Communications and Engagement Toolkit for Socio-Economically Deprived Areas

March 2023

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This toolkit is interactive – click on a topic below to get started.

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3 General principles for communications and engagement

4 How to use comms to address barriers to accessing NHS services

5 How to use comms to strengthen interactions between NHS staff and patients

6 Communications and engagement checklist

7 Annex: the research behind this toolkit

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01

Introduction to the toolkit

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Introduction

Background

People living in deprived areas experience the most significant health inequalities in terms of access, experience and outcomes. There are large reductions in life expectancy for those living in the most deprived areas compared to people living in the least deprived areas.[1] Core20PLUS5 is NHS England's (NHSE) approach to reducing health inequalities.

NHSE commissioned a research project into access, experience and outcomes related to health services in socio-economically deprived communities.[2] This communications and engagement toolkit is an output of the research. It focuses on the 20% most deprived areas of England (the 'Core20' part of Core20PLUS5).

While some of the factors that are important for enhancing access, experiences and outcomes for people living in the 20% most deprived areas require changes in policy or service design, communications and engagement also have an important role to play.

The case studies, accompanying quotations, video and audio clips included here have been produced using material recorded during the research project. The names used have been changed but the ages and locations have not. The research included a cross-section of participants living in the 20% most deprived areas of England.

[1]Office of National Statistics, D (2022) Health state life expectancies by national deprivation deciles, England: 2018-2020.
[2]See section 7 (Annex: the research behind this toolkit) for more information about how this research was conducted.

How to use this toolkit

Purpose of this toolkit

This toolkit is designed to be used by communications and engagement professionals and others across the NHS with a responsibility for communicating to and engaging with people in the most deprived areas.

This toolkit provides:

- **Information** on who lives in the most deprived areas – for example by age, ethnicity and education
- **General principles** to consider when developing communications and engagement materials for people living in deprived areas
- **Guidance** to use when communicating about specific services – for example accessing GPs or mental health services
- **Considerations** regarding opportunities to use communications to improve interactions between healthcare professionals and patients living in deprived areas
- **A communications and engagement checklist** to use when developing materials

It is not necessary to read the whole toolkit. You can access what is most relevant to you. Click the boxes at the top of each slide to navigate to the sections that are useful to you. Click the ‘home’ icon in the top right of the page to return to the start and select a new topic.

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02

Who lives in the most deprived areas?

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England's 20% most deprived areas

The Index of Multiple Deprivation (IMD) is based on seven measures of relative deprivation for small areas across England

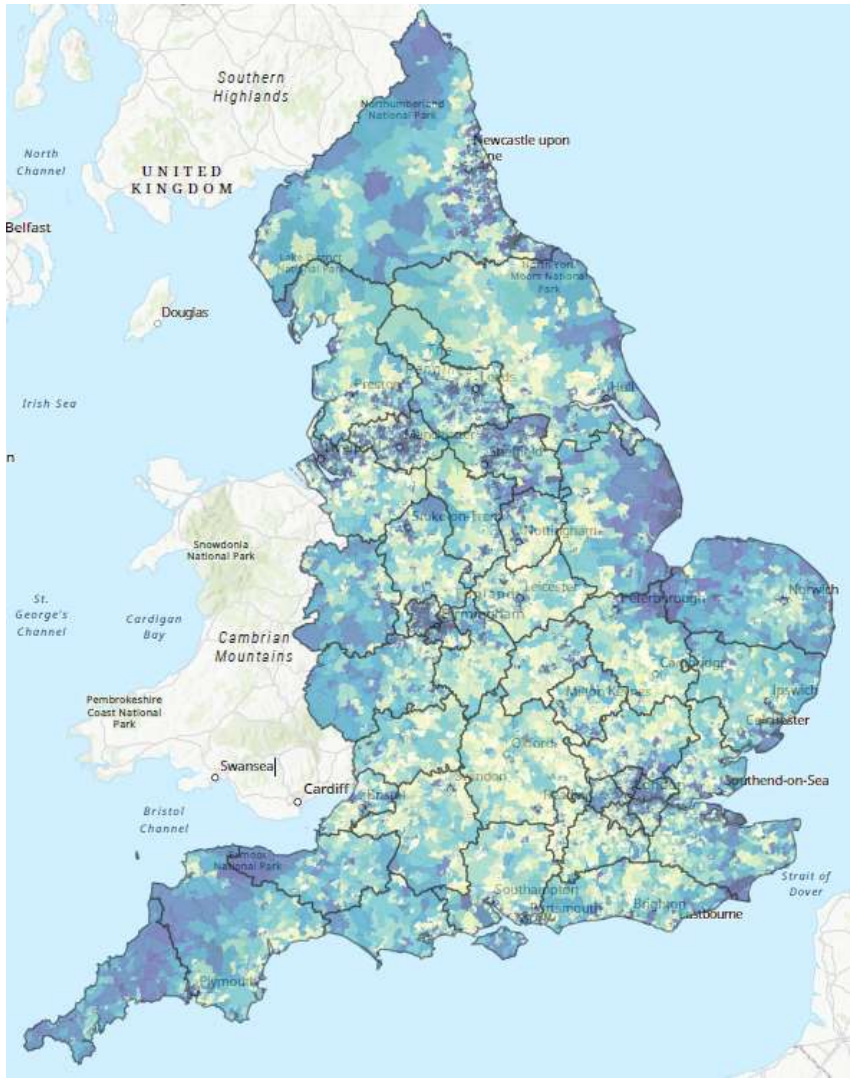
The seven measures are: income deprivation; employment deprivation; education, skills and training deprivation; health deprivation and disability; crime; barriers to housing and services; and living environment deprivation.

IMD has been used to rank every small area, according to the deprivation experienced by the people living there.

Areas have been organised into 10 groups, or deciles, ranging from least deprived (10) to most deprived (1).

The research behind this toolkit focused on the 20% most deprived areas in England (deciles 1 and 2). These are identified by the dark blue shading on the map.

For more details about how the IMD is produced, visit the Government website.



