

## ShowCase

### Getting the Right Treatment

**Topic:**

Misuse of A&E

**Organisation:**

Tower Hamlets PCT

**Location:**

Tower Hamlets (London)

**Dates:**

2005 to 2008

**Budget:**

Phase 1 – £60,000;

Phase 2 – Approximately £40,000

**Website:**

[www.towerhamlets.nhs.uk](http://www.towerhamlets.nhs.uk)



### Overview

Getting the Right Treatment was a comprehensive social marketing programme to address misuse of Accident and Emergency (A&E) services in Tower Hamlets, specifically amongst the Bangladeshi community.

Phase 1 (December 2005 to September 2006) involved a 'Local Heroes' campaign, to raise awareness and promote use of alternative local health services.

Phase 2 (October 2006 to April 2008) involved a complete assessment of care pathways and reconfiguration of access systems to improve alternative health services.

#### Phase 1 results:

- 6.4 per cent decline in attendances at the Royal London Hospital A&E department between September to January 2005/06 and September to January 2006/07
- Spike in Pharmacy First consultations
- Increase in number of males aged 20 to 29 accessing local GP surgeries

#### Phase 2 results:

- Increase in case management from 393 in 2007 to over 1000 in 2008
- 2,245 patients per month treated by GP Out-of-Hours service
- Significant increase in attendance at walk-in centres

## Background and policy context

The Accident & Emergency (A&E) department at The Royal London Hospital, Whitechapel, has a global reputation and is one of the busiest A&E departments in the UK. On average, it sees 9,500 patients each month.

However, in 2004, Tower Hamlets Primary Care Trust (PCT) was increasingly struggling with the mounting cost of inappropriate use of this A&E department. Between 2002 and 2004, the number of Tower Hamlets patients using the service doubled. Many of these users were presenting with minor symptoms, including headaches, diarrhoea, vomiting and fainting. All of these could be better treated outside of the hospital system.



The weight of the problem intensified when, in 2004, the Department of Health (DH) set a 'four-hour wait' target, meaning that all A&E visitors must be seen by health professionals within four hours of arrival. This increased time pressure on the emergency department highlighted the need to reduce inappropriate visits and thereby reduce the number of patients awaiting actual emergency care.

By doing so, the PCT team hoped to relieve pressure on the service, thus avoiding negative patient experiences and reducing the risk that the overburdened A&E department would become clinically unsound.

'Getting the Right Treatment' was developed to promote better use of alternative community health services in the provision of urgent care (where an individual requires an immediate or quick response, in a variety of situations). By directing patients through alternative care pathways, it was hoped that the A&E department would be able to focus its attention

on more specialist, trauma cases, whilst empowering patients to care for themselves in the long term by using other services effectively.

## 1. BEHAVIOUR

Customer research provided a strong foundation for the team's social marketing strategy, enabling them to produce an informed list of social marketing aims to guide the intervention.

The primary aim across both phases was to reduce attendance at the local A&E departments, by encouraging uptake of alternative local services.

### Phase 1

Phase 1 aimed to reduce the number of people using A&E while increasing the number using out-of-hours, registering with Pharmacy First and attending GPs. However, no specific targets were set for this. A key learning from Phase 1 was to set SMART (specific, measurable, achievable, realistic and time-bound) objectives ahead of future interventions.

Specific objectives were to:

- To educate local populations and frontline staff about appropriate types of care and care settings in their local areas
- To encourage patients to self-care or seek local, community-based alternatives for their urgent care needs in order to relieve the pressure on A&E departments
- To raise local residents' awareness of the wide range of local healthcare professionals and their skills

Data from the following sources was used to measure baselines and behavioural change:

- A&E attendance records from the Royal London Hospital (and Homerton Hospital and Newham Hospital for comparison)

- Out-of-hours attendance records
- Number of new registrations from Pharmacy First scheme
- Data from 2 GP services on consultations with 20- to 29-year-old males
- Survey with respondents from local community looking at differences in attitude between pre and post campaign

