

# Evaluation: Guide to Healthcare Pilot, Lewisham, January – March 2025

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# Context

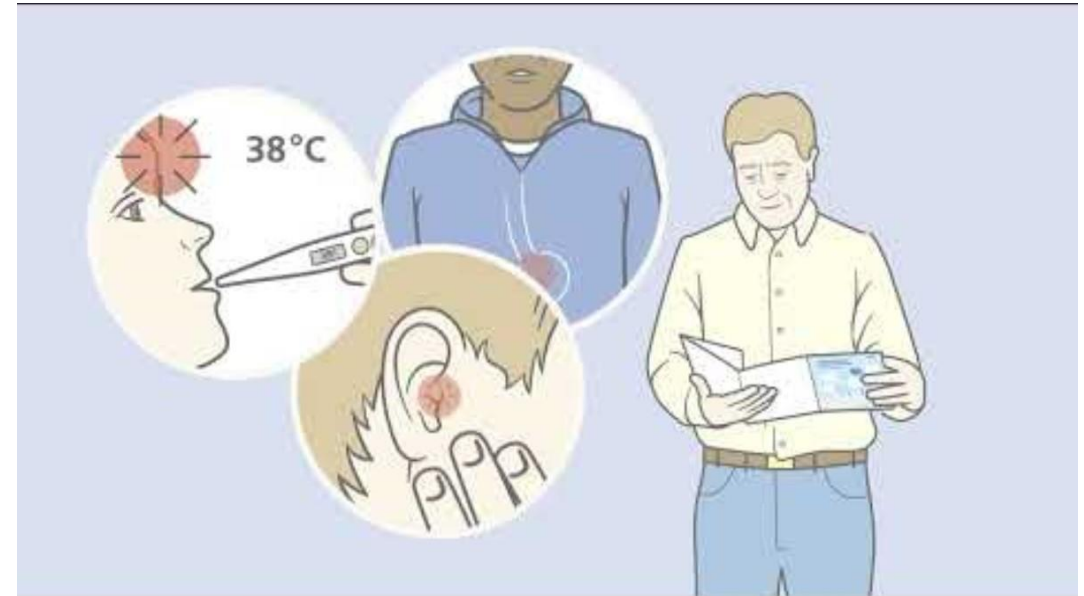
- In 2023/24 we started developing a new approach to helping people navigate NHS services. People accessing the 'wrong' service is not good for them (they do not get the help they need as quickly as they could) and not good for the NHS (it causes congestion and underuse of 'correct' services).
- Instead of the national 'use the right service' or 'help us to help you' messages, which start from the NHS perspective, the proposal was to start from the user's perspective instead: 'this is my problem, how do I get help for it?'
- We wanted to show, simply, and inclusively, how to get to the right help for a range of symptoms and conditions; which would, in turn, ease pressure on NHS services.
- We researched understanding of the full range of NHS services, how people navigate them and how they want to receive information.
- We proposed using a primarily illustration-driven approach, to reduce reliance on language, and increase a sense of familiarity.
- We proposed producing a printed guide that people could keep and refer to at home – because in the research, residents told us they wanted printed information.
- We developed and tested the guide in collaboration with our local communities through a series of focus groups, and with a range of healthcare professionals from our system.
- Data shows that people living in the most deprived areas make disproportionate use of ED – so the CORE20 population became our target audience.
- Once finalised, we piloted the guide in Lewisham for three months: January to March 2025.

# Distribution and promotion

We shared and promoted the guide:

- Posting through 112,697 household letterboxes, in postcodes identified as being in the Core20 demographic
- Handed out by street teams at multiple locations, including train stations, Lewisham Town Centre and New Cross Road
- In 33 GP practices, 48 pharmacies, University Hospital Lewisham ED and LGT community sites
- In around 40 community settings, including libraries, food banks and family hubs
- On the ICS website.

We also ran a supporting digital campaign, before and during distribution of the physical guide, on Facebook, Instagram, YouTube, Spotify.



Supporting video for social media

## Pilot highlights

From January to March 2025:

- **188,127** guides distributed.
- **3,868,208** ads shown on social media.
- **307,681 plays** of our ads on Spotify.
- **1,215 visits** to our SEL ICS webpage.

Operational data showed:

- There were **93,594 more NHS app log ins** compared to the three months prior.
- Pharmacy first consultations hit a new peak of **1,289**.
- Ambulance handover delays **reduced by 10.72%** (to note an ED redirection pilot was also running in Lewisham hospital in Feb and March).

We ran two surveys: one early, and one near the end of the pilot period. From the second survey of 391 people, 47% (150) recalled receiving the guide - nearly 11 weeks after receiving it.

