

DWMP INSIGHT PROJECT

Learning Event
15th December 2022

**DRUMMOND
CENTRAL**

WHAT TODAY IS

- A quick introduction to Drummond Central & the project
- Project objective and methodology
- Summary of findings
- Interpreting the results and forming a strategic approach
- Next steps



TODAY'S TEAM



Emma Winter
Senior Planner

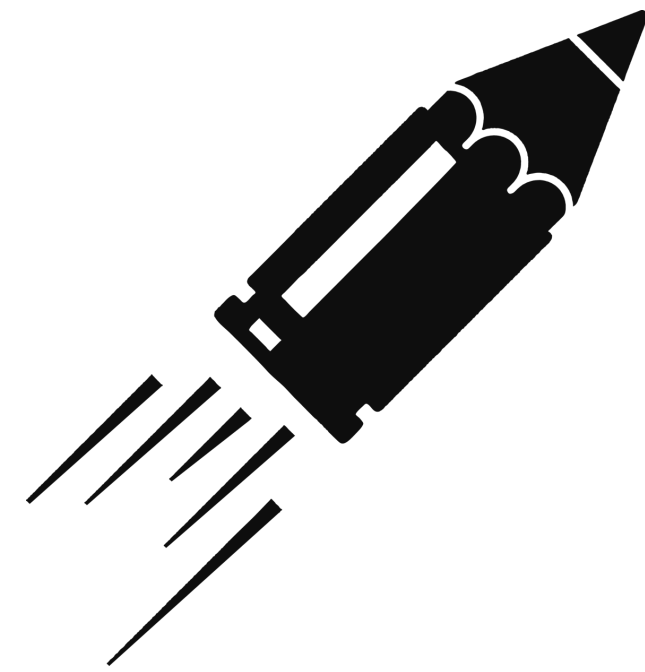


Lauren Davison
Senior Account Manager

WHAT WE DO



**We craft
razor-sharp
strategies.**



**We build
remarkable
brands.**



**We create
powerful
ideas.**



**We design
digital
solutions.**



**We deliver
awesome
assets.**



SOME OF OUR HEALTH & 3RD SECTOR CLIENTS





**“Thank you
North East
for everything
you’re doing
to fight Covid”**

Brenda Naisby, Grandmother

Following the social distancing
advice means I can kiss my
grandchildren sooner.

Help us get to the future we
all want at [BeatCovidNE.co.uk](https://www.beatcovidne.co.uk)

NORTH EAST ENGLAND COVID COMMUNICATIONS CAMPAIGN 2020

**DRUMMOND
CENTRAL**



**“Thank you
Newcastle¹
for everything
you’re doing
to fight Covid”**

Emily Walker, underlying health conditions

2 Following the social distancing advice means I can keep going to school.

3 Help us get to the future we all want at BeatCovidNE.co.uk

1 Headline

The Local ‘Thank you’.

2 Sub-header

Future looking benefit framed in context of specific behaviour.

3 CTA

Reward of a better future.



A HIGHLY EFFECTIVE CAMPAIGN

56% prompted recognition of at least one campaign element.

94% took a clear message from the campaign.

Nearly half took at least one desired action having been exposed to the campaign.

North East case rates tracked at or below national rates for the campaign period and reduced at a higher rate post-Christmas 2020 peak when the campaign was running on all channels

**INTEGRATED COVID HUB
YOUNG PEOPLE INTERVENTIONS
+
CHANGE OF HEART CAMPAIGN**

**DRUMMOND
CENTRAL**

NHS

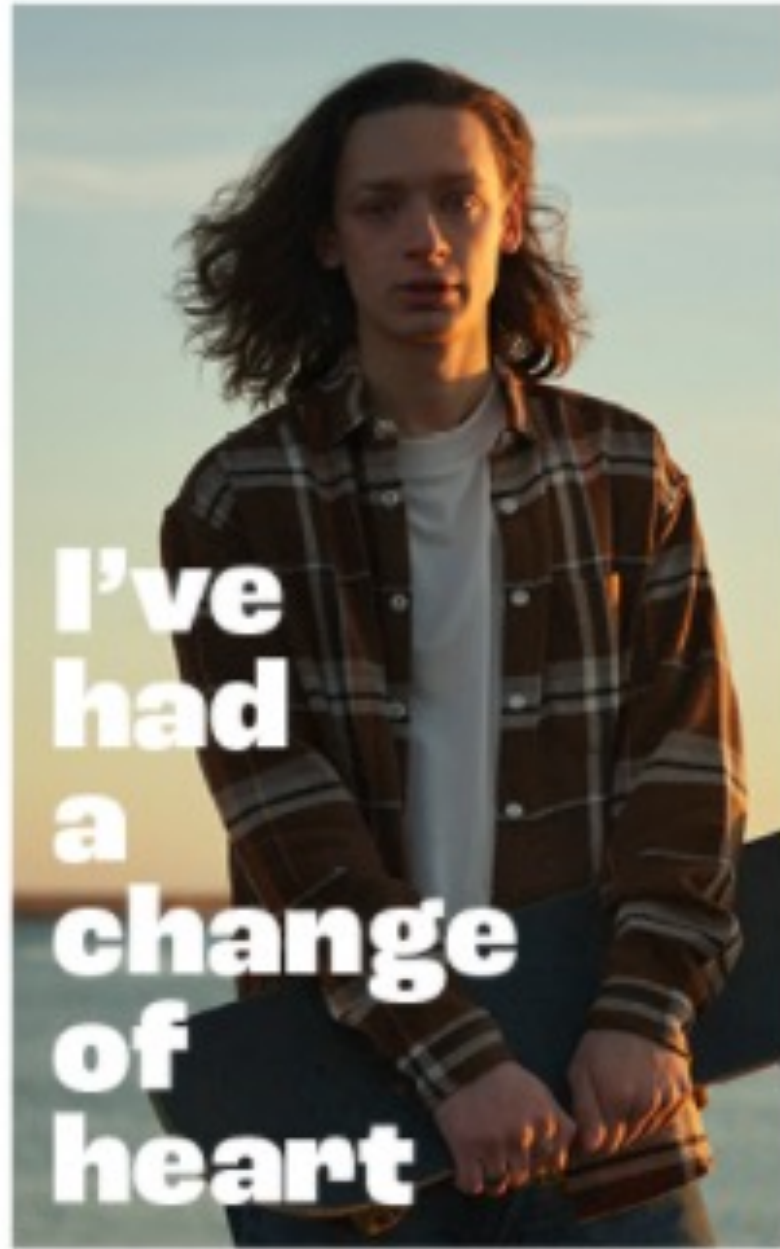


I've had a change of heart

My midwife showed me the latest advice and now I know that getting my Covid jabs is the best choice for me and my baby.

Book your Covid jabs now at [NHS.uk](https://www.nhs.uk) or text CHANGE to 66777.

NHS



I've had a change of heart

I saw how ill Covid made my dad and got vaccinated to protect the people I care about as well as myself.

Book your Covid jabs now at [NHS.uk](https://www.nhs.uk) or text CHANGE to 66777.

I've had a change of heart



NHS

NHS



I've had a change of heart

NHS



I've had a change of heart

NHS



I've had a change of heart

I've had a change of heart



NHS



NHS

I've had a change of heart

I've had a change of heart



I got my Covid jabs so it's easier for me to get away on holiday and do all the things I want to do.

Book your Covid jabs now at [NHS.uk](https://www.nhs.uk) or text CHANGE to 66777.





A HIGHLY EFFECTIVE CAMPAIGN

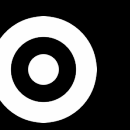
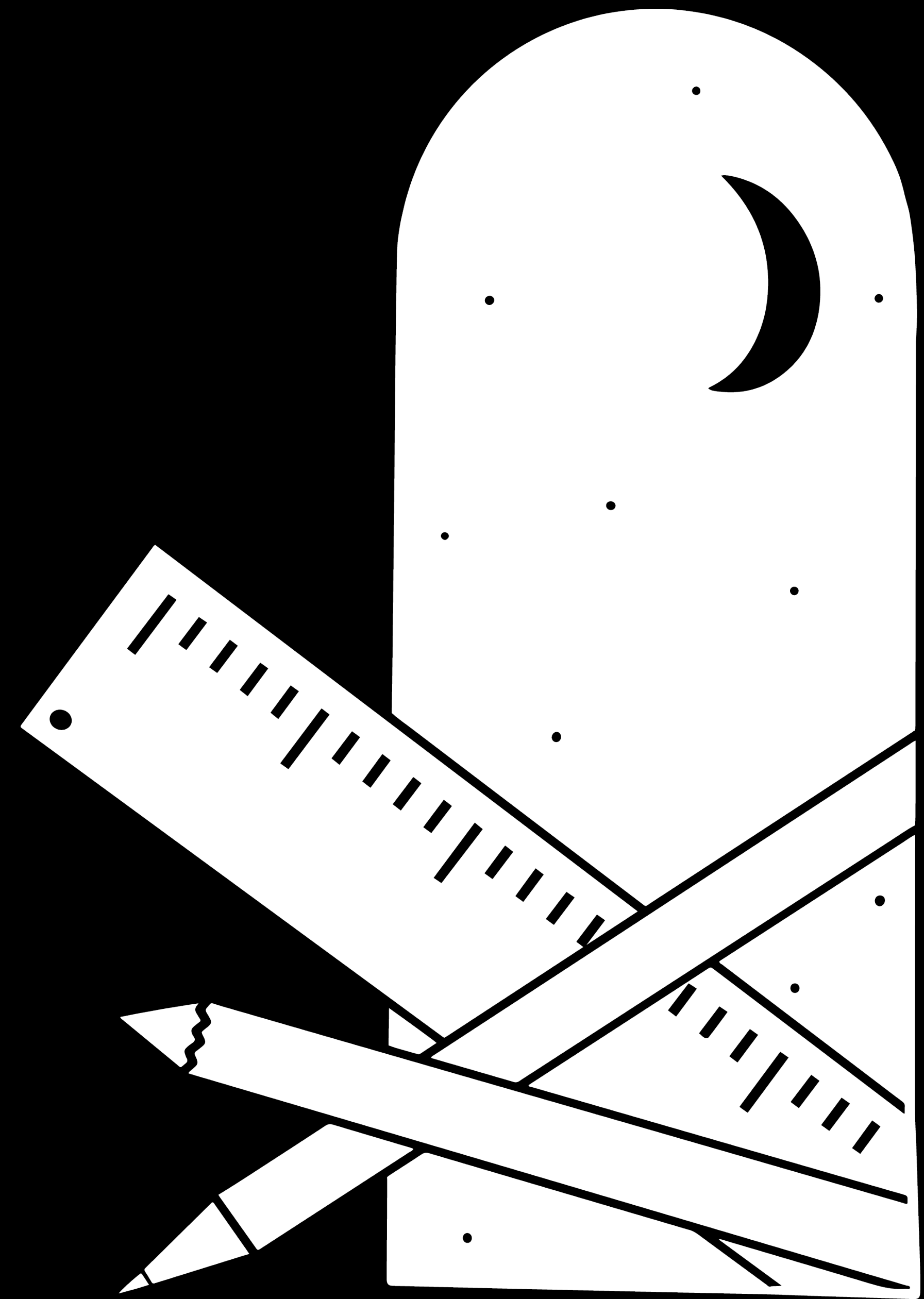
65% prompted recognition of at least one campaign element.

