

NHS Health Check segmentation

An evidence-based market segmentation

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Executive summary

This report presents the findings from mixed methods research carried out in 2022 involving over 1800 people to develop 7 evidence-based NHS Health Check segments on 30 to 74 year olds without cardiovascular disease (CVD). The segments provide a description of the demographics, general health attitudes, attitudes and preferences towards the NHS Health Check. The segments have been produced to help inform local decisions about NHS Health Check communications, service design and delivery in order to maximise participation.

Key insights

The research identified the following strong common ground across the segments:

- Whilst health was important, it was not always the most pressing issue for those eligible for the NHS Health Check. Generally, health took on greater significance with age. Aside from age, the research identified various attitudinal factors that impacted on the priority attached to, and engagement in, health. This resulted in a scale within this sample of segments of most to least proactive about their health.
- 'Good health' tended to be described in the here and now. There were four aspects identified as contributing to good health; maintaining weight, being fit and well, physical and mental balance, and wellbeing and a sense of vitality and energy.
- Motivations to be healthy centered around a good quality of life. This was defined by being able to enjoy time with family, being and maintaining a healthy weight, feeling physically fit, having good mobility and an absence of any medical conditions.
- Cardiovascular health was not well understood. A lot of participants associated cardiovascular health with the heart and fitness, while few considered dementia, stroke and diabetes as being part of cardiovascular health.
- Across the sample both the NHS and NHS staff were regarded as completely trusted sources of health information and advice.
- There was low awareness of the NHS Health Check across the sample when compared to other health checks such as cancer screening. Thirty-eight percent of 30 to 74 year olds in the sample were aware of NHS Health Check when prompted. Thirty-nine percent stated they were very interested when shown a description of the programme. The proportion of those indicating they were very interested increased to

49% among those who reported they were aware of NHS Health Check, compared with 33% of those who were not aware of NHS Health Check.

The research also identified where there were disparate views across the segments:

- Despite a commonly held belief that there are things that can be done to prevent some health conditions, the prevention of disease was not a conscious driver to maintaining health across the sample. Overall, the sample were split along a scale of living well day to day through to those living well for longer term.
- While the sample were aware that they had both the control and the ability to make behaviour changes, multiple barriers prevented them from doing so and these varied across the sample. Barriers included a lack of urgency to act, denial of health problems, lack of motivation, lack of prioritisation of self and lack of support and resources.
- A spread of initial interest in the NHS Health Check concept emerged. Those who tended to respond more positively, were looking for confirmation of their good health and positive direction to making improvements. Others struggled to recognise the benefit as they either felt fine and did not want to look for health problems, or they believed they already knew what the advice would be and therefore did not need to attend. Others actively rejected the concept and were not receptive to making changes or were anxious about hearing the results or being judged by others.

The segments

Below is a brief overview of each segment, and recommendations which could help to increase engagement with the programme. Further details on each segment can be found in the segment summaries in this report (page 31), and in the segmentation [information pack](#).

Curious Concerned:

They are invested in their health and fitness but at the start of their journey. They are keen to avoid serious illness but need support and reassurance. They are the segment most interested in the NHS Health Check.

They are more likely than all 30 to 74 year olds to be female, in their forties or fifties, either working part-time or not working, and are quite digitally confident.

To increase engagement use health professionals as messengers, and use the NHS Health Check [patient information leaflet](#)¹ to highlight the range of conditions covered, what the tests are, and the potential for support and reducing serious illness. Emphasize the

ease of access and make the check simple to book (for example, include a link to book in the invite or a prearranged appointment).

This segment is open to different delivery models including digital if they receive in-person support and have evidence of the credibility of those delivering the results and advice. Offer reassurance that the results of the check link to their GP health records.

Motivated Acceptor:

They are proactive about their health, and are positive, motivated, and resilient. Amongst the segments, they show the second highest level of interest in the NHS Health Check.

They are more likely than all 30 to 74 year olds to be male, over fifty, affluent and very digitally confident.

To increase engagement use their GP surgery as the messenger, and reinforce that this is the way to know their risk levels and receive personalised advice. Frame the NHS Health Check as acting early to help them live life to the full. Use the NHS Health Check [patient information leaflet](#)¹ to highlight health conditions covered.

They are open to different delivery models, including digital as a convenient and secure option. There is also a need across all delivery models to reassure that the information from the NHS Health Check will be updated as part of their GP health records and delivered by a well-trained practitioner.

Struggling Hesitant:

They are feeling overwhelmed and are struggling to manage. They worry about their health but need support to make changes. They rank third most interested in the NHS Health Check amongst the segments.

They are more likely than all 30 to 74 year olds to be female, in their fifties, unemployed, in lower socio-economic groups and are less digitally confident.

To increase engagement use national NHS Health Check branding, the national [invitation template letter](#)² and their GP surgery as the primary messenger. Providing positive role models may also be beneficial. Use NHS.UK [videos](#)³ and NHS Health Check [image library](#)⁴ and make use of testimonies from local service users. Use the NHS Health Check [patient information leaflet](#)¹ and [marketing materials](#)⁵ to help communicate the health conditions that the check can help with.

This segment would welcome the opportunity to take someone with them to their NHS Health Check and a face-to-face interaction. A range of delivery models need to be

available as they have practical barriers to overcome for example, lack of transport. Over half are open to digital.

Activate to listen:

They have a latent desire to be healthier but struggle to make changes as they prioritise others over themselves. They rank fourth most interested in the NHS Health Check amongst the segments.

They are more likely than all 30 to 74 year olds to be female, in their fifties, quite affluent and are very digitally confident.

To increase engagement use healthcare professionals as messengers; frame as identifying underlying health issues and that support is available to reduce risk. Use the NHS Health Check [patient information leaflet](#)¹ and [marketing materials](#)⁵ to communicate the health conditions the check can help with. Help give them permission to prioritise themselves by relating the benefits of a check back to their motivation of family and loved ones.

Offer both in-person and digital options as while digitally confident, some will need the reassurance of an in-person discussion. Their preference is for advice given by a GP but 40% are open to listening to advice from 'other qualified people'.

Problem Avoiders:

They are happy and enjoying life. As they feel fine, health is not top of their mind, and they do not see any point in looking for a problem. They have below average interest in the NHS Health Check compared to the sample, ranking fifth most interested.

They are more likely than all 30 to 74 year olds to be retired, in their sixties or seventies, and are digitally confident.

To increase engagement brand as NHS, use the national [invitation template letter](#)² and send from their GP. Outline that others, like them, are attending in their area, using local statistics were available. Frame the NHS Health Check as an opportunity to gain knowledge that will allow them to enjoy life to the full.

Ideally, offer this group a check in a healthcare setting. They are open to a pharmacy if clearly under the brand of the NHS. Focus on delivery models that are a one step in-person process, to keep it simple. Offer a digital option if it can be completed at home without multiple visits to other settings.

Ambitious Ambivalent:

They have a lot going on and health is not a priority. They are not convinced that serious illness can be prevented. They have below average interest in the NHS Health Check compared to the sample, ranking second least interested.

They are more likely than all 30 to 74 year olds to be male, in their thirties or forties, working full time and to either have young children at home or living alone. They tend not to be digitally confident.

To increase engagement use the national NHS Health Check [marketing templates](#)⁵ and [image library](#)⁴ with NHS branding and use peers, community and employers as messengers to normalize. Frame the NHS Health Check as part of a positive routine in the here and now, to keep yourself fit and keep on top of your health so you can get on with life. Make use of community spaces to engage this segment – both social media and offline communities.

Use opportunistic invitations to encourage spontaneous participation.

Digital is of more interest to this segment than any other, with high potential for self-completion for those who are digitally confident. However, as not all are confident online, also deliver in community settings and workplaces to ensure the check fits with their (work) schedules.

Disempowered Dismissive:

They are fatalistic about their health and have more immediate priorities, health is not something they think about. They are the segment least interested in the NHS Health Check.

They are more likely than all 30 to 74 year olds to be female, in their forties or fifties with children living at home. They are often struggling financially and are not very digitally confident.

To increase engagement use the national NHS Health Check [image library](#)⁴ and [marketing templates](#)⁵ with NHS branding and make use of peers as messengers. Focus on how easy an NHS Health Check is and the positive support available.

Offering in pharmacy, community and workplace settings as well as GP surgery can highlight the ease of access. Ease and convenience of digital could be useful for this segment and allow engagement on their own terms. Consider future use of community champions to reduce how daunting the NHS Health Check may feel but continue to brand as NHS.

Conclusions

There is evidence that to build engagement, communication about the NHS Health Check programme needs to be tailored to different motivations. For example, while some segments are focused on the here and now, for others it is more engaging to think about future health.

Awareness of the NHS Health Check was low across the sample compared to other prevention programmes. Marketing and communication may raise awareness and create understanding of the NHS Health Check among the target population. Those aware of NHS Health Check had higher levels of interest in attending.

There is appetite for delivery models outside general practice, although this differs by segment in terms of preference and reassurances needed to encourage participation.

There is a need to provide clarity and assurances of how individuals will be supported outside an NHS Health Check as part of raising awareness to encourage engagement with the programme. Also important is the need for proactive follow up support given how challenging many find implementing behaviour change.

Using the NHS Health Check market segmentation

The insight provided in this report is intended to support local authority commissioners and providers to communicate, design and deliver NHS Health Checks in a way that is more likely to engage people who are underrepresented and at greater risk of having a heart attack or stroke in the next 10 years.

Local commissioners could use the segmentation to:

- Establish a priority segment from those which overrepresent people least likely to attend a check and/or likely to have a higher risk of CVD. National data shows that NHS Health Check attendance is lower amongst men, younger people and the 10% most deprived. These groups relate most strongly to the Disempowered Dismissive, Struggling Hesitant and Ambitious Ambivalent segments. Historical data in the [NHS Health Check interactive dashboard](#)⁶ could also be used.
- Develop communications such as invitations specifically tailored to the needs of the priority segment. Use the insight from the segmentation to develop messaging tailored to the priority segment. Use this messaging with everyone as, given their higher levels of interest, it is unlikely to alienate the other groups but could improve the chances of successfully engaging your priority segment. Use existing NHS Health Check resources to help you apply the insight from the segmentation for example the [PR toolkit](#)⁷ or the [top tips](#)⁸ for NHS Health Check patient information leaflets and media campaigns.
- Consider where changes to service design and delivery could improve engagement by the priority segment. Use the segmentation insight on the factors influencing

attendance to design a service that maximises enablers and minimises barriers to attendance.

- Use locally available socio-demographic information to map the priority segment to the population to identify where they are most likely to be. Some areas may have access to tools such as Experian or Acorn. This data could be used to identify, based on socio-demographic characteristics, where people in the priority segment are most likely to live.
- Target marketing, communications and delivery in areas or communities identified by mapping the likely location of the priority segment group using segment socio-demographic information and local data and tools.

The market segmentation information pack is not a training resource, delivery of checks by providers should continue to follow the principles set out in the NHS Health Check Best Practice Guidance⁹.

Introduction

The NHS Health Check is a prevention programme, which aims to reduce a person's chance of developing cardiovascular disease (CVD) through behaviour change and earlier diagnosis and management of disease. Adults aged 40 to 74 in England, who do not already have a diagnosis of CVD (see Annex A for full list of conditions that make someone ineligible) are eligible for a check every 5 years.

An evidence-based review of the NHS Health Check programme published in December 2021 made 6 recommendations. Two of which included improving participation by all eligible people, but especially those most likely to benefit, and starting younger by making the check available from age 30. A better understanding of the different attitudes, perceptions and preferences that influence whether someone participates in a check is essential to delivering on these recommendations.

This report outlines the findings from research activities which were used to produce an evidence-based market segmentation of the eligible population for the NHS Health Check and 30 to 39 year olds, without CVD. The report is intended for those who are involved in commissioning and providing the NHS Health Check. The report provides information on each segment including recommendations that may encourage their increased participation in the NHS Health Check.

Aim and objectives

To produce an evidence-based market segmentation that commissioners and providers can use to inform the design, delivery model and communication of the NHS Health Check programme to support improvements in participation. The segmentation will describe, and cluster people by:

- where health fits in relation to their other priorities;
- self-efficacy, including beliefs in their own capacity to try new things and to sustain change longer term, optimism about their future;
- attitudes to their health and preventative health services, for example, fatalism, beliefs about the value of prevention;
- awareness and attitudes towards cardiovascular disease (CVD);
- attitudes and potential behaviour with respect to NHS Health Check uptake and follow up activity, including barriers and facilitators to attendance.

Detailed pen portraits will describe the segments with respect to:

- defining sociodemographic and attitudinal characteristics;
- awareness, knowledge and needs towards NHS Health Check;
- language and messages which are most likely to encourage engagement with NHS Health Check, including both uptake and follow up activity; and
- how communication and delivery models can be positioned or framed to engage the segments.

Methodology

This section describes the research sample, design and methods used to create the segmentation.

Sample

The primary sample for the research was adults aged 40 to 74 years old without a CVD diagnosis in England.

In addition, adults aged 30 to 39 years old in England without a CVD diagnosis were included. This group were included to explore whether this age group segmented differently to the currently eligible population.

There was no requirement for the audience to recall being invited or attending an NHS Health Check, to take part in the research.

Approach

A mixed-methods, phased approach was used to cover the breadth and depth of information required. Three phases were conducted to deliver a representative segment solution, starting with a qualitative phase consisting of focus groups and depth interviews before a quantitative survey phase and finishing with a final phase of qualitative research.

Qualitative research was initially used to explore the similarities and differences within the sample to identify what factors were more likely to drive distinct and meaningful segment groups. The findings from this first qualitative exploration were then used to create the quantitative survey questions and inform the statistical analysis approach.

Quantitative research and statistical analysis were used to ensure the final segmentation was statistically representative of the eligible population and to provide a high level of confidence in the final segments. Whilst the focus of these two initial phases of research was to identify the core characteristics of each segment, the final phase of qualitative research was used to explore segment responses to NHS Health Check communication and delivery approaches. Findings from all three phases were used to create pen portraits and recommendations for each segment.

This research project was carried out between March and November 2022 by Solutions Research according to the Market Research Society's Code of Conduct¹⁰.

Phase 1 - Qualitative

Method

This phase was designed to explore attitudes and behaviours to health and preventative health as well as awareness and knowledge of the NHS Health Check.

The research team used a free find approach to recruitment, using a network of recruiters to leverage local community connections and groups to reach potential respondents, including both online and offline approaches. First contact was made with individuals by email or telephone and using scripted questions to identify their eligibility to participate in the research. Individuals were given information on the topics to be discussed in the research session (for example, health, diet, physical activity, healthcare) and told what would happen to their data to enable them to give informed consent to participate. Individuals were given a cash incentive as a thank you for their participation.