From both surveys and a 191 sample who said they had read the guide:

- 95% said the guide was clear and easy to understand.
- 85% said they had learnt something new.
- Asked about scenarios we know people frequently go inappropriately to ED/call 999 for:
  - 100% of people selected an alternative service to ED/calling 999 with a sore throat
  - 98% of people selected an alternative service to ED/calling 999 with an earache
  - 84% of people selected an alternative service to ED/calling 999 if their usual GP and pharmacy was closed.

# Commentary

- Overall, the Guide has performed well, with some significant improvements in metrics, and survey responses that confirm the concept and execution were good (see slides 11-20).
- This reflects the investment and time taken to develop it. The guide was developed in collaboration with our communities. It uses simple language and imagery to be understood by a large audience. The surveys confirm this with 95% of people saying the guide was clear and easy to understand.
- Excluding the initial development work, campaign costs are low, and ROI is potentially huge.
- Our social media ads reached a large number of people, however only 25% of people surveyed saw it (see slide 12). In a future campaign we may want to look at additional channels eg media outlets, out of home, council channels.
- Awareness of some pathways eg. NHS 111 and urgent care centres could be improved, so messaging could be more specific on these services (see slide 15).
- QR codes on the guide got very few clicks; suggesting sufficiency of the printed product.
- While 40 people from across the system reviewed (and approved) the clinical detail, we've had further comments to refine pathways for future iterations.
- We also had positive feedback from teams across the system about producing a similar style of guide for other pathways, eg. maternity.
- A 3-month campaign is not long enough for behaviour change. For these messages to stick, we need to run it over a sustained period – long enough so more people will experience some of the conditions mentioned in the guide.



# The Guide

The guide, when unfolded, is the size of two pieces of A4, landscape:



Some of the feedback from residents:

*"Very useful to people who don't know much English."*

*"Very clear, and easy to follow. It's good to refer to."*

*"Easy to understand, not too much info, image is really useful and straightforward."*

*"Don't need to ring GP first, can use the guide to help inform."*

*"I'd take it home and show my children."*

# The Guide - detail

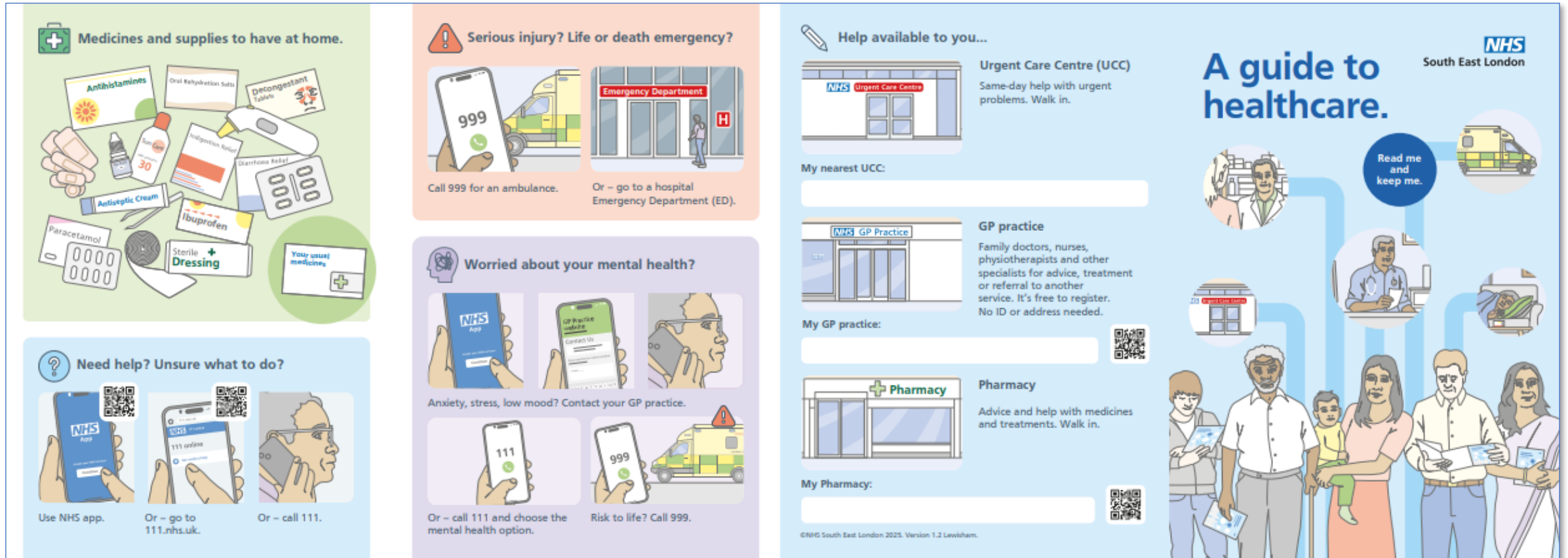
This is the 'journey' side:





