



# The NHS Health Check – increasing uptake to tackle health inequalities

Neighbourhood health and wellbeing insights – June 2026



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# Executive summary

This report looks at why some people are less likely to attend an NHS Health Check, despite the service helping to identify early signs of serious health conditions and reduce future risk.

We spoke to local people and GP practices to understand awareness, barriers and what might encourage more people to take part. While many who attend a Health Check find it useful and make positive changes to their health, uptake remains uneven. People most at risk – including men, younger adults and those in lower income communities – are less likely to attend.

Our findings show that awareness of the Health Check is still limited, particularly among people we engaged face to face. Some people said they had not received an invitation, were unsure what the Health Check involved, or ignored messages, especially when sent by text.

Practical barriers also play a role. These include difficulty attending appointments during working hours, limited transport, and challenges booking appointments. For some, wider factors such as lack of time, low motivation, or concerns about engaging with health services – particularly among men – also influenced decisions.

When people do attend a Health Check, the experience is overwhelmingly positive. Most respondents said it helped them understand their health better, with many making lifestyle changes as a result.

To improve uptake, we recommend a stronger focus on awareness, communication and accessibility. This includes clearer, more informative invitations, using a mix of communication methods rather than relying on text messages alone, and tailoring messages to different groups.

We also recommend making it easier for people to attend by offering flexible appointment times, a range of booking options, and opportunities to combine the Health Check with other appointments. Outreach in community settings and workplaces could help reach those least likely to engage.

Finally, we recommend continued focus on reducing inequalities by targeting groups who are less likely to attend, monitoring uptake across different communities, and involving local people in shaping future improvements.

# Background

## Why explore uptake of the NHS Health Check?

The NHS Health Check is a national preventative programme offered every five years to people aged 40 to 74. It aims to identify early signs of conditions such as heart disease, stroke, diabetes and kidney disease, and to provide advice and support to reduce future health risks.

Evidence shows that uptake of NHS Health Checks is uneven. Attendance is higher among older age groups, women, more affluent populations and non-smokers – groups who are, on average, at lower risk of developing the conditions the Health Check is designed to identify. At the same time, people and communities at higher risk of heart disease are less likely to attend and are therefore more likely to miss early identification and support.

In Bath and North East Somerset, the leading risk factors contributing to deaths in both men and women include tobacco use, dietary risk, alcohol misuse and low levels of physical activity – all factors measured through the NHS Health Check. These risks do not exist in isolation. They are strongly linked to wider social, economic and environmental factors such as low income, housing quality, employment insecurity and access to services.

This means that lower uptake of Health Checks is closely linked to health inequalities. When age, gender and deprivation intersect, the likelihood of missing early signs of preventable illness increases significantly.

## Why this project was needed

This project was carried out because increasing uptake among those least likely to attend but most likely to benefit is essential if the NHS Health Check programme is to fulfil its preventative and inequalities-reducing purpose.

Specifically, the project set out to:

- Understand why people from higher-risk and lower-income groups are less likely to attend an NHS Health Check
- Explore the practical, cultural and motivational factors influencing decisions to attend or not attend
- Identify what could make the Health Check more accessible, relevant and appealing to those groups
- Provide evidence to support targeted action by Public Health, GP practices and partners

**Commented [JC1]:** Suggested rewording on intro section for conciseness and focus on why we did it.

By focusing on younger eligible adults, men, and people living in more deprived areas of B&NES, this work aims to support more equitable access to preventative healthcare and contribute to reducing avoidable illness and inequalities.

This research is intended to complement and strengthen existing local work to improve uptake of preventative services, ensuring the NHS Health Check reaches the people who need it most.

### **The role of Public Health in the NHS Health Check**

Bath and North East Somerset's Public Health service have set a new specification for the provision of the NHS Health Check service from April 2025 which asks providers to proactively increase the uptake of NHS Health Checks amongst groups at greater risk of cardiovascular disease and who are likely to experience the poorest health outcomes, including those living in the 20% most socio-economically deprived areas.

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At the outset of this project, we met with Public Health to ensure our work aligned with the new specification. This included both:

- supply of Health Checks (how GP practices promote and deliver them)
- demand (awareness, motivation and barriers among eligible residents)

We also asked people where they would prefer to attend a Health Check and gathered suggestions for potential mobile outreach locations. We committed to sharing our findings with Public Health to support future planning and service improvement.

### **What did we want to find out?**

- To understand both the demand for NHS Health Checks and supply of the service, we set out to explore:
  - People's awareness of the NHS Health Check
  - People's motivation for accepting the Health Check
  - Barriers to taking up the offer
  - Enablers that make it easier for people to take up the offer
- How and where GPs promote the Health Check
- How GPs invite patients to the Health Check

# What we did

## The patient's view

We gathered people's views through a combination of face-to-face engagement and an online survey. Face-to-face engagement was deliberately targeted to engage with lower income communities and increase opportunities to speak with men, who are statistically less likely to attend an NHS Health Check.

Commented [CL3]: an?

## Gender and familiarity of 'going to the doctors'

Statistically around 85%\* women of age 40 and over will have, or had at some point, regular contact with health services in connection with contraception and/or childbirth and child health and are therefore used to 'going to the doctors' when they are not ill. This is not the case for men who are generally only going to the doctor if they are unwell. At a population level they do not have an on-going relationship with health services when compared to women at these lower age ranges. It seems reasonable to speculate that this could have a bearing on men's lower take up the NHS Health Check.