Given the sensitive nature of the subject matter and depth of information required, qualitative research was used. The qualitative approach used for example, focus groups or interviews was varied to maximise engagement and meet individual participant preferences and requirements. Additional steps were taken to support the engagement of priority groups for example, use of an interpreter for non-English speakers. All research sessions were held via an online video platform, with support provided for those less familiar with video platforms or by telephone for those who had limited or no internet access.

A range of different question techniques were used within groups and interviews including spontaneous and prompted approaches designed to understand attitudes and experiences (see Annex B). Activities in both focus groups and interviews were used to understand the priority of health and health prevention within participants lives, including word generation, a 'wheel of life' exercise where participants outlined their priorities using a wheel of topics affecting daily life (for example, health, finances, work, leisure) and responses to statements highlighting the triggers and barriers to the prevention of poor health and disease (see Annex C).

Existing awareness and knowledge of NHS Health Check was discussed alongside other health prevention interventions and programmes. The NHS Health Check was then explained in more detail and the potential triggers and barriers to attendance and take up of follow up activity were explored.

Sample

We sought to overrepresent those groups that data shows are currently less likely to make use of the NHS Health Check. This included: people in the most deprived decile of the

population (as measured by Index of Multiple Deprivation (IMD)), this was achieved by a higher engagement of people with a socio economic status of C2DE (those in skilled manual occupations, semi-skilled and unskilled manual occupations, unemployed and lowest grade occupations); men in the younger age groups of the eligible population; ethnic minority groups, including non-English speakers, in particular South Asian and African Caribbean populations; and those with low or no digital confidence.

A total of 54 respondents took part in focus groups and interviews. Ten focus groups, with 4 or 5 participants in each, were conducted via online video platform split by age:

- 2 groups (4 participants) with people aged 30 to 39 years old;
- 5 groups (5 participants) with people aged 40 to 59 years old; and
- 3 groups (5 participants) with people aged 60 to 74 years old.

10 individual depth interviews or paired depth with a family member to provide technical support or translation were conducted via online video platform or telephone, with the following sample:

- 3 individual depth interviews with people from locations in the most deprived 10% nationally of the IMD 2019;
- 4 individual depth interviews with people who self-report as having low or no digital confidence; and
- 3 paired depth interviews with people from Bangladeshi, Pakistani or Indian background.

Analysis

A variety of approaches were used to analyse data gathered from the qualitative research sessions. Session transcripts, moderator notes and recordings were reviewed. Individual moderators created their own analysis notes, and the moderator team carried out formal joint analysis sessions. Themes were developed using inductive analysis, guided by participant comments in a systematic way. The moderator team also considered important aspects within the analysis such as respondent body language, the specific language patterns used, emphasis and positive or negative energy generated in the research sessions.

Phase 2 - Quantitative survey and statistical analysis

Method

An online quantitative survey approach was used to provide a representative sample of people eligible for a check. The survey was hosted by Panelbase in the UK using market research specific software. An online approach allows a high degree of control over the final sample structure.

The survey was designed using the findings from phase 1 of the research, which identified attitudes that had the potential to produce a meaningful segmentation to address the key objectives.

Survey questions (see Annex E) covered the following areas:

- sociodemographic; health and lifestyle behaviours;
- attitudinal statements on daily life, priorities, health, preventative health and cardiovascular disease; motivations and barriers to being in their best possible health;
- knowledge of cardiovascular disease, extent the conditions cause concern and belief in their ability to prevent each condition;
- awareness and previous attendance at the NHS Health Check and preventative health programmes and services;
- exposure to stimulus (Annex D) before questions on interest in the NHS Health Check and attitudinal statements on attendance and willingness to listen to and act on advice or support given; and
- preference of NHS Health Check delivery mode (prompted list), propensity to listen to advice from different practitioners and communication channel preferences.

Sample

The survey was conducted with 1750 people aged 30 to 74 years old in England who did not have an existing diagnosis of CVD and not on lipid lowering therapy (see Annex F for respondent demographics).

Quotas were set on factors such as age, gender, region and employment status to achieve a representative sample of the eligible NHS Health Check population using the latest available Office for National Statistics population statistics. The sample were drawn from the research fieldwork provider Panelbase. Panelbase has over 370,000 registered UK adults on their panel and a survey invitation was sent to eligible respondents on the panel.

Statistical analysis

The survey data was used to create segments using statistical modelling methods. Factor analysis was used to understand the underlying structure of respondents' attitudes; cluster analysis was conducted to identify groups of respondents similar in attitudes and key behaviour, while maximising differences between groups.

An important factor in the success of the segmentation was the need for the segments to differentiate in terms of their perceptions, attitudes, interest, and potential engagement with the NHS Health Check. Therefore, during the statistical modelling analysis, the team explored the inclusion of survey data on the NHS Health Check (interest levels and attitudes) as segment inputs.

A total of 6 potential solutions were explored, with between 5 and 7 segment groups in each. Three solutions included survey data on the NHS Health Check as inputs and 3 solutions without this data.

A workshop was held to review all potential solutions, which included comparing the segments with and without the NHS Health Check data inputs. Also included was a review of segment migration tables and the reproducibility score of the segments as statistical metrics to inform a final decision. Segment migration tables show how a segment evolves into another; a reproducibility score is a measurement of reliability of the data structure identified by the clustering process.

Options with and without data on interest and attitudes towards the NHS Health Check were similar in their attitudinal make up and delivered a high degree of difference in their interest in the NHS Health Check.

Steps were taken to ensure the segments are reliable, valid, and stable including:

- scaled agree/disagree ratings were centred and standardised to correct possible bias;
- many iterations were run to determine which other variables, if any, supported the most statistically robust outputs; and
- numerous replications of the cluster analysis were carried out to ensure only the most reliable solutions were included in the final analysis.

A classification tool was created to enable the segmentation to be applied in future research. The algorithm has 20 'golden questions', which is 78% accurate in classifying an individual into one of the identified segments.

Interpreting survey data

All the differences in survey data commented upon within this report are statistically significant. The sample size of 1750 respondents provided a +/- 4% margin of error in the final data, calculated based on a 95% confidence level. Where differences are interesting but not statistically significant, these are noted but it is stated where the difference is not significant. The significance tests which have been used are based on a 95% confidence interval. This means that we are 95% certain of detecting a difference where one exists in the population.

Phase 3 - Qualitative

Method

The purpose of the phase 3 focus groups was to inform recommendations on delivery models, communications approaches and intervention framing for each segment. A new sample of 35 respondents took part in this phase, with 7 focus groups with 5 participants in each conducted using an online video platform. Individuals were grouped by segment.

Focus groups were used as this allowed exploration of the segment's coherence through discussion of the attitudes to life and their health (see Annex G) to sense check the statistical segment solution. Stimulus was used to explore potential marketing territories through a range of potential messages (see Annex H) and delivery models through the use of case studies (see Annex I).

The research team again used a free find approach to recruitment using a network of recruiters to approach potential participants, making first contact with individuals by telephone or email and using scripted questions to identify their eligibility to participate. For this stage all potential participants were allocated to a segment by answering the 'golden questions' covered by the statistical classification tool created in phase 2. Individuals were given information on the topics to be discussed in the research session (for example, health, diet, physical activity, healthcare) and told what would happen to their data to enable them to give informed consent to participate. At the end of the research session participants were told who the research was for. Individuals were given a cash incentive as a thank you for their participation.

Sample

The segment solution from phase 2 was used to inform the sample specification for phase 3. The quantitative data identified where a segment was more likely than all 30 to 74 year olds in the sample to hold certain demographic characteristics such as age, gender, social

grade and ethnicity. This informed the final sample structure. The focus groups were structured to include:

- Group 1: male (3) and female (2) 60 to 74 year olds (3) and 50 to 59 year olds (2), from social grades BC1 who were very digitally confident. This group required a minimum of 1 Black Caribbean or Black African participant;
- Group 2: female (3) and male (2) 45 to 59 year olds, from social grades C1C2 and DE (3). This group required a minimum of 1 participant from a location in the lowest IMD2019 decile, at least 1 participant who is not digitally confident;
- Group 3: male (3) and female (2), 40 to 49 year olds (3) and 30 to 39 year olds (2), from social grades BC1C2;
- Group 4: male (3) and female (2) 40 to 49 year olds (3) and 30 to 39 year olds (2) from social grades C1C2 and DE (3). This group required a minimum of 1 participant from a location in the lowest IMD2019 decile, at least 1 participant who is not digitally confident;
- Group 5: male (3) and female (2) 60 to 74 year olds from social grades BC1C2;
- Group 6: female (3) and male (2) 50 to 65 year olds from social grades BC1C2;
- Group 7: female (3) and male (2) 40 to 49 year olds (3) and 50 to 59 year olds (2) from social grades BC1C2.

Analysis

A similar approach to phase 1 was used to analyse data gathered from the phase 3 qualitative research sessions. Analysis for this phase looked specifically at commonalities and differences between the segments and the extent to which themes were evident in responses by segment. Session transcripts, moderator notes and recordings were reviewed. Individual moderators created their own analysis notes, and the moderator team carried out formal joint analysis sessions. Themes were developed iteratively using inductive analysis, to refine the findings.

Identifying the CVD risk profile of the segments

National General Practice (GP) [data](#)⁷ on 9.5 million people who had been offered an NHS Health Check between 2012 and 2017 was used to identify the risk factor characteristics of the segments. This dataset contains patient-level data such as demographics and clinical measurement of CVD risk factors.

Groups of patients were created within the GP data based on the characteristics reported for each segment in phase 2. Age, sex and deprivation were the main criteria used to create the 7 segments. Body mass index (applied to all segments), ethnicity (applied to 2

segments) and attendance at an NHS Health Check (applied to 2 segments) were used to further refine the segments. Segments were validated by comparing the proportion of smokers in the groups created using the GP data with the proportion of smokers in the corresponding segment data from the online survey (phase 2).

Descriptive analysis was undertaken to identify the level of CVD risk in each segment. Four CVD risk factors were included in this analysis: obesity (BMI 30 or more), high blood pressure (systolic blood pressure 140 mmHg or more, or diastolic blood pressure 90 mmHg), high cholesterol (total cholesterol 6mmol/L or more) and smoking (current smoker).

Results

Key findings from the 3 phases of the research are outlined in this section, to give insight into the target audience as a whole and provide context for the 7 individual segments.

Phase 1 qualitative findings

Context

The research identified that whilst health was important across the sample, it was not always the most pressing issue for participants and unless a specific health issue arose it could easily be taken for granted. Participants noted that even if their health had been compromised adjusting to new norms as they aged, it had been easy to avoid recognising the bigger impact of these new-found adjustments. Good health was mostly defined by weight, diet, fitness levels and increasingly the balance of physical and mental health.

When undertaking an exercise which encouraged respondents to think about their lives, family and friends, finances and health emerged as key day to day priorities.

“Family and kids, but the next one’s money again” (Male, 60-69, C2D, location in IMD10, White British)

“Money is a big issue now, I struggle with the cost of living” (Female, 40-59, C2DE, Black Caribbean)

Generally, health took on greater significance with increasing age. The research identified it was easier for health to be more of a background issue and taken for granted, especially if participants were younger and or fitter.

Those aged 40 to 59 stated health had become an increasing priority yet also competed with other demands (time and resources) often to the detriment of their health. More positively, those in this age group were more likely to have become motivated to make changes to their behaviour. They had a renewed focus on tackling weight, smoking and becoming more physically active.

The 60+ age group were in a transition stage where health and fitness were both the gateway and enabler to their quality of life. Their ability to enjoy life was intrinsically linked to maintaining good health, however life-stage issues and ageing had often taken its toll alongside other creeping changes.

Aside from age, the research identified various attitudinal factors that impacted on the priority and engagement in health and across the audiences. This qualitative stage of

research identified four attitudinal typologies across a scale of more to less proactive about their health:

- the first typology was defined by the attitude of living in the here and now. This audience appeared more accepting of health changes and did not have high health aspirations. They coped, but life was quite challenging. They appeared to have less belief in their ability to make changes and take control. They were getting by well enough and didn't look for problems as other priorities tended to get in the way.

"I wouldn't say I'm in the best of health, but yeah I'm ok... if I could lose a little bit of weight, the sun's shining, people are a lot happier, that's what it's all about" (Male, 60 to 69, DE, location in IMD10, White British)

- the second typology tended to not consider their health on a day-to-day basis. This cohort were aware that they could do more, but they tended to wait until a health problem arose that forced them to respond. They were most likely to deny the impact of health issues and to adjust to changes that developed.

"I wouldn't say I ignore it. But I only address it if there's a problem, so if doesn't affect my day-to-day tasks, granted I do it slower than I used to, but as far as I'm concerned I'm able to provide" (Male, 40 to 59, C2D, White British)

- the third typology tended to be more proactive. This audience was aware of the need to change and the benefits of making changes to their health. They spent considerable time thinking about and trying to make changes to their health. Although they were anxious about the impact of their lifestyle, they struggled with motivation which prevented them from changing.

"I think about it more than I do it..." (Female, 40 to 59, BC1, White British)

- the fourth typology were more likely to have been prompted to make changes that they self-instigated. As an audience they agreed that a better and healthier lifestyle was within their grasp, and they could see the benefit of making changes to achieve that. They were empowered and engaged.

"I admit I've ignored all advice in the past, but I decided I needed to lose weight and now I'm 50 I'm making real changes and its working" (Female 40 to 59, C2D, White British)

The research also identified how health scares (both self and in others) focused attention on personal health. Health scares in others were destabilising to the observer and caused reflection. Participants referenced close family and friends developing health conditions, unexpected deaths among those who were perceived to be fit and healthy, and also their

own experiences of serious illness such as cancer, as factors that drove a renewed interest in their health.

Family history of conditions was also a trigger for greater reflection on health. The research showed that those with a family history of preventable health conditions were more likely to practice positive health behaviours.

Finally, the research suggested that the COVID-19 pandemic created both awareness and re-evaluation around health among some participants. They reflected on the importance of maintaining their health and wellbeing and had a greater appreciation for the health they did have. They were more likely to pay attention to their weight, lifestyle and mental health.

Good health and prevention

Preventative health was seen by the participants of this research to be a nebulous concept. Whilst some of the research sample focused on specific conditions of concern, others had a more generic and future focused expression around aiming to live well and have good quality of life in the future. Overall, the relationship with prevention was a complex one and whilst disease prevention was very salient for some with more direct experience, for others, it was less top of mind.

