scary for you not to know who people are and for them seeing you like this. Heart disease cannot be cured but it can be controlled so you can live longer, if you have dementia there is nothing they can do.
CONNECTIONS BETWEEN HEALTH CONDITIONS

Each of the five conditions Diabetes; Heart Disease; Stroke; Kidney Disease; Dementia was written on a separate card and each participant/group of participants were asked to place conditions next to each other based on their opinion as to whether they were ‘connected’ or not.

The male focus group see a clear link between all conditions, apart from dementia which they generally attribute ‘old age’.

- Diabetes can lead to heart disease, heart disease can lead to kidney failure, kidney disease can lead to a stroke, and dementia you can get later on in life.

The females have some theories about ‘links’, and also note, as per the primary sample, that all have lifestyle factors in common.

- Dementia and stroke link-up because it is the cognitive impairment.
- Dementia and stroke. Because that is all to do with the brain.
- Heart disease, stroke and dementia.
- I know this gentleman who is diabetic and now he is having problems with his kidneys.
- Doesn’t severe diabetes lead to kidney failure?
- Can they all be linked through a poor diet because what we eat affects our body in different ways?
- They are probably all connected really, I’m not sure. I think stroke’s to do with your brain isn’t it.  
  If they are all connected, I’m not sure to be honest.

As per the primary sample, all were informed that the NHS would like to make them aware that these five conditions are interlinked and that attending one’s NHS Health Check is a means of identifying one’s risk for all five, enabling one to take necessary steps to manage this risk.

As these participants were curious about health matters and rather health-conscious by nature, they were very interested to learn more about this.

In line with the primary sample, this insight indicates that this fact about ‘connections’ should be stressed in an awareness-building campaign for NHS Health Checks. As stated earlier, this could be achieved by a graphic device communicating the interlinking between diabetes and all other conditions, which could become ‘visual shorthand’ for the rationale behind being checked.
KEY INSIGHTS:
PRIMARY & CONTROL SAMPLE

EXAMINATION OF STIMULUS MATERIAL

- All participants were shown a selection of stimulus material for NHS Health Checks that has been produced by Public Health England.
- They gave their opinions of this; positive, negative and ideas for improvements.
- Overall, there were similar reactions from the primary sample and the control sample to all stimulus materials.
- In the small number of cases when differences of opinion did occur, e.g. between males and females or between people of different ethnicities, these are highlighted in the following section of the report.
January 2015

Dear [first_name] [last_name],

BOOK YOUR FREE NHS HEALTH CHECK AND GET A FREE CHOLESTEROL, BLOOD SUGAR AND BLOOD PRESSURE TEST

These tests show how likely you are to develop problems such as heart disease, stroke, diabetes or kidney disease. The good news is that these conditions can be avoided, and you don't have to expect you will get them even if you have a history of them in your family.

The NHS Health Check is a FREE programme for adults in England between the ages of 40 and 74. It takes around 20-30 minutes assesses your risk of developing heart disease, and helps you to avoid it in the future. You will have a heart check and be asked a few questions about your general health and family history. Your results will be discussed with you and a copy given to you to take away.

Over twenty thousand checks have been carried out in Dudley so far, we have made it as easy as possible to book an NHS Health check so that you won't miss out. You can have a check with:

- The health check team at Falcon House in Dudley (please contact 01384 816035 for further details). At your health check, we will do a blood test by way of a non-fasting finger prick test which takes a few minutes. You do not need to use the enclosed blood test form.
- Your own doctor's surgery, (please tell the reception staff that you want to book in for a HEALTH CHECK or take this letter along with you). Your GP surgery may be able to offer the non-fasting finger prick test too at the time of your health check.

NHS HEALTH CHECK
Helping you prevent diabetes heart disease kidney disease stroke & dementia
- A local pharmacy, trained by our staff, offering daytime, evening and weekend appointments. Please see the enclosed leaflet for one of the participating pharmacies many of which can offer the non-fasting finger prick test.

- With Pharmalard, a professional team working on behalf of the health check team. (Please contact them on 0211 371 0666 for details of their clinics and to book an appointment). At the time of your check, they will do a blood test by way of a non-fasting finger prick test which takes a few minutes.

The check you receive will be exactly the same check wherever you decide to go.

There's lots on offer and it's all completely free, such as:

- Weight Watchers
- Slimming World
- DME Fitness (formally known as Rosemary Conley)
- Local gym membership
- Stop Smoking patches etc.

If you do not wish to have the finger prick test, you will need to have a fasting blood test done using the enclosed blood test form. Please have your blood taken 2 days before booking in for your health check with the surgery or pharmacy. Fasting means no food or drink (apart from water) for 12 hours before having your blood taken.

Results of your blood test will be interpreted in conjunction with your other results at the time of your health check. Please ensure you book an appointment for the health check.

Results will be shared with and kept by your GP only. Blood test results are held by the NHS health check team for 3 months.

If you’ve already booked an appointment for a NHS Health Check or have recently had your check, please ignore this letter. If you do not want a health check please contact your GP surgery or the NHS Health Checks Team who will remove your name from this list, however, please note that you will receive another health check invitation in 5 years time.

If you have any difficulty booking an appointment please contact the NHS Health Checks Team on 01384 816085.

Yours sincerely

The NHS Health Check Team
Public Health

Please visit our website at www.dudleyhealthcheck.co.uk
NHS Health Check
Fasting bloods

<table>
<thead>
<tr>
<th>GP</th>
<th>CH</th>
<th>GH</th>
<th>RHH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS Number (10 Digits) <nhs_number>

Date of Collection
Time of Collection (24 hour clock)
Requesting Doctor: Name

Copy to Lir Corrigan
Vascular Programme Advisor
Office of Public Health, Falcon House, Dudley, DY2 8PD

Biochemistry Request | Haematology Request | Immunology Request | Lab Use Only
---|---|---|---
Fasting Lipids | Fasting Glucose |    |      

**FOR YOUR BLOOD TEST - You will need to fast, you must not eat or drink anything (except water) for 12 hours before your blood test.**

If your GP surgery or pharmacy does not offer a finger prick blood test you will need to have a blood test **before booking in for your health check. You may be able to have this done at your doctor’s surgery, please contact them to make an appointment.**

Your blood test results will be given to you during your health check appointment.