84% took at least one desired action having been exposed to the campaign.

24% got a vaccine and 11% changed their mind about getting one

Compared to the national vaccination numbers, our region experienced a much less significant drop during and after the campaign period.

DIGITAL WEIGHT MANAGEMENT PROJECT SCOPE



THE SCOPE OF OUR STUDY:

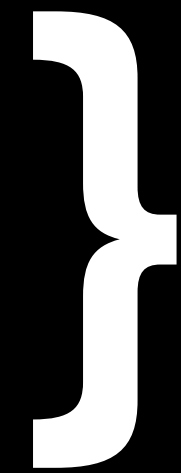


To gather behavioural insight into the enablers and barriers experienced by adults in relation to increasing uptake of **digital weight management services (DWMP)** within the most deprived communities in NENC.

THE SCOPE OF OUR STUDY:



**DEFINE
DIAGNOSE**



Behavioural insight element

- Range of stakeholders e.g. Public Health at LAs
- Primary care staff / Social prescribers (29)
- Users/potential users - living with excess weight (45)



DESIGN



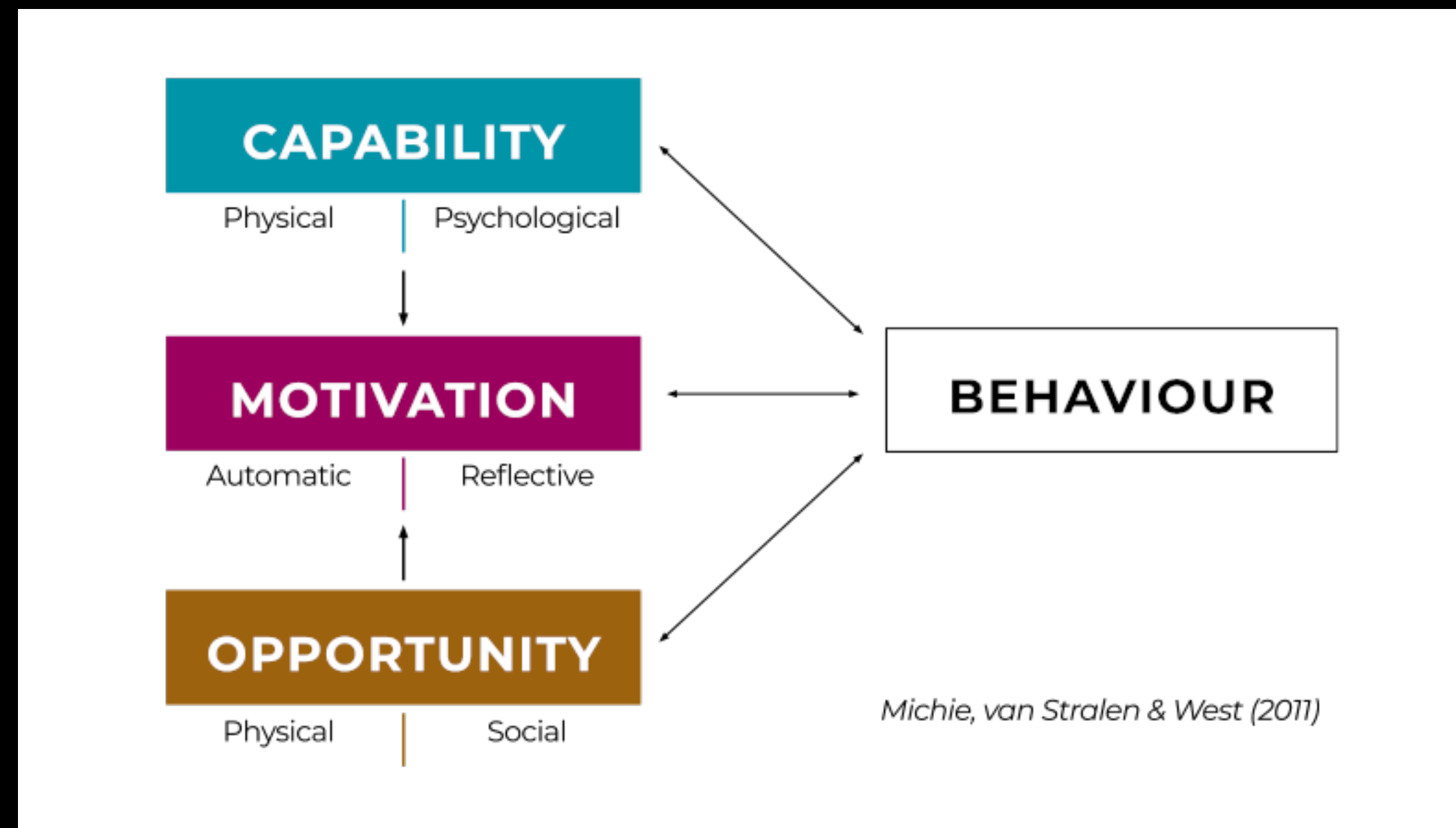
Develop concepts for interventions (comms and others) to encourage engagement with DWMP.

EVALUATE



Build, prototype and evaluate intervention(s).
(Not in scope.)

WE USED THE COM-B BEHAVIOUR CHANGE FRAMEWORK THROUGHOUT



A COMPREHENSIVE, RICH BEHAVIOURAL INSIGHT ELEMENT



11

Stakeholders

45

General Public

29

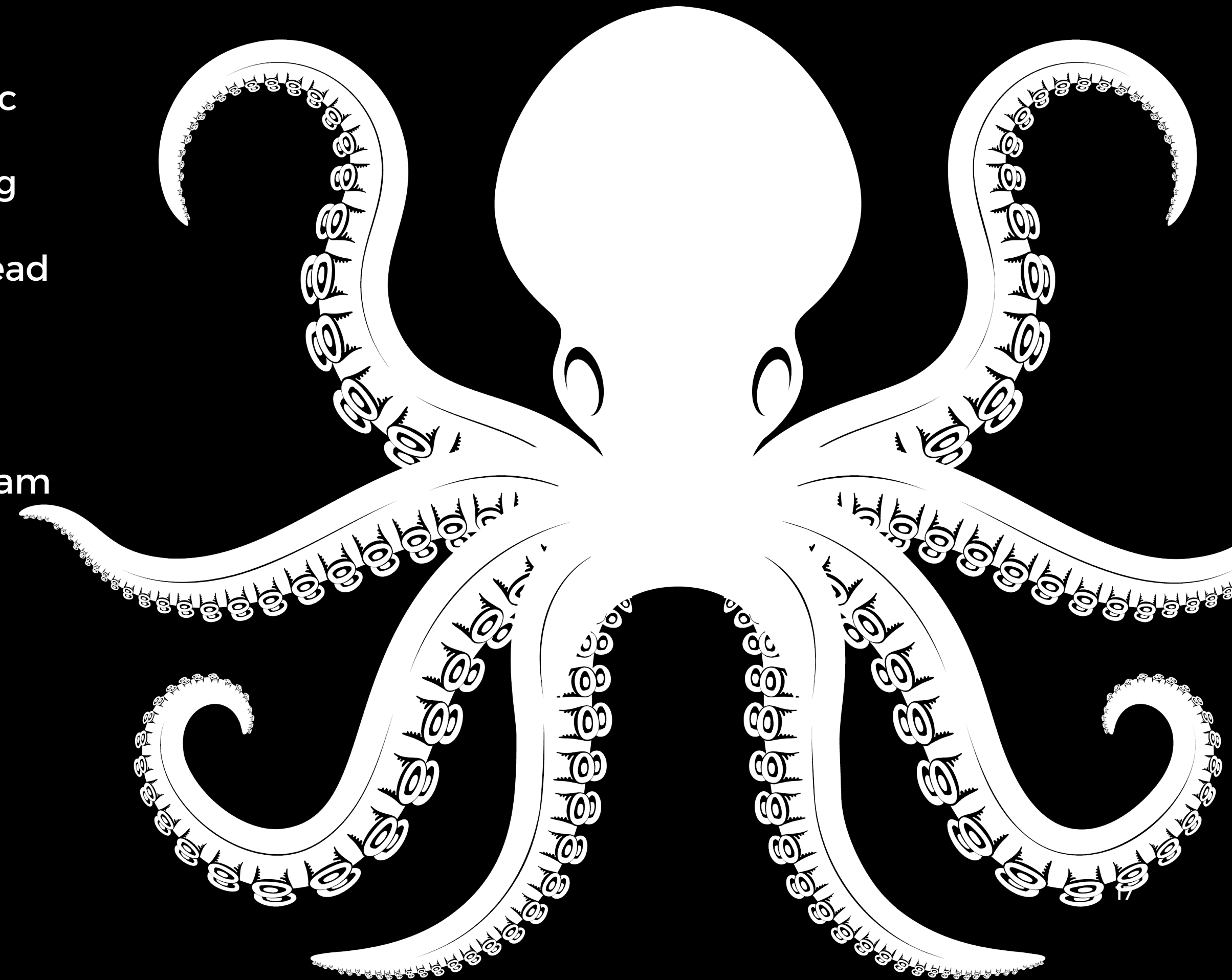
HCPs

1-2-1 INTERVIEWS & GROUP

THE STAKEHOLDERS INVOLVED



- Louise Harlanderson - Gateshead Public Health Healthy Weight Team
- Suzanne Clark - North Tyneside Public Health Healthy Weight Team
- Joanne Pollock - Sunderland Public Health Healthy Weight Team
- Will Smith - NENC ICS Healthy Weight and Treating Obesity Strategic Manager
- Aarutchelvamt Vijayaraman - NENC ICS Healthy Weight and Treating Obesity Clinical Lead
- Craig Blundred - NENC ICS Director Public Health Healthy Weight Lead
- Jamie Blackshaw - OHID national diet and obesity team
- Mackenzie Fong - PhD and Dietitian, Research Fellow in Prevention, Early Intervention and Behaviour Change
- Rachel Martin - Improving Care Manager at Diabetes UK
- Lisa Leeke - WW Community Engagement Officer - Healthier You Team (NDPP)
- Mandip Kaur - WW Community Engagement Officer - Healthier You Team (NDPP)



GENERAL PUBLIC SAMPLE



The target population for this element of the research were individuals who could be potential users of the DWMP and must therefore fit the following criteria:

- **Over the age of 18;**
- **BMI of 30+ (adjusted to ≥ 27.5 for people ethnic minority backgrounds); and**
- **C2DE socio-economic grade.**

Target quotas were set to ensure a range of demographic groups were included in the research which was focused upon the North East and North Cumbria region.