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(\*Office for National Statistics, (ONS), only around 18% of women in UK don't have children across their childbearing lifetime; around 30% of women are in receipt of a contraceptive prescription)

Face-to-face engagement was carried out between October and December 2025 and targeted populations as follows:

Commented [AK5]: Could we clarify the rationale for choosing the specific venues ?

Venue / group	Target populations
Oasis food pantry (central Bath)	Lower income, men and women
Oasis food pantry (Roundhill)	Lower income, men and women
Bath Leisure Centre	Younger age groups, men
Keynsham Leisure Centre	Younger age groups, men
Man v Fat (Bath City FC Foundation)	Younger age groups, men

Commented [CL6]: Didn't you also do some library engagements?

Note: Oasis food pantries serve people who have a household income of less than £18,000 a year and who live in Southdown, Whiteway, Twerton or Kingsway (Roundhill pantry) and in in Walcot, Lansdown and Kingsmead which include significant levels of social housing (City centre pantry).

## The GP view

GP practices serve as the main route through which people are invited and encouraged to attend ~~the end~~ NHS Health Check – therefore their approach has a significant impact on uptake. For this reason, we decided to ask GP practice managers about their promotion and offer of the NHS Health Check to understand the impact of their approach.

We collected this information through a survey and heard back from 9 out of 27 GP services in B&NES. We also reviewed their websites.

The GP questionnaire is included in Appendix 2.

## Review of GP websites

We reviewed all GP websites in B&NES for inclusion of information on the NHS Health Check. This revealed that just 6 out of 24 websites contained readily visible information about the NHS Health Check.

Where information was available it mostly directed people, via a link, to the main NHS website for information.

The Heart of Bath surgery however, included the following simple explanatory information and also included how to book an appointment if an invitation letter has been received.

“The Health Check should take about 20–30 minutes and is based upon straight forward questions and measurements such as age, sex, family history, height, weight and blood pressure. There will be a simple finger prick blood test to measure your cholesterol level. Following the check you will receive free personalised advice about what you can do to stay healthy.”

Fairfield Park surgery included a shorter paragraph with embedded links for further information:

“The [NHS Health Check](#) is a Health Check-up for adults in England aged 40–74. It’s designed to [spot early signs](#) of [stroke](#), [kidney disease](#), [heart disease](#), type [2 diabetes](#) or [dementia](#). As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk. Please contact the Practice to arrange an appointment.”

Commented [CL7]: Shall we highlight which 9 GP practices we heard from or keep that confidential?

Commented [SP8R7]: I think if we include in appendix the website list we could then add a column to say who replied to survey ?

Commented [AK9]: Needs correcting

As the Health Check has been proved to provide beneficial results for public and individual health it is surprising that more websites do not include this type of simple information to help promote the service to their patients.

The full results are shared in Appendix 3.

# What we heard from patients and GPs

## Awareness and understanding of NHS Health Checks

76% of survey respondents said that they had heard of the NHS Health Check. The most common way individuals said that they had heard about Health Checks was through their GP surgery (53%), but other sources were also used; on-line, through word of mouth and through a leaflet or poster (Figure 1). This shows the importance of using multiple forms of communication to reach different individuals.

The responses from the 9 GP surgeries that completed the GP survey show a range of communication methods ~~showing where~~ patients should be receiving information in multiple different ways:

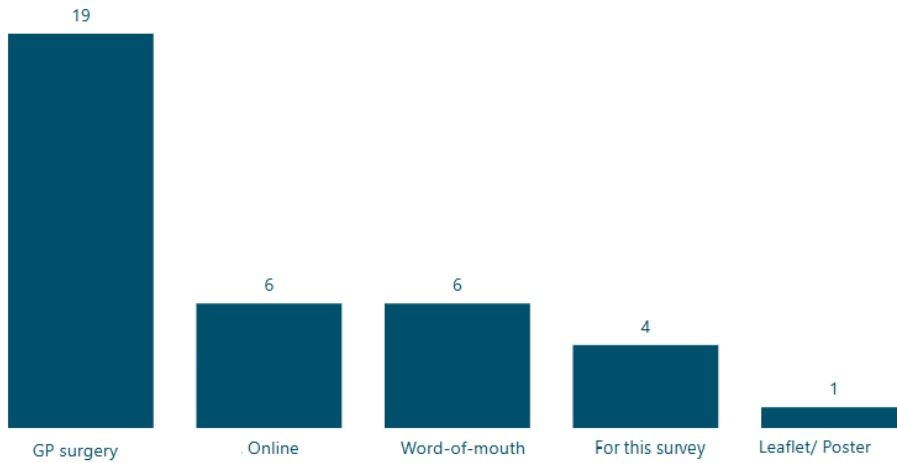
- GP practice website
- Posters
- Newsletter
- Social media
- Leaflet
- During other appointments
- TV in waiting room

**Commented [AK10]:** Could change the heading to include patients view

What did we hear? -Patients View

**Commented [SP11R10]:** it includes GP views too - as included together ...

Figure 1. Where did you hear about NHS health checks?



### Responses from face-to-face engagement: Awareness and understanding of NHS Health Checks

The level of Health Check awareness amongst people we engaged with on a face-to-face basis was more mixed, as illustrated by the following feedback and responses:

"I've never heard of the NHS Health Check, and don't think I've ever had an invite, even though I've been in the UK for 10 yrs."

