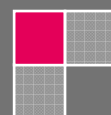


2013

Health Checks: Community Engagement Report

Summary

This work was commissioned by the Overview and Scrutiny teams from the London Boroughs of Barnet and Harrow. Focus groups and one to one interviews with residents of both Boroughs were carried out to explore public views about NHS Health Checks. This community engagement work showed that whilst residents supported the concept of Health Checks they wanted a more person-centred approach. Two over-arching themes emerged; the need for a more coherent wellness strategy pulling together all the current checks and screening initiatives and a greater focus on quality over targets in relation to access, delivery and follow-up. This paper describes these two themes setting out residents' views for consideration in the context of the wider local review of the Health Checks programme, which explored commissioner and provider perspectives. The report concludes with some considerations for the local development of the Health Checks programme linking with ongoing national work being led by Public Health England.



Background

The Overview and Scrutiny Teams at Harrow and Barnet Councils commissioned this in-depth, yet fast-paced community engagement work to explore public views on NHS Health Checks.

The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke and diabetes and identify certain types of dementia. Everyone between the ages of forty and seventy-four, who has not already been diagnosed with one of these conditions or have certain risk factors should be invited (once every five years) to have a check to assess their risk and provide advice/signpost services to help them reduce or manage that risk. Health Checks may be delivered by GPs, local pharmacies or other suitable settings.

Both Councils ran an online survey on the topic and consulted with commissioners and providers in parallel with this community engagement work.

The community engagement work started on 22nd October 2103 and completed on 30th November 2013.

Approach

The engagement sought to access views from different cultural perspectives, different socioeconomic groups, men and women, people across the eligible age range as well as groups that might face specific challenges accessing health services such as carers, people with disabilities, people with learning difficulties and other mental health diagnoses. A list of groups engaged is shown in appendix one.

Engagement via General Practice Patient Participation Groups

All GP Practice Managers across Barnet and Harrow were contacted by e-mail to identify Patient Participation Groups (PPGs) meeting during the time frame of the engagement work. Only four replies were received and three of these reported that the Practice's PPG was not due to meet until after the conclusion of the work. However one meeting was arranged with a PPG Executive group in Harrow. In order to ensure that PPG members had the opportunity to get involved with the work despite this constraint, two focus groups were arranged at the Harrow Council offices and Hendon Town Hall respectively. An invitation was sent to Practice Managers and PPG Chairs via the respective Healthwatch Directors, using the fliers in appendix two.

Engagement with Local Voluntary and Community Groups

Participants were identified from a number of sources:

1. Groups that represented the harder to reach communities in Harrow
2. Barnet CommUNITY website
3. Yell.com

Groups were contacted by phone call and e-mail in order to identify pre-existing meetings that were taking place during the timeframe available for data collection (28th October-26th November), where it would be possible to talk to small groups of residents about Health Checks.

Hard to Reach Groups

Following earlier analysis provided by the Harrow and Barnet Public Health teams, Overview and Scrutiny [Councillor Vina Mithani (Chairman of the NHS Health Checks Scrutiny Review), Councillor Alison Cornelius (Barnet), Councillor Graham Old

(Barnet), Councillor Barry Rawlings (Barnet), Councillor Ben Wealthy (Harrow)] had identified three groups of residents that were particularly under-represented in terms of taking up Health Checks, these were:

1. Men
2. Residents from deprived areas as indicated by the Index of Multiple Deprivation (IMD)
3. Overweight and obese residents

Men's groups or groups with strong male representation and groups meeting in deprived areas were targeted to ensure that the engagement took views from these groups into account.

The researcher (a registered Dietitian) sensitively identified overweight and obese people at the focus groups and arranged follow up phone calls with residents from this group to discuss relevant issues. Two interviews were carried out.

Engagement Tools

At each Focus Group the researcher used the survey questions shown in appendix three, to acquire quantitative data including demographic information from each respondent. Demographic data was used to report on the extent to which the engagement reached different ethnic and socioeconomic groups rather than to report differences between groups.

