Patient-level factors predominantly influence women's uptake of GP health checks
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NHS Health checks together with annual hypertension and diabetes reviews for eligible patients are associated with improved quality of care and cardiovascular (CVD) disease management. Researchers from the Department of Population Health Sciences set out to discover what factors influence uptake of these checks, as well as those for diabetes and hypertension, among women in ethnically diverse South London.

Research has shown that equitable access to healthcare is influenced by a range of factors, from service availability (such as an appropriate number of healthcare professionals) to accessibility (demonstrated by provision of culturally appropriate services, for example).

Using primary care records, the researchers examined the factors at patient and at GP practice levels that affect women's uptake of health checks. In an inner-city area with high levels of deprivation and ethnic diversity, patient level rather than GP practice level factors accounted for a greater proportion of the total variance in non-uptake.

The researchers found that compared with White British, health check uptake was lower in Other White, Other ethnicity and among those with missing information on ethnicity. Uptake was also lower among smoking and older age groups.

The study highlights the need for improved, more extensive data collection at primary care level. Dr. Mariam Molokhia, lead author of the paper, commented that "the value of primary care records for tackling inequalities in uptake of health checks could be strengthened by the inclusion of better measures of social determinants of health at patient level and of accessibility of care at practice level."

She continued, "Inner city areas can be super-diverse with migration status, generation status, religion, language, and socio-economic position being important determinants for accessing available care. Improved data capture is critical for primary care to embrace population-based perspectives and for developing context specific delivery strategies for CVD prevention."

The research was published in eClinicalMedicine.
