



**Integrated
Care System**
Shropshire, Telford and Wrekin

Survey method



The objective of the survey was to explore awareness and consideration of various service delivery options for Urgent Care*.

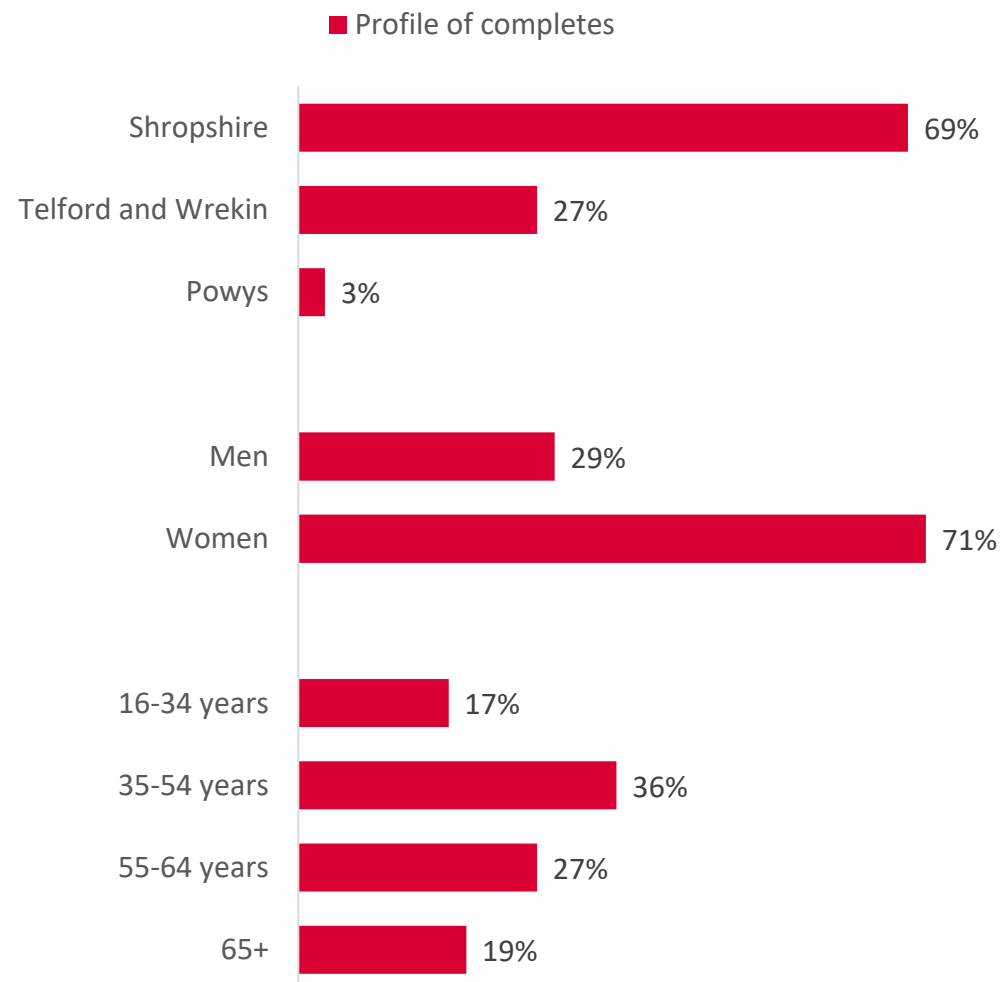
An online survey was conducted between 12th and 31st December 2022.

The survey comprised two methods of generating completes:

- **Panel:** The survey was placed on an online commercial panel
- **Organic:** The survey was distributed to local patient communities.

The following sample sizes were generated:


Sample	Completes
Panel	305
Organic	260
Total	565



**Respondents were provided a definition at the start of the survey of what was meant by urgent care.*

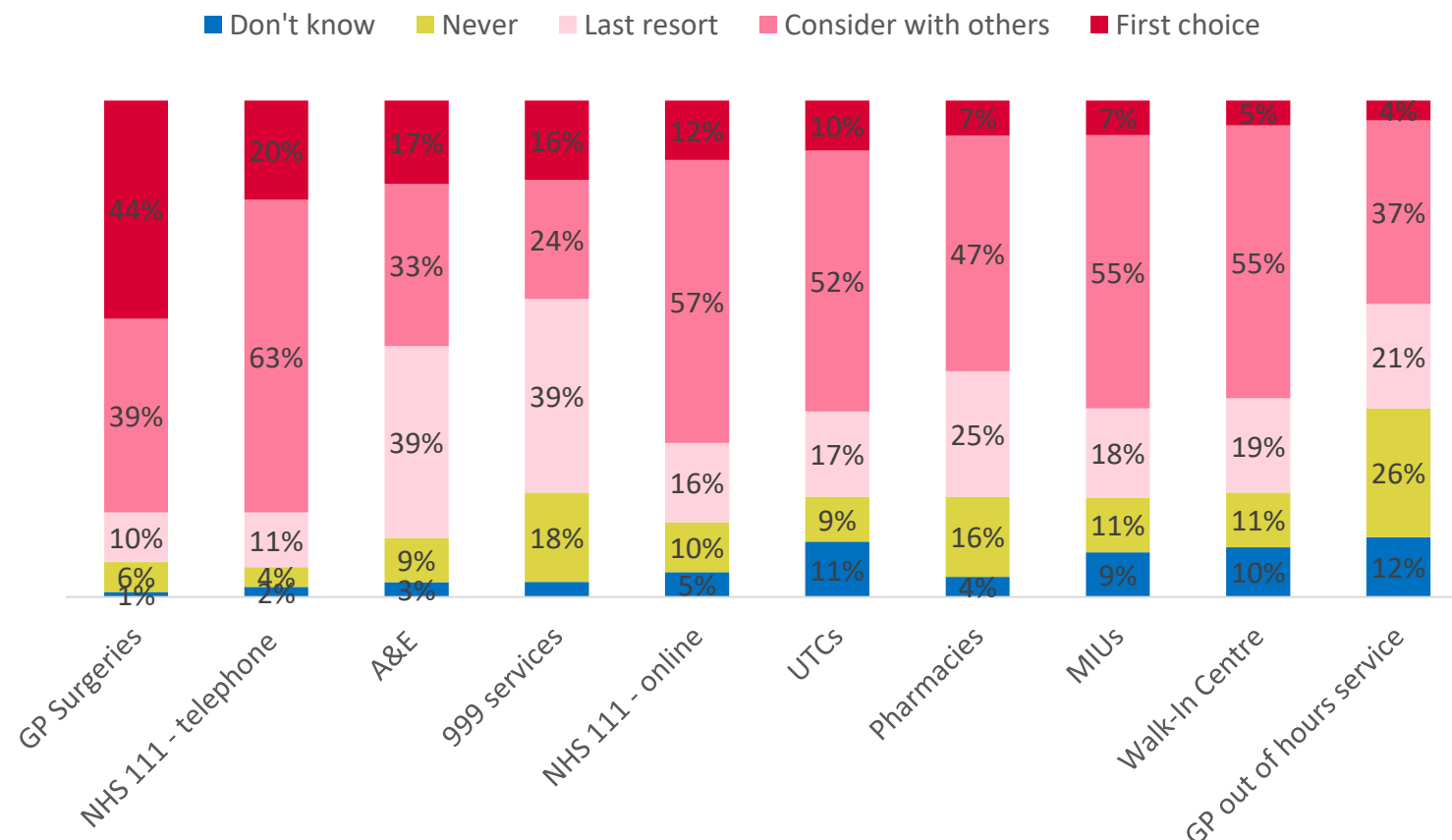


SURVEY FINDINGS



Key Fact 1:
**GPs are considered
the principal source
of urgent care
during surgery
hours**



Consideration for urgent care– weekday during surgery hours



- In terms of consideration of services during surgery hours, visiting GP surgeries had, by far, the highest overall consideration (44% first choice and 39% would consider with others).
- NHS 111 also had high consideration, with telephone (20% first choice) having a higher consideration than NHS online (12% first choice).
- A&E and 999 services had a similar polarised profile. Both had relatively high top box scores, but also a very high percentage of people who would treat it as a *last resort* or would *never*.
- This suggests that there is a large minority of people who would first turn to these services for urgent medical care even while surgeries are open.

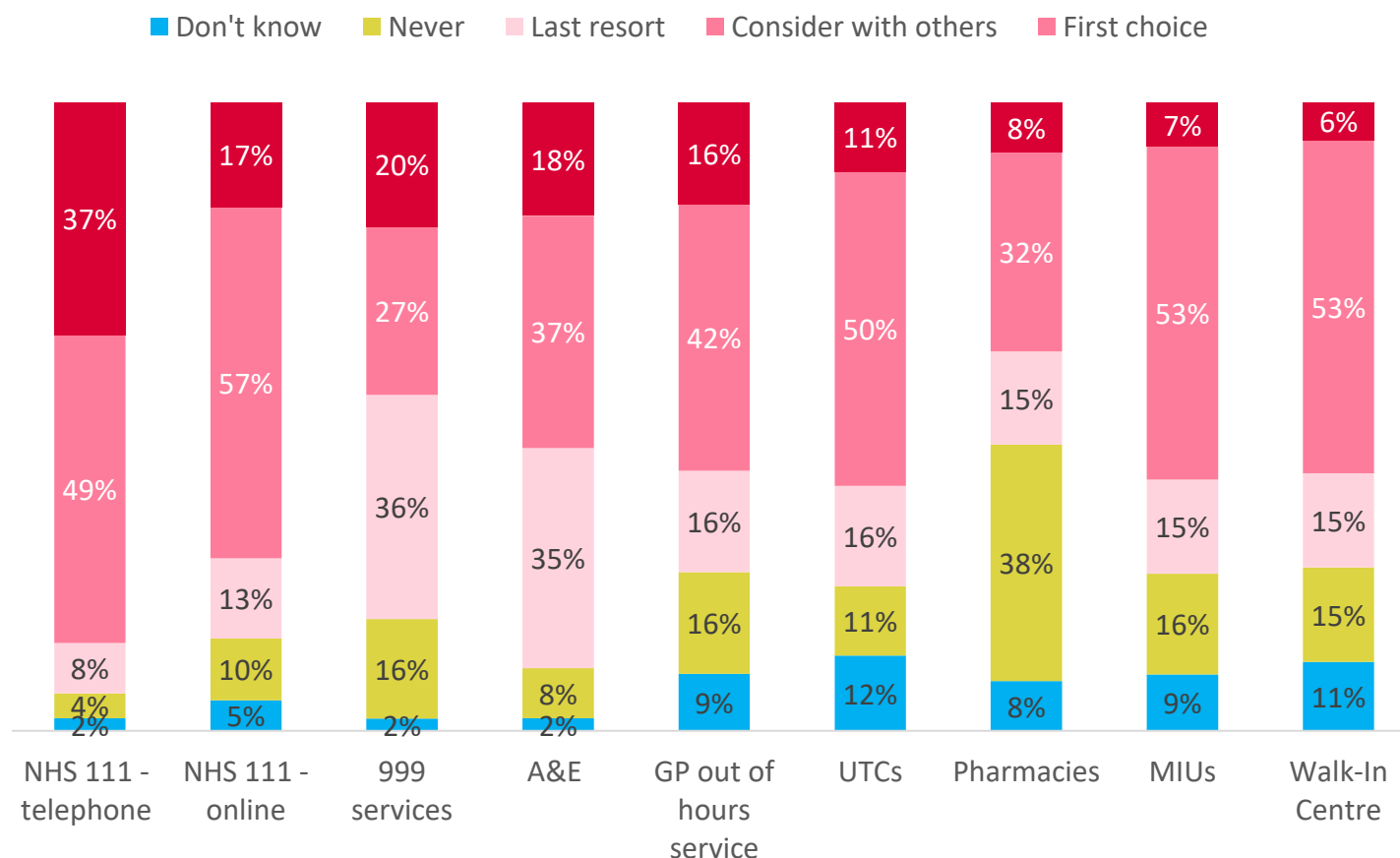
Imagine that you needed urgent medical care on a weekday during the day between approximately between 8 o'clock in the morning and 6 o'clock in the evening. Which of these statements best describes how much you would consider using each service?

