Evaluation of Live Life Better Derbyshire Health Checks with Online booking and text reminders for Wellbeing (ELBOW): key findings for GP practices

In June 2022, Derbyshire County Council (DCC) launched a proof-of-concept pilot involving modifications to NHS Health Check (NHSHC) invitation processes and session delivery. The pilot included Live Life Better Derbyshire (LLBD)—DCC's in-house provider of health improvement services—delivering NHSHCs on behalf of some GP practices to support post-COVID capacity. It aimed to ensure that NHSHCs could be delivered safely and acceptably by LLBD, contributing to the reduction of health inequalities. Future work will involve collaborating with GPs to engage individuals who do not typically attend preventative healthcare services.

From September 2023 to March 2025, PHIRST Connect1 conducted an evaluation of the piloted modifications. Below is a summary of findings for GP practices. For more information about the evaluation and its findings, please visit the PHIRST website here.2 A full evaluation briefing document is available here.3

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NHSHC identification of health risks

Patients attending LLBD-led health checks were more likely to be identified as physically 'inactive' or 'moderately inactive' (37% and 15%, respectively) compared to those attending GP-led checks (7% and 5%, respectively). Since activity level identification relies on patients disclosing their activity, this finding suggests that aspects of the LLBD-led health check — such as the extended duration, practitioner-patient rapport, and the approach to discussing physical activity — may encourage or facilitate this disclosure.

Health check attendance

NHSHC uptake was higher among older adults than younger adults (47% among those aged 70–74 compared to 23% among those aged 40–44), higher in the least deprived postcode areas (43%) than in the most deprived (21%), and higher among non-smokers (41%) than current smokers (14%). After adjusting for demographic differences, uptake was similar between individuals identifying as White British or White Irish, and those identifying as Black. However, individuals from Asian or other stated ethnic backgrounds, as well as those who did not report their ethnicity, were less likely to attend than White British or White Irish individuals. Targeted strategies may be needed to increase uptake among those from groups least likely to attend.

[1] About PHIRST Connect: https://phirst.nihr.ac.uk/about-phirst/phirst-connect/
[2] More evaluation information: https://phirst.nihr.ac.uk/evaluations/derbyshire-elbow/
[3] Full briefing document: https://phirst.nihr.ac.uk/wp-content/uploads/2025/05/Derbyshire-Briefing-025-V3.pdf

Impact and value of online booking and text message prompts and reminders

Patients were overwhelmingly positive about the introduction of an online booking option to supplement traditional booking methods, noting its ease and time-saving benefits. Implementing online booking also significantly improved the efficiency of the booking process for staff (e.g., reducing administrative burden),leading to a 64% reduction in invitation- and booking-related costs (£2 vs. £6) compared to traditional invitation and booking methods.

Staff and patients considered text message prompts and reminders useful in encouraging attendance at health checks. Invitations and reminders via text message are 94% less costly per invitation contact than postal letters, highlighting the potential for significant cost savings with minimal drawbacks.

The introduction of text message prompts and reminders, and online booking were associated with an increase in NHSHC uptake. Introducing text messaging was associated with a 5% increase in NHSHC uptake, with a further 2% increase associated with the availability of online booking.

LLBD delivery of NHSHCs

There is potential for NHS Health Checks to be successfully delivered by non-GP staff working in partnership with GP practices. Patients were highly positive about LLBD's delivery, praising staff professionalism and friendliness. They emphasised that the quality of the health check was more important than whether the provider was directly affiliated with a GP practice.

Extended 'holistic' health check

The alternative LLBD NHSHC delivery model, featuring a broader health and wellbeing 'MOT' and longer appointment times, was highly valued by patients for its unhurried and thorough approach. Patients particularly valued the extended duration, which allowed for deeper discussion and more thorough explanation of test results and health issues. They also recognised the potential value of 'MOT' components in highlighting broader wellbeing needs. However, this holistic model resulted in a 63% increase in costs for a health check appointment (assuming point-of-care testing; £30 vs. £18).

Community delivery

Delivering NHS Health Checks in community venues could be a valuable addition to the overall NHSHC offer. This approach was strongly supported by patients, who appreciated the variety of locations beyond GP practices. Staff involved in delivering health checks also recognised potential benefits of community-based delivery for improving access and encouraging engagement.

Point-of-care testing (POCT) and costs

POCT was greatly appreciated by patients, as it provided immediate access to blood test results and facilitated prompt discussions about results, alleviating anxiety and enhancing understanding. POCT reduced the need for a separate blood test appointment, reducing pressures on scarce appointments, but using POCTs was associated with more than twice the testing cost per health check compared with using traditional phlebotomy (£13 vs £6).

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