



NHS England Winter communications:

Evaluation of effectiveness

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Executive summary

During winter 2016-2017, the Transforming Primary Care Programme (part of the Healthy London Partnership) at **NHS England launched several initiatives to inform the public about ways of accessing health services that aimed to limit the demand on local A&E** (Accident and Emergency) departments. Examples of these initiatives, under the umbrella of Winter Communications campaign, include: distributing a business card advert to 20,000 people passing through specific A&Es; a digital campaign across London promoting the use of NHS111 and communication through CCG and practice websites about extended access to primary care. The aims of these campaigns were to make the public aware of alternatives to A&E to access non-emergency medical care.

Healthwatch across Barnet, Camden, Enfield, Haringey and Islington engaged with 380 individuals to assess the effectiveness of the Winter Communications campaign across the areas.

What we found is that, on average:

- 1 in 3 respondents have seen the image promoting the use on NHS111 and access to additional GP appointments
- 4% of respondents use social media channels, such as Twitter and Facebook
- 1 in 5 respondents were aware of the extended access to GP appointments over the winter period

Differences in awareness and knowledge were found in individuals across the five boroughs and in individuals of different ages and employment status.

This **report outlines the detailed findings and a set of practical recommendations; it also proposes that any approaches to enhance the effectiveness of future communication campaigns should be co-designed with local people to address significant areas of disparity; to ensure resources are committed to support initiatives that work for vibrant communities of Barnet, Camden, Enfield, Haringey and Islington.**

Introduction

Each year NHS England implements a programme of work to plan for and meet the increasing demand faced by each local health system over the winter period. The programme of work aims to support challenged systems to receive additional support and to ensure resilient operational management to meet the needs of local populations and to ensure access to high quality, timely medical care.

Apart from detailed planning and introducing additional capacity within primary care, specific communications initiatives were launched over Winter 2016-2017 to raise public awareness of alternatives to A&E departments. These initiatives included:

1. Distributing business cards in specific emergency care departments / urgent care centres signposting individuals to NHS111 as the first point of contact and highlighting availability of extended access to primary care appointments within the relevant area. 20,000 cards were distributed across Whipps Cross University Hospital NHS Trust; Barking Havering and Redbridge University Hospital NHS Trust, Royal Free London NHS Foundation

Trust; Guys and St Thomas' NHS Foundation Trust and St Thomas' urgent care centre in January 2017.

2. Running a digital campaign across London advertising access to additional GP appointments through social media channels, such as Facebook and Twitter. It was estimated that the campaign will reach 3 million Londoners aged 25-65.

3. Focusing communications in specific London boroughs - leaflets were dropped to every household in Lambeth and Southwark to promote the utilisation of primary care by the public. Specific campaigns were also developed for Waltham Forest, with mobile advertising, posters for GP practices and Google AdWords to increase awareness of GP Hubs.

4. Promoting extended access to primary care through Clinical Commissioning Groups and practice websites - the Transforming Primary Care Programme supported Clinical Commissioning Groups providing a template to share for individual practice websites. The NHS England webpage was also updated to include information about additional GP opening times.

5. Communicating with A&E delivery groups - a letter was issued to colleagues in January which highlighted areas of opportunity to achieve maximum impact and effectiveness in increasing capacity and managing the flow of patients across the emergency care pathway. The letter included information on how to support patients to access primary care and advice on implementing senior decision making at the front door of emergency departments.

Following a successful tender, local Healthwatch organisations across Barnet, Camden, Enfield, Haringey and Islington were commissioned to evaluate effectiveness of the Winter Communications campaign across the North Central London footprint, seeking to address the key questions of:

- What has worked well in terms of what is being doing now (including against Winter initiatives outlined)?
- What does not work - what messages are not getting to the public regarding the primary care services that are available locally to them?
- What could be done differently to make communications clearer

to patients / or to ensure that patients understand where they should go? Should different channels / terminology be used?

Against the initiatives included within the remit of the Winter Communications campaign, Healthwatch organisations within North Central London, focused on those that were of relevance, namely:

- Business card campaign
- Digital campaign across London
- Communication through CCG and practice websites

Attempts were also made to explore how members of the public access information about health services in their area to inform the targeting and communication channels of future campaigns.

Methodology

A short questionnaire was used to assess the effectiveness of the Winter Communications campaign with questions considering: individuals' knowledge of NHS111, awareness of extended access to primary care and familiarity with the NHS111 business card advert.

Questionnaires were conducted face-to-face with individuals at a range of community and engagement events across the five boroughs during April 2017. An online survey was also made available and was publicised through Healthwatch newsletters, social media streams and through our partners.

Responses gathered were analysed on a variety of different levels to develop a comprehensive understanding of individual's knowledge and awareness. This included the analysis of data by borough, age, gender and employment status to enable insights to be drawn according to a variety of different demographics.



Who we spoke to

Across North Central London, 380 individuals provided a response to the questionnaire. 263 surveys were completed face-to-face and 117 surveys were completed online.

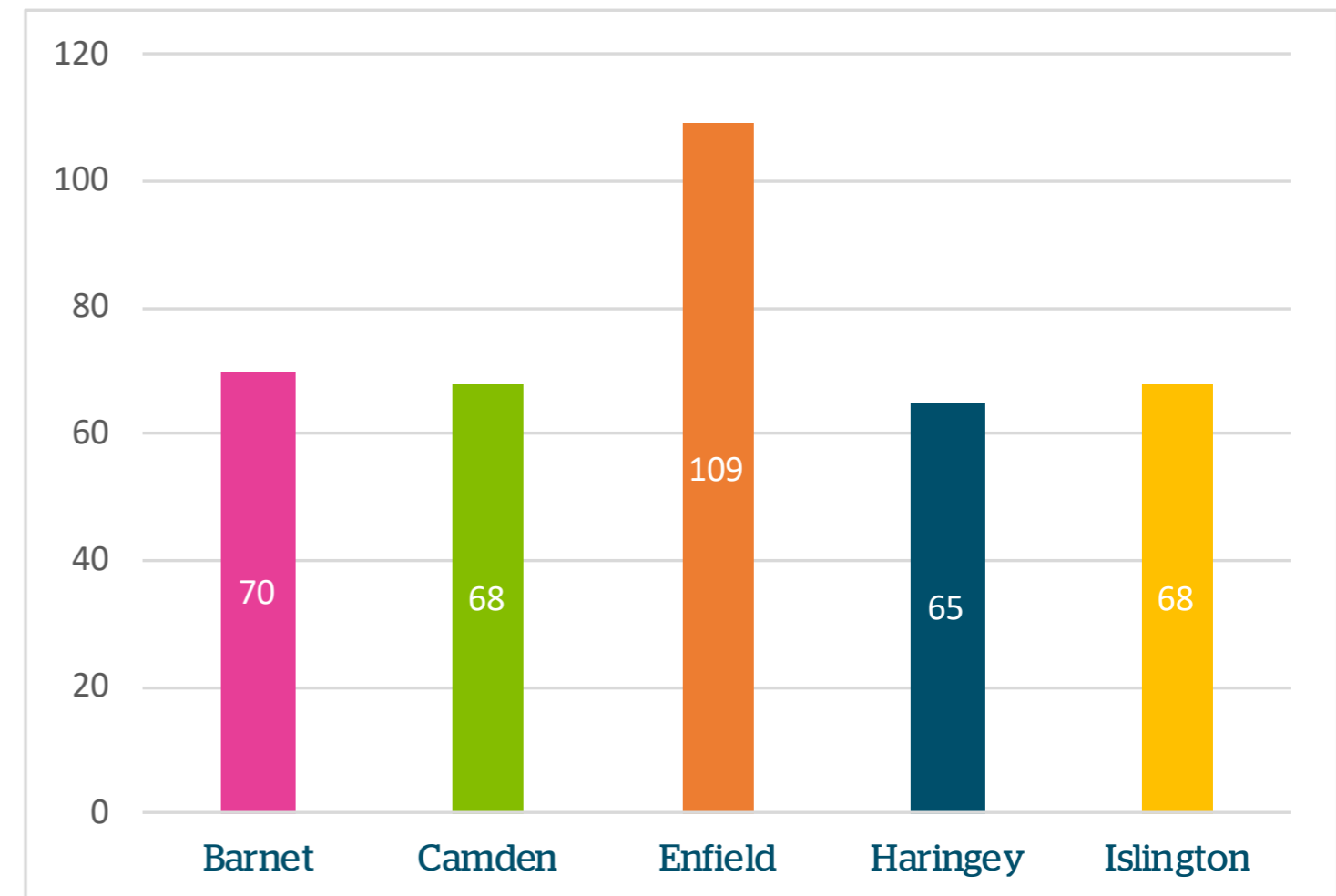


Figure 1: number of responses by borough

Demographic information

It was our aim to engage with individuals representing different characteristics within the boroughs of Barnet, Camden, Enfield, Haringey and Islington. However, due to the opportunistic nature of our engagement activities and limited timescales for carrying out this piece of work, it was not possible to pre-plan the gender, age and ethnic background of the individuals we spoke to.

The breakdown of demographic data is provided for individuals who completed the relevant section of the questionnaire; the information does not represent 100% of the sample size because some people chose not to disclose specific information.

Gender

We spoke to 118 (31%) males and 233 females (61%). 29 individuals (8%) chose not to disclose their gender.

Age

Respondents were of a variety of different ages, however 55 individuals (15%) chose not to disclose their age.