(Male, 48yrs, Spanish at Leisure Centre)

"I've not heard of the Health Check and not had an invite as far as I know"

(Male, 40yrs, Black UK, lives in North Somerset but GP in B&NES)

"I was initially made aware (of the Health Check) after going to GP because I was feeling unwell"

"I became aware after raising another health concern, which was to get checked for prostate cancer"

"I've heard of the Health Check and had a check at 60, but not since."

(Male, 72 yrs, Black UK, food pantry)

Commented [CL12]: I might read better to write this in first person.

Commented [SP13R12]: Ill check with Helen .. a lot of them are in 3rd person at the moment .. but I do agree for quotes it would maybe be better

Commented [CL14]: I am not too sure what this means?

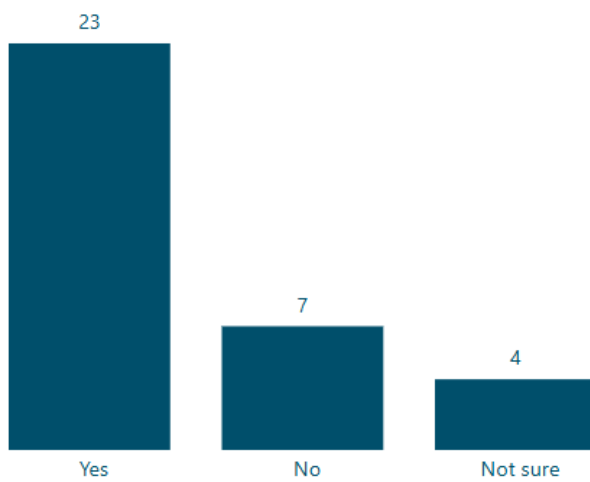
Commented [SP15R14]: e was Spanish - should we not say this ?

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## Invitations and communication methods

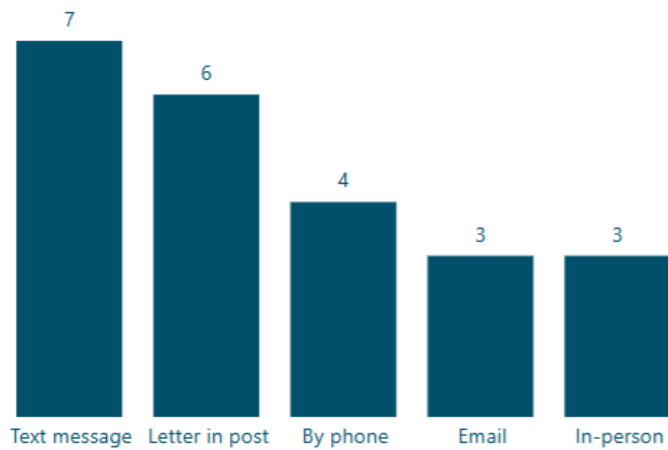
68% of survey respondents said that they had received an invitation to a Health Check (figure 2) and these were the same individuals who replied 'yes' to having heard of the Health Check. This is a small sample of individuals but perhaps points to individuals only becoming aware of the Health Check when they are invited for one, despite the [stated](#) efforts of GP practices to advertise them.

Figure 2. Have you ever been invited to an NHS adult health check?



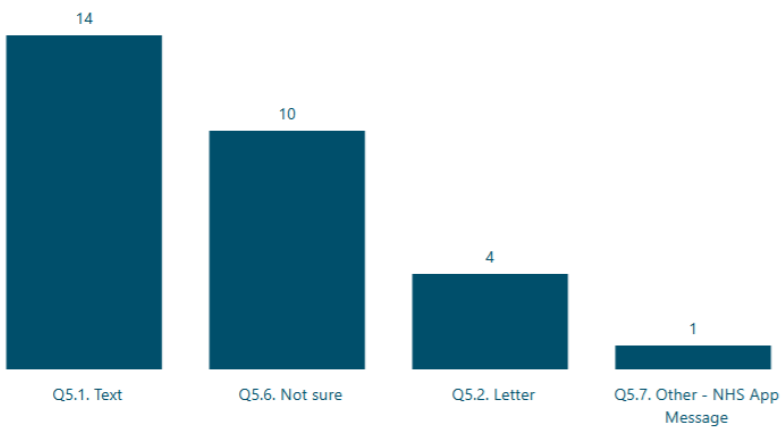
8 out of the 9 GP surgeries that replied to the survey said that they send out Health Check invitations to all eligible patients. Figure 3 shows the different methods they use.

Figure 3. Which methods does the GP surgery use to invite patients to a Health Check?



The most used methods of invitation by these GP practices are text or letter and of the individuals who responded to the survey, 14 people said that they'd received a text message and 4 had received a letter (Figure 4) so it could be fair to assume that in general these are the methods used by most GP practices.

Figure 4. How were you invited to the health check?



7 out of 9 of the GP practices who responded to the survey said that they follow up if a patient does not respond to an invitation, and 6 said that they follow up twice. 5 of the practices said that if a patient does not respond to their five-yearly invitation, they can request a Health Check at another time.

Of the 23 respondents who said that they had been invited for a Health Check, 13 had booked their appointment straightaway so a reminder was not necessary. 2 said that they had received a reminder when they didn't book an appointment, with 1 saying that no reminder had been received. These are very small numbers, but these 3 individuals attend different GP practices so this and the information received from the GP practices does seem to show different approaches to follow-up appointments by different practices.

