

Summer Meeting, 15–18 July 2013, Nutrition and healthy ageing

12-month follow-up evaluation of the NHS Health Checks programme for Islington PCT: the community setting

A. Aghili¹, C. Greenwood² and D. Bhakta¹

¹Faculty of Life Sciences & Computing, London Metropolitan University, London N7 8DB and ²NHS North Central London, London NW1 2PL, UK

The NHS Health Checks programme is a national vascular risk assessment and management programme which targets all adults aged 35 (in Islington) to 74 for cardiovascular disease, type 2 diabetes and chronic kidney disease. Islington PCT has been delivering this programme since 2009 through GP surgeries and pharmacies and extended the outreach in 2010 by using the community setting. London Metropolitan University was commissioned to evaluate the effectiveness and acceptability of this setting for the delivery of this programme. A total of 1724 participants engaged in the opportunistic health check which utilised venues such as Islington Town Hall, Finsbury Park Mosque, Waitrose, Archway Post Office and Arsenal Red Learning Centre. The health checks included the use of an interactive touch screen computer which gathered information on family and medical history, level of physical activity, dietary intake and lifestyle behaviour. Height, weight, blood pressure and finger prick blood samples were taken to measure total & HDL cholesterol and blood glucose levels. Individual 10-year risk of developing cardiovascular events were calculated using the QRISK2 algorithm⁽¹⁾. Individuals whose risk was higher or equal to 20% were referred to their GP as were those who reported abnormal test results (SBP greater than or equal to 140 mmHg; DBP greater than or equal to 90 mmHg; total cholesterol greater than or equal to 5.5 mmol/l; high density cholesterol below 1.0 mmol/l or random blood glucose levels greater than or equal to 8 mmol/l). Participants were also counselled or referred to health professionals for help in stopping smoking, weight management and increasing physical activity where appropriate. Each individual was provided with a copy of their health check results and other relevant health education material.

A sub-sample of individuals (n 100) were invited to participate in a post-check evaluation interview which was conducted on-site and took, on average, eight minutes to complete. The questions had been compiled from other similar surveys⁽²⁾ and elicited responses on several components of the programme: rating the health check, recalling their risk score, recall of advice given, acceptability of the environment, motivation for change and overall satisfaction. A further sub-sample (n 26) were contacted by telephone after one year for a follow-up evaluation where the individuals were asked to report on lifestyle and behaviour changes as a result of the health check. The post-check evaluation revealed that the community setting was the most popular setting amongst these participants who preferred the ease and convenience of the opportunistic venue (n 65) rather than the GP surgery (n 13) or the pharmacy (n 4). Almost all (n 99) stated they would engage in the programme again in 5 years' time. The community health checks were also accessed by a representative population of the Islington borough, with good engagement of the black and minority ethnic groups. The 12-month follow-up evaluation revealed that 79% (n 11) of those who were referred to their GP had visited the surgery and 62% (n 7) were given a formal diagnosis. There was some encouraging self-reported behaviour modification with weight loss being achieved by 47% (n 17) of the respondents, 72% (n 13/18) increased their physical activity, however only 18% (n 2) managed to consume the desired 5 portions of fruit and vegetable a day. Other similar evaluations have only managed to follow-up respondents for three months⁽³⁾. This 12-month evaluation provides good evidence that the NHS Health Checks is an effective programme in raising awareness and engaging the population to improve their health long-term.

This work was supported by the Islington Primary Care Trust, 2010–11.

1. Hipplesley-Cox J, Coupland C, Vinogradova V (2008) *BMJ* **336**, 1475–82.
2. British Heart Foundation. (2007) *Coronary Heart Disease Statistics*.
3. Richardson G, van Woerden HC, Mered B *et al.* (2008) *BMC Cardiovascular Disorders* **8**, 18.