Alternatively, you can make arrangements to have a blood test at the locations listed overleaf:-
<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Availability</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brierley Hill Health &amp; Social Care Centre</td>
<td>Monday 9:00-9:30, Tuesday 12:00-15:30, Friday mornings</td>
<td>Call 01384 456111 x 2619 to make an appointment</td>
</tr>
<tr>
<td>Corbett Hospital Steurbridge</td>
<td>Mon-Fri 8.30am-4.30pm</td>
<td>Appointment not needed</td>
</tr>
<tr>
<td>Cross Street Health Centre Dudley</td>
<td>Mon-Fri mornings</td>
<td>Call 01384 459500 to make an appointment</td>
</tr>
<tr>
<td>Field Lane Practice Halesowen</td>
<td>Monday &amp; Wednesday mornings</td>
<td>Call 01384 244330 to make an appointment</td>
</tr>
<tr>
<td>High Oak Surgery Pensnett</td>
<td>Tuesday morning</td>
<td>Call 01384 367500 to make an appointment</td>
</tr>
<tr>
<td>Kingswinford Health Centre Kingswinford</td>
<td>Wednesday afternoon</td>
<td>Call 01384 271241 to make an appointment</td>
</tr>
<tr>
<td>Ladies Walk Centre Wednesbury</td>
<td>Mon-Fri mornings</td>
<td>Call 01384 575957 to make an appointment</td>
</tr>
<tr>
<td>Lion Health Steurbridge</td>
<td>Monday &amp; Thursday mornings, Wednesday afternoon</td>
<td>Call 01384 322222 to make an appointment</td>
</tr>
<tr>
<td>Moss Grove Surgery Kingswinford</td>
<td>Friday morning</td>
<td>Call 01384 272377 to make an appointment</td>
</tr>
<tr>
<td>Netherton Health Centre Netherton</td>
<td></td>
<td>Call 01384 244330 to make an appointment</td>
</tr>
<tr>
<td>Russell's Hall Hospital Dudley</td>
<td>Mon-Sat mornings</td>
<td>Appointment not needed</td>
</tr>
<tr>
<td>St Margaret's Well Surgery Halesowen</td>
<td>Tuesday &amp; Wednesday mornings, Thursday afternoon</td>
<td>Call 01384 249330 to make an appointment</td>
</tr>
<tr>
<td>The Limes Surgery Lye</td>
<td>Monday &amp; Wednesday morning, Tuesday lunchtime</td>
<td>Call 01384 426929 to make an appointment</td>
</tr>
<tr>
<td>Wychbury Medical Practice Wollescote &amp; Cradley Heath</td>
<td>Tuesday morning &amp; Friday afternoon</td>
<td>Call 01384 322300 to make an appointment</td>
</tr>
</tbody>
</table>
Invitation Letter – Key Take Outs

- Many had never received the letter, thus did not recognise it. This is a major barrier to attendance at an NHS Health Check as some of those who participated were keen to attend and felt ‘cheated’. They claimed that they would investigate attendance with their GP following the research session.

- Some who had received a letter said that it was not this one, but one from their GP.

  Researcher’s Comment: from a social marketing perspective, the message would be more consistent if one standard, clearly branded, letter were used throughout the borough.

- Although some feel it is stating the obvious, the word FREE in the headline generally has wide-ranging appeal as it is admitted that most would be reticent to pay for the check and it is recognised that if one were to have the check carried out privately, say by BUPA, it would be expensive. Also, as some NHS services aren’t free, e.g. prescriptions and dentistry, the word FREE alleviates any doubt.

- The letter was regarded as ‘too long’ by most, which presents a barrier to engagement, as it risks being discarded for being ‘too long-winded’, particularly in this digital age of texts and emails. Most requested that it be condensed to one double sided sheet and include only essential information. This is: that it is FREE, flexible (finger prick or blood test), quick and easy, widely available via your GP or at pharmacies at various times of day and at weekends, and the benefits of having the check.

  - It is too thick. You receive a lot of junk mail that comes through the door, its four pages long; I think I haven’t got time to read it!

  - The worry for me was in the first few paragraphs, over 20,000 health checks, I would imagine the age group of 40-74 would run into a couple of million in this area, so it shows that they haven’t reached out to the main body of people in the area. They should ditch that information, it doesn’t help and I don’t need to know that. (45-50)

  - All you need is the bullet points, it needs to tell you exactly what they are trying to do and where you can go to get them, the annoying part is reading on the back the different venues you can go to but there is only
one that offers Saturday morning. When you work all week it is difficult to get time of work. I would want a Saturday or Sunday one. If they want to reach the nucleus of people in the area they need to offer a wider range of times. If I booked one at my local GP that would mean me taking half a morning off work. (45-50)

- **Watch out:** Page 3, which contains information relating to fasting bloods alienates some, as it makes the check look complicated. Many argue that as one can have a simple finger prick test this page should be left out, but if a person were to opt for a fasting bloods test, then it could be supplied and completed at the GP surgery.

  - Do you really need to know all of that? That is information you do not need!
  - The page about the blood test, why is that relevant to the letter? You can take that out because you’re relying on the person to bring this letter on the day of the appointment. It’s a waste of a page. Take it out, that’s clinical, I’m not interested in the clinical bits. (45-50)

- On sight of the leaflet that has colour-coded areas in Dudley to signpost venues for taking the test (see relevant section below), there is a unanimous request for this leaflet to be included with the invitation letter instead of the grid of venues on the fourth page of the letter, as it is regarded as being in a far more user-friendly format.

  - My letter certainly did not have all the names and places of where I could go. That would have been really useful. Yes, definitely.

- **Watch out:** There is some confusion as to why the letter contains the Dudley MBC logo. Most associate the council with ‘rates’ and ‘bin collections’, not health. They feel it would be best with an NHS logo or that of their GP.

  - They collect council tax and empty your bins and that is it!

**Researcher’s Comment:** from a social marketing perspective, the message would be strongest if there was a clear brand identity for NHS Health Checks which was clearly displayed on each letter.
The information on page 2 regarding the flexibility of approach, i.e. either finger prick or fasting bloods, and the information regarding slimming clubs attracts attention as this is offering the option of practical solutions. It is also very appealing that the check can be conducted in other locations rather than one’s GP as this enables those who fear waiting times at the GP’s, or having to fit in with GP opening hours, to dispel this barrier.

- Most people at 40 are working aren’t they, and you’re asking your employer to have the time off if it’s within GP opening hours. But it says here that you can go to a pharmacy. I could go there in my lunch break. (45-50)
- This is great, I think that it is short and to the point, it covers everything nice and simply. You get all this stuff on offer, ‘Weight Watchers, Slimming World, gym memberships, no smoking patches’, it’s good to know you can get all this, go to your doctors, have a few tests and you can get all this stuff if you need it. (40-44)

The graphic containing the words ‘Helping you prevent diabetes, heart disease, kidney disease, stroke & dementia’, was well liked by some due to the word prevent which has a positive message, although some would like it in a brighter colour.

There were requests for it to appear across the top of the letter, not at the bottom. There were also some requests to make it even more positive, e.g. by saying something along the lines of, ‘Helping you stay healthy’.

- I think it should be more portrayed in terms of keeping yourself healthy. Keep you younger and healthier. Instead of telling you of what you could have. Come at it from a positive point of view. (40-44)

**Researcher’s Comment:** based on the insight from this study, via this graphic, these medical conditions could appear to look like separate entities, therefore it is recommended that a graphic symbol which clearly displays the inter connectivity between each of these conditions be designed, as this should be a powerful visual shorthand to communicate the seriousness of diabetes, which some regard in a less serious light than the other four conditions. This graphic could then be teamed with a more positive strapline, e.g. ‘Taking control of your health’ and the reassurance that practical advice will be given.

- If it said this links to this and to this, then people may say they need to go.
- I think diabetes is the key word, it is not publicised enough or how to prevent it. They need to give advice about that.
POSTER & CARD - FRONT:

What’s happening under your bonnet?

If you are aged 40 or over, you are entitled to a FREE NHS Health Check

It’s quick, simple and could save your life. Make an appointment at your GP Practice or local pharmacy today.

www.dudleyhealthcheck.co.uk

For further information contact the Vascular team on 01384 816035
This poster/card is very male focused, thus has less relevance to females who admit they may overlook it.