For example:

19 participants were from SEG D or E.

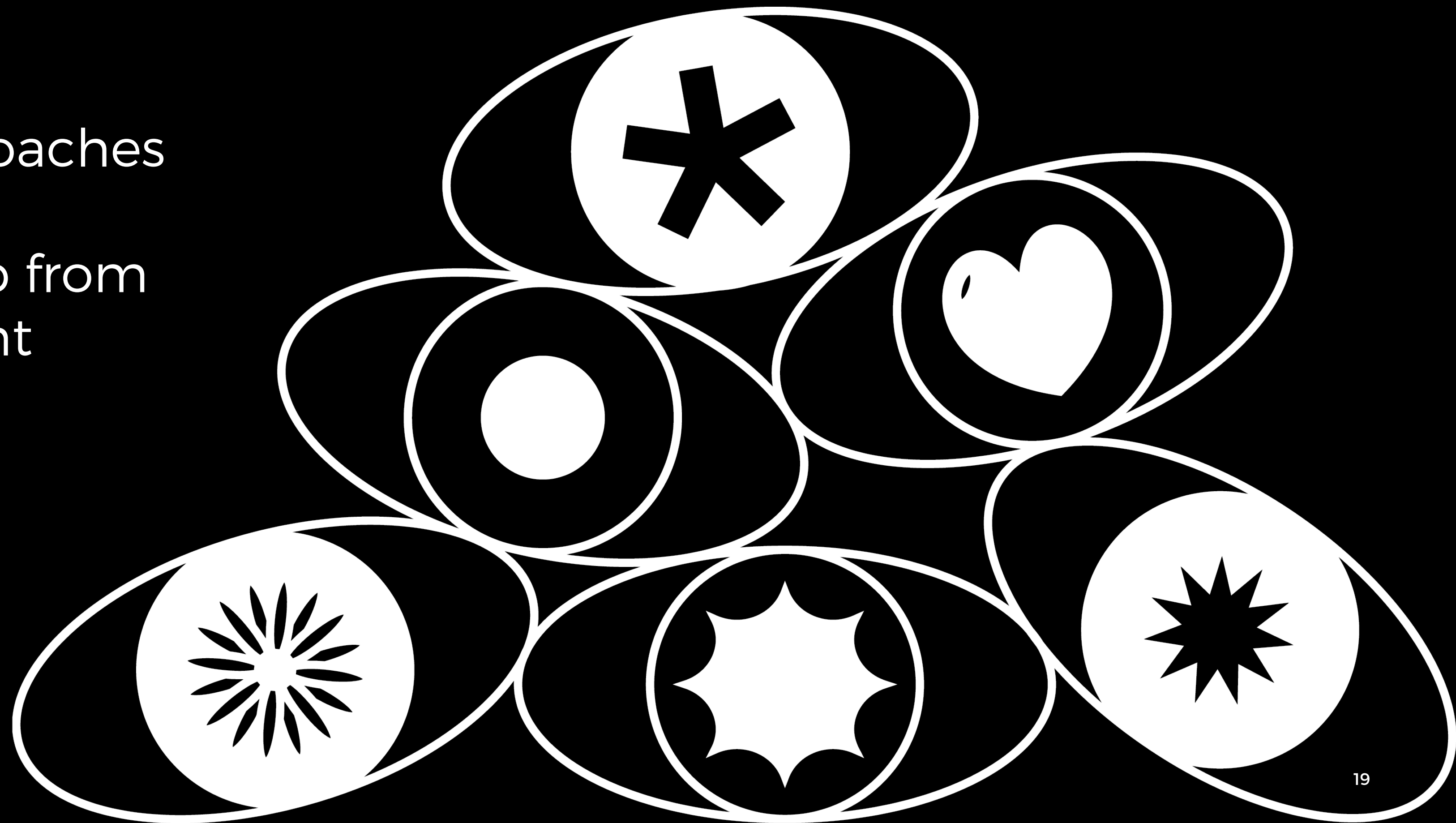
7 participants were from minority ethnic background

Representation from across the ICS region

HCP SAMPLE



- 7 x GPs
- 9 x Nurses
- 6 x Health & Wellbeing Coaches
- 2 x Social Prescribers
- 1 x small discussion group from Tier 3 Weight Management Services



SUMMARY OF OUR FINDINGS





Recognising weight as an issue

Identifying the right tool/ approach

Engaging with DWMP

Successful use of DWMP



Key challenges/ barriers at different stages of DWMP engagement





RECOGNISING WEIGHT AS AN ISSUE



GETTING AN APPOINTMENT CAN BE DIFFICULT



“Process is to ring from 8:15am, but phonenumber is constantly engaged - and when they finally get through, there's no appointments left.

'It's just a bit of a nightmare.. I don't even know how you're meant to get an appointment these days’.”

- Female, 39, Northumberland

GENERAL PUBLIC MAY PERCEIVE THAT AN APPOINTMENT RE WEIGHT 'WASTES GP TIME'



“There's a certain degree of worrying that you're going to waste somebody's time.

But, also, we know how busy they all are now, especially after COVID, to go and speak to somebody when there's probably a lot more important things.

Because what's important to me at that time is probably not even scratching the surface of the amount of stuff they deal with all the time.”

- Male, 51, Northumberland

SHORT APPOINTMENT TIMES CAN IMPACT ABILITY/ EASE OF DISCUSSING WEIGHT



‘The GP doesn't actually have very much time to talk to people about their weight specifically.

Or, necessarily the training, or the skills, to do so.’
-GP

TELEPHONE APPOINTMENTS A BARRIER TO ASSESS RISK



‘You don't get the same kind of relationship with the patient when you're not seeing them face to face...you've got all their figures in front of you, their blood pressure, their cholesterol, all those kind of things, their weight. So you're still able to but you don't get the same feel for the patient as when you physically see them.’

-Nurse Practitioner

PATIENTS AT DIFFERENT STAGES OF THEIR JOURNEY - SOME NOT READY TO CHANGE



‘I mean, there's no point trying to force change on them if they're not ready.

Same with stopping smoking, is they've got to be wanting to make the change otherwise it's just a lecture and you put them off and they don't come back and they don't do it.’

-GP

PREVIOUS NEGATIVE EXPERIENCE OF HCP INTERACTIONS/ FEAR JUDGEMENT



“When I put weight on I went to the doctors and it's not politically correct now but his response then was, 'Angela, you are healthy other than you are severely obese. Go away and sort it out.'

I came home and I cried, it broke my heart.

- Female, 69, North Tyneside

HEALTH EVENTS CAN PROMPT ACTION



‘I was recently diagnosed as diabetic, due to a bad diet. I feel disappointed myself with my lack of control of my diet. I had warnings about diabetes before I became diabetic to change my diet, and I never really made enough significant changes to address the warnings, and then I became diabetic.

I feel a bit disappointed that I left it too late as it were to take charge of my diet, and I'm only starting to do that now.’

-Male, 47, Newcastle

HCPS WOULD WELCOME MORE TRAINING



‘They're probably looking at all these things on social media and they're thinking, 'I should be like this, I want to be like this but I can't be like this.’

It's really, really hard to broach the subject. I have to because that's my job.

Sometimes we do get a lot of tears and things like that, and that's really difficult to broach, I find.

I think training, certainly in that area, would be beneficial.’

-Nurse

SUMMARY - Recognising weight as an issue



Barriers for general public and HCP gatekeepers

Limitations of appointments

- Getting an appointment can be difficult
- Citizens may perceive that an appointment about weight is 'waste of GP time'
- Short appointment times can impact ability/ ease of discussing weight
- Post COVID-19 patients often have a number of competing health issues to discuss
- Telephone appointments can make it difficult to gather accurate weight information

Readiness for change & Broaching a sensitive topic

- Patients will be at different stages of their journey. Some already ready, able and looking for advice, some not ready to think about making a change
- Patients may have negative previous experience of healthcare professional interactions/ fear judgement
- Patients may not link weight with health/ conditions although health events can prompt action
- Gatekeepers take a positive, gentle and non-judgemental approach but some GPs and Nurses would welcome training on having these conversations



IDENTIFYING THE RIGHT TOOL / APPROACH



NEED A HOLISTIC VIEW OF THE PATIENT



‘I have a lady who I've been working with for about 8 months.

She needed a lot of support put in place, family support, physical health support, a lot of work on confidence, self-esteem and getting over COVID and social-isolation.

Before we'd even tackled the weight.’

-Health & Wellbeing Coach

NARROW REFERRAL CRITERIA



'I don't like the referral criteria. I think it should be expanded.

At the moment, the BMI with the criteria of hypertension and type 2, we're missing so many young people, because haven't got to that stage yet, and that's a massive deterrent to the people we can refer to the programme really.

So I think it should start over 25, because we're waiting for people to get to be obese before we're even helping them.'

-GP

LACK OF CLARITY REGARDING OPTIONS FOR HCPS[®]

‘I'd say on the whole, the knowledge about what's available is very poor...I started in the practice in September and I asked people what's available and they said, 'Actually, it's very little, just social prescribers.’

Then these new ones have come online and we weren't quite sure if they had or not and I asked somebody and nobody knew about any of them.’

-GP

UNFAMILIARITY WITH WHAT DWMP INVOLVES



“I think definitely we should get more information about it. So, 'Week 1 this is what the app looks like, this is what happens when you click into it,' because other than signing up for it ourselves we are never going to know.”

