

## Literature search for Insights

### **Questions**

1. What are the reasons for non-attendance and engagement with NHS Health Checks?
2. What are the interventions used to increase uptake of NHS Health Checks?

These questions to be considered further in the context of area profiles to include factors:

- Locality & infrastructure – rural/urban; level of social isolation and access to services
- Deprivation: high deprivation; rural deprivation,
- Ethnicity
- Age (working age adults vs older adults)
- Occupation
- Other social determinants of health as relevant

### **Context and rationale**

The NHS Health Check programme offers free health checks to adults aged 40-74 with no pre-existing vascular conditions.

Pre Covid, the uptake for Health Checks nationally was 44% (2019/20 Q1); in Hampshire this was 65%.

2023/24 Q4 – uptake for England was 44%, for Hampshire was 42%. Hampshire has not managed to achieve its pre-Covid position.

There is a need to understand why individuals and particular groups within the eligible population do not attend NHS Health Checks and develop strategies to improve engagement and uptake.

### **Findings: What are the reasons for non-attendance of NHS Health Checks?**

- *Lack of awareness or knowledge of the checks*<sup>1</sup>  
Lack of awareness that the check exists; that it is free; how to access
- *Invitation to health checks not received*<sup>2</sup>  
No invitation received; no recall after first invitation
- *Misunderstanding of the purpose of NHS Health Check*<sup>1,3</sup>

Lack of understanding of the preventative role of the checks; belief that the checks prevent the worsening of existing conditions; not wanting to waste GP practice resources

- *Lack of personal relevance and candidacy*<sup>3</sup>  
Perception that checks are for those with poor health or symptomatic; not required if regular contact maintained with GP practice due to other health conditions;
- *Aversion to preventative medicine*<sup>1,3</sup>  
Fatalism; fear of receiving bad news and financial implications of diagnosis; fear of reprimand/lifestyle advice; negative experiences of others
- *Time constraints or competing priorities*<sup>1</sup>  
Work and other personal commitments. Type of occupation could also impact the ability/willingness to get time off and potential financial impact
- *Difficulties with access to general practices*<sup>1</sup>  
Actual or perceived difficulty in getting an appointment with GP practice. Appointment time availability – impact on working age people.
- *Perceptions about general practice*<sup>3</sup>  
Belief that GP performs the check; negative past experiences and perceived lack of interest by GP; avoidance of GP visits if possible
- *The setting*<sup>1</sup>  
Concerns about privacy, confidentiality and competence of clinical staff performing the check based when invited to attend perceived ‘non-clinical setting’.  
The analysis highlighted this concern in relation to pharmacy settings, but the principles could apply to any setting not perceived to be a ‘traditional’ clinical setting for medical care and treatment.  
Conversely, evidence suggests that non-clinical, more informal settings can foster engagement depending on the target group.<sup>4</sup>
- Language barriers and perceived discrimination in Primary Care<sup>2</sup>

## **Findings: What are the interventions used to increase uptake of NHS Health Checks?**

- Combination of letter invitation and SMS reminders, particularly time limited letter invitations<sup>5</sup>
- Telephone invitations<sup>6</sup>
- Opportunistic checks offered during other face-to-face interactions<sup>7</sup>
- Outreach events using community networks, knowledge, venues, lay health workers & health trainers and local media<sup>8</sup>
- Outreach locations for specific target groups (minority ethnic groups and deprived localities)<sup>9</sup>
- GP computer prompts to encourage staff to offer opportunistic invitations<sup>10</sup>

## **Limitations**

The below recommendations are based only on literature currently available and do not draw on feedback received locally from patients in Hampshire or GP practices as part of the primary care engagement work currently being undertaken. Locally available insights should be considered alongside the priorities listed below once available.

## **Recommendations and next steps**

*Barriers to engagement* that could be addressed as a priority:

- *Lack of awareness or knowledge*

In one study, only 11% of patients reported having heard of NHS Health Checks prior to being invited. (ref 1).

In another study, one third of non-attendees invited for the NHS Health Check reported no knowledge of Health Checks or never having received an invitation for health checks. (ref 2)

This suggests a possible lack of awareness of the NHS Health Check provision in the community.

*Possible next steps:*

1. Review of publicly available information regarding health checks in healthcare and other community settings and explore possibility of promotional work to improve awareness of availability of checks.
  2. Review language/content of invitation for health checks and invitation method – is language used memorable and informative enough?
- *Misunderstanding of purpose of NHS Health Check/personal candidacy*  
Closely linked to the barrier around knowledge, this barrier suggests that there is a need to go beyond providing basic information about the availability of the NHS health check, but that some consideration should be given to how to 'personalise' the information to enable patients to 'put themselves in the picture' and see themselves as part of the discussion around CVD risk and Health Checks.  
The majority of interviewees in a study of non-attendees expressed an interest in having a Health Check but did not see the Health Check as applicable to them and therefore did not prioritise it. (ref 2)

#### Possible next steps:

1. Review current information available for the public and healthcare professionals on Health Checks
2. Explore possibility of co-production of Health Checks information with Primary Care and the public to improve personal candidacy element of Health Checks. Evidence suggests information leaflets have little or limited impact on impact, so a number of information sharing methods should be explored.<sup>11</sup>

**Interventions to increase uptake** the team could explore as a priority:

There was not a significant amount of literature available on interventions successfully used to increase uptake. In many of the studies, barriers were first identified using local insights which informed strategies used to address uptake. Of the interventions identified above, use of **text messages in combination with letter invitations** and increasing **opportunistic checks** had the most evidence of increasing uptake.

