

IMPROVING EQUITY OF ACCESS TO NHS HEALTH CHECKS IN ISLINGTON: A COMMUNITY-BASED APPROACH

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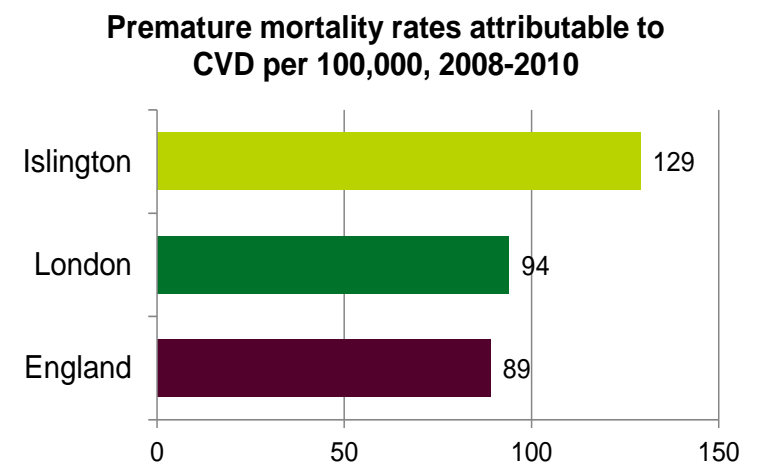
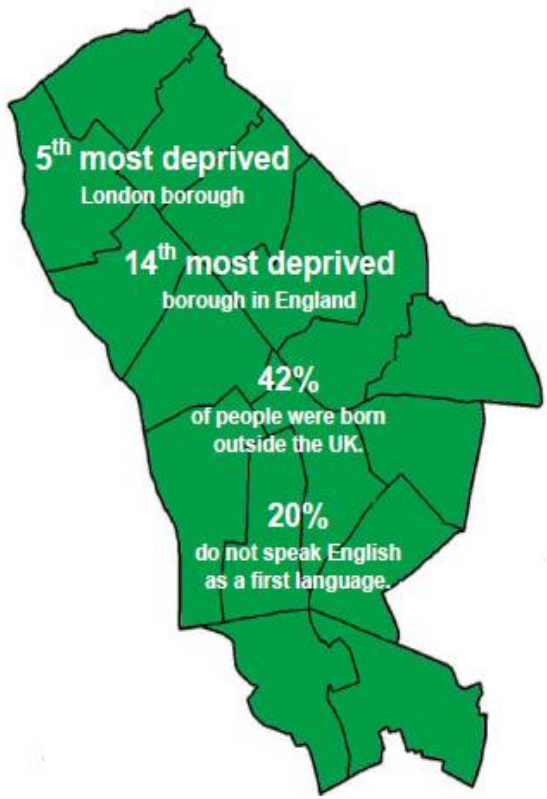
Overview

- Background
- Current Picture
- Achievements
- Areas for improvement
- Enablers
- Barriers
- What's coming next
- Summary

