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Author(s): Simon Alford; Catherine Perry

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**Knowsley at Heart Community NHS Health Checks:
Behaviour Change Evaluation**

Simon Alford

Catherine Perry

July 2010

Summary

Background

In Knowsley, cardiovascular disease (CVD) is a leading cause of premature mortality, accounting for 28.9% of deaths in 2006-2008. To address this issue, the borough has developed a comprehensive CVD programme, *Knowsley at Heart*. The aim of this evaluation was to investigate the extent to which the community NHS Health Check initiative, as an integral part of the *Knowsley at Heart* programme, had met its aims and objectives. Specifically it aimed to explore any behaviour changes made following a community NHS Health Check, the maintenance of these changes, and potential influences on an individual's friends and family. In addition the study explored experiences of the community NHS Health Check, accessibility and barriers to behaviour changes and satisfaction with signposting to other services.

Study design and methods

This evaluation was essentially a cross sectional study of the experience of the residents of Knowsley of the community NHS Health Checks. A qualitative research strategy was utilised and methods including focus groups, face-to-face interviews and telephone interviews were used to elicit the perceptions and experiences of individuals who had undertaken a health check. Qualitative thematic analysis was conducted using an analysis framework developed after completing the focus groups and interviews, in order to understand the phenomenon being studied from the perspective of the participants.

Findings

In total, three focus groups and six individual interviews were carried out, including a total of 36 people who had attended a community NHS Health Check. Of the participants: 19 were female and 17 male; 13 had received a high cardiovascular risk score and 23 a low risk score. There were no differences identified between those who had high or low cardiovascular disease risk scores in terms of the themes which emerged from the data.

All service users who participated in either the focus groups or the interviews commented very positively on the *Knowsley at Heart* community NHS Health Checks. The majority of participants had made some form of lifestyle change as a result of attending the check, including changes to diet, cutting down on smoking, increasing physical activity and decreasing alcohol intake. Dietary changes were perceived to be the easiest changes to make, and there was some evidence that change had been sustained over time. Participants perceived the community NHS Health Check as having a positive influence on their life, and in some cases the lives of family and friends. In order to engage with more people in the community it was suggested that it should be made clear for how long checks were going to be available at different venues, and that more consideration of privacy at some venues might encourage people to participate.

In a minority of cases participants left their community NHS Health Check feeling unsure about what steps should be taken next, specifically in relation to whether they needed to contact their GP or if their GP would contact them if any causes for concern had been identified, which indicates the need for clear communication. The biggest problem participants perceived however was in relation to the attitudes of some health

professionals to the community NHS Health Checks, as they could not understand why they were viewed negatively.

Conclusion

It is evident from this evaluation that NHS Knowsley has been successful in engaging people in the community NHS Health Check programme, in promoting healthy lifestyle changes and in providing the stimulus to sustain some of these changes. In addition, the evaluation has highlighted important areas for consideration in the future of the programme.
