



## Behaviourally Informed Communications Initiative (BICI): Case Studies

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### Behavioural Science Unit:

The Public Health Wales Behavioural Science Unit was launched to provide specialist expertise on behavioural science, and develop the application of it, to improve health & wellbeing in Wales. The Unit is part of the World Health Organisation (WHO) Collaborating Centre on Investment in Health and Wellbeing.

For further information, or support around the application of behavioural science to improve and protect health and wellbeing and reduce inequity in Wales please get in touch.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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**Many thanks to the individuals and teams who have engaged with this programme of work, contributed case studies and provided their feedback.**

# Help Me Quit – SMS Text Messages



Richard Quartermass, National Co-Ordinator, Help Me Quit

We reviewed an SMS message intended for clients who self-refer to the Help Me Quit service. The SMS aimed to prompt clients to engage with our smoking cessation support services after they initiated a self-referral via our website.

## Reflections on Original Communication:

Engagement data showed that only 5% of clients who received the original SMS called the service on Day 0. Overall, the rate for successful contact from those that self-referred was 30%. Many clients did not respond to the service's attempts to engage, likely due to the lack of an immediate call-to-action, or motivational framing.

## Behavioural Specification:

**WHO**

Self-referring Help Me Quit clients.

**WHEN**

Upon receiving the initial acknowledgment SMS

**WHAT**

Call the Help Me Quit contact line

**WHERE**

On the telephone

## Behavioural Diagnosis:

### Opportunity:

- lack of immediate prompts to encourage immediate action
- Delayed contact between initial self-referral and phone call from Help Me Quite team

### Motivation:

- Potential for decreased motivation after initial self referral

## Barriers Addressed:

- Delayed clients had to wait for follow-up, with motivation potentially decreasing during this period
- Lack of immediate action prompt

## Behaviour Change Techniques:

- 1 Commitment (acknowledged the first step clients had taken and encouraged them to continue by calling the service)
- 2 Instruction on how to perform the behaviour (call us today on XXX)
- 3 Framing positive framing highlighting health benefits
- 4 Prompts/cues

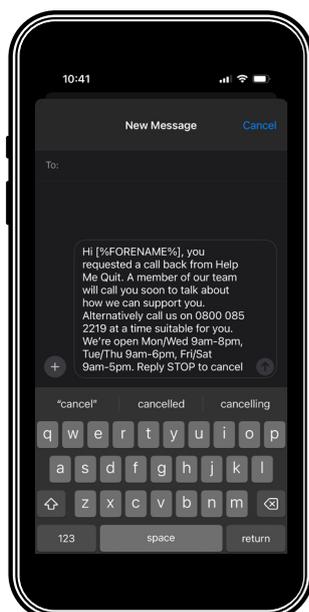
### Next Steps

- The revised SMS is being implemented as part of a four-week pilot.
- We will collect data on the number of clients who contact the service after receiving the SMS, compared to those who received the original version.
- Data analysis will be conducted post-pilot to assess impact, with results available by the end of the following month.

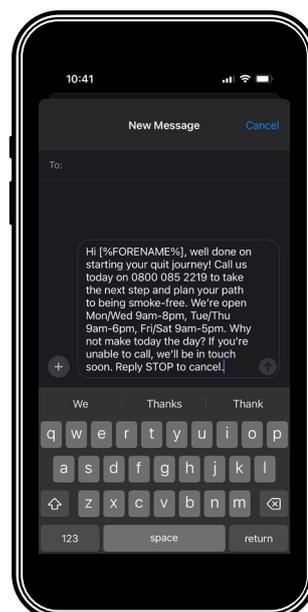
### Reflections/Learning:

The BICI process helped to shift our approach from purely informative communication to action-oriented, behaviourally informed messaging. We learned that a lack of immediate action prompts often leads to reduced engagement and that using motivational and action-based language can help retain clients in the process.

#### Original Communication:



#### Amended Communication:



# Vaccine Preventable Disease Programme – Shingles Vaccine Invite Letter

Claire Thompson, Public Health Practitioner

A letter template for GP practices to invite eligible adults for shingles vaccination.