Group discussions were initially organised around the following themes developed in discussion with the Scrutiny Teams:

- ❖ Views about the general concept of Health Checks
- ❖ Awareness of Health Checks prior to the focus group and views on enhancing awareness

- ❖ Motivators and inhibitors for having a Health Check
- ❖ Experiences of booking or having a Health Check
- ❖ Experiences of the benefits of Health Checks or thoughts about the potential benefits
- ❖ Ideas about other potential ways to achieve the aims of Health Checks

Each session concluded with the question “Please tell me about anything that seems important to you about the subject of Health Checks that we have not already covered.” This question sometimes highlighted new themes that were then explored further in later focus groups and interviews. Supplementary questions under each theme were designed to increase the depth and breadth of the data. For example to provide depth the researcher asked “Can you tell me a bit more about that?” or “Do you have any thoughts or sense of whyhappens or the circumstances around your experience.” To increase the breadth of information the researcher asked: “Has anyone got a different view/had a different experience?”

As the meetings were relaxed and informal a decision was made not to tape record responses but simply to make notes during and after the session. Despite this an attempt was made to record quotes verbatim where key points were being made.

Data Analysis

Analysis began as soon as the first focus group session was completed enabling the identification of emerging concepts and where necessary relevant groups to engage with, in order to develop understanding around strong concepts in the data. A concept was considered strong if it occurred many times within or across groups or if cues indicated strength of feeling (e.g. making a statement such as “what makes me really angry is....” or shouting or becoming animated) even if the

view was only expressed by a few residents. This was considered important to ensure that the views of minority groups were reflected appropriately in the report. When new concepts emerged, data from previous groups were reviewed to check for examples that might have been missed on first analysis. As the work progressed concepts were organised under category headings and gaps in understanding were identified for exploration in future focus groups. A specific attempt was made to identify links between issues seen in the data in order to facilitate the development of a narrative describing the findings rather than a simple list of themes. This was done to make the findings more meaningful and user friendly particularly to the residents who had supported the work.

Findings

Survey Findings

Forty-one residents were involved in this work. 44% were from the Borough of Barnet and 56% were from the Borough of Harrow. 44% were male and 49% were identified as being from deprived wards (IMD score of 15.00 or more) based on data from the London Health Observatories (London Health Observatories 2010.) Before participating 51% reported that they were aware of the Health Checks programme. However the researcher noted significant confusion about the title "Health Check." Many residents reported that they had their health checked regularly and on discussion this seemed sometimes to be linked to checks relating to a pre-existing non cardiovascular health condition or routine checks carried out for older people by GPs. The researcher took care to specifically note residents who had been given a "Health Check" as part of the formal programme being investigated rather than all those who had experienced some form of check up in another context; however it must be accepted that there may have been some over-reporting. Of those who

had an awareness of Health Checks 29% (n=6) reported taking one up. In addition one resident said she would have to simply say that she was not sure if she had taken up a Health Check specifically but she had received a check up from her GP. 57% of all residents who had not had a health check (n=35) reported that based on the information provided by the researcher, they would like to have one. Reasons for not wanting to take up a Health Check are summarised in table one. The most common reason for not wanting to have a Health Check was the resident's perception that they already knew enough about their health. In many cases this was because the residents were already visiting their GP or another health professional regularly.

Reason for not wanting to take up a Health Check	Number of residents (total who did not want to take up a check =15)
Already know enough about my health	11
Don't think the service will be very good	2
Embarrassed to talk about my health	1
Don't have time	1

Table one: Reasons for not wanting to take up a Health Check

Of the very small number (n=6) of residents who had accessed a Health Check, all but one said that they would recommend the check to others, essentially because they believed that "prevention is better than cure." However the one respondent who stated that they would not recommend a Health Check felt strongly that the check was process-driven, inadequately individualised, delivered by someone who did not have the capability to respond to patient questions and who gave advice she found condescending.

Qualitative Findings

Based on the qualitative data the central theme identified by this work was that residents desire a more **“person centred approach”** to the promotion of wellness in the community than is currently reflected in the Health Checks programme. Figure 1 below summarises the findings.

