LONDON METROPOLITAN UNIVERSITY

NHS North Central London Clinical Commissioning Group Winter Resilience Communications and Engagement Campaign 2021/2022

Evaluation report

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Version 2

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Executive summary

This evaluation study was commissioned by the Communications and Engagement team at the NHS North Central London Clinical Commissioning Group to assess the performance of the Winter Resilience Communications and Engagement campaign during the months of December 2021 and March 2022.

The campaign aimed to deliver 'an integrated system-wide communications and engagement programme to support residents, patients and health and care workers prepare for, and stay well this winter, reminding them that services are open and ready to provide care when needed and to access care in the right place at the right time' (NCL CCG, 2021).

The evaluation was conducted following the Evaluation Framework 2.0, with metrics for the 3 components of the Winter resilience campaign which sought to raise awareness, change behaviour intentions, and effect behaviour change. A mixed-methods complementarity study was used, combining quantitative and qualitative methods of data collection and analysis. We envision a three-stage process: 1) A baseline survey used as the control; 2) a modify repeat survey (post-campaign); 3) one-to-one interviews with staff involved in the delivery and with respondents to the final survey. Contextual data from NHS digital and GOV.UK were used to strengthen the evidence for the evaluation analysis.

The multi-faceted delivery model of the campaign involved a range of stakeholders and delivery methods over approximately a 4-month period, achieving an unprompted recall rate of 45.6% in the final survey. In addition, the campaign achieved a good level of prompted awareness compared to other long-standing campaigns such as Stoptober (PHE 2020), which obtained 35% awareness. The key campaign components achieved the following recall rates: NHS 111 online (33%); Flu immunisation (67%), Boost your immunity (31%) and Stay well this winter (34%). Awareness had a significant effect on different, difficult to engage groups, including: males, those living in the most deprived areas, and young adults (25-39 years old). 24% of participants stated that they changed their behaviour because of the campaign (for reference Stoptober: 14%), and this had a significant effect only on White respondents and young adults.

These are considerable achievements given the extremely challenging NHS context where the campaign took place.

The evaluation, however, identifies the need to promote urgent care services that many residents in our survey and interviews seems unaware of: Extended Access Hubs and Walk-in Centres. This coupled with a perceived lack of opportunity to book GP appointments may lead in the future to 'clinically unnecessary' A&E attendances. In regard to health inequalities and ethnicity, the Communications and Engagement team partnered with Voluntary Community Sector organisations to deliver the campaign across the five boroughs with a focus on minority ethnic groups and deprived communities. Reports from VCS partners indicate a significant level of engagement supported with qualitative data, unfortunately, there is no consistent collection of quantitative data to statistically assess their delivery.

The evaluation makes recommendations directly relevant to the Communications and Engagement team as they prepare for the next Winter campaign. Recommendations focus on two main areas, campaign preparation and content, the latter is mapped against a diagnosis of behavioural components using the COM-B theoretical model and interventions informed by the Behaviour Change Wheel.

Recommendations

Within the context of our findings, and the Communications and Engagement team's campaign objectives, we set out our recommendations:

A, Campaign preparation

R1: Consider developing a communication strategy with in-built behaviour change analysis. This will enable the development of creatives with messages that facilitate specific behaviour change.

R2 Set out key performance indicators and targets against each, and run annual evaluations against performance and targets. Also, ensure that a consistent form for data collection is used by all partners.

R3 Explore early engagement with focus groups with a range of BAME residents at greatest risk of health outcomes to discuss communication developments, design messages and creatives through activities co-produced by service users.

R4 Take into account the Christmas season to ensure the distribution of materials reach partners in a timely manner.

R5 Consider the use of targeted messaging (audience segmentation) to resonate specifically with different groups locally (only 42% thought that 'Stay well this winter' leaflet was 'aimed at people like me'). Generic messages tend to depersonalise communications.

R6 Consider further audience segmentation (and resources) according to audience preferences: the campaign had been seen or heard differently across age groups: radio for 55+; email from general practice or local authority for 60+; leaflets for 60+ and translated versions for minority community groups preferably with face-to-face engagement; social media (Instagram stories) for young groups and adults 18-30.

B. Campaign content

R7 As part of the communication strategy, the team should further promote the use of extended GP access hubs and walk-in-centres, with phone numbers to contact, as residents seemed unaware or not used to access these services.

R8 Continue to raise awareness in BAME communities of NHS 111 tackling learnt behaviour from social networks whilst simultaneously manage expectations on how the service work.

R9 Digitally excluded people (older, non-English speakers, disable people) and digital poverty (deprived people with no/poor access to internet, computers and mobiles) could be reached out to more effectively through face-to-face interactions using translated leaflets (explaining content) as used by VCS in Camden and Barnet.

R10 Consider the use of case studies (videos) involving people with lived experience of accessing the right services, featuring all relevant demographic groups across boroughs.

R11 The team should consider ways of targeting service providers too: local GPs and NHS111 could contribute to people's better use of available services by reassuring patients during consultation about the right services to attend for their condition.

Note: Recommendation with a detailed Theory of Change table, COM-B behavioural diagnosis and interventions Behaviour Change Wheel is provided in Annex 1.

Introduction

1. Background

'Stay well this winter' is a join NHS and PHE campaign that started in October 2015, and has had yearly iterations including 2021-22. It is an umbrella campaign containing a set of distinct health campaigns tackling specific health behaviours. The overall aim of 'Stay well this winter' is to ensure people's access to services during a time of high seasonal demand, while reducing pressure to A&E departments across the nation. Included within the brand are: flu vaccinations; in the past year Covid-19 booster jabs; NHS 111; GP appointments; GP Extended access hubs; Walk-in clinics/Urgent treatment services; community pharmacies; self-care; and keep warm advice. It is supported by a national TV, press, digital (online) communication strategy.

Each year, the campaign is delivered locally through NHS CCGs and, since 2019, alongside Integrated Care Systems. The campaign has been evaluated only occasionally in a few local areas.

NHS North Central London CCG. Winter resilience campaign

The NHS North Central London (NCL CCG) has delivered the most recent Winter Resilience Communications and Engagement campaign (Stay well this winter) in partnership with NHS providers, council communications and engagement teams, and local voluntary and community sector organisations (VCS).

The campaign was conceived as an integrated system-wide communications and engagement programme, with the aim of simplifying, coordinating and tailoring for North London residents the different content of national health messages that form part of the 'Stay well this winter' umbrella brand.

Context

NHS services and Covid-19

In April 2020, 'Help us Help You' was launched by the NHS to persuade the public to seek help for urgent health conditions (NHS, 2020). The Covid-19 pandemic and the 'protect the NHS message' implied that many people where not accessing the services they needed for fear of getting the virus, because they believed services were not available, or did not want to overburden the NHS. By winter 2020, Stay Well this Winter formed part of the

core message of Help us Help you and encouraged people to access service in the right place at the right time.

The winter of 2021-22 was perceived to be 'an extremely tough winter' by the NHS national medical director, with record demand for Urgent and emergency care (UEC) services (ambulance and NHS 111 phone service), staff isolation due to Covid-19, and with an added Covid booster campaign (in September-November) for vulnerable people (NHS, 2021)

To ensure resilience during the winter months, the NHS UEC Recovery plan (2021a) proposed 'Using communications to support the public to choose services wisely' which included consistent messaging across CCGs and work in partnership, sharing key messages with partners (i.e. local authorities and VCS organisations.

On 1st November 2021, the NHS started its Winter operating model, and launched the 'NHS 111 online first' campaign to encourage people to use more this service (instead of telephone) for urgent care needs that were not life-threatening. Online 111 was created in 2018 with the aim to provide the population with an alternative access to urgent care and manage increasing demand on 111 telephone service. The digital system triaged patients to urgent treatment centres, walk-in centres, GP surgeries, pharmacies and emergency dental services and, if needed, a call from a healthcare professional.

The rise in cases of the new Omicron variant, led the UK Government to move to Plan B on 8 December 2021, which included social distancing guidance and NHS Covid Pass or a mandatory lateral flow test for entry in crowded indoor/outdoor venues; daily tests for contacts instead of isolation. A few days later, the government launched the Omicron Emergency Booster to get everyone aged 18+ vaccinated by the end of December 2021. With 10% weekly increase in Omicron-related hospitalisations (GOV.UK, 2021), and a new demand on the NHS workforce to deliver the emergency booster campaign in general practices, hospitals, walk-in centres and other venues, the Winter campaign and strategic plans were arguably affected in terms of service provision.

The North Central London area

The NCL CCG encompasses 5 local authorities: Barnet, Camden, Enfield, Haringey and Islington. The population of NCL is around 1.5 million. According to the Index of Multiple Deprivation (GOV.UK, 2019) there are 31 areas within the 10% most deprived areas nationally, with Haringey=14 and Enfield=10

concentrating the higher number of deprived areas; and Islington=6; Barnet=1; Camden=0 with the lowest areas of deprivation.

Health and care services are delivered through 12 hospital trusts; 200+ general practices; 300+ pharmacies; 200+ care homes and a large number of VCS organisations and groups providing essential care (North London Partners in Health and Care, 2022).

2. NCL Winter resilience communications and engagement campaign strategy

The objectives of the winter campaign 2021-22 sought to:

- build confidence in NHS services and reassure local people care is available
- increase awareness of behaviours and services that can help residents stay well over winter
- increase awareness and understanding of how to access local services that can help residents with an urgent health
- encourage residents not to delay presenting to an appropriate health service when unwell and to increase confidence in attending routine appointments/surgery/treatment.
- increase awareness and provide reassurance on the work to recover planned hospital services and tackle waiting lists and times in response to the pandemic.
- increase awareness and provide reassurance on how primary care continues to deliver care.
- equip health and care staff with consistent key messages and updates on how the system is preparing for/responding to winter pressures.

Implementation

The NCL CCG winter campaign ran from 6 December 2021 to 31 March 2022. It comprised the following key strands with a project manager:

1. Right care, right place / Urgent & Emergency Care
2. Covid-19 & Flu Vaccinations
3. Primary Care
4. Voluntary & Community sector activity community outreach

Campaign activity developed by NCL included a range of deliverables: radio, video-interviews, NCL website, social media (Facebook and Twitter) and Newsletter, leaflets (and translations) to VCS leading the campaign in 5 boroughs. NHS providers used website and leaflets in premises. VSC used various forms of face-to face engagement with BAME communities (stalls, focus groups, workshops) WhatsApp and email communication. Finally, a communications consultancy agency, BlueLozenge, was contracted to deliver on specific strands (1-3) of the campaign: NHS111 online; Covid vaccinations; and General Practice access, using targeted social media (Facebook and Instagram), videos, radio, GoogleAdWords and out of home posters.

3. Evaluation methodology

The purpose of the evaluation was to provide an evidence-based analysis to assess the campaign's effectiveness in meeting its objectives and to inform future developments for communication strategies.

Objective of the evaluation

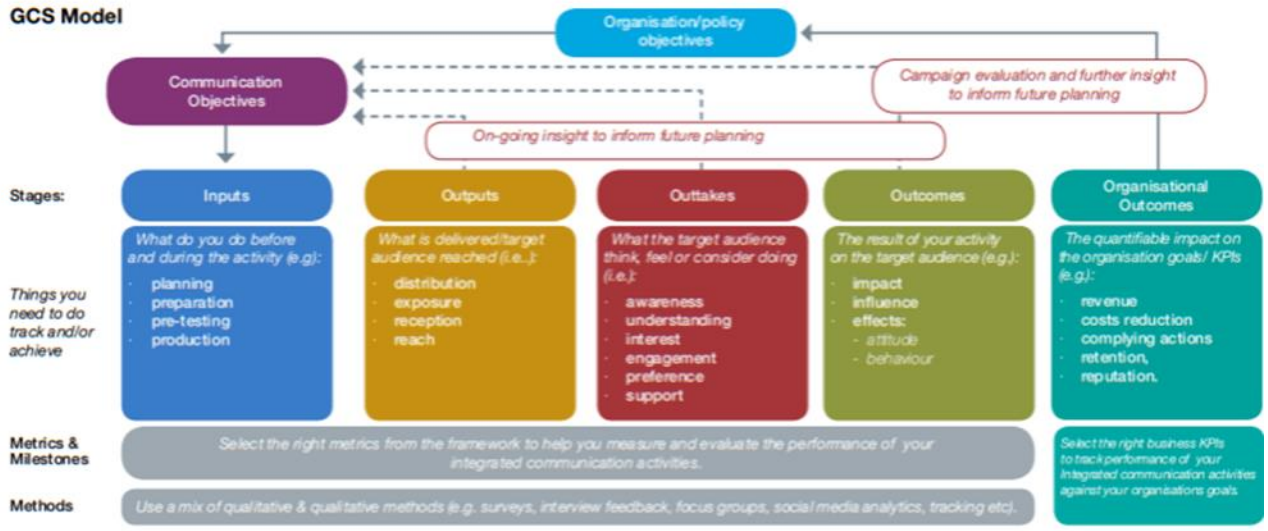
Focus 1: to explore whether the campaign has achieved its aims of supporting NCL residents, patients and health and care workers to prepare for and look after their health over the winter, and to access care in the right place at the right time.

Focus 2: to explore the process and effectiveness of the campaign delivered for specific population groups.

Focus 3: To explore whether the campaign has had the expected impact on target population groups and the NHS.

Evaluation Approach

The Evaluation Framework 2.0 (GCS, 2018) prepared by the Government Communication Service was used to conduct the evaluation.



The Evaluation Framework 2.0 metrics were adapted (see Annex 2) to address the 3 components of the NCL Winter resilience campaign which sought to:

- ✓ raise awareness
- ✓ change behaviour intentions
- ✓ effect behaviour change

No key performance indicators and targets were set by NCL CCG in the design of the campaign.

Theory of change

The campaign was based on an adaptation of national NHS campaign designs using different theory of change models e.g. for Covid-19 vaccination, NHS 111 online, etc. To help explain behaviours and intentions (how people responded to) the Winter resilience campaign, and to identify suitable interventions that NCL can implement in the future, we have used the COM-B model (Michie et al., 2011), as recommended by Public Health England (2019) for local governments and partners. The COM-B behavioural model suggests that behaviour is made up of six components:

Capability refers to people's psychological and physical abilities	knowledge, physical and mental skills, mobility and strength.

