



**NHS Unscheduled Care Campaign
Summary Debrief**

**Prepared by The Leith Agency
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1. Introduction

The Scottish Government provided funding to NHS Grampian to develop an approach to marketing Unscheduled Care Services with a view to reducing inappropriate referrals. . The aim of the pilot marketing campaign was to raise awareness of the Unscheduled Care Services available in NHS Grampian and educate the public on which services to use and when.

This report details how the pilot campaign was developed, through research conducted with the public, staff and stakeholders, creative development based on the findings from this research and pre- and post-campaign tracking research. This report provides conclusions and recommendations for a NHSScotland approach to reducing inappropriate referrals.

2. Background

Anecdotal evidence had suggested that public use of the NHS services in unintended ways was increasing the demand for urgent care, for example, increased speed of response from accident and emergency services is encouraging people to use this service even in non-urgent situations.

There was also a feeling that the public don't understand the full range of NHS care services on offer or when it is appropriate to use each one, especially new services provided by pharmacies and minor injuries units.

It was agreed to pilot a campaign in Grampian to educate the public on the unscheduled care services available and increase understanding of when and why each one should be used. This would be to ultimately, over time decrease misuse of the services.

The requirement of the campaign was to develop a flexible creative platform that, following a three-month pilot and evaluation, could be extended NHSScotland-wide as quickly and effectively as possible by other NHS Boards.

Knowsley Trust developed the idea of the Choose Well campaign in 2007 in order to promote the correct use of unscheduled care services. This campaign was based around a thermometer device, which indicated a number of care options depending on the symptoms experienced (see appendix 1).

Due to the success of this initiative, NHS Grampian, in partnership with the Scottish Government, planned to develop the pilot campaign based around Choose Well. However, following further discussion, NHS Grampian discovered that there were potential copyright issues. On looking at the results from Knowsley, it also became clear that some amendments were required in order to increase comprehension (in terms of the symptoms) and make the campaign more Grampian/Scotland-specific (in terms of the care options).

3. Campaign aims and objectives

The Leith Agency was tasked to develop and test a range of alternative creative executions to communicate the project objectives. These were:

- To raise awareness of the options for medical care (from self care, to pharmacists, to emergency care etc)
- To increase understanding of when it is appropriate to use each one
- To increase correct usage of unscheduled care services and reduce misuse

3.1 Breakdown of project timings

The project commenced in October 2008. Activity continued throughout the next year (see table below) with final debrief presentations being held both locally and at a national level in October 2009.

	O	N	D	J	F	M	A	M	J	J	A	S	O
Project commencement	x												
Development of initial creative concepts	x	x											
Phase 1 creative testing research		x	x										
Creative development				x	x								
Phase 2 creative testing research					x								
Creative development					x								
Creative concept agreed						x							
Pre-campaign tracking research						x							
Campaign development						x							
Media schedule developed & booked						x							
Production of materials						x	x	x					
Campaign live									x	x	x		
Post-campaign tracking research												x	
Final debrief presentations													x

4. Pre Campaign Development

As part of the pre campaign development process, stakeholder workshops were held in Grampian, led by NHS Grampian and managed and mediated by The Leith Agency, during which initial creative concepts were shared with the stakeholders and feedback used for creative development. A working group was also then established to take the project forward (with each stakeholder taking responsibility for their specific area) made up of representatives from the following:

- o NHS Grampian Pharmacy Medicines Unit
- o NHS Grampian Slef Care Project Manager
- o NHS Grampian Head of Service Development
- o GMed
- o Scottish Ambulance Service
- o NHS24
- o NHS Grampian A&E representative
- o Local representatives from Aberdeen City, Moray and Aberdeenshire Community Health Partnerships
- o NHS Grampian Deputy Medical Director
- o NHS Grampian Unscheduled Care Network Manager
- o NHS Grampian Corporate Communications

- Scottish Government.

Following these stakeholder workshops, creative testing research was undertaken. Several creative executions were developed and tested amongst the target audience within the Grampian region and the control region (Glasgow).

Two phases of creative testing research were carried out with a representative sample within Grampian and the control region (Glasgow) was also included. The purpose of this research was to understand:

- What do people in Grampian (and Glasgow, the control area) understand about unscheduled and emergency care services, in terms of the options which are available to them, and the situations in which each should be used;
- What are the barriers to correct usage of NHS unscheduled care services;
- What would make them change their behaviour;
- What is their feedback on the creative generated, in terms of appeal, comprehension and influence;
- Finally, during Phase 2 we needed to identify which overall creative route was most motivating and most likely to change behaviour so that it could be further developed into the campaign itself. In particular we knew that the recommended concept should provide:
 - A demonstration of proactive choice
 - Clear explanations of a range of NHS services
 - The human touch (with the use of real people)
 - A flexibility to fit with current and future service delivery
 - A basis on individual needs not organisational structure

The findings from Phase 1 were reported and used to inform the development of existing and new creative routes. These developed routes were then taken into further research (Phase 2). The Knowsley Choose Well campaign was included as stimulus in both phases of creative testing research.

4.1 Overview of barriers to correct usage of unscheduled care services

At the initial stakeholder workshop in Grampian, it was perceived that there was a general lack of public understanding of what services the NHS offers. This was affirmed during the research, with respondents voicing their confusion and surprise about which care options offered which services. On numerous occasions respondents were also surprised to hear opticians were part of the NHS.

Overall, there were felt to be actual barriers such as a lack of transport, lack of access to required services (not enough staff or appointment times) and a lack of knowledge about where to go and in what circumstances.

Perceived barriers were also mentioned, (i.e. people's perception that they will be seen more quickly at A&E than if they waited for a GP appointment time) which resulted in individual's being unwilling to use the system correctly, in case it took them longer to achieve the desired result.

It appeared that there was a need for further education of unscheduled care services, however, in order for this to be effective and actually change behaviour, there would also need to be evidence, alongside this campaign, of an effort to improve services, particularly in certain areas.

Overall, although all respondents believed they accessed NHS services in the proper way, a combination of the following factors meant that this wasn't always a reality:

1. Lack of knowledge
2. Psychological barriers
3. Actual barriers
4. A requirement for education, motivation and evidence of improved services

From the initial feedback provided, The Leith Agency made these early recommendations:

- One overall education message informing the general public about the range of services that are available within the NHS
- Support messages relating to what each of these individual services can offer, where to find them and how to access them
- Public expectations of the NHS and its services need to be managed. In other words, as well as informing the general public what particular services *can* offer, it would be advised to include advice on what they *cannot* offer, and where people should go to access those services instead. For example, a GP Practice cannot treat a broken bone on arrival, whereas a Minor Injuries clinic can
- They also recommended that different media be used in different ways, in order to maximise results, the overall education message should be the umbrella television and poster campaign holding everything together, while door drops should serve as a reminder tool with more detail included and perhaps online for detailed explanation about what each service can and cannot offer.

4.2 Identification of key service benefits and campaign messages

- The most compelling reason for respondents to actually change their behaviour was the idea that using NHS services correctly would benefit them as individuals. For example, they would be treated more quickly and efficiently by using the correct service in the correct way.
- Whilst all respondents initially claimed to use NHS services in the proper way they did later admit to not always using the correct service. This was conceded to be more due to a lack of knowledge than selfishness. For example, large numbers of respondents admitted to misusing the 'emergency' clinics at their GP practice. However, once they discovered that Pharmacists could often offer the same advice more quickly, respondents began to reassess their behaviour and claimed that they would consider using this service in future.
- There was a significant difference in perceptions of misuse (and how acceptable it is) depending on what service was being discussed. For example, there was a real stigma associated with those who abuse 999 services, but not to such a degree A&E, unless it was through selfishness. I.e. Many respondents had visited A&E,

and complained about the waiting times, but there was no appreciation that they were contributing to this by choosing to go there rather than an appropriate care solution.

- From the evidence, the majority of misuse did appear to be down to a lack of knowledge rather than maliciousness or selfishness.
- Where a young child was involved misuse was more apparent. In these scenarios, panic set in and less rational choices were made (e.g. A&E for a child, 'just in case').
- In some specific areas there was a degree of frustration apparent at the length of waiting times at A&E departments and difficulty in obtaining GP appointments, which also resulted in misuse. Although not strictly malicious or selfish, this type of misuse is contributing to the overall problem. There is a practical job to do to combat this type of misuse, rather than just an education message being communicated. i.e. Before people will change their behaviour and consider using these services, waiting times and availability of appointments must be perceived to be improving.
- Respondents understood that correct usage of services would have a positive impact on the NHS as a whole, in terms of reducing the cost of supplying services, easing the pressure on staff, improving waiting times, etc. The only exception being A&E where respondents were sceptical about how easy it would be to reduce waiting times.
- The main communication issue was one of education, with respondents claiming that if they had more information and knowledge about individual services, then that would be enough for them to change their behaviour and use each one properly.

4.3 Recommended concept

After Phase 1, the research indicated that the majority of respondents preferred the 'Cube' creative route. This creative featured hands turning an 'NHS cube' – each side representing one of the 6 unscheduled care options (see appendix 1). The campaign line was 'When you're ill, know who to turn to'.

This route was developed following a key insight generated during research - the public responded more positively to the 'people' behind the NHS rather than the service themselves. This was why the 'who' (i.e. the professional persona) was so important and more relevant than the alternative 'where' (i.e. the service itself).

Respondents also preferred this route due to the clear explanations of when to use each NHS service, the human touch (use of real people) and the demonstration of proactive individual involvement and choice (turning the cube) making it more engaging than simply being told a message.

Following phase 1 of the research, the 'cube' route was further developed and honed into the 'booklet' (see appendix 2). Instead of the hands turning a cube, the hands are turning

the pages of a booklet. In the same way each side of the cube represented each of the NHS services, each booklet page does the same job.

After the presentation of the 'Booklet' during Phase 2 research, it was clear that overall, 'Booklet' was the preferred creative route. People found the route straightforward and the concept of the booklet itself easy to understand. In comparison respondents had to work harder to fully comprehend the 'Cube' concept.

Respondents predicted that having a copy of the booklet would act as a useful and user-friendly reference for if and when you needed to clarify which service you should contact.

The idea of having a TV ad to introduce the booklet and then to receive your own individual copy through a door drop was very well received as it would have meant that there would be real recognition from the TV when it hit people's doormats.

As previously suggested by the service providers at the initial stakeholder workshop, there was an argument for including some sort of disclaimer (e.g. 'If symptoms persist, see your Doctor') so as to clearly demonstrate which service patients should use via symptoms, without being as open to misinterpretation.