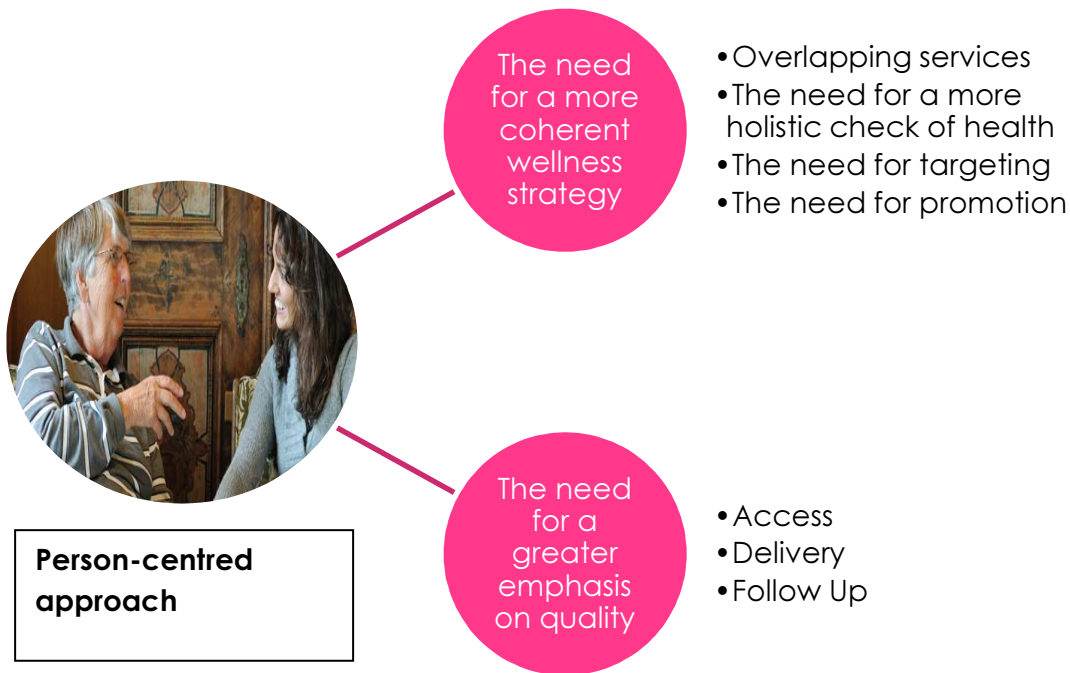


Figure 1: Summary of Residents' Views of the Health Checks Programme

What follows is a narrative describing the findings and summarising the sub-themes using quotes from the interviews and focus groups.

The need for a More Coherent Wellness Strategy

Residents were supportive of the concept of Health Checks but had questions and concerns about the programme's place in wider wellness strategy. Four sub-themes emerged:

1. Overlapping services

2. The need for a more holistic check of health
3. The need for targeting
4. The need for promotion

Overlapping Services

Residents expressed some confusion about the specific role of Health Checks.

People at the older end of the eligible age range often reported that they believed that their GP already had good oversight of their general health. These residents reported that they were offered the same checks included in the Health Check already, often on an annual basis.

“You get that anyway with your older person check....My GP is always saying: ‘You haven’t had your blood pressure taken for a while let’s do it now or it’s time for another blood test.’ I don’t understand what this Health Check adds.”

By contrast other older people were concerned to ensure that they had access to more frequent checks as they got older and were concerned that they were often dismissed by the health system. This seemed to be more about the lack of intervention they were offered rather than lack of access to checks.

“They don’t want to know you once you get older.....they say oh don’t worry that’s just old age. But we do worry and we want to be well.”

Other residents with pre-existing non-cardiovascular conditions also commented that the blood pressure and height and weight check elements of the Health Check were already carried out as part of their routine reviews. Community groups such as the Barnet Asian Old People's Association already had a nurse doing weekly visits who checked blood pressure, height and weight and provided advice and support to members.

People were not only confused about the purpose of the Health Check in this context but also concerned about value for money.

“Do they know the people they need to target? It doesn't seem like they do. If the Dr doesn't know the person has already had these checks then money is being wasted.”

