healthwatch Norfolk

NHS Health Checks 25/26

An evaluation of the NHS Health Check programme in Norfolk

April 2026

Contents

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.
The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.
Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.
We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

This report presents an independent evaluation of the NHS Health Check programme in Norfolk, which we were asked to conduct by Norfolk County Council (NCC) Public Health, exploring local residents' awareness, experiences and perceptions of the service. The NHS Health Check is a preventative programme providing a free check-up of the health of your heart and blood vessels (cardiovascular health) offered to adults aged 40-74 every five years, designed to identify early risk factors for conditions such as heart disease, stroke and diabetes, and to support behaviour change and early intervention.

The evaluation builds upon a previous Healthwatch Norfolk report published in 2023 and uses a mixed-methods approach (https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/10/2023-03-Healthwatch-Norfolk-NHS-Health-Checks-final-report.pdf). A survey was distributed between November 2025 and February 2026, alongside two focus groups held in January 2026. A total of 645 survey responses were received, with 507 responses eligible for analysis. Respondents included individuals within and approaching eligibility, as well as some over 74 who had previously attended a health check. Qualitative data from focus groups provided further insight into residents' views and experiences, and survey findings were compared with the 2023 evaluation to identify changes over time.

Overall, awareness and understanding of the programme remains variable. While most respondents correctly identified that the programme assesses risks such as heart disease and diabetes, there was widespread misunderstanding about its scope. A notable proportion believed it included screening for conditions such as cancer or mental health, and many saw it as a general "MOT" of someone's health. There was also confusion regarding eligibility

criteria and what constitutes an NHS Health Check, with some respondents mistaking other routine healthcare appointments for an NHS Health Check.
Nearly half of survey respondents reported having received a health check within the last five years, however lack of invitation was the most cited reason for non-attendance. This highlights that engagement is shaped by external factors rather than just an individual's willingness to attend. Although improvements were noted compared with uptake in 2023, a significant proportion of eligible individuals still report not being invited.

Awareness of where NHS Health Checks can be accessed was highest for GP surgeries, while knowledge of community-based venues such as pharmacies and leisure centres remained limited. Participants also expressed mixed views about non-clinical settings, with some valuing convenience while others questioned the perceived quality of care outside traditional healthcare environments.

Respondents' experiences of the programme were generally positive with many reporting that explanations of tests and results were clear, and that most would attend again. The benefits of the check reported included improved understanding of health and reassurance. However, the impact of the programme was inconsistent with some reporting they received little or no lifestyle advice. Focus group findings supported these results, highlighting variation in communication, uncertainty around follow-up, and inconsistent delivery of advice.

In conclusion, the NHS Health Check programme in Norfolk is generally well received and valued by those who attend, with high levels of satisfaction and willingness to re-attend. However, the evaluation identifies ongoing challenges related to awareness, understanding, invitation and consistency of delivery. Therefore, we recommend that NCC Public Health continues to make efforts to improve and review

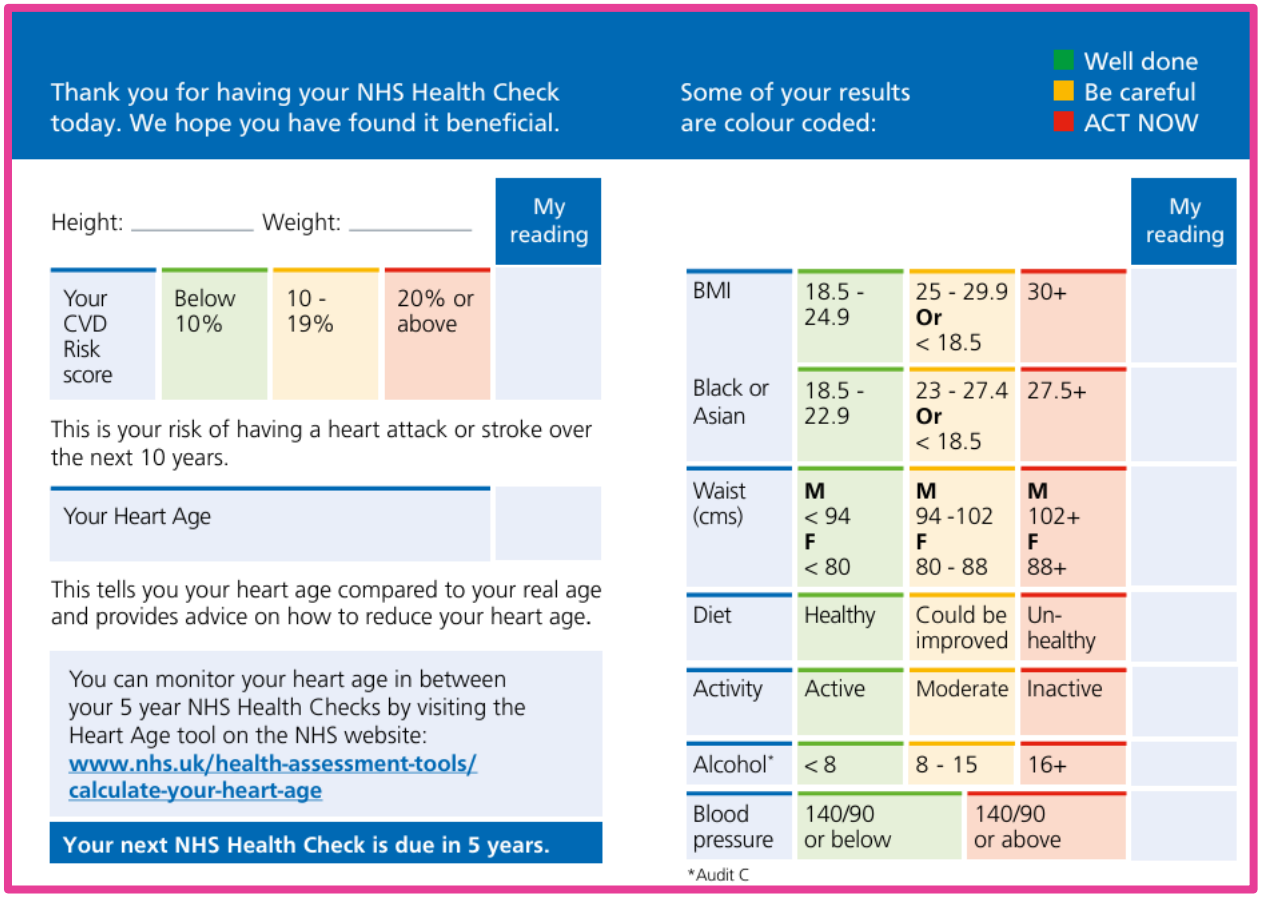
advertising and strengthen the invitation process and the information provided alongside this. Additionally, we recommend that The Office for Health Improvement and Disparities (OHID) should review both the name and national messaging of the programme.

Why we looked at this

The NHS Health Check programme provides a free routine assessment of an individual's cardiovascular health, and their risk of developing conditions such as heart disease, stroke, kidney disease and diabetes (NHS, 2023). Individuals aged 40 to 74 should be invited to attend a health check every five years, provided they have not already been diagnosed with certain pre-existing conditions, including heart disease, chronic kidney disease, diabetes or high blood pressure (NHS, 2023). Guidance from NHS England states that individuals should contact their GP practice to arrange appointments. Where GP practices do not provide NHS Health Checks, individuals will be asked to contact their local authority to find alternative providers. In Norfolk, NCC Public Health commission the NHS Health Checks and they are delivered through a range of settings, including all Norfolk GP practices and some community pharmacies. The service is also provided by Reed Wellbeing, who offer appointments in locations across the county including libraries, shopping centres, leisure centres and GP surgeries (REED Wellbeing, n.d.).

NHS Health Check appointments typically last up to 30 minutes and involve a range of checks, such as measuring height, weight, waist circumference and blood pressure. Information published by NHS England states that individuals will receive a cholesterol test and that diabetes risk will be assessed to decide if someone also needs a blood sugar level test (NHS, 2023). Some venues offer a finger-prick blood test, known as point of care testing, which can measure cholesterol and blood sugar levels with results available immediately, while other providers require a standard blood test, known as phlebotomy, to be completed prior to the health check appointment, which in some cases may allow additional blood tests to be carried out at the same time (El-Osta, et al., 2017). While point of care testing produces immediate results, these are not diagnostic meaning that if results are concerning, a follow up blood test must be done for a diagnosis. During the appointment, individuals are also asked a number of lifestyle questions, including whether they smoke, their alcohol consumption, levels of physical activity and whether there is a family history of certain medical conditions.

As per the NHS health Check programme standards, providers are required to ensure results are communicated effectively during the appointment and recorded. Additional testing and clinical follow up will be conducted after the appointment by the patient's GP surgery where required. Individuals are given a QRISK score which estimates their likelihood of developing cardiovascular disease within the next 10 years. Based on the assessment, individuals are advised on steps they can take to reduce their risk such as increasing physical activity, improving diet or stopping smoking (British Heart Foundation, 2025). All providers are required to use a colour coded system to easily explain results and allow individuals to see the areas they need to improve on.



Thank you for having your NHS Health Check today. We hope you have found it beneficial.

Some of your results are colour coded:

Well done
Be careful
ACT NOW

Height: _____ Weight: _____

				My reading
Your CVD Risk score	Below 10%	10 - 19%	20% or above	

This is your risk of having a heart attack or stroke over the next 10 years.

Your Heart Age	

This tells you your heart age compared to your real age and provides advice on how to reduce your heart age.

You can monitor your heart age in between your 5 year NHS Health Checks by visiting the Heart Age tool on the NHS website: www.nhs.uk/health-assessment-tools/calculate-your-heart-age

Your next NHS Health Check is due in 5 years.

				My reading
BMI	18.5 - 24.9	25 - 29.9 **Or** < 18.5	30+	
Black or Asian	18.5 - 22.9	23 - 27.4 **Or** < 18.5	27.5+	
Waist (cms)	**M** < 94 **F** < 80	**M** 94 -102 **F** 80 - 88	**M** 102+ **F** 88+	
Diet	Healthy	Could be improved	Un-healthy	
Activity	Active	Moderate	Inactive	
Alcohol*	< 8	8 - 15	16+	
Blood pressure	140/90 or below		140/90 or above	

*Audit C

Figure 1 - An example of how results of an NHS Health Check may be given to an individual, with results split into a traffic light system highlighting areas individuals should work on.

According to the British Heart Foundation, more than eight million people in the UK are currently living with cardiovascular disease. Additionally, each day, approximately 460 people die from cardiovascular disease, accounting for approximately a quarter of all deaths in the UK, making it the leading cause of premature death (British Heart Foundation, 2026). In Norfolk, data for the mortality rate of people under 75 who died of cardiovascular disease is lower

than the England average (57.4 per 100,000 compared to 71.5 per 100,000) (Department of Health & Social Care, n.d.). It is estimated that around 70% of the UK's cardiovascular disease burden is associated with modifiable risk factors, many of which are preventable. These include high blood pressure, diabetes, high cholesterol, excess weight and smoking (British Heart Foundation, 2026). Identifying and addressing these risk factors is therefore a key focus of the NHS Health Check programme. NHS Health Checks also assess an individual's risk of developing type 2 diabetes. This condition places a significant burden on the NHS, with an estimated cost of over £11 billion each year related to both its treatment, and the management of complications (Diabetes UK, 2023). Complications can include damage to blood vessels, vision loss and other serious health conditions (NHS, 2025).

A review examining the first eight years of the programme found that just under half of eligible adults in England had attended an NHS Health Check. The study also defined differences in uptake, with attendance more likely among individuals who were older, female or who had family history of coronary heart disease (CHD) (Martin, et al., 2018). The review reported that participation in NHS Health Checks was associated with modest increases in disease detection and a greater likelihood of statin and antihypertensives (high blood pressure medication) prescribing (Martin, et al., 2018).

More recent research has continued to explore the programme's impact. A 2024 study found that individuals who attend an NHS Health Check had higher rates of diagnosis of conditions such as hypertension (high blood pressure), high cholesterol, chronic kidney disease and fatty liver disease compared to those who had not attended (McCracken , et al., 2024). Early identification of these conditions may contribute to improved health outcomes over time through earlier intervention and management. The study also reported an overall reduction in cardiovascular risk, as measured by the QRISK score, among participants who had received an NHS Health Check (McCracken , et al., 2024).

In addition to the wider benefits to the population, there are also financial incentives for individual practices that relate indirectly to the delivery of NHS Health Checks through the Quality and Outcomes Framework (QOF) scheme. The QOF scheme rewards GP practices through a points-based system linked to the achievement of specific clinical indicators, with points translating into financial payments (NHS England, 2026). While there is no indicator that directly rewards the provision of NHS Health Checks, several QOF targets may be supported by tests undertaken during the appointment. For example, the indicator BP002

measures the percentage of patients aged 45 and over who have a recorded blood pressure reading within the last 5 years. As blood pressure is routinely measured during an NHS Health Check, then offering NHS Health Check appointments, and encouraging their uptake may contribute towards practices meeting this target and therefore being rewarded financially (NHS England, 2025).

Previous research has explored a range of factors that influence whether individuals attend an NHS Health Check. A review examining nine studies identified low levels of awareness of the programme as one of the most significant barriers to attendance (Harte, et al., 2017). This included, individuals being unaware that they had been invited, a lack of understanding of what the NHS Health Check involves or not knowing where the service could be accessed. Research conducted by Healthwatch England also highlighted gaps in awareness and engagement. In a national poll, only 31% of men reported that they had been invited to attend an NHS Health Check within the previous five years (Healthwatch England, 2025). Additionally, they also found that many men, particularly those from ethnic minority backgrounds, were unaware of the programme.

Alongside limited awareness, several other barriers to attendance have been identified. These include concerns about potentially receiving negative health results, perceptions that a check-up is unnecessary due to feeling healthy, reluctance to discuss and change lifestyle behaviours, and difficulty in obtaining an appointment (Harte, et al., 2017). A lack of understanding about what the appointment involves may also contribute to anxiety about attending. For example, some individuals may worry about medical procedures that may take place, such as a blood test due to a needle phobia, or fear they will be judged for their lifestyle choices (Harte, et al., 2017).

Research has also explored patients' experiences and perceptions of the NHS Health Check programme. An analysis of nine studies found that a large majority of participants reported high levels of satisfaction with their health check and indicated that they would be willing to attend again if invited in the future (Usher-Smith, et al., 2017). These findings suggest that once individuals have attended an NHS Health Check, many develop positive attitudes towards the service, which may support continued engagement with preventative health monitoring and the early detection of cardiovascular risk. Participants in the studies frequently described the appointment as "eye-opening" or a "reality check", with some reporting that it prompted positive lifestyle changes. These

changes included actions such as stopping smoking, improving diet or reducing alcohol consumption (Usher-Smith, et al., 2017).

However, not all people's experiences of the NHS Health Check were positive. Some individuals reported leaving their appointment with unmet expectations, often due to a lack of clarity about the purpose and scope of the NHS Health Check. The service is sometimes described as a general health check or "MOT", which can lead people to expect a broader assessment of their overall health, rather than a focused evaluation of their cardiovascular risk. As a result, some participants reported expecting additional assessments as part of the NHS Health Check including cancer screening, mental health assessments, wider blood tests, electrocardiograms (ECGs) or checks relating to musculoskeletal issues. (Usher-Smith, et al., 2017).

For the period 2024/25, the uptake of NHS Health Checks within Norfolk was 33.4% which included those who had been invited or who had sought out the check themselves (Department of Health and Social Care, n.d.). This is lower than both the England average of 37.5% and the East of England average of 42.6%, indicating a comparatively lower uptake within Norfolk. In terms of invitations, 33% of eligible individuals in Norfolk were invited for an NHS Health Check during the same period. This is higher than the East of England average (21.8%) and the England average (24%) and is higher than the programme target of 20% of the eligible population being invited each year. Looking at the data over a five-year period (2020/21-2024/25), 100% of the eligible population in Norfolk were offered an NHS Health Check, compared to 76% of the eligible population in England (Department of Health & Social Care, n.d.). However, only 36.5% of those offered an NHS Health Check in Norfolk went on to receive this, lower than the England average of 38.9%.

In relation to advertising and awareness of NHS Health Checks, Public Health England developed a marketing resource pack, including banners and posters for use across a range of settings. However, these materials do not appear to have been updated since 2015, which may limit their relevance and effectiveness (NHS, 2021). At a local level, in response to the 2023 survey findings, NCC Public Health launched targeted campaigns in 2023 and 2024 aimed at increasing uptake of NHS Health Checks in areas with historically lower engagement and high levels of deprivation. The campaigns included new assets that were pre-tested through NCC's Residents Panel to gather people's feedback and preferences. The 2024 campaign focused on specific postcodes within Great Yarmouth, Norwich, Breckland, North Norfolk, and King's Lynn and West Norfolk

(NCC, 2024). The campaign also included digital promotion through social media, targeted online display advertising, and campaign toolkits circulated to partners.