# The guide - detail (contd)

And this is the other side:



Back cover (when folded)

Front cover (when folded)



# Measuring success

Inputs	Outputs	Out-takes
Guide to healthcare delivered to homes, community settings and through street teams	<ul style="list-style-type: none"> <li>188,127 guides distributed.</li> </ul>	<ul style="list-style-type: none"> <li>Positive feedback received from public and colleagues.</li> <li>Very high recall of the guide.</li> </ul>
Spotify campaign encouraging people to look out for the guide.	<ul style="list-style-type: none"> <li>The pre-delivery campaign reached 91,105 people with 92.4% of ads played to the end.</li> <li>The post-delivery campaign reached 172,061 people with 91.74% of ads played to the end.</li> </ul>	<ul style="list-style-type: none"> <li>Good campaign reach.</li> <li>NB aim was to raise awareness, not prompt action.</li> </ul>

# Measuring success

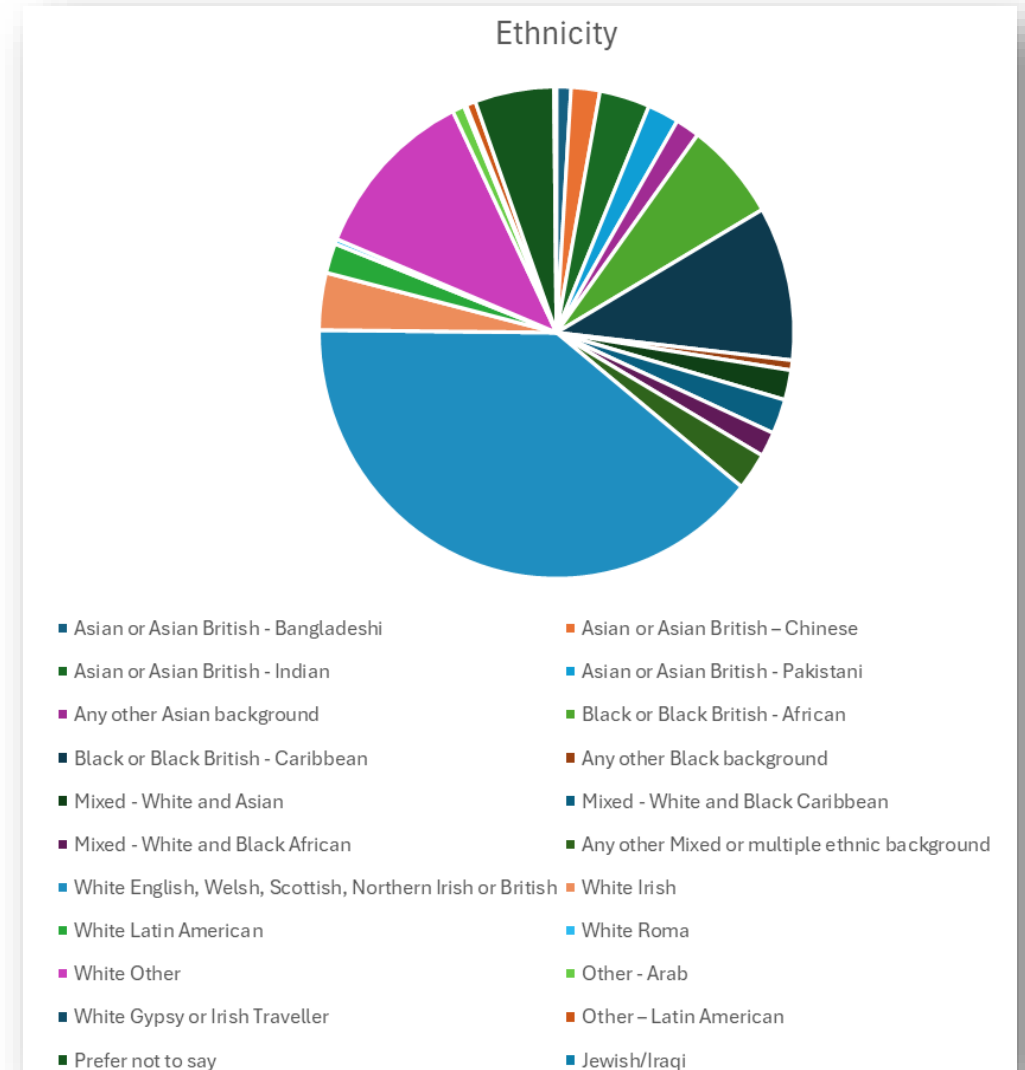
Inputs	Outputs	Outtakes
Meta and YouTube campaign encouraging people to look out for the guide (ie before delivery)	<ul style="list-style-type: none"> <li>The pre-delivery Meta campaign reached 315,509 people.</li> <li>The pre-delivery YouTube campaign had 161,553 views that lasted 30 seconds.</li> <li>The post-delivery Meta campaign reached 483,344 people.</li> <li>The post-delivery YouTube campaign had 295,278 views that lasted 30 seconds.</li> </ul>	<ul style="list-style-type: none"> <li>Good campaign reach</li> <li>Aim was to raise awareness, not prompt action. The pre-delivery Meta campaign received 2,414 clicks to find out more (0.35% CTR) with 60 post reactions.</li> <li>The post-delivery Meta campaign received 3,849 clicks to find out more (0.22% CTR) with 79 post reactions.</li> </ul>
Campaign landing page on ICS website	<ul style="list-style-type: none"> <li>1,215 webpage visits from 542 users, with an average session duration of 2m 54s.</li> </ul>	<ul style="list-style-type: none"> <li>Good session length</li> <li>16 people clicked on the Lewisham option for more information on how to get a copy.</li> </ul>

