

progressive

Scottish Government

Right Care Right Place Full Evaluation

September 2021



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Project background



COVID-19 has led to the reconfiguration of primary and community care. The 111 telephone service run by NHS 24 has been reconfigured into an all hours service.

There is a greater focus on physical distancing and services are being delivered online, over the telephone and through distanced consultation.

The intention is to continue delivering services in ways that will keep the public safe from infection and away from A&E other than when necessary. In support of this Leith, has developed an overarching campaign style for 'Right Care, Right Place'.



A interim evaluation of the campaign was conducted in May 2021 with a nationally representative sample of 664 people. Amongst this there was a boost of 161 people in Ayrshire and Arran, where radio was featured. August saw the launch of a nationwide full campaign which included TV.

The campaign has now run its full proposed media plan. The national campaign included TV, radio, press, pharmacy panels and social/digital.

This evaluation will help measure the effectiveness according to the proposed SMART objectives.

Method & sample

Research method: online survey

Quantitative

Quota sample (gender, age & SEG) – audience = Residents of Scotland

Total sample size: 1,007 nat rep across Scotland. Results have been compared to the previous wave of research in May 2021. In May there was a sample size: 664, 503 nat rep across Scotland, 161 Ayrshire and Arran residents nat rep profile. This fieldwork was conducted 4 to 12 May 2021

The sampling frame used for this study was the online panel provider, Panelbase

Margins of error for total sample* (calculated at the 95% confidence level): 1,000 ±0.62% and ±3.10%

Autumn fieldwork conducted 23 August to 8 September 2021

Analysis and reporting

Only statistically significant differences are reported – indicated with red and green circles or arrows 

Where base sizes are low a caution sign is shown. These results must be read with caution 

Where figures do not add to 100% this is due to multi-coded responses or rounding

Data has been weighted to ensure a representative sample of Scotland in terms of age, gender, SEG. The weighting efficiency was 86%. Weighted bases are shown throughout the report.

* Quota controls were used to guide sample selection for this study. This means that we cannot provide statistically precise margins of error or significance testing as the sampling type is non-probability. Statistical testing and margins of error should therefore be treated as indicative, based on an equivalent probability sample.

Media schedule



CAMPAIGN ACTIVITY	June				July				August			
	7	14	21	28	5	12	19	26	2	9	16	23
TV						■	■		■	■		
Radio				■	■			■			■	
Social/digital				■	■			■			■	
Press				■	■							
Pharmacy						■	■	■	■			

Main fieldwork ran between 23 August – 8 September 2021

The pilot media spend ran

- 9 November -14 December 2020 in Ayrshire & Arran on radio, digital and press.
- - 30 November - 29th March 2021 nationwide on digital and press.

The fieldwork ran between 4 to 12 May 2021

SMART objectives



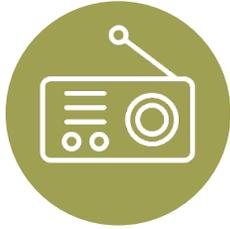
Objectives	Targets based on full media spend	Pilot results May 2021	Achievements to date	
To deliver prompted campaign recognition of 60% among the target audience.	60%	35% (A&A 41%) (Scotland 33%)	59%	✓
To ensure that 40% of those <u>who have seen the campaign</u> agree with the following measures: the advertising feels relevant to me.	40%	80%	70%	✓
To ensure that 40% of those <u>who have seen the campaign</u> agree with the following measures: the advertising makes it clear what we need to do.	40%	87%	92%	✓
To encourage at least 40% of those <u>who have seen the campaign</u> to say they would take a relevant action if they needed to.	40%	51%	78% (plan action) 41% (taken action)	✓
To ensure that at least 25% of those <u>who have seen the campaign</u> agree that the advertising explains why it is important to phone NHS 24 111.	25%	89%	80%	✓

<<Out of Scope>>

A vertical olive-green bar is positioned to the left of the text.

Campaign visibility & reach

The campaign ran with creative assets across the following formats



Radio



Pharmacy posters



Press



TV & Digital



Social

THE WAY WE ACCESS URGENT CARE HAS CHANGED

If you think you need A&E, but it's not life-threatening, you can now call NHS 24 on 111, day or night.



Right Care Right Place

THE WAY WE ACCESS URGENT CARE HAS CHANGED

If you think you need A&E, but it's not life-threatening, you can now call NHS 24 on 111, day or night.

CALL NHS 24 ON 111 DAY OR NIGHT

CONTACT GP PRACTICE DURING THE DAY

CALL 999 OR GO TO A&E FOR EMERGENCIES ONLY

Right Care Right Place

NHSinform.scot/right-care

The Scottish Government
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If you think you need A&E, but it's not life-threatening, you can now call NHS 24 on 111, day or night. Or you can contact your GP practice during the day. For more information and advice, visit NHSinform.scot/right-care #RightCareRightPlace

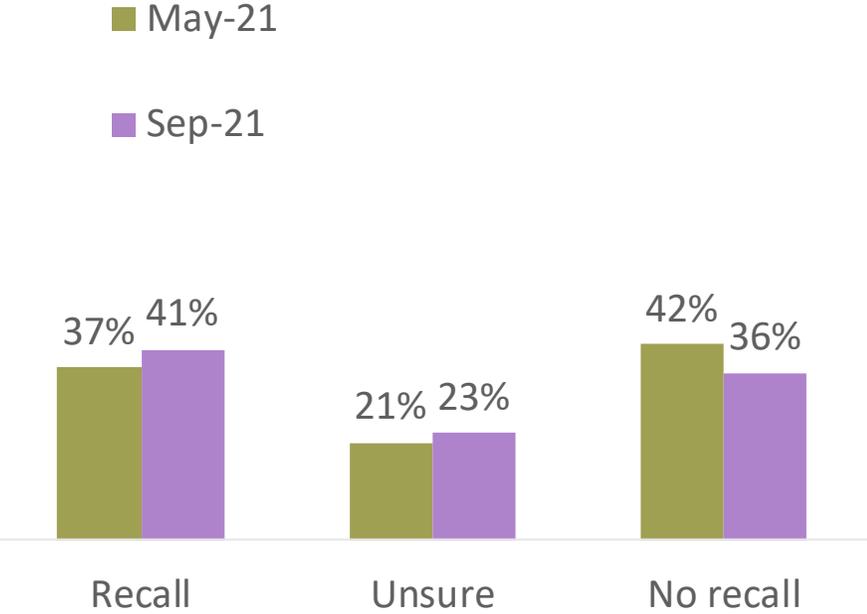
CALL 999 OR GO TO A&E FOR EMERGENCIES ONLY

NHSINFORM.SCOT
Where should I go for urgent care?
The way we access urgent care has changed. [Learn More](#)

CALL NHS 24 ON 111

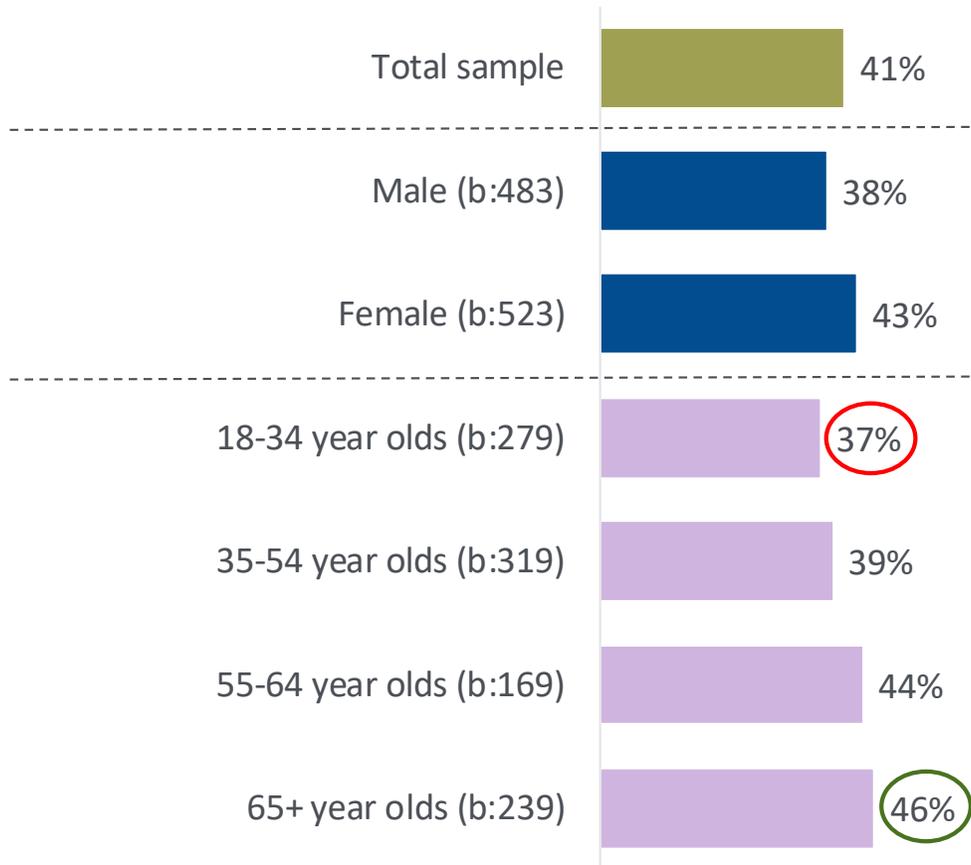
Good levels of spontaneous recall were achieved. Slightly, but not significantly, higher than in May.

