

Centric

Health Inequalities Programme

Vital 5

Working with communities towards better engagement and communication around managing smoking, weight, high blood pressure, alcohol abuse and mental health in secondary care

October 2023

Executive Summary

Research

Centric has conducted research across South London to explore how patients would like to be engaged on health issues relating to the Vital 5 in secondary care. The aim was to gain an understanding of how they would like to be engaged, where the engagement should take place, as well as by whom. The findings will support King's College Hospital Foundation Trust in better understanding its role in engaging patients on Vital 5-related health issues.

An initial plan was set out to engage residents of Lambeth, Southwark and Bromley. The mixed methodological approach utilised quantitative and qualitative instruments. We intended to gather data about the communities' perceptions, ideologies, suggestions, thoughts, and challenges surrounding engagement on the Vital 5 in secondary care. This was achieved by administering 3 case studies, 10 interviews, and 30 surveys. Some of the key findings of the research included:

- A lack of awareness of the Vital 5 and the health issues the term related to.
- Participants had an expectation that their GP and KCH would engage with them on the Vital 5.
- Long waiting times accompanied by the perceived lack of care provided and empathy shown by health professionals at KCH might make conversations on the Vital 5 challenging.
- Mental health is a particularly sensitive issue with cultural stigmas that would require careful consideration for engagement.
- Conversations with a specialist or health professional would be the preferred method for patients to discuss Vital 5-related health issues.
- The setting of these conversations should be private and not a waiting room or A&E.
- Consent to be obtained prior to discussing the Vital 5 with patients.

This report provides an in-depth analysis of the data collected. It also highlights specific recommendations that will allow King's College Hospital Foundation Trust to create awareness of and engage with patients and communities on the Vital 5. Centric recommends:

- Creating awareness of the Vital 5 via multiple communications products.
- Engaging with patients on the Vital 5 directly through written and verbal communication.
- Training for staff on engaging patients.
- Research to identify how mental health referrals and provisions can be improved, become culturally sensitive, and alternative treatments that could be offered.
- Partnerships with local schools to promote the Vital 5.
- Creating awareness of Patient Advise and Liason Services (PALS) to support patients.
- Open days for families at KCH.
- Partnering with VCS organisation to promote awareness of high blood pressure in target groups.
- Further research into Vital 5 areas impacting specific ethnicities/groups.

Summary of Recommendations

This report contains 18 recommendations for working with communities towards better engagement and communication about managing the Vital 5 (smoking, weight, high blood pressure, alcohol abuse and mental health). Further details and full explanations of each recommendation provided by Centric are linked below.

1. **Engaging with Patients on the Vital 5**

2. **Further Considerations for Engagement**

3. **Communication Methods**

4. **Further Considerations for Communications**

5. **Training for Staff Engaging Patients**

6. **Vital 5 Campaign**

7. **Research into Mental Health Services**

8. **Alternative Mental Health Treatments**

9. **Advertising in Schools**

10. **Vital 5 Advertisements via Trustworthy Channels to Create Awareness**

11. **Open Days for the Trust**

12. **Better Awareness of PALS Language and Interpreting Services**

13. **Continuity of Care**

14. **Case Studies**

15. **Utilisation of Apps**

16. **High Blood Pressure Campaign**

17. **Digital Literacy**

18. **Further Research**

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Preface

King's College Hospital Foundation Trust's Stong Roots, Global Reach Strategy states the Trust's commitment - *"to ensure that changes to our services and facilities are made in a person-centred way", that "any new services we establish will be co-designed alongside patients and members of the public to make sure they are fit for purpose", and that "we will build stronger links with our patient groups, volunteers and local community, working with them to improve King's through co-production."* [1]

Over the last 6 months, Centric has been working with KCH Foundation Trust to pilot a new Engagement and Innovation Model as part of the Trust's programme to tackle health inequalities.

To deliver the pilot, Centric has collaborated on the delivery of the following activities:

- Feedback on the Engagement and Innovation Model via our community research team.
- Recruitment of Community Champions to represent community views on Trust health inequalities working groups.
- Training for Trust staff and Community Champions.
- Co-design of community research objectives, plan and design.
- Delivery of community research on priority topics.
- Support the evaluation of the pilot.

This report details insights from the Vital 5 research project. We conducted surveys, interviews and case studies with participants to provide a range of quantitative and qualitative engagement mediums for the communities of Lambeth, Southwark and Bromley.

In this report, we will highlight the key themes revealed by our participants. These findings provide an overview of their opinions regarding the Vital 5, together with their preferences for how, when and by whom they would like to be engaged on these topics.

Vital 5 Elements



The Project Team



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Centric Approach

Centric Community Research is a Research Hub developed, owned, and operated by the communities of Lambeth and Southwark. Informed by a history of racism and discrimination against people of colour and our lived experience of racial inequities that we still face to this day. We aspire to empower diverse communities of colour across the urban landscape. Our communities and researchers are important to the work we do.

Why Centric

- Centric trains and upskill local community researchers with no previous experience in research methods, thereby creating capacity and capability for local communities.
- Centric is part of the communities we serve, which means we have access to in-depth insight and are trusted by a demographic who are weary of always being researched by outsiders.
- Our team has a diverse range of both lived and learned skills and expertise and a founding team of researchers from different cultural backgrounds, with over 8 languages spoken within the organisation.
- The programme is accessible in a short space of time and offers unique progression routes for community researchers over time. Community researchers progress into leadership roles such as project management and most recently hosting of our own Cen-X podcasts.

APC Model

APC gives us unique, sustainable and dynamic access across the urban locale. We socially broker between organisations and communities to co-design, co-produce and co-evaluate.

Accessibility

We specialise in delving into the heart of 'hard to reach' communities across the distrust nexus that traditional institutions struggle to access.

Positionality

We act as a conduit between institutions and underserved communities across all urban locales through our informal networks that are constantly expanding.

Credibility

We hold a valued, relevant and healing voice within the urban locale that allows our work to have a desired impact. Empowerment of various types of community leaders gives us a consistent audience, a sense of ethics and direction.

Engage, Connect, Activate

The activation of underserved communities through the community research model and equitable research practices is central to the mobilisation and social activism aspect of research. Centric has developed an internal process for this model. This process is central to the success of the community research model, ensuring communities actively participate, co-design, and have a stake in the research process. [2]

Our Methodology

Centric partnered with King's College Hospital Foundation Trust (KCH) to test and pilot the new Community Engagement and Innovation Model as part of the Trust's health inequalities programme, which is designed to bring the voices and lived experience of communities into research. This report will include insight from the research conducted in partnership with the Vital 5 working group.

The Vital 5 consists of mental health, monitoring blood pressure, support with healthy weight, reducing harmful drinking and support with smoking cessation.

The Centric team co-designed the research project with the Vital 5 working group to explore the following:

- To understand the barriers to patients and communities engaging with Trust staff on the Vital 5.
- To understand the best methods of engagement with patients accessing secondary care on the Vital 5.
- To understand if there are methods of engagement that KCH can utilise to better engage local communities in relation to the Vital 5.

To do this, we set out an initial plan to engage with residents of Lambeth, Southwark and Bromley via the following methods:

- 30 Surveys
- 10 Interviews
- 3 Case Studies

Interview Methodology

Qualitative research methodology enables researchers to explore social and behavioural issues related to public health that are not achievable with quantitative methods. Complex public health issues can be better understood by exploration using qualitative methodologies. [3]

The Centric research project team co-designed and created an interview guide approved by the KCH health inequalities programme team and the Vital 5 working group members. This incuded:

- The 10 interviewees were provided with an onboarding form to ensure they met the requirements as set out in the recruitment criteria.
- The community research team then conducted the semi-structured 1-1 interviews using the guide provided.
- The community research team collated and analysed the data received via the interview recordings.

Our Methodology /continued

Case Study Methodology

Although case study methods remain a controversial approach to data collection, they are widely recognised in many social science studies, especially when in-depth explanations of social behaviour are sought. [4]

- The research team invited 3 participants to engage in the 1-1 interviews for the case studies. Participants needed to be over 18 and reside in Lambeth, Southwark or Bromley.
- The interviewees provided an in-depth account of their personal experiences in healthcare settings, relating back to the Vital 5.
- The case studies were analysed to identify key themes that related to engagement in secondary care and opinions on how participants would like to be engaged regarding Vital 5-related health issues. A template was provided for community researchers to complete.
- These templates were then reviewed by experienced Centric team members to build upon the analysis and highlight links to the project objectives where necessary.

Survey Methodology

Survey research is a specific type of field study that involves the collection of data from a sample of elements drawn from a well-defined population through the use of a questionnaire. [5] Surveying is one tool employed in research and behavioural sciences to assess the needs of the target group and, in this case potential KCH patients, to garner a deeper understanding of existing issues and potential solutions. [6]

During the survey design phase, we collaborated with the Vital 5 working group at KCH. This led to the development of a survey that accommodates both the KCH health inequalities programme objectives as well as the participant perspectives in terms of subject content and culturally sensitive language.

- Our survey involved using quantitative research methods that included numerically rated items, multiple-choice, and open-ended questions. This approach allowed us to obtain a more comprehensive understanding of our respondents' opinions.
- We designed posters, QR codes, and WhatsApp messages to make information more accessible to residents. Our community researchers contacted their network and engaged with the community.
- Once we received all **30** responses, we began data analysis to better understand the implications of the findings.
- Then we collated the results to identify insights and formulate appropriate conclusions and recommendations.

VITAL 5 TIMELINE

1 Feedback on Engagement Model

January 2023

Our community research team, comprised of Lambeth and Southwark residents provided feedback to KCH on the Community Engagement and Innovation model, including recommendations.

2 Recruitment

February 2023

We recruited 5 Community Champions to work with KCH health inequalities programme working groups.

3 Training

March 2023

Training was provided on Centric's community research model for KCH staff and Community Champions.

4 Co-Design

April 2023

Centric co-designed the research plan and instruments with KCH staff in the Vital 5 working group.

5 Research

Apr - Sep 2023

Community research was conducted with 47 participants from Lambeth, Southwark and Bromley.

Challenges, Limitations & Successes

Challenges

- The terminology used - The 'Vital 5' was new to most participants; it needed to be explained why it might relate to attendance at A&E, for example. Language and medical jargon was found to be a key barrier when engaging communities on health-related issues. Our participants required further breakdown of abbreviations and terms to ensure clear understanding prior to us delving deeper into their lived experiences.
- Optimising formats for engagement - There were delays due to the extensive but essential discussions around appropriate language and format for engaging effectively with survey participants. Our ongoing, and close collaborations with the KCH team helped us to align the research requirements with participant understanding and cultural sensitivities.
- Security measures - We assigned additional security measures to prevent bots from accessing our online survey. This was to ensure all the responses were human and directly related to the community outreach we had conducted, as even community members may use bots to fill out surveys on their behalf.

Project Limitations

- Duration of the research - Given more time and resources, Centric would have been able to expand the scope of the research and the number of research participants engaged in the project. This would have provided more detailed insights for the report.
- Participant payments - Due to budgetary restrictions, payments to participants were smaller than usual. Although this is not what drives research participation, this should be factored in when engaging communities in research, considering the current economic climate and cost of living crisis.

