





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

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#### Contents

- 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

#### An approach that relies on

- evidence-base for what works
- adapting to local needs
- collaboration and cross-sector leadership



2

#### A renewed focus on driving healthy behaviour

- promoting healthy behaviour (campaigns)
- informing personal choice
- providing local data for improving health

# Behavioural insights / concepts

Surprise	Hyperbolic Discounting	Social Learning	Priming
Placebo Effect	Decoupling	Proccrastination	Availability
Impact Bias	Long-Tailed Risk	Social Identity / norms	Habit
Anticipation of Reward	Simplification	Band Wagon Effect	Anchoring
Optimism Bias	Intertemporal Choice	Business Norms	Intuition
Messenger	Planning Fallacy	Key Influencers	Hindsight Bias
Loss Aversion	Attention Collapse	Identity	Reciprocity
Status quo bias	Hedonic Framing	Cognitive Load	Gaming
Sunk Costs	Defaults	Regret	Choice Bracketing
Certainty Bias	Altruism	Social Proof	Mental Accounting
Ambiguity Effect	Salience	Commitment effect	Information Avoidance
Endowment Effect	Inequity Aversion	Diagnostic Bias	Representativeness
Participatory Effect	Teachable moment	Cognitive Dissonance	Over-Extrapolation
Actor-Observer Bias	Omission Bias	Attribution Error	Framing

## Tools for behavioural insights MINDSPACE COM-B Behaviour Change Wheel

Messenger Incentives Norms Defaults Salience Priming Affect Commitments Ego



Cabinet Office and Institute for Government

Michie et al



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



# Rec



almost all of us would donate organs after we die

> high awareness of the organ donor register

or Register

orc

Fewer the organ donor register

Fewer than 1 in 3 of us has

it takes 30 seconds

#### COV.UK

<u>Home</u>

Service



## Thank you.

#### Please join the NHS Organ Donor Register.



#### 🖆 GOV.UK

<u>Home</u>

Service.



## Thank you.

Please join the NHS Organ Donor Register.

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





# 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.

#### Dear Xxxx

We are inviting you to attend your free NHS Health Check.

NHS Health Checks are being offered to people aged between 40 and 74 once every five years.

The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. If there are any warning signs, then together we can do something about it.

By taking early action, you can improve your health and prevent the onset of these conditions. There is good evidence for this.

The check should take about 20–30 minutes and is based on straightforward questions and measurements such as age, sex, family history, height, weight and blood pressure. There will also be a simple blood test to measure your cholesterol level.

Following the check, you will receive free personalised advice about what you can do to stay healthy.

Take a look at the enclosed leaflet for more information about the NHS Health Check and how it could benefit you.

Please call the surgery to book your appointment on XXXXXXXX

Yours sincerely

Dr XXXX

#### Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.

## **Medway research**

#### 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

# Wandsworth

- 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

JBS3



Southwark Council

#### **NHS Health Check Programme**

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www.southwark.gov.uk

#### HbA1c Community Study

# Threshold for Diabetes Screening 140/90 BP >30 BMI HbA1C

40 - 60%

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





#### 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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