Opportunity refers to the environment with which people interact	*physical environment:* time, resources, financial, *social environment*: culture, norms and social values.
Motivation relates to the following influences that energise and direct behaviour:	*reflective motivation*: intentions and evaluations, attitudes *automatic motivation:* desires emotions and habits.

Methodology

Our evaluation design consisted of a mixed-methods complementarity study, combining quantitative and qualitative methods of data collection and analysis (Palinkas et al. 2011). We used quantitative data to evaluate campaign outcomes and qualitative data to evaluate processes and gain depth of understanding regarding outcomes.

We designed a three-stage process. 1) A baseline survey (control); 2) a modified repeat survey (post-campaign); 3) one-to-one interviews with staff involved in the delivery and respondents to the final survey.

Surveys' questionnaire and interview guide were co-produced with team members from the NCL CCG Communications and Engagement team. Participant information sheet was provided, and consent was sought from all participants. Ethical approval was granted by London Metropolitan University Ethics Research Panel, School of Social Sciences and Professions.

Research participants were over 18s resident in the London boroughs of Barnet, Camden, Enfield, Haringey and Islington. Surveys used a convenience sampling, distributed online through the Joint Information Systems Committee's (JISC) online surveys software. Participants for the interviews were recruited from those who consented to be contacted in the repeat survey. A random prize draw to win one of five £50 Aldi e-gift cards was used as an incentive to encourage completion of the final survey. The study and the link to the questionnaire were promoted via London Metropolitan University's website, social media (Twitter and Facebook), community neighbours Facebook pages, and by the Communications and Engagement team through residents' newsletter and social media.

Surveys

1) Baseline survey of 205 individuals conducted between 16 December 2021 and 15 January 2022, to capture the NHS national campaign components, used as the control group. Questionnaire included 28 demographic and campaign-related questions.

2) Modified repeat survey (post campaign) of 147 individuals, with most questions comparable to the baseline study and added questions to evaluate specifically the NCL communications strategy. Conducted between 12 April 2022 – 31 May 2022. Questionnaire included 31 demographic and campaign-related questions.

The total population of the North Central London boroughs is 1,510,806 (Office for National Statistics, 2020). In specifying a 95% confidence level and 6% margin of error, the minimum sample size required for this population is 267 (Cochran, 1963), which the sample of 352 exceeds. However, it should be noted that there is likely to be overlap in the baseline and post-campaign samples such that population inference should be undertaken with caution.

Both questionnaires were self-developed, using multiple choice and 5-point Likert scales, and were theoretically informed by the COM-B model of behaviour.

Statistical analysis was performed by Dr Stephen Hills in SPSS software, using chi-square test for statistically significant associations between the following categorical variables: sex (males and females); age groups (18-24, 25-39, 40-54, 55-69, 70+); borough; ethnicity (White vs. BAME); and deprivation (5 quintiles); and outcome variables (awareness, behaviours, intentions). *P*–value was also provided.

Interviews

3) Semi-structured individual interviews with 17 residents.

All those who agreed to be contacted for an interview or focus group were invited via email (69 individuals). Focus groups proved difficult to arrange amongst volunteers, so only individual interviews were conducted. Interviews were conducted by Odette Jack between 12 May and 11 July, via telephone and video-conference platforms (Microsoft Teams and Zoom), and were audio-recorded and transcribed verbatim. Interviews lasted a mean of 27 minutes.

The interview guide included demographic data and questions to explore awareness, attitudes, behaviours and intentions based on the capabilities, opportunity and motivation (COM-B model of behaviour). Data analysis was conducted by using Thematic Analysis (Braun and Clarke, 2006) and the COM-B model as a template. Participants have been anonymised, given only gender, borough, and age ranges as per our demographic categories.

Interviews with staff engaged in the campaign delivery: We planned a focus group with healthcare staff involved in the delivery of the campaign (1 per borough), however, only 2 staff (1 from Barnet and 1 from Islington) confirmed attendance on the day. An interview was conducted with both of them on Microsoft Teams.

Data sources in the evaluation included:

- Final reports from VCS organisations involved in the campaign delivery for the 5 boroughs
- Fortnightly reports from NCL CCG provided by Communications and Engagement team on campaign delivery
- BlueLozenge evaluation report
- NHS Digital, GOV.UK, ONS data for NCL CCG and local authority contextual data performance
- Policy documents and reports on Covid measures, NHS strategy planning, previous winter evaluations
- Peer-reviewed articles on NHS service performance

Summary of findings

Campaign awareness

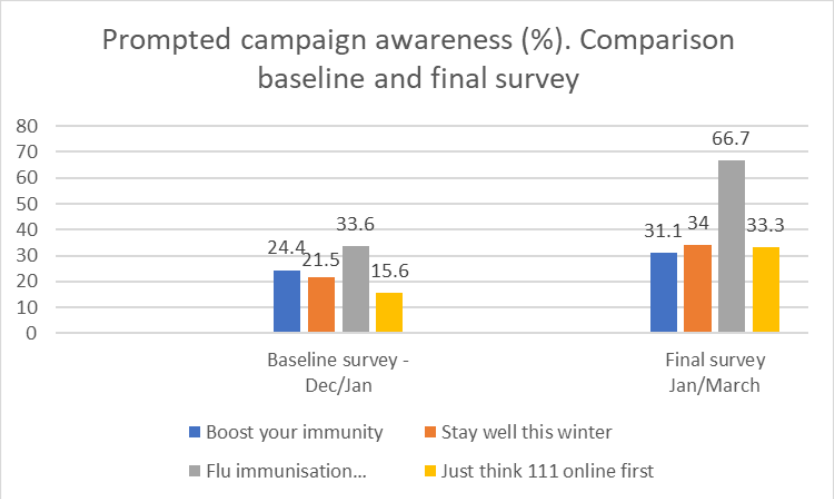
- Unprompted campaign awareness: Awareness of any NHS winter campaign in the local area was 42.9 % at baseline and 45.6% in the final survey; an overall good level of recall, but a non- significant effect pre-post campaign.

- Prompted campaign awareness: A significant effect on awareness for 3 of the 4 key messages post the NCL communication strategy. A **significant effect** (Chi-square test) was observed for the following key messages.

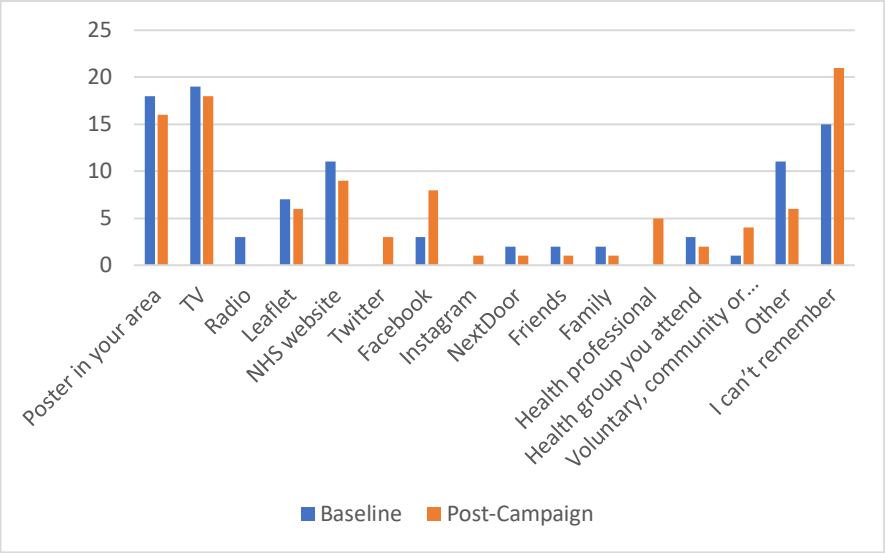
  'Stay Well this winter', the umbrella message, had a significant effect on: males, those living in Islington, from White ethnic backgrounds, and those respondents living in the most deprived area (1st quintile IMD) and less deprived areas (4th quintile).

  'Flu immunisation' had a significant effect on: males and females, all age groups 25+, all boroughs except Islington, White respondents, and those living in all areas of deprivation (most to least deprived according to IMD).

  'Just think 111 online' had a significant effect on: males and females, those aged 25-39 years old and 70+, Camden residents, White respondents, and those living in the most deprived areas (1st and 2nd deprivation quintile IMD).



- Awareness by type of communication channel, main preferences in decreasing order: TV; poster in my area; social media (Facebook, Twitter and Instagram); NHS website and leaflet.



Attitudes

- Respondents to the baseline survey were shown the leaflet of 'Stay well this winter', and they agreed and strongly agreed with the following statements (highlighted ≥50%.):
    - The information is clear 79%
    - The words used on the leaflet are appropriate 72%
    - The leaflet offers valuable advice 71%
    - The information reassures me on where to access services if I need to 70%
    - The information makes me want to look after my health in winter 50%
    - The information makes me want to look after my family in winter 48%
    - The leaflet is aimed at people like me 42%
    - It is new information 29%

- In terms of attitudes towards the content message of the campaign, respondents agreed and strongly agreed with the following statements at the end of the campaign (highlighted ≥50%.):

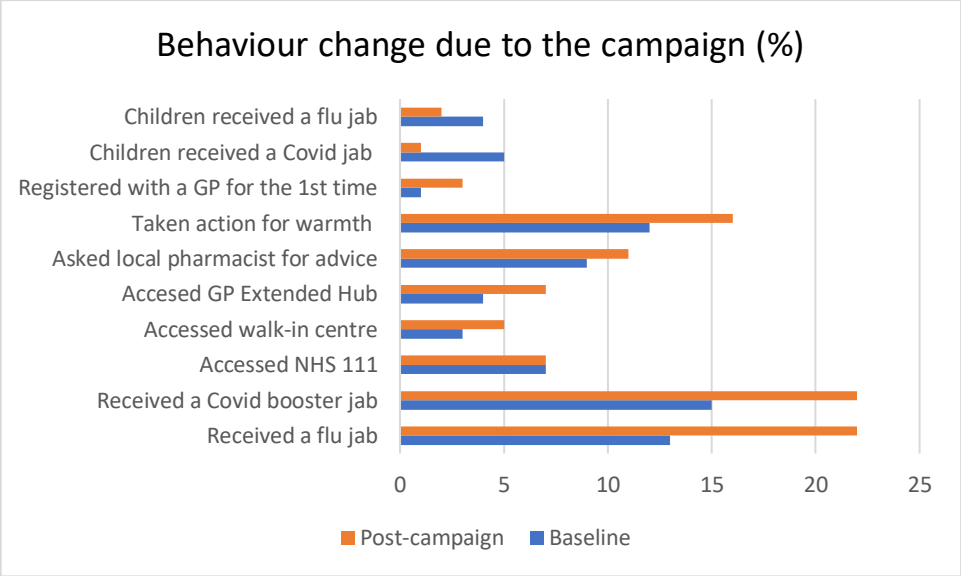
    - 'The Covid-19 jab protects your teen and your family' (84%);
    - 'Every adult in the country now needs to get a Covid-19 booster vaccine, because two doses does not give you enough protection against catching Omicron' (79%);

- ‘Flu and Covid bring greater risks to pregnant women and their babies’ 67%;
- ‘NHS 111 is here to make it easier and quicker for adults and children to get the right advice or treatment they need for their physical and mental health’ (64%).

Behaviour

- Respondents stated that the NHS communications campaign encouraged them to make changes to how they look after their health or access healthcare: an increase from pre (16%) to post (24%) campaign.

- Behavioural changes showed an increase for all key behaviours tackled by the campaign from baseline to post-campaign, except for children’s vaccinations.



- Overall, the campaign had a significant effect on behaviour change on White respondents, and on 25-39 year olds.

Intentions

- In case of needing urgent medical treatment for illnesses or injuries that are not life-threatening, participants would request first a Same day GP appointment: 42,4% baseline and 35.4% post-campaign.

- The lowest preference was to attend A&E: 8.3% baseline and 5.4% post campaign.

Findings in detail

1. Participant characteristics

Sex

	Baseline		Post-Campaign		Full Sample		Interviews
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	**Total**
Male	62	30	41	28	103	29	6
Female	143	70	106	72	249	71	11
Total	205	100%	147	100%	352	100%	

Sexual orientation

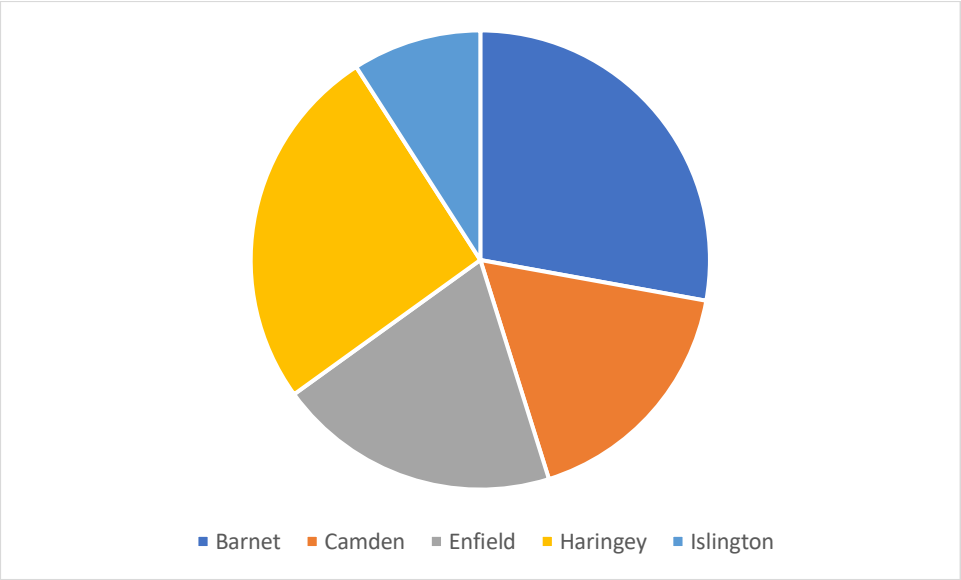
	Baseline		Post-Campaign		Full Sample		Interviews
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	
Straight or Heterosexual	188	92	131	89	319	91	17
Gay or Lesbian	7	3	9	6	16	5	
Bisexual	5	2	4	3	9	3	
Other sexual orientation	5	2	3	2	8	2	
Total	205	100%	147	100%	352	100%	

Age

	Baseline		Post-Campaign		Full Sample		Interviews
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	**Total**
18-24	2	1	0	0	2	1	
25-39	20	10	13	9	33	9	1
40-54	31	15	29	20	60	17	4
55-69	81	40	57	39	138	39	4
70+	71	35	48	33	119	34	8

Total	205	100%	147	100%	352	100%	

Borough



* Full sample survey (excludes interview participants)

Borough	**Baseline**		**Post-Campaign**		**Full Sample**		**Interviews**
	Total	**%**	**Total**	**%**	**Total**	**%**	**Total**
Barnet	69	34	29	20	98	28	2
Camden	47	23	14	10	61	17	1
Enfield	38	19	32	22	70	20	6
Haringey	33	16	58	40	91	26	5
Islington	18	9	14	10	32	9	3
Total	205	100%	147	100%	352	100%	

Ethnicity

	Baseline		**Post-Campaign**		**Full Sample**		**Interviews**
Category*	**Total**	**%**	**Total**	**%**	**Total**	**%**	
White	180	88	124	84	304	86	15
BAME	25	12	23	16	48	14	2

Total	205	100%	147	100%	352	100%	

* All White backgrounds. BAME includes mixed ethnicity, Black, Asian and other ethnic groups.