In March 2023, Healthwatch Norfolk was commissioned by NCC Public Health to gather feedback on people's awareness, uptake and experiences of the NHS Health Check programme in Norfolk (Healthwatch Norfolk, 2023). A survey was conducted as part of this work, for which we received a total of 410 responses. Findings from the survey indicated that most respondents welcomed the opportunity to have an NHS Health Check, with 80% of those who had previously attended stating that they would be willing to attend again in the future. However, overall uptake among respondents was relatively low. The most commonly reported reason for not attending an NHS Health Check was that individuals had not received an invitation. When asked about preferred methods of invitation, respondents most frequently chose email as their preferred contact method, while around half indicated that they would like to receive invitations via text message.

Survey findings also suggested that the location of appointments may influence whether individuals choose to attend an NHS Health Check. Nearly 40% of respondents who had not previously attended a health check reported that the location of services would make them more likely to do so, highlighting the importance of both offering accessible and convenient locations such as leisure centres. The survey also identified a lack of awareness regarding where NHS Health Checks can be accessed. Most respondents believed that checks were only available through GP surgeries with relatively few knowing that appointments may be offered through community pharmacies and other local venues such as leisure centres. These findings suggest that increasing public awareness of the range of locations where NHS Health Checks are available may help to improve uptake, particularly community venues, which may be a more convenient location for some individuals.

In 2025, NCC Public Health commissioned Healthwatch Norfolk to conduct an updated evaluation of the NHS Health Check programme in Norfolk, following the Experiences of NHS Health Checks in Norfolk report published by Healthwatch Norfolk in 2023. It also aimed to understand the impact of actions taken by NCC Public Health to implement the recommendations from this report. This report seeks to explore local residents' awareness, uptake and experiences of the programme, with the aim of identifying factors that influence engagement and highlighting potential areas for improvement. By gathering and analysing the

views of residents, the evaluation provides insight into both the successes of the programme and the barriers that may limit participation, helping to inform future service planning and delivery. Additionally, we aimed to address the limitations identified in the 2023 report when designing this current report, such as ensuring we took efforts to engage with those who are digitally excluded and conduct focus groups to gather more in-depth feedback.

How we did this

The aim of this project was to provide an independent evaluation of the NHS Health Check programme in Norfolk by engaging with local residents to understand their views and experiences. The evaluation built upon the findings of a previous report published by Healthwatch Norfolk in 2023, which explored public opinion and experiences of the programme at that time. This report sought to address current gaps in knowledge, including residents' attitudes towards the programme, their experiences of attending an NHS Health Check and the barriers and facilitators influencing uptake. The target population included Norfolk residents who were within the eligible age range for an NHS Health Check (40-74 years). In addition, the project sought to capture the perspectives of residents approaching eligibility (aged 30-39) and those aged over 74 who may have attended an NHS Health Check within the past five years.

Survey:

Healthwatch Norfolk collaborated with the NCC Public Health team to develop a survey designed to meet the aims and objectives of this evaluation. The survey included a number of questions identical to those used in the 2023 Healthwatch Norfolk report to allow for direct comparison of findings over time.

To maximise participation, the survey was made available both online via SmartSurvey and in printed format. Within the online survey, skip logic was applied so that respondents were only presented with questions relevant to their experiences, either about the health check they had attended or about their reasons for non-attendance, based on their response to the question "Have you had an NHS Health Check in the last five years?". For paper surveys, instructions were provided to indicate which sections to complete, and Healthwatch Norfolk staff were available at engagement events to explain this process where necessary. The full survey is included below in the appendices. To improve accessibility, respondents were also able to complete the survey via telephone by calling Healthwatch Norfolk. The survey was open from 21 November 2025 to 28 February 2026, and all responses were collected within this period.

The survey was promoted through multiple channels, including the Healthwatch Norfolk website, social media and the organisation's newsletter. In addition, to

engage with individuals who may be digitally excluded, the team held targeted community engagement sessions where participants could complete the survey on-site or take a copy home to return by post. These sessions were held at a variety of community venues including supermarkets, libraries, GP surgeries and leisure centres.

Focus groups:

In addition to the survey, Healthwatch Norfolk conducted two focus groups on 27 and 28 January 2026 to gather more detailed qualitative insights into residents' views and experiences of the NHS Health Check programme. Participants were recruited through advertisements on Healthwatch Norfolk's social media channels and through an expression-of-interest option included at the end of the survey. Individuals who indicated that they were willing to participate were subsequently contacted and invited to attend a focus group.

Each focus group lasted approximately 90 minutes. Sessions were facilitated by members of Healthwatch Norfolk staff, who aimed to create a relaxed and supportive environment to encourage open discussion. A discussion guide was used to structure the session and ensure key topics relevant to the evaluation were explored. However, facilitators also allowed space for participants to share their experiences freely and for natural discussion and debate to develop.

Participants' involvement and consent in line with General Data Protection:

Informed consent was obtained from all participants. Clear information was provided about the purpose of the research, how data would be used, how long it would be retained, and participants' right to withdraw consent at any time prior to publication of the final report. All survey questions were optional, allowing participants to skip any they did not wish to answer. Participants were assured that responses would be anonymised, with any identifiable information removed before inclusion in the report. Digital data were stored securely on password-protected hard drives, and paper responses were kept in a locked drawer at the Healthwatch Norfolk office. For participants taking part in the focus groups, informed consent was obtained at the start of each session, including consent to audio recording for the purpose of transcribing to aid with report writing. Recordings were made using dictaphones, which were stored securely in a locked cabinet at the Healthwatch Norfolk office when not in use. All data collected as part of the project will be securely deleted at the end of the project

in accordance with relevant data protection regulations and Healthwatch Norfolk's data retention policy.

Limitations:

One limitation of the research relates to the length and complexity of some of the survey questions. In certain cases, respondents were presented with a relatively large number of response options. For example, the question asking respondents who had not had an NHS Health Check within the last five years to indicate their reasons for non-attendance included 11 possible response options. During analysis, it was noted that several respondents selected the "other" option and provided written responses that corresponded with options already listed. This may suggest that the number of response options made it more difficult for some participants to review all available choices, or that aspects of the wording were not immediately clear. While this does not prevent meaningful conclusions from being drawn from the data, it indicates that some questions may have been perceived as lengthy or complex by respondents. Therefore, there may be some limitations in the validity of some responses, as some respondents may not have read each question, and the potential responses in full. This will be taken into account and considered when designing future surveys.

A second limitation is that the sample was not fully representative of Norfolk's population, with overrepresentation of older adults, females, and White British respondents. This may limit the generalisability of findings, particularly for underrepresented groups such as ethnic minority communities or younger eligible individuals.

What we found out

A total of 645 responses were received to the NHS Health Check survey. Following data cleansing to remove responses from individuals who did not reside in Norfolk, as well as responses where no survey questions had been completed, 507 responses remained for analysis. As most survey questions were not compulsory, the number of responses may vary between individual questions.

Survey Demographics

The most common age group among respondents was 60-69 years, accounting for 29% (135) of responses. A small number of respondents (4%, 17) were over 80. Individuals in this age group would not have been eligible for an NHS Health Check within the past five years due to age criteria.

The majority of respondents identified as female (68%, 316), while 32% (147) identified as male. Most respondents (90%, 416) identified their sexual orientation as heterosexual (straight).

In terms of ethnicity, the most commonly reported ethnic group was White British, English, Northern Irish, Scottish or Welsh, accounting for 93% (432) of responses.

Overall, 40% (219) of respondents reported having a long-term health condition, and a further 14% (78) identified as disabled.

Focus Group Demographics

A total of 12 participants took part in two focus groups, with six participants in each. The most common age group was 40-49 years, representing 9 (75%) participants. Participants were also represented in the 30-39, 60-69 and 76-80 age groups. The majority of participants identified as female (9, 75%) whilst 3 (25%) identified as male. All participants reported their sexual orientation as heterosexual (straight) (12, 100%).

Below is a series of graphs and charts that depict the demographic data of the survey respondents, outlined on the previous page, in further detail. Raw data tables can be found in the appendix.

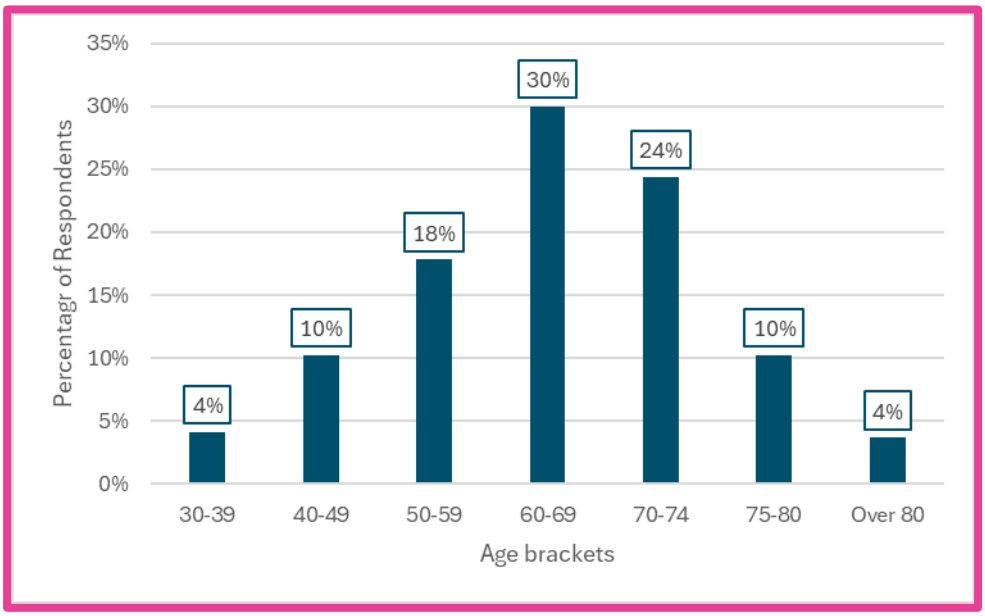


Figure 2 - A graph to show the age distribution of respondents based on 459 responses.

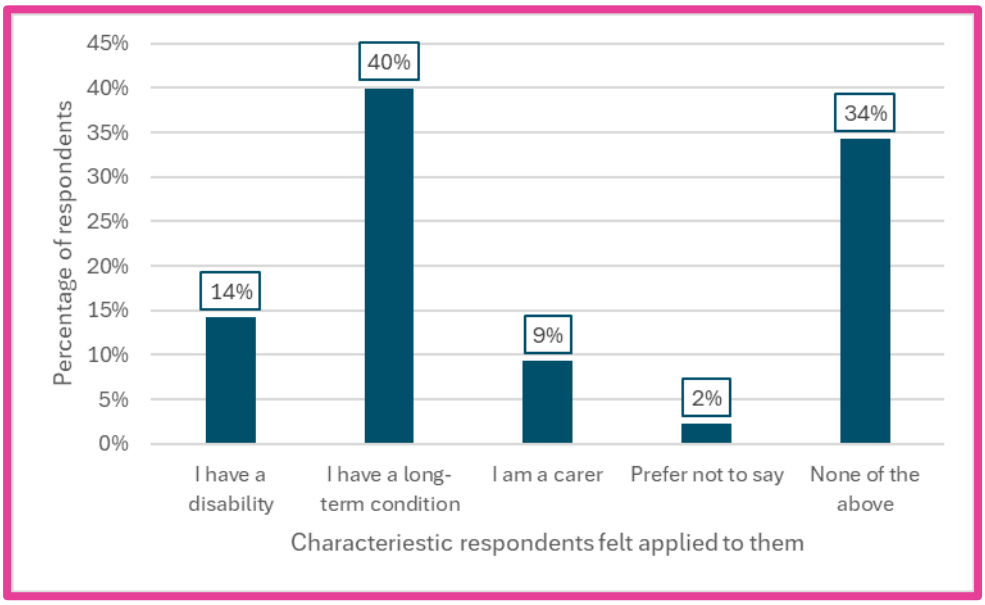


Figure 3 - A graph to show how many respondents identified as having a disability or long-term health condition or identified as a carer. Total responses for this question numbered 507. Percentages do not add up to 100% as respondents could select more than one answer

What people thought NHS Health Checks were for:

When asked what they believe an NHS Health Check assesses, survey respondents provided a wide range of answers, as illustrated in the graph below. The most commonly selected responses were heart disease (71%, 358) and diabetes (70%, 352). However, 10% (52) of respondents reported that they did not know what an NHS Health Check was for. Some respondents thought that the health check assesses for conditions that are not routinely assessed for as part of an NHS Health Check. For example, 28% (142) of respondents believed that the check includes screening for cancer. This included 25% (60) of those who reported having received an NHS Health Check within the past five years. Similarly, 22% (111) of respondents believed that an NHS Health Check assesses someone's mental health. This number increased slightly to 24% (56) among those who had received a health check within the past five years.

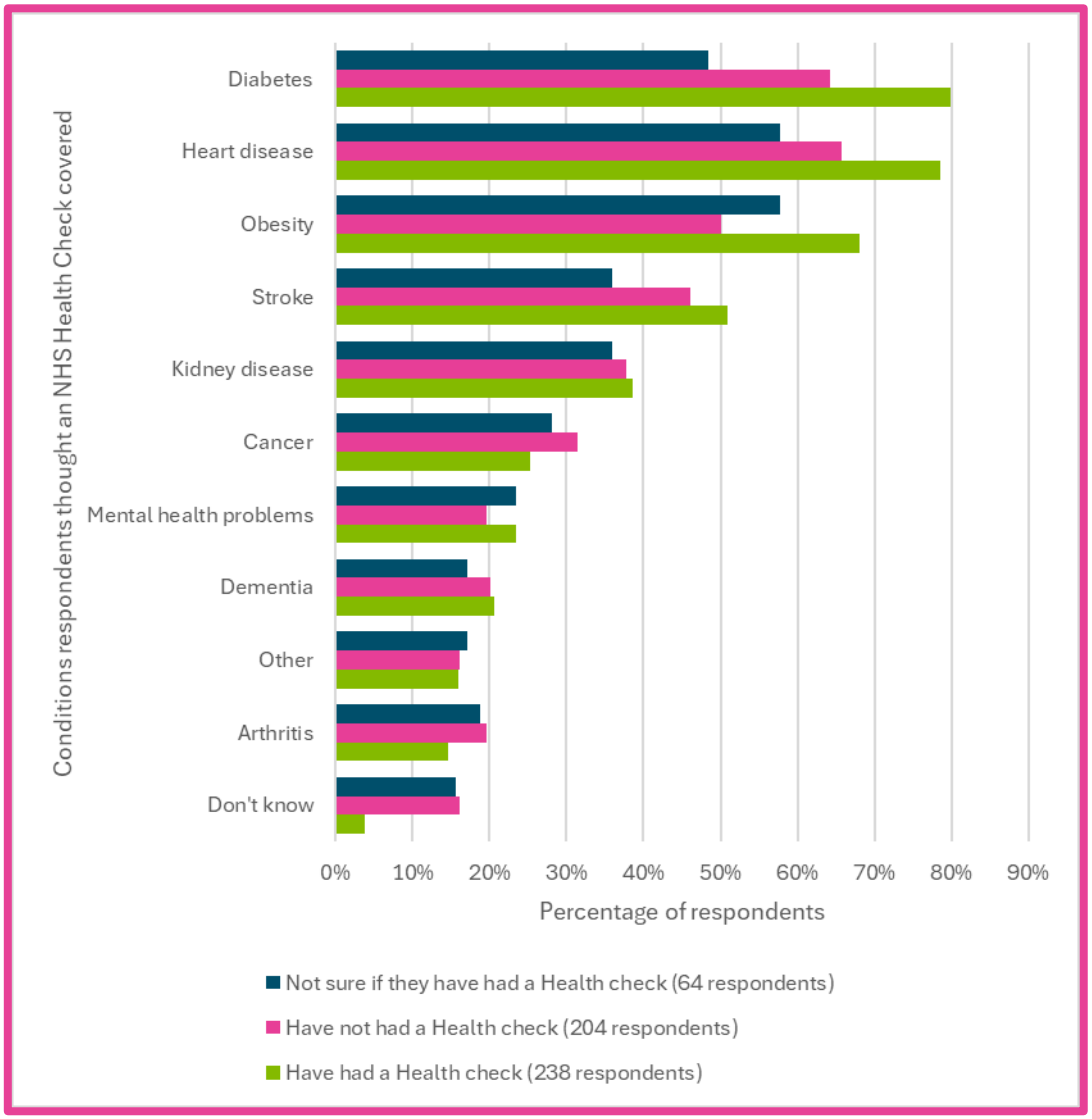


Figure 4 - A graph to show what respondents thought an NHS Health Check was for, broken down by whether they had received a Health Check within the last 5 years. Total responses for this question numbered 506.