### **Responses from face-to-face engagement: Invitations and Communication Methods**

A number of women we spoke to at the local food pantry expressed awareness of the NHS Health Check as their partners had been invited but said they had not received an invitation themselves, even though they appeared to be eligible. Where invitations had been received, they were primarily received via text with just one mention of a letter.

There ~~wase~~ were an additional mix of responses and feedback from those who recalled being invited, those who said they had not had an invite, and those who were unsure.

"They didn't invite me"

(Female, 58yrs, Combe Down GP)

"I've never been invited" (but her husband was invited)

(Female, 66 yrs, Pulteney GP, Bath)

"I've not had an invite even though I just had my 60<sup>th</sup> birthday earlier in year. I don't recall ever having an invite."

(Female, 60yrs, white, Pulteney GP)

"I'm not sure if I've had an invite or not"

(Male, 50s, food pantry Roundhill)

"I'm not sure if I've had an actual NHS Health Check, but I recently asked for various checks which are similar to those that would be included in an NHS Health Check"

(Male, 63 yrs, white, Pulteney GP)

"I had a text message invite when I was 50, but don't remember any other invitations and I've not had any follow up to invites"

"I attended twice 3 years ago – invite by text"

"I had a Health Check when I was at the GP for a different appointment"

(Male, 65 yrs)

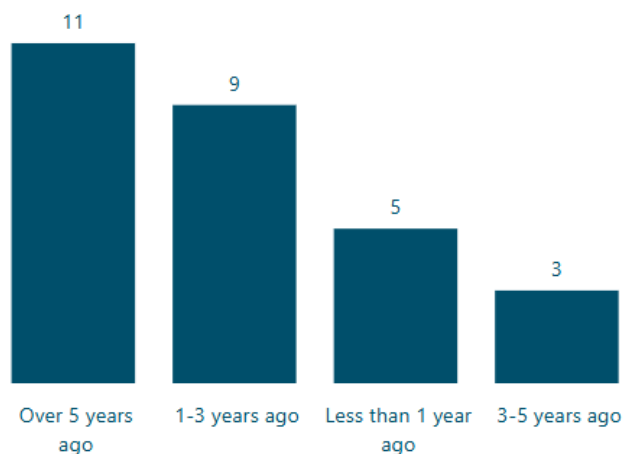
"Invite was a very simple text, I don't remember having any more information in a letter or leaflet"

(Male, 43 yrs)

### Experience of booking and attending

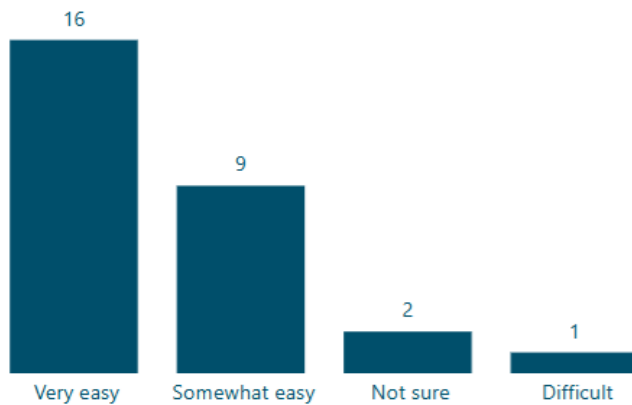
Of the individuals that had attended a Health Check, only 5 had attended in the last 12 months, with 11 saying that it had been over 5 years since their last Health Check (Figure 5). This could point to not all GP practices contacting patients to attend a Health Check on a 5 yearly basis, or patients ignoring or missing their invite. All these individuals attend different GP practices.

Figure 5. Roughly, how long ago was the last NHS adult health check you attended?



57% of survey respondents who had booked a Health Check said that they found the process 'very easy', with a further 32% finding it 'somewhat easy'. Only 1 person said that their found it difficult (Figure 6).

Figure 6. If you booked a health check, as far as you can remember, how easy was it?

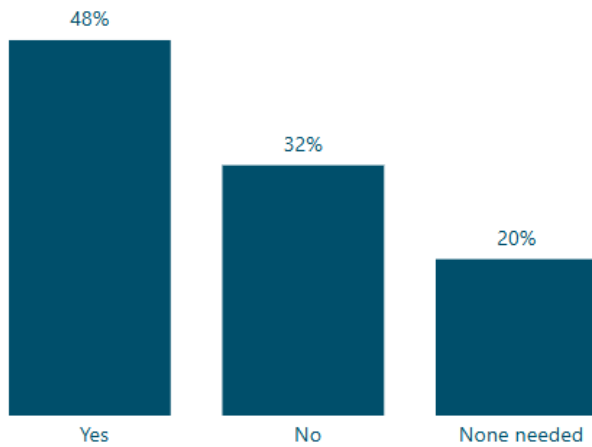


71% of respondents who had attended a Health Check said that they were encouraged to do so to learn more about their own health, 23% attended because it was recommended to them by their GP and family encouragement played a role for 6% (see Figure 7 below). This shows that the majority of individuals who attend, do so, because of an interest in their own health, rather than having been pressured into it by someone else.

### Usefulness and Impact of attending a Health Check

78% of respondents who had attended a Health Check said that they found it useful, with 84% saying that they received advice and guidance on ways to reduce their health risks, and 48% saying that they made lifestyle changes following their Health Check (see fig Q14).

Figure 7. If you attended, did you make any lifestyle changes after the health check?