Overall, the sample were split along a scale of living well day to day through to those living well for the longer term and those conscious of disease prevention. Those who focused on living well day to day felt no immediate impact of health concerns and saw no need to worry, despite potential problems in the background. Those motivated by living well in the long-term were more interested in preventative action. Those conscious of the possibility of preventing disease were more health aware and anxious, they were also more likely to report that family members had conditions that encouraged them to take preventative action.

The research highlighted how 'good health' tended to be described in the here and now. Most groups identified four aspects as contributing to good health; maintaining weight, being fit and well, physical and mental balance and wellbeing and a sense of vitality and energy.

Younger participants in the research defined good health as looking and feeling good, being strong physically and mentally and managing conditions well. In comparison, older participants focused on doing things as best they could and remaining agile and mobile. Alongside this, they focused on an absence of ailments; being free from disease and health conditions and not taking medication.

“I want to live as long as possible; life’s been flying past...and I feel like I can’t grasp it at the moment” (Female, 40 to 59, BC1, mixed ethnic background)

Throughout the research participants often used weight as a default measure when discussing health, regardless of age and gender. Weight was used as a common default measurement and often used as a marker for their health goals. It was evident that weight was a complex issue. A range of attitudes existed, from those who had struggled and wanted to lose weight to those who were more relaxed and accepting of their shape and size. Attitudes also appeared to change across age groups; younger participants tended to focus more on weight in terms of physical appearance, whereas with increasing age, participants tended to focus more on mobility, energy, managing everyday activities with ease and health concerns caused or exacerbated by being overweight.

“It’s the feel good factor of losing weight, my scales only work when I lose weight... my clothes fit, I can go into a normal shop and try something on and think ‘cor this fits...for me it about being able to tie my shoelaces without sitting on the stop” (Male, 40 to 59, C2DE, White British)

Cardiovascular health

Cardiovascular health was not well understood as a broad term. Cardiovascular disease was not a commonly used term. A lot of participants associated cardiovascular health with the heart and fitness. Dementia, stroke and diabetes were less immediately associated with cardiovascular health.

“I didn’t know... its interesting.... diabetes I didn’t realise it was classed as cardiovascular... My dad had dementia I should know but no I didn’t know” (Female, 40 to 59, BC1, White British)

Understanding the NHS Health Check

Across the sample both the NHS and NHS staff were trusted sources of health information and advice. For most, the NHS remained their go-to place for health-related issues and advice, despite the current strains on the system which participants felt undermined both access and quality of care.

“Overworked and underpaid... (Trust the NHS) Yes I do, not the high management consultants, but the people on the ground” (Male, 40 to 59, C2DE, Black Caribbean)

However, the research suggested low awareness and engagement with preventative health services. The Change4Life programme had the widest awareness, alongside familiarity with Couch to 5k and stopping smoking initiatives. References to cancer screening were common and most reported they had responded positively to an invitation.

As a prevention programme the NHS Health Check was not well known across the sample and, when shown an outline of the aims and delivery of the programme, levels of interest in the concept varied. Some felt that they had already had something similar with a GP

review for blood pressure. Others recalled check-ups described as annual reviews, MOTs or Man/Woman check-ups. Whilst some responded positively, others struggled to see the need and benefit. Some actively rejected it and felt they would be unlikely to take up the offer.

"I was invited to something like that, they talked about my diet, gave me an NHS diet sheet and sent me on my way, unmemorable, no help whatsoever and I didn't get anything out of it" (Female, 60 to 69, C2DE, White British)

There were also various assumptions made about what the NHS Health Check would entail that could lead to high expectations. Those who were less familiar expected a full health MOT including scans of kidneys and heart. Others expected it to be delivered face to face by the GP or other healthcare practitioner.

"I would expect a series of blood tests and but assume it would cover the usual things eating exercise, mental health, healthy choices but I'm not interested in discussing this." (Female, 40 to 59, C2DE, White British)

The research suggested those most likely to accept the invitation for an NHS Health Check were those who are looking for positive affirmation of their good health or those who may well have started to make positive changes already and are open to information and support to drive change.

"If you knew you were going to be higher risk it would be helpful for the future, it would give you the signs to look out for" (Male, 40 to 59, DE, location in IMD10, White British)

"My dad says it would be very motivating (to know the risk level) as he can control the number and bring them down. Whereas my mum says it would increase her concern and she would worry about it." (Male and female, 60 to 69, C2D, Bangladeshi)

The research also suggested that those most likely to reject the invitation for an NHS Health Check have a complex set of psychological barriers including struggling to motivate themselves or engage in lifestyle changes or being fearful of criticism and judgement about their lifestyle. Some felt they knew this information already and were not keen to hear results which may be jarring.

"It's a waste of time and effort, I know what they are going to say, you're overweight, lose weight, stop drinking, stop smoking" (Male, 40 to 59, C2, White British)

There was also push back on the NHS Health Check translating the information into a risk profile. Some found it helpful to drive change whilst others felt that it was either meaningless or even scary.

Finally, there were some logistical barriers to accepting the invitation for the NHS Health Check including struggling to book an appointment due to poor access, having time to go, disappointment in an unknown practitioner or nurse delivering test rather than the GP and an online appointment being offered instead of an in-person appointment.

“Straight away I’m thinking ‘when have I got time to go and have an NHS Health Check’. That’s my lazy attitude” (Female, 40 to 59, C2D, White British)

Triggers, barriers and lifestyle

Motivations to be healthy centred around a good quality of life. This was defined by being able to enjoy time with family, being and maintaining a healthy weight, feeling physically fit, having good mobility and an absence of any medical conditions.

“I have a granddaughter and I’d like to be around for as long as possible to see her grow up, as well as my daughter” (Male, 40 to 59, C2D, White British)

“He is saying his motivation is to live as long as he can for his family and to be around to see more of the world” (Male, 60 to 69, C2D, Bangladeshi)

For the most part, the sample felt they could do better in terms of their health, their main focus was on a healthy weight, diet and implementing regular exercise. However, they were also focused on finding a balance between physical and mental health and noted how they were not able to sustain the changes they had achieved. Those in the sample that had more recently made changes to their health felt more in control than those that had not.

Across the sample, there were a number of factors and situations that were commonly mentioned as having a negative impact on health. These included poor work life balance, stress and impact on mental health, the impact of the COVID-19 pandemic related lockdown on weight gain and activity levels, retirement, age-related issues such as deteriorating mobility and being overweight as a barrier to activity.

Lifestyle was understood as being the gateway to good health and the impact of their lifestyles was well known to influence their health outcomes. The sample often connected physical ability and self-esteem to weight loss. This was in a bid for them to feel good; avoid mobility problems, feel good in clothing and to not be a burden on friends and family.

“I want to be able to walk up the stairs without my knees hurting” (Male, 40 to 59, C2DE, White Eastern European)

Despite the audience knowing that they had both the control and the ability to make changes to their lifestyle, multiple barriers prevented people from doing so. Barriers included a lack of urgency to act, denial of health problems, lack of motivation, lack of prioritisation of self and lack of support and resources.

Lack of urgency was linked to living in the moment and not thinking ahead. For some it was also linked to denial, ignoring health issues or attributing them to something else.

“It's ignorance and stupidity, you are set in your ways, and you don't want to change things really, you need to acknowledge that maybe you need to be doing a bit of exercise or helping yourself get fitter” (Male, 60 to 69, DE, location in IMD10, White British)

Lack of motivation was mentioned across the sample. These participants were open about their lack of drive and often adopted an 'I'll do it tomorrow' attitude which meant they prioritised other things. Motivation, challenge, prioritisation of self and resources worked together as barriers. Change was noted as requiring continuous effort which often clashed with modern lifestyles. There was also a tendency to prioritise others over themselves, especially those with families or caring for others. Finally, a lack of resources and or support to stick with changes prevented the sample from reaching their health goals.

“I'm always thinking about it... yeah I'm going to be really good, and I'll not eat any more chocolate, and I just never stick to it” (Female, 40 to 59, BC1, White British)

The research suggests those who have made changes have experienced a trigger moment that has led to self-directed change. Triggers cited by participants included significant weight gain, ill health in self or others, a key life-stage moment, practical incentives like attending the gym, key facts or information that resonated with them or a programme with clear aims and objectives that sticks.

The NHS Health Check Journey

The research highlighted various stages of the journey to NHS Health Check fulfilment which needed to be considered as part of the segmentation process. There were five stages evident in the qualitative focus groups with key questions to consider in each:

- awareness: Am I thinking about health prevention or living in the moment?; Do I understand the conditions linked to cardiovascular health?; Do I understand you can make changes to prevent these conditions?

- opportunity: Have I heard about the NHS Health Check?; Can I access it? Do I have the time?
- readiness: Am I ready to accept behaviour change advice?; Am I motivated to make changes?; Do I think it is within my power to control?
- belief: Do I believe that it will give me advice and support that will be valuable and that I can act on?
- action: Is the information provided helpful and motivating?; Do I know what to do with the information?; Do I need resources or support to help me take action?

Phase 2 survey findings

NHS Health Check awareness

Survey respondents were provided with a list of preventative health services and asked if they had been aware of each before today. A total of 38% of 30 to 74 year olds in the sample were aware of NHS Health Check; this is a similar proportion to those aware of the Couch to 5k programme (40%) and higher than those aware of the NHS Weight loss plan (29%). However, it is significantly lower than those aware of NHS Cancer screening (73%) and stop smoking services (51%).

Among all 40 to 74 year olds in the sample, 24% recalled having been invited to an NHS Health Check while 28% recall invitations to a blood pressure check and 18% to a cholesterol check.

Interest in the NHS Health Check

39% of all 30 to 74 year olds in the sample stated they were very interested (rating a 10 on the scale). The proportion of those indicating they were very interested increased to 49% among those who reported they were aware of NHS Health Check, compared with 33% who were not aware of NHS Health Check.

Little variation in interest in NHS Health Check was found by age. Proportions who were very interested increased slightly between ages 40 to 49 (35%), 50 to 59 (39%) and 60 to 69 (44%). Those aged 70 to 74 had a significantly higher level of interest than all 30 to 74 year olds in the sample, with 55% indicating that they were very interested. Similarly, minor variation in interest in NHS Health Check was found by social grade, with 41% of those in social grade B reporting being very interested compared to 37% of those in social grade E.

NHS Health Check delivery preferences

The majority (91%) stated they would attend an NHS Health Check in person at their GP Practice. Other modes with high proportions indicating they would attend were at a pharmacy (70%) and by telephone (59%).

Around half (52%) of all 30 to 74 year olds in the sample indicated they would attend via an app or online platform if doing it themselves, and 50% reported they would attend via an app or online platform with in-person support from a trained practitioner.

However, when asked which one of the potential delivery modes they would be most likely to attend, 72% indicated in person at their GP practice.

Survey respondents were also asked to indicate whether they would be more or less likely to listen to and act on advice given by different practitioners. Notably, the majority (81%) stated that they would be more likely (a 4 or 5 on a 5 point scale, where 5 is more likely and 1 is less likely) to listen if a GP was involved. Similarly, over two-thirds (69%) stated they would be more likely to listen if a nurse was involved. Both are significantly higher than the levels indicating they would be more likely to listen to a qualified person for example, health trainer (46%), Pharmacist (45%) or Healthcare Assistant (41%).

Segment solution

Options with and without data on interest and attitudes towards the NHS Health Check were statistically valid and therefore presented as options to take forward.

As 62% of respondents were unaware of NHS Health Checks, the data on interest and attitudes was based on the stimulus shown in the survey. It was therefore agreed to use a final solution which did not include survey data on interest or attitudes towards NHS Health Check as an input in the statistical modelling. This enhanced the potential for the final segment solution to be applicable in the long term.

A 7-segment solution was chosen, each segment similar in size, as this was felt to deliver the greatest benefits in understanding the target audience to inform future delivery and communication activity.

Phase 3 qualitative findings

Key themes relating to delivery models, communication approaches and intervention framing were identified in the phase 3 qualitative research. Themes are outlined below as further context for the individual segment data.

Messaging

When testing potential messaging there were certain elements which engaged all segments:

- clear communication of the eligible age group is important as this demonstrated who the target audience of the NHS Health Check is and the breadth of the offer.
- outlining that the NHS Health Check is a free service is important as there is a comparison with other paid for health checks and helps to create a sense of "why not" among the target audience.
- communicating that an NHS Health Check is 20 to 30 minutes in length is important as it helps to demonstrate that this is not an overly time-consuming activity.

Delivery models

While there were some differences, there were common responses to delivery models shown in stimulus (Annex I). These were:

- in person at a GP practice: this route held high appeal across all segments. The GP setting created confidence as participants felt it was likely this route would be joined up with health records, and any issues felt likely to be followed up by their own surgery. However, GP practices were considered to be operating at full capacity already and participants struggled to see how they would deliver NHS Health Checks on top.
- in person at a community setting: an NHS Health Check delivered outside a GP practice was felt to be more flexible, accessible and convenient. This delivery route also had strengths in driving the perception that the whole NHS Health Check would be completed in that one session due to the use of a point of care testing device. The setting also provided a sense of normality so felt less 'scary'. However, there were concerns about a lack of privacy and the potential for queues if you could not pre-book an appointment. Further, concerns were raised about credibility of who would deliver the NHS Health Check and about the likelihood of follow up activity being disjointed from the GP as there was no mention of results becoming part of medical records.
- self-directed digital NHS Health Check: there was a polarised response to the idea of digital delivery, split by confidence in technology. Those who welcomed the technology found many strengths with this delivery route, offering convenience and the ability to fit around your schedule. Going to the local pharmacy for blood testing was not felt to be an issue and the ability to keep your results was valued. A key issue raised was concern that the depth of the check would not be the same as personal interaction, and some admitted that a two-stage process provided too much opportunity to not complete the tasks. It was also noted that getting results and advice on your phone

provided less challenge to encourage them to take action and there was greater potential to ignore the results.

- supported digital NHS Health Check: this delivery route lacked appeal across segments, although it was recognised it may have a place for 'others'. It felt complex and laborious, was felt to lack professionalism and did not drive confidence in the support offered by an NHS Health Check.

Exploring the delivery models identified three important aspects that built confidence and encouraged action:

- the first was the need to integrate with health records, particularly where delivery models were not based in GP practices as individuals want to know that the system is joined up, results will not be missed if something important is identified that needs proactive GP follow-up and if there is a need to contact the GP in future.
- the second was the need for clear NHS branding when delivery was outside of an NHS setting.
- the third element was the need to communicate further contact and follow-up support after the results are given to encourage attendance. Individuals wanted to know they would have help to set goals and discuss changes, and that someone would follow up with them given their self-awareness at their own lack of motivation and ability to sustain changes in the long term.

