

Qualitative Evaluation of Telephone Outreach to Enhance Uptake of NHS Health Checks in More Deprived Communities

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Background

NHS Health Checks are currently being offered every five years to patients aged 40-74 who are not on a relevant disease register. The main aim is to identify those at risk of cardiovascular disease (CVD), kidney disease or diabetes. GP practices are the main provider of NHS Health Checks, generally inviting patients by letter.

Due to the reported lower uptake of NHS Health Checks in areas of higher deprivation, there are concerns that NHS Health Checks may contribute to widening inequalities in health^{1,2,3}. In Bristol, telephone outreach has been developed between community sector partners and GP practices. This involves community-based Outreach Workers telephoning patients among communities where risk of CVD is higher to engage them with the NHS Health Checks programme.

Method

This study aimed to examine the delivery of telephone outreach. Interviews were conducted with the Outreach Workers who make the telephone calls.

Interviews were audio-recorded, transcribed, imported into NVivo10 and analysed using inductive thematic analysis.

Findings

Participants ($n=9$, 8 female, 1 male) working in 8 GP Practices in Bristol that serve South East Asian, African/Somali and white working class communities, took part in semi structured interviews. Four major themes were identified:

Commitment

All participants expressed a clear understanding of the purpose of NHS Health Checks and were committed to the philosophy of NHS Health Checks.

It's a great idea. It's a great thing. It should've been done long before I think. It could've prevented a lot of people from developing high blood pressure, cholesterol.'

(ORW 8, South Asian, female)

Trust

Participants reported feeling trusted by the people that they were calling. Often this was based on other roles they had within the Health Centre or in the community. Many had been community advocates for over a decade. Being a known member of the local community helped engage people in talking about NHS Health Checks.

I think because they know us, they have actually built up trust with us, because they have seen us in the clinic several times, they have been seeing us for years and years and you know maybe they have shared a lot of personal stuff with us, so that's why you know, even the husbands know us, things about their wife or daughter or anybody, so they know we are trustworthy.

(ORW 3, Somali, female)

...all those who have been here a long time recognise me, even my voice, they say my voice is unique and they recognise me [laughs], but once they recognise me they would not hesitate to co-operate.

(ORW 5, Somali, male)

Communication Style

Having a conversation based on personal or common experience was seen as a key to getting people to agree to have a Health Check:

...a lot of the gents sometimes, they'll go, "Oh, what do I wanna have that for?" And I'll say, "Me and my husband had ours [NHS Health Check], and he had high blood pressure. ...you know, it's all about prevention and he knows now and he can do something about it.'

(ORW, White, female)

You know, the only qualification I've got in that is that I gave up [smoking] two years ago after 20 years, so... Yeah, clod turkey, but.. You know, which is good, 'cause that does give me a really good rapport with people.

(ORW 2, White, female)

Communication Style cont.

Formal scripts were seen as inhibitive of the naturalistic conversations that enabled the Outreach Worker to build a relationship with the person they were calling relatively quickly. This was felt to be key to facilitating consent to book a Health Check appointment. 'Fluency' meant local accent but also ease in a recognised style of speech that both parties were comfortable with. All questions required by the Health Checks template were asked but were framed or translated into more familiar language.

I just feel I'd rather be more fluent than I would working from the cards and sheets. But most people, once you've got them on the 'phone, do book....I'm more fluent with a lot of the clients in this area because it works better.

(ORW 2, White female)

Suggested improvements:

Awareness of Telephone Outreach within GP Practice

The telephone outreach programme has been operating for between 12 and 24 months in practices in Bristol and the administration of the system has developed over that time. The service is hosted in GP Practices where there was often little awareness of Telephone Outreach and the role of the community staff in this. One suggestion was to bring people across the practice together for training about Telephone Outreach so that the community workers were recognised. Many comments and suggestions for improvements related to practical issues arising from these realities.

I think there needs to be more training with the practices. What we're there..... What we're doing, because I think some of the receptionists and the nurses, that they ...I don't think they know...

(ORW 2, White female)

Practical Issues

In 6 of the 8 GP Practice settings practical issues caused difficulties, such as finding a room from which to make the 'phone call and, in 3 practices in particular, having sufficient time set aside to make the calls between other duties.

But it is the privacy, that is the only thing, the privacy, we need somewhere, although we cannot get a room just for a few hours, just for the [Outreach work], but we ask, we do ask.'

(ORW 5, female, Somali)

Accuracy of Patient Information

In 6 of the Telephone Outreach Workers are supplied with a list of people to contact by the practice administrator. This information should be kept up to date so that telephone numbers are current. Patients already on a disease register should not be contacted but sometimes appear on a list.

I've had somebody come up who was in a rehabilitation facility, in-patient... Yet they were on my list.I made the call not to ring them and say, "How many alcohol units do you drink a week?" 'cause I thought that was really inappropriate.'

(ORW 1, White female)

Outreach workers are very effective in recruiting people to NHS Health Checks who are difficult to persuade by other means. Improving the chances of making contact by having access to up to date information was felt to be very important.

Conclusions

- Telephone Outreach workers are a valuable community resource who have the potential to add value to the NHS Health Check programme.
- They have valuable communication skills, shared experiences with those they contact and are knowledgeable about their communities.
- This Telephone Outreach approach has the potential to be beneficial in other areas of public health and primary care, for example uptake of screening programmes.
- Telephone Outreach for NHS Health Checks may benefit from better integration of Community Outreach Workers and GP Practice staff, ensuring patient information is up to date and improved provision of facilities to undertake their role.

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