Awareness of the conditions that the NHS Health Checks are designed to assess was higher among respondents who had previously received a check within the last five years. Among those who had not had an NHS Health Check, 66% (134) identified heart disease as being included in the check, compared with 79% (187) of respondents who had received a health check within the past five years. Similarly, awareness that diabetes risk is assessed, increased from 64% (131) amongst those who had not had a health check to 80% (190) among those who had. However, awareness of other aspects of the health check remained low. Among respondents who had received an NHS Health Check within the past five years, only 39% (92) were aware that the check also assesses an individual's risk of kidney disease.

Respondents who selected "other" and provided a free-text response described a range of additional expectations. The most common view was that the NHS Health Check would assess all of the conditions listed in the question as well as additional health issues. Many respondents described the health check as a general health "check-up" or "MOT". Other responses referred to specific measurements or tests they expected to be included, such as blood pressure checks, cholesterol testing, body mass index (BMI) and blood tests. A small number of respondents also mentioned expectations that the health check would cover medication reviews, pre-existing health conditions, mobility concerns, liver health, cancer risk or social factors such as isolation. This was also reflected in the focus group discussions as participants were asked about their understanding of what an NHS Health Check is. Participants commonly described it as a general check-up or an "MOT", intended to assess an individual's risk of developing common health conditions such as high blood pressure. Across both groups, participants felt that the focus of the NHS Health Check was primarily on prevention rather than treatment. The conditions they believed it covered included diabetes, heart disease, high blood pressure, obesity and high cholesterol. Participants in one group also suggested that the programme could act as a way of engaging with people who do not regularly attend GP appointments. Despite this general understanding, several participants across both groups reported that while they understood the health check was a review of their health, they were unsure of what it specifically involves or what tests were included.

When comparing the findings from the current survey with those from the survey conducted in 2023, several differences can be observed. A comparison of these results is shown in the graph below. The data indicates that awareness of what

an NHS Health Check includes may have slightly decreased over the past three years. In 2023, 74% (288) of respondents correctly identified that the check assesses the risk of heart disease, compared with 71% (358) of respondents in 2026. Similarly, awareness that the check includes an assessment of diabetes risk decreased from 75% (290) in 2023 to 70% (352) in 2026.

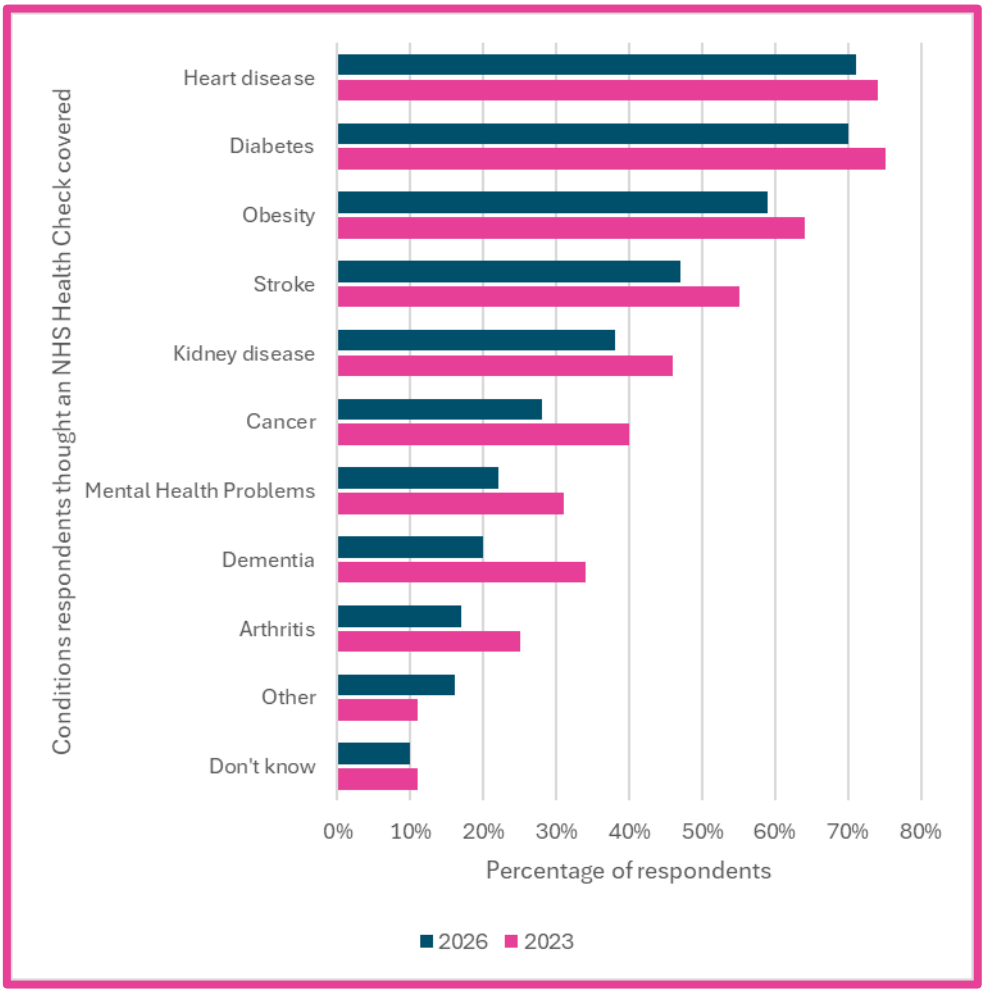


Figure 5 - A graph to show what respondents thought an NHS Health Check was for, comparing respondents' answers from this survey in 2026 and the original survey conducted in 2023.

However, there were some more positive findings. Awareness of conditions that are not included as part of an NHS Health Check appears to have improved. For example, in 2023, 40% (157) of respondents believed that the check assessed for cancer, whereas this decreased to 28% (142) in 2026, suggesting a greater understanding among respondents of what the programme does not cover.

"To give you awareness before something serious potentially could happen, prevention rather than cure."

"Well, the big MOT basically, isn't it?"

Building on this discussion, participants in both focus groups reported some confusion regarding eligibility for the NHS Health Check. While participants were generally aware that the eligible age range is between 40 and 74 years, there was uncertainty about which pre-existing health conditions make someone ineligible.

"I think that [eligibility] was one of the things that wasn't very clear actually."

"I turned up for my first one and they said, you're on blood pressure tablets, you should never have been sent here."

The name of the programme:

Participants in the focus group also highlighted some confusion around the term "NHS Health Check" itself. One participant described receiving a health check that included blood tests and X-rays, acknowledging that this was different from the NHS Health Check programme but stated that "it was a health check for me". This suggests that the terminology may contribute to misunderstandings about what the NHS Health Check specifically refers to. Similar confusion was reflected in survey responses. Some respondents who reported having an NHS Health Check within the past five years went on to describe other types of appointments, such as annual diabetes reviews, routine GP appointments, hospital visits or medication reviews. As these interactions involved a review of their health and were delivered by a member of NHS staff, respondents appeared to interpret them as NHS Health Checks. These findings suggest that there may be a lack of clarity among the public about what constitutes an NHS Health Check, which may in part relate to the name of the programme.

Where respondents thought an NHS Health Check could be accessed

Respondents most frequently identified GP surgeries as a place where NHS Health Checks can be accessed. Overall, 89% (450) of respondents identified GP surgeries as a place where an NHS Health Check could be obtained. Pharmacies

were the second most commonly identified setting, selected by 30% (151) of respondents. "Other" responses included pop-up or mobile clinics in community venues, community centres and online or via the NHS app.

Among respondents who reported having an NHS Health Check within the last five years, awareness of GP surgeries as an access point was particularly high, with 93% (222) identifying this option. Awareness of alternative locations was lower overall. Only 12% (62) of all respondents identified community centres, and 8% (38) identified leisure centres as places where NHS Health Checks could be accessed. In the focus group discussions participants reported having attended NHS Health Checks in a range of settings including GP surgeries, a library, a sports hall and a pop-up in a supermarket car park.

Comparison with findings from the 2023 survey indicates an improvement in awareness over time. In 2023, 83% (323) of respondents identified GP surgeries as a location for NHS Health Checks, increasing to 89% (450) in the 2026 survey. Awareness of pharmacies as an access point also increased, rising from 15% (60) in 2023, to 30% (151) in 2026.

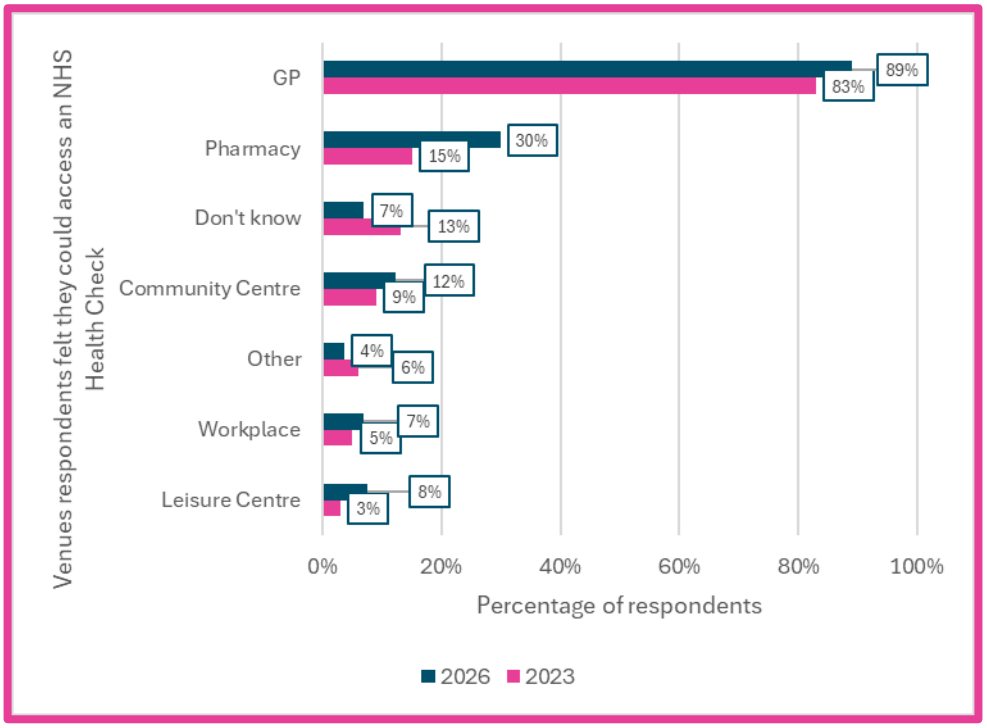


Figure 6 - A graph to show where respondents felt they could access a Health Check from, comparing the results from this survey and the one from 2023. Total responses for this question in 2026 numbered 506, and 393 in 2023.

In one focus group, participants expressed concerns about NHS Health Checks not always being delivered within GP surgeries. Some participants suggested that this may be due to a limited capacity within GP surgeries to provide the service. However, there was a perception among some participants that checks delivered in alternative settings felt less thorough and not as good quality. One participant also commented that, given the size of location, they had expected a more comprehensive service than what they experienced during their health check.

Participants in the second focus group were less certain about who was responsible for organising NHS Health Checks. Some were unsure whether the checks were arranged by GP surgeries or by another organisation, such as NHS England.

> "It wasn't what you would describe as a kind of traditional medical clinical environment."

> "I thought it was going to be a lot more when I turned up to this big sports hall."

How respondents would like to be invited for an NHS Health Check?

Respondents reported a range of preferences for how they would like to be invited for an NHS Health Check, with email being the most commonly selected method (67% ,338). This was followed by text message, selected by 48% (244) and letter which was selected by 43% (219). Email was the preferred invitation method across all age groups, ranging from 63% (12) of respondents aged 30-39 to 77% (36) of those aged 40-49. Preferences for other invitation methods varied between age groups. For example, text message was the second most commonly selected option among respondents aged 40-49 (60%, 28) and 50-59 (55%, 45) but was selected by a smaller proportion of those aged 60-69 (44%, 59).

Being invited in person by a healthcare professional was the least preferred option overall, selected by only 13% (64) of respondents. Additionally, it was the least selected across most age groups, with the exception of respondents aged

30-39 and 40-49. Within these two age groups, the least preferred invitation method was a phone call, selected by 16% (3) and 11% (5) of respondents respectively. Responses provided for "other" included suggestions such as opportunistic invitations in community settings or workplaces, as well as invitations via social media.

Comparison with the findings from the 2023 survey shows that results remain unchanged regarding preferred invitation methods. However, it should also be noted that the 2023 survey did not include an option for respondents to select the NHS app as a preferred invitation method.

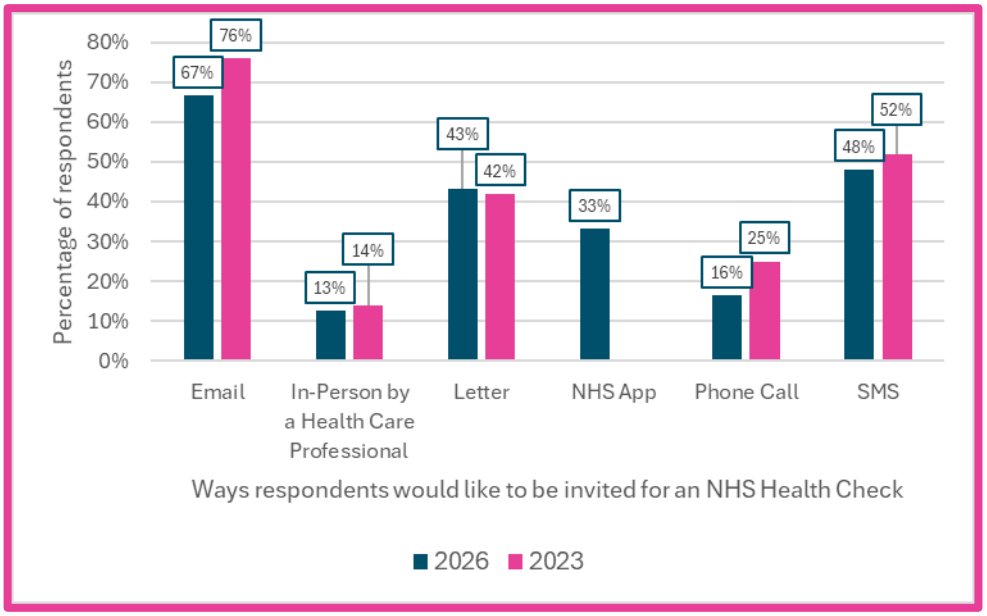


Figure 7 - A graph to show the ways in which respondents wanted to be invited for an NHS Health Check, comparing the results from the 2026 survey to those from the 2023 survey.

Both focus groups were asked about their experiences of being invited to attend an NHS Health Check, as well as how they would prefer to receive an invitation. Across both groups, several participants who were eligible reported that they had never received an invitation and this led them to feel forgotten and not valued. Among those who had previously attended an NHS Health Check, invitations had been received through a variety of methods including letters, text messages and opportunistic invitations.

When discussing preferred methods of invitation, many participants expressed a preference for receiving a letter. Participants felt that a letter could provide more detailed information about the purpose of the health check, enabling people to make a more informed decision about whether to attend. Letters were also

perceived as more personal and some participants felt that receiving a physical letter would be harder to ignore, making them more likely to book an appointment.

Participants in one focus group also suggested that opportunistic invitations could be an effective approach for people who may not routinely engage with healthcare services. In particular, offering NHS Health Checks in workplace settings was suggested as a potential way to improve uptake, as participants felt individuals may be more willing to participate if their employer supported the initiative and colleagues were also taking part.

Both focus groups also raised that for some participants, they do not use text messages often anymore, often choosing alternative applications such as WhatsApp, and that therefore text messages can easily be missed. Others added to this saying they associate text messages with being spam, and something many ignore.

> "If I got a letter inviting me, I'd probably be more likely to respond to it than if I got a text message."

> "You want to go to the employer and say, we're going to be in your area in a month's time, and we want to put a van [to do NHS Health Checks] on your site."

> "Everything that I read really on my phone would be a WhatsApp. I hardly ever look at my text messages."

How respondents were invited for their last NHS Health Check

Respondents who reported having received an NHS Health Check were asked how they had been invited to attend. As shown in the graph below, invitations were received through a variety of methods. The most commonly reported method was text message, selected by 30% (72) of respondents. This was followed by invitations sent by letter, reported by 18% (43) of respondents. The least commonly reported invitation method was through the NHS app, with only

4% (10) of respondents stating that they had been invited in this way. A further 8% (20) of respondents selected "other". Responses within this category included invitations received through workplaces, opportunistically at pop-up events, and through advertisement on social media.