## Reflections on Original Communication:

This is a new letter template that aligns with updated national shingles vaccination policy.

The letter invites eligible adults to have a shingles vaccination. A call and recall system is in place to ensure that those that are eligible receive an invitation. Reminders are sent to those who fail to respond to the initial invitation.

Templates are made available to GP practices, who can adapt the content to fit local procedures.



## Behavioural Specification:

### WHO

Adults aged over 50 years who are eligible for shingles vaccination and have a weakened immune system

### WHEN

Within a week of receiving the invitation letter

### WHAT

Make an appointment for shingles vaccination by contacting their GP surgery

### WHERE

At a place of the individual's preference

## Behavioural Diagnosis:

### Capability:

- Lack of awareness/knowledge of eligibility for shingles vaccine
- Lack of awareness of severity of shingles disease
- Lack of awareness that people who have already had shingles could get it again.

### Opportunity:

- Recommendation by GP/healthcare professional increases acceptability
- GP/healthcare professional are trusted sources
- Call/recall system might introduce opportunity barriers.

### Motivation:

- Attitudes towards vaccinations are more positive than average among those aged 55 and older
- Low risk perception due to successful disease management

## Barriers Addressed:

- Informing patients that they are eligible for the shingles vaccine, and explaining why
- Informing patients about the severity of shingles (link to video)
- Increasing awareness that people who have already had shingles could get it again, and would benefit from getting vaccinated.

## Behaviour Change Techniques:

1 Instruction on how to perform the behaviour

2 Information about health consequences

3 Action planning

4 Credible source

5 Prompts/cues

### Next Steps

- Gain a better understanding as to whether GP practices are aware of the vaccination invitation letter templates available, and to what extent these are used (across vaccination programmes).
- Undertake a desk top exercise to identify the barriers and facilitators to shingles vaccination uptake amongst this specific population group.
- Consider collecting insights from target audience.
- Further develop the letter template, audience test and finalise.
- Consider follow up communication method and content for non-responders, and invitation for the second dose.
- Explore opportunities to pilot letter template with GP practices and Primary Care cluster/s.

## Reflections/Learning:

BICI has provided the opportunity for me to develop my knowledge and confidence using SCALE and the COM-B model and begin to apply them to the design of communications such as the template invitation letters, and to other aspects of my work.

Some key takeaways for me include:

- Ensure to develop a clear behavioural specification
- Different behaviour change techniques and different communications might be needed to address non-response to invitation letters
- Through gathering insights, I found that these patients may have more frequent contact with other HCPs due to their condition or treatment, highlighting that we may need to consider the most appropriate source/s for our communications.

## Original Communication:

[Insert GP Surgery]  
[First Address Line]  
[Second Address Line]  
[Town/City]  
[Postcode]  
[Contact Number]

[Date]

Dear [Name]

**You are due your shingles vaccination. Shingles is a condition that can be very painful and have long-lasting effects. Please contact the surgery on [phone number] to arrange your appointment.**

Shingles is more common in older people. The shingles vaccination significantly reduces your chance of getting shingles. (Or, if you do get shingles, it is likely to be a milder and shorter illness.)

The vaccine is given as a small injection in the upper arm. There are two different shingles vaccines – Zostavax (see the note below) and Shingrix. When you come to the practice, we will assess you and tell you which is the appropriate vaccine for you.

If you would like more information, talk to your practice nurse or GP, or phone NHS 111 Wales on 111. Calls to 111 are free.

If you think you have already had a shingles vaccine, please let us know.

Yours sincerely

Dr [Name] and partners  
[Name] Surgery

Noder: Mae nifer bach o bobl na ddylent gael Zostavax. Mae hyn yn cynnwys rhai pobl sydd â system imiwnedd wannach oherwydd cyfhyrau neu driniaethau penodol, neu bobl sydd â tbercwlosis (TB) gweithredol. Bydd y meddyg teulu neu'r nyrs practis yn rhoi cynigwr i chi.

Templed gwahoddiad yr eryr (Fersiwn 2)

## Draft Amended Communication:

[Insert GP Surgery]  
[First Address Line]  
[Second Address Line]  
[Town/City]  
[Postcode]

[Date]

Dear [Name]

**You are invited to have your free shingles vaccine** as our records show you have a weakened immune system and are aged 50 or older.