– *Nurse*

DIGITAL TOOLS NOT SUITABLE FOR THOSE WITH ACCESSIBILITY ISSUES



“I looked at it for a week and I thought, 'I'm not doing this, I don't like this at all.’

It was very complicated to work out, again, it doesn't take a consideration of neuro-diversity.”

– Male, 60, Newcastle, White British

SUMMARY - IDENTIFYING THE RIGHT TOOL/ APPROACH



HCP Gatekeepers face a number of challenges

Need a holistic view of the patient

- Need to take into account patient context
- One size fits all tool does not reflect complex and varied psychological and physical needs
- Greater patient context allows for greater tailoring of tools and increased likelihood of success

Narrow referral

- Referral for DWMP considered limited – expanding network of healthcare professionals who can refer provides opportunity to engage patients at different touchpoints
- Eligibility criteria are narrow and could be broadened to take a more preventative approach

Lack of clarity regarding options

- What tools are currently available (impact of funding cuts and waiting lists)
- Which patients should be referred to which Tier 2 programme
- What DWMP involves
- What the programme involves/ a demonstration
- Any potential duplication between coaching and role of Health & Wellbeing Coaches

Accessibility

- Digital tools not suitable for those with accessibility issues (rural connectivity, cost of internet) and without technology or digital skills/ confidence



ENGAGING WITH DWMP



INTERVIEW STIMULUS MATERIAL



DWMP was explained using on screen and verbal information.

What is NHS Digital Weight Management?

GPs can refer people to use a digital weight management programme to help them develop healthier eating habits, be more active and lose weight.

The programmes are run by specialist organisations such as Slimming World, MoreLife or Second Nature. When someone is referred to use a programme by their GP, they are given a list of programmes available and can choose which one they sign up to.

You need to have a smartphone or access to a computer with internet access to use the programme. It involves logging into an app or website and using this to help manage your weight. Each programme is different, but the app/ website will provide the following types of information and support:

- Help with setting realistic goals and creating a plan to reach these.
- Ways to monitor and track your progress.
- Guidance on making healthy food choices.
- Quick, easy and healthy recipe ideas with different options for dietary or cultural preferences.
- Ideas for ways to be more active including exercise videos.
- Peer support groups.
- Videos, podcasts and activity sheets with useful tips and information.
- The option of one-to-one coaching from a professional.

When referred by a GP, the programme is free to use and lasts for 12 weeks.

FROM THE NHS - TRUSTED BRAND & HCP RECOMMENDED



‘I do know that the NHS do support getting people's lifestyles, healthier eating and all that, so yes I do think it had a little bit more oomph about it, because the doctor or the GP surgery sent me that message.’

- Female, 64, Newcastle

HOLISTIC APPROACH



‘Well, it's helpful in that it has lots of different facets, you can go and look at healthy eating, you can look at healthy recipes, you can look at different kinds of ways of exercise. The most helpful thing I found was mindful eating, I'd never heard of it, I'd heard of mindfulness obviously, everyone has, whether you do it or not is another thing but mindful eating is fascinating.’

- Female, 60, Newcastle

FLEXIBILITY AND CONVENIENCE TO FIT IN AROUND DAILY LIFE/ ROUTINES



“I probably sit and watch TV from...about half six until half nine, ten o' clock.

That's a long time to be sitting watching TV.

If I knew there was something I had to log on at a certain time, say, it was six o'clock twice a week or if it was a video that I could choose what to watch, then yes.”

- Female, 55, Newcastle

A NEED TO GO BEYOND WHAT PEOPLE THINK THEY ALREADY KNOW



“I don't really need anyone to tell me what I should and shouldn't be eating. I'm quite clued up on that. It's the willpower that tends to be the problem with me. Sometimes you just can't be bothered and you just make something that's really quick and easy which inevitably won't be healthy.”

- Female, 46, North Tyneside

LANGUAGE & FRAMING ARE VERY IMPORTANT



‘If I found them being condescending, patronising, just saying the same old clichés. I understand, yes, there are ways of losing weight but it's getting the right balance, for me, I think. Don't treat me like I'm a stupid person, because a lot of them talk to you like you're stupid.’

– Female, 57, Durham

PERSONALISED SUPPORT & ACCESS TO 1 TO 1 SUPPORT



“I would say the 1 to 1 coaching would be the first priority for me. Somebody who's there to support you and give you a nudge in the right direction.”

- Male, 51, Northumberland

LACK OF CLEAR INFORMATION FOR HCPS



‘Even people within the weight management services are not always, totally clear.

Myself and all of us included, it changes too often, the funding is so patchy, things come, things go and there's not always great communication between all the different tiers.

The right hand doesn't know what the left is doing a lot the time so I understand.’

- Tier 3

LACK OF CLEAR INFORMATION FOR PATIENTS AND HCPS



“Especially during this pandemic. We've just kind of been bombarded with information all the time, and you get a bit disengaged from reading daily updates.

Useful when it [information] is disseminated by someone in the practice e.g. practice manager. Teamnet which is a local update for Northumbria.

99% is rubbish, hard to read, applies to hospital, not to do with primary care. So if practice manager sends an internal email we will read.”

-GP

SUMMARY - ENGAGING WITH THE DWMP



Gatekeepers need to be able to promote the benefits, and citizens need to engage with these

Lack of clarity of benefits

Key benefits:

- Free
- From NHS – trusted brand
- Holistic approach: eating plan, exercise, sleep
- Benefits for physical health/ conditions, mental health, physical appearance
- Flexibility and convenience to fit in around daily life/ routines

Awareness and framing

- Low awareness of 'DWMP' as a programme
- Need to focus on healthy eating, lifestyle changes (but going beyond what people think they already know), achievable and affordable goals/ changes
- Terminology important
- Avoiding: 'diet', 'obesity'
- Explaining what 'digital' means

Support and coaching a likely USP but not offered as standard

- One-to-one support indicates a programme that is tailored to individual needs giving greater control over managing weight
- Support will help build individual confidence to make changes
- Providing accountability through peer support or coaching
- Being clear about any group/ peer elements as could deter some

Accessibility

- Lack of clear information for patients and gatekeepers about referral process/ DWMP options
- Patients may need support to sign up and use the App
- Multi-lingual needs



SUCCESSFUL USE OF DWMP



WIDENING SUPPORT FOR PATIENTS



'Would work better with people that you know around you. And you could learn from each other... bounce an idea off them. 'How did you do this?'

You could probably go for walks and various other exercises together, so it's another group activity that you're doing, where you can talk about it.'

- Male, 55, South Newcastle

ENSURING FEEDBACK LOOPS / FOLLOW UP



'The bit I struggle with is knowing exactly what the service is then going to offer them...

It's difficult to know I'm referring them to the right place... the box is ticked.

But actually whether that makes any difference or not I don't know.'

- *GP*

UNCLEAR EXIT STRATEGY



“What would happen after the 12 weeks?

Because obviously I know personally that I wouldn't achieve my goal in 12 weeks.

So, would you then have to go back to the GP and get another referral?

Or is there an option to pay for it after if it worked for you?”

- Female, 26, South Tyneside

SUMMARY - SUCCESSFUL USE OF THE DWMP



Suggestions for how to improve success

Success for patients could be improved

- Engaging families
- Tech support for using the app
- Wider lifestyle support e.g. managing what you eat at social events

Follow-up

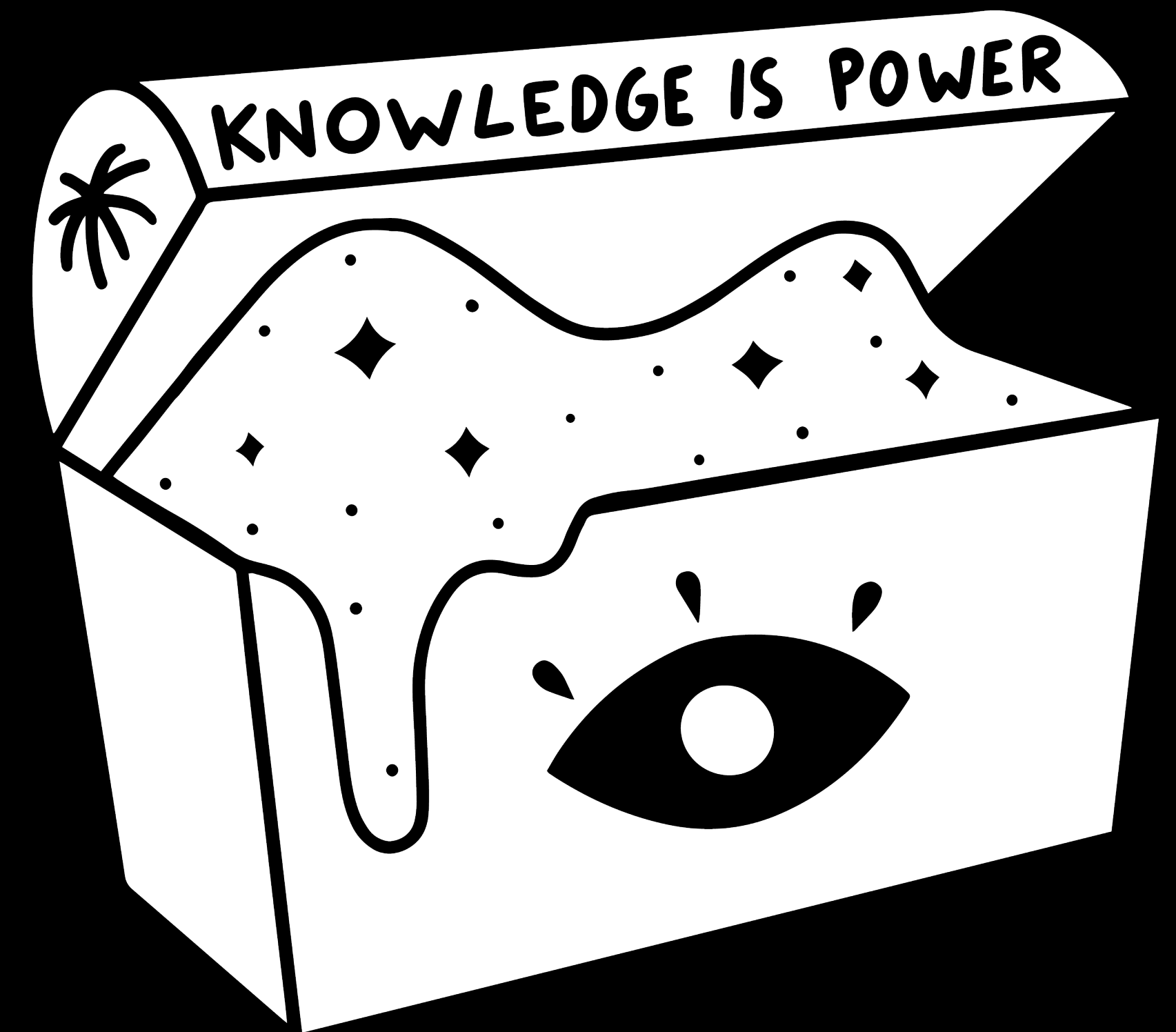
- Health & Wellbeing Coaches have longer-term engagement with patients but GPs/ Nurses unlikely to get feedback from Tier 2 programmes/ follow-up with patients on progress
- No wider DWMP follow-up with gatekeepers to share success stories/ learn from other practices

