

Winter health messages – DRAFT report

Introduction

Healthwatch Leicester and Healthwatch Leicestershire act as the voice of the public in the delivery of health and social care services. To do this we collect feedback from residents of Leicester and Leicestershire about their experiences of using health and social care services.

Healthwatch Leicester and Healthwatch Leicestershire have identified winter health messages as one of their work priorities and this report considers the messages that members of the public have seen and their effectiveness in supporting people to look after their health in winter.

Methodology

A qualitative methodology was used for this Healthwatch project. Three focus groups were undertaken during December 2018 and January 2019, with two being undertaken in Leicester City Centre and one taking place in Loughborough.

Focus groups were chosen as they give an opportunity to explore the experiences and opinions of the participants in more depth than is possible using quantitative survey methods. Over the three focus groups there were 17 participants.

The focus groups were recorded with the consent of the participants and then transcribed. The transcriptions were analysed using thematic analysis. Our report has been developed using the key themes from the analysed feedback.

Themes

Flu Vaccinations

The most common themes that participants discussed related to the flu vaccine. This suggests that the messages about having the vaccine have been amongst the most effective winter health messages. One participant commented that the information on the flu vaccine was 'probably the only thing I have seen' whilst another said that they had 'not seen anything except the flu jab'.

However, participants raised issues that suggest that whilst the message about having the flu vaccine has been broadly effective there are other issues with the information that the public receive about the flu vaccine.

Side effects

There was wide discussion about both the alleged and experienced side effects of the flu vaccine.

It was felt by a number of the participants that there needed to be more information about what the potential side effects of the flu vaccine are in order for them to make an informed choice about

whether they wanted to take it. One participant commented that *'they tell you to take the flu [vaccine] but they don't tell you the side effects.'*

It was evident from the comments that were made in the focus groups that in the absence of full information from official sources other less reliable information was being shared amongst members of the public with one commenting that someone in the waiting room had said *'don't have it'* because there was *'mercury in it'*. Another commented that they *'don't like that there is no information about what it actually is'*. There was discussion about whether the flu vaccine could give recipients the flu after they had it with some saying that they had experienced flu like symptoms and one commenting that the side effects that they had experienced in the past had *'made me not very well, so I stopped for a few years.'*

Others commented that they had experienced side effects following their vaccination and that some of the information they had received had not prepared them for the level of side effects that they had experienced. One participant commented that they had been told *that 'your arm was going to be a bit uncomfortable'* and what they had actually experienced was *'more than uncomfortable. It was very painful, right down my arm.'*

Eligibility for vaccine

There was a broad understanding of the eligibility for the free flu vaccine, although there were some participants who had experienced confusion about eligibility, such as what age group were entitled to a free vaccination and what groups other than those eligible through their age could have a flu vaccination, such as carers. One participant commented that she had thought that she was entitled and when she had found she was not was *'asked if I want one anyway.'* She felt that this was confusing because *'if the government don't think I need it, then why should I have one? Nobody's been able to answer me that one.'* She felt that the motive for offering a vaccine to those who were not eligible for a free vaccine was financial saying that *'at the back of your mind is [that] 'because you're going to get £12 for it.' So, do I need one or not?'*

So, whilst there was a general consensus in the groups that they had seen information urging people to get vaccinated and most who were eligible for the free vaccine had done so there were still some reservations about potential side effects that could be overcome with more accessible messaging. This would help to overcome some of the negative messages that are passed by word of mouth about alleged side effects and concerns about what is in the vaccine.

Children

Very few of the participants appeared to have regular contact with children who were eligible to receive the vaccine. However, they were widely aware that primary school age children were eligible to receive the vaccine.

One participant did have children and expressed misgivings about the vaccine because they did not know what was in the vaccine and that this was a matter of concern. They said that *'I didn't like that you just got a letter sent home and you had to fill the form in'*. They went on to say that they had felt under pressure to let their child have the vaccine with the school chasing them for the reply slip. They commented that however, this year they had not had any communication regarding the

vaccine this winter saying, ‘we heard they didn’t have it this year, unless they had it without me even knowing.’

Others commented upon children receiving the vaccine in terms of them being identified as potential carriers of the flu rather than because they needed protecting from the impact of the flu in their own right with one commenting that ‘I think their long term plan is to keep increasing the age for the school children that can have them, because they are the main carriers.’ It may be helpful for messages to make clear that children should be vaccinated because of the potential side effects of contracting flu in order to encourage more wide spread understanding as to why children are targeted to be vaccinated.

Over 65’s

It was widely known that people over the age of 65 are eligible for the free flu vaccine. However, the use of a specific vaccine for this winter was a matter of some discussion. For some of the participants it was not clear why there was a different vaccine for the over 65’s as this had not been widely communicated.

There were some humorous comments about why this was the case with one participant commenting ‘I was little paranoid about that actually. Oh, there’s a special one for over 65’s.’ but more seriously it was felt that there was a lack of information for the public on why it was the case that there was a different vaccine for their age group.