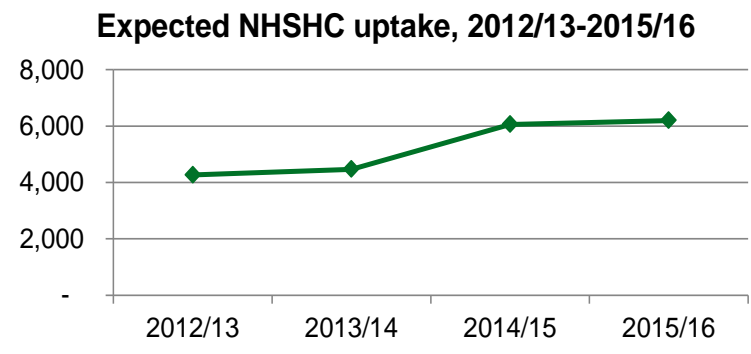
Background

High deprivation and health inequalities

High CVD mortality

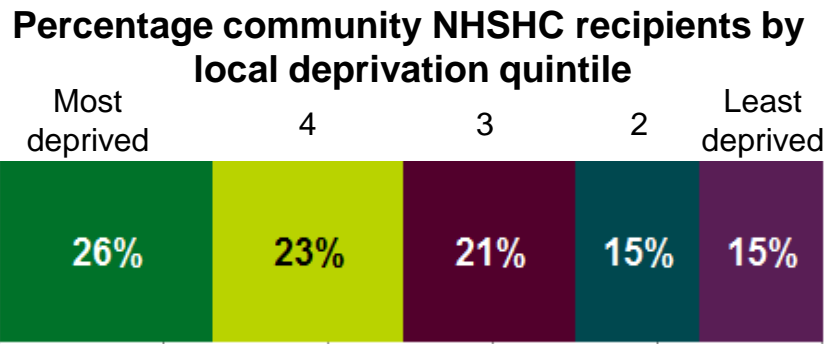


Nationally set targets (2014/15)

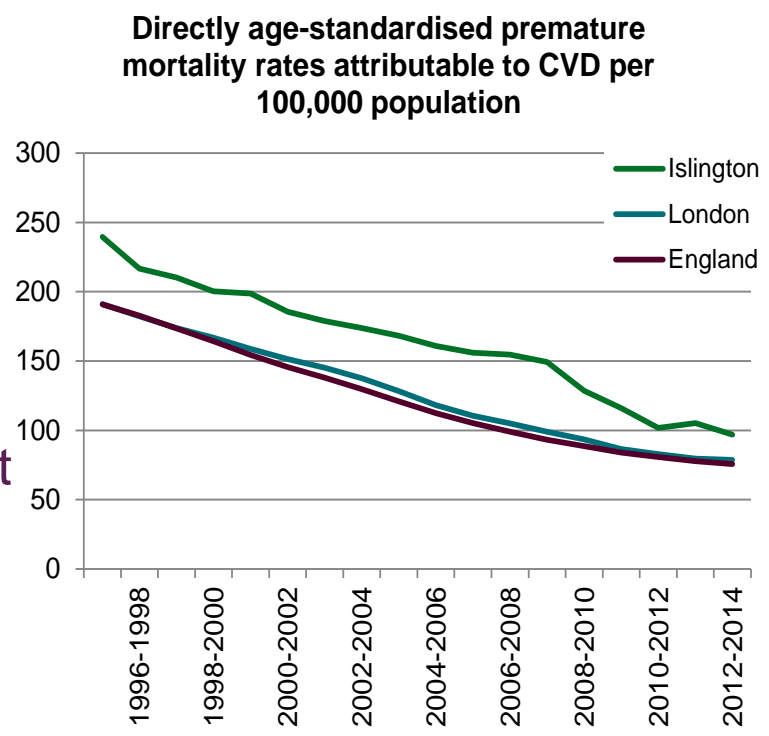


Current picture

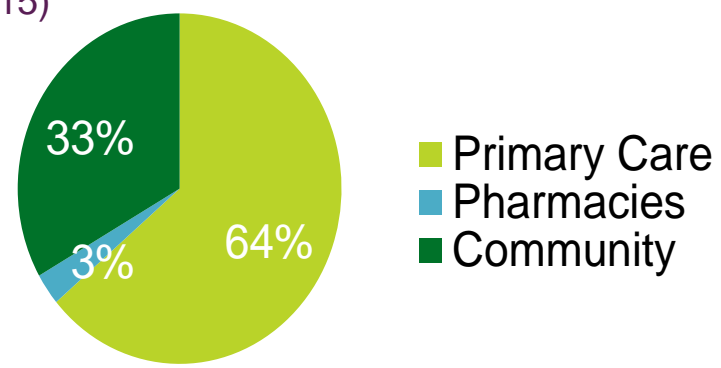
Targeted deprivation areas



Drop in CVD inequality gap



Significant contribution towards target (2014/15)



Achievements

40% of recipients from ethnic minorities,
13% more than in primary care

48% from two most deprived quintiles locally

11% of recipients not registered with a GP



Supermarkets good for reaching people from deprived areas

Leisure centres successful at attracting men



Areas for improvement

42% of community NHSHC recipients were male

Men significantly less likely to accept weight management referrals

3% attendees with QRisk2 \geq 20%, compared to 13% in primary care

Fewer smokers and high risk drinkers, compared to primary care

Enablers

Key enablers

- Alternative to primary care
- Convenience
- Good quality of service

Additional advantages

- Positive user feedback
- Similar cost per NHSHC
- Flexible / targeted locations