The Need for a More Holistic Check of Health

People felt that the term “Health Check” was very misleading in relation to this specific programme. Residents were disappointed that the check did not look at health more holistically.

Some people felt that more wide-ranging blood tests would be useful as a general indicator of health. The following were mentioned specifically; full blood count, urea and electrolytes, liver function tests and thyroid function tests. People acknowledged that this would make the Health Check much more expensive but argued that targeting the checks at a smaller group of at risk people whilst making the check more wide-ranging might be preferable and this will be explored further in the next section.

Specific concerns were raised about the missed opportunity to identify mental health problems:

“It could be a way to reduce stigma about mental health. You come and have your health checked and of course that includes mental health. It shows people that professionals think it’s important.”

“What about depression? It can be very black for some people and they probably don’t feel like they can bother their GP with that. Professionals should check and make people feel like they can talk about it; you know it’s ok to ask for help.”

“You withdraw, you don’t tell anyone and then it’s too late. If it was normal to be asked, people might feel..... you know like they’re not a burden.”

Another specific area of concern was musculoskeletal health particularly amongst those with very physical jobs or caring responsibilities:

“How much do back problems cost this country? If you could get quick access to massage or physio from a routine check it could save pain and money.”

“What about bone health and the huge problems we now have with vitamin D?”

Residents also talked about joining Health Check results up with findings from all the other screening and checks they experienced to give them an overall picture of their health. Some residents linked this with concerns around lack of effective investment in NHS IT systems.

“It’s not joined up; the parts of the system don’t talk to each other. You need a computer programme that takes all the test results and creates a picture of your health so your GP can see straight away how it all links up.”

The Need for Targeting

Residents felt that the eligible age-range seemed somewhat arbitrary. They were also interested in research to explore population groups that would benefit most from a Health Check and felt intuitively that children and younger people ought to know about risk and be supported to manage their personal risk factors.

“Why is it everyone 40-74? Don’t you need to catch these things younger?”

“You could argue you should be at mums and toddlers and in the schools with all this. Especially about food and activity.”

“They need a better idea which groups would benefit most.....I mean these diseases aren’t they more common in some groups.”

People were concerned about the burden that the scheme was placing on the healthcare system and furthermore the additional burden associated with carrying out the more holistic, person centred Health Checks that they felt were necessary to be of real benefit.

“There is an issue about targeting.....If we really cannot afford to do it properly then maybe a scaled down version is needed.”

Some people felt that there was already enough information about priority health problems in the community and that funding should be targeted on known problems. For example one resident with experience of healthcare delivery said:

“For me the most important thing is obesity....regular weight checks....support groups....partnerships with organisations like Weight Watchers.”

Other residents agreed:

“Weight is at the centre of it all. If you're overweight you're more at risk of heart disease, diabetes, cancer, back and knee problems. Regular weight checks and advice when you need it, plus support over time might be a better way to spend our money.”

The Need for Promotion

As previously discussed there was poor awareness of Health Checks as a brand and people were not clear about whether they had received a “Health Check” or just some other routine check carried out at their GP surgery. Residents made some interesting suggestions about how the scheme could be publicised and these are summarised in table two.

Potential approaches to promoting Health Checks suggested by residents
Topic on local “talk radio” or national television “magazine” shows
Article in local newspapers and magazines
Fliers in public places such as supermarket community notice boards, libraries, pharmacies, places of worship.
Information for Pharmacists to handout to customers

Table Two: Suggested Approaches to Promoting Health Checks

People also took the view that the name did not really reflect the aims of the check.

“It’s not a **health** check, it’s a heart, diabetes and kidney check with dementia tacked on....it just doesn’t make sense.”

“The real question is, what is the objective of Health Checks?”

Furthermore some people felt that screening was much more compelling as a concept than a check, although they also felt that it was not currently clear to them what was being screened as part of the Health Checks programme. This meant that people could not make a judgement about the potential benefits for them so felt this would be likely to reduce the take up.

“I just get this thing through the post and I think what’s this about and why is it important for me?”