Respondents who said that they had found the Health Check useful, commented on how informative it was in terms of indicators such as cholesterol and blood pressure readings:

“Cholesterol level was high and advice was given”

“Cholesterol figure was above ideal -so adjusted diet to see if I could reduce this - which worked”

“Identified slightly raised cholesterol so I have adapted diet a little”

“Reassuring to know cholesterol and BMI levels and blood pressure. I received follow up from the GP on blood pressure levels”

And others said that it was useful to know that in general they were already doing the right things for a healthy lifestyle:

**“Gave me peace of mind that my general health good”**

“Good to understand and take responsibility for my own health and wellbeing”

“It gave me peace of mind that my lifestyle was already generally healthy.”

Making changes to their lifestyle was the main theme to the comments when asked what impact, if any, attending a Health Check had on them:

## **"It did make me think about my alcohol intake and I barely drink now."**

"it's encouraged me to keep on cycling regularly, even when I don't really feel like cycling back up the hill to where I live."

"I'm more conscious of the need to eat more fish and avocados!"

"Continuing healthy lifestyle Choices"

The majority of those respondents who had attended a Health Check thought it was 'very important' (68%) or 'somewhat important' (29%) to their health. 4 individuals said that they had follow-up treatment, medication or investigations as a result of attending a Health Check.

86% of those that attended a Health Check would recommend it to others.

This shows that individuals who do attend a Health Check generally feel that it is a worthwhile appointment to attend, and has a positive effect on their health, effects that could be felt by a wider population if they also attended.

Four of the GP practices who completed the survey said that they undertook focused targeting for higher risk individuals and those who experience barriers to engagement in line with the B&NES new Public Health Service Specification for NHS Health Check Programme.

### **Responses from face-to-face engagement: Usefulness and impact of attending a Health Check**

Similarly positive responses were received at face-to-face engagements, as indicated by the feedback recorded below:

"At my first Health Check I was overweight – and this was flagged up and a bit of a shock – my second visit was a better result weight wise as I've been attending Man v Fat"

"Found out cholesterol high so I could do something about it"

"Attended twice 3 years ago, and it was useful, I was referred to passport to health and access to gym sessions"

"Did have higher cholesterol but I was able to take action to reduce it." (Beehive surgery)

"Had a Health Check when I was at the GP for a different appointment – and found out I had very high cholesterol, and a range of other problems including a potential heart problem. I've had fitness issues but I am now following up and having various tests."

(Male, 72 yrs, Black UK, food pantry)

## Barriers to attendance

When asked why they didn't attend a Health Check, there were only 5 responses (See fig Q19). 4 said that they hadn't received an invitation, and 1 said that they didn't have time. Several of the GP surgeries that responded to the survey said that they were aware of barriers facing their patients attending a Health Check:

"We have a lot of patients who are deaf, this can sometimes cause a barrier—even with interpreters, they can feel discouraged themselves."

"We are a rural practice with limited public transport. Patients often find it difficult to get to us. We try and accommodate around the timings of the very basic local bus service. We also promote the use of the voluntary car scheme which patients can use for medical appointments. These services do have to be paid for and patients may not feel that the NHS h/check is important enough to them to spend a few £s."

"We try and vary the times and days that appointments are available"

"Sometimes evenings or weekends would suit workers"

"lack of appointments available due to staff sickness and recruitment"

## Responses from face-to-face engagement: Barriers to attendance

Barriers identified through face-to-face engagement included those from people relating to themselves and also thinking more generally about why their peer group might decide not to go. For men, these included issues around masculinity and concerns about being seen 'going to the GP' as well as not wanting to think about health matters (men and women). There were also practical factors such as lack of time and the convenience or otherwise of getting to an appointment. Low awareness and limited communications about the Health Check are barriers in themselves.

**Commented [CL17]:** this may need to be specified more. I guess there is also something here to do with not wanting to take up resources or thinking that the health condition will pass on its own.

A young female psychology student offered the view that a barrier for men was, at least in part, likely to be their feeling there is a stigma attached to attending something like this, a sign of weakness. She suggested that messaging for men needs to associate the Health Check with strength and positive action. This view was backed up by comments from men at our engagements.

## Feedback and responses:

"I think there are issues around toxic masculinity and men feeling that going to the GP a sign of weakness – it sounds old fashioned but it's still current amongst my peer group"

(Male, Man v Fat)

“Men ‘bury their heads in the sand’ – but having worked in construction I feel there is definitely an issue around bravado – but also losing pay if you take time off work”

(Male, Man v fat)

“Having time to focus on self is a key issue. If you’re very busy looking after your family it’s likely to get missed unless you are feeling unwell.”

(Female, 40s, food pantry)

“If people are already engaged regularly with health services they may not be eligible or do not want to have even more to do with the NHS.”

