

Key findings

- The health check is a good opportunity to deliver brief lifestyle behaviour advice to patients, most of which is recalled three months later. 72% of patients reported that they had received very brief advice about one or more of the healthy lifestyle behaviours during their health check.
- Brief advice given to patients at the time of the Health Check appears to be effective in resulting in a (self reported) behaviour change, with over half of patients, excluding smokers (17%), offered advice in changing a behaviour reporting a positive impact as a result.
- Positive behaviour changes were also reported by the majority of patients who attended referral appointments following their health check. However, the number of patients attending referred services was low.

1. Background

This report summarises the findings and recommendations obtained from the evaluation of the pilots undertaken in Bedfordshire and Great Yarmouth and Waveney PCTs as part of the Improving Healthy Lifestyles QIPP workstream. These two sites developed and tested models of delivering life style behaviour interventions through the NHS Health Check programme. Lifestyle behaviour change services were delivered at the time of the health check through brief advice, via onward referral or signposting to local services. The interventions were aimed at the healthy lifestyle behaviours of;

- not smoking
- drinking alcohol within the recommended daily limits
- being physically active
- eating a healthy and balanced diet and;
- maintaining a healthy weight

The pilot sites had different delivery models that reflected existing local resources, services and experience in providing lifestyle services. In NHS Bedfordshire, the health professionals delivering the NHS Health Check provided brief advice during the health check and made referrals directly to behaviour intervention services. An online directory of services, the 'Improve my lifestyle' website, was produced as an information source for both healthcare professionals and patients. An outreach team in Bedfordshire (set up to deliver NHS Health Checks and other services in hard to reach communities with the aim of reducing health inequalities) was also involved in the improving healthy lifestyles pilot.

In NHS Great Yarmouth and Waveney health professionals delivered brief advice and referred patients to a Health Trainer, who provided further lifestyle advice and discussed options with the patient.

Within both PCTs, smokers were referred directly to the local stop smoking service at the time of the health check.

The two pilot sites have completed the delivery phase (November 2010 to April 2011) and the initial evaluation. The outcome evaluation comprised 1,425 telephone interviews with patients who had received an NHS Health Check at pilot sites (719 interviews in NHS Bedfordshire and 706 in NHS

Great Yarmouth and Waveney). These interviews investigated the outcomes of the NHS Health Checks and the follow-up services if they were used. A process evaluation, involving in-depth telephone interviews with 36 patients (18 from each PCT) and 19 staff, to give a service provider perspective, has also taken place.

2 Headline Findings

NHS Health Checks are popular amongst staff and patients alike and are seen as a good basis for moving patients on to lifestyle intervention services, in addition to directly encouraging healthier lifestyle choices.

Initial outcome data analysis of the 1,425 interviews showed that very brief healthy lifestyle advice was offered to almost three-quarters (72%) of patients interviewed. The advice given tends to be most effective (76%) in relation to those patients receiving dietary advice, with those reporting to have quit smoking as a consequence of brief advice being lower (17%). This is to be expected considering the question asked related to stopping smoking entirely rather than reducing smoking. The following table shows the behaviour prevalence figures (taken from the 2008 Lifestyles survey), the percentage of patients who discussed the behaviour with their health professional, and the impact of the brief advice given:

Lifestyle behaviour Change	TOTAL			NHS BEDFORDSHIRE			NHS GREAT YARMOUTH & WAVENEY		
	Behaviour Prevalence Figures (see appendix 1 for definitions)	Your health professional talked to you about...?	Brief advice had an impact on.....? (% of those who received advice)	Behaviour Prevalence Figures (see appendix 1 for definitions)	Your health professional talked to you about...?	Brief advice had an impact on.....? (% of those who received advice)	Behaviour Prevalence Figures (see appendix 1 for definitions)	Your health professional talked to you about...?	Brief advice had an impact on.....? (% of those who received advice)
Giving up smoking	18%	16%	17%	17%	19%	20%	22%	13%	10%
Drinking less alcohol	m 27% f 15%	15%	53%	m 30% f 14%	16%	55%	m 25% f 14%	15%	50%
Doing more exercise / more physically active	m 53% f 60%	46%	59%	m 55% f 65%	47%	61%	m 53% f 62%	44%	56%
Losing weight	m 55% f 43%	42%	55%	m 56% f 48%	41%	53%	m 56% f 46%	42%	56%
Improving diet	58%	47%	76%	58%	48%	76%	60%	45%	77%