English as first language

	Baseline		**Post-Campaign**		**Full Sample**		**Interviews**
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	
Yes	187	91	130	88	317	90	15
No	18	9	17	12	35	10	2
Total	205	100%	147	100%	352	100%	

Employment status

	Baseline		**Post-Campaign**		**Full Sample**		**Interviews**
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	
Working as an employee	52	25	43	29	95	27	4
Self-employed or freelance	22	11	12	8	34	10	
Work in the healthcare sector	4	2	4	3	8	2	
Unemployed	4	2	3	2	7	2	
Retired	97	47	60	41	157	45	11
Student	1	1	1	1	2	1	1
Looking after home or family	2	1	3	2	5	1	
Long-term sick or disabled	12	6	13	9	25	7	
Volunteering	0	0	7	5	7	2	1
Other	11	5	1	1	12	3	
Total	205	100%	147	100%	352	100%	

Deprivation (IMD)

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
1st quintile (most deprived)	13	7	21	15	34	10
2nd quintile	50	26	30	22	80	24
3rd quintile	51	26	33	24	84	26
4th quintile	49	25	36	27	85	26
5th quintile (least deprived)	31	16	16	12	47	14
Total	194	100%	136	100%	330	100%

Medical condition vulnerable to cold weather

	Baseline		Post-Campaign		Full Sample		Interviews
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**	
Yes	114	56	78	53	192	55	3
No	91	44	69	47	160	45	14
Total	205	100%	147	100%	352	100%	

Interviews: people that declared a disability as defined by Equality Act 2010: n=5.

A complete presentation of participant characteristics in both surveys is provided separately in Annex 3.

2. Winter resilience communications campaign strands

1. RIGHT CARE, RIGHT PLACE / UEC

Key objectives:

- Raise awareness and drive use of 111 online as the 'first stop' for non-emergency health advice
- Raise awareness and drive use of Extended Access Hubs, Same Day Emergency Care, Walk-in Centres for non-emergency health needs
- Raise awareness and drive use of local services that enable residents to self-manage their health
- Reduce inappropriate A&E attendances (a focus on Barnet and North Mid EDs)

1.1 NHS 111

The table below summarises information for Inputs, Outputs and Outtakes in relation to the NHS111 campaign.

INPUTS			OUTPUTS	OUTTAKES
Metric	Definition	Measurement method (MM): volume	MM: Audience reach	MM: n. of impressions generating an interaction (share/like/comment)
Content creation by BlueLozenge Online/offline Phase 1: NHS 111	Google AdWords		296,000	53,900 to NHS online
	Outdoor advertising	50 in 5 boroughs	15 M	15,000 impressions
	Facebook and Instagram (English) information & audiograms		247,810	947,019
	Facebook and Instagram (Polish, Bengali &French)		56,470	334,087

	Pre-recorded audio for radio stations	1,012 plays	n/a	n/a
NCL	Radio interview packages recorded with NCL UEC Clinical Lead	20 stations	n/a	n/a

Table adapted from BlueLozenge report (2022) and NCL CCG Winter resilience delivery reports (2021-2022).

Further analysis on outtakes and outcomes are presented below.

Outtakes (continue)

In terms of prompted awareness;
'Just think 111 online first' those who recalled seeing it increased from baseline (15.6%) to final survey (33.3%).
Knowledge of service available:
Total (both surveys): 85.5% thought NHS 111 phone was available; and 72,4% thought NHS online was available in their area

Overall, in the past decade, NHS managers have raised concerns about the high levels of demand of emergency and urgent care services, which is exacerbated during the winter months, in particular for ambulance services, emergency departments, and urgent same-day GP appointments. Sustained pressure on these services led to the identification of the 'clinically unnecessary' use of emergency services, defined by O'Cathain et al (2020:21) as 'patients attending services with problems that are classified as suitable for treatment by a lower urgency service or self-care'. Population groups identified are parents with young children, young adults and people living in deprived areas (O'Cathain et al., 2020).

In this context, the prompted awareness of NHS 111 online is less than 50% of respondents, however the effect of the campaign has been statistically significant in doubling recall from baseline, and in deprived groups.

In relation to knowledge about all services available in the area, NHS 111 was the most recognised, however, results indicate a slightly greater knowledge before the NCL campaign in comparison to after the campaign for both forms of 111 access: phone (pre 87.8% vs. post 82.3%); and online (pre 73.2% vs. post 71.4%).

Given that NHS 111 telephone has been operating since 2010 is not surprising that residents knew more about this provision in comparison to the online version, which only had 3 years in service.

Considering those respondents that said 'don't know' about the availability of NHS 111 online service there is a small increase in the final survey (25%) in relation to baseline (22%).

Outcomes

Regarding the extent to which different groups agreed/disagreed with specific messages about the content of the Winter campaign, we asked respondents in the final survey about the following key message:

'NHS 111 is here to make it easier and quicker for adults and children to get the right advice or treatment they need for their physical and mental health'. 64% agreed or strongly agreed

Although the percentage indicates a positive attitude towards the service, it was the lowest percentage in comparison to other key health messages presented of the campaign.

We identified this response as relating to motivation (reflective) and explored the qualitative data to ascertain the reasons that might explain a lack of motivation i.e. confidence that calling NHS 111 will achieve the desired outcome.

Individual interviews with residents indicate that experiences with NHS 111 phone and online has been varied. Some residents had pervious negative experiences, e.g. been told to attend A&E when they thought it was not necessary; others considered that online use by older people was too demanding (too many questions to go through for someone unwell), and the majority were dissatisfied with the length of time it took to get a response.

Overall, residents considered NHS 111 a service to call if experiencing any non-life-threating health issues, this was often considered as a better option than calling the GP surgery:

'I certainly won't call my GP unless you have 3 days to spare… if it is something that I thought is recurring […] I'd probably ring 111 in the first instance and talk to them. Because they are pretty good' (Female, Islington, 70+).

Experiences of calling NHS 111 during last year, commented:

'I felt I was dealing with people who was undertrained. Even the call back that I've got was someone following from a formula […] they sent me to A&E, and you know, you have to wait hours. There was no real reason for them to send me to A&E because they couldn't find anything wrong' (M, Enfield, 70+).

'It is good to streamline services to NHS111, but on the other I have found with my health issue is that often the advice that you get is go to A&E and there is kind of nothing in between […] I feel it worsens my health' (F, Islington, 25-39 yrs.)

The perception that NHS 111 can unnecessarily send callers to A&E or other services is an area that **future communications campaigns could explore further by targeting local NHS111 providers and GPs, encouraging them to provide reassurances as to why a particular service was selected [see R11].**

Staff interviews indicated that NHS 111 was not known by many BAME groups in Barnet:

'People were very pleased to hear that if they were having problems accessing their GP, they could phone 111 as an alternative and there was a good prospect there been some positive action no matter what it was they were phoning about and the fact they were there 24/7' (Barnet, Healthcare staff).

Residents' experiences with NHS 111 seemed to have differed according to whether they have a long-term condition or not:

'For us there were some negatives about 111, from some people I've talked to and this related to people with

existing or long-term conditions phoning 111, and the service telling them "but this is a GP matter" and they found that very distressing and frustrating. Basically they've been told they were unsuitable for the service, and that was a common pattern we found going through the weeks of the campaign, in different settings, people telling us that and expressing great frustration with it. Then, other people saying, well actually I received a return call after I phoned 111 from a GP, and that was actually half an hour my initial call. For them, that was a positive! because phoning the surgery, they didn't know whether they will have a call back that day, 2 days later, or people told us several days before they've got a call back from their GP surgery.' (Barnet, Healthcare staff).

Data collected by VCS, from a focus group run by Healthwatch Camden with disable and BAME groups, reported the following about NHS 111:

'Not great to be honest, they are so late in calling back and sometimes they did not call back' (Camden report).

This experience points to a lack of opportunity (in the way that the service works) that may discourage its use and would also affect motivation with using NHS 111.

Also a focus group with Latin American residents reported:

> 'the majority had never heard of NHS 111 and had heard stories in the community that "it was a waste of time"'(Camden report).

The latter refers to the influence of another behavioural component, social opportunity, were social influences/negative perceptions within the community are likely to hinder the behaviour of individuals.

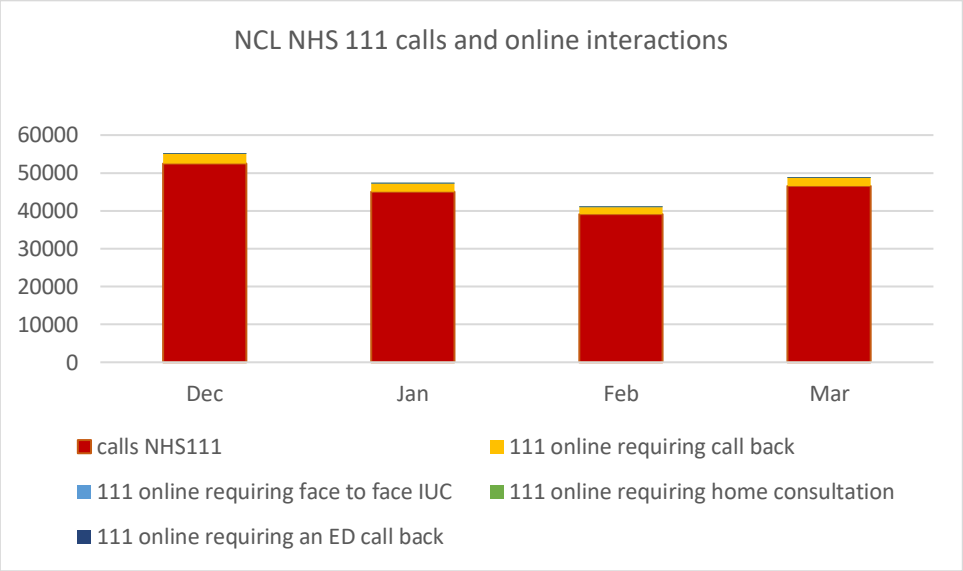
Whilst behaviours affected by opportunity in terms of the way the NHS 111 service works (waiting time, unhelpful responses) are external factors beyond the communications campaign, the **social opportunity component is an area**

were raising awareness in BAME communities with little or no experience with the service could be more specifically targeted in future campaigns [see R6].

In terms of behaviours, only 7% of respondents reported that they contacted NHS 111 because of the campaign in each survey, and there was no significant effect attributed to the campaign.

The NHS Integrated Urgent Care (IUC) Aggregate Data Collection 2021/22 started in April 2021 and data is unavailable for comparisons for December 2020 – March 2021.

The data excludes NHS 111 online generated activity but records online contacts that required a booking with services and resulted in a call back. NHS 111 data includes the telephone service and relevant items of NHS online contacts. The chart below captures data from telephone calls and 4 key online contacts with the service.



NHS (2022) IUC data.

The chart provides insight into the use of both services, showing a decline in January - February and increasing in March, likely due to Omicron impact and people feeling unwell and not seeking medical assistance (see p.49 below).

1.2. Services for non-emergency health needs and self-management

This section of the campaign covered the following non-emergency health services: Extended Access Hubs, Same Day Emergency Care, Walk-in Centres, and pharmacies to support self-management of minor health issues. This section of the campaign was run by NCL Communications team and VCS across all five boroughs. BlueLozenge contributed to creatives to increase awareness of pharmacies as part of its phase 3 intervention, directed at 'General practices access'. The primary focus of BlueLozenge campaign was to raise awareness of practice pharmacists.

INPUTS			OUTPUTS	OUTTAKES
Metric	Definition	Measurement method (MM): volume	MM: Audience reach	MM: n. of impressions generating an interaction (share/like/comment)
Content creation by NCL Online/offline	Organic social media and newsletter/ website on services in festive period and beyond: Website, email, twitter, Facebook	Translations to 15 languages. Leaflet distribution to 5 VCS partners.	n/a	n/a
	Video on access to EAH and community pharmacies	5 boroughs/ all owned channels	n/a	n/a
BlueLozenge Online/offline	Animations and still images advertised on Facebook about practice pharmacists	Facebook advertising across 5 boroughs	n/a	n/a
	Outdoor advertising: Bus shelters and street furniture-case studies used above	Data available below	Data available below	Data available below

Outtakes (continued)

In the final survey, we presented three relevant content messages as they appeared in the Winter campaign to assess specific content awareness of services withing primary care settings. Two of these messages were related to non-emergency health needs and self-management:

72.8% correctly identified 'Your local community pharmacist and their team can help and support with minor illnesses';

and 28.6% correctly identified 'Evening and weekend GP appointments for adults and children are available to book'.

Respondents showed a high level of awareness about community pharmacists' role in primary care. Since 2005, community pharmacies contractual framework introduced a range of funded clinical (minor ailments assessment), medication reviews and public health advice. A review conducted in 2017 concluded that lack of awareness of extended pharmacy services (beyond dispensing medications) and that pharmacists' role needed more promotion for minor health issues and for supporting patients to self-manage long-term conditions (Hindi et al 2017). There is, however, some evidence that the Covid-19 pandemic has increased pharmacists' clinical decisions made with clients 'outside of normal practice as other HCPs were not accessible' (Bhamra et al., 2021). As pharmacists became the main face-to-face health contact for patients who could only access surgeries remotely, the pandemic would have improved awareness of extended pharmacy services.