Spontaneous recall of advertising

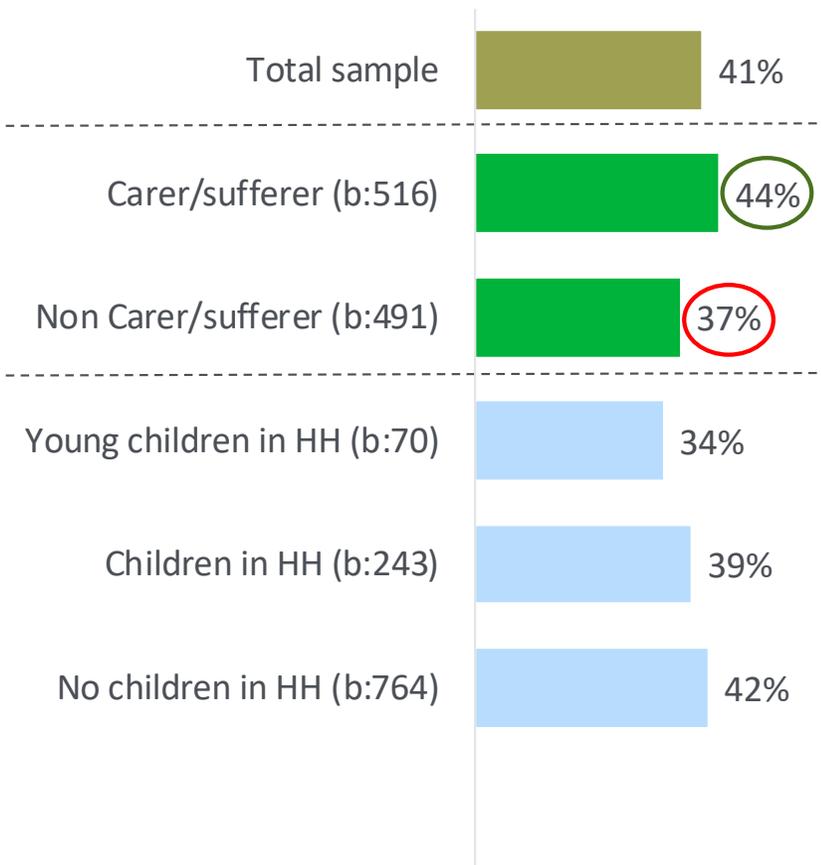


As in the previous wave, carer/sufferers were more likely than non-carer/sufferers to spontaneously recall any advertising. This correlates with those who are older.

Spontaneous recall of advertising



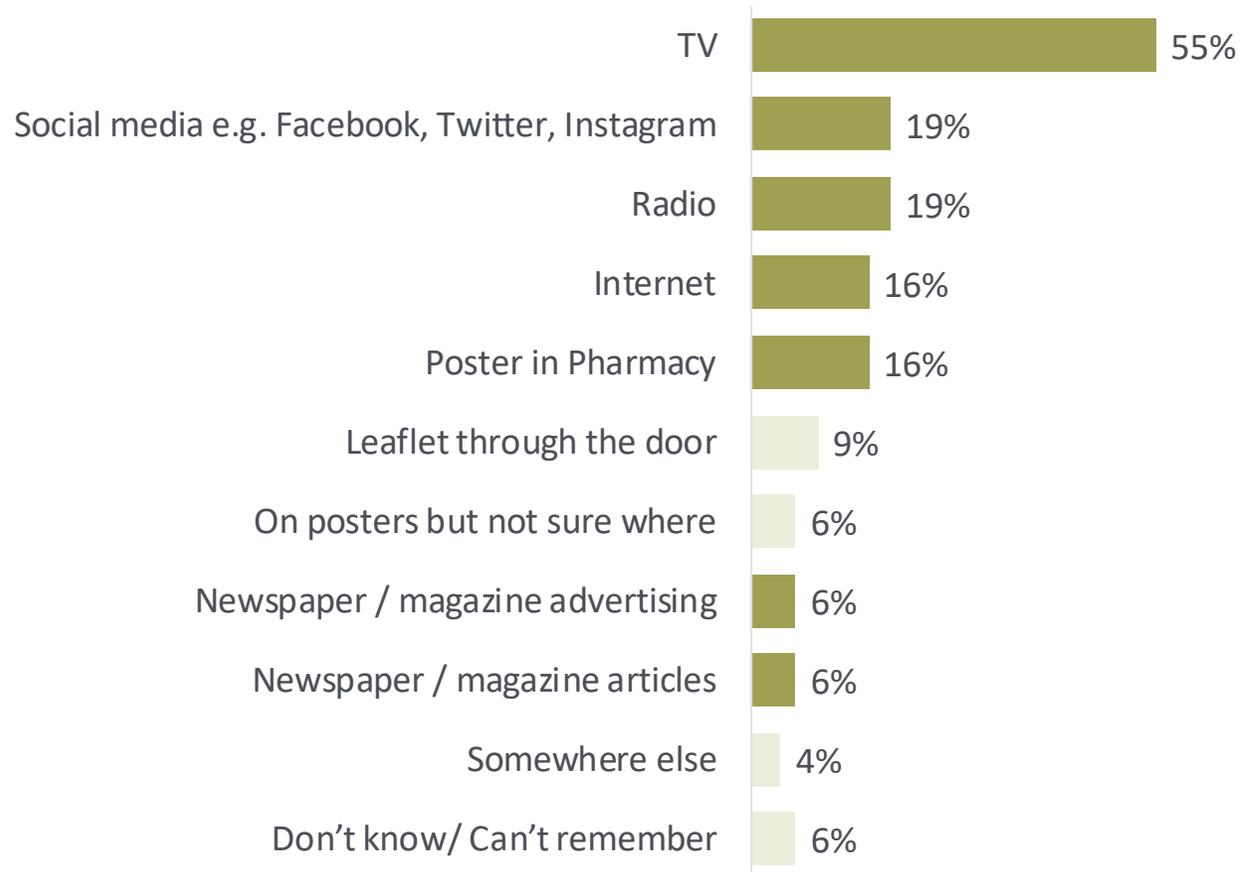
Spontaneous recall of advertising



Base (all): 1007

The majority who recalled advertising mentioned a campaign source, which is a first indication of campaign recall. TV was the most frequently mentioned channel.

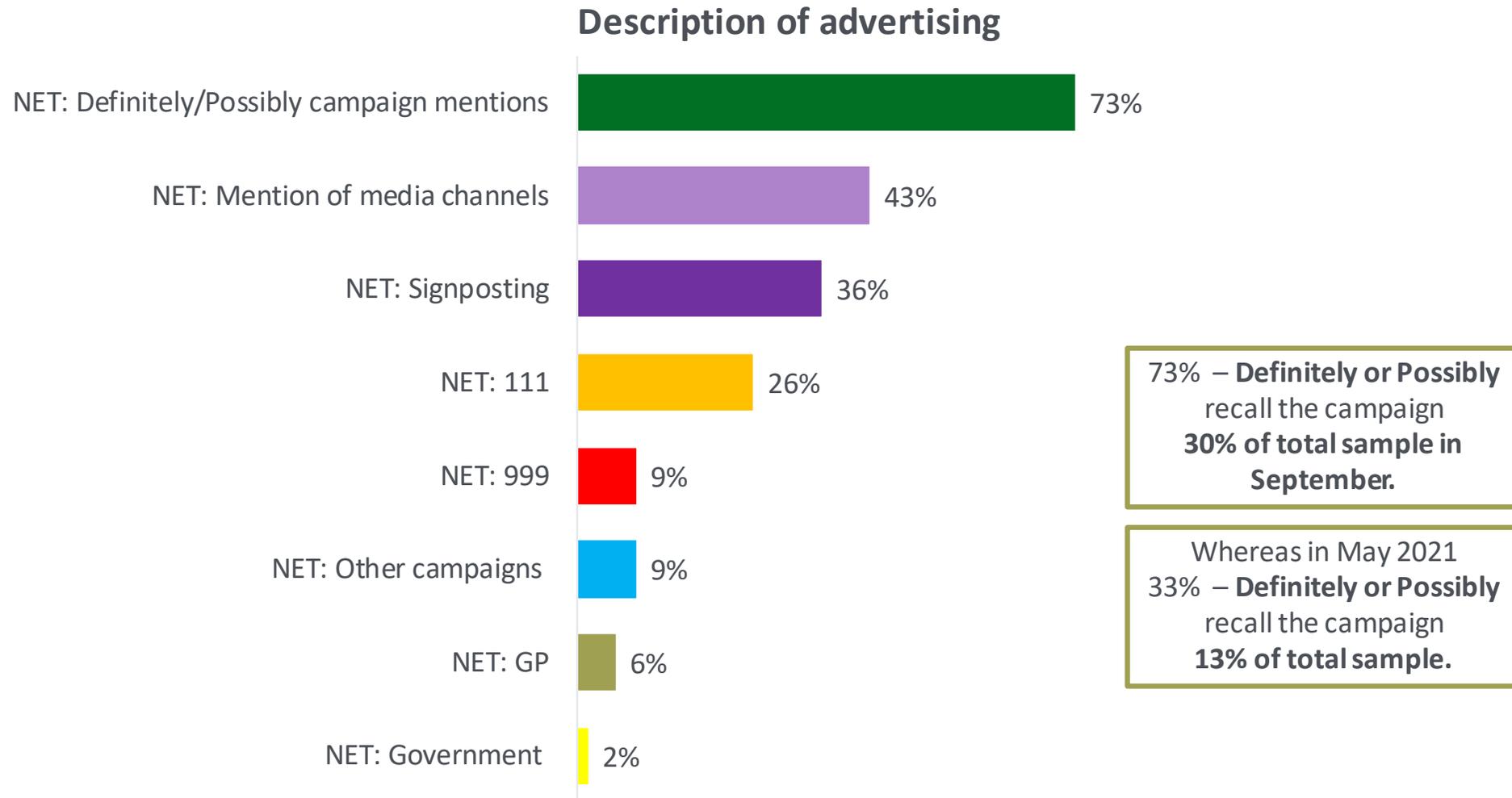
Sources of advertising recalled



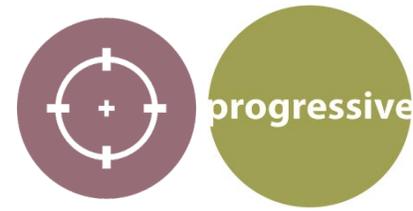
Any 2021 campaign activity source:
82%

Channel NETS	Percentage
TV	55%
Radio	19%
Social media	19%
Pharmacy	16%
Press	10%

High mentions (definite/possible) of the campaign despite the crowded landscape.



