

**CASE STUDY**

**Nudge the Odds Behavioural Science Learning Disabilities Annual Health Check Project**

Project team: SY&B Cancer Alliance Behavioural Science Project manager, SY ICB Behavioural Science Learning Disabilities Steering Group, Caja (Behavioural Science experts) <https://www.cajagroup.com/>

Barnsley Healthcare Federation- Lundwood Primary Care team

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**Health need, target population and behaviours**

We know individuals with a learning disability often have poorer physical health than the than other people. On average men with a learning disability die 23 years earlier and women it is 27 years mostly from preventable illnesses and in part due to physical health needs being not met. Evidence suggests providing Annual Health Checks (AHCs) to those with a learning Disability through primary care is effective in identifying previously unrecognised health needs including those associated with life threatening illnesses. [https://webarchive.nationalarchives.gov.uk/ukgwa/20160704145757/http://www.improvinghealthandlives.org.uk/projects/annualhealthchecks](https://webarchive.nationalarchives.gov.uk/ukgwa/20160704145757/http%3A//www.improvinghealthandlives.org.uk/projects/annualhealthchecks)

The SY ICB LDA Health Inequalities Steering Group recognised the importance of increasing the uptake of the LDs AHCs across South Yorkshire and Bassetlaw. The group identified that a behavioural science approach would complement the programmes of activity to increase engagement for those with a learning disability to attend AHCs applying the learning from the South Yorkshire and Cancer Alliance [Nudge the Odds Programme](https://canceralliancesyb.co.uk/test-area/nudge-odds) application of behavioural science nudge interventions which saw a 29% increase in individuals with a learning disability engaging in the Bowel cancer screening programme.

A programme of work commenced led by the SY ICB Behavioural Science Project Manager, Caja (commissioned behavioural science experts), stakeholders from primary care , VCSE (Mencap & SpeakUp), members from the SYB ICB LDA HI steering group and those with a learning disability to increase attendance by the co-design and creation of several nudge interventions through a variety of communication applications.

**Methods used**

A targeted behaviour science approach commenced following a robust methodology that was previously implemented in the Nudge the Odds Programme, this included:

*Analysis* – Quantitative and Qualitative Data insights gathered using a COM-B framework, interviews, and focus groups held with stakeholders from primary care, local learning disability VCSE organisations Mencap & SpeakUp, and individuals with a learning disability.

The insight work identified that uptake is negatively impacted by the current invite process and the communications received, also the appointment offers by Primary Care.

*Nudge Asset Development –* Worked in partnership with those with a learning disability to define the choice architecture and codesign nudge interventions employing type 1 thinking, MINDSPACE and Cognitive biases salient to that population group.

The Behavioural science concepts that have been applied to the development of the resources include the following:

**Messenger -** people are heavily influenced by who communicates the information and this can be invoked directly or by reference to the positive support of a trusted person detailed in the invite letter or the conversation/ call. Example: Dr Smith has asked me to speak to you about your annual health check

**Social Norms** – People are strongly influenced by what others do and this creates a ‘bandwagon effect’. Example: Did you know lots of people like you with a learning disability go to the doctors for their annual health check.

This social norm becomes particularly powerful when it draws our attention to something that is relevant to ourselves **(Salience)**.

**Framing Effect** – There is evidence that by framing a message either positively or negatively can be more impactful than non-framed messages. We believe that positive framing may help reduce anxiety and apprehension around attending annual health checks:

Example: “Going for your annual health check is a positive thing that you can do to make sure you stay well and give your family peace of mind **(Affect).**

**Default** – People tend to ‘go with the flow’ when offered an active choice. Example: I can easily book an appointment for you now – can you come in on Tuesday 7th at 10am?

*Application –* Through the insight gathering and nudge development it was identified a variety of communication applications was required, that the information was simple with clear instructions of what will happen at an AHC, directions of where they can have an AHC, who will do the AHC, and purpose of the AHC. A layered approach of nudge interventions with varied communication styles was applied as not one size fits all, these included:

* *White Board video*
* *AHCs experience video*
* *Easy read invite letter*
* *Proactive telephone script*
* *Text message reminders*

*Implementation –* Lundwood Primary Care engaged as a trial site led by Primary Care Manager, Practice Senior and Care Coordinator supported by Barnsley Strategic Health Facilitator and ICB Behavioural Science Project Manager. The suite of nudge intervention assets deployed to test proof of concept, measure impact and be confident that there were no unintended negative outcomes.

*Skills transfer –* The Introduction to Behavioural Science training package was delivered with Barnsley Strategic Health Facilitator and Practice team acting as local change agents and taking the lead in the nudge intervention deployment so staff were confident to apply the ‘nudges’ within their day-to-day operations.

**Impact and outcomes**

Introducing small changes in the practice processes and the implementation of the nudge interventions over a 11-week period AHCs increased from 23.2% to 83% completed.

Feedback from patient’s and their families/carers found that they were extremely grateful for the time spent to explain so they could get to the surgery to complete their annual reviews, also how they were made to feel at ease.’ The Easy reads were very helpful’. ‘Care- coordinator was really friendly on the phone’.

**Lessons learnt**

* Spent more time getting to know patients on the LD register to understand and break down barriers.
* Same clinician for the reviews so they built up a relationship.
* Liaising with Barnsley Strategic Health Facilitator and other services that are involved with the patient to understand the individuals “social stories”.
* Adding Icon - making it more visible for all staff to see they are a learning disability patient and living in a care/learning disability home setting.
* Made note on front screens of any triggers that patient may have.
* Made staff aware of the nudges in case individuals or their carers contacted the reception.
* Flexible appointments - Such as going out to the care homes/ homes for patients who didn’t attend the surgery.
* Adapted easy read letters - Added pictures of the practice and informed them who they are going to be seeing so they can become familiar.
* Making a team notice board in reception with descriptions of all the roles in practice so when LD patients come, they can visually become familiar with the practice team.
* Changed the booking process so that blood test appointments and the LD AHC appointment are at the same time to flow and ensure patient is not waiting, reducing the amount of agitation and anxiety.
* Behavioural science technique training to refer to for ideas if different approaches with more difficult situations.

The more we have found out about behaviour science the more enthusiastic we as a team have become, this then greatly impacted our LD patients in a positive way.