Communications Plan for A&E transitions

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Aims and objectives

• We want residents to know when the A&E will close, what services are available for urgent care at the site and what to do in an emergency

• We need to:
  – reassure and not cause alarm.
  – raise awareness that the two A&Es are transitioning
  – ensure understanding that 24/7 UCCs remain on site
  – provide accessible and easy to understand information on the change

• Focus group activity across Brent, H&F and Brent has provided insight into the levels of understanding and needs of the general public

• Many of the long-standing key messages at the core of the SAHF programme remain relevant

• Make clear with bold, simple language what is happening, as soon as we can and to as many people as we can
Process & governance

- Joint communications workstream consisting of SaHF, NWLHT, ICHT, NWL CSU, equalities rep and lay partners.
- Weekly communication workstream meetings are taking place, alternating in location between CMH and St Mary’s.
- Agreed sign off and review for key stages of the programme.

More information: Appendix A – Terms of Reference
Appendix I – Sign off and review

Learnings: Co-production at all stages
Public information campaign to begin on 28 July 2014

**Timeline**

More information: Appendix B – Timeline

Learnings: “Shorter more intensive campaign would have been more preferable and effective” BEH communications
Messaging

- Three broad levels of messaging have been identified for the public information campaign, depending on the channel used and therefore how long someone is likely to see the messages for.

**Level 1 – SHORT VIEW ADVERTISING** *(eg billboards, bus stop ads)*
- What is happening to the A&Es
- When is it happening
- UCC 24/7 at both sites to treat minor injuries and illnesses
- Brief overview of what a UCC treats *(bus stop only)*
- In emergency dial 999

**Level 2 – LONG VIEW ADVERTISING** *(Print ads, door drop)*
- As above plus:
- More detail on when to go to a UCC
- When to call an ambulance/go to an A&E
- 111

**Level 3 – DETAILED ACTIVITY** *(Leaflets, engagement materials, website)*
- All the above plus:
- Specific information relevant to particular group being engaged with. For example, specific to expert patients groups or communities.
- What else is happening at the hospital
- Why the changes are being made

**Learnings:**
Clarity essential – use plain English
Start/stop campaign and changing messages make effective communication difficult

**More information:** Communications plan ch.4
Geography

- Based on the patient flow data provided to the workstream the core of the campaign will focus on:
  - Brent;
  - East Ealing;
  - North H&F;
  - North K&C;
  - Far East of Hounslow

Three tiers of communication work:

1. **Core communication area**
   - This is where the concentration of advertising material and mailouts to local groups and businesses will occur. It covers the parts of the five boroughs as listed above.

2. **Full boroughs**
   - All boroughs which fall in to level 1 will see engagement with community groups and politicians across the borough as well as door drops.

3. **NW London wide**
   - Wider communications across all 8 boroughs around SaHF implementation

*More information: Communications plan ch.6*
Activity

- The core public information campaign will occur across an area defined by data showing patient flow into the two A&Es.

- The campaign will include:
  - Website development
  - Outdoor & print advertising
  - Door drops
  - Leaflets and posters
  - Media activity
  - GP engagement
  - Staff engagement
  - Political & stakeholder engagement

- The Equalities & Access workstream are engaging with community groups across the area to communicate with hard to reach groups.

- The Travel Advisory workstream are coordinating changes in road signage.
Activity - GP communication

• Trusts & CCGs will be using their existing mechanisms to communicate directly with GPs but will work together to ensure messaging is aligned.
• Communication to GPs will include:
  – Trust & CCG newsletters
  – Letter advising them of the changes that are forthcoming
  – Regular update letters updating on progress
  – Examples of the advertising materials
  – Materials sent directly to the surgery for patients as part of the wider public information campaign.