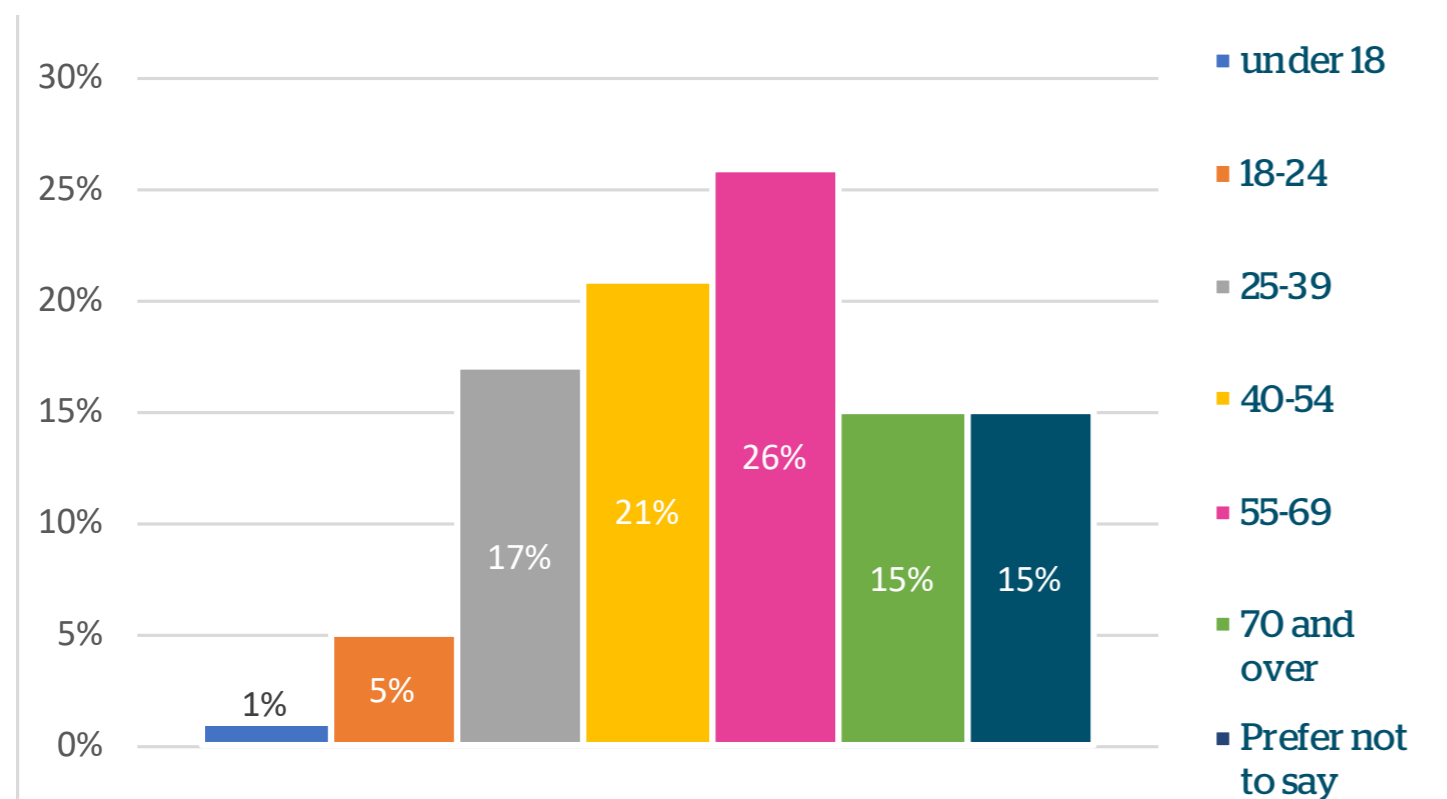


Figure 2: percentage of responses by age range

Ethnicity

42% of individuals reported their ethnicity as White British, 9% said they were Turkish and 4% said they were Asian. 3% reported themselves as Black British, 2% as Black Caribbean and 2% as Greek Cypriot. 2% reported their ethnicity as Irish and 2% said they were African. 17% of respondents chose not to specify their ethnicity (Figure 3).

Employment status

We asked individuals their

employment status to assess, if individuals from a particular group are more/less aware of the winter communications campaigns, specifically those whose circumstances may make them more vulnerable and /or more likely to use services. 36% of respondents reported that they are employed, either full time or part time and just under one third of individuals reported that they were retired. 11% of respondents chose not to disclose their employment status (Figure 4).

Afghan	1	Hungarian	1
African	9	Indian	4
Afro Caribbean	4	Irish	8
Albanian	3	Italian	3
American	1	Latin American	2
Arab	1	Mediterranean	1
Asian	16	Middle Eastern	1
Bangladeshi	4	Mixed	2
Black	2	Mixed Caribbean	1
Black African	9	Mixed other	1
Black British	10	Nepalese	2
Black Caribbean	6	Polish	1
British African	1	Portuguese	1
British Bangladeshi	1	Romanian	2
British Indian	3	Somali	2
British Pakistani	1	Turkish	36
British Muslim	1	White British	160
Chinese	3	White Scottish	1
Ecuador	1	Other	2
Greek Cypriot	6	Prefer not to say	66

Figure 3: number of responses by ethnicity

Employment status	% response
Carer	2%
Employed	36%
Housewife	3%
Retired	31%
Self employed	4%
Student	6%
Unable to work	1%
Unemployed	6%
Volunteer	1%
Prefer not to say	11%

Figure 4: number of responses by employment status



Findings

This section outlines findings against the key aspects of the Winter Communications campaign, which, for North Central London, included:

Business card campaign
 Digital campaign across London
 Communication through CCG and practice websites

Findings

Business card campaign



Summary of findings

Our results suggest that, on average, the **business card campaign reached 1 in 3 individuals.**

However, the levels of awareness differ when considered:

- At borough levels - individuals in Enfield were least familiar with the business card campaign (18%) as opposed to those living in Islington where levels of awareness were the highest (54%)
- Depending on age - with 29% of individuals aged 70 or over being familiar with the advert
- Based on employment status with 43% of students and 38% of those in employment reporting awareness of the advert

NHS

CALL 111

You need medical help fast, but it's not life-threatening?

Call 111 for assessment, medical advice and if necessary, to be booked into services for treatment.
www.nhs.uk/111

Need an urgent GP appointment?

Doctors in Barnet, Enfield and Camden are working together to make more GP appointments available by extending their opening hours during evenings and weekends at local hubs.

Speak to your GP surgery or call NHS 111 to book.

CALL 111

Figure 5: Business card advert distributed to 20,000 people as part of the business card campaign

Approach and detailed results

We showed individuals the image of Figure 5 and asked, if they had seen it before. Almost two thirds of respondents had not seen the NHS111 business card advert (65%).

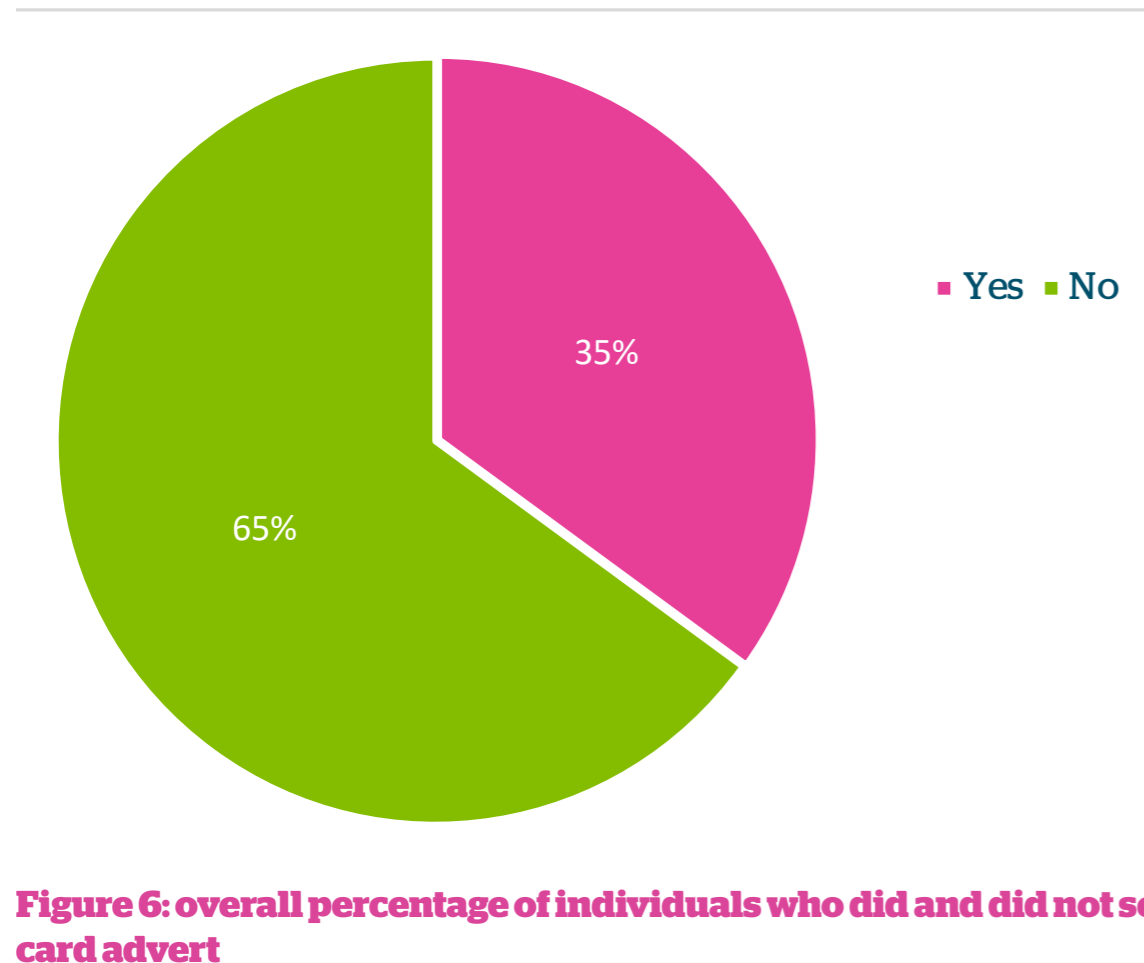


Figure 6: overall percentage of individuals who did and did not see the business card advert

Individuals in Enfield were least familiar with the NHS111 business card campaign (18%), followed by Camden (35%) and Barnet (37%); three boroughs where Royal Free London NHS Foundation Trust delivers its services. 40-54% of individuals in Haringey and Islington were familiar with the campaign (Figure 7).

A slightly higher percentage of males had seen the NHS111 business

card advert previously, compared to females (difference of 6%). Over two thirds of females had not seen the NHS111 business card advert previously, and just under two thirds of males had not seen it previously either (Figure 8).