- I think this is for men. Nothing to do with me.
- I think of a man and man’s problems.

However, it does not have any appeal to males, as they regard the image as ‘very old fashioned’. There is widespread derision at the age and condition of the car and the ‘dated’ look of the man’s clothing.

- It is a relatively old car, who are you appealing to here? It is a cloud of smoke, are they referring to if you don’t look under your bonnet, you’ll go up like a cloud of smoke, it’s all over for you. I can see what they are trying to do but it wouldn’t catch me to think I am going to go get myself checked over, I would think when does my car need its next service?

- I don’t like it. I don’t like the old decrepit car, and the smoke coming out of it. His shoes and trousers are very ‘old-man’. You’d expect that car to go wrong! It’s a bad image.

As the NHS Health Check has been referred to throughout the study as ‘an MOT’, the symbolism is well recognised, however it is far too literal.

- You do not associate a car with a human body!
- If your car doesn’t pass its MOT, you pay to get a new one, you can’t get a new body.

Watch out: this imagery is off-putting to most as it stresses that the NHS Health Check is for old people and most do not regard themselves as old.

Researcher’s Comment: Going forward, imagery should focus on people who look and feel ‘youthful’.

- The bloke, he is old. I can’t relate to him. (40-44)

Watch out: On first glance it looks like an advertisement for a car breakdown company, thus could be overlooked.

- I am not seeing what they want me to see, I am seeing a car, I am seeing the AA man.
- It’s not related to health; It is a bad attempt at humour.
- It makes me think it’s an advert for a garage.
POSTER & CARD - FRONT:

There may be a problem you can’t see.
This poster/card is **very well received by some**, due its delivery of two key messages: **active family life** (with many ‘seeing their own situation’) and the headline **There may be a problem you can’t see**, which has high emotional resonance for them. [However, others suggest that the word ‘problem’ is negative, thus ‘scary’].

- It’s got a *softer* look and it’s *easier to take in*. (45-50)
- That’s perfect; its saying you could have a problem that you can’t see and it gives you ways out of it. (45-50)
- *I like the dad and son one; a more family image.* (40-44)

However, **others are on-board with the overall message, but are unhappy with the treatment**, arguing that it could be mistaken for an advertisement for an optician.

- *That is a bit wishy-washy; it does not strike me strongly.*
- *My initial thought is that there might be something wrong with your eye sight.*

**Watch out:** some BME participants feel that it is singling them out due to the imagery used. They argue that Dudley is made up of people from many different racial origins and that this needs to be shown. However, none of the participants of white ethnicity felt alienated by this image.

- *If you are aiming towards black people, then it is brilliant, for me it is powerful, but I don’t think it is the right imagery for the NHS, it should be a multitude of different races, try to reach a mass, rather than certain individuals. When black people see images like these they think it’s another thing aimed at us.*
- *That seems like it affects only black people.* (BME)
- *I did not think that at all; That was not my key thought.* (White)
- *I know that they say a lot of people from ethnic minorities don’t take up the health checks, so for me I *would see this and think they were trying to target black people.*
- *They also say that ethnic minorities suffer more from diabetes, and stroke and heart disease, so it could be *aimed at us.*

**Researcher’s Comment:** this poster polarises the audience. This polarisation indicates that it is provocative and attention grabbing, therefore its positive attributes could be developed on in a future campaign, however the interpretation of its image by BME participants indicates that ‘inclusionary’ images containing a number of people, of various ethnicities, should be used in a campaign going forward.
POSTER & CARD - FRONT:
Highlight any hidden problems early.
This poster/card is very female focused, thus has less relevance to males who admit they would overlook it. As the males are typically unused to seeing highlights in hair, they fail to connect the image with the headline, to the detriment of the overall message.

- It is too complicated, it does not flow.
- It is not a brilliant marketing image.
- Is the dye that you are using incorrect or something? What does it mean?
- That is the worst one out of the lot!

Many females do not relate to this poster, as they feel that there is a disassociation between one’s hair and health. The following conversation from the control group participants illustrates this:

- It’s about going to get my hair done...
- The hairdressers...
- That’s a joke!
- That is the worst one of the lot!
- It is saying nothing!
- That is not serious, if they want more people to go so they should be encouraging people!
- It should be a serious wake-up call!

Watch out: In general, the headline, Highlight any hidden problems early, is regarded as negative because its language infers that one will have a problem.

Researcher’s Comment: In a future social marketing campaign, messages should be phrased in a positively in order to avoid ‘scaring people away’ from the service.
CARD - BACK:

What’s happening under your bonnet? There may be a problem you can’t see. Highlight any hidden problems early.

If you are aged 40 or over, you will receive an invitation to have an NHS Health Check. It’s FREE and simple and could save your life!

Why do I need an NHS Health Check? I feel fine?

Everyone is at risk of developing heart disease, stroke, diabetes, and kidney disease. This check covers all these conditions and others, so it doesn’t matter if you feel fine. It can help identify any hidden problems early, when they’re easier to treat.

What happens at a Health Check?

• The check takes about 20 minutes.
• You’ll be asked some simple questions about your family history and lifestyle, including smoking and drinking.
• Your weight, height, waist, and arm circumference will be measured.
• Your blood pressure will be taken.
• A simple blood test will be done to check your cholesterol and blood sugar levels.
• You’ll be given tailored advice on how to lower your risk and maintain a healthy lifestyle.

Where do I go?

NHS Health Checks are available at your GP practice and other community venues in your local area. To book an appointment, call your GP practice and book a routine appointment. For more information, visit your GP Practice website.

Make sure you’re in good running order — make an appointment when you get your invite.

If you are aged 40 or over, you will receive an invitation to have an NHS Health Check. It’s FREE and simple and could save your life!

Why do I need an NHS Health Check? I feel fine?

Everyone is at risk of developing heart disease, stroke, diabetes, and kidney disease. This check covers all these conditions and others, so it doesn’t matter if you feel fine. It can help identify any hidden problems early, when they’re easier to treat.

What happens at a Health Check?

• The check takes about 20 minutes.
• You’ll be asked some simple questions about your family history and lifestyle, including smoking and drinking.
• Your weight, height, waist, and arm circumference will be measured.
• Your blood pressure will be taken.
• A simple blood test will be done to check your cholesterol and blood sugar levels.
• You’ll be given tailored advice on how to lower your risk and maintain a healthy lifestyle.

Where do I go?

NHS Health Checks are available at your GP practice and other community venues in your local area. To book an appointment, call your GP practice and book a routine appointment. For more information, visit your GP Practice website.

Make sure you’re in good running order — make an appointment when you get your invite.
There was unanimous agreement that the information on the reverse of the card is useful. It is an example of a simply presented, clear layout, which has wide ranging appeal.

- *The small card ones have a better feel, they are different, modern.*
- *On the back it is straight to the point, the message is more distilled.*
- *It’s not all the boring stuff, all the questions are answered straight away there.*
- *I think that is really clever.*
- *It’s engaging and more concise*.
- *On here it is condensed down enough, so if there was something serious to catch your attention on the front, you then you’d turn over a read it.*
- *I like the bit about it could save your life; it’s bringing it home a bit. And they highlight the word free, that stands out.*
- *They’re highlighting evening and weekend appointments.*

The colour ‘blue’ is regarded as ‘NHS’, and generally believed to be bright and appropriate in this instance.

