NHS Health Check 40-64 Dementia Pilot

Research Findings

Summary Research Report

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Prepared for PHE, Alzheimer's Society and Alzheimer's Research UK

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1. Introduction

1.1 Background

The NHS Health Check programme is a statutory public health intervention commissioned by all local authorities in England. It aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of earlier awareness, assessment, and management of the major risks factors and conditions driving premature death, disability and health inequalities in England.

The NHS Health Check introduced the mandatory dementia awareness raising component to people aged over 65 years in 2013. The purpose of the dementia awareness raising component of the NHS Health Check is to raise awareness of the signs and symptoms of dementia and signpost where people can go to get further advice and support.

In 2016/2017, a pilot project was run to explore the feasibility of extending the NHS Health Check for 40-64 year olds to include a dementia risk reduction component. This pilot was run in four areas – Birmingham, Bury, Manchester and Southampton.

This research was conducted by Solutions Strategy Research Facilitation Ltd (qualitative stage) and Cornish and Grey Ltd (quantitative stage) to evaluate the pilot project. The research was commissioned by Alzheimer's Research UK, Alzheimer's Society and Public Health England and includes quantitative research with the general public (with both a control group and a test group immediately post NHS Health Check), qualitative research with the Post NHS Health Check sample more than three weeks after their NHS Health Check, and qualitative research with Health Care Professionals.

1.2 Research Objectives

The overall aim of the research was to evaluate the pilot and assess the feasibility of extending the NHS Health Check for 40-64 year olds to include a dementia risk reduction component.

Specific objectives of the research included first, to understand the impact of the NHS Health Check on an individual's knowledge and awareness of dementia risk reduction and the impact of the intervention on individuals' intention to change behaviour.

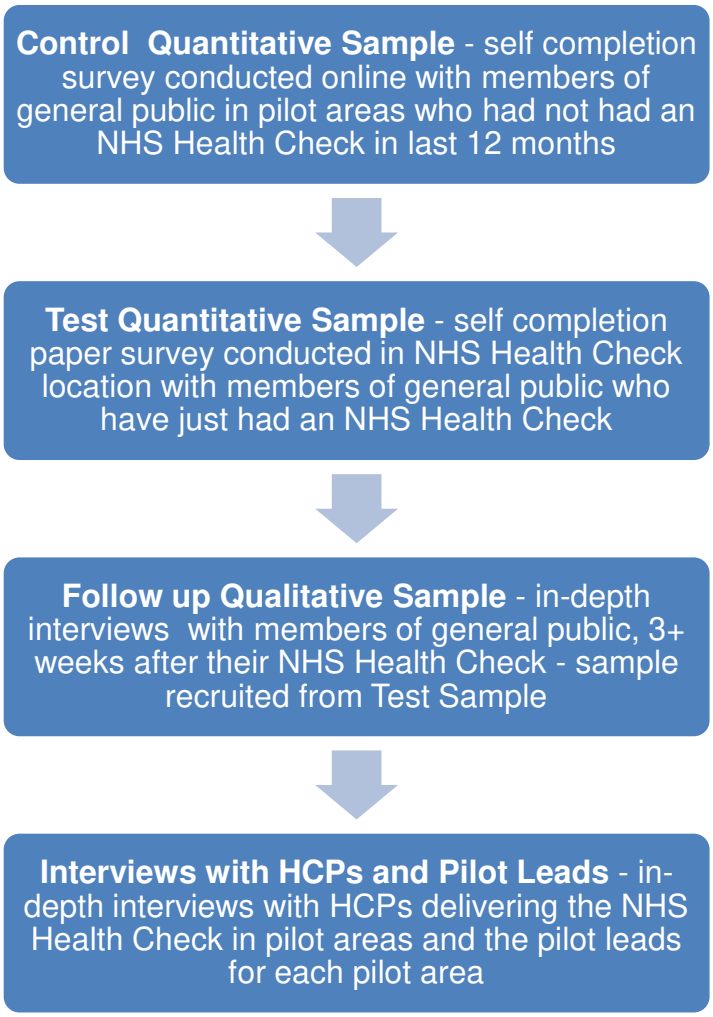
The second objective was to identify (where sample sizes allowed) whether any differences in the delivery of the intervention between pilot sites had any effect on individual's awareness and understanding of dementia risk reduction.

The third objective was to understand professional awareness and confidence in promoting dementia risk reduction messages and to identify further training requirements, resources and support.

The final objective was to assess any implications for services and commissioners and provide PHE with advice on any further longer-term evaluation that will be required.

1.3 Research Method and Rationale

The research method, rationale and limitations for this evaluation is summarised in the following flow chart and table. Further details of the method including sample sizes and the research process can be found in the appendix.



Research Method	Rationale	Limitations
Control sample with 250 members of the general public aged 40 – 64 in the pilot locations using an online sample. This provided a control sample of 170 people who had not had an NHS Health Check in the last 12 months and therefore, will not have been exposed to the pilot dementia component.	To provide a comparative sample against which to measure any differences when compared with the test sample which was conducted after the NHS Health Check which included the dementia component The online method was used as it is replicable and cost effective.	While everything was done to ensure the control sample was comparable with the test sample, there were some differences between the control and test samples in terms of ethnic minority composition; see the Appendix for details.
Test sample using a self completion questionnaire with 203 members of the general public immediately after having their NHS Health Check - this provided a test sample of 164 respondents who recalled the dementia component of the NHS Health Check. The paper based survey was handed out to respondents immediately after their NHS Health Check – see Appendix for the detailed process.	To provide a test sample to compare with the control sample and measure the impact of the dementia component of the NHS Health Check on knowledge and awareness of dementia risk reduction and intentions to change behaviour. The survey was conducted at the NHS Health Check location as it is a replicable method and the most cost effective way of reaching this hard to reach sample – ie, members of the general public in the pilot locations who have just had an NHS Health Check.	The survey was handed out and collected by staff in the NHS Health Check location. The process was designed to ensure that the survey was conducted effectively (eg. guidance was sent , coordinators briefed staff and envelopes were provided to ensure respondent confidentiality).

Research Method (Continued)	Rationale (Continued)	Limitations (Continued)
Qualitative depth interviews with 16 members of the public who had had an NHS Health Check in the pilot areas Respondents were recruited from the sample of people who completed the Post NHS Health Check questionnaire and who had agreed to be re-contacted These interviews were completed by telephone at least 3 weeks after the survey	To explore the in-depth views of people who had received the dementia component of the NHS Health Check and in particular, to look at the potential impact that the component may have on their behaviour. The interviews were conducted by telephone as it is the most cost effective approach to reach a geographically dispersed sample.	Conducting the interviews by telephone meant that no stimulus material could be used and non-verbal signals/responses were not part of the analysis. The sample was to some extent self-selecting as they 'opted in' to be contacted for the follow up interview – 57% of the test sample gave permission for the follow up interview. Only a small number of respondents per pilot area were recruited and therefore results were not analysed by area
Qualitative depth interviews with HCPs delivering the NHS Health Check in the pilot areas HCPs were recruited in the following way: area coordinators provided Solutions with the contact details of HCPs in the pilot areas who were willing to take part in an interview. These HCPs were sent an email invitation and those that responded to this invitation were included in the research. These interviews were conducted by telephone.	To explore the in-depth views of the HCPs in terms of the impact of dementia component, its fit in the overall NHS Health Check and training demands. The interviews were conducted by telephone as it was a cost effective way of reaching a geographically dispersed audience.	Conducting the interviews by telephone meant that stimulus had to be emailed to the respondents in advance and non-verbal signals/responses were not part of the analysis. The sample was to some extent self-selecting as they 'opted in' to be contacted for the follow up interview. All of those who 'opted in' were interviewed. Only a small number of respondents per pilot area were recruited and therefore results were not analysed by area.
Qualitative depth interviews with the four area coordinators in the four pilot areas These interviews were conducted by telephone.	To explore in depth the coordinators views of the pilot – what does success look like and what improvements could be made. The interviews were conducted by telephone as it is the most cost effective way.	Conducting the interviews by telephone meant that stimulus had to be emailed to the respondents in advance and non-verbal signals/responses were not part of the analysis.

1.4 Market Research Society and Ethical Approval

This research project was carried out according to the Market Research Society's Code of Conduct and ethics. The Code of Conduct was applied to all areas of the project including the control sample which was conducted with members of the general public from the Research Now online panel. These respondents were given an outline of the importance of the research, an assurance of their anonymity and the names of end clients before consenting to take part.

The Code also covered all aspects of recruitment in the NHS Health Check locations. All respondents signed a consent form after being provided with a document outlining the importance of the research, an assurance of their anonymity and the names of end clients.

At the start of each qualitative research interview, it was again explained that their details and responses were anonymous and confidential. It was further explained that they could refuse to answer any questions if they chose, and could terminate the interview at any point.

The project was deemed not to need ethical consent because it falls under the category of 'service evaluation' as defined by the National Research Ethics Service[1] – where the service under evaluation is the dementia component of the NHS Health Check.

1.5 Dates of the Research

The control on-line survey was conducted in October 2016. The fieldwork for the NHS Health Check sample was conducted between October 2016 and February 2017.

All the qualitative research was carried out between December 2016 and March 2017.

[1] The National Research Ethics Service (NRES) reviews research proposals to protect the rights and safety of research participants and enables ethical research which is of potential benefit to science and society. They indicate that activities such as audit, service evaluation or public health surveillance are not deemed as necessary for ethics approval. http://www.hra.nhs.uk/resources/hra-approval-applicant-guidance/

2. Management Summary and Recommendations

Feasibility of extending the NHS Health Check to 40-64 year olds to include a dementia risk component: The findings of this research are positive overall, indicating that extending the NHS Health Check for 40-64 year olds with the dementia risk reduction component is feasible.