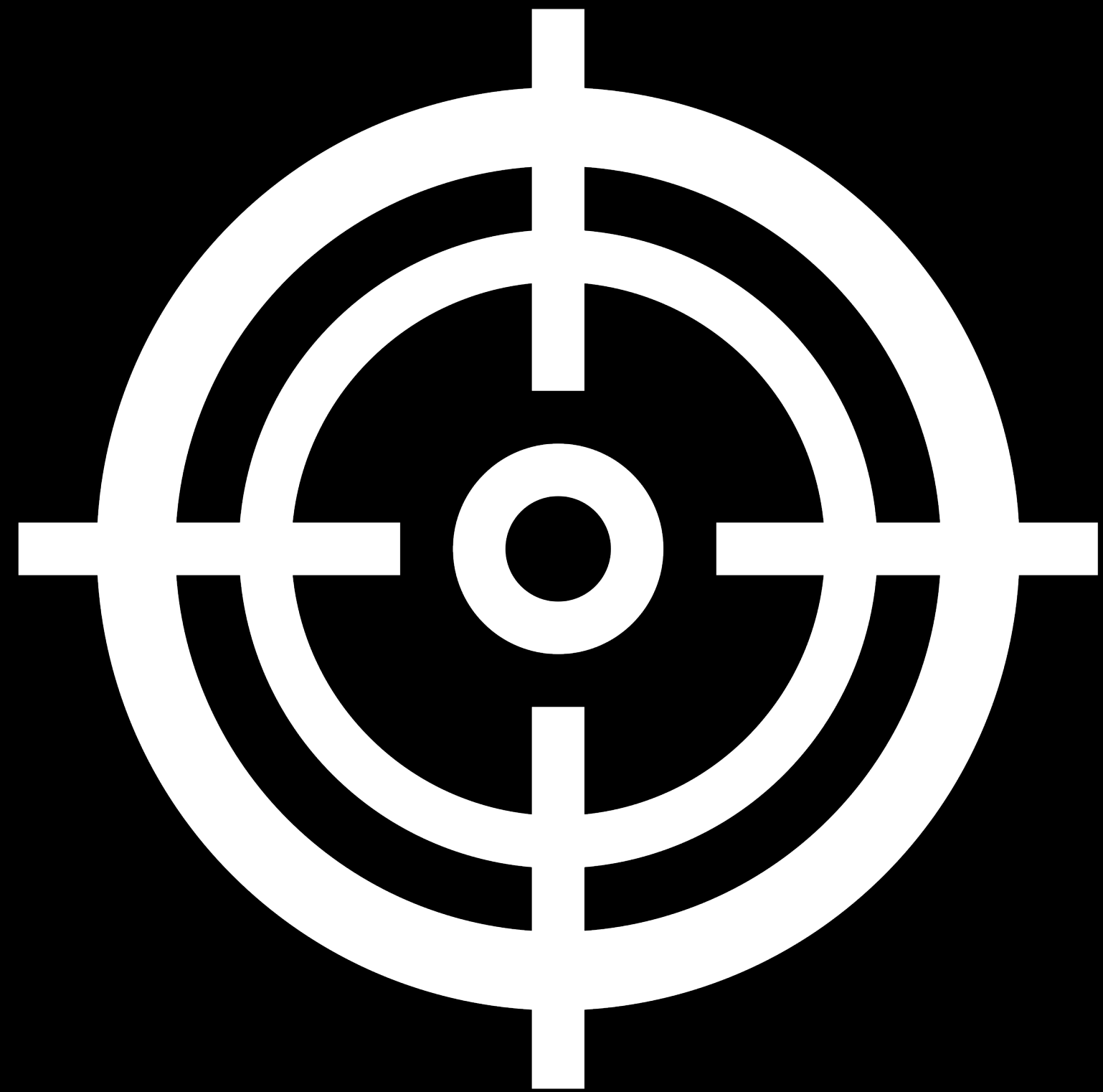
Exit strategy

- Weight loss is long-term but DWMP stops abruptly



How do we use this information to to inform intervention development to increase uptake and engagement with the DWMP?



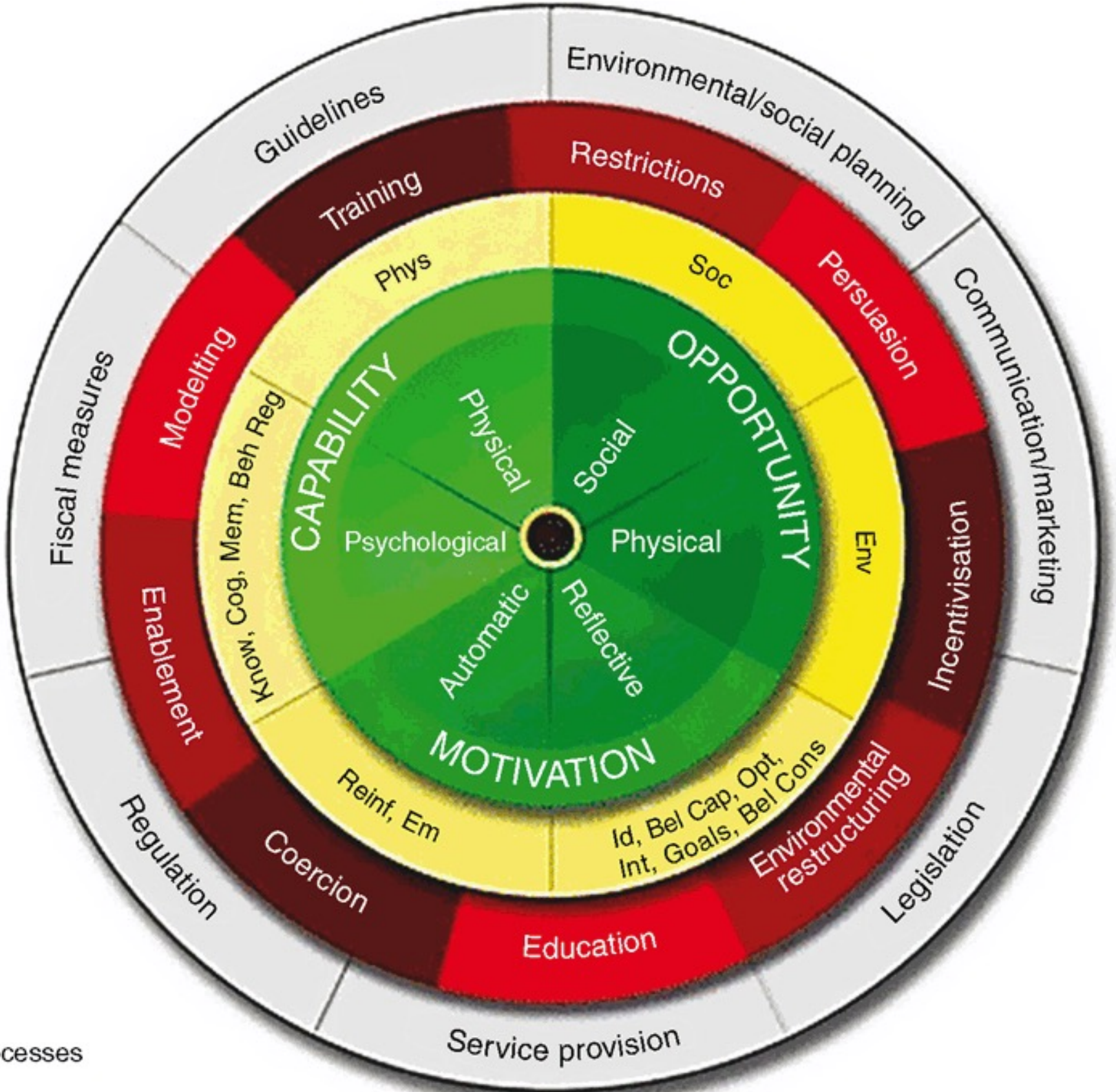


It allows us to see and focus on a hypothesis that could have potentially the most immediate and (cost) effective impact.

HOW? MAPPING COM-B BARRIERS TO DESIGN INTERVENTION



- Sources of behaviour
- TDF Domains
- Intervention functions
- Policy categories



- Soc: Social influences
- Env: Environmental context and resources
- Id: Social/professional role and identity
- Bel Cap: Beliefs about capabilities
- Opt: Optimism
- Int: Intentions
- Bel Cons: Beliefs about consequences
- Reinf: Reinforcement
- Em: Emotion
- Know: Knowledge
- Cog: Cognitive and interpersonal skills
- Mem: Memory, attention and decision processes
- Beh reg: Behavioural regulation
- Phys: Physical skills