Challenges

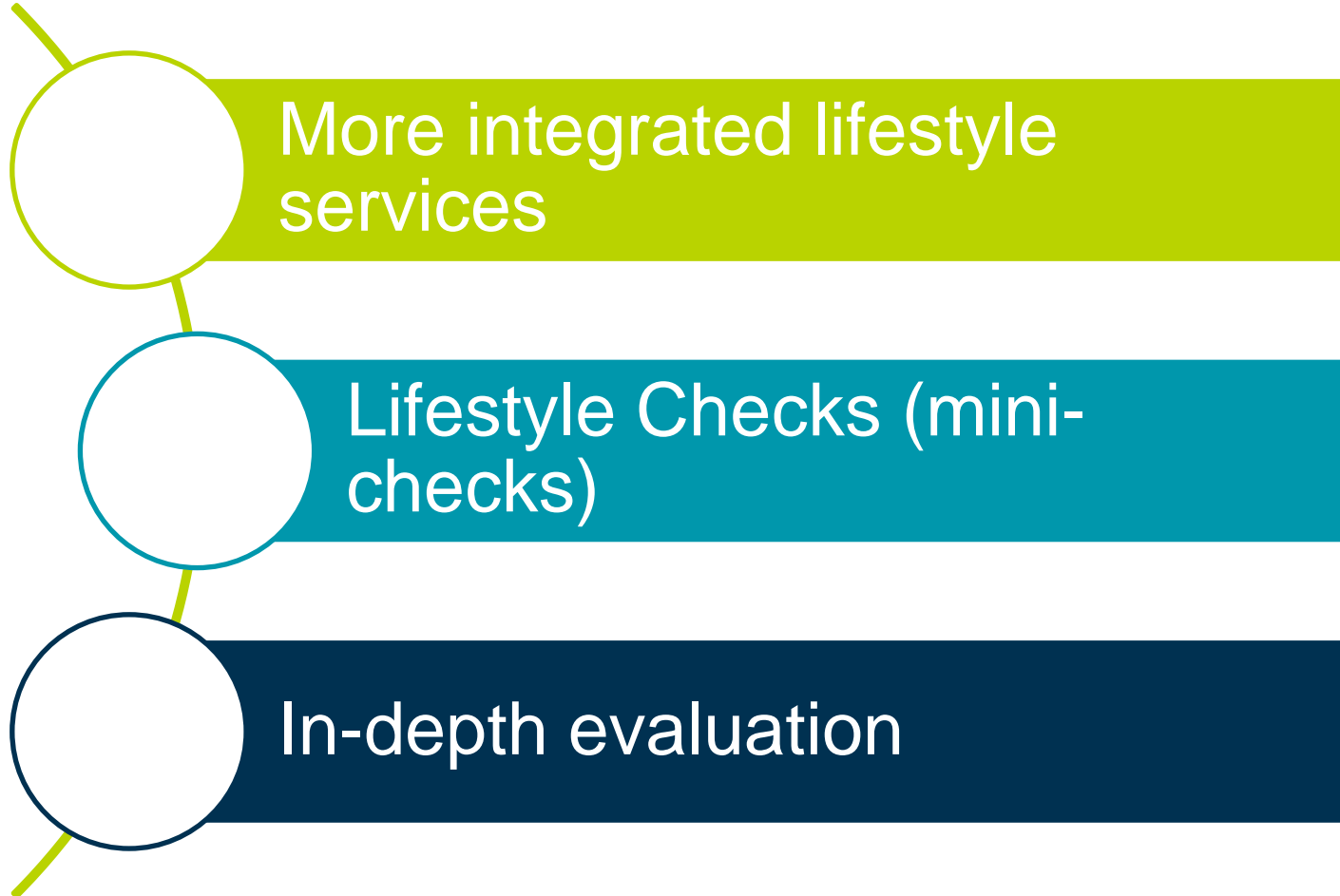
Barriers

- Lack of time
- Lack of awareness
- Issues with settings
- Data protection concerns

Challenges

- Ineligible people
 - Age
 - Homeless
 - Non-residents
 - Repeat clients
- Logistical issues

What's coming next



Summary

Delivery of NHS Health Checks in the community...

- Reduces inequality
- Increases reach
- Provides an alternative

However

- Further work needed to increase uptake among men
- Most effective alongside other channels

Any questions please contact:

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