Overview of the segments

The NHS Health Check segmentation comprised of 7 segments:

- Curious Concerned: 14% of the sample. They are invested in their health and fitness but at the start of their journey. They are keen to avoid serious illness but need support and reassurance.
- Motivated Acceptor: 11% of the sample. They are proactive about their health, and they are positive, motivated, and resilient.
- Struggling Hesitant: 12% of the sample. They are feeling overwhelmed and are struggling to manage. They worry about their health but need support to make changes.
- Ambitious Ambivalent: 18% of the sample. They have a lot going on and health just isn't a priority. They are not convinced you can prevent serious illness.
- Disempowered Dismissive: 11% of the sample. They are fatalistic about their health and have more immediate priorities, health is not something they think about.
- Problem Avoiders: 15% of the sample. They are happy and enjoying life. As they feel fine, health is not top of mind, and they do not see any point in looking for a problem.
- Activate to listen: 18% of the sample. They have a latent desire to be healthier but struggle to make changes as they prioritise others over themselves.

Propensity to engage with an NHS Health Check

There were distinct differences in segments claimed interest in NHS Health Checks.

- The Curious Concerned segment is most interested in the NHS Health Check, with their interest significantly higher than all 30 to 74 year olds;
- The Motivated Acceptor segment is the second most interested, with their interest significantly higher than all 30 to 74 year olds;
- The Struggling Hesitant segment is the third most interested, and Activate to Listen the fourth. Both segments have interest levels similar to all 30 to 74 year olds;
- The Problem Avoiders segment is the fifth most interested, and Ambitious Ambivalent the sixth ranked segment, both segments have significantly below average interest compared to all 30 to 74 year olds;

- The Disempowered Dismissive is the segment least interested in NHS Health Check, with significantly lower interest than all 30 to 74 year olds.

Segment summaries

The following sections provide pen portraits for each of the 7 segments. Pen portraits are informal descriptions of attitudes and lifestyle, demographic and attitudinal profiles, along with recommendations to increase engagement with NHS Health Check.

Recommendations were devised by drawing together insights from this research on the enablers and barriers along with existing programme knowledge, resources and tools.

Curious Concerned

Curious Concerned: Pen portrait

Health is a worry. I know I need to lose a bit of weight but it's tricky to do that and keep it off. As I get older, I find myself more interested in sorting out my health even though there are lots of pressures on my time and money.

I'd really like some advice and support, as I've started diets or other plans before but never kept to them. I get anxious and can struggle sometimes when things don't go to plan.

If there are things I can do to stop myself getting seriously ill in the future then I want to know what they are and want to have some help to make them happen.

Curious Concerned: Demographic characteristics

They are more likely than all 30 to 74 year olds in the sample to be female, in their 40s or 50s, and either not working or working part-time. They are more likely to have existing physical (non-CVD) and mental health conditions. They can do basic online tasks and are quite digitally confident.

Curious Concerned: CVD risk factors

In this segment, 1 in 3 are likely to have at least 2 CVD risk factors. Obesity is the most frequently found risk factor.

Curious Concerned: Enablers and barriers to healthier choices

This segment is anxious to do the right thing, so people in this segment are open to following advice and may already have started on a journey to make changes. They are deeply concerned about serious health conditions so they want to know if there are

activities, they can do to prevent them in the future. They are more likely than all 30 to 74 year olds in the sample to have friends or family with CVD conditions.

"Good to catch things early so you can do something about it." (Phase 3 qualitative participant, Curious Concerned segment)

However, they can struggle with their mental health and other physical illnesses which can disrupt their motivation and any planned changes to their lifestyles. When asked what stops them being in their best possible health, they indicate that they have other pressures on their time and have limited financial resources.

Curious Concerned: Attitudes towards NHS Health Check

Curious Concerned is the segment most likely to show interest in an NHS Health Check, with 61% of people in this segment stating they are very interested (rating 10 on a 10-point scale where 10 is very interested).

They are more likely than all 30 to 74 year olds to be aware of the NHS Health Check (46% compared with 38%). This segment sees an NHS Health Check as reassuring and a potential route to support services.

"It's like a yearly MOT and especially with my family history of high blood pressure and heart disease, it makes you know that everything is okay."
(Phase 3 qualitative participant, Curious Concerned segment)

While they tend to say they would listen to, and act on, advice; there is some hesitation which is likely due to their stated difficulties maintaining lifestyle changes in the past.

Curious Concerned: Recommendations to increase engagement

Awareness - Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use health professionals as messenger;
- Use the NHS Health Check [patient information leaflet](#)¹ to: highlight the range of conditions covered; what the tests are; the potential for support and reducing the potential for serious illness (loss frame) as they are anxious about their health; and
- Emphasise how easy it is to access an NHS Health Check.
- Key themes to encourage engagement: ability to act early; support to make changes; small changes can make a big difference.

Awareness – Don't

- Make the check too onerous to access as they are time poor for example, include a link to book in invite or provide a prearranged appointment; and
- Assume sending a text alone is enough, they are likely to need further reassurance.

Delivery – Do

- Evidence the credibility of those delivering the results and advice – although they may prefer a GP, they are open to other healthcare professionals if reassured on their expertise;
- Offer options to this group, while they prefer in person at a GP surgery, they are open to other settings or digital if they receive in-person support; and
- Offer reassurance that the check links to their health record and consideration of existing health conditions.

Delivery – Don't

- Assume they can use digital by themselves – they need clear instructions to work through.

Risk communication/brief intervention – Do

- Meet their need to know that there will be future opportunities to monitor and review their results;
- Use behaviour change techniques such as motivational interviewing to:
 - Empower them to act for themselves;
 - Explore their potential barriers to taking action – existing health, time and financial constraints need to be understood to work with them so they are clear on what to do; and
 - Help them to identify the action they might take and offer them information on tools that might support them (for example, NHS Smokefree app) even if no referrals are needed.

Risk communication/brief intervention – Don't

- Assume they will take action as they are not easily motivated long-term and can struggle to maintain focus on themselves.

Motivated Acceptor

Motivated Acceptor: Pen portrait

I've worked hard all my life and I want to make sure I enjoy life as much as possible. To me that means keeping fit, and I love challenging myself.

I'm motivated by being fit and healthy and I am prepared to take advice seriously if I think it will make a difference to me.

I am happy with where I am in life, but I know there is always new information out there to help me be at my best. I'm keen to enjoy my maturing years, to be well enough to enjoy time with my family and do all that I want to do for as long as possible.

Motivated Acceptor: Demographic characteristics

This group is more likely than all 30 to 74 year olds in the sample to be over 50, male and from social grades A or B. They are more likely than all 30 to 74 year olds to be working full time or retired. They tend to live in suburban areas in East Midlands or London, and travel using their own car, train or cycle in an average week.

Motivated Acceptor: CVD risk factors

In this segment, 1 in 16 people are likely to have at least 2 CVD risk factors. High cholesterol is the most frequently found risk factor.

Motivated Acceptor: Enablers and barriers to healthier choices

People in the Motivated Acceptor segment have already made positive changes to their lifestyle, enjoy keeping fit and are very active. They want the reassurance of identifying underlying illnesses as they want to reduce any future health risks. They are open to hearing advice and willing to take personal responsibility for their health.

“I think it is about longevity, quality of life, everything in moderation. I want to remain as healthy as I can so I can spend time with my children and enjoy doing the things I do.” (Phase 3 qualitative participant, Motivated Acceptor segment)

When responding to questions about potential barriers to being in the best possible health, this segment presents no major barriers. If there is anything that might create difficulties, it is a lack of time as people in this segment tend to work full time. In addition, they can hold the belief that they already have the knowledge and information to prevent serious illness, which may create a barrier to engaging with an NHS Health Check.

Motivated Acceptor: Attitudes towards NHS Health Check

Motivated Acceptors are more likely than all 30 to 74 year olds in the sample to show an interest in an NHS Health Check, with 60% stating they are very interested (rating 10 on 10-point scale).

The majority (57%) of people in this segment are aware of the NHS Health Check when prompted, the highest of any segment. They are also the most likely to have attended.

“I don't go to the doctor very often either, mine just came through in the post from the surgery, I didn't push for it, it just came through. I just thought, ‘Well, why not? Just do it.’” (Phase 3 qualitative participant, Motivated Acceptor segment)

People in this segment have no reticence about attending an NHS Health Check, or barriers to making any advised changes. They are motivated to attend as they wish to get advice on ways to reduce their risk of cardiovascular disease, if not also seeing it as a potential way to receive reassurance that they are already doing all they can.

Motivated Acceptor: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use GP surgery as messenger;
- Reinforce that this is the way to know their risk levels and receive personalised advice;
- Frame as acting early to help them live life to the full (gain frame);
- Use the national [patient information leaflet](#)¹ to highlight health conditions that the check can help with; and
- Key themes to encourage engagement: free assessment of cholesterol level and blood pressure; you might feel great...; know your risk; monitor your health; stay healthier for longer.

Awareness – Don't

- Focus on social norming as they are self-motivated.

Delivery – Do

- Make sure the experience and delivery feel professional;

- Deliver by healthcare professional who is well trained and able to clearly explain any issues arising;
- Reassure that information will be updated as part of their GP records – if not in GP surgery; and
- Highlight digital as a convenient option and reassure them information is managed securely and they will get personalised advice.

Delivery – Don't

- Just deliver basic health information that they are already familiar with; and
- Make them feel rushed or that the process is superficial – detail is important for this group.

Risk communication/brief intervention – Do

- Challenge their perceptions that they are already healthy and ask open questions, explore beyond surface responses;
- Acknowledge their ability to take personal responsibility but highlight any areas around increased risk and clarify support available;
- Focus on their CVD risk, cholesterol and abnormal results as these are the components they are most interested in;
- Ensure good follow-up and timely support is agreed before the session ends; and
- Reassure where they are doing the 'right things' and remind of the benefits of being proactive through preventative health services.

Risk communication/brief intervention – Don't

- Leave them without clear idea of follow-up and next steps – even if this is simply when their next NHS Health Check will be.

Struggling Hesitant

Struggling Hesitant: Pen portrait

Life has all got a bit much, I am really struggling to manage with all the pressures on making ends meet. Life has just been quite hard lately, and there doesn't seem to be that much support around.

I am worried about my health, I have a lot of aches and pains and know I am probably not making the best choices in what I eat, which just makes me more anxious.

It is probably better to know if you might have something wrong with you, but sometimes people giving advice can be a bit critical – they don't really understand all the things I have to deal with.

I want to be there for my family, not a burden on anyone so it would be good to sort out my health.

Struggling Hesitant: Demographic characteristics

This segment are more likely than all 30 to 74 year olds in the sample to be female, aged 50-59 years and living alone. They are more likely to be unemployed and have existing physical or mental health conditions. They are more likely than all 30 to 74 year olds to be either not very confident or quite confident digitally. This group tend not to travel by car or public transport in a typical week. They are more likely to be found in an urban or coastal location.

Struggling Hesitant: CVD risk factors

In this segment, 1 in 3 are likely to have at least 2 CVD risk factors. Obesity is the most frequently found risk factor.

Struggling Hesitant: Enablers and barriers to healthier choices

Being there for their family, avoiding aches or pains and wanting to address their mental health are factors that are most likely to motivate the Struggling Hesitant segment. They show concern about conditions related to cardiovascular disease, along with cancer, depression and anxiety.

They are more likely than all 30 to 74 year olds to have friends or family with cardiovascular disease and are aware this may heighten their risk.

“Everything about my health worries me, but I have no time to be ill and I am worried about getting diabetes, my dad had it and I worry about getting

it and I know the food I eat is unhealthy but it's a struggle to eat healthy food.” (Phase 3 qualitative participant, Struggling Hesitant segment)

However, they are more likely than all 30 to 74 year olds to have anxiety or depression, and/or to have a non-cardiovascular disease physical health condition. They can find motivating themselves difficult and, while they indicate that they want support, they agree that they find it difficult to ask for help. Notably this group are more likely than all 30 to 74 year olds to say that a barrier to be in the best possible health is that “I don't have the money”.

Struggling Hesitant: Attitudes towards NHS Health Check

Struggling Hesitants are more likely than all 30 to 74 year olds in the sample to show interest in the NHS Health Check, with 51% very interested (rating 10 on a 10-point scale).

A total of 37% of this segment are aware of the NHS Health Check (compared with 38% of all eligible 30 to 74 year olds) but are less likely than all 30 to 74 year olds in the sample to have attended an NHS Health Check.

Compared to several segments, they have an interest in an NHS Health Check but show some uncertainty about attending, which reflects their anxiety around health. They are concerned about having to deal with the outcomes of an NHS Health Check when they are already struggling to manage day to day.

The NHS Health Check can sound ‘scary’ to this group, and they show concern they would be judged if they attend. However, they are more likely than all 30 to 74 year olds to acknowledge “it sounds like I would get support to make changes to my life”.

Struggling Hesitant: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use the NHS Health Check patient information leaflet¹ and [marketing materials](#)⁵ to help communicate the health conditions that the check can help with. Cancer and dementia are of particular interest;
- Highlight that support is available in a caring and encouraging tone as they can be fearful of attending;
- Enlist significant others and community groups to encourage them to come forward;
- Use national NHS Health Check branding. Use national [invitation template letter](#)² and GP surgery as primary messenger;

- Provide positive role models use NHS.UK [videos](#)³ and NHS Health Check [image library](#)⁴ for images - make use of testimonies from local service users; and
- Key themes to encourage engagement: free; able to act early; easy, quick; living life to the full; don't put your health at bottom of to-do list.

Awareness – Don't

- Rely on one single invitation, will need encouragement to attend.

Delivery – Do

- Ensure in person at GP or pharmacy is on offer as they welcome face-to-face interaction;
- Offer them the opportunity to take someone with them to their NHS Health Check;
- Have a range of models available – consider their ability to attend as have practical barriers to overcome for example, lack of transport; and
- Make digital an option, although not all are confident digitally, having this available makes it feel easy and accessible.

Delivery – Don't

- Rely on community or workplace settings, this group need the reassurance of the NHS setting to have confidence to attend.

Risk communication/brief intervention – Do

- Provide positive reinforcement for things they are doing well already.
- Frame messages in relation to the prevention of CVD, cancer and dementia as these are health issues of most interest to this segment.
- Use behaviour change techniques such as motivational interviewing to:
 - Recognise their social and financial context, explore their barriers to making change happen and help them to identify possible support;
 - Provide sensitive and empathetic handling, especially if discussing weight loss;
 - Work with them to understand impact of existing illness on ability to make changes; and
 - Encourage them to generate support network for themselves and create social 'commitments' to help stick to changes.

Risk communication/brief intervention – Don't

- Make changes feel like a burden or that they alone have responsibility to act on the information.

Activate to Listen

Activate to Listen: Pen portrait

My family is my everything, I always put them first.