Base: all respondents (N=565)



Key Fact 2:
**Out of hours urgent
care choice is more
varied and males
are likely to
consider A&E/999**

Consideration for urgent care– out of hours



- Outside of GP surgery hours, NHS 111 has, by far, the highest consideration for urgent medical care.
- *NHS 111 telephone* has much the highest consideration, with a third (37%) stating that it would be their first choice.
- Overall consideration of *NHS 111 online* was high, but much lower than for telephone – top box was less than half of telephone (37% versus 17%).
- As with during GP surgery hours, both 999 and A&E had a polarised profile with high top box and also low consideration. This again shows that there is a large sector of the population that see these services as their first choice for urgent care.

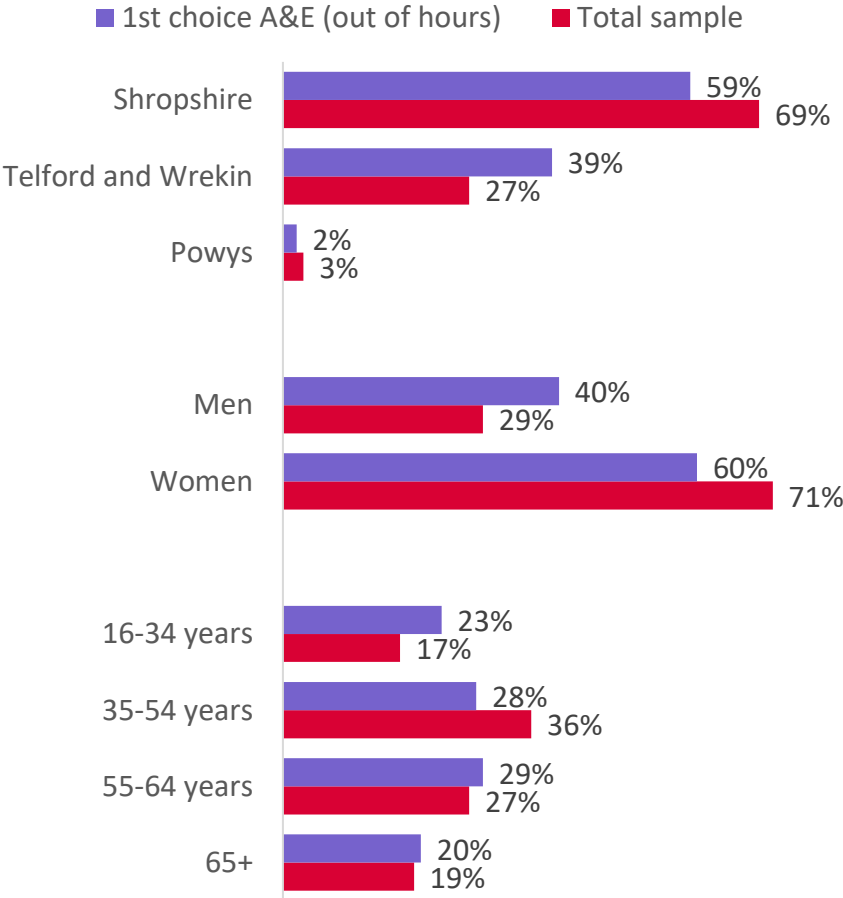
Imagine that you needed urgent medical care on a weekday outside the hours of 8 o'clock in the morning and 6 o'clock in the evening or at the weekend. Which of these statements best describes how much you would consider using each service?

Base=all respondents (N=565)

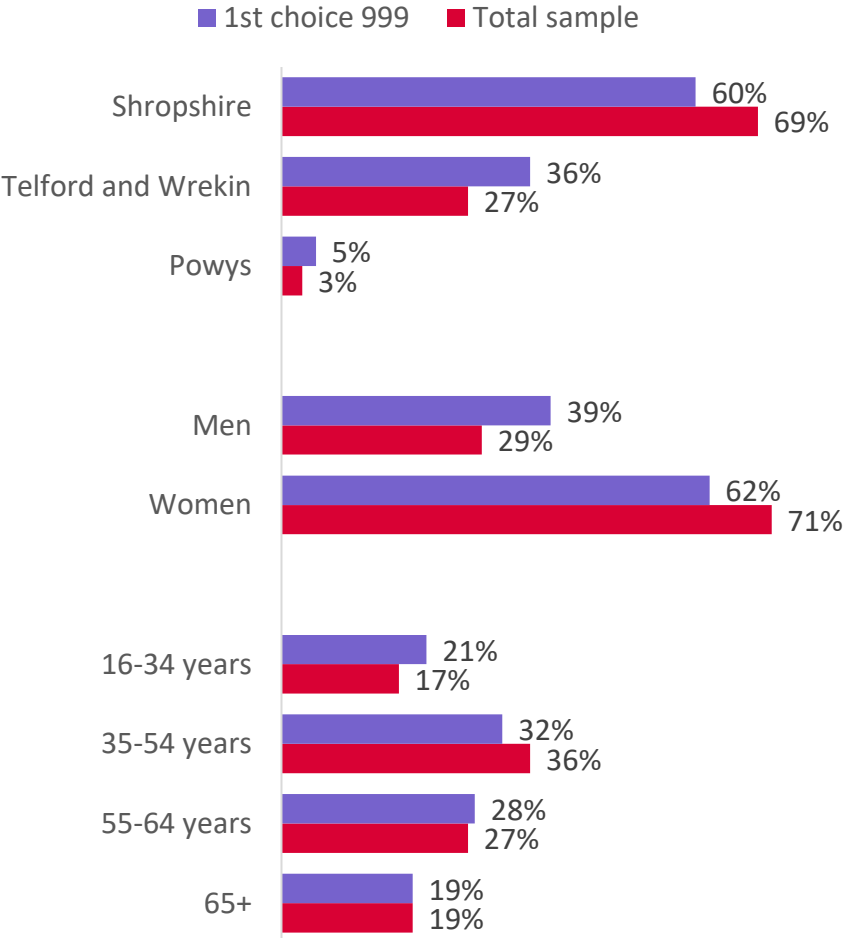
Profile – 1st Choice A&E and 999 (out of GP Hours)




1st choice A&E



1st choice 999



- Those who would choose A&E or 999 out of GP hours were more likely to be:
 - From Telford and Wrekin rather than Shrewsbury
 - Men
 - Aged 16-34 years

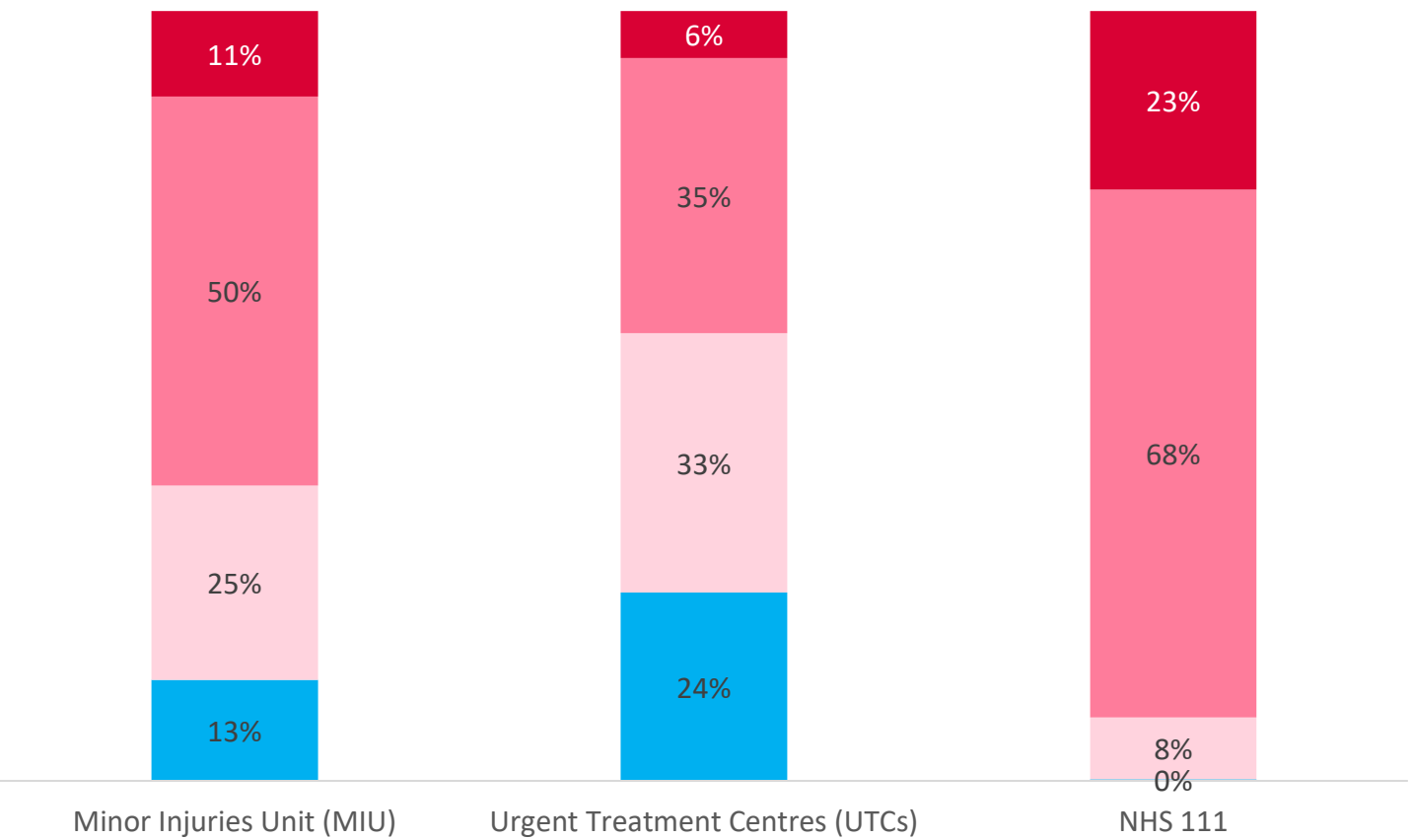


Key Fact 3:
**People have heard
of MIUs and UTCs,
but there is a lack
of knowledge**

Familiarity and knowledge of urgent care services



■ Never heard of them ■ Just heard the name ■ I know a little about them ■ I know a lot about them

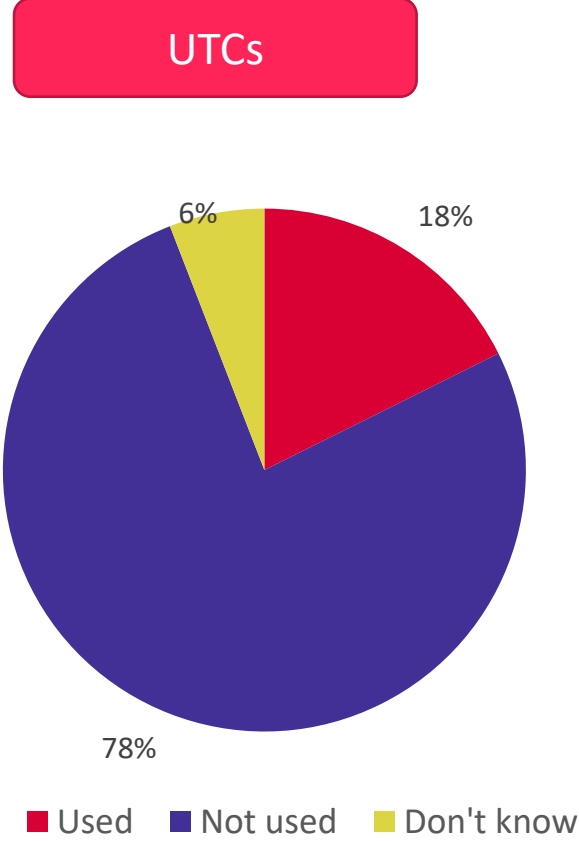
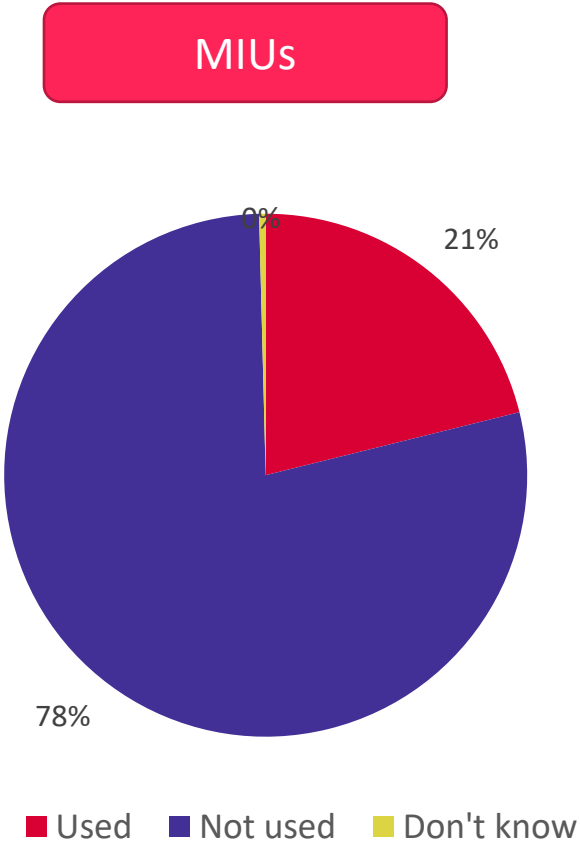


