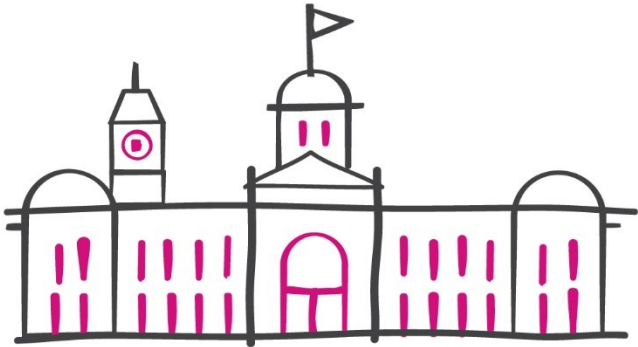


NHS Health Checks

Birmingham Measurement Tools Webinar Series



 **RESET**

 **RESHAPE**

 **RESTART**

Introduction



Impact and outcome measurement should be a key part of any intervention.

Measuring the impact of what we do helps us to demonstrate that what we are doing is making a difference. They help us demonstrate that an intervention is having an impact in a measurable way rather than using just stories.

Using standard tools allows us to compare different interventions' impact. Combining these standard measures with standard questions on people's identity helps understand if different interventions are more effective for different groups. We can also combine them with information on the cost of an intervention and the numbers of users to look at cost effectiveness.

Without clear impact and outcome measurements it is difficult to support funding for interventions or to justify that the approach used should be continued or scaled up.



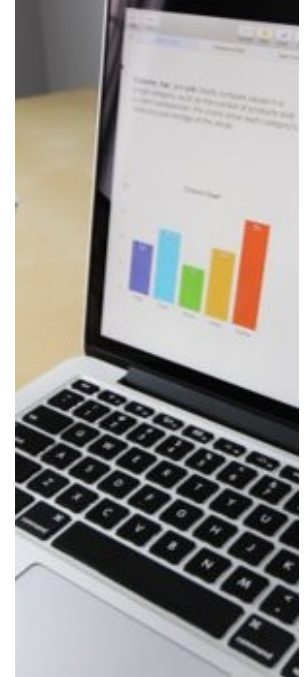
Birmingham Public Health Measurement Toolbox

The Birmingham Public Health Measurement Toolbox has been developed to standardise impact and outcome measures for interventions that are trying to improve health and wellbeing across Birmingham.

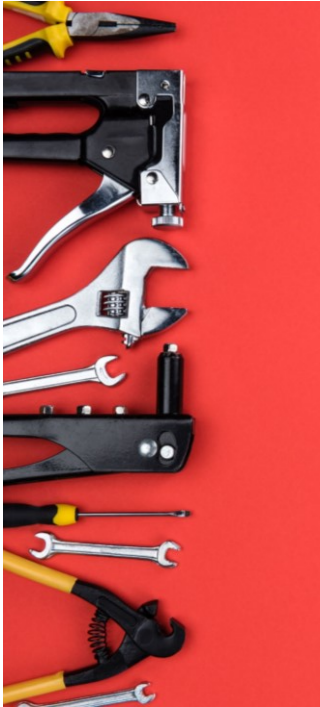
The toolbox supports organisations when they are developing projects to build the appropriate measures into their service design.

It provides clarity and transparency on how to clearly assess and measure interventions based on their focus, which can then be demonstrated clearly when applying for funding.

It allows for accurate and meaningful comparisons between different programmes and interventions to help inform decision-making.



Contents



The Tool Box is a developing set of resources to support measurement related to different areas of health and wellbeing, these include:

- Physical activity
- Smoking
- Mental Wellbeing
- High Blood Pressure/Hypertensions
- Long-acting Reversible Contraception
- HIV and Hepatitis Risk Reduction

For each section there is:

- A description of the issue/topic
- Links for local or national information on the issue/topic
- A description of the tool
- Information on any registration requirements to use the tool
- Useful links to support behaviour change and evidence-based interventions related to the issue/topic
- A case study example of using the tool in practice



NHS Health Checks

NHS HEALTH CHECKS TOOLKIT



BE BOLD BE BIRMINGHAM

What is an NHS Health Check?