I'm pretty healthy, although I probably could do with losing a little weight, it doesn't bother me too much.

My life is good, it's busy every day but that's how I like it. There is very little time for myself but as I'm getting older, I realise I probably should start to think about looking after myself more.

I am noticing more niggles as I get older so would appreciate getting some advice on how to be in the best shape. If there are things I can do to be with my children and grandchildren for longer then I'd like to know about it.

Activate to Listen: Demographic characteristics

People in this group are more likely than all 30 to 74 year olds in the sample to be female, in their 50's, and in social grades BC1, slightly more affluent households. They are more likely to be white than among all 30 to 74 year olds in the sample, and are more likely to have high digital confidence. They are more likely than all 30 to 74 year olds to be found in rural and suburban areas, and to have their own car or access to a car. They are less likely than all 30 to 74 year olds to have any existing health conditions.

Activate to Listen: CVD risk factors

In this segment, 1 in 3 is likely to have at least 2 CVD risk factors. High cholesterol and obesity are the most frequently found risk factors.

Activate to Listen: Enablers and barriers healthier choices

The Activate to Listen segment has a core motivation around spending time with their family and want to have a good quality of life for as long as possible. There is evidence that people in this segment are more likely than all 30 to 74 year olds in the sample to be unhappy with their weight.

However, they are more likely than all 30 to 74 year olds in the sample to say that they "start but don't keep going with it" when asked what stops them being in their best possible

health. They are also more likely than all 30 to 74 year olds to say they do not find it easy to motivate themselves. This is potentially due to also stating that they struggle for time and are looking after others. This segment does not make their own health a priority and is more likely than any other segment to agree "I probably take my health for granted".

"I don't really worry too much about my health as I am fairly healthy."
(Phase 3 qualitative participant, Activate to Listen segment)

They are more likely than all 30 to 74 year olds to be concerned about cancer and there is the potential that the NHS Health Check focus on cardiovascular disease is less engaging for this group.

Activate to Listen: Attitudes towards NHS Health Check

Activate to Listen people are as likely as all 30 to 74 year olds in the sample to show interest in the NHS Health Check, with 40% very interested (rating 10 on a 10-point scale).

A total of 36% of this segment are aware of the NHS Health Check when prompted (compared to 38% of all eligible 30 to 74 year olds). They find the idea of an NHS Health Check reassuring and see it as an opportunity. Therefore, for this segment, it can be a trigger to think about and prioritise themselves.

"It is free, and it might help me to know how my body is doing." (Phase 3 qualitative participant, Activate to Listen segment)

This segment are more likely than all 30 to 74 year olds in the sample to believe they would be able to make small changes if advised at an NHS Health Check. They are more likely than all 30 to 74 year olds to agree that an NHS Health Check may be a 'wake-up call' for them, which indicates underlying concern about the results.

Activate to Listen: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use healthcare professionals as messengers;
- Frame NHS Health Check as identifying underlying health issues and support is available to reduce risks;
- Use the NHS Health Check [patient information leaflet](#)¹ and [marketing materials](#)⁵ to help communicate the health conditions that the check can help with;
- Encourage personal responsibility by identifying benefits of taking action;

- Help give them permission to prioritise themselves by relating the benefits of a check back to their motivation of family and loved ones; and
- Key themes to encourage engagement: able to act early; quick and convenient; your health is important.

Awareness – Don't

- Scaremonger – whilst open to a challenge, they may be a little afraid; and
- Rely on text messages. Use the national invitation template² as they prefer letter or email communication.

Delivery – Do

- Offer both in-person and digital options: they are digitally confident but some will need the reassurance of in-person discussion; and
- Provide reassurance on credibility and expertise of those involved in the delivery – they show a preference for advice given by a GP but 40% are open to listening to advice from ‘other qualified people’ for example other than a GP, nurse, pharmacist.

Delivery – Don't

- Miss opportunities to link messaging with cancer and dementia which are both of interest to this group. For example, using the messaging “what is good for your heart is good for your brain” and helping them understand that CVD risk factors are also common to preventable cancers.

Risk communication/brief intervention – Do

- Use behaviour change techniques such as motivational interviewing to:
 - Mirror their concerns – address their anxiety at being able to maintain any changes by helping them to plan;
 - Help them draw on their support network, and encourage them to carry on prioritising themselves; and
 - Acknowledge and discuss potential interruptions there may be to their plans, help them keep their focus on themselves.

Risk communication/brief intervention – Don't

- Let them go without using the national NHS Health Check result booklet⁶ (or a local version) to develop a clear action plan and agree first steps to take.

Problem Avoider

Problem Avoider: Pen portrait

I've just retired, and I love it. Finally, I have some money and time to enjoy myself.

When it comes to my health I am doing okay, as I've no serious issues to contend with. I know there is advice out there about what you should be eating and drinking to be healthy, but I like to make my own mind up about these things.

I'm pretty content with my life. I just try to find a balance, although my main priority is to enjoy life. I see no point in worrying about what might happen.

That said, I do want to carry on enjoying life for as long as I possibly can.

Problem Avoider: Demographic characteristics

People in this segment are more likely than all 30 to 74 year olds in the sample to be over 60 years old, retired and living with a partner in a rural location. They are also more likely than all 30 to 74 year olds to be in the highest social grades, AB.

They are more likely than all 30 to 74 year olds to have their own car and to report they are very digitally confident.

Problem Avoider: CVD risk factors

In this segment, 1 in 6 people are likely to have at least 2 CVD risk factors. High blood pressure is the most frequently found risk factor.

Problem Avoider: Enablers and barriers to healthier choices

People in this segment want to enjoy life to the full, they are keen to have a good quality of life for a long time. They have both money and time available to them to be in their best possible health, and their attitudinal profile shows they are resilient and can self-motivate.

However, the majority agreed that what stops them being in their best possible health is "I am happy with how I am", and they have no desire to change their life.

"I don't think too much about health and disease. I'm happy as I am."
(Phase 3 qualitative participant, Problem Avoider segment)

People in this segment are less likely than all 30 to 74 year olds to have an existing health condition, or to have a friend or family member with a cardiovascular diagnosis. They are

more likely than all 30 to 74 year olds to state 'not concerned at all' about all cardiovascular conditions.

Problem Avoider: Attitudes towards NHS Health Check

Problem Avoiders are less likely than all 30 to 74 year olds in the sample to show interest in NHS Health Check, with 32% very interested (rating 10 on a 10-point scale).

People in the Problem Avoider segment are more likely than all 30 to 74 year olds to be aware of the NHS Health Check (43% compared to 38% of all eligible 30 to 74 year olds) but their past attendance at an NHS Health Check is lower than average.

They are less likely than all 30 to 74 year olds to be interested in an NHS Health Check and show some uncertainty about attending. While they do not reject the idea outright, they appear to be unwilling to listen to advice on their lifestyle. They see an NHS Health Check as looking for a problem when they would rather not know.

"I might do it, but I don't want to do it... I don't want to find out something I don't want to know about really." (Phase 3 qualitative participant, Problem Avoider segment)

Problem Avoider: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Brand as NHS, use the national [invitation template letter](#)² and send from their GP;
- Outline that others, like them, are attending in their area (use local statistics where available);
- Frame as gaining knowledge that will allow them to enjoy their life to the full;
- Highlight inclusion of dementia as this is one of the few conditions which concerns them and they are unaware of any link with CVD; and
- Key themes to encourage engagement: easy, quick - 20 mins; live life to the full.

Awareness – Don't

- List out conditions as this can help them dismiss relevance to them; and
- Focus on potential referrals or significant change ahead.

Delivery – Do

- Focus on models that are a one-step process, in person, to keep it simple;
- Ideally offer checks in a healthcare setting, preferably a GP surgery;
- Consider offering checks in a pharmacy as this might help to make it seem less serious but need to build credibility – do stress the professionalism of the NHS; and
- Offer the option of digital if able to complete at home without multiple visits to other settings, as this segment are digitally confident.

Delivery – Don't

- Offer checks delivered in non NHS community settings or workplaces.

Risk communication/brief intervention – Do

- Use behaviour change techniques and social norming to explore the benefits of referrals to services;
- Level with them, treat them as an equal;
- Use the NHS Health Check [results booklet](#)¹¹ (or a local version) to help them identify actions on healthy behaviours that they can take;
- Provide them with the facts on cardiovascular risk, blood pressure and cholesterol;
- Use the [dementia patient information](#)¹² to share facts on the signs and symptoms of dementia; and
- Remind them that support is there should they need it, and signpost to support they can explore for themselves (for example, apps).

Risk communication/brief intervention – Don't

- Start with alcohol use score as this has least value to this group.

Ambitious Ambivalent

Ambitious Ambivalent: Pen portrait

My life is very full, I have a lot going on. Life is really busy and there is very little time spare when I try to juggle work and family. I don't give my health any thought.

For me health is all about feeling good about myself and being fit. I'm not that convinced you have any real control over whether you develop an illness.

But it might be good to know if there are hidden problems and make sure I'm in a good place. Although I'd have to be open to it not being good news and I'm not sure I'm ready for that.

Ambitious Ambivalent: Demographic characteristics

People in this group are more likely than all 30 to 74 year olds to be under 50 years old, male, working full time and to have children under 18 living at home. They are more likely than all 30 to 74 years in the sample to be from Indian, Pakistani, Bangladeshi or Eastern European groups.

They are more likely than all 30 to 74 year olds in the sample to not be digitally confident. They are from a range of socio-economic groups, but more likely in social grade D than 30 to 74 year olds generally.

Ambitious Ambivalent: CVD risk factors

In this segment, 1 in 7 people are likely to have at least 2 CVD risk factors. Smoking is the most frequently found risk factor.

Ambitious Ambivalent: Enablers and barriers to healthier choices

When asked about what motivates them to be in the best possible health, they are more likely than all 30 to 74 year olds in the sample to say it is about feeling good about themselves, as well as staying fit and fitting into their clothes. Other motivations are to stay healthy and to not be a burden on the NHS.

People in this segment engaged with an NHS Health Check in interviews, when they understood the check would explore links between their family history and their health status, and was a way to know about any 'hidden' problems.

However, the main barrier for people in this segment is that they do not give their health much thought and they are happy for it to remain in the background. Their attitudinal

profile shows that their focus is elsewhere, on their job or career, personal development and their finances. They would also rather not know if something is wrong, if they feel fine.

“I decided to focus on myself... progressing at work. I want to go up the ladder... over the last year I've been really busy.” (Phase 3 qualitative participant, Ambitious Ambivalent segment)

They are more likely than other segments to be focused on the present, not the future.

Ambitious Ambivalent: Attitudes towards NHS Health Check

Ambitious Ambivalent is the segment with the lowest interest in the NHS Health Check, with 21% stating they are very interested (rating 10 on a 10-point scale).

People in this segment are less likely than all 30 to 74 year olds to be aware of the NHS Health Check (34% aware compared with 38% of all eligible 30 to 74 year olds). While they do not reject the idea of an NHS Health Check, they struggle to see why they need one as they feel okay. This is underpinned by not being sure there are things you can do to prevent cardiovascular disease.

“I don't need someone telling me what I know already and some of the professionals can be judgmental and I'm not interested in talking to them if they are not offering me solutions and help.” (Phase 3 qualitative participant, Ambitious Ambivalent segment)

Ambitious Ambivalent: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use gain framing focused on the here and now to encourage attendance – the check as part of a positive routine to keep yourself fit, keep on top of your health, to get on with life and keep feeling good;
- Use opportunistic invitations to encourage spontaneous participation and avoid over thinking;
- If you are sending a written invitation then include a booked appointment;
- Make use of community spaces to raise awareness both on and offline;
- Use the national NHS Health Check [image library](#)⁴ and [marketing templates](#)⁵ with NHS branding and use peers, community and employers as messengers to normalise; and

- Key themes to encourage engagement: easy, quick - 20 minutes; free; straightforward; small changes make a big difference.

Awareness – Don't

- Focus on future benefits or problems.

Delivery – Do

- Digital is of more interest to this group than other segments and high potential to self-complete for those who are digitally confident; and
- As not all are confident online, also offer delivery in community settings and workplaces to ensure fits with their schedules – be mindful they are likely to need to fit in around work.

Delivery – Don't

- Make booking or accessing an NHS Health Check feel difficult or onerous.

Risk communication/brief intervention – Do

- Use behaviour change techniques such as motivational interviewing to:
 - Provide simple, bite-sized advice;
 - Communicate risk results within the context of feeling good about yourself today and mental wellbeing;
 - Capitalise on their interest in CVD risk and what they can do about individual risk factors by offering personalized advice;
 - Explore to their context as it is likely they have significant time barriers: need to feel supported and focused on improving their wellbeing; and
 - Emphasise how healthier choices may help immediately.

Risk communication/brief intervention – Don't

- Place too much emphasis on future benefits

Disempowered Dismissive

Disempowered Dismissive: Pen portrait

I live moment to moment. Right now, I am really concerned about money. I think I am in good enough health, even though it would be good to lose a bit of weight and feel a bit happier, I am just not able to motivate myself to do something about it, given all the other issues I have to deal with.

It does make me a bit anxious when I think about the people I know with serious illnesses but it seems to happen regardless of whether they were healthy before or not.

I take my health for granted, despite having some little problems. If I am honest, as generally I feel okay then I avoid going to the doctors.

Disempowered Dismissive: Demographic characteristics

People in this segment is more likely than all 30 to 74 year olds in the sample to be female, in their 40s or 50s and to have children under 18 living at home. They are more likely than all 30 to 74 year olds to be in social grades C1C2DE, and to be unemployed. They are more likely to be found in suburban areas and to report their ethnicity as Indian.

Disempowered Dismissive: CVD risk factors

In this segment, 2 in 5 people are likely to have at least 2 CVD risk factors. Obesity and smoking are the most frequently found risk factors.

Disempowered Dismissive: Enablers and barriers to healthier choices

They are more likely than all 30 to 74 year olds in the sample to agree that a motivator to being in their best possible health is to “not be a burden on my family” or to “not be a burden on the NHS”. Other motivators are the desire to address their mental health, to avoid aches and pains and to look good/fit into clothes better.

However, they appear to have hectic lives and the majority indicate that they have financial challenges. They are more likely than all 30 to 74 year olds to agree “I find it hard to motivate myself” and their survey responses suggest they may struggle with self-esteem. While they are concerned about the future, they would rather not know about health problems if they feel fine. So the majority agree “I avoid going to the doctors if I can help it”.

“I see my health like a car... you only take it to the garage when something is wrong.” (Phase 3 qualitative participant, Disempowered Dismissive segment)

Disempowered Dismissive: Attitudes towards NHS Health Check

Disempowered Dismissives are less likely than all 30 to 74 year olds in the sample to show interest in the NHS Health Check, with 27% very interested (rating 10 on a 10-point scale).