Successes

- Participant engagement - Successfully engaging participants in the project despite their lack of awareness and prior knowledge of topic areas explored when conducting the research.
- Building a common understanding between KCH and the Centric team - This was part of the co-design process for the research instruments utilised throughout the project.
- Understanding terminology - Once participants understood the Vital 5, they were able to better relate to their own lived experiences, providing more detailed perspectives throughout the research.
- 14 interviews - More participants than anticipated signed up for interviews, with the team conducting 14 rather than the initial 10 planned.
- Overcoming language barriers - Utilising Google Translate during engagement to overcome language barriers, slowing down the interview, and repeating questions to ensure participants understood.



Centric

Health Inequalities Programme

Vital 5

Interview Insights

1. Patient Engagement
2. Healthcare Professionals
3. Communication
4. Patient Knowledge
5. Vital 5 Attitudes

Insight 1
Patient Engagement

Most of the interview participants had direct experience of and concerns about their Vital 5 status. Out of **14 interviewees, 9 expressed weight management issues, 7 stipulated mental health conditions, 5 indicated alcohol intake issues, and 3 are regular smokers. 2 indicated no personal Vital 5 concerns.**

Our interviewees consistently expressed the need to feel respected when attending hospital appointments as a key expectation. Unfortunately, a small portion (3) reported negative experiences where they felt mistreated or not taken seriously by healthcare professionals. They mentioned a desire to see more understanding and empathy when hospital staff were engaging with them.

It is widely recognised that the majority of individuals seeking emergency hospital care in A&E have been experiencing longer than expected waiting times for quite some time. It is apparent that these wait times are increasing, and more people are waiting longer than ever before. Participants reported that this leads to increased frustration and discomfort. 9 interviewees expressed concern about the extended waiting period to see the appropriate team or service to deal with outstanding health issues. These issues would make conversations regarding the Vital 5 more difficult to have, as patients may already be agitated prior to the beginning of their appointment, raising questions as to why Vital 5 questions are being raised in an appointment for an unrelated health issue.

Interviewees mentioned the need for them to be punctual to appointments, as emphasised by the Trust; however, conversely, interviewees expect the Trust services to be delivered in the same manner. Waiting times for hospital care are a significant issue in the UK NHS.[7] These interview findings suggest that while patients accept their role in attending appointments in good time, there is an expectation of reciprocity in terms of service delivery. Lengthy waiting lists may present challenges to this. However, where patients are seen in a timely manner, they may well be more open to discussing the Vital 5 and other health issues.

Some interviewees expressed a need for more care and empathy shown by health professionals in the hospital, as previous negative experiences have impacted their attitudes towards staff and, in turn, their willingness to speak openly with staff on their health issues related to the Vital 5. Ensuring patients feel cared for and their time appreciated (i.e. not leaving them waiting for extended periods of time) would help to improve relationships between patients and staff, which would increase the likelihood of engaging them in open conversations in a consultation regarding the Vital 5.

Interview Quotes

Interviewees expressed the need for more empathy to be shown by health professionals, which would make them more comfortable discussing Vital 5 related issues.

"Just the rush shows . . . they have to listen and trying[sic] to help me. They don't need to just see me as a number that they need to erase in a minute . . . they need to listen . . . . and treat you as a person."

"I expect to be treated . . . kindly, nicely - no bullying."

"'Sit here! Come here!' This what I get."

"Because I am in a wheelchair, sometimes how people treat me - I feel sick."

"To be treated with dignity."

"I just think everyone's human. Just be compassionate."

"I know everyone's busy . . . the wait times are getting ridiculously long, but, you know - just to be professional, be kind."

"You know, I think, this could be improved how they ask things. For example, one of my problems is that I need to lose weight. I know that, but the way they introduce the question sometimes is not as gentle as that could be."

Interviewees expressed frustration and anxiety about hospital waiting times and the expectation that hospital appointments should occur on time.

"Well, to be seen earlier . . . not to waste like the entire day there."

"(In hospital) my expectations (are to be) seen (at) the time that I'm given . . . When waiting . . . is like you're just left on your own . . . doesn't reassure you."

"My expectation is . . . to be seen on time and not to be kept waiting in the A&E or the appointment place for hours, which is what has been occurring lately when I go to the hospital."

"Have more doctors available so that you don't have the long waiting times."

Insight 2
Healthcare Professionals

Over half of the interviewees expressed the believe that General Practitioners are best placed to raise questions regarding the Vital 5 as an initial point of contact. This is because GPs are on the front line of healthcare services in the community and are assumed to have a closer relationship with their patients, although it is noted that this is not always the case due to the adoption of telephone appointments post-COVID and the lack of time GPs may be able to afford to each appointment.

The interviewees mentioned that the Vital 5 can naturally be discussed during regular appointments. GPs are the first point of contact prior to referrals to secondary care services. Interviewees highlighted the importance of engaging with patients at this stage to ensure preventative guidance can be disseminated prior to a health issue worsening. Furthermore, the long waiting lists, strikes and other issues that have impacted secondary care services have caused disruption, which is why interviewees would prefer to discuss Vtial 5 issues with their GP.[8] This suggests an opportunity for both secondary and primary care to work together to improve recording, monitoring, signposting and support around the Vital 5. Such a proactive approach, if applied correctly, could also show patients that more consideration is being given to their long-term health rather than responding only to concerns raised.

However, upon further discussion, most interviewees said they expected to be asked about the Vital 5 when engaging with a health professional at KCH, in an appropriate setting and at an appropriate time. Autonomy is an important factor here, where a request to patients on whether they would like to discuss the Vital 5 is important prior to proceeding with the discussion.

Those who consent may be happy to engage with existing concerns and health issues, although mental health (and its link to weight management issues) and alcohol abuse were cited as two particularly sensitive areas which interviewees may not initially be comfortable discussing. Therefore, it may be helpful for medical professionals to approach such conversations with the appropriate caution and sensitivity.

The interviewees also highlighted the importance of the setting in which Vital 5 status questions are being asked. Primarily, interviewees stated a preference for a private and quiet setting where the patient is comfortable. This would be best within a private setting, away from emergency services, which can be uncomfortable for patients. Ideally, the conversations regarding the Vital 5 would be led by a doctor or specialist doctor rather than a nurse or clinical support staff. This is because patient perceptions suggest they would feel the conversation and, in turn, guidance is more credible, valuable and actionable when speaking to a more qualified professional, which would incline them to take advice or referrals more seriously.

Interview Quotes

Interviewees expressed their preference for discussing the Vital 5 with a GP.

"I believe the GP because if you're going into the hospital, there are other urgent and emergency things."

"But if the GPs can manage . . . issues around . . . mental health, smoking, blood pressure, you know, then I personally think that goes more to the GP than to the hospital."



Due to the lack of time afforded to patients in GP appointments, they would expect to be asked at the hospital, associating such a conversation with the prevention of long-term health issues.

"It's important to . . . get information from . . . patients when they come in."

"Having . . . in-depth conversation . . about whatever . . . they're going through."

"Because sometimes the doctor doesn't always have time, the GP doesn't have time. So . . . a bit more time to . . . talk - could help us"

"Preventing is better, like they say, preventing is better than cure."

Insight 3
Communication

Our interviewees expressed that the Vital 5 can be somewhat easy to discuss with doctors and GPs. However, others may find certain topics, such as mental health, alcohol abuse and weight (for some), difficult to discuss due to their sensitivity. Almost all interviewees who had Vital 5 issues mentioned the lack of appropriate service provisions for mental health. There is still a significant amount of stigma attached to mental health conditions, especially in BAME communities, who may refuse to acknowledge the issue or speak about it openly, something that was also mentioned by interviewees.[12] This can make it challenging for individuals to seek help and support, which can ultimately lead to negative impacts on their physical and mental well-being. Therefore, it's important for healthcare professionals to create a safe and non-judgmental environment for their patients, which may require training to ensure they are making patients comfortable, especially those from BAME communities.

Furthermore, almost all of our interviewees mentioned weight gain was an ongoing issue. This aligns with the conclusions of Emmer (2020), which states that: *"a significant moderator, indicating a stronger association between weight stigma and diminished mental health with increasing body mass index."* [9] This would suggests the connection between weight and its impact on mental health could make conversations surrounding the Vital 5 challenging, especially for those who are from BAME or seldom-heard communities where stigmas are attached to the issue. This would suggest the need for cultural sensitivity by doctors and GPs engaging with patients on Vital 5-related health issues.

It is important to ensure that patients understand the information being referred or signposted to them when referring to Vital 5-related services. This can be accomplished through, for example, the use of jargon-free language, providing information in advance of appointments, and providing more information leaflets and posters in waiting areas so people can self-refer or follow up on within their appointments. If possible, KCH may want to consider how patients can be empowered to check their own health status via a publically accessible blood pressure machine, for example, instilling in patients a sense of autonomy.

KCH may want to consider further research that might focus on explaining the heterogeneity of findings and on testing causality as well as potential underlying mechanisms among BAME communities, to understand the cultural stigmas related to issues such as mental health. This could support the development of culturally competent and conducive approaches to the engagement of these communities on their related Vital 5 issues. [9] Additionally, working with local organisations that offer alternative opportunities for BAME communities to open up about mental health issues would be beneficial, such as Trauma in the Booth, to help potentially alleviate the impact on their well-being. [10]

Insight 3
Communication
/continued

The majority of interviewees, both the young and the middle-aged, feel comfortable using modern technology to manage their health, with 12 interviewees stating an app may be a useful tool to do this. However, some may find that lower-priced devices don't meet all their needs regarding accessibility and storage space. Despite this, they still believe that having an app to help them manage their health and keep their doctors updated would be beneficial. Concerns have been raised, however, about older individuals potentially experiencing difficulties with using technology. It seemed there was a lack of knowledge among interviewees of digital applications that are available to support them in managing their conditions, although many cited they would utilise them if they were aware. 6 of the interviewees indicated barriers to apps. Therefore, integrating this information into existing applications would be beneficial for patients. In addition to this, KCH may want to consider how it can develop digital literacy in target groups, such as those of an older age demographic.

Additionally, English as a second language for some created a barrier to communication in primary and secondary care, with some mentioning they are unable to effectively communicate the nuances of their health issues. Therefore, communication products developed should include options to translate into languages common among residents of Lambeth, Southwark and Bromley, such as Spanish, Portuguese, Bengali, Hindi, Urdu, Somali and more. Furthermore, this should include signposting to Patient Advice and Liason Services (PALS) who offer language support.

KCH may want to consider how the information and communication of the Vital 5 can be integrated into existing applications in use, such as MyChart. It is important to highlight to patients how such information will be used to benefit their overall patient experience and outcomes within secondary care settings. Such approaches may integrate with a wider campaign on the Vital 5, communicating the importance of management of the related health issues and where support can be accessed. This would require the development of communications products such as posters, leaflets and videos disseminated in hospital waiting rooms and via social media to help patients understand Vital 5, and why it is important for managing their long-term health.

Interview Quotes

Communicating on Vital 5-related health issues.

"I have issues . . . with weight, but - I don't always like discussing - [be]cause it's a sensitive subject for me."