The 'Booklet' route fulfilled the need for an education message as it clearly communicated the following:

- What Unscheduled Care services the NHS offer
- Where to find them
- How to access them

In addition to the education message there is also a need for public perceptions of services to change. PR communications around quality of care were suggested as support.

In January 2009, a national stakeholder workshop was held which included representatives from all local boards and Scottish Government in order to give them the opportunity to raise any concerns or issues they might have prior to roll-out of the pilot campaign.

During this workshop, NHS Board areas collectively confirmed that a 'toolkit' that could be utilised and adapted for each board area would be welcomed. Additional positive feedback was given in terms of the proposed campaign addressing all the care options. The point was also raised that it needs to strongly communicate the benefit to the individual service user as well.

5. Methods of communication

Qualitative research was conducted amongst the target audience (general public within Grampian) in order to gather insights relating to usage of unscheduled care, motivations and barriers, as well as to test creative routes as they were developed.

During this general public consultation, individuals were asked which method of communication would be preferred for this campaign, respondents suggested TV.

Other favoured methods included:

- Leaflets given out with prescriptions at Pharmacies
- Bus shelters, inside buses and on bus tickets
- Outdoor posters and posters in hospitals
- Yellow Pages
- Information given to young adults at school (social & vocational classes)
- NHS stand in shopping centres, staffed by actual NHS staff
- New baby packs given out in hospital/ by health visitors
- Fridge magnet with list of ailments & appropriate services
- Website – this was flagged up as a practical source of information.
- Prominent places in the community – Supermarkets, Post Offices, Libraries, Schools.
- Community Groups – as suggested predominantly by Community Leaders, such as Housing Managers.
- Cinema and Student packs –in order to reach younger generations.

Initially the idea of a door drop was not recommended as respondents felt they received too much 'junk mail'. However, the revised "Booklet" creative actually prompted respondents to proactively suggest a door drop as the obvious means of distribution. Several spontaneously stated that they would keep the booklet safe somewhere like their First Aid box, or by the telephone.

6. Pilot campaign plan

The 'booklet' route with the campaign line 'Know Who To Turn To' was developed and produced across outdoor media (posters), radio and the booklet itself which was distributed to every household in Grampian via a door drop campaign. In addition to this, a campaign website was developed at www.know-who-to-turn-to.com. Whilst TV had been considered as part of the mix early on in the development of the campaign, this fell out with budgetary constraints and was never pursued.

The booklet was developed in conjunction with the service representatives from the Grampian stakeholder group, who provided scenarios and content for use within the booklet. This content was then edited and used within the booklet in order to communicate in as straight forward a way as possible which service to use and when.

7. Campaign analysis (including both pre- and post-stages of tracking research)

It was agreed that to support the campaign pilot there should be pre and post-stage tracking research conducted to ensure the effectiveness of the campaign could be evaluated. By conducted pre-campaign tracking, a benchmark of awareness and knowledge can be recorded, allowing for detailed comparison and evaluation of any changes after completion of the post-campaign tracking research. Both stages of tracking research were conducted by research agency Progressive.

This research project was performed in accordance with the ISO 20252 standard for Market research and the Market Research Society's Code of Conduct. ISO 20252 is the internationally recognised quality standard (ratified by the British Standards Institute) specifically developed for the market, opinion and social research industry.

Specific objectives for pre and post-stage tracking research were to:

-
- Measure awareness of Unscheduled Care Services and knowledge of their individual roles;
- Establish understanding of Unscheduled Care Services and how and when each should be accessed;
- Assess predisposition to using each of the care services and understand reasons why;
- Understand barriers to using any of the services and reasons behind these barriers; and
- Measure awareness of any Unscheduled Care Services being advertised.

Additional post stage objectives included to:

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- Measure awareness of new campaign at spontaneous and prompted levels;
- Measure recall of core campaign messages and understanding of them; and
- Understand effectiveness of each media channel and its contributory effect on driving awareness levels.

7.1 Methodology & Sample

A quantitative methodology was undertaken which involved face to face, in-street interviewing. Two stages of research were conducted:

- Pre stage was conducted from 30th March – 19th April prior to the campaign launching.
- Post stage was conducted from 24th August – 6th Sept immediately after the campaign came off air.

The interviews were carried out across two locations:

- Grampian, the test group where the campaign was run
- Forth Valley, which was used as a control cell against which to compare Grampian results as no campaign activity took place in this area

The overall sample size achieved at each stage is as follows:

	Pre stage sample size	Post stage sample size	Margin of error at 95% confidence level
Grampian	419	417	Between ± 1.3 to ± 4.8
Forth Valley	209	216	Between ± 1.9 to ± 6.7

The sample comprised residents aged 18+ from each region and was representative of the area in line with demographic data taken from census 2001. The data was weighted to the demographic profile for Grampian and Forth Valley to ensure accurate representation

A 10 minute paper questionnaire was used at the pre stage and a 12 minute questionnaire was used at the post stage. During the post stage the actual booklets and posters were shown to respondents and the radio ad was played to them.

Around half the interviews were conducted in the city centre of each area with the remainder split between smaller towns and rural areas to ensure a good representation was achieved.

Location	Grampian (Pre)	Grampian (Post)
Aberdeen City	47%	46%
Peterhead	14%	13%
Elgin	13%	13%
Stonehaven	13%	15%
Ellon	14%	13%

Location	Forth Valley (Pre)	Forth Valley (Post)
Stirling	48%	48%
Falkirk	27%	24%
Alloa	12%	14%
Stenhousemuir / Larbert / Denny	13%	14%

7.2 Sample Profile

The sample of respondents was weighted in line with the demographic profile for that area to ensure an accurate representation of the local population was achieved. This also ensured that the sample profile at both the pre and post stages was consistent.

The sample in both Grampian and Forth Valley was evenly split between males and females and there was a good spread across all age categories. There was a larger proportion of those in DE social grades in both regions, in line with the area profile, with Forth Valley slightly more skewed to lower social grades.

Gender	Grampian (Pre)	Grampian (Post)	Forth Valley (Pre)	Forth Valley (Post)
Female	49%	49%	48%	48%
Male	51%	51%	52%	52%
Age				
18-24	12%	12%	11%	11%
25-34	18%	18%	17%	17%
35-44	20%	20%	20%	20%
45-54	18%	18%	18%	18%
55-64	13%	13%	14%	14%
65+	19%	19%	20%	20%
SEG				
AB	21%	21%	19%	19%
C1	27%	27%	26%	26%
C2	18%	18%	16%	16%
DE	34%	34%	40%	40%

Respondents in both areas were predominantly of white UK ethnic origin, however there was a slightly higher proportion of ethnic minority groups in Grampian than Forth Valley.

Around half of the sample in both regions were either married or cohabiting, and just under a third were single. The majority in both Grampian and Forth Valley did not have any children living at home.

Ethnicity	Grampian (Pre)	Grampian (Post)	Forth Valley (Pre)	Forth Valley (Post)
White – UK	97%	95%	99%	99%
White – Other	2%	2%	1%	1%
Black – African	1%	1%	-	-
Black – Caribbean	-	0%	-	-
Black – UK	-	-	-	-
Black – Other	0%	-	-	-
Chinese	-	-	-	-
Indian	-	0%	-	-
Malaysian	-	-	-	-
Pakistani	0%	-	-	0%
Bangladeshi	1%	0%	-	-
Sri Lankan	-	0%	-	-
Other	0%	0%	-	-
Refused to say	-	-	-	-

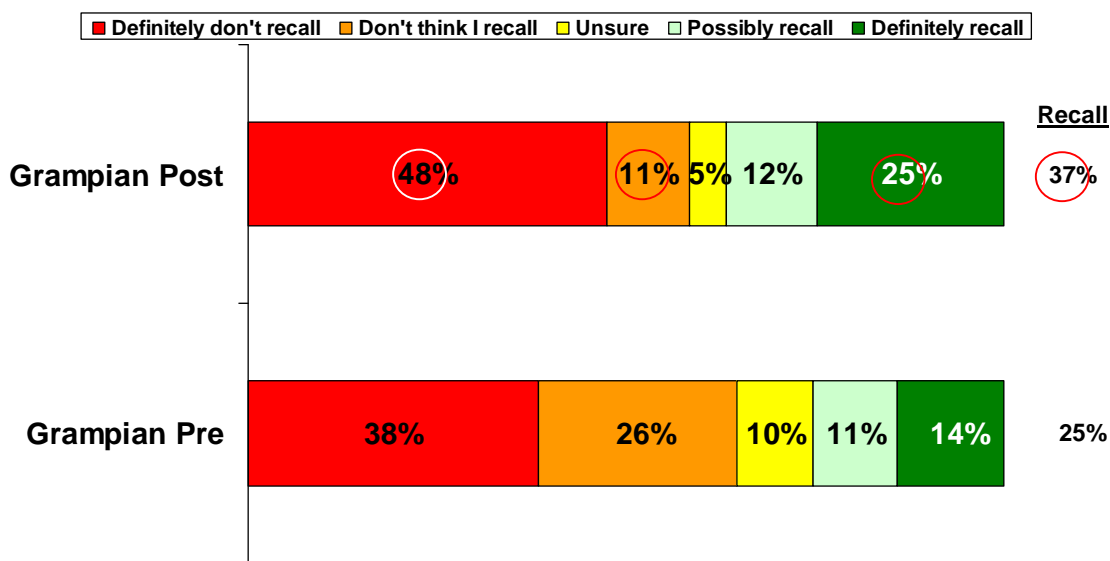
Age of child at home*	Grampian (Pre)	Grampian (Post)	Forth Valley (Pre)	Forth Valley (Post)
None	71%	71%	71%	70%
0-1 yrs	7%	4%	8%	7%
2-4 yrs	10%	8%	9%	8%
5-7 yrs	6%	8%	6%	6%
8-10 yrs	6%	7%	5%	10%
11-17yrs	11%	12%	13%	12%
Marital Status				
Single	29%	28%	32%	31%
Married / Cohabiting	50%	55%	54%	52%
Widowed	10%	7%	7%	6%
Separated / Divorced	11%	6%	7%	8%
Refused	-	3%	-	2%

8. Main Findings

The following section details the key findings from the study with regards to the communications. Significant differences between the pre stage and the post stage for Grampian are highlighted throughout. Any differences between Forth Valley and Grampian are also detailed where appropriate. Where no variances are mentioned it should be assumed that differences are not statistically significant.

8.1 Spontaneous Campaign Awareness

All respondents were first asked at a top of mind level if they recalled any communication about NHS healthcare services in general. The following chart shows the main differences between the pre stage and the post stage within the Grampian area.