The Need for a Better Quality Service

Residents were concerned that the focus seemed to be on the number of checks offered and the number taken up. They were more concerned about the quality of the check and 3 sub-themes were evident from the data:

1. Access
2. Delivery
3. Follow Up

Access

Residents talked about needing access to Health Checks at convenient times and in convenient locations. Younger resident stated a preference for evening and weekend appointments or the opportunity to have a Health Check at their place of work or at job clubs and job centres. This was a particular concern for people who had experienced unemployment or feared being made unemployed:

“If you’re looking for a job or trying to keep a job. It’s hard to take time out; your boss is just not going to allow it. Going to the doctors when you’re well, they would laugh and think you’re lazy.”

Some people recognised the funding challenges associated with offering health checks at work, given that workplaces include people from a variety of Local Authority areas. However they wondered if a funding model could be designed that

would make the change possible, for example, top-slicing or giving the budget to individuals. This latter point was also made in relation to the option for self-assessment using calibrated blood pressure monitors and home blood sugar and cholesterol testing kits available at pharmacies.

“Why not pay the patient and give them options where to get their check. They can then pay the provider or buy stuff to check themselves.”

Residents who regularly attended local community groups wondered if checks could be offered at their routine meetings.

“If you’re a carer you can’t get out so much, we need things like this at our meetings.”

Some community groups already had visits from a nurse who carried out height, weight and blood pressure checks and let people know what they should do if there was a problem. This service did not seem to be part of the “Health Checks” scheme. People also commented that GP surgeries did not seem to be the right vehicle for Health Checks as the system was already over-burdened.

“If your GP is doing all these Health Checks it’s going to be even more impossible to get help when you’re sick.”

Older people were concerned about their ability to attend yet another appointment and again wanted the service at groups they already attended or in libraries, supermarkets and even pubs. The benefits of mobile units were frequently

mentioned in relation to providing Health Checks at all the venues discussed in this section.

“What about mobile units like they use for blood donation...with a clear NHS logo so you know it's NHS Health Checks.”

Residents were also concerned about the difficulties they might experience accessing a Health Check and talked about times when they had tried to get health services that they were entitled to but met with administrative barriers, which they found very distressing. Examples included trying to get breast cancer screening when they'd had a lump previously and having to fight for several years to get access, requesting a blood pressure check and being given a six week wait, requesting a cholesterol check because of concerns associated with family history of heart disease and getting “lost in the system.” People were clear that the system needed to be ready to deliver before Health Checks were more widely publicised or there was a risk of unnecessary stress and worry for those struggling to get a Health Check in a timely way. One resident reflected on previous difficulties with breast screening and all the distress that caused and there was a clear view that action should be taken to minimise the chance of missing people or miss-reporting risks.

Delivery

Residents talked about who should deliver the Health Check and the need for an individualised approach.

People who had experienced a Health Check described a standardised computer-based approach. Most residents did not see any risks associated with this but one

respondent was very concerned that the Healthcare Assistant who delivered her check was not able to answer her questions and seemed to be using a “script.” This respondent reported finding the advice given as “condescending” and “not at all personalised.” Other residents at this focus group agreed that this approach seemed concerning and talked about the need for the check to be conducted by a “registered professional.” Doctors, Nurses, Pharmacists and Dietitians were mentioned as suitable staff to carry out the check. People talked about the need for a “one stop shop” where you could get the results of the check and then immediate access to professional advice and support. There was concern that knowing the results of the check without swift access to credible, professional advice and support risked causing people unnecessary stress and worry.

Another resident talked about the need for the check to be collaborative, involving the person having the check in working out a plan of action with a professional. This was also a theme at a group for older people.

“Whose health is it? It’s mine not theirs, I know what works for me. Is this really about me or ticking a box for politicians. I feel very sceptical”

People were concerned that Healthcare Assistants who often deliver the checks would not have the knowledge or skills to work collaboratively with individuals as they believed they were trained to follow a process and give standard answers.

“I want to be able to ask questions about what matters to me and know the person has the knowledge to answer. I can read words on the computer screen myself... that’s not it for me.”