(Female, food pantry)

“I’m not very engaged with health services but I get a lot of text messages from the surgery – I usually just delete them as they’re mostly just general messages like ‘do not call surgery today’- so as long as I’m feeling well then I’d rather not think about health and I think I’m healthier than the rest of my family”

(Male, food pantry)

“I had an invite when I was 40 but didn’t go, and just had another invite, but didn’t go again. It doesn’t help that it’s difficult for me to get to the GP during work hours”

(Female, 43 yrs, white, Heart of Bath)

### **Factors that would improve attendance**

The 5 most popular changes that would make survey respondents more likely to attend Health Checks were:

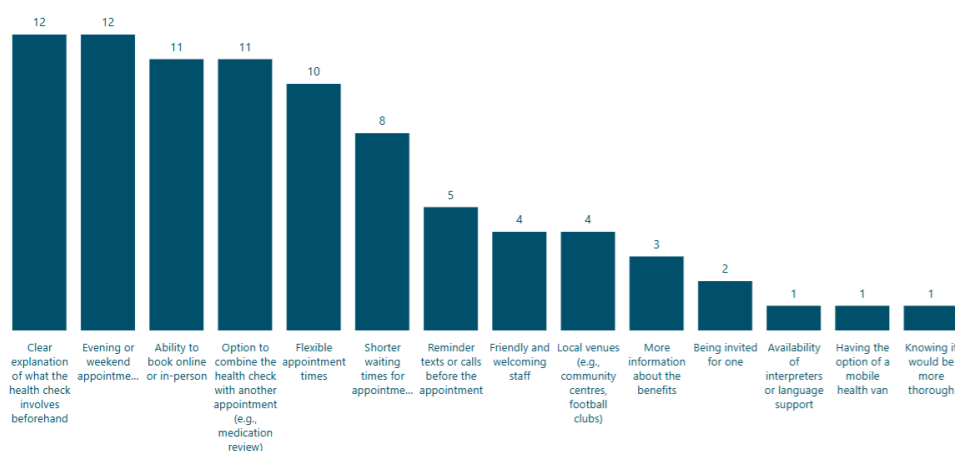
- Clear explanation of what the Health Check involves beforehand
- Evening or weekend appointments
- Ability to book online or in person
- Option to combine the Health Check with another appointment (e.g. Medication review)
- Flexible appointment times

The least popular responses were:

- Availability of interpreters or language support
- Having the option of a mobile health van

Figure 8 shows all responses. The most popular answer from individuals aged 40–59 was evening or weekend appointments (10 individuals), whereas the most popular answer from individuals aged 60–74 was a clear explanation of what the Health Check involves beforehand (6 individuals). Only 7 men responded to this question, 4 of them said that having more information about the benefits of attending a Health Check would make them more likely to attend. This points to different strategies to encourage participation being necessary for different demographics.

Figure 8. What would make you more likely to attend a health check at your GP surgery?



## Responses from face-to-face engagement: factors that would improve attendance

These included motivational factors that are personal and individual, as well as practical factors to increase the convenience of attending the Health Check. Combining other checks with the current NHS Health Check offer was also suggested as a way to encourage attendance along with providing more information in the invitation.

### Personal motivating factors:

“My husband died as a result of complications of diabetes, so it has made me more careful of my own health”

(Female, 60s, food pantry)

“I’m also motivated by my family experience – my mother had shingles really badly so I made a point of asking for the shingles vaccination, even though I wasn’t invited. I’d go for a Health Check if I got an invite.”

(Female, 50s, food pantry)

"I'm afraid of injections, so I don't want to become diabetic and have to give myself injections. That made me want to do something about it"

(Male, 40s, Man v Fat)

"Knowledge of family health risk would increase the likelihood of me taking up an invite (e.g. diabetes in the family)"

#### **Ease of attending:**

"Convenience and employer championing likely to improve uptake"

"Importance of knowing available times and dates"

"I have flexible work, so I could go anytime but most people would prefer evenings / weekends"

"Having choice of locations to attend – my GP has 2 sites and 1 is far more convenient but I don't ever get offered appointments there & the other location is too far away when working"

#### **Increasing the offer:**

"If there were screening and genetic testing I would be more encouraged to go"

Clearer explanation of the Health Check

"I'm more likely to respond to a written letter, I think texts are often disregarded as SPAM or malicious"

"A letter which had more information in it would be better – including that it's about learning about your health"

#### **Preferences for mobile Health Check locations**

Although only 1 individual thought that having the option of a mobile health van would make them more likely to attend a Health Check, respondents did have opinions about the locations that they would prefer for this.

The most popular was at a leisure centre, followed by a local supermarket. A leisure centre was the most popular response in all age groups, except those aged 65–70 (the most popular here was at a local school, but only 2 individuals replied), and was the most popular option regardless of gender. Other locations that were suggested as possible sites for a mobile health van were RUH car park, Paulton Hospital and 'anywhere with good (preferably free) parking would be very helpful. More generally, this plus somewhere that is easily reached by public transport'.

## Responses from face-to-face engagement: mobile Health Check locations

As with the survey responses, the leisure centre was suggested as a good potential venue.

The local Leisure centres have hosted Health Checks during Wellbeing Week for last couple of years, and this was felt to be a welcoming and accessible space, both from people working in the centres and from feedback from visitors. The Leisure Centre was also found to be a good venue for engaging with younger men as well as other groups.

Suggested locations from engagements:

- Leisure centre /gym
- Work place
- RUH car park (as for breast cancer screening bus)
- Park & Ride site (Odd Down - where had Covid 19 vaccinations)
- Car parks / supermarkets
- Garages (petrol stations) were also suggested in relation to outreach and promotion.