Both the general public and health care professional respondents were receptive to the inclusion of the dementia risk reduction component in the NHS Health Check. It was perceived as a natural extension to the existing NHS Health Check, complementing and supporting the other messages about lifestyle changes necessary for healthy living. It was also seen as being quick and easy to deliver, adding little time or complexity for the HCPs and therefore not seen as onerous for HCPs.

Impact of the dementia risk reduction component on the general public's knowledge and awareness of dementia risk reduction: There was good recall of the dementia component in the NHS Health Check across all pilot areas (79% recalled dementia being mentioned in the NHS Health Check overall). The quantitative research suggests that the risk reduction messaging has an impact on knowledge and awareness of risk reduction; the Post NHS Health Check sample was more aware than the Control sample of the concept of dementia risk reduction and also more knowledgeable about the impact of different lifestyle changes on increasing the risk of developing dementia.

The qualitative research suggests that the dementia risk reduction messaging fits well within the NHS Health Check as the ways of reducing risk are similar to those for other health issues such as cardiovascular disease. It appears to add a new dimension to familiar advice about healthy lifestyles. The messages around reducing the risk of dementia were also seen to challenge misconceptions that you can't take any positive actions to prevent the onset of dementia - dementia is not actually inevitable.

Overall, it was considered appropriate to include the dementia risk reduction component in the NHS Health Check for this age group. It was felt that its inclusion at this relatively young age could raise awareness about dementia and the factors that can lead to an increased risk of developing dementia, at a time when there was still opportunity to do something about it.

Impact of the dementia component on the general public's intention to change behaviour: While the quantitative research showed that immediately after the NHS Health Check, respondents were more likely than the control sample to say that they would make changes to their lifestyle in order to reduce their risk of dementia, the follow up qualitative interviews showed that no immediate changes had been made specifically as a result of the dementia messages and there was no

evidence of strong indications to make planned changes to behaviour as a result of the discussion around dementia.

However, while the 40-64 age group may not action the advice immediately, the information in the dementia component does help increase awareness that it is possible to help reduce the risk of dementia and about how to reduce the risk of dementia, and this can be new and compelling information. Even if it does not motivate immediate change it is seen as supporting the importance of a healthy lifestyle and some felt it could potentially provide a small nudge to behaviour change longer term – although this would be hard to track in the short term and would need further research to explore.

Impact of differences in the delivery of the intervention on the awareness and understanding of dementia risk reduction: The qualitative research showed that there was a wide variation in how the intervention was delivered **within** locations as well as **between** locations. For example, although some HCPs in the sample were delivering the risk messaging/ways to reduce your risk of dementia alongside the lifestyle information, not all the HCPs were doing this and not all were very familiar with this information. This inconsistency was seen between HCPs in the same location as well as in different locations.

As a result, it is not surprising that no statistically significant difference was seen in the quantitative research between the pilot locations. In order to make an assessment of the effectiveness of the different methods of delivering the dementia component, further research needs to be conducted with a reduced number of variables so that the differential impact of each method can be measured.

Professional awareness and confidence in promoting dementia risk reduction messages: Overall the HCP audience is positive about the dementia component. They do not necessarily think their patients are acting immediately on the advice, but they think it brings value and relevance to the NHS Health Check without adding too much time, and provides new information to patients that may plant an important seed for the future. They do not articulate any real issues or concerns relating to its introduction and have not had any negative experiences in delivering it to date.

There are however inconsistencies in how the component is being delivered and in the messaging. The qualitative research suggests that if this component is to be rolled out the risk reduction information needs to be clearly articulated to HCPs and training given around the key messaging for patients. Training would add value and increase confidence in HCPs and ensure that consistent messaging about dementia risk reduction is delivered to patients.

Implications for services and commissioners: Overall, the research suggests that the delivery of the dementia component is feasible and has a positive impact on the knowledge and awareness of the general public around dementia risk reduction. There is no evidence to show that it has a direct impact on behaviour change in the short term but it is felt to be supportive of healthy lifestyle change messages overall - it supplies yet another reason to adopt a healthier lifestyle. The qualitative research with Post NHS Health Check respondents also suggests, the dementia component might possibly provide a nudge to behaviour change in the longer term but this would be hard to track and prove causality.

The qualitative research also shows that the delivery of the dementia component can vary considerably – sometimes it is not being delivered at all or in such a light-touch way that it is not memorable. In other cases, the risk reduction messaging is not included and the focus is more on the signs and symptoms of dementia. The research suggests that if the dementia component is to be rolled out the risk messaging needs to be clearly articulated to HCPs and training given around this messaging to ensure that the full impact of the component is realised. Further, it suggests that adding more detailed questions and notes about dementia on the NHS Health Check template may aid best practice delivery.

3. Key Findings

3.1 The NHS Health Check Context

The general public respondents had a variety of reasons for attending an NHS Health Check. Some were hoping for a confirmation of their health for peace of mind - to establish that they were doing the 'right things'. Others thought the NHS Health Check might identify early signs of health issues while there was still time to make positive changes to their lifestyle.

There was consistently positive feedback about the experience of the NHS Health Check. Respondents particularly appreciated feedback on the physical tests and results. There was only an occasional negative expressed about the process (some had a two stage Health Check) or in some cases the strange phrasing of questions.

The majority of NHS Health Checks in our qualitative sample had been delivered by Health Care Assistants (HCAs), a few were delivered by practice nurses. These HCPs were seen as experienced, knowledgeable and well trained. They encouraged good conversations around health and lifestyle. In most cases they were either reinforcing current good practice in terms of health and occasionally, they were thought provoking, imparting new information.

Occasionally the NHS Health Check was delivered by Health Trainers or volunteers - these tended to be in community settings. These HCPs were perceived as less confident and having less expertise than HCAs and nurses and the advice they gave was more lifestyle oriented. This could have had some impact on respondent's willingness to discuss more medical issues and dementia in greater depth.

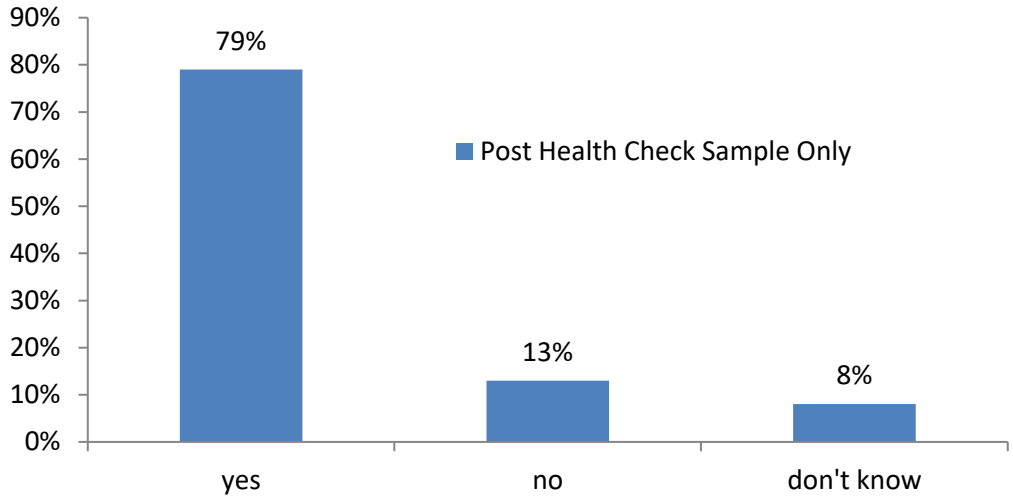
3.2 Impact on Knowledge and Awareness of the Dementia Risk Reduction Component

The Post NHS Health Check respondents saw the NHS Health Check as a good introduction to talk about risk reduction overall, discussions around lifestyle and risk reduction messages were seen as intrinsic to the whole process. The key focus for much of the discussion was around the tests and the results which naturally led to a discussion about lifestyle and the associated risks of certain behaviours. For many of these respondents, the NHS Health Check was seen as a reminder of the need to make changes to improve health outcomes and the results of the tests could work as a 'wake-up call' and prompt to action.

Whereas qualitative respondents showed good spontaneous recall of most elements of the NHS Health Check including diabetes, healthy lifestyle, blood pressure, cholesterol, smoking/ alcohol, weight/BMI and heart health - dementia was mainly recalled only on prompting.

In the quantitative research conducted immediately after the NHS Health Check had been completed, the majority (79%) recalled the dementia component. Note that the ethnic minority sample was statistically significantly less likely to recall the dementia component, (65% vs 84% in the mainstream sample). (Note: The ethnic minority sub group is included in the total sample).

Q5: Do you recall if the health care professional mentioned dementia at all during the NHS Health Check?



Base: Post NHS Health Check sample - 203

Compared to the main part of the NHS Health Check, the Post NHS Health Check respondents from the qualitative research said that they saw the dementia component as a fairly minor part of the overall NHS Health Check - both in terms of time spent on it and level of importance. Despite this it was perceived as working well as a low key introduction to the topic of dementia and as a way of raising awareness and linking with other related lifestyle advice. There was also a widespread acknowledgement that if they had wanted to discuss more, there would be opportunities to do so.

The qualitative research with the Post NHS Health Check respondents showed that the dementia component was raised in a number of ways and was not always used as an opportunity to raise discussion about risk reduction. Some only recalled indirect and open questions about awareness of dementia rather than via specific links to risk factors and cardiovascular disease.