Base (All respondents): Pre: Grampian – 419, Post: Grampian – 417

There was a significant increase in the proportion recalling general NHS communications at the post stage compared with the pre stage:

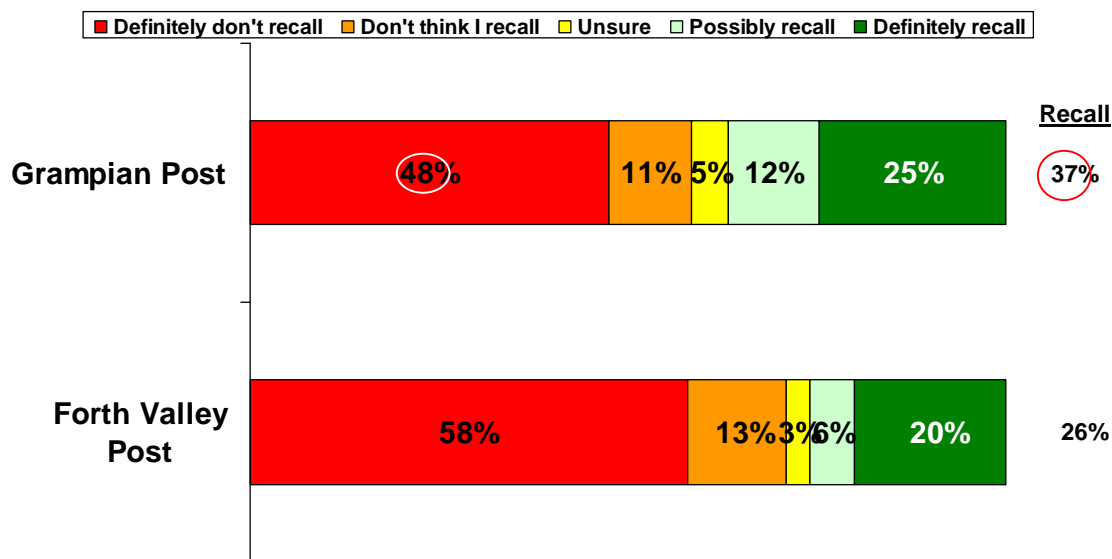
- 37% either possibly or definitely recalled general NHS communications at the post stage compared to 25% at the pre stage (+12%).
- A significant increase was noted in those who definitely recalled communications.

Those stating that they didn't think they recalled communications have decreased significantly.

- Whilst the proportion who definitely don't recall increased.

When comparing the post stage results from Grampian to the post stage results from Forth Valley this showed that Grampian had significantly higher levels of recall of NHS communications in general.

- Only 26% of Forth Valley respondents stated that they either possibly or definitely recalled any communications compared to 37% of Grampian respondents (+11%).



Base (All respondents): Post: Grampian – 419, Forth Valley – 216

At this high level there is evidence of recall of NHS campaign activity in Grampian.

Those respondents who stated spontaneously that they did recall an NHS communication or publication were then asked to describe what they recalled, in their own words. This information was then grouped for analysis. The table below details the different types of campaigns that were described.

Description of the communication or publicity – <i>General NHS communications</i>	Grampian (Pre)	Grampian (Post)	Forth Valley (Post) *absolute numbers
Swine Flu / leaflet on swine flu / number to call if think have swine flu	-	36%	33
Know where to turn to when ill / Which healthcare service to turn to / Know when you should go to the doctors / who to contact when you are ill	-	20%	2
NHS 24	21%	12%	9
Stop smoking ads	8%	3%	2
Wash hands regularly & properly / Help get rid of MRSA	5%	2%	1
Stroke Campaign / FAST Campaign/Watch out for stroke symptoms	9%	1%	0
Give Blood	3%	1%	0
Can use the pharmacy for certain services	1%	1%	0
Cervical cancer vaccination for young girls	1%	1%	0
Alcohol abuse	-	1%	1
About minor ailments	-	1%	
See Me, Hear Me	0%	0%	1
Don't know / can't remember	19%	17%	4

Base (All who recalled communications): Grampian – 153, Forth Valley – 57

A high proportion of those who recalled general NHS communications in both Grampian and Forth Valley, described the swine flu advertising that was prominent at that time.

However, 20% of those aware of NHS communications in Grampian did mention the 'Know who to turn to' campaign. This equates to 7% of the total sample, and demonstrates that the campaign has cut through at a high level, despite the dominance of swine flu advertising.

As an example, we know from the pre-stage tracking research that the following campaigns were running during the pilot campaign period and did not achieve the same level of spontaneous recall:

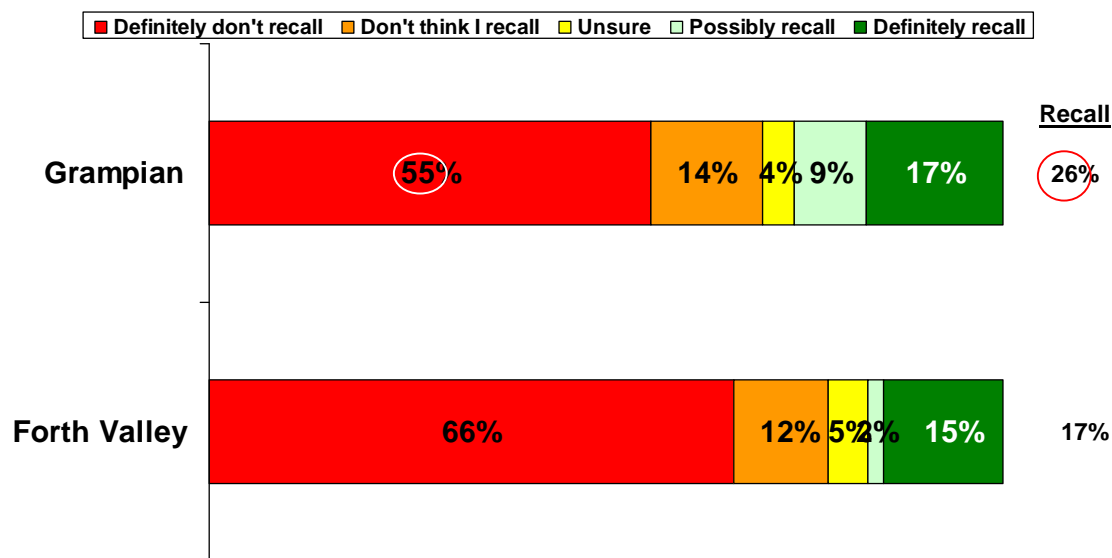
NHS Grampian Unscheduled Care 7%

HPV Vaccine 1%

FAST/ Chest Heart & Stroke Symptoms 2%

GP Surgery closed for Easter (check repeat prescriptions) 5%

A further question was asked to gauge awareness at a spontaneous level of the 'Know who to turn to' campaign. This was only asked at the post stage and specifically asked about communications relating to which NHS healthcare service to use and when.



Base (All respondents): Post: Grampian – 419, Forth Valley – 216

Asking a more specific question resulted in lower levels of recall. Again there was a significantly higher proportion of respondents in the Grampian region who claimed to recall these communications – 26% compared with 17% of Forth Valley residents.

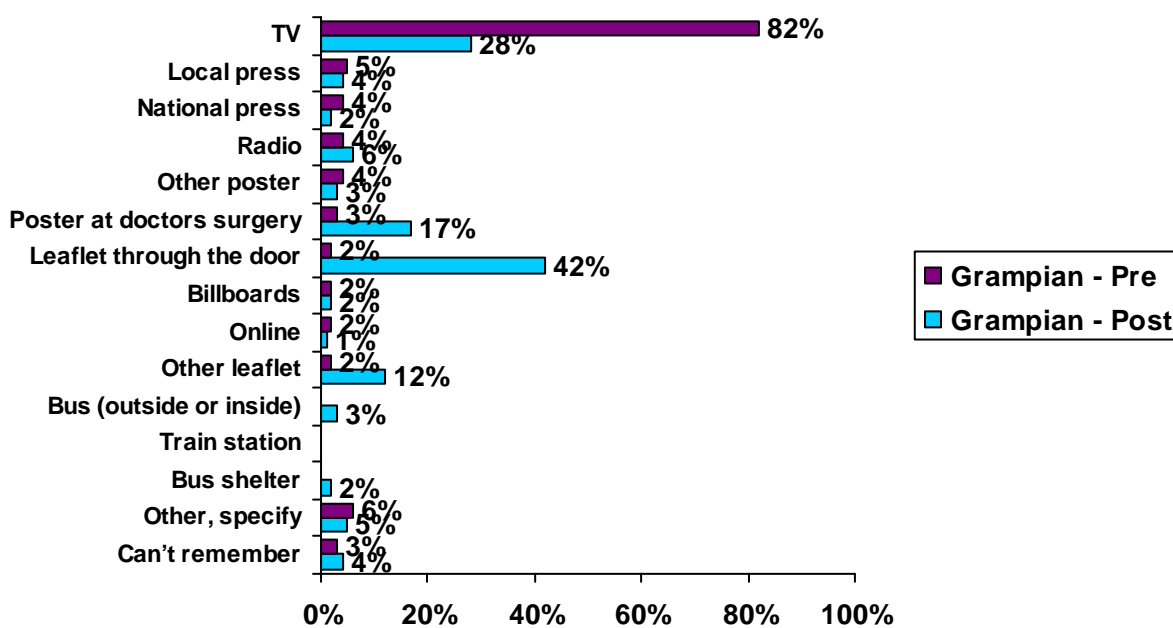
All who stated they recalled an NHS communication about which service to use were then asked to spontaneously describe the communication they recalled in more detail. Again these descriptions were given in the respondents' own words and grouped later for analysis purposes.

Description of the communication or publicity – ‘Which NHS service to use’ communication	Grampian (Post)	Forth Valley (Post)*
Know where to turn to when ill / Which healthcare service to turn to / Know when you should go to the doctors	48%	1
Swine Flu / leaflet on swine flu / number to call if think have swine flu	13%	23
NHS 24	11%	4
Numbers to phone for emergencies / general services	6%	3
Leaflet / Booklet	5%	-
Stroke campaign	1%	-
Safe sex	1%	-
Don't know	7%	-
Other	8%	
No Response	-	1

Base (All who recalled communications): Grampian – 109, Forth Valley – 36 *Absolute numbers

Around half of those in Grampian who spontaneously recalled the campaign mentioned the slogan or gave a good description of the main message. Other descriptions were mainly related to swine flu or NHS 24. Almost all of those in Forth Valley who thought they recalled these communications were in fact referring to swine flu.

Finally, at a spontaneous level, respondents in Grampian who remembered seeing or hearing NHS communications were asked where they had heard or seen it.