"If it's gonna support my wellbeing, especially [be]cause I'm looking at an area of my weight gain, then I'll be happy for them to ask me."

"I wouldn't mind this type of question, but I have never been asked before. I only receive [sic] a form."

"Sometimes it can be important if . . . you're going in for problems with your knees, then certain questions - about weight gain - can be relevant ."

App feedback

"I think apps are very important - especially if it gives you that kind of information, it's definitely something I would look into - I would use."

"If it's about communication, I definitely would use it. But - everything there. It also worried [sic] me about security."

"I'm knowledgeable about using the app, so to me - it might not be for - other people."

Language barriers impact communications on the Vital 5.

"The language barrier is a big problem because in your own language, you can express all the nuances of your condition, but in a different language, you are expressing the basic ideas."

"English is not our first language. They think we have to speak English because we are here."

"Understanding that people come with different problems - but it's more like the way you communicate - like maybe using more polite words . . ."

"I came into the UK. I feel nervous each time I go to the GP or hospital because you go to the counter and they say date of birth, and they don't have time to ask you what is your name or date of birth. So this is aggressive. I don't know if that is the culture, but I feel it like I'm a Latin American person. For me, that is rude."

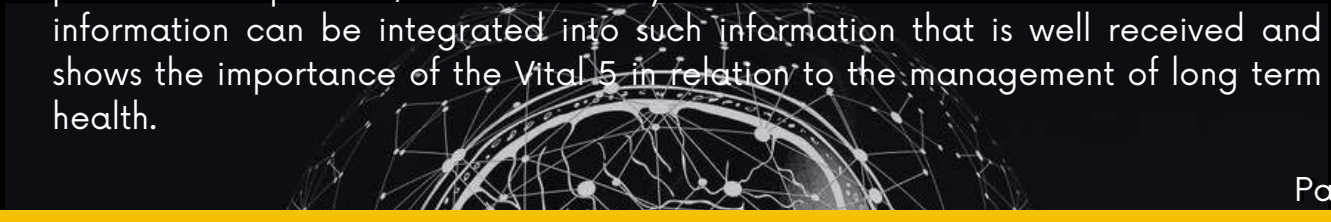
Insight 4
Patient Knowledge

It became clear that almost half of the interviewees lacked sufficient knowledge of the Trust's role in supporting them on the Vital 5 and how the Vital 5 linked to other health issues. The lack of knowledge makes it difficult for them to make informed decisions to manage the Vital 5. The absence of crucial information left them feeling unable to effectively manage the Vital 5 through their own lifestyle choices.

Over half of individuals believe that open and honest communication with their healthcare providers is crucial to how they manage the Vital 5. However, they often feel unheard due to the short time available within scheduled appointments. They also cited not being provided with information that is appropriate for them, such as information written or explained in their first language devoid of medical jargon that is difficult to understand. Information communicated regarding the Vital 5 should be accessible, utilising simple language and providing translated versions where possible.

When managing their health, interviewees have certain expectations of hospitals. They expect easy access to information about their condition and treatment options. Additionally, they want a clear understanding of what to expect during their hospital visit, including whether the Vital 5 would be raised as a topic of discussion. KCH, therefore, may want to consider the integration of Vital 5 information in appointment letters and emails. Patients would also benefit from initially being consulted by a GP on the Vital 5, which can be reinforced when accessing secondary care when patients are more receptive to discussing broader health concerns.

However, providing information alone is not sufficient, and interviewees spoke to the importance of having an open dialogue with the healthcare professionals on Vital 5 information to interrogate whether and how it applies to them. Observations from the journal authored by Dranove, Kessler and colleagues in October 2005,*"Is more information better?"* [11] Patients attach greater importance to information about illness and treatment, and information in this area is well communicated and received by patients. Less importance was attached to information regarding patients' daily management of illness, such as aftercare, prognosis and patients' rights and less information was reportedly provided. This also highlighted the importance of what information is being signposted and provided to patients, and KCH may want to consider how Vital 5-related information can be integrated into such information that is well received and shows the importance of the Vital 5 in relation to the management of long term health.



Interview Quotes

Interviewees acknowledged the need for more preventative guidance and information.

"Well, the expectation is to be informed . . . for me to know beforehand."

"I think diet is the number one preventative for even stress and anxiety . . . I think there is a lack of helping people gain the right knowledge regarding their diet."

"I think sometimes issues are related to others, and people need to be aware (what) are the Vital 5 issues. If you don't treat them properly, you can have more problems."



Insight 5
Vital 5 Attitudes

In general, the majority of interviewees felt comfortable discussing the Vital 5 aspects of healthcare with professionals. They recognised the value of these conversations in improving their overall health. Depending on who they shared this information with, it might be acceptable to discuss it with other health professionals who could offer a different perspective. Ideally, this information should be shared before and after any medical treatment. Some interviewees were open and transparent, while others were not comfortable answering certain questions. Some interviewees felt that discussing other health issues might be a waste of time and not helpful to their current concerns. Due to the myriad of different attitudes expressed to us, this highlights the necessity to, firstly, always ask for consent prior to engaging in a Vital 5 conversation and, secondly, explain why you wish to engage with them on the topic, making it relevant to the nature of the consultation where possible.

Mental health was cited as the most uncomfortable to discuss out of the Vital 5 health areas, with over half mentioning this explicitly. Explaining mental health can be difficult because it requires providing background information and historical context of one's health. This requires patients to be honest regarding past health issues and contributing factors, which, due to lack of time or the feeling of a perceived lack of care from health professionals, they may not be inclined to divulge. Where possible, it would therefore be beneficial for the doctor or specialist engaging with the patient to have access to their medical background and request consent to refer to it when engaging with them on the Vital 5.

A patient's willingness to discuss mental health may be impacted by a cultural stigma among BAME populations, which only adds to the existing stigma surrounding this topic.[12] From research into mental health treatment sought by older adults with depression in 2010, it was shown that depressed older adult participants perceived a high level of public stigma and were not likely to be currently engaged in or intend to seek mental health treatment. Results also suggested that adults from African backgrounds were more likely to internalise stigma and had less positive attitudes about seeking mental health treatment than their white counterparts. [13] Some traditions, such as those around gender role expectations, reinforce such stigmas. For example, men often have to "man up" to life, as expressing issues related to one's mental health is seen as a weakness in some cultures rather than a strength. KCH may want to consider restorative practice between patients and healthcare professionals to understand existing stigmas and historical negative experiences. Furthermore, cultural competency training for staff may be appropriate here to understand how existing stigmas impact their approach to engaging patients.

Insight 5
Vital 5 Attitudes

These recommendations would improve relationships with patients, which would increase the likelihood of overcoming stigmas and sensitive topic areas when engaging patients on the Vital 5. KCH may also consider referring to alternative provisions for more inviting treatments for mental health that are conducive and relevant to BAME communities, such as those that are associated with another activity rather than within a clinical setting. For example, group sessions with young people to braid hair provide a culturally conducive approach to speaking about mental health with young females from African and Caribbean backgrounds. Approaches such as this are effective as they allow the patients and practitioner to connect via shared interests, upon which a rapport can be built to then have more in-depth conversations about mental health. Offering options such as this when engaging patients about the Vital 5 either directl mental health. Offering options such as this when engaging patients about the Vital 5 either directlyy (must take place in a private setting as mentioned by interviewees) or indirectly via communication products displayed in the hospital or online may increase referrals of patients to engage in forms of mental health advice and support. This, as previously highlighted, may improve their willingness to discuss other Vital 5 health issues and manage them better, as an improvement in mental health may decrease the frequency of bad eating habits but also make them more open to speaking about it.

Furthermore, it should be considered how referral for mental health services can be sped up to alleviate the deterioration of the patient's health due to long waiting times for follow-up appointments. In addition to this, there should be an expansion of free or low-cost options for support, such as therapy, which are available to outpatients in the long term. Providing assurances of such developments would make patients feel comfortable pursuing conversations, advice and treatments on mental health as they will know the appropriate support is available. This should also be advertised via all communications products KCH develops.

It is also worth noting here that participants were particularly guarded when speaking about alcohol abuse. It was difficult to get interviewees to openly discuss the topic. This suggests that this is a sensitive area for them to discuss, and as mentioned in the areas related to mental health, there is a need for conversations to take place in a very private setting, where consent is requested, and the patient is made to feel comfortable, to increase the likelihood of the patient speaking openly. Also, information shared in waiting rooms, online and via engaging methods such as videos, and signposting support services they can access, would be beneficial to create awareness of the Vital 5 and highlight it as a topic they could expect to be discussed during a consultation.

Interview Quotes

Comfort in discussing Vital 5-related health issues.

"If they share it (Vital 5-related background information) with another medical professional, it's okay because maybe they can give a different point of view."

"Everything that you mentioned in those five are important."

"It's important to know my background so doctors are aware of this because . . ., some of these aspects are related. I feel comfortable . . . being asked about . . . any of these."

Uncomfortable discussing mental health and other Vital 5-related health issues.

"Sometimes it's hard to explain about mental health because you have to explain the background of it to make it clear."

"I've heard them sometimes ask too many questions in front of other people waiting in line in front of people in the waiting area. And I think what it's like, mental health is quite a very private thing."

"I would say mental health because sometimes you can't, you don't want to talk about that."

"I think sometimes - it's . . . a waste of time [be]cause - I've come in with my issue, and they answer [sic] me something else."



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Health Inequalities Programme

Vital 5

Case Studies

1. Anita*
2. Cheryl*
3. Nadia*

*Please note that interviewee names have been changed to preserve anonymity.

Holistic Approach to Management of Vital 5

Anita identified the two Vital 5 that relate to her as weight gain and mental health. She recognises that if some of the Vital 5 are not treated, the consequences can trigger more issues in different areas because they are related. She was engaging and honest, commenting that she has anxiety and depression, but she highlighted that her medication had been reduced to a standard dose. For this reason, mental health and weight were two areas she highlighted as extremely important to her. She mentioned how they are interconnected, with an issue in mental health having a direct impact on her weight, as detailed below.

She has put on 2kg in weight since her anxiety started, but she was not aware of how much until she got the assessment with the psychologist. Weight gain is a health issue that she continues to struggle with, but it has also changed how she approaches her condition because she acknowledges that she often eats to calm herself down. She identified how feelings and thoughts can influence her behaviour and lifestyle choices. Knowledge obtained from engaging with a professional allowed her to understand and find an explanation for why she had to compensate when it came to food, making her feel better. She expressed unhappiness at learning of the link between anxiety and food.

Aspects of health, such as psychological and physical, are strongly linked to one another and can be derived from ongoing health issues to a severe level. Anita mentions that mind and body must be connected, and therefore, treatments offered by the NHS should be able to act on these different issues simultaneously to address Vital 5 issues with a more holistic approach. In Anita's case, it seems the type of healthcare professional who engaged with her on the Vital 5 was of less importance. Rather, receiving adequate support in a timely manner was of the utmost importance.