- Awareness of *MIUs* and *UTCs* was relatively good, but knowledge was relatively low.
- For both, top box score (*know a lot*) was low (11% for *MIUs* and 6% for *UTCs*) showing that few knew much about them. This suggests that an education piece is required to inform the public on what these services entail.
- Overall, knowledge was higher for *MIUs* than *UTCs* (61% top two box versus 41%).
- Knowledge of *NHS* was good, with 95% knowing either a lot or a little.
- However, top box score was only 23% and therefore has scope for being increased.
- Awareness and knowledge was broadly similar across all sub-groups

Which of the statements best describe how much you know about

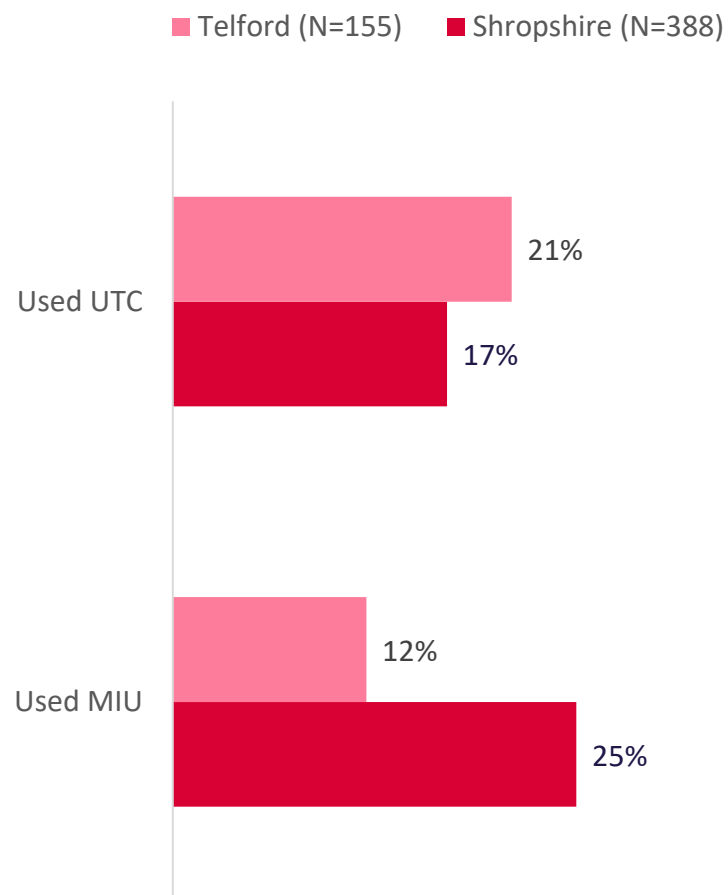
Base= all respondents (N=565)

Used MIUs or UTCs in last three years



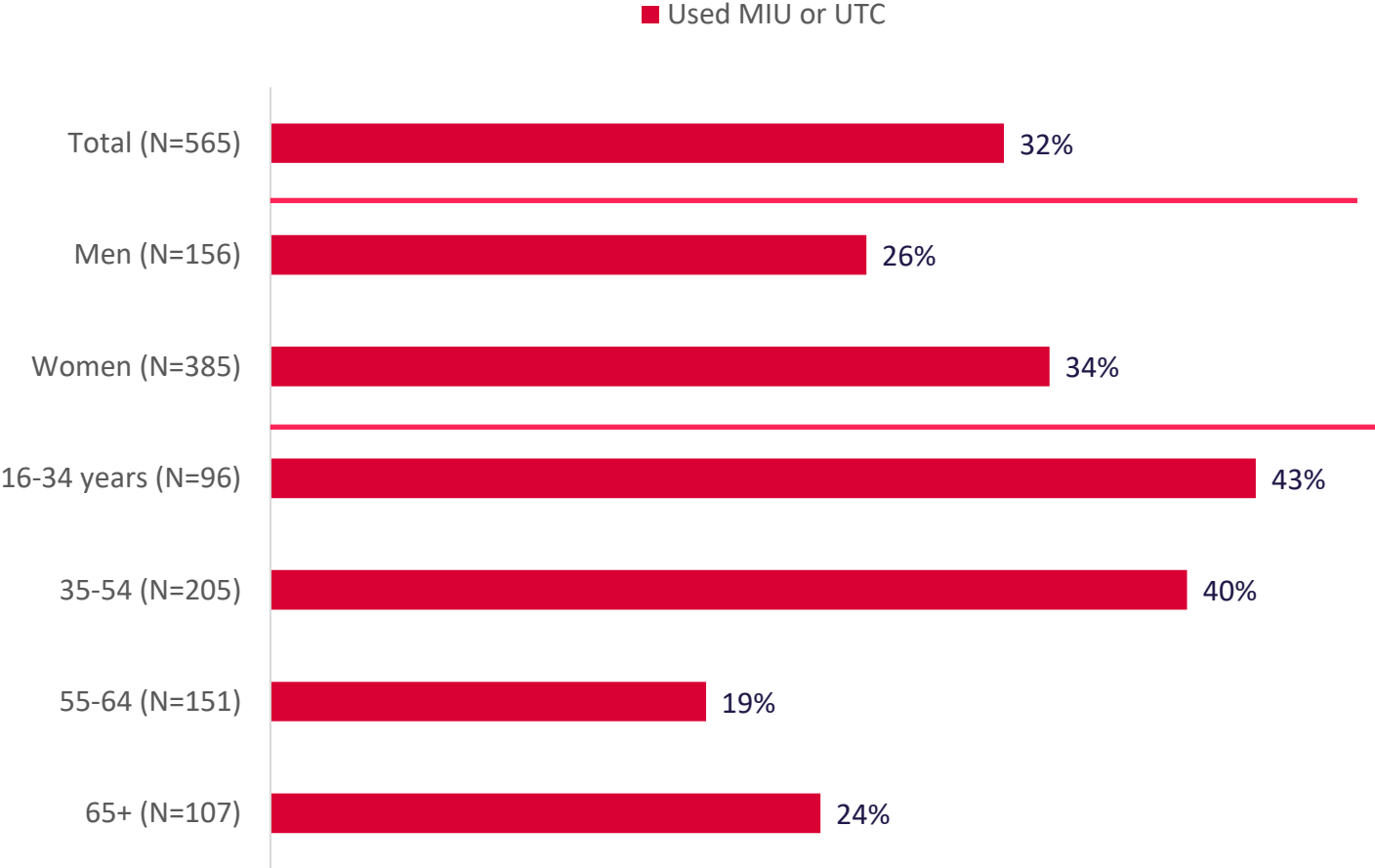
- Around a fifth of respondents claimed to have used either a *MIU* (21%) or a *UTC* (18% in the last three years).

Use of MIU/UTC by area



- Respondents from Telford (12%) were also less likely to use MIUs than respondents from Shrewsbury (25%).
- Conversely, respondents from Telford were more likely to user UTCs.

Use of MIU or UTC by sub-groups (last three years)

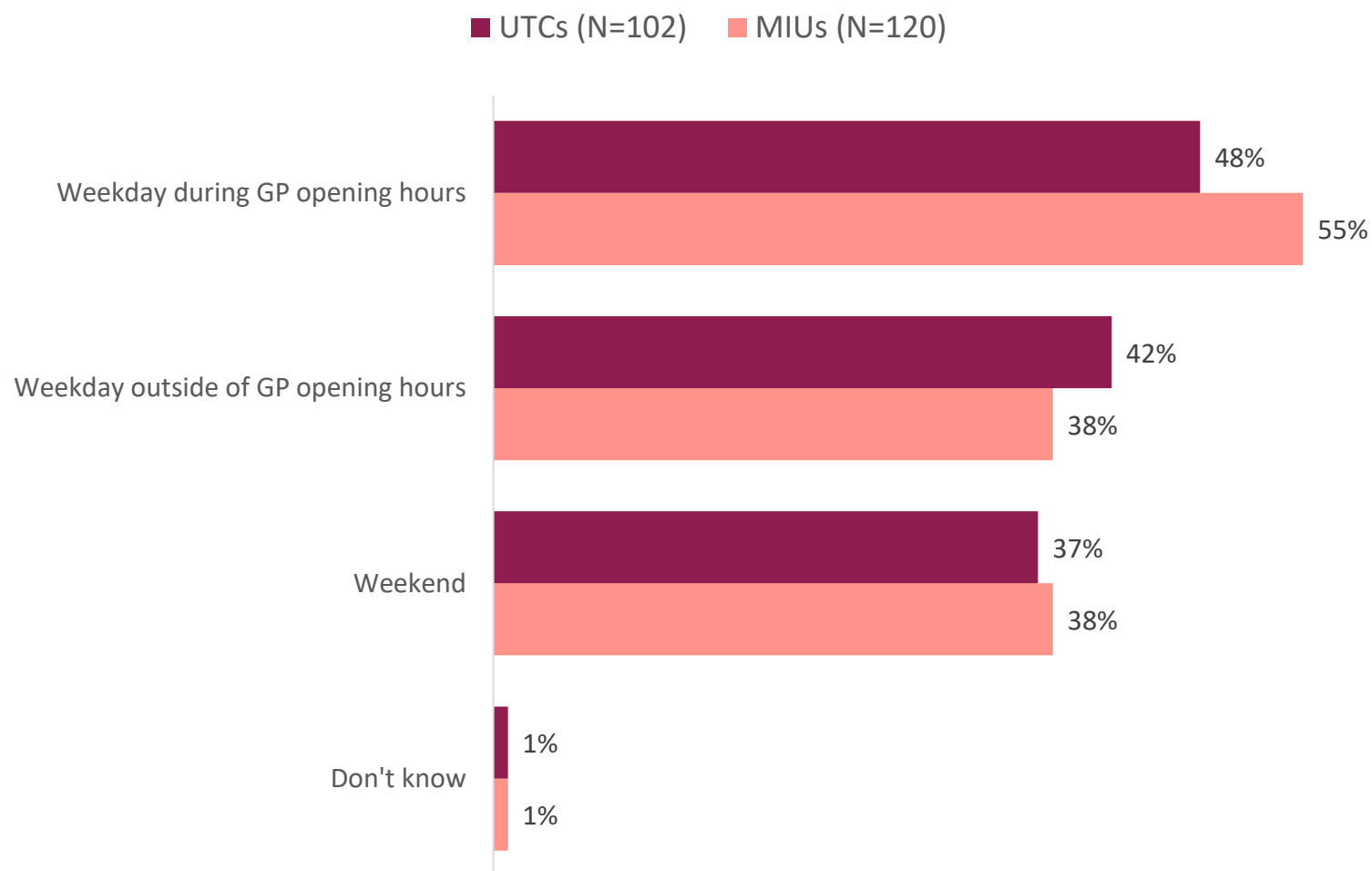


- There was some variation by demographics in terms of use of *MIUs* and *UTCs*.
- The profile of users was very much younger, with 16-54 year olds more likely to use them than those aged 55 years or over.
- Related to this, users were much more likely to have children or have caring responsibilities.