Some BME participants request that it is available in various languages.

Watch out: Some participants find it difficult to read white type out of a colour, thus going forward this should be avoided.

- *It is not clear, for anyone who has vision problems it would not be very clear.*
- *I definitely do not like the blue back ground with the white writing!*
LEAFLET:
Can you see what your future holds.

Working together to improve your health

Everyone has some risk of developing heart disease, stroke, diabetes or kidney disease. The good news is that these conditions can often be prevented, even if you have a history of them in your family.

By having your free NHS Health Check you will be more prepared for the future and better able to take steps to maintain or improve your health.

Why do I need a Health Check?

- Your risk of developing heart disease, stroke, type 2 diabetes, kidney disease and dementia increases with age
- This risk is greater if someone in your family already has one of these conditions, usually your motherfather or brother/sister
- Certain ethnic groups tend to have an increased risk of developing these conditions

Even if you’re feeling well, it’s worth having your NHS Health Check now. We can then work with you to lower your chances of developing these health problems in the future.

There are certain things that put you at even greater risk. These are:

- High blood pressure
- High cholesterol
- Being overweight
- Lack of exercise
- Smoking
- Drinking too much alcohol

Both men and women can develop the conditions tested for in the check. As these conditions are often linked, having one condition could increase your risk of developing another in the future:

- In the brain, a blocked artery or a bleed can cause a stroke.
- In the heart, a blocked artery can cause a heart attack or angina.
- The kidneys can be damaged by high blood pressure or diabetes, causing chronic kidney disease and increasing the risk of having a heart attack.
- Being overweight and a lack of exercise can lead to type 2 diabetes.

If uncontrolled or unmanaged, type 2 diabetes could increase your risk of further health problems, including heart disease, kidney disease and stroke.

What happens at the check?

The check takes your risk of developing heart disease, type 2 diabetes, kidney disease, dementia and stroke.

- The check will take about 30 minutes.
- You’ll be asked some simple questions, for example, about your lifestyle and family history.
- We’ll record your height, weight and age.
- We’ll take your blood pressure and measure a finger prick blood test to check your cholesterol and glucose levels. If you haven’t recently had a blood test, we’d be happy to have a free fasting blood test done; please contact us on 01384 816035.

You’ll need to have the test done at least 7 working days before your health check appointment.

What happens after the check?

- We will discuss how we can support you to lower your risk and stay healthy.
- You’ll be taken through your results and told what they mean.
- You’ll be given personal advice on how to lower your risk and maintain a healthy lifestyle.
- Treatment or medication may be prescribed to lower your risk, or to help you maintain your health.
- You may be offered free healthy eating, weight loss or exercise classes.

Questions you may have...

Why do I need this check? It helps identify people who may be at risk of developing these conditions. If we identify your risk factors early, we can help you to take action to lower your risks.

But don’t those conditions run in the family? It’s possible to have a family history of heart disease, stroke, diabetes or kidney disease in your family even if you have no family history. Having someone else helps you to prevent the effects of these conditions.

I know what I’m doing wrong, how can the health check help me? We can work together to make your health a priority. We can help you to make better choices and help you to lower your risk.

If you would like help, we will work with you to make sure you have a healthy lifestyle, take more exercise or stop smoking. We may be able to refer you to a specialist if needed.
This leaflet’s **headline** polarises, due to some participants agreeing with the principle that none of us can predict our future, whilst others immediately associate it with fortune telling and tarot cards, thus it **risks trivialising the seriousness of the NHS Health Check.**

- **Get rid of that headline, It would better saying ‘There may be a problem you can’t see’. (45-50); it’s like selling life insurance! (40-44)**

The images on the front cover are accepted, however those on the inside of the leaflet are disliked, as many feel that the ‘alcohol message’ has been sent and received (indeed, many participants had either stopped or cut down on their alcohol intake); whilst the female was regarded as ‘too old’ to identify with.

- **Irrelevant. Not the booze again!**
- **At 40 you’re in the prime of your life. By looking at her you’d think those issues are for her age, not for mine.**

**Researcher’s Note:** Imagery of ‘youthful’ people should be used to attract empathy from those in the 40+ age bracket. **If an individual engages in their first health check, they will be more likely to engage in future health checks, therefore attracting them with relevant imagery from the on-set is vital.**

Some of the information in this leaflet is **very useful,** thus it is argued that it could be combined with the leaflet containing information about access points (**Where can I have an NHS Health Check**) to produce **one informative leaflet that should be included with every invitation letter** (which, as stated previously, should be 2 sided A4, in simple bullet-point format).

Overall, it was noted that the following sections should be deleted, due to **simplicity** of presentation/layout and **non-scaremongering** being imperative:

- **There are certain things that put you at even greater risk...alcohol; Both men and women can develop the conditions...type 2 diabetes; What happens after the check?; Questions you may have; the whole of the back page.**
- It is widely viewed that all of this information can be accessed either at the check itself, or on the website. Further useful information on the leaflet is as follows:
  - **It says 30 minutes but it should say only a few minutes. That really is all it takes!**
  - **Tell us the difference between the finger prick and the blood test.**
LEAFLET:
Where can I have an NHS Health Check.

Where can I have a NHS Health Check?
If you are aged 40 or over, you are entitled to a FREE NHS Health Check.

It’s quick, simple and could save your life – so make an appointment today.
www.dudleyhealthcheck.co.uk

for more information contact the Vascular team on 01384 816035

Pharmacies in the Dudley area

- Murray Chemists St James Medical Practice Dudley 01384 397 727
- Murray Chemists Great Western Road Dudley 01384 726 150
- Murray Chemists Cross Street Health Centre Dudley 01384 186 000
- Dudley Wood Pharmacy 3 Bath Road Dudley 01384 398 200
- Priory Community Pharmacy Gt St Peter Street Dudley 01384 289 504
- The Co-operative Pharmacy 186 Maple Green Dudley 01384 352 082

Pharmacies in the Co-operative Pharmacy

- Murray Chemists 31 High Street Stourbridge 01384 622001
- Murray Chemists 27-30 High Street Stourbridge 01384 626 255
- Dudley Wood Pharmacy 3 Bath Road Dudley 01384 398 200
- Priory Community Pharmacy Gt St Peter Street Dudley 01384 289 504
- The Co-operative Pharmacy 186 Maple Green Dudley 01384 352 082

Pharmacies in the Kinver/Arley area

- Montecora Chemists Tylings Lane Kinver/DEN 01384 899 093
- Murray Chemists 9th Market Street Kinver/DEN 01384 893 037

Pharmacies in the Stourbridge area

- Murray Chemists Stourbridge Road Stourbridge 01384 295 622
- Murray Chemists* Stourbridge Road Stourbridge 01384 295 622
- Windmill Pharmacy 110 College Street Halesowen 0121 307 282
- Lloyd's Pharmacy 11 Penningham Street Halesowen 0121 307 282

*Finger prick blood testing is available at these pharmacies – no fasting required.