They are less likely than all 30 to 74 year olds in the sample to be aware of the NHS Health Check, with just a quarter (26%) aware, compared with 38% of all 30 to 74 year olds.

They have lower levels of interest in the NHS Health Check than most other segments. Their attitudes show they feel disempowered, which may drive their lack of willingness to listen to advice given at an NHS Health Check.

They are more likely than all 30 to 74 year olds to agree that an NHS Health Check “sounds quite scary; I am not sure I want to know the results”, and that they would be embarrassed to go in case they are judged.

When thinking about the advice and support they may receive as part of an NHS Health Check, they are more likely than all 30 to 74 year olds in the sample to believe they would struggle to find the money, time and confidence to make changes.

“Life is so busy that your own health takes a back foot – I just have to focus on paying the bills and looking after the family.” (Phase 3 qualitative participant, Disempowered Dismissive segment)

Disempowered Dismissive: Recommendations to increase engagement

Awareness – Do

- Take steps to increase awareness using the [PR toolkit](#)⁷;
- Use the national NHS Health Check [image library](#)⁴ and [marketing templates](#)⁵ with NHS branding and make use of peers as messengers;
- Focus on how easy an NHS Health Check is and the positive support available;
- Avoid the NHS Health Check feeling intimidating by making it feel less long-term health focused;
- Focus on short term wellbeing gains, such as having more energy; and
- Key themes to encourage engagement: easy, quick – 20 minutes; small changes make big difference.

Awareness – Don't

- List out the conditions as can add to their fears and make it seem both overly serious and time consuming.

Delivery – Do

- Highlight the ease of access by offering in pharmacy, community and workplace settings as well as GP surgery;
- Consider that the ease and convenience of digital could be useful to allow engagement on their own terms; and
- Consider future use of community champions to reduce how daunting the NHS Health Check might feel but continue to brand as NHS.

Delivery – Don't

- Rely on digital alone, they may need prompting to follow through on the actions to complete.

Risk communication/brief intervention – Do

- Use behaviour change techniques such as motivational interviewing to:
 - Constructively navigate their concerns and meet their need for advice;
 - Recognise their context – cost and convenience are important to this group,
 - Identify and explore the actions they feel that they can fit in to their life; and
 - Make changes feel worthy of the time being spent – for example, discuss the positive impact on mental health of physical activity.

Risk communication/brief intervention – Don't

- Overload with information or make them feel judged, this can make them feel anxious and less confident to make changes; and
- Leave this segment to their own devices, they may struggle with confidence to make changes so need ongoing support.

Conclusion

These seven segments offer insight into the perspective of people eligible for an NHS Health Check. This insight can be used to help tailor the local design, delivery and communication of the programme to encourage participation among priority groups. The [full segment packs](#) are available to download.

Across the segments there were several areas of common ground identified. Whilst health was important, it was not always the most pressing issue for those eligible for the NHS Health Check. Generally, health took on greater significance with age. Aside from age, the research identified various attitudinal factors that impacted on the priority attached to, and engagement in, health. This resulted in a scale within this sample of segments of most to least proactive about their health.

'Good health' tended to be described in the here and now. There were four aspects identified as contributing to good health; maintaining weight, being fit and well, physical and mental balance, and wellbeing and a sense of vitality and energy.

Motivations to be healthy centered around a good quality of life. This was defined by being able to enjoy time with family, being and maintaining a healthy weight, feeling physically fit, having good mobility and an absence of any medical conditions.

Cardiovascular health was not well understood. A lot of participants associated cardiovascular health with the heart and fitness, while few considered dementia, stroke and diabetes as being part of cardiovascular health.

The research also identified where there were disparate views across the segments. Despite a commonly held belief that there are things that can be done to prevent some health conditions, the prevention of disease was not a conscious driver to maintaining health across the sample. Overall, the sample were split along a scale of living well day to day through to those living well for longer term.

While the sample were aware that they had both the control and the ability to make behaviour changes, multiple barriers prevented them from doing so and these varied across the sample. Barriers included a lack of urgency to act, denial of health problems, lack of motivation, lack of prioritisation of self and lack of support and resources.

A spread of initial interest in the NHS Health Check concept emerged. Those who tended to respond more positively, were looking for confirmation of their good health and positive direction to making improvements. Others struggled to recognise the benefit as they either felt fine and did not want to look for health problems, or they believed they already knew what the advice would be and therefore did not need to attend. Others actively rejected the

concept and were not receptive to making changes or were anxious about hearing the results or being judged by others.

Considering the commonalities differences identified across the segments, the learning about the 30 to 74 year old population who do not have a diagnosis of CVD identified by this research suggests there is a need to consider the following:

- to build engagement, communication about the NHS Health Check programme needs to be tailored to different motivations. While some segments are focused on the here and now, others are more engaged by the long-term impacts on health, wellbeing and quality of life;
- marketing and communication may raise awareness and create understanding of the NHS Health Check among the target population. Those aware of NHS Health Check had higher levels of interest in attending. Just under two-fifths (38%) of the sample were aware of the programme. In qualitative interviews, there was often confusion around whether someone had previously attended an NHS Health Check;
- the current framing of the NHS Health Check could do more to motivate and support people to think that they can make changes. Those most likely to reject an invitation had a complex set of psychological barriers, including struggling to motivate themselves or engage in lifestyle changes or were fearful of criticism and judgement about their lifestyle. There were also those who felt they knew this information already;
- there is appetite for delivery models outside of a GP practice, although this differs by segment in terms of preference and the reassurances needed to encourage participation. Survey responses reflect current delivery models, with the majority of those aged 30 to 74 who completed the survey showing a preference for an NHS Health Check being in person at their GP practice. However, around half (52%) indicated they would attend via an app or online platform if doing it themselves (or 50% with in-person support) which shows there is appetite for digital delivery. It should be noted, however, that qualitative findings identified steps would need to be taken to encourage full completion of the NHS Health Check via a digital approach, and to engage participants in the results and support available. A high proportion of survey respondents reported that they were likely to complete a check delivered in pharmacy or via. However, this level of interest was not evident from the qualitative research. The qualitative research also suggests that there may be interest in a community offering with appropriate reassurances around credibility (NHS credentials) and integration with health records and support mechanisms and programmes;
- there is a need to provide clarity and assurances of how individuals will be supported outside of an NHS Health Check, as part of raising awareness to encourage engagement with the programme. The research identified key aspects to build confidence and encourage action across the segments, particularly when delivery was in community settings or where a digital approach was proposed. There is a need to highlight how the results of an NHS Health Check would be integrated with health records, to provide reassurance that this would be joined up with existing knowledge and be available should other health issues arise in future;

- also important is the need for proactive follow-up support. The initial phase of qualitative research found that many struggled to motivate themselves and talked openly about how challenging they found implementing lifestyle changes.

Limitations

The final segment solution did not include survey data on interest or attitudes towards NHS Health Check as an input in the statistical modelling. This decision was made as respondents were largely unaware of NHS Health Checks, and as such, the data on interest and attitudes was based on the stimulus shown in the survey. Therefore, there was the potential for the segment solutions with NHS Health Check data included to be short lived, as communications or other activity could influence interest and attitudes which may move individuals from one segment to another. In addition, the segment solutions including NHS Health Check data had inferior reproducibility scores, meaning if these segments were reproduced in the future, the quality would be inferior.

Annex A: List of diagnoses ineligible for the NHS Health Check

List of diagnoses that make someone ineligible for an NHS Health Check:

- heart disease
- chronic kidney disease
- diabetes
- high blood pressure (hypertension)
- atrial fibrillation
- transient ischaemic attack
- inherited high cholesterol (familial hypercholesterolemia)
- heart failure
- peripheral arterial disease
- stroke
- currently being prescribed statins to lower cholesterol
- previous checks have found that you have a 20% or higher risk of getting cardiovascular disease over the next 10 years

Annex B: Phase 1 discussion guide

Qualitative discussion guide

Introductions and set up

What is your daily life like: Words to sum up life at the moment? Explore

Attitudes to daily life and routines

How would you describe yourself and your attitude to life more generally? (ask respondents to note down words and then share together). Explore words.

How do you feel most days?

What makes you happy?

What do you struggle with in life?

What are your thoughts on the future? Do you have particular goals or not?

How easy do you find coping with problems or stress in your lives?

Would you describe yourself as feeling in control of your life most of the time or not? Explore words that they think fit with them/do not fit with them (SHOWCARD).

Trusted voices:

Who around you do you listen to and trust?

Outside of friends/family who do you trust and listen to? (Trusted Voices SHOWCARD: Govt, NHS, local NHS services for example GP, Local Council, Charities, Media, social media, employers, media personalities)

What is important to you in life? What are your priorities at the moment?

(Show wheel of life) what aspects are more/less important, where do you spend more of your time? How happy are you with this?

How much of a focus is health/wellbeing for you in their daily life?

Is this something you think about much?

How do you feel about your health in general?

How 'healthy' do you think you are? (probe gently – do they smoke, drink, do much exercise)

What does health mean to you at the moment and where does it fit into your life ?

Is it at the back or front of your mind?

What is most important to you about your health?

Now and in the future?

Does anything worry you in terms of your health?

Are there specific aspects of health, or conditions that you are more worried about than others? (listen out for conditions linked to cardiovascular health – dementia, heart problems, stroke, diabetes)

How top of mind are these concerns for you?

Has anything influenced or changed your attitudes to health recently? (eg Pandemic? Lifestage? Children? Family experiences?)

Who do you see as trusted sources of information and authority relating to health? (use SHOWCARD of Trusted Voices again)

How do you feel overall about the NHS? Local NHS? GP services?

Mental model of 'good health'

How would you define 'good health'?

Personification: If you were to describe someone who you think is in good health, how would you describe them? What behaviours do they have?

(SHOWCARD Aspects of health)

What aspects of health do you tend to think about more/less about?

Moderator to note where cardiovascular health fits in.

What do you know about cardiovascular health? What does this 'mean' to you? What types of conditions do you think this relates to? Is this something you think about much?

As we get older, we have a higher risk of developing conditions like high blood pressure, heart disease or type 2 diabetes. This relates to your cardiovascular health. : what do you

think about that? Did you know this or not? how do you feel about these types of conditions?

Motivations and personal agency

How happy are you with your health at the moment?

How would yourself compare yourself to your description earlier of someone in 'good health'? How would you describe your health compared to the average person in the UK? Why?

Is there anything you want to change or not? How driven are you to take further steps? Why/ why not?

What makes you want to look after your health?

Prompted: use of statements to prompt discussion around which are the most motivating benefits? Create prioritisation for key drivers?

What gets in the way of you being in best possible health?

Prompted: use of statements to prompt discussion about what stops them addressing their concerns about poor health? Create prioritisation of key barriers

To what extent do you think your health is in your hands? What other influences play a role in your eyes?

Who else would you expect to provide support or services and help relating to maintaining good health?

Prevention

What does 'prevention' mean to you in terms of health?

What things are you thinking of in relation to prevention?

Where can prevention have the biggest impact and why?

Can it prevent specific illnesses, diseases or just general health?

How much do you think you can maintain good health/prevent health problems?

What types of behaviours do you think this includes?

Do you know of any services that are offered to help you prevent health problems? Have you ever attended any of these? Why/why not?

Eg NHS cancer screening/ lifestyle support for example weight management, smoking cessation/general health screening/NHS Health Check/blood pressure checking eg in supermarkets

Thinking specifically of conditions such as heart attacks, stroke, diabetes, dementia: how much do you think you can do to prevent these types of problems? Review each and any differences in attitudes to prevention

What does prevention mean to you specifically in relation to cardiovascular health?

Is this something that means anything to you or not?

How can we prevent things like strokes etc?

How helpful would it be to have support in preventing health problems like these in the future? Explore attitudes

Who/where would you expect to be able to get help or support for these issues? Who would you trust/not trust? (Show Trusted Voices SHOWCARD)

How do you feel about the NHS, national Govt or local council more generally being involved in supporting preventative health activities? What about other groups such as employers?

SHOWCARD: Couch to 5k, Change for Life, Better Health, NHS Health Check, NHS cancer screening, lifestyle services: explore attitudes. Here are some different services and campaigns that exist at the moment, which of these are you aware of? What would you be more/less interested in hearing more about? Why? How do you feel about Govt, NHS, or Local Authorities getting involved in health? How open are you to getting involved with them?

Attitudes to concept of health checks and NHS Health Check

Attitudes towards the idea of a health check of any kind to help you monitor health and prevent problems in the future?

What do you think about this idea?

Have you heard of any health checks like this?

Drivers and barriers to attendance of any in the past?

Knowledge and awareness of NHS Health Check specifically; any experiences?

Immediate expectations of NHS Health Check (unprompted to idea).

What would they expect this to be/offer?

How would they expect this to be delivered? (in person, digital, setting/venue)? By who?

Who do you think it would be for?

What types of conditions do you think it would be focused on?

Immediate attitudes and 'gut feel' responses to appeal of an NHS Health Check?

Response to NHS Health Check

SHOWCARD: Share more detailed information about NHS Health Check.

Overall appeal of idea – how interested would you be in attending this? Explore levels of interest.

How interesting/relevant is something focused on CV health? Why/why not?

What would they see the benefits as?

What do they find less interesting/relevant about it?

What might stop them going for one?