Index of Multiple Deprivation 2019: https://www.arcgis.com/home/item.html?id=85c8b350c1a4442eacefc1bbe1b03205

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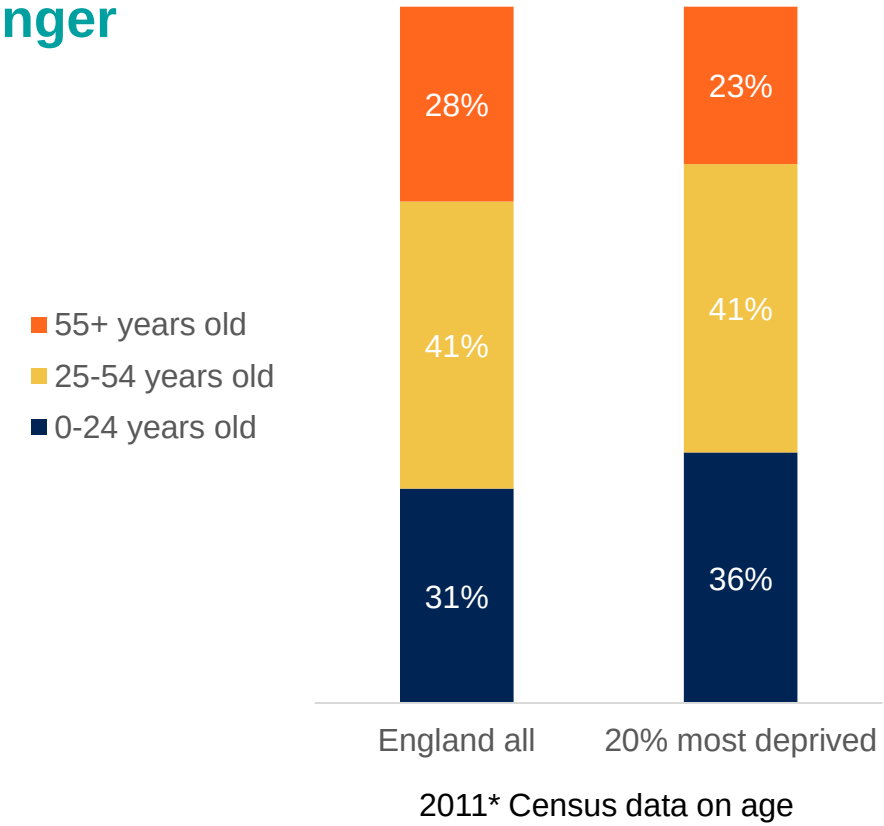
The population in England's 20% most deprived areas – age

More likely than the overall population to be younger

Compared to the overall population in England, the proportion of children and young people (0-24 years old) living in the 20% most deprived areas is higher (36% vs 31% for England overall).

Related to this, the proportion of people aged 55+ in the 20% most deprived areas is lower than England overall (23% vs 28% for England overall).



2011* Census data on age

*At the time of writing, the 2011 census data is the most recently published data available for the demographic variables included. When the relevant 2021 census data is published, the data in this section will be updated.

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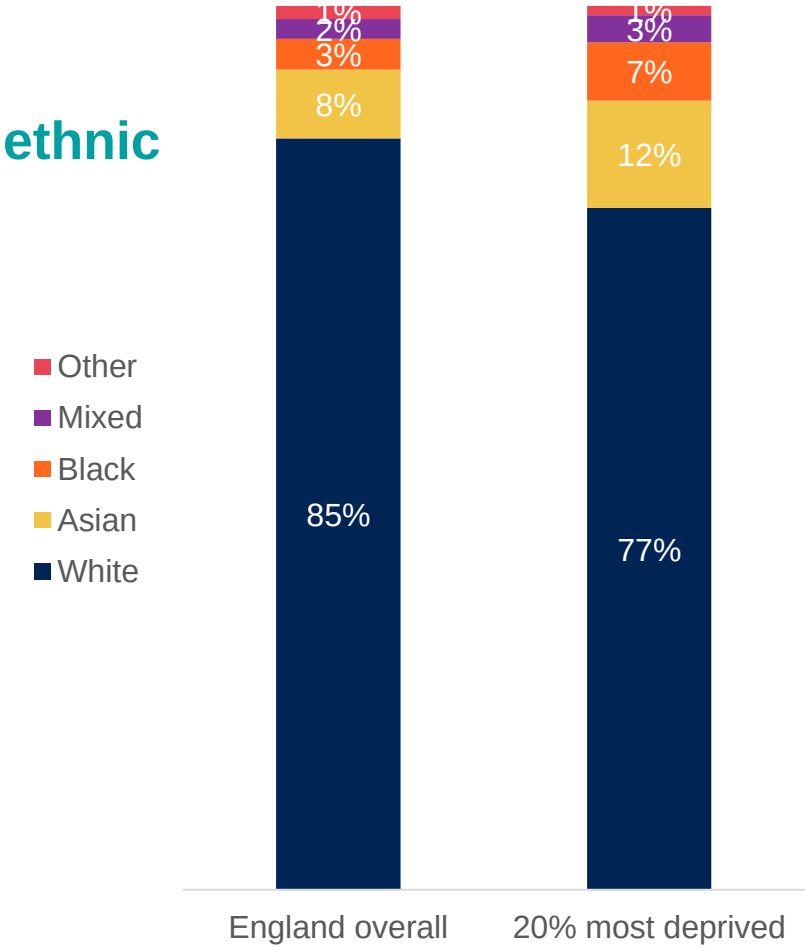
The population in England's 20% most deprived areas – ethnicity

More likely than the overall population to be from an ethnic minority background

Over three-quarters (77%) of people living in the 20% most deprived areas are from a White ethnic background. This is a lower proportion than in England overall (85%).

A higher proportion of people living in the 20% most deprived areas are from ethnic minority backgrounds compared to England overall:

- Asian ethnic background: 12%, compared with 8% for England overall
- Black ethnic background: 7%, compared with 3% for England overall
- Mixed ethnic background: 3%, compared with 2% for England overall



2011* Census data on ethnicity

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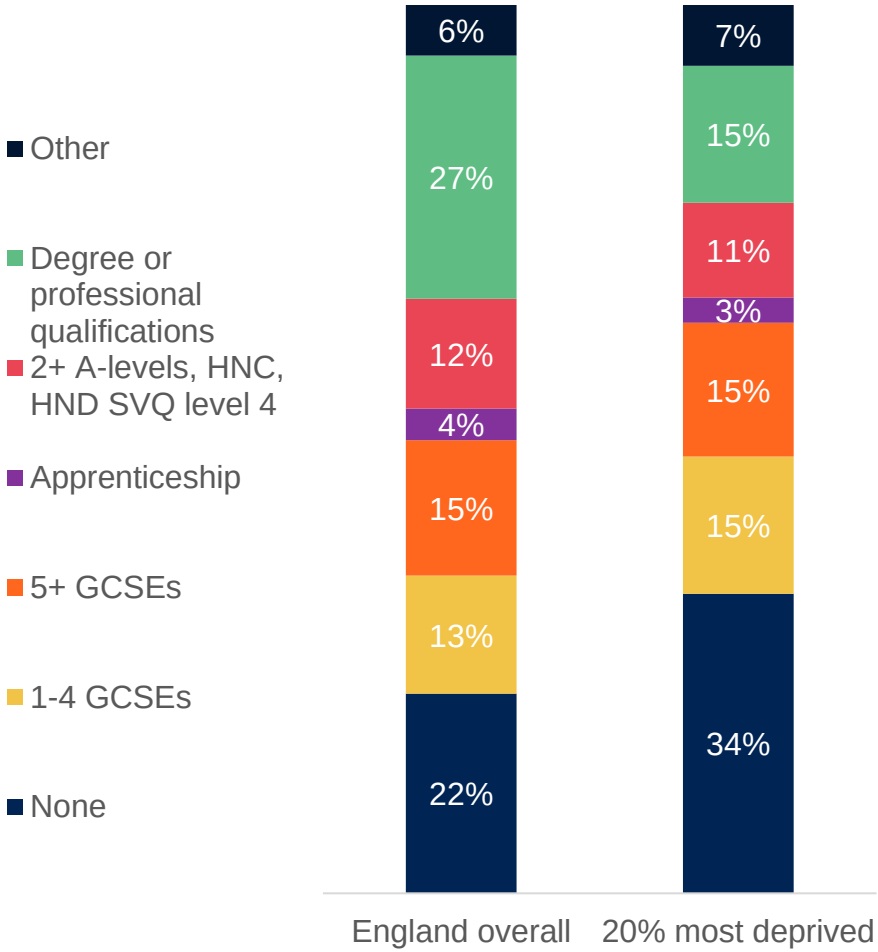
The population in England's 20% most deprived areas – education