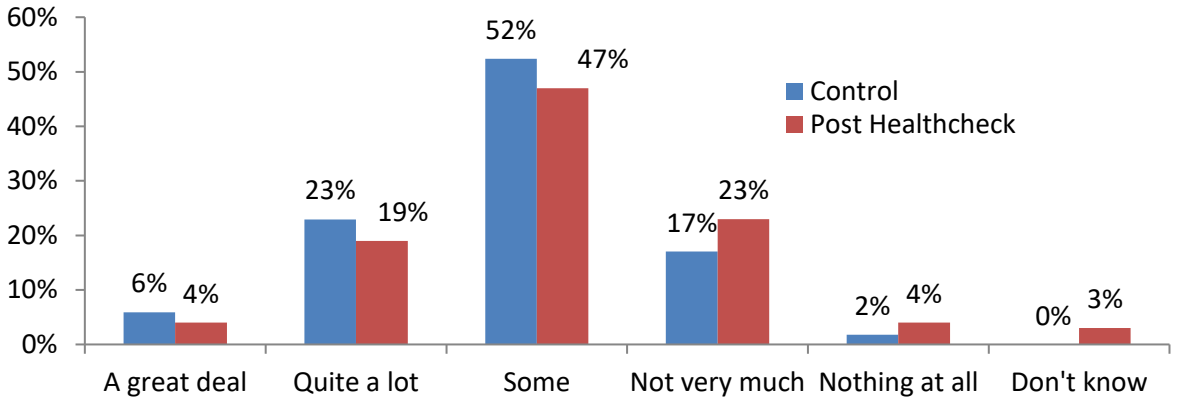
Others recalled that it was brought up in relation to a discussion around lifestyle, risks and the impact on your health, linking with the messages in the rest of the NHS Health Check.

The sentiment around ‘what is good for your heart is good for the brain’ was often conveyed but the phrase itself was rarely recalled.

There was mixed recall of the leaflet among the qualitative respondents. Only a minority recalled being given the leaflet after their NHS Health Check. Where they had seen the leaflet it was seen as reinforcing the references to dementia in the NHS Health Check and the few that had read the leaflet were positive about its content. It was however rarely read in detail and appeared to be discarded with respondents saying they would Google for information if subsequently concerned.

The quantitative research showed that the dementia component of the NHS Health Check had no impact on patients’ knowledge of dementia itself. The chart below shows that there is no statistically significant difference between the Control and Post NHS Health Check samples in terms of how much they say they know about dementia.

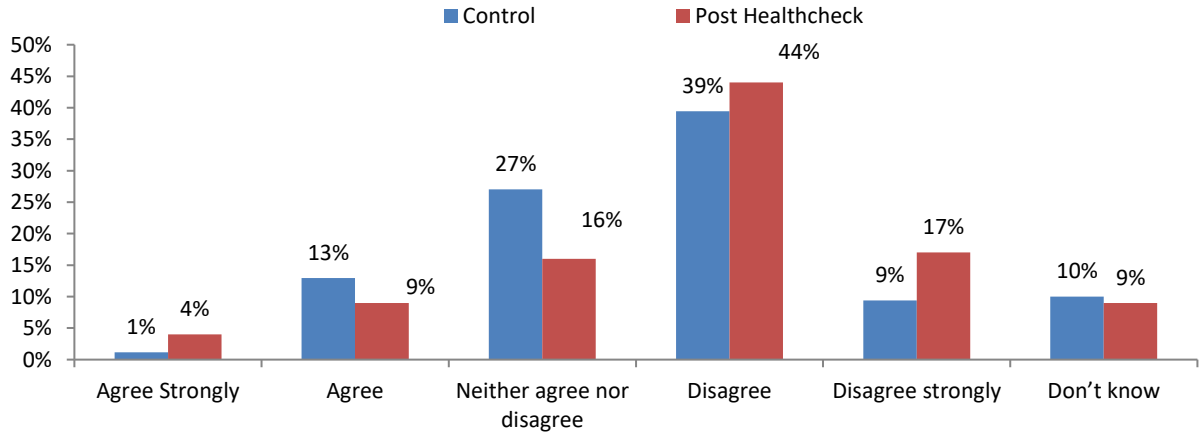
Q1: How much, if anything, would you say you know about dementia?



Base: Control sample (all those not had an NHS Health Check in last 12 months) 170, Post NHS Health Check sample (recall dementia component) 164

The quantitative research does indicate, however, that the dementia component has some impact on awareness of the ability to reduce the risk of getting dementia.

Q2: Agreement with statement: There is nothing anyone can do to reduce their risk of getting dementia



Base: Control sample (all those not had an NHS Health Check in last 12 months) 170, Post NHS Health Check sample (recall dementia component) 164

The chart shows that 61% of the Post NHS Health Check sample disagrees with the statement '*There is nothing anyone can do to reduce their risk of getting dementia'* compared with only 48% of the Control sample. This is a statistically significant difference.

Furthermore, the quantitative results also indicate that the dementia component increases awareness of the lifestyle factors that increase the risk of dementia – the statistically significant differences between the Control and Post NHS Health Check sample are shown in bold. There is no statistical difference between the Control and Post NHS Health Check sample in terms of being mentally active and having a parent with dementia.

Q3: Which, if any, of the following do you think could increase a person's risk of developing dementia?

Lifestyle factor	Control	Post NHS Health Check
Being mentally inactive	58%	65%
Lack of exercise	**41%**	**62%**
Regularly drinking too much alcohol (i.e. over recommended daily allowance)	**51%**	**61%**
Smoking	**38%**	**59%**
Having a poor diet	**42%**	**57%**
Having a parent with dementia	50%	53%
Being overweight	**19%**	**37%**
Having high blood pressure	**21%**	**36%**
Having high cholesterol	**15%**	**25%**
Having type 2 diabetes	**10%**	**24%**
Having low levels of vitamin B	10%	15%
Having low levels of vitamin D	8%	14%
Drinking too much caffeine	**4%**	**13%**
Using aluminium cooking pans	8%	11%
Don't know	12%	8%
Other	2%	2%
Not applicable - nothing can reduce risk	5%	2%

Base: Control sample (all those not had an NHS Health Check in last 12 months) 170, Post NHS Health Check sample (recall dementia component) 164

Among the qualitative respondents the general focus in the NHS Health Check on lifestyle and risk reduction messages about cardiovascular disease and other similar health issues was not new information and felt familiar as a general health message. However, the linking of lifestyle factors to the increased risk of developing dementia **was new** information for many, or at least positively reinforced other information they had heard in the media.

Linking the risk reduction for dementia with risk reduction in other related areas was considered by the qualitative respondents as a logical and sensible way to introduce the subject of dementia, and it felt like a natural step to extend the NHS Health Check discussion to incorporate it.

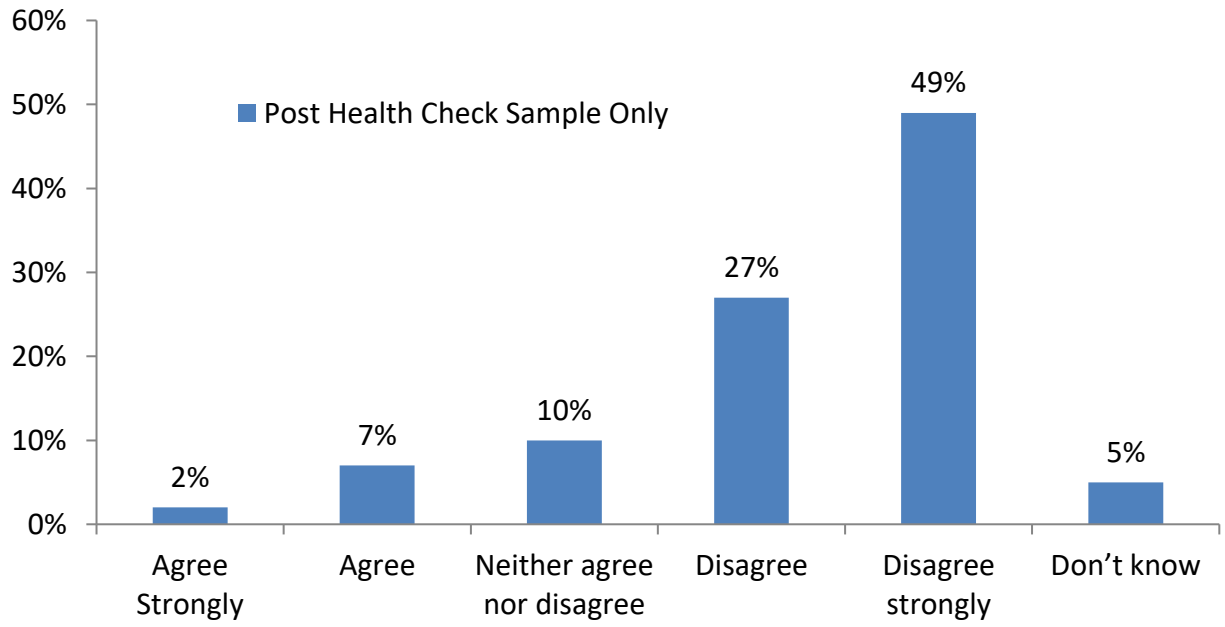
Qualitative respondents perceived the clear benefits in linking dementia with other risk factors. It was seen as reinforcing the key messages about the impact of unhealthy lifestyles as it suggested that lifestyle changes can help reduce the risk of developing dementia as well as other conditions such as diabetes and cardiovascular disease. To respondents this was seen as yet another positive reason to keep healthy.

Importantly, the messages around reducing the risk of dementia were also seen to challenge misconceptions that you can't take any positive actions to prevent the onset of dementia – and that dementia is not actually inevitable. This increased a sense of personal accountability which was very much welcomed.

All thought that it was useful to build awareness about how to reduce the risk of dementia at a younger age – '*when you can do something about it'.*

None of the qualitative respondents felt offended or upset by inclusion of the questions around dementia and all felt that it was appropriate for their age group to hear. This mirrored the quantitative research which showed that the majority of the Post NHS Health Check survey respondents who recalled the dementia component felt comfortable about its inclusion in the NHS Health Check (76% disagreed that they felt uncomfortable when dementia risk reduction was mentioned in the NHS Health Check).

