NHS HEALTH CHECK FOCUS GROUPS REPORT 2025

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NHS HEALTH CHECK FOCUS GROUPS REPORT 2025: EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

The report is the result of a number of focus group discussions conducted to investigate the community's experiences and perceptions of the NHS Health Check programme in Birmingham. It is part of a collaborative endeavour between Birmingham City Council, Birmingham City University, and local community organisations to try and resolve health services access issues resulting from service-user-defined factors of NHS Health Checks.

The NHS Health Check is an essential preventative measure designed to mitigate the risk of heart disease, diabetes, stroke, and kidney disease. NHS Health Checks are necessary for early detection and prevention of disease for the people living in Birmingham. Nonetheless, despite its significance, uptake within the diverse communities of Birmingham is less than optimal. This study seeks to comprehend the uptake influences and the factors that can be changed to make it possible.

A co-production approach formed the foundation of this project by collaborating with community partners to strategize, implement, and evaluate the engagement activities. Co-production was implemented in this case to ensure approaches that were culturally appropriate and accessible and that could build trust and support racially marginalised communities to engage more meaningfully.

The research therefore employed focus groups to explore the following key areas:

- **Awareness and Understanding:** To assess community knowledge and expectations regarding NHS Health Checks.
- **Experiences:** To gather insights into previous experiences with NHS Health Checks, including both positive and negative aspects.
- **Barriers and Facilitators:** To identify factors that hinder or encourage participation in NHS Health Checks.
- **Customer Journey:** To examine the entire process, from invitation to delivery, identifying areas for potential optimisation.
- **Cultural Relevance:** To determine how NHS Health Checks can be made more appropriate and accessible for diverse communities, considering factors such as communication, location, language, and cultural awareness.

The research specifically considered the perspectives of individuals with varying levels of experience with NHS Health Checks, including:

- Eligible individuals who have previously attended a check.
- Eligible individuals who have not previously attended a check.
- Individuals approaching the eligible age.
- NHS Staff who deliver the Health Check (for specific focus group)

The findings of this research will inform recommendations for Public Health, NHS Health Check providers, and other stakeholders, with the ultimate goal of increasing uptake and improving the effectiveness of this vital preventative service. The

demographic analysis has been conducted, and the findings have been presented below.

Key Findings:

To better understand this issue, the study engaged a total of 193 participants, including 13 NHS Health Check professionals, through focus groups representing a wide range of ethnic backgrounds. These sessions provided rich qualitative data on both user experiences and the perspectives of healthcare providers. Participants represented 10 distinct global majority groups: Arabs, Bangladeshi, Black Caribbean, Chinese, Ghanaian, Indian, Nigerian, Pakistani, Somali, and White British. The average age of all participants was 52.1 years. Of the total participants, 153 were within the NHS Health Check eligible age range (40-74 years). Total 45 participants reported having had an NHS Health Check. This figure includes only members of the public who were eligible for and attended the checks and does not include NHS Health Check staff who participated in the study. Only 5 participants had some form of disability.

Gender Distribution Across Global Majority Groups

The dataset reveals notable variations in gender representation across different global majority groups. Some ethnicities, Bangladeshi and Black Caribbean, exhibit a nearly equal distribution of male and female participants. In contrast, Chinese and Nigerian communities have a slightly higher proportion of female participants. In the interest of fostering inclusivity, public health campaigns should promote equally active participation of both males and females during the NHS Health Checks.

