

Quantitative analysis of video-recorded NHS Health Checks: Findings from the Risk Communication in NHS Health Check (RICO) study

Background: There is a lack of information on practitioner-patient interaction and the extent of cardiovascular disease (CVD) risk communication in NHS Health Check (NHSHC). Evidence that 10-year percentage risk score (QRISK2) is not well-understood by patients/practitioners sparked interest in alternatives, like JBS3.

Aim: Quantitative comparison of CVD risk communication in NHSHC using QRISK2 or JBS3.

Method: 12 general practices randomised to conduct NHS Health Checks using QRISK2 (n=6) or JBS3 (n=6); 173 NHSHC video-recorded and coded.

Outcomes

1. Many NHS Health Checks too short for CVD risk assessment, discussion and management
 - Average duration was 20.0±6.2 minutes
 - 1 in 5 were less than <15 minutes, shortest was 6.8 minutes
 - Similar duration of QRISK2 and JBS3.
2. Little discussion of CVD risk
 - CVD risk was discussed for 1.7±0.83 minutes, range from 0 to 4.1 minutes
 - Proportion of NHSHC time discussing CVD risk was significantly higher with JBS3 vs. QRISK2 (10.2±4.1% vs. 7.4±4.1%, p<.001).
3. Practitioner dominance
 - Practitioners spoke for higher proportion of NHSHC time than did patients (50.1±9.6 vs. 23.4±10.6%, p<.001)
 - Practitioner verbal dominance (ratio of practitioner:patient speaking time) higher in QRISK2.

Implications

- Need for greater time on CVD risk discussion - JBS3 could provide a useful tool
- Verbal dominance should be further explored in relation to patient experience/outcomes
- Further qualitative data and analysis required
- Practitioner training need.

Limitations

- Quantitative data only; relatively small sample; more JBS3 NHSHC than QRISK2 (100 vs. 73).



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