Q6: Agreement with statement: 'I felt uncomfortable when dementia risk reduction was mentioned in the NHS Health Check' - among those who recall dementia component



Base: Post NHS Health Check sample – those who recall dementia component - 164

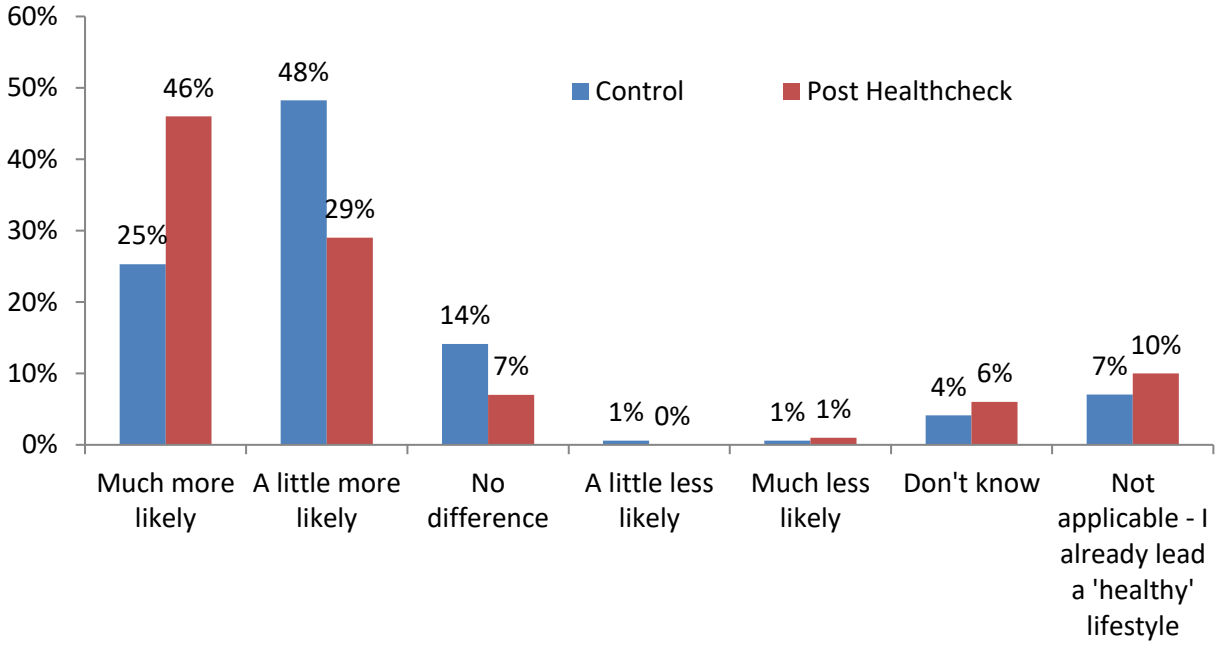
Among the qualitative respondents there was a general perception that it was an opportune moment to include the dementia component in the NHS Health Check. Although they felt there was still little concrete understanding about dementia overall and dementia was very much feared, they mentioned references to dementia in the news, on TV and in other media and an awareness of the role of dementia as one of the major causes of death.

There was a feeling among respondents that there was a greater openness towards discussing dementia and that it had become a more acceptable topic of discussion, in a similar way as cancer has nowadays compared to 10-20 years ago. However many aspects about dementia were still not well understood.

3.3 Perceived Impact on Behaviour

The quantitative data shows a difference between the Control sample and the Post NHS Health Check sample in terms of their response to the question about how likely they were to adopt a healthy lifestyle to reduce their risk of developing dementia. As the chart below shows, 46% of the Post NHS Health Check sample said they were much more likely to adopt a healthy lifestyle compared to only 25% of the Control sample. This is a statistically significant increase. There is also a statistically significant decrease in the proportion who say they are a little more likely and that it will make no difference to their lifestyle – in other words, it appears that the Post NHS Health Check sample do have a greater intention to change their behaviour than the Control sample.

Q4: How likely are you to adopt a more 'healthy' lifestyle specifically to reduce your risk of developing dementia, or does it make no difference?

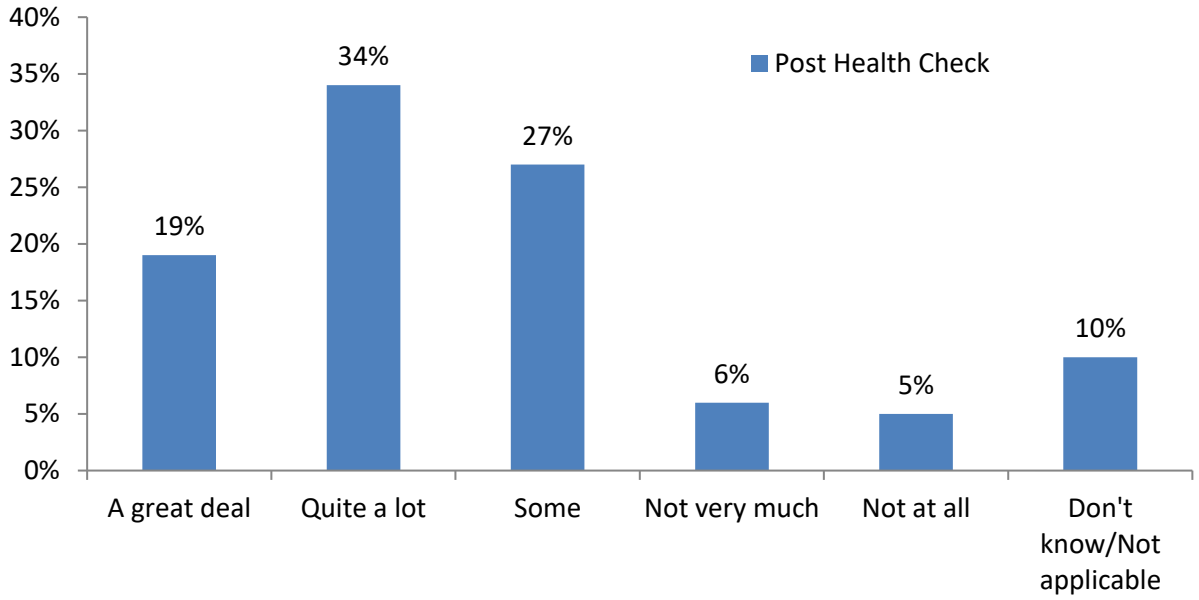


Base: Control sample (all those not had an NHS Health Check in last 12 months) 170, Post NHS Health Check sample (recall dementia component) 164

Furthermore, these good intentions appear to be confirmed by their response to the question about what impact they believe the advice on how to reduce their risk of getting dementia will have on their

behaviour. The majority (80%) of those who recalled the dementia component of the NHS Health Check said the advice would have at least some impact on their behaviour.

Q7: What impact do you think this advice/information about how to reduce your level of risk of getting dementia, will have on your behaviour?



Base: Post NHS Health Check sample - 164

However, the follow up qualitative research findings paint a more nuanced picture of the direct impact of the dementia component on behaviour. While overall many reported feeling motivated to make some lifestyle changes as result of the NHS Health Check, typically these focused more on changes to their diet and the amount of exercise they take, and they did not attribute this motivation specifically to the dementia component.

This was also because the risks of developing dementia were still perceived as being of less immediate relevance to people their age – developing dementia felt like a more long term risk as it was still linked with ageing. The qualitative respondents reported that they had a greater motivation to focus on health issues such as cardiovascular disease and diabetes, as the risk of developing these felt more imminent.

However, while the dementia component may not be the direct cause of behaviour change, it was seen as being supportive of the importance of adopting a healthy lifestyle and some felt it could

potentially provide a nudge to behaviour change in the longer term although this would be hard to track and prove causality.

Overall, there was strong and consistent support among the general public sample for including the dementia component in the 40-64 year old NHS Health Check and it was appreciated as being a relevant and interesting addition to the NHS Health Check discussion. There were no concerns about it being mentioned, indeed introducing it earlier was seen as beneficial, as it made them aware of risky behaviours and there was still time to make changes and improve outcomes. They felt that even if they were unlikely to make specific changes as a result of the information about how to reduce the risks of developing dementia, it was still intrinsically valuable as supported other healthy lifestyle changes and delivered valuable information for the longer term.

Overall; it felt that there should be more emphasis on the phrase - *what is good for your heart is good for your brain* in the dementia component. It should deliver risk reduction messages and reaffirm the importance of keeping active and keeping the brain stimulated.

The qualitative respondents were also interested in the component including not only information about risk reduction but also, an outline of the early signs and symptoms of dementia and information exploding common myths about dementia.

3.4 The Reaction of Health Care Professionals

Context: The qualitative sample of health care professionals (HCPs) in the research covered a wide range of experience of delivering NHS Health Checks. Many were very experienced health care assistants (HCAs) and practice nurses who had been delivering NHS Health Checks for more than five years. This group were confident about their role and in handling conversations with patients about health issues and imparting further information as well as discussions around motivations to make positive changes.

Others HCPs in the sample were less experienced. They included healthcare support workers who although engaged and positive about the NHS Health Check process as a whole, tended to be less confident in delivering further information. As a group they showed a lack of wider medical experience and knowledge.

Overall, the HCPs in the sample were positive about the benefits of NHS Health Checks irrespective of their experience and background. They were typically delivering a greater proportion of NHS Health Checks among the younger 40-64 age group who are less likely to have long term health conditions than the 60+ audience. They found it motivating to work with this group who tend to engage with medical services less often in relation to their own health. The NHS Health Check was seen as an opportunity to educate and encourage good practice among this age group who seem to be less set in their ways. It was seen as a valuable way to encourage good lifestyle behaviours and could make a big difference to their health outcomes if patients make the changes advised. It was also seen as a good time for review and reflection as most patients appear open and receptive to the often new and thought provoking information provided.

HCP knowledge about dementia: The HCP sample knowledge about dementia per se varied. Some were more knowledgeable as they had worked with the elderly or had specialist experience of dementia, perhaps having worked in a GP practice where there was a specific interest in dementia, or had had previous training on the topic. Others confessed to limited previous knowledge on the topic and like the general public sample, could be surprised by the fact that lifestyle factors and changes to behaviour could help to reduce the risks of developing dementia. In common with the general public sample, this was welcome news and of interest to many HCPs.