Base (All who recalled communications): Pre: Grampian – 108, Post: Grampian – 109

At the pre stage:

- There was a large proportion (82%) stating that they saw general NHS communications on TV.
- This is due to the number of different NHS campaigns that were mentioned at the pre stage.

At the post stage:

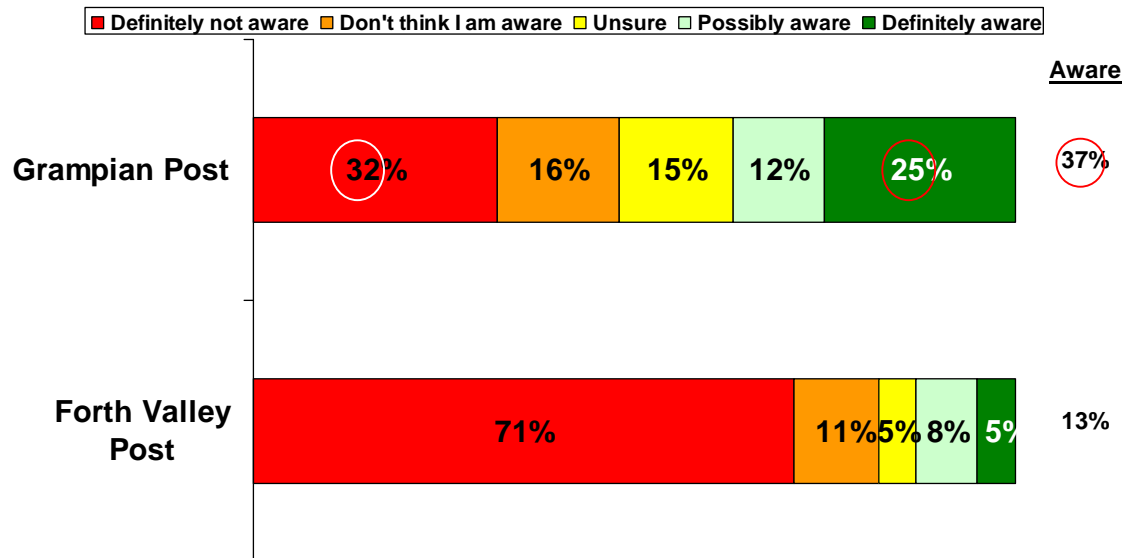
- A much lower proportion mentioned TV (28%) as the source of awareness.
- This is due to two key factors:
 - Influence of other NHS campaigns
 - A slight tendency of respondents to assume advertising has been seen on TV
- However, many correctly mention leaflets (42%) and posters (17%) at this stage, reflecting the main media routes used in the 'Know who to turn to' campaign.

Overall, at a spontaneous level, there is evidence that the campaign has cut through and is accurately recalled by a good proportion of Grampian residents.

8.2 Prompted Campaign Awareness

A series of prompted questions were then asked of respondents at the post stage.

Firstly, respondents were asked specifically about the campaign slogan and whether they had heard or seen it. The chart below shows responses from Grampian and Forth Valley at the post stage.

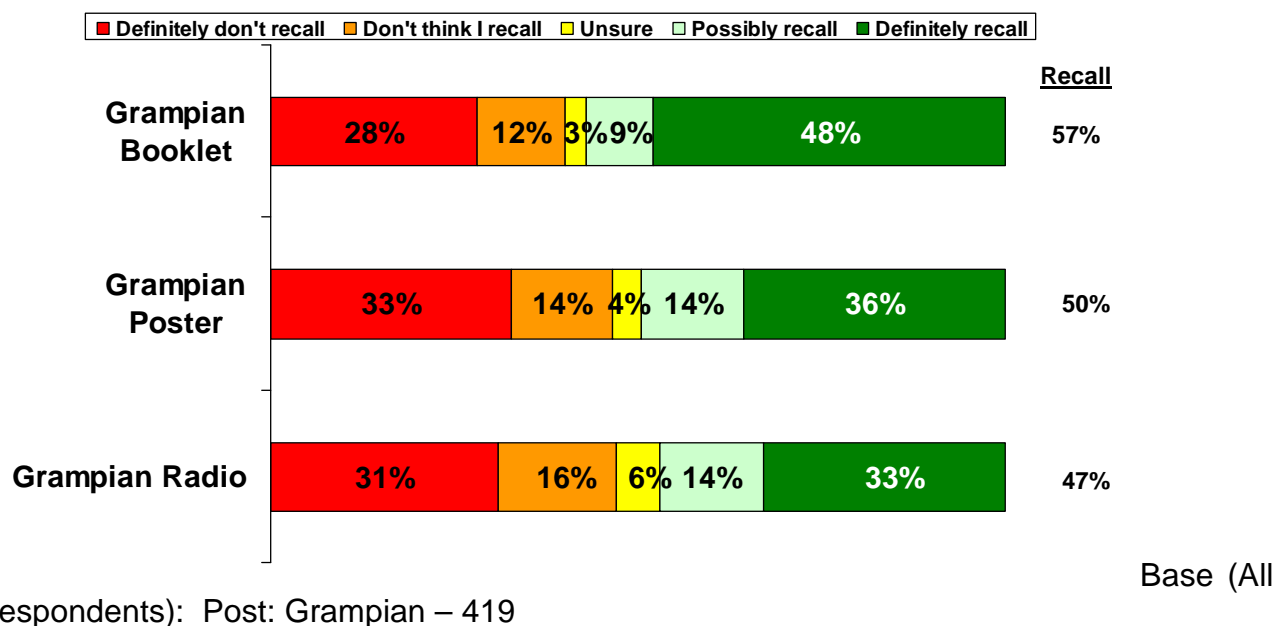


Base (All respondents): Post: Grampian – 419, Forth Valley – 216

As expected there is a significant difference in recall of the campaign slogan between Grampian and Forth Valley (+24%):

- A quarter of Grampian respondents were definitely aware of the slogan
- When combining this with those who were possibly aware, 37% recalled the slogan
- 13% of respondents in the Forth Valley region thought they had heard it – this could be due to commuting / visiting Grampian area during the campaign period or simply confusing it with something else they have heard.

Respondents were then shown the booklet and poster and were played the radio ad, then asked whether they recalled seeing / hearing each.

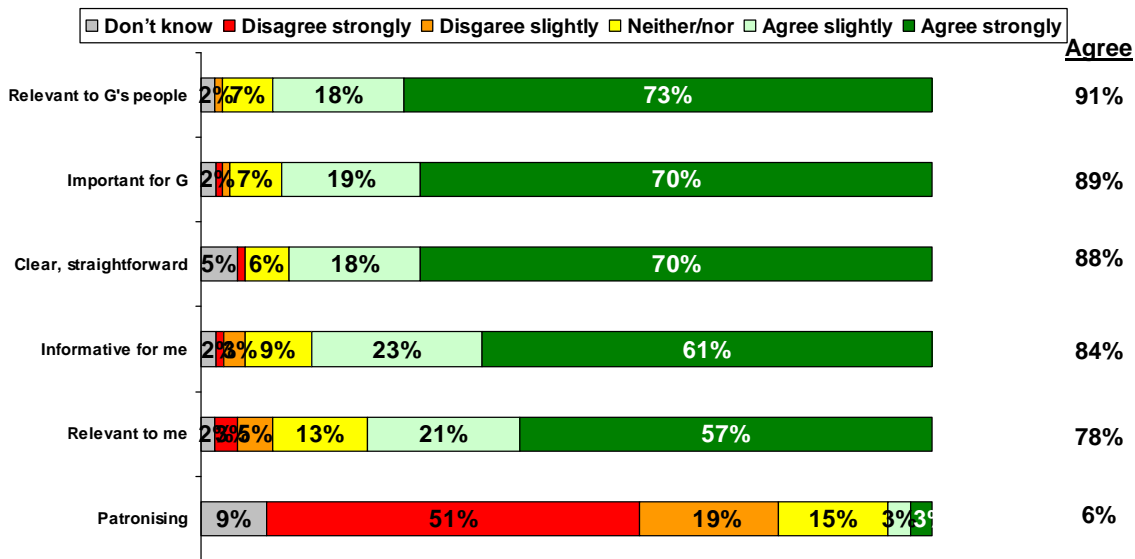


Upon prompting with stimulus, awareness levels increased significantly.

- The booklet had the highest recall of all the communications materials with almost three fifths remembering it (57%).
- Good levels of recall were also recorded for both the poster and radio ads with around half of Grampian respondents recalling each of these.
- In total 72% of Grampian residents remember at least one of the communications materials from the 'Know who to turn to' campaign which represents a good overall level of awareness delivered by this combination of media routes (particularly good considering the absence of TV in the media mix).

8.3 Evaluation of the Campaign

Having established levels of awareness, respondents were then asked for their views on the advertising campaign.

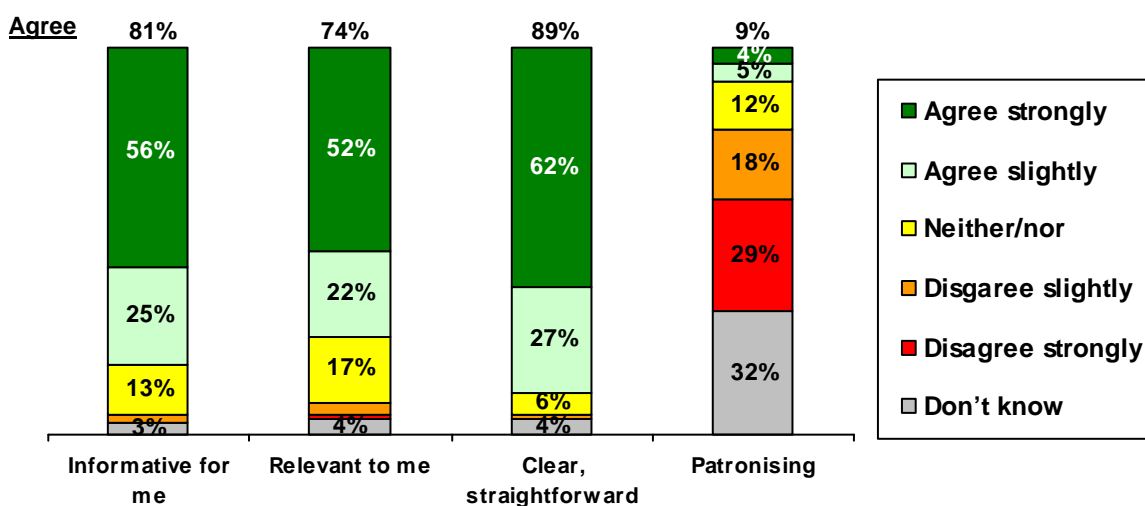


Base (All respondents): Post: Grampian – 419

Grampian residents were very positive about the campaign:

- High proportions agreed it was relevant (91%) and important (89%) for Grampian
- 88% considered it to be clear and straightforward, whilst similarly high proportions said it was informative (84%) and relevant (78%) to them personally
- Very few considered the campaign to be patronising (6%).

