Big thinking
from a small island

And BIG thinking...
Think back to 2006...

It's our health!
Realising the potential of effective social marketing.

Summary
Setting up the sites

• Agreement of aims and objectives
  – Stimulate the use of social marketing
  – Build capacity
  – Increase evidence-base

Setting up the sites

• The Total Process Planning framework
Setting up the sites

- Development of an operating ethos
  - Projects were self-managed
  - Only advice and support from The NSMC (no money!)
- Independent evaluation

In the first 12 months

- Define the problem
- Identify potential target audiences
- Set behavioural goals
- Stakeholder engagement
- Review the secondary literature
- Conduct primary research
Barrier #1

Here is Edward Bear, coming downstairs, now, bump, bump, bump, on the back of his head behind Christopher Robin. It is as far as he knows the only way of coming downstairs, but somewhere he feels there is another way, if only he could stop for a moment and think it.

Extra support

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Barrier #2

I don’t understand the words you use – Segment-what?

Training days
Barrier #3

We can’t leave anyone out

TARPARE tool
Total number?
At risk?
Persuadable?
Access?
Resources?
Equity?

Barrier #4

We can’t move that fast!

Sharing events
The biggest barrier...

...is you!

The nurses just talk to your bump – like they don’t care about you at all.

I tried to get tested, but my doctor told me he couldn’t do it.

The only contact we have with the CSO is to be told off! Why haven’t you screened more?

SUB21

Something to say ‘yes’ to!

me2

Stop smoking club
Case Example
Norfolk and Waveney chlamydia screening

- Chlamydia is the most common STI
- Failing on government target
- Over 200 existing screening sites

Aim and target audience

- **Aim**: To increase screening rates in 16-25 year olds

- **Primary audience**: Existing screening sites who returned few or no screens in the previous year
The key insights

The only contact we have with the CSO is to be told off! Why haven’t you screened more?

What do I say?

I think I could do more, but I suppose I don’t really think about it

The solution

• Training
• Quarterly newsletter
• **Ongoing, systematic contact**
• Fresh, locally branded materials
• Pop-up reminders
• Payment for screens
The findings

- Three-fold increase in screens
- Highest increase seen in GP surgeries
- 300% increase from pharmacies

Case Example

Tameside and Glossop breast cancer
The problem

- Poor survival rates due to late diagnosis
- Breast awareness 5-point code since early-90s

1. Know what feels normal for you
2. Look and feel
3. Know what changes to look for
4. Report any changes without delay
5. Attend full breast screening if aged 50 or over

Aim and target audience

- **Aim:** To increase early cancer detection and reduce late presentations of breast cancer
- **Primary audience:** Women aged 35 to 50
- **Secondary audiences:** GPs and practice nurses
The key insights

Health professionals:

• Did not talk to women about being breast aware
• Making a plan helps
• They should do it, so they must do it already!

The solution
The findings

The campaign did **not** achieve an increase in women being breast aware

Case Example

NHS Stoke-on-Trent: Smoking in pregnancy
The problem

• 22% of women smoke during pregnancy
• High levels of deprivation

The key insights

When they are telling me to stop, it makes me more determined

Stop telling me it kills – I know and feel bad enough

It's only one luxury in life

Me time
The solution

1. Professional intervention

2. Peer support group

Did it work?

<table>
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<th>Year</th>
<th>No. quit dates set</th>
<th>No. 4-week quits</th>
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<td>75</td>
<td>38</td>
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<tr>
<td>2007/2008</td>
<td>216</td>
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“Don't take anything for granted, don't assume, ask the questions and find out, and keep using your insight. And keep going back and going back. And I think really there's a lot of self reflection goes on.”

“I would say, without a doubt, the best piece of work I’ve ever been involved in. There have been times when I thought about giving up and taking the easy option [posters], but I now can’t imagine not thinking about the process of social marketing when I’m planning health improvement work in the future...”
When success is a problem?

