THE BEHAVIOURAL INSIGHTS TEAM

IN PARTNERSHIP WITH Cabinet Office

Local Government Association

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

Scoping document:
Applying behavioural insights to increase cancer screening in North East Lincolnshire

April 2018

Purpose of this scoping document

THE BEHAVIOURAL INSIGHTS TEAM

In March 2018, North East Lincolnshire Council commissioned the Behavioural Insights Team to design an intervention to increase uptake of cancer screening in two wards in Grimsby: East and West Marsh. The project is part funded by the Local Government Association as part of its behavioural insights programme.

This is a short scoping report that gives the initial output from fieldwork conducted by the Behavioural Insights Team in Grimsby. The document includes initial findings and high-level ideas, as well as outlining next steps and timescales. It is for discussion with partners and does not represent the final plan for the project.

Project aims and fieldwork

THE BEHAVIOURAL INSIGHTS TEAM

Aim:

- To increase uptake of cervical and/or bowel screening in East and West Marsh

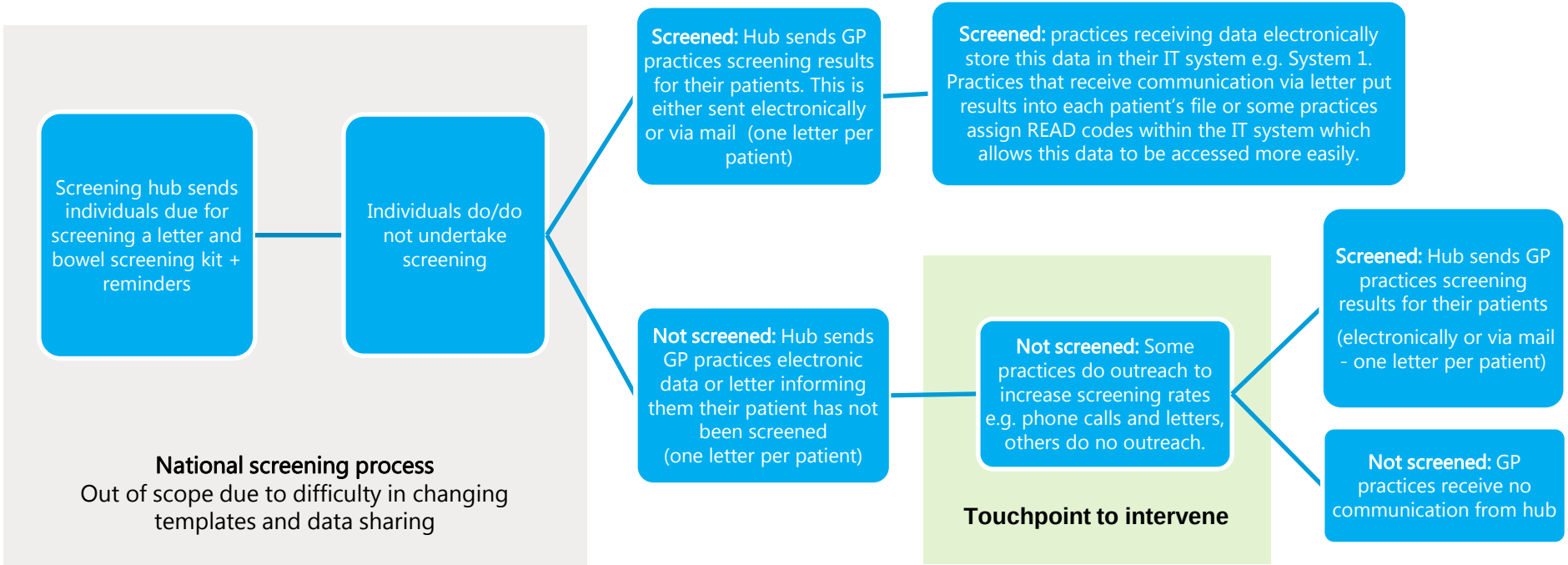
We spoke to the following organisations as part of the fieldwork:

- Practice managers at five GP practices in Grimsby
- GP cancer lead
- Care Plus Group
- Families First Practitioner
- NHS England - Screening and Immunisation team
- Creating Positive Opportunity (including women at a peer support group)

