

The role of digital technology in the NHS Health Check



Creating and testing an online digital health check tool, to increase uptake and engagement with the NHS Health Check programme in Southwark

Cardiovascular Disease Prevention Conference 2019: Saving Hearts and Minds Together 2019

Southwark Council, Place and Wellbeing Dept.:

February 2019





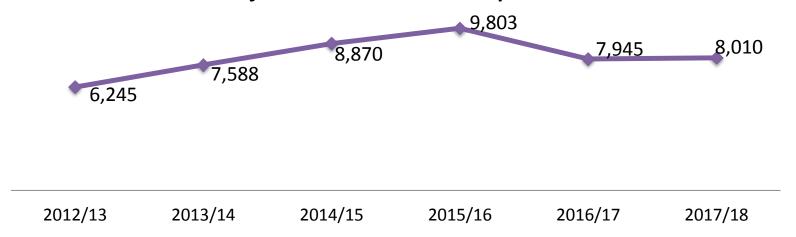


### Southwark is aiming to reach the uptake rate of 75% however completion performance has begun to plateaux

#### Southwark context

- Between 2014 and 2019, 38,675 people in Southwark have had a health check which is
   51.1% of the eligible population.
- Southwark ranks 22<sup>nd</sup> out of 152 local authorities for performance against NHS Health Checks putting it within the 'Best' performing quartile nationally

#### Number of NHS Health Checks completed



<sup>1.</sup> Public Health England, Healthier Lives, National Comparisons. <a href="https://healthierlives.phe.org.uk/topic/nhs-health-check/comparisons#par/E92000001/ati/102/iid//sexld//gid/1938132782/pat/102/are/E09000028">https://healthierlives.phe.org.uk/topic/nhs-health-check/comparisons#par/E92000001/ati/102/iid//sexld//gid/1938132782/pat/102/are/E09000028</a>



## In February 2018 Southwark Council was accepted onto the Design Council's *Design in Public Sector* programme

CHALLENGE: Around half of those invited don't attend an NHS Health Check - exploring digital solutions.









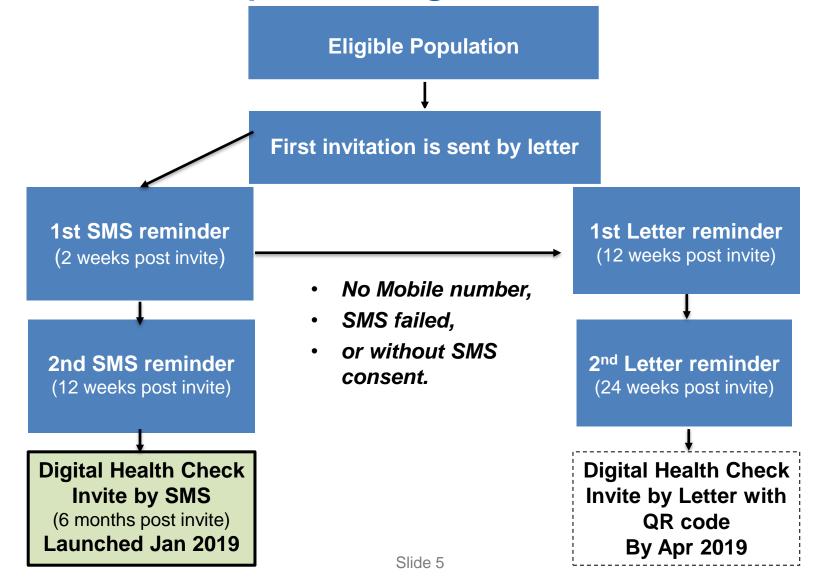
### At Design Council after a number of weeks we had refined the challenge to tackle non-responders

What aims and objectives are you seeking to achieve when addressing your challenge on the Design in the Public Sector programme?

We want to substantially increase the uptake of the programme, especially among those people who need it most, by carrying out a major service redesign and reconfiguration using both digital and non-digital changes and solutions.