"If I could have it at the leisure centre this would be great – I had some checks this week as there was a drop in as part of the wellbeing week there"

*(Female, 40s, works at Leisure centre)*

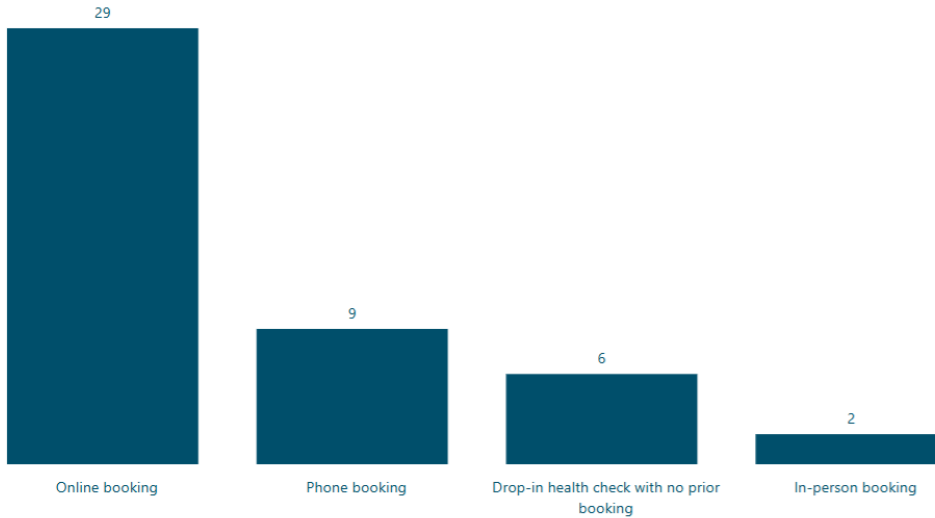
"I feel like the leisure centre would be a good venue for Health Checks because of the positive association with health from exercising, especially for younger men"

## Preferences for booking methods

Overall, being able to book a Health Check online was the most popular preference – 68% of respondents aged 40–64 years old said that they would prefer to book their Health Check online and 56% of respondents aged 65+ years (See figure 9 for overall results).

Commented [CL18]: pronoun missing. Either 'I' or 'she'

Figure 9. How would you prefer to book your health check appointment?



“I’ve only got a very simple mobile phone and can get texts – but not open docs or use to book online appointments”

“I’m happy with booking online and I like the GP reminders as I’m neurodivergent and likely to forget appointments otherwise. I think some people just think they can’t do things online and so don’t try, it’s not just age as some very elderly people can manage fine, it seems to be an attitude more than anything else”

### Preferences for information and promotion

There was a full range of answers to where individuals thought it would be useful to have general information about Health Checks (see Figure 10) which shows the importance of not just advertising the service in one way. The 65+ years age group were more likely to think advertising in physical spaces such as the GP waiting room, pharmacy or in community organisations would be beneficial than other age groups.

Some respondents had ideas about different ways in which NHS adult Health Checks could be better promoted:

“Promoting in places of work as part of their wellbeing approach might work”

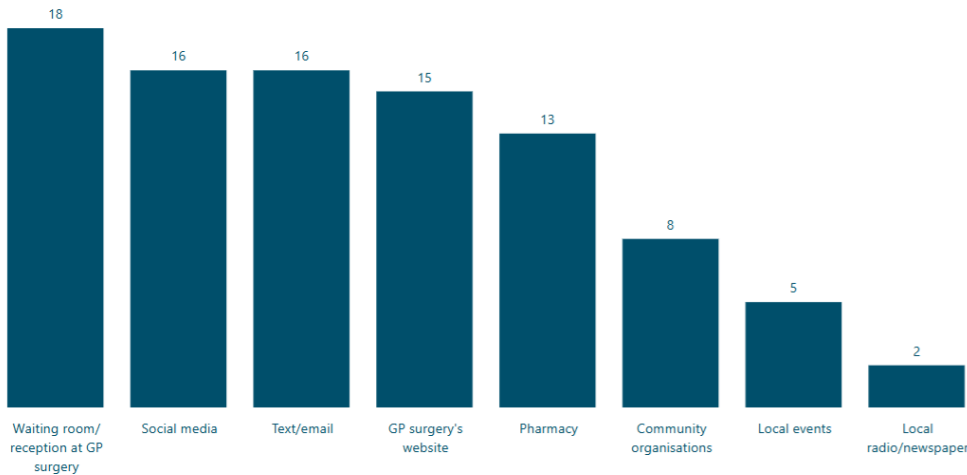
“Local ads at bus shelters for example.”

“Maybe sharing some case studies of how it impacted on people”

“TV adverts or local news”

As shown earlier in the report, this also shows the benefits of providing information in multiple different ways, to reach different demographics.

Figure 10. Where would it be helpful to have general information about NHS health checks?



## Findings

Based on our survey results and face-to-face engagement we have drawn out key findings below:

That people who attend the Health Check are positive about its value and would recommend the check to others

That as a result of attending the Health Check people are taking steps to reduce their risk of developing disease where needed

That some people who appear to be eligible for the check are either not being invited, not seeing their invite or ignoring it.

(Example quote: "More likely to respond to a written letter, text may be disregarded as SPAM or malicious")

That there are multiple reasons for people not taking up the Health Check including practical barriers such as time and location of checks as well as limited levels of awareness

That personal and societal motivational factors are important as either positive or negative influences on attendance including family health history (generally positive) and gender-based issues around masculinity and a reluctance to engage with health services (generally negative).

Sending the same invite to men and women is maybe not taking this difference in female and male experience into account, with additional effort being required to encourage male attendance.