## Phase 2

Phase 2 aimed to continue the reduction of A&E use, but also to achieve a series of service-related objectives. These included to:

- Develop better integrated, more localised services – Increasing the range and plurality of services to meet the needs of Tower Hamlets’ communities
- Achieve improvement in accessing a GP (within 48 hours)
- Ensure a consistently high level of care and patient experience between alternative urgent care services
- Introduce key points of access to the system to ensure simplicity and effective follow up
- Ensure that local networks of GPs, Pharmacists, Dentists, Community Nurses, Community Therapists, Social Care Workers and Community Mental Health Teams work together more closely to provide a range of urgent care support
- Develop 8 ‘networks’ of care providers over the next 10 years, to deliver coordinated care to registered patients and replace the fragmented nature of services (which incorporated 36 general practices and various teams scattered across the Borough, accommodated in units that were often not fit for purpose)
- Explore the expansion of the GP out-of-hours service to provide a service across the whole 24-hour period, initially for registered patients
- Commission GPs to provide extended services and opening hours from 8.00am to 8.00pm, 6 days a week, with same day appointments for urgent care needs, a

- telephone based response and an appointment within 48 hours if required
- Provide an assessment and streaming service to help patients identify their health need and direct them to the right service either to A&E or community based services

## 2. SEGMENTATION

Data analysis found that the two age ranges with the highest number of A&E attendances were:

- 0- to 4-year-olds
- 20- to 29-year-olds

This indicated that 20- to 29-year-olds, attending A&E on their own behalf and as parents of young children, would be an effective target audience for the social marketing programme.

Furthermore, the highest concentration of users of A&E was in the areas nearest to the Royal London Hospital and the predominant ethnicity in this area was Bangladeshi.

A&E attendees from 2002 to 2004 were segmented according to the part of the world their forebears were most likely to have originated. Every person was placed into 1 of 195 Origins types, grouped by type of name, religion, language or geography.

The analysis found that while inappropriate A&E visits spanned many groups, repeat users (i.e. those who used A&E several times a year for minor symptoms) were most often of Bangladeshi origin, male and in the 20- to 30-year-old age group. In fact, 30 per cent of Bangladeshi A&E attendees had visited the department 3 or more times in the past year.

### Phase 1

Getting The Right Treatment worked with the local Bangladeshi community to create a better

understanding of the role of 'local heroes' such as GPs, pharmacists and health guides.

The programme used trained Health Guides from the community development charity Social Action for Health. These were individuals from the local Bangladeshi community who spoke the language fluently and were trained as outreach workers to go out into these communities and attend relevant local venues (such as men's clubs and Whitechapel Market), publicising local alternative services and answering any questions individuals had. A contract was drawn up to ensure that use of these trained community members continued on a formal basis.



In addition to using Health Guides, posters were displayed in key community venues, including community centres and mosques. Two local surgeries also completed direct mail distribution, and leaders in the local Bangladeshi community were used as key communicators of the 'local heroes' message.

### Phase 2

Children under four years of age also emerged as a frequent user group from the initial data analysis. This group was concentrated on more thoroughly in the second phase of the programme.

Primary care support was commissioned for urgent paediatric care based in the walk-in-centre, in conjunction with health visitor teams. A communications plan was also developed

with Getting the Right Treatment materials specifically aimed at children and parents.

## 3. CUSTOMER ORIENTATION

Customer understanding underpinned the entire programme as it was essential to understand who was misusing A&E, and more about their values and motivations. Extensive market research was conducted, including focus groups, depth interviews, a telephone survey and consultation events. The aim of this process was to understand attitudes and behaviours of local residents and users of A&E, as well as the availability of viable alternative services.