Other vaccinations

Participants mentioned other vaccinations that they may be eligible for through the NHS. The pneumonia vaccine was a topic of discussion in one focus group with one participant telling how they had needed to ask for the vaccine and push to be able to have it. They commented that ‘I had to battle to get mine from my GP. The first time I asked it was I was not ill enough.’

There was some confusion about eligibility for the pneumonia vaccine and it was not widely known of; one participant said, ‘If you’re over a certain age you might be entitled to it.’ Whilst another commented that ‘they don’t promote it.’

Likewise, one focus group spoke about the vaccine for shingles and the criteria to be eligible for the vaccine. One participant commented that they were a ‘bit worried because my friends said it had very bad side effects; and I thought ‘oh God, what kind?’ Another commented about what age they had to be to be eligible ‘someone said I’d got to have it by, I’m 72, and you can only be 71 or something.’

Whilst this is not strictly related to winter health it again demonstrates that eligibility for vaccines on the NHS are not always clear even to those that are eligible to receive them and that there are gaps in knowledge about potential side effects that act as a disincentive to having the vaccines.

Antibiotics campaign

There was some discussion around the antibiotics campaign, but this was prompted by the facilitator asking directly about it. Once prompted some participants could recall seeing it, with one commenting that it had ‘that ridiculous in your head song’. Another said that they had seen the advert on television but that ‘mostly when I see these things, I just hit the skip button’.

The comment about skipping adverts on television is particularly pertinent when considering how messages can be more effectively conveyed. It was suggested that more television advertising should be used but it is questionable how effective this would be if more people watch television without the adverts.

Keeping warm

Participants spoke of past campaigns that they were aware of including 'keep warm, keep well'. Keeping warm was a key point for participants in terms of what they could do to keep well in the winter, and most were aware that there was an optimum temperature for their homes to be kept to. They also commented on what they could do to keep their homes warm such as 'turn the radiators up' and 'put up thicker curtains.'

However, some participants spoke of issues that they were aware of or had experienced that impacted on being able to keep their homes warm, particularly the financial cost of heating fuel. One commented that messages about heating the home could be unhelpful saying 'don't worry about the fuel bills, some people go hungry because they can't afford it.' Another said that they had had heating put in after a long time without heating and commented that 'the only problem is the cost. They got me to turn down the radiators or off because it's horrendous.'

Pharmacy

The use of pharmacies instead of the GP in the first instance was recognised as a message that a number of participants had seen and acted upon. However, the feedback on their experiences of using the pharmacists instead of the GP was mixed.

For some participants there was a sense that the pharmacists were risk averse and would simply refer them back to their GP anyway. One commented that 'if you go in and say have you got anything for this? They say no- go to your doctor. Which is a safe way of doing it in a way.' Another said that 'the pharmacy, to cover themselves, will say 'oh, I think that you'd better go to A&E''

For others there was concern that the pharmacists were under pressure as well and that going to them first was unsustainable. One commented that 'I don't think that they've got the time anyway. Pharmacists haven't, not nowadays.' However, another commented that 'mine is very, very busy, but they will always make time for you... they'll always help you out and everything.'

NHS 111

There was some discussion of using NHS 111 rather than going to the GP or Accident and Emergency. It was clear that people recognised the messages to use NHS 111 and one commented that they had seen the message 'on the buses.'

However, there were mixed experiences of using the service which impacted on the willingness of participants to use it in future. One commented that their family had been 'using that number and when it's been necessary, we've been given an appointment at the Royal. So that's worked well.'

Whereas another said that it had not worked well 'in my husband's case because they don't know what he's got. In the end they went 'don't know what to do, we'll send an you an ambulance out.'

Support

When participants were asked whether they felt supported to look after their health in the winter a number of them said that they did not feel supported. One said that they felt that they were not supported in their role as a carer commenting that 'I don't actually feel supported at all.'

Others said that they had support from their families with one commenting that their 'grandson got out of bed to look after me and my partner' but for others it was felt that 'we don't normally now live within a community of our family and friends. They're all over the place, so no I don't feel supported at all really.'

For one participant living alone was a source of anxiety in relation to looking after their own health and they felt that they had a lack of support because of living alone. The commented that 'it's great worry to me, you know, when you live on your own. You haven't got any relatives and it's worrying. If I break my leg or anything, what I'll do.'

Message visibility

The visibility of messages was an area for discussion for the focus groups both in terms of what they had seen during this winter and also how messages could be disseminated effectively.

Beyond the messages that participants had seen about the flu vaccine, it was commented that there had not been as many messages seen this winter. One said 'there doesn't seem to have been the 'keep warm, keep well' type message. Have I just missed it?' This was particularly marked amongst the participants from the focus group that took place in the County. They commented that they felt there had been fewer winter health messages this year than there had been in the past saying, 'there doesn't seem to have been as much here, because this is often a place where people come with health messages.' It was commented that this may be because 'it's not been very cold has it, thinking about it?'

For one participant it was felt that there was a reduction in the messages because there were 'too many' older people and it was a deliberate act to reduce the number of messages.