To understand campaign awareness, perception and intention measures, we surveyed the public:

- Survey 1 – a third of the way through the campaign (3-9 Feb), door knocking (at addresses where the guide had been delivered) and in the community.
- Survey 2 - towards the end of the campaign (24-30 March), door knocking only (at addresses where the guide had been delivered – different to survey 1)

The survey was designed in-house. We used street teams who spoke to a total of 721 people (330 in Feb, 391 in March). This was both more cost-effective and reached a significantly larger audience than available through eg. YouGov.

Doing two surveys allowed us to measure initial thoughts on the guide as it arrived through letterboxes, and again to measure recall and effect after a period of several weeks, plus impact of the ongoing digital campaign.



# Survey results - awareness

## Awareness measures:

- In survey 1: on-street sample and door-knocking,
  - 29% recalled getting healthcare info through their door (on-street respondents may not have received it). When prompted, this went up to 30%. Out of this:
    - 84% said they had read it and
    - 78% said they had kept it.
- In survey 2, door-knocking only and 11 weeks after delivery:
  - 45% recalled getting healthcare info through their door. When prompted 47% remembered it. Out of this,
    - 78% said they had read it and
    - 55% said they had kept it.
- In total 25% said they had seen our social ads. This shows the value of a physical product and multichannel campaign, over reliance on social media.





# Survey results - perception

**Perception measures:** Out of the total 191 people who had read the guide:

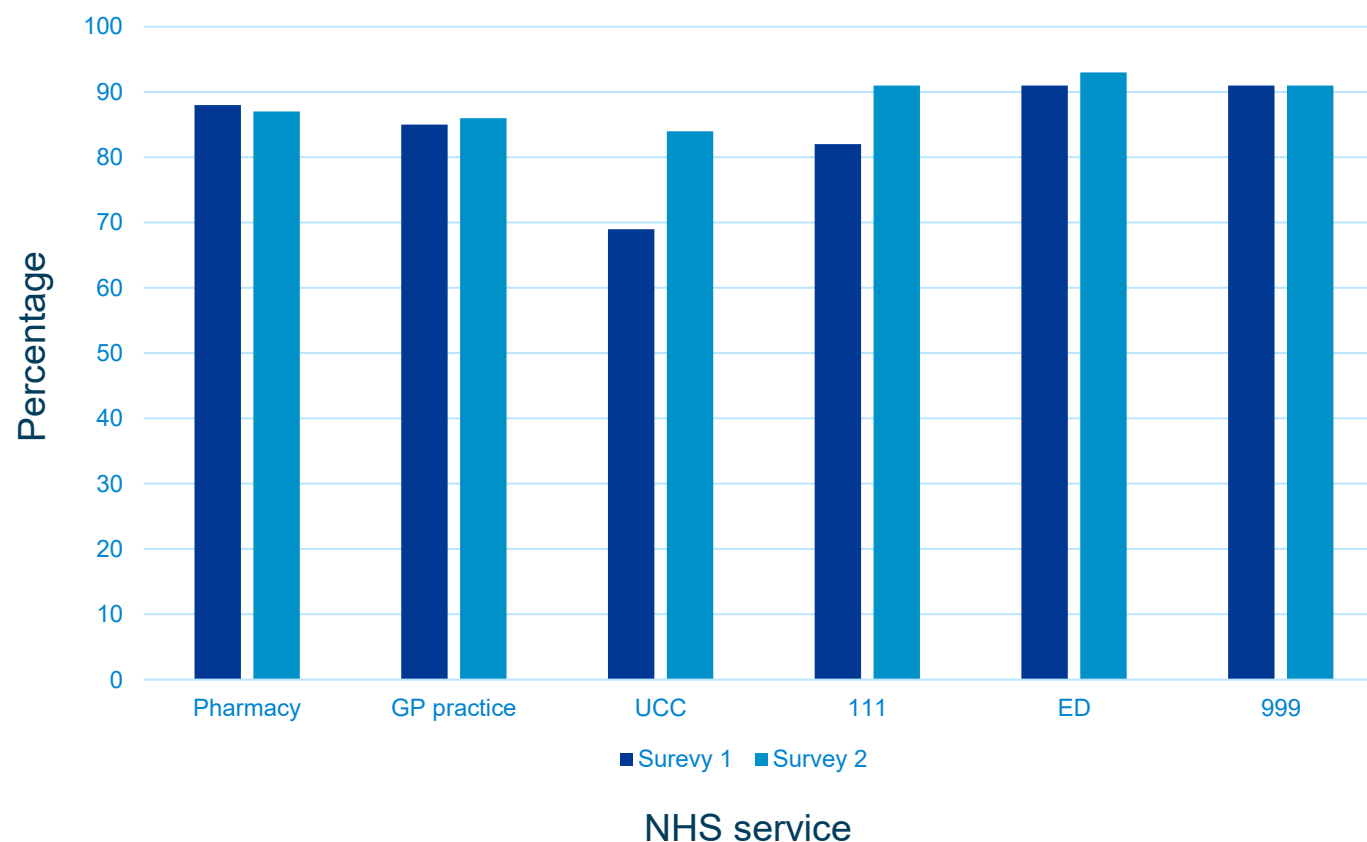
- 95% agreed the guide is clear and easy to understand.
- 95% agreed that they trusted the guide.
- 85% agreed that they learnt something new.
- 93% agreed that it was relevant to them.