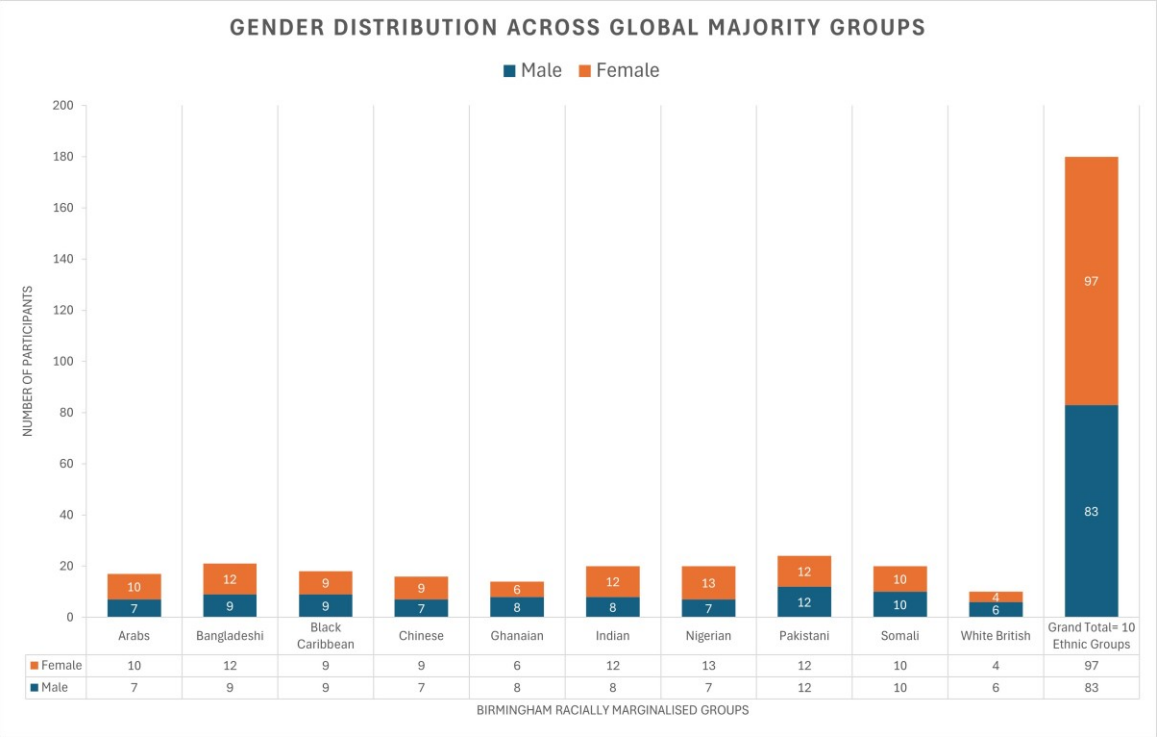

Figure 1: Gender Distribution Across Global Majority Groups - Focus Groups Participants (Birmingham)

NHS Health Check Uptake by Global Majority Group and Gender

This gender imbalance was also evident in the participation of various global majority groups where most women than men attended the NHS Health checks. Chinese and Nigerian groups reported the highest participation rates, while Arabs and White British groups the lowest potentially indicating a lack of accessibility or awareness of these services. There was a particularly striking difference with Ghanaians where women clearly predominated. After a more in-depth analysis of other groups, the study found that eligible Arabs and White British men had no participation in NHS Health Check programme, demonstrating a need for more focused outreach in these populations.

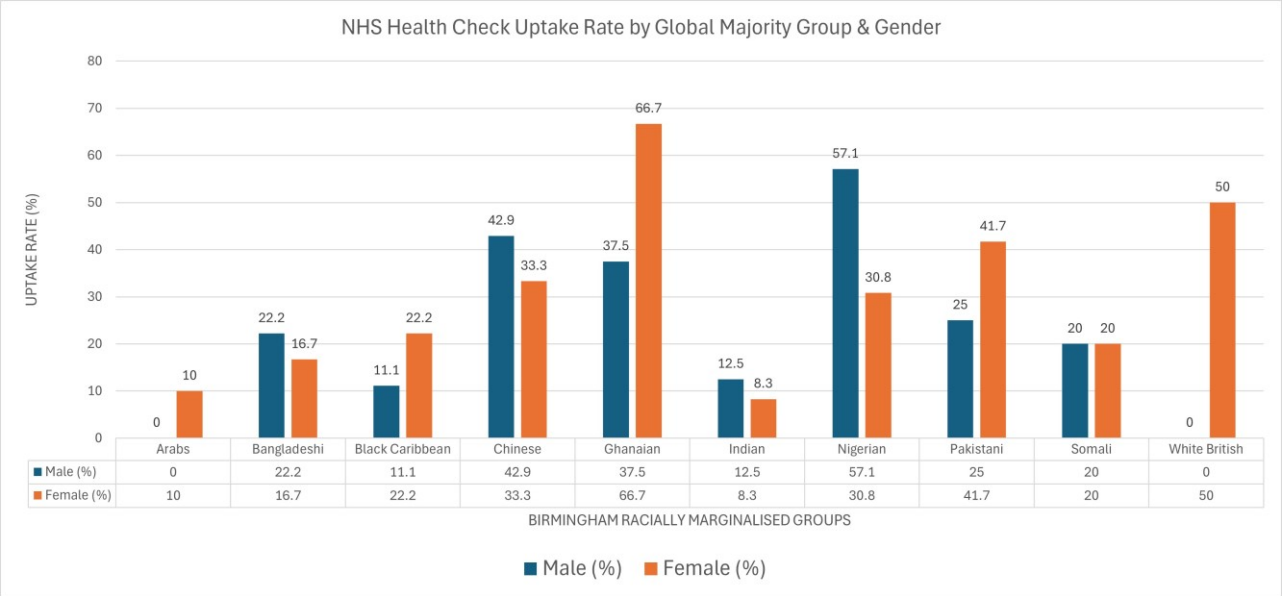

Figure 2: NHS Health Check Uptake Rate Global Majority Group & Gender – Focus Groups Participants (Birmingham)

