“Probably the best…..” was created in 1973 by Saatchi and Saatchi
Original 1975 voice over by Orson Welles
“If Carlsberg did…….” has returned to TV after a four year hiatus
If Carlsberg did healthcare......
“Think” plea: Patients in Wales are told to avoid hospital A&E departments

Online: October 26th 2015
Find the right health service to get you well.

Like you, your local NHS Clinical Commissioning Group wants you to be well. This website is designed to help you find the right health service as A&E might not always be the fastest choice, to get you well.

Simply click the area where you live on the map or enter your postcode, to find out how you can access the right health services nearest to you.

- Please select your symptom:  
- Enter postcode

SURREY
Think...

Accident and Emergency services are for serious and life threatening situations.

You may be turned away and directed to another NHS service if that is more suitable.

Keep A&E for those who really need it.
Don’t walk across the grass

The King’s Fund

Chris Moulton
Vice-President, Royal College of Emergency Medicine
Consultant, Royal Bolton Hospital
So does it work?
Jeremy Hunt took his kids to A&E NOT GP because he ‘could not wait’......
### Table 5 – An illustrative estimation of volume-based payment

<table>
<thead>
<tr>
<th>Providers</th>
<th>I11</th>
<th>GP OOH</th>
<th>Ambulance</th>
<th>A&amp;E</th>
<th>EA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price adjustment</td>
<td>15%</td>
<td>35%</td>
<td>15%</td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>Marginal price (£)</td>
<td>£2</td>
<td>£25</td>
<td>£26</td>
<td></td>
<td>£403</td>
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</table>

<table>
<thead>
<tr>
<th>Outturn activity shift (%)</th>
<th>20%</th>
<th>8%</th>
<th>4%</th>
<th>-15%</th>
<th>-2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outturn activity level</td>
<td>197,760</td>
<td>27,810</td>
<td>42,848</td>
<td>87,550</td>
<td>30,282</td>
</tr>
<tr>
<td>Volume based payment on outturn activity (£’000)</td>
<td>£449</td>
<td>£688</td>
<td>£1,103</td>
<td>£2,762</td>
<td>£12,303</td>
</tr>
<tr>
<td>Baseline TRR (£’000)</td>
<td>£2,870</td>
<td>£1,965</td>
<td>£7,282</td>
<td>£11,696</td>
<td>£35,869</td>
</tr>
<tr>
<td>Outturn commissioner expenditure (£’000)</td>
<td>£2,888</td>
<td>£1,965</td>
<td>£7,293</td>
<td>£11,534</td>
<td>£35,618</td>
</tr>
</tbody>
</table>
54,000 additional A&E attendances per month compared to the same time last year (↑ by 2.8%)

14,200 more emergency hospital admissions per month compared to the same time last year (↑ by 4.2%)
Report on hospital casualty departments in 1962: Too many people go to A&E instead of seeing their GP……..
Attendance rates at EDS in the UK and ten other countries in 2011 and 2012:

![Bar chart showing attendance rates](chart.png)

Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.
There has been a 13% increase in A&E attendances in the last 10 years.

The number of people attending major A&E departments has increased in line with population growth, and the reported dramatic increases in A&E attendances applied to minor A&E units only. Despite this, it is major units that struggle to meet the four-hour target. The number of major A&E units has fallen by about 8 per cent since 2003 (Roberts and others, 2014).
Immigration, rising birth rates and increased life expectancy have caused a record leap in the UK population over the past decade of more than 7.5%.

And the number of people over 80 has increased by 17.5%.

The latest (mid-2014) ONS analysis shows that the population of the UK was 64,596,800 - up by 0.77% since 2013.
Healthwatch England’s survey in April 2014:

Over 20% of people admitted to going to an A&E department with a condition that they knew was not urgent!
NHS 111:

NHS 111 All England A&E Referrals
03 Nov - 14 Dec 2014

Peaks relate to weekends

NHS 111’s “Directory of Services”
The Patients Association / RCEM report in May 2015:

- Almost a quarter (23%) of patients had already contacted their GP surgery to request an appointment
- Of these people, 45% had been offered an appointment on the same day!