NHS Health Checks are available at participating GP surgeries, pharmacies, and a number of Health Centres across the Dudley borough – giving you the choice of day, evening and weekend appointments.

- GP surgeries
- Weekly and weekend appointments. Contact your GP surgery.
- Pharmacies
- Weekly, evening and weekend appointments. Contact any of the pharmacies listed in this leaflet.
- Community Clinics
- Weekly appointments. Please contact your local Health Vascular team on 01384 816035.
This leaflet is unanimously regarded as holding highly useful information in a very clear manner, due to colour-coding of the areas within Dudley. This makes it very easy for participants to identify the area where they live/work and find a venue offering an NHS Health Check near to that. **There are many requests for it to be included with their invitation letter. Choice is greatly appreciated. Importantly, this negates the barrier of some participants about attending their GP’s for the check.**

- I like to know that you do have options. I would feel more comfortable doing it at the GP. Knowing that I know him. (40-44)
- I like how if you can’t get an appointment at your GP or if somewhere is closer I can go there. (40-44)
- It is good that they have the breakdown of areas so you don’t have to search. (45-50)
- Right away I can see the one that is connected to my doctors. (45-50)
- If you wanted to get this done there is no reason not to as there are at least 5 choices there for me. (45-50)
- There is a variety. (45-50)

**An area for improvement would be to have a simple ‘key’ to identify the opening times of each venue and contact details where appropriate.**

- Opening times would help. (45-50)
- Have a key on the guide so you know if one is 24hrs or 8-5 or open on weekends, have a key next to each of the, so you can see which is suitable for you. (45-50)

**Watch out:** the image on the front cover received criticism for the following reasons:

- The image is male focused, thus females may feel excluded.
- The car analogy is too literal, thus it could be mistaken for a car insurance leaflet.
  
  - Am I going to go under a bonnet of a car for a health check?
- It is dated; the male looks of ‘pensioner age’. This is off-putting to participants as most have a ‘youthful mind-set’, and indeed many of them nearer 40 have a ‘youthful lifestyle’, e.g. raising young children.
  
  - Is it saying that we’re clapped out old bangers!
- The graphic image of the ‘cogs’ reiterates the mechanical look.
  
  - They look like cogs; it reminds me of a car.
GP PRACTICE MATERIALS:
BADGE & DESK CARD

Over 40?
Ask me about
a FREE Health Check

What's happening under your bonnet?

Make sure you're in good running order
with our support

What happens at a Health Check
- The check takes 30 minutes
- You'll be asked some simple questions about your family history and any medication you're taking
- Your height, weight, age, sex and ethnicity will be recorded
- Your blood pressure will be taken
- A simple blood test will be done to check your cholesterol and blood sugar levels
- You'll be given personalised advice on how to lower your risk and maintain a healthy lifestyle

Ask a member of staff about
a FREE Health Check NOW!

Take action
After your Health Check you'll be given personalised advice to help you maintain or improve your health, and lower your risk of developing heart disease, stroke, type 2 diabetes or kidney disease.

Whether you're advised to achieve a healthy weight, eat more healthily, lower your blood pressure, stop smoking or get active, there are lots of support available from a range of healthy lifestyle services such as:
- Weight Management, including Weight Watchers, Slimming World or Rosemary Conley
- Dudley Stop Smoking Service, with stop smoking treatments on prescription
- Physical Activity, offering free fitness classes, swimming or sports club membership
- Nutrition providing Get Cooking! Classes and fun with food sessions

By taking action, you'll improve your chance of a longer, healthier life.
- These items were shown to all to gauge their reactions.

- It was apparent that they were ‘nice to haves’ and, although some did not feel they may notice them or be confident enough to ask for more details, they may spark a few participants to ask for more information about NHS Health Checks from GP receptionists or nurses.

- Showing these items did reveal a potential gateway into NHS Health Checks, as many females attend regular screenings and some males, but not all, visit their GP on a regular basis, primarily with their children. They maintained that whilst they were at the surgery the nurse or GP could simply mention that there is a FREE health check available for the over 40’s and invite them to make an appointment to have it done.

- The males, and a few females, who do not attend their GP on a regular basis maintain that their gateway into NHS Health Checks is via the facility of ‘dropping in’ to a pharmacy to have it done. This holds great appeal for people with busy lifestyles, e.g. mothers and those who work full-time and work shifts.

- The family focused imagery on the desk card was much preferred over the images of the car breakdown.

- The items opened up discussions about the possibility of hosting information stands in Dudley centre or in supermarket entrances (those that have pharmacies) where details about NHS Health Checks could be easily accessed, leaflets distributed or signposting to the website or App.
http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/marketing_and_brandin

Then click on the link below (see arrow) – takes you to a lot of different files within files
A still image of a website was shown to participants to prompt reactions.

Most were keen to have access to a website so that they could look up further details about NHS Health Checks, the medical conditions, what’s involved, where they are carried out etc. However, some females in the older age group would prefer a paper format, hence the importance of a ‘combined invitation letter/information leaflet’, as well as the website.

Watch out: The website was widely regarded as “too wordy”, thus it would not hold interest.

- That’s a very boring website! (40-44)
- Less information; It needs to be simple.
- I work, I have two small children, at the end of the day I do not want to be reading reams of information!

It was suggested that the website should be in line with all other marketing materials that are produced for the campaign, and should be bright and colourful, with images of middle aged people, alone or with their families enjoying life, e.g. eating a meal, walking in the park, playing football, rock climbing etc.

- It needs something to draw you to it. (45-50)

Some of the males aged 40-44 maintained that the information should be in the form of an App so they can access it easily on their smart phones (one male designed an App in the collage creation work - see next section of this report). He mentions a successful App for a charity he knows of (see comment below).

- The best app I have ever seen is for Tesco Bank, really smooth, big icons.
- Have an app, I do more on apps now; Everything is bite size these days.
- A trust that I know of have released an app about mental health and it’s good because it is interactive, it has breathing exercises and plays music. It’s the ‘Well Mind’ app.

It was believed that the App could link-in to practical information, e.g. the fat content of certain foods, the sugar content of drinks etc. so that it is a useful interactive tool in one’s own exercise and weight maintenance programme.
KEY INSIGHTS:
PRIMARY & CONTROL SAMPLE
COLLAGES & COMMUNICATION CHANNELS
- This research has shown that publicity regarding the NHS Health Check is required in order to build-up knowledge about what it is, where one can access it and the benefits of attending.

- Participants call for a multi-media campaign, utilising billboards, buses, trains, radio, cinema screens, TV, social media, public buildings, GP’s, hospitals and shops.
  
  - It needs to be across all the different media platforms, they need to look at a whole campaign around this. So it’s an accumulated effect. (40-44)
  - Local gyms, schools; Have a little stand in the cinema, in public places, promoting these leaflets. (45-50)

- Focus group participants were asked to create collages to show what words and images they would use to convince people in Dudley borough, aged 40+ to attend an NHS Health Check. Whilst the females created collages, the males chose to create their own imagery e.g. by designing a mailshot with vouchers for healthy foods and gym passes as an incentive to take part, an App, or ‘tear and share’ images that appealed to them from magazines and adding their own headlines.

- Images are positive: family life; and challenging personal situations, e.g. bike riding, mountain climbing so as to communicate Being in Control and having Peace of Mind.