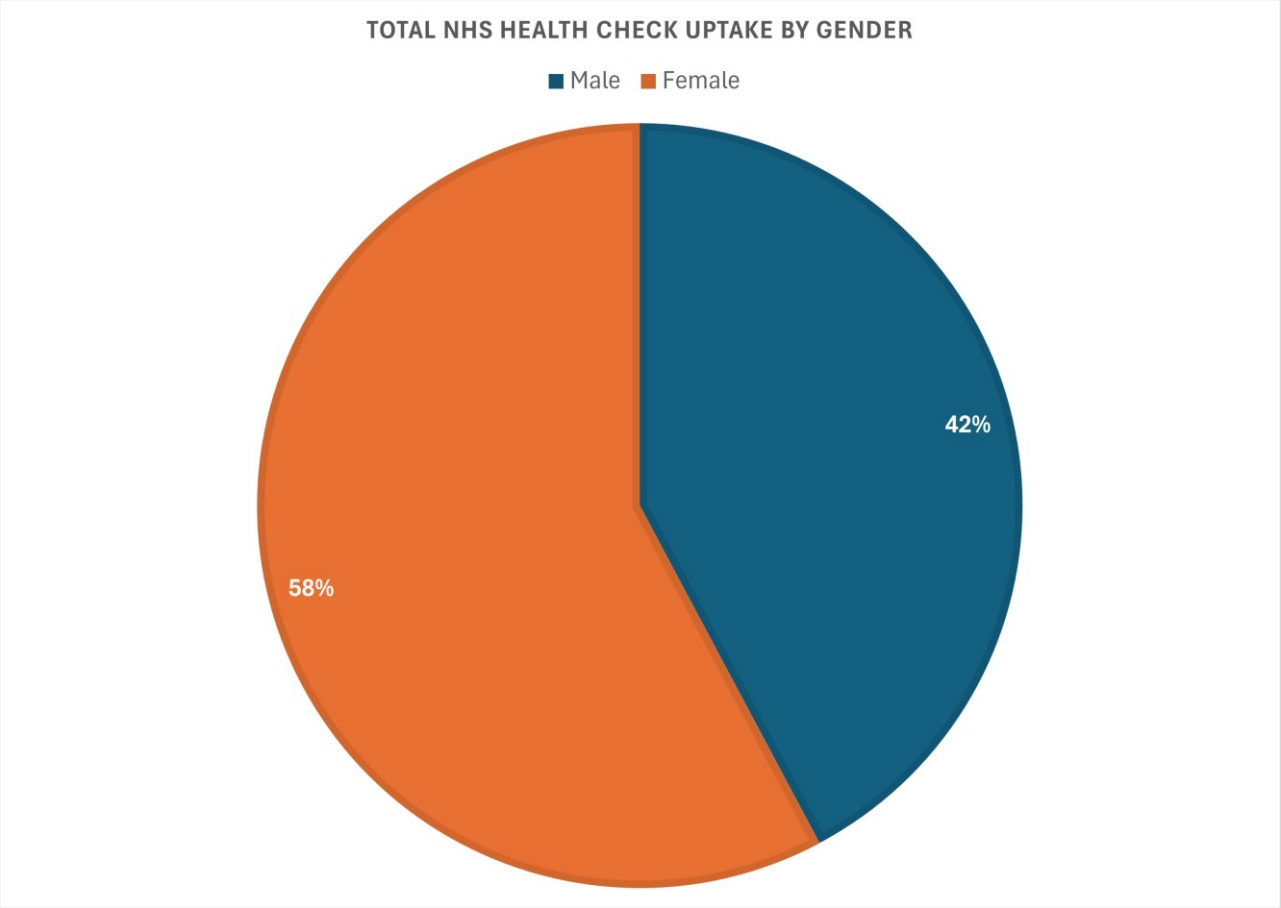

Figure 3: NHS Health Check Uptake by Gender – Focus Groups Participants (Birmingham)

This data reflects responses collected from focus group participants as part of this research project and may not be representative of NHS Health Check uptake across the broader Birmingham population or the national NHS Health Check programme.