Less likely than the overall population to have formal qualifications

Those living in the 20% most deprived areas are less likely to have formal qualifications (34%), compared with England overall (22%).

They are also less likely to hold qualifications at degree level or higher (15%), compared with England overall (27%).



2011* Census data on highest qualification

*At the time of writing, the 2011 census data is the most recently published data available for the demographic variables included. When the relevant 2021 census data is published, the data in this section will be updated.

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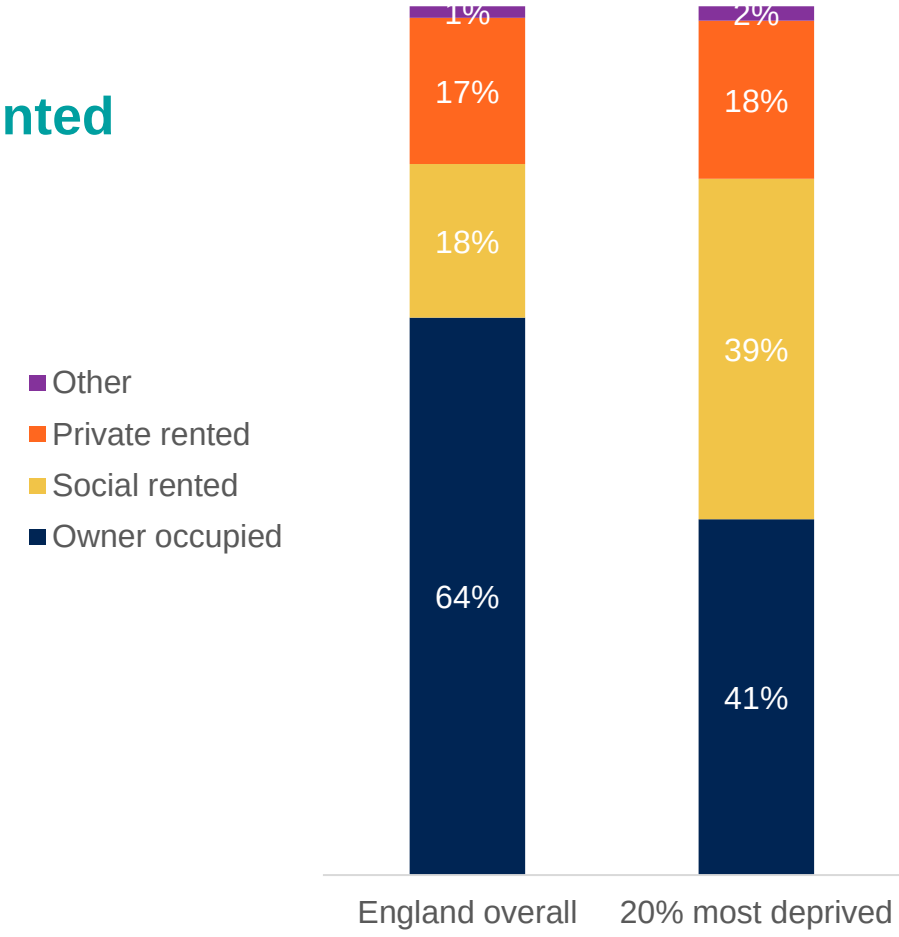
The population in England's 20% most deprived areas – tenure

More likely than the overall population to live in rented social housing

Those living in the 20% most deprived areas are more likely to live in rented social housing (39%), compared with England overall (18%).

Related to this, they are less likely to live in owner occupied housing (41%), compared with England overall (64%).



2011* Census data on tenure

*At the time of writing, the 2011 census data is the most recently published data available for the demographic variables included. When the relevant 2021 census data is published, the data in this section will be updated.