At one focus group this thinking triggered further discussion about the benefits of doing the actual assessment part of the Health Check online with the option to then click to see a list of local advice and support sessions. Some residents thought this support could be provided partly in groups based on individual risks.

“I’ve had some experience of cardiac support groups.....it was very good and could be pushed out.”

Follow Up

Residents believed that any interventions stemming from Health Checks needed to be free, implemented quickly and be reasonably long-term.

The cost and long term nature of support was a particular issue in relation to weight management and exercise on referral. People talked about these areas requiring initial and then intermittent, ongoing professional advice supported in between by people who would “walk alongside” them in order to help them stick with the changes they needed to make. For example one resident was shocked at the cost and short-term nature of the exercise on referral programme.

“It’s still £12.95 a month and it goes up after a few months...how can you do that when you are on benefits? You need someone to help you stick to it and that needs to be available to everyone.”

Other residents had enjoyed being part of walking groups but expressed concern that these were not supported long term and relied on the good will of residents.

“I used to lead a walking group and the council said you know you take it over. But I can’t do that I’ve got my own health problems and stress I need to think about me.”

Residents who were part of community groups thought that long term funding for exercise classes at their regular meetings might deliver better value for money and would allow the sessions to be tailored to the needs of the group:

“You may have had an accident and people don’t realise you need to build up your muscle strength....Lots of us here have had accidents if we could have supervised exercise it would help us get fit and prevent us having more falls.”

People were very clear that these interventions needed to have strong professional oversight to ensure that the advice was correct and useful.

“Your needs must be followed up by the relevant professional so that you get appropriate information and accurate answers to your questions.”

People were also very keen to ensure that GPs remained at the fulcrum so they could provide oversight for all the interventions.

“Your GP is the central point and has a duty of care.”

Good IT support was highlighted as being essential to successful delivery.

“If this was being done properly the computer would note the results and automatically refer for the right follow up.”

Summary

This work has shown that the residents of Harrow and Barnet have a strong interest in taking care of their health and some insight into the funding constraints of current times. People were keen to capitalise on all the screening and routine checks that were already taking place by pulling together the findings to give people and their GPs a clear picture of their health from a broad perspective. People clearly needed screening and checks to be provided at convenient times and in convenient places and the GP surgery was seen as only one potential venue, with mobile units offering benefits to working people, older people, carers and those with existing health problems.

Residents made a distinction between the assessment part of the health check and the ongoing advice and support. There was a strong view that advice and support must have relevant professional oversight whilst some of the long-term motivational elements could be supported by peers, who were in turn well supported financially and administratively.

These findings provide important information for Public Health and wider wellness strategy development as well as information to help shape the Health Checks programme specifically.

Discussion and Areas for Further Work

The findings from this community engagement work in Barnet and Harrow reflect and further illuminate some of the key themes in recent publications about the ongoing development of Health Checks (Department of Health and Public Health England 2013, Public Health England 2013 a and b, Public Health England and Research Works 2013) as follows:

1. Marketing and promotion
2. Value for money
3. Innovative approaches to delivery
4. The need for effective IT
5. Competency of providers

This next section reflects on these themes in the light of the findings of this work and makes suggestions for local consideration.

Marketing and Promotion

Public Health England (PHE) has developed an action plan for ongoing implementation of NHS Health Checks (Public Health England 2013 b.) Action two states:

“PHE will work with local authority NHS Health Check teams to test the potential impact of behavioural insight and marketing interventions on uptake. This will include developing options for improving the NHS Health Check brand, establishing the effectiveness of different approaches to

recruitment and testing marketing campaigns to support uptake locally and nationally.”

This community engagement work showed that people were not familiar with Health Checks as a brand but also that they wanted to understand more about the objectives of the Health Checks programme from their perspective as individuals. For the Health Checks programme to be successful, GPs will need to be convinced of the value at a population level and the public will need to understand the benefits for them personally. There is a danger that promotional work might focus too much on health benefits for the nation and too little on health benefits for individuals, families and communities.