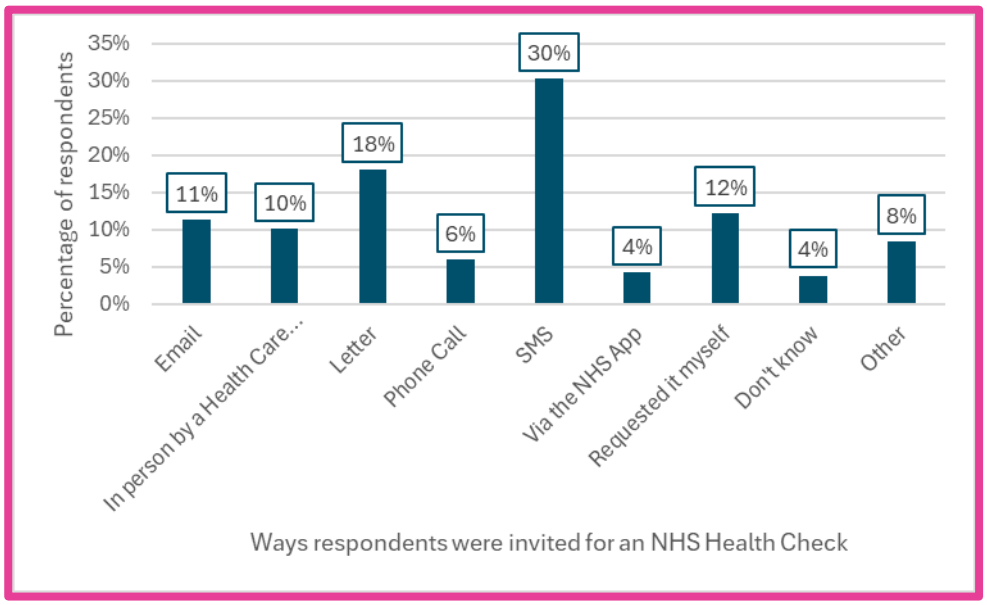


Figure 8 - A graph to show the various ways respondents were invited for their last NHS Health Check. Total responses for this question numbered 238.

What advertisement or information had respondents seen about NHS Health Checks recently

Almost half of respondents had not seen any advertisement or information about NHS Health Checks recently (49%, 246). For those who had seen advertisement, this was mostly in the form of posters (17%, 85), social media (12%, 61) and on GP Practice websites (11%, 58). For those who answered "other", sources of advertisement included text messages, on the radio, via work intranet and community notice boards.

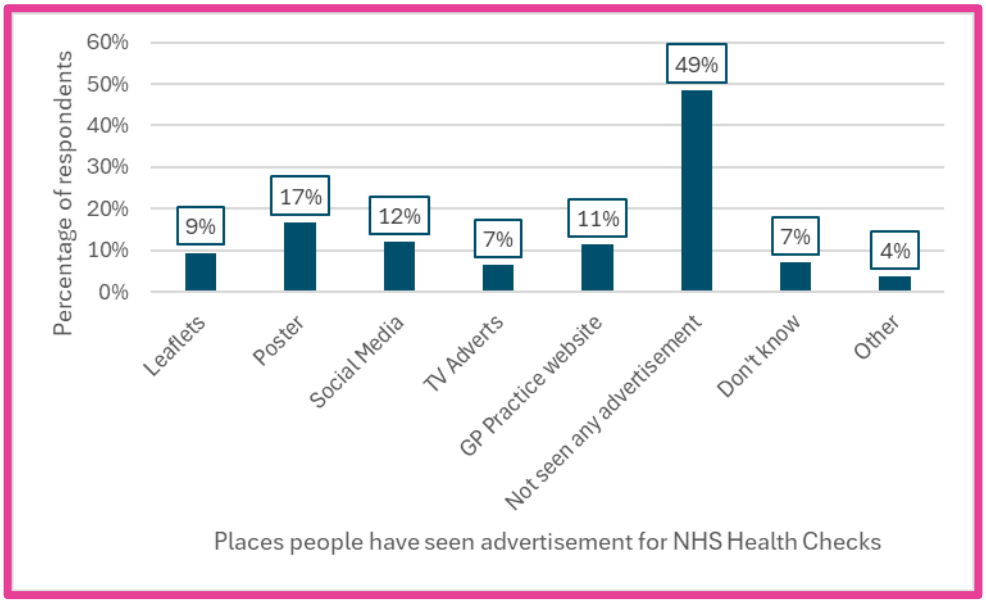


Figure 9 - A graph to show the distribution of places that respondents have seen advertisement for NHS Health Checks. Total responses for this question numbered 507.

Both focus groups were asked whether they had seen any advertising for NHS Health Checks. Participants were also informed that, at the time the focus groups were run, over half of all respondents in the survey had reported that they had not seen any advertising for NHS Health Checks and were asked for their views on this finding.

Across both groups, most participants expressed surprise at this figure, noting that it was higher than they would have expected, although many participants themselves had not seen any advertising for NHS Health Checks. When asked for a show of hands across both groups, only one third of participants reported having seen any form of advertisement for the health checks. Of these, two participants recalled only vague memories and were unable to provide specific details about the contents of the advertisement and when they had seen this.

Among those who did recall seeing advertisements, two participants mentioned a campaign aimed at encouraging men to attend NHS Health Checks, which they remembered seeing at bus stops. One participant reported seeing a banner at their local gym, while another recalled seeing a health check van while out in the community.

Focus group participants also discussed how NHS Health Checks could be more effectively advertised in the future and offered a range of suggestions. In one focus group, participants suggested that physical advertising should be placed in locations where people are likely to spend time waiting, such as on public

transport or within pharmacies. Participants felt that advertising in these settings may be more effective in capturing people's attention.

Participants also discussed approaches that may be more effective for engaging younger eligible groups, particularly those aged 40-49. Some suggested that social media could be a useful platform for reaching this audience. They felt that campaigns may be more effective if they involved endorsement or content created by influencers people trust, rather than traditional advertisement that users may easily scroll past.

> "I'm surprised actually, meaning 46% had seen something [advertisement of NHS Health Checks]. I'm surprised by that number, that it's so high."

> "Hardly anyone knows about it [NHS Health Checks]."

Where would respondents go if they wanted more information on NHS Health Checks?

When asked where they would go for more information about NHS Health Checks, the most commonly selected option was the internet, chosen by 57% (288) of respondents. This was followed closely by contacting their GP surgery, selected by 53% (267). The least commonly selected option was speaking to friends and family chosen by 6% (32) of respondents. Responses provided under "other" included accessing information via social media and through local pharmacies.

Preferences for how to access further information varied by age group. Among respondents aged 30-69, the internet was the most commonly selected source of information. However, its popularity decreased with increasing age, from 79% (15) of respondents aged 30-39 to only 44% (20) of those aged 75-80.

For respondents aged 70 and over, GP surgeries were the most commonly selected source of information. This was particularly evident among those aged 75-80, where 67% (30) of respondents indicated that they would prefer to obtain information about NHS Health Checks through their GP surgery. Across all age groups, speaking to friends and family remained the least commonly selected option for obtaining further information, chosen by only 6% (32) of respondents.

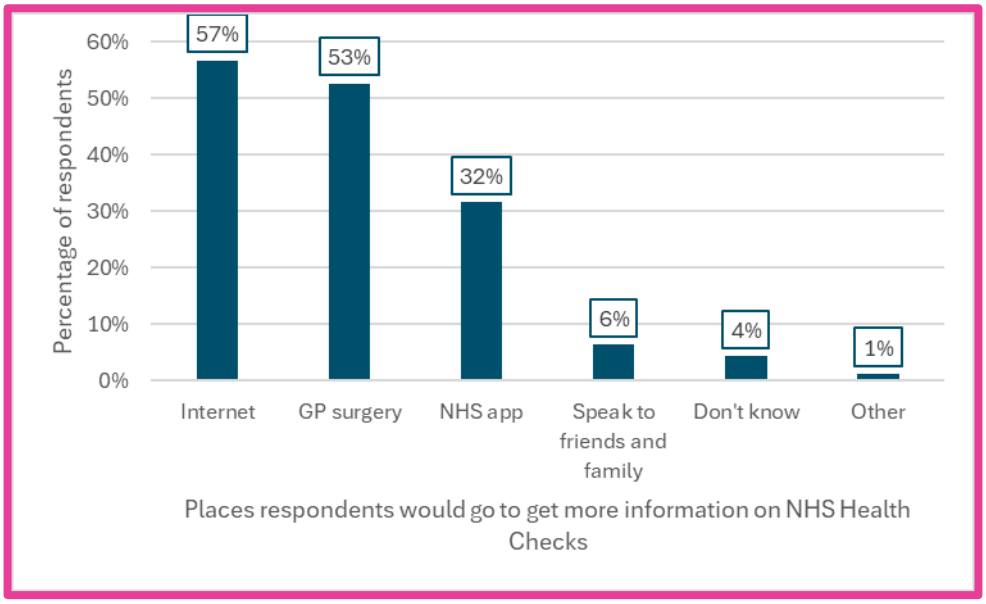


Figure 10 - A graph to show the places respondents would go to, in order to access more information on NHS Health Checks. Total responses for this question numbered 507.

Have respondents been for an NHS Health Check in the last 5 years?

Of those who were eligible, 49% (204) reported that they had received an NHS Health Check within the last five years, while 38% (158) said they had not and 13% (55) were unsure. Comparison with findings from the 2023 survey indicate an increase in the proportion of respondents reporting that they had received an NHS Health Check. In 2023, 35% (136) of respondents reported having had a health check, compared with 47% (238) in 2026. Over the same time period, the proportion of respondents who were unsure whether they had received a health check decreased from 18% (69) in 2023, to 13% (64) in 2026.

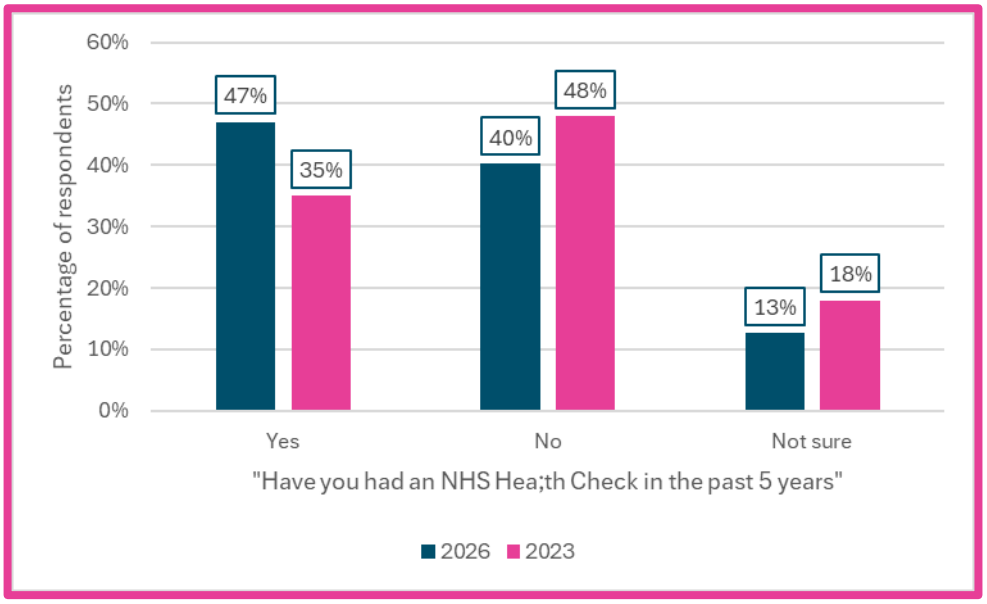


Figure 11 - A graph to show whether respondents have had an NHS Health Check within the past 5 years. Total responses for this question numbered 506.

Analysis by area showed variation in the proportion of respondents who reported attending an NHS Health Check within the last five years. The highest proportion was in East Norfolk, where 56% (47) of respondents reported attending compared with North Norfolk which had the lowest reported attendance at 37% (57).

Table 1

The percentage of respondents who attended an NHS Health Check within the last 5 years, separated by areas of the county, comparing the data gathered in 2023, to that in 2026.

Area	Percentage attended 2023	Percentage attended 2026
Norwich	41%	47%
North Norfolk	48%	37%
East Norfolk	49%	56%
South Norfolk	38%	59%
West Norfolk	36%	44%

Participants in both focus groups were asked whether they had been invited to attend an NHS Health Check within the last five years. Across the two groups, the majority of participants (9, 75%) reported that they had received an invitation. Among those who had been invited, participants described receiving invitations

through a range of methods. These included text messages, opportunistic invitations when encountering a pop-up health check service, and seeing a sign-up link shared on social media. Some participants were unable to recall exactly how they had been invited.

One participant also described receiving two invitations for an NHS Health Check. However, when they attended their appointment, they reported being turned away after being informed that they were not eligible due to medication they were taking. The participant felt that this eligibility criterion had not been clearly communicated on the booking website.

> "I'm sitting here thinking, I'm 47 and I've never had an e-mail or anything, so I'm sitting here listening around the room thinking, I'm absolutely that age bracket and I haven't had anything come through."

> "When I turned up for my first one [NHS Health Check] and they said, you're on blood pressure tablets, you should never have been sent here."

What influenced respondents to have an NHS Health Check

Theme one: External encouragement to attend

This captures how the experiences and influence of people around an individual can affect their decision to attend an NHS Health Check. Responses within this theme includes awareness of a family history of conditions assessed as part of the NHS Health Check, experiences of health issues among family members or friends, and knowing others who had attended an NHS Health Check themselves.

> "Suffer with diabetes and heart problems in family."

> "Lots of other people in my office were having them done."

Theme two: Perceived need for a health check

We identified factors directly affecting an individual that led them to feel a greater need to attend an NHS Health Check. Responses within this theme

included individuals experiencing health issues themselves, noticing recent changes in their health, recognising that they may be at higher risk of certain conditions, or identifying potential concerns through self-monitoring of their health.

"Had a health issue and thought it would be good to have a blood test. Wondered if I had diabetes - easier to do this than request an appointment from the gp."

"Was feeling unwell for a while."

Theme three: Maintaining health and wellbeing

Respondents have a desire to remain as healthy as possible for as long as possible. Responses within this theme included motivations such as wanting to maintain good health, being increasingly aware of their health as they move through middle age and having previously attended an NHS Health Check and wishing to continue monitoring and understanding of their health.

"Keen to keep fit and active - and also an eye on my health."

"I think it's important to have one, especially as I get older."

Theme four: Openness to participation

The final theme captures respondents' generally open and positive attitudes towards attending an NHS Health Check. This theme included responses reflecting curiosity about the NHS Health Check and what it entails, a desire to support the NHS, and a willingness to attend, simply because the opportunity had been offered to them.

"It was offered so I took up the offer."

"To help the practice."

How clearly did respondents feel the professional explained what they were testing for and what happened during the appointment:

Respondents who had attended an NHS Health Check were asked how clearly professionals explained what was being tested and what would happen during the appointment. The most common response was "very clear" selected by 48% (104) of respondents, followed by "clear", selected by 34% (73). This indicates that most respondents felt that the explanation of the tests and the process was clear. Only 6% (14) reported that the explanation was either "unclear" or "very unclear".

A similar question was asked in the 2023 survey. This comparison shows that the proportion of respondents who felt the explanation of the tests and the process was clear increased from 78% (104) in 2023 to 82% (177) in 2026. Over the same period, the proportion who felt the explanation was unclear decreased from 10% (14) in 2023 to 6% (14) in 2026.

How clearly did respondents feel the professional explained their results:

When asked how clearly professionals explained the results of their NHS Health Check, most respondents felt that healthcare professionals communicated the results in a clear and understandable way. The most common response was "very clear", selected by 46% (101) of respondents, followed by "clear", chosen by 25% (76).

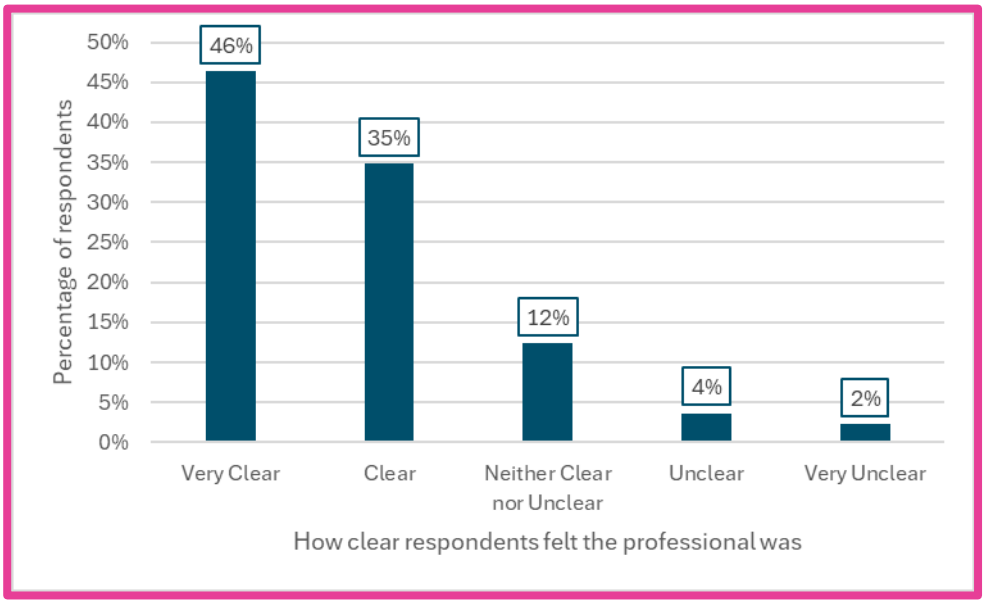


Figure 12 - A graph to show how clearly respondents felt the healthcare professional explained the results of their NHS Health Check. Total responses for this question numbered 218.