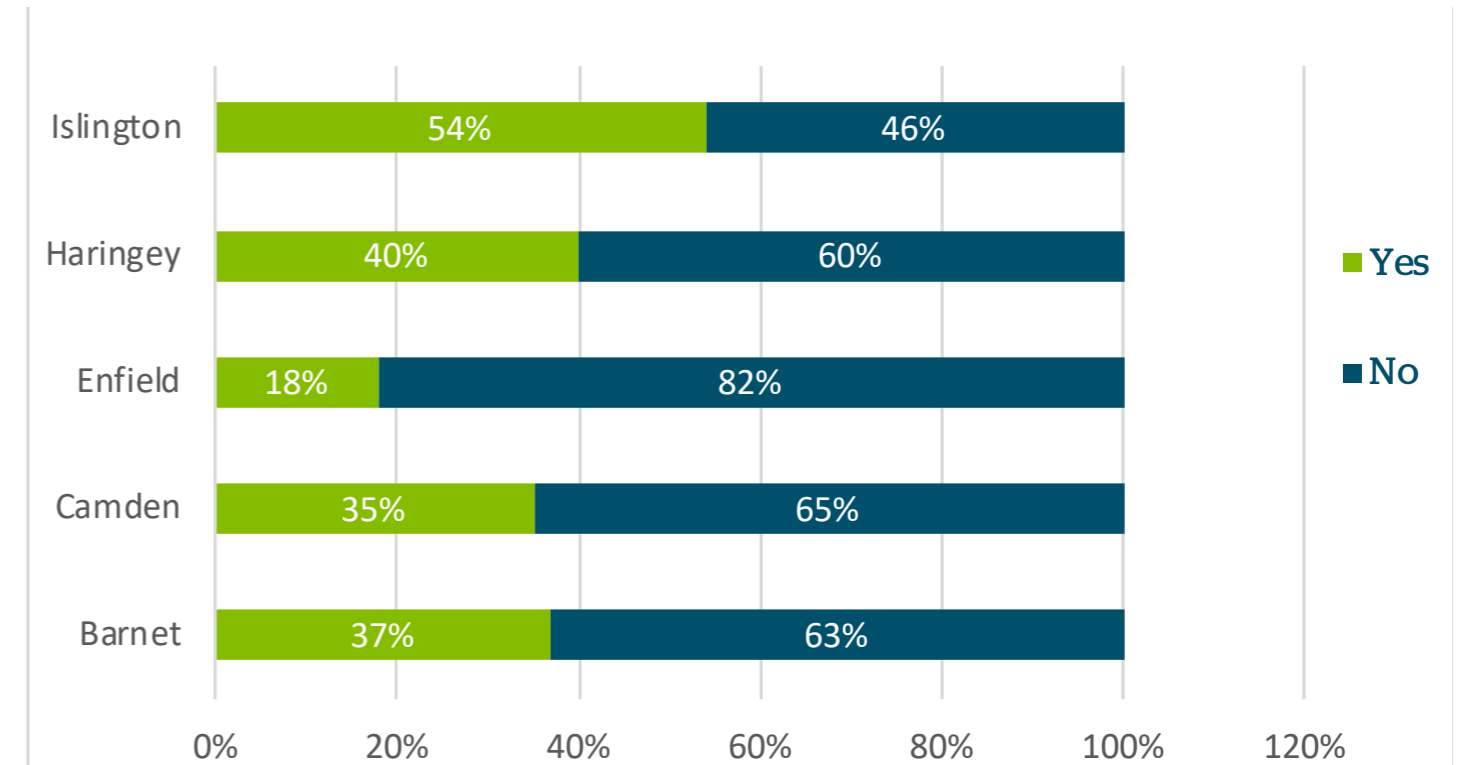


Figure 7: percentage of individuals who did and did not see the business card advert by borough

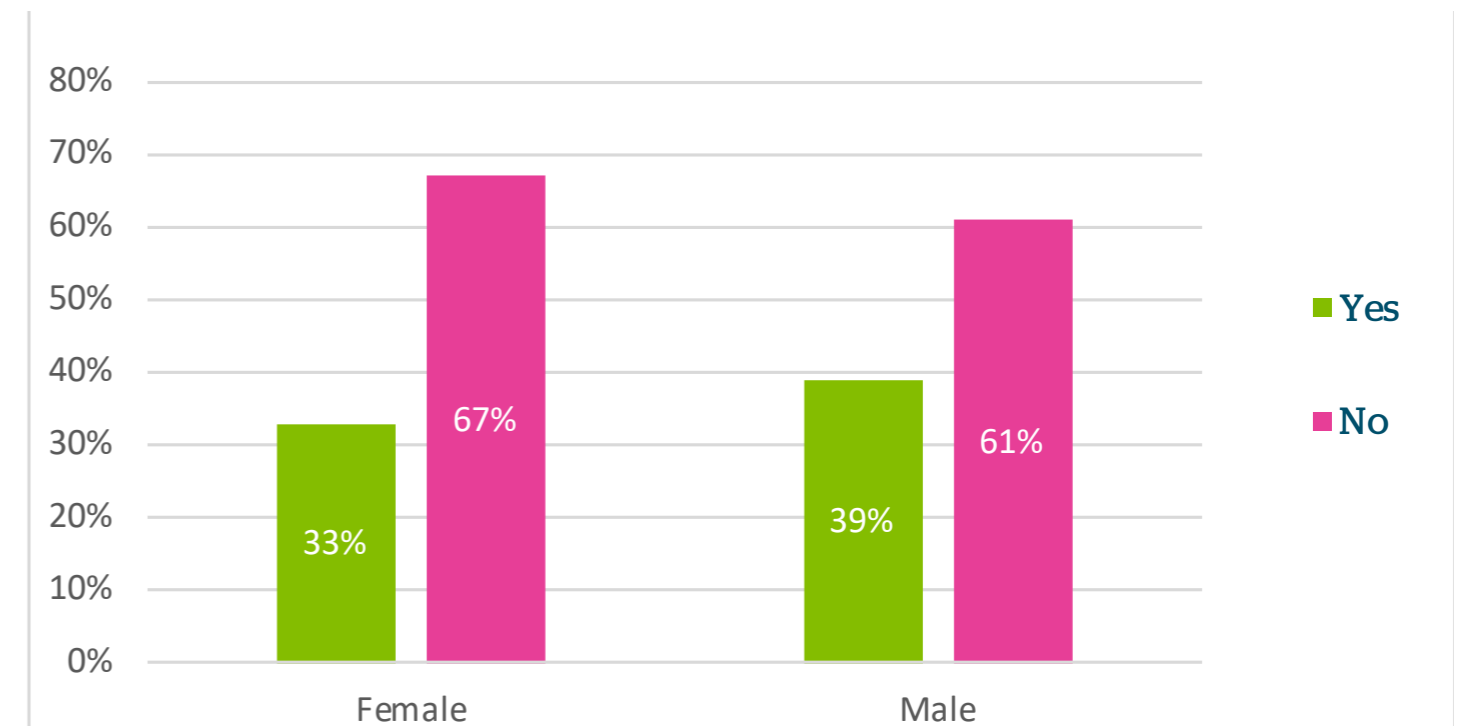


Figure 8: percentage of individuals who did and did not see the advert by gender

The age groups most familiar with the NHS111 business card advert were individuals aged 18-24 (45%) and 40-54 (43%). 36% of those aged 25-39 and 33% of individuals aged 55-69 were familiar with the advert.

The group least familiar with the advert were those aged 70 and over (29%) (Figure 9).

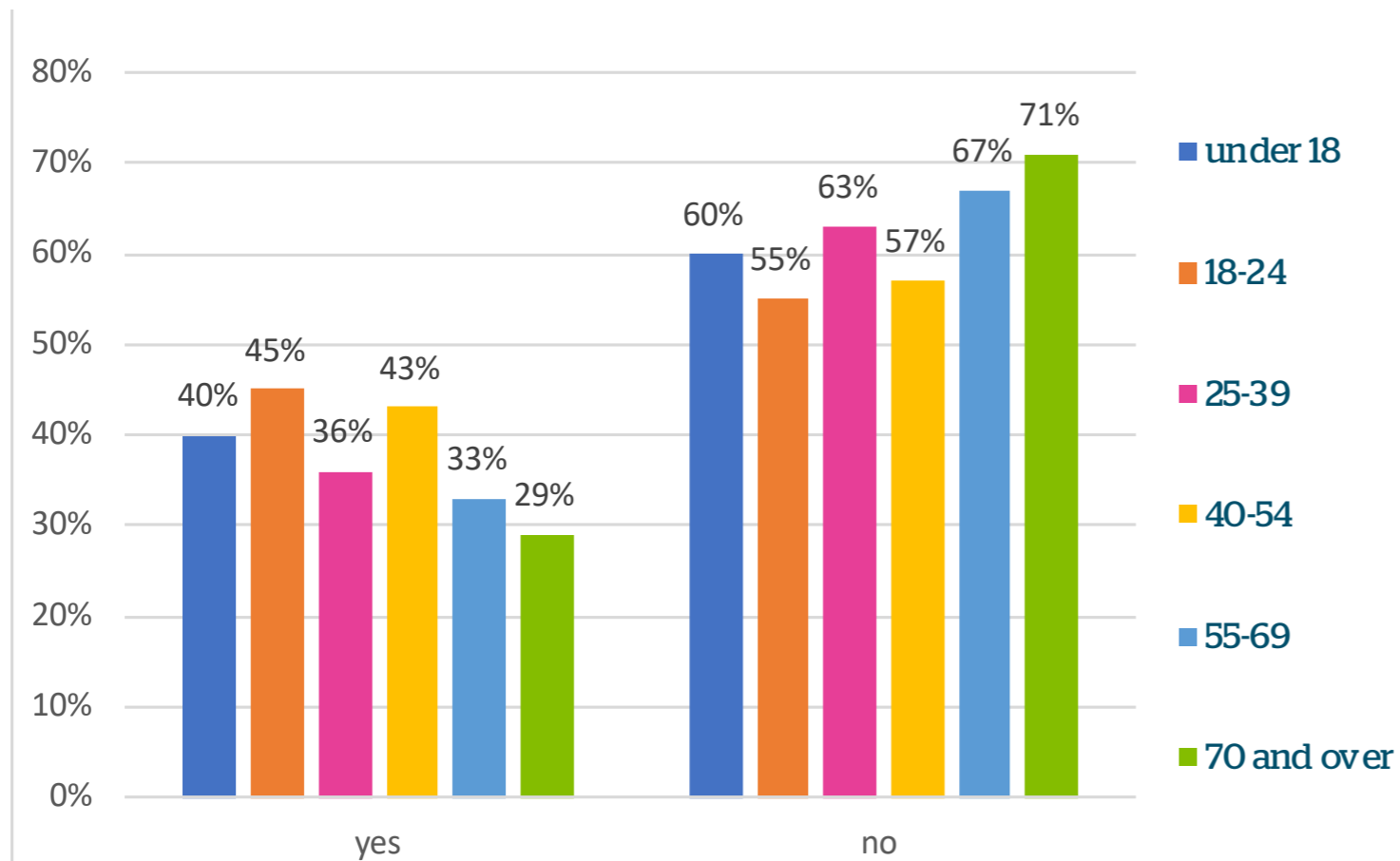


Figure 9: percentage of individuals who did and did not see the advert by age

Respondents, who were most familiar with the NHS111 business card advert, were students (43%) followed by those who are employed (38%) and those that are self-employed (38%).

Just under a third of those who are retired were familiar with the NHS111 business card advert (31%) and almost a third of those unemployed (30%). 20% of individuals who do not work because they are unable to, and 17% of carers were familiar with the NHS111 business card advert.