Value for Money

PHE intend to carry out further work to refresh the economic case for Health Checks (Public Health England 2013 a and b.) Residents from Barnet and Harrow were particularly concerned about overlap with other screening services and checks and will want to see that this has been taken into account. Furthermore residents highlighted the potential benefits of a more joined up approach to supporting wellness, capturing all the checks and screening already taking place, allowing Health Checks to be individualised to fill in any gaps.

PHE acknowledge the need to consider indirect harm from generating an increased workload in primary care and the cost of investing in Health Checks at the expense of other Public Health initiatives (Public Health England 2013 a.) These were both issues raised by residents in this study who for example questioned the benefits of a

Health Check programme targeted at those aged 40-74 compared to the benefits of investing more in diet and lifestyle initiatives with children and younger people.

Furthermore residents highlighted concerns about the need for greater investment in lifestyle initiatives to support people identified as being at risk to make long term lifestyle changes. In particular residents felt it was important that interventions were free of charge to ensure that everyone could benefit and also that support to help people change their lifestyles was available on a more long-term basis. This will require innovation in delivery to develop schemes that are both affordable and effective. Residents would have much to offer in the co-development of such schemes and longitudinal exploration of the benefits.

Innovative Approaches to Delivery

A recent report (Public Health England and Research Works 2013) highlighted that in some areas, good uptake of Health Checks was thought by commissioners to be associated with the following:

1. Commissioning of community teams to go to community centres, shopping centres, leisure centres, church groups, farmers' markets, football clubs and workplaces to deliver Health Checks.
2. Taking a Health Bus to supermarket car parks and other public places to deliver Health Checks to passing members of the public and others who had been given the Health Bus itinerary by their GP surgery.
3. Offering early morning or evening clinics to enable working people to access a check.

All these points were highlighted by residents in this study and it would be interesting for local commissioners to explore areas where these approaches to delivery have been effective and consider the implications locally. Public Health England is also exploring approaches to commissioning and delivery (Public Health England 2013b) and it will be interesting to participate in this work and consider the findings as they evolve.

The Need for Effective IT

Effective IT will be important for identifying people in the target population, collating data and information about individual risks, ensuring that individuals get access to all the relevant follow up in a timely way, evaluating the benefits of the programme and aggregating information from individual to population level. PHE talk about exploring:

“...the use of innovation and IT technologies to allow the seamless flow of NHS Health Check data across the health and social care system.” Public Health England 2013 b

This study showed that residents wanted IT solutions to go further than this joining up data and information from other checks and screening initiatives in order to provide a more holistic view of their health. Whilst it is likely that the technology exists to achieve this, the health and social care system has experienced significant challenges in joining up IT across provider organisations. Despite the challenges the findings of this work indicate that achieving a more joined up approach should remain an aim.

Competency of Providers

Whilst this work only reflects the views of a very small number of people who have actually had an NHS Health Check it is interesting that the issue of competence was raised by residents. One respondent in particular was very keen to raise this issue and their views do mirror a key statement in PHEs Implementation Review and Action Plan (Public Health England 2013 b.) PHE state that:

“NHS Health Checks can and have been provided by a range of health professionals (GPs, nurses, healthcare assistants, volunteers etc). Further work needs to be undertaken to understand the value of using different types of professionals for different populations.....Some practitioners have suggested that they do not feel qualified to undertake lifestyle assessment discussions”

Several residents who had not had a Health Check felt that delivery of the advice and support element of the check had to be managed by a registered professional. Residents also talked about the potential for using Dietitians and Pharmacists to support Health Check delivery. Residents felt that it was important for advice and support to start seamlessly in the context of the discussion of risk and so stressed that registered professionals needed to have responsibility for this. Implementing this type of approach needs to be considered in discussion with Professional Regulatory Bodies such as the General Medical Council, the Health and Care Professions Council, the Nursing and Midwifery Council and the General Pharmaceutical Council as well as Health Education England and the local LETB, Health Education North West London and education providers.

Conclusion

There is currently a ground-swell of activity around Health Checks both nationally and locally and this presents an opportunity for debate and action to make improvements to the programme. Residents are the people this initiative seeks to benefit at individual, local and Borough-wide population levels. There are great opportunities for collaborations across local Borough boundaries and for strong and meaningful community engagement to develop the programme and design ways for it to link up with other wellness initiatives both in terms of assessing risk and implementing lifestyle change.