### Phase 1

Research in the first phase of the programme consisted of data analysis of individual attendance records at A&E, as well as qualitative research in the form of discussion groups with the target audience and depth interviews with A&E staff. This research was conducted by Dr Foster Intelligence.

#### *Data analysis*

Data from 200,838 attendance records (from January 2004 to January 2006) was analysed, profiling attendees by age, gender, ethnicity, location and lifestyle. This enabled identification of the groups of people most likely to use A&E (see 2: Segmentation).

#### *Discussion groups*

Two focus groups were conducted with people of Bangladeshi origin aged between 23 and 26, all of whom had used A&E 2 or more times in the past 12 months. One group consisted of eight women, the other group of nine men.

#### *Depth interviews*

Eight in-depth interviews were conducted with staff from the A&E department of the Royal

London Hospital and the Whitechapel Walk-in Centre.

## Phase 2

The purpose of the second phase research was to ascertain how local services were used; what users thought of them; how the system performed in 2006/07; and what improvements could be made.

In order to develop a revised Urgent Care Strategy, intensive research was conducted over a three-year period with local service users and local healthcare professionals. This included:

- Telephone survey of 500 people by SMSR, a market research organisation – To understand what a cross-section of the local community thought of services provided and how able they felt they could access these services, and to establish what they felt about the improvements in GP access and their response to the Getting the Right Treatment media campaigns
- Comprehensive review of all local urgent care providers, including: GP practices; out-of-hours GP services; local pharmacists; dentists; NHS Direct; walk-in centres; London Ambulance Service; urgent response services for sexual health, counselling and rape advice; and local A&E departments. This research was conducted by the Primary Care Commissioning Directorate and involved mapping all available service providers
- User questionnaires and an analysis of complaints, to assess user views of services. Generally the out-of-hours and walk-in centres received few complaints (less than 0.01 per cent of patients seen). Surveys suggested that the walk-in centres were particularly welcomed for their convenience, but were criticised for their waiting times at peak periods

- Ipsos MORI's GP Access Survey (July 2007) to assess availability and speed of access to GP services in Tower Hamlets
- Quantitative and qualitative review, carried out by Dr Foster Intelligence, of paediatric A&E to inform a strategy to develop primary care support for children with urgent care needs

## 4. INSIGHT

### Phase 1

Data analysis revealed that the highest concentration of A&E users was in the areas nearest to the Royal London Hospital, and that the predominant ethnicity in this area was Bangladeshi.

Following this, focus groups with Bangladeshi men and women revealed that these groups were using A&E because:

- They were confident that they would receive the best possible diagnosis and treatment at A&E, and were guaranteed to be seen by a doctor

“The doctors at A&E give us a much better service than our own GP. They have a proper look at you, they assess you, which is very good. It reassures you even though there may not be anything wrong with you.”
- They were often unsure about the severity of symptoms and did not want to ‘take a chance’ with their own or their family’s health
- Their experience and opinions of A&E were more positive than about other primary care services (i.e. they would trust an A&E doctor, but not a GP or pharmacist)
- Cultural factors played a part in terms of the different expectations these groups had about the role of doctors

- They needed to be persuaded that excellent local health care could be found on their doorstep (at their local GP surgery or at other services close to home) – Dependence on A&E reflected the difficulty of accessing primary care services out of hours, combined with the knowledge that A&E was open 24-hours, that you would always be seen by a doctor and that waiting times had considerably improved

## Phase 2

Research with service users and providers revealed the following fundamental insights:

- If presented with reliable and accessible community services, people would prefer to use these for many of their needs instead of going to A&E
- Local residents found it difficult to gain fast access to their GP – Ipsos MORI's survey showed that GP practices in Tower Hamlets offered 48-hour access only 68 per cent of the time, compared to the London average of 81 per cent)
- The development of local case management (one-to-one support for people with complex or long-term health needs) would help individuals coordinate their care and develop self-care and disease management skills
- For older people, A&E services were particularly unsuitable, given the requirement to travel and then wait for assistance
- Complexity and confusion over services often compromised the effectiveness of hospital-based care – The A&E service was suffering because it had to provide a range of services to many different users
- Many health needs could be met more satisfactorily by investing in systematic management of longer term conditions within the community, using a range of other services designed to support care in non-life threatening situations