Shingles is a nerve and skin condition which can be very painful. It is more common among older adults and people with a weakened immune system.

**To make your vaccination appointment contact the surgery by [delete and complete with details]**

- Phone (XXXX)
- Online (XXXXX)
- Email (XXX)

The shingles vaccine is very effective. For best protection you will need 2 doses of vaccine given at least 2 months apart.

If you are vaccinated and get shingles your symptoms are likely to milder. You can have the shingles vaccine even if you have had shingles.

Please read the enclosed leaflet or for more information you can:

- Visit the Public Health Wales (PHW) website: [phw.nhs.wales/shingles](http://phw.nhs.wales/shingles)
- Watch a short video "I've had shingles"
- Contact the surgery
- Phone NHS 111 Wales (calls to 111 are free)

We look forward to seeing you for your vaccination.

Yours sincerely

Dr [Name] and partners  
[Name] Surgery

Please use the space below to write down the date and time of your appointment.

**I am going for my shingles vaccination on**

Date:  
Time:

 Scan me with your smart phone or tablet to watch the video

 Iechyd Cyhoeddus Cymru Public Health Wales

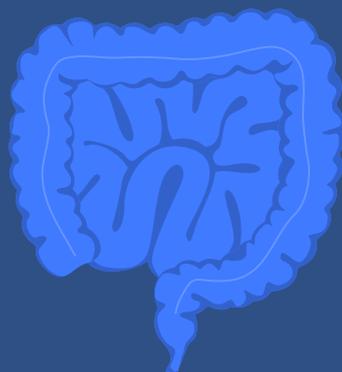
 Mae Brechu yn achub bywydau Vaccination saves lives

# Bowel Screening Wales – Invite Letters, Positive Non-Responder Pathway

Peyton Jones and Jessica Bailey, Quality and Service Improvement Managers

We brought a number of letters to review for the 'Did Not Attend' (DNA) pathway of the Bowel Screening Wales (BSW) programme.

The letters included: The invitation letter sent to participants confirming their telephone assessment details, the initial DNA letter which is sent as soon as a participant DNAs their appointment, 2-week reminder to re-book post DNA; and a 5-week reminder to re-book post DNA.



## Reflections on Original Communication:

Our screening practitioners had noticed an increase of participants not attending their telephone appointments. Data collected and analysed between April 2023-March 2024 indicated that 297 participants (4%) DNA their appointment. Through exploring this problem, we identified that the letters on the DNA pathway of the BSW programme were quite similar, and lacked impact.

## Behavioural Specification:

WHO

Participants who have received a positive result from their initial bowel screening test kit.

WHEN

As soon as they receive their letter, although no specific deadline

WHAT

Attend their appointment, or notify us if they cannot attend and need to re-arrange

WHERE

Over the telephone

## Behavioural Diagnosis:

### Capability:

- Cognitive ability and ability to make decisions
- Limited information on what a positive test result means
- Limited knowledge of impact of DNA on service

### Opportunity:

- Time to make the call, to attend the appointment
- Knowing someone with colorectal cancer (facilitator)
- Support from friends and family (facilitator)
- Reminder SMS (facilitator)

### Motivation:

- Fear/anxiety about next steps
- Fear/anxiety about potentially receiving a cancer diagnosis
- Perceived lack of symptoms
- Misconception about purpose of screening

## Barriers Addressed:

- Addressing misconceptions about the purpose of screening
- Reducing fear/anxiety about next steps
- Reducing fear/anxiety about potentially receiving a cancer diagnosis

## Behaviour Change Techniques:

- 1 Social comparison – (e.g. 8 out of 10 people have further tests)
- 2 Social support (unspecified) – (e.g. Option to speak with screening nurse, ask questions)
- 3 Information about environmental/social consequences – highlighting cost implications to the service
- 4 Instruction on how to perform the behaviour
- 5 Prompts/cues
- 6 Credible source

## Next Steps

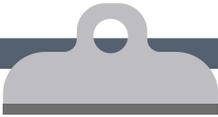
- BSW have reviewed the updated letters in the Public Information Group meeting. The letters were agreed and will be implemented from December onwards.
- Uptake is being monitored for the next 6-months to help evaluate the impact of the changes (with comparisons to last year's dataset).