- Headlines feature: the word FREE; Quick and Easy; Change; and Healthy on the inside and outside.

- When asked for some key motivational messages, responses included positive benefits.
  
  Watch Out: There was no mention of disease in the headlines, as this information can be ‘scary’ if it’s too ‘up-front’:

  *Live life longer; Keep your insides young; Look after yourself; Helping you live a long, happy and healthy life; Face up to it; One step at a time; Its only 30 minutes; Be confident, feel better; Make sure you feel as good on the inside as you are on the outside; Make sure you are feeling as fine tomorrow as you are today.*

- It was felt by many that the words “Your” or “My” could add an emotional quality to NHS Health Checks, as they link to a sense of ‘personal ownership’:

  *“I've had my NHS Health Check...”*  
  *“Get your NHS Health Check”*
Primary Sample: Females 40-44

Take the opportunity to keep yourself healthy.

There are many ways you can attend your free NHS health check. Looking great? It only takes 30 minutes to see if you are healthy on the inside as you feel on the outside.
Give me one GOOD reason

Could change your life
for half an hour of your time.
Primary Sample: Females 45-50
Primary Sample: Males 40-44

Anything that doesn’t challenge you doesn’t change you.
www.healthchecks.nhs.uk

NHS

SEE INSIDE
OR INSIDE - the heart of
North Vancouver and Maple
To help you live a more
healthy and happy life

Facebook... Twitter...
Exclusion: you have reduced your risk of co-

- Diabetes
- Heart disease
- Kidney disease
- Stroke
- Arteria

Have you had your free essential health check yet?

For more information, see www.nhshealthcheck.org.uk and like us on Facebook at www.facebook.com/nhshealth
OVER 40

Do you want a free health check?
Primary Sample: Males 45-50

Resolve to make family life easier.
A new year means a new opportunity to get organised. In 2015, keep track of your household and your resolutions with Cozi, the must-have app for families.

- Stay updated with your family’s calendar in one secure place
- Create and share shopping lists, household and schedules, where and when you need them
- Access and update from any mobile device, tablet, or computer in a closed family environment

Available on iOS and Android in iTunes, Google Play, Windows and Amazon App Store.

DOWNLOAD FOR FREE NOW

Wobbly Award Winner — People’s Voice — Best Service/Utility App
Appy Award Winner — Best Family/Parenting App
Named #1 iPhone App for Moms by Circle of Moms
If you’re feeling on top of the world, stay on top of the world.

With the right gym package you can achieve any victory.

Visit nuffieldhealth.com/join today and get your free trial pass.
Feel on top of the world with your free NHS Health Check.
Check you’re as good on the inside as you feel on the outside.

6
COMPRESSION

So far there’s little evidence that wearing compression gear while you run will make you faster, but the case for accelerated recovery is more encouraging, with evidence supporting that compression really does...

7
EVEN MORE RECOVERY AIDS

The list of recovery gear and products on the market is long and many of them seem to make sense, even if they don’t have the stamp of independent testing. Review the magical remedies and pinch points, but be open to new ideas, and experiment to find what works for you. But it’s important that no recovery aid is yet invented to substitute for the proper and best post-run recuperative techniques.
Control Sample: Females 40-50

FIT BEGINS AT...
40
Upgrade your body with every passing year

STOP

Do we really have to QUIT SUGAR?

Yes if you want

TO BE -
fit & well

NHS HEALTH CHECK
Control Sample: Males 40-50

Recipes by you and for you!

Pistachio coconut & apricot cake

1. Preheat the oven to 180°C/350°F. Grease and flour a 25cm fan tin. Save the flour.
2. In another bowl, whisk together the yogurt, oil, and sugar. Add the dry ingredients and fluid to combine.
3. Pour the mixture into the prepared tin and bake in the oven for 25 minutes or until a knife inserted in the middle of the cake comes out clean. Cool on a wire rack. Glaze with apricot jam or syrup and sprinkle with the sliced pistachios.
GAME CHANGER

I SWEAR, IT'S GOOD FOR YOU

YOUR HEALTH CHECK IS FREE
NO WORRIES NO FUSS
BOOK IN OR WALK IN
CHANGING THE WAY YOU LIVE

be your best you
APPENDICES

- RECRUITMENT QUESTIONNAIRE

- DISCUSSION GUIDES
RECRUITMENT QUESTIONNAIRE

DMBC –NHS Health Checks– JN: 5364
Focus Group/One to One Recruitment Questionnaire

Interviewer Name: 
Respondent Name: 

Check your quotas
Group □ 1 to 1 □

Q.1. Hello, I am from SMS Market Research, an independent market research organization. We are conducting a survey amongst men and woman aged 40 – 50 years, does this apply to you or not? Can we ask you a few questions? All the information will be treated in strictest confidence

Yes .......................................................... □ Continue
No............................................................. □ Thank & Close

Q.2. Do you live in the Dudley Borough? (Please indicate one answer only)

Yes .......................................................... □ Continue
No .............................................................. □ Thank & Close

Q.3. May I have your age, please?

Interviewer: Write in clearly then recode ________________

RECODE:
Under 40.......................................................... □ Thank & Close
40 - 44............................................................. □ Check Quota & Continue
45 - 50............................................................. □ Check Quota & Continue
51 +............................................................. □ Thank & Close ..............

Q.4. Have you participated in any market research survey(s) within the past 3 months, i.e. focus groups, one on ones, or any product testing? (Please indicate one answer only)

Yes .......................................................... □ Thank & Close
No ............................................................. □ Continue

Q.5. What is the occupation of the person who contributes the most income to your household? (Please write in and code socio-economic grouping below)

Write in occupation:___________________________________________

A/B/C1 ............................................................ □ Continue
C2/D/E ............................................................. □ Continue

Please ensure a mixture of socio-economic grades
Q.6. How would you best describe your ethnic origin? (Please indicate one answer only)

A) White British .................................................................☐
B) White European ..............................................................☐
C) Asian or Asian British .......................................................☐
D) Black or Black British ....................................................☐
E) Other ethnic background (Please specify) ..............☐

Please ensure a mixture of Ethnicity

Interviewer Read Aloud:
“The NHS Health Check is a free midlife MOT for adults in England aged 40-74 years who have no pre-existing medical conditions. Typically, you are invited for your NHS Health Check via a letter from your local GP or local authority”

Q.7 Have you received a letter from your local GP or local authority inviting you to an NHS health check or not? (Please indicate one answer only)

Yes .................................................................☐ Continue
No/Can’t Remember .....................................................☐ Continue

Q.8 Have you attended an NHS Health Check; that is the ‘free midlife MOT for adults who have no pre-existing medical conditions’? (Please indicate one answer only)

Yes .................................................................☐ Check Control Quota & Continue
No .....................................................................☐ Check Primary Quota & Continue

Q.9 “I am going to read out a list of statements that may or may not describe you personally. I want you to rate the degree to which that statement describes you on a scale of 1 to 10, where 10 describes you completely and 1 does not describe you at all:”

(Please indicate one answer for each row only)

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>If asked to describe something, I can usually do so in detail</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I get excited about doing something I have not done before, such as express my thoughts with pictures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My friends consider me friendly and outgoing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I like to use my imagination to come up with new ideas</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am open about expressing my thoughts and feelings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I enjoy meeting and talking to new people</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am comfortable talking with others even if I haven’t met them before</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I enjoy interacting with others in group discussions and am open to hearing other people’s thoughts, ideas and opinions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Int: Check Q9, only recruit if 5 or more statements are scored 8 or above
Q.10 The reason I am asking these questions is that we are conducting some market research regarding NHS Health Checks.