- Over 40 per cent of A&E attendances were for health problems that could have been dealt with in primary care

## 5. EXCHANGE

Throughout Phases 1 and 2, programme planners aimed to identify barriers to using alternative services and to minimise these as far as possible. It was hoped that by creating the right conditions for behaviour change, a win-win situation could be created, which would be better for service users and for service providers.

### Barriers

- Dissatisfaction with other health services such as GPs and walk-in centres, particularly around waiting times and length of consultation
- Lack of knowledge about the alternative services available and where they are located
- Lack of signage to alternative services makes them hard to find, compared to A&E which is heavily signposted
- Culturally used to consulting doctors as soon as symptoms appear and without making an appointment
- Culturally used to doctors carrying out a battery of checks and prescribing medicine
- Culturally used to trusting doctors on a ward wearing 'white coats', not GPs sitting behind a desk, wearing civilian clothes
- Frustration and negative perceptions of UK healthcare, as these expectations were often thwarted in the UK context

### Benefits of broadening the healthcare base and creating a network of coordinated local services

*For the individual:*

- Ensures users get the right service at the right time

- Provides local access wherever possible (minimises travel time and inconvenience)
- Reduces waiting times for attention and care
- Better customer care from services that are less over-stretched
- Improved self-efficacy – Patients feel much more informed and confident to use alternative services to A&E, or to treat themselves at home
- Opportunity to form long-term relationships with community-based health professionals

*For the professional:*

- Use professional skills in the most effective way
- Reduce pressure on A&E department and allow better management of staff workloads
- By offering more choices for the patient outside hospital, A&E will be able to concentrate on major problems for local people and provide a specialist trauma service for all of London

increase as a result of the 2012 Olympics. This will continue to add more strain to the system and potentially require even more amendments to the health provision offer and local population behaviours

2. **Population diversity** – 48 per cent of the Tower Hamlets population are from minority ethnic groups (33 per cent Bangladeshi). This ethnic mix means a more complex set of health issues and different expectations of services, requiring the development of an integrated service package that will meet a range of requirements and expectations
3. **Relative poverty** – Lower levels of employment and poorer housing. Higher incidence of cancer and coronary heart disease compared to the rest of England and more local people suffering from long-term conditions, leading to more frequent use of urgent care services. It is estimated that there are 45,000 people living in Tower Hamlets with 1 or more long-term condition, creating a challenging environment for the long-term delivery of urgent care networks

## 6. COMPETITION

The main source of competition for alternative health services is the A&E offer itself. However, by coordinating and publicising alternatives and improving their actual service offer, Getting the Right Treatment created a more competitive alternative product, which endeavoured to draw people away from dependence on A&E.

In the longer term, however, the success of this programme will be affected by external competing factors, which will put even more pressure on the new service as it develops.

In particular, three demographic issues have a bearing on urgent care services in Tower Hamlets:

1. **Population growth** – Estimated to grow from 230,000 to 270,000 over the next 10 years. Numbers are also forecast to

## 7. THEORY

The work carried out by the Tower Hamlets team drew on the theory of Social Norms. This states that people's behaviour is strongly influenced by their perception of how other members of their social group behave and their level of desire for conformity with the group.

According to this theory, people often exaggerate or misperceive the behaviour of their peers. For example, if individuals perceive unhealthy behaviour to be the norm in their social group, they are more likely to engage in that type of behaviour. Therefore, if a group can be educated about healthy behaviours that are the norm among their peers, behaviour can be affected in a positive manner.