## Recommendations

Based on what people told us, and what we heard from GP practices, we believe the following actions would help more people understand, access and benefit from the NHS Health Check. These recommendations aim to reduce the health inequalities that exist within and between communities across B&NES and make the offer easier, clearer and more appealing for everyone.

### Improve visibility and awareness of the NHS Health Check

People we heard from, especially those we engaged with directly, had limited awareness of the Health Check, so to increase community knowledge and awareness of the NHS Health Check use a variety of ways to share information including print and online options:

- Make information easy to find on GP websites, with a clear section explaining eligibility, the benefits of attending and how to book.
- B&NES Public Health, GPs and the Integrated Health Board to provide regular publicity including positive 'patient stories' to be shared through health and wellbeing outlets and relevant non healthcare settings (such as community organisations, businesses) and including print and online newsletters and other media.
- Hold targeted promotion campaigns focused on populations least likely to attend including the younger age groups, men, and people from lower income communities.

Note: Whilst other language requirements were not highlighted in our engagements or surveys Bath &NES does have communities who speak languages other than English who would benefit from translated resources in specific languages including those of the refugee groups in the area

## Review the invitation to increase positive responses

We heard from a significant number of people that they didn't think they had received an invitation, or that if it was just a text message they would be quite likely to ignore it or think it was a scam. To encourage more people to respond positively to the invitation to their NHS Health Check review methods and wording of invitation:

- Provide a simple explanation in every invitation, using plain English and avoiding medical jargon.
- Combine an initial letter invite for the first Health Check with reminder text prompts, avoid relying solely on text messages, especially for the first Health Check, as some people delete or ignore them.
- Review and test varied wording for men and women in text and letter invitations that address societal and cultural motivations and barriers.
- Set up prompts on GP systems to encourage GPs and other practice staff to personally invite patients to book their Health Check patients during other appointments if no Health Check has been completed within the past 5 years.

## Make it easier for people to book and attend

Many people said they would attend if the process was more convenient. To support this:

- Provide a wide range of options for booking including online, phone and in person options to ensure that digital developments do not leave people behind.
- Consider offering automatically assigned appointment times as research has shown that people have a strong tendency to accept default or pre-set options.
- Allow people to combine the Health Check with another appointment where appropriate for patient and GP.
- Offer appointments outside normal working hours, including evenings and weekend where possible.
- Give people a choice of location when practices operate across multiple sites.
- Consider local transport challenges, particularly in rural areas, and explore practical solutions such as appropriate use of the mobile unit.
- Use research responses on suggested locations for the mobile unit and outreach venues as part of the Health Check outreach programme being rolled out by Public Health.

- Include 'drop in' opportunities in outreach programmes in addition to the offer of booked appointments; ensuring such drop in opportunities are publicised locally or targeted at those who have missed Health Check appointments.
- Increase opportunities for collaboration with partner organisations, employers and other 'anchor' organisations appropriate to target areas and groups to support attendance through joint invitations during publicised Wellbeing and Health Check days or weeks.
- Work with employers, especially in male dominated workplaces, to promote and support attendance.

## **Strengthen GP and central systems to increase and monitor targeted take up work**

To improve consistency across B&NES and ensure the effectiveness of targeted work to increase take up of the Health Check:

- Maintain focus on reducing health inequalities through monitoring take up of the Health Check by age, gender and by area of multiple deprivation so progress can be tracked.
- Continue to engage and listen to community feedback at local level including under-represented groups, and issues such as stigma and fear, to help shape future communication.
- Ensure new models, including digital options, do not widen inequalities.
- Keep gathering feedback to understand whether changes are improving awareness and uptake.
- Share learning with Public Health, GP practices and community partners to support ongoing improvement.

# **Next steps**

To ensure these findings lead to meaningful improvements in the NHS Health Check offer in B&NES, the following next steps are proposed:

## **1. Share findings with Public Health**

We will present this report to the Public Health team to support their work on increasing uptake among groups at higher risk of cardiovascular disease. This

includes sharing insights on communication gaps, barriers to attendance, and preferred locations for outreach.

## **2. Work with GP practices to improve communication**

We will share the evidence on inconsistent awareness and the need for clearer, more informative invitations. This includes encouraging practices to:

- Provide a simple explanation of what the Health Check involves
- Use multiple communication channels
- Ensure recall systems are consistent and reliable

## **3. Support development of targeted outreach**

The findings highlight the need for more proactive engagement with men, the lower age range groups, and people living in lower income areas. We will work with partners to explore:

- Outreach in leisure centres, workplaces and community venues
- Opportunities to link Health Checks with existing wellbeing events
- Messaging that resonates with men and lower age range groups

## **4. Inform planning for mobile and digital Health Check models**

We will share insights on preferred locations for mobile Health Checks and the strong preference for online booking. This will support planning for both the local service and the upcoming national digital Health Check offer.

## **5. Continue to monitor patient experience**

We will continue gathering feedback from local people to understand whether changes to the Health Check offer improve awareness, access and uptake, particularly among groups currently under represented.

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# Appendices

**Appendix 1: Patient questionnaire and demographic information for respondents**

**Appendix 2: GP questionnaire**

**Appendix 3: Inclusion of Health Check information on GP websites**

To view or download appendices 1 – 3, please go to:

[www.healthwatchbathnes.co.uk/nhs-health-check-increasing-uptake-tackle-health-inequalities](http://www.healthwatchbathnes.co.uk/nhs-health-check-increasing-uptake-tackle-health-inequalities)



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