- *Combination of letter invitation and SMS reminders, particularly time limited letter invitations*

In a randomised controlled trial across 28 GP practices, uptake increased in letter/text invitation combinations to patients by up to 12% as compared to invitations using letters only.<sup>5</sup>

**Possible next steps:** Most Hampshire GP practices use text messaging to invite patients for Health Checks, but next steps could involve ensuring that text messages are utilised in the same way, i.e. to include pre-appointment reminders, number of reminders and time intervals for reminders.

- *Opportunistic checks*

One study found that computer prompts for clinical staff to offer opportunistic health checks led to an increased uptake - 4.58% higher than in the control group without the computer prompts.

**Possible next steps:**

1. Campaign to encourage opportunistic checks – unclear if these are currently offered by all practices.
2. Explore media resources currently available for GP practice computer systems

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<sup>1</sup> Harte, E., MacLure, C., Martin, A. *et al.* Reasons why people do not attend NHS Health Checks: a systematic review and qualitative synthesis. *British Journal of General Practice* **68**, 666 (2018). <https://doi.org/10.3399/bjgp17X693929>

<sup>2</sup> Healthwatch Sunderland. Access to Primary Care – A Patient Perspective (2024) [https://nds.healthwatch.co.uk/sites/default/files/reports\\_library/20240521\\_Sunderland\\_Primary%20care%20report-2024.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20240521_Sunderland_Primary%20care%20report-2024.pdf)

<sup>3</sup> Ellis, N., Gidlow, C., Cowap, L. *et al.* A qualitative investigation of non-response in NHS health checks. *Arch Public Health* **73**, 14 (2015). <https://doi.org/10.1186/s13690-015-0064-1>

<sup>4</sup> Roberts, D., De Souza, V. A venue-based analysis of the reach of a targeted outreach service to deliver opportunistic community NHS Health Checks to 'hard-to-reach' groups, *Public Health*, 137176 (2016) <https://doi.org/10.1016/j.puhe.2016.03.004>

<sup>5</sup> Sallis, A., Sherlock, J., Bonus, A. *et al.* Pre-notification and reminder SMS text messages with behaviourally informed invitation letters to improve uptake of NHS Health Checks: a factorial randomised controlled trial. *BMC Public Health* **19**, 1162 (2019). <https://doi.org/10.1186/s12889-019-7476-8>

<sup>6</sup> Gidlow, C.J., Ellis, N.J., Riley, V. *et al.* Randomised controlled trial comparing uptake of NHS Health Check in response to standard letters, risk-personalised letters and telephone invitations. *BMC Public Health* **19**, 224 (2019). <https://doi.org/10.1186/s12889-019-6540-8>

<sup>7</sup> Gulliford, M., Khoshaba, B., McDermott, L., Cardiovascular risk at health checks performed opportunistically or following an invitation letter. Cohort study, *Journal of Public Health*, Volume 40, Issue 2, June 2018, e151–e156, <https://doi.org/10.1093/pubmed/fdx068>

<sup>8</sup> Riley, R., Coghill, N., Montgomery, A. et al. The provision of NHS health checks in a community setting: an ethnographic account. *BMC Health Serv Res* 15, 546 (2015).  
<https://doi.org/10.1186/s12913-015-1209-1>

<sup>9</sup> Stone, T.J., Brangan, E., Chapell, A., et al. Telephone outreach by community workers to improve uptake of NHS health checks in more deprived localities and minority ethnic groups: a qualitative investigation of implementation. *J Public Health* 2020;42:e198–206.  
doi:10.1093/pubmed/fdz063  
pmid:http://www.ncbi.nlm.nih.gov/pubmed/31188440

<sup>10</sup> Gold, N., Tan, K., Sherlock, J., Watson, R., & Chadborn, T. (2021). Increasing uptake of NHS Health Checks: a randomised controlled trial using GP computer prompts. *The British Journal of General Practice : the journal of the Royal College of General Practitioners*, 71(710), e693–e700.  
<https://doi.org/10.3399/BJGP.2020.0887>

<sup>11</sup> Gold, N., Durlak, C., Sanders, J.G. et al. Applying behavioural science to increase uptake of the NHS Health Check: a randomised controlled trial of gain- and loss-framed messaging in the national patient information leaflet. *BMC Public Health* 19, 1519 (2019).  
<https://doi.org/10.1186/s12889-019-7754-5>