The researcher would like to thank local residents involved in this work for their time, honesty and innovative ideas which can now help shape the future of Health Checks across the Boroughs of Barnet and Harrow.

Appendix One: Groups that Participated in the Engagement

Harrow Carers

Harrow Healthwatch

Beacon Community Centre on the Rayner's Lane Estate

Pinn Medical Centre PPG Executive

Harrow Mencap

Barnet Asian Old People's Association

Barnet Voice for Mental Health

Barnet Centre for Independent Living

Barnet Healthwatch

Grahame Park Estate Work Club

GP Patient Participation Groups across Harrow and Barnet via Practice Managers
and PPG Chairs.

Appendix Two: Fliers for Focus Groups

Are you aged 40-74? Are you interested in keeping Barnet healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- ❖ What do you think about this idea?
- ❖ How could we let people know about Health Checks?
- ❖ Do you have experiences to share about trying to book a Health Check or having a Health Check?
- ❖ Perhaps you think there are better ways to keep Barnet Healthy?

Come and share your views

On: 12th November 2013 at 11-12 noon
In: Committee Room 1, Hendon Town Hall, The Burroughs, NW4 4AX

To book a place or for more information please contact:
stephanie.fade@whatmatterscubed.com

Are you aged 40-74? Are you interested in keeping Harrow healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- ❖ What do you think about this idea?
- ❖ How could we let people know about Health Checks?
- ❖ Do you have experiences to share about trying to book a Health Check or having a Health Check?
- ❖ Perhaps you think there are better ways to keep Harrow Healthy?

Come and share your views

On: Tuesday 19th November 12.30-13.30
At: Committee Room 5, Harrow Council, Station Road, Harrow, HA1 2XY

Travel costs and parking will be reimbursed

To book a place or for more information please contact:
stephanie.fade@whatmatterscubed.com

Appendix Three: Survey Questions

Health Checks Community Engagement Survey

1. Male Female
2. If you are happy to give it, we would like to know your postcode. We would like this information to ensure that we consider views from across the Borough.

Postcode	
-----------------	--

3. If you are happy to tell us, we would like to get an idea of your age

We would like this information so that we consider views from all ages of people entitled to a Health Check in the next 5 years	
35-40	<input type="checkbox"/>
40-50	<input type="checkbox"/>
50-60	<input type="checkbox"/>
60-70	<input type="checkbox"/>
70-74	<input type="checkbox"/>

4. If you are happy to share your ethnicity/heritage with us, please let me know which statement best describes you

White		Black or Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background (✓ AND WRITE BELOW)	<input type="checkbox"/>	Any other Black background (✓ AND WRITE BELOW)	<input type="checkbox"/>
Mixed		Asian or Asian British	
White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other Mixed background (✓ AND WRITE BELOW)	<input type="checkbox"/>	Any other Asian background (✓ AND WRITE BELOW)	<input type="checkbox"/>
Chinese and Other ethnic groups			
Chinese	<input type="checkbox"/>	Other ethnic group (✓ AND WRITE BELOW)	<input type="checkbox"/>

5. Have you heard of NHS Health Checks?

Yes **Go to Q6**

No **Go to Q7**

6. Have you had a Health Check?

Yes **Go to Q9**

No **Go to Q7**

7. Would you like a Health Check (An explanation of the check will be given first as required.)

Yes *Please contact your GP and thanks for your time*

No **Go to Q8**

8. Please help us understand why you think the Health Check is not right for you

- a) I don't have time
- b) I already know enough about my health
- c) I don't think the service will be very good
- d) It might make me worry about my health
- e) I find it embarrassing to talk about my health
- f) Other (please describe)

Thank you for your time.

9. Would you recommend a health check to other people?

Yes **Go to Q10**

No **Go to Q11**

10. Please help us understand why you would recommend Health Checks

11. Please help us understand why you would not recommend Health Checks.

References

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