Content awareness of Extended access hubs messaging suggests that it was not sufficiently strong or recognised for residents to access this service. This result also matches the responses provided in another survey item asking about knowledge of available services, where 'don't know' was the highest percentage in both surveys. The Extended access hubs is a service that has run for 5 years in NCL Winter campaigns, and familiarisation should be rather high in particular considering the context of the pandemic. In a previous NCL evaluation report conducted in 2016-17, the awareness of Extended access hub was low with ~75% of respondents saying they 'didn't know' about the service (Healthwatch, 2017). Our final survey ~ 47% said they 'didn't know' about the availability of the service, which is a significant improvement comparing to five years ago, but still constitutes the largest response in relation to those who knew about the service or consider it to be unavailable. There are no specific NHS data on utilization for this service, only the one captured by general practices (see details on p.33).

Availability of GP extended access hub (evening and weekend appointment service)

Option	Baseline survey (205 responses)%	Final survey (147 responses)%	Total (352 responses)%
Available	43.41	35.37	40.06
Unavailable	12.20	17.69	14.49
Don't know	44.39	46.94	45.45

In regard to Walk-in centres/UTC, more than half of respondents stated that they knew the service was available in their local area. There is however an improvement between those who stated 'don't know' post campaign vs baseline.

Availability of Walk in Centres / Urgent Treatment Centre

Option	Baseline survey (205 responses)%	Final survey (147 responses)%	Total (352 responses)%
Available	61.46	61.90	61.65
Unavailable	7.32	10.88	8.81
Don't know	31.22	27.21	29.55

Outcomes

In terms of behaviour, the residents that declared accessing Extended GP hubs and Walk-in services as a direct consequence of the campaign showed a small improvement in the data comparing final vs. baseline surveys.

Accessing non-emergency and pharmacy services as a direct consequence of the campaign

Service	Baseline survey (205 responses)%	Final survey (147 responses)%
GP extended access hub	4	7
Local pharmacist	9	11
Walk-in centre	3	5

The percentage of residents who stated that had accessed these services 'regardless' of the campaign (i.e. either because they were already aware of

or were routine users of these services) is still low for Extended Access hubs and Walk-in centres.

Accessing non-emergency and pharmacy services regardless of the campaign

Service	Baseline survey (205 responses)%	Final survey (147 responses)%	Total (352 responses)%
GP extended access hub	14.15	9.52	12.22
Local pharmacist	36.59	38.78	37.50
Walk-in centre	13.17	16.33	14.49

Consistent with our survey data, the majority of informants considered the use of local pharmacies for minor health issues as a valuable service:

'I haven't done it, but there is no reason why I shouldn't because I know they will be really helpful.' (F, Islington, 70+ yrs).

'Yes, definitely, and I had for non-urgent problems' (F, Islington, 25-39 Yrs)

'I am a firm believer of visiting my pharmacies, so yes, if I have a problem I'll go to pharmacies first' (F, Islington, 50-55yrs)

Evening or weekend appointments with a GP and Walk-in centres, however, were mentioned only once amongst residents when asked about which services they would access for urgent medical attention. One participant commented:

> 'The other thing that has been new and not widely known is surgeries are in hubs these days, so surgeries hold a hub and the pharmacies are in it and other services too, it is not widely know where I am here anything about my GP surgery what hub are they in, or who is in the hub, that would be helpful to know. The GP practice should make that information available' (M, Enfield, 70+).

Participants' preferred way of access to services was mostly directed through general practices (if manage to wait/navigate appointment systems), then NHS 111 or community pharmacies for minor issues. Overall, residents did not

seem used to accessing these services except for one respondent who didn't attend a Walk-in centre because of mobility problems.

This is also reflected in data collected by VCS focus groups:

'Evening and Weekend GP service first suggesting appointments at surgeries with considerable distance from a caller's home, and then offering a closer option only after the caller cites potential problems with distance, time and cost.' (Barnet report).

The 'Appointments in General Practice' (NHS digital, 2022) dataset is the only record available for the Extended Access Hub, however, these data should be treated with caution as it only registers appointments made in general practices and does not record referrals to the Extended Access Hub made outside of the core practice system.

For the NCL CCG, the number of appointments made during the period of the campaign shows a significantly low use as indicated by the following months: December (2,260); January (2,440); February (2,770) and March (3,464), with 53% increase in March in relation to December 2021. Yet considering the total general practice appointments made in March (approximately 678,000), the Extended Access Hub represents 0.50%; Primary Care Network (Structured Medication Reviews, weekly care home rounds) 3.08%, and general practices 95%. This reveals that Extended access hubs appointments, at least those booked through GP practices, are hardly being used and normal hours general practices concentrate the main volume of appointments.

An observational study of Extended Access hubs between 2017-2018 (Burch and Whittaker, 2022) found no evidence of a statistically significant association between out of hours GP services and access, ability to see preferred GP, and overall satisfaction with general practice. **Given pre-exiting data, communications campaign (Winter and beyond) should prioritize this service and consider other ways of raising awareness, emphasising on benefits for service users, for example** (see **R7**).

1.3 Reduce inappropriate A&E attendances

We asked participants in the survey where would they go first (intentions) If they needed urgent medical treatment for illnesses or injuries that are not life-threatening.

The highest preference was to request a Same day GP appointment: 42,4% baseline and 35.4% post-campaign

The lowest preference was to attend A&E: 8.3% baseline and 5.4% post campaign.

It is worth noting that the intention to attend A&E for a non-life threatening condition was lower at the end of the campaign, which suggests better capability and motivation for help-seeking behaviours for non-emergency services.

Also, regarding intentions, we asked participants in the surveys which services they would access first if they could not make an appointment with their GP.

Intentions for service preferences in case of inability to access a GP

Service	Baseline survey (205 responses)%	Final survey (147 responses)%	Total (352 responses)%
Ask my local pharmacist for advice	8.78	10.8	9.65
Call NHS 111	45.85	41.50	44.03
Visit 111 online	5.85	7.48	6.53
Go to walk in centre/ urgent treatment centre	19.51	20.41	19.89
Go to A&E	16.10	12.24	14.49
Other	3.90	4.76	4.26

Around 50% of respondents have indicated an intention for NHS 111 (both platforms) and this is indicative of knowledge and preference for this service when needed advice on an alternative service to access. The second service selected (20%) is Walk-in centre/UTC which could be accessed as self-referral or via 111, and in the third place A&E, with a decline in responses between pre (16.10%) and post campaign (12.24%). Considering participants characteristics for both surveys, where more than 50% either suffered from a long-term condition (physical or mental), were disabled or pregnant it is plausible that a preference for A&E is related to specific disease-related episodes. Overall, the findings show a positive outcome for the NCL

campaign as all intentions to access services other than A&E, in the absence of a GP appointment, show an improvement post campaign.

In our interviews with residents, it is clear that they understood the core NHS Winter message to reduce attendance at A&E services. Participants also recalled previous experiences of using NHS111 and being referred to A&E. Use of A&E in the past was referred to as a 'bad experience', and only two interviewees had accessed the service last Winter. There was a great awareness that A&E should be used only for life-threatening conditions and that NHS 111 was the service to access if GP practices were difficult to book appointments. However, many reflected of why other people might decide to access A&E directly, as one disable participant commented:

> 'Because people can't get to their surgeries, but they know they can walk in to an A&E virtually anytime, that's why more and more people going to A&E that they shouldn't be there. And sometimes it is difficult to find somewhere else […] I tried to find a walk-in clinic, I couldn't find one that I could actually get to […] there are problems with these other things [services] we never used to have, there is problems to getting to there, that's why people fly to A&E' (F, Islington, 70+).

A woman who attended A&E during the winter commented regarding the advantages of accessing the service:

> 'You get an immediate response in A&E, someone will actually see you on the day. Right now, if I switch to my GP I have to wait, it might be five weeks' (F, Barnet, 40-54 yrs).

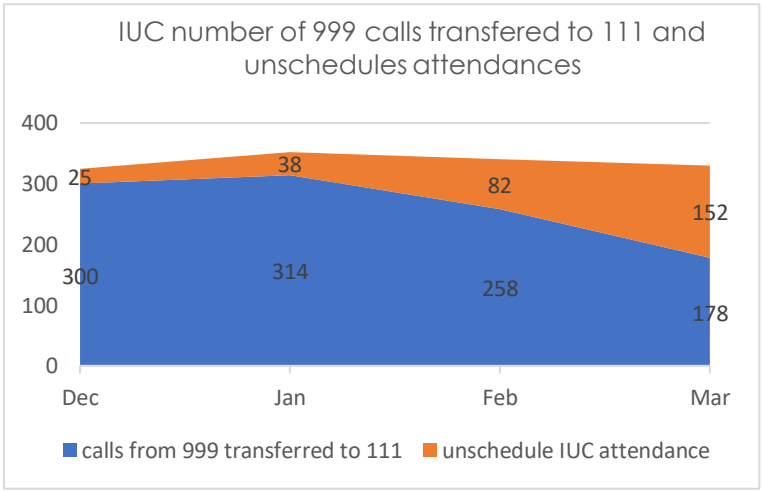
On the one hand, findings are concurrent with Cathain et al. (2020:25), in that 'Demand may be 'clinically unnecessary' yet completely understandable when service accessibility and patients' social circumstances are considered.' On the other, participants' help-seeking behaviours tend to rely on accessing their GPs, or call NHS111 (if GP inaccessible), but **increase awareness of accessing other services within primary care (Extended Access Hubs and Walk-in centres) is needed to counteract any perceived 'advantage' for A&E** [see **R7** & **R10**].

VCS data collected through focus groups described a similar picture with another important aspect to factor in regarding behaviours motivated by negative experiences with remote GP appointments.

'Some felt "forced" to attend A&E with physical ailments because of not being able to get a timely appointment or feeling dissatisfied with the virtual appointment outcome' (Enfield, VSC data).

The chart below includes two variables that may suggest an inappropriate use of IUC services: a) call transferred from a 999 (life-threatening) to NHS 111 - according to IUC data 'transferred in this context means those 999 calls which are deemed low urgency and therefore passed through to NHS 111'. b) unscheduled IUC attendances, 'without a prior call to NHS 111, and no booking has been made (a 'walk-in')' – we estimated this as attendance to Same Day Emergency care as it would have required an appointment through NHS111 (i.e. no self-referrals).

Calls transferred from 999 to NHS 111 for low-acuity medical conditions, showed a decline of 40.66% comparing December 2021 (300 cases) with March 2022 (178 cases). This could be interpreted as residents' better use of 999 service when calling for emergency care (pre vs post campaign). With regard to unscheduled IUC attendances, there is an increase of self-referrals for emergency presentations which haven't been routed through NHS 111 between those two months, although numbers are low for the area (December 25 cases; March 152 cases – London had 730).



NHS (2022) IUC data.

2. COVID-19 AND FLU VACCINATIONS

Key objectives:

- Stimulate demand for vaccines using the breadth of our communications channels and those of our partners
- Offer equity by focussing on messaging for cohorts who may be subject to inequalities in vaccine uptake
- Show delivery through meeting demand and through analysis of equalities data

1. Covid-19 vaccinations

INPUTS			OUTPUTS	OUTTAKES
Metric	Definition	Measurement method (MM): volume	MM: Audience reach	MM: n. of impressions generating an interaction (share/like/comment)
Content creation by NCL Online/offline	Maintained the 'Walk-in vaccination clinic' public website as an accurate online information resource.	NCL Website and social media	122,000	n/a
	Tv & social media promotion of achievements	5 boroughs/ all owned channels	n/a	n/a
	COVID-19 migrant health guide	Printed and translated 5 boroughs	n/a	n/a
BlueLozenge Online	Animations and still images advertised on Facebook with info about vaccines/redirect to NCL webpage	Facebook advertising across 5 boroughs	378,663	2,666,451
	Stories (videos)	Instagram	42,000	

Table adapted from BlueLozenge report (2022) and NCL CCG Winter resilience delivery reports (2021-2022).

Outcomes

Respondents to the surveys stated that the NHS communications campaign encouraged them to make changes to how they look after their health including vaccinations. Those that reported having the booster Covid-19 jab because of the campaign were the highest in comparison to other health actions taken.

COVID-19 booster vaccinations taken as a result of the campaign

COVID-19 booster	Baseline survey (205 responses) %	Final survey (147 responses)%
Yes	15	22
No	85	78
Not eligible/not applicable	1	0

Intentions to have a COVID-19 booster jab in the future as a result of the campaign saw an increase by the end of the campaign (pre 45.5% vs. post 62.86%), which was statistically significant.

COVID-19 booster vaccinations taken regardless of the campaign

COVID-19 booster	Baseline survey (205 responses) %	Final survey (147 responses) %	Total (352 responses) %
Yes	86.83	77.55	82.95
No	11.71	14.29	12.78
Not eligible/not applicable	1.46	8.16	4.26

Overall, the proportion of respondents with a booster jab was considerable high, and the percentage of those who have decided not to take up the vaccine was 13%.

We explored the GOV.UK Coronavirus Vaccinations data to analyse how boroughs performed during the period of the campaign and considered the percentage increase at the start and end of the NCL campaign.

Percentage of vaccines uptake at 31 March 2022 and 6 December 2021 and % increase.

Borough	Dates	1st dose %	2nd dose %	Booster %
Barnet	31.03.22	72.3	67.8	50
	06.12.21	69.8	63.3	27.9
		2.5	4.5	22.1
Camden	31.03.22	65.9	59.7	43.7
	06.12.21	62.4	55.7	19.1
		3.5	4	24.6
Enfield	31.03.22	68.3	63.7	44.3
	06.12.21	62.4	55.7	19.1
		5.9	8	25.2
Haringey	31.03.22	65	60.4	41.8
	06.12.21	62.4	56.3	18.1
		2.6	4.1	23.7
Islington	31.03.22	66	60.6	44.2
	06.12.21	63	57	16.9
		3	3.6	27.3

*GOV.UK Coronavirus vaccinations (2022)

Barnet was the most vaccinated borough in NCL for all doses at the end of the campaign. Haringey was the lowest with 1st dose and Booster dose; and Camden was the lowest with 2nd dose. In terms of the increase observed for the first dose, which is relevant to consider since vaccines have been available from 8 December 2020, Barnet is the borough with the lowest increase (2.5) during the campaign period, whereas Enfield saw the highest increase (5.9). For the Booster campaign, which was at the centre of the NCL message, the highest increase was observed in Islington (27.3) and the lowest in Barnet (22.1).