It was also suggested that the fact that messages had not been noticed could be due to the location of messages, not reaching the places that the target audiences for the messages were likely to be. One participant said, 'if you haven't noticed it, then it isn't enough is it, in the right place?'

Participants from the focus groups in the city were better able to recall seeing winter health messages and detailed places such as in GP surgeries, pharmacies and on public transport although it

was commented that the information in a GP practice was ‘a very small notice, in small type on the wall.’

However, they had other suggestions for where messages could be more effective and reach a wider audience. One participant spoke about the use of the media to help promote health messages, again with a focus on messages around flu vaccines, commenting that ‘it would be useful, the [One] programme last night, apparently the lady presenter announced that she was pregnant. Now if she’d said she’s had the flu jab, that would be helpful.’ They spoke about the approach in the United States where state news anchors were vaccinated live on air. However, there was little knowledge of the poster campaign using Trevor McDonald to promote the take up of the flu vaccine that made use of the approach of using well known public figures.

Impact of messages

For some participants it was felt that the messages that they have seen have lost their impact because they have become so familiar. It was commented that ‘most of the messages that they give to people our age, they’re pretty basic, aren’t they? We already know, don’t we to be honest.’ Although it was acknowledged that there was a need for some messages because ‘we do have excess winter deaths in Britain...so there is something about people looking after themselves. So, although I am sure most people are sensible, there may be messages that are important.’

For one other participant it was expressed that the messages about the flu vaccine made them feel less like they wanted to have it saying ‘it’s just you need to go and have this. That almost makes you feel ‘well I don’t want to.’ For another participant it was felt that ‘there are gaps between what you’re told and what you can do.’

Conclusions

In conclusion it was possible to see that the messages to have the flu vaccination were widely recognised and, in many respects, effective as most participants who were eligible for the vaccine taken it up. However, there still some key issues with information about the reasons why specific groups were targeted, and particularly the potential side effects of the vaccine.

For other types of vaccines, there was a lack of knowledge of what was available and who was eligible to have the vaccines which has the potential for some people who lack some knowledge already missing out on preventative healthcare.

The campaign around antibiotics needed to be prompted with the groups before it was recognised, and comments were generally less positive around the television advert. There was little recognition of other methods of dissemination which calls into question how visible the campaign has been.

‘Keep warm, keep well’ was recognised as a winter health message and had been taken on board by most participants, although it was recognised that there had been no such campaign this winter.

However, although participants were aware of the campaign there was recognition that for some people it was not possible to follow the advice because of cost implications around fuel costs.

Messages about using the pharmacy or NHS 111 as a first port of call were recognised and participants generally said that they had largely followed the advice. However, there was mixed feedback about using those alternative services with a particular focus on pharmacies not giving advice and referring on to GPs or Accident and Emergency.

When participants were asked if they felt supported to look after their own health during the winter participants related particularly to family support and those that did not have that kind of support reported that they did not feel that there was support available to them.

Although there was recognition of some winter health messages, there were comments that there seemed to be fewer of them this winter than there had been in the past and that they were perhaps less visible. There were suggestions that there should be wider advertising and also seek the support of the media in using well known public figures to front campaigns including promoting health messages through other programming. However, there was no reference to the campaign that has been fronted by Trevor McDonald by participants which would call into question the impact of this approach.

It was also suggested that some of the messages were becoming less impactful because they were basic and had been around for a long time, but at the same time a recognition that they had a place in trying to reduce harm from winter conditions. There were also comments that repeated messages that felt like commands to have the flu vaccine actually had a negative effect on the take up for some people.

Overall, it was clear that messages about having the flu vaccine for eligible groups were largely recognised but other types of messages were not as widely visible.

Recommendations

- Whilst there was wide knowledge of the flu vaccine and most eligible participants has taken it up, there were issues raised in relation to why particular groups were eligible, what the vaccine is and side effects. Therefore, it is recommended that more information is provided in an accessible way to alleviate some concerns.
- There was a lack of knowledge of other types of vaccine that participants may be eligible for. Therefore, it is recommended that information about eligibility for other vaccinations such as shingles and pneumonia should be improved and made more accessible for those that may be eligible.
- There was wide recognition of the keep warm messages from previous winters. However, participants identified potential barriers to following the advice in relation to costs. Therefore, it is recommended that consideration is given to ways that there can be more advice on keeping warm that recognises potential cost barriers to turning the heating up.

- Participants were aware of messages about using pharmacies rather than GPs for minor issues but had had mixed experiences with those services. Therefore, it is recommended that there is clear information provided about the remit of the pharmacists and at what point patients would be referred to their GP or elsewhere.
- A number of participants said that they did not feel supported to look after their health in the winter. Therefore, it is recommended that more information is provided about support that is available for people to keep well in winter, particularly for older people, those with mental health conditions and carers.
- There was feedback that messages had not been particularly visible this winter and therefore have had questionable impact. Therefore, it is recommended that consideration is given to where messages are; the form that they take; making use of different types of media and making use community groups and centres.

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