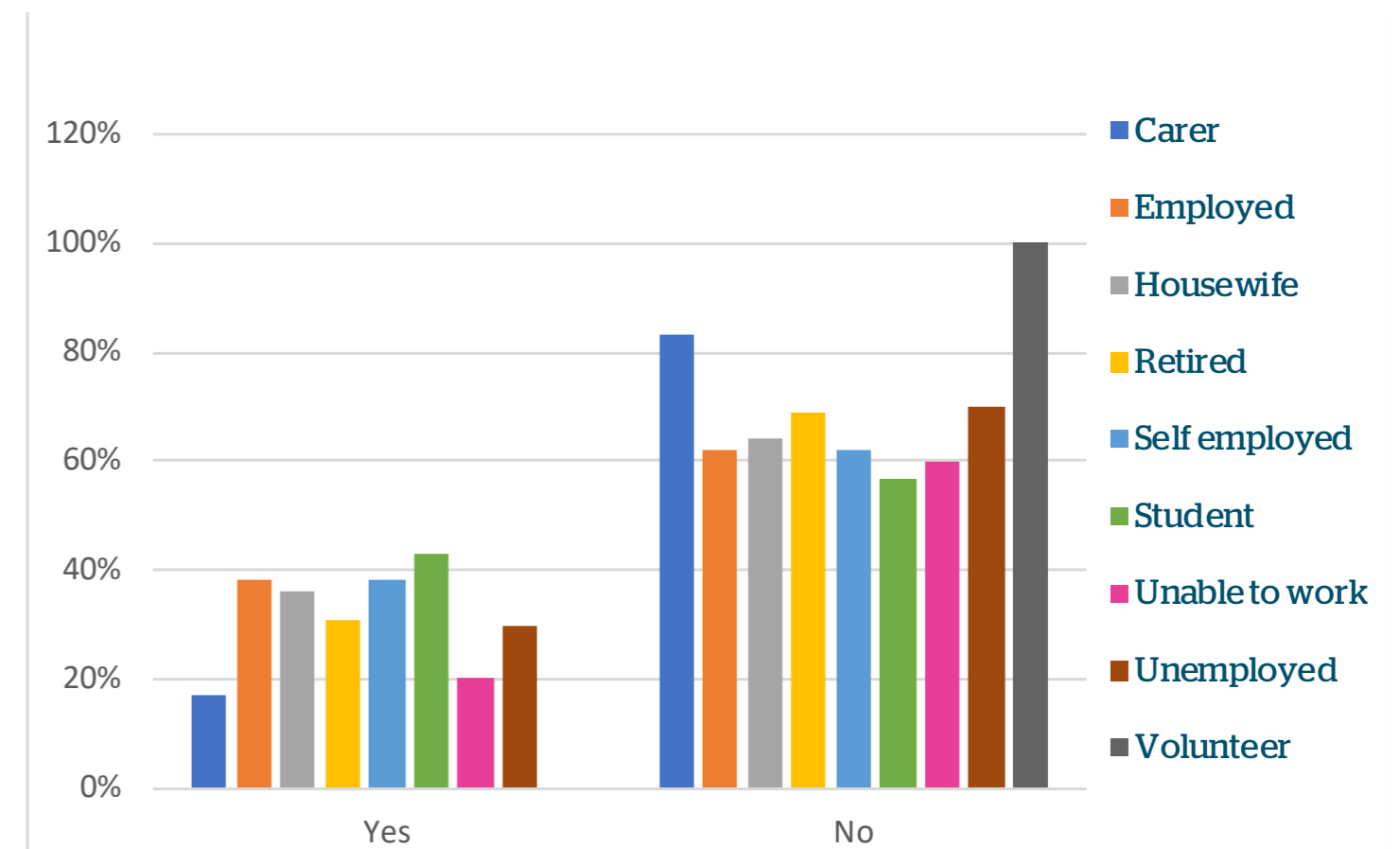


Figure 10: percentage of individuals who did and did not see the advert by employment status

Findings

Digital campaign in London



Summary of findings

Over two thirds of respondents had heard of NHS111 before taking part in our survey however, only 4% of individuals stated that they use Social Media (Twitter and/or Facebook) to access information about health services making it unlikely that the digital campaign across London contributed to the effectiveness of the Winter Communications campaign.

Approach and detailed results

The digital campaign used Social Media channels such as Facebook and Twitter to publicise NHS111 and extended access to GP appointments. We asked individuals if they had heard of NHS111 and knew what it was for.

68% of respondents had heard of NHS111. Almost a quarter of individuals said that they had never heard of NHS111 (21%). Some people said that they had heard of it but did not know what it was for (10%)

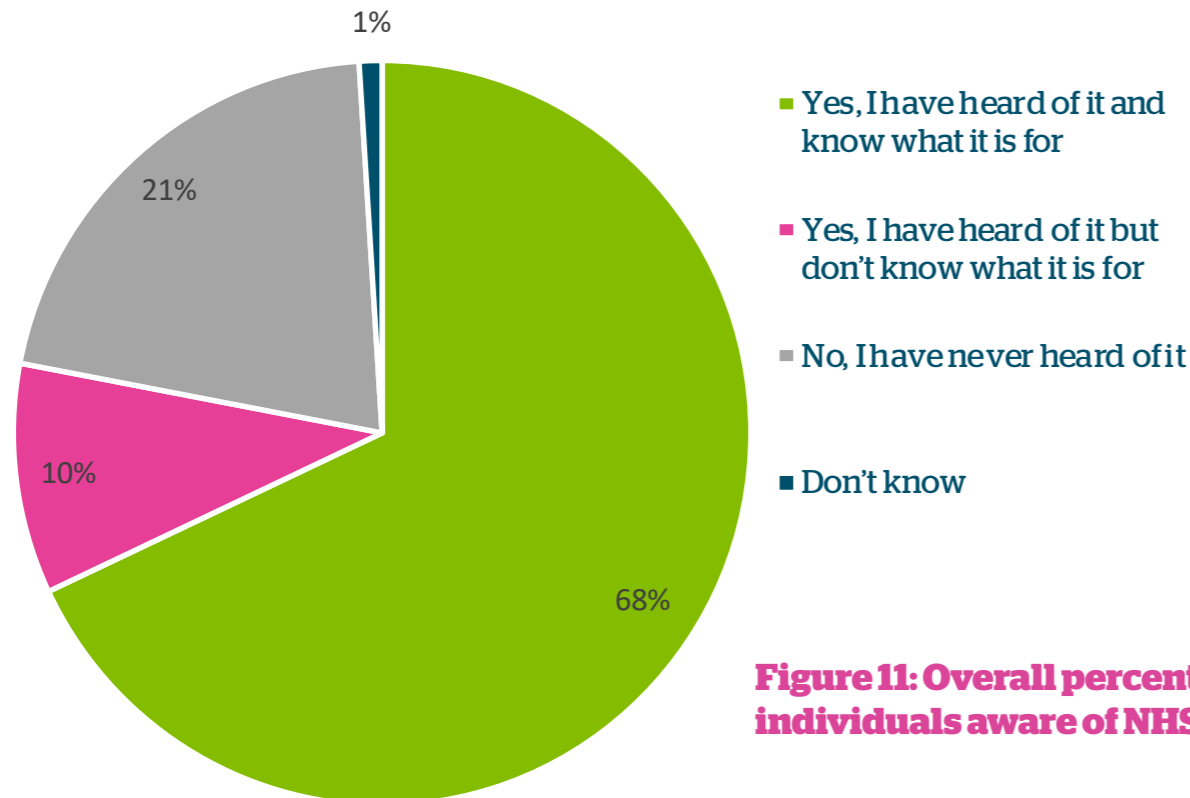


Figure 11: Overall percentage of individuals aware of NHS111

The borough with the least percentage of individuals who had heard of NHS111 and knew what it means, was Enfield (41%).

Just under half of the respondents in Haringey (45%) and Islington (42%) reported that they did not know what NHS111 was or that they did not know what it was for.

Individuals in Barnet and Camden were most familiar with NHS111. Over 80% of people in these boroughs reported that they have heard of NHS111 and knew what it is for.

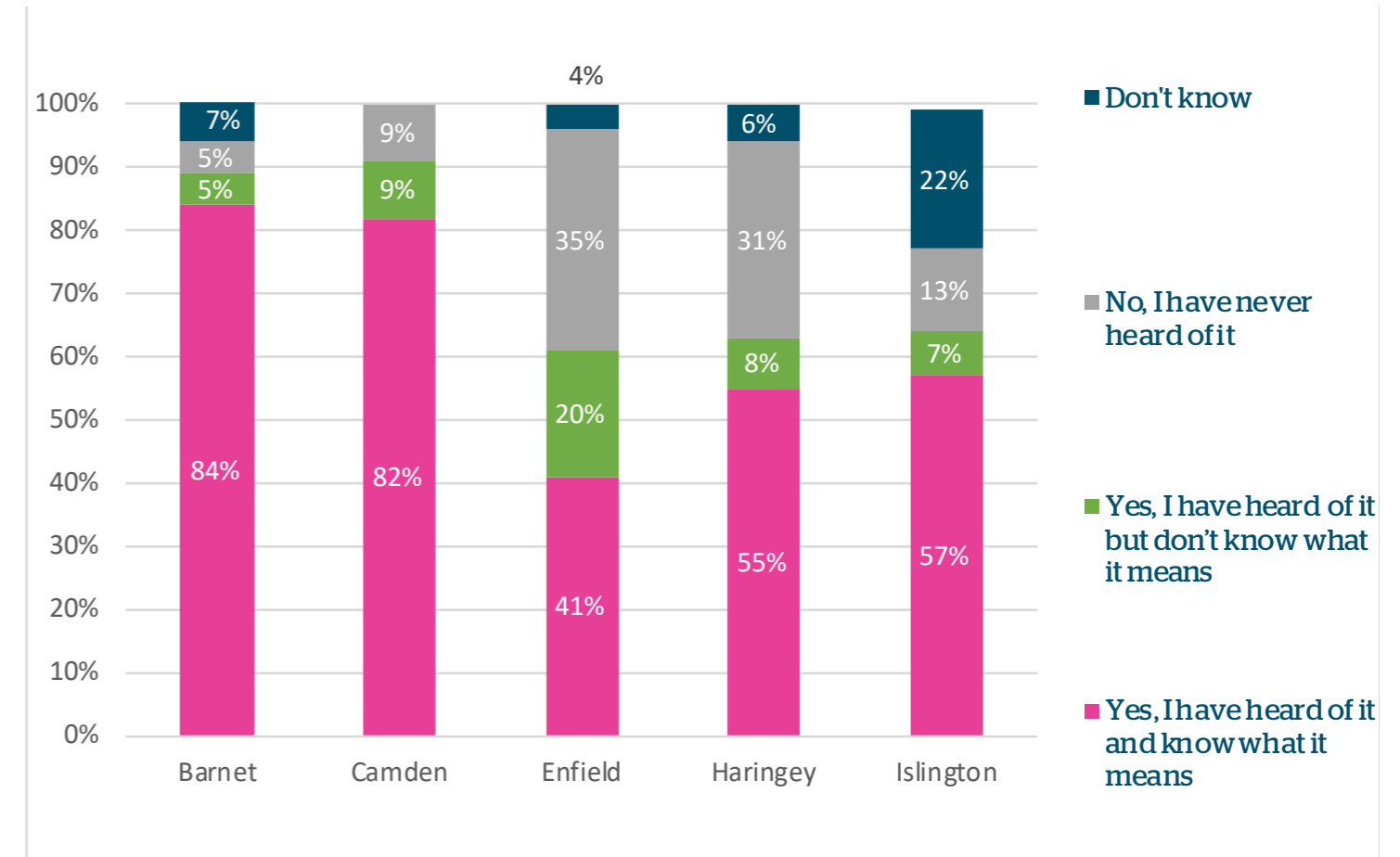


Figure 12: percentage of individuals aware of NHS111 by borough

Although a slightly higher percentage of males were familiar with the NHS111 business card advert, when asked if they had heard of NHS111 before today, 10% more females than males said that they had and that they knew what it means.

A similar percentage of males and females reported that they had heard of it but don't know what it means or that they had not heard of it.