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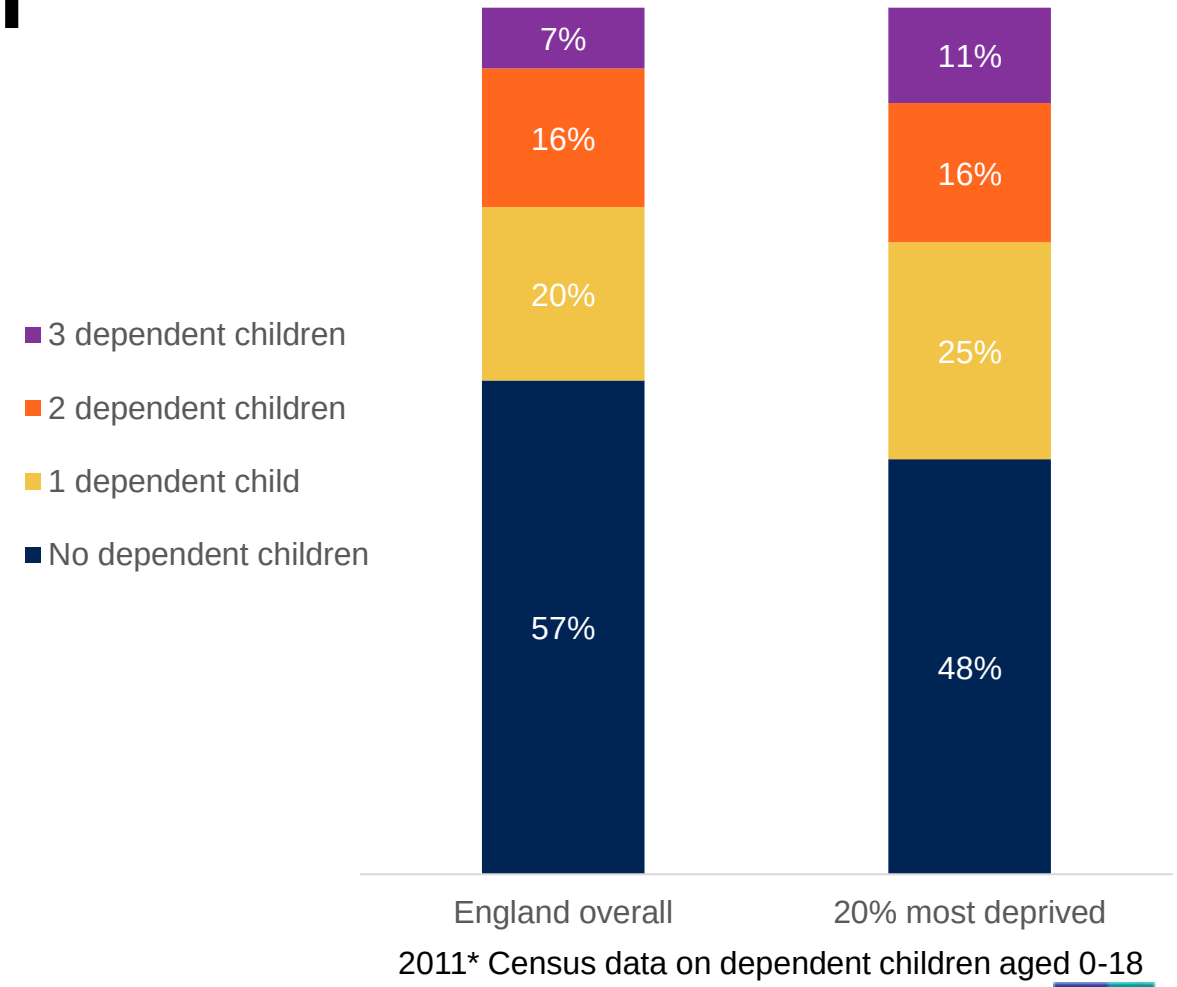
The population in England's 20% most deprived areas – dependent children

More likely than the overall population to have dependent children

Those living in the 20% most deprived areas are more likely to have one or more dependent children in the household (52%), compared with England overall (43%).



2011* Census data on dependent children aged 0-18

*At the time of writing, the 2011 census data is the most recently published data available for the demographic variables included. When the relevant 2021 census data is published, the data in this section will be updated.

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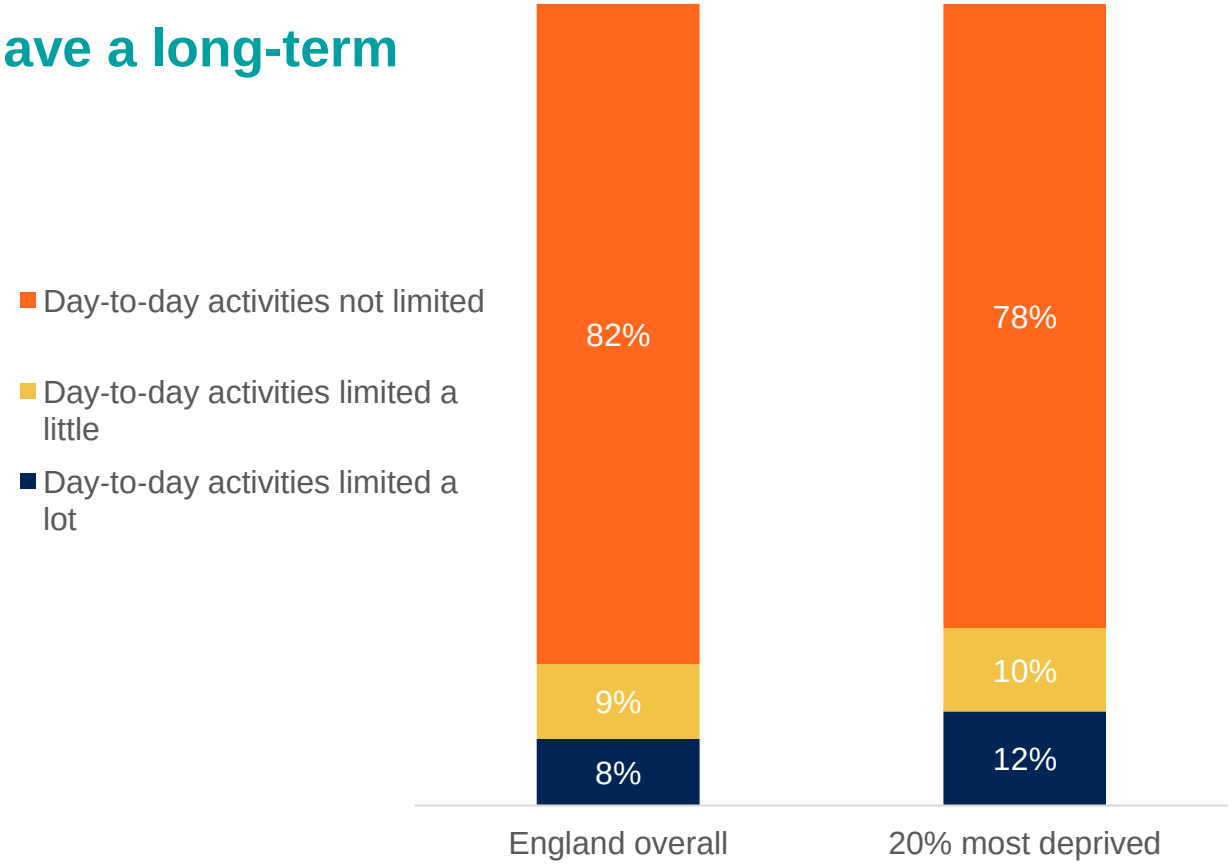
The population in England's 20% most deprived areas – long-term health problem or disability

More likely than the overall population to have a long-term health problem or disability

Those living in the 20% most deprived areas are more likely to have a long-term health problem or disability that limits their day-to-day activities a lot (12%), compared with England overall (8%).



2011* Census data on long-term health problem or disability

*At the time of writing, the 2011 census data is the most recently published data available for the demographic variables included. When the relevant 2021 census data is published, the data in this section will be updated.