Full campaign roll out has led to high levels of recognition, hitting the SMART target. All channels performed well.

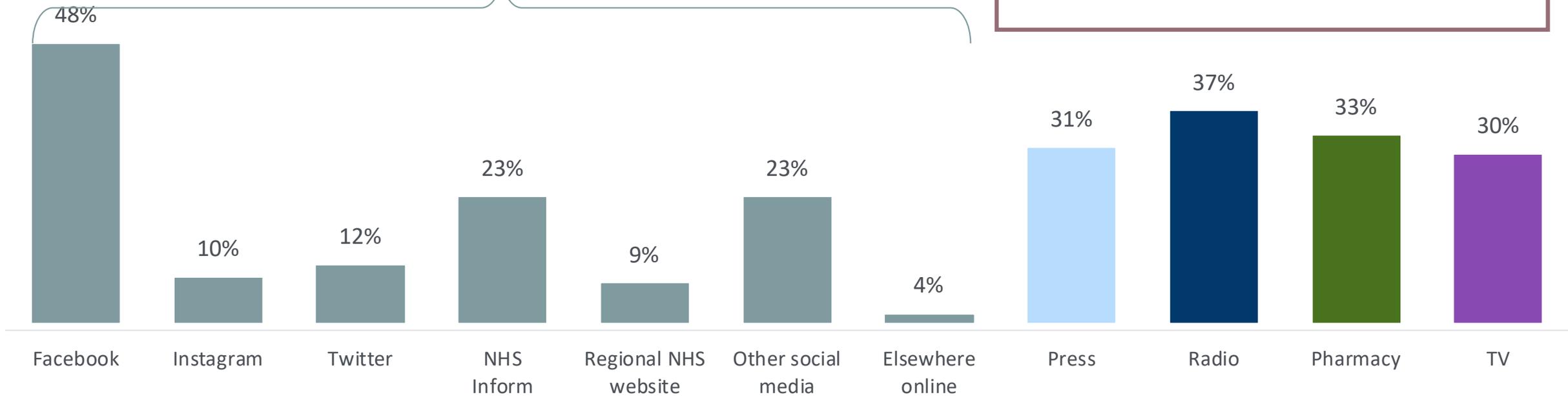


Any campaign recognition = 59%
(May 21) = 33%

→ target = 60%

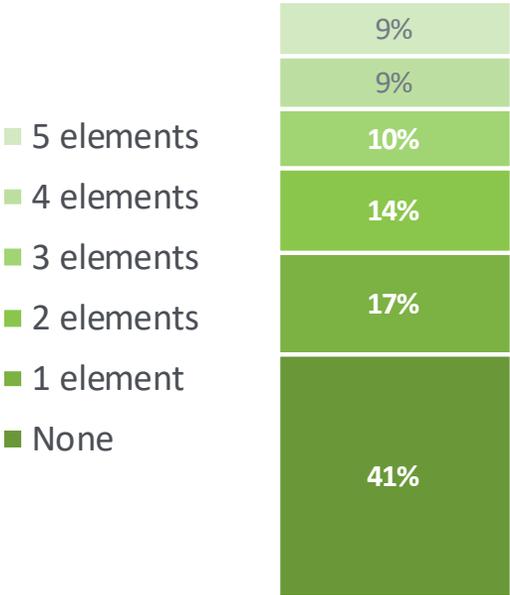
Social/digital 25%

In May 2021 – Press 23% and Radio 34%
(Other channel formats not used in the pilot phase)

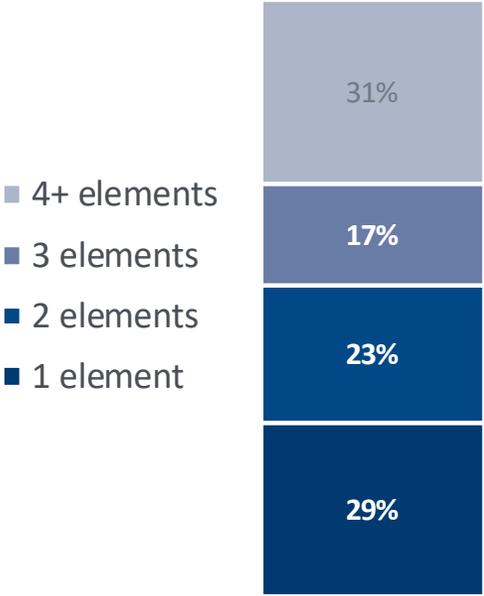


Multi channel recognition was very high, with over two thirds of recognisers seeing two or more channels. High levels of integration.

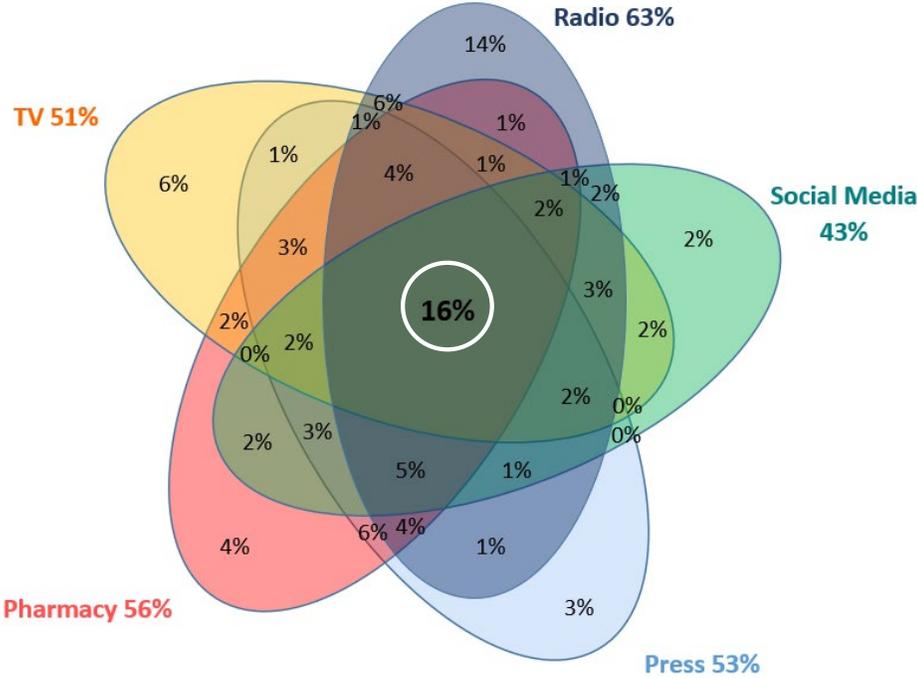
No. of campaign elements recognised (Total sample)



No. of campaign elements recognised (Recognisers)



Multi channel recognition (Total recognisers)





Recognition was higher among women, carers and aged 18-34 than others. Radio was the main driver of recognition for all groups other than 65+ and males.

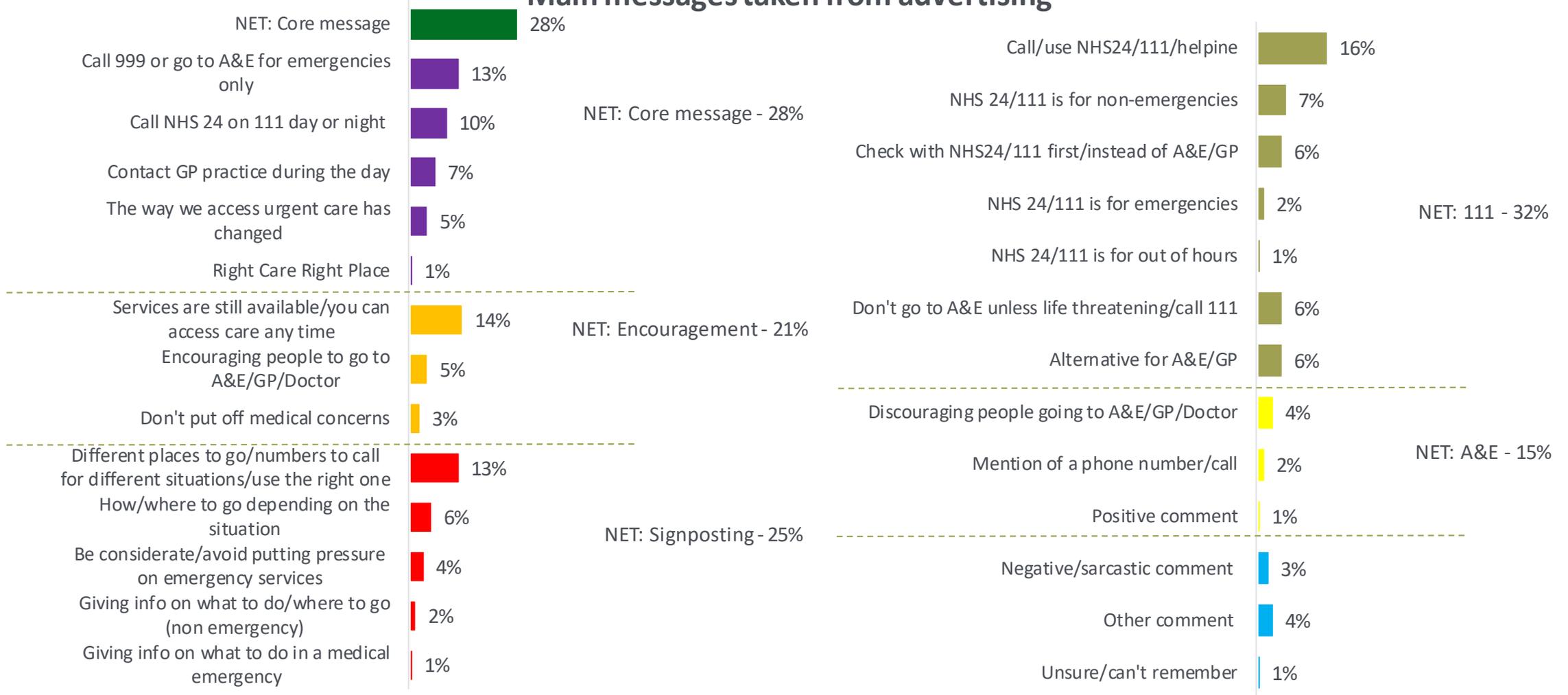
Recognise any element	Campaign source:					Number of channels				
	TV	Press	Radio	Social	Pharm	1	2	3	4+	
Total Recognisers (b:1007)	59%	51%	53%	63%	43%	56%	29%	23%	17%	31%
Male (b:483)	54%	52%	52%	60%	44%	61%	29%	23%	15%	33%
Female (b:523)	63%	50%	54%	66%	42%	52%	29%	23%	19%	29%
Carer/sufferer (b:516)	62%	52%	52%	63%	46%	60%	27%	22%	19%	32%
Non Carer/sufferer (b:491)	55%	49%	53%	63%	39%	52%	31%	24%	15%	29%
18 -34 year olds (b:279)	64%	45%	56%	73%	54%	65%	25%	19%	17%	39%
35 - 54 year olds (b:319)	60%	50%	54%	67%	42%	50%	31%	21%	18%	30%
55 - 64 year olds (b:169)	52%	47%	50%	63%	36%	54%	31%	28%	12%	29%
65+ year olds (b:239)	55%	62%	48%	44%	33%	54%	31%	28%	18%	22%