This research will be in the format of a (group/one to one interview), it would take place in a meeting room at The Showcase Cinema Dudley on (insert date & time), it will last (groups 2 hrs /one to one 1 hour) and would be a very informal (group discussion / chat) about your opinion of NHS Health Checks. As a thank you, you will be given (Group £40/ One to one £30 cash)

If you take part in a group discussion, all of the participants will have a similar experience to NHS Health Checks as you (i.e. either they will or will not have had one).

Would you like to help us with this research?

Yes .......................................................... [ ] Continue

No .......................................................... [ ] Thank & Close

Personal Details
NOTE: When taking down the respondent details, please make sure that you COMPLETE all areas indicated by this symbol * and ensure you take a telephone number where possible. Please also remember to write down the details of the respondents on the recording sheets provided, with the complete address and postcode. PLEASE WRITE IN BLOCK CAPITALS

<table>
<thead>
<tr>
<th>*TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*FORENAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SURNAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*HOUSE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*STREET NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AREA:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*TOWN / CITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*COUNTY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*POSTCODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*HOME TEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*MOBILE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Group or one to one: _________________________
DISCUSSION GUIDES

Research into the Uptake of NHS Health Checks

Dudley

Focus Group:

Discussion Guide

120 minutes

Rita Brophy
brophyr@surveymarketing.co.uk

February 2015
Warm Up – 10 minutes
Objective: introduce the session logistics and main topic of discussion; ascertain spontaneous response to the term ‘health checks’ so as to gauge initial reactions in their own language/terms.

- Moderator will assure respondents of her objectivity and the confidentiality and the anonymity of the study.

- Moderator: inform respondents to be honest: there are no right or wrong answers, it’s not a test and they are not being judged.

- We’re all individuals, it’s fine to agree or disagree with each other. Speak one at a time whenever you would like to contribute to the conversation.

- Turn off mobile phones.

- Explain audio recording.

- You can feel totally relaxed and enjoy this discussion; it is highly confidential; you do not have to answer any questions that you do not want to for any reason.

- At the end of the discussion, I would like to thank you for taking part by giving each of you a cash incentive.

- Reveal the purpose of the research: I have been asked to conduct this research by the Office of Public Health, Dudley. When you were recruited to take part in this study you all said that you had not/had taken part in an NHS Health Check. We will talk about your views on health checks and NHS Health Checks in general terms, but you will not be asked to reveal any personal details about your health.

- Each respondent is to introduce themselves, e.g. with their first name, age, family details, (gender/age of children), working status.

- Flip Chart: To get us on topic and start our discussion off, let’s quickly call out all of the words, terms, emotions and images, positive or negative, that spring to mind when you think about “health checks”…Moderator – probe fully.
Attitudes Regarding Health – 10 minutes
Objective: assess level of involvement with thoughts about their health.

- Thinking about health in general:
  - How often do you think about your health? – Specifically what do you think about? – What prompts these thoughts? [e.g. reaching a certain age; parental infirmity etc.]
  - Flip Chart: How would you rate your health, on a scale of 1-5, where 1 is low and 5 is high – Why do you rate it there?
  - Flip Chart: What steps, if any, do you take to maintain good health? – List all...
  - What, if any, health concerns do you have, for now, and in the future? – Why? – Do you take any specific steps to manage these? – if so, what?; if not, why not?
  - To what extent do you believe one’s health can be managed? – Encourage debate.

Awareness & Opinions of NHS Health Checks – 30 minutes
Objective: understand their level of knowledge on NHS Health Checks and whether increased knowledge changes their opinions about attending.

- Flip Chart: I will write a term on the flip chart and I would like you to call out everything that springs to mind when you see it – "NHS Health Checks"… probe fully (why do you say that? How do you know about this? Etc)
  - Let's see how much you know about them, remember this is not a test, I simply want to find out your level of knowledge: In your opinion - Who are they for?; How old are you when you are invited?; How are you invited?; Where do they take place?; Who by?; What is involved?; What is the purpose of them?
  - Individual Storytelling:
    - To Each: Please tell your own unique story about your NHS Health Check, from receiving your invitation, how old were you, how did you get it, how did you feel about it, to thinking about going, did you know where to find out more information, did you look there or not, what prompted you to decide to go, how did you feel during the check, how did you feel when you got the results, do you intend to go again in future? – probe fully
    - To each, after they have told their story: in a nutshell, what is the key reason why you did not attend/attended an NHS Health Check?
To attendees: Many people put off going for an NHS Health Check check, but you didn’t, why not?

What would you say to those people to encourage them to go…

**Awareness & Opinions of Health Risks – 20 minutes**  
*Objective: understand their level of knowledge about common health risks and whether increased knowledge changes their opinions about attending an NHS Health Check.*

- What is your opinion of the term “Prevention is better than cure”?
- Do you currently take any preventative steps to manage your health at all? – if yes, what are these, how long have you done this, what prompted you to start this, how is it going?
- If no, why not?
- Flip Chart: I will now write down some health issues and ask you for your awareness and opinions of these:
  - **Diabetes** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of diabetes or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?
  - **Heart disease** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of heart disease or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?
  - **Stroke** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of stroke or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?
  - **Kidney Disease** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of kidney disease or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?
  - **Dementia** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of dementia or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?
- In your opinion, are there any links or connections between these 5 conditions? – If so, which are linked [all/some?] and why are they linked? If not, why not?
- If the NHS wanted to inform you that there are links between these conditions and to advise you of your risks and the preventative steps you could take to manage your risk, would this information interest you or not? – why/why not?; If not, what message could they send that would attract your interest?
Examination of Stimulus Material – 20 minutes

Objective: to understand their reactions to current publicity materials about NHS Health Checks and their suggestions for improvements.

- Public Health England has produced some information about NHS Health Checks. I’d like you to take a moment to look at this and call out your opinions of it, positive and negative:

- **Flip Chart**: Note all comments and probe fully – why do you say that?; how would you improve that?...

- Is any of this ‘new news’? Does anything stand out and either shock you, appeal to you or motivate you? – If so, describe fully.

- Moderator probe on the appeal of: the words/terms used; the colours; graphics; images; content; overall tone/style etc.

Influencing Behaviour/Communications – 30 minutes

Objective: to understand what behaviour, images and language should be used to convince people aged 40+ years that they should attend an NHS Health Check and the most appropriate channels of communication in order to inform a future intervention.

- **Flip Chart**: Based on our discussion so far, sum up how you feel about NHS Health Checks...

- Has your view altered from before our discussion? If so: specifically what prompted this change? If not: why not?

- Imagine a friend of yours has been invited to attend and you really want to motivate and encourage him/her to go: call out what you would say or do to encourage your friend to have their NHS Health Check.

- I’d like to invite you to end our discussion by playing a game. Hopefully you will have some fun! I’d like you to form small teams (3/2 = 5).