A similar question was included in the 2023 survey. The proportion of respondents who felt that healthcare professionals clearly explained their results increased from 73% (99) in 2023 to 81% (177) in 2026. Over the same period, the proportion of respondents who felt explanations were unclear fell from 12% (16) to 6% (13).

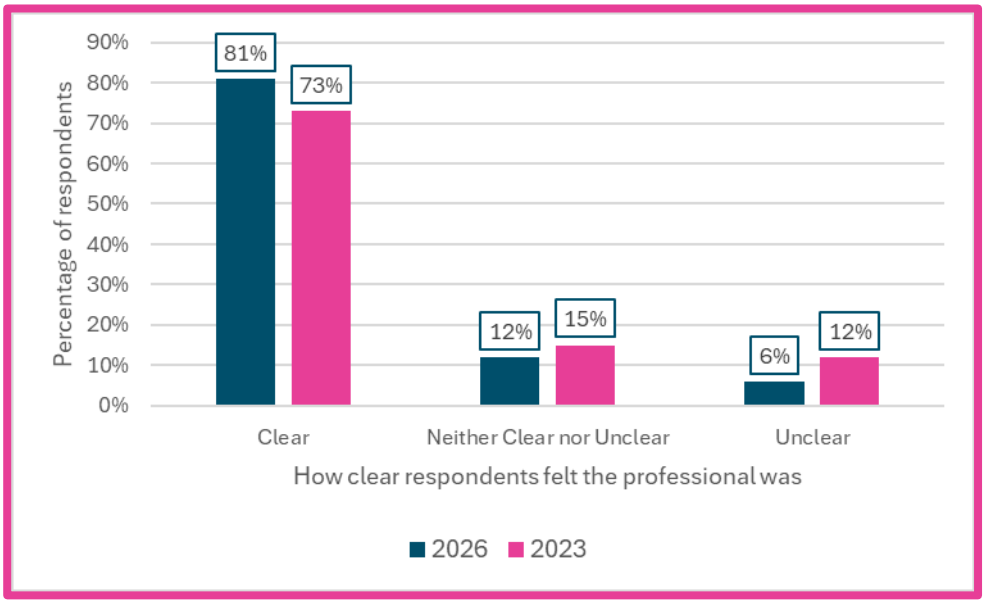


Figure 13 - A graph to show how clearly respondents felt the healthcare professional explained the results of their NHS Health Check, comparing the results from the 2026 survey to the one from 2023.

In the focus groups, multiple participants reported receiving a leaflet with their results, which used a traffic light system, although explanations from healthcare professionals were often limited or not clearly remembered.

Did respondents have any further tests/referrals because of their NHS Health Check

Respondents were asked whether they had any further tests or referrals as a result of their NHS Health Check. Overall, 30% (66) reported that they had, 65% (140) reported that they had not, and 5% (11) were unsure. Comparison with the 2023 survey shows a slight decrease in the proportion of respondents receiving follow-up tests or referrals, from 32% (43) in 2023 to 30% (66) in 2026. Over the same period, the proportion of respondents who did not receive further tests or referrals increased from 60% (82) to 65% (140).

Among those who reported further action in the 2026 survey, the most common was a repeat blood test, often for cholesterol, selected by 35% (23) of respondents. This was followed by repeat blood pressure testing (24%, 16). Other reported tests and referrals included GP follow-ups, pre-diabetes courses and referrals to lifestyle support such as Slimming World.

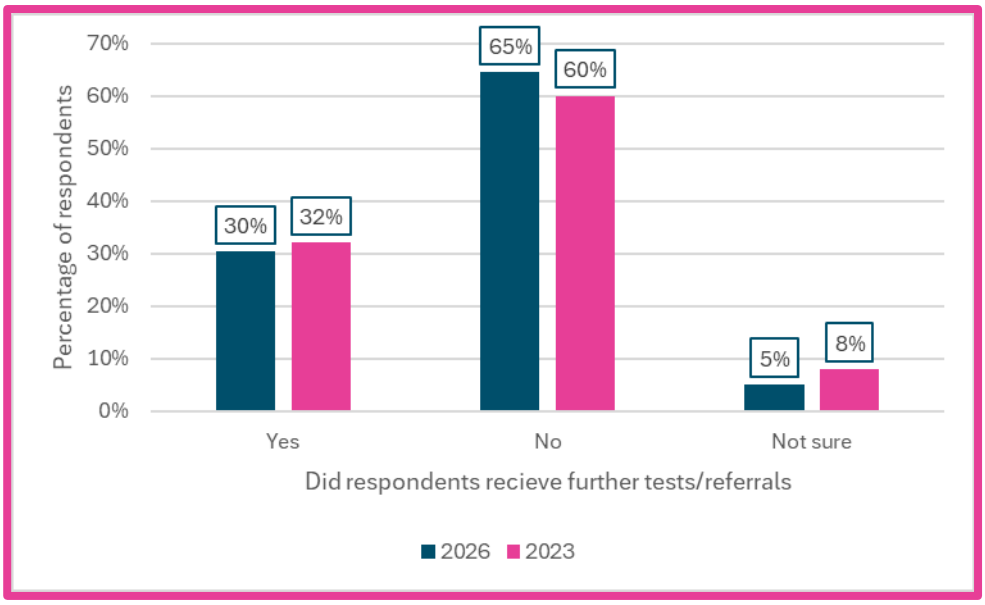


Figure 14 - A graph to show whether respondents had further tests and referrals as a result of their NHS Health Check, comparing the results from the 2026 survey to the one from 2023.

"Referred to slimmers world and lost a stone on weight. Started on statins."

"Medication prescribed for blood pressure and given 24 hour ecg for irregular pulse."

In the focus groups, the majority reported that they did not receive any further follow-up or subsequent testing. However, two participants described being informed during their health check that they had elevated cholesterol levels. For one individual, this resulted in a follow-up appointment and the prescription of statin medication. In contrast, the other participants reported that no follow-up was arranged, with responsibility placed on them to pursue this independently. The participant expressed concern about the potential implications had they forgotten and therefore not taken steps to follow this up.

"My cholesterol was actually high, higher than they would like it, and nothing else happened. The onus was on me to follow that up."

Were respondents given any advice or information that might help them to lead a healthier lifestyle?

Of the 238 people who answered the question "were you given any advice or information that might help you lead a healthier lifestyle", the most common response was healthy eating guidance which 26% (62) of people said they were given. There were a variety of other sources of advice and information which people were given including physical activity guidance (17%, 40), weight management services (12%, 26) and mental health services (11%, 16). 24% (58) of respondents who had received an NHS Health Check within the last year said that they were not given any information and/or advice. A further 12% (28) said they accessed "other" types of advice and information. These consisted of mostly generic healthy lifestyle advice, as well as more specific advice tailored to individuals on their diet, alcohol, cholesterol and diabetes.

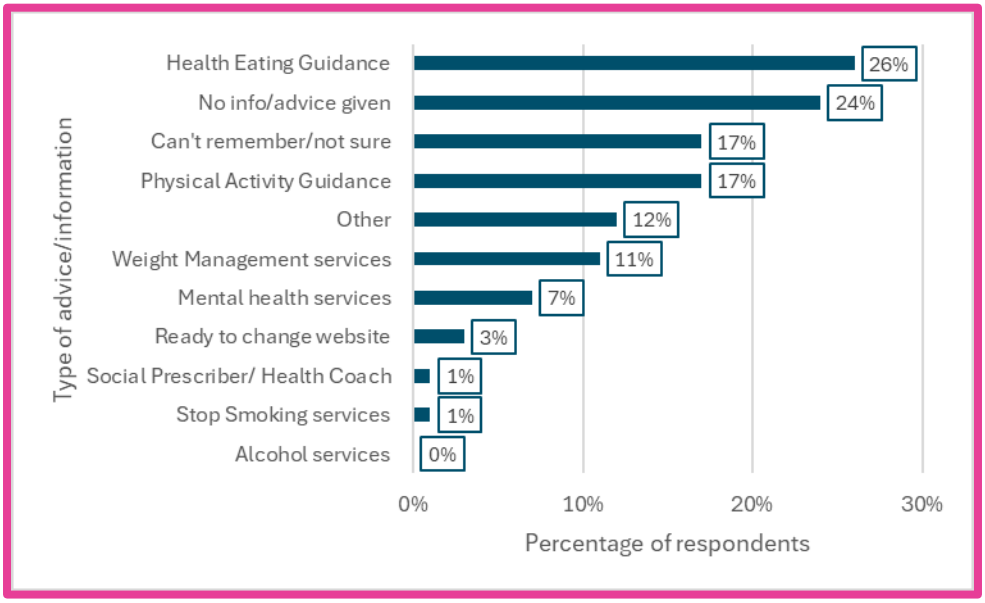


Figure 15 - A graph to show the different types of advice and information respondents were given during their NHS Health Check that might help them lead a healthier lifestyle. Total responses for this question numbered 238.

Interestingly the data suggests that more individuals are being given advice when they attend their health checks as when comparing the two surveys the

percentage of participants who said they received no advice dropped from 29% (39) in 2023, to 18% (37) in 2026.

The majority of participants across both focus groups who had received an NHS Health Check reported that they were not provided with advice or information to support healthier lifestyle choices.

"We talked about it superficially but you know I exercise I'm not overweight I don't drink very much I eat the odd biscuit sure I still have high cholesterol you know I eat relatively well and it was kind of well you're doing all the right things you know but keep an eye on it well that's great but how do you keep an eye on it?"

How helpful did respondents think the advice they received was?

Participants who reported receiving advice were asked to rate how helpful they found this information. The most common response was that the advice was helpful (30%, 64), with a further 22% (47) describing it as very helpful. A small proportion of respondents indicated that the advice was either "unhelpful or "very unhelpful" (5%, 11). Notably, nearly one in five respondents (18%, 37) reported that they had not been provided with any advice following their NHS Health Check.

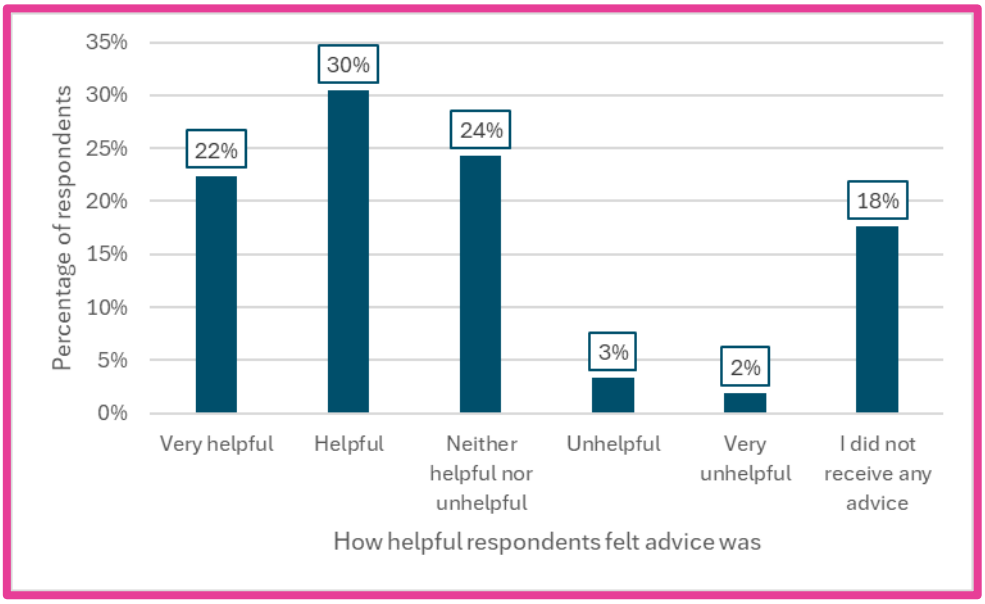


Figure 16 - A graph to show how helpful respondents felt the advice they received during their NHS Health Check was. Total responses for this question numbered 210.

The comparison of the two surveys indicates a slight reduction in the proportion of respondents who found the advice helpful, decreasing from 67% (64) in 2023 to 64% (111) in 2026. Conversely, the proportion of respondents who reported the advice as unhelpful decreased from 13% (12) in 2023, to 6% (11) in 2026. There was however an increase in the proportion of respondents who rated the advice as neither helpful nor unhelpful, rising from 20% (19) in 2023 to 29% (51) in 2026.

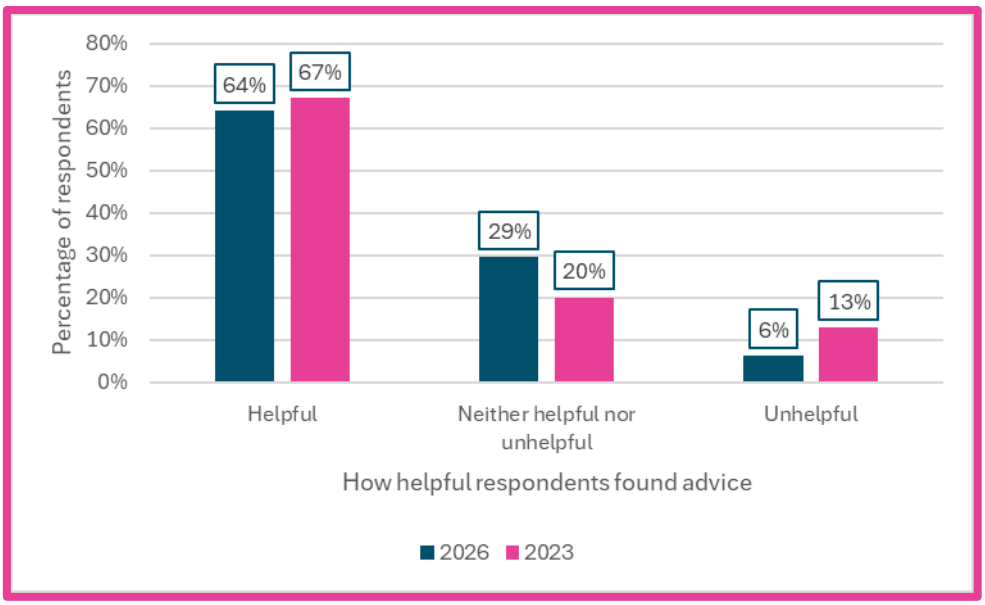


Figure 17 - A graph to show how helpful respondents felt the advice they received during their NHS Health Check was, comparing responses received in 2026 to those from 2023.

Respondents provided a wide variety of reasons for why they felt that the advice they received was helpful or very helpful. A commonly cited factor was that the information was clearly explained and easy to understand, with participants highlighting the use of concise, accessible language. Some also noted that healthcare professionals provided additional written materials, which enabled them to revisit the information and reinforce their understanding. Several respondents described the advice as having a meaningful personal impact, acting as a "wake-up call" that prompted reflection and encouraged positive lifestyle changes. This was often linked to feeling better informed about the steps they could take to improve their health. Other reasons given included the supportive and reassuring approach of the healthcare professional, the perceived relevance of the advice to their individual circumstances, and satisfaction that their questions had been fully addressed during the appointment.

"Clear and concise way of explanation without medical terms used which one can understand."

"Sometimes we need another person to point out to us that we can improve our lifestyle and a few small changes can make a huge difference."

Respondents who reported that the advice they received was unhelpful or very unhelpful provided a range of reasons for this. A commonly raised concern was that the advice was perceived as too generic and not sufficiently tailored to the individual needs or respondents' specific health concerns. As a result, some respondents felt the information lacked relevance, which therefore reduced their likelihood of engaging with or acting on it.

In addition, one respondent described feeling that the communication style of the healthcare professional was inappropriate and reported that assumptions had been made which led to advice they considered irrelevant. Another respondent expressed concerns regarding the perceived level of knowledge of the healthcare professional, indicating that this limited their confidence in the quality of the advice provided.

"It was a tick box exercise. The member of staff went through process and gave some generic advice, without any sense of patient centred care and communication."

"It was a joke, during the health check nothing was discussed. Only questions were asked of me. At the end i was handed a printout. After arriving home I read the printout. Enlightening I thought, the printout listed all the things we had discussed and all the advice I had been given. All of it totally irrelevant to me. Needless to say I have declined further invites for a 'health check'. I am often told how busy they are and I couldn't possibly have an appointment to speak to anyone about anything at any

other time. I feel I couldn't possibly waste their time on giving me a health check."

Respondents who rated the advice as neither helpful nor unhelpful most commonly reported that the information provided was already known to them and therefore did not offer any new or additional insight. This was often linked to participants perceiving themselves as already leading a healthy lifestyle, or being previously aware of the issues identified during their NHS Health Check.