“I use the A&E because I can attend when I need to, they have immediate access to diagnostic investigations and where needed I can see a consultant or specialist in the department.”

“When in doubt, frightened or worried, I’d use A&E.”

Surveyed patients
The Patients Association / RCEM report in May 2015:

- Nearly a half (47%) said that an A&E department was their first choice for urgent healthcare (GP surgery for 33%)
- 69% had only attended the A&E department with their problem
- The rest (31%) had previously sought assistance elsewhere
- Nearly 40% were advised to attend A&E by another healthcare professional!
“A Pulse investigation has revealed that, of the 18 pilots that were given funding in April 2014 to offer seven-day access to GPs, eight in total have now either cut weekend or evening hours, or stopped providing the service altogether.” (Published 29/09/2015)

Lack of staff and lack of patients were the main causes!
But this brand continues to attract patients
So what is a brand?

It’s a promise or a guarantee……
Often built on another perception
Or even a double brand........
The different elements all combine synergistically........

<table>
<thead>
<tr>
<th>A Name</th>
<th>A Symbol</th>
<th>A Colour</th>
<th>These three come together to give:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrari</td>
<td><img src="image1.png" alt="Symbol" /></td>
<td><img src="image2.png" alt="Colour" /></td>
<td><img src="image3.png" alt="Ferrari Logo" /></td>
</tr>
</tbody>
</table>
Branding experts say:

- A&E is a super-brand
- It stimulates a “behavioural script” – an automatic response to a need
- These patterns of behaviour are notoriously difficult to change
- Especially as there isn’t an acceptable alternative to A&E and people may be quite distressed at their time of need
- In addition, consumers have had over 50 years of exposure to the brand!
Two main ways of thinking

(Kahneman’s Framework: Nobel Memorial Prize in Economics in 2002)
The brand assets

30 years of exposure to Nurofen

Source: Reckitt Benckiser Healthcare
Brand assets that have meaning for respondents

<table>
<thead>
<tr>
<th>Core Brand Asset</th>
<th>Colour Red</th>
<th>Grading</th>
<th>Colour &amp; Finish</th>
<th>Illustration</th>
<th>Pill shape</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Targets'</td>
<td>'Pain'</td>
<td>'Actively Dissipates Pain'</td>
<td>'Technological'</td>
<td>'Fast'</td>
<td>'Easy to swallow'</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>'Modern'</td>
<td>Unique to Nurofen</td>
<td>Round tablets Unique to Nurofen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>'Pharmaceutical'</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Implicit meaning = 'Effectively targets pain fast'
Using the brand assets:
Sub-branding
Even supermarkets do it........
Over 50 years of unintentional building of a brand asset......
The branding experts’ solution:

- Don’t fight the A&E brand
- Extend it like Nurofen (Nurofen Express, Nurofen Plus and Nurofen Meltlets)
- This is called “brand stretch” and is a well-recognised marketing technique
Give the public what they want rather than trying to “educate them”!

Use the brand name!
Co-location of other urgent care services with EDs
RCEM’s steps to rebuilding emergency medicine
The A&E Hub Concept

- Emergency Department
- Out-of-hours mental health team
- Frailty teams
- Community pharmacy
- Out-of-hours primary care team
The advantages of co-location:

- Patients can be directed to the best place to obtain their care.
- Patients can be transferred quickly and safely between urgent care and the ED.
- Primary care staff can have immediate access to facilities such as radiology, pathology, and ECG.
- Primary care staff and ED staff can share opinions and knowledge.
- Other services such as emergency dentistry and frailty units can also be co-located on the same site.
- The problem of EDs supposedly wasting resources treating patients who could be dealt with more effectively in primary care will finally be eliminated.
Survey of ED clinical leaders in January 2015:

Every ED should have a co-located primary care out-of-hours facility. Has this been implemented in your locality? (all UK)

- Yes: 43%
- No: 32%
- Partially: 24%
- I don't know: 1%
So do diversion and deflection schemes work?

There is considerable UK and American experience and.........
And anyway.......who is most likely to be deterred from attending their local ED department by a public information campaign?
If people keep walking across the grass......
You can stand there and chase them away with a baseball bat...
Or you can build a path!