



## Re-engaging digitally with non-responders: An analysis of key findings from the Southwark Digital Health Check tool pilot.

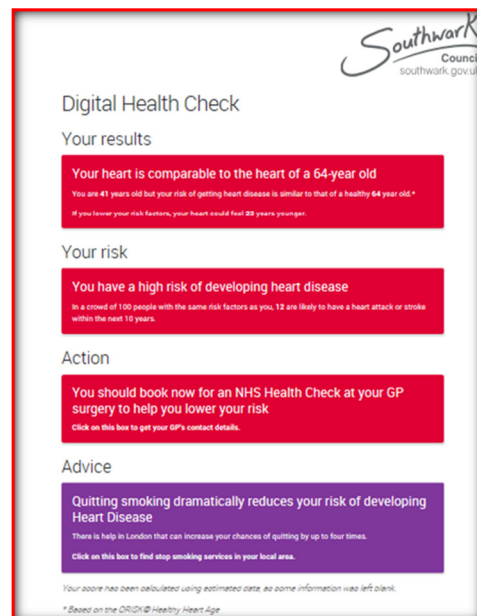
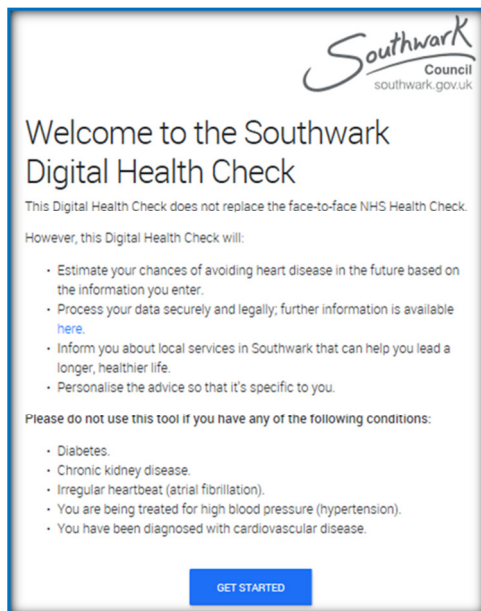
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**Background:** Southwark could be failing to identify and support as many as 1,000 individuals per year with moderate or high risk of developing CVD. To address this we developed a broader, bespoke, digitally enabled service approach; better optimised to patient preferences and need.

### Aims:

- To develop a simple, easy access online health check that approximates the face-to-face check from user entered data.
- To offer this to non-responder residents, monitor their engagement and gain insight

**Methodology:** The new Digital Health Check web-tool; is modelled on the "Heart Age" test, but using QRISK2, and with a shorter list of locally-relevant recommendations. SMS invitations to access and complete the tool were sent to non-responding eligible residents.



**Results:** 3,166 invites were sent between January and April 2019. Nearly one third of people invited then visited the webpage, with around half of them completing the online check. Over one in ten of those completing the tool were found to have higher risks of developing CVD. Around 8% of people who had received DHC invites went on to attend a F2F check.

- People aged 60-69 were proportionally more likely to complete the online check.
- Females were more likely to visit the webpage and complete the online checks
- The Black/African/Caribbean groups were more likely to open the webpage, but much less likely to complete the online check.
- Non-responders from less deprived areas were more likely to complete the online check.

The Southwark Digital Health Check tool has now been fully integrated into the standardised NHS Health Check invitation process. Since July 2019, **859** residents have visited the digital tool, **420** have completed with **48** people found to have a high risk of CVD and thus advised to contact their GP.

**Conclusion:** Whilst digital solutions should not be considered as the panacea approach, we have demonstrated through early evidence that a digital / non-digital mix approach can support increased re-engagement among residents who have traditionally declined the face-to-face NHS Health check offer.