# Survey results

- Confidence levels in when to use different NHS services were high across both surveys.
- The number of people confident in what advice and treatment they can get from urgent care centres went up from 69% in survey 1 to 84% in survey 2.
- The number of people confident in what advice and treatment they can get from NHS 111 also rose from 82% to 91%.

Percentage of people who reported being very/somewhat confident in what advice and treatment they can get from NHS services

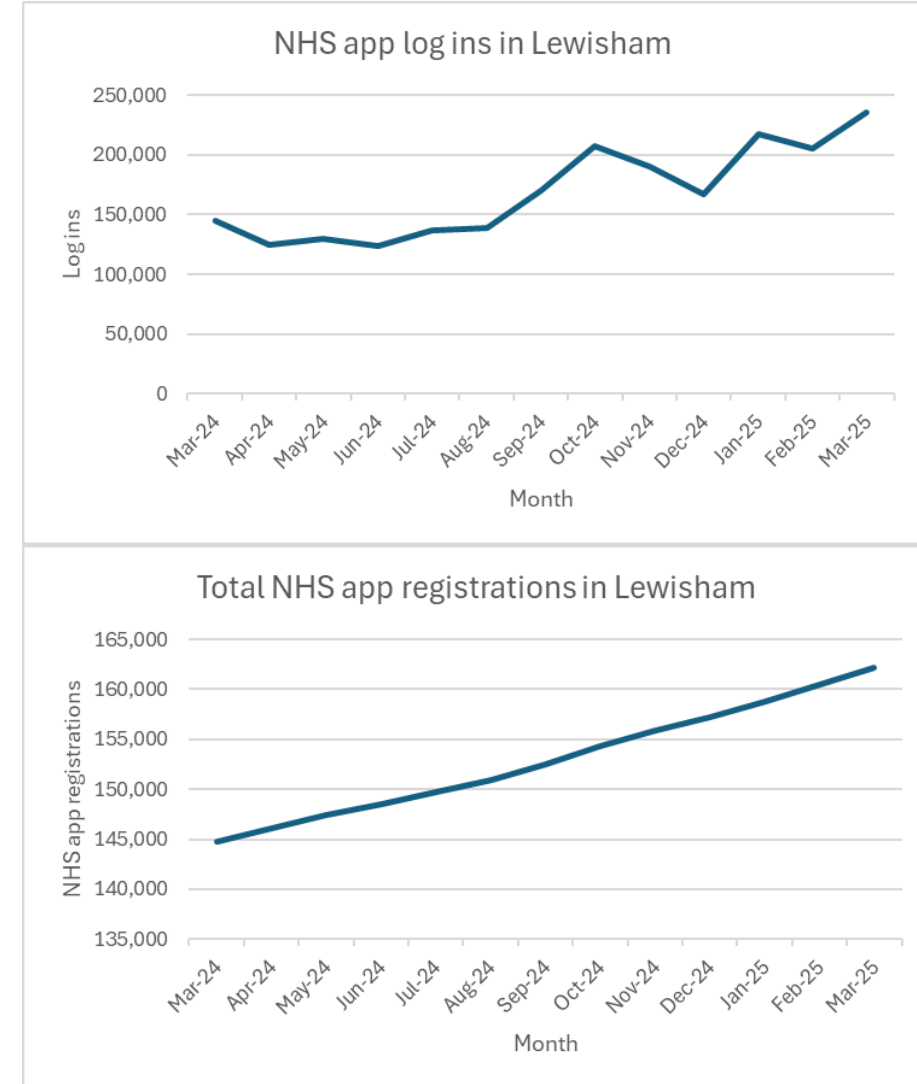


## Intention measures

- Stomach pain, sore throat, fever, ear infection, and a sprained ankle are common reasons for attendance to ED when care may be more suitable elsewhere (London Emergency Care Data Set (ECDS) - Lewisham Nov 21-April 22 and London UEC data Nov 22-March 23 ).
- To test the guide, we asked people where they would go for help with these conditions and symptoms.
- Across all of these conditions, ED or calling 999 was rarely chosen – for example no one chose it for earache. For a sprained ankle 35% chose ED in survey 1 that reduced to 11% in the second survey - indicating better awareness of our campaign messaging as it progressed.
- We also tested awareness of where to go for stress, anxiety, low mood. In the guide, the recommended pathway is GP practice and NHS 111. In both surveys GP practice was the most chosen option at 80% (survey 1) and 68% (survey 2).