Attitudes to the dementia component of the NHS Health Check: Despite the range of experience and knowledge about dementia, the HCP sample interviewed was consistently positive about the inclusion of the dementia component in the NHS Health Check. Overall, it was seen as adding little

time or complexity to the process – adding 2-3 minutes at most. It integrated well with other areas of the NHS Health Check and it could give added weight to the rationale for reducing risk factors for cardiovascular disease and other conditions. Generally, it had been very easy to integrate and felt seamless in relation to the whole discussion about health issues and lifestyle.

The HCPs interviewed also reported that the response from their patients was very positive. Some had wondered prior to delivering the dementia component about how the topic might be received among the younger age group but, in the majority of cases, patients had been responsive, interested and had seen it as a relevant topic to raise in the context of the NHS Health Check.

There were a few mentions of patients who were less keen to engage with the topic as they saw it as being of less relevance to themselves but none of the HCPs interviewed had had a patient who had been seriously upset as a result of introducing the issue. The few references made about those who were more reluctant to discuss it, were described as either having family members with dementia or who were less health literate and had poor English and did not always fully understand the discussion or topic.

Role of the template in delivery of the dementia component: The style of delivery of the dementia component varied across the sample, with some linking it to lifestyle issues, some to cardiovascular disease and some introducing it via awareness and knowledge. Most of the HCP sample saw the NHS Health Check template as the trigger for inclusion of the dementia component. This was seen as being useful but could sometimes drive a limited approach.

It should be noted that the NHS Health Check template varies by location – the template referred to by respondents in this research consisted of a computer programme which included questions and answers to be completed by the HCP.

In one of the locations the template question on dementia specifically highlights risk messaging and signals the leaflet which was considered helpful in supporting HCPs in best practice delivery.

Specific prompt on Template: ***'Lifestyle behaviours that increase your risk of developing cardiovascular disease can also increase your risk of developing certain types of dementia. Please give patient the dementia leaflet, click on link below'***

Risk messaging: The risk messaging was being delivered by many of the HCPs interviewed, but not all. Some HCPs had clearly taken on board the importance of delivering risk/prevention messaging

and linking this with the patients' lifestyle. Where this was the case it was seen as being well received and interesting to patients.

Some HCPs said they used the phrase '*what's good for your heart is good for your brain'* which was felt to work very well with patients. It was seen as being concise, easy to understand and encapsulating both the sense of the risks and lifestyle changes that can positively impact on both cardiovascular disease and dementia.

But some HCPs in the qualitative sample were not delivering the messaging about risks or ways to reduce your risk of developing dementia. These HCPs saw the focus of the dementia component as being very much about the patients' own concerns about memory loss or knowledge about dementia. On discussion of the concept of risk reduction, some of this group did show awareness of the risks but lacked the confidence and knowledge about the risk reduction messaging.

When these HCPs were introduced to the ways to reduce risks and the information in the leaflet they typically became more interested in developing the discussion on the dementia component with their NHS Health Check patients in the future – they could see the importance of sharing this information within the NHS Health Check and educating people further.

Reactions to the Leaflet: In the HCP sample the leaflet was very well received among those that had seen it. Some HCPs used the leaflet within the NHS Health Check itself to raise the topic of dementia and gave it to patients at the end. Others had not seen the leaflet at all. Some had experienced stocking/distribution issues and were not able to get hold of adequate numbers.

The HCPs were generally supportive of the leaflet and considered it to be a useful tool. Those who had not seen it were often keen to get hold of some once its content had been explained. The leaflet was seen as especially useful as part of the update training course and also as a source of information for those who had had no specific training in the dementia component.

The leaflet was considered to have many strengths including its visual appeal – it was seen as being bright, colourful, eye catching. The content was thought to work well and the HCPs particularly appreciated the new information on the ways to reduce the risk of developing dementia and the myth busting about dementia which was seen as a good conversation opener). The summary of lifestyle risk factors in the leaflet was familiar to the HCPs. They saw it as a repetition of the standard message on healthy living, with the twist of now being linked to dementia as well as other conditions. Some HCPs suggested incorporating a visual as a way of highlighting the risks associated with both

cardiovascular disease and dementia and this could also potentially work well with a less health literate audience where visual cues might be helpful.

Finally the leaflet was seen as providing something concrete for patients to take away and read at their leisure if they were interested in learning more.

HCPs experience of training on the Dementia component: There were varied experiences across the HCP audience in terms of training on how to deliver the dementia component. Across the HCP sample roughly half had received specific expert dementia training, typically as part of an update on the NHS Health Check. Two respondents had also received dementia specific training by the Alzheimer's Society - this was rated as outstanding and interesting. Overall, where expert training had been delivered it was perceived as interesting, relevant and very helpful. The expert training appeared to make a big difference to their confidence levels in talking about dementia as well as their overall understanding of the condition.

Not all HCP respondents had received specific training, however, and some had been trained by colleagues or had used NHS Health Check information to improve their skills. The A4 summary sheet was used by some to provide key facts. These HCP respondents were mostly confident in delivering the dementia element but said that it had taken them some time to learn how to introduce the topic and integrate the component into the NHS Health Check.

There were some HCPs who had had no training or information at all on the dementia component for younger audiences. Therefore they were using the same delivery process as used with the older 65+ audience. As this group had not received any training recently there was a perception that their knowledge of risk reduction may be out of date.

Overall, although specific expert training was not seen as essential, all of the HCPs recognised that not surprisingly, it added to their confidence in delivering the dementia component.

The prompt sheet put together specifically for the Pilot (see Appendix) was seen as an excellent resource among those that had seen it and was described positively as clear, easy to understand and provided good guidelines on how to deliver the dementia component. It was heavily relied upon by some HCPs as a prompt in the early stages of delivering the component to younger audiences.

Some HCPs also referenced awaiting a new template with increased focus on dementia with interest. There were occasional concerns that specific dementia prompts on the template might be too ‘rigid’,

but others thought specific prompts could ensure that the dementia component was covered in greater detail and help the HCP to structure their questions and conversation.

Perceived impact on behaviour: Consistent with the general public feedback, the HCP sample thought that it would be very difficult to measure the specific impact of the dementia component on behaviour. The feedback they got from their patients was positive and the dementia component seemed to add significance to the NHS Health Check advice overall. Their patients also seemed reassured and some stated a keenness to make positive changes to their lifestyle but how many good intentions would be translated into positive action was questionable.

Most of the HCP sample assumed that the dementia component would have little immediate impact on behaviour in itself. Despite this, they were all very supportive of its inclusion in the NHS Health Check. It was seen as a good way to raise awareness and knowledge of dementia risk reduction rather than trigger immediate behavioural change.

Although they felt focusing on losing weight, increasing exercise and having a good diet in order to reduce the more immediate threats of diabetes, stroke and heart attack was more pertinent, they believed the dementia component would work well in the longer term - 'planting a seed' - by communicating that there is something positive you can do to reduce your risk of developing dementia.

Views of pilot leads: Overall they expressed their support for the continued inclusion of the dementia component in the 40-64 year old NHS Health Check and in general, the attitudes of the pilot leads were in line with the HCPs delivering the NHS Health Check.

Whilst there was support for the aim of raising awareness of dementia risk reduction, they could be mindful of the range of confidence and experience across the HCPs that deliver the NHS Health Check and as a result felt that commissioners needed to be realistic about what the less medically trained HCPs could be expected to deliver.

There was support for more training around dementia risk reduction and showing HCPs that they can relax and be confident about delivering this messaging. However they could also be aware of the challenges of delivering training to such a wide range of HCPs in different settings and with very different levels of medical knowledge. They also recognised that there is already a lot to deliver within the NHS Health Check and that this is just one small part.

There was support for using simple wording in the messaging around dementia risk reduction and the use of the strapline *'what's good for your heart is good for your brain'.* Where integrated, the example of the specific prompt on the template including the trigger to provide the leaflet was considered to be useful to ensure consistent delivery of the dementia component.

Appendix

Research Method and Sample

Quantitative Method and Sample

The quantitative research consisted of the following:

Control sample: survey with 250 members of the general public aged 40-64 living in Birmingham, Bury, Manchester and Southampton. This requirement was completed using the Research Now on-line panel in October 2016 – 170 of this sample had not had any kind of NHS Health Check in the last 12 months; this group were used in the comparison with the test sample. The online self-completion survey was designed to mirror the paper based Post NHS Health Check survey. A limitation of this method is that online panels are less likely to include ethnic minorities at representative levels in small defined locations such as those used in this research.

Test sample: a post NHS Health Check self-completion survey was completed by 207 patients. The interviews were completed between November 2016 and March 2017. They were asked to complete the paper survey immediately after their NHS Health Check – 164 of this sample recalled the dementia component of the NHS Health Check; this group were used in the comparison with the test sample.

The spread of the two samples by location and demographic group are shown in the following tables:

Location	Control Sample -Online survey (Research Now)	% of total	Test Sample – Paper survey (immediately post NHS Health Check)	% of total
Birmingham	68	27%	61	29%
Bury	50	20%	67	32%
Manchester	67	27%	33	16%
Southampton	65	26%	46	22%
Total	**250**		**207**	

	Control Sample	Test Sample
Total	**250**	**207**
Gender		
Male	52%	48%
Female	48%	46%
Prefer not to say	-	6%
Ethnicity		
White	93%	74%
Mixed	2%	2%
Asian or Asian British	3%	13%
Black or Black British	2%	7%
Chinese or other ethnic group	1%	2%
Prefer not to say	-	2%

The table above shows the breakdown of the research samples by gender and ethnic minority group. Note that there is a larger proportion of ethnic minorities in the Test sample (24% vs 8%). After discussion with PHE the decision was taken not to weight either sample; it was felt that the Test sample better reflects the population of the pilot areas and the number of ethnic minorities in the Control sample is too small to weight to the proportion in the Test sample. Further, the ethnic minority sample in the Control survey is too small for robust statistical comparison with the Test sample. Results from the Test sample indicate that ethnic minority respondents are less likely to recall the dementia component of the NHS Health Check, less likely to feel comfortable about its inclusion and less likely to say they will adopt a healthier lifestyle than the non-ethnic minority sample, though there is still a majority that answer positively in each case. A deeper understanding of the impact of the dementia component specifically on ethnic minority groups would demand additional research but it should be noted that the greater proportion of ethnic minorities in the test sample compared to the

control sample is highly unlikely to impact the overall research findings and recommendations made in this report.