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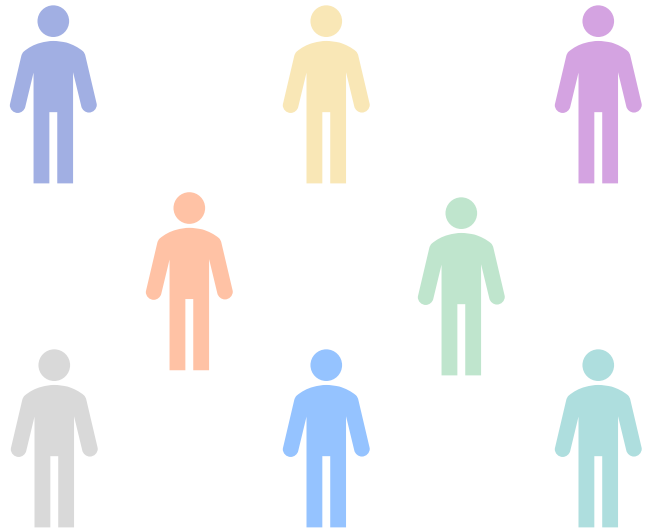
Understanding the diversity in your local area

Use insights available at a local level for greater depth of understanding of the target audience

Having an understanding of the population in England's 20% most deprived areas is important as wider determinants of health are often interlinked. For example, someone with no formal qualifications may be more likely to be in lower paid employment or poorer quality housing with less access to green space and fresh, healthy food.

Despite some commonalities among those living in the 20% most deprived areas, there is diversity in groups and communities. It is essential for communications and engagement leads within the NHS to understand the make-up of the population in the local area in order to tailor messages to have the greatest impact.

Analysts and Population Health Management colleagues working at local and system level will have access to data that can provide additional details on your specific populations, which will help you to understand the access, experience and outcomes of socially deprived communities where you are. Raising awareness of the national Health Inequalities Improvement Dashboard with these colleagues will add to their insight and help you to know more about the audiences you are targeting.



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03

General principles for communications and engagement

Click here to go straight to the communications and engagement checklist

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Design materials to be understood by all

It is essential to consider the literacy skills of your target audience

What is literacy and health literacy?

1 in 6 adults in England have **very poor** literacy skills (16.4% / 7.1 million people). Literacy is someone's ability to read, write, speak and listen in a way that lets them communicate effectively and make sense of the world. You can learn more about this from the National Literacy Trust.

Health literacy skills are 'the motivation and ability of individuals to access, understand, and use information in ways which promote and maintain good health'.[3]

Useful guidance for further reading:

Health literacy 'how to' guide – Health Education England

Health literacy tool providing an estimate of the percentage of a local authority population with low health literacy – University of Southampton

Health literacy manual – NHS

Checklist for translating health information – Patient Information Forum

The GP practice study includes a 10-point guide for improving website readability – British Journal of General Practice

Written communications are only helpful to people if they are written at an appropriate reading age for the target audience. Consider:

- ✓ Designing your comms to be understood by those with the lowest literacy skills in your target group by using Plain English. That way, you can ensure it will be accessible to all.
- ✓ Testing materials with your intended audience (this is called user testing) and / or working with organisations that regularly communicate with audiences with lower literacy levels to help you to check that the style is appropriate.
- ✓ Co-designing materials with your intended audience and / or working with organisations that regularly communicate with audiences with lower literacy levels.
- ✓ Providing materials that have been translated into relevant languages and British Sign Language. If materials are online, ensure they are compatible with a screen reader.
- ✓ Adapting materials for those with learning disabilities or neurodiversity, for example, by providing Easy Read materials, bionic reading and translating these, where necessary.

[3]Public Health England and UCL Institute of Health Equity (2015). Improving health literacy to reduce health inequalities.

Consider the digital literacy skills of your audience

It is essential to be aware of digital exclusion and digital literacy skills when designing materials

6%
of households in the UK have no internet access

What is digital literacy?

"Digital exclusion can be seen as a form of inequality. There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing." (NHS Digital, 2019).

People in social grades D and E are:

- The least likely socio-economic groups to use the internet at home (82%, compared with above 90% for other socio-economic groups).
- The most likely socio-economic groups to only use a smartphone to go online (31%, compared with 28% or lower for other socio-economic groups).

Specific groups of people living in more deprived areas, such as older people, may have even less access to the internet.

Digital exclusion goes beyond whether someone has access to the internet. Level of use and confidence play a part. Those in social grades D & E are the most likely to be 'narrow' internet users (40%, compared to 32% or lower for other socio-economic groups). 'Narrow' internet use is defined as using the internet for a smaller range of activities. 'Narrow' internet users can also demonstrate lower than average confidence using the internet.

Consider:

- ✓ Promoting locations where people can access free wi-fi in public, such as local libraries and shopping centres.
- ✓ Providing communications and engagement through a variety of formats and channels to ensure inclusion of people who are digitally excluded.

Digital literacy data from Ofcom's Adults' Media Use and Attitudes report 2022. Data is UK level and not England only.

Social grade is a classification system based on the occupation of the Chief Income Earner within a household. For more information, visit the National Readership Survey website.

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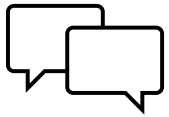
Be aware of how language such as 'deprivation' could be interpreted as stigmatising in communications

It is essential to consider the language you use when referring to your target audience



Language is important. Talking to people about ‘being deprived’ or ‘living in a deprived’ area can be insensitive and distract from the message you are sharing.

There are existing power dynamics at play between healthcare professionals and patients, which could be reinforced by using this language.

It is important that people do not feel stigmatised or judged based on features of their identity or perceptions about their life circumstances. This can lead to feeling a lack of trust in healthcare professionals and being less likely to approach the NHS for support in the future.

Instead, consider:

- ✓ Whether you need to refer to this at all in your message. Do you have good reason to think it will support the message?
- ✓ Using alternative language, such as:
  - Ensuring everyone has the same access to and experiences of NHS services.
  - Working to ensure people have the best possible health outcomes, no matter where they live.

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NHS branding generally engenders trust in communications about health

Nevertheless trust in NHS sources of health information can vary across and within communities and other organisations may be more trusted

Key sources of health information among those living in the most deprived areas include:

- Looking **online**, particularly at the NHS website, but also Google, social media or YouTube.
- Talking to **healthcare professionals**, most often GPs but also pharmacists, NHS 111 and consultants (for ongoing conditions).
- Talking to **friends and family**, or others in their community.

People report being more likely to take immediate action when communications from the NHS are addressed to them, for example receiving an invitation to a screening appointment, compared to seeing general health campaigns. Health campaigns are generally considered to provide useful information such as symptoms to look out for.

Consider:

- ✓ Consistently including NHS branding in communications to leverage the strong sentiment towards the NHS brand as well as the generally high levels of trust in information from the NHS and healthcare professionals.
- ✓ Where possible, using direct patient communications when immediate action is required, such as coming forward for an appointment.
- ✓ Using multiple channels for campaigns and messaging to ensure wider reach.
- ✓ Communicating messages through written methods and in-person, to reach a wider range of people.
- ✓ Partnering with trusted organisations to provide reassurance about using services. Working with existing organisations and building on their relationships with communities will be more effective where levels of trust are lower.