Considering the total percentage of people who have received a 1st dose of COVID-19 jab, by age group 18+, the population group that appears as less vaccinated is the 35-39 years old in Islington, Camden and Enfield, whereas in Haringey and Barnet it is the 30-34 year-old cohort.

Young groups

NCL through BlueLozenge launched phase 2 of the campaign focusing on Covid-19 vaccination. Between 27 December 2021 and 27 February 2022, the agency delivered a Facebook (Meta) campaign, largely tailored to younger groups. The table below has been develop on percentages of 1st dose

(GOV.UK, 2022), with the aim of identifying the boroughs with the highest increase in different young age groups.

Between 27 December 2021 and 27 February 2022 (BlueLozenge campaign) the boroughs with higher percentage vaccination increase in young groups are presented below, followed by the percentage of vaccinations at the end of the NCL campaign:

*Highest % increase in 1st dose vaccinations by borough and young age group, between 27.12.21 and 27.02.22**

Age group	Borough Highest increase (%)
12 – 15 yrs old	Enfield (22.5)
16 – 17 yrs old	Islington (11.9)
18 – 24 yrs old	Camden (8.3)
25 – 29 yrs old	Enfield (3.7)

*GOV.UK Coronavirus vaccinations (2022)

*Percentage of young population vaccinated with a 1st dose by borough at 31.03.22**

Borough	12-15 yrs old	16-17 yrs old	18-24 yrs old	25-29 yrs old
Barnet	43.8	57	63.6	62.8
Camden	40.1	49.9	62.9	62.2
Enfield	28.1	40.9	56	58.7
Haringey	33.1	43	54.9	60.6
Islington	31.8	43.1	61	64.4

*GOV.UK Coronavirus vaccinations (2022)

The lowest rates for different young age groups are highlighted in orange. Enfield is the worst performing borough for 1st dose vaccinations in younger people aged 12-17 and 25-29, followed by Haringey (2nd worst performing borough) in all age groups.

Considering the boroughs with the highest increase in vaccinations for young population groups during the BlueLozenge media campaign, the data does not correlate with the percentages of vaccinations by 31st March (end of NCL campaign). Thus, Enfield had the highest vaccination increase for 12-15 years old during the BlueLozenge campaign however it remained the lowest vaccinated borough for that group; likewise Enfield had the highest increase for 25-29 years old during the campaign, but performed the worst due to the lowest percentage for that group at the end. At the same time, Barnet saw

lower increases during the BlueLozenge campaign in comparison to Haringey and Enfield, but it was the most vaccinated borough for 12-24 years old. Taking into account Facebook engagement rates across boroughs, Barnet had the lowest reach and impressions generated in comparison to the rest of the boroughs (BlueLozenge report 2022:16), it is possible to argue that the BlueLozenge campaign contributed to an increase in the young age groups that saw the highest increase even when the total percentage of vaccine uptake in those boroughs (Enfield and Haringey) is comparatively low.

As young population groups are high users of social media, this was a reasonable strategy from BlueLozenge (using more personalised messages) and from VCS Camden (use of audio-casts circulated via WhatsApp and You Tube Channel). A study conducted on vaccine intentions amongst students aged 9-18 years old, between May and July 2021, found that only 50% would be vaccinated, 37% were undecided, and 13% would not be vaccinated. Factors associated with vaccine hesitancy and rejection were higher levels of social deprivation, lack of community cohesion, low feelings of school belonging, and mistrust (Fazela et al., 2021). Therefore, using trusted sources (NCL walk-in webpage) in social media and advertising walk-in vaccination clinics (i.e. settings outside school) seemed also a convincing approach of the NCL camping to target the needs of this particular group.

All VSC partners focussed on BAME groups to provide advice and engage in conversations about Covid vaccinations. Perceptions from staff delivering the campaign revealed different attitudes from residents:

'Covid vaccine was the trickiest, people are sick of it (have had it or don't want it) and many didn't want to engage in that. So we didn't push it. Have to respect people's views' (Islington, Healthcare staff).

'Because spring arrived earlier, people were not in the frame of mind to be thinking about flue jabs still, and covid jabs unless they have a kind of serious anxiety around the pandemic, but it seems most people just wanted to move on' (Barnet, Healthcare staff)

VCS reported staff experiences of community engagement:

'There still exists a feeling of distrust in certain communities regarding Covid-19 and the vaccination programme. Some residents feel that too much is being made of the virus and that "We must just learn to live with it", whilst others are very

unhappy about the "gung ho" approach that some people appear to have. This project did not focus on the Covid-19 vaccination as commissioners had agreed much work is already underway in NCL. However, ECC was still conscious of the need to circulate covid-related and vaccination information via its social media and newsletter' (Enfield VSC report).

Vaccination awareness and engagement campaign in the borough of Haringey, the worst performing borough for 1st doses and booster doses, partnered with the GP Federation to increase uptake of 2nd doses and booster in different languages. The VCS in Haringey reported 3-4% increase in vaccinations during this programme run with the GP Federation (Haringey VSC report).

In interviews, participants were asked if the campaign helped them decide in getting vaccinated. BAME interviewees (2 participants) were less satisfied with the 'Boost your immunity' campaign. A woman had many doubts about the booster vaccine and blamed partly the NHS campaign message for her concerns:

> 'I think that campaign [booster] was very, very confusing and quite poor, so no, it just confused me and everyone I know. I think that even the terminology got changed: is it a booster? is it another vaccine? And it's all gone very quiet. My mum who is housebound had the vaccines and the GP practice came to deliver it but they haven't done that [for the booster] and they both [parents] are the age group, late seventies, and it all has gone very quiet. I haven't heard anything about that for months' (F, Haringey, 40-54 yrs).

Another women referred to lack of trust in Government as a reason to reject the campaign, even when she took the booster jab.

> 'I don't think that campaign helped. I think what it is, is that any government campaign is mistrusted. I mistrust the government. I am not sure, you know, that I'd listen to their campaign.' (F, Barnet, 40-54 yrs)

2. Flu vaccinations

INPUTS	OUTPUTS	OUTTAKES

Metric	Definition	Measurement method (MM): volume	MM: Audience reach	MM: n. of impressions generating an interaction (share/like/comment)
Content creation by NCL Online/offline	weekly promotion of flu-specific social media	NCL Website and social media (Instagram/Twitter) across CCG channels.	n/a	n/a
	video by a Haringey-based Imam		n/a	n/a
	Printed leaflet for areas of low uptake. Animated messages.	Printed and translated 5 boroughs. NCL website	n/a	n/a

Table adapted from BlueLozenge report (2022) and NCL CCG Winter resilience delivery reports (2021-2022).

Outtakes (continued):

Prompted awareness with 'Flu immunisation. Helping to protect everyone, every winter' was the highest recalled amongst other messages at baseline survey (34%) and post-campaign (67%), with a significant effect (see Appendix 3) attributed to the NCL campaign.

Outcomes:

In terms of behaviours, the campaign had a significant effect on respondents receiving a flu jab due to the campaign.

Flu jab	Baseline survey (205 responses) %	Final survey (147 responses)%
Yes	13	22
No	86	78
Not eligible/not applicable	1	0

Intentions to have a Flu jab in the future as a result of the campaign also saw an increase by the end of the campaign (pre 42.2% vs. post 57.14%), which are statistically significant.

Flu vaccinations taken regardless of the campaign

Flu jab	Baseline survey (205 responses) %	Final survey (147 responses)%	Total (352 responses)%
Yes	79.5	72.1	76.42
No	16.6	22.4	19.03
Not eligible/not applicable	3.9	5.4	4.54

As with the Covid-19 booster jab, the respondents who have taken the flu jab regardless of the campaign is lower in the final survey, however, for the flu vaccine there is a higher proportion of those who are not eligible.

The World Health Organisation set a target of 75% uptake for the 65+ population. Given the population in our surveys have a median age of 62, the recommended target was likely achieved.

It is difficult to assess government data as statistics are available (at the time of writing) until the end of February only. For the population group 65+ years old the percentage of vaccinated between 1 September and 28 February in NCL was 69.3%, below the recommended coverage although data does not include the last month of the NCL campaign. It is, however, the lowest amongst London CCGs with South West London (SWL) the highest (73.4%). For age groups 50-64 years old 'not at risk', NCL was 29.1% (highest SWL 33.6%) and for the same age bracket considered 'at risk', NCL 52.6% (highest SWL 58%) (GOV.UK, 2022a).

3. PRIMARY CARE

- Build understanding of the way primary care is working including types of appointments/how they are managed, range of staff working in primary care, how to access etc.
- Ensure primary care staff are supported, their achievements recognised, and a strong zero tolerance approach to abuse is promoted.
- Encourage GP registration

INPUTS	OUTPUTS	OUTTAKES

Metric	Definition	Measurement method (MM): volume	MM: Audience reach	MM: n. of impressions generating an interaction (share/like/comment)
Content creation by BlueLozenge Online/offline Phase 3: Primary Care Access	Outdoor advertising	15 different posters in 5 boroughs		13,500.000 impressions
	Facebook and Instagram information & audiograms	All boroughs		728,671 Imp. 1,003 clicks to NCL find a GP/ 9.8%recall lift
NCL	Twitter /Website General Practice Access Routes NHS Staff Respect	All boroughs	n/a	n/a

Table adapted from BlueLozenge report (2022) and NCL CCG Winter resilience delivery reports (2021-2022).

Outtakes (continued)

For accessing GP practices, a comparatively low response rate (43.5%) correctly identify that the following message was part of the Winter campaign: 'There are three ways to contact your GP practice: Use an online form on your surgery's website; Call during surgery hours; Visit your surgery in person';

In terms of availability of primary care services, which featured at the centre of the campaign messages, we asked respondents about their knowledge on the existence of services in their area. Those that were aware of GPs digital/phone and face-to-face appointments were considerably high.

GP phone/digital appointments

Option	Baseline survey (205 responses)%	Final survey (147 responses)%	Total (352 responses)%
Available	94.15	90.48	92.61
Unavailable	1.46	4.76	2.84
Don't know	4.39	4.76	4.55

We asked residents if they noticed any changes with booking an appointment with GP practices

'No, cause you can't get one anyway! They want you to go online and fill up a form, which are pages and pages, they ask you so many question and you need to answer otherwise it won't let you go any further, and they are mostly totally irrelevant. Last time I've been in my GP surgery has been 3 or 4 years. Before Covid started it was difficult to get face-to-face appointments now it is totally impossible.' (Islington, 70+ yrs old).

'I still have the option of phoning to the reception area to make an appointment although they push to e-consult form. The e-consult form is OK if you've got a specific ailment you want to talk about, but if you have a general something that you want to ask, I don't think the e-consult form is particularly user friendly'. (M, Enfield, 65-69)

'I don't know if it is because of winter or because of Covid but they seem very reluctant to see anyone face-to-face. […] I wanted someone to look at my knee as I had surgery and it was swollen. They've asked me to have a telephone conversation first and I did but it went nowhere' (F, Enfield, 40-54)

In terms of what would have made it easier to access services during the winter, a majority of participants indicated a higher availability to GP in person appointments.

Data from the 'Appointments in General Practice' (NHS Digital, 2022) show an increase in appointments for NCL CCG between Dec 2021 and March 2022:

566,643 (21 Dec 21); 586,319 (22 Jan 22); 587,932 (22 Feb 22); 679,626 (22 Mar 22).

Pre-pandemic period (Nov 2019) the percentage of face-to-face appointments was 82.5%, above national average 80.3%. For the 4 months of the campaign, NCL CCG and national general practice mode of appointments were as follows:

Appointments in General Practice

NCL CCG				Nationally		
month	F2F*%	Phone%		month	F2F%	Phone%
Dec	54.7	44.8		Dec	60.9%	34.7
Jan	52.9	46.5		Jan	60.2	36
Feb	54.8	44.7		Feb	61.3	34.8
Mar	56	43.5		Mar	62	34.1

NHS Digital, (2022)

* F2F: face to face

ǂ Other appointments to complete 100% were video/online, unknown, and home visits.

There is a tendency to manage appointments by phone in comparison to national trends, which explains NCL residents' dissatisfaction when attempting to see GPs face to face. However, when comparing appointments made by health professionals, NCL offered more GP appointments than national trends. In regard to type of health professional involved in the appointment, there were non-significant variations in the percentages when considering other primary care professionals within the general practice. In this sense, Phase 3 of the campaign did not seem to have an impact in terms of increasing access to other health care professionals, although there is no data to adjust this by type of professionals involved in 'other practice staff'. Whilst the latter group have similar percentages nationally, the most notable difference is for nurse appointments, which in NCL remains low in comparison to national levels.

Appointments in General Practice

NCL CCG					Nationally			
Month 21/22	GP%	OPS%	N%		Month 21/22	GP%	OPS %	N%
Dec	62.3	36.9	0.8		Dec	50.3	37.3	8.9
Jan	62.4	36.7	0.8		Jan	51.3	36.8	8.9
Feb	62	37.1	0.8		Feb	50.8	37.3	8.8
Mar	62.4	36.7	0.8		Mar	51.1	37	8.7

* NHS Digital, (2022)

ǂ GP: general practitioner; OPS: other practice staff; N: nurse

Finally, 100% of respondents were registered with a GP, and 4 individuals stated that they had registered for the first time because of the NCL campaign.

4. VOLUNTARY & COMMUNITY SECTOR ACTIVITY

A summary table of inputs and outputs regarding the work delivered by VSCs partners across the five boroughs is presented below.