Q15, Q16, Q17, Q18, Q19: Have you seen or heard any of this advertising or publicity recently?

The campaign is communicating clearly, core messages are understood, it is encouraging people to get care, signposting and encouraging use of 111.



Main messages taken from advertising



Q20 - Thinking about all of the advertising you have just seen and heard – so the radio ad, press, and social media ads, what do you think are the main messages? What is it saying to people?

Note: >1% not shown. Base (all): 1007

Visibility Summary



Campaign awareness

- Good levels of spontaneous recall were achieved.
- The majority who recalled advertising mentioned a campaign source which is a first indication of campaign recall.
- High definite and possible mentions of the campaign despite very crowded landscape.

Prompted recognition

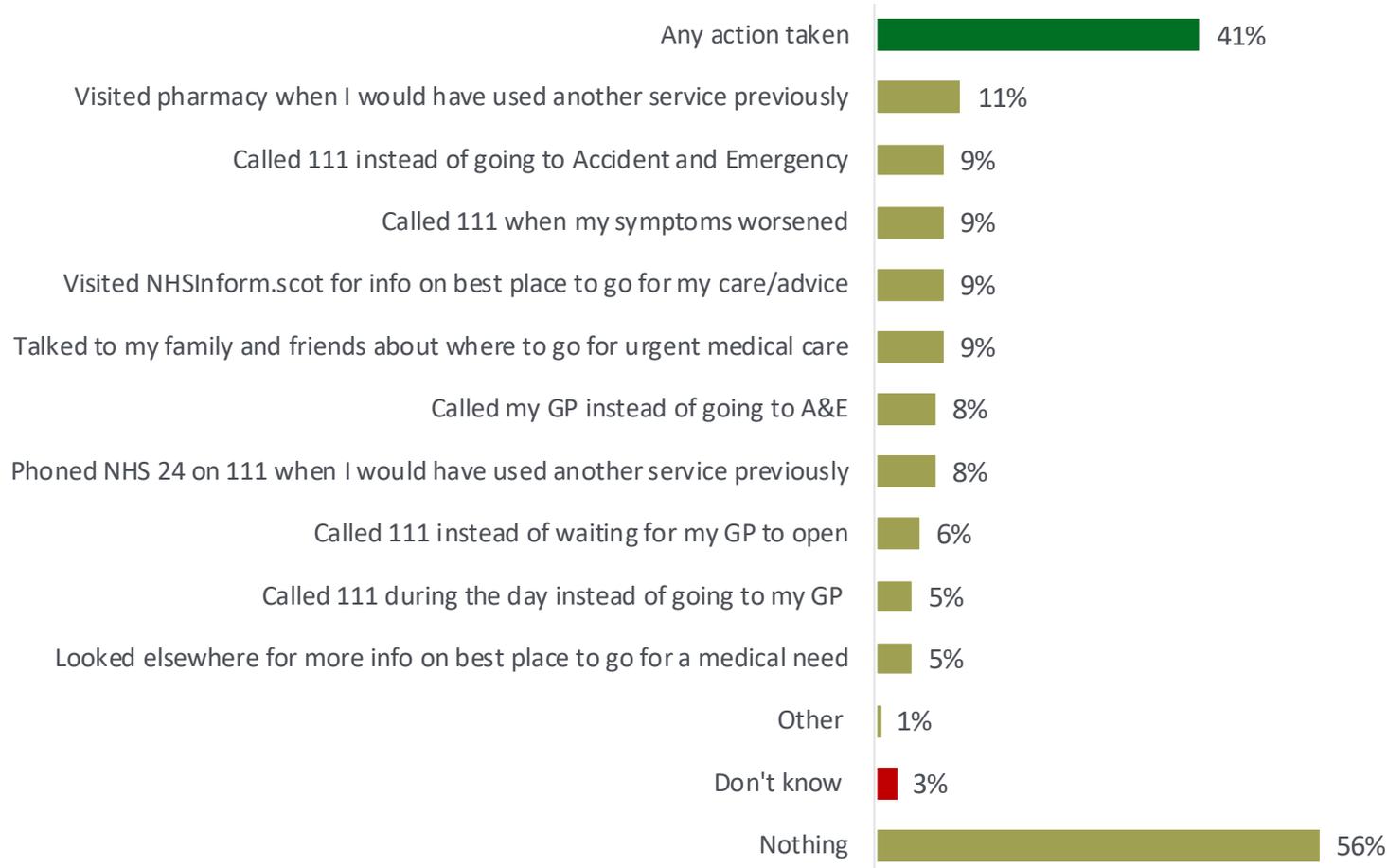
- Good prompted recognition. All channels performed well.
- Multi channel recognition was very high with high levels of channel integration.
- Females, younger people and carers were more likely to recognise the campaign.
- Radio was the main driver of recognition for all groups other than 65+ and males.

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Campaign impact

Claimed action taken or planned

The biggest single action to be prompted by the campaign is to call 111. SMART target was met for action taken by Recognisers.

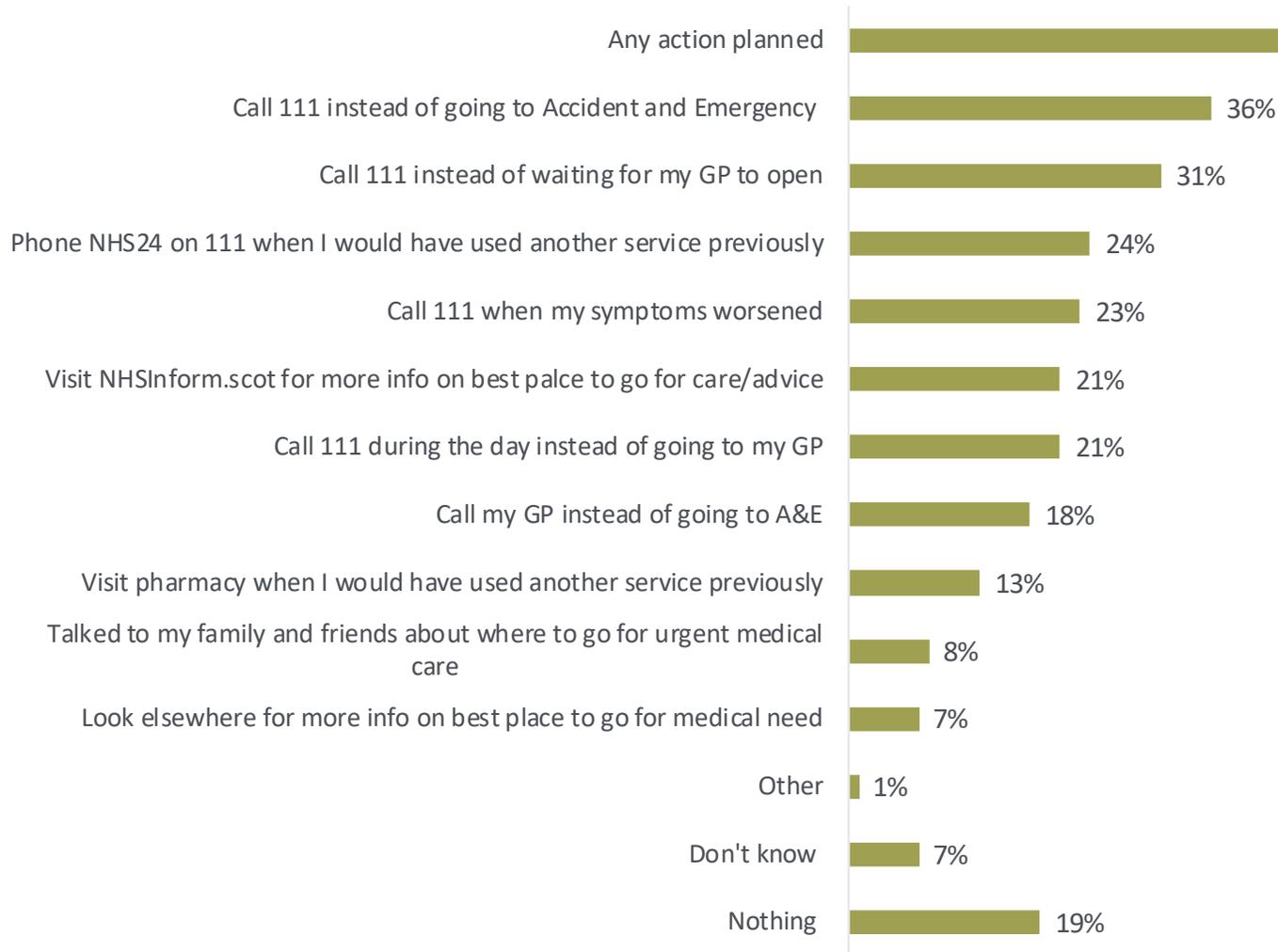
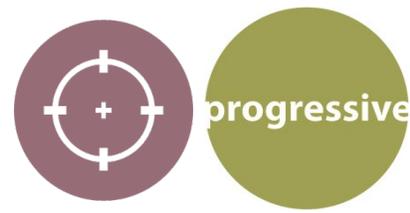