To gain an understanding of how the campaign was viewed by those seeing it for the first time Forth Valley respondents were also asked what they thought of the campaign.

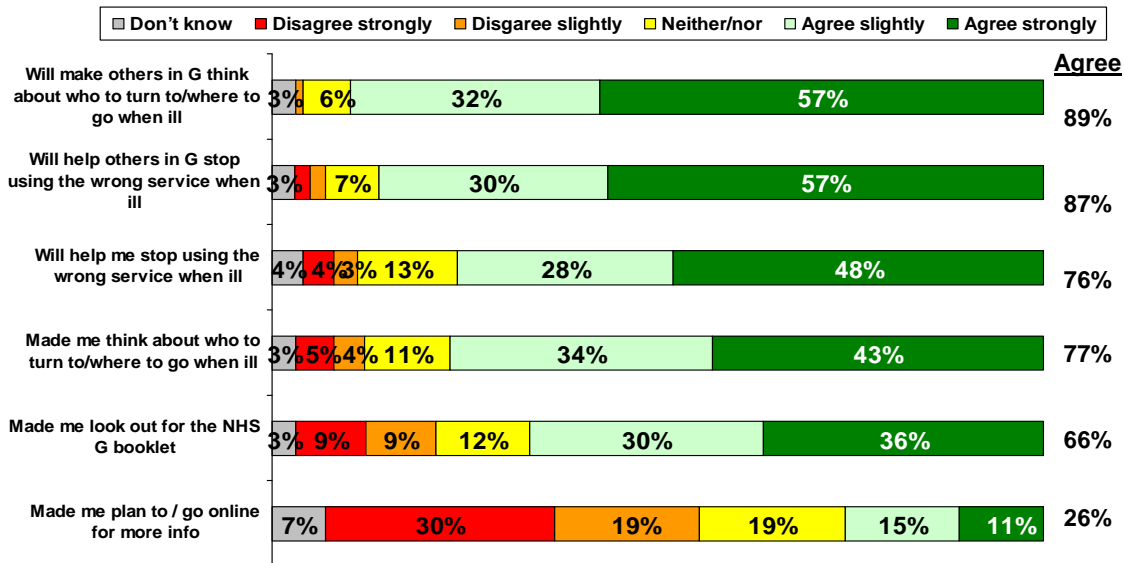


Base (All respondents): Post: Forth Valley – 216

As can be seen in the chart above, upon first exposure to the advertising, Forth Valley respondents were also very positive about it:

- They considered it to be clear and straightforward (89%)
- Over four fifths also felt it was informative for them (81%)
- Almost three quarters (74%) felt it was personally relevant to them
- Again, after viewing for the first time very few found it patronising (9%)

Concentrating on the Grampian region again, the following chart shows the perceived potential impact of the campaign.

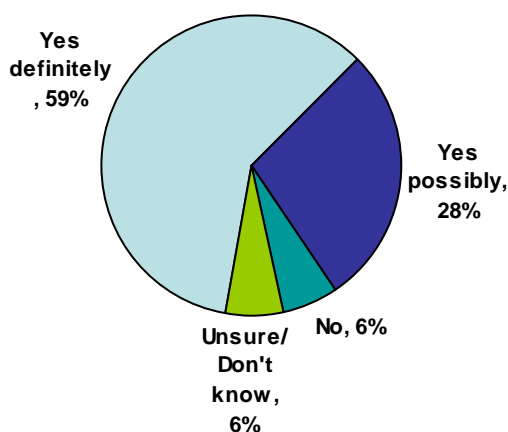


Base (All respondents): Post: Grampian – 419

As shown in the chart above, a high proportion of Grampian respondents believe the campaign will have an impact – especially on others:

- High proportions agree that it would make others in Grampian think about where to go when ill (89%) as well as stop others in Grampian from using the wrong service (87%), with almost three fifths agreeing strongly
- Around three quarters agreed that it would help them stop using the wrong service or made them think about where to go when ill
- Around a quarter said it encouraged them to get more information from the website.

Finally respondents were asked directly about the impact of the campaign on their awareness and understanding of where to turn to when ill.



Base (All respondents): Post: Grampian – 419

The majority (87%) in Grampian believe that they are more aware and informed about where to turn to for different problems or illnesses after seeing the campaign. Only 6% stated that they felt that it did not do this.

Overall views of the campaign are very positive, both in terms of its relevance and its potential impact.

8.4 Website Data

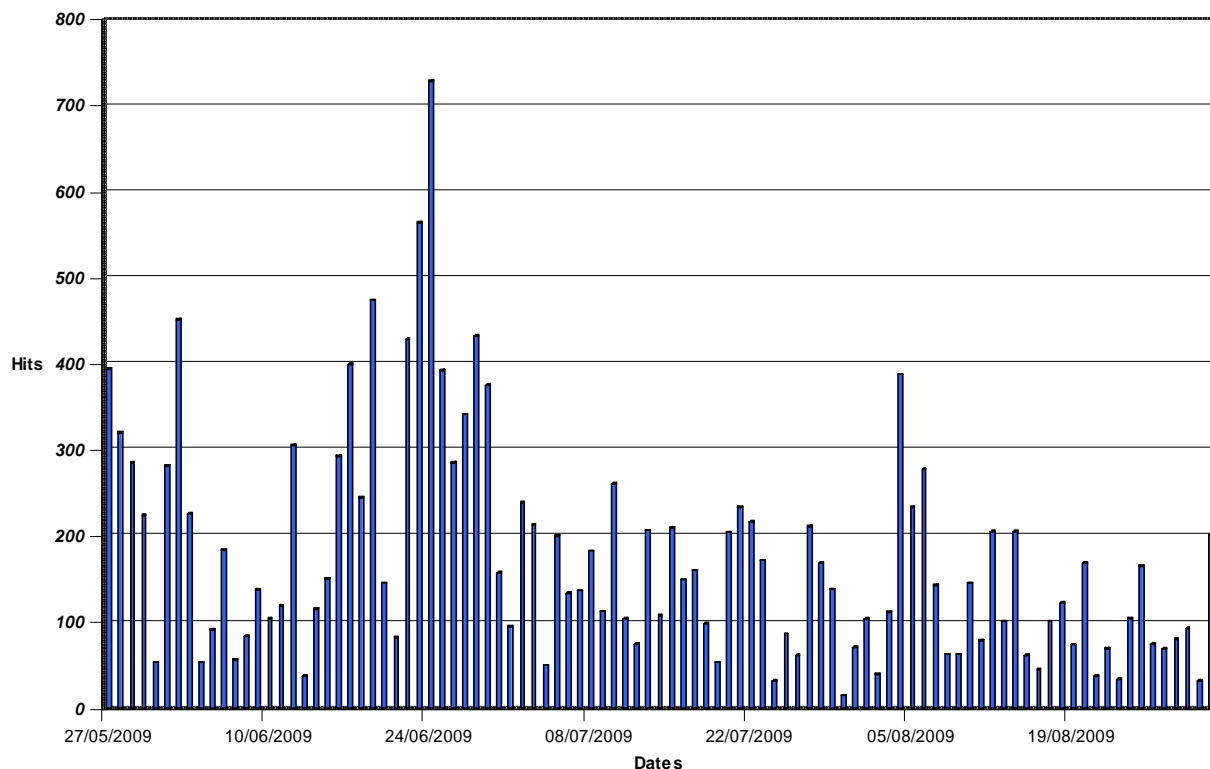
As part of the campaign, www.know-who-to-turn-to.com was created. The website is hosted for NHS Grampian on SHOW. It follows the same campaign look and feel and replicates the service information found within the booklet. In addition it provides useful links to other relevant information sources such as NHS 24, NHS Grampian – how to find a local pharmacist, register with a doctor, etc.

Web tracking data has to date, generated the following information;

- 18365 total hits between end of May to end of Aug 2009.
 - Average of 164 per day
 - Conversion 8.3% response rate
 - There were various peaks in the data which reflect the time period when the door drop of booklets was being carried out
- Almost all those who visited the website had done so directly through the actual 'know who to turn to' website.
 - Only a few were directed to the website via other links

Almost half of those visiting, either went straight to the homepage or the page relating directly to the booklet.

8.5 Daily Website Hits



Total: 18365
Average Per Day: 164
Conversion: 8.3% Response

9. Campaign evaluation

This campaign had three objectives:

1. To educate individuals about the range of NHS services that exist;
2. To motivate individuals to think about which service to use and when, encouraging positive choices through tackling the reasons for misuse head on;
3. To overcome perceived and actual barriers reported by the general public.

In terms of evaluation, beyond the findings of the research conducted by Progressive which tracked recall and impact of the advertising, it is extremely difficult to evaluate or measure success at individual service level. This is due to the large number of external factors which could and did affect attendance levels during the campaign period. Primarily the occurrence of swine flu in Scotland dominated both the press headlines and the volume of presentations at all services, particularly GP's and Pharmacies, NHS24 and GMed.

In addition to external factors there are also the inherent difficulties that exist when attempting to attribute attendance figures to any one channel. There are a vast range of motivations which lead people to present at particular NHS services, these include time of day, whether a child or elderly person is involved and distance from a particular service.

It would be extremely unusual to observe behavioural change after a three month educational campaign on a limited budget, but the awareness and recall achieved on this campaign are above what we would have expected.

As an example, we know from the pre-stage tracking research that the following campaigns were running during the same period and these did not achieve the same level of spontaneous recall:

NHS Grampian Unscheduled Care 7%

HPV Vaccine 1% spontaneous recall

FAST/ Chest Heart & Stroke Symptoms 2%

GP Surgery closed for Easter (check repeat prescriptions) 5%

9.1 Campaign Summary

- Recall of NHS communications in general is relatively high – although higher in Grampian, due to the “know who to turn to” ads
- At a topline level 7% of the total sample could spontaneously describe either the ad or its slogan
- Although TV is still mentioned as a key source of recall for NHS communications, correct mentions of leaflets and posters came through at the post stage – in line with media used
- Each of the individual communication materials received good levels of recall when shown, with the recall of the booklet coming out on top, and 37% remembered the campaign’s slogan
- In total just under three quarters (72%) of Grampian residents remembered the campaign – recalling at least one of the main media elements
- The campaign was well received by Grampian residents who considered it to be important (89%), relevant (91%), clear (88%) and informative (84%)
- Forth Valley respondents upon first exposure to the advertising were also very positive seeing it as clear and straightforward (89%), over four fifths felt it was informative for them (81%) almost three quarters (74%) felt it was personally relevant to them. This suggests that in its present format the campaign could be rolled out to other regions and be met with a similarly positive response to that received in Grampian.
- In terms of impact again positive reactions were evident with respondents believing the campaign would make people think about the right service to choose and stop people choosing the wrong service
- Almost all those who visited the website had done so directly through the actual ‘know who to turn to’ website and the rise in hits at the time of the door drop shows its effectiveness.
- Finally, 87% of Grampian residents feel more aware and informed about where to turn to following the campaign.

