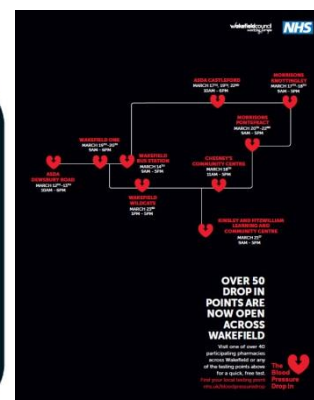


Blood Pressure Local Pilot Wakefield March 2014 Evaluation Report MANAGEMENT SUMMARY



1. Management Summary

1.1 Background

The Government and PHE have a focus on tackling premature mortality and improving the quality of life for people living with long term conditions. There is a commitment to trialling campaigns to tackle premature mortality and to this end blood pressure has been selected for a pilot study. About one in three adults in England have high blood pressure¹, of which over 5 million are undiagnosed². High blood pressure is the second biggest risk factor of disease leading to premature mortality in this country³ and is a major risk factor for stroke, heart attack, heart failure, chronic kidney disease and cognitive decline. High blood pressure is estimated to cause over 20% of heart attacks⁴ and 50% of strokes⁵. However, with lifestyle changes, high blood pressure can be avoidable, and there are effective drug treatments which can contribute to blood pressure reduction.

A key issue with high blood pressure is that it can be asymptomatic, so people are unlikely to be proactive in its diagnosis without prompting.

The aim of the pilot was to encourage the target audience of 40-75 year olds to have a blood pressure test (in a non GP setting) and go to the GP if referred, so that:

- Early detection of hypertension (high blood pressure) is increased
- Those engaged are inspired to take action to improve their lifestyle

1.2 Approach

Wakefield was selected as a pilot area for the campaign, which ran from 1 March to 6 April 2014, and blood pressure testing intervention, which ran from 10 March to 6 April 2014.

Public Health England developed the Blood Pressure Drop In pilot in partnership with clinical advisors, the Wakefield Council public health team, South West Yorkshire Partnership NHS Foundation Trust, representatives of local primary care clinical networks, and Community Pharmacy West Yorkshire (referred to as the Pilot Team). The campaign also worked in association with the British Heart Foundation, Blood Pressure UK and the Stroke Association.

The campaign was developed by Public Health England, Freuds PR, M&C Saatchi, MEC and M4C (referred to as the Campaign Team).

The intervention was to offer a blood pressure test to the target audience of 40-74 year olds, with a particular focus on those at higher risk of hypertension, in a community or workplace

¹ Health Survey for England 2011, defined as 140/90mmHg or above, adults as 16+ (The prevalence of survey-defined hypertension was 31% of men and 28% of women in 2011)

² 2011 APHO Hypertension Prevalence Model vs. 2012/13 GP registered hypertensives, shown in relation to ONS mid-2012 England population estimates

³ Global burden of disease: UK study 2013

⁴ 2004 INTERHEART study figures for Western Europe

⁵ Lawes et al. International Society of Hypertension. Global burden of blood pressure related disease 2001

setting. Community settings were mobile testing units and pharmacies and the workplace scheme was carried out in two ASDA distribution centres. Those who received a high blood pressure reading were provided with a referral letter for their GP and lifestyle information to help people manage their blood pressure was provided.

Campaign activity included poster, press, radio and online search sponsorship, as well as community engagement activity and comprised three strands:

- **Establish need:** create awareness of the issue and anticipation about the arrival of blood pressure testing stations in Wakefield
- **Trigger action:** drive people to the testing points and normalise the idea of getting checked
- **Amplify:** get people talking about the intervention and remind them that it's not too late to get checked

1.3 Evaluation and measurement

The overall objective of the pilot was to establish whether a testing initiative raises detection and understanding of blood pressure and adds value to existing initiatives.