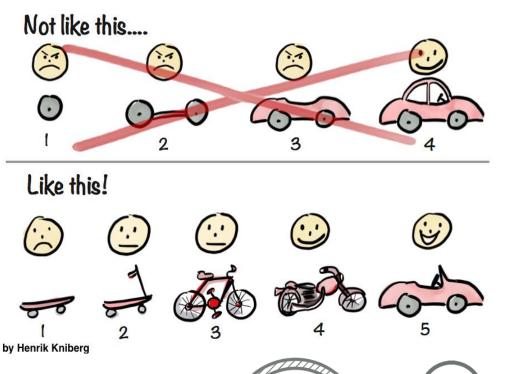
### In Discovery stage a new invitation schedule was developed after client feedback to "keep reminding me!"





#### The Southwark online Digital Health Check design process followed Agile project management design principles

#### **Minimum Viable Product:**







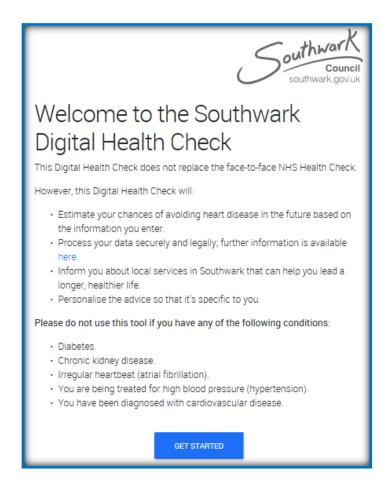


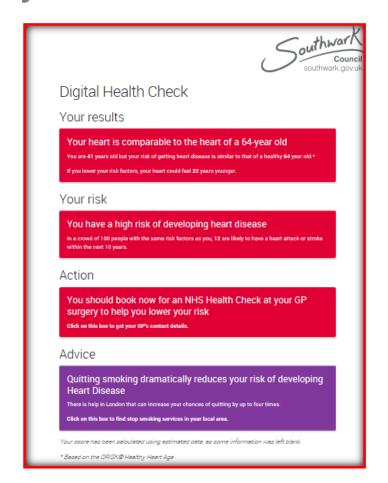




#### The new Digital Health Check tool was inspired by the Heart Age tool and includes CVD Risk score

#### Introductory videos







# Nearly one third of people invited by SMS visited the webpage, with around half of them completing the checks Southwark Digital Health Check Launched on 8th January 2019

- Southwark Public Health and PHE Behavioural Insight team have been working on the content of text message and testing different days of the week for sending out the invite to achieve a higher uptake.
- The first batches of SMS invitations were sent to 738 non-responders who were eligible but had not taken up the face-to-face health checks within 6 months, on Tuesday 8th and Wendesday 9th January, and SMS reminded two weeks later.
- The preliminary delivery report shows that nearly 1/3 of people invited clicked on the link and around half of those that visited have completed the checks.
- The Wednesday cohort were slightly more likely to click on the link, however the Tuesday cohort were more likely to complete the checks.

	SMS Delivery			Digital Uptake		Digital Measurements		
Sent	Total	Delivered	% of total	Visited	% of delivered	Complete d	% of delivered	% of visited
08-Jan-19	369	340	92.1%	98	28.8%	55	16.2%	56.1%
09-Jan-19	369	339	91.9%	103	30.4%	44	13.0%	42.7%
Total	738	679	92.0%	201	29.6%	99	14.6%	49.3%

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## Further workstreams to service redesign and reconfiguration using digital and non-digital changes

- 1) Use GP records, to **generate a pre-screen** (based on QRISK2).
- 2) Compare **accuracy** of pre-screen verses face-to-face health check.
  - 1) Using local retrospective data from 2013-2018
  - Using academic cohort studies (that also measure whether a person developed heart disease or not).
- 3) Upgrading the entire system (face-to-face, digital health check, and pre-screen) from QRISK2 → QRISK3.
- 4) Asking GP receptionists to **call up** the high risk non-responders.
- 5) Creating an Excel **model** of what our future service mix could look like, to estimate costs, health outcomes, and impact on health inequalities.
- 6) Once the final service has been agreed, we will implement it using a robust **evaluation** 
  - E.g. during 12 months of intervention, 50% of people will randomly get new service,
     while 50% of eligible people will randomly get old service.
  - If the preliminary data on uptake is reassuring, we'll roll out the new service to everybody.



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