Observing the overall uptake of NHS health checks among different participants, it was noted that females used the services more than males with the exception of some global majority groups. This indicates that women might be more in need of preventive health care services than their male counterparts. Male participation, however, lags behind in various global majority groups and that points to a substantial lack of engagement that needs to be addressed. Targeting more men to participate in health check programmes will assist in meeting this gap and tending to the overall health status in communities where men's uptake is considerably low would be beneficial.

NHS Health Check Eligibility vs. Uptake

In all global majority groups, there is a wide gap between eligibility for the NHS health checks and attendance. Many people are able to qualify, yet, so many barriers exist that do not allow the checks to be completed.

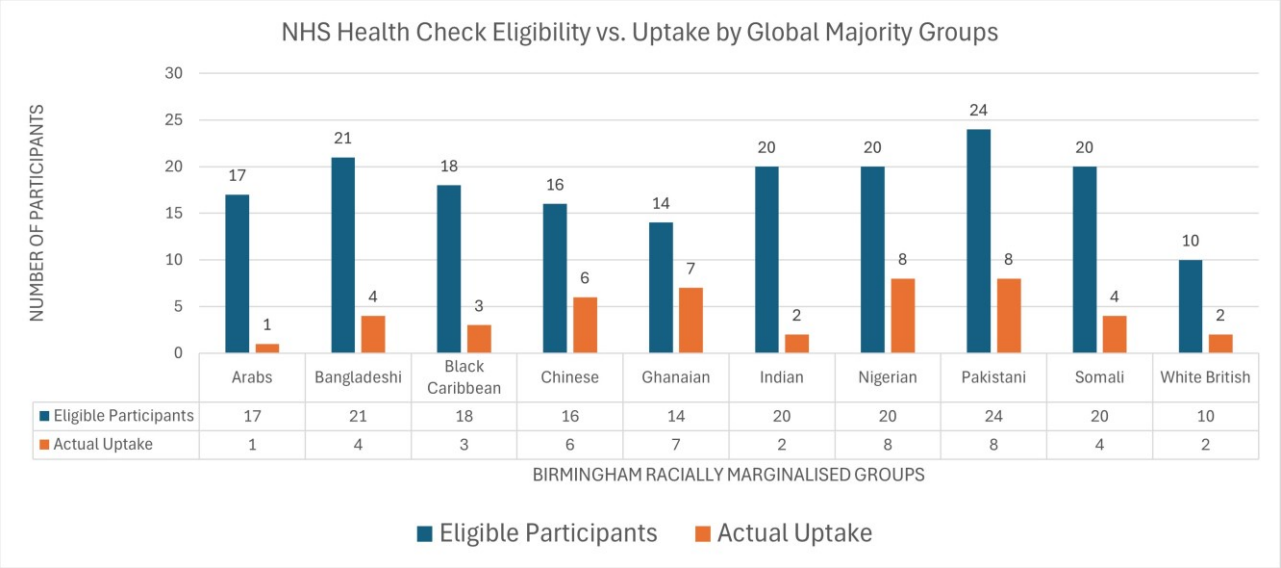

Figure 4: NHS Health Check Eligibility versus Uptake by Global Majority Groups - Focus Groups Participants (Birmingham)

Chinese and Nigerian participants display higher relative uptake rates when compared to other global majority groups demonstrating greater engagement with the programme. However, Arabs and White British eligible groups are less engaged, revealing some barriers such as lack of knowledge, poor access to facilities, or negative views towards preventive health care.

This gap highlights the need for more effective outreach, improved accessibility, and targeted campaigns aimed at motivating participation in their NHS health checks. Overcoming these barriers may assist in minimising the differences between qualifying for health care services and utilising them, which will in turn improve the population's health.

We also found that

The following key findings synthesise the overall insights and themes from the project and portray, in abstract form, the most significant obstacles, enabling factors, and the possibilities pertaining to the NHS Health Check programme.

Barriers to Uptake and Engagement

Cultural and Linguistic Barriers: Insufficient cultural empathy and poor language assistance was one of the greatest barriers for Birmingham racially marginalised groups which resulted in alienation and distrust of the NHS Health Check programme.

Health Literacy Challenges: The lack of knowledge about the aims, value, and steps in getting NHS Health Checks, especially among people with low health literacy was clearly evident and a significant barrier.

Mistrust in Healthcare Systems: Historical and institutional scepticism towards health care, especially when combined with negative personal experiences, kept some participants from attending the NHS Health Check Ups.