Background

- Female, 25-34 years
- Lives in Southwark(Bermondsey)
- Mixed heritage - Latinx / White
- Employed full-time and studies
- Attended Guy's and King's College hospitals
- Observed - open and willing to explore feelings, aware and analytic of her circumstances
- Her priorities are mental health and weight gain

Preventative Measures

Anita mentioned that early detection can decrease the severity of a health issue, emphasising the relevance of prevention being better than cure. Her insight reflects her concern that the primary support people receive in some specific cases can become too late. She has no drug or alcohol dependency but finds gratification associated with food consumption. By accessing support from a private healthcare provider, Anita managed to find the support she needed. She expressed her dissatisfaction with not receiving assistance from her GP and the NHS.

For Anita, it is essential to mention that how you face situations in life is personal; she stays strong, but in her opinion, some people's mental health issues can be a barrier to finding appropriate support. From her experience, anxiety was the component that negatively impacted her eating habits, which gave her an avenue of escape. As a result of being depressed and describing herself as overweight, she could link how her anxiety was adding new health issues to the existing ones. She would have appreciated more support from either primary or secondary care.

Waiting Lists and Private Treatment

Anita has tried to reach out for help from the GP on her issues with mental health and weight. Still, the waiting list was too long, and the only availability she could find was via an online-only appointment option with her GP, which was not preferred. As a result of her desperation to seek help, she decided to explore other options, paying a private psychologist from her home country, which was less expensive and quicker than in London. This shows that secondary care settings can be effective in providing information or referrals to Vital 5-related support services if they engage a patient in the discussion during a consultation. Anita however, pursued private therapy abroad; because in the UK, as she mentioned that, costs are not affordable. According to the British Association for Counselling and Psychotherapy (BACP),[14] the average cost of private counselling in the UK is £40-£50 per session. Therefore, this shows the need for clear and quick referral pathways to services that are affordable and easy to access.



Healthcare Professionals' Engagement on the Vital 5

As GPs are the first point of contact for patients, Cheryl feels they would be better suited to discuss the Vital 5. Despite this, Cheryl believes that hospitals are well-placed to address some aspects of Vital 5 and would like to be asked the relevant Vital 5 questions if a GP had not asked them. Cheryl believes hospitals should focus on cures (referring to one-off procedures) rather than prevention (longer-term support). She notes that patients with health issues related to the Vital 5 often require more regular support than a hospital can provide. Therefore, if a GP as a more regular point of contact could support them via more regular consultations, they should provide this support.

Comfortability on Willingness to Discuss the Vital 5

Cheryl initially said she was not comfortable discussing health issues encompassed within the Vital 5 with health professionals when attending appointments scheduled for an unrelated issue. However, during the interview, she mentioned that she would be willing to discuss the Vital 5 as this could provide health professionals with valuable insight into the underlying causes of her symptoms, leading to better treatment. This shows the benefit of providing an explanation as to why Vital 5-related questions are being asked by a healthcare professional.

Managing High Blood Pressure

Cheryl considers high blood pressure the most significant among the Vital 5 as she currently has high blood pressure. She believed that discussing this matter with healthcare professionals, whether in a GP surgery or in a hospital, would allow her to manage her blood pressure better. She expressed a keen interest in the impact of high blood pressure on individuals from the BAME community, as this was cited as a common and prevalent issue that is important to her. This reflects the conclusions of Khan (2005) stating: *"The majority of studies have reported studies have reported a higher prevalence and significantly higher mean blood pressure levels among both Afro-Caribbean populations and South Asians compared to their white counterparts."* [15]



Background

- Female, 45-54 years
- Lives in Southwark (Bermondsey)
- Black African / Black British African
- Christian, Hetero / Straight
- Married, lives alone
- Physical disability
- Wheelchair user
- Enjoys community groups such as Tower Bridge Care Home to interact with others and have fun

Treatment and Communication in the Hospital

She is grateful for the care she received as an inpatient at KCH and plans to express her appreciation to the ICU and HDU. However, she feels that patients are usually not treated with politeness and dignity as much as she would like. In her other past experiences, she did not feel respected, and she wants staff to communicate with patients using mindful and appropriate language that shows care. She is advocating and appealing for change to treat all patients equally and with dignity and respect. The lack of empathy expressed in these experiences may contribute to her initial expression of an unwillingness to engage in the Vital 5 with a health professional in the hospital. KCH should consider the approach taken by health professionals when engaging with patients as it may impact their relationship and, in turn, any conversation relating to the Vital 5. Expressed in the right way, engaging a patient in a discussion on the Vital 5, having requested consent, and explaining why the conversation is relevant to them could be viewed by the patients as empathetic and considerate. This would improve the likelihood of an open and honest conversation about the Vital 5. However, language, tone, body language and other communication considerations need to be addressed to make patients comfortable to have a broader conversation about their health issues related to the Vital 5. Therefore, KCH should consider engagement training for staff who speak to patients regarding the Vital 5.



Language Barriers and Knowledge

During the interview, Nadia faced unexpected challenges related to language and understanding. The interview was conducted face-to-face and lasted longer than anticipated due to language differences. To overcome the language barrier, the interviewer spoke slowly, rephrased information, and used Google Translate and gestures to clarify specific actions, ensuring the meaning of the question remained the same. Nadia expressed uncertainty about the Vital 5 and requested further explanation for clarity. Although she has limited experience with hospital services in the UK, she indicated that it is challenging for her to communicate her needs and relies on her daughter or Google Translate for support. Therefore, she would struggle to engage with communications related to the Vital 5 unless translated.

Managing Health and Autonomy

Nadia is in good health and believes in maintaining a balance through natural remedies and a healthy diet. She places a great emphasis on her health and wellness. The Vital 5 factors do not concern her as she does not smoke, drink alcohol, is not overweight, does not suffer from mental health issues, and has normal blood pressure. In times of stress, she practises yoga and meditation, and uses relaxation techniques to calm herself. However, she expressed concerns about taking medication and the possibility of it causing additional issues. She doesn't seem interested in using health services excessively, as she acknowledges her health is in her hands to a large extent.

Comparison of the NHS and Ukrainian Healthcare

Nadia often compared the healthcare systems of the United Kingdom and Ukraine. In Ukraine, patients get immediate testing and receive results quickly. In Ukraine, as in the UK, they don't pay to see a General Practitioner, but collecting prescriptions is expensive.

Background

- Female, 65-74 years
- Lives in Bromley
- Christian
- Widowed
- Lives alone, has family locally
- ESOL student
- Refugee from Ukraine
- Disability status - prefers not to say

Comparison of the NHS and Ukrainian Healthcare Continued

While in the UK, she accompanies her daughter to medical appointments and observes the lengthy wait times and sluggish decision-making. She clarifies that in her home country, general practitioners paid for visits are promptly analysed, and results are given within 48 hours. Patients' prescriptions are sent to the chemist for next-day collection. However, she mentioned the high costs of medication. Nadia's experiences reflect similar experiences shared by residents in Lambeth and Southwark. Her experiences show her existing concerns with the current service provisions, which would incline her to manage her own health regarding the Vital 5 rather than rely on the NHS for support. This indicates a specific need for providing patients with appropriate information on self-management of their Vital 5 issues.





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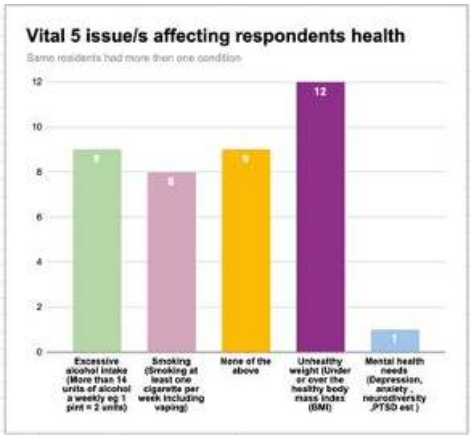
Health Inequalities Programme

Vital 5

Survey Insights

Vital 5 Status

This section reflects the insights garnered in the survey regarding Vital 5 status, with perceptions of which Vital 5 is the most harmful to community health. Respondents also indicated how important it is to discuss and receive guidance on the Vital 5 while engaging with hospital medical professionals.



A

Vital 5 issues affect the community to varying degrees. (Graph A)

Overall, unhealthy weight was indicated as the most prevalent Vital 5 issue, affecting the health of 12 out of 30 of our respondents, whereas mental health was the least selected (only 1). Although based upon the interviewee responses, we acknowledge some survey respondents may not be forthcoming about mental health issues, and therefore might not have disclosed them. A significant proportion - more than two-thirds of respondents were affected by at least two Vital 5 health issues.

Some Vital 5 issues are more difficult to discuss than others. (Table B)

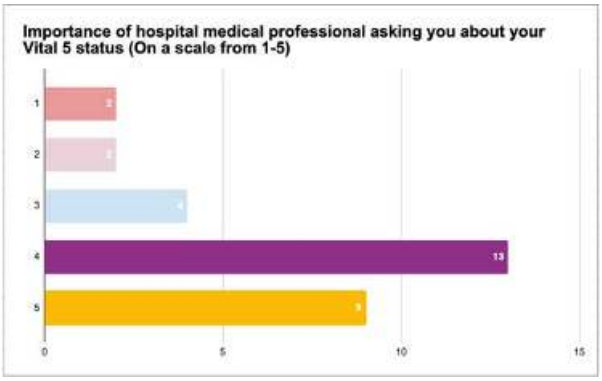
Whilst more than half of our respondents found it easy to discuss their smoking and blood pressure issues with healthcare professionals, almost half also demonstrated that mental health would be most difficult to talk about, as reflected in the interview findings and the potentially low number who confirmed experience of mental health needs in the survey as shown in **Graph A.**

Vital 5 How easy is it to discuss the following Vital 5 with hospital healthcare professionals?	Smoking (including vaping)	Unhealthy weight (BMI too high or low)	High blood pressure (Hypertension)	Mental health needs (Depression, anxiety , neurodiversity, PTSD etc)	Excessive alcohol intake (14+ units per week)
Most difficult to discuss	1	9	2	**14**	7
Somewhat easy to discuss	11	8	10	8	10
Easiest to discuss	**18**	**13**	**18**	8	**13**

B

Hospital medical professionals are expected to ask about the Vital 5 issues. (Graph C)

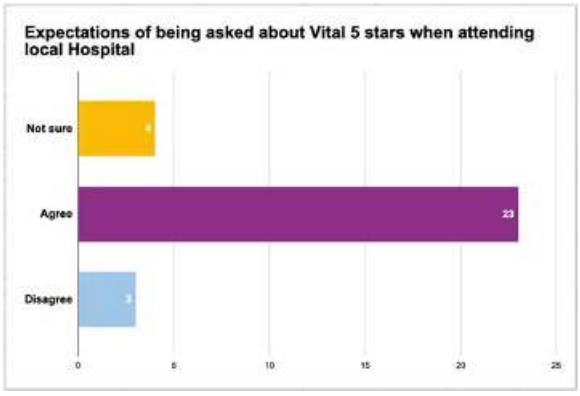
More than two-thirds of our respondents expressed a strong or very strong general view about the importance of hospital medical professionals asking about the Vital 5. This question confirms the expectation of discussing the Vital 5 with healthcare providers in a hospital setting.