The evaluation covers a number of elements:

- **Pre and post tracking research** which assessed the impact of the campaign in the pilot area on raising awareness of the availability of blood pressure checks and the importance of having a blood pressure check. It also measured knowledge around the risks of high blood pressure and attitudes towards having a blood pressure check. These surveys were also conducted in the control region of Rotherham and North East Lincolnshire.
- **Participation metrics** which were collected from everybody who had their blood pressure tested as part of the intervention and indicate results from readings and demographics, as well as responses to lifestyle questions at mobile testing points and ASDA workplace testing.
- **Exit and follow up interviews** with a sample of people who participated in the intervention at mobile testing points and ASDA workplace testing, both immediately after having their blood pressure checked and by telephone follow up 3-6 weeks later. These elements assessed the experience of having the blood pressure check, determined how and why people were driven to this and what actions were taken as a result.
- **GP data extracted from SystmOne** which tracks the outcomes of appointments made at 80% of GP practices in Wakefield, monitoring the code used to indicate intervention-related appointments.
- **Qualitative interviews and focus groups** to find out how the campaign and intervention was received by GPs, practice staff, pharmacy staff and the general public.
- **Post pilot stakeholder evaluation workshop** to explore the views from the Pilot Team regarding the planning and implementation of the campaign and intervention.

1.4 Stage one: the campaign

The campaign achieved good visibility overall with almost half (47%) recognising some element when prompted. This included recognition of the logo (33%), the advertising (28%) and the testing stations (17%). Of the advertising elements, print and out of home (22%) outperformed radio (11%), although this reflected comparatively higher spend on the visual media.

The ads were seen as relevant, with the highest score seen to date for a local pilot for people agreeing the ads were relevant to them (69%), perhaps benefiting from the mentions of

Wakefield in the campaign. However, they had relatively low levels of standout (50%), lower than comparable local pilots.

The dangers of high blood pressure were already well known, with higher than expected levels of spontaneous awareness that high blood pressure could lead to heart attack (56%) or strokes (63%). This could explain why the ads only represented new news for 35% of respondents.

As well as good levels of knowledge around what high blood pressure could lead to, there was also strong awareness of the prevalence of high blood pressure (92% agreed it was pretty common) and the benefits of early diagnosis (90% agreed high blood pressure could be treated if diagnosed early), but knowledge and attitudes remaining broadly unchanged by the campaign.

The main message take out from the campaign was to get checked, which perhaps overshadowed more complex messages concerning the health problems associated with high blood pressure. Despite the good cut through of the message to get checked, the ads had a relatively low call to action. Only around one in ten (12%) claimed to have taken action as a result of seeing the ads, with discussion actions particularly low (1% talked to family members or friends). This is also reflected in the low numbers among those visiting the testing stations saying the advertising had prompted them to attend, as discussed below.

1.5 Stage two: the intervention

During the intervention, 3632 people were tested. The majority (2019) were tested in pharmacies, with 1421 tested at mobile testing points and 192 having their blood pressure checked in their workplace at ASDA. Convenience was the key driver behind the high number. People who were tested at the mobile testing points or ASDA distribution centres almost universally agreed that it was really convenient (95%), with 43% citing convenience as the reason for getting tested, compared with only 14% saying they were concerned they might have high blood pressure.

The target age group was 50-65 and four in ten (38%) of those tested were in this age range, which shows the intervention was able to engage them. In addition, seven in ten (68%) were C2DE, showing it was highly successful at targeting this key demographic. Only four in ten (41%) of those tested were male, although some settings were more successful in achieving tests with men, namely ASDA and sports venues.

Overall three in ten (29%) were referred after receiving a high blood pressure reading. Mobile testing stations referred a higher proportion of people than pharmacies or the ASDA workplace scheme (38% compared with 24% and 22%). Part of this is because during the recruitment of participants at mobile testing stations, people were not consistently screened, so more people who were already aware of their high blood pressure were tested. However, there were more referrals even taking this into account, which suggests that the station could have accessed people less engaged with healthcare services.

Out of everybody tested during the intervention, one in five (20%) were found to have high blood pressure readings but had not been previously diagnosed, showing the value of the intervention. There was also a consistent and broad positive response to the testing experience. All those who participated in an exit interview said that they found the staff helpful and professional, three quarters (75%) felt they were given useful information about how to prevent or reduce high blood pressure and it made two thirds (67%) want to find out more about their health.

1.6 Stage three: after the intervention

The intervention had a positive effect on knowledge and confidence around the issue of high blood pressure, showing that the higher level of engagement through the intervention increased these levels. For example, 69% of people in the follow up interviews could state without prompting that high blood pressure could lead to a heart attack, compared with 56% in the post-stage, and 71% knew it could lead to a stroke, compared with 63% in the post-stage.

A variety of lifestyle actions were taken following the blood pressure test, with three quarters (75%) claiming to have taken some positive action. Of the areas where advice was given, there was highest conversion to action around diet: 62% of those who received dietary advice took a relevant action, potentially showing an area where it might be easier to convince people to change their lifestyle.