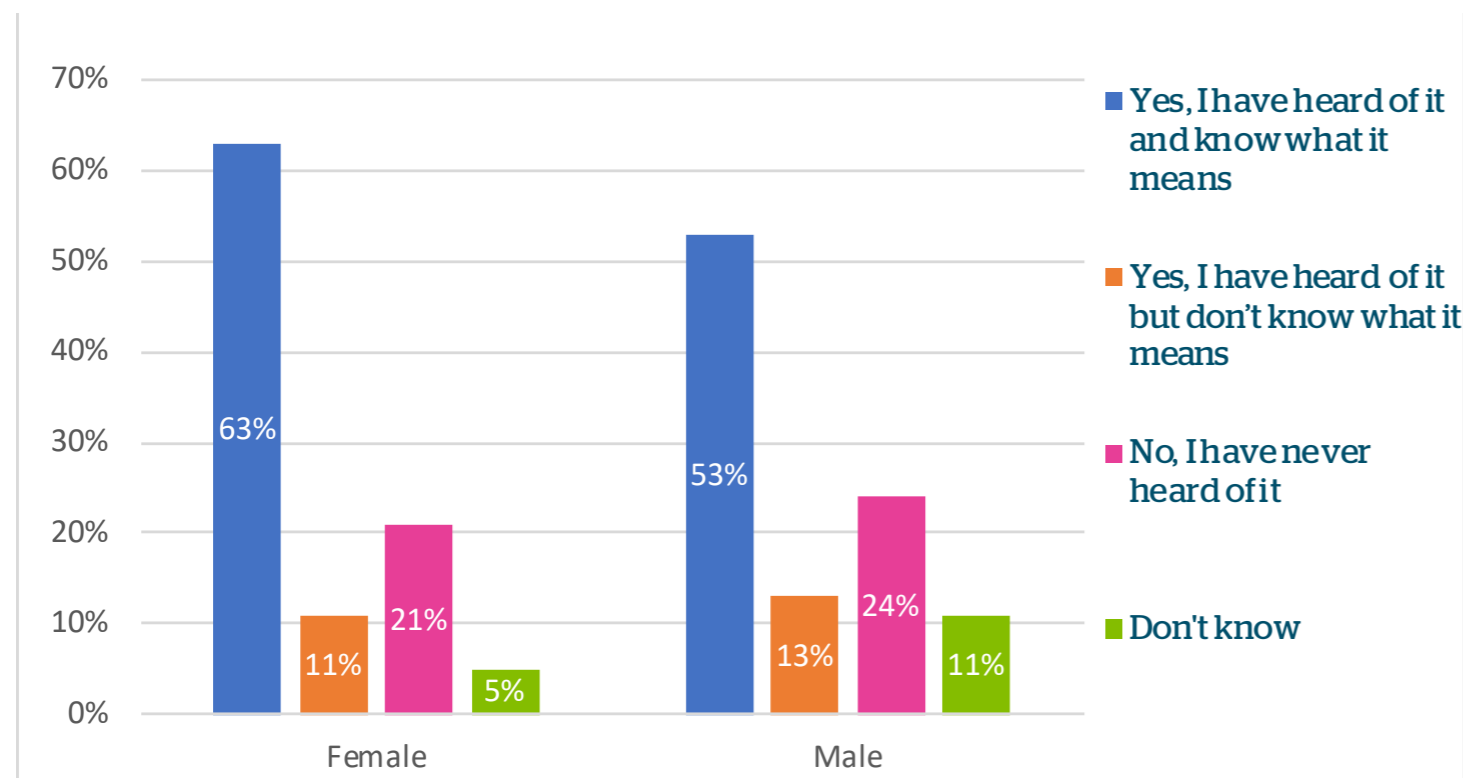


Figure 13: percentage of individuals aware of NHS111 by gender

Individuals aged 18-24 were the most familiar with NHS111 (65%), followed by those aged 55-69 and 70 plus (64% each). Over half 25-39 year olds and 40-54 year olds were also familiar with NHS111 (56% each) (Figure 14).

The individuals most familiar with NHS111 are those that are self-employed (69%), volunteers (67%) and individuals who are retired (65%). Housewives are least aware of NHS111 (45%) (Figure 15).

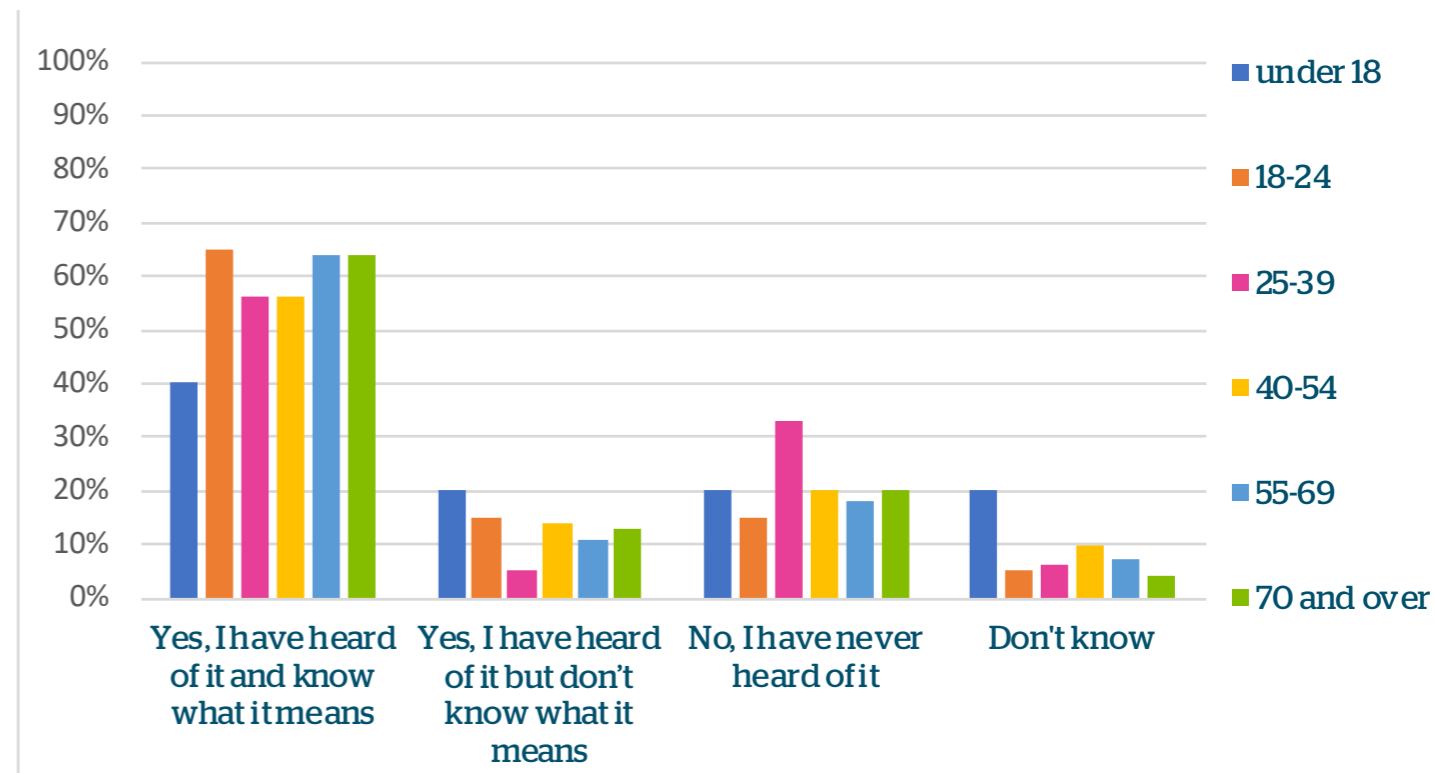


Figure 14: percentage of individuals aware of NHS111 by age

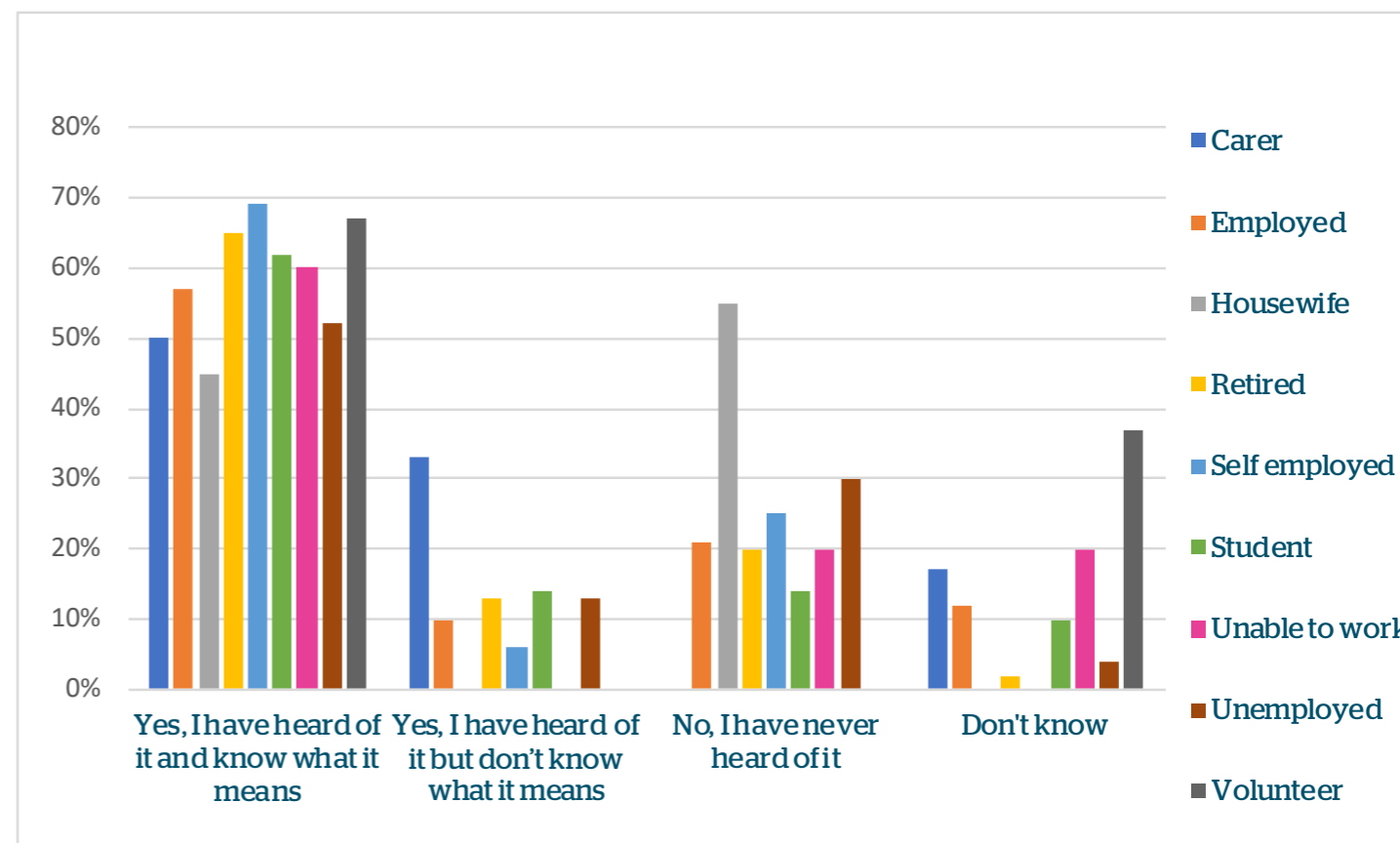


Figure 15: percentage of individuals aware of NHS111 by employment status

Findings

Communications through CCG



Summary of findings

Our results suggest that, on average, 4 in 5 people were not aware of GP Hubs and extended access to primary care over the winter period.