“Taken children and elderly needing treatment after falls and eye injuries” (MIU)

“Injury to hand in child. Unsure if broken bone. Did not know about Oswestry MIU at that time” (UTC)

When MIU/UTC used – service users



- Both MIUs and UTCs were used a cross a range of different times.
- However, both were more likely to be used **during GP surgery hours than outside.**

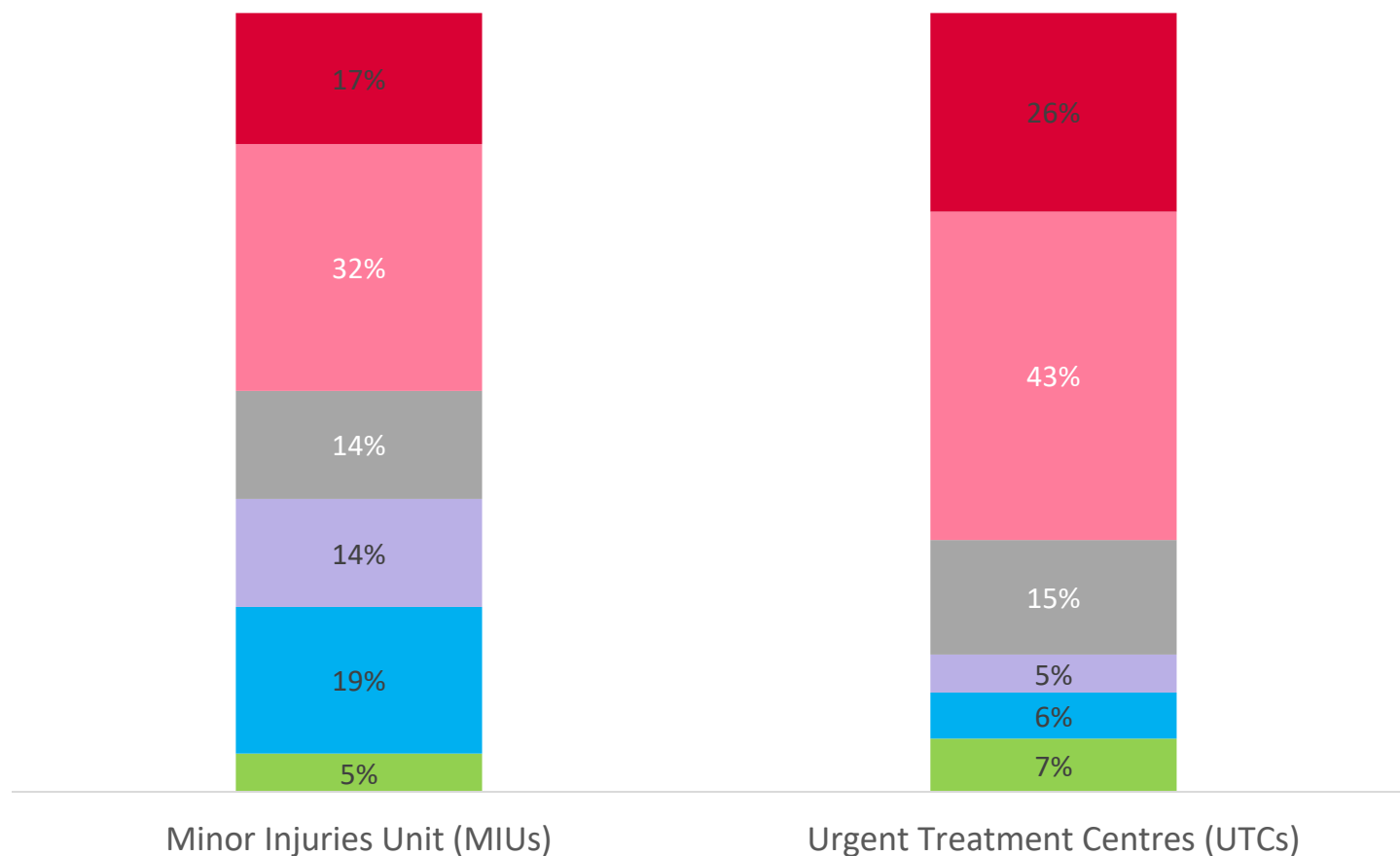


Key Fact 4:
There is a need to
actively promote
use of MIUs and
UTCs in surgery
hours

Likelihood to use (after presentation of concept)



■ Don't know ■ Very unlikely ■ Fairly unlikely ■ Neither likely nor unlikely ■ Fairly likely ■ Very likely



- Likelihood to use UTCs much higher than for MIUs.
- Only half (49%) of non-users stated that they would be *likely* to use a MIU in the future and 33% stated that they **wouldn't** use one. This was almost entire due to location

"I live in Shrewsbury so would probably not travel that far"

"I do not live close to one. So would go to the hospital"

"Nearer to go to A&E in Shrewsbury"

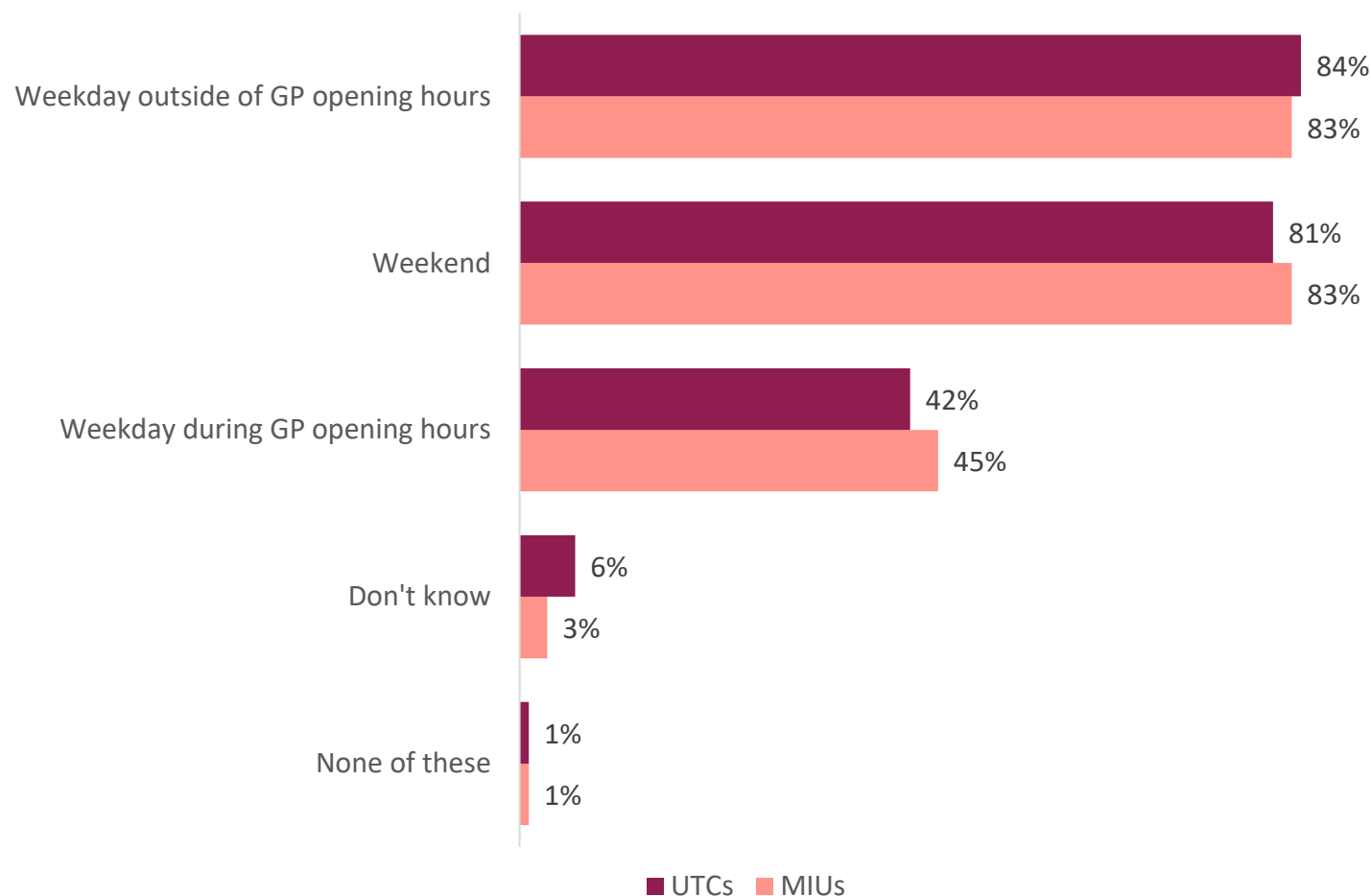
- Likelihood to use a UTC was much higher than MIUs (69% versus 49%), but reasons for rejection was similar to MIUs (based on location and a lack of awareness)

"I live in South Shropshire and both RSH and Princess Royal are too far away"


If you needed urgent medical care how likely is it that you would use an Urgent Treatment Centres (UTCs) to access urgent medical care?

Base: all who have **not** used MIU (N=445) or UTC (N=463)

When MIU/UTC would be considered

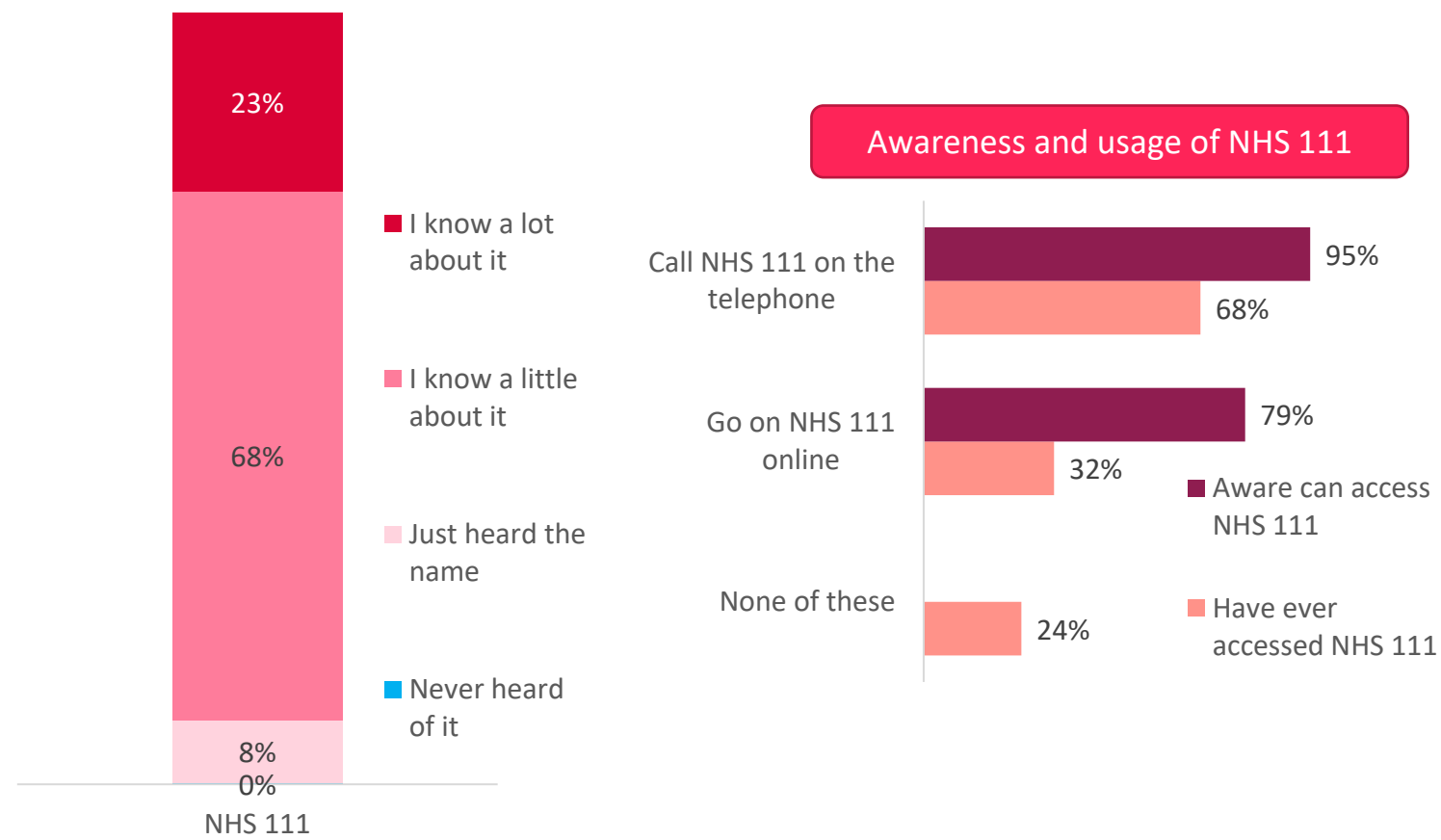


- Those who would consider an MIU or UTC (but have not used them), were more likely to consider using them outside of GP surgery hours.
- Four out of five would consider using an UTC or MIU either at the *weekend* or on a *weekday outside of GP surgery hours*.
- Less than half would consider using them during GP surgery hours.
- This is a different usage profile to users, who were **most likely** to use them during GP surgery hours.
- This suggests that a communication programme is required to promote their use during surgery hours.