- Imagine that your team that has been set the task of convincing people aged 40+ years in Dudley that they should attend an NHS Health Check.

- There are some magazine clippings, you can use some of these, and your own drawings/words/terms for a leaflet/poster/App/Web site design – anything at all that you think will best reach people aged 40+ years.

- Think of the most persuasive messages to convince them that they should attend their NHS Health Check.

- Take 10 minutes to come up with your ideas.

- Team to present their ideas – Moderator to probe fully. What is the main message? And what, if anything, have you avoided saying? – Why?
How would you make sure people aged 40+ years will receive this message? – Where can you be reached? – Probe: Work; Social Media – which sites?; Home; Community; Gyms – Etc, Etc...

What else would you do to get the message across to the people of Dudley in a way that would really interest and engage with them? Probe: NHS Promotions; Talks with GP/Nurse; Events in Dudley? – What/Where? - Give-aways? - Talks in work place? – Who would deliver these? - Etc. Etc...


Finally, do you think anything you have heard or discussed this evening will have an effect on your own likelihood to attend an NHS Health Check in future or not? – If so: explain fully. If not: why not?

Thank & Close
Research into the Uptake of NHS Health Checks

Dudley

Individual Interview:

Discussion Guide

60 minutes

Rita Brophy
brophyr@surveymarketing.co.uk

February 2015
Warm Up – 5 minutes
Objective: introduce the session logistics and main topic of discussion; ascertain spontaneous response to the term ‘health checks’ so as to gauge initial reactions in their own language/terms.

- Moderator will assure respondents of her objectivity and the confidentiality and the anonymity of the study.
- Moderator: inform respondents to be honest: there are no right or wrong answers, it’s not a test and they are not being judged.
- Turn off mobile phones.
- Explain audio recording.
- You can feel totally relaxed and enjoy this discussion; it is highly confidential; you do not have to answer any questions that you do not want to for any reason.
- At the end of the discussion, I would like to thank you for taking part by giving each of you a cash incentive.
- Reveal the purpose of the research: I have been asked to conduct this research by the Office of Public Health, Dudley. When you were recruited to take part in this study you said that you had not/had taken part in an NHS Health Check. We will talk about your views on health checks and NHS Health Checks in general terms. As this is a private interview you can discuss specific details about your health if you feel it’s necessary. These will be treated in the strictest confidence.
- The respondent is to introduce themselves, e.g. with their first name, age, family details, (gender/age of children), working status.
- To get on topic and start our discussion off, call out all of the words, terms, emotions and images, positive or negative, that spring to mind when you think about “health checks”…Moderator – probe fully.

Attitudes Regarding Health – 5 minutes
Objective: assess level of involvement with thoughts about their health.

- Thinking about health in general:
- How often do you think about your health? – Specifically what do you think about? – What prompts these thoughts? [e.g. reaching a certain age; parental infirmity etc.]
- How would you rate your health, on a scale of 1-5, where 1 is low and 5 is high – Why do you rate it there?
- What steps, if any, do you take to maintain good health? – List all...
• What, if any, health concerns do you have, for now, and in the future? – Why? – Do you take any specific steps to manage these? – if so, what?; if not, why not?

• To what extent do you believe one’s health can be managed? - Encourage debate.

Awareness & Opinions of NHS Health Checks – 15 minutes
Objective: understand their level of knowledge on NHS Health Checks and whether increased knowledge changes their opinions about attending.

• Moderator: assess level of knowledge about NHS Health Checks. Overall, how would you rate your knowledge about NHS Health Checks – excellent, good, fair, poor? – Why?

• Let’s see how much you know about them, remember this is not a test, I simply want to find out your level of knowledge: In your opinion - Who are they for?; How old are you when you are invited?; How are you invited?; Where do they take place?; Who by?; What is involved?; What is the purpose of them?

• Individual Storytelling:

• Please tell your own unique story about your NHS Health Check, from receiving your invitation, how old were you, how did you get it, how did you feel about it, to thinking about going, did you know where to find out more information, did you look there or not, what prompted you to decide to go, how did you feel during the check, how did you feel when you got the results, do you intend to go again in future? – probe fully

• In a nutshell, what is the key reason why you did not attend/attended an NHS Health Check?

• To attendees: Many people put off going for an NHS Health Check check, but you didn’t, why not?

• What would you say to those people to encourage them to go...

Awareness & Opinions of Health Risks – 15 minutes
Objective: understand their level of knowledge about common health risks and whether increased knowledge changes their opinions about attending an NHS Health Check.

• What is your opinion of the term ”Prevention is better than cure”?

• Do you currently take any preventative steps to manage your health at all? – if yes, what are these, how long have you done this, what prompted you to start this, how is it going?
If no, why not?

I will now call out some health issues and ask you for your awareness and opinions of these:

- **Diabetes** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of diabetes or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?

- **Heart disease** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of heart disease or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?

- **Stroke** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of stroke or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?

- **Kidney Disease** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of kidney disease or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?

- **Dementia** – what do you understand by this term?; do you have any concerns about it?; are you currently at risk of dementia or not?; if ‘yes’ – how do you feel about that? – are you taking any preventative measures?; if ‘no’ – why not?

In your opinion, are there any links or connections between these 5 conditions? – If so, which are linked [all/some?] and why are they linked? If not, why not?

If the NHS wanted to inform you that there are links between these conditions and to advise you of your risks and the preventative steps you could take to manage your risk, would this information interest you or not? – why/why not?; If not, what message could they send that would attract your interest?

**Examination of Stimulus Material – 10 minutes**

*Objective: to understand their reactions to current publicity materials about NHS Health Checks and their suggestions for improvements.*

- Public Health England has produced some information about NHS Health Checks. I’d like you to take a moment to look at this and call out your opinions of it, positive and negative:

  - Probe fully – why do you say that?; how would you improve that?...

  - Is any of this ‘new news’? Does anything stand out and either shock you, appeal to you or motivate you? – If so, describe fully.

  - Moderator probe on the appeal of: the words/terms used; the colours; graphics; images; content; overall tone/style etc.
Influencing Behaviour/Communications – 10 minutes

Objective: to understand what behaviour, images and language should be used to convince people aged 40+ years that they should attend an NHS Health Check and the most appropriate channels of communication in order to inform a future intervention.

- Based on our discussion so far, sum up how you feel about NHS Health Checks...

- Has your view altered from before our discussion? If so: specifically what prompted this change? If not: why not?

- Imagine a friend of yours has been invited to attend and you really want to motivate and encourage him/her to go: call out what you would say or do to encourage your friend to have their NHS Health Check.

- How should the NHS make sure people aged 40+ years receive this message? – Where can they be reached? – Probe: Work; Social Media – which sites?; Home; Community; Gyms – Etc, Etc...

- What else would you do to get the message across to the people of Dudley in a way that would really interest and engage with them? Probe: NHS Promotions; Talks with GP/Nurse; Events in Dudley? – What/Where? - Give-aways? - Talks in work place? – Who would deliver these? - Etc. Etc...


- Finally, do you think anything you have heard or discussed this evening will have an effect on your own likelihood to attend an NHS Health Check in future or not? – If so: explain fully. If not: why not?

Thank & Close