• Key dates for GP activity:
  – 17 June – letter to all GPs
  – June/July – Meetings with GPs and practice staff
  – 14 July – 2nd letter to all GPs
  – 28 July – public material sent to all surgeries for display
  – 4 August & 1 September – Monthly update to CCG Chairs & MDs
  – September – Daily/weekly updates to GPs as appropriate

More information: Appendix D – GP engagement plan

Learnings:
Need to emphasise what services are remaining
Activity – media responses

- The programme has Q&As drafted for reactive responses – these are currently being finalised
- FAQs have been developed which will be sent to key local/regional journalists once the final messaging is agreed
- Trust communication teams are leading on local media engagement
- The workstream has spoken with local media around changes and planned dates
- A pre-campaign media briefing will be held in July
- A series of press releases and media updates will be provided in July-September
- Will follow normal process for dealing with media enquiries and out of hours requests
- Developing a list of key contacts in NHSE and DH so we can inform the appropriate people in a timely manner in the case of a query
- Both organisations will be provided with a list of our key contacts and spokespeople

**Learnings:**
Don’t underestimate impact of opposition campaigns

**More information:** Q&As/FAQs available
Activity – Information distribution

- **Two door drops** to 285,000 properties within the tier 1 geography will take place.
  1. NHS branded leaflet and letter to provide information on the change.
  2. Reminder that the A&E is now closed but the UCC is 24/7
- **Information** in the form of either leaflets or posters will be distributed to key organisations:
  - Council buildings
  - Libraries
  - GP surgeries
  - Hospitals
  - Taxi companies
  - Faith buildings
  - Colleges & universities
  - Pharmacies
  - Hairdressers
  - Police stations
  - Dentists
  - Hotels
  - Nursing homes
  - Community groups
- In addition, a letter will be sent to **schools** to distribute to parents ahead of the end of term in July.
- A significant amount of information will be distributed through the work undertaken by the equalities workstream.

**More information:** Appendix E – Distribution

**Learnings:**
Ensure access to materials in other formats/languages
Activity - Advertising

We are in the process of finalising the advertising buy. The current draft includes:

- Half page adverts in local papers
- Full page advertorial in local papers (fortnight around closure)
- 16 billboards
- 81 panels on the inside of buses
- 150 bus stop/stand alone street signs
- 312,500 pharmacy bags

More information: Appendix F – Media buy

Learnings: Include non-mediated communications
Advertising testing

- Tested with a wide range of groups including operational staff, clinicians and lay partners. In addition we have procured a company to undertake independent research with the general public.

- We tested 4 adverts. 3 followed a similar creative but used a different word to describe what was happening:
  1. “Closing”
  2. “Changing”
  3. “Becoming”

- The fourth used an alternative creative execution

- A range of colours from the NHS colour palette were used

- Alternative graphics were also tested

More information: Appendix H – Creative testing script

Learnings:
Understanding is different across the community
Review of wording is essential
Rationale for chosen route: key changes following second round

Both 48 sheets and 6 sheets:
• Clearer headline: ‘A&E services are changing at [names of hospitals]’
• Statement that UCCs at both hospitals are ‘open’ 24/7 – to counteract confusion re what the UCCs currently offer, current opening hours, etc.
• Greater clarity re who can be treated at UCCs: ‘adults and children’
• Greater prominence for the CAL in an emergency: ‘In an emergency, call 999.’
• Friendlier signposting to the website: ‘For more information and advice, visit www’

Solely for 6 sheets:
• Greater clarity re the types of conditions that can be treated at UCCs: ‘minor illnesses and injuries’
• The majority liked the ‘take-out’ information (i.e. what the UCC offers) in a box – for easier recall.
Rationale for chosen route: top-line summary of initial results

Overall priority:
• Majority awareness that A&E services would be closing – a real desire for reassurance and clarity re what urgent and emergency treatment options would be available going forward – where to go for help – a sense of ‘tell us what we really need to know’

Framing:
• Majority favoured ‘A&E services are changing’ over ‘closing’ or ‘becoming’ – most reassuring and definitive

Design/ colours:
• Calendar icon deemed most memorable – and yellow/ blue colour scheme to be accessible, striking and supportive

Messaging:
• Desire for clarity around what constitutes ‘urgent’ and ‘life-threatening’: ‘tick box’ list of conditions that could be treated at UCCs = very popular and reassuring
Final design to be used across the advertising and public information campaign