→ (planned action target = 40%)

22% of the total sample claim to have called NHS 111

Actions	May 21	Sep 21
NET: Phoned 111 in place of using other service	39%	22%
NET: Called GP	12%	8%
NET: Went to pharmacy	13%	11%
NET: Looked for more information	17%	12%
NET: Any action taken	49%	41%

As with claimed action, the biggest single planned action prompted by the campaign is to call 111. SMART target was exceeded for action planned by Recognisers.



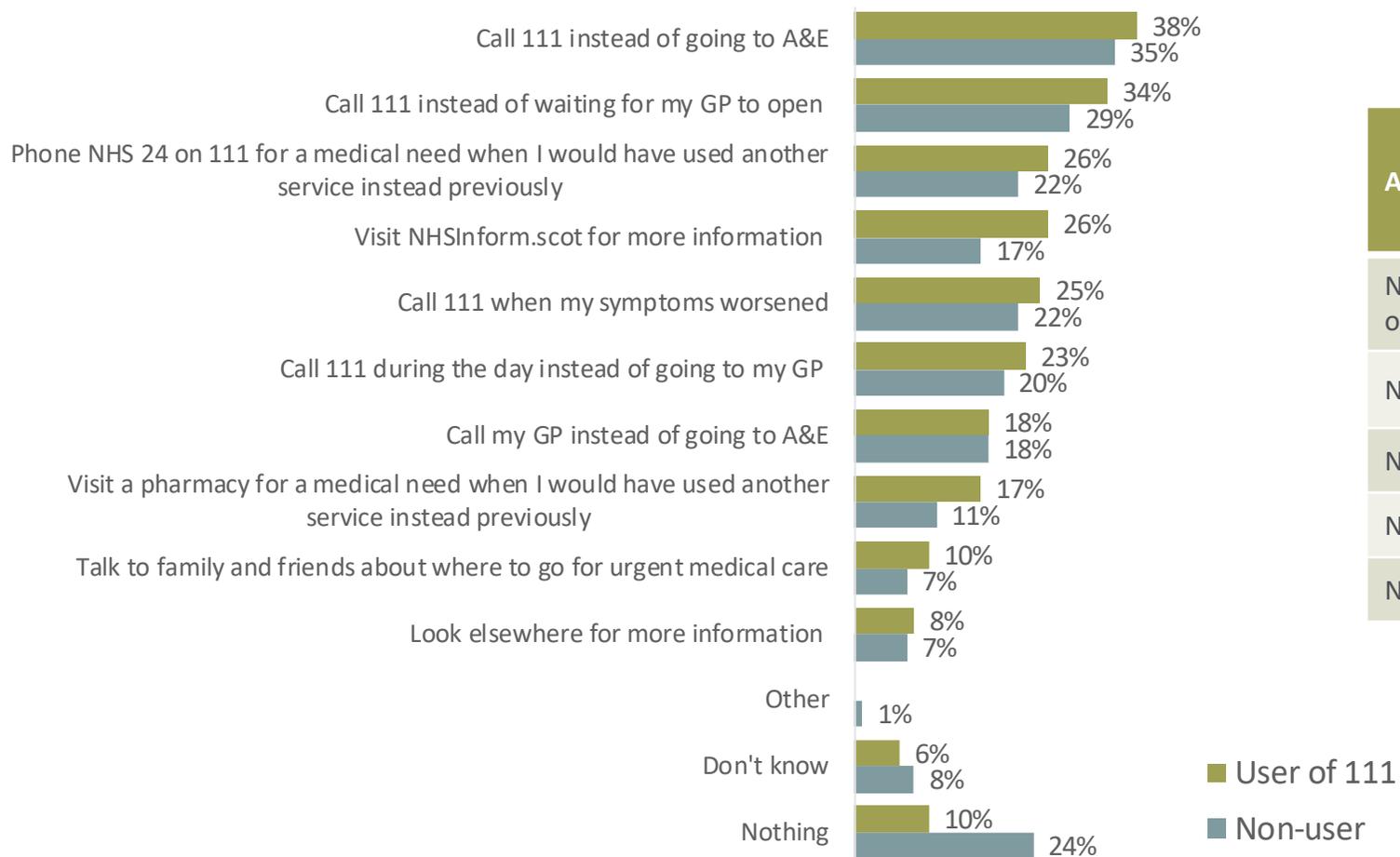
→ (target = 40%)

Action planned Recognisers 78%

Planned Actions	May 21	Sep 21
NET: Phone 111 in place of using other service	55%	63%
NET: Call GP	16%	18%
NET: Go to pharmacy	13%	13%
NET: Look for more information	17%	24%
NET: Any action Planned	68%	74%

Current users of 111 are more likely than non-users to plan any actions or to call 111 in place of other services. progressive

Actions planned

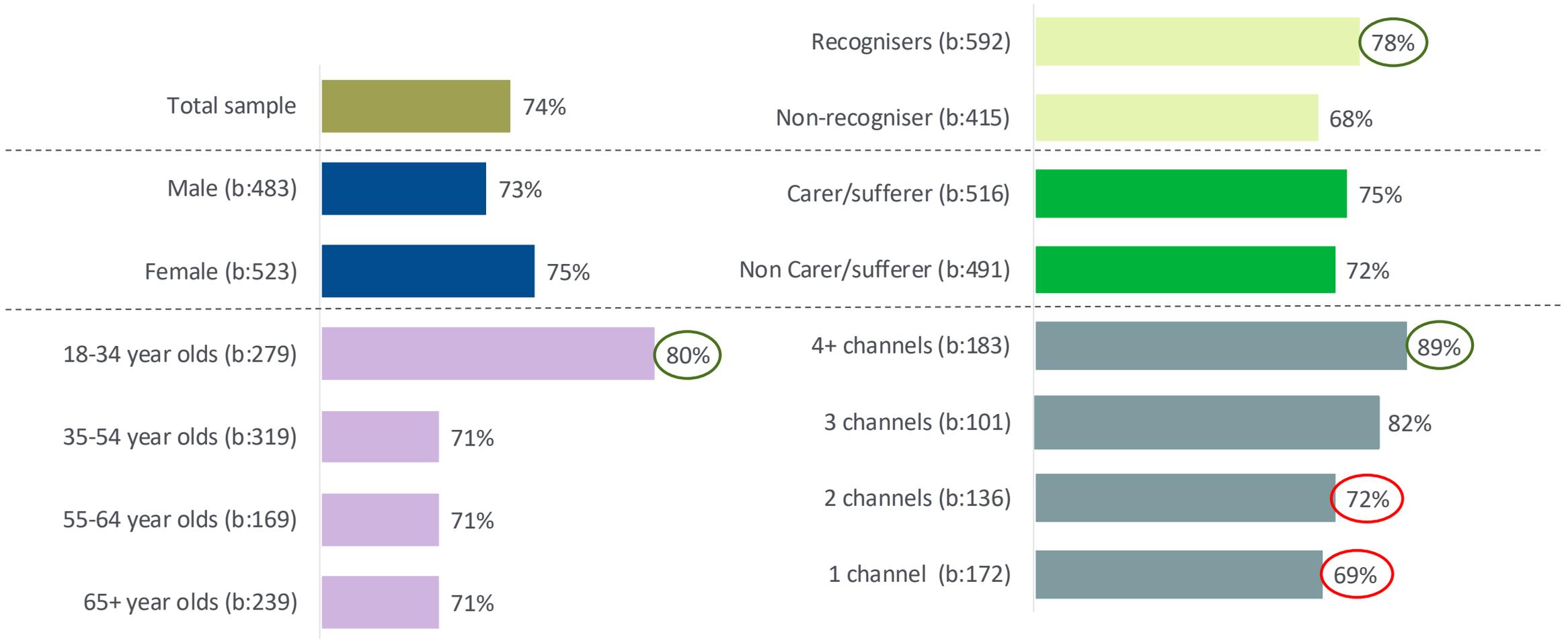


Actions	Sep 21 User of 111	Sep 21 Non-user
NET: Phone 111 in place of using other service	72%	57%
NET: Call GP	18%	18%
NET: Go to pharmacy	17%	11%
NET: Look for more information	30%	20%
NET: Any action planned	84%	67%

Recognisers of 4+ elements were more likely to plan action suggesting positive impact of the campaign.