INPUT			OUTPUTS
Months	VCS	Key activities	People reached
Dec-March **ENFIELD**	Enfield Carers Centre	People reached: White British, Somali, Turkish, Kurdish and Eastern European. Translations in 10 languages totalling: 13,124 translations	6,729 (incl.695 outside borough)
Dec-May **BARNET**	Health Watch Barnet +35 partners	Outreach officer (Healthwatch) information desk and talks	280
		Romanian Culture and Charity Together partners	2,803
		Facebook, Instagram, Tweeter	8,000
		Healthwatch centre (online)	4,200
		Newsletter sent	5,500
11 Jan-March **ISLINGTON**	Healthwatch Islington+10 partners	Social media messages	900
		Face-to-face; video platform, phone, group sessions	554
HARINGEY	Renewal Bridge Trust, Public Voice and Mind Haringey + 3 partners	Face-face engagement	1,113
		Social media	29,274
Dec-March **CAMDEN**	Voluntary Action Camden+20 partners	Residents engaged	217
		Social media, WhatsApp groups, YouTube	n/d

Table adapted from VCS reports (Barnet, Camden, Enfield, Islington & Haringey), 2022. Data for 'people reached' is incomplete for some boroughs.

Key issues to consider for future communication strategies that were captured by VCS activity, and likely missing in our data are:

- Language barriers
- Interactions with health services and professionals (perceived mistreatment from receptionists and health professionals due to not explaining information)
- Digital excluded people and digital poverty [see **R9**]
- The relevance of translations and interpreters to understand/access primary care
- There seems to be more vaccine hesitancy than rejection

5.OVERARCHING OBJECTIVES

- Build confidence in NHS services and reassure local people care is available
- encourage residents not to delay presenting to an appropriate health service when unwell and to increase confidence in attending routine appointments/surgery/treatment.
- increase awareness and provide reassurance on the work to recover planned hospital services and tackle waiting lists and times in response to the pandemic.

We asked participants in the survey if they have been unwell in the previous 2 months (baseline) and 3 months (post-campaign), how long did they take before seeking medical assistance:

Amount of time before seeking medical assistance

Time	Baseline survey (133 responses) %	Final survey (116 responses) %
Same day	13	16
Next day	13	16
Within a week	23	22
Within 2 weeks	8	16
Within a month	12	12
I did not seek out medical assistance	32	18

*Data excluded those that declared they did not feel unwell

The responses represent an improvement from baseline to post campaign in most options regarding length of time waited and respondents not seeking medical assistance despite feeling unwell.

Underlying this behaviour is an increase in motivation in help-seeking, which is both reflective (conscious and evaluative) and automatic (anxiety levels). After initial concern about the Omicron variant, the Government returned to Plan A on 27 January, instilling public confidence in the control of Covid prompted by a steep increase in booster vaccination levels and decreasing hospital admissions.

Risk perception related to the use of services showed a decline indicating a positive attitude and intentions for attending scheduled medical appointments:

Attitudes and intentions of accessing services

Category	Baseline (205 respondents)%	Final survey (147 respondents) %
I am not worried about attending the medical appointments I have	71.2	75.6
If I needed a surgery or treatment, I would be happy to have it now	81.9	87.1
It is safe to go to medical facilities, such as GP surgeries, walk-in centres and hospitals	71.7	84.4

Using t-test, there was a significant effect on intentions to have a surgery or treatment ($t = 1.917$, $p = 0.028$).

Conclusions

The results of this evaluation study demonstrate that the NCL CCG Winter resilience campaign achieved its overall objectives of raising awareness and improving behavioural intentions, and to a lesser extent, elicit behavioural change among those individuals who were exposed to the campaign. As presented in the findings, there is scope for improvement in each of these areas and emphasis now needs to be placed on access to specific NHS services (NHS111, Extended Access Hubs, Walk-in centres, GP appointments), and also in continuing engagement work with certain population groups (BAME, digitally excluded people, non-English speakers).

Public Health England recommends that behaviour change interventions should be evidenced-based using a relevant theoretical framework to stand the best chance of success. Our recommendations focus on communication strategies that are behaviourally-informed interventions, and integral to the following tenets of an effective communication strategy: a two-way process engaging diverse community groups, delivered via suitable communication channels, with content tailored for diverse audiences, and communicated by trusted people.

Study limitations

First, in our surveys and interviews men, BAME groups and young adults (18-24) are underrepresented, thus caution is needed in generalising findings to the North London population of interest. Second, there is likely to be overlap in the baseline and post-campaign samples, therefore population inference should also be undertaken with caution. Third, self-reported surveys and interviews are subject to bias including recall bias and social desirability bias. Finally, the surveys may also be subject to selection bias, reaching a particular subset (NCL residents' panel) of the North London population.

Funding: The evaluation study was supported by a Transformation Fund (HEI) grant at London Metropolitan University.

Annex 1: List of recommendations with detailed Theory of Change, behavioural diagnosis (COM-B) and interventions (behaviour change wheel (BCW).

Recommendations			Intended results
Operational	Action plan /recommendation	Outputs	Expected outcome
R1 – Operational: Campaign preparation	Develop a communication strategy with in-built behaviour change analysis	Development of creatives with messages that facilitate specific behaviour change.	Effective and evidence-informed messages to effect behaviour change
R2 – Operational: Campaign preparation	Align campaign objectives to measurable performance indicators	Set key performance indicators and targets against each, and run annual evaluation against performance and targets.	Use annual evaluative performance metrics and purposively target specific areas in need of change
R3 – Operational: Campaign preparation	Design residents' engagement strategy	Initiate early focus groups with a range of residents. Discuss campaign design and messages to ensure marketing strategy decisions incorporate residents' input.	Understand stakeholders' communication needs and preferences capturing their views in all campaign deliverables.
R4 – Operational Campaign preparation	Plan ahead for sessional interruptions in your engagement with partners (e.g. Christmas period, holidays)	Ensure distribution of campaign materials reach partners in a timely manner.	Opportune reach to audience according to the different stages/phases of the campaign.
R5 – Operational Campaign design	Audience segmentation	Target messaging to resonate specifically with different groups, personalising information. Work	Effective and purposeful engagement with residents

		with people's identities and their respective normative beliefs.	
R6 – Operational Campaign design	Audience segmentation: Send messages through the audience's preferred communications channels.	Expand the use of: * radio for 55+ * email from GP/council for 60+ * leaflets for 70+ and translated versions for BAME groups with phones contact numbers * Instagram stories for 18-30s (suggested by BlueLozenge).	Better awareness, and information using targeted communication channels

Recommendations				Intended results
Behaviour diagnosis COM-B	Intervention type BCW	Action plan /recommendation	Outputs	Expected outcome
R7 – Residents did not seem to know about /used to access Extended Access Hubs and Walk-in centres. *Capability* (lack of knowledge) and *Automatic Motivation* (habit).	Education; Persuasion	Promote the use of Extended Access Hubs and Walk-in-centres	Information (written, verbal, creatives) of benefits of accessing these services – provide phone numbers. Highlight the advantage of having a timely appointment	Raise awareness and facilitate use of other services in primary care
R8 – Some BAME communities (e.g. Latin American)	Modelling	Promote the use of NHS 111	Information to be delivered by peers from the	Build confidence whilst simultaneously managing

were persuaded by peers not to use NHS 111. *Social Opportunity* (social support from the community)			community with experience of service use	expectations on how the services work.
R9 - Digitally excluded people (older, non-English speakers, disable people) and digital poverty experience barriers for accessing information. *Capability* (language, psychological and physical abilities) *Physical opportunity* (lack of resources)	Education	Improve methods of information delivery	Engage with VSCs stakeholders and increase information delivery face-to-face throughout the campaign (as implemented by Barnet and Camden) Explain content of translated leaflets	Raise awareness and facilitate right use of services in primary care
R10 – Many residents who were not ill during the winter felt they 'already knew' how to access services, but failed to identify new available ones or changes in the way they operate *Capability* (lack of knowledge)	Modelling	Diversify methods of information delivery	Case studies (video) involving people with lived experience of accessing the right services featuring all relevant demographic groups across boroughs. Rehearse alternative behaviours	Raise awareness and facilitate right use of services in primary care

Automatic Motivation (habit)				
R11 – GPs & NHS 111 can contribute to persuade the public on accessing the right services during consultations	Education Persuasion	Improve strategy of key stakeholders engagement	Develop material resources for GP and NHS111 staff to equip them with the motivation, skills and opportunity to reassure patients. It is vital to explain why particular actions are essential or problematic	Raise awareness and facilitate right use of services in primary care

Annex 2: Evaluation Metrics

AWARENESS METRICS
Input: Volume by type (online/published graphic/mobile/F2F)
Outputs: Total pop. reach reported by social media use, by F2F, by mobile (absolute N° and proportion target pop. If available)
Outtakes: 1) % of impressions generating an interaction (online: share/like/comment- social media); Website (average engagement rate, downloads, clicks on videos etc); 2) F2F/mobile; quantitative & qualitative data (understanding, preferences, engagement).
Outcomes: 1) N° and proportion of target pop. that agrees with campaign message (5 point scale strongly agree-disagree); knowledge about specific content 2) unprompted /prompted campaign awareness; recollection of messages; campaign format noticed (N° and proportion of target pop).

INTENTIONS METRICS
Inputs: 1) Implementation of behavioural science in planning effective communication (Y/N – evidence): Theory of change: COM-B model 2) Volume by type (online social media and Website/published graphic/mobile/F2F)
Outputs: Total pop. reach reported by social media use, by F2F, by mobile (absolute n. + proportion target pop. If available)
Outtakes: 1) % of impressions generating an interaction (online: share/like/comment- social media); Website (average engagement rate, downloads, clicks on videos etc); and F2F/mobile use (survey & interviews feedback) 2) The N° and proportion of target group that has unprompted/prompted campaign issue Awareness; recollection of messages; campaign format noticed 3) N° and proportion of target pop. that agrees with campaign messages (5-point scale: strongly agree-disagree).
Outcomes: 1) N° and proportion target group that will or has book/ed Covid & Flu vaccine appointment; will make appointments, surgery/treatment; will register with a GP. 2) The proportion of target audience that claim they will act in accordance with campaign aim (get vaccinated, seek primary care services; self-manage conditions; call NHS 111; register with GP). 3) Degree to which people's attitude has changed in favour of the campaign

BEHAVIOURS METRICS
Inputs: Same as intentions
Outputs: Same as intentions

Outtakes: Same as intentions

Outcomes:
1) N° and proportion target group that has been vaccinated with Covid & Flu (increased baseline + self-reported data); made appointments, surgery/treatment; used primary care services; called 111; registered with a GP.
2) Overall N° and proportion of target group that has changed behaviours.

Annex 3: Summary of quantitative data. Demographics and Chi square test analysis of variables of interest.

Note[1]: a complete data set is available on request.
Note[2]: to facilitate the reading, statistically significant effects are highlighted in violet.

Demographics

A total of 205 participants completed the baseline questionnaire and 147 participants completed the post-campaign questionnaire.

Sex

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Male	62	30	41	28	103	29
Female	143	70	106	72	249	71
Total	205	100%	147	100%	352	100%

Sexual orientation

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Straight or Heterosexual	188	92	131	89	319	91
Gay or Lesbian	7	3	9	6	16	5
Bisexual	5	2	4	3	9	3
Other sexual orientation	5	2	3	2	8	2
Total	205	100%	147	100%	352	100%

Age

	Baseline	Post-Campaign	Full Sample
Mean	62	62	62
SD	14.64	14.63	14.61
Minimum	20	25	20
Maximum	87	89	89

	Baseline	Post-Campaign	Full Sample

Category	Total	%	Total	%	Total	%
18-24	2	1	0	0	2	1
25-39	20	10	13	9	33	9
40-54	31	15	29	20	60	17
55-69	81	40	57	39	138	39
70+	71	35	48	33	119	34
Total	205	100%	147	100%	352	100%

Ethnicity

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
White: English/Welsh/Scottish/ Northern Irish/British	141	69	97	66	238	68
White: Irish	10	5	5	3	15	4
White: Gypsy or Irish Traveller	0	0	0	0	0	0
White: Any other White background	33	16	22	15	55	16
Mixed/Multiple Ethnicity: White and Black Caribbean	0	0	1	1	1	0
Mixed/Multiple Ethnicity: White and Black African	0	0	1	1	1	0
Mixed/Multiple Ethnicity: White and Asian	2	1	2	1	4	1
Mixed/Multiple Ethnicity: Any other Mixed/Multiple Ethnicity background	1	1	2	1	3	1
Asian/Asian British: Indian	6	3	5	3	11	3
Asian/Asian British: Pakistani	2	1	1	1	3	1
Asian/Asian British: Bangladeshi	1	1	1	1	2	1
Asian/Asian British: Chinese	0	0	0	0	0	0
Asian/Asian British: Any other Asian background	6	3	0	0	6	2
Black/African/Caribbean/Black British: African	1	1	5	3	6	2
Black/African/Caribbean/Black British: Caribbean	4	2	2	1	6	2
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background	0	0	1	1	1	0
Other Ethnicity: Arab	0	0	1	1	1	0
Other Ethnicity: Any other ethnicity	2	1	1	1	3	1
Total	205	100%	147	100%	352	100%

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
White	180	88	124	84	304	86
BAME	25	12	23	16	48	14
Total	205	100%	147	100%	352	100%

English as first language

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Yes	187	91	130	88	317	90
No	18	9	17	12	35	10
Total	205	100%	147	100%	352	100%

Religion

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Christian	61	30	55	37	116	33
Buddhist	3	2	1	1	4	1
Hindu	5	2	3	2	8	2
Jewish	26	13	14	10	40	11
Muslim	9	4	5	3	14	4
Sikh	2	1	0	0	2	1
Other	5	2	5	3	10	3
No religion	94	46	64	44	158	45
Total	205	100%	147	100%	352	100%

Highest level of education

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
No qualifications	3	2	1	1	4	1
GCSEs or equivalent	16	8	10	7	26	7
A Levels or equivalent	14	7	20	14	34	10
Vocational/work-related qualification	12	6	10	7	22	6
Bachelor's degree	75	37	35	24	110	31
Professional qualification	30	15	27	18	57	16
Master's degree	41	20	36	25	77	22

Doctoral degree	14	7	8	5	22	6
Total	205	100%	147	100%	352	100%

London borough

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Barnet	69	34	29	20	98	28
Camden	47	23	14	10	61	17
Enfield	38	19	32	22	70	20
Haringey	33	16	58	40	91	26
Islington	18	9	14	10	32	9
Total	205	100%	147	100%	352	100%

Index of multiple deprivation

	Baseline	Post-Campaign	Full Sample
Mean	5.76	5.41	5.62
SD	2.28	2.36	2.31
Minimum	1	1	1
Maximum	10	10	10