Clinical Commissioning Groups' websites may not be the most appropriate communication channel as only 7% of respondents reported obtaining information about a GP Hub through their Clinical Commissioning Group

Almost 1 in 2 people who knew about GP Hubs, found the information

through speaking to a member of staff at their GP practice or through information at their GP practice.

Approach and detailed results

Clinical Commissioning Groups and GP practices were provided with a template to copy onto their website to inform individuals about GP Hubs in their area. We asked individuals, if they knew about the existence of GP Hubs.

78% of respondents did not know that they could have booked a GP appointment out of hours at their local GP hub.

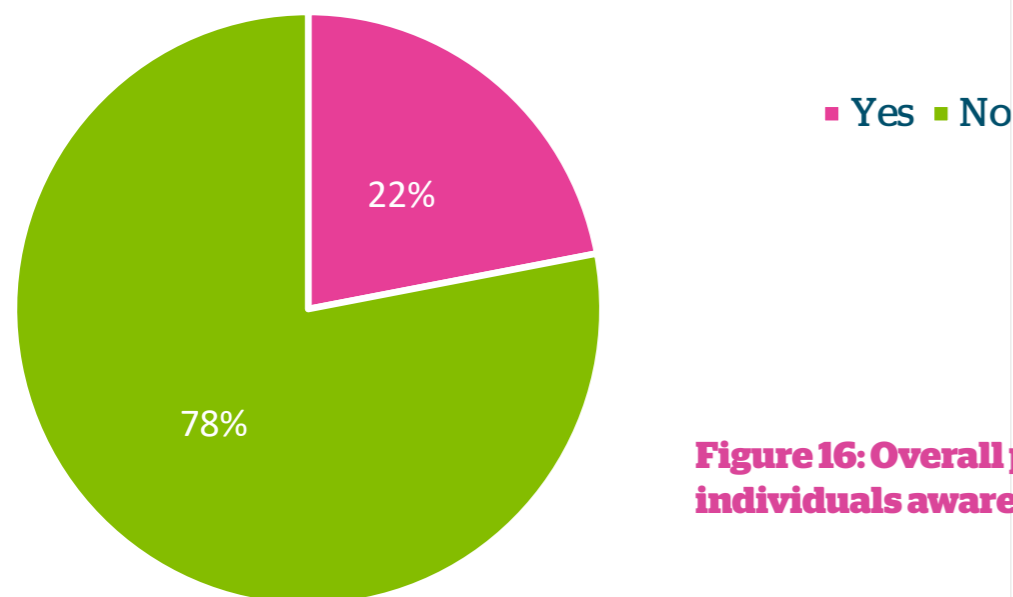


Figure 16: Overall percentage of individuals aware of GP Hubs

Of those who were aware of GP Hubs, 37% said that they knew about the GP Hubs through talking to staff members at their GP practice or through seeing publicity materials at their GP practice.

and a few people knew about them through their local CCG or calling NHS111. Just 4% of the people we spoke to were aware of the GP Hubs through Social Media.

Some people knew about the Hubs through their local Healthwatch (18%)

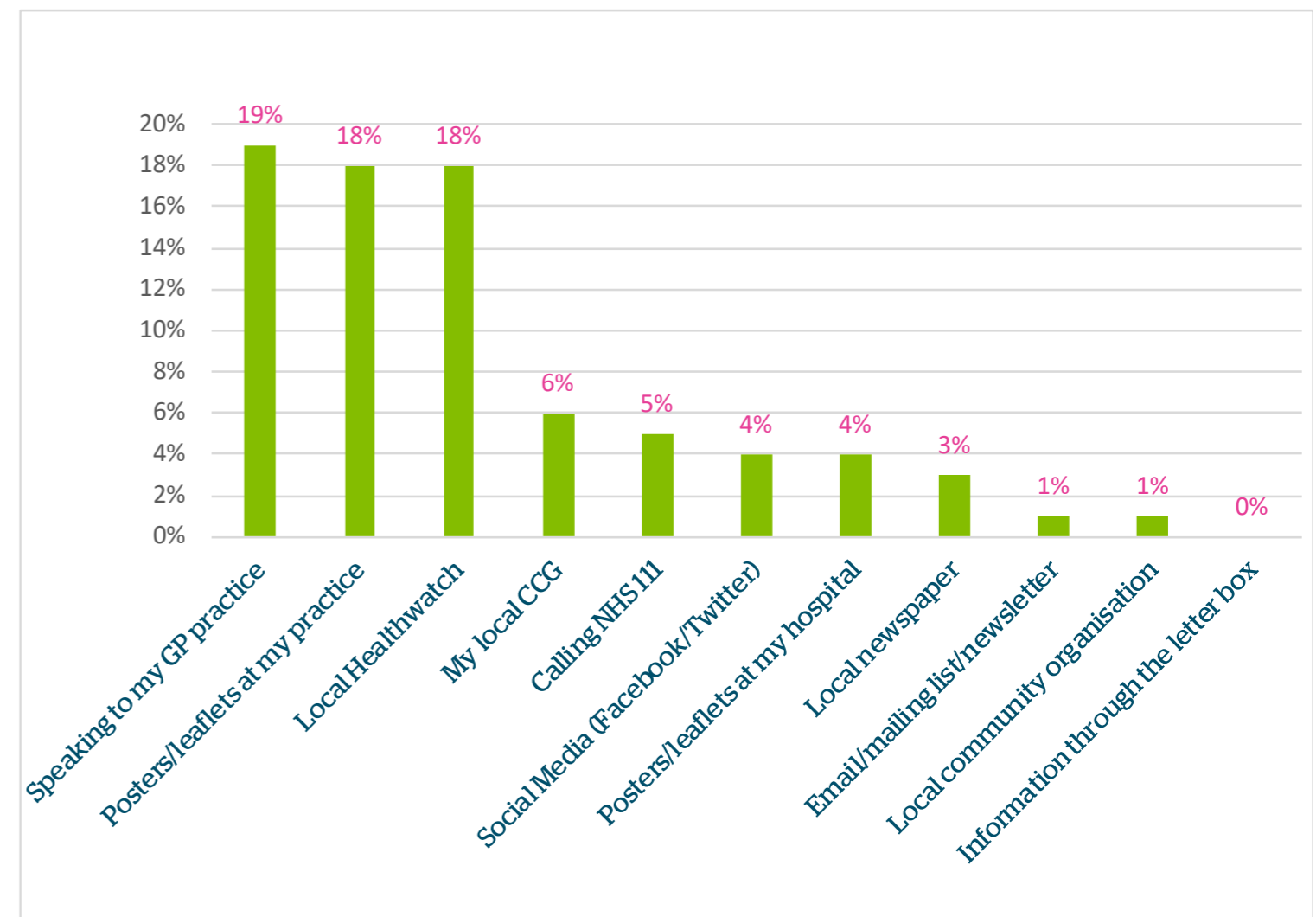


Figure 17: percentage of individuals who have found out about GP Hubs through different channels

On average, around three quarters of respondents in each borough did not know that they could book

an appointment at a GP Hub; this number is slightly higher for in Enfield, where it reached 86%.

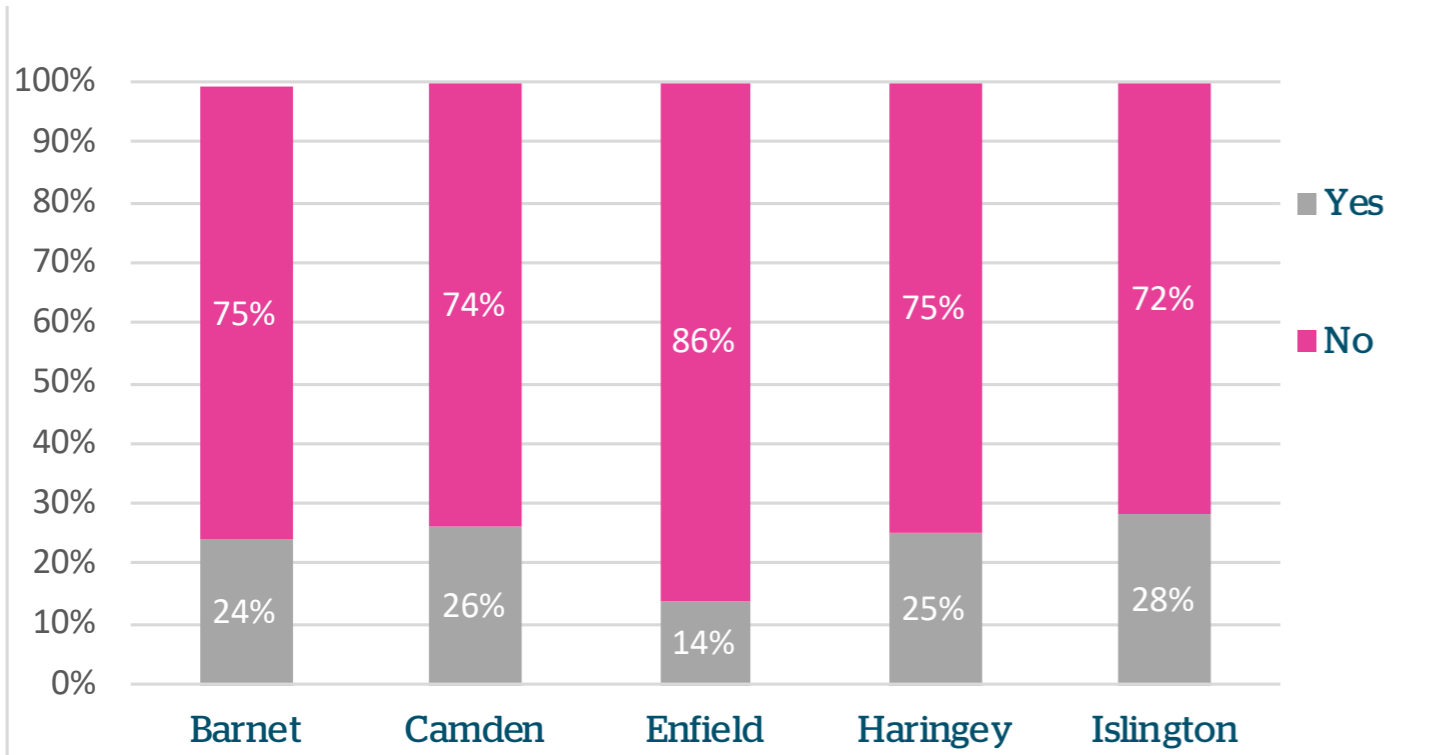


Figure 18: percentage of individuals aware of GP Hubs by borough

Although our sample size included double the number of females to males, the percentage of females and

males who did know about GP Hubs is the same.