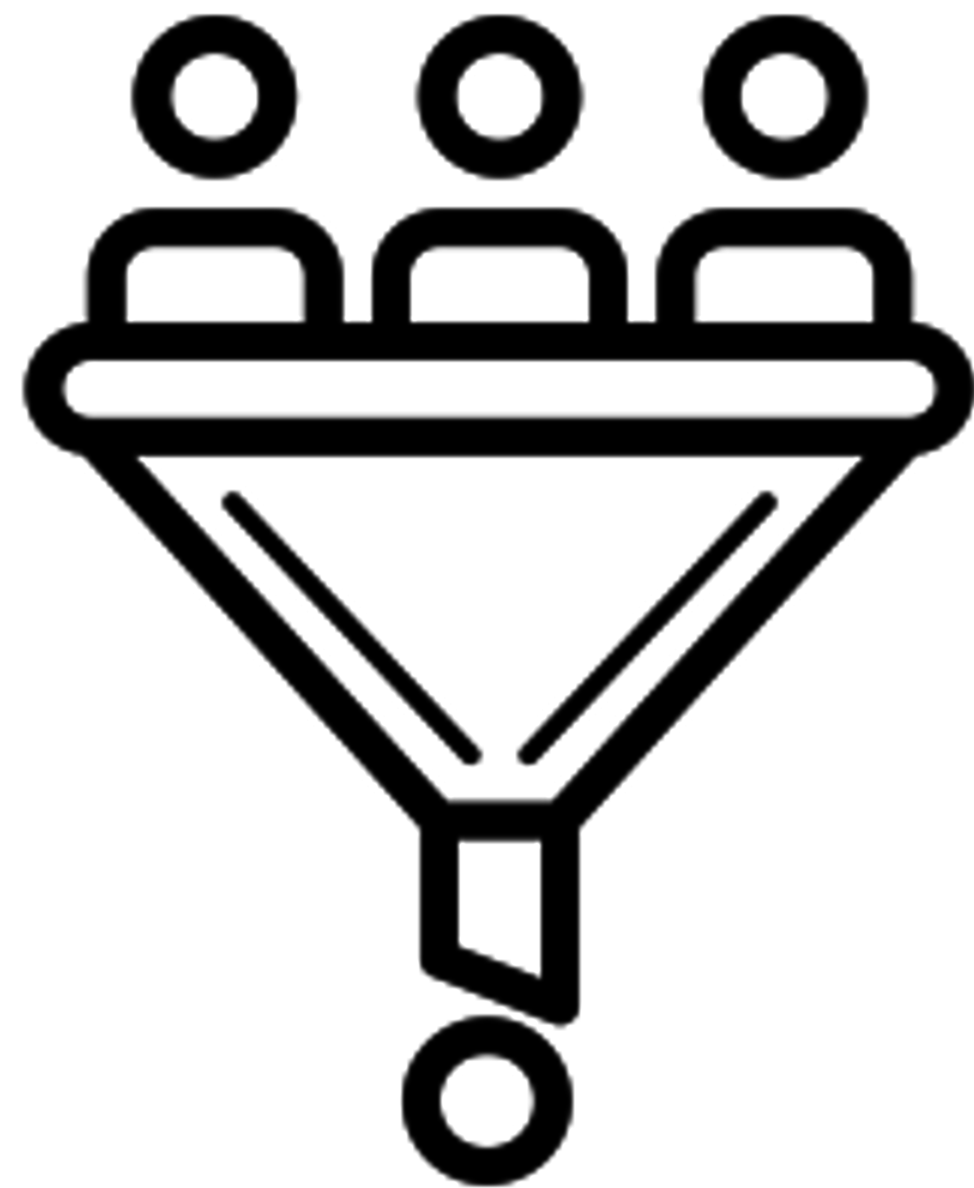
Theoretical Domains (TDF) were used in the topic guide and analysis.

MAPPING. COM-B ANALYSIS - BREAKDOWN ACROSS TO INTERVENTION FUNCTION (LEVER)



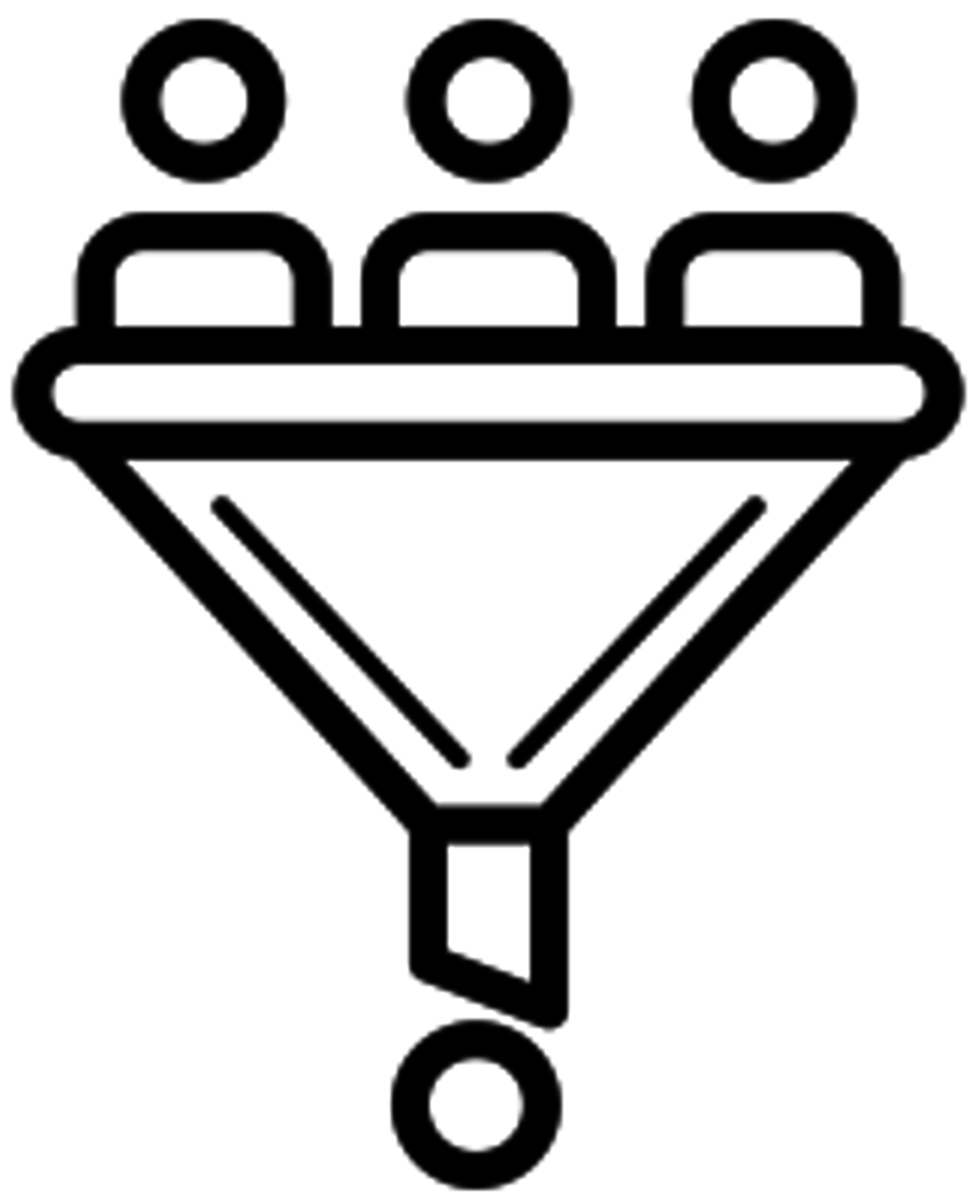
		BARRIER	AREA/LEVER
Capability			
Psychological		Tired, confused around how best way to solve 'problem', lack of understanding of threat (eg. diabetes), not feeling mentally it is the 'right time' - have failed in the past, lack confidence.	Training Persuasion
Physical		People are 'stressed and' physically tired, lack energy. For digital tool, some would struggle how to access it (virtually where and how). Lots of options out there for other ways to loose weight.	Enablement/ Training
Opportunity			
Physical		Lack of access to referral	Education & Training, Persuasion Environmental Restructuring
Social		Friends/family/sig other -negative and positive	Support
Motivation			
Extrinsic		Lack of accountability/positive feedback.	Persuasion
Reflective		Self efficacy, fear of failure	Enablement

REFERRAL BARRIERS CURRENTLY ACTING AS A BOTTLENECK TO DWMP ENGAGEMENT



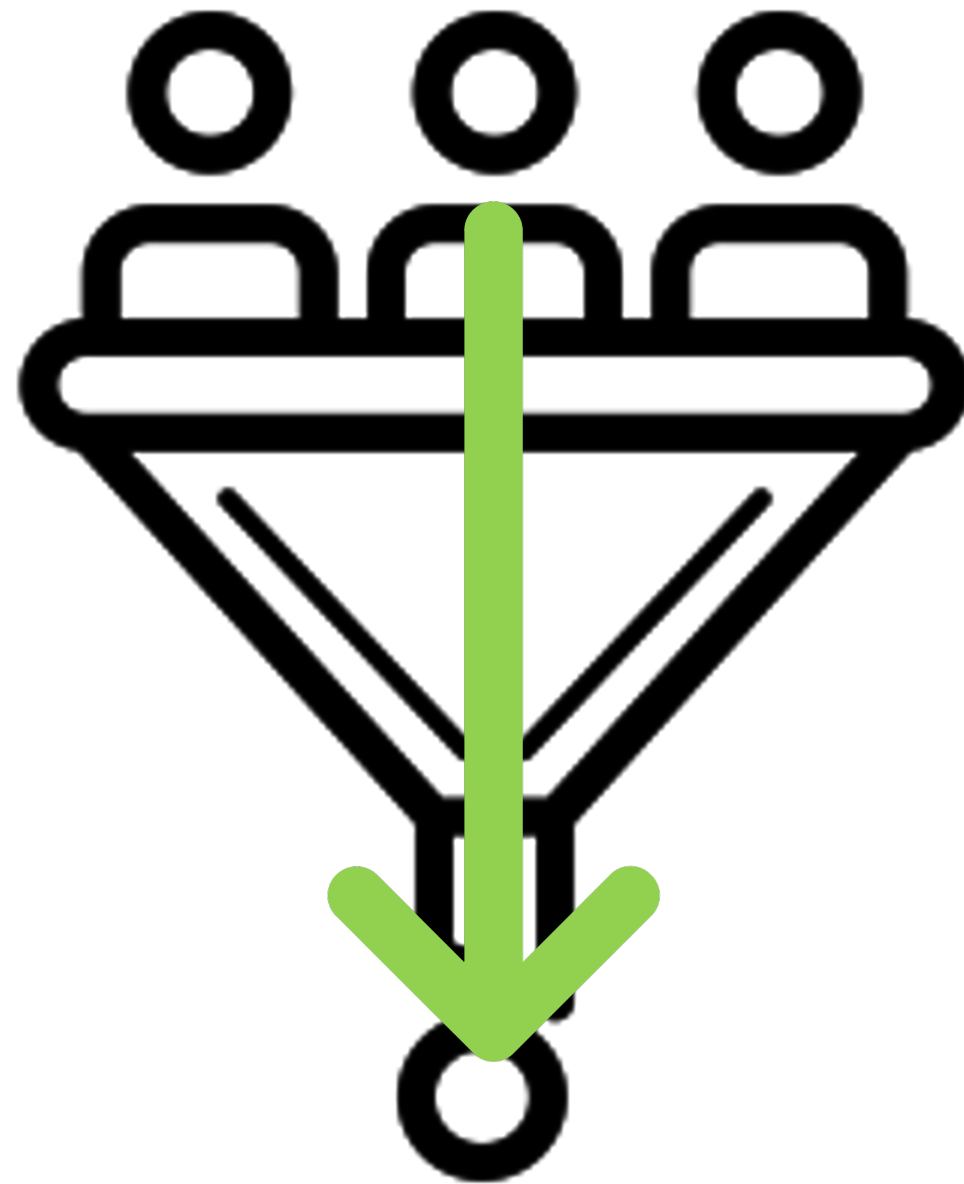
- Lack of DWMP awareness/ time/relationship with patient etc = Fewer referrals in general
- Poor sell in of programme to patients due to lack of knowledge/time could be hindering uptake of referral.
- Lack of/delay to timely programme access could squander service user motivation