## Reflections/Learning:

BICI has helped us to think about the purpose of our communications when deciding the content of the letter. By using techniques such as the flip test we can really consider what action we are asking people to do, when they need to do it by and how they need to do it. We feel more confident in 'de-sludging' letters and only keeping necessary information and in the order of the most important at the top of the letter.

There will be barriers not addressed through our comms such as English or Welsh not being a first language, literacy levels or additional support needs, however we can look to implement other measures to address these and use our letters and QR codes to highlight that they are available e.g. this letter is available in BSL.

## Draft Amended Invitation Letter:



@@CURRENTDATE@@  
BSW Number: @@BSWID@@  
NHS Number: @@NHSNUMBER@@

@@NAME@@ @@FORENAME1@@ @@  
FORENAME2@@ @@SURNAME@@  
@@v\_address\_pad@@  
Dear @@NAME@@ @@SURNAME@@

**A Screening Nurse will call you on:**

Date: @@appt\_date@@  
Time: @@appt\_time@@  
Telephone number: @@appt\_tel1@@

If your telephone number is incorrect or if you have a call blocking system on your phone, please call the Freephone helpline on **0800 294 3370**.

**You should have received a colonoscopy leaflet and health questionnaire with your result letter. Please make sure you complete the health questionnaire before your appointment or your appointment may need to be cancelled.**

It is important to let us know if you have any reason to cancel this appointment, please give us a minimum of 48 hours notice by calling our Freephone helpline on **0800 294 3370** or email us at [bowel-screening@wales.nhs.uk](mailto:bowel-screening@wales.nhs.uk). This will give us time to offer your appointment to another person.

It costs Bowel Screening Wales around £6,391 per year for missed telephone appointments.

Please contact us if you would like information in Easy Read, British Sign Language (BSL), audio or large print. You can contact us in Welsh or English. It will take us the same amount of time to answer you, whichever language you choose.

Yours sincerely  
*Steve Court*  
Steve Court  
Head of Bowel Screening Wales

## Draft Amended Reminder Letter:



@@CURRENTDATE@@  
BSW Number: @@BSWID@@  
NHS Number: @@NHSNUMBER@@

@@NAME@@ @@FORENAME1@@ @@FORENAME2@@ @@SURNAME@@  
@@v\_address\_pad@@  
Dear @@NAME@@ @@SURNAME@@

We wrote to you two weeks ago as you missed your appointment with a Screening Nurse. Our records show that you have not yet contacted us.

**Please call the Freephone helpline on 0800 294 3370 to make another appointment with a Screening Nurse.**

**8 out of 10 people in your situation choose to have further tests.**

It is important that you speak to one of our Screening Nurses to understand why your result showed blood in your poo, and to talk about what happens next. You can also ask the Screening Nurse any questions that you might have.

If you need any help or support, please let us know when you book your appointment.

Please contact us if you would like information in Easy Read, British Sign Language (BSL), audio or large print.

We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.

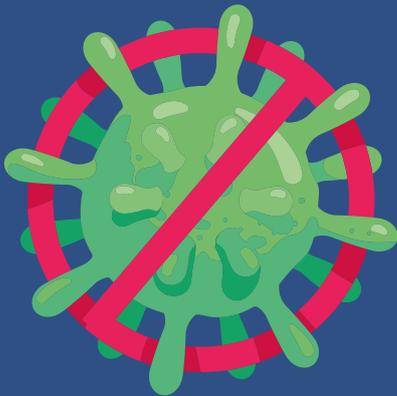
Yours sincerely  
*Steve Court*  
Steve Court  
Head of Bowel Screening Wales

# Vaccine Preventable Disease Programme – Template Web Pages for Vaccine Information

Emily Chapman, Medical Information Specialist/Writer

A template for web pages on the Public Health Wales public-facing website, which cover information about specific vaccines.

The aim is to provide structure and facilitate consistency across web pages that display information about specific vaccines.