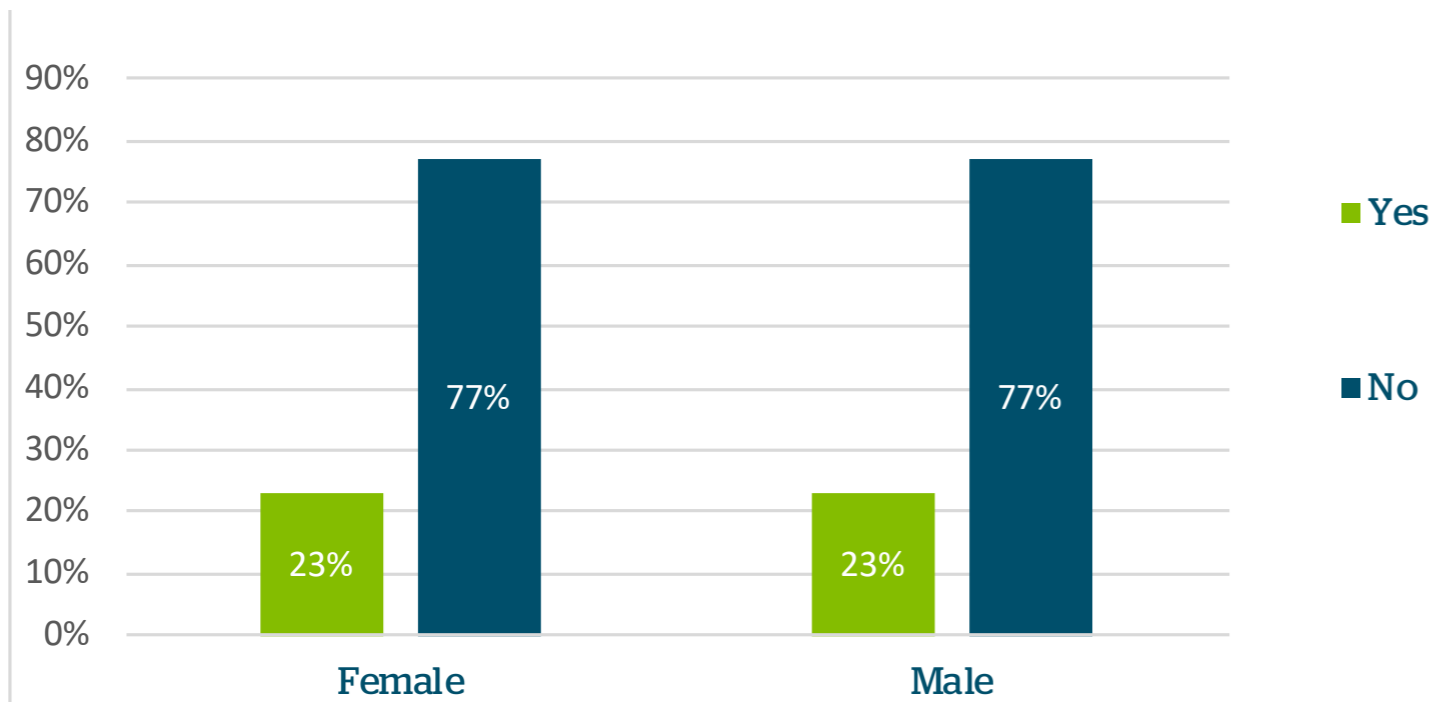


Figure 19: percentage of individuals aware of GP Hubs by gender

Almost a third of 18-24 year olds (30%) and individuals aged 70 and over (29%) were aware of the GP hubs. A quarter of those aged 55-69 were aware (24%), followed by 22% of 25-39 year olds and 18% of 40-54 year olds (Figure 20).

housewives, students, and volunteers know about the GP Hubs. Those that are retired know about the GP Hubs less (28%) in addition to those who are employed (20%).

A small percentage of those who are self-employed (6%) and unemployed (4%) are familiar with GP Hubs. No carers knew about the GP Hubs (Figure 21).

The individuals who were most familiar with GP Hubs were those who are not in work because they are unable to work (40%). A third of

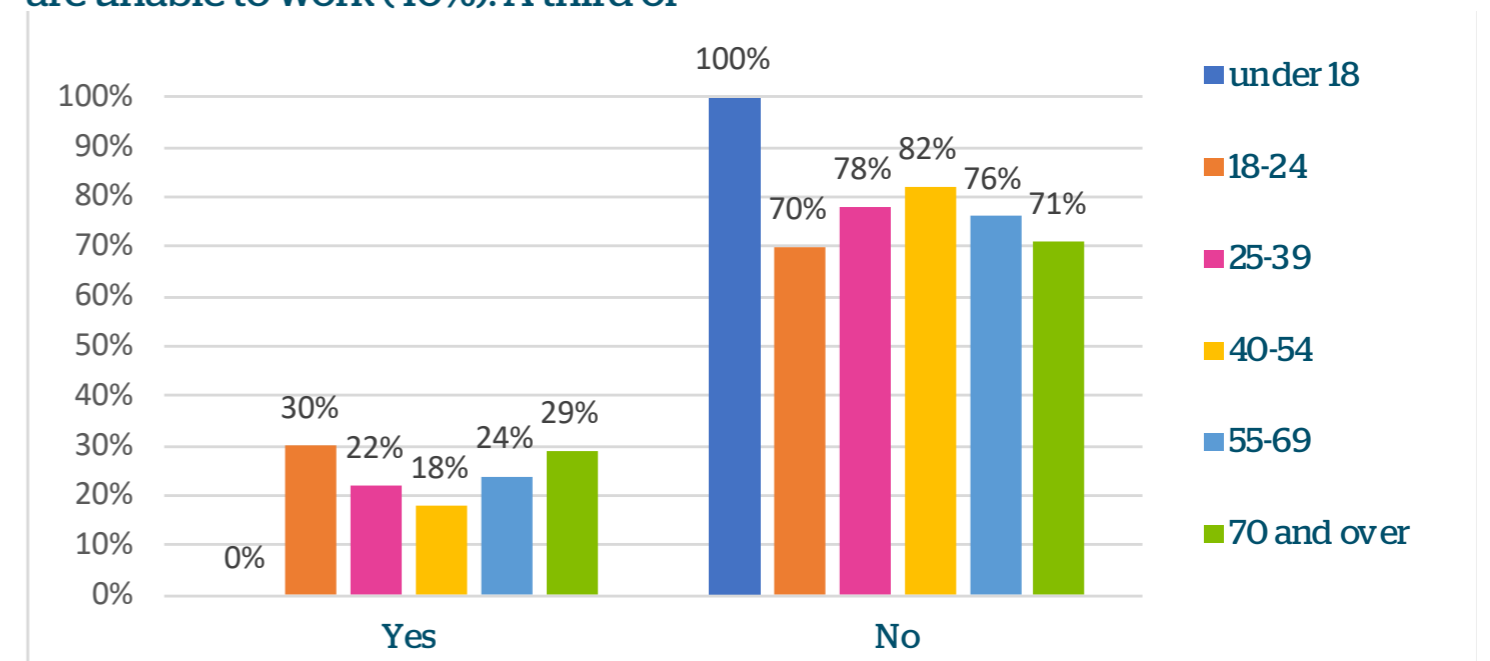


Figure 20: percentage of individuals aware of GP Hubs by age

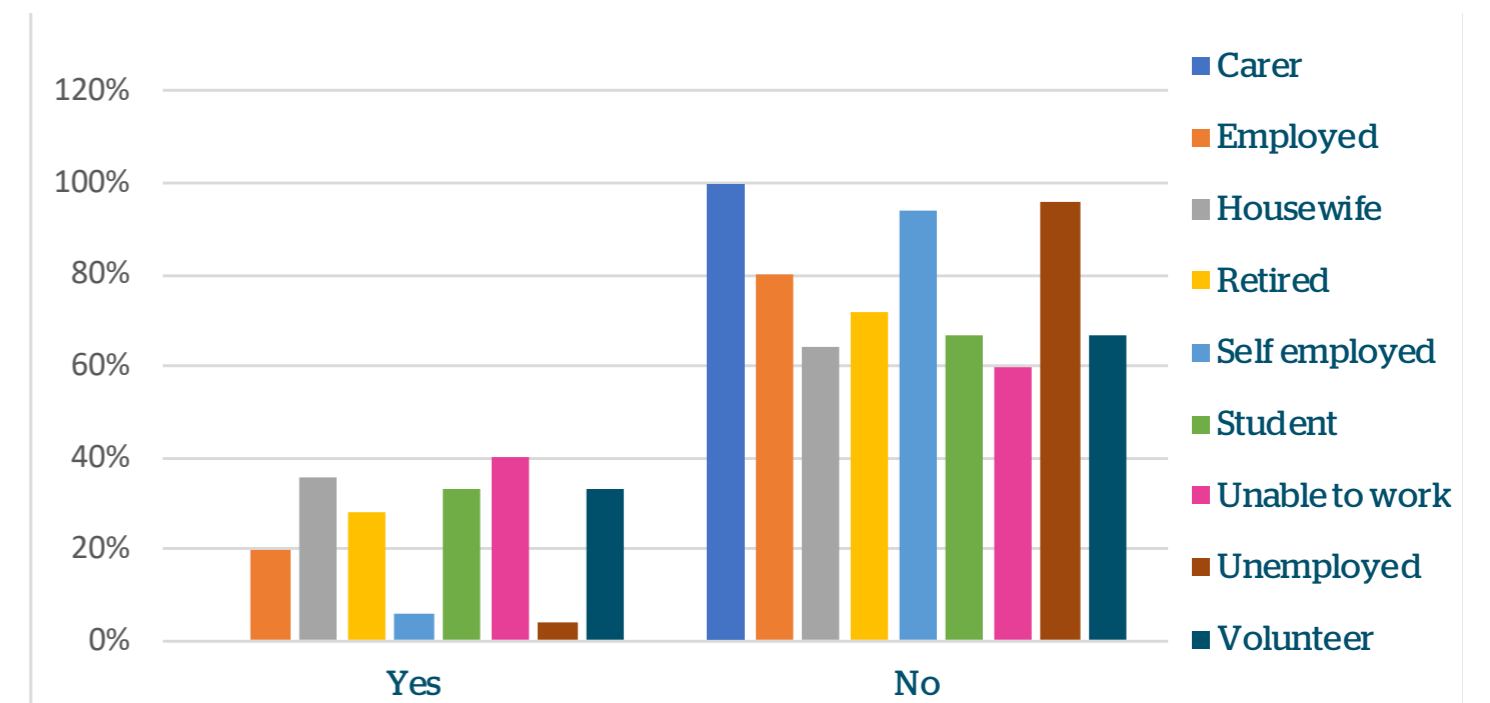


Figure 21: percentage of individuals aware of GP Hubs by employment status

How to communicate better?