Other reasons cited include a perception that there was insufficient time during the appointment for healthcare professionals to fully explain results and associated advice. A small number of respondents also indicated concerns regarding the knowledge of healthcare professionals in explaining the advice or felt the member of staff's attitude negatively impacted their experience.

"I didn't feel encouraged to take the advice further. It was just down to me with no follow up from the surgery."

"No new information received! however I had no results that needed further help other than losing a bit of weight. I am a generally healthy person!"

Across both focus groups, the majority of participants reported that they were not provided with any advice following their NHS Health Check. Among those who did recall receiving advice, it was generally not perceived as particularly helpful. For one who did feel it was helpful they noted that the discussion prompted greater awareness of their diet and encouraged more regular engagement with their GP. Some participants indicated that the advice did not feel relevant to their individual circumstances, while others felt that, as they felt they were already in good health, no changes were necessary. One participant also noted that although advice had been provided verbally, it was not documented or made accessible within their NHS record. As a result, they were unable to recall the details of this advice and were therefore unable to act on the guidance given.

What difference (if any) did the NHS Health Check make to respondents

Respondents reported a range of perceived impacts following their NHS Health Checks. The most commonly selected outcome was that the check provided reassurance about their health (31%, 73) followed by an improved understanding of their health (29%, 69). The results also identified a number of lifestyle changes that respondents had made as a result of the health check. These included adopting healthier eating habits (21%, 49), weight loss (19%, 46) and increased levels of physical activity (15%, 35). There was however just over a fifth of all participants who reported that their NHS Health Check had made no difference (21%, 50). Responses categorised as "other" included participants reporting that they had begun taking medication to manage their health, as well as making ongoing efforts to further educate themselves about specific health conditions and to maintain healthier lifestyles.

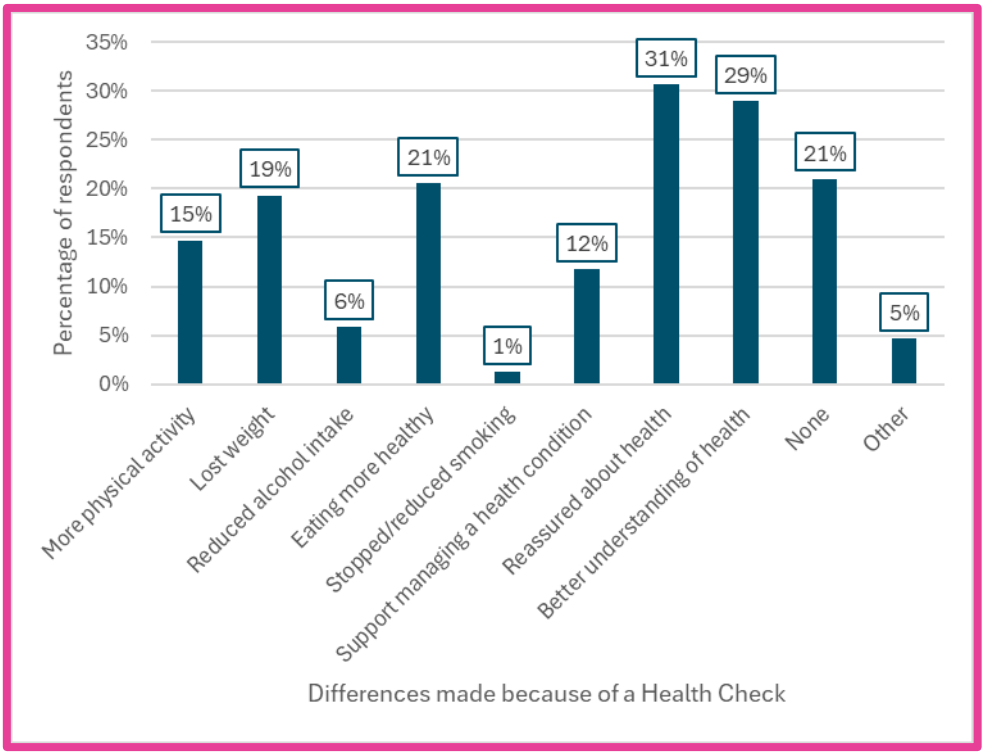


Figure 18 - A graph to show what differences respondents felt the NHS Health Check they attended made. Total responses for this question numbered 238.

Comparison between the 2026 and 2023 survey data indicates some variation in the perceived impact of NHS Health Checks. There was an increase in the proportion of respondents who reported feeling reassured about their health, rising from 23% (30) in 2023 to 31% (73) in 2026. In addition, the proportion of respondents who felt that the NHS Health Check had made no difference decreased from 26% (35) in 2023 to 21% (50) in 2026.

However, across most other measures, there was a reduction in the proportion of respondents reporting a positive impact. Notably, the percentage of participants who felt they had a better understanding of their health, decreased from 41% (55) in 2023 to 29% (69) in 2026. It should be noted that the outcomes "lost weight" and "support managing a health condition" are not present in the comparison, as these options were not included in the 2023 survey.

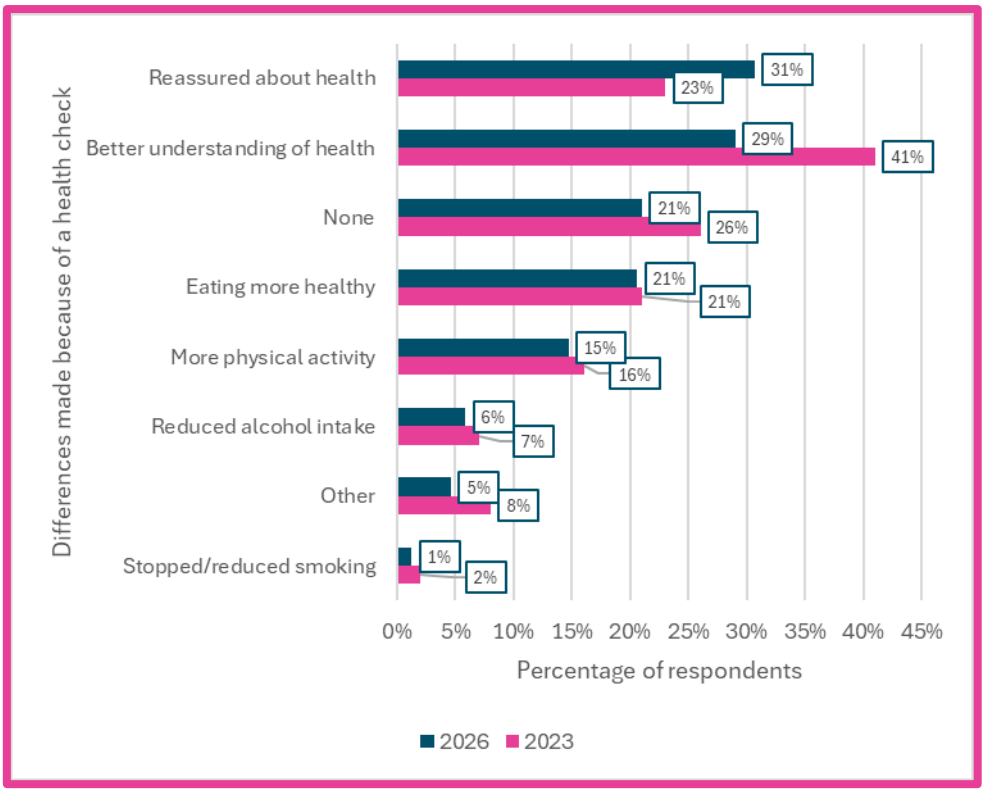


Figure 19 - A graph to show what differences respondents felt the NHS Health Check they attended made, comparing the results from the 2023 survey to the one from 2026.

Across both focus groups, participants did not report that attending an NHS Health Check had led to any notable changes to their health. One participant explicitly stated that they had not made any changes as a result of their health check. However, they went on to explain that they had independently sought additional, more in-depth private testing, and that the results and insights from these tests had promoted them to make positive changes to their health and lifestyle.

Would respondents have an NHS Health Check again:

Of the 220 respondents who answered the question "would you have an NHS Health Check again?", the majority (89%, 196) indicated that they would. A

smaller proportion reported that they would not have a check again (5%, 11) while 6% (13) stated that they were unsure. A total of 131 respondents provided additional comments to explain their answer.

Comparison with the 2023 survey data indicates an increase in the proportion of respondents who would attend an NHS Health Check again, rising from 80% (108) in 2023 to 89% (196) in 2026. There was also a decrease in the proportion of respondents who reported that they would not attend again, falling from 9% (12) in 2023 to 5% (11) in 2026.

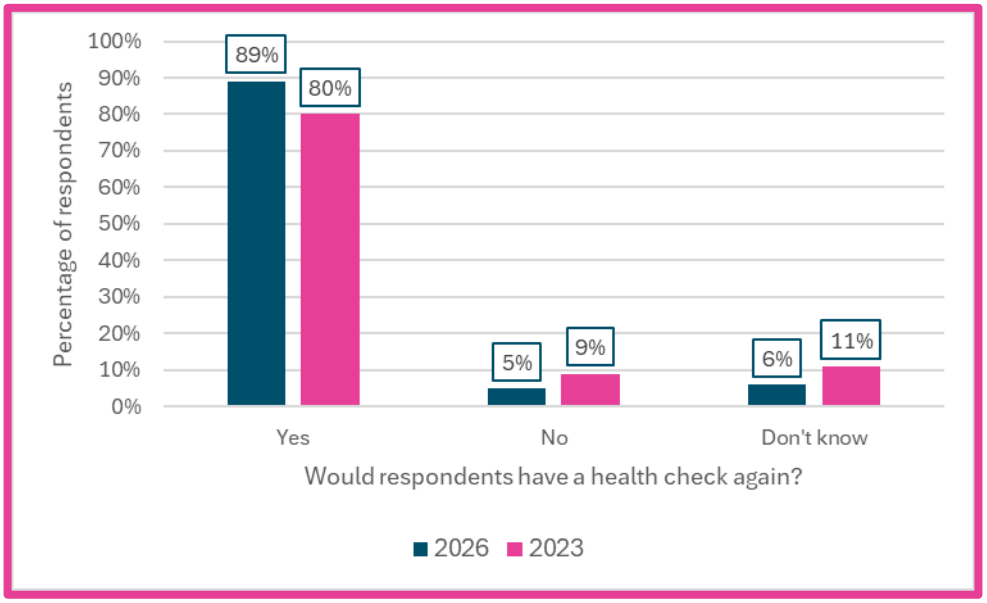


Figure 20 - A graph to show whether respondents would have an NHS Health Check again, comparing results from the 2026 survey to the one in 2023.

Those who would attend again

Theme one: Maintaining wellbeing over time

This captured the views of respondents who emphasised the importance of staying healthy, particularly as they age, and highlighted a desire to take preventative action to reduce the risk of developing health conditions.

Theme two: Experiencing positive outcomes of a health check

Next, experiencing positive outcomes of a health check reflected respondents who felt they had benefited from previous NHS Health Checks and expected similar benefits from future appointments. Participants frequently described feeling reassured following their appointment and described having received tailored advice, support or signposting to relevant services.

Theme three: Early detection and intervention

Finally, respondents valued the opportunity to identify potential health issues at an early stage. This included those who wished to monitor existing health problems or concerns identified in previous health checks, such as elevated cholesterol levels, as well as individuals seeking reassurance through ongoing health monitoring.

> "It was a very good all round health check covering so many aspects. If you value your health this helped to understand how a simple check or change in habits can make a difference or give much reassurance."

> "It's a very good way to establish ones health status so with this information you can make better more informed choices regarding what you eat, how much you drink, how active you should be to reduce the risk of long term ill health."

Those who were unsure if they would attend again

Theme one: Unmet Expectations

Respondents often felt that their NHS Health Check did not fully meet their needs. This included perceptions that they had not received sufficient information, advice or explanation during the appointment. One participant also highlighted that they felt that the health check did not include enough testing to adequately assess their health.

Theme two: Concerns regarding staff competency

Some people raised concerns regarding staff competency. This relates to two respondents who questioned whether the healthcare professionals conducting their NHS Health Check had received sufficient training. They expressed concerns that this may have limited the professionals' ability to provide clear explanations and deliver appropriate, effective advice.

Theme three: Loss of access to the service

Finally, there were concerns about the eligibility criteria of NHS Health Checks. Respondents highlighted that it is relatively easy for individuals to become ineligible, either due to age or the development of a long-term health condition, which will prevent them from accessing the service in the future.

> "I had no explanation of what the blood test was for and did not feel satisfied with the outcome, no clear advice about statins has been given to me since my high cholesterol."

> "It is a great opportunity to have numerous tests and get a much better overall understanding of one's health but a missed opportunity due to the limited tests performed."

Those who would not attend again

Theme one: Uncertainty of the benefit

Some participants were unsure whether attending another NHS Health Check would be worthwhile. This uncertainty was linked to previous negative experiences, perceptions that the health check offered limited value or the belief that the advice provided was generic and not personally relevant.

Theme two: Personal factors

Personal factors encompassed respondents who were hesitant to attend another NHS Health Check due to their current health status or readiness to make changes. Some felt that, as they were currently in good health, another check was unnecessary. Others were aware of existing health concerns but did not feel ready to act on any advice they might receive and therefore preferred not to attend and be reminded of these issues.

Theme three: External forces

Finally, we found that factors beyond the individual influenced whether respondents would attend an NHS Health Check again. This included participants who had attended primarily to support their GP practice, as well as those who felt they could obtain the same information or testing elsewhere, often through more convenient or accessible means.

"Not sure if I would be wasting everyone's time if I'm not prepared to take action from the advice."

"The advice is very generic in my opinion".

Feedback from the two focus groups was mixed regarding whether participants would attend an NHS Health Check again. In one group, all participants who had previously attended a health check stated that they would do so again. In contrast, views within the second group were more varied. While one participant expressed a clear intention to attend again, others indicated that they might do so but felt that improvements were needed first. In particular, these participants highlighted the need for a more comprehensive health check and more detailed, meaningful advice offered to support patients following their appointment.

"I'll do it again in another four or five years."

"I think it's definitely got a place in society, in our environment, but it's just making it work well for us and better."

Anything else that respondents who had attended a check wanted to share with us about NHS Health Checks:

Theme one: Perceived value and reassurance

This captured the generally positive views expressed by many respondents towards NHS Health Checks. Participants described the checks as a valuable opportunity to monitor their health, identify potential issues and support efforts to remain healthy for longer. Several respondents highlighted the importance of screening for conditions that may be asymptomatic, noting that health checks provide an opportunity for early identification and intervention before symptoms develop. Others also described the process as empowering, increasing their awareness of their health and enabling them to make more informed decisions to support their wellbeing.

"I think it's a good idea it could catch something that is wrong. When you feel ok."

"Keep it up. Can be a life saver. Can keep others alive. It indicates your responsibility with no excuse to blame others."

Theme two: Barriers in invitation and engagement

We identified a range of factors that respondents felt affected their ability to access and engage with NHS Health Checks. A recurring issue within this theme was a lack of invitation, with many respondents reporting that they had not been invited and instead had to seek out a health check themselves. This was seen as a barrier as participants noted that it is easy to forget to arrange an appointment, potentially resulting in missed opportunities to attend.

In addition, several respondents highlighted the potential value of appointment and booking reminders. Participants described having busy schedules and noted that, without reminders, it is easy to forget appointments, leading to unintended non-attendance. Respondents suggested that reminders in the days leading up to an appointment could support attendance and help reduce the number of missed appointments.

Respondents also raised concerns regarding the eligibility criteria for NHS Health Checks, particularly the upper age limit. Several participants highlighted that eligibility ends at age 75 but that health issues can still develop beyond this point. This led some to report feeling overlooked or excluded from preventative healthcare provision. Linked to this, there appeared to be limited awareness of the annual health checks available to those aged over 75 through GP practices, suggesting either low uptake or a lack of clear communication about their availability.

Additionally, many respondents expressed a preference for more frequent health checks. The current five-year interval was often viewed as insufficient, particularly by those who had previously been identified as having borderline or emerging health concerns, such as raised cholesterol levels. These respondents felt that a five-year gap may be too long to wait for reassessment, during which time their condition could deteriorate without monitoring or intervention.

"People should be routinely invited and this does not happen. I believe in healthy lifestyles to prevent ill health conditions."

"I think they should be continued beyond 74yrs as that's when more problems are likely to occur."

Theme three: Unmet expectations

Some respondents felt that the scope of the NHS Health Check was limited or did not meet their expectations. Some participants reported dissatisfaction with the range of assessments included, while others expressed concerns about how their results were communicated.

A number of respondents indicated that they would have preferred a more comprehensive health check. Suggested additions included more detailed blood tests, increased focus on specific areas such as men's health (including prostate cancer screening) and investigations into digestive health. In addition, several respondents highlighted that the health check could provide a valuable opportunity to discuss mental health and wellbeing. Several respondents noted that they would have welcomed this, particularly when they had been experiencing difficulties at the time of their appointment.

