Marketing approaches to promote engagement

A case study by Medway NHS Diabetes Prevention Programme

Disclaimer: The case study presented is set out as an example of local delivery of a specific project within the NHS DPP at a specific point in time. It is not to be used as an evidence based guide or interpreted as a policy for the implementation of the NHS DPP
Summary:
In order to drive uptake of the intervention, Medway Public Health team implemented an external marketing campaign.

This was designed with the target audience in mind using a mixture of channels and methods to reach people and drive them towards the risk score on the Medway website and to the intervention provider.

The key messages were designed using the insight work from Diabetes UK.

Early review of the effectiveness suggests that the best return on investment seems to be coming from digital sources, mainly due to the low costs of this method.

The approach was supplemented by a Diabetes UK roadshow on 2 High Streets in Medway to talk directly to shoppers about their risk score.

Approach:
Medway Council’s marketing and communications team was tasked with developing the visuals and a campaign to appeal to the target audience; those at highest risk of developing type 2 diabetes.

A number of options were developed with the local project board having responsibility for signing off the approved visuals and plan.

The headline messages for the campaign were agreed as

- Being at high risk of type 2 diabetes is important
- Take 2 minutes to find out if you are at risk by visiting the new local website
- You can do something about your risk, by attending the intervention
Colleagues from Diabetes UK were engaged so we could replicate the content of the risk score onto the medwaydiabetes.co.uk website. They also shared intelligence from their Facebook campaign, which highlighted the issue of diabetes risk and what motivated people the most.

Following an on-line risk assessment, individuals could refer for a confirmatory blood test and book on-line for the intervention.

A marketing budget of £20,000 was allocated to the campaign, with a series of print (articles in local publications), digital (Facebook ads, google ads, twitter) and outdoor media (big screen and billboard advertising and roadshows) were implemented.

Outcomes:
In a 5 month period, 97 referrals were generated as a result of the marketing campaign. Of this 48 (51%) from the approximately 97 has been through digital methods and 49% through print media, with a small number generated by radio features and outdoor advertising.

Lesson learnt:
- Designing any media campaign in such short timescales is always problematic. Fortunately good insight work about the target audience existed from the literature, but designing a message and brand that resonated with them and made them consider attending the intervention was a much bigger challenge.

- A large proportion of the target audience was likely to be in the pre-contemplation phase about their lifestyle, Medway’s approach was that first the stage should drive people to take the risk score. This is a very simple task taking only 2 minutes to complete.

- By an individual entering their own data for the Leicester risk score, it was hoped that those with a high score would be sufficiently concerned/interested about their own health, which the next message outlining what they can do about it (booking onto the intervention) would work. Effectively this would fast track them along the stages of the change model much quicker.

- By creating a book now facility online, people can book directly through the website, making it easy to quantify which method was the reason for the call/booking. Asking where they first heard about it is more difficult due to a multi-media approach running.
Supporting Information:
Medway DPP Process (see below)

On-line Risk tool

http://www.medwaydiabetes.co.uk/are-you-at-risk/

The Medway self-booking element is through the
http://www.medwaydiabetes.co.uk/our-programme/ web page

Acknowledgement:
Diabetes UK

Red Bullet web Design Company

Medway Council marketing and communications team

PHE communications team
Medway Diabetes Prevention Programme Process

Recruitment into Medway

Referral source

Booking via
Website

Booking via
advice centre

Primary Care
Referral

Primary Care
Specialist Nurses
1. Client contacted
2. Invited for bloods
3. Bloods taken

DPP facilitator works in /with Primary Care to follow up ‘At Risk’ patients identified by Audit + and booked onto programme. Bloods are picked up at point of booking.

Client Initiated
a. Risk Identified
b. Place booked
c. Blood form emailed

a. Risk Identified
b. Place Booked
c. Blood form emailed to client

Via Healthy Weight Referral form using MOM
a. Initial data set completed
b. Bloods in process: YES: Included in data set NO: Flagged on Data set

Blood test clinic:
• Bloods taken
• ILAB updated
• Blood result copied to GP
• Public Health check ILAB for all booked clients
• NB: > 6.5 Diabetic Management> patient enters Diabetes Pathway

Data Capture

Triage to:
1. TTB tier 3 service if BMI 35+
2. DPP/LTW programme if BMI 25+
3. Medium and low risk clients booked onto LTW and sign posted to Better Medway and NHS Choices
4. Referral rejected/client declines

Registers generated and sent to LTW facilitators

Facilitators complete data for all participants and return to Advice Centre for inputting
• Questions: pre and post
• Registers for intervention term

Intervention

Finish (week 12)

Individual participants: full update letters generated with outcome and adherence and sent back to Primary Care

Post Intervention (page 2)

<table>
<thead>
<tr>
<th>KEY</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>LTW</td>
<td>Let’s Talk Weight</td>
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<tr>
<td>MOM</td>
<td>Map of medicine</td>
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<tr>
<td>TTB</td>
<td>Tipping the Balance</td>
</tr>
<tr>
<td>PHAIR</td>
<td>Public Health Database</td>
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<tr>
<td>Flag</td>
<td>PH to check full data set present</td>
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Medway Diabetes Prevention Programme Post Intervention

1. 12 sessions completed and all data collected

Data Collection
6, 12, 18 Month post intervention
1. Full initial data collection repeated by LTW facilitators
2. HbA1c re taken and recorded

All data feed back into PHAR for further analysis