Key Fact 5:
Knowledge of NHS
111 needs to be
improved
(particularly online
services)

Familiarity of NHS 111 and awareness of delivery methods

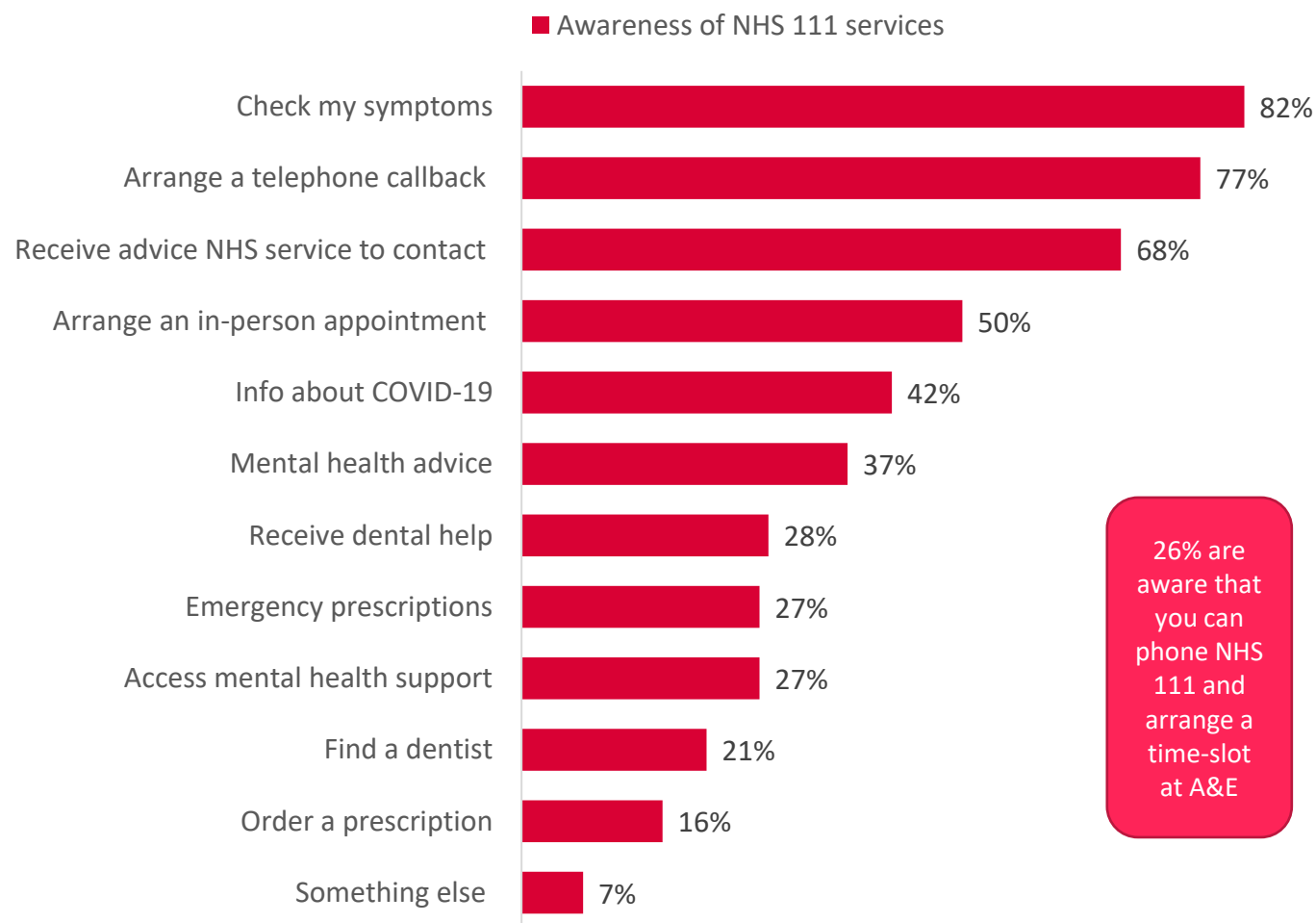


- Knowledge of NHS 111 was almost universal (91% knew at least a little about NHS 111). However, with a top box score of 23% there is certainly scope for increasing knowledge.
- Awareness of accessing NHS 111 was lower for online (79%) than telephone (95%) and usage was much lower.
- Access of NHS 111 by telephone was under half that of online (68% versus 32%).
- While 75% were aware of both online and telephone, only 24% had accessed both – 43% of the sample had only ever accessed NHS 111 services by telephone. This suggests that, while a lot of respondents were aware of NHS 111 online, they chose to access it by telephone.


Which of the statements best describe how much you know about?

Base= all respondents (N=565)


Awareness of NHS 111 services



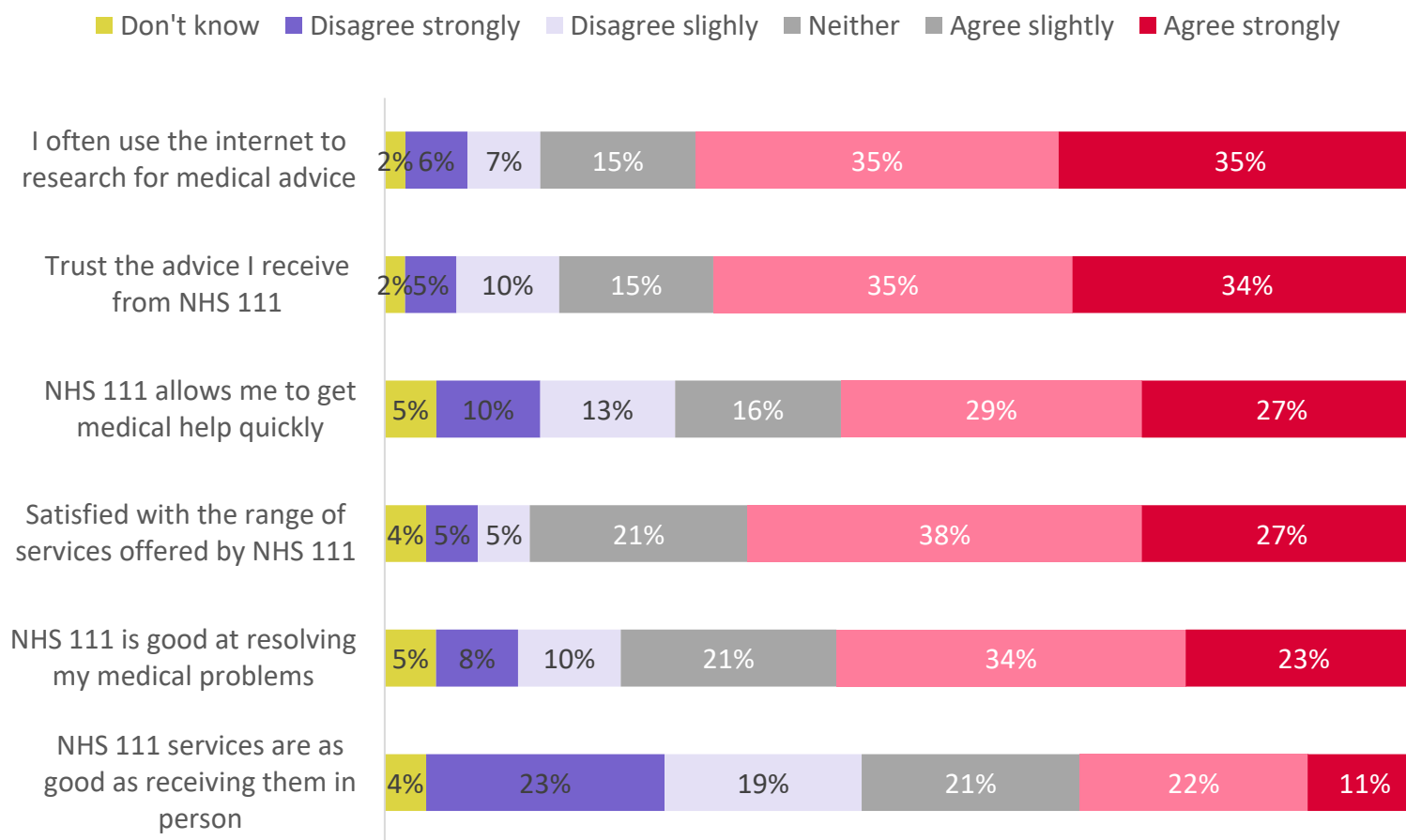
- There was a lot of differentiation on awareness of services offered by NHS 111.
- While awareness was high for *checking symptoms* (82%), *arranging a telephone call-back* (68%) and *receiving advice on what NHS service to contact* (68%), it was low for many others.
- Awareness for *ordering prescriptions* (16%), *finding a dentist* (21%) and *accessing mental health support* (27%) was low.
- This lack of awareness of specific services could explain why two thirds (68%) stated that they only *knew a little* about NHS 111.



Key Fact 6:
Opinion of NHS 111
is only moderate
and the benefits are
not compelling




Agreement with statements about NHS 111



- Agreement with statements about NHS 111 among service users was moderate.
- Two thirds of users (69%) *trust the advice of NHS 111*. However, this could be argued that this is too low to generate widespread usage and it is much lower than ratings of trust for the NHS on information.
- Similarly, only half (56%) agreed that NHS 111 *allows me to get medical help quickly* – this suggests that NHS 111 is not providing a key benefit.
- Further evidence, that NHS 111 does not provide a sufficient benefit comes from the statement NHS 111 is *good at resolving my medical problems* – only half (57%) agreed with this statement.

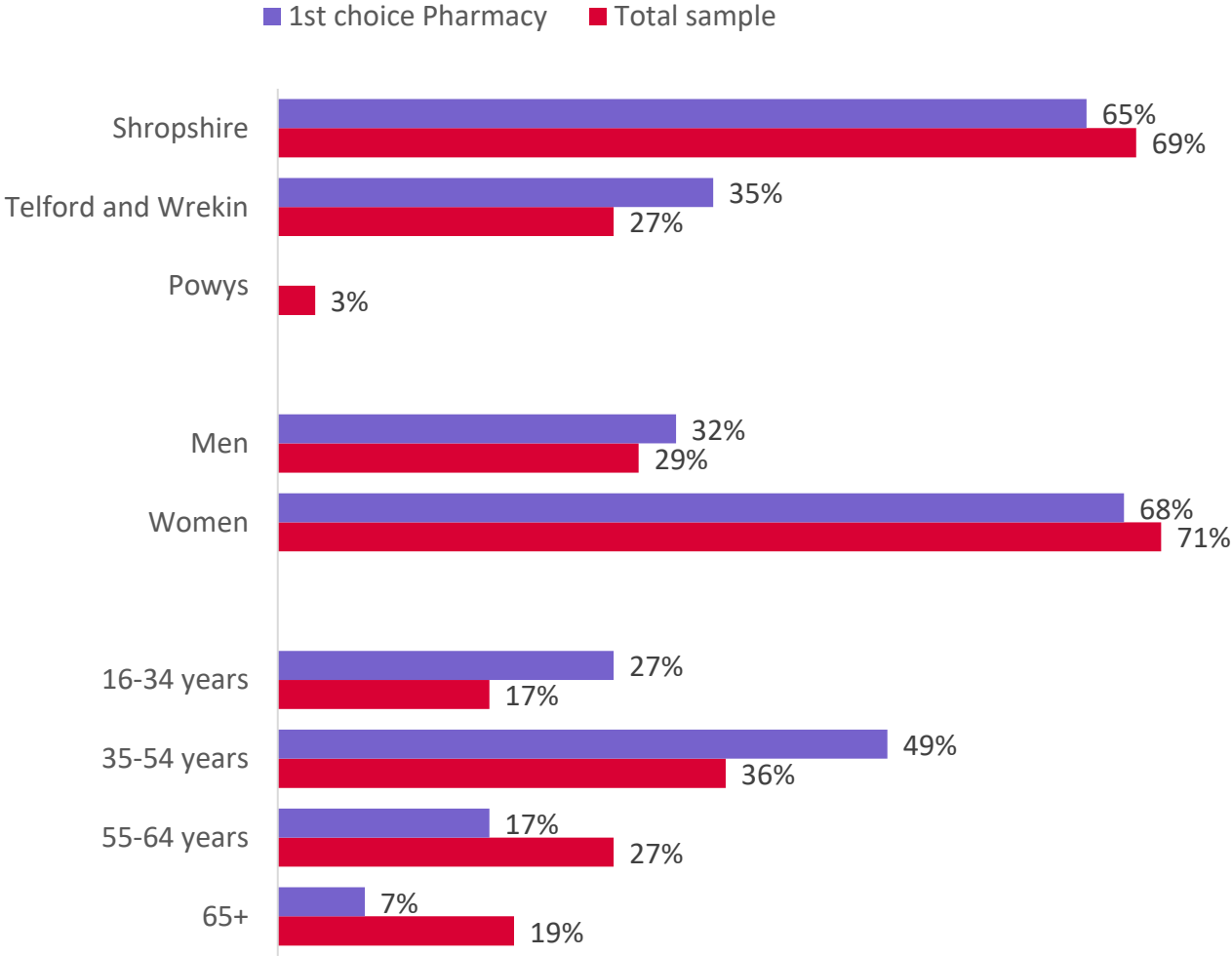
How much do you agree or disagree with the following things that people have said about NHS 111 services. It doesn't matter if you have never used NHS 111?