Bowel screening process

THE BEHAVIOURAL INSIGHTS TEAM

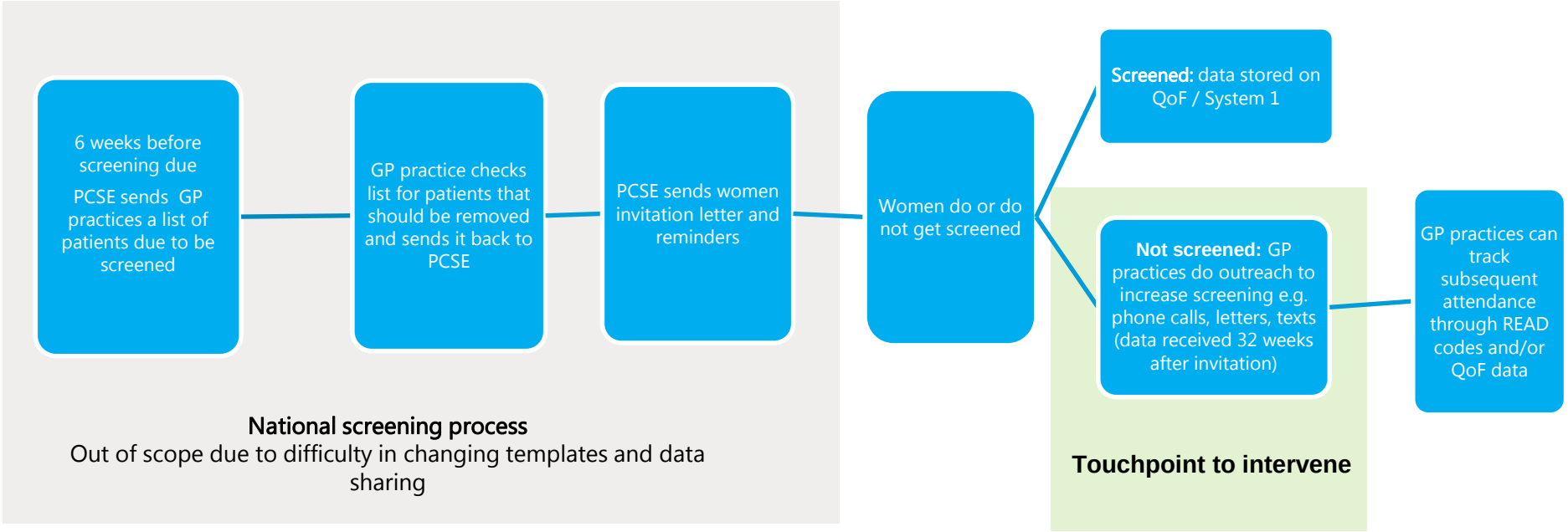
Below is an overview of the bowel screening process, including GP practice involvement:



Cervical screening process

THE BEHAVIOURAL INSIGHTS TEAM

Below is an overview of the cervical screening process, including GP practice involvement:



We identified the most feasible approaches for both types of cancer: Population-wide approach

THE BEHAVIOURAL INSIGHTS TEAM

	Bowel screening (population)	RAG Based on feasibility	Cervical screening (population)	RAG Based on feasibility
Population Identification	• Locations where target age group are likely to congregate e.g. community groups		• Locations where target age group / females are likely to congregate e.g. community groups	
Touchpoint to intervene	• Cancer champion volunteers / community groups		• Cancer champion volunteers / community groups	
Evaluation options	• Very difficult to identify whether individuals go on to be screened. We could use data available on Fingertips* to compare the aggregate attendance level before/after intervention.		• Very difficult to identify whether individuals go on to be screened. We could use data available on Fingertips* to compare the aggregate attendance level before/after intervention.	
Feasibility	Low		Low	

* The Fingertips platform contains publicly available data on cancer screening rates broken down by GP practice and CCG.

We identified the most feasible approaches for both types of cancer: Targeted approach

THE BEHAVIOURAL INSIGHTS TEAM

	Bowel screening (targeted)	RAG Based on feasibility	Cervical screening (targeted)	RAG Based on feasibility
Population Identification	• Screening hub sends data to GP practices electronically or via mail (one letter per patient) to tell them who has not been screened and the results of those who have been. • Of those practices that receive letters from the hub, some READ code them (i.e. record non-attendance on their IT system) which allows data to be pulled off on who has not been screened (although most practices do not seem to do this).		• GP practices have access to data on who has/has not been screened through System 1 and QoF reports.	
Touchpoint to intervene	• GP practices that receive electronic data or accurately READ code all letters from hub. • Some practices are already doing outreach to patients who have not been screened.		• GP practices - most practices are already doing some form of outreach.	
Evaluation options	• We could collaborate with GP practices who receive electronic data or who READ code all letters from hub and hence have data on who has/has not been screened. • We could use Fingertips data to compare the aggregate attendance level before/after intervention.		• GP practices have data on who has / has not been screened and whether they go on to be screened after their additional outreach. • We could use Fingertips data to compare the aggregate attendance level before/after intervention.	
Feasibility	Medium		High	