In addition to the attitudinal research detailed above, Progressive research agency also collected data on behavioural change within Grampian. Whilst this cannot be directly attributed to the Know-who-to-turn-to campaign, the data can be used as a behavioural benchmark and so is available to read (reference to be included).

9.2 Conclusions

- From the creative testing research it was apparent that there is vital work to be done to raise the awareness of Unscheduled Care Services amongst individuals within Scotland.
- It was identified pre-campaign that there were still many knowledge gaps in terms of the Unscheduled Care Services that exist (in particular Minor Injury Clinics and Pharmacy services), when to use them and how to access them.
- An additional barrier to the correct usage of Unscheduled Care Services was a lack of confidence in the quality of certain services (GP and A&E waiting times in particular).
- There did seem to be a real desire and willingness to use NHS services in the correct way, but a lack of knowledge was currently preventing this. An education message was therefore a priority.
- In order for public confidence in NHS services to be restored, there was more than a simple education message required. Alongside this type of message there was also a need for real action to be taken by individual services so that the general public would see evidence of solutions being developed and issues being resolved.
- This research identified that in addition to actual barriers preventing individuals from using NHS services correctly, there were also perceived barriers. These barriers were based on long-held beliefs that NHS services and processes were not functioning as well as they should be, which was in turn leading to continued misuse by individuals. The general feeling was often that by utilising services in a way that suited them (rather than the way in which they were designed to be used), individuals would achieve their desired result more quickly.
- As well as an education message to overcome actual and perceived barriers, we also needed to motivate the target audience (general public within Grampian) so that they would become aware of the campaign and would start to consider changing their behaviour.
- It was vital to ensure that the campaign came across as being informative, helpful and useful in order to avoid seeming patronising which would alienate the audience.
- In terms of the campaign slogan 'know who to turn to' which was brought to life in a booklet was a powerful and effective combination with 37% of respondents remembering the slogan.
- Our research highlighted that as well as targeting the general public, there was also an education job to do within the NHS itself. There is a need to make staff at all levels aware of the campaign in order to help them guide patients in the right direction and thus increase the campaign's effectiveness.

- There is an additional need to view NHS staff as another of the campaign's target audiences and to educate them around how their own misuse of services is affecting the NHS as a whole and encourage correct usage as much as possible. NHS staff make up 125,000 of the Scottish general public and in some board areas, can make up 2% of daily A&E attendances
- The current website performed very well in terms of number of hits, page impressions and downloads of the booklet itself. (18365,hits during the 3 month pilot)
- This campaign has performed well with strong research results showing high levels of spontaneous as well as prompted recall, evidence of impact within the Grampian region and significantly increased levels of awareness and information regarding which NHS service to turn to.
- Overall, the inclusion of the booklet, distributed via door drop, worked extremely well with recall of this coming out highest.

9.3 Recommendations

- The results suggest that in its present format, the campaign could be rolled out to other regions and be met with a similarly positive response to that received in Grampian.
- It is recommended that the booklet remain an integral part of the campaign going forward. It would also be worth investigating additional channels through which to distribute the booklet, with the aim of achieving maximum distribution levels amongst the target audiences.
- NHS services themselves should be made aware of the campaign and involved at a tactical level, with staff being encouraged to use the booklet as a tool during their day to day role with patients. In this way, NHS staff could be developed into ambassadors for the campaign, lending it both increased weight and creating more of an overall impact in terms of distribution.
- NHS staff should also be viewed as a primary target audience in terms of educating them on the effect of their own behaviour.
- With TV originally planned to form the backbone of the Grampian campaign, supporting the launch of the booklet, it is recommended that it be included in the national roll-out. Cost-wise, TV advertising would work out as a valuable addition to the booklet production as economies of scale would reduce the overall cost to each board (as production of the ad would be a one-off cost). Using TV as part of the mix on a high profile national campaign such as this would ensure high levels of awareness, thus helping to generate more recall, increased word of mouth surrounding the campaign and increased recognition of the booklet itself by the target audience.
- During the campaign there were ongoing discussions with each individual service about the symptoms and service information detail that should be included. This

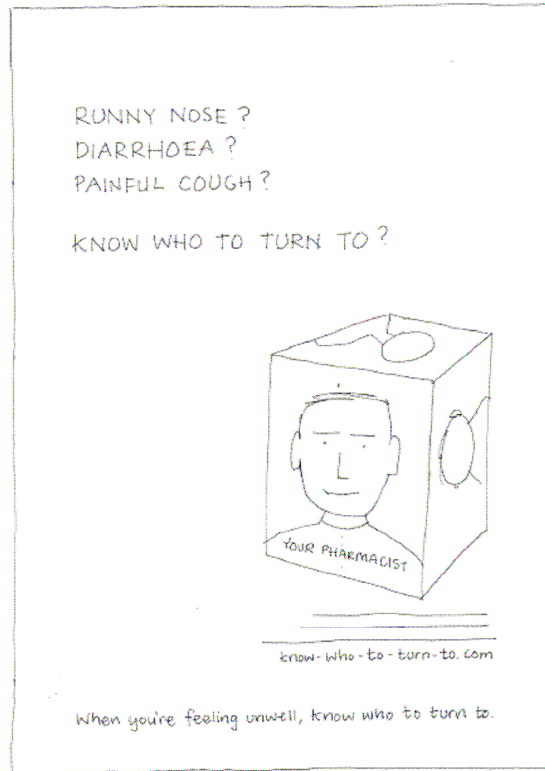
information requires development in order that the most relevant scenarios are included for each service. One issue during the Grampian campaign was the overlap of symptoms, in terms of which symptoms should lead individuals to present at which services. This requires clarification prior to a national roll-out in order to avoid confusion and to ensure consistency of message. It would be valuable, as much as possible, to ensure that information across all NHS and health-related campaigns across Scotland is consistent.

- If national rollout is approved it would be recommended that a longer term plan is looked at to consider how the campaign can be sustained in order to keep momentum and continue to encourage behavioural change.
- Consideration needs to be given to translation of campaign materials.
- Evaluation needs to be considered and how, with so many external influencing factors, behavioural change can be measured longer term.

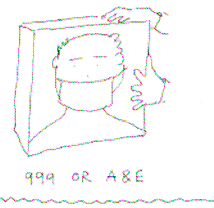
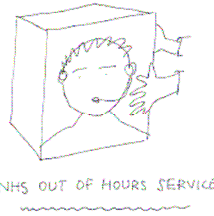
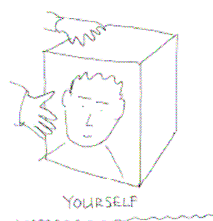
Appendix 1

Stimulus Materials (Phase 1)

'Cube' posters



WHEN YOU'RE FEELING UNWELL,
KNOW WHO TO TURN TO.



CAN'T BREATHE ?
CHEST PAIN ?
BLOOD LOSS ?
KNOW WHO TO TURN TO ?

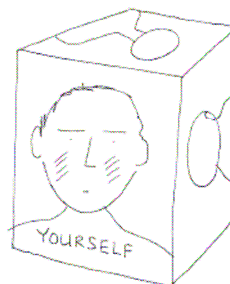


know-who-to-turn-to.com

When you're feeling unwell, know who to turn to.

GRAZED KNEE ?
SORE THROAT ?
HANGOVER ?
COUGH ?

KNOW WHO TO TURN TO ?



know-who-to-turn-to.com

When you're feeling unwell, know who to turn to.

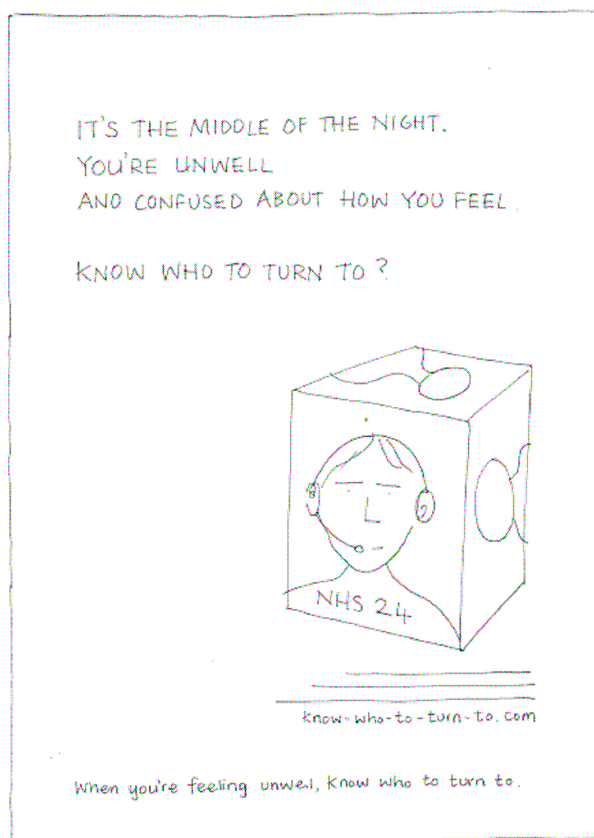
CUTS.
STRAINS.
ITCHES.
SPRAINS.

KNOW WHO TO TURN TO ?

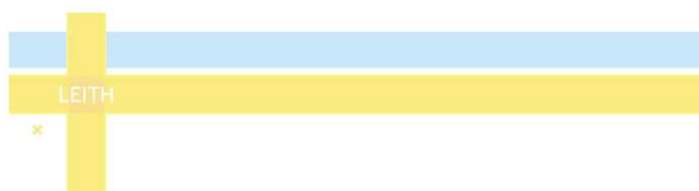


know-who-to-turn-to.com

When you're feeling unwell, know who to turn to.



'Cube' TV



TV - Cube

Ill looking person turns cube.

VO:

You feel awful.
 Your head is sore.
 You've been coughing all night.
 And you've got a runny nose.
 Who do you turn to?

(We see different options on the cube.)