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04

How to use communications and engagement to address barriers to accessing services

Click here to go straight to the communications and engagement checklist

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Using communications to address barriers to access

This section of the toolkit focuses on key barriers to accessing services that were experienced by research participants living in the 20% most deprived areas, and how communications and engagement could improve patient experiences of accessing services.

This section is split into four topics. Click on a topic below to find out more:

GP practices

Mental health services

Healthy living support

Practical barriers

Each topic provides an overview of the barriers (supported with secondary data and case studies from the research) and suggests practical ways to use communications to overcome them.

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People see GPs as the first point of contact for addressing non-emergency health issues

However, they face challenges booking an appointment with a GP practice – particularly in the most deprived areas

The issue
Previous challenges, or negative experiences, in accessing GP practices can deter people from accessing these services in the future

GP Patient Survey (GPPS) data

2022 data from GPPS show that people living in the most deprived areas find it more challenging to get through to their GP practice on the phone (53% overall find it easy compared to 48% of those living in the most deprived quintile).

Orla, 24, Asian or Asian British, Liverpool

Case study: previous negative experience with healthcare services

Orla has experienced issues with her shoulder for over four months. Those around her have advised her to get it checked by the GP. She doesn't think she will be a priority for the NHS, as she is young and otherwise in good health. As she has put off making a GP appointment for several months, she also feels she won't be taken as seriously.

Click the icon to hear more from **Greg** about challenges accessing GP services

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Encourage using alternative services and health care professionals to GP practices

Increasing knowledge of other services, how and when to use them, and the benefits of doing so can help patients to get their health issue addressed sooner

- Build confidence in self-care and promote resources available to support such as via nhs.uk
- Increase awareness of other services and when to use them e.g. pharmacies and NHS 111
- Increase knowledge of other healthcare professionals at GP practices e.g. Social Prescribers
- Build trust in using other services e.g. raise awareness of pharmacists' skills and qualifications
- Encourage GP practices to add signposting on their website to information on nhs.uk or other services in the local area
- Encourage people to use the NHS app and GP practice websites to book appointments and request repeat prescriptions

Click the icon to hear more from **Orla, Mason and Patrick** about their trust in other services

Click the icon to hear more from **Greg** about awareness to other services

Click for tips on accessible health information

Click for GP practice website guidance

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People value contact options that are quick and convenient for non-emergency health issues

For behaviour change, it is important to communicate the tangible benefits of using wider NHS services, such as options that are easy to use and fit into daily life

When communicating about other services, ensure messaging:

- Uses language that is appropriate for the audience so it will be **understood**. See the NHS service manual for guidance.
- Is provided in alternative languages or formats like Easy Read or British Sign Language.
- Is **culturally appropriate and sensitive** to the local community.
- Is shared via **non-healthcare settings and channels**, such as word of mouth, community centres, places of worship, libraries and foodbanks. This will ensure the messaging is accessible for those who are **digitally excluded.**
- Highlight **locations and operating hours** of other services, to minimise concern about travel and waiting times.

Evidence review [4]

A 2021 quality improvement programme in an area of social deprivation in East London looking at missed appointments found that:

- Competing demands influenced non-attendance at the GP surgery – fitting appointments around work and family commitments, difficulty getting an appointment, and long wait times.
- Busy telephone lines were reported barriers to cancelling appointments.

Evidence Review [5]

General practice websites are an important source of information. Services such as booking appointments and ordering repeat prescriptions have been moving online, via the NHS app or GP websites. However, poorly designed GP websites can create barriers to accessing health care.

43% of written health information is too complex for UK adults to fully understand, a figure that rises to 61% when numerical information is included. Low basic literacy and low health literacy are associated with higher levels of socioeconomic deprivation. Text readability measures such as average sentence length and syllables per word are important considerations.

Click the icon to hear more from **Patrick** about appointment locations

[4]Margham, T. et al (2021). Reducing missed appointments in general practice: evaluation of a quality improvement programme in East London.
[5]Rughani, G. et al (2021). The readability of general practice websites: a cross-sectional analysis of all general practice websites in Scotland

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Help patients access mental health care at the time they need it

Mental health services may be accessible to people, and are complex to navigate

The issue

Mental health services are complex for patients to navigate. Patients reported a lack of awareness of available mental health services and understanding of how to access them.

Aisha, 50, Asian or Asian British, London

Case study: accessing mental health support

When Aisha's husband passed away, she contacted her GP to see what local services were available to support her mental health. She was offered antidepressants, which she did not want to take. Aisha would have liked her GP to share information about other options she could use to support her mental health.

Click the icon to hear more from **Patrick** and **Ryan** about challenges of accessing mental health services.

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Promote services or organisations that are already available locally

Increasing knowledge of what NHS and community options are available and how to access them could remove current barriers

Increase signposting and awareness of mental health services offered by the NHS locally and nationally, both online and through existing services

Increase knowledge of what local and national services offer and how to access them

Address the key barriers to access, by emphasising the judgement-free and confidential nature of treatment by NHS staff to break down stigma about mental health

Click the icon to hear more from **Amelia** about improving mental health services.

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People need to understand what services are available and how to access them

Ensure that:

- Maps of local mental health services are available and accessible to healthcare professionals and the public. Maps should be easy to understand and shared via existing services.
- People of all ages are signposted to community sports organisations in the local area, such as Football Club Charitable Clubs and grassroots sports clubs.
- Services are promoted in visible places, via existing services and community connectors and trusted healthcare professionals, such as social prescribers, to ensure these are accessible to transient communities and those who are digitally excluded.
- Services are promoted in a culturally competent way, for example, using imagery that reflects the people living in the local area. Among healthcare professionals, raise awareness of training and resources related to cultural competence, unconscious bias and Population Health Management.
- Services are signposted in schools and colleges to reach young people. These services may also reach parents/guardians, raising awareness of available services. For example, add contact details for Children and Young People's mental health services on intranet pages, screensavers on school computers and digital displays. Consider other engagement approaches to raise awareness of mental health services among young people, such as working with local organisations.

Evidence review[6]

Life Rooms is a service run by Mersey Care NHS Foundation Trust that provides support and access to resources in a local community setting through a social prescribing model. The range of Life Rooms resources did not require service users to seek support elsewhere, providing an all-inclusive engagement journey.

The Life Rooms provides learning opportunities, delivering free courses covering topics such as wellbeing, mental distress, and other social and creative offerings. Life Rooms also provides social prescribing support through a daily drop in with an advisor experienced in housing, debt and employment.

"Participants spoke at length about the Life Rooms setting being an all-encompassing hub, which facilitated easy access to many resources without additional financial costs, and without being subject to bureaucratic administrative process of exclusion."