In our fieldwork we identified a number of barriers to screening

THE BEHAVIOURAL INSIGHTS TEAM

Behavioural barriers

Internal beliefs and feelings

- Fear
- Denial
- Avoidance
- Embarrassment
- Fatalism (If I have it, I have it)
- Detection mindset

Intention-action gap

- Forgetfulness
- Procrastination
- Chaotic lives – scarcity

Social barriers

- Lack of trust/relationship with authority/medical profession
- Lack of role models

Other barriers

External barriers

- GP access
- Transport

Awareness

- Lack of understanding
- Lack of focus on preventative health behaviour

We identified a number of potential intervention ideas

THE BEHAVIOURAL INSIGHTS TEAM

Timely prompts

- Send behaviourally informed reminders from GP practices e.g. text messages, emails, letters, phone calls, home visits
- These could be 2 way-communications e.g. text '1' to receive a call back to book an appointment

Incentives

- Offer financial incentives e.g. lottery
- Offer non-financial incentives e.g. Asda vouchers, free bus tickets, pro-social incentive (this has been shown to be effective for breast screening attendance in Australia)

Network nudge

- Encourage individuals who visit practices/attend screening to nudge their friends/family
- Spread behaviour through cancer champions or community groups

Simplification

- Provide individuals with support to access appointments e.g. GP practices defaulting individuals into appointment times or providing a call back service to book appointments, or volunteers helping to book and organise transport to appointments
- Provide easy read or translated invitations and step by step instructions

Recommendation of interventions to explore further

THE BEHAVIOURAL INSIGHTS TEAM

- We believe **it is feasible to implement and evaluate an intervention to encourage cervical screening in East and West Marsh.**
- It may also be possible for bowel screening, but we need to do further exploratory work.

Potential approaches we would like to explore further

Offer incentives to encourage uptake of screening *e.g. Asda vouchers, lottery or pro-social incentive (i.e. an incentive that should be used on someone they love, rather than on themselves).* This could potentially be communicated via behaviourally informed text messages. The sustainability and cost effectiveness of incentives will be explored further, before a decision is made as to whether they should be offered.

Enhance/deliver behaviorally informed outreach through GP practices *e.g. text messages.* These would use behavioural messages and could tap in to the barriers/motivations associated with screening.

Offer support to patients on the process of booking appointments/requesting a kit e.g. defaulting patients into appointment times or offering a call back service to book appointments.

Evaluation options

THE BEHAVIOURAL INSIGHTS TEAM

The table below gives an indication of the estimated number of individuals who fail to attend their screening over a 5 month period (the anticipated length of the evaluation), broken down by number of GP practices.

	Bowel screening	Cervical screening
All practices (12) in E&W Marsh over a 5 month period	175	160
6 GP practices over a 5 month period	90	80
3 GP practices over a 5 month period	45	40

- The number of practices we collaborate with will depend on:
  - The type of intervention and method of implementation - i.e. whether we have to design separate approaches for each practice or a single approach for multiple practices. If the former, we will work with 1-3 practices. In the latter case we will work with as many as possible.
  - Practices willingness to be involved. From our initial conversations practices have seemed interested in collaborating.
- The number of individuals we target could increase if we are able to target both screening types and/or if we can include non-attenders in the months prior to the start of the trial

High level next steps

THE BEHAVIOURAL INSIGHTS TEAM

- Conduct further fieldwork to identify the specific focus of the intervention *(see recommendations slide)*
- Identify GP practices to partner with
- Design the intervention and evaluation in collaboration with GP practices and North East Lincolnshire Council
- Seek ethical approval through the NHS Research Ethics Service
- Implement intervention(s) and evaluate

Indicative project timelines

THE BEHAVIOURAL INSIGHTS TEAM

Month	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Phase 1 - Scoping												
Scoping	■											
Break clause												
Phase 2 - Design												
Deep fieldwork & solution design		■	■									
Ethical clearance				■	■							
Phase 3 - Delivery												
Implementation preparation				■	■							
Launch trial						■	■	■	■	■		
Phase 4 - Evaluation												
Analysis of results											■	
Reporting and presentation												■

Council Officer contact

THE BEHAVIOURAL INSIGHTS TEAM

Claire Thompson

E: Claire.thompson@nelincs.gov.uk