- To test awareness of how urgent care centres can help (via NHS 111) we asked where people would go for help with a painful injury or cut that bleeds 10+ minutes. In survey 1, 68% said they would go to ED or call 999 and this decreased significantly - to 24% - for survey 2. Only 14% chose urgent care centre/NHS 111 in survey 1 this increased significantly - to 59% - for survey 2. Results again indicate better awareness of our campaign messaging over time but more work is to be done to raise awareness of NHS 111 and urgent care centres.
- Lastly, we asked people where they would go if their GP or pharmacy is closed – the guide recommends NHS 111. Results largely showed awareness of this option (73% in survey 1, 65% in survey 2). We still had 14% in survey 1 and 18% in survey 2 choosing ED though. Again, more work is needed to raise awareness of NHS 111.

# Organisational impact - use of the NHS app

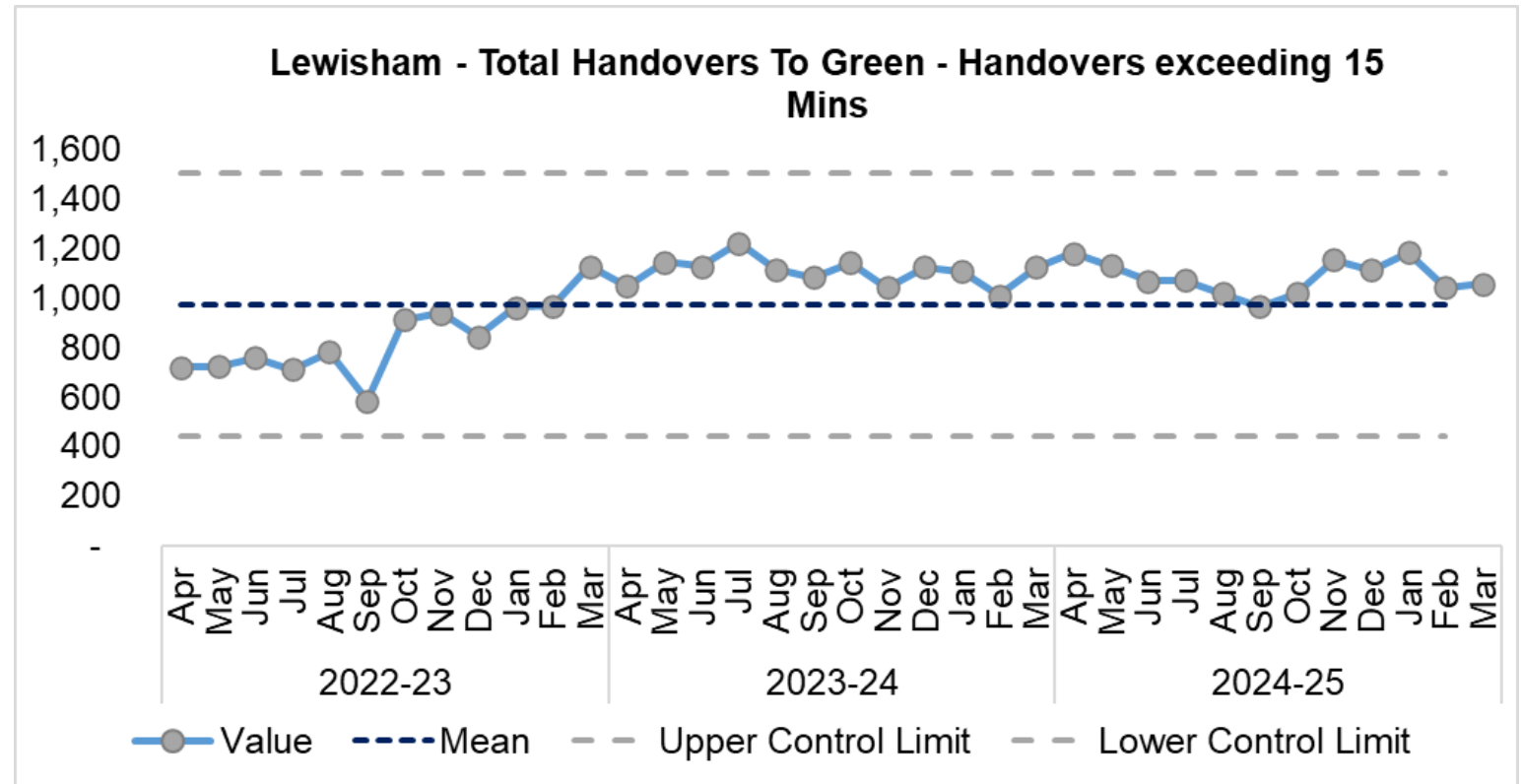
- There were 93,594 more NHS app log ins in Jan-March 2025 compared to the three months prior (Oct-Dec: 564,821, Jan-March: 658,415).
- During our campaign period we saw a particularly sharp rise (14.48% increase) from Feb to March indicating possible recognition with our campaign messaging.
- We also saw an increase in NHS app registrations during the campaign period (1%) which is slightly sharper than some of the months before the campaign (like June and July 2024), but not significantly so. It shows that the campaign may have had a positive effect.
- While rises in NHS app log ins and registrations are seen across all borough in SEL, they are not as steep as those seen in Lewisham over the campaign period.