Social Norms Theory can be used to influence individuals by looking at their wider social and

cultural environments. It is useful in social marketing campaigns that can use a variety of interventions to convey 'normative messages' to a target population. For example, a campaign may promote accurate norms of behaviour and health in order to shift individuals' misperceptions that the negative behaviour is the norm.

In the case of Tower Hamlets, the perceived norm was an over-reliance on A&E departments to provide the kind of urgent and non-urgent care usually delivered by community services.

The messages and delivery methods developed by the team helped convey the 'normative' mode of behaviour (that followed by the majority of patients) in a way that resonated with the target audience.

## 8. METHODS MIX

### Phase 1

In August 2006, a trial social marketing campaign, called 'Local Heroes', was implemented to test out different marketing approaches and user responses. This phase focused on raising awareness of the different local healthcare services available (besides A&E) and highlighting how easy it is to register with a GP. Interventions consisted of:

- A market stall in Whitechapel manned for two weeks by health professionals who gave advice to the public and distributed leaflets. At these stalls people could find their nearest GP and register on the spot through the 'Find-a-Doc' scheme. 'Find-a-Doc' offered information and advice about local practices and helped people find a GP locally
- Promotion of the Pharmacy First scheme and supported registration. Since 2005, Tower Hamlets residents have been registering through their GP practice with

Pharmacy First. The scheme enables them to receive medical advice and medication from a pharmacist for conditions such as sore throat, diarrhoea, heartburn, back pain and coughs

- Direct mail letters sent out to target audiences from GPs in key surgeries. These were designed to reassure individuals by explaining the GP's training and experience and the breadth of services available
- 350 posters displayed in key venues within the Bangladeshi community, including schools, Children's Centres, mosques, NHS receptions and GP surgeries



### Phase 2

In January 2008, Tower Hamlets launched Phase 2 of Getting the Right Treatment, as well as a comprehensive Urgent Care Strategy, outlining a host of forthcoming changes to urgent care delivery.

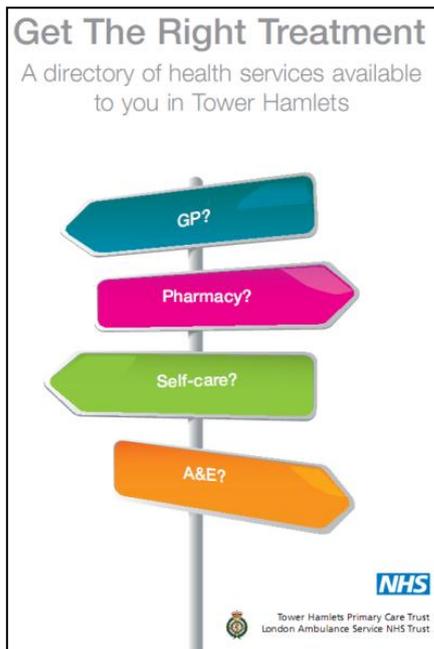
Following the emphasis on awareness-raising in Phase 1, Phase 2 aimed to make actual service changes, improving access to increase uptake of alternative urgent care. The methods mix included:

#### Inform:

- Training courses for frontline care staff (GP receptionists, walk-in centre staff, London Ambulance crews and voluntary organisations) to ensure that all staff knew the healthcare options available and that a

consistent message was delivered to service users

- Ongoing engagement programmes with the community, including outdoor and transport advertising and further direct marketing initiatives
- Production and distribution of a Directory of Local Services, to provide a quick reference point for individuals requiring urgent care



- An Urgent Care Directory for people with learning disabilities was also launched
- Launch of an interactive care website
- Direct mail to 93,000 households in the borough, including 'Out Of Hours' phone number fridge magnets – These were designed with the help of local residents and community groups. All practices in Tower Hamlets are covered by the GP out-of-hours service, which operates every day from 6:30pm to 8am and all hours during weekends and bank holidays. Initial contact is made by telephone and this may be followed by advice from a GP over the phone (62 per cent of cases), a face-to-face consultation (30 per cent) or a home visit (8 per cent). The aim of the fridge magnet was to raise awareness of this service and ensure that residents have access to the phone number in times of crisis