C (Shaded cells denote the most frequent response)

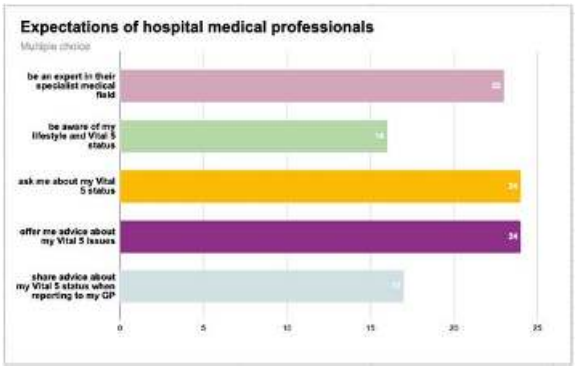
Vital 5 Status /continued

Local hospitals feature highly in patient expectations of Vital 5 issues. (Chart D)
A significant 23 out of 30 expressed an explicit expectation that they would be asked about their own Vital 5 issues by medical professionals at their local hospital.



D

Expectations at the hospital. (Chart E)
Furthermore, respondents expected hospital medical professionals to discuss and provide guidance on how to manage the Vital 5. This suggests an awareness of the need to consider Vital 5 issues while engaging with patients. This expectation ranked higher than that for expertise in the medical field.



E

Vital 5 issues are recognised as harmful to community health. (Chart F)
Despite being the most prevalent Vital 5 issue among respondents, unhealthy weight (15/30) was deemed to be a less serious harm to community health than smoking (20/30) and the remaining three conditions. Overall, respondents considered both mental health needs and alcohol intake to be currently the most harmful to community health (22 out of 30), whilst high blood pressure was universally acknowledged as either harmful or most harmful.

Vital 5 Which Vital 5 issues is **harmful** to the current health of the community?	Smoking (including vaping)	Unhealthy weight (BMI too high or low)	High blood pressure (Hypertension)	Mental health needs (Depression, anxiety , neurodiversity, PTSD etc)	Excessive alcohol intake (14+ units per week)
Not harmful	1	1	0	1	3
Somewhat harmful	9	7	13	7	5
Most harmful	20	15	17	22	22

F

(Shaded cells denote the most frequent response)

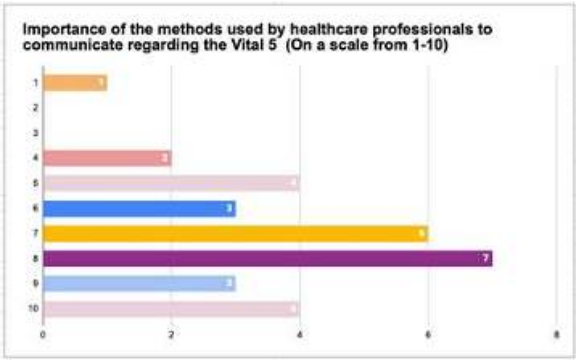
Communication

We explored participant communication preferences regarding Vital 5 issues in order to discover any potential barriers or opportunities for improving community engagement.

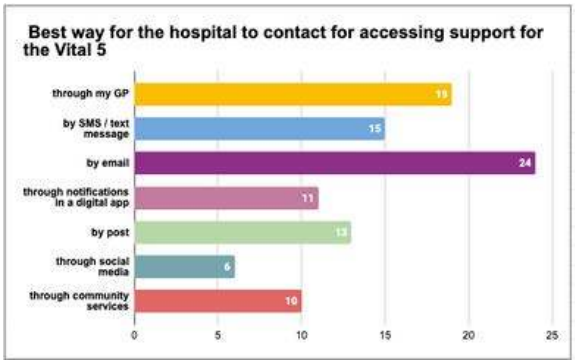
Most respondents consider communication methods important. (Graph G)

On a scale of 1-10, two-thirds of our respondents rated the importance of communication methods used by healthcare professionals when regarding the Vital 5 at 7 or more.

G



H



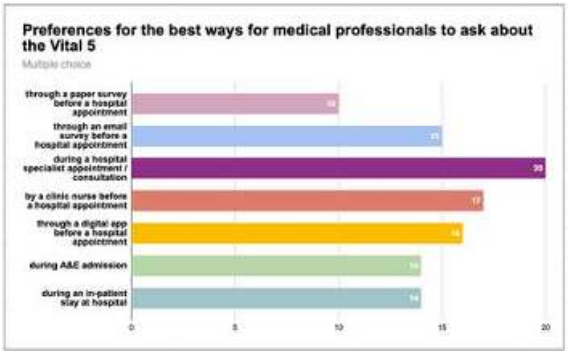
Respondents expressed preferred communication methods. (Graph H)

80% of respondents indicated that email is the best way for hospitals to communicate regarding the Vital 5, whilst almost two-thirds of participants were also happy to access support for the Vital 5 through their GP. This may indicate that more collaborative emails from hospitals and GPs may prove more effective in communicating advice and support around the Vital 5. More than one-third of respondents are happy to receive Vital 5 advice by post, SMS or notifications through a digital app. Community services and social media were the least preferred options. Overall, these responses indicate that respondents are receptive to a wide range of communication channels that KCH should utilise to disseminate comms and gather information on the Vital 5.

Respondents indicated the best ways for medical professionals to ask about the Vital 5. (Graph I)

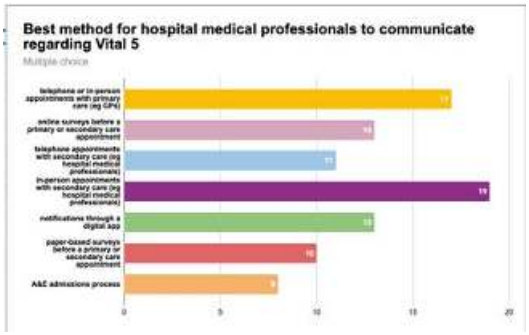
The most popular choice (67%) was during a hospital consultation with a specialist. Half of all respondents also indicated that email or digital app surveys were almost as acceptable as being approached by a clinical nurse before a hospital appointment. Paper surveys were the least popular option, although the fact this was selected by one-third of respondents may suggest aversion or limited access to technology in a small but significant sector of the community.

I



Patient preference for engaging in-person rather than through digital channels. (Graph J)

J



In-person communication with hospital medical professionals was the highest-ranking single choice, appealing to almost two-thirds of respondents. Respondents also scored telephone and in-person appointments with GPs at 57%, showing a clear preference for direct personal communication regarding the Vital 5. However, digital communication was not discounted, as 43% of participants also indicated that online surveys and digital app notifications would also be acceptable channels of communication. As previously discussed, paper-based surveys maintain their appeal for one-third of our respondents.

The importance of prior knowledge of patient's Vital 5 status for hospital medical professionals. (Table K)

It is notable that this question revealed that respondents were either indifferent (40%) or emphatic about their views (43% considered prior knowledge to be highly important). The high level of indifference may speak to a notional lack of awareness around the wider potential role of hospital medical professionals. Overall, 57% of respondents felt that it was either important or highly important for medical professionals to have prior knowledge of a patient's Vital 5 status, which could be recorded via existing applications such as MyChart.

K

	On a scale from 1-5, How important is it for your hospital medical professional to have prior knowledge of your Vital 5 status?
(Totally unimportant) 1	0
2	1
3	12
4	4
(Essential - highly important) 5	13

L

	On a scale from 1- 5, How do / would you feel when hospital medical professionals ask you about your Vital 5 status while you are seeking advice on a separate health matter?
(Extremely uncomfortable) 1	3
2	2
3	9
4	7
(Totally comfortable) 5	9

Respondents are largely comfortable about being asked about their Vital 5 when seeking advice on a separate health issue. (Table L)

More than half of our respondents were open to discussing their Vital 5 while seeking advice on a separate health matter. Across the range of responses, over 80% of participants were comfortable or neutral in response to this question. However, it should also be noted that a 17% minority expressed either a sense of discomfort or aversion to discussing their Vital 5 with hospital medical professionals while seeking advice on a separate health matter.

(Shaded cells denote the most popular response)

Settings

We examined whether the chosen setting for discussions can influence or promote more effective communication relating to the Vital 5.

Respondents indicate that settings are an important factor. (Table M)
More than 70% of our respondents confirmed that location was an important factor when discussing the Vital 5 with hospital staff. Subsequent questions explored the viewpoints of respondents regarding a range of likely settings.

M

On a scale from 1-5, When discussing the Vital 5, how important is the location of your conversation with hospital staff?	
(Totally unimportant) 1	2
2	2
3	4
4	9
(Essential - highly important) 5	13

Preference for environments offering both privacy and expert medical care. (Table N)
In line with earlier interview findings indicating a preference for discussions with a doctor, this survey topic revealed that 93% of our respondents felt comfortable or most comfortable discussing their Vital 5 issues in a consultation room. This compares with slightly lower scores of 87% and 83% for the hospital nurse's room and their GP, respectively. These responses may well speak to the patient's need for more privacy as well as an environment offering more perceived expert medical care. This confirms the previously mentioned interviewee's preference for speaking with a hospital doctor rather than a nurse.

Conversely (and perhaps unsurprisingly), the least preferred locations were the A&E waiting room and hospital waiting areas, which, although acceptable to 47% of respondents, also ranked as uncomfortable or least comfortable with 30% of respondents.

N

Vital 5 How comfortable do you feel discussing your Vital 5 in the following medical setting(s):	At my GP practice	A&E waiting area	Hospital waiting area	Hospital nurse's room	Consultant/ specialist consultation room	Hospital procedure room (e.g X-ray, MRI
Most comfortable	15	2	2	13	18	9
Comfortable	10	5	5	13	10	10
OK	5	14	14	3	2	5
Uncomfortable	0	1	3	1	0	4
Least comfortable	0	8	6	0	0	2

The need for more engaging displays and publications about Vital 5 issues in hospital settings. (Table O)

Overall, there is a definite need for hospitals to display more engaging information and advice on the Vital 5, as indicated by over 80% of our survey respondents. This could be done via culturally sensitive posters, leaflets or other creative outputs in waiting rooms and other notable areas.

O

On a scale from 1 - 5, Do you think KCH and other hospitals should display/publish more engaging information and advice about the Vitak 5 issues?	
(No, not really) 1	0
2	0
3	5
4	9
(Definitely) 5	16

Further views expressed by respondents. (Table P)

We provided respondents with an option to share any additional comments for us to consider. More than two-thirds of respondents emphasised the importance of privacy, practical advice, clear information, and effective communication. We have addressed these topics in greater detail through other survey questions. These findings are reflected below in **Table P**.

P

Further comments from Respondents	
Perhaps a phone call before appointment to discuss such matters and then for it to go more in-depth at hospital	This should be a frequent check-up on a quarterly basis as people's circumstances change quiet often.
Asking about the Vital 5 and give information is a good starting point	To have built a rapport with the consultant prior
Discretion	Clear and concise information. No medical jargon.
pop-up campaigns at the street/community places/schools/universities/ etc.	Knowing there is support for you and doctors not making you feel bad or alone because of your bad habits
Privacy	Communication
Being in a confidential and private space.	Being told in clear and concise yet empathic way. With possible solutions given at same time.
Realistic advice	If it is done discreetly and in a private setting

(Shaded cells denote the most popular response)

Report Conclusion

From the outset of the research, it was essential for the Centric team to inform potential research participants of the definition of the term Vital 5. This was both the initial barrier and opportunity for engagement; however, once interviews began, participants were able to articulate their own challenges in relation to these aspects of their health and relate them back to questions surrounding engagement. This highlights the importance of creating awareness of the Vital 5 among patients and the wider populace of South London through building an understanding with local communities.