The first table shows a difference between the control and test sample in terms of location. Again the decision was taken not to weight the data. In this case the decision was taken as there is no statistically significant difference between the findings by location once the differences by ethnic minority group have been accounted for. Therefore weighting would not impact the overall findings and recommendations.

The questionnaires and the process used to conduct the post NHS Health Check research are included later in the Appendix of this report.

Qualitative Method and Sample

The qualitative method included three elements: first, telephone depth interviews with patients who had had an NHS Health Check in Manchester, Bury, Birmingham and Southampton and had taken part in the quantitative research. This was completed at least three weeks after their NHS Health Check.

Second, telephone depth interviews were completed with the health care professionals delivering the NHS Health Check in pilot areas and finally, telephone depth interviews were completed with the four pilot leads coordinating the pilot in each area.

All of the qualitative research was conducted between December 2016 and March 2017.

General Public Qualitative Research: the qualitative research with the general public was conducted by telephone. Sixteen interviews were conducted in total – Eight with female and eight with male respondents; three were from ethnic minority groups; there was a range of ages across the 40-64 age band and a range of social class.

The table shows how respondents were spread across the four pilot sites. The qualitative sample was recruited from those who indicated on the Post NHS Health Check survey that they would be willing to take part in a follow up interview. Analysis of their answers to the Post NHS Health Check survey showed that the qualitative sample reflected the overall Post NHS Health Check quantitative sample except in terms of location. Manchester was over represented in the qualitative sample in order to capture views on the community based NHS Health Check delivery method used in that location. The qualitative research sample included both those who indicated that they did and those who did not

recall the dementia component in the quantitative research (Thirteen did recall and three did not recall the dementia component).

Location of General Public depth interviews	Number of interviews
Birmingham	4
Bury	3
Manchester	6
Southampton	3
Total	16

Health Care Professional Qualitative Research: telephone depth interviews were conducted with thirteen HCPs. HCPs in the pilot locations were invited to take part in the research by the pilot leads – the details of those who agreed to take part were passed on to Solutions Research who set up an interview date/time. Note: these respondents are self-selecting and as a result may not represent the views of all HCPs in the pilot areas particularly those less engaged with the pilot. The breakdown is shown in the following table. There was a mix of HCAs, Practice Nurses, Health Trainers and Health Care Workers. Each interview lasted between 30 and 40 minutes.

The respondents reported that there was a high level of deprivation in the locations in which they worked with high levels of unemployment. A number also reported that they worked with ethnic minority communities with low levels of health literacy and issues around comprehension of English.

All HCP respondents reported high levels of lifestyle related issues in the locations in which they work including obesity, alcohol and smoking, with issues and concerns around diabetes especially high. They also reported relatively good levels of take-up of NHS Health Checks in their locations with many patients being keen to take up the opportunity to have a free health review.

Location of HCP depth interviews	Number of interviews
Birmingham	4
Bury	4
Manchester	3
Southampton	2
Total	13

Research Process Document for Post NHS Health Check Questionnaire

Title: Evaluation of pilot project to extend the NHS Health Check dementia component to 40-64 year olds – **post NHS Health Check questionnaire process**
Date: Autumn 2016
Commissioned by: Alzheimer's Research UK, Alzheimer's Society and Public Health England

1. **BACKGROUND**
   - The post NHS Health Check questionnaire seeks to explore whether the risk reduction messaging within the NHS Health Check improves the awareness and understanding of people aged 40 to 64 years receiving an NHS Health Check on this topic
   - The pilot is being run in four areas – the aim is for the post NHS Health Check questionnaires to be completed by 250 patients in total across all four areas
   - The results from this questionnaire will be compared against a control sample of the same age group being conducted online.
   - Follow up surveys will be completed with health care professionals and patients to provide in-depth understanding
   - Solutions Research www.solutions-research.co.uk are conducting the evaluation
2. **PROCESS**
   - Up to 10 location sites in each of the 4 pilot areas will receive a questionnaire pack
   - The pack will include:
     - 10 post NHS Health Check questionnaires
     - 10 consent forms
     - 10 patient information leaflets
     - 10 envelopes to protect the confidentiality of the respondent
     - 1 copy of the prompt for the HCP delivering the NHS Health Check
     - 1 special delivery reply paid envelope
     - These instructions
3. **YOUR TASK**
   - Each location needs to achieve **a minimum of 7** and up to 10 completed questionnaires and consent forms
   - A questionnaire/ consent form/ info leaflet and envelope - should be handed out by the HCP to patients aged 40-64 at the **END** of the NHS Health Check
   - The patient needs to complete the short questionnaire and consent form then place in the envelope and hand in to the receptionist before leaving the location
   - When a minimum of 7 (and up to 10) questionnaires have been completed – all completed surveys and consent forms should be returned in the Special Delivery reply paid envelope addressed to Charlotte Cornish, Solutions Research, 51 Halford Road, Richmond, Surrey, TW10 6AW included in the pack.
   - When you have posted your Special Delivery envelope – please email Debbie@solutions-research.co.uk to say it is on its way – please include your location in the email and your Special Delivery tracking number.
4. **DON'T FORGET**
   - **To make sure the consent form is counter signed by member of staff in the location – either HCP or administrative staff**
   - **To store all completed questionnaires in a safe place prior to delivery to maintain confidentiality and anonymity**
   - **To write in your location address in the SENT FROM box on the reply paid envelope**
   - **To email** Debbie@solutions-research.co.uk **to say it is on its way from your location and quote the 11 digit Special Delivery tracking No, which can be found on the Special Delivery Envelope and starts with ZI.**

5. **START AND END DATE**
   - Please start handing out the questionnaires from early October (as soon as you've received the questionnaire pack).

- The aim is to get as many surveys as possible completed in October/November – if you have low numbers of 40-64 year olds receiving the NHS Health Check, please hand out the surveys to 40-64 year olds receiving the NHS Health Check **as soon as possible after that date**.

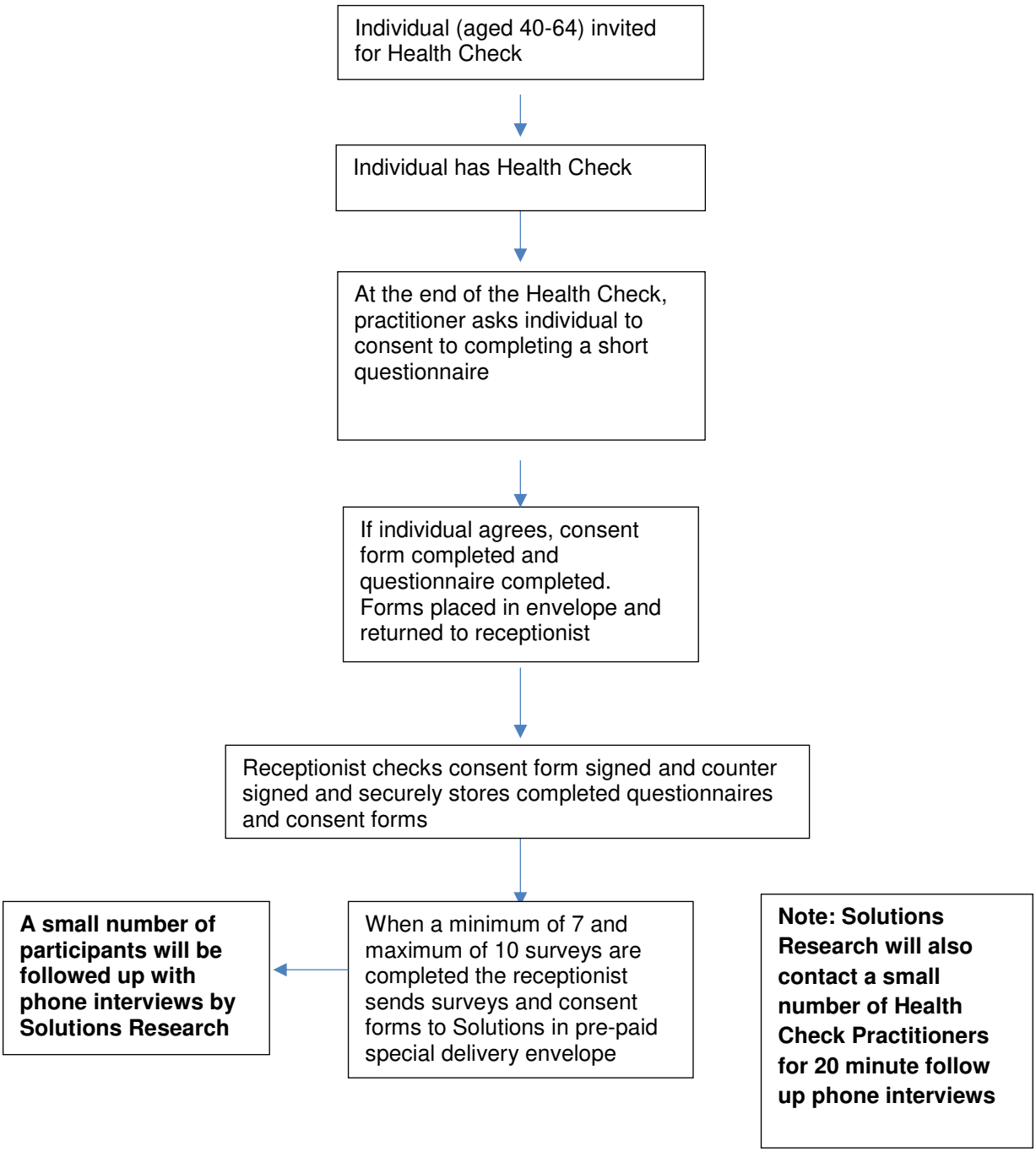
6. QUERIES

- Please contact your area co-ordinator if you have any queries about the process.