A further aspect of this theme relates to dissatisfaction with how results were communicated. Some respondents reported that they did not receive their results at all, and that these were not available within their NHS record. In some cases, participants also indicated that their GP practice appeared to be unaware that they had attended a health check, contributing to concerns about continuity of care. Other respondents stated that results were provided but only through a separate follow-up appointment. This was viewed as inconvenient with respondents noting the additional time and effort required to attend a second appointment. Several respondents suggested that results should be communicated during the initial health check appointment where possible.

"I think it would be a good opportunity to check up to date with screening. Good opportunity to do a full blood count, LFTs and U&Es as general health surveillance. We look after our cars and pets far better than we look after

human health. Make the contact count, rather than just tick the box and claim the payment!"

"I was not asked any questions regarding my mental health. At the time I would have appreciated someone asking how I was (and I mean really asking, not just a pleasantry at the beginning of the appointment). I was at the time highly stressed and somewhat anxious and would probably have broken down if I had been asked the right question. I had my brave face on and the questions and test results related only to my physical health which was all fine. I didn't feel I was able to ask about it myself, I would have found it very difficult to say I was struggling without being directly asked."

Theme four: Dissatisfaction and negative experience

This reflects respondents who reported a poor overall experience of NHS Health Checks for a variety of reasons. Several participants described the health check as a "tick-box" exercise, expressing the view that it was conducted primarily to meet organisational requirements rather than to provide meaningful benefit to patients.

"It felt unimportant, they didn't listen to what I was saying."

"I feel the NHS health check I was offered was more to do with the fact that the CQC highlighted the fact my surgery had not done the checks. The check did feel more of a rush to tick boxes for the CQC's next inspection than to discuss my health."

Theme five: Limited awareness and understanding

The final theme highlights ongoing gaps in public knowledge about NHS Health Checks. Several respondents indicated that, despite the potential value of the programme, its overall impact may be limited by a lack of awareness, with some individuals unaware that the service exists. In addition, some participants suggested that limited understanding of what an NHS Health Check involves may

act as a barrier to uptake. Respondents noted that clearer information about the content and purpose of the checks could help to address uncertainty and encourage more people to attend.

> "I think there should be better awareness of what they are as some people are not aware of what health checks are."

> "I feel that the program is so very important and I'm not sure that it's promoted as much as it could be."

Those who haven't had an NHS Health Check in the past five years:

Why participants had not received an NHS Health Check in the last 5 years

The most commonly reported reason for not having an NHS Health Check within the past five years, was not receiving an invitation, cited by 64% (172) of respondents. This was followed by those selecting "other" reasons (13%, 34) and those who reported being ineligible (10%, 28). Respondents who selected other went on to discuss barriers such as limited availability of appointments and a lack of time to attend. A small proportion of respondents (3%, 8) indicated that their decision not to attend was influenced by a previous NHS Health Check experience.

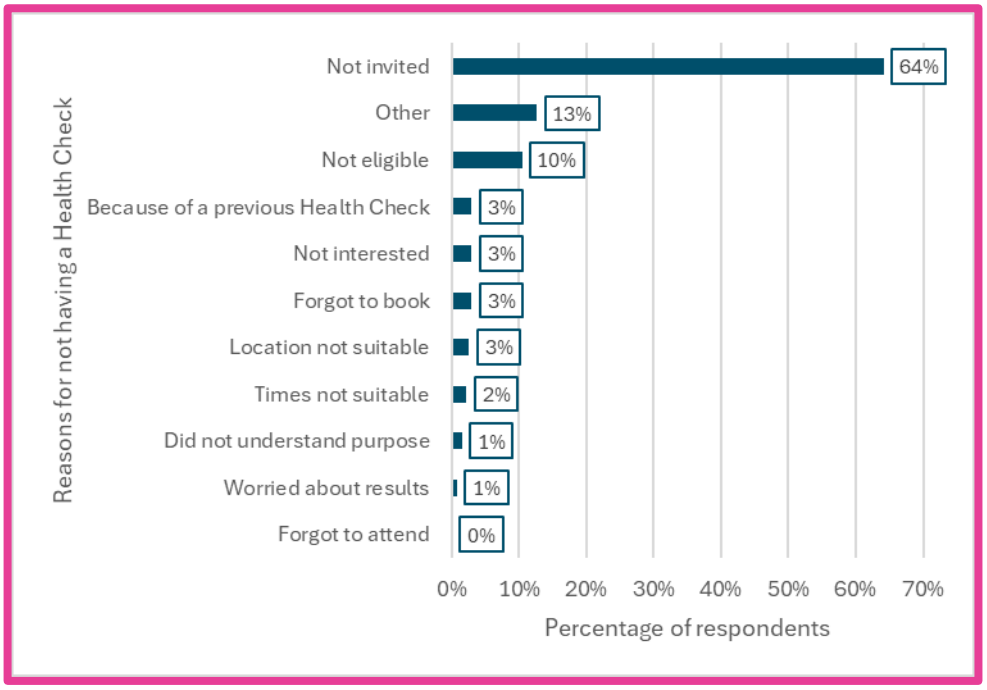


Figure 21 - A graph to show the various reasons why respondents have not had an NHS Health Check in the last 5 years. Total responses for this question numbered 268.

Comparison with the 2023 data indicates a decrease in the proportion of respondents who reported not attending an NHS Health Check due to not receiving an invitation, falling from 86% (160) in 2023 to 64% (172) in 2026. This suggests that a greater proportion of eligible individuals may now be receiving invitations to attend NHS Health Checks.

Across the two focus groups, several participants who were eligible for an NHS Health Check reported that they had not attended. For some, this was due to not receiving an invitation, alongside a lack of awareness about the purpose of the check. One participant described attempting to book a health check previously but reported that the appointment was cancelled. After subsequently reviewing what the health check involved, they felt it would not provide sufficient value to justify attending. This view was influenced by their decision to access more comprehensive private testing, which they felt offered greater insight than the standard NHS Health Check.

A similar perspective was shared by another participant, who felt that the current scope of testing within NHS Health Checks was of limited relevance to their needs. However, they indicated that a broader and more personalised range of assessments may increase their likelihood of engaging with the service.

"I think there's nothing compelling me at the moment to go and book another one right now."

"Possibly [would have an NHS Health Check] if there were different tests available or offered, or maybe like an array of tests where I could pick something that I thought was more relevant."

What would make respondents more likely to have an NHS Health Check?

When we asked people what would make them more likely to have an NHS Health Check, a variety of answers were given which can be viewed in the graph below.

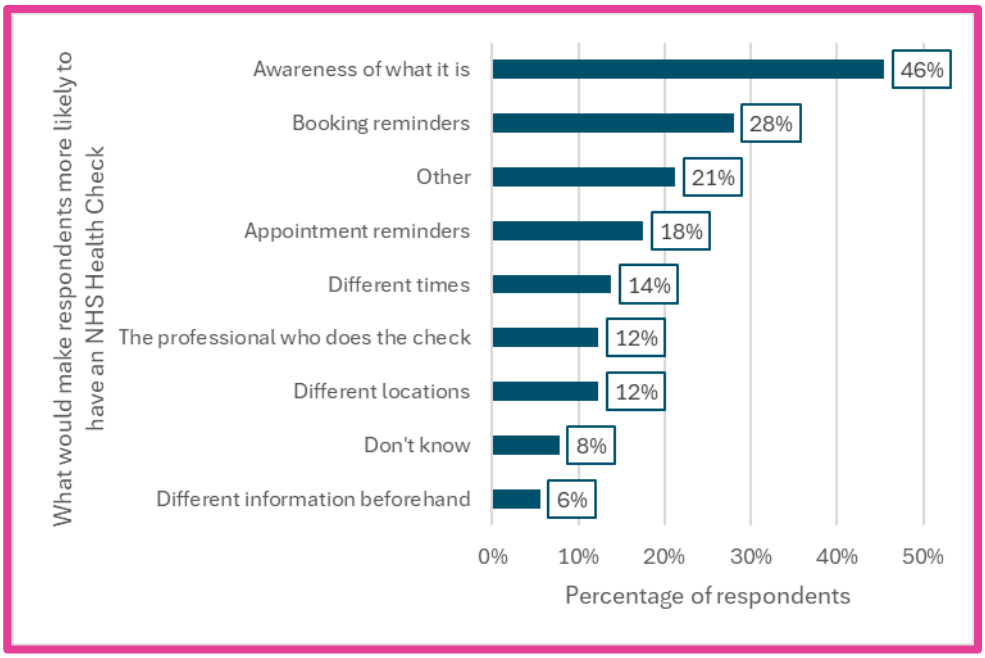


Figure 22 - A graph to show what respondents felt would make them more likely to attend an NHS Health Check. Total responses for this question numbered 268.

The most commonly selected improvement was increased awareness of what an NHS Health Check involves, chosen by 46% (122) of respondents. Respondents expanded on this to explain that they were unaware of the programme, did not know what it included or were unsure of eligibility criteria. Many felt that clearer information would support understanding and therefore uptake.

A further 28% (75) of respondents indicated that booking reminders would be beneficial, while 18% (47) suggested appointment reminders. The rationale given was that busy lifestyles can make it easy to forget to book or attend appointments.

In addition, 14% (37) of respondents suggested offering more flexible appointment times, including evening and weekends, to better accommodate those in full-time employment who may struggle to attend during standard hours. Also, 12% (33) highlighted the importance of alternative locations for NHS Health Checks, due to a reliance on public transport for those who do not drive, or limited parking at some venues including GP practices.

A total of 21% (57) of respondents selected "other" when asked what would make them more likely to attend an NHS Health Check. The most common reason provided was lack of invitation, indicating that they would be more likely to attend if they were directly contacted. Other responses related to eligibility criteria, with some participants expressing a desire for the upper age limit to be extended beyond 74 years, as well as for individuals with existing health conditions to not be excluded from the programme.

"Our GP surgery is impossible it's too oversubscribed and has almost no parking. I work full time and have 2 young children, trying to access medical services in the 8am-6pm mon-fri just isn't feasible."

"It is infuriating that my practice makes no effort to invite its eligible patients to have a health check in order to prevent possible problems."

Anything else respondents who had not had a check wanted to share about NHS Health Checks

Theme one: Positive perceptions

Many respondents expressed generally favourable views of the NHS Health Check programme. These responses often highlighted support for the preventative focus of the programme, with participants valuing the opportunity to proactively monitor and improve their health.

"Anything that tackles prevention is an essential part of staying healthy. Sometimes people don't realise a small thing can be so significant."

"I think it's a good service for alerting pts about issues and what they can do to resolve or reduce them."

Theme two: Insufficient awareness and promotion

This theme reflected respondents' views that knowledge of NHS Health Checks remains limited. Participants highlighted a lack of awareness of what the health check involves, alongside concerns that not enough eligible individuals are being invited. In addition, respondents suggested that the programme would benefit from increased promotion to improve understanding and encourage uptake.

"I don't even know if I'm eligible or they would be suitable for me?"

"I would like these checks to be more widely advertised and more information about the types of tests carried out."

Theme three: More comprehensive care

Several respondents expressed a desire for a broader and more detailed NHS Health Check to be offered. This primarily related to the scope of assessments included, with participants suggesting that the addition of more extensive blood tests, as well as screening for conditions such as prostate cancer and other cancers. In addition, some respondents highlighted a need for more detailed explanations of their results. Others indicated a preference for the health check to be conducted by a more senior healthcare professional, such as a GP, to enable a more in-depth discussion and consultation.

"Introduce regular screening for Prostate cancer. It is the second largest killer cancer of men in the UK. Females get regularly screened for their most common killers; e.g. breast cancer and cervical cancer."

"I think more emphasis should be placed on pre cancer checks where possible."

Theme four: Scepticism and mistrust

A small number of respondents expressed negative views towards NHS Health Checks, their GP practice, or the NHS more broadly. These perceptions appeared to influence their willingness to engage with the programme. In some cases, these views were linked to wider challenges in accessing GP appointments and other healthcare services. In others, they stemmed from previous negative experiences with individual healthcare professionals, which appeared to impact overall confidence in the health check offered.

"I no longer trust the NHS."

"I think they have been a disgraceful waste of precious NHS money."

What this means

Limited Awareness and Misunderstanding of the NHS Health Check Programme

Awareness and understanding of the NHS Health Check programme remain key challenges. Findings from the survey indicate that a substantial proportion of people are still unclear about the purpose of an NHS Health Check and this has not improved, with awareness of what the check includes having declined since the 2023 report. This is consistent with evidence from Harte et al (2017), who identified generally low levels of awareness across multiple studies, including limited understanding of the programme's scope and components. Given that one of the core aims of the NHS Health Check is to reduce an individual's risk of kidney disease, it is notable that fewer than half of respondents who had received a check within the last five years recognised this as part of the programme (NHS, 2023). There appears to be varied levels of awareness for different conditions tested for in the NHS Health Check, with wider awareness that it tests for heart disease, suggesting that some education is effective, but also there are incorrect assumptions regarding what is covered with many believing the check also covers screening for conditions including cancer, mental health conditions and arthritis.

In addition to limited understanding, both survey respondents and focus group participants frequently described the NHS Health Check as an "MOT" or general health review. While this framing may make the concept more accessible and avoid complex terminology, it appears to contribute to ambiguity regarding what the check involves. The lack of specificity in the programme's name and messaging may lead to confusion and, in some cases, unrealistic expectations about the scope of assessments provided. Where expectations are not met, this may negatively influence perceptions of the service and therefore lead to people not engaging with future appointments.

Confusion regarding eligibility criteria also emerged as a key issue across both the survey and focus group findings. Many participants reported uncertainty about who is eligible for an NHS Health Check which may act as a barrier to attendance. This is particularly relevant in cases where individuals are not directly invited and instead expected to self-refer or arrange an appointment independently. In such instances, a lack of clarity around eligibility may

discourage engagement with the programme. These findings are consistent with evidence from Healthwatch England, which found that fewer than one in ten men were aware of the eligibility for an NHS Health Check (Healthwatch England, 2025). This suggests that limited understanding of eligibility is not isolated to this study, but reflects a broader, systemic issue. Overall, the evidence indicates that improving communication around eligibility criteria may be an important step in supporting increased uptake and ensuring equitable access to the programme.

Invitation Gaps and Communication Barriers to NHS Health Check Uptake

A significant barrier identified in the research was the lack of invitation to attend an NHS Health Check. Among survey respondents, this was the most frequently cited reason for not attending within the past five years, with well over half of respondents reporting that they had not received an invitation. This finding highlights that low uptake of NHS Health Checks is not solely a matter of individual willingness to engage, but is also influenced by system-level factors, including the effectiveness and reach of invitation process. There is also a clear link to awareness: individuals who are unaware of the programme are unlikely to proactively seek out an appointment in the absence of a direct invitation. The NHS Health Check programme aims to cover the eligible population over a 5-year period, i.e. 20% of the eligible population invited for NHS Health Checks each year. Data from the Department of Health and Social Care (2026), reports that 33.0% of eligible individuals in Norfolk were invited for an NHS Health Check in 2024/25, which is significantly higher than the expected 20%. This suggests that efforts to strengthen invitation processes are having a positive impact, although further progress is needed to ensure more consistent coverage.

There is a need for a flexible multi-channel approach, recognising that there is no single method that will be effective for all population groups as shown by the results we found. Both the survey and focus group findings highlighted variation in preference for how invitations are received. Survey respondents showed a preference for digital methods such as email and text messages, whereas focus group participants expressed a stronger preference for letter. In addition to preferences, practical barriers to communication should also be considered. For example, focus group participants noted that text messages may be overlooked, particularly as many people now rely on alternative messaging platforms such as WhatsApp and therefore may not look at text messages regularly. This raises the possibility that invitations, even when sent, may not always be seen or acted upon.

Awareness of Delivery Locations and Perceptions of Care Quality

Findings from this study indicate that there is a lack of awareness of alternative venues and that GP surgeries are by far the most widely recognised location for accessing an NHS Health Check, with comparatively low awareness that checks can also be delivered in a range of community settings. This limited awareness may restrict uptake, particularly for individuals who face practical barriers to attending GP surgeries. Participants highlighted several location-related challenges, including inadequate parking and limited access to public transport, which may further discourage attendance. Increasing awareness of the full range of available venues, alongside expanding delivery across accessible community locations, may therefore help to improve uptake.

However, the findings also suggest a need to balance accessibility with perceptions of quality. Views on non-clinical settings, such as libraries were mixed. While some participants welcomed the convenience of these locations, others expressed concerns that a non-clinical environment may be associated with a lower standard of care. This highlights that expanding provision into community venues alone is unlikely to be sufficient to drive engagement. Overall, the evidence indicates that efforts to increase uptake should combine improved awareness of where NHS Health Checks can be accessed with targeted work to build public confidence in the quality and reliability of checks delivered outside traditional clinical settings. Ensuring that individuals feel reassured about the standard of care, regardless of location, will be important in supporting positive experiences and sustained engagement.