A 2-PRONGED STRATEGIC APPROACH IN THE SHORT TERM TO INCREASE ENGAGEMENT WITH DWMP



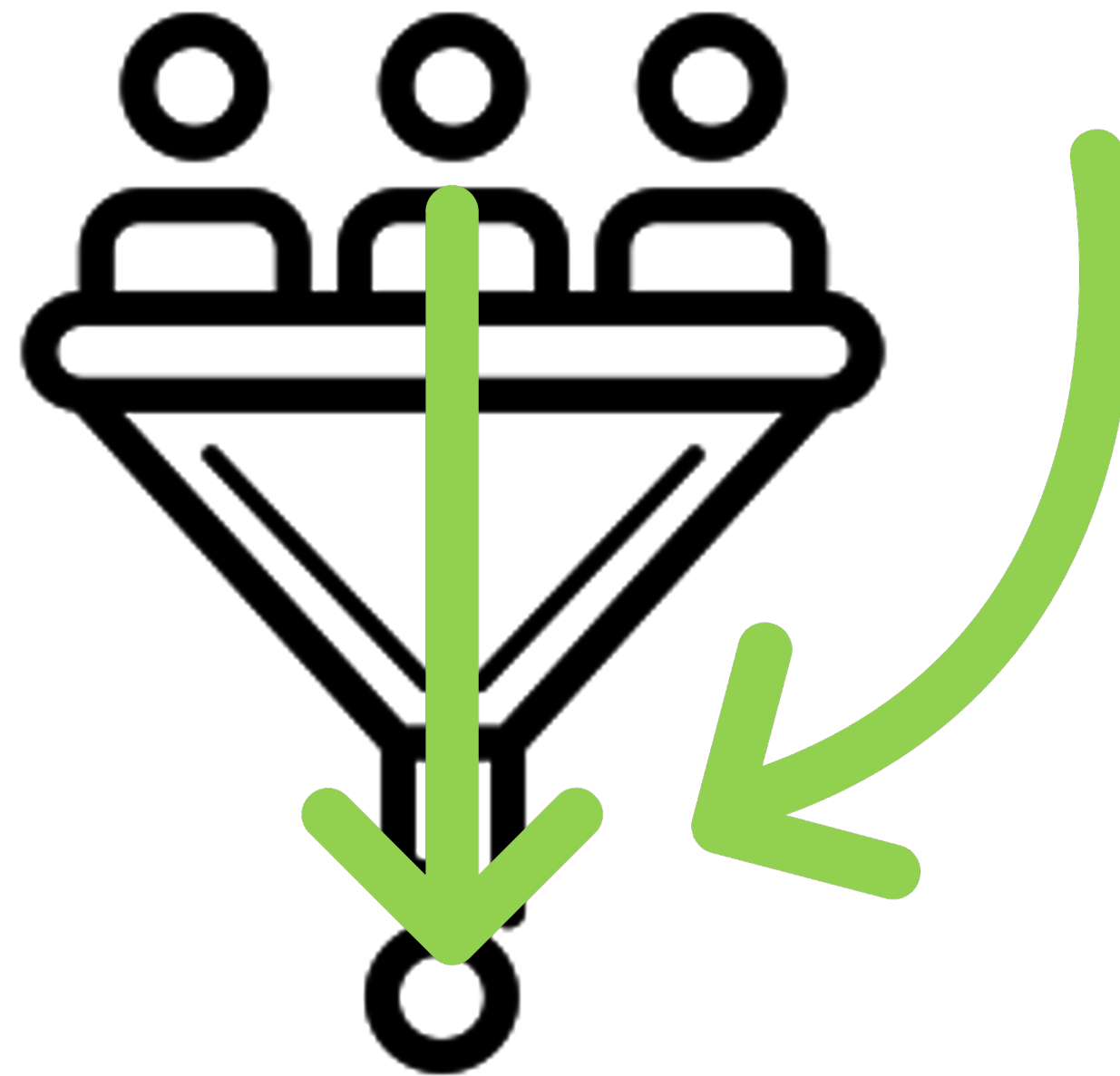
A 2-PRONGED STRATEGIC APPROACH IN THE SHORT TERM TO INCREASE ENGAGEMENT WITH DWMP

1. Alleviate the
bottleneck



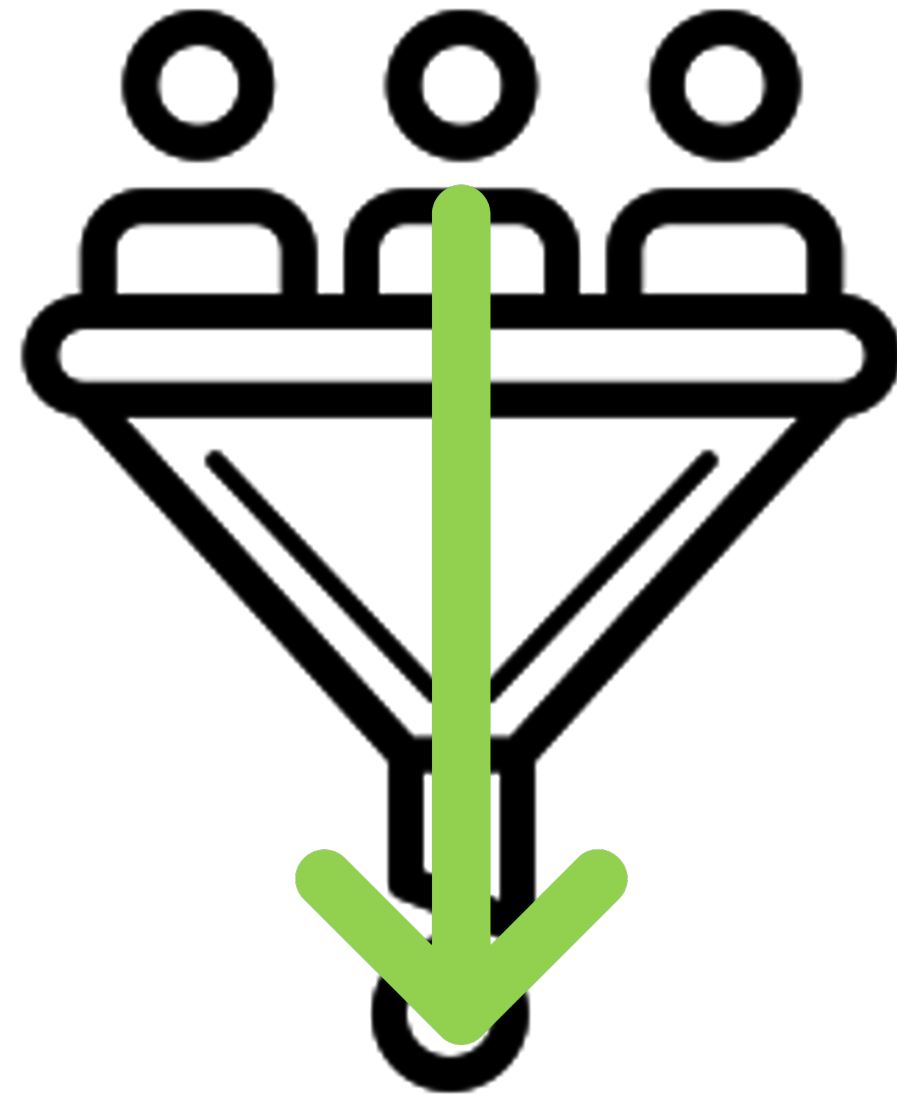
A 2-PRONGED STRATEGIC APPROACH IN THE SHORT TERM TO INCREASE ENGAGEMENT WITH DWMP

1. Alleviate the bottleneck



2. Circumnavigate the bottleneck

PROPOSED LEVERS TO CONSIDER TO INCREASE ENGAGEMENT WITH DWMP



1. Alleviate the bottleneck by:

Education, Training & Persuasion:

- Bringing clarity to who can refer to the DWMP
- Properly educating & engaging HCPs about DWMP
- Giving HCPs the tools they need to engage with the right servicer users about DWMP.

Environmental restructuring:

- Widening referral partners

PROPOSED LEVERS TO CONSIDER TO INCREASE ENGAGEMENT WITH DWMP



2. Circumnavigate the bottleneck by:

Environmental restructuring

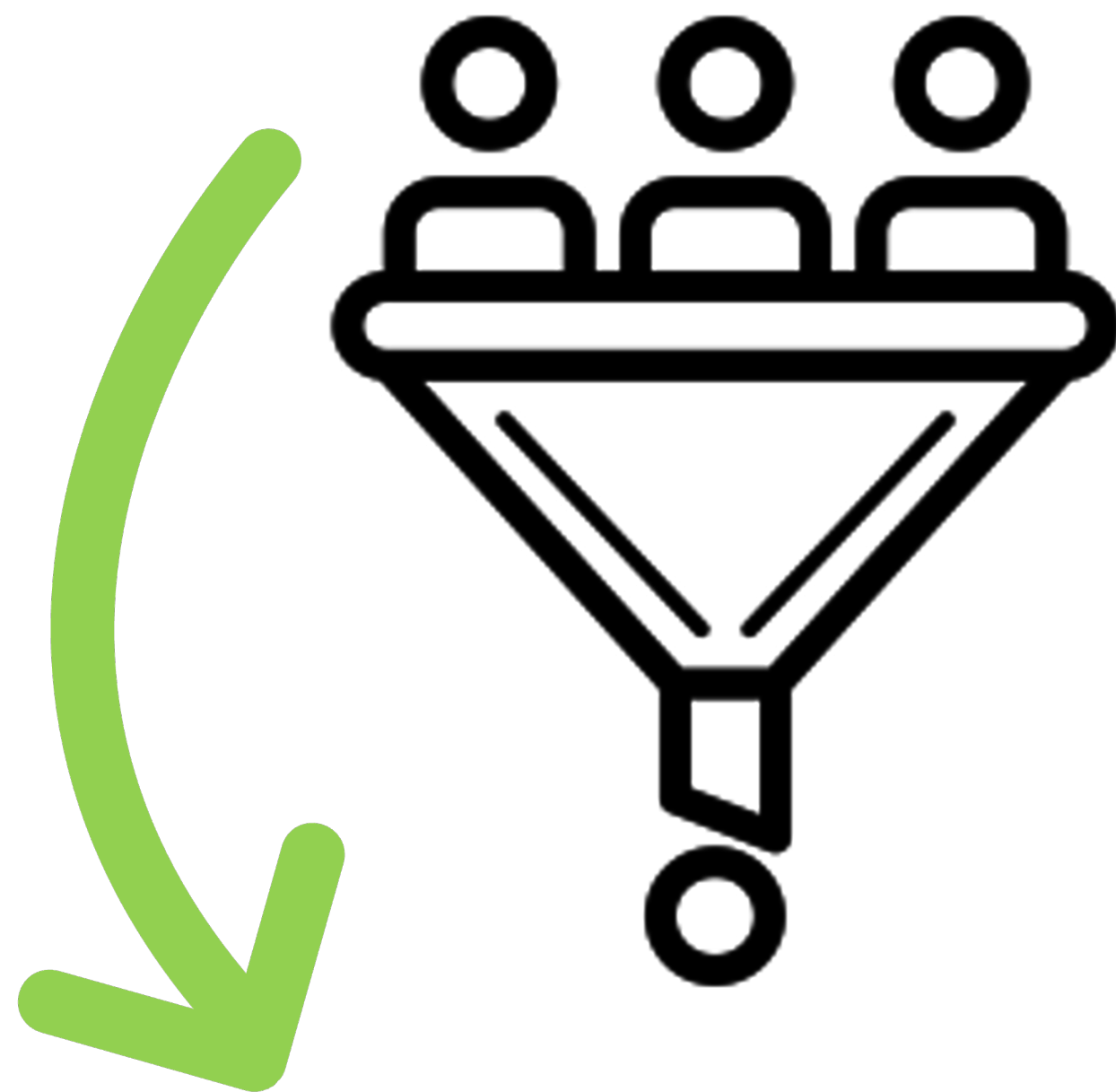
- Allowing service users to self-refer / widening referral opportunities.

Education / Persuasion

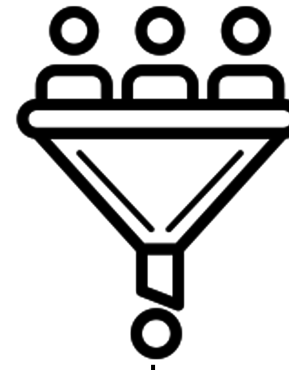
- Raising awareness of DWMP amongst service users at the right stages of change.

Enablement / Training

- Creating short cuts of ease of use, sign up help and support. Enabling those who are not digital savvy.
- Creating check-ins to maintain engagement and accountability.

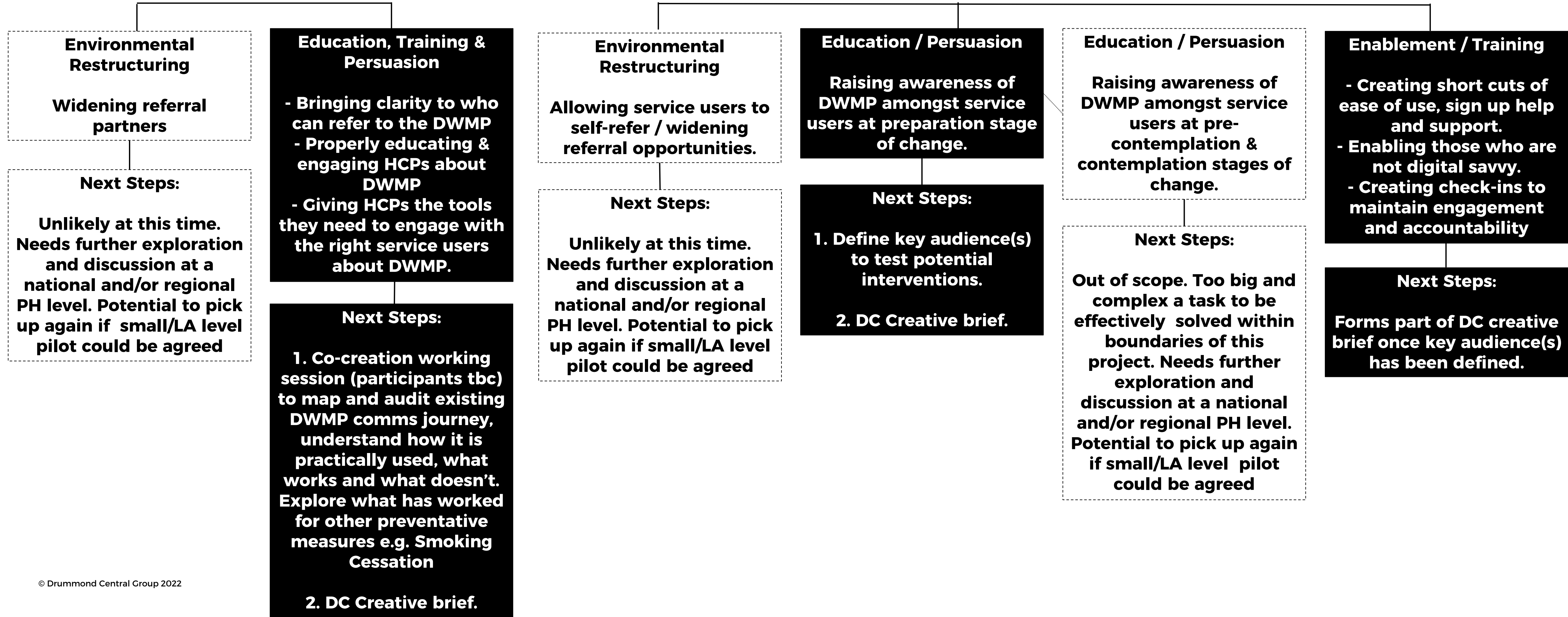


ALLEVIATING THE BOTTLE-NECK



Increasing supply (alleviating funnel)

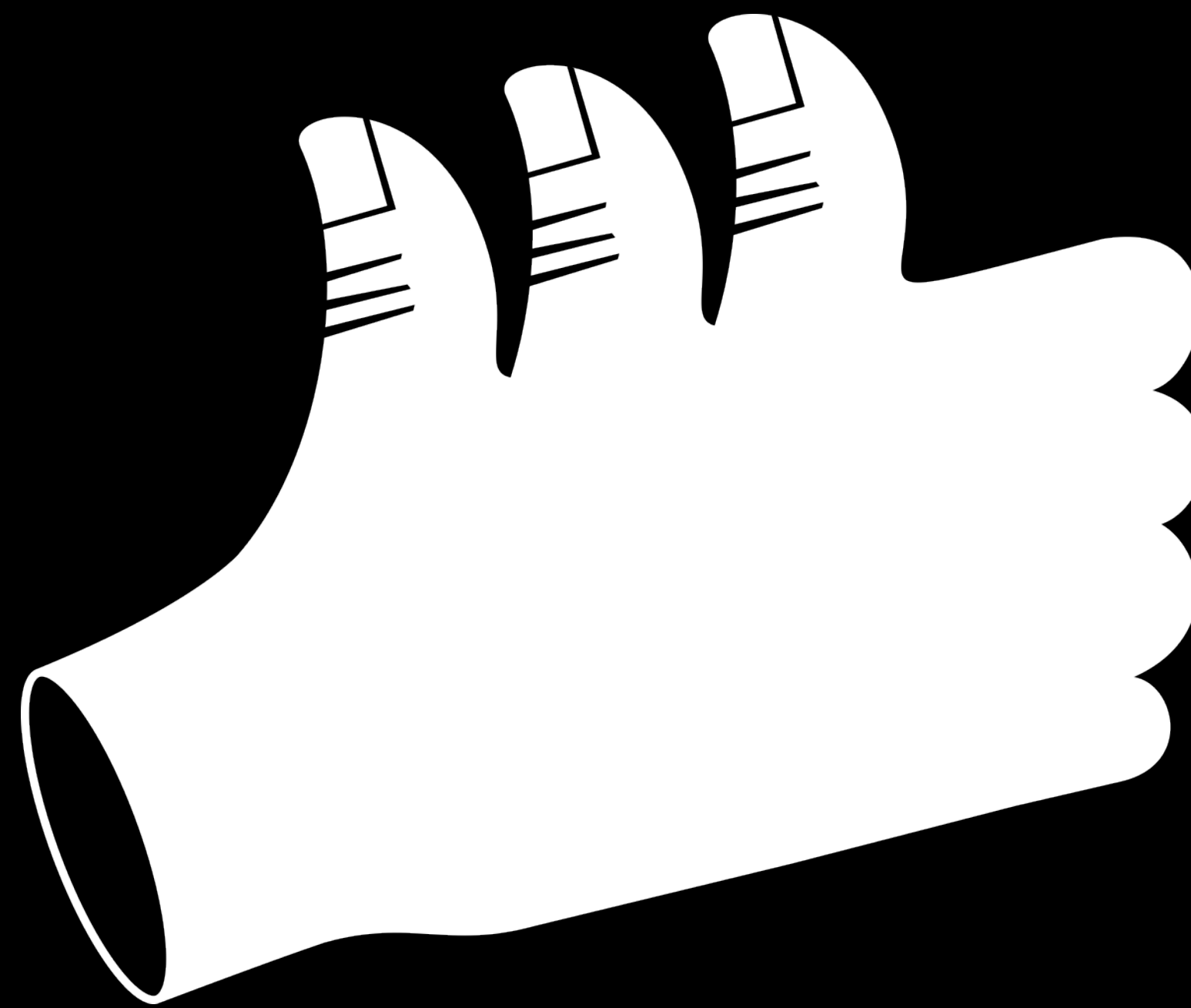
Managing demand (circumnavigating funnel)





**WE ARE HAPPY TO
ANSWER YOUR
QUESTIONS**

THANK YOU



Lauren.davison@drummondcentral.co.uk

drummondcentral.co.uk