To support the development of future communication campaigns, we asked individuals how they keep up to date about health services in their area, to find out information about new services or changes to existing services.

Over one third of respondents told us that they do not keep up to date about health services in their area (37%).

Of the people that do keep up to date about health services in their area, one third stay updated through information at their GP practice (32%) and 18% use the internet to keep updated.

Some people keep updated via the local newspaper, their local Healthwatch or via the TV.

Just 4% of respondents reported that they keep up to date via social media, such as Twitter or Facebook (Figure 22).

Information at GP practice

Whilst looking at the most popular methods of keeping up to date about health services, over half of individuals in Camden rely on information at their GP practice (54%). This is also true for over a third of individuals in Islington (37%), almost a third in Haringey (32%) and almost a quarter in Barnet (24%).

Individuals in Enfield use information at their GP practice to keep up to date the least (20%) (Figure 23)

Not keeping track of changes

Exactly half the individuals in Enfield said that they do not keep track of changes to health services in their local area (50%) and slightly less said the same in Barnet (44%). Just under 30% of individuals said this in Camden (29%) and Haringey (27%). The borough with the lowest percentage of individuals who do not keep up to date with changes to health services is Islington (16%).

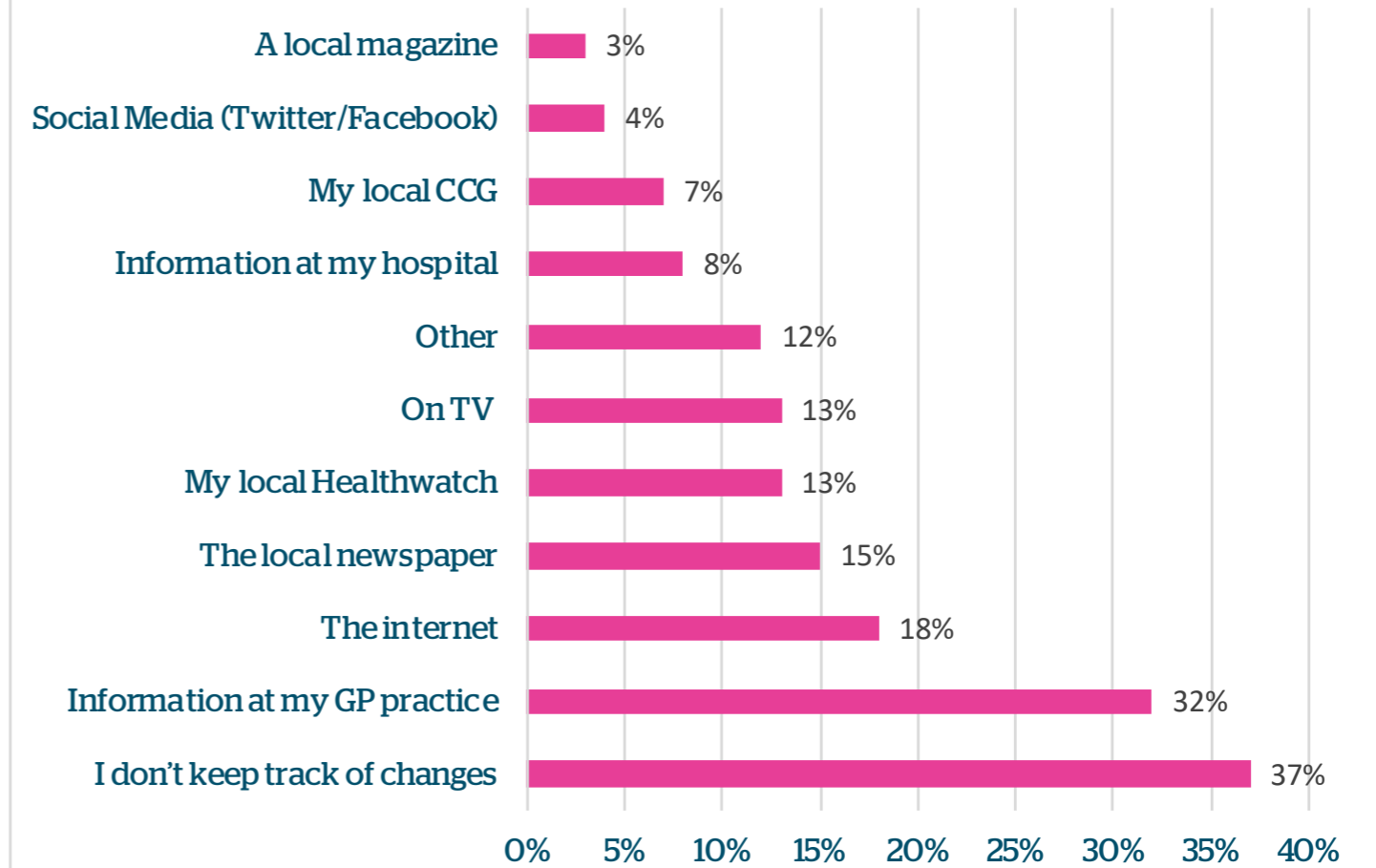


Figure 22: percentage of individuals who keep up to date of changes in health services via different communication channels

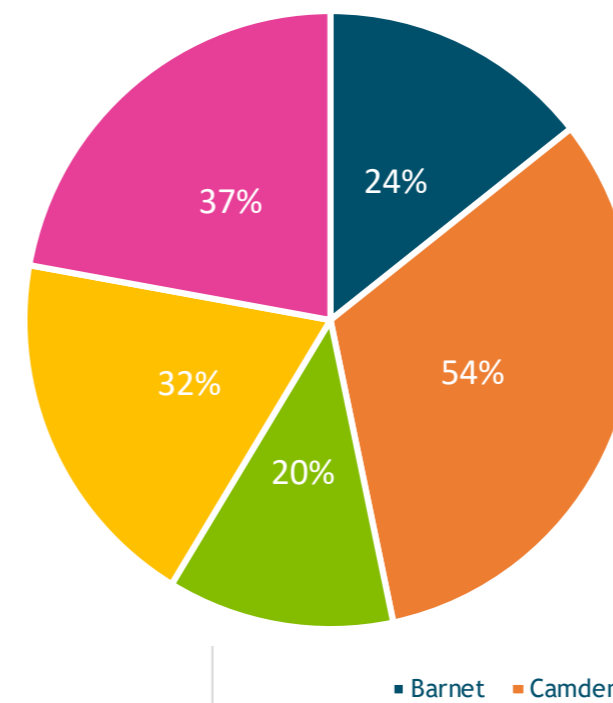


Figure 23: percentage of individuals in each borough who keep up to date with information via their GP practice

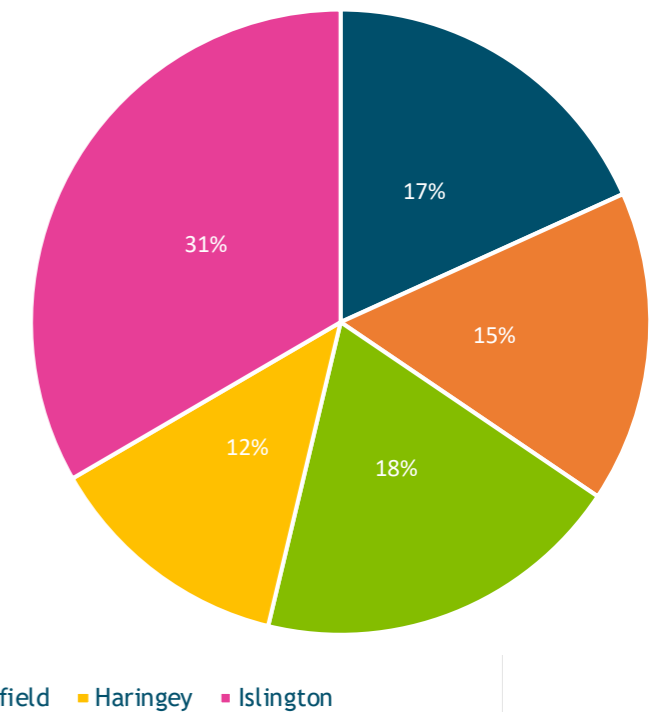


Figure 24: percentage of individuals in each borough who keep up to date with information via the internet

Conclusions and recommendations



The wealth of data collected across the five boroughs of North Central London does not provide consistent results about the effectiveness of the Winter Communications campaign. Small successes can be celebrated however, there is room for improvement, in line with the following:

Recommendations for the business card campaign

1. Creative ways to disseminate the advert in alternative formats should be explored, such as the use of videos on waiting room TV screens and a template for local voluntary and community organisations to use in their newsletters and publication materials.
2. Campaigns should focus on distributing the business cards at different points of a patient's journey as a preventative measure, rather than giving them to individuals when they are already in need of medical help and under a large amount of stress. This could include distributing the cards to individuals at GP

practices by reception staff when attending an appointment, utilising pharmacies and/or distributing them through local voluntary and community organisations.

3. The business card should be complemented by posters in all GP and hospital waiting areas. The posters should be visible and be available in large print, easy read and alternative languages to ensure that they are accessible to all.

4. A specific campaign should be developed for those who are least aware of the current business card campaign. These individuals include those aged 55-69, 70 plus and carers; individuals whose current circumstances may make them isolated and prevent them from accessing existing campaigns. Relevant local and community sector organisations could be key in helping campaigns to reach these individuals.

Recommendations for the digital campaign across London

1. The campaign should not solely

rely on the use of social media and should utilise other popular websites, both locally and nationally

2. During the planning stages of future campaigns, it is important to be mindful that a large proportion of individuals consciously do not keep up to date with changes in health services in their area. It is therefore important to focus campaigns around communication channels that individuals already use to keep updated about other news in their area, such as the TV and local magazines and newspapers. We are however mindful that using the TV as a communication channel may not be financially viable.

3. Specific campaigns should be developed for individuals least aware of the current digital campaign. This includes individuals aged 70 plus and housewives. Local schools, children centres and voluntary organisations could be key in helping campaigns to reach housewives in particular.

4. Specific campaigns should be developed for the boroughs where levels of awareness were the lowest; this includes Enfield and Haringey within the North Central London footprint. A targeted campaign for North Middlesex University Hospital NHS Trust, serving populations across Enfield and Haringey, is recommended as the hospital has experienced unprecedented demand

and capacity issues this winter.

Recommendations for the communication through Clinical Commissioning Groups and practice websites

1. Future campaigns should not rely on the use of Clinical Commissioning Groups and practice websites; alternative local distribution channels should be mapped and considered with patients and service users

2. Campaigns should be developed for those who are not registered at a GP practice and for those who do not visit their GP practice regularly.

3. Specific campaigns should be developed for individuals least aware of GP Hubs, such as carers. It could be argued that demand for GP Hubs may be greater in individuals who are being cared for and that targeting communications to those that care for them is an effective channel to increase awareness of GP Hubs. Any approaches to enhance the effectiveness of future communication campaigns should be co-designed with local people to address significant areas of disparity; to ensure resources are committed to support initiatives that work for vibrant communities of Barnet, Camden, Enfield, Haringey and Islington.

