Increasing uptake and improving outcomes through behavioural insights: initial results and methodologies

Chairs:
Dr Tim Chadborn, PHE
Dan Berry, DH
1. Brief intro
2. Case studies
3. Panel discussion / call for action
Why behavioural insights?

- Behaviour underpins the effectiveness of health interventions
- Behaviours are often complex
- We are heavily influenced by context
  - how choices are presented
  - what we think other people are doing
- Behavioural science is underused to improve health outcomes
- Potential for low cost and population-wide interventions
PHE vision and approach

1. A approach that brings together
   - appreciation of wider health determinants
   - promoting wellbeing, prevention and early intervention

2. An approach that relies on
   - evidence-base for what works
   - adapting to local needs
   - collaboration and cross-sector leadership

3. A renewed focus on driving healthy behaviour
   - promoting healthy behaviour (campaigns)
   - informing personal choice
   - providing local data for improving health
## Behavioural insights / concepts

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Tools for behavioural insights

MINDSPACE

Messenger
Incentives
Norms
Defaults
Salience
Priming
Affect
Commitments
Ego

COM-B
Behaviour Change Wheel

Cabinet Office and Institute for Government

Michie et al
Test, learn and adapt

Robust testing where appropriate
Ideal of randomised control trial (RCT)

Population is split into 2 groups by random lot
Outcomes for both groups are measured
Almost all of us would donate organs after we die.

High awareness of the organ donor register.

It takes 30 seconds.

Fewer than 1 in 3 of us has joined the organ donor register.
Thank you.

Please join the NHS Organ Donor Register.

Join or find out more.
Thank you.

Please join the NHS Organ Donor Register.

If you needed an organ transplant would you have one? If so please help others.

Join or find out more.
DH Behaviour Change Team: Increasing uptake
At your event on 18 April 2013, I said this:

Health Check uptake in your area can be increased at very low or zero cost.

We can support you to do this, for free.
Medway research

National template letter

• Developed by DH following focus group research.
• No A/B testing.
• This is not a bad letter. But we had a qualitative sense that it could be improved.
New letter tested in Medway

- simpler and much shorter
- more direct in the expectation to attend
- included a tear-off slip for patients to record the time of their appointment.
Medway research: results

• The new letter resulted in a **13% increase in uptake** (from 29% to 33% of those invited).

• More details are available as hand-outs.

• Further studies of this type are underway:
  – Stoke
  – Southwark
  – Northamptonshire
Stoke research

Jagdish Kumar
Using HeartAge to Boost NHS Health Check Uptake in Bromley

Gillian Fiumicelli
Community Vascular Co-ordinator
What Is HeartAge?

❤️ A service that starts with a simple online HeartAge Tool (www.heartage.me)

❤️ Enables people to find out and understand their heart disease risk in a way that is personally relevant and motivates action.

❤️ Based on the same established science behind risk factor scores widely used by clinicians, the HeartAge Tool expresses a person’s cardiovascular risk factors as their estimated heart age

❤️ Provides a practical, personalised, programme of support to help people reduce their heart age
What Is HeartAge?
The Pilot

- Run randomised search
- 50% invitations to include Heart Age information
- Results review by the Vascular team on Q 1 & 2 NHS Health Check returns
- Web address – www.heartage.me included in invitation letter
- Leaflet explaining the HeartAge on-line tool
- Invitation to try HeartAge before the Health Check
Anticipated Outcomes...

♥ Increased uptake of NHS Health Checks

♥ Better understanding of risk of CVD in population and health professionals

♥ Better management of CVD risk factors and patient compliance
PHE Behavioural Insights Team with Wandsworth & Southwark: Improving communication of risk and effectiveness of referrals
In Wandsworth, between 2009-2013
- Offered over 65,000 people an NHS Health Check
- Over 47,000 people received an NHS Health Check

- 42 of 44 GPs delivering NHS Health Checks
  - Also five pharmacies and a community outreach provider

- 7% referred to services, 2% decline
  - Many not coded
  - GPs uncertain about what to code, who to refer, why refer?
  - ‘Signposting’ or ‘referring’

- Introduction of a web based referral portal to:
  - Improve efficiency, communication, data protection
  - Improve access to data and follow up – what happened?
Wandsworth

- Looking to launch an RCT to look at the impact of personalised, automated information for patients
- Working with EMIS for easy scalability
- In the future hope to implement suggestions from the forthcoming JBS3 recommendations
JBS3 recommendations

On average, expect to survive to age 75 without a heart attack or stroke

expected life without a heart attack or stroke

Your heart age is about 62 compared to an average person of the same age, gender and ethnicity
NHS Health Check Programme

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HbA1c Community Study

Threshold for Diabetes Screening
140/90 BP
>30  BMI
\[\{\text{HbA1C}\}\]
40 – 60%

Outreach
HbA1c
1,662 (30%)  12/13

Everyone
Chart 1

Total HbA1c Results

Outreach Team
NHS Health Checks
April 2012 - March 2013

Clients who would have been identified using current DOH Criteria.
Clients who would not have been identified using current DOH Criteria.
Clients who are borderline Pre-Diabetic and would not have been identified
N=264

N=94

6.0-6.4 Pre-Diabetes
6.5+ Diabetes
HbA1c 5.9

N=29

6.0-6.4 Pre-Diabetes

N=44

6.0-6.4 Pre-Diabetes

N=15

6.5+ Diabetes

N=82

6.5+ Diabetes

N=264
Health Check Influence on Core Services

- Investment in Walk Away from Diabetes: five people trained
- 13/14 referrals Q1 and Q2 = 285
- Set up pre-diabetic register
- Tool to set up register and annual review
- CCG incentive 14/15 to clean up list
- Included in GP training
Southwark behavioural intervention

An individually randomised controlled trial of:

• Personalised, automated motivational texts
• Feedback from smart pedometers (WAFD)
• Introduction of HbA1c tests (WAFD)

Using the current back end IT system
As well as providing a linked up dataset for analysis the Refer-All system will:

• Provide randomisation necessary for the trial
• Send automated text messages to participants
• Track number of steps taken per day
• Minimise the additional effort required from staff for the trial to run smoothly
Outcome measures

All
• Attendance to MI and services
• Attendance of follow up interview and qualitative measures

WAFD
• Average daily steps/usage of smart pedometer
• HbA1c test
Discussion
Discussion

1) How do we use this approach most effectively to improve NHS Health Check programme outcomes?

2) How can local areas continue these approaches?

Let us know if you consider starting a project

Consider:

- Ideas / interventions
- Research methods
- Administrative challenges (e.g. ethical approvals)
- Sharing evidence among the Network
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