Positive Experiences, Unmet Expectations, and Their Impact on Reattendance

Overall, participants reported largely positive experiences of NHS Health Checks and that these positive experiences will help encourage reattendance. This is reflected in the finding that most respondents who had attended a check within the past five years indicated that they would do so again. This aligns with previous research by Usher-Smith et al (2017), which found that a majority of respondents rated their experience highly or reported high levels of satisfaction. Taken together, this suggests that, once individuals engage with the programme, perceptions are generally positive which will encourage reattendance.

Nevertheless, not all feedback was positive, with some respondents reporting unmet expectations of their health check and how this can affect both their overall perceptions of the check but also their willingness to reengage. Concerns were most commonly raised in relation to the communication of results and the consistency of follow-up. Findings from both the survey and focus group indicate variation in how results are delivered, the level of detail provided and whether appropriate follow-up is offered. A key theme among those who reported that they would not attend another NHS Health Check was unmet expectations. Participants frequently described receiving insufficient information, advice or explanation during or after their appointment, which in some cases left them feeling confused or concerned about their health. This had the potential to negatively affect overall perceptions of the service and reduce future engagement.

Some participants also expressed dissatisfaction with the scope of the checks themselves. However, this appears to be more closely linked to issues of awareness and understanding, particularly where expectations of what the check included were not aligned with the actual offer. As such, addressing communication and expectation-setting may be a more proportionate and achievable response than expanding the clinical components of the programme.

Variability in Advice Quality and Its Impact on Behaviour Change and Perceived Effectiveness

Findings from the survey and focus group indicate variability in the quality and usefulness of advice provided during NHS Health Checks and suggest that this has a direct impact on individuals' likelihood of making behavioural changes. Many respondents reported that the advice they received was helpful or very helpful, and some described the check as a "wake-up call" that promoted positive changes such as improved diet, increased physical activity or weight loss. However, this was not consistent across all respondents' experiences.

A notable proportion of participants reported receiving advice that was perceived as generic, or received no advice at all, impacting the value of the check and therefore likeliness to reattend. Where advice was seen as lacking in relevance or personalisation, participants were more likely to describe the check as a "tick-box" exercise. In some cases, this led to the perception that the check had limited personal value, reducing the likelihood of future attendance. These

findings highlight the importance of providing clear, tailored and actionable advice as a core component of the health check.

Related to this, some participants raised concerns about the role and perceived expertise of the staff delivering the checks and how this affected their perceptions of the check. For some, this appeared to reflect a broader lack of understanding about the purpose and scope of the NHS Health Check, particularly where individuals expected a more in-depth clinical consultation. However, others expressed concern about whether staff had received sufficient training to clearly explain the tests being undertaken and to provide appropriate and personalised advice. This suggests that both communication about the purpose of the check, and confidence in the training of staff are important factors in shaping patient experience.

Findings relating to the impact of NHS Health Checks indicate a mixed picture, with variation in how individuals perceive the outcomes of their appointment. Some respondents report a positive impact, with almost one third stating that the check provided reassurance about their health and improved their understanding of their overall wellbeing. For a number of participants, this increased awareness contributed to a greater sense of empowerment and confidence in managing their own health. However, this experience was not universal. Over one fifth of respondents reported that the NHS Health Check made no difference to them. While in some cases this may reflect individuals already being in good health and therefore not requiring changes, this does not fully account for all responses. When compared with data from 2023, there is evidence of a decline in perceived impact, with a reduction of over 10% in the proportion of respondents who reported that the check improved their understanding of their health. Additionally, reported positive changes in behaviour, such as reducing alcohol consumption, increasing physical activity and stopping or reducing smoking also decreased. Taken together, these findings suggest that NHS Health Checks may currently be having a less consistent impact on health understanding and behaviour change than previously observed. This reinforces the importance of strengthening the delivery of personalised advice, communication and follow-up support to maximise the effectiveness of the programme.

In conclusion, this report highlights generally positive views of the NHS Health Check programme in Norfolk, as well as the potential benefits it can offer in supporting population health and early identification of risk factors. However, these findings also identify several ongoing challenges that require continued

attention, particularly in relation to awareness, understanding and the consistency of the invitation process. Improving public awareness and knowledge of the health checks and the invitation process for eligible individuals, is likely to support higher uptake and may also contribute to more positive perceptions of the programme. Encouragingly, the findings indicate improvements across a number of areas since the 2023 survey, including progress in uptake, engagement and awareness. This suggests that recent efforts to strengthen delivery have had a positive effect. Nevertheless, the persistence of key barriers demonstrates that further work is needed. Sustained focus on communication, accessibility and consistency of delivery will be important to build on this progress and ensure that the NHS Health Check programme continues to meet the needs of the local population.

Recommendations

1) Continue to implement an improved communications campaign:
We recommend that NCC Public Health should continue to implement an updated NHS Health Check communications campaign within the next 12 months, using a mix of digital (e.g. social media, GP websites) and physical advertising (e.g. posters in community venues and public transport settings). The campaign should include refreshed materials that clearly explain the purpose and content of NHS Health Checks, with its reach and effectiveness monitored through engagement metrics (e.g. website traffic, social media interactions) and a measurable increase in public awareness in future surveys.

2) More invitation and varied invitation methods:
NCC Public Health and GP practices should continue to work together to ensure that all eligible individuals are invited over the 5-year period. All invitations should include clear, standardised information about eligibility, the purpose of the check and what it involves, either directly within the message or via a link to an online resource. Progress should be monitored through invitation rates and uptake data, with a target of increasing uptake to align more closely with regional and national averages.

3) Review the name and messaging of the programme:
The Office for Health Improvement and Disparities should review the naming and national messaging of the NHS Health Check programme within the next 2–3 years to improve public understanding of its purpose and scope. This should include testing alternative wording or clearer descriptors (e.g. emphasising cardiovascular risk assessment) with the public to determine whether changes reduce misunderstanding. The impact of any changes should be evaluated through national surveys measuring improvements in awareness and understanding of what the programme includes.

4) Better communication of eligibility:
Over the next 24 months, NCC Public Health and local GP surgeries should collaboratively develop and implement a targeted communication plan to improve public understanding of the eligibility for the NHS Health Checks.

This should include specifically detailing conditions which make someone ineligible.

Additionally, communication materials should explicitly state that individuals aged over 74, while no longer eligible for an NHS Health Check, will be offered an appropriate alternative service. Success will be able to be measured by an increase in patient awareness which will be shown by a reduction in eligibility-related enquiries or individuals attending health checks when they are not eligible.

5) Communication of where to get help before their next check

Within the next 12 months, providers delivering NHS Health Checks in Norfolk should ensure individuals understand that they do not need to wait five years for their next NHS Health Check to seek medical advice or support.

This information should be communicated both verbally during the appointment and through written patient materials. Patients should be clearly advised that if they have ongoing or new health concerns following their health check, they can seek appropriate help such as Pharmacy First, 111 or their GP surgery for further advice, assessment, or testing where appropriate.

Response from Norfolk County Council Public Health

Response from Norfolk County Council
Lee Watson, Deputy Director of Public Health
June 2026

Norfolk County Council Public Health (NCC Public Health) welcomes the findings of this report and its recommendations. Insights from Healthwatch Norfolk's 2023 report have been instrumental in informing improvements to the NHS Health Check programme, and this report provides an important update on residents' views and experiences across Norfolk.

NCC Public Health remains committed to working collaboratively with health system partners to improve the effectiveness of the programme, ensuring that eligible residents can access a high-quality NHS Health Check that supports better health outcomes.

The insights gathered from residents, and the report's recommendations, will be incorporated into our NHS Health Check improvement programme. This will help to shape future communications campaigns, actions to increase uptake, and practitioner training. NCC Public Health would welcome the opportunity to provide Healthwatch with updates on our progress in implementing these recommendations.

Acknowledgement

- We would like to thank all members of the public who took the time to complete the survey and share their experiences, providing valuable insights for this evaluation. We are also grateful to the participants of the focus groups, who generously gave their time to discuss their views and experiences of NHS Health Checks. Their contributions have been essential in shaping this report.

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Appendix

Appendix A - The Health Check Survey:

Norfolk NHS Health Check survey

1.

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients, service users and carers in the county. We use feedback from people to shape the future of local health and care services.

What is this survey about?

This survey forms part of an independent evaluation of the NHS Health Check programme in Norfolk, commissioned by Norfolk County Council Public Health. It aims to explore people's views and experiences of the programme.

We would like to speak with people who are currently eligible for an NHS Health Check (ages 40-74), those approaching eligibility (ages 30-39), or those who have had a health check in the past 5 years.

The survey will take 8-12 minutes to complete. Some questions are optional.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk to receive the survey in alternative formats, including Easy Read, large print or in different languages.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous. The survey findings will be used as part of an independent evaluation for Norfolk County Council. The report will be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey closing date: 28/02/2026

Please note that questions marked with an asterisk (*) require responses.

1. Please tick to confirm

- [ ] I have read and understood the above statement

2. NHS Health Checks

2. What is the first half of your postcode? (E.g. NR1)

3. NHS Health Checks - Continued

3. How old are you?

- [ ] 30 to 39 years
- [ ] 40 to 49 years
- [ ] 50 to 59 years
- [ ] 60-69 years
- [ ] 70 to 74 years
- [ ] Over 75 years

4. What do you think an NHS Health Check is for? You can select more than one option.

To help prevent ...

- [ ] Arthritis
- [ ] Cancer
- [ ] Dementia
- [ ] Diabetes
- [ ] Heart disease
- [ ] Kidney disease
- [ ] Mental health problems
- [ ] Obesity
- [ ] Stroke
- [ ] Don't know
- [ ] Other (please specify):

5. Where do you think you can access an NHS Health Check? You can select more than one option.

- [ ] GP surgery
- [ ] Pharmacy
- [ ] Workplace
- [ ] Community centre

- [ ] Leisure centre
- [ ] Don't know
- [ ] Other (please specify):

6. How would you like to be invited to an NHS Health Check? Please select up to 3 options.

- [ ] Email
- [ ] In-person by a healthcare professional
- [ ] Letter
- [ ] NHS App
- [ ] Phone call
- [ ] Text message
- [ ] Don't know
- [ ] Other (please specify):

7. If you have seen any advertisement or information about NHS Health Checks recently, what format was this in?

- [ ] Leaflets
- [ ] Posters
- [ ] Social media
- [ ] Advert on TV
- [ ] Advertised on GP surgery website
- [ ] I have not seen any advertisement or information about NHS Health Checks
- [ ] Don't know
- [ ] Other (please specify):

8. Where would you go if you wanted more information on NHS Health Checks?

- [ ] Internet
- [ ] GP surgery

- [ ] NHS app
- [ ] Speak to friends and family
- [ ] Don't know
- [ ] Other (please specify):

9. Have you been for an NHS Health Check in the last five years?*

To find out more about what an NHS Health Check is, click here: https://www.nhs.uk/tests-and-treatments/nhs-health-check/

- [ ] Yes
- [ ] No
- [ ] Not sure

4. Questions for those who have not had an NHS Health Check

10. If you have not had an NHS Health Check in the last 5 years why is this? You can select more than one option.

- [ ] Not had an invite
- [ ] I am not eligible
- [ ] Appointment locations were not suitable
- [ ] Appointment times were not suitable
- [ ] I forgot to book an appointment
- [ ] I forgot to attend the appointment
- [ ] I did not understand the purpose
- [ ] I was not interested
- [ ] I was worried about what my results might be
- [ ] Because of a previous NHS Health Check experience
- [ ] Other (please specify):

11. Is there anything that would make you more likely to have an NHS Health Check? You can select more than one option.

- [ ] Different locations offered
- [ ] Different appointment times offered
- [ ] Different information beforehand
- [ ] Reminders to book
- [ ] Appointment reminders
- [ ] The professional who does the NHS Health Check
- [ ] Better awareness of what an NHS Health Check is and what it entails
- [ ] Don't know
- [ ] Other (please specify):

Please use this space to tell us why you have chosen this answer(s)

12. Is there anything else you would like to share with us about NHS Health Checks?

5. About the Health Check you attended

13. How were you invited for your last NHS Health Check?

- [ ] Email
- [ ] In person by a health care professional
- [ ] Letter
- [ ] Phone call
- [ ] Text message
- [ ] Via the NHS app
- [ ] I requested it myself
- [ ] Don't know
- [ ] Other (please specify):

14. What influenced you to have an NHS Health Check?

15. How clearly do you feel the professional explained what they were testing for and what happened during the appointment?

- [ ] Very clear
- [ ] Clear
- [ ] Neither clear nor unclear
- [ ] Unclear
- [ ] Very unclear

16. How clearly do you feel the professional explained your results?

- [ ] Very clear
- [ ] Clear
- [ ] Neither clear nor unclear
- [ ] Unclear
- [ ] Very unclear

17. Did you have any further tests/referrals because of your NHS Health Check?

- [ ] Yes
- [ ] No
- [ ] Not sure

If yes, what were these and how was your experience?

18. Were you given any advice or information that might help you to lead a healthier lifestyle? You can select more than one option.

- [ ] Ready to Change website
- [ ] Weight management services
- [ ] Healthy eating guidance
- [ ] Physical activity guidance
- [ ] Stop smoking services
- [ ] Mental health and wellbeing services
- [ ] Alcohol services
- [ ] Social Prescriber or Health Coach
- [ ] No advice or information was given
- [ ] I can't remember/not sure
- [ ] Other (please specify):

19. How helpful did you think the advice you received was?

- [ ] Very helpful
- [ ] Helpful
- [ ] Neither helpful nor unhelpful
- [ ] Unhelpful
- [ ] Very unhelpful

- [ ] I did not receive any advice

Please tell us why

20. What difference (if any) did the NHS Health Check make? You can select more than one option.

- [ ] I am doing more physical activity
- [ ] I have lost weight
- [ ] I have reduced my alcohol intake
- [ ] I am eating more healthily
- [ ] I have stopped or cut down smoking
- [ ] I am getting support from my GP practice to manage a health condition because of the NHS Health Check
- [ ] I was reassured about my health
- [ ] I have a better understanding of my health
- [ ] None
- [ ] Other (please specify):

21. Would you have an NHS Health Check again?

- [ ] Yes
- [ ] No
- [ ] Don't know

Please use this space to tell us why you have chosen this answer:

22. Is there anything else you would like to share with us about NHS Health Checks?

23. If you would be interested in taking part in a focus group about NHS Health Checks, please provide us with your name and contact details.

6. Demographics

About you

In this next section we will be asking you some questions about yourself and your life. All these questions are optional. Your answers help us make sure that we hear from people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

24. How old are you?

25. What is your gender?

- [ ] Male
- [ ] Female
- [ ] Non-binary
- [ ] Genderfluid
- [ ] Genderqueer
- [ ] Intersex
- [ ] Prefer not to say
- [ ] Prefer to self describe:

26. What is your sexuality?

- [ ] Bisexual
- [ ] Homosexual (Gay or Lesbian)
- [ ] Heterosexual (Straight)
- [ ] Pansexual
- [ ] Prefer not to say
- [ ] If you feel the choices do not provide a suitable option, please write how you would describe your sexual orientation:

27. What is your ethnic group

- [ ] Arab

Asian/Asian British:

- [ ] Bangladeshi
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Any other Asian/Asian British background

Black/Black British:

- [ ] African
- [ ] Caribbean
- [ ] Any other Black/Black British background

Mixed/ Multiple ethnic groups:

- [ ] Asian and White
- [ ] Black African and White
- [ ] Black Caribbean and White
- [ ] Any other Mixed/ Multiple ethnic groups background

White

- [ ] British / English / Northern Irish / Scottish / Welsh
- [ ] Irish
- [ ] Gypsy, Traveller or Irish Traveller
- [ ] Roma
- [ ] Any other White background please specify below

Other

- [ ] Any other Ethnic Group
- [ ] Prefer not to say
- [ ] If other, please specify:

28. Please select any of the following that apply to you:

- [ ] I have a disability
- [ ] I have a long term condition
- [ ] I am a carer
- [ ] I prefer not to say
- [ ] None of the above

29. Where did you hear about this survey?

- [ ] GP website
- [ ] Healthwatch Norfolk event
- [ ] Healthwatch Norfolk newsletter
- [ ] Healthwatch Norfolk website
- [ ] News (website / radio / local newspaper/ parish magazine)
- [ ] Podcast
- [ ] Search engine (e.g. Google)
- [ ] Social media (e.g. Facebook / Instagram)
- [ ] Through a friend or co-worker
- [ ] Youtube
- [ ] Other (please specify):

30. Healthwatch Norfolk produce fortnightly newsletters about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email here:

Appendix B – Gender table

Gender distribution of survey respondents

Gender	Number of respondents
Female	316
Male	147
Prefer not to say	2

Appendix C – Sexuality table

Distribution of survey respondents' sexuality

Sexuality	Number of respondents
Heterosexual	416
Homosexual	11
Bisexual	8
Pansexual	1
Prefer not to say	25

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