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
1st quintile	13	7	21	15	34	10
2nd quintile	50	26	30	22	80	24
3rd quintile	51	26	33	24	84	26
4th quintile	49	25	36	27	85	26
5th quintile	31	16	16	12	47	14
Total	194	100%	136	100%	330	100%

Employment status

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Working as an employee	52	25	43	29	95	27
Self-employed or freelance	22	11	12	8	34	10
Work in the healthcare sector	4	2	4	3	8	2
Unemployed	4	2	3	2	7	2
Retired	97	47	60	41	157	45
Student	1	1	1	1	2	1

Looking after home or family	2	1	3	2	5	1
Long-term sick or disabled	12	6	13	9	25	7
Volunteering	0	0	7	5	7	2
Other	11	5	1	1	12	3
Total	205	100%	147	100%	352	100%

Medical condition vulnerable to cold weather

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Yes	114	56	78	53	192	55
No	91	44	69	47	160	45
Total	205	100%	147	100%	352	100%

Living situation

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
I live in a home I own	152	74	102	69	254	72
I live in a home I rent	49	24	37	25	86	24
I live in a rented room in a house of multiple occupancy	1	1	6	4	7	2
I live in a student accommodation	1	1	0	0	1	0
I live in temporary accommodation	2	1	2	1	4	1
Total	205	100%	147	100%	352	100%

How many people lived with

	Baseline	Post-Campaign	Full Sample
Mean	2.03	2.07	2.05
SD	1.12	1.14	1.13
Minimum	1	1	1
Maximum	7	6	7

Live with someone vulnerable to winter conditions

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Yes	64	31	50	34	114	32
No	141	69	97	66	238	68
Total	205	100%	147	100%	352	100%

Registered with a GP in North Central London

	Baseline		Post-Campaign		Full Sample	
Category	**Total**	**%**	**Total**	**%**	**Total**	**%**
Yes	203	99	145	99	348	99
No: Not registered with a GP	0	0	0	0	0	0
No: Registered elsewhere	2	1	2	1	4	1
Total	205	100%	147	100%	352	100%

Unprompted Campaign Awareness

Aware of any NHS communication campaigns to keep residents healthy this winter

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	88	43	67	46	+3
No	117	57	80	54	
Total	205	100%	147	100%	

- Using Chi-square, the campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter (χ^2 = 0.244, p = 0.621).

- The campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter for either males or females:

  Males. (χ^2 = 0.132, p = 0.716). **Females.** (χ^2 = 0.734, p = 0.392).

- The campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter for any age group:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

25-39 year olds. (χ^2 = 0.863, p = 0.353).

40-54 year olds. (χ^2 = 0.545, p = 0.46).

55-69 year olds. (χ^2 = 0.006, p = 0.94).

70+ year olds. (χ^2 = 0.000, p = 0.992).

- The campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter for any Borough:

  Barnet. (χ^2 = 0.012, p = 0.912).

  Camden. (χ^2 = 0.044, p = 0.834).

  Enfield. (χ^2 = 0.375, p = 0.54).

  Haringey. (χ^2 = 0.01, p = 0.92).

  Islington. (χ^2 = 0.098, p = 0.755).

- The campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter for either White or BAME respondents:

  White. (χ^2 = 0.666, p = 0.414). **BAME.** (χ^2 = 0.203, p = 0.653).

- The campaign had no significant effect on awareness of any communication campaigns to keep residents healthy this winter for respondents in any deprivation quintile:

  1st quintile. (χ^2 = 0.012, p = 0.912).

  2nd quintile. (χ^2 = 0.044, p = 0.834).

  3rd quintile. (χ^2 = 0.375, p = 0.54).

  4th quintile. (χ^2 = 0.01, p = 0.92).

  5th quintile. (χ^2 = 0.098, p = 0.755).

Aware of 'Stay well this winter' campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	44	21	50	34	+13%*

No	161	79	97	66	
Total	205	100%	147	100%	

- Using Chi-square, the campaign had a significant effect on awareness of the 'Stay well this winter' campaign (χ^2 = 6.889, p = 0.009).

- The campaign had a significant effect on awareness of the 'Stay well this winter' campaign for males, but not for females:

  Males. (χ^2 = 3.978, p = 0.046). **Females.** (χ^2 = 3.411, p = 0.065).

- The campaign had no significant effect on awareness of the 'Stay well this winter' campaign for any age group:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

  25-39 year olds. (χ^2 = 3.855, p = 0.05).

  40-54 year olds. (χ^2 = 3.642, p = 0.056).

  55-69 year olds. (χ^2 = 0.892, p = 0.345).

  70+ year olds. (χ^2 = 1.421, p = 0.233).

- The campaign had a significant effect on awareness of the 'Stay well this winter' campaign for Islington residents, but not for residents of any other Borough:

  Barnet. (χ^2 = 1.771, p = 0.183).

  Camden. (χ^2 = 0.155, p = 0.694).

  Enfield. (χ^2 = 0.032, p = 0.857).

  Haringey. (χ^2 = 5.075, p = 0.024).

  Islington. (χ^2 = 0.02, p = 0.888).

- The campaign had a significant effect on awareness of the 'Stay well this winter' campaign for White respondents, but not for BAME respondents:

  White. (χ^2 = 7.7, p = 0.006). **BAME.** (χ^2 = 0.028, p = 0.868).

- The campaign had a significant effect on awareness of the 'Stay well this winter' campaign for respondents in the first and fourth deprivation quintiles, but not for any other deprivation quintile:

1st quintile. (χ^2 = 4.654, p = 0.031).

2nd quintile. (χ^2 = 0.071, p = 0.79).

3rd quintile. (χ^2 = 0.15, p = 0.699).

4th quintile. (χ^2 = 5.494, p = 0.019).

5th quintile. (χ^2 = 0.587, p = 0.444).

Aware of 'Boost your immunity this winter' campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	50	24	46	31	+7%
No	155	76	101	69	
Total	205	100%	147	100%	

- Using Chi-square, the campaign had no significant effect on awareness of the 'Boost your immunity this winter' campaign (χ^2 = 2.056, p = 0.152).

- The campaign had no significant effect on awareness of the 'Boost your immunity this winter' campaign for males or females:

  Males. (χ^2 = 0.001, p = 0.979). **Females.** (χ^2 = 2.939, p = 0.086).

- The campaign had a significant effect on awareness of the 'Boost your immunity this winter' campaign for 25-39 year olds, but no other age groups:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

  25-39 year olds. (χ^2 = 7.998, p = 0.005).

  40-54 year olds. (χ^2 = 0.2, p = 0.655).

  55-69 year olds. (χ^2 = 0.111, p = 0.739).

  70+ year olds. (χ^2 = 1.397, p = 0.237).

- The campaign had no significant effect on awareness of the 'Boost your immunity this winter' campaign for any Borough:

  Barnet. (χ^2 = 0.624, p = 0.429).

  Camden. (χ^2 = 0, p = 0.99).

Enfield. (χ^2 = 0.069, p = 0.793).

Haringey. (χ^2 = 0.504, p = 0.478).

Islington. (χ^2 = 0.709, p = 0.4).

- The campaign had no significant effect on awareness of the 'Boost your immunity this winter' campaign for White or BAME respondents:

White. (χ^2 = 2.242, p = 0.134). **BAME.** (χ^2 = 0.028, p = 0.868).

- The campaign had a significant effect on awareness of the 'Boost your immunity this winter' campaign for respondents in the first deprivation quintile, but not for any others:

1st quintile. (χ^2 = 7.022, p = 0.008).

2nd quintile. (χ^2 = 2.196, p = 0.138).

3rd quintile. (χ^2 = 0.134, p = 0.714).

4th quintile. (χ^2 = 0.304, p = 0.581).

5th quintile. (χ^2 = 0.004, p = 0.952).

Aware of 'Flu immunisation. Helping to protect everyone, every winter' campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	69	34	98	67	+31%
No	136	66	49	33	
Total	205	100%	147	100%	

- Using Chi-square, the campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign (χ^2 = 37.408, p < 0.001).

- The campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign for both males and females:

Males. (χ^2 = 8.224, p = 0.004). **Females.** (χ^2 = 30.175, p < 0.001).

- The campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign for all age groups for which there was sufficient data:

18-24 year olds. Insufficient data to measure the effect of the campaign.

25-39 year olds. (χ^2 = 4.891, p = 0.027).

40-54 year olds. (χ^2 = 13.025, p < 0.001).

55-69 year olds. (χ^2 = 7.668, p = 0.006).

70+ year olds. (χ^2 = 16.287, p < 0.001).

- The campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign for all Boroughs, except for Islington:

  Barnet. (χ^2 = 10.61, p = 0.001).

  Camden. (χ^2 = 7.015, p = 0.008).

  Enfield. (χ^2 = 6.693, p = 0.01).

  Haringey. (χ^2 = 7.563, p = 0.006).

  Islington. (χ^2 = 2.032, p = 0.154).

- The campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign for White respondents, but not for BAME respondents:

  White. (χ^2 = 35.335, p < 0.001). **BAME.** (χ^2 = 2.927, p = 0.087).

- The campaign had a significant effect on awareness of the 'Flu immunisation. Helping to protect everyone, every winter' campaign for respondents in all deprivation quintiles:

  1st quintile. (χ^2 = 6.053, p = 0.0014).

  2nd quintile. (χ^2 = 8.525, p = 0.004).

  3rd quintile. (χ^2 = 7.45, p = 0.006).

  4th quintile. (χ^2 = 4.146, p = 0.042).

  5th quintile. (χ^2 = 7.284, p = 0.007).

Aware of 'Just think 111 online first' campaign

	Baseline		Post-Campaign		Difference
Category	Total	%	Total	%	

Yes	32	16	49	33	+17
No	173	84	98	67	
Total	205	100%	147	100%	

- Using Chi-square, the campaign had a significant effect on awareness of the 'Just think 111 online first' campaign ($\chi^2 = 15.18$, $p < 0.001$).

- The campaign had a significant effect on awareness of the 'Just think 111 online first' campaign for both males and females:

  Males. ($\chi^2 = 5.475$, $p = 0.019$). **Females.** ($\chi^2 = 10.71$, $p = 0.001$).

- The campaign had a significant effect on awareness of the 'Just think 111 online first' campaign for the 25-39 year-old group and the 70 plus, but not for the other age groups:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

  25-39 year olds. ($\chi^2 = 15.39$, $p < 0.001$).

  40-54 year olds. ($\chi^2 = 0.434$, $p = 0.51$).

  55-69 year olds. ($\chi^2 = 1.865$, $p = 0.172$).

  70+ year olds. ($\chi^2 = 14.708$, $p < 0.001$).

- The campaign had a significant effect on awareness of the 'Just think 111 online first' campaign for Camden residents, nut not for residents of any other borough:

  Barnet. ($\chi^2 = 3.575$, $p = 0.059$).

  Camden. ($\chi^2 = 6.347$, $p = 0.012$).

  Enfield. ($\chi^2 = 0.537$, $p = 0.464$).

  Haringey. ($\chi^2 = 3.358$, $p = 0.067$).

  Islington. ($\chi^2 = 1.524$, $p = 0.217$).

- The campaign had a significant effect on awareness of the 'Just think 111 online first' campaign for White respondents, but not for BAME respondents:

  White. ($\chi^2 = 18.412$, $p < 0.001$). **BAME.** ($\chi^2 = 0.054$, $p = 0.817$).

- The campaign had a significant effect on awareness of the 'Just think 111 online first' campaign for respondents in the first and second deprivation quintiles, but not for the other deprivation quintiles:

  1st quintile. (χ^2 = 4.782, p = 0.029).

  2nd quintile. (χ^2 = 6.668, p = 0.01).

  3rd quintile. (χ^2 = 3.743, p = 0.053).

  4th quintile. (χ^2 = 0.711, p = 0.399).

  5th quintile. (χ^2 = 0.034, p = 0.853).

How became aware in first place

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Poster in your area	16	18	16	16	-2%
TV	17	19	18	18	+1%
Radio	3	3	0	0	-3%
Leaflet	6	7	6	6	-1%
NHS website	10	11	9	9	-2%
Twitter	0	0	3	3	+3%
Facebook	3	3	8	8	+5%
Instagram	0	0	1	1	+1%
NextDoor	2	2	1	1	-1%
Friends	2	2	1	1	-1%
Family	2	2	1	1	-1%
Health professional	-	-	5	5	-1%
Health group you attend	3	3	2	2	-1%
Voluntary, community or faith group	1	1	4	4	+3%
Other	10	11	6	6	-5%
I can't remember	13	15	21	21	+6%
Total	88	100%	102	100%	

'Stay well this winter' Campaign (baseline only)

	Mean	SD
It is new information	2.97	0.95
The information is clear	3.9	0.78

The information reassures me on where to access services if I need to	3.81	0.81
The leaflet offers valuable advice	3.83	0.8
The information makes me want to look after my health in winter	3.54	0.84
The information makes me want to look after my family in winter	3.49	0.82
The words used on the leaflet are appropriate	3.83	0.74
The leaflet is aimed at people like me	3.27	0.97

Campaign statement awareness (Post-campaign only)

	Yes		No		Don't Know	
	N	%	N	%	N	%
There are three ways to contact your GP practice: Use an online form on your surgery's website; Call during surgery hours; Visit your surgery in person.	64	44	29	20	54	37
Your local community pharmacist and their team can help and support with minor illnesses.	107	73	9	6	31	21
Time for sugar swaps for loads of easy ways to cut back on sugar throughout the day.	20	14	35	24	92	63
Evening and weekend GP appointments for adults and children are available to book.	66	45	42	29	39	27
In our adult years, the lifestyle choices we make can dramatically increase our chances of becoming ill later in life.	66	45	27	18	54	37

Campaign Behaviour Change

Campaigns resulted in changes to looking after health or accessing healthcare

	Baseline		Post-Campaign		Difference
Category	Total	%	Total	%	
Yes	33	16	35	24	+8%
No	172	84	112	76	

Total	205	100%	147	100%	

- Using Chi-square, the campaign had no significant effect on respondents looking after their health or accessing healthcare ($\chi^2 = 3.267$, $p = 0.071$).