- The NHS Health Check is a free NHS health assessment, funded by the Council, and undertaken by GPs and Pharmacists for people aged 40 to 74yrs once every 5yrs.
- The NHS Health Check aims to find undiagnosed disease early and give patients space and time to talk about risk factors like inactivity, smoking and any concerns about issues like dementia.
- In 2022/23 about 90,000 were invited for an NHS Health Check in Birmingham but only about 31,000 people took up the offer from their GP practice. Uptake in general is lower in men and in some ethnic communities.



National and Local Context

- Birmingham has a very diverse population (over 50% of citizens from minority ethnic backgrounds) combined with significant deprivation (88% of Birmingham's wards are more deprived than the England average) so tackling associated health inequalities is a key priority.
- High risk groups for diabetes, one of the conditions NHS Health Checks screens for, include African, Caribbean and South Asian communities.



What are we aiming to measure in the tool?

- We are aiming to measure awareness of the NHS Health Checks programme and increase uptake, particularly for African, Caribbean, Pakistani, Indian or Bangladeshi communities.
- If uptake is increased this will contribute to our efforts to tackle health inequalities in Birmingham.



Measurement tool: NHS Health Checks Questionnaire

Tool	Birmingham NHS Health Checks Questionnaire
Weblink	The following questions: Do you know about the NHS Health Check programme? <i>Yes/No/Not sure</i> When did you last get an invitation from your GP for an NHS Health Check? <i>Free text</i> Have you had an NHS Health Check in the last 5 years? <i>Yes/No/Not sure</i> Do you want to have an NHS Health Check? <i>Yes/No/Not sure</i> If No, why don't you want to have a Health Check? <i>Free text</i>
Cost	N/A
Use	Self-completed questionnaire.
Frequency	Pre-intervention Post-intervention 6 Weeks Post-intervention
Ambition	Increase the number of eligible adults who have received an NHS Health Check in the last 5yrs
Benchmark Data	Birmingham City Observatory Public Health Community Services Dashboard OHID Fingertips NHS Health Checks Dashboard



Using the tool

- The questions should not be modified in anyway during implementation but there are different ways of asking the question and this needs to be tailored to the intervention/setting.
- Face to Face with someone asking the citizen out loud the question
 - This might work well with clients or service users who need additional help with answering questions or where this is part of an initial assessment conversation and can inform tailoring of the intervention.
 - The downside of this approach is it can be overheard and therefore you need to think about confidentiality of the setting and environment. It also needs to be inputted by the person asking the question into the data collection system.
- Self-completed questionnaire on paper or digitally
 - This is a quick way of collecting information and makes it easier to standardise and report
 - The downside is that the individual may have questions about the question, and if digital requires digital access.



Specific risk and issues to consider

- To increase rates of questionnaire completion providers should explain to users how their data will be used and why it is important (from both an individual and Public Health perspective if possible)
- To promote digital inclusion providers should if needed support users with accessing the questionnaire (not all users will have smartphones/internet access etc.)
- If there are language issues support should be given where possible



How to report the findings

- Providers should ensure that questions are the same as the toolkit
- Providers should collate the results for each value to give a clear understanding of intervention demographics.
- Providers should state the values given for any participants who answered “other”
- In cases of small sample size, small number suppression should be used to keep results confidential – this means if less than 5 people gave the same answer you don't report this in the public report and just report <5 as the answer.



Case study

- An example of a hypothetical intervention that would use the toolkit –
A walking group for older adults in Birmingham to increase physical activity levels and social capital delivered over a defined period (12 weeks for example)



Additional resources

- [NHS Health Check - NHS \(www.nhs.uk\)](http://www.nhs.uk)