TNS BMRB's research showed that, of those referred, seven in ten (69%) went to their GP, which indicates quite a high proportion following through on this. Most of these (95%) had their blood pressure rechecked and three quarters (75%) had some form of clinical follow up. However, the data from SystmOne showed that only 7% of those referred went to their GP and that the number of diagnoses of hypertension at SystmOne practices within Wakefield District immediately following the campaign period (April to June 2014) was broadly in line with the monthly average. This difference could be due to over-reporting in the survey or miscoding on the system; the true number is likely to be between these two. TNS BMRB data shows that 15% of those who went to their GP received a diagnosis of high blood pressure, while SystmOne data puts this figure at 20%. The evaluation found that tracking patients from initial blood pressure test to eventual presentation at GP is a challenge and this is further discussed in section 1.7.3 below.

1.7 Insights and recommendations

This section sets out the insights and recommendations in relation to the campaign target and campaign stakeholders.

1.7.1 Campaign target

The intervention was effective because of its visibility in areas with high footfall. The campaign did not drive people to be tested; the majority of people who got tested did so because of the convenience rather than the campaign. If the pilot was repeated in other areas, the key to encouraging people to get tested would be in the accessibility and convenience of testing locations rather than through advertising.

Recommendation: Above the line advertising is not a pre-requisite for a successful blood pressure testing intervention

Different testing locations offered different advantages. Mobile testing stations attracted people who might be less engaged with healthcare services, with sporting events getting high numbers in the target age group. Mobile testing stations did however test a higher proportion of people who had received a previous diagnosis of high blood pressure, which suggests that they could have been more effective in targeting the tests. They were also a relatively expensive option.

Pharmacies could test a lot of people and target appropriately, but would have missed people who were not already engaged with healthcare services. They also had the advantage of using existing healthcare infrastructure although it is important to consider the impact on local resources.

The ASDA workplace scheme reached an entirely different population, with high proportions of men tested, although it should be noted that ASDA had a relatively low reach overall.

Where resources are limited, it is therefore important to consider who are the priority audiences and target testing locations appropriately.

Recommendation: Use a diverse range of testing locations where possible to reach a range of people

There was pre-existing high knowledge of what high blood pressure could lead to as well as confidence in that knowledge, with relatively low levels of perceived new news. In addition, the campaign was seen as particularly relevant, suggesting the target audience are receptive to advertising in this area. However, the campaign itself spurred little action or attitudinal change – people are still not engaging with the seriousness of high blood pressure. Future campaigns should therefore focus more on overcoming complacency and increasing urgency; awareness of the consequences of high blood pressure is already strong and therefore educational advertising is not required.

Recommendation: Future campaigns on high blood pressure need a greater emotional trigger, but education is not required

Those who were tested as part of the intervention were very positive, resulting in a better understanding of the potential consequences of high blood pressure. There is also evidence that the intervention had a broader impact on health, through providing advice and prompting participants to take actions to lead healthier lifestyles. Although the data regarding conversion of referrals to GP visits is mixed, between 15 and 20% of those visiting the GP were diagnosed with high blood pressure suggesting the intervention could contribute to increasing early diagnosis of hypertension.

Recommendation: Capitalise on the opportunity the intervention gives to drive people into appropriate action

1.7.2 Campaign stakeholders

Delivery of the pilot was not without challenges and both the Pilot Team and Campaign Team highlighted areas for further attention should the campaign and intervention be rolled out on a wider scale.

Timing, deadlines and lead times is an area where a great deal of lessons were learnt to take into consideration for any potential national roll-out of The Blood Pressure Drop In.

Members of the Pilot Team agreed that timescales, lead times and deadlines placed considerable pressure on individual and team workload in the period immediately prior to the pilot's launch, and during the four week campaign. At times the distribution of printed campaign collateral felt rushed and insufficient lead time was given to re-distribute materials across the Wakefield area.

Recommendation: Better organisation of the distribution of printed materials via the Local Authority would be required in future

The overall time pressure and demanding deadlines resulted in potential missed opportunities, such as successfully organising local PR opportunities, for example at pharmacies, which the Pilot Team believed was poorly organised due to time constraints. The pharmacy strand of the

pilot was under particular time pressure to distribute materials across 49 participating locations and some delays hindered a timely launch for pharmacies.