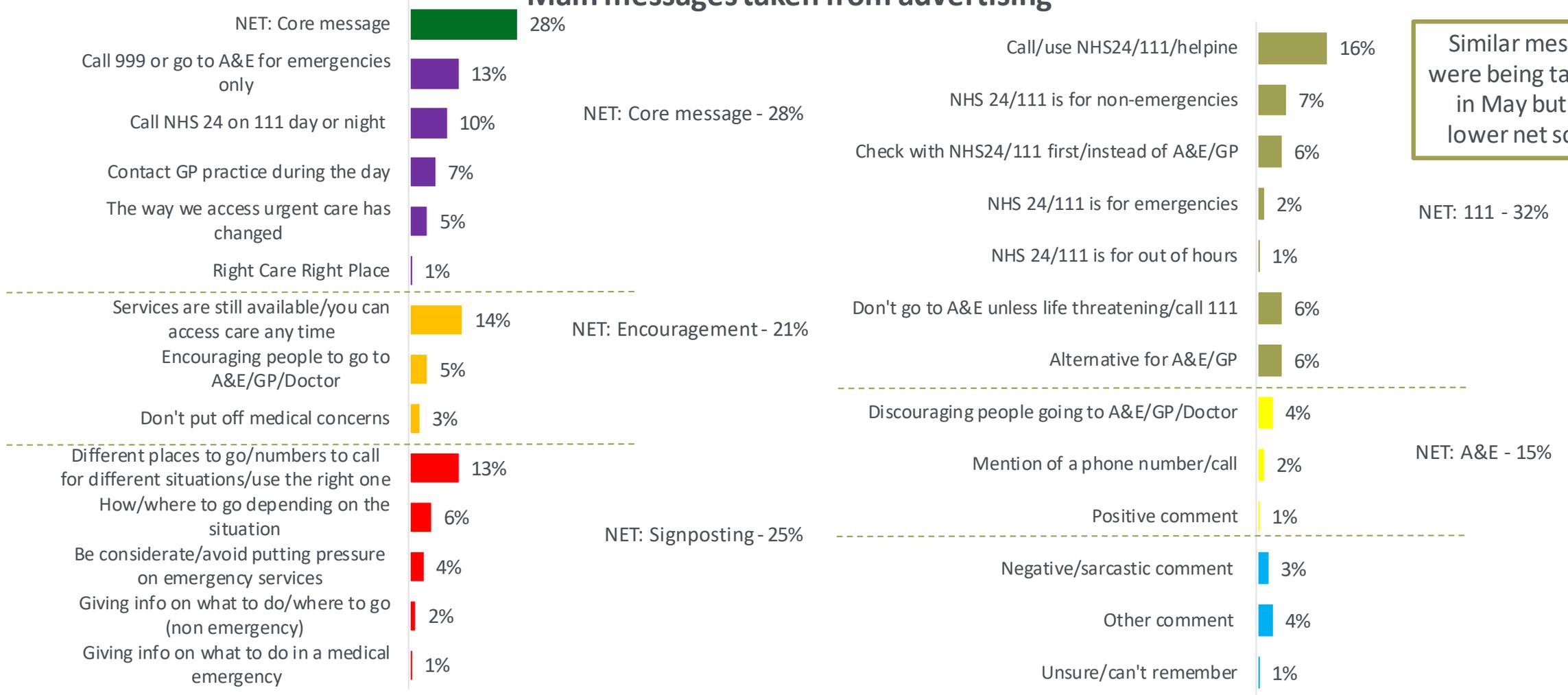
Plan to take action



The campaign is communicating clearly, core messages are understood, it is encouraging people to get care, signposting and encouraging use of 111.



Main messages taken from advertising



Similar messages were being taken out in May but with lower net scores.

Q20 - Thinking about all of the advertising you have just seen and heard – so the radio ad, press, and social media ads, what do you think are the main messages? What is it saying to people?

Note: >1% not shown. Base (all): 1007

A vertical olive green bar on the left side of the slide.

Campaign Understanding and Engagement

Campaign engagement

Campaign engagement

Relevance

'I believe the advertising is aimed at people like me'

Understanding
& Knowledge

'Having seen the advertising, I have a better understanding of where to go for non-life threatening medical help'

Stand out /
salience

'The advertising would catch my attention'

Trust

'I believe the advertising to be true'

Interest

'The content of the advertising is interesting to me'

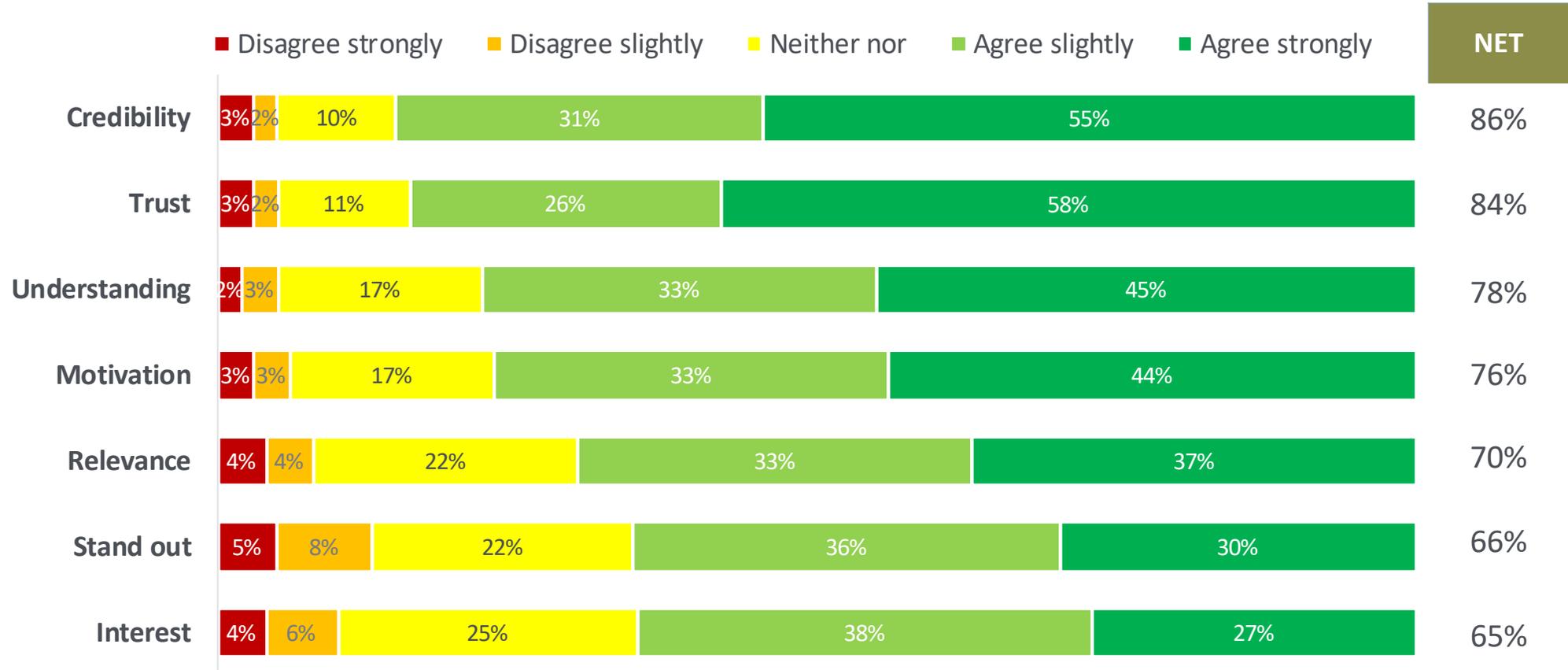
Credibility /
self-efficacy

'It makes me think if I need A&E but its not life-threatening, I can go to NHS 111 day or night'

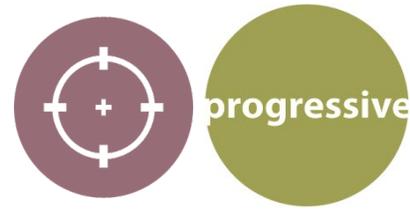
Motivation

'It encourages me to call NHS 24 on 111 day or night'

Reactions to the campaign were very positive. The campaign is clearly credible, trustworthy, easy to understand and motivating.



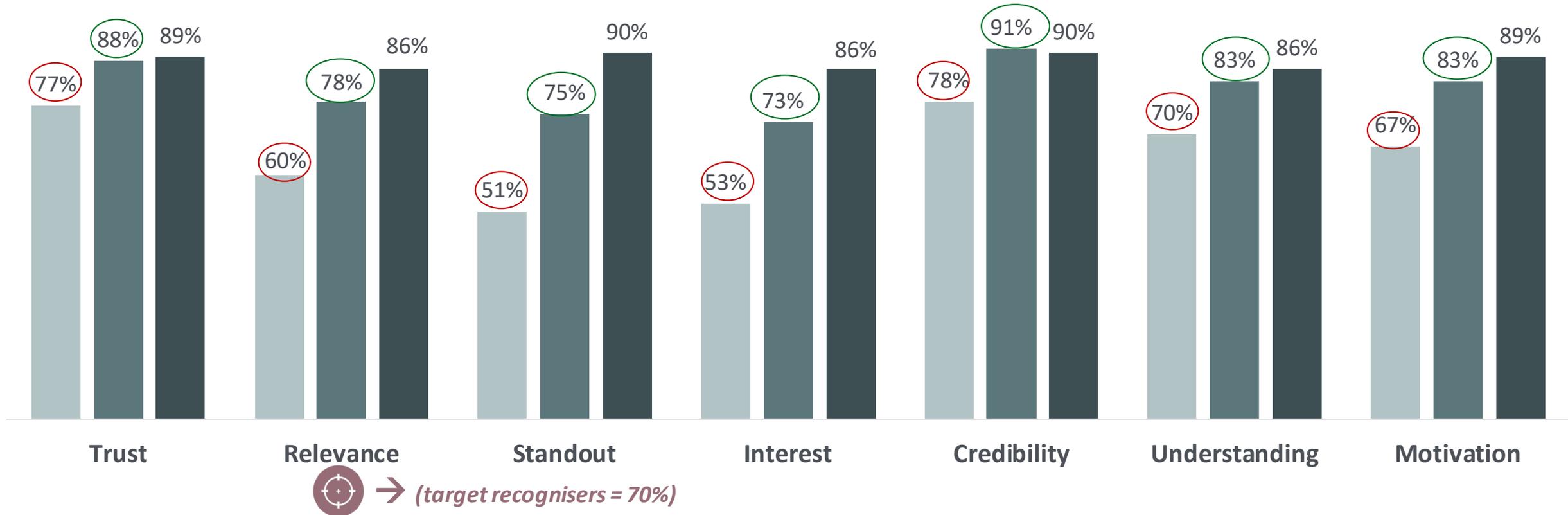
Across all elements recognisers had higher levels of agreement than non-recognisers, indicating positive campaign impact. SMART target for relevance was exceeded.