He settles on GP practice.

Doctor:

No. Not me.

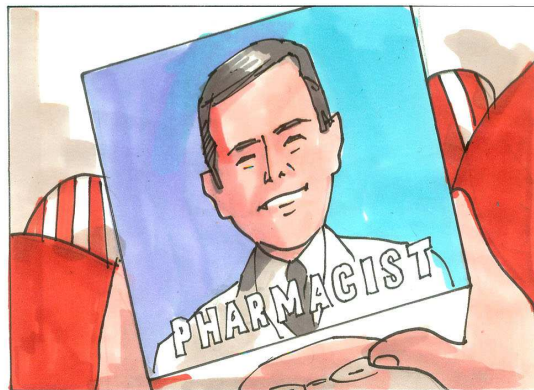
Pharmacist:

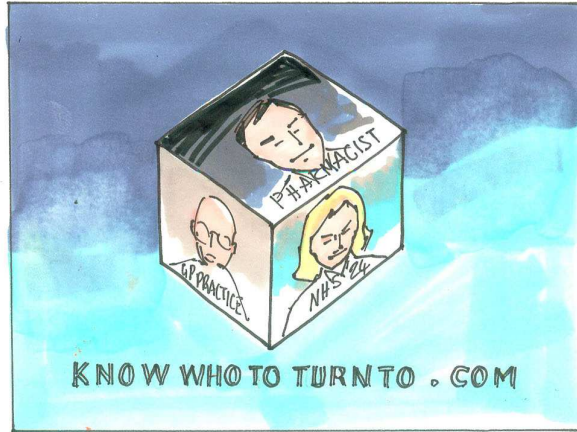
Yes. I can help you feel better.

VO:

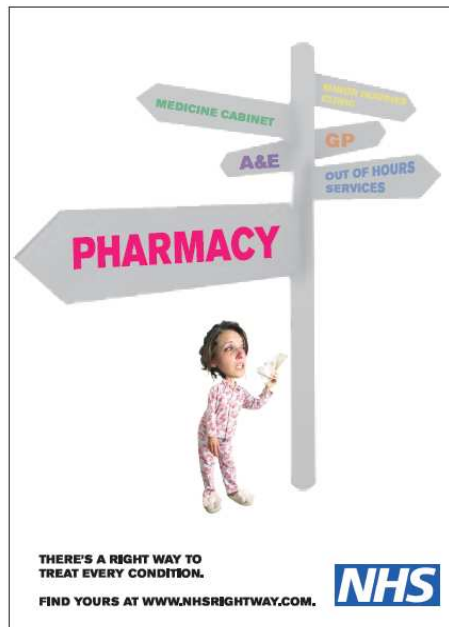
When you're feeling unwell, know who to turn to.







'Signpost' posters



THERE'S A RIGHT WAY TO TREAT EVERY CONDITION.
FIND YOURS AT WWW.NHSRIGHTWAY.COM.

THERE'S A RIGHT WAY TO TREAT EVERY CONDITION.
FIND YOURS AT WWW.NHSRIGHTWAY.COM.

'Signpost' TV



I TV – Right way

We see a waiting room at an A&E department. A man is sat there with a bad cold. He keeps sneezing, and blowing his nose, looking very sorry for himself. People sitting behind him are called in before him. He looks at his watch and frowns. Suddenly a signpost comes up from the ground right by his seat, and everyone turns to look at it. It has 'Pharmacy' written on it.

A woman is waiting in a queue at a pharmacy. She is rubbing her back and making a face, as if she's in pain. A signpost comes out of the ground next to her with 'GP' written on it.

We then see a man in the waiting room of a doctor's surgery. He has his foot up on the seat in front of him, and he becomes very protective of it if anyone comes near. He looks at his watch and sighs with boredom.

VO: When it comes to feeling unwell, make sure you're in the right place.

A signpost then appears out of the ground next to him with 'Minor Injuries Clinic' written on it.

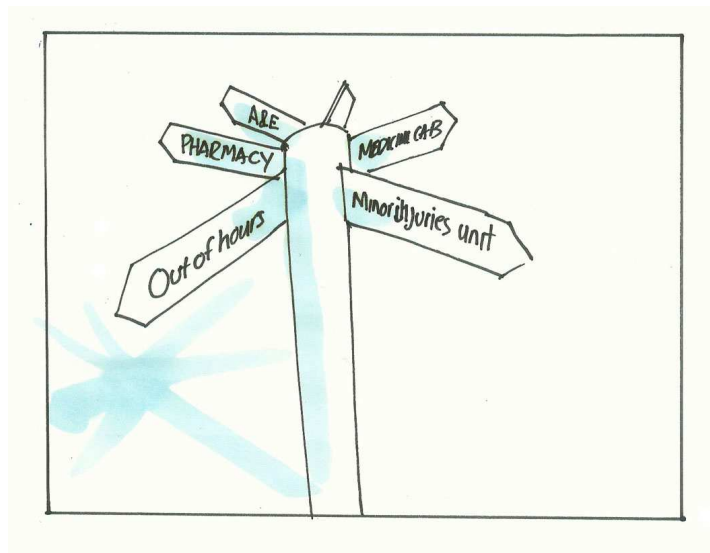
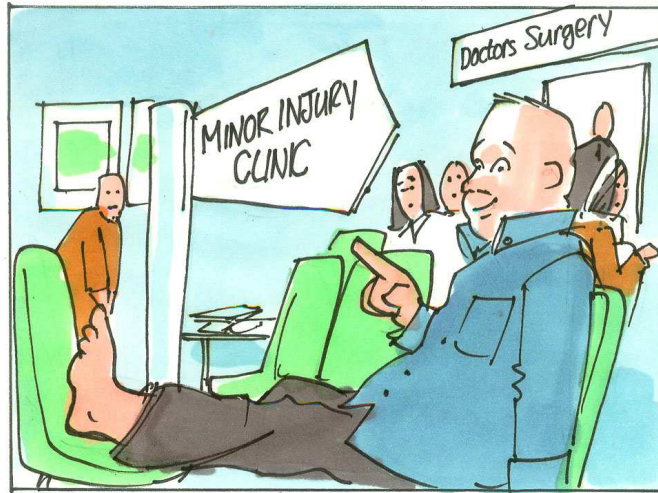
VO: There's a right way to treat every condition...

Cut to super with a sign post with all the options on it

VO: Make sure you find yours t at www.nhsrightway.com

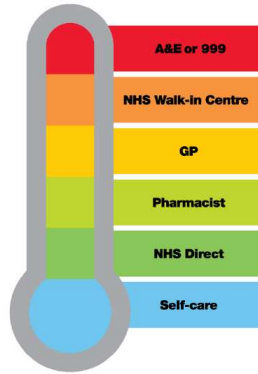






NHS Knowsley Choose Well Campaign (included in both Phases 1 and 2)

Choose well



Promotional material



Promotional material



<p>Grazed knee. Sore throat. Tickle cough. Scratch.</p> <p>For wear and tear, minor trips, and everything between, choose self-care.</p> <p><small>Self-care is the best option when looking after minor injuries or health issues. When you don't have the time, energy or resources to self-care, you may need to book a GP appointment or visit a pharmacist. For more information, visit www.nhs.uk/self-care.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>	<p>Unwell? Unsure? Need help? At a loss?</p> <p>For absolutely any questions about health, choose NHS Direct.</p> <p><small>Contact NHS Direct on an online or telephone service to get help with your health. NHS Direct can help you with a wide range of health issues, including: symptoms, conditions, treatments, and medicines. NHS Direct can also help you with health issues that you can't find an answer to on the NHS website. For more information, visit www.nhsdirect.nhs.uk.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>	<p>Upset tummy. Runny nose. Painful cough. Sore head.</p> <p>For common colds, sickly stomachs, and everything between, choose a pharmacist.</p> <p><small>Visit your local pharmacy for expert advice on common health issues, including: colds, coughs, sore throats, and more. Pharmacists can also help you with health issues that you can't find an answer to on the NHS website. For more information, visit www.nhs.uk/pharmacies.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>	<p>Being sick. Ear pain. Sore belly. Back ache.</p> <p>For ear infections, a dose of the flu, and everything between, choose a GP.</p> <p><small>Make an appointment with your GP for medical advice on health issues that you can't find an answer to on the NHS website. For more information, visit www.nhs.uk/gp.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>	<p>Cuts. Strains. Itches. Sprains.</p> <p>For icy slips, skin complaints, and everything between, choose an NHS walk-in centre.</p> <p><small>Visit an NHS walk-in centre for help with minor injuries and health issues that you can't find an answer to on the NHS website. For more information, visit www.nhs.uk/walk-in-centres.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>	<p>Can't breathe. Chest pain. Blood loss. Black outs.</p> <p>For symptoms of serious illnesses, and major accidents, choose A&E or 999.</p> <p><small>A&E and 999 are emergency services that should only be used when you have a serious health issue or when you are in a life-threatening situation. For more information, visit www.nhs.uk/aand-e.</small></p> <p>Choose well. <small>www.nhsdirect.nhs.uk NHS</small></p>
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 **Choose well.**
www.nhsdirect.nhs.uk

 **NHS**
Your local NHS

Appendix 2

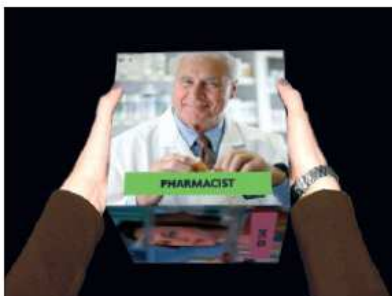
Stimulus materials Phase 2

“Cube” TV

40 second TV commercial



VO: When you're ill, getting the right help is in your hands.
DOCTOR: Do you know when you should turn to your GP?



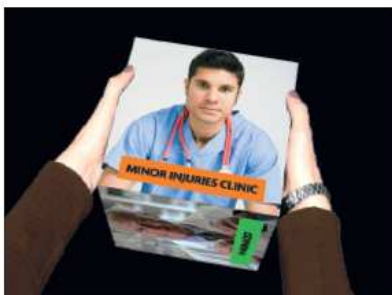
PHARMACIST: Or when it's better to see your pharmacist?



SELF CARE: What about when it's best to stay in and treat yourself?



OUT OF HOURS: Do you know what to do when your doctor's surgery is shut?
Or if you're unsure about your symptoms and need urgent advice?

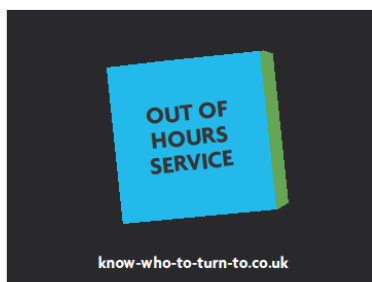


NURSE: What about a minor injury?