2.1 NHS Bedfordshire 'Improve my lifestyle' website and Outreach team

- Very brief healthy lifestyle advice was offered to almost three-quarters (73%) of patients and, excluding smokers (20%), over half of patients offered advice in changing a behaviour reported a positive impact as a result.
- Over one-third of patients (36%) said their health professional suggested they look at the website when talking about particular lifestyle behaviours. This was only demonstrated to 14% of patients and only 6% of patients reported using the website independently after the

Health Check. It appears that limited internet access amongst older patients is one reason for this with figures showing that two-thirds of adults aged 65 or more, and one in five adults aged 55-64 have no access to the internet. Given that 'Improving healthy lifestyles' is aimed at those aged 40-74 this has implications for usage of the website.

- Some frontline staff also choose not to show patients the website as they felt they had enough knowledge of the services available without using the online directory. There was also concern amongst staff that many of the services featured on the website required payment.
- The outreach team proved a successful intervention, reaching a number of people who would not usually attend a health check. Evaluations have shown that further improvements could be made to how joined-up this is with the lifestyle intervention services. Feedback also suggests that the outreach team would value feedback about the uptake of services – feedback which could act as a useful indication for how well the team's current approach is working, allowing them to review.

2.2 NHS Great Yarmouth and Waveney Health Trainers

- Very brief healthy lifestyle advice was offered to almost three-quarters (72%) of patients in NHS Great Yarmouth and Waveney and, excluding smokers (10%), over half of patients offered advice in changing a behaviour reported a positive impact as a result.
- 28% of patients were offered a referral to a Health Trainer at the time of the NHS Health Check. However, only one-quarter of those patients took up the referral (25%).
- The majority of patients who saw a Health Trainer reported that they had made changes to their behaviour as a result.
- Improving communication is likely to help with patient clarity about the role of the health trainer. Some patients expected a more 'hands-on', physical session.
- Increased referrals from health care professionals would make the Health Trainer model work more efficiently.
- The Health Trainer model creates a point at which the patient can drop-out of the process. With 16% of patients saying they didn't get around to making an appointment, one solution could be to book a Health Trainer appointment during the initial Health Check.

3. Referrals to further services

- Three in five (60%) smokers were referred to local stop smoking services (LSSS) demonstrating that this referral pathway is well established, but could be improved further. Uptake of LSSS referrals appears to be low at 12% however this is in line with national figures. Of those who attended LSSS one in three reported to have quit smoking as a consequence.
- Referrals to Health Trainers or other services was lower with between one in five being referred for physical activity (21%), weight management (24%) and diet (19%). This may be due to the level of need or referral criteria. Referral to a Health Trainer or specialist service for alcohol reduction was only offered to one in six (15%). This may reflect the number of patients drinking at high risk levels as opposed to those needing brief advice at the Health Check, or a lack of understanding of the pathway/services available.

- Attendance of those referred on to a health trainer or follow on service for alcohol reduction was very low with only three out of 33 offered a referral appointment attending. It is therefore not possible to make any conclusions about the effectiveness of this part of the pathway.
- The quantitative data shows that of the patients taking up referrals, positive lifestyle changes are being made by the majority. Following their referral appointments one in three (33%) smokers reported quitting, over four in five (86%) patients referred due to their diet reported an improvement and nearly all patients (92%) attending a referral for increasing their levels of physical activity reported a positive behavioural change as a result.
- Four in Five (80%) patients attending a referral appointment for weight management reported that they had lost weight, which was a positive outcome compared to an observational study of weight change for Weight Watchers on prescription, which showed that of the courses initiated 33% lost weight of 5% or more of their baseline weight. (Please note that the pilot did not measure amount of weight lost and was based on self reporting).
- Four in five (79%) of those offered a referral did not choose to take up the option, although referrals for losing weight were most popular, with 41% accepting the opportunity to use a specialist service. It is worth noting that a number of patients wanted to change behaviours without attending a referral appointment.
- The qualitative in-depth interviews with staff revealed that the focus seemed to be on conducting the NHS Health Checks themselves, rather than prioritising trying to move patients on to further services to help them to live a healthier lifestyle.
- It was felt that more joined-up working and better communication between those conducting checks and those running follow-up services may increase the number of patients using further services