Net agreement – by recognition

NB Questions not undertaken in the pilot May 2021

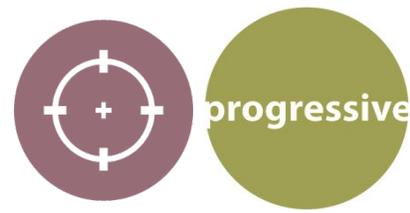
■ Non-Recognisers ■ Recognisers ■ Recognisers 4+ channels



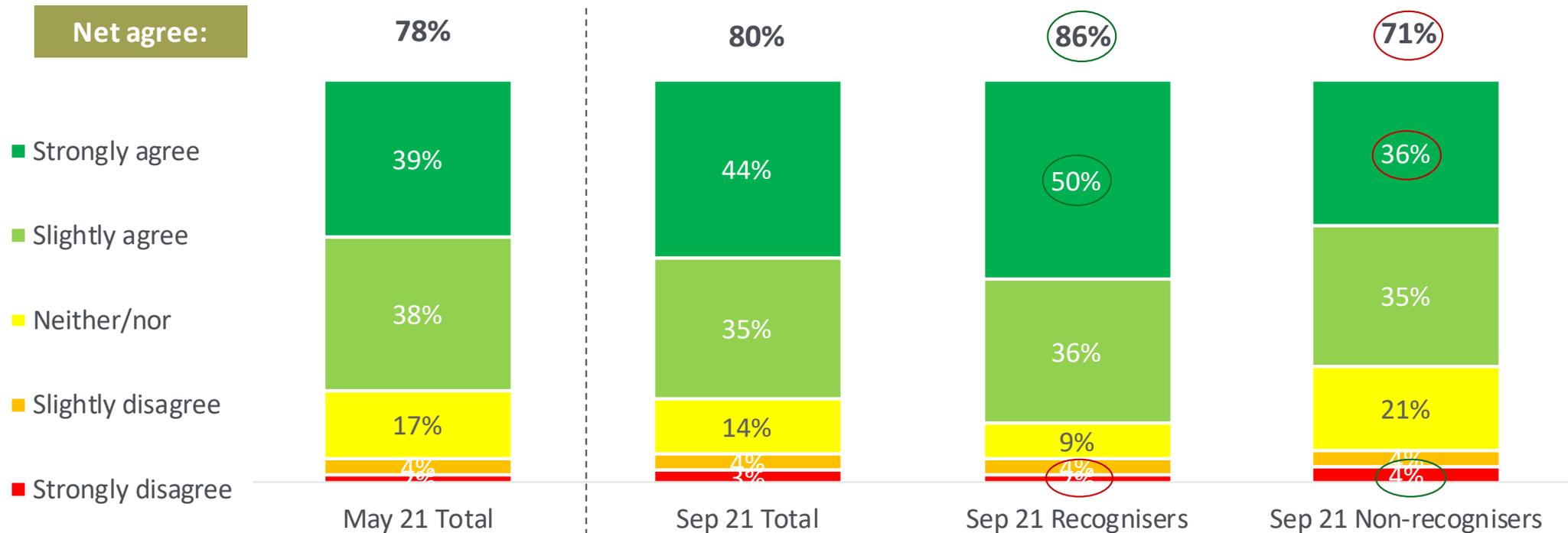
Q21. To what extent do you agree or disagree with the following statements about the advertising you have just seen and heard?

Base: Recognisers 592, Non-Recognisers 415, Recognisers of 4+ channels: 183

The majority of recognisers agreed that the advertising explains why it's important to call 111, far exceeding the SMART target. Recognisers were significantly more likely to agree than non-recognisers, indicating campaign success.



The advertising explains why it's important to call 111

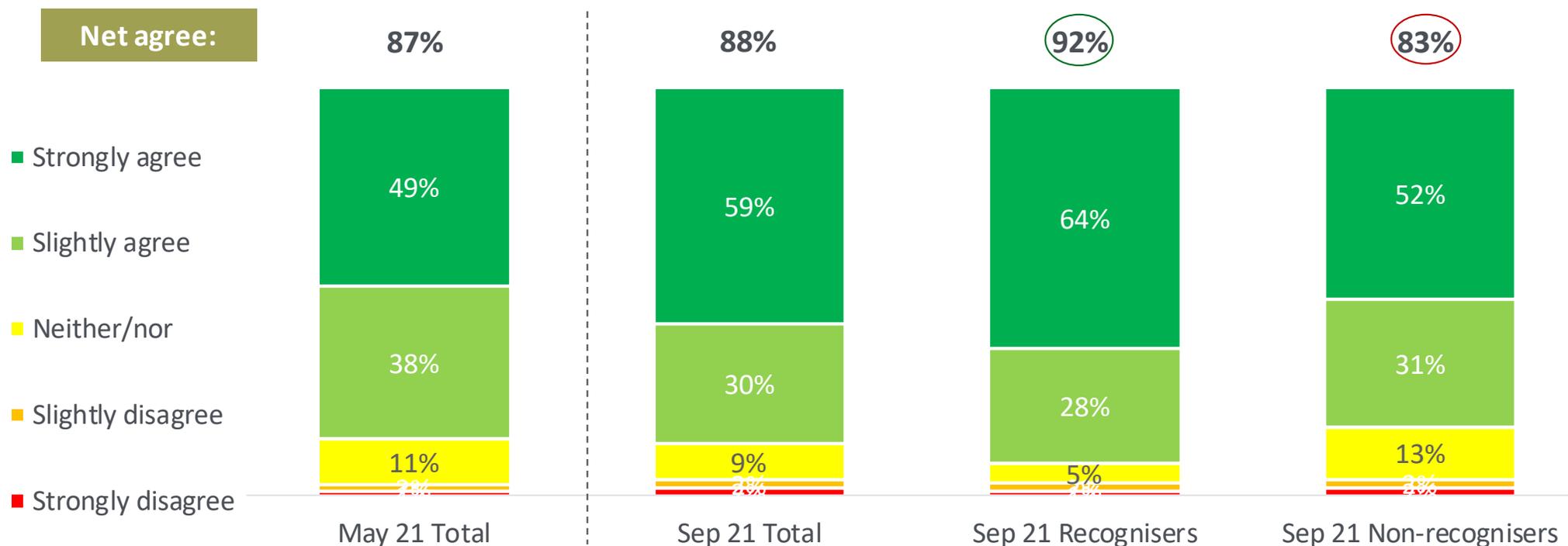


 → (target recognisers = 25%)

The majority of recognisers agreed that the advertising makes it clear what we need to do, far exceeding the SMART target. Recognisers were more likely than non-recognisers to agree, giving further evidence of campaign success.



The advertising explains the options of where to go for an emergency and where to go for a non-life threatening medical issue



→ (target recognisers = 40%)

Campaign Understanding and Engagement

Summary



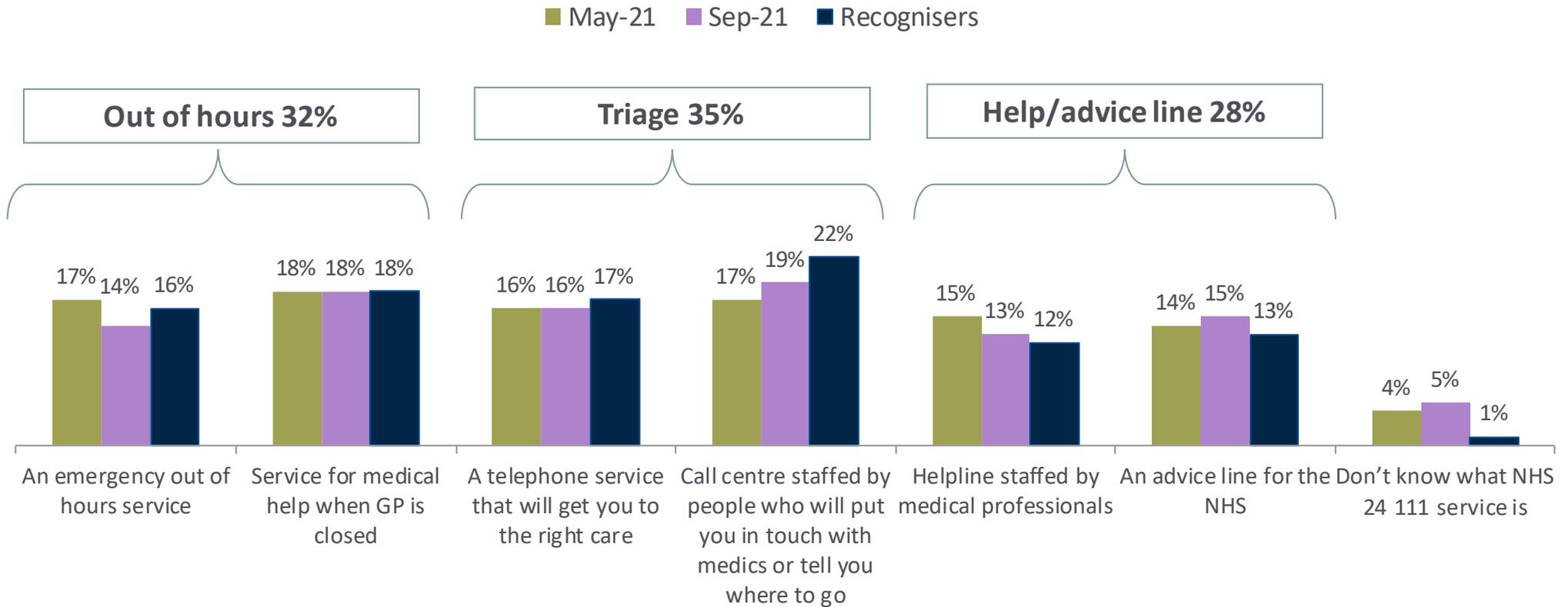
Take out

- The campaign is communicating clearly, core messages are understood, it is encouraging people to get care, signposting and encouraging use of 111.