Explore: practical, logistical, emotional barriers

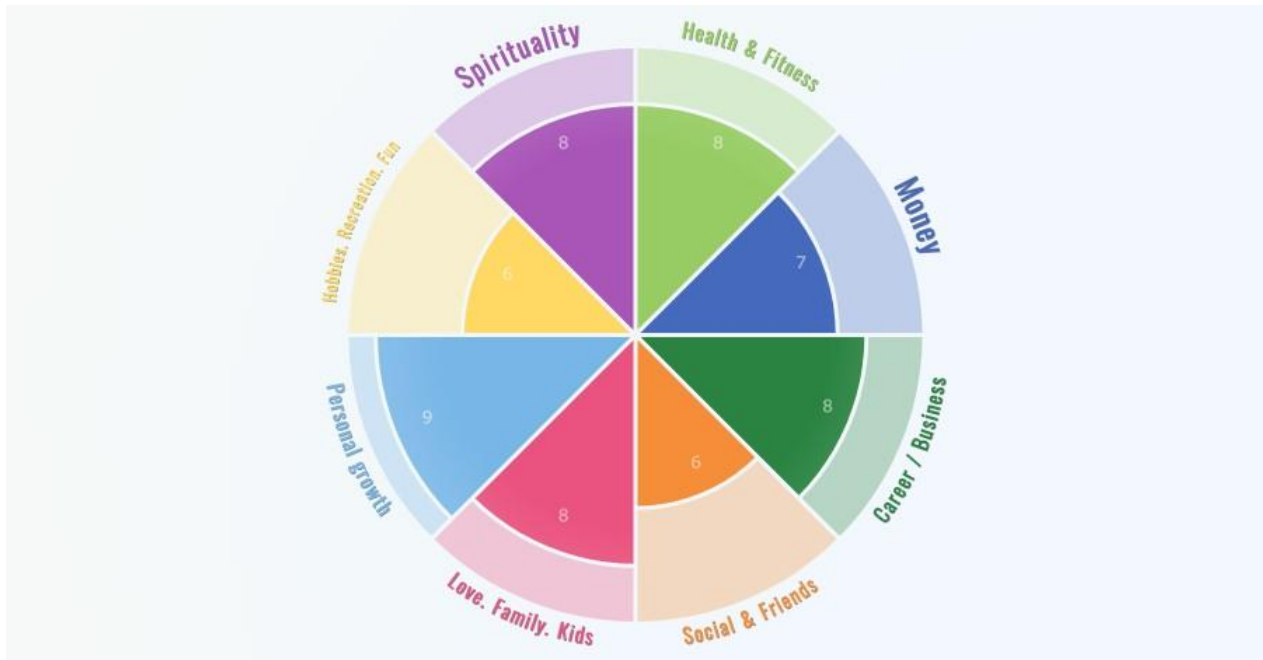
To what extent do you think you would trust the recommendations?

Do you think you would be likely to action the recommendations?

Logistical: how do you feel about taking part in something like this face to face? Or online? Via an app? What would work/not work for you?

Annex C: Phase 1 stimulus

Stimulus: Wheel of Life exercise



The image above was used to support a 'wheel of life' exercise (as seen in Annex B), where participants outlined their priorities using a wheel of topics affecting daily life based on the following categories:

- Spirituality
- Health & Fitness
- Money
- Career / Business
- Social & Friends
- Love, Family, Kids
- Personal growth
- Hobbies, Recreation, Fun

Stimulus: Statements highlighting triggers

Why would I like to be in good health?

I want to look my best and look good in my clothes!	I want to feel at my best	I want to live as long as possible	The prospect of developing something seriously wrong frightens me
I want to have the energy to go about my daily life and get the most out of it as possible	I want to be as healthy as possible for my family, children and grandchildren	The better my physical health is the better my mental health is	

Stimulus: Statements highlighting barriers

What stops me leading a healthy life

I know what to do to look after my health more but I just can't motivate myself	I never seem to have time to focus on my health	I'm healthy enough and happy with how I am
I've got so many other people to think about before I think about myself	I know I've got unhealthy habits, but life's too short – you have to just enjoy yourself!	I think our modern day life doesn't make looking after your health easy
I'm not sure what I can do to look after my health	There's no point, it's all in your genes anyway	I'd like some help with this, but it's too difficult to get to the GP, or other support groups

Annex D: Phase 2 stimulus

Stimulus shown to survey respondents

The NHS Health Check is a **free check-up** of your overall health. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.



What happens?

An NHS Health Check takes about 20 to 30 minutes. The health professional will ask you some questions about your lifestyle and family history, measure your height and weight, and take your blood pressure and do a blood test.

How will the NHS Health Check help me?

You will have **your individual cardiovascular risk** (risk of getting conditions related to the heart or circulation over the next 10 years) calculated and explained to you. While the cardiovascular risk levels vary from person to person, everyone is at risk of developing heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia. At your NHS Health Check you will be given advice on how to prevent them.

You will receive **personalized advice to improve your risk**. This could include talking about: how to improve your diet and the amount of physical activity you do, taking medicines to lower your blood pressure or cholesterol, how to lose weight or stop smoking. If you're over 65, you will also be told the signs and symptoms of dementia to look out for.

NHS Health Check results should also be broken down into: your body mass index (BMI), your blood pressure, your cholesterol levels, your alcohol use score, your physical activity assessment result, and your diabetes risk assessment.

Annex E: Phase 2 survey questions

Phase 2 questionnaire

1. What is your age?

- 30-39
- 40-49
- 50-59
- 60-69
- 70-74

2. And are you...

- Male
- Female
- I identify in a different way
- Prefer not to say

3. Which, if any, of the following health conditions do you have?

- Congenital disorder (for example, cystic fibrosis)
- Respiratory condition (for example, asthma, COPD)
- Cancer
- Inflammatory or immune system condition (for example, rheumatoid arthritis, Crohn's disease)
- Skin condition (for example, dermatitis)
- Neurological condition (for example, multiple sclerosis, epilepsy)
- Diabetes – SCREEN OUT
- High blood pressure – SCREEN OUT
- Heart disease – SCREEN OUT
- Atrial Fibrillation – SCREEN OUT
- Transient ischaemic attack – SCREEN OUT
- Heart failure – SCREEN OUT
- Peripheral Arterial disease – SCREEN OUT
- Stroke – SCREEN OUT
- High cholesterol - prescribed statins – SCREEN OUT
- Other physical condition lasting or expected to last for 12 months or more
- Other mental health condition (for example, PTSD, OCD)
- Anxiety / depression
- Oral or gastrointestinal
- None of the above

4. Where in England do you live? And which county (borough in London)?

- North East

North West
Yorkshire & Humber
West Midlands
East Midlands
East of England
South East
London
South West
Do not live in England – SCREEN OUT

5. How are you feeling today?

Slider 0-10
Can't run for a bus Can run for miles
Sleepless nights Good quality sleep
Not my best Fitter than ever
Down in the dumps Over the moon

6. How is your health in general?

Very good
Good
Fair
Bad
Very bad

7. How would you describe your current fitness levels?

I'm in pretty good shape
Doing ok
Need to work on it
Pretty unfit

8. And how would you describe your diet?

I eat pretty well most of the time
It's ok
Need to make some changes
Really not great

9. Do you currently, or have you ever, smoked cigarettes and/or vape regularly?

I smoke or vape regularly and haven't tried to cut down / stop
I smoke or vape but am cutting down

I smoke or vape regularly and have tried to cut down in the past but not stuck to it

I have quit smoking or vaping

I have never smoked

Prefer not to say

10. How often do you have a drink containing alcohol?

Never

Monthly or less

2 to 4 times per month

2 to 3 times per week

4 or more times a week

11. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

12. The following question concerns how physically active you are in your free time and during transport (including your commute to and from work/education). On a typical week, how much time do you spend in total on each of the following

Moderate physical activity – leads to small increase in breathing or heart rate such as brisk walking, swimming, cycling, dancing etc. for at least 10 min at a time

Less than 30 minutes

½ an hour to 1.5 hrs (30-90 minutes)

1.5 – 2.5hrs (90-150 minutes)

2.5-5 hrs (150-300 minutes)

More than 5 hrs (More than 300 minutes)

Vigorous physical activity – leads to large increase in breathing or hearth rate, and make you sweat, such as running, football, swimming etc. for at least 10 min at a time

Less than 30 minutes

½ an hour to 1.5 hrs (30-90 minutes)

1.5 – 2.5hrs (90-150 minutes)

2.5-5 hrs (150-300 minutes)

More than 5 hrs (More than 300 minutes)

13. We are now going to show you some statements about your weight.

Please tell us whether you agree or disagree with each of the statements.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

I am happy with my weight
I want to lose some weight
I have tried to lose weight in the past but struggle to keep it off

14. We are now going to show you some statements about your health.

Please tell us whether you agree or disagree with each of the statements. Remember there are no right or wrong answers and everything you tell us will be completely confidential.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

I worry a lot about my health
I probably take my health for granted
The idea of developing a serious illness really frightens me
If there is something wrong with me but I feel fine, I'd rather not know
I avoid going to the doctors if I can help it
I tend not to think very much about my health unless I've got a problem
I don't think much about my health day to day
If I feel fine there's no point looking for a problem
When I think about my health I tend to think about how I look and feel day to day
When I think about my health I tend to think about keeping well for the future
I believe that maintaining your weight is the way to keep healthy

15. How do you feel about your health? Move the slider to show which statement you agree with more

There is little I can do to stop me getting serious health conditions
It is mainly in my hands to reduce my chance of getting serious health conditions

I worry all the time about developing a serious health condition
I don't think about developing a serious health condition at all

16. We are now going to show you some statements about you and your daily life.

Please tell us whether you agree or disagree with each of the statements.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

- I don't have enough time in the day to get everything done
- I feel in control of my life
- I tend to live in the moment and not think about the future
- I am very happy with my life how it is
- I tend to blame myself when something goes wrong
- I cope well when things get difficult in my life
- I worry a lot about the future
- I find it easy to motivate myself
- I feel able to make change happen in my life
- I find it difficult to ask for help

17. We are now going to show you some statements about you and your priorities.

Please tell us whether you agree or disagree with each of the statements.

- My family is my number one priority
- I struggle to make time for myself
- My main concern at the moment is money
- Taking care of my health and wellbeing is a priority
- Life is short, you have to just enjoy yourself
- My job/career is my priority
- I can afford to put my health to one side to get ahead in life
- Maintaining work-life balance is a priority
- Personal development is a key focus for me
- Spending time with friends and family is really important to me
- I am actively making changes to way I live my life to improve my health

18. On a day to day basis, what are the Top 3 things that motivate you to be in your best possible health?

- Being there for my children and grandchildren 1
- Feeling good about myself 2
- Looking good / fitting into my clothes 3
- Having the energy to enjoy the life I want 4
- Avoiding aches and pains 5
- Avoiding or reducing the risks of getting a serious illness in the future 6
- Being healthy in case I get ill 7
- Having a good quality of life for as long as possible 8
- Staying fit / athletic 9
- Not being a burden on my family 10
- Not being a burden on the NHS 11
- Balancing my physical and mental health 12
- Addressing my mental health 13

19. On a day to day basis, what are the top 3 things that stop you taking steps to be in your best possible health?

- I don't have time 1
- I am looking after others 2
- I don't know what to do 3
- I don't have the money 4
- I start but don't keep going with it 5
- I have an illness or disability that stops me 6
- I am happy with how I am 7
- I would rather enjoy myself and not worry about it 8
- It's difficult to get support / advice 9
- I find it hard to motivate myself 10
- I don't want to make any changes 11
- I just don't think much about my health on a day to day basis 12

20. We are now going to show you some statements about health prevention.

Please tell us whether you agree or disagree with each of the statements.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

I regularly think about how to look after myself to avoid serious illness in the future

Someone I know getting seriously ill has had a big impact how I think about my health

I am open to hearing advice on my lifestyle that would improve my health

I think it would be better to know if you are at risk of developing a serious illness

I believe there are things you can do to prevent getting some health conditions

If I feel fine, then I don't need to think about future health problems

I need support to help me make / keep up a healthy lifestyle

I feel ready or have already started to make some changes to my lifestyle

I know what I should do to prevent getting serious health conditions

I've got more immediate priorities to think about than potential future health problems

I find it hard to motivate myself to make changes to my lifestyle that would improve my health

21. Now we'd like you list below any health conditions, illnesses or diseases that you worry about.

Open text

22. Below is a list of health conditions. Please indicate to what extent these cause you concern, that you think about happening to you.

Slider: 0 – Not concerned at all - 10 – Very concerned

- Diabetes
- Kidney disease
- Stroke
- Heart disease
- Dementia
- High blood pressure
- High cholesterol
- Cancer
- Arthritis or joint problems
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Anxiety

23. Using the slider show us to what extent you think you can or cannot do something yourself to help stop you or reduce your risk of developing each health condition?

Slider: 0 - Do nothing about it - 10 – Lots you can do to reduce risk

- Diabetes
- Kidney disease
- Stroke
- Heart disease
- Dementia
- High blood pressure
- High cholesterol
- Cancer
- Arthritis or joint problems
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Anxiety

24. Cardiovascular disease (CVD), also called heart and circulatory disease, is an umbrella name for conditions that affect your heart or circulation. Before today, which of the following conditions were you aware are linked to your cardiovascular health?

- Diabetes 1
- Kidney disease 2

- Stroke 3
- Heart disease 4
- Some forms of Dementia 5
- High blood pressure 6
- High cholesterol 7
- None of the above 8

25. Cardiovascular disease, which covers conditions such as Type 2 diabetes, kidney disease, stroke, high blood pressure and heart disease, are conditions you have a higher risk of developing as you get older. Please tell us whether you agree or disagree with each of the statements about these types of conditions.

- You don't hear much about these types of conditions
- I am much more concerned about other conditions
- I am not frightened of these conditions
- People live happy and full lives with these conditions
- There are things you can do to prevent these conditions

26. Have you had any close relatives or friends who have been diagnosed with any of the following?

- Diabetes
- Kidney disease
- Stroke
- Heart disease
- Dementia
- High blood pressure
- High cholesterol
- Cancer
- Arthritis
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Anxiety
- None of the above

27. Before today, which of the following services were you aware of?

- NHS Cancer screening (for example mammogram for breast cancer, at home kit for bowel cancer)
- NHS Smokefree app
- NHS Weight loss plan
- NHS Health Check
- Couch to 5k programme / app
- Change 4 Life
- Weight management services
- NHS Diabetes prevention programme
- Stop smoking services
- Better Health

None of the above

28. Have you ever been invited by the NHS or your local council to any of the following?

29. And did you attend / do the test? (SHOW ONLY PREVIOUS Q RESPONSES)

- Bowel cancer screening (for example test sent to your home)
- Cervical screening – FEMALES ONLY
- Breast cancer screening – FEMALES ONLY
- NHS Health Check
- Prostate cancer screening – MALES ONLY
- A blood pressure check
- A cholesterol check
- Weight management service
- Stop smoking service
- NHS Diabetes prevention programme
- None of the above

STIMULUS

30. Based on this description, how interested are you in attending the NHS Health Check in future?

0-Not at all interested

10- Very interested

31. If you were contacted tomorrow to invite you to have an NHS Health Check, would you go?

- Yes
- No
- Not sure

32. Considering your previous answer, please tell us whether you agree or disagree with each of the statements about the NHS Health Check.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

- I am not sure what I would do with the information 1-5
- It doesn't include the health conditions that concern me the most
- I would attend if it was at a location convenient to me
- It doesn't sound like it would be worth my time
- I don't have the time for this type of thing
- I've already had this information
- I have family history of illness, so it sounds reassuring to learn about my risk

It is an opportunity to be proactive about my health
I think it would just tell me what I already know
I'd be embarrassed to go in case they judged me
It sounds like it would help with early detection of health problems
It sounds quite scary; I am not sure I want to know the results
I feel ready to face up to what they might tell me
It would help me to maintain or improve how healthy my lifestyle is
It sounds like I would get support to make changes to my life
I don't see a need as I feel ok at the moment
I am not sure I need this yet
It would be reassuring to be told if I was doing all I could to be healthy

33. Based on the results of your check, you may be given advice and guidance on things like smoking, diet and exercise to reduce your risk of cardiovascular disease.