1. The Scottish Government worried – Hand hygiene compliance increased from 45%-95% in hospitals
2. But still hospital acquired infections increasing
3. Target of 100% compliance
4. “What is going on” – can social marketing help?
5. Project based in Dundee – Ninewells Hospital
Project aims – to find what was “going on” and do something about it!

1. Building on existing work – complement not compete
2. Tangible and practical tools
3. Be adaptable and contain learning that could easily be transferred to other health settings regions
4. Be able to be implemented without significant cost implications to the hospital

*It’s never a blank sheet!* 

Scoping – understanding the issue

1. Secondary research
2. What initiatives were in place had been tried in Dundee
3. Interviews with key stakeholders
4. Observation – looking to see what was really happening
5. Who really wanted to see change?

*Seek out your champions – you’ll need them!*
What did they say? What do they do?

1. Considerable energy and resources committed – is it sustainable?
2. Running out of new ways to “sell” hand hygiene
3. “Listening not lecturing”
4. Carrot not stick - we need to persuade people that it’s in their interests to comply

Hugely different compliance rates/attitudes – guess who washes their hands?

Observation – you really can see what is going on!

1. The lady with the trolley
2. “Where was the entrance?”
3. “It’s like Piccadilly Circus here”
4. The maintenance man
5. What lovely curtains
6. “Taking my blood pressure”
7. “Is the bottle empty?”
8. “Oh hello have you come to audit us?”

Never assume anything – it’s important to talk but it’s more important to see!
Insight

1. One-size fits all approach unlikely to achieve anything
2. Nursing and medical staff have different attitudes/behaviours to hand hygiene
3. It’s not all about hand hygiene – there are other factors
4. Leadership/hierarchy are all important in hospitals
5. Carrot not stick
6. Self interest is critical

*It requires the whole organisation to change the way it deals with hand hygiene and infection control over the long term*

Toolkit – It’s really a change programme – they just didn’t know it!

1. Evidence based
2. Practical interventions developed by staff to address concerns
3. “What’s in it for me”
4. “Road tested” adapted for different wards and staff groups
Building on Success

How you manage communications going forward

1. Emphasise continuing priority for the organisation
2. Positive/personal
3. honesty
4. Leadership/role models – targeted to different professional groups
5. No more “one size fits all”

Clean Leaders

1. Promoting champions – “make the biggest difference”
2. “What do they do” – practical hints, what works for them
3. Team of “Clean Leaders” across the hospital
4. Its not just about posters and features in newsletters
Famous Five

1. Confusion over five moments
2. "Complicated scenarios"
3. "Too much coming and going"
4. "Great in principle but not in practice"

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Your 5 moments for HAND HYGIENE

1. Before clean or aseptic procedure
2. After body fluid exposure risk
3. After patient contact
4. After patient contact with patient surroundings
5. After contact with patient surroundings

high five?

There are, according to The World Health Organisation five 'moments' for hand hygiene when you should clean your hands.
Designing for Time

Collaboration – “things that could slip through”

1. Gel dispensers in the right place
2. Are they full?
3. Newcomers
4. Temporary workers
5. Taps
6. Patients reminding staff
7. Myths about gel
8. Success rates

Ward Entry Protocols

1. Where is my gel?
2. Checklist
3. Postcards
4. Entry into Ward
Ward Entry Protocols

How are we doing?

1. Measuring Success
2. Creating a buzz
3. Light Boxes
Making it Personal

1. “Existing communication is too timid”
2. Learn from smoking – “shock and awe”
3. “Self Protection”
4. Dispelling myths
Learning

• It's about changing the way the organisation works – social marketing is about sustained change
• Know the framework you are working – be realistic
• It may seem obvious but go and see what's going on!
• Segmentation is critical but sometimes you don't need a model to tell you which groups are important
• Champions are important – there will be enough people against you
• How do you evaluate success?
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