- Urgent care education pack, containing lesson plans, service directory, interactive DVD and guide for patients and staff on local services and self care. The pack was designed to empower the community, educate patients and continue the dialogue that was initiated in the summer of 2006

#### Support:

- Formal establishment of the Urgent Care Assessment Team in A&E at Whitechapel, providing a streaming service and direction to the walk-in centre, A&E or community services
- One-to-one case management of patients – This service was provided to repeat users of A&E with long-term or chronic health conditions. The PCT appointed a dedicated Case Manager who solely operated in A&E and identified suitable candidates for case management, and then supported them to create a long-term, ongoing package of counselling and healthcare within the local service network
- GP opening hours were extended into evenings and weekends, and there are now more appointments available to Tower Hamlets registered patients than ever before. Most practices now offer extended hours beyond the traditional Monday to Friday daytime periods
- There are two walk-in centres in Tower Hamlets, staffed by nurses and GPs. No appointments are necessary. The Whitechapel Walk-In Centre opened in 2001 and is based opposite the A&E department at the Royal London Hospital. Better signage was introduced to ensure visitors to A&E are diverted towards the walk-in centre. A&E receptionists were also been trained to screen those presenting for A&E and direct them towards the walk-in centre when appropriate. The Canary Wharf Walk-in Centre also opened in 2006
- The Out-of-Hours Dental Service began operating in April 2006 and covers patients across the NE London Sector. It provides a

telephone triage service and operates from 6.30pm to 10pm each evening, as well as on weekends and bank holidays. By responding to demand for urgent dental care, the service takes further pressure off A&E

In addition, a package of planned further developments was outlined in the Urgent Care Strategy. This represented a three-phased programme of development:

#### *Phase 1 (2008 to 2009)*

Increase in community services through the first set of new walk-in facilities. The GP Out-of-Hours Service will explore possibilities of providing an in-hours service for GP practices and other in-hours community services. This telephone service will offer assessment, advice and possible appointment booking for other community-based services. An immediate priority within this phase will be achievement of improvements in GP access (within 48 hours) as part of the Access Strategy. The first phase is an important foundation for subsequent investment as the PCT learns more about needs and developing patterns of use of services through the use of pilots, trials and continued consultation.

#### *Phase 2 (2009 to 2012)*

Opening of a new purpose-built unit at the Royal London Hospital, which will house a Specialist Trauma Centre and a new Urgent Care Centre within the A&E site. Agreed clinical assessment and management pathways will be in place in and utilised in the Urgent Care Centre.

#### *Phase 3 (2012 to 2015)*

Opening of four Urgent Care Centres in other localities where new Health and Social Care Centres have been developed. It is envisaged that this will be on the Mile End Hospital site as well as in the North East and South East Localities. These will be integrated units, part of

the Health and Wellbeing Centre, which will also incorporate a GP practice. The same clinical guidelines and protocols that have been developed at the Urgent Care Centre on the Royal London site will be used at all other Urgent Care Centres to ensure consistency across the borough.

### **Partnerships**

Tower Hamlets PCT established partnerships with other Trusts, local GPs and community organisations to help achieve successes during the work phases.

Other partners included:

- London Ambulance Service
- Social Action for Health
- Local clinicians and pharmacists
- St Barts and the London Hospital Trust

### **Evaluation and results**

Results from the programme show a continuous fall in A&E use from 2005 to 2008.