To what extent do you think you would be willing to listen to and act on the advice...

0 – would not listen to advice

10 – would listen and act on the advice

34. Please tell us whether you agree or disagree with each of the statements about the advice and support that you may receive as part of the NHS Health Check to help lower your risk and maintain or improve your health. Based on results you may be offered a referral to services to support you to reduce your risk by making lifestyle changes.

On a scale of 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree

Knowing my cardiovascular risk score (your risk of getting conditions related to the heart or circulation in the next 10 years) would motivate me to make changes
I would struggle to find the time to make any changes to my lifestyle
I would struggle to find the money to make any changes to my lifestyle
My family / friends would support me if I needed to make any changes
It would depend on who gave me the advice as to whether I would listen
I am confident I could make small, sustainable changes if they were advised
I find there is contradictory advice on what I am told to do to be healthy
I think the results of the NHS Health Check might be a wake-up call for me
I don't believe there are things you can do to prevent these conditions
It would be helpful information
A cardiovascular risk score for the next 10 years sounds too far in the future to worry about
I would welcome the opportunity to be referred to support services or given help to make changes

35. There could be different practitioners involved in delivering the NHS Health Check. Please indicate whether you would be more or less likely to listen and act on the advice if given by each of the following...

- Healthcare assistant
- Nurse
- Pharmacist
- GP
- Other qualified person (for example health trainer)

36. To what extent do you think each of the following would be valuable to you?

Highly valuable; Of some value; Not valuable

- Signs and symptoms of dementia to look out for
- Personalised advice
- Your body mass index (BMI)
- Referral to support services (for example weight management service, stop smoking service, NHS Diabetes prevention programme)
- Referral to get medication to lower blood pressure or cholesterol
- Your blood pressure
- Your cholesterol levels
- Your alcohol use score
- Your physical activity assessment result
- Your diabetes risk assessment
- Your cardiovascular risk score
- Information on lifestyle changes
- Practical tips to help make changes
- Advice on how to prevent cardiovascular health problems

37. There are several ways in which you might be able to have an NHS Health Check. For each, please indicate whether you would attend if it was delivered in this way?

Would attend Would not attend

- By telephone
- By video conference
- In person at my GP practice
- At a pharmacy
- In my workplace
- In a community setting (for example in local supermarket)
- Via an app / online platform – doing it yourself (for example at home)
- Via an app / online platform – with in person support from a trained practitioner

38. And which would you be most likely to attend?

39. Which one of the following ways would you most prefer to hear about the NHS Health Check?

A letter

A phone call

A text

An email

Only when I ask

Social media

Other (please specify)

Annex F: Phase 2 respondent demographics

Survey respondent demographics based on n=1,750 respondents:

- Age: 13% were aged 30 to 39; 32% were aged 40 to 49; 30% were aged 50 to 59; 22% were aged 60 to 69; and 3% were aged 70 to 74.
- Gender: 38% were male; and 62% were female.
- Social grade: 34% were in social grades A (high managerial, administrative or professional) or B (intermediate managerial, administrative or professional); 31% in social grade C1 (supervisory, clerical & junior managerial, administrative or professional); 14% in social grade C2 (skilled manual occupations); 11% in social grade D (semi and unskilled manual occupations); and 10% social grade E (state pensioners, casual or lowest grade occupations, unemployed with state benefits only).
- Location: 18% lived in rural location; 35% lived in urban location; 45% lived in suburban location; and 2% lived in coastal location.
- Employment status: 46% were working full time; 22% working part time; 13% were retired; and 23% were unemployed, carer, student, homemaker or other status.
- Ethnic group: 84% were white British; 1% were Eastern European; 2% were any other white background; 1% Asian and white; 1% were any other mixed background; 2% were Indian; 1% were Pakistani; 1% were Bangladeshi; 1% were any other Asian background; 1% were black Caribbean; 2% were black African; 1% were any other black background; and 1% were Chinese. 1% were prefer not to say.

Annex G: Phase 3 discussion guide

Introductions and set up

Attitudes to health and health prevention

How much of a focus is health/wellbeing for you in your daily life at the moment? is it something you think about much? Why?

What about the health of your family?

How happy are you with your health at the moment?

What motivates you most in relation to taking care of your health – specific diseases, general good health, future health

Attitudes to NHS Health Check concept

Have you heard of the NHS Health Check? Explore what is known; what is assumed?

Any experiences of the NHS Health Check?

For those who have attended:

What motivated you to attend the check? How did you find it? Have you actioned any of the recommendations? Why/why not?

For those who have been invited, but not attended?

Why did you not attend?

STIMULUS: Share more detailed information about NHS Health Check

Overall appeal of idea – how interested would you be in attending this?

Why are you interested in attending or not?

What would be your reason to say yes/no to invite?

What aspects do you find more interesting about this?

What aspects do you find less interesting/relevant about it?

How open do you think you would be to making changes having had the check, or taking up any offers of further support?

Explore: Your vascular health relates to conditions such as: high blood pressure, heart disease, type 2 diabetes and vascular dementia. What do you think about that? Did you know this or not? how do you feel about these types of conditions? How does this make you feel about the NHS Health Check

Delivery of NHS Health Check

(Spontaneous) What are your expectations around how and when you would have access to the NHS Health Check?

STIMULUS: Case Studies exploring different delivery models

For each explore: (NB for digital routes explore the digital visuals)

Immediate reactions – what stands out as interesting or not interesting? Explore

What do you think about the way the person was invited? How would that work for you?

What do you think about the way in which the NHS Health Check was delivered and who by? How well would this work for you?

What do you think about the way the results were provided? How well would this work for you? What do you think about the follow up support provided: eg referral offered, advice, information provided to GP for follow up? Does this encourage interest for you or not?

Would you be interested in taking part in this way or not? Why/why not?

Does this make you feel more/less interested in taking part than in the description we shared earlier? Why/why not?

Specific for digital routes: (when reviewing stimulus)

How do you feel about using digital technology for something like this (for example an app or website you could access)?

How would it work doing it in this way compared to a face to face approach for you?

How do you feel about the two different approaches: self directed 'v' supported (Joseph 'v' Norma)

What would be the benefits for you of both?

What would be the drawbacks for you of both?

How much help would you need to make this work?

How likely would you be to follow all the steps?

How would you feel about doing the blood pressure and cholesterol test in a pharmacy 'v' a home blood test kit? Which would work best for you?

How easy would it be to get all the information to complete this?

How does this make you feel about the way the results are delivered?

Having explored the 4 case studies: STIMULUS: Summary

Overall looking at these different options, what do you think would work the best for you? (invite/format/setting and delivery model/HCP)

How do you feel specifically about the 'digital' approaches? Do these encourage you or not?

How might the digital route work for you in reality

Impact on likelihood of responding and take up

Anything missing for you in information, way explained etc?

Taking Action after the NHS Health Check – considering the different offers of support and advice

How likely do you think you would be to take the advice and make changes following these different options? (use stimulus in case studies to discuss the outcomes)

What would you need to happen to respond to the suggestions and the results?

Is there something that would make you really take notice vs interesting to hear and not change behaviours?

STIMULUS: Which of these do you think would encourage you to take action after the NHS Health Check? Explore fully why/why not?

Messaging

STIMULUS: 8 different messaging themes; explain that these are not advertising, but just ways to talk about the Health Check and we are interested in which make them feel more and less interested

Show all messages quickly one by one, and ask participants to create two groups 'interesting' and 'not interesting'

Review all, starting with 'interesting' group (main focus)

For each explore:

Immediate reactions to the message; what do you think about this? how does it make you feel?

How would you describe this in your own words? What is it saying?

How does this make the NHS Health Check sound to you?

How does this approach make you feel about attending an NHS Health Check overall?

Any particular words or phrases that you think work particularly well to encourage you? Or that turn you off?

What words would you use to sum up the tone and style of this approach?

What type of person would this appeal to and why?

How do you feel about the way the results and the support provided are described? Is this interesting to you?

Who do you think this is aimed at? Is it aimed at you?

Review all messages together:

Overall which works the best to encourage you to attend? Why?

Which works the least well for you? Why?

As a group, could you summarise what are the key things you would like to hear?

Annex H: Phase 3 messaging stimulus

Stimulus used in phase 3 to explore response to different messaging propositions

- Aged 30 to 74?
Find out about our FREE NHS Health Check. Even though you might be feeling great, if you're over forty you may be at risk of heart disease, stroke, kidney disease, diabetes or dementia. A free NHS Health Check can help you reduce these risks and make sure that you stay healthy.
- Don't put your health at the bottom of your to-do list. A free NHS Health Check only takes 20 minutes and can be done at a time that suits you. It is a quick and easy way to check your health and get personalised advice on ways to look after yourself and stay healthy for longer.
- We all appreciate how important it is to keep on top of your health and live life the best you can. The free NHS Health Check is a comprehensive review of your heart health, that will give you a full picture and the information you need to reduce your future chance of a heart attack, stroke and some types of dementia.
- We know that keeping healthy can be a bit of a worry and we all need some help and advice from time to time. The free NHS Health check is an opportunity to learn more about your heart health and ways to prevent problems in the future. Your healthcare professional will discuss your results with you and you'll receive advice and support every step of the way.
- 1000s of people like you take advantage of the NHS Health Check every year. This is your chance to monitor your heart health and find out what you can do to make any necessary changes. Don't miss out on your free NHS Health Check.
- Getting healthier sounds like hard work but it doesn't have to be. The free NHS Health Check takes 20 mins and gives some straightforward results about your current health. It will support you to make small changes that might make big differences to your health and wellbeing.
- We all just want to get on with life and live it to the full. You might feel you are alright, but wouldn't it be better to know you are alright? The NHS Health Check will help you carry on enjoying your daily life, with the reassurance that you know the state of your heart health and understand your risks.
- If you're over forty, it's especially important to make sure that you stay fit and healthy for those you love. The free NHS Health Check will help you make simple changes towards living longer and feeling better, giving you more quality time with your family

and friends. Knowing your risk means you can act early and find ways to stay healthier for longer. A free NHS Health Check will tell you if you're at risk of health problems such as diabetes, heart disease, stroke, kidney disease and dementia, and support you to make changes

Annex I: Phase 3 delivery models stimulus

Stimulus used in Phase 3 to explore response to different NHS Health Check delivery model

- Aisha receives a letter from her GP inviting her to book an NHS Health Check at her **GP practice**. She has heard about it via a friend who had one and following this received a voucher to attend the local Slimming World club.
- Aisha makes **an appointment at the practice** and has a blood test in advance to check her cholesterol and two weeks later Mary, a healthcare assistant takes Aisha through the check. Records her height, weight, age, sex and ethnicity, checks her blood pressure and asks about family history and choices which may put her health at risk.
- Based on this information, Mary is able to calculate Aisha's cardiovascular disease risk score. Mary discusses the results with Aisha and lets her know that her 10-year cardiovascular risk is moderate, and her results suggest she is at high risk of diabetes.
- Aisha is worried to hear this, but Mary assures her that support is available. A few days later, Aisha's GP gets in contact and offers to refer her to the NHS Diabetes Prevention Programme.

- Kevin is offered the opportunity to have an NHS Health Check in his **local shopping centre**. Kevin hasn't been to the GP for a few years, is in reasonable health, but knows he has some weight to lose. He decides to take up the offer because it will only take 20 minutes and can all be done there and then.
- Hansa, who is delivering the check, asks Kevin some questions and uses a point-of-care testing device to measure Kevin's cholesterol and also measures his blood pressure, records height, weight, age, and ethnicity.
- His cholesterol is raised and his BMI indicates his weight is above the healthy range, but his 10-year cardiovascular disease risk is low. She writes Kevin's results down in a booklet for him to take away and discusses his results and gives him lifestyle advice, on smoking, his alcohol intake, diet and physical activity.
- Hansa tells Kevin that one of the best ways to lose weight is with support, and a local weight management service is available for free. She offers to refer Kevin but Kevin wants to think about it so takes a leaflet about the service away with him.

- Joseph receives a **text from his GP** inviting him for a **digital NHS Health Check with a link to the NHS app**. He is asked to sign in with his surname, DOB and create a 4-digit pin so he can always save and complete later.
- A checklist pops up to let him know to answer all the questions that appear on screen and get a blood pressure measurement and cholesterol test to get the best out of the check. The app shows Joseph where he can get this done and **both can be done at the local pharmacy near his office**.
- Joseph spends the next 10 minutes on his journey home answering the questions on screen which include information on his age, ethnicity, sex, height, weight, lifestyle and family history.
- A couple of days later, he pops into the pharmacy and gets his blood pressure and cholesterol tests done, inputs the results into the NHS app and shortly after, gets a text to say results are available with a link to the summary. The text also tells Joseph that this information has been shared with his GP to update his patient record.
- The summary shows Joseph's full results including blood tests, what this means, as well as his chance of having a heart attack or stroke in the next 10 years, which has been calculated as low. As a smoker, Joseph is provided with information on where he could **access local support to stop smoking** and reduce his risk of cardiovascular disease, as well as online information and advice.

- Norma is offered the opportunity to complete a **digital NHS Health Check** while she is attending her local community centre. She was offered one by her GP but she didn't get round to booking it but is assured this will be the same as if she was having it at the GP surgery.
- Mark is there to support Norma to complete it **online**, and provides her with scales, a height meter, blood pressure unit and a blood test kit.
- Norma starts the process by entering her surname and date of birth, and creates a 4-digit pin so she can log in on another device to check her results at home and then completes questions on her age, ethnicity, sex, height, weight, lifestyle and family history. Mark helps her to measure her height and check her blood pressure.
- Mark also shows Norma a video on how to do the finger prick blood test for cholesterol, and helps her scan a barcode on the blood test kit with the tablet. This means that she can take the blood test kit home to do it later that evening. Norma then posts it to the lab in the pre-paid envelope the next day.
- A week later Norma's daughter helps her log in to her NHS Health Check again to check her **full results on her mobile phone**. Norma is reminded that this information has been shared with her GP to update her patient record.
- Norma's results show that her 10-year cardiovascular risk is high. Her cholesterol is raised and her results suggest she is at high risk of diabetes. Norma is provided with online information and advice to lower her risk and is **directed to contact her GP**.
- A couple of days later, Norma gets a call from her GP surgery to follow up on the results of her NHS Health Check. Norma makes an appointment with the practice nurse for further assessment.

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Personalised Prevention, Prevention and the Public Health System Directorate, Office of Health Improvement and Disparities.

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