# Organisational impact – Ambulance handover delays

- Data shows handover delays (exceeding 15 mins) go down over the period of our campaign (Jan to March 2025).
- A less pressured ED, because people are using the right services, is one of many possible reasons for reduced handover delays.
- For example, we are also aware that a streamlining pilot at Lewisham ED was taking place at the same time as our campaign which could have also contributed to these figures.



# Organisational impact - Pharmacy first

There was sustained growth in use of pharmacy first services from Jan-March 2025:

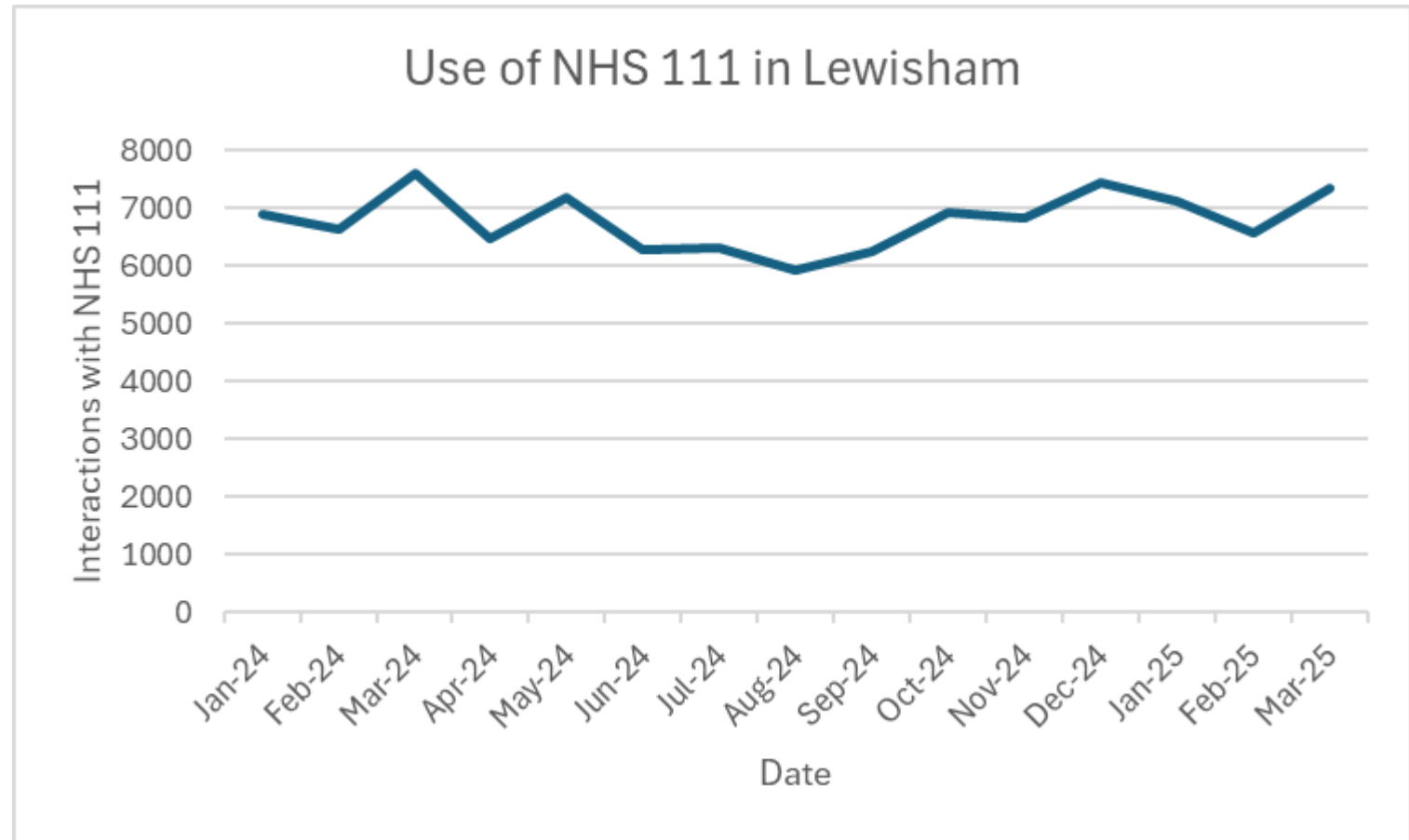
- **Jan 2025:** 1,235 total uses
- **Feb 2025:** 1,135 (a small drop, but higher than months prior to Jan)
- **Mar 2025:** 1,289 (new peak)