7. NEXT STEPS

- Solutions Research will be following up this survey with a number of depth interviews with health care professionals to find out their views about the pilot – please contact Debbie@solutions-research.co.uk if you would like to take part in this research.

Figure 1.Process for post NHS Health Check questionnaire



Control Survey

Many thanks for taking the time to complete this short survey on behalf of Public Health England, Alzheimer's Research UK and the Alzheimer's Society – your answers are very important to us. This survey is being managed for us by Solutions Research, an independent survey company under the guidelines of the Market Research Society (MRS) - all responses will remain strictly anonymous.

1. How much, if anything, would you say you know about dementia? PLEASE TICK ONE BOX ONLY

A great deal	Quite a lot	Some	Not very much	Nothing at all	Don't know
☐	☐	☐	☐	☐	☐

2. How much do you agree or disagree with the following statement.
'There is nothing anyone can do to reduce their risks of getting dementia'? PLEASE TICK ONE BOX ONLY

Agree Strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

3. Which, if any, of the following do you think could increase a person's risk of developing dementia? (PLEASE TICK ALL THAT APPLY)

☐ Being mentally inactive

☐ Having a parent with dementia

☐ Regularly drinking too much alcohol (i.e. over recommended daily allowance)

☐ Smoking

- [ ] Lack of exercise
- [ ] Having a poor diet
- [ ] Having high blood pressure
- [ ] Being overweight
- [ ] Having high cholesterol
- [ ] Having type 2 diabetes
- [ ] Having low levels of vitamin D
- [ ] Having low levels of vitamin B
- [ ] Using aluminium cooking pans
- [ ] Drinking too much caffeine
- [ ] Other
- [ ] Don't know
- [ ] Not applicable – I don't think anything could increase a person's risk of developing dementia

4. How likely are you to adopt a more 'healthy' lifestyle specifically to reduce your risk of developing dementia, or does it make no difference? (PLEASE TICK ONE BOX ONLY)

- [ ] Much more likely
- [ ] A little more likely
- [ ] No difference
- [ ] A little less likely
- [ ] Much less likely
- [ ] Don't know
- [ ] Not applicable - I already lead a 'healthy' lifestyl

5. Can you confirm that you are 40-64 years old? PLEASE TICK ONE BOX ONLY

- [ ] Yes
- [ ] No

6. Have you had an NHS Health Check in the last 12 months? PLEASE TICK ONE BOX ONLY

- [ ] Yes
- [ ] No

7. What is your gender? PLEASE TICK ONE BOX ONLY

- [ ] Male
- [ ] Female
- [ ] Prefer not to say

8. What is your ethnicity? PLEASE TICK ONE BOX ONLY

- [ ] White
- [ ] Mixed
- [ ] Asian or Asian British
- [ ] Black or Black British
- [ ] Chinese or other ethnic group
- [ ] Prefer not to say

9. Can you confirm which of these locations is closest to where you live? PLEASE TICK ONE BOX ONLY

- [ ] Birmingham
- [ ] Bury
- [ ] Manchester
- [ ] Southampton

Thank you for your time

Post NHS Health Check Survey

Many thanks for taking the time to complete this short survey on behalf of Public Health England, Alzheimer's Research UK and the Alzheimer's Society – your answers are very important to us. This survey is being managed for us by Solutions Research, an independent survey company under the guidelines of the Market Research Society (MRS) - all responses will remain strictly anonymous.

1. How much, if anything, would you say you know about dementia? PLEASE TICK ONE BOX ONLY

A great deal	Quite a lot	Some	Not very much	Nothing at all	Don't know
☐	☐	☐	☐	☐	☐

2. How much do you agree or disagree with the following statement.

'There is nothing anyone can do to reduce their risks of getting dementia'? PLEASE TICK ONE BOX ONLY

Agree Strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

3. Which, if any, of the following do you think could increase a person's risk of developing dementia? PLEASE TICK ALL THAT APPLY

- ☐ Being mentally inactive
- ☐ Having a parent with dementia
- ☐ Regularly drinking too much alcohol (i.e. over recommended daily allowance)
- ☐ Smoking
- ☐ Lack of exercise
- ☐ Having a poor diet

- [ ] Having high blood pressure
- [ ] Being overweight
- [ ] Having high cholesterol
- [ ] Having type 2 diabetes
- [ ] Having low levels of vitamin D
- [ ] Having low levels of vitamin B
- [ ] Using aluminium cooking pans
- [ ] Drinking too much caffeine
- [ ] Other
- [ ] Don't know
- [ ] Not applicable – I don't think anything could increase a person's risk of developing dementia

4. How likely are you to adopt a more 'healthy' lifestyle specifically to reduce your risk of developing dementia, or does it make no difference? PLEASE TICK ONE BOX ONLY

Much more likely	A little more likely	No difference	A little less likely	Much less likely	Don't know	Not applicable -I already lead a 'healthy' lifestyle
☐	☐	☐	☐	☐	☐	☐

5. Do you recall if the health care professional mentioned dementia at all during the NHS Health Check? PLEASE TICK ONE BOX ONLY

☐ Yes ☐ No ☐ Don't know

6. How much do you agree or disagree with the following statement.

'I felt uncomfortable when dementia risk reduction was mentioned in the NHS Health Check? PLEASE TICK ONE BOX ONLY

Agree Strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know/Not applicable

☐ ☐ ☐ ☐ ☐ ☐

7. What impact do you think this advice/information about how to reduce your level of risk of getting dementia, will have on your behaviour? PLEASE TICK BOX ONE ONLY

A great deal	Quite a lot	Some	Not very much	Not at all	Don't know/Not applicable
☐	☐	☐	☐	☐	☐

8. Can you confirm that you are 40-64 years old? PLEASE TICK ONE BOX ONLY

☐ Yes ☐ No

9. What is your gender? PLEASE TICK ONE BOX ONLY

☐ Male ☐ Female ☐ Prefer not to say

10. What is your ethnicity? PLEASE TICK ONE BOX ONLY

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Prefer not to say
☐	☐	☐	☐	☐	☐

11. Can you confirm which of these locations is closest to where you live? PLEASE TICK ONE BOX ONLY

☐ Birmingham ☐ Bury ☐ Manchester ☐ Southampton

12. Would you be willing to take part in a short further discussion with our interviewers about this topic over the phone? All participants will receive a financial gift as a thank you for taking part.

☐ Yes ☐ No

If you are willing, please write in your first name and phone number below. Please note that you will not receive any other communication from us and you are able to withdraw at any point if you change your mind.

First Name ……..……..

Phone Number ……..……..

Thank you for your time

HCP Discussion Guide

NHS Health Check Pilot: Discussion Guide For HCPs

Recruitment Call:

1. **Hello, my name is ..... and I'm calling from Solutions Research.**
2. **Can I confirm I am speaking to .....**
3. **Can I confirm that you recently indicated that you were happy to take part in a short phone call interview about the dementia element of the NHS Health Check?**
    a. **Yes – proceed**
    b. **No – thank and goodbye**

4. **I'd like to tell you a few details about this and check you are happy to take part:**
    - **This market research is being conducted by Solutions Research for Public Health England, The Alzheimer's Society and Alzheimer's Research UK**
    - **All the research is being conducted in accordance with Market Research Society Regulations**
    - **The research is following up HCPs who have recently delivered an NHS Health Check in pilot areas across the country to ask them a few questions about the experience of the NHS Health Check and some of the subjects discussed**
    - **The research telephone interview takes around 30 minutes for which you will be sent a thank you gift of £25 for taking part**
    - **All your personal details are kept confidential to Solutions Research and our partner research agency Cornish and Grey, and your name and personal details will remain anonymous to the client. The results of the research are shared anonymously**
    - **You do not have to participate and if you do you can withdraw from the interview at any time**

5. **Also reassure that this research is not in any way about measuring their performance or ability to deliver the NHS Health Check but about what learnings we can take forward from HCP and public feedback**

6. **Are you happy to participate in the telephone research?**
    a. **Yes – proceed**
    b. **No – thank and goodbye**

7. **Would you like to participate now, or can we arrange a suitable time to call you back?**

8. **Check happy to be audio taped (not for sharing with client)**
    a. **Yes –**
    b. **No –**
9. **Can I just confirm the location you work in?**

10. **Recruited by:**

Full Discussion Guide

Welcomes and introductions:

- Moderator introduction and welcome
- Explanations of research
- MRS introduction - confidentiality, audio recording, incentives, time
- Respondent introduction - name, job role, setting, length of time in role

NHS Health Check experience:

- Review frequency of delivering the "40+NHS Health Check"
- Compare to other Health Checks in terms of frequency, interest
- What elements generate the most interest

Overall attitudes to including dementia element in NHS Health Check

During the pilot you have been including information about dementia raising awareness in the NHS Health Checks with 40-64 year olds and we would like to get your opinions on how this works

- What are your overall feelings about the inclusion of this in the NHS Health Check for this age group? Explore
- Do you think this is a good idea overall? Explore
- How has it worked with your patients? Explore
- How much interest and conversation does it generate as a section? What specifically generates interest

Process and approach:

- How did you find delivering this information?
- How did you approach it/introduce it?
- What information did you give? (e.g. explain risk factors, explain ability to reduce risks through lifestyle choices, signs/symptoms, similarity to cardiovascular disease risk factors, where to go for further help or support,
- How well did this work? What did you find worked particularly well in terms of style and approach and information given?
- How did patients respond to the approach you used?
- What did they find most interesting?
- Did anyone sound worried or offended?

Review leaflet:

- Did you use the leaflet? If so how? If not, why?
- Overall reactions to the leaflet?
- Response from patients?
- Highlight strengths/weaknesses in leaflet?