- The campaign had no significant effect on respondents looking after their health or accessing healthcare for males or females:

  Males. ($\chi^2 = 0.425$, $p = 0.515$). **Females.** ($\chi^2 = 3.623$, $p = 0.057$).

- The campaign had a significant effect on respondents looking after their health or accessing healthcare for 25-39 year olds, but no other age groups:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

  25-39 year olds. ($\chi^2 = 4.07$, $p = 0.0044$).

  40-54 year olds. ($\chi^2 = 0.017$, $p = 0.897$).

  55-69 year olds. ($\chi^2 = 1.865$, $p = 0.172$).

  70+ year olds. ($\chi^2 = 0.372$, $p = 0.542$).

- The campaign had no significant effect on respondents looking after their health or accessing healthcare for residents of any borough:

  Barnet. ($\chi^2 = 0.025$, $p = 0.874$).

  Camden. ($\chi^2 = 0.644$, $p = 0.422$).

  Enfield. ($\chi^2 = 0.179$, $p = 0.672$).

  Haringey. ($\chi^2 = 1.914$, $p = 0.167$).

  Islington. ($\chi^2 = 0.653$, $p = 0.419$).

- The campaign had a significant effect on respondents looking after their health or accessing healthcare for White respondents, but not for BAME respondents:

  White. ($\chi^2 = 4.303$, $p = 0.038$). **BAME.** ($\chi^2 = 0.084$, $p = 0.772$).

- The campaign had no significant effect on respondents looking after their health or accessing healthcare for respondents in any deprivation quintiles:

  1st quintile. ($\chi^2 = 0.125$, $p = 0.724$).

2nd quintile. (χ^2 = 0.105, p = 0.746).

3rd quintile. (χ^2 = 0.002, p = 0.969).

4th quintile. (χ^2 = 0.899, p = 0.343).

5th quintile. (χ^2 = 1.093, p = 0.296).

Received a flu jab due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	26	13	33	22	+9%*
No	177	86	114	78	
Not eligible/ Not applicable	2	1	0	0	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents receiving a flu jab due to the campaign (χ^2 = 7.106, p = 0.029).

Decided to have a flu jab in the future due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	14	7	20	14	+7%*
No	183	89	113	77	
Not eligible/ Not applicable	8	4	14	10	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents receiving a flu jab in the future due to the campaign (χ^2 = 30.895, p < 0.001).

Received a Covid booster jab due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	30	15	32	22	+7%
No	174	85	115	78	
Not eligible/ Not applicable	1	1	0	0	
Total	205	100%	147	100%	

- The campaign had no significant effect on respondents receiving a Covid booster jab due to the campaign ($\chi^2 = 3.652$, $p = 0.161$).

Decided to have a Covid booster jab in the future due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	15	7	22	15	+8%*
No	182	89	113	77	
Not eligible/ Not applicable	8	4	12	8	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents receiving a Covid booster jab in the future due to the campaign ($\chi^2 = 28.685$, $p < 0.001$).

Children received a flu jab due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	9	4	3	2	-2%*
No	176	86	113	77	
Not eligible/ Not applicable	20	10	31	21	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents' children receiving a flu jab due to the campaign ($\chi^2 = 59.8$, $p < 0.001$).

Decided for children to have a flu jab in the future due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	4	2	2	1	-1%*
No	180	88	112	76	
Not eligible/ Not applicable	21	10	33	22	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents' children receiving a flu jab in the future due to the campaign ($\chi^2 = 62.646$, $p < 0.001$).

Children received a Covid jab due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	10	5	2	1	-4%*
No	175	85	114	78	
Not eligible/ Not applicable	20	10	31	21	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents' children receiving a covid jab due to the campaign ($\chi^2 = 61.317$, $p < 0.001$).

Decided for children to have a Covid Jab in the future due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	3	2	3	2	-
No	180	88	113	77	
Not eligible/ Not applicable	22	11	31	21	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents' children receiving a covid jab in the future due to the campaign ($\chi^2 = 9.223$, $p = 0.01$).

Accessed NHS 111 due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	14	7	10	7	-
No	177	86	121	82	
Not needed	14	7	16	11	
Total	205	100%	147	100%	

- The campaign had no significant effect on respondents accessing NHS 111 due to the campaign ($\chi^2 = 1.816$, $p = 0.403$).

Accessed walk-in centre due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	

Yes	7	3	8	5	+2%
No	182	89	124	84	
Not needed	16	8	15	10	
Total	205	100%	147	100%	

- The campaign had no significant effect on respondents accessing a walk-in centre due to the campaign ($\chi^2 = 1.578$, $p = 0.454$).

Accessed GP extended access hub due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	9	4	10	7	+3%
No	182	89	120	82	
Not needed	14	7	17	12	
Total	205	100%	147	100%	

- The campaign had no significant effect on respondents accessing a GP extended access hub due to the campaign ($\chi^2 = 3.613$, $p = 0.164$).

Asked local pharmacist for advice due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	18	9	16	11	+2%
No	175	85	117	80	
Not needed	12	6	14	10	
Total	205	100%	147	100%	

- The campaign had no significant effect on respondents asking a local pharmacist for advice due to the campaign ($\chi^2 = 2.298$, $p = 0.317$).

Taken action for warmth due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	24	12	24	16	+4%*
No	173	84	114	78	
Not needed	8	4	9	6	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents taking action for warmth due to the campaign ($\chi^2 = 19.914$, $p < 0.001$).

Registered with a GP for the first time due to campaign

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	2	1	4	3	+2%*
No	181	88	122	83	
Not needed	22	11	21	14	
Total	205	100%	147	100%	

- The campaign had a significant effect on respondents registering with a GP for the first time due to the campaign ($\chi^2 = 30.557$, $p < 0.001$).

Health Behaviour regardless of the campaign

Received a flu jab

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	163	80	106	72	-8
No	34	17	33	22	
Not eligible/ Not applicable	8	4	8	5	
Total	205	100%	147	100%	

Decided to have a flu jab in the future

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	93	45	69	47	+2
No	73	36	26	18	
Not eligible/ Not applicable	39	19	52	35	
Total	205	100%	147	100%	

Received a Covid booster jab

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	178	87	114	78	-9
No	24	12	21	14	
Not eligible/ Not applicable	3	2	12	8	
Total	205	100%	147	100%	

Decided to have a Covid booster jab in the future

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	104	51	71	48	-3
No	64	31	21	14	
Not eligible/ Not applicable	37	18	55	37	
Total	205	100%	147	100%	

Children received a flu jab

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	39	19	12	8	-11
No	32	16	7	5	
Not eligible/ Not applicable	134	65	128	87	
Total	205	100%	147	100%	

Decided for children to have a flu jab in the future

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	23	11	10	7	-4
No	45	22	3	2	
Not eligible/ Not applicable	137	67	134	91	
Total	205	100%	147	100%	

Children received a Covid jab

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	54	26	9	6	-20
No	26	13	9	6	
Not eligible/ Not applicable	125	61	129	87	
Total	205	100%	147	100%	

Decided for children to have a Covid jab in the future

	Baseline	Post-Campaign	Difference

Category	Total	%	Total	%	
Yes	25	12	12	8	-4
No	45	22	5	3	
Not eligible/ Not applicable	135	66	130	88	
Total	205	100%	147	100%	

Accessed NHS 111

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	45	22	37	25	+3
No	70	34	51	35	
Not needed	90	44	59	40	
Total	205	100%	147	100%	

Accessed walk-in centre

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	27	13	24	16	+3
No	86	42	70	48	
Not needed	92	45	53	36	
Total	205	100%	147	100%	

Accessed GP extended access hub

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	29	14	14	10	-4
No	86	42	80	54	
Not needed	90	44	53	36	
Total	205	100%	147	100%	

Asked local pharmacist for advice

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	75	37	57	39	+2
No	59	29	47	32	
Not needed	71	35	43	29	
Total	205	100%	147	100%	

Taken action for warmth

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	157	77	109	74	-3
No	14	7	14	10	
Not needed	34	17	24	16	
Total	205	100%	147	100%	

Registered with a GP for the first time

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Yes	5	2	3	2	-
No	89	43	72	49	
Not needed	111	54	72	49	
Total	205	100%	147	100%	

Wait before seeking health assistance

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
I have not felt unwell in the last 2 months					
Same day	17	13	18	16	+3
Next day	17	13	18	16	+3
Within a week	30	23	26	22	-1
Within 2 weeks	10	8	19	16	+8
Within a month	16	12	14	12	-
I did not seek out medical assistance	43	32	21	18	-14
Total	133	100%	116	100%	

- The campaign had a significant effect on time respondents would wait before seeking health assistance (χ^2= 62.999, p < 0.001).

Services Availability Awareness

GP extended access hub

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	89	43	52	35	-8
Unavailable	25	12	26	18	
Don't know	91	44	69	47	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of GP extended access hub service availability (χ^2 = 3.286, p = 0.193).

GP phone/digital appointments

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	193	94	133	91	-3
Unavailable	3	2	7	5	
Don't know	9	4	7	5	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of GP phone/digital appointments service availability (χ^2 = 3.429, p = 0.18).

GP face-to-face appointments

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	117	57	103	70	+13
Unavailable	48	23	28	19	
Don't know	40	20	19	11	
Total	205	100%	147	100%	

- The campaign had a significant effect on awareness of GP face-to-face appointments service availability (χ^2 = 7.075, p = 0.029).

Community pharmacy

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	114	56	97	66	+10
Unavailable	7	7	8	5	
Don't know	84	84	42	29	
Total	205	100%	147	100%	

- The campaign had a significant effect on awareness of community pharmacy service availability (χ^2 = 6.044, p = 0.049).

NHS 111 telephone

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	180	88	121	82	-6
Unavailable	3	1	6	4	
Don't know	22	11	20	14	

Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of NHS 111 telephone service availability ($\chi^2 = 3.19$, $p = 0.203$).

NHS 111 online

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	150	73	105	71	-2
Unavailable	3	3	6	4	
Don't know	52	22	36	25	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of NHS 111 online service availability ($\chi^2 = 2.357$, $p = 0.308$).

Walk in centres / Urgent treatment centre

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	126	62	91	62	-
Unavailable	15	7	16	11	
Don't know	64	31	40	27	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of walk in centres / urgent treatment centre service availability ($\chi^2 = 1.705$, $p = 0.426$).

NHS urgent mental health helpline

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	56	27	48	33	+6
Unavailable	13	6	10	7	
Don't know	136	66	89	61	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of NHS urgent mental health helpline service availability ($\chi^2 = 1.303$, $p = 0.521$).

A&E

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Available	189	92	134	91	-1

Unavailable	6	3	4	3	
Don't know	10	5	9	6	
Total	205	100%	147	100%	

- The campaign had no significant effect on awareness of A&E service availability (χ^2 = 0.268, p = 0.874).

Intentions

Actions that would be taken for non-life threatening conditions

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Ask my local pharmacist for advice	13	6	11	8	-2%
Call NHS 111	50	24	41	28	+4%
Visit 111 online	20	10	15	10	-
Request urgent same day GP appointment	87	42	52	35	-7%
Go to walk in centre / urgent treatment centre	12	6	13	9	+3%
Go to A&E	17	8	8	5	-3%
Other	6	3	7	5	+2%
Total	205	100%	147	100%	

- Using Chi-square, the campaign had no significant effect on action taken for non-life threatening conditions (χ^2 = 4.506, p = 0.608).

- The campaign had no significant effect on actions that would be taken for non-life threatening conditions for males or females:

  Males. (χ^2 = 4.214, p = 0.648). **Females.** (χ^2 = 4.285, p = 0.638).

- The campaign had no significant effect on actions that would be taken for non-life threatening conditions for any age group:

  18-24 year olds. Insufficient data to measure the effect of the campaign.

  25-39 year olds. (χ^2 = 6.938, p = 0.327).

  40-54 year olds. (χ^2 = 6.107, p = 0.411).

  55-69 year olds. (χ^2 = 5.567, p = 0.473).

70+ year olds. (χ^2 = 6.072, p = 0.415).

- The campaign had no significant effect on actions that would be taken for non-life threatening conditions for residents of any borough:

  Barnet. (χ^2 = 4.347, p = 0.63).

  Camden. (χ^2 = 2.232, p = 0.816).

  Enfield. (χ^2 = 3.44, p = 0.672).

  Haringey. (χ^2 = 5.071, p = 0.535).

  Islington. (χ^2 = 2.269, p = 0.893).

- The campaign had no significant effect on actions that would be taken for non-life threatening conditions for White or BAME respondents:

  White. (χ^2 = 3.548, p = 0.738). **BAME.** (χ^2 = 3.724, p = 0.714).

- The campaign had no significant effect on actions that would be taken for non-life threatening conditions for respondents in any deprivation quintiles:

  1st quintile. (χ^2 = 6.22, p = 0.399).

  2nd quintile. (χ^2 = 2.015, p = 0.918).

  3rd quintile. (χ^2 = 9.92, p = 0.128).

  4th quintile. (χ^2 = 5.315, p = 0.504).

  5th quintile (χ^2 = 7.187, p = 0.304).

Actions that would be taken if not able to get an appointment with GP

	Baseline		Post-Campaign		Difference
Category	**Total**	**%**	**Total**	**%**	
Ask my local pharmacist for advice	18	9	20	14	+5
Call NHS 111	94	46	61	42	-4
Visit 111 online	12	6	11	8	+2
Go to walk in centre / urgent treatment centre	40	20	30	20	-

Go to A&E	33	16	18	12	-4
Other	8	4	7	5	+1
Total	205	100%	147	100%	

Attitudes

	Baseline		Post-Campaign		Mean Difference
	Mean	**SD**	**Mean**	**SD**	
I am not worried about attending the medical appointments I have	3.87	1.2	3.93	1.27	+0.06
If I needed a surgery or treatment, I would be happy to have it now	4.14	0.97	4.34	0.95	+0.2
It is safe to go to medical facilities, such as GP surgeries, walk-in centres and hospitals	3.87	0.98	4.24	0.97	+0.37

Using t-test, the campaign had no significant effect on worry about attending medical appointments ($t = 0.428$, $p = 0.335$).

The campaign had a significant effect on willingness to have a surgery or treatment ($t = 1.917$, $p = 0.028$).

The campaign had no significant effect on perceived safety of going to medical facilities, such as GP surgeries, walk-in centres and hospitals ($t = 3.532$, $p < 0.001$).

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