[6]Hassan, S. et al (2020). Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model

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People expect to be signposted to initiatives that promote healthy lifestyles and manage existing conditions

This can be achieved across primary care and out of hospital using GP practices to direct people to pharmacies and community services

The issue
Challenges accessing healthy living initiatives could result in being unable to implement lifestyle changes

Patrick, 57, White British, Middlesbrough

Case study

Patrick has arthritis and wanted to exercise to help with pain management. He isn't able to afford a gym membership himself, so tried accessing a gym prescription through his GP and his local authority's adult health and social care team. Neither service had the means to offer this, and instead, his GP prescribed him a diet pill.

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Take advantage of the range of healthy living initiatives already available in local areas

Ensure different healthcare professionals are equipped to direct patients and that people know to ask about them

Ensure healthcare professionals have access to a directory of local healthy living initiatives

This should be accessible to a wide range of health practitioners such as GP practices, pharmacists and physiotherapists. Evidence and case studies related to this can be found here

Promote local place-based initiatives that encourage people to contact services about their health

Healthy lifestyle initiatives include:
- ✓ Walking groups
- ✓ Outdoor gyms
- ✓ Weight loss groups

Raise awareness of ways to access existing healthy living initiatives without needing to rely on GP practices

For people living in deprived areas, it is particularly important that healthy lifestyle initiatives are free to use or low cost

Promote initiatives online and in public spaces and ensure these materials contain information about how to contact services

Primary care provision in areas of high deprivation is poorer than in more affluent areas. The impact of any actions taken to improve uptake will be limited by the number of initiatives already offered in an area.

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People feel more engaged in healthy living initiatives that meet their needs and preferences

NHS services can support this by raising awareness of different options in the local area

Activities to encourage people to engage with healthy living initiatives should focus on:

- Community-based, non-clinical options
- A range of options that fit different people's needs and preferences
- Guidance from 'trusted voices' in the community
- Bringing people together to foster a shared sense of purpose
- Advice that is judgement-free

Evidence review[6]

Participants in focus groups about lung cancer symptom presentation recommended that interventions should be 'low key' and in community venues so they do not feel they are wasting GP time.

They were open to talking to any health practitioner, provided they were approachable, knowledgeable and judgement-free.

Participants also felt positive patient stories of early diagnosis would encourage earlier presentation of symptoms.

Jackie, 46, White British, Bristol

Case study

Jackie is 46 years old and is trying to lose weight.

Her GP referred her to a weight-loss programme. Despite completing three sessions, she decided not to continue with the programme. She felt it was not suited to her and there were no opportunities to interact with others.

Jackie would have preferred to be referred to a weight loss programme that brought people together, either in-person or online. She feels it is important to learn from others and swap tips while being led by health practitioner. A 'sense of camaraderie' would motivate her to stay engaged with the programme.

[6]McCutchan, G. et al (2019). Engaging high-risk groups in early lung cancer diagnosis: a qualitative study of symptom presentation and intervention preferences among the UK's most deprived communities

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People in areas of high deprivation can find it more difficult to make or attend appointments

Lower income, less flexible working patterns and limited transport availability were key practical barriers to accessing services

The issue
Transport costs and inflexible appointment times can make it harder to access services

Click the icon to hear more from **Ryan** and **Patrick** about parking in hospitals

Kelly, 42, White British, Blackpool

Case study
Kelly and her partner are blind. They tend to have to take taxis to attend NHS services. Kelly prefers it when services are offered locally as she feels this would help them to save money and encourage them to take up healthcare services more often.

Nicki, 37, White British, Birmingham

Case study
Nicki has two children aged 12 and 14 and works part-time. She finds it difficult to secure GP appointments for her children, despite her GP practice offering a call-back service. She feels under pressure to be 'available' for the call back and has to balance this with work and other commitments. Consequently, she says she will not contact her GP practice about issues such as suspected chest infections because it is "too much hassle."

Transport costs case study
An eight-week pilot programme that offered children living in areas of high deprivation free transport to hospital appointments saw a reduction in the number missed appointments and freed up appointments for children on waiting lists. The pilot was conducted by Birmingham Women's and Children's Hospitals NHS Foundation Trust and involved contacting the families of children with an appointment scheduled in the next 14 days, to confirm their awareness and purpose of the appointment. The families were asked about any barriers that would prevent them from attending, and provided a transport support offer, which included free parking at the hospital site, public transport tickets, and taxi services. Over the course of the project, 90% of the families contacted accepted the transport offer, facilitating access for those who would have struggled to attend.

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Emphasise the different ways people can access NHS services

Increase knowledge of the range of contact options, appointment availability and services can help people access services in ways that suits them

Click the icon to hear more from **Mason** about other urgent care

- Emphasise the benefits of using different ways to access services e.g., by phone or online
- Communicate when and where mobile services are operating in specific areas
- Outline the interpretation services available through GP practices
- Highlight local public transport routes to access local services or options for help with transport costs
- Emphasise that people do not need proof of identity or an address to have a 'local' GP practice
- Increase knowledge of ways to find local services, such as through the NHS urgent care locator
- Increase awareness of local out-of-hours services

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Knowledge about how to access NHS services can vary among people living in areas of high deprivation

Highlighting the benefits of different options for contacting NHS services can encourage people to access them

It is important that:

- People are aware of the benefits of using other ways to speak to a healthcare practitioner (e.g., pharmacists, NHS 111 and NHS 111 online) such as greater flexibility and convenience than a face to face appointment
- NHS services offer a range of contact options, so that people can choose the one that suits them
- Websites and other communications methods have been tested by those who will use them to ensure they can be understood
- People are aware of the range of NHS services in their area and when they are open
- People understand which service they should contact according to their health issue

Clive, 56, White British, Bristol

Case study

Clive lives in Bristol and works full-time. He values being able to walk into his local pharmacy and use it as a first point of contact about a health issue.

Hayley, 32, White British, Liverpool

Case study

Hayley lives in Liverpool and works full-time. She uses an app to book appointments with her GP and order repeat prescriptions. She finds the app easy and convenient to use.

Belinda, 37, Black or Black British, Birmingham

Case study

Belinda is a lone parent and works part time. She often uses NHS 111 to seek medical advice for her children – *"111 would be the service that I go straight to... because they are there at the end of the phone."*

05

How to use communications to strengthen NHS staff and patient interactions

Click here to go straight to the communications and engagement checklist

People in more deprived areas can be wary of using NHS services if they feel they will be judged

This can make people reluctant to use NHS services unless they have to

The issue

Feeling judged by NHS staff can put people off using services. Many different groups may feel judged on characteristics such as appearance, income level, ethnicity, education levels, health issues or ability to express themselves.

Sonia, 34, White British, Hull

Case study

Sonia, 34, accompanied her partner to the local hospital. Her partner was wearing a tracksuit and Sonia felt that a doctor made assumptions about drug use.

Sonia had to explain that her partner does not use drugs, but she felt that he was still treated with less care by hospital staff and was not listened to.

Her partner is now reluctant to go to hospital unless it is an emergency.