Base: all who have used NHS 111 (N=423)




Key Fact 7:
**The over 65 are
least likely to
choose pharmacy
for urgent care**

Profile – 1st Choice Pharmacy (out of GP Hours)

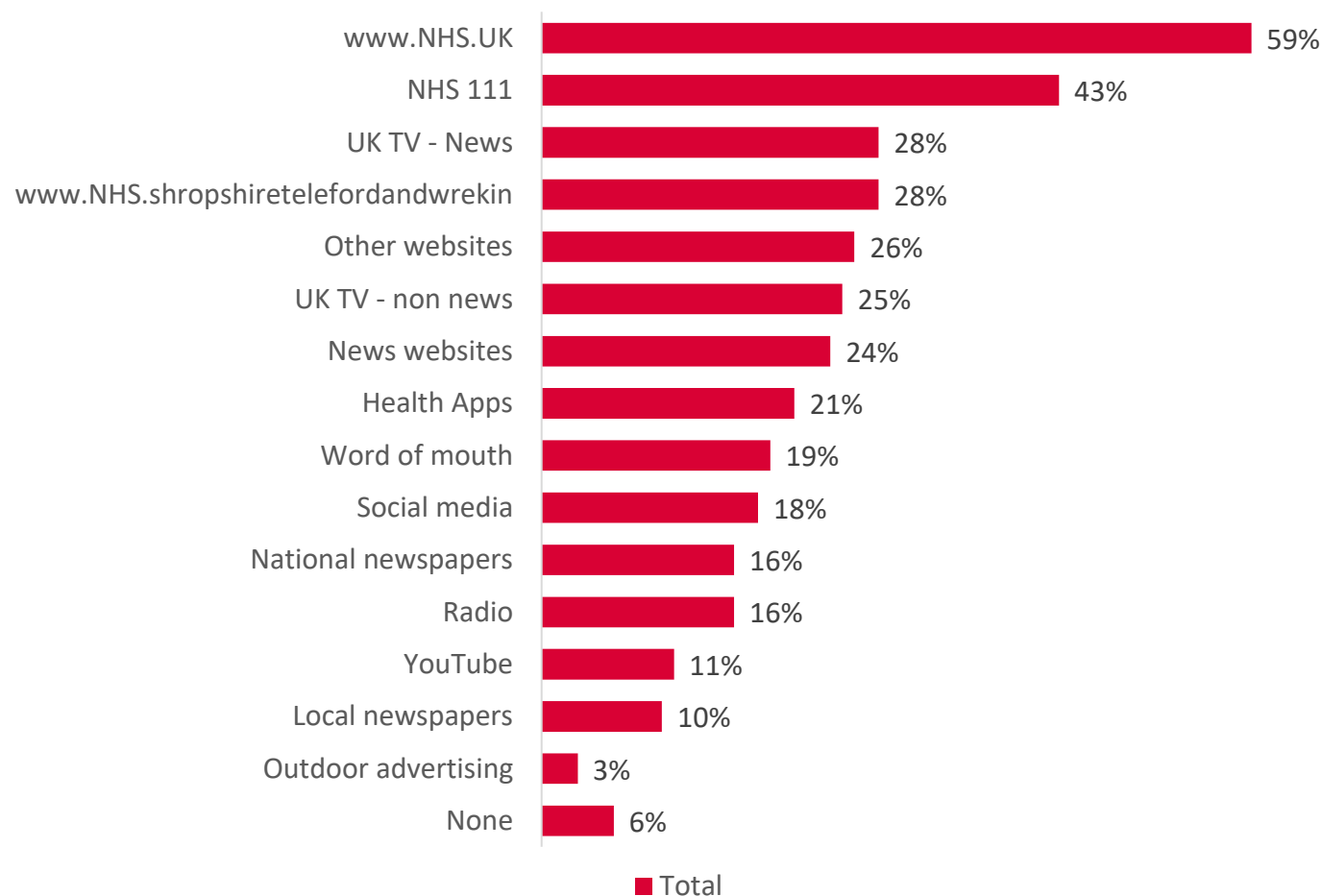


- While data were generated from a small base, those who would choose a pharmacy out of GP hours were more likely to be:
 - Aged 16-34 years
 - Aged 35-54 years
- Although not charted, those using pharmacies were much more likely than the overall sample to be *working* (83%) and *have children* (48%) – this will be related to the age profile.
- Awareness of *MIUs* and *UTCs* was much higher among those who would choose a pharmacy.
- Despite awareness of *MIUs* and *UTCs* being higher, awareness of NHS 111 NHS online was lower than the sample overall.



Key Fact 8:
**The NHS dominates
sources of media
for health, but the
market is fractured**

Use of media for health matters

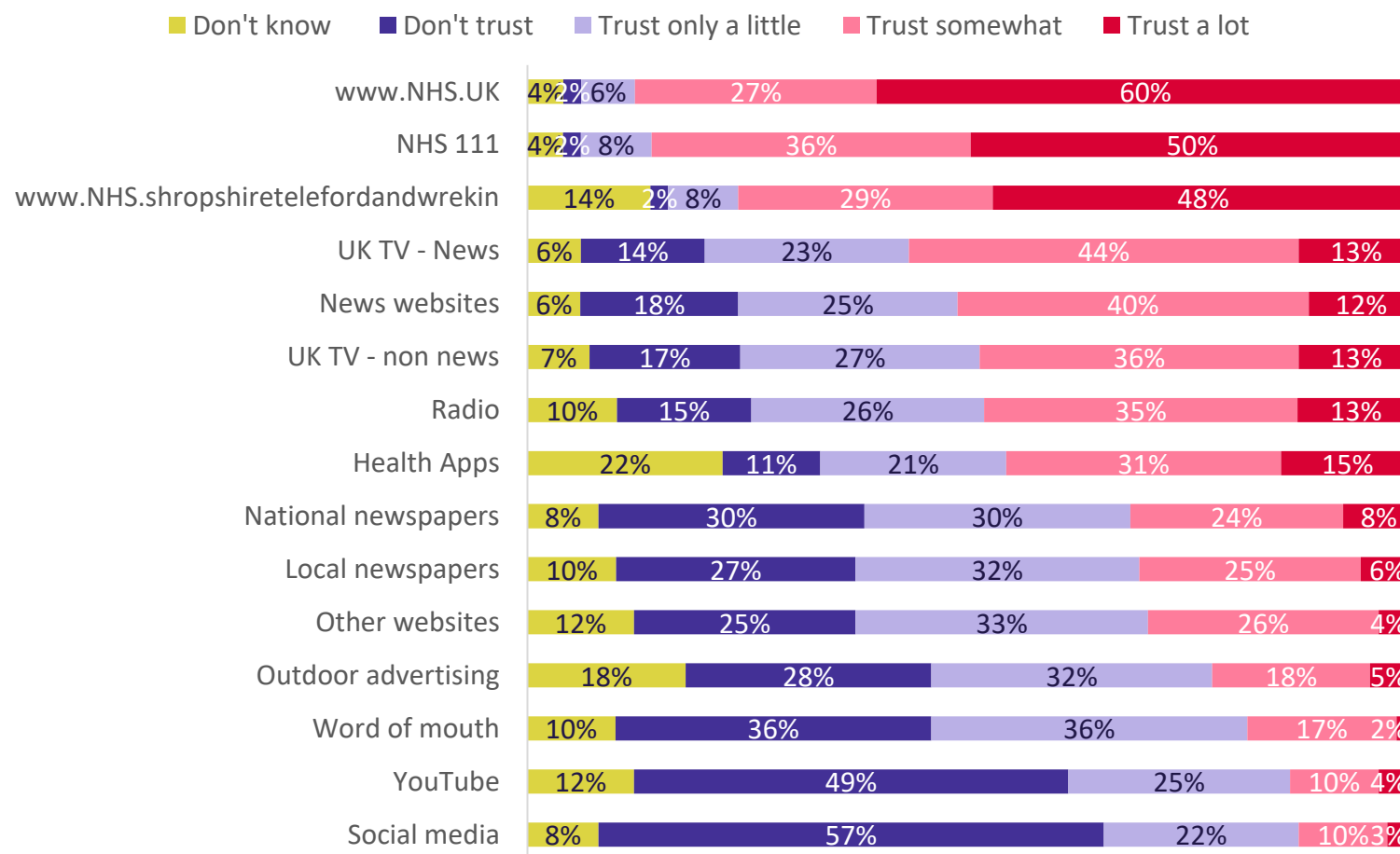


- The NHS is the principal source of health news.
- Three out of the top four sources of information were NHS sources: www.NHS.UK (59%), *NHS 111* (43%) and www.NHS.shropshiretelefordandwrekin.
- However, there was a wide range of alternative sources accessed and three quarters (78%) accessed a source other than the NHS.
- *UKTV – news* is the highest non NHS source of information with just over a quarter (28%) using it to get information about health.
- A key finding is just how fractured the non-NHS information sources is, with legacy media sources (e.g. TV, newspapers and radio) receiving relatively low mentions.

Which, if any, of the following sources of information do you currently use on topics relating to health?