#### **Phase 1**



An evaluation of the Local Heroes campaign was conducted by independent evaluator Stella M Randall in April 2007. Headline results included:

- 6.4 per cent decline in total number of attendances at the Royal London Hospital A&E department between September 2005 to January 2006 and the same period in 2006/07 – Attendance increased at Homerton Hospital (3.6 per cent) and Newham Hospital (2.6 per cent) between the two sample periods
- With A&E services costing between £55 and £100 per visit, this 6 per cent year-on-year reduction in visits represented significant cost savings for the PCT
- Tower Hamlets PCT was the only trust that recorded a decline in A&E attendance
- The number of males aged 20 to 29 attending A&E at the Royal London Hospital declined month on month from September 2006 to January 2007 (from 1,844 to 1,568)
- The number of females in the same age band attending the Royal London Hospital A&E department declined month on month from November 2006 to January 2007 (from 1,951 to 1,522)
- The percentage difference in total attendances between the 2 reporting periods for 20- to 29-year-olds was -0.4 per cent for males and -11.1 per cent for females
- The most represented postal districts at the Royal London Hospital A&E department were E1, E14, E3, E2 during both sample periods. The percentage volume these postal districts represented dropped from 66 per cent in 2005/06 to 64.4 per cent in 2006/07
- The number of pharmacy consultations provided by the Community Pharmacy Lead for Pharmacy First showed a spike in usage following campaign launch in September 2006 (12 per cent increase) and direct mailing in November 2006 (17 per cent increase)
- The number of males aged 20 to 29 accessing GPs rose in 2 local GP surgeries. Surgery A reported a rise from 607 to 701 men aged 20 to 29 seen, between identical periods in 2005 and 2006; Surgery B

reported a similar rise from 455 to 550 across the same measurement period

## Phase 2

The local urgent care system has changed markedly over the past five years with investment in two walk-in centres, enhancements to general practice, a new out-of-hours services for GPs and dentists, the development of Pharmacy First and a major project on improving and sustaining care within A&E.

- A&E attendance figures continued to fall, with an overall 2.3 per cent decline between 2005 and 2008, in spite of an overall population increase of 3 per cent
- Case management – 393 people were helped in this way in 2007, increasing to over 1,000 in 2008. Many of these patients were frequent users of A&E and are now receiving one-to-one case management
- General practice – In 2008, extended surgery hours created an extra 969 appointments per week
- The GP Out-of-Hours Service sees 2,245 patients per month
- Attendance at walk-in centres has increased significantly. The Walk-In Centre at Whitechapel now sees 3,727 patients per month and continues to see more patients each year since 2003. The Walk-In Centre at Canary Wharf sees 82 patients each day or 1,800 per month
- The Pharmacy First service is now well established. At the start of 2007, 24,000 people had registered with the service, with new registrations occurring at a rate of about 900 new people each month. 3,500 are using the scheme each month
- The Out-of-Hours Dental Service received 247 calls in its first 10 days, at a rate of 4.8 calls per hour. About a third of these patients are advised to seek face-to-face treatment with an emergency dentist based at the Royal London or Hornchurch. The service is at its busiest during the public

holiday periods when community dentists would be closed

- There have been significant improvements in service provision. The A&E department and Walk-In Centre at Whitechapel have consistently met the national 4-hour target, with 98.1 per cent of patients being seen and treated in under 4 hours over 2006/07

The social marketing approach has resulted in an unprecedented level of Patient-Public Involvement, which has helped to develop unique products and responses to a pressing healthcare need.

### Lessons learned

Learning about and implementing marketing techniques from the private sector changed the way the Tower Hamlets team approach their work in Urgent Care. The segmentation of the service users and application of insight and understanding to change behaviours are techniques that had never been used previously at Tower Hamlets PCT.

The programme team now understand that the local community is much more likely to change their behaviour if they have more personal and direct interaction with its health services rather than other, less engaging methods of communication.

A number of lessons were taken from Phase 1 and used to inform the design of Phase 2:

- The GP Out-of-Hours Service sees 2,245 patients per month
- Ensure the evaluation stage is planned for upfront
- Ensure time is built in between the scoping stage and the design of the interventions to fully take stock of research insight
- Share learning with other PCTs