SURGEON: And do you know when you should definitely call 999?
VO: Getting seen by the right person can help you to a speedier recovery.

TV End device



VO: When you're ill, know who to turn to.

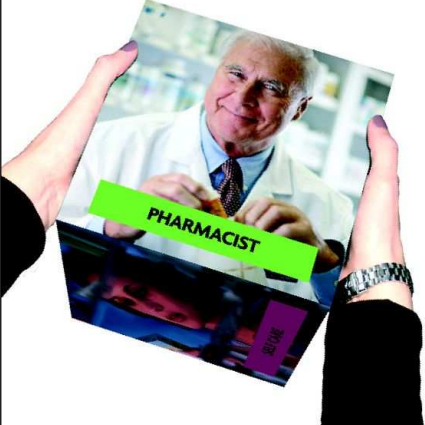


“Cube” posters

WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

Diarrhoea.
Runny nose.
Painful cough.
Headache.

Know who to turn to.




Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse molestie consequat.

NHS
SCOTLAND
know-who-to-turn-to.com

WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

Vomiting.
Ear pain.
Sore belly.
Back ache.

Know who to turn to.



Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse molestie consequat.

NHS
SCOTLAND
know-who-to-turn-to.com

"Cube" leaflet



"Booklet" TV

Booklet



VO: When you're ill, do you know who to turn to?



GP: Do you know when you should see your GP?



PHARMACIST: Or when it's better to turn to your pharmacist?



SELF-CARE: What about when it's best to stay in and treat yourself?



OUT OF HOURS: Do you know what to do when your doctor's surgery is shut?



NURSE: What about a minor injury?



PARAMEDIC: And do you know when you should definitely call 999 or go straight to A & E?



VO: Getting the right help is in your hands.



VO: So when you're ill, know who to turn to.

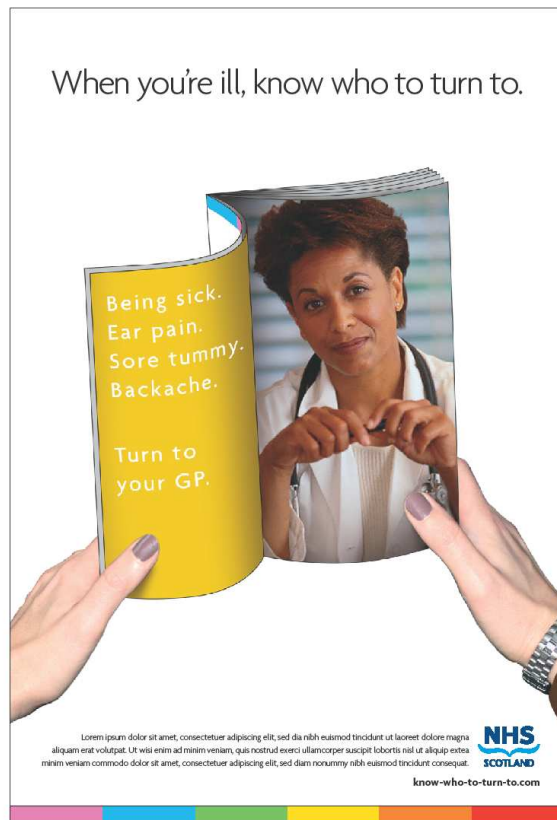
AD TV Booklet Frames.indd 1

10/20/10 10:28:00

“Booklet” leaflet



“Booklet” poster



Appendix 3 – Pilot Campaign Media Schedule & Costs

Radio:

Campaign Duration: 12 weeks (from 25/05/09 to 16/08/09)

The radio schedule delivered to an audience of approx **212,593** and each listener would hear the advert **24.38** times. There are 276 x 30 second spots on each station (Northsound 1, Northsound 2 and Moray Firth Radio) and 60 x 60 second spots on each station as well as 6 x 1 minute infomercials.

Bus:

Campaign Duration: 12 weeks (from 25/05/09 to 16/08/09)

Lower Rear Panels – (Generic Advertisement)

Campaign Area:

- 8 - Aberdeen City First Group
- 6 – Stagecoach Aberdeen
- 6 – Stagecoach Elgin
- 5 – Stagecoach Peterhead
- 4 – Stagecoach Stonehaven

Headliners (selfcare/pharmacy/minor injury)

Campaign Duration: 12 Weeks (from 25/05/09 to 16/08/09)

Campaign Area:

- 80 - Aberdeen City First Group
- 60 – Stagecoach Aberdeen
- 40 – Stagecoach Elgin
- 35 – Stagecoach Peterhead
- 15 – Stagecoach Stonehaven

A3 Bus Portrait Passenger Panels (Generic)

Campaign Duration: 12 Weeks (25/05/09 to 16/08/09)

Campaign Area:

- 30 - Aberdeen City First Group
- 15 – Stagecoach Aberdeen
- 10 – Stagecoach Elgin

Aberdeen Rail Station (Generic)

Campaign Duration: 12 weeks (1st June – 23/08/09)

Recommended Format: 48 Sheet Poster

There are 189,906 passenger journeys per month at Aberdeen station

Billboards/bus shelters/highlites: Campaign Duration: 12 weeks (1/06/09 to 23/08/09)

Highlites – Generic

Billboard – Generic

Bus Shelters - selfcare/pharmacy/minor injury

1st - 14th June

Highlite - Aberdeen - College Street
96 sheet billboard - Holburn Street
6 sheet - Aberdeen - Castle Street
6 sheet - Aberdeen - King Street
6 sheet - Fraserburgh - Broad street
6 sheet - Portlethen - Muirend Road
6 sheet - Portlethen - Stonehaven Road
6 sheet - Elgin - South College Street
6 sheet - Elgin - High Street

15th - 28th June

Highlite - Great Northern Road
48 sheet billboard - Skene Square Aberdeen
6 sheet - Aberdeen Holburn Street
6 sheet - Aberdeen - Union Street
6 sheet - Fraserburgh - Maconachie Road
6 sheet - Fraserburgh - Broad Street
6 sheet - Portlethen - Muirend Road
6 sheet - Elgin - Station Road
6 sheet - Elgin - East Road

29th June - 12th July

Highlite - Causewayend - Aberdeen
96 sheet billboard - Great Northern Road Aberdeen
6 sheet - Aberdeen - Castle Street
6 sheet - Aberdeen - King Street
6 sheet - Aberdeen - Stonehaven Road
6 sheet - Great Northern Road
6 sheet - Fraserburgh - Broad street
6 sheet - Fraserburgh - Watermill Road
6 sheet - Portlethen - Muirend Road
6 sheet - Elgin - South College Street

13th - 26th July

Highlite - Wellington Road
96 sheet billboard - Holburn Street
6 sheet - Aberdeen - Holburn Street
6 sheet - Aberdeen - Union Street
6 sheet - Aberdeen - Auchmill Road
6 sheet - Fraserburgh - Maconachie Road
6 sheet - Fraserburgh - Watermill Road
6 sheet - Portlethen - Muirend Road
6 sheet - Elgin - Station Road
6 sheet - Elgin - East Road

27th July - 9th August

Highlite - Aberdeen - North Esplanade West

48 sheet billboard - Skene Square Aberdeen
6 sheet - Aberdeen - Castle Street
6 sheet - Aberdeen - King Street
6 sheet - Fraserburgh - Broad street
6 sheet - Fraserburgh - Maconachie Road
6 sheet - Portlethen - Muirend Road
6 sheet - Elgin - South College Street

10th - 23rd August

Highlite - Aberdeen - Wellington Road
96 sheet billboard - Great Northern Road Aberdeen
6 sheet - Aberdeen - Holburn Street
6 sheet - Aberdeen - Union Street
6 sheet - Fraserburgh - Maconachie Road
6 sheet - Fraserburgh - Broad Street
6 sheet - Portlethen - Muirend Road
6 sheet - Elgin - Station Road
6 sheet - Elgin - East Road

Doordrop:

Leaflet Door Drop to all **223,258** households across Grampian

Website/Webpage:

Selfcare – NHS24.com
Pharmacy – NHS24.com
GP – NHS Grampian
Minor Injury – NHS Grampian
Out of hours – NHS24.com
A&E/ 999 – Scottish Ambulance Service

www.know-who-to-turn-to.com

Resources:

5,500 Posters
10,000 Booklets
For additional distribution to Pharmacies, GP practices, community education, workplaces etc
1 x Banner Displays

Internal & External Communications:

NHS Grampian & Partners to distribute material and messages within their settings ie: websites, staff newsletters etc

NHS Grampian website: www.nhsgrampian.org

NHS Grampian's homepage provides a link from the campaigns section to information on all key messages and other appropriate websites/webpage's e.g. www.know-who-to-turn-to.com

Media Launch/Photo Opportunity:

A PR proposal was submitted by Consolidated PR.

Campaign timeline (PR):

Launch and Photo-Call; 28 May 2009

A photo-call was held at Summerfield House, NHS Grampian's head office, Aberdeen, with Pauline Strachan, deputy medical director for NHS Grampian to launch the pilot 'Know who to turn to' campaign.

An oversize campaign booklet was produced for use as a backdrop in press photography.

OUTPUT

Launch coverage was achieved across the following media:

Print:

- Press & Journal
- Press & Journal Online
- Forres Gazette
- Northern Scot

Broadcast:

- STV North Tonight
- Moray Firth Radio
- Northsound 1
- Original 106 fm
- Waves

Evening Express / NHS 24 partnership

Coverage was secured for three consecutive weeks in the Evening Express 'Ask the Doc' column. Consolidated PR liaised with Amelia Whittaker at NHS 24 and submitted four Q&As relating to the Know Who to Turn To campaign. All coverage included the campaign's key messages, URL and helpline number.

- Evening Express (28 July 2009)
- Evening Express (4 August 2009)
- Evening Express (11 August 2009)

Costings

Concept Development:

Leith Agency £48,437

Creative Testing research £15,140

Progressive Tracking research £39,625

Implementation:

Radio £11,051.81

Production £7,130

Artwork for posters/ booklets £3,381
Photography (including models with 3 year usage) £10,708
Posters (5,500) £1,215
Booklets (286,000) £23,165
Door drop 12,190.85
PR support £10,000
Website development £4,134
Bus advertising £20,105
Billboards/ bus shelters/ highlights £19,540
Artwork setup – outdoor £5,120
Display £390
Print booklets for photoshoot £129
Radio re-records £1,571
Online web banners £1,380

Total cost for execution of campaign: £234,412.66