Base: all respondents (N=565)

Trust in media

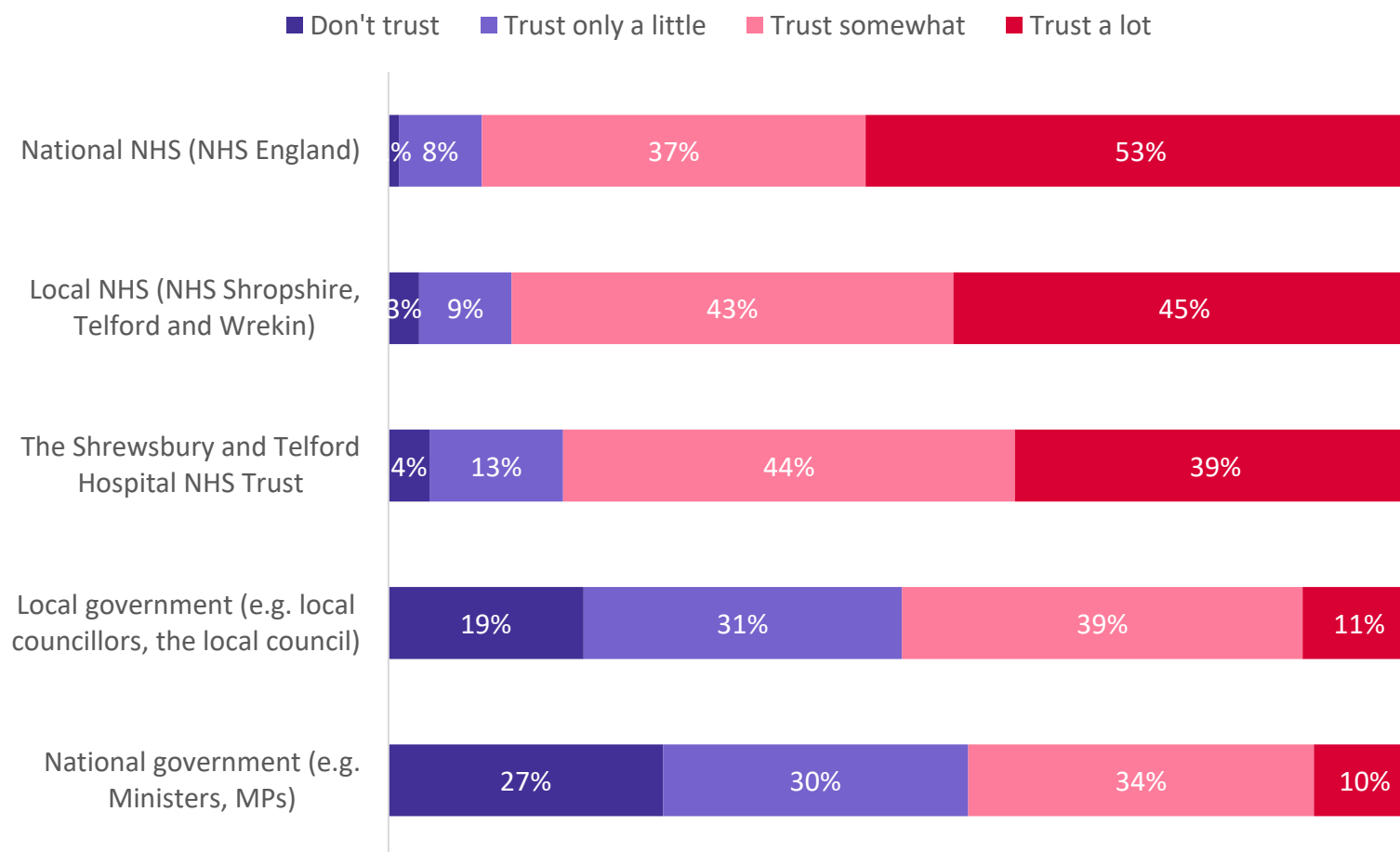


- Trust in the NHS is of a much larger order of magnitude higher than other sources of information.
- This information is based on all respondents and not just users.
- www.NHS.UK received the highest trust ratings, with six out of ten (60%) trusting this source of information a lot.
- *NHS 111* is also extremely high, with a half *trusting it a lot*.
- Legacy media performed relatively poorly on trust – over a third (37%) *did not trust or trusted only a little UKTV – news*. The figure for *UKTV – non news* was even worse with 44% not trusting it.
- *YouTube* and *Social Media* had the lowest trust levels.

How much you trust or distrust the information from each of these sources of information on matters relating to health.?

Base= all respondents (N=565)



Trust in official sources



- The NHS is trusted far more than government (local or National).
- *Shrewsbury and Telford Hospital Trust* is trusted slightly less than other parts of the NHS, but is still extremely high.
- Governments were not trusted with a half (50% - *only a little* or *don't trust*) not trusting *local government* and over half (57%) did not trust *national government*.

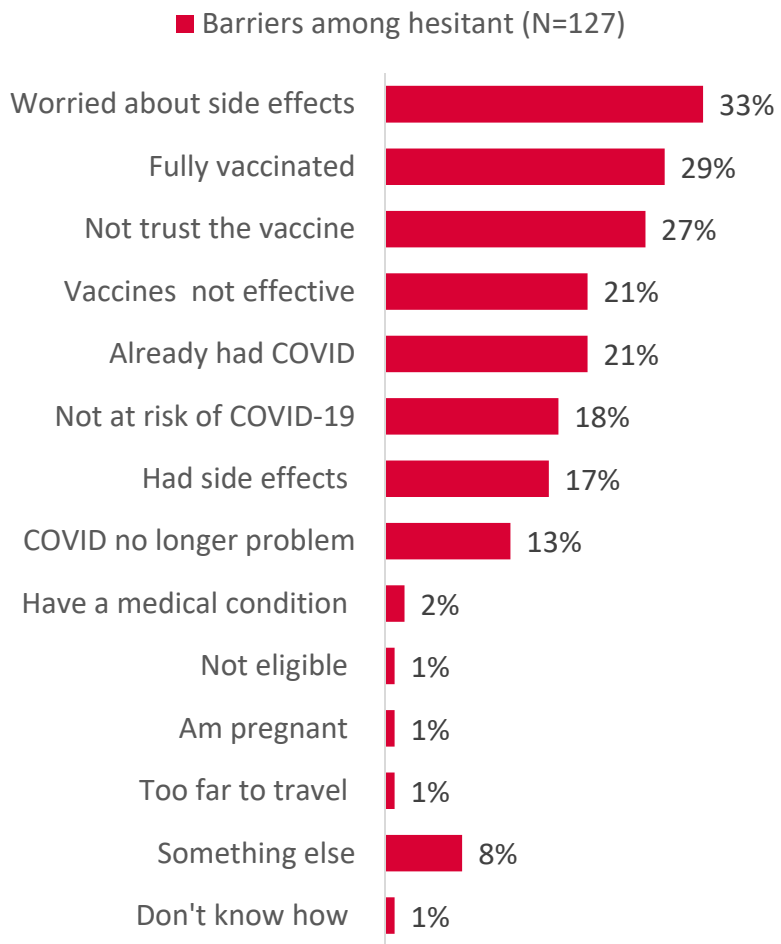
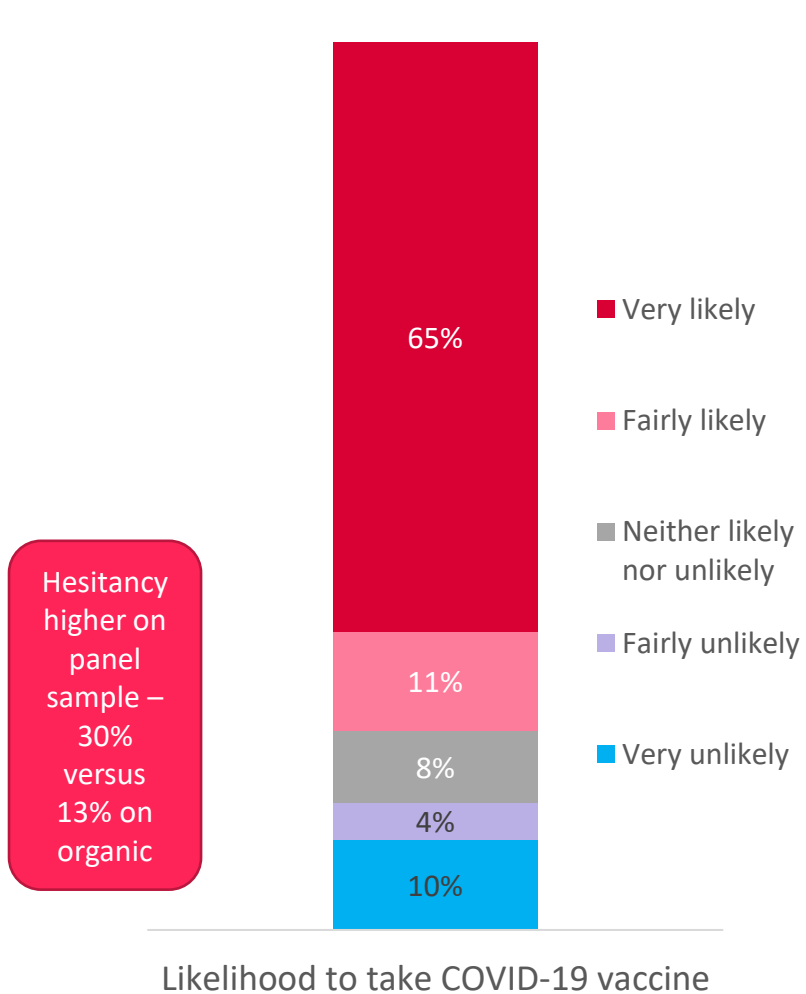
How much you trust or distrust the information from each of these sources of information on matters relating to health.?

Base= all respondents (N=565)



Key Fact 9:
**A quarter are
hesitant about the
COVID-19 vaccine**

Likelihood to have a COVID-19 vaccine in future



- Three quarters (76%) thought that it was likely that they would have another COVID-19 vaccine.
- The hesitancy rate is approximately a quarter (22%).
- Trust, side effects and efficacy are the biggest drivers of hesitancy.
- The organic sample had much lower levels of hesitancy (13%) than the panel sample (30%) – the panel sample is a randomly generated sample and is therefore likely to be a better gauge of public sentiment than the self-selected organic sample.

Which of these statements best described your intention to have a COVID-19 vaccination in the future? Base= all (N=565)

Which, if any, of these reasons best describe why you are unlikely to have a COVID 19 vaccination in the future?

Key Insights



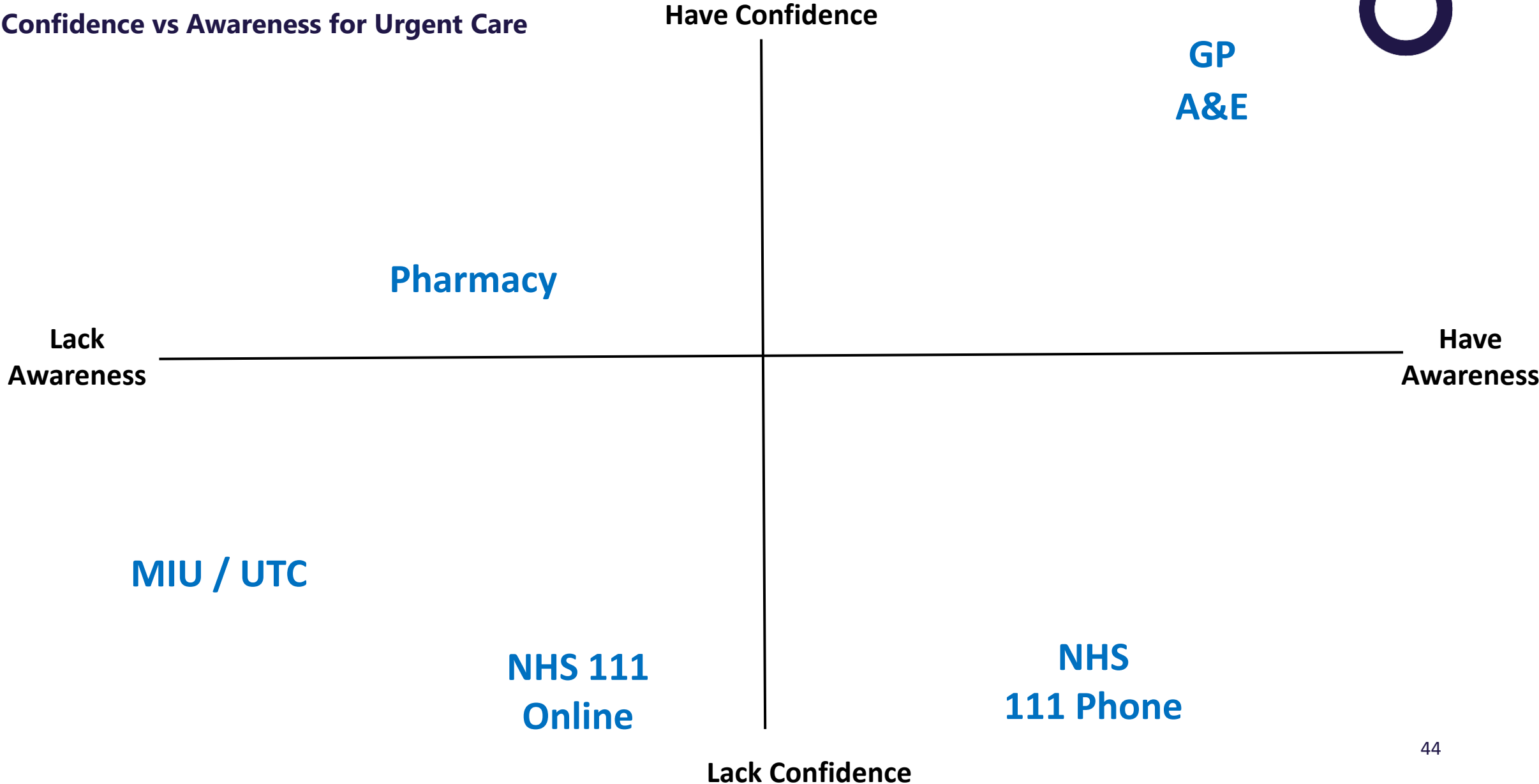
1. GPs are considered the principal source of urgent care during surgery hours
2. Out of hours urgent care choice is more varied and males are more likely to consider A&E/999
3. People have heard of MIUs and UTCs, but there is a lack of knowledge
4. There is a need to actively promote use of MIUs and UTCs in surgery hours
5. Knowledge of NHS 111 needs to be improved (particularly online services)
6. Opinion of NHS 111 is only moderate and the benefits are not compelling
7. The over 65 are least likely to choose pharmacy for urgent care
8. The NHS dominates sources of media for health, but the market is fractured
9. A quarter are hesitant about the COVID-19 vaccine