Perceived impact of the dementia element:

- In your view, how important is this specific aspect of the NHS Health Check? (Explore fully) (NB this is about the inclusion of messaging for people aged 40 – 64 yrs)
- How much impact do you think it has on patients? More or less so than other aspects of the NHS Health Check?
- Did you feel it was new information to patients?
- How do you judge/measure the success of delivering the dementia component of the NHS Health Check?
- Do you think that it is welcomed by patients?
- Do you think they will do anything to change their behaviour?

Training:

- How confident do you feel about delivering this part?
- How much do you feel they know about dementia?
- Did you get any training on this element? How did that work?
- What aspects would you like more training on if anything?
- How useful was the crib sheet provided?
- Do you have any additional resources around dementia and risk reduction? (Explore; probe: have they used the dementia toolkit?)
- What advice would they give about improving training and resources on this element?

Overall:

- Do they think it is a good idea for this element to be included as standard across all 40-64 NHS Health Checks? Explore
- Is it relevant and useful for this age group?
- How confident do you feel overall delivering this and what advice would they give about training requirements?
- Does this impact on delivery of the NHS Health Check overall at all?
- What advice would you give about ideal wording of the element with patients?
- What would you say are the ideal key ingredients necessary for a good quality dementia component of the NHS Health Check?
- Should this element be increased at all, or changed in terms of how it is positioned within NHS Health Check?

Thank and close

General Public Discussion Guide

NHS Health Check Pilot: Recruitment Call and Discussion Guide

1. **Hello, my name is ..... and I'm calling from Solutions Research.**

2. **Can I confirm I am speaking to .....**

3. **Can I confirm that you recently took part in a short paper survey in your GP surgery and indicated that you were happy to take part in a short follow up phone call interview**

    a. **Yes – proceed**
    b. **No – thank and goodbye**

4. **I'd like to tell you a few details about this and check you are happy to take part**
    - **This market research is being conducted by Solutions Research for Public Health England, The Alzheimer's Society and Alzheimer's Research UK**
    - **All the research is being conducted in accordance with Market Research Society Regulations**
    - **The research is following up people who have recently had an NHS Health Check in pilot areas across the country to ask them a few questions about the experience of the NHS Health Check and some of the subjects discussed. The aim is to help improve the NHS Health Check.**
    - **The research telephone interview takes around 20 minutes for which you will be sent a thank you gift of £25 for taking part**
    - **All your personal details are kept confidential to Solutions Research, and your name and personal details will remain anonymous to the client. The results of the research are only shared anonymously**
    - **You do not have to participate and if you do you can withdraw from the interview at any time without any consequence**

5. **Are you happy to participate in the telephone research?**
    a. **Yes – proceed**
    b. **No – thank and goodbye**

6. **Would you like to participate now, or can we arrange a suitable time to call you back?**
    a. **Yes no – proceed**
    b. **Another time – arrange suitable time and name of moderator**

7. **Check happy to be audio taped (not for sharing with client)**
    a. **Yes –**
    b. **No –**

8. **Can I just check a few details with you:**
    a. **Name**

b. **Age**
c. **Occupation/chief wage earner in household (this will not be used to select the sample but for information only**
d. **How long ago did you have the NHS Health Check?**
e. **Confirm location**

9. **Recruited by:**
10. **Date:**

Introductions

- Moderator introduction: name, confidentiality, anonymity, audio-recording, use of material
- Explanations of research – we are interested in their opinions & experience of the recent NHS Health Check with a view to improving the content
- Respondent introduction – name, work situation, when NHS Health Check took place/who did it?

Immediate reactions to the NHS Health Check:

- Overall what was your opinion of the NHS Health Check? Explore
- What did you find useful/not useful? (moderator note any references to dementia)

Topics:

- What topics or health issues did they cover in the NHS Health Check?
- Did the practitioner discuss memory loss, concerns about memory or dementia at all?
    - (**the remainder of the interview will be about the information discussed on this topic, are you happy to continue with this**)

If Recall of Dementia Element:

- Can you tell me what was covered in the discussion about memory/dementia? E.g. family history, signs and symptoms, factors affecting risk, ways of reducing risk, what to do if concerns, signposting to local dementia and healthy lifestyle services and national websites?
- What did you think about this information?
- Did they give you a leaflet about dementia? If yes, have you looked at it? What did you think about it?
- How much do you know about dementia?
    - What do you know about what increases someone's risk of getting dementia?
    - What do you know about how someone can reduce their risk of getting dementia?
    - Did you find this out from the NHS Health Check or were you aware before?

Perceived Impact:

- How useful was the discussion about dementia/dementia risk reduction? Explore fully?
- What was most useful? Least useful?

- How much of an impact do you think this is likely to have on you? Are you likely to make any changes after this?

Style and approach:

- Can you tell me how the HCP approached the subject? (eg direct question about concerns? Knowledge of signs/symptoms? Linked to ways to reduce risk? Linked to cardiovascular disease risk factors?)
- How did you feel about the way they approached it? Were you happy about the approach?
- Did you feel happy discussing dementia or did you find this awkward/upsetting?
- Did you initially feel when the subject was introduced that this was not relevant for somebody of your age?
- Did the HCP mention that some of the risk factors that increase someone's risk of getting dementia were the same as those that increase someone's risk of getting cardio-vascular disease? What did you think about this?

Inclusion in NHS Health Check:

Moderator to explain: giving information about factors that increase the risk of developing dementia in later life and how to reduce these risks is being included in NHS Health Checks in certain areas of the country as a pilot (Birmingham, Manchester, Bury and Southampton) . The reason it is being included in the NHS Health Check is that some of the factors that influence your chance of getting cardiovascular disease are the same as those that influence your chance of getting dementia and therefore the ways to reduce the risks are the same – in essence 'what is good for the heart is good for the brain'

- Do you think this information about dementia should be included as standard in all NHS Health Checks for peopled aged 40-65?
- Based on your experience, what information would be most/least useful to give to others?

If no recall of dementia element: (**please note we are going to be discussing how information about dementia may be included in the NHS Health Check for the remainder of the interview, are you happy to continue?)**

- How much do you know about dementia and memory loss?
- What do you know about what can increase someone's risk of developing dementia?
- And what do you know about how someone can reduce the risk of developing dementia?
- How do you know this information?

Inclusion of dementia element in NHS Health Check:

Moderator to explain that giving information about factors that increase the risk of developing dementia in later life and how to reduce these risks is being included in NHS Health Checks in certain areas of the country as a pilot. The reason it is being included in the NHS Health Check is that some of the factors that influence your chance of getting cardiovascular disease are the same as those that

influence your chance of developing dementia and therefore the ways to reduce the risk are similar – in essence 'what is good for the heart is good for the brain'

- Did they give you any information about this in the NHS Health Check? (Probe – is their knowledge from the NHS Health Check or from elsewhere)
- How useful do you think it would be to have this information given to you in the NHS Health Check?
  - What information would you most welcome?
    - About signs and symptoms?
    - About ways to reduce risk of getting dementia?
    - About the factors that increase your risk of getting dementia?
    - Where to go for more information if you had any concerns?
    - Signposting to local dementia and healthy lifestyle services and national websites
  - Likely impact:
    - What impact do you think this information might have on you?
  - Do you think it would be helpful to give this to all people who have NHS Health Checks aged 40-65 as standard? Explore
  - How would you feel if this subject was raised in the context of the NHS Health Check? Would you be upset at all? What would be the best way of approaching it?

Final Sum Up and Thank You – all

- Moderator to briefly summarise key points of discussion/ask for questions
- Moderator to take address/bank details of respondent and explain incentive delivery
- Moderator to take address so respondent can receive thank you letter

NHS Health Check Dementia Pilot - Prompt for Health Care Practitioners: Delivering the dementia risk reduction messaging to 40-64 year olds

This document is designed to support practitioners having conversations with patients on reducing the risk of dementia during a Health Check. This supplements the wording within the NHS Health Check Dementia leaflet (Dementia: Helping your brain to stay healthy http://www.healthcheck.nhs.uk/document.php?o=327%E2%80%8E) and the Dementia e-learning http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/

Practitioners are asked to include the following key messages in their conversation:

- Increased risks of cardiovascular disease also increase risk of developing dementia.
- What is good for the heart is good for the brain.
- Adopting a healthy lifestyle can reduce risk of dementia.
- There are local services available to support people to make healthy lifestyle changes.

Practitioners may want to use the following key points within the Health Check conversation:

Dementia is a disease, not an inevitable part of ageing

- Dementia affects the way the brain works and makes it difficult to do every day activities.
- People may forget things or get confused, and it may affect speech and decision making.
- Alzheimer's disease and vascular dementia are the most common forms of dementia. (Signpost to NHS Choices http://www.nhs.uk/conditions/dementia-guide/pages/about-dementia.aspx for more information)

Like cancer, cardiovascular disease and many other conditions, dementia is not inevitable. There are things one can do to reduce the risk of getting these conditions.

- By making changes and adopting a healthier lifestyle people can reduce risk of developing dementia.
- Approximately 30% of cases of dementia may be avoided through adopting healthier lifestyles.

Is the Health Check recipient aware that the following actions can reduce the chance of getting dementia, along with cancer, cardiovascular disease and diabetes? (HCP to promote positive behaviour change to lifestyle)

- Being physically active everyday.
- Eating a healthy balanced diet and maintaining a healthy weight.
- Not drinking too much alcohol.
- Giving up smoking
- Connecting with people around them.

There are local services available to support living a healthy lifestyle

- Signpost to local healthy lifestyle services available for person's level of risk and GP practice.

Further information, support and advice about living with dementia or caring for someone with dementia is readily available.

- Signpost to NHS Choices and the Alzheimer's Society for more information on dementia, local resources https://www.alzheimers.org.uk/BranchWebsites and local service directories https://www.alzheimers.org.uk/local-information/dementia-connect/#!/search