Longer lead times during the planning of the pilot would have enabled more training to be provided for both pharmacy and mobile testing point settings, with a particular focus on practical training and trialling the SOP and Conversation Guide. This would have increased staff confidence in delivering the intervention.

The Campaign Team shared these frustrations with timing and recommended that more time be given for planning and implementation of the campaign, in particular to Stage 1 of the campaign – Establish Need. The team valued the multi-agency approach as it enabled them to deliver an integrated communications strategy and 360 degree campaign however they recommended that the overall cross-agency team should be briefed en masse at the outset of a campaign to facilitate joined-up thinking and a collective approach from day 1. Longer lead times overall for each stage of campaign development and implementation would also enable the team to:

- Develop a combined strategic and creative response from the outset
- Secure the best available media opportunities
- Make a clearer ask of local supporters and to engage them and involve them into the process
- Create meaningful and effective partnerships with local media brands & businesses
- Get access to spokespeople: Longer approval times needed

Recommendation: Longer lead times for planning the campaign and intervention enabling more training during these times and better co-ordination with local PR opportunities

The time of year that this pilot ran was also an issue, coming as it did at the year end for pharmacies and GP surgeries. This is a time when both settings are already under considerable time pressure to finalise and submit records and The Big Blood Pressure Drop In was regarded as an additional task to complete at an already busy time of year.

Recommendation: Run the campaign and intervention with consideration to other activity during the year

The Pilot Team found that the set up and co-ordination of the pilot was very labour-intensive and took more staff resource than anticipated, particularly for Wakefield Public Health Team and Community Pharmacy West Yorkshire. This has implications for any national roll out which would need to be mindful of the impact at local levels and try to ensure that Local Authorities have sufficient staff and budget capacity to support and deliver an intervention and campaign of this scale.

Pharmacy and workplace settings would have benefitted from more bespoke collateral and alternative approaches to targeting participants. Display space in pharmacies is often limited so more innovative materials would help overcome this challenge, for example staff badges or on-shelf POS communications materials. Similarly in the workplace setting, more tailored campaign products may increase engagement and other delivery channels should be considered such as messages in payslips or through shop-floor staff meetings or forums.

Recommendation: Provide marketing toolkit to enable customisation to suit specific settings

During the intervention, whilst the SOP worked well, the Pilot Team recognised that the messaging given to individuals with high blood pressure readings was an issue that may have affected GP presentation results for the pilot. Staff were specifically advised not to cause panic or distress in participants with high blood pressure but the resultant 'soft' message provided by staff may have had an adverse effect on conversion rates as participants may not have felt this was a sufficiently serious issue to take to the next stage. There is a potential conflict here and the message needs to be sufficiently hard-hitting to inspire patients to attend their GP surgery, without causing undue alarm. There was also some concern about the level of medical expertise of the staff delivering the blood pressure tests and whether they are appropriately qualified to give advice about hypertension.

It should also be noted that the 'soft' message was in part designed having sought the views of GPs who were concerned that an urgent message would result in GP surgeries being overrun by hypertensive patients demanding appointments. In fact the numbers suggest that over the course of a month around 1,000 potentially hypertensive patients could potentially have sought a GP appointment across the entire pilot area which includes 40 GP surgeries, an average of around 25 additional appointments over approximately one month.

Recommendation: A compelling and consistent referral message needs to be devised for any future roll-out

1.7.3 Addressing the challenge of tracking patient progress post-intervention

One of the key findings of the evaluation is the lack of data supporting the progress of referred patients onwards to GP presentation. There may be a number of reasons for this.

This may be attributed to variable levels of awareness of the pilot and coding responsibilities in GP surgeries. Despite the best efforts of Wakefield Public Health team engaging with GPs through the Wakefield LMC there may have been issues with the communication of the pilot within GP Surgeries.

The Pilot Team also believes that further consideration should be given to capturing participants' contact details during the intervention in order to be able to remind these participants to attend their GP surgery and thereby try to increase attendances and potential diagnoses of hypertension.

Trying to better establish a direct link between the intervention and GP surgeries should also be considered, for instance, referral letters could be provided to patients and directly to their GP surgery – though this method still places responsibility for coding on GP surgeries. Establishing a direct link between the intervention and GP surgeries would be ideal as referrals could be uploaded with correct Read codes.

Both of these approaches would place a workload demand on GP surgeries but would at least ensure that potentially hypertensive patients were 'in the system' and GP surgeries would be responsible for encouraging attendance if patients had not done this proactively themselves.