Creating awareness of the Vital 5 and its importance should be acknowledged separately to engagement with patients. The distinction is necessary, as creating awareness of the Vital 5 could be done, as cited by interviewees and survey respondents, via social media and technology such as existing apps currently utilised by patients (e.g. MyChart). This would inform patients in South London about how managing the Vital 5 can improve their overall health. Once they are aware of this, it would improve the quality of engagement with either GPs or KCH staff when an opportunity for open dialogue arises - such as during an appointment for a separate health issue or prior to a procedure (e.g. x-ray/MRI) taking place. This is distinctly different from engagement with patients surrounding the Vital 5; as one example, 16/30 survey respondents mentioned KCH should publish more engaging information about the Vital 5; social media may be the most appropriate platform for this. However, social media would not be appropriate to engage patients in accessing support services related to the Vital 5. As specified in the survey results, direct emails would be best, closely followed by directly through their GP and SMS messaging services.

Although it seems interviewees, case study participants and survey respondents agree that GPs should engage with them on health issues related to the Vital 5, there is an acknowledgement that there is little time to do so within appointments. The existing issues of the long waiting time for appointments, being seen promptly at the time of an appointment, and the time available to them were raised as concerns by our interviewees, in particular, about how a conversation regarding the Vital 5 could take place. A lack of care and empathy felt by those in the interviews and case studies, based on previous experiences engaging with health professionals at KCH shows the need for more consideration of approaches to patient engagement, including the use of sensitive language, tone, non-verbal communication and providing resources in appropriate languages.

Despite this, participants across the quantitative and qualitative research all expressed to some degree an expectation that they would be asked about the Vital 5 when attending the hospital, especially if a GP had not asked them.

It is important to note the theme of autonomy in the interviews and case studies, where the participants felt the necessity to be given a choice to speak about Vital 5-related issues, with the health professional expressing the importance of the Vital 5 and how it impacts prevention of longer-term and more serious health issues if carefully managed. This would help a patient to understand why the health professional would like to speak about the Vital 5 and how it relates to them, potentially including its relationship with the health issue the appointment is focused on if relevant and with patient consent.

As highlighted in the survey responses, there is a preference of speaking to a specialist on the topic directly within a consultation, followed closely by a conversation with a GP and then a nurse. This highlighted the preference to speak to a professional with adequate knowledge to provide advice and make referrals or signpost to services where appropriate.

The setting of the conversation is important here. There was a consensus among interviewees and most of the survey respondents that waiting rooms and A&E are not appropriate settings to engage patients on the Vital 5. There is a clear need for more helpful resources (posters etc) in these areas, particularly in different languages. Interviewees further highlighted the importance of the conversation taking place in a private setting, preferably with only one health professional present, to make the patient feel comfortable discussing the Vital 5 issues that relate to them openly.

Furthermore, which Vital 5 health issue being discussed requires further consideration, given the sensitivity of some Vital 5 topics. This is particularly true for mental health. This was highlighted in both the quantitative and qualitative research. There is a stigma attached to discussing mental health, particularly within BAME communities. Therefore, engaging patients on the issue may be more challenging compared with smoking and high blood pressure. Health professionals who have existing relationships with their patients, therefore, may be better placed to have these conversations, with a better understanding of the patient's medical history and an existing rapport that will help them have these more sensitive conversations. Training in cultural sensitivity would make this process even more effective.

Based upon the insights garnered through this research project, the Centric team has developed recommendations, including those cited by participants, and used learnings from other research Centric is conducting in health inequalities, such as that being undertaken with Impact on Urban Health. These recommendations are detailed on page 42 onwards.



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Health Inequalities Programme

Vital 5 Recommendations

Recommendations

1. Engaging with Patients on the Vital 5

It seems that the majority of patients are open to discussing the Vital 5 when attending the hospital, and KCH should look for opportunities to routinely engage patients about the Vital 5 during other hospital appointments. It is important to note the request for the patient's consent to engage in a conversation regarding the Vital 5 prior to doing so. Once this has been obtained, this could be done via a number of avenues:

- Including short questionnaires at the beginning of a consultation process using a written or verbal format.
- Signposting support if patients would like to proceed in obtaining more information.
- Providing the option to make a referral to a specialist service to have a conversation regarding a particular Vital 5 issue.
- The healthcare professional engages in dialogue with the patient when discussing other health issues, perhaps using pre-disclosed information about Vital 5 status as a basis for conversations.

2. Further Considerations for Engagement

We recommend that healthcare professionals at KCH consider the setting within which a consultation will take place prior to requesting consent to begin a conversation about the Vital 5. This includes the following:

- Ensuring the space is quiet and private.
- Not related to emergency care provisions/A&E.
- One person in the room with the patient, preferably a qualified Doctor.
- Ensuring there is an avenue for follow-up if an issue is identified, i.e. if weight loss is an issue, then there are available services to refer them to.
- Where possible, ensure there is a consensus amongst professionals at the Trust about treatments being suggested to patients to ensure they do not receive conflicting advice regarding the management of the Vital 5. This supports a relationship between patient and professional, increasing the likelihood of the patient taking advice by establishing trust.

3. Communication Methods

We recommend sending emails and SMS prior to upcoming appointments and consultations, providing and requesting information on the Vital 5. It would be important to note in the communications that patient responses would be valued but optional. This would instil a sense of autonomy, providing an offer for patients to engage in conversations on the Vital 5 if they would like to. They could also be asked if they would like to talk about Vital 5 in their upcoming appointment and, if so, to highlight any of the options that may be applicable to them.

4. Further Considerations for Communications

We recommend that KCH considers the following when disseminating communications regarding the Vital 5:

- Regularly disseminating information via the communication channels mentioned.
- Co-designing communications products with communities to ensure they are relatable, engaging and effective in disseminating the relevant information and are aligned with the purpose of the product (creating awareness, signposting services, etc).
- Vital 5 information in waiting areas and other notable areas around the Trust premises.
- Making information available in multiple languages, such as Bengali, Somali, Urdu, Hindi, Spanish, Portuguese and others.
- Providing information/resources on self-management of Vital 5-related health issues.

5. Training for Staff Engaging Patients

We recommend sensitivity training for staff surrounding compassionate, empathetic and culturally competent approaches to engaging patients. This would include training on considerations such as body language, tone, and other considerations when communicating with patients. It is important that patients feel heard and receive quality care that meets their expectations, to ensure patients have a positive experience when engaging with hospital staff. This is particularly true for the BAME community, and an understanding of how to discuss sensitive topics like mental health and how these issues affect these communities differently would be beneficial when engaging them in Vital 5-related discussions.

6. Vital 5 Campaign

We recommend the formulation of a campaign about the Vital 5 to promote awareness and understanding, improving patient readiness to discuss Vital 5-related health issues in a secondary care setting. We also recommend the development of nimble knowledge (engaging content that is both relatable and easily accessible to the target audience) via creative outputs such as videos featuring community faces and voices utilising social media platforms such as TikTok. These outputs could encompass different elements, such as storytelling of a successful intervention on a Vital 5 health issue after being made aware of its importance, health professionals promoting the importance of the Vital 5 and animations to convey the message effectively. Such a campaign should also include signposting to services that can onboard patients quickly (i.e. contact x service or your GP to find out more).

7. Research into Mental Health Services

Anita mentioned in her case study that she accesses mental health support, but there are limited free options, which restricts the benefits she can receive. We therefore recommend that KCH consider an evaluation to identify improvements in the referral process and provisions for mental health. There is also a clear need for further research to understand barriers to accessing mental health services and the role of stigma. Therefore, an evaluation may include areas identified in the interviews and case studies, such as an increase in existing free provisions for outpatient therapy. KCH may collaborate with VCS organisations to explore culturally competent approaches that can be introduced into existing services or identify alternatives that can be offered.

8. Alternative Mental Health Treatments

We recommend that KCH explores alternative treatments that can be offered to patients. The option for alternative treatments for mental health with a variety of services that may move away from the traditional, and consider including exercise-based regimes and talking therapies (research participants engaging with Centric have mentioned on multiple occasions that focus groups hold therapeutic value), or other forms that may be more inviting to patients, and conducive to BAME communities. We are already exploring this area with Impact on Urban Health, to test new culturally appropriate mental health support services. Furthermore, Centric is piloting a new programme, 'Trauma in the Booth,' an alternative form of alleviating mental health via music production, and piloting internal mental health sessions.

9. Advertising in Schools

We recommend establishing partnerships with schools in the 3 boroughs to disseminate information or to act as a space to directly engage with families, which could be a useful tool in beginning the conversations regarding Vital 5. The reason schools were highlighted specifically by one participant is that parents often have a close connection to them and are more inclined to engage with information there. Examples of how this could be implemented include the following:

- A Vital 5 day in schools to create awareness about the topic and have a talk given by a professional in the school with families present to communicate the importance of the Vital 5.
- Vital 5-themed sports day.
- Creative competition for local children surrounding the Vital 5; an example of the previous Coronation competition, can be seen here.

10. Vital 5 Advertisements via Trustworthy Channels to Create Awareness

We recommend providing advertising information regarding the Vital 5 via all communication channels and especially social media. Although the survey cited social media as the least engaging approach for patients, this recommendation is focused on creating awareness that would make in-person engagement on the Vital 5 more effective, given the patient has prior knowledge. This was mentioned as a recommendation by interview participants; although they would not like to engage in conversation on the Vital 5 via social media, it would still be an effective medium to create awareness. However, an important consideration in this is ensuring it is disseminated via channels that are trusted by target communities. This would vary depending on the community. However it would include:

- NHS England
- KCH
- GP surgeries
- UK Government and Local Authority
- Groups with existing relationships with communities, such as community organisations like Centric, faith organisations such as mosques and churches, and other organisations in the voluntary and community sector.

11. Open Days for the Trust

We recommend trialling an open day for the local community, aimed at families, that can be used to educate them about the Vital 5 and other issues the Trust wants to create awareness of. This is something that was previously employed by the Royal Surrey NHS Foundation Trust. This provides the opportunity for engagement with communities that is separate from the normal schedule of the Trust and limited time available for appointments. This would provide ample opportunity to educate the community on areas of focus for KCH, with the potential for direct referrals to be made to services if an optional, short survey is offered to people upon completion of the open day.

12. Better Awareness of PALS Language and Interpreting Services

We recommend better signposting and awareness of the Patient Advice and Liaison Services (PALS) language and interpretation services, as some of the participants were unaware the service existed and could be arranged prior to attending an appointment. Access to these services would improve patient experiences and support the engagement on the Vital 5 with these patients at appointments.