The total visits in March 2025 was the highest over a 15-month period showing the campaign may have helped raise awareness or demand.



# Organisational impact – NHS 111

- Available data includes:
  - Calls handled entirely by LAS non-clinical call handlers
  - Calls started by non-clinical staff and completed by LAS clinicians
  - Cases that began through the 111 Online service and were completed by LAS clinicians
- Data shows use of NHS 111 peaked in Dec 2024, then started to drop in Jan and Feb 2025, followed by sharp rise in March 2025.
- While this could indicate recognition of campaign messaging, a similar pattern is seen the year prior.
- It also follows a similar pattern seen SEL wide.
- Therefore the campaign did not have an effect on use of NHS 111.



# Organisational impact – ED and UCC attendances

- We worked with LGT to add questions to their dashboard for patients as they arrived at ED. This included why they chose to attend ED. For patients coming to ED inappropriately, they had planned to ask if they had received a copy of our guide. Unfortunately, this data wasn't collected.
- NHS London had previously sent us data by borough on clinically unnecessary attendances (Nov21 - April 22). They also shared the most frequent diagnoses for urgent and emergency care across London (Nov 22 - March 23). This helped us understand the conditions people were attending UEC for, when care may be more appropriate elsewhere.
- We had planned to track this data over our pilot but were unable to get meaningful data on the total number of inappropriate attendances because of changes to the way this data is now collected and the quality of it. What we were able to see was that attendances for rashes reduced over the campaign period (the guide recommends going to a pharmacy). Pharmacy first data shows a rise in consultations for impetigo and shingles at the beginning of March (second highest peak over a 12 month period). This could indicate recognition of this pathway from the guide.
- Data on attendances to ED and the UCC at LGT hospital are combined so we weren't able to track if people were using either service differently as a result of the campaign.
- It is disappointing that this means we have not been able to measure against this key metric.



# Costs

Costs	
Detail	Cost
<b>Total</b>	<b>£134,000</b>
<b>Total excluding one-off costs</b>	<b>£57,600</b>
Detail	Cost
<b>Total one-off costs</b>	<b>£77,000</b>
Agency cost to develop, test, iterate, test and finalise the product for initial rollout.	£77,000
<b>Costs for roll-out of pilot</b>	<b>£32,600</b>
Printing (200k copies) and delivery of guide (to locations and agency)	£14,800
Distribution: by door drop (113k addresses)	£9,200
Distribution: on-street (c 35k copies)	£8,600
<b>Total Supporting campaign</b>	<b>£15,000</b>
Digital campaign – Meta, YouTube and Spotify	£15,000
<b>Total Evaluation</b>	<b>£10,000</b>
Street team survey	£10,000

## Conclusion

We believe that this evaluation is rigorous and thorough (although we recognise that better data collection in some areas would have been helpful) – and that it shows that this approach and product were successful and are worth pursuing.

We will be working to find opportunities to make this happen.

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