Plain English summary - Derbyshire NHS Health Check evaluation project

Reasons for this evaluation

One of the leading causes of death in the UK is cardiovascular disease (CVD), a name for conditions affecting the heart and blood vessels.

Photo by Mindscapes

To reduce the risk of CVD, the NHS introduced the NHS Health Check (NHSHC) programme in 2009 for people aged between 40 and 75. Its aim is to:

- Reduce the number of deaths by identifying and treating issues early.
- Help prevent illnesses developing in the first place.

The NHSHC is for people who are not already getting regular health checks as part of treatment for a medical condition. Those who are already being monitored — such as people with heart disease, diabetes, or other ongoing conditions — do not need this check, as they already receive care.

The NHSHCs look at things related to heart and overall health including:

Blood Pressure

Cholesterol levels

Body Mass Index (BMI)

Amount of alcohol you drink

Whether you smoke

Physical activity and exercise

Basic personal information like age, gender, and ethnicity

Based on this information, a risk score is calculated to estimate a person's chance of developing CVD.

Fewer than half of those eligible attend an NHS Health Check. While there's been a lot of research into how many people attend health checks, there's less information about whether who carries out the checks makes any difference to how effective they are.

How NHSHCs were done differently in Derbyshire

Beginning in June 2022, Derbyshire County Council (DCC) tried, in 10 doctors' practices, new ways to do the NHS Health Check with changes to:

- How patients were invited, booked and reminded to attend the health check
- The location of the health check
- The content of the health check
- Who carried out the health check

An organisation called Live Life Better Derbyshire (LLBD) delivered the health checks using a team of wellbeing and lifestyle experts instead of staff from the doctor's surgery. This new version of the health check, delivered by LLBD, was different to the standard health check in several ways:

- The appointment took longer, allowing for more detailed lifestyle conversations.
- Blood sugar levels were tested during the health check to look for the risk of diabetes and the results were given to the patient straight away.
- There were extra wellbeing discussions with referrals to additional support if needed.
- From June 2023, patients received an initial text before their invitation letter, followed by a reminder text to encourage them to book an appointment.
- From November 2023, an online booking option provided an alternative to telephone booking, aiming to improve accessibility and convenience.

Research questions

We wanted to answer the following research questions:

1.Did text message reminders and an online booking option increase NHSHC attendance?
2.Did the new version of the NHSHC lead to changes in outcomes for patients?
3.What were staff experiences of delivering the new version of the NHSHC?
4.How did patients feel about changes made to the NHSHC, and did they feel it improved their health and wellbeing?
5.What were the costs compared to standard doctor-led NHSHC delivery?

Research design

To make the study manageable we divided the project into six workstreams.

Workstream 1: Looking at the information gathered about who attends the health checks and what difference reminders and online bookings made to attendance, and patient health.

Workstream 2: Talking with groups of staff from Live Life Better Derbyshire to find out what they thought about the health checks.

Workstream 3: Talking to doctors' surgery staff to find out how they felt about the new version of the health check.

Workstream 4: Speaking to patients who had received a Live Life Better health check to find out how they felt about it and whether they made any health changes as a result.

Workstream 5: Comparing the cost, resources and equipment needed for health checks delivered by Live Life Better Derbyshire and doctors' staff.

Workstream 6: Looking at all the information collected to find out whether the new approach made a difference.

By looking at all of this the study aimed to understand how the invitation, booking and delivery of the NHSHC could be changed to improve the number of people attending and their health, especially for those who would not normally choose to attend.

Recommendations for NHSHC providers

We have made a number of recommendations which include:

Having different communications to reach groups who frequently do not accept a health check invitation, to explain their importance and what is covered in detail.

Making access to health checks easier for everyone by continuing to use doctors' surgeries, but also offering other suitable locations (e.g., community centres, workplaces, or mobile facilities), and by extending the times available for appointments.

Using different ways to invite, book and send reminders for patients to attend health checks such as letters, emails and texts.

Looking at expanding the content of the doctor-led health checks.

Ensuring that staff are supported and trained to record the outcomes of the health check using computer systems.

Please refer to the main briefing document (here) for further and more in-depth details of the analysis, project evaluation and its findings.

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