Our Strategy



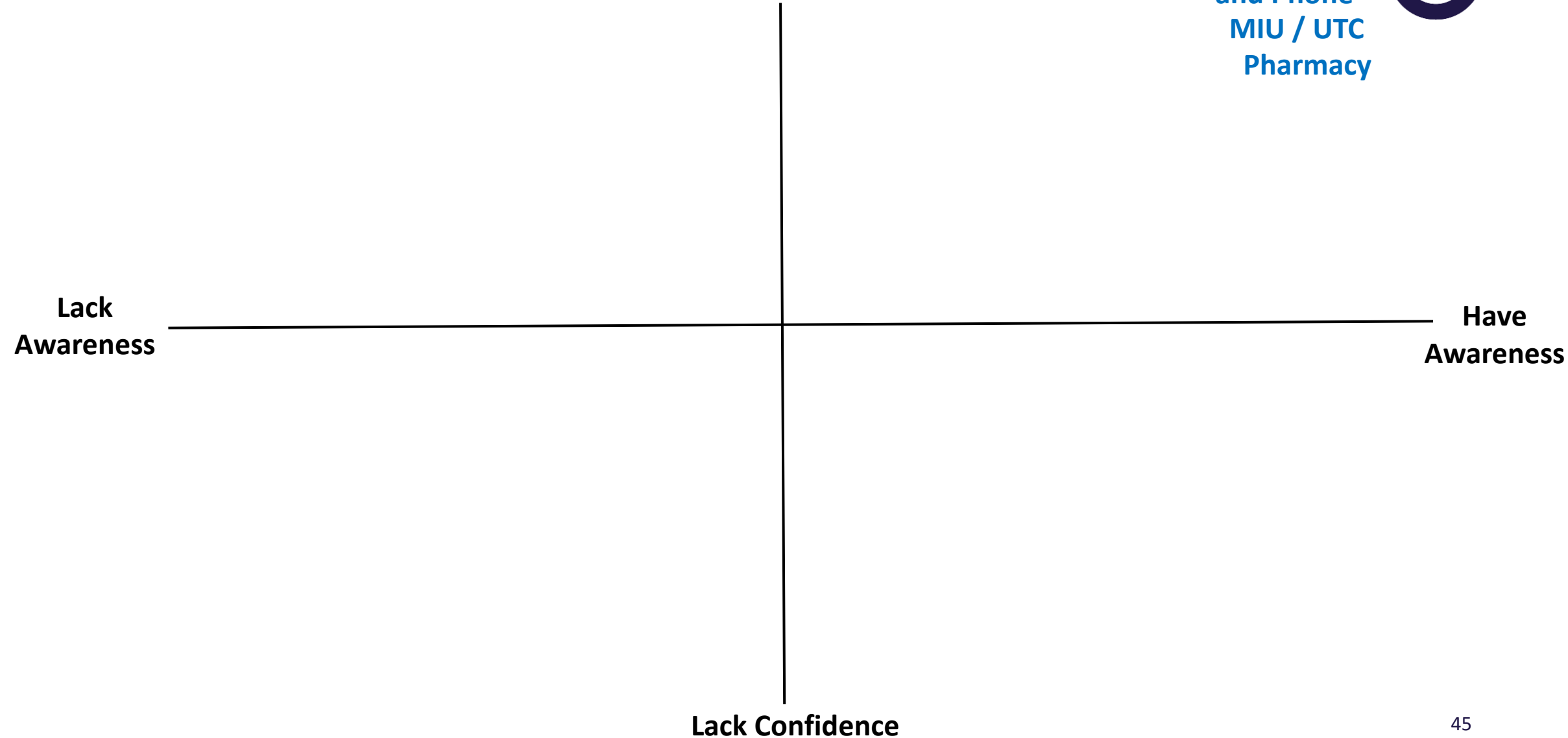
CURRENT

Confidence vs Awareness for Urgent Care



Desired

Confidence vs Awareness for Urgent Care



Strategy overview



We have an audience that lacks trust in 111 and by association other services outside of GP and A&E – Phase 1 must therefore be about building trust back up

Once trust is established, we can then start to deliver an education campaign. This campaign can be content heavy – allowing the user to build their knowledge through engaging messaging

Our final stage of the funnel is Success. This in turn builds back trust and re-affirms our education messaging to showcase what has been learnt and actioned has delivered good results.

**BUILD CONFIDENCE
IN SYSTEM**



**EDUCATE ON HOW
TO USE THE SYSTEM**



**SHOWCASE SUCCESS
OF THE SYSTEM**

Educate on how to use the system (1)



- Bus interiors
- Leaflet drop

HELP US, HELP YOU

Think which service?

Find out which service in Shropshire, Telford and Wrekin can best help you.

NHS
Shropshire, Telford and Wrekin

SELF CARE	111.NHS.UK	PHARMACIST	GP	MINOR INJURY UNITS	999 A&E
Common ailments and illnesses Minor cuts and grazes, bruises and minor sprains, coughs and colds	Need help fast and it's not an emergency? Feeling unwell? Unsure? Anxious? Need help?	Health advice and over the counter medicines Fever, stomach upsets, bites, stings, headaches, aches and pains	Symptoms that won't go away Ear pain, back pain, stomach pain	Minor injuries Sprains, fractures, minor burns, skin infections, minor eye injuries	Life threatening emergencies Loss of consciousness, severe breathing difficulties, heavy bleeding

Thinkwhichservice.co.uk

Educate on how to use the system (2)



- Outdoor and digital
- 4 executions Self help, Pharmacy, MIU and NHS 111 Online



Building Belief



- Outdoor and digital
- 4 executions 2x MIU, Pharmacy and NHS 111 Online



When Oli sprained his wrist, he knew to visit his local Minor Injuries Unit (MIU) and avoid a long wait in A&E

NHS
Shropshire, Telford and Wrekin

Read Oli's story and find out which services your MIU offers at [Thinkwhichservice.co.uk](https://www.thinkwhichservice.co.uk)

HELP US,
HELP YOU



Podcast Campaign Breakdown

NHS 2023

A 4 part Podcast series hosted on all major streaming platforms
Including a host.

Spot Ad Campaign across the full SSPN network: Geo-targeting and delivering the available impressions.

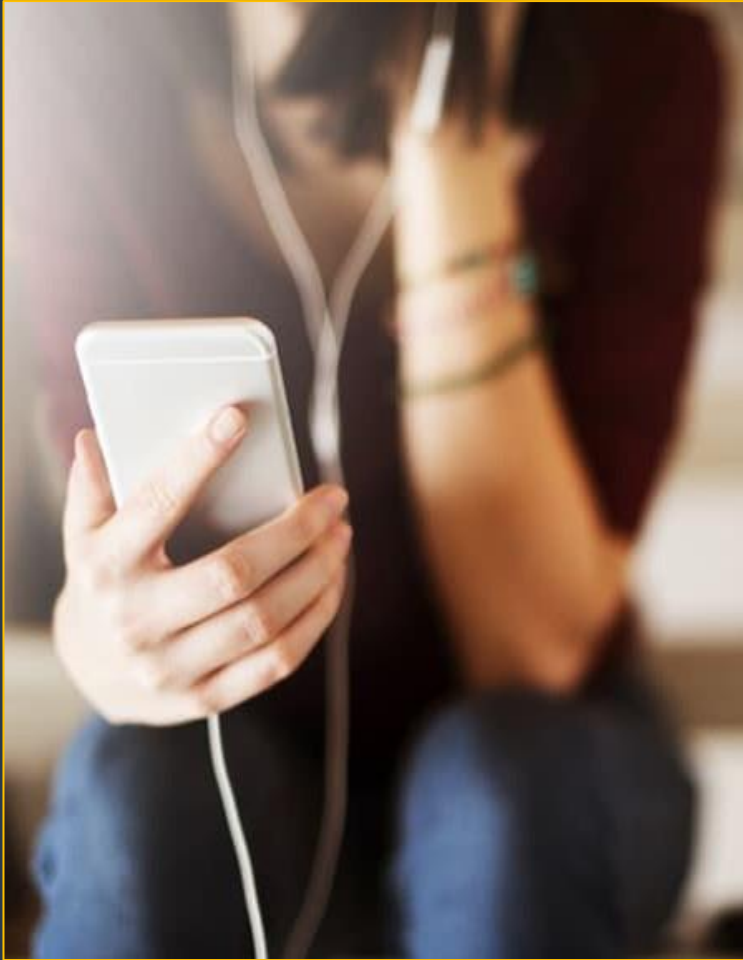
Targeted social media campaign with Audiograms

OBJECTIVES:

The aim of the STW winter comms campaign will be to empower the citizens of Shropshire, Telford and Wrekin to keep well this winter, whilst ensuring our health and care system runs as smoothly as possible and ultimately reducing ambulance handover delays.

This campaign will aim to change behaviour across multiple audiences, taking an in-sight led approach.

'Think' Podcast Series - NHS 2023



Using the NHS Shropshire, Telford and Wrekin key campaign, 'Think.....Help us, Help you' – Voiceworks will create a series of 4 episodes where each ep delves into one of the 4 pillars. Educating listeners on the correct services to use to get the right care, as well as how to look after yourself.

Episode 1

Improve awareness and usage of Pharmacy

Episode 2

Reduce demand for A&E

Episode 3

Reducing the spread of Infectious respiratory disease

Episode 4

Self care

We recommend having 2 guests per episode where topics will be discussed in a natural conversation. *(Example; Episode one, could have a pharmacist with a doctor, talking about the various things that a pharmacist offers, rather than having to get a GP appointment and putting pressure on services unnecessarily)*

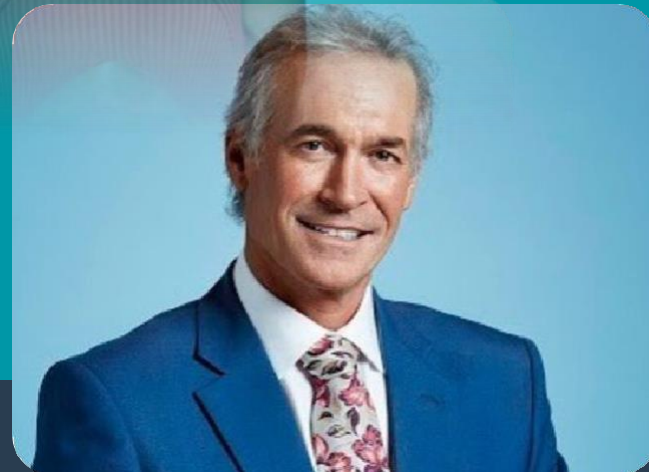
'Think' Podcast Series - NHS 2023



We would look at a host linked to the NHS and a personality that would drive PR.*

Our initial thoughts on who can anchor the 4 part series are:

- Zoe Williams (This Morning)
- Hilary Jones (This Morning)
- Alex George (This Morning & Love Island)
- Ranj Singh (This Morning & Strictly Come Dancing)



Subject to availability and costs.

**Subject to costs*



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Care System**
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