Access and Convenience: Practical barriers such as inflexible schedules, lack of childcare, transportation issues, and limited appointment availability during non-standard working hours were very discouraging for many people.

Perceived Lack of Follow-Up: Participants were disappointed by the lack of follow-up care after their health checks leading to distrusting the programme.

Facilitators of Engagement and Participation

Community-Based Delivery Models: Conducting NHS Health Checks in faith centres, schools or workplaces was viewed as an effective way of improving trust and enhancing participation among these populations.

Culturally Competent Care: Participants stressed the need for healthcare staff to show understanding and acknowledgement of the culture of the patients because this was important in gaining their trust and facilitating further participation.

Language Support and Clear Communication: The introduction of interpreters, translated documents, and outreach materials in other languages was pointed out as a solution to enhance poor health literacy as a result of language barriers.

Personalised and Holistic Approaches: Participants appreciated NHS health checks that were tailored to their specific needs, provided with appropriate guidance, or some simpler lifestyle changes and means of follow-up care.

Specific Challenges for Underserved Populations

NHS - Public Health Relationship/Statutory Services: The NHS Health Checks programme is a statutory service under the Birmingham City Council Public Health (BCC PH) division and is provided by NHS providers. The implementation of the programme is subject to the protocols and funding conditions of the Office for Health Improvement and Disparities (OHID). Therefore, any modifications to the delivery model must be kept within these legal boundaries, categorical restrictions and framework of the underlying contracts.

Intersectional Barriers: Individuals with multiple, overlapping identifiers like ethnicity, socioeconomic class, gender, and immigration status experienced significant barriers to accessing and hence benefiting from NHS Health Checks.

Hard-to-Reach Groups: People with disabilities (sub-population group) are particularly in need of health check and require special attention to access such.

Digital Exclusion: Elderly people, the digitally illiterate, and those without stable internet connections faced difficulties due to the increased dependence on technology for appointment scheduling and communication.

Opportunities for Improvement

Cultural Competency Training: Staff members involved in service delivery were said to require training on culture, implicit bias, and effective communication in order to gain the trust of diverse communities and ensure effective delivery.

Enhanced Follow-Up Support: Participants were in favour of continuity of care and sustained health improvement through structured follow-up mechanisms including personalised care plans, scheduled check-ins, as well as referrals to lifestyle support services.

Flexible and Accessible Services: Essential for improving accessibility to NHS Health Checks was the need to expand appointment availability to include evenings and weekends, as well as offering NHS Health Checks in community-based locations.

Targeted Outreach Campaigns: Participants highlighted the need for tailored outreach efforts, including culturally relevant messaging and partnerships with trusted community leaders, to raise awareness and encourage participation in NHS Health Checks.

Recommendations for Future Research

Evaluation of Interventions: Further research is needed to identify which specific interventions (e.g., cultural competency training, community-based delivery) are most effective in improving engagement and outcomes for the most affected populations in terms of health disparities.

Exploration of Long-Term Impact: Longitudinal studies could assess the sustained impact of NHS Health Checks on reducing chronic disease prevalence and improving health equity.

Focus on Underrepresented Groups: Future research should prioritise hard-to-reach populations, such as people with disabilities, to ensure that their unique barriers are addressed.

Refinement of Methodologies: Mixed-methods and participatory research approaches could provide deeper insights into the experiences of diverse communities and enhance the relevance of future studies.

These key findings provide a comprehensive snapshot of the project's overall insights, highlighting the challenges, opportunities, and pathways for improving the accessibility, inclusivity, and effectiveness of NHS Health Checks. They serve as a foundation for actionable recommendations aimed at reducing health inequalities and promoting preventative healthcare for all communities.

GLOSSARY

BCC:	Birmingham City Council
BCC PH:	Birmingham City Council Public Health
BCU:	Birmingham City University
BLACHIR:	Birmingham and Lewisham African Caribbean Health Inequalities Review
BME:	Black and Minority Ethnic Groups
CVD:	Cardiovascular Disease
FGD:	Focus Group Discussion
FGP:	Focus Group Provider
GP:	General Practice
NHS:	National Health Service
NHS-HC:	National Health Service Health Check
OHID:	Office for Health Improvement and Disparities
PAR:	Participatory Action Research
PHE:	Public Health England

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Community Groups and Focus Group Providers:

1. Chinese Community Centre
2. Community Connexions
3. Desi Diabetes
4. DOR Romanian Diaspora
5. Mindseye Development
6. SAHELI
7. SOS Education Organisation
8. The Revival City Church Birmingham

The Project Team as Academic Providers:

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