4. Conclusions & Future working

Quantitative data shows that many patients have positively changed their behaviours as a result of the advice or suggestions received at the initial NHS Health Check or at follow-on referrals. Seven in 10 patients (72%) recall being given brief advice for one or more of the behaviours at the time of their health check. This demonstrates that it is possible to use the health check as an opportunity to deliver advice to patients, with most of this advice being recalled three months later.

The brief advice given to patients appears to be effective, with one in six (17%) reporting that they have quit smoking, just above half reporting that they have reduced alcohol consumption (53%), losing weight (55%) or doing more physical activity (59%) and 76% improving their diet as a consequence.

Most frontline and management staff involved with the planning and delivery of the 'Improving healthy lifestyles' pilot do believe that the programme should be continued, however, as expected, the pilot highlighted areas where improvements could be made:

- **Clear communication of the aims of the programme and the different pathways.** It is vital that frontline staff see referrals as a key part of the Health Check process. Uptake is likely to increase if pathways and services are clear to both patients and staff. Some patients are unsure of what service they are being referred to and what it entails, potentially making some less likely to take up their referral.

- **Data and best practice sharing.** Communicating outcomes is very important both for staff morale and for tracking patients through the system. A best practice guide drawing on the things that have worked best in different sites may also help 'embed' Improving Healthy Lifestyles' and to do so in a way that is successful.
- **Recording data.** A balance needs to be achieved to keep frontline staff engaged and motivated whilst still recording the essential information that will allow patients to be tracked through the system.
- **Increasing uptake.** Uptake of follow-on services among patients tends to be low. It is worth considering whether there are any levers that can be pulled to increase uptake, as the results are clearly positive when patients attend. Clearer communication about the aims of the programme might help with this.

It was felt that the lifestyle aspects of the Health Check, not fully recognised prior to the pilot, had been reinforced in Great Yarmouth and Waveney. This may also have impacted on the fact that there has been an increase in requests for Health Trainers to work in GP surgeries within the PCT and an acknowledgement by GPs that Health Trainers are a very important resource. The PCT is discussing ways to roll the Healthy Lifestyles programme out across the GP Practices in Great Yarmouth and Waveney.

After considering the results of the pilot evaluation, NHS Bedfordshire plan to compliment the 'Improve My Lifestyle' website by producing a leaflet to help staff and patients become more familiar with the lifestyle services available. Staff will also be encouraged to book referral appointments during the health check in order to try and improve the number of patients taking up referral appointments.

Primary Care staff in Bedfordshire will also be encouraged to assess progress made by patients following their Health Check and it is hoped that this will be complimented by a request that lifestyle service providers feedback patient progress. NHS Bedfordshire also plans to enable improvement to the Healthy Lifestyle process by coordinating a Best Practice Guide to delivering NHS Health Checks by the end of October 2011.

Appendix 1 – Definitions of Lifestyle Behaviour Prevalence figures

Lifestyle Behaviour Change	Lifestyle Behaviour Definition
Giving up Smoking	Smoking prevalence (% of adult population who smoke)
Drinking less alcohol	Prevalence of 'hazardous drinkers' (22-50 units per week) + Prevalence of 'harmful drinkers' (51+ units per week) (% of adult population who are hazardous or harmful drinkers)
Doing more exercise /being more physically active	Prevalence of adults not doing recommended levels of physical activity (% of adult population not doing 5x30mins of physical activity per week)
Losing weight	Prevalence of adults whose BMI categorises them as overweight or obese (% of adult population who have a BMI over 25.0)
Improving diet	Prevalence of adults not eating 5 portions of fruit or vegetables 5-7 days per week (% of adult population not eating 5 portions of fruit of vegetables 5-7 days a week)