Engagement

- Reactions to the campaign were very positive. The campaign is clearly credible, trustworthy, easy to understand and motivating.
- Recognisers had higher levels of agreement than non-recognisers, indicating positive impact of campaign.
- The vast majority of recognisers agreed that the advertising explains why it's important to call 111 and that it makes it clear what we need to do.

Marginally fewer people than last wave saw NHS 24 111 as out of hours and fewer saw it as a help or advice line. However, understanding of it as an out of hours service persists with just under a third of the sample.

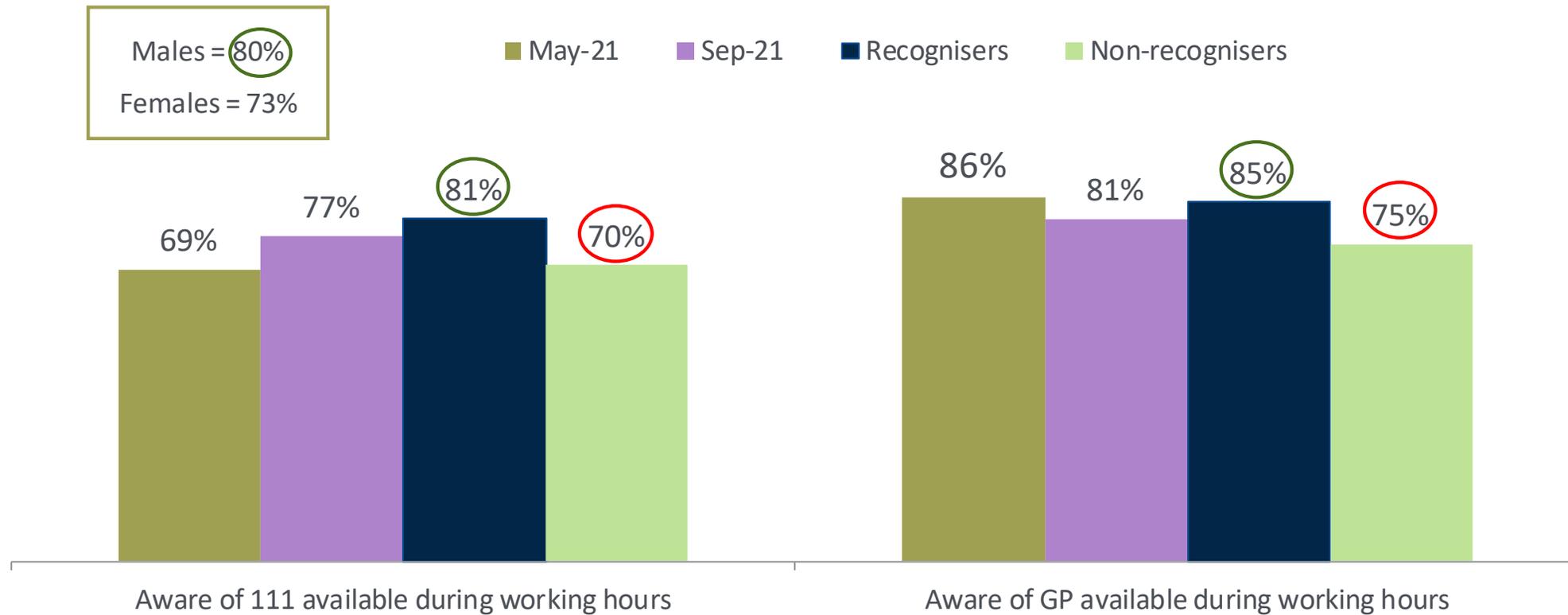


Awareness was higher for Recognisers, indicating efficacy of campaign to inform on this issue. Males were more likely to claim awareness of 111 than females. Awareness levels for GP and 111 are in line with May findings.



Awareness of 111 available during working hours

Awareness of GP available during working hours



Q8. For the past year 111 telephone service run by NHS 24 has been available during normal working hours.

Q9. For the past year or more and during the pandemic your local GP has been available during normal working hours.

Base (all): May 21 510, Sep 21 1007; Recognisers 592, Non-recognisers 491

Impact Summary



- Two fifths of those who have seen the campaign claim to have acted on it. 22% phoned 111 in place of using other service.
- The more channels people see the greater likelihood of them acting on the campaign, which suggests a positive impact of the campaign and multiple exposure driving action.
- Levels of planned action were very high with just under four fifths of recognisers (78%) and three quarters (74%) of the total sample claiming they would take action.



Conclusions and implications

Conclusions



Conclusions

- The campaign has performed incredibly well meeting all and far exceeding four of the SMART targets.
- It is communicating clearly, and high numbers of people claim to have acted and/or plan to act on it.
- Multi channel recognition was very high with high levels of channel integration. Radio performed particularly well.
- The more channels people see the greater likelihood of them acting on the campaign.
- All of this supports the current media mix.
- Understanding of NHS 24 111 as an out of hours service continues to persist with a third of the sample.



Appendices

Appendix A – Sample



Nat rep across Scotland, SEG, gender, age.

Gender	No.	%
Male	483	48%
Female	523	52%
Base	1007	100%

Age	No.	%
18-34 years	279	28%
35-54 years	319	32%
55-64 years	169	17%
65+ years	239	24%
Base	1007	100%

Children in household	No.	%
Children up to 4	70	7%
Children up to 17	243	24%
No children	764	76%
Base	1007	100%

Carer/sufferer	No.	%
Yes	516	51%
No	491	49%
Base	1007	100%

SEG	No.	%
ABC1	508	50%
C2DE	499	50%
Base	1007	100%

NHS Board	%	Nat rep profile
Ayrshire and Arran	7%	7%
Borders	2%	2%
Dumfries and Galloway	4%	2%
Fife	5%	7%
Forth Valley	6%	6%
Grampian	10%	11%
Greater Glasgow and Clyde	23%	22%
Highland	6%	6%
Lanarkshire	10%	12%
Lothian	17%	17%
Orkney	<1%	<1%
Shetland	<1%	<1%
Tayside	9%	8%
Western Isles	1%	0%

Appendix B – Profile of those who recognise the campaign



Gender	Campaign recognisers	Non-recognisers
Male (483)	44%	53%
Female (523)	55%	47%

Age	Campaign recognisers	Non-recognisers
18-34 (279)	30%	24%
35-54 (319)	32%	31%
55-64 (169)	15%	19%
65+ (239)	22%	26%

Carer/sufferer	Campaign recognisers	Non-recognisers
Yes (516)	54%	47%
No (491)	46%	53%
Usage of GP Practice	Campaign recognisers	Non-recognisers
Heavy user (352)	40%	28%
User (583)	56%	61%
Non-user (72)	4%	11%
SEG	Campaign recognisers	Non-recognisers
ABC1 (508)	48%	54%
C2DE (499)	52%	46%

Appendix C – Sample unweighted



Gender	Unweighted	Weighted
Male	458	483
Female	548	523

Age	Unweighted	Weighted
18-34	244	279
35-54	337	319
55-64	179	169
65+	247	239

SEG	Unweighted	Weighted
ABC1	554	508
C2DE	453	499

NHS Board	Unweighted	Weighted
Ayrshire and Arran	72	71
Borders	20	19
Dumfries and Galloway	36	37
Fife	54	53
Forth Valley	55	56
Grampian	103	99
Greater Glasgow and Clyde	228	233
Highland	60	61
Lanarkshire	106	106
Lothian	170	172
Orkney	1	1
Shetland	2	2
Tayside	91	88
Western Isles	7	7

Technical appendix

Quantitative: method and sampling



- The data was collected online CAWI.
- The target group for this research study was a representative sample of the Scottish population.
- The sampling frame used for this study was the online panel provider, Panelbase.
- The target sample size was 1000. The final achieved sample size was 1007.
- Fieldwork was undertaken between 23rd August – 8th September 2021.
- Respondents to internet self-completion studies are self-selecting and complete the survey without the assistance of a trained interviewer. This means that Progressive cannot strictly control sampling and in some cases, this can lead to findings skewed towards the views of those motivated to respond to the survey.
- Quota controls were used to guide sample selection for this study. This means that we cannot provide statistically precise margins of error or significance testing as the sampling type is non-probability. The following margins of error should therefore be treated as indicative, based on an equivalent probability sample. Margins of error for total sample (calculated at the 95% confidence level): 1,000 \pm 0.62% and \pm 3.10%
- Our data processing department undertakes a number of quality checks on the data to ensure its validity and integrity. For CAWI Questionnaires these checks include:
 - Responses are checked for duplicates where unidentified responses have been permitted.
 - All responses are checked for completeness and sense.
 - A computer edit of the data carried out prior to analysis involves both range and inter-field checks. Any further inconsistencies identified at this stage are investigated by reference back to the raw data on the questionnaire.
 - Where 'other' type questions are used, the responses to these are checked against the parent question for possible up-coding.
 - Responses to open-ended questions will normally be spell and sense checked. Where required these responses may be grouped using a code-frame which can be used in analysis.
- A SNAP programme was set up with the aim of providing the client with useable and comprehensive data.
- The sampling for this project was sub-contracted to Panelbase.
- All research projects undertaken by Progressive comply fully with the requirements of ISO 20252.