"We've had [NHS staff] look down on him."

Click the icon to hear more from **Ryan** about staff being disrespectful

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Support staff to be aware of how in-the-moment responses or judgements can affect patients

Reminding staff at regular intervals about the impact they can have on patients through the way they act could lead to more positive experiences

Click the icon to hear more from **Ryan** and **Ava** about positive experiences

Emphasise the positive impact of active listening skills for patients and how this can build trust

- ✓ Make eye contact
- ✓ Be open to questions
- ✓ Take time to explain care options
- ✓ Ask patients their preferences for care
- ✓ Take individual communication needs into account

Promote the importance of culturally competent care and unconscious bias training

Consider the perceptions of bias and how this impacts care.

Click here for a video on perceptions of bias among patients from ethnic minority backgrounds who have cancer

Showcase the impact of positive experiences of care through case studies

Tailor these for different audiences, such as:

- Non-clinical staff
- Health practitioners in clinical settings
- Health practitioners in community settings

Click the icon to hear from **Amelia**, **Charlotte** and **Ryan** about staff not listening

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People in more deprived areas will find it easier to use services if they feel reassured they will not be judged

How NHS staff interact with people is a significant driver to ensuring this

People want NHS staff to take time to understand their personal health issues.

It is important for people not to feel they are being judged on:

- ✓ Where they live
- ✓ How they speak
- ✓ The way they look or dress
- ✓ Specific health related behaviours such as smoking or nutrition

Amelia, 55, White British, Thanet

Case study

Amelia is 55 years old and was recently invited to a NHS Health Check. Prior to this, she had felt judged by health professionals, who assumed she had specific health conditions due to her weight. These experiences did not put her off using NHS services altogether, however she felt hesitant about attending the Health Check appointment.

The Health Check indicated that Amelia was not pre-diabetic. She had recently taken up yoga and walking to manage a back condition. Her health practitioner at the screening said this was also reducing her risk of diabetes. This has motivated her to also improve her diet to further reduce her risk of diabetes.

This experience has also prompted Amelia to speak to her son about his weight management. She wants him to adjust his diet now to reduce his risk of diabetes in the future.

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Poor communication with health practitioners can leave patients dissatisfied with their care experience

This can include not feeling listened to or not having their care preferences accounted for

The issue
Participants wanted reassurance that recommendations by health practitioners are the best course of action for their health issue

The issue
Participants may have felt their health issue had been dismissed by health practitioners

Click for core principles to deliver personalised, patient-centred communications

Jackie, 46, White British, Bristol

Case study

Jackie is 46 and lives in Bristol. She was dissatisfied with the care provided to her son by their GP practice because she felt that the Practice Nurse did not clearly explain the decisions being made and did not take Jackie's views into account. Jackie felt like she was not being listened to and that her concerns were being dismissed.

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Support patients to get the most out of contact with health practitioners

Remind health practitioners to help patients to feel included in decisions about their care

Encourage health practitioners to explain their rationale behind decisions about care in everyday language

Click here for tips on active listening

Develop a checklist of questions for patients to ask about their treatment

- ✓ How to ask about the pros and cons of different options
- ✓ How to express preferences for different treatments
- ✓ How to raise any concerns about care
- ✓ How to find out what happens next in the treatment pathway

Better communication can enable people to feel more confident about the care they receive

People will feel reassured that recommended care is relevant to their health issue, as well as feel more included in the process for addressing it

It is important that people feel:

- Equipped to work with health practitioners to decide what care they would like to receive
- Reassured that health practitioners have recommended the best course of action for their health issue
- Confident that they are being treated to a high standard
- Reassured they have contacted the most appropriate service for their health issue

Kyle, 42, White British, Leeds

Case study

Kyle is 42 years old and a full time carer for his mother, who has dementia.

He recently took his mother to an appointment with a physiotherapist. The physiotherapist used posters to set out ‘in layman’s terms’ the importance of doing specific exercises. Kyle felt this experience was positive because he could see his mother had understood the advice from the physiotherapist.

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06

Communications and engagement checklist

Communications and engagement checklist (1/2)

When developing a communications or engagement plan, use this list to check you have considered ways to make it more accessible to and relevant for your target audience

- ☐ Have you thought about what part of the population your message is most relevant to/it is most important to reach?
- ☐ Have you engaged with local analysts and population health management colleagues to access intelligence and data to better understand the types of people within this audience?
- ☐ Is there any cultural or religious context to take into account? E.g., upcoming religious holidays. Are your communications materials culturally appropriate and sensitive to the local community?
- ☐ Have you considered what the best format(s) and channel(s) are to reach this group? This includes taking into consideration the health literacy of the audience, whether spoken or written formats work better and whether accessible formats for those with learning disabilities, should be provided. Have you considered promoting messages through appropriate non-healthcare settings?
- ☐ Have you provided accessible alternative options for those who are digitally excluded or require materials in a different language?
- ☐ Have you avoided using potentially stigmatising language such as ‘deprived’?

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Communications and engagement checklist (2/2)

When developing a communications or engagement plan, use this list to check you have considered ways to make it more accessible to and relevant for your target audience

- ☐ Have you consistently included NHS branding across formats and channels?
- ☐ Have you written succinctly and in plain English? Is it free from jargon and at an appropriate reading level?
- ☐ Have you designed your communications materials to be understood by those with the lowest literacy skills in your target group? See the NHS service manual for guidance.
- ☐ Have you avoided using large blocks of text?
- ☐ Have you included images that are relevant to your message? Are the images representative of your target audience?
- ☐ Have you ‘user tested’ your communications materials with people in your target audience and sought their feedback on how to improve the messaging?

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07

Annex: the research behind this toolkit

The research behind this toolkit

The research objectives were to:

1. Understand what people in socially deprived communities experience, think and feel about healthcare access, experiences and outcomes.
2. Provide evidence to support ideas for how best to get healthcare messages to socially deprived communities.
3. Identify barriers and enablers for encouraging uptake of services among people in socially deprived communities.
4. Provide practical tips for how healthcare campaigns can reach people in the most deprived communities.

Rapid evidence review to summarise existing research and highlight key issues to explore

1hr in-depth interviews with 60 participants living in the most deprived 20% of England

Mobile ethnography with 14 of the 60 participants conducted using an app over 1.5 weeks

Toolkit workshop with Health Inequalities and Comms leads to feed into the toolkit

Research participants were drawn from 10 place-based case study areas: 3x coastal (Blackpool, Great Yarmouth and East Suffolk, Thanet) and 7x urban and suburban (Birmingham, Bristol, East London, Kingston Upon Hull, Knowsley and Liverpool, Middlesborough, Wakefield and Leeds).

This research was conducted by Ipsos UK and the Strategy Unit. If you have any questions about the research behind this report please email england.healthinequalities@nhs.net.

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