Recommendations

13. Continuity of Care

We recommend, where possible, continuity of care for patients. Long-term relationship building between healthcare professionals and patients is conducive to ensuring advice is taken on board and ultimately improving patient outcomes. Ongoing engagement with one professional would improve the possibility of identifying health concerns not divulged by the patient. This would help unearth hidden issues that patients are uncomfortable sharing. However, a professional that they engage with regularly may be well placed to identify. A relationship built through continuous engagement would establish a rapport that can be utilised to encourage patients to be more open regarding health concerns that are typically difficult to get patients to open up on and improve the likelihood of them having the conversation around Vital 5. Therefore, those with existing/ongoing patient relationships may be best placed to speak with patients on health issues related to the Vital 5.

14. Case Studies

We recommend working with individuals such as Nadia to identify how she manages the Vital 5 and how learnings can be implemented into the recommendations highlighted in this report. For example, disseminating information regarding self-care and management of the Vital 5 based on Nadia as a case study or including testimony of how she manages her health as part of the Vital 5 campaign.

15. Utilisation of Apps

We recommend creating more awareness of existing apps for patients, such as MyChart, that can improve their patient experience. We further recommend the expansion of the use of this app to disseminate and collect information on a patient's Vital 5 status. This may also be a useful place to provide further information on the language options available through PALS.

16. High Blood Pressure Campaign

We recommend a campaign to engage with BAME communities most impacted by high blood pressure to promote awareness of the issue. Furthermore, KCH could work with VCS and faith groups to promote awareness and make referrals for blood pressure testing in high-risk groups.

17. Digital Literacy

We recommend KCH provides digital literacy training for patients to understand how to use apps such as MyChart and explain how using the app can benefit their care experience, better informing the health professionals they engage with and how this could improve their long-term health.

18. Further Research

Further research on the Vital 5 may want to focus on specific ethnic or seldom-heard groups, correlations with a higher frequency of certain Vital 5 issues within these communties to understand how the efficacy and/or cultural appropriateness of the corresponding services could be improved to increase engagement and improve health outcomes.

Centric

Health Inequalities Programme

Vital 5

End Notes

- Acknowledgements
- CR Reflections
- References

Acknowledgements

Centric would like to acknowledge the support and cooperation of the King's College Hospital team - especially Simon O'Donoghue - for their keen attention to the co-design and commissioning of this research project.

CR Reflection

"What drives and inhibits us in helping others is an interesting matter, and the range of voices is wide but often negative in the black community. I have given this personal thought at various points, particularly when my bog-standard blood group was found to have useful uses for those with sickle cell anaemia."

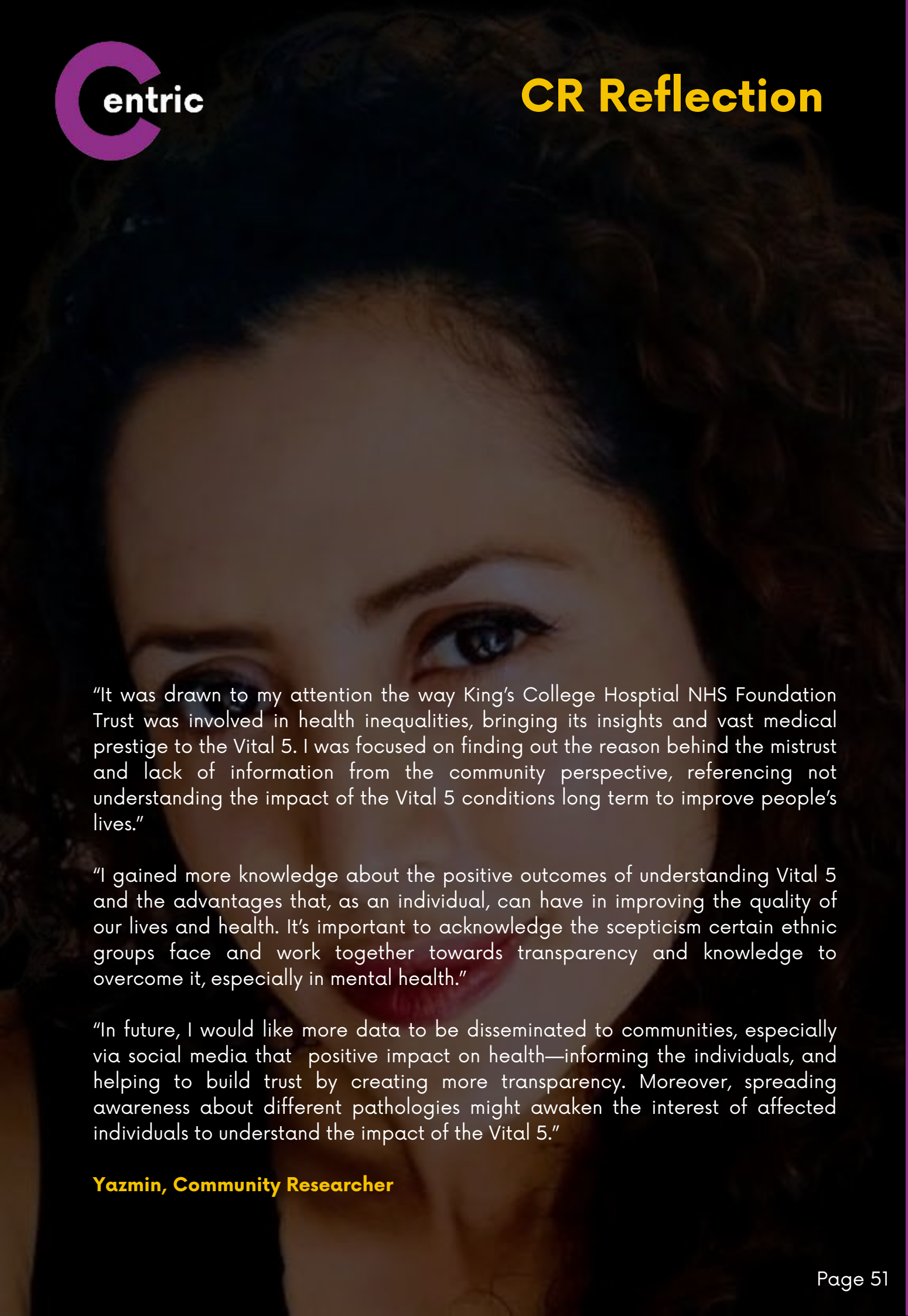
"I had hoped for deep and meaningful revelations, but I only knew a few within the geographical sphere of this project. I faced limitations in reaching out to local networks for my project, and some potential participants declined for various reasons. This made me realise the scope and limitations of my interviewees. However, I balanced their comments with those of other voices I heard."

"To improve my outreach, I started approaching random people in places like supermarkets and bus stops during my free time as a self-testing exercise. I wished to gather a wider range of voices within my local area, which is generally considered wealthier and better educated. I am excited about the report, as it will provide diverse viewpoints on topics not often discussed within minority communities. It will highlight not just reservations but also important issues that are often overlooked."

"I am excited about the report, as it will provide diverse viewpoints on topics not often discussed within minority communities. It will highlight not just reservations but also important issues that are often overlooked. Moving forward, I plan to practice more outreach and networking within my area."

Elaine, Senior Community Researcher

CR Reflection



"It was drawn to my attention the way King's College Hosptial NHS Foundation Trust was involved in health inequalities, bringing its insights and vast medical prestige to the Vital 5. I was focused on finding out the reason behind the mistrust and lack of information from the community perspective, referencing not understanding the impact of the Vital 5 conditions long term to improve people's lives."

"I gained more knowledge about the positive outcomes of understanding Vital 5 and the advantages that, as an individual, can have in improving the quality of our lives and health. It's important to acknowledge the scepticism certain ethnic groups face and work together towards transparency and knowledge to overcome it, especially in mental health."

"In future, I would like more data to be disseminated to communities, especially via social media that positive impact on health—informing the individuals, and helping to build trust by creating more transparency. Moreover, spreading awareness about different pathologies might awaken the interest of affected individuals to understand the impact of the Vital 5."

Yazmin, Community Researcher

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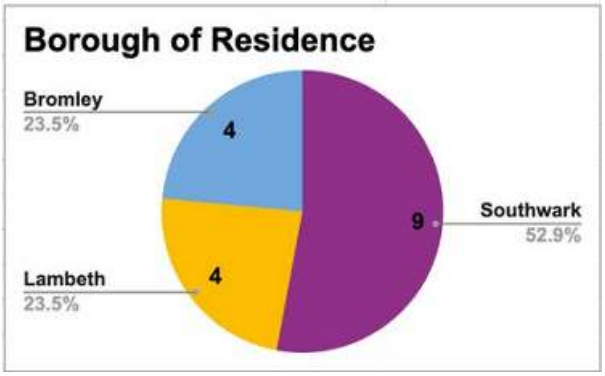
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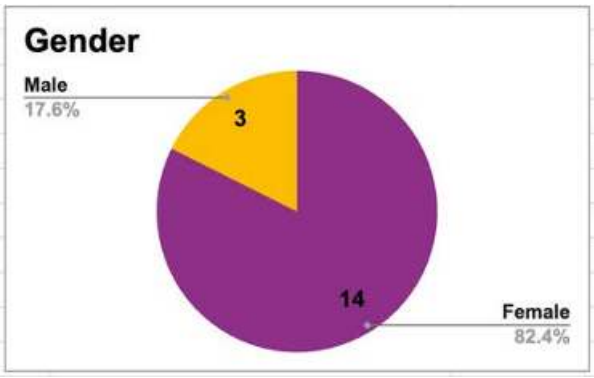
Health Inequalities Programme Vital 5

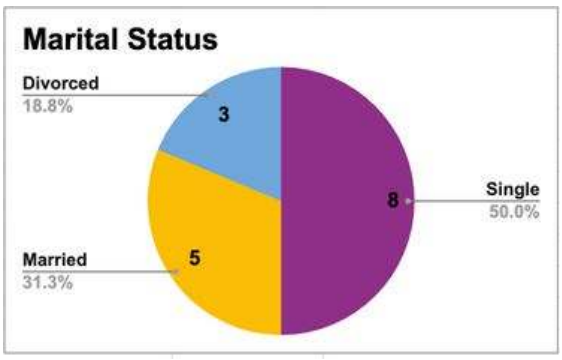
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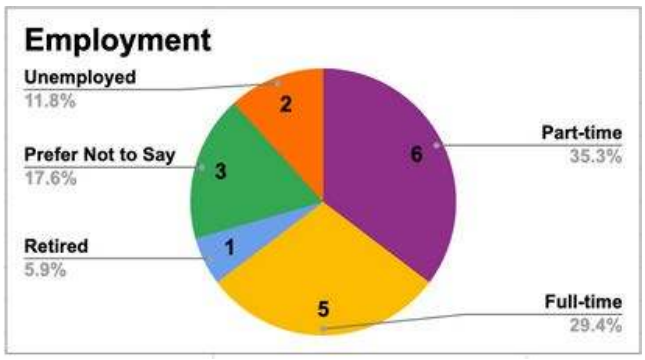
Interview Demographics

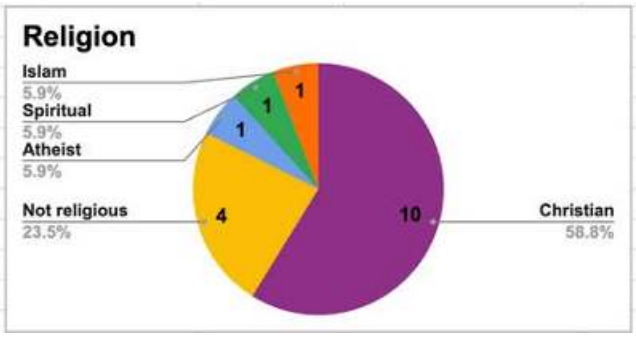
We recruited across different ethnicities with a focus on the inclusion of those from underserved communities.

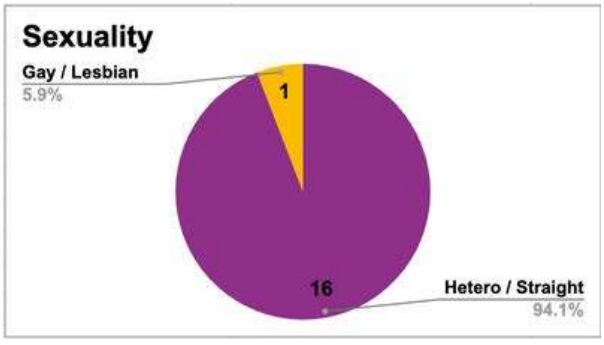


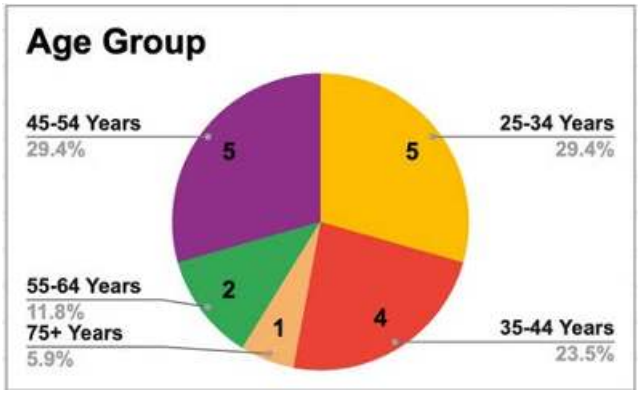






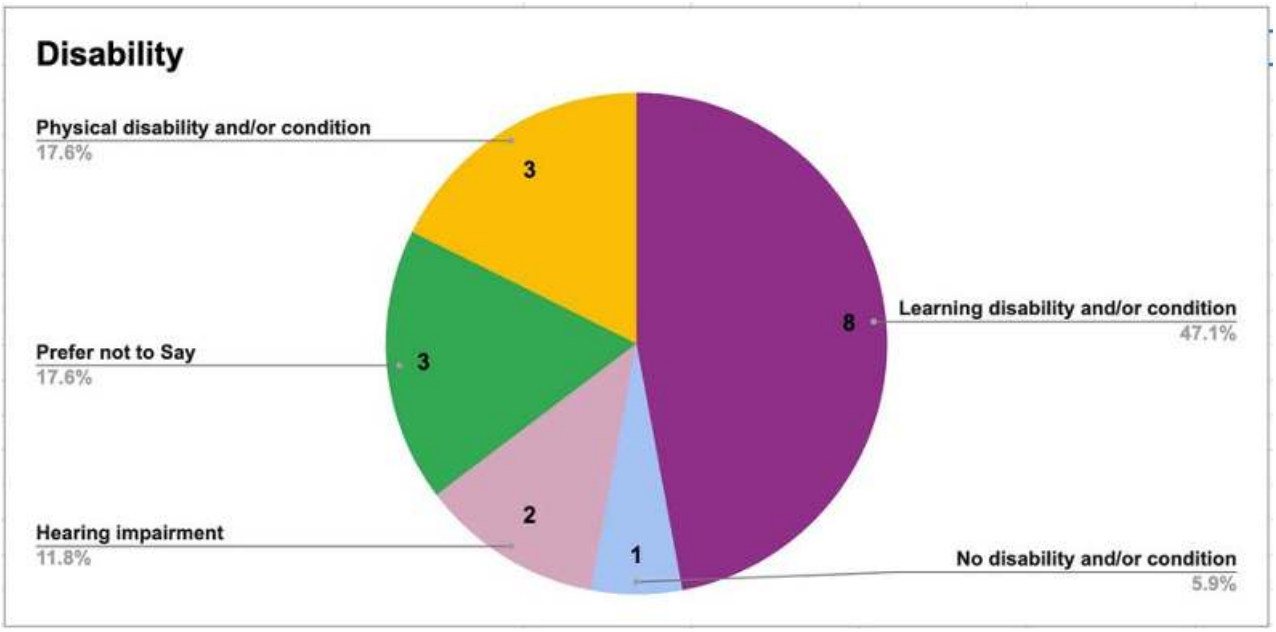


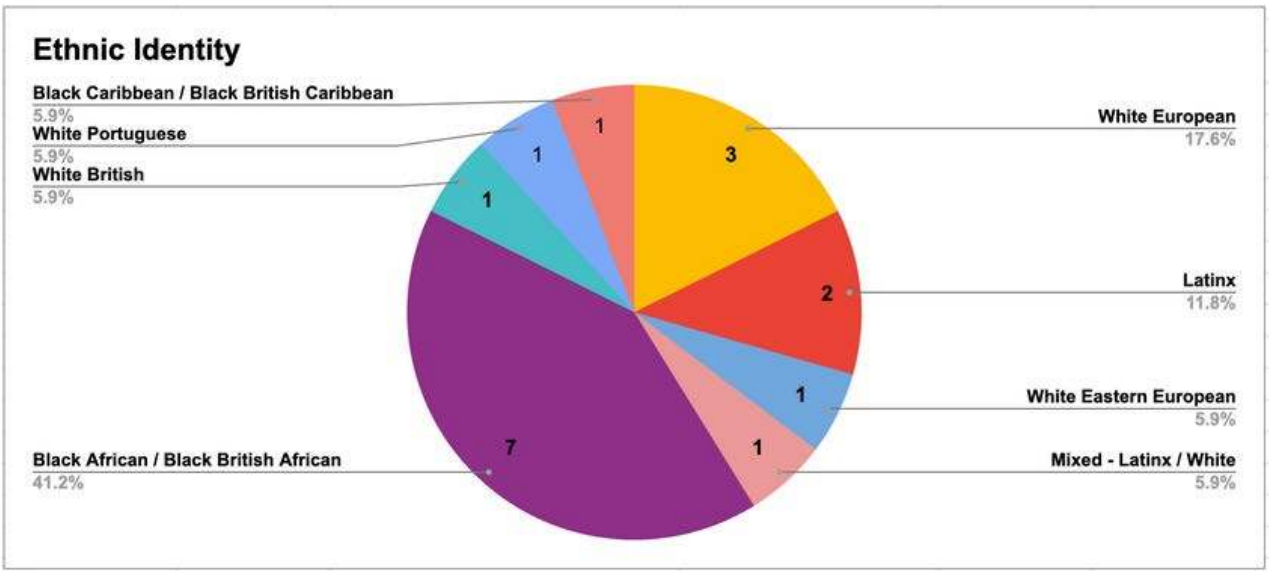




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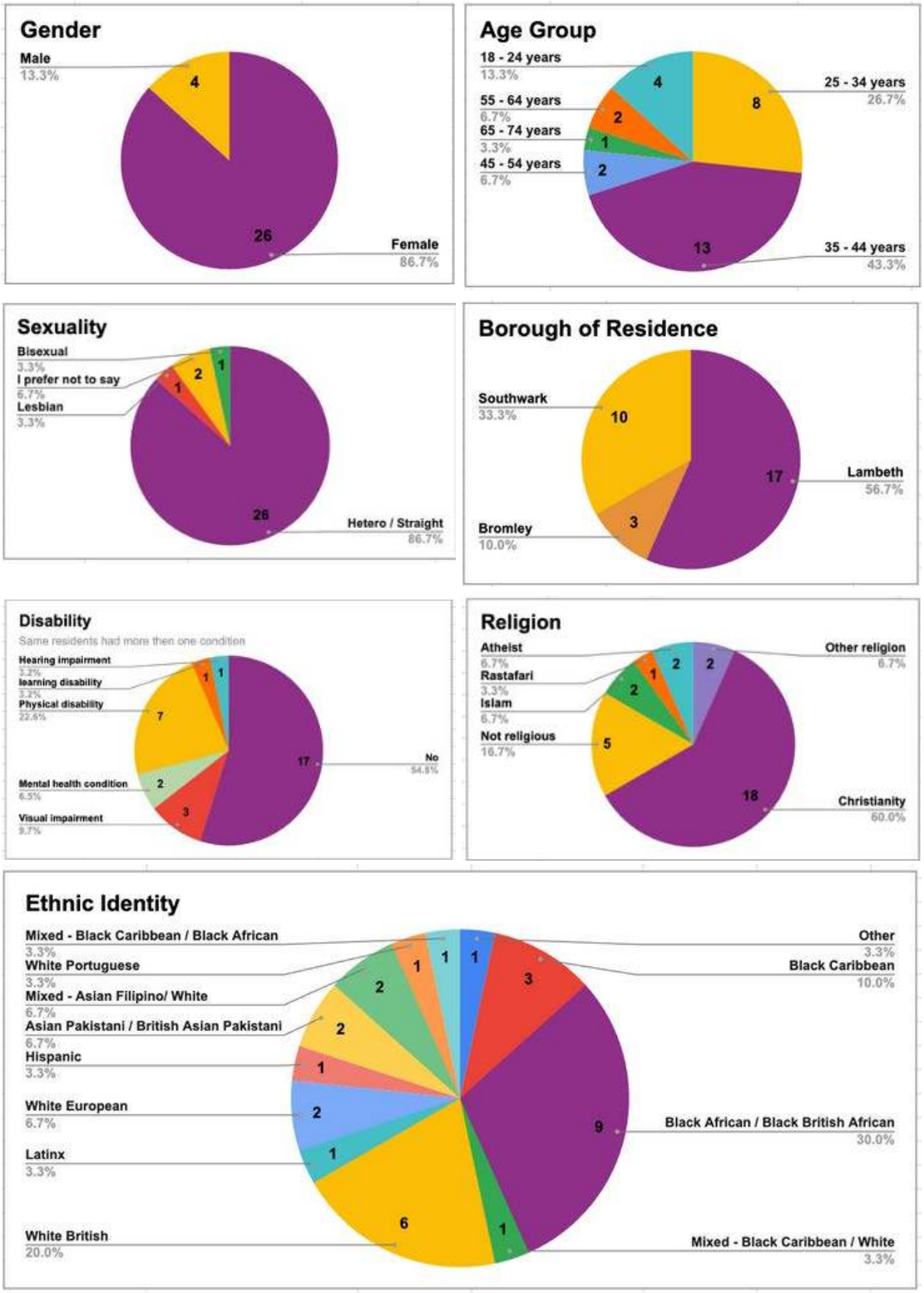
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Survey Demographics

We recruited across different ethnicities with a focus on the inclusion of those from underserved communities.



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Thank You For Your Attention!

This report was compiled by Centric on behalf of and in partnership with King's College Hospital Foundation Trust.