## Reflections on Original Communication:

Insights gathered from similar web pages, and reflections on our current vaccine web pages highlighted possible areas for improvement, including:

- Some web pages can be difficult to find on the public-facing website.
- Terminology can be too complex for lay users.
- Gathering insights about the layout of the vaccine specific pages has received no insight from the public or health professionals, so it would be good to know if the headings, general layout/flow etc. is fit for purpose.
- Segmenting information, with dedicated pages/sections for each target group.

## Behavioural Specification:

WHO

PHW vaccine information web page users (including the public and health professionals)

WHEN

When they require further information about a vaccine

WHAT

Read the information relevant to them on our web pages

WHERE

From their phones/computers

## Behavioural Diagnosis:

### Capability:

- Lack of digital literacy.
- Lack of understanding when content is targeted to a different audience (e.g. public reading information more relevant to health professionals).
- Lack of understanding of complex language and terminology.

### Opportunity:

- Little or no access to technology, computer and other digital devices, or no internet connection.
- Lack of trust of online platforms e.g. in the social environment.
- Lack of money to pay for digital devices.
- Lack of time to find, access, or read all the relevant online information.

### Motivation:

- Some people, particularly the elderly, may prefer information in physical format rather than reading online.
- Habit - readers are used to the ways they currently access their information. For example, they may have pages they use regularly already bookmarked.
- Lack of interest - people may not want to read the content (for example, if they do not find it relevant, or if it's too long or boring).

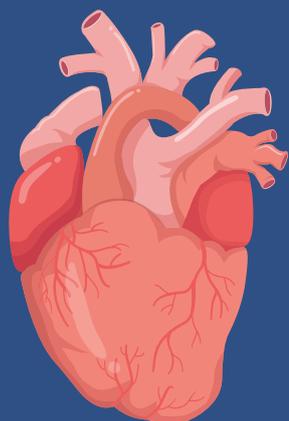
## Barriers Addressed:

- **Physical capability:** Improved accessibility through clearer page headings, quick links and dropdown boxes
- **Psychological capability:** Reduced reading age of the text to between 9-11 years old.. This is to improve to make sure all readers can understand our content. Previously some of the text on our pages was coming out at a high reading age (Fresch and Henningway Editor were used to identify the reading ages). We make use of shorter sentences, bold fonts and coloured banners for impact
- **Reflective Motivation:** Shortened communication which only includes essential information

## Next Steps

- Liaise with VPDP colleagues to review the template
- Gather in-house data on web page usage from the Digital Communications Team (e.g. number of page visits, heat maps)
- Embed a robust organisational approach to sharing and learning from insight.

# Primary Care – Familial Hypercholesterolemia



Nick Gregory, Senior Public Health Practitioner and Rachel Lewis, Principal Public Health Practitioner

A patient invitation letter which invites first degree relatives of those identified with familial hypercholesterolemia (FH) to be tested themselves for the condition. FH is a genetic condition passed on by parents, that can lead to high cholesterol in the blood, and elevated risk of suffering a serious CVD event. Treatment can reduce this risk.

## Reflections on Original Communication:

- Despite the FH service being available nationally in Wales, data shows that uptake to the programme is higher in Cardiff compared to other parts of Wales. The placement of the service’s Cardiff head office address at the top of the letter could lead readers to assume that they must get to Cardiff to access the service.
- The letter did not clearly demonstrate the potential clinical issue, and the ask of the reader. It was text heavy, and had a reading age of 17 years.

## Behavioural Specification:

### WHO

First degree relatives of people identified as having FH

### WHEN

As soon as is convenient for the person

### WHAT

Book an appointment to discuss testing for FH by blood or saliva test

### WHERE

Local GP practice (blood test) or at home (saliva test with pre-paid return to lab)

## Behavioural Diagnosis:

### Capability:

- Knowledge of FH
- Understanding the letter’s overall contents (high reading age)
- Knowledge of the testing process (blood or saliva test)

### Opportunity:

- Access to services
- Social opportunity - support from family and friends
- Personalised letter coming from one health professional.

### Motivation:

- Belief that treatment will reduce the risk of CVD and that it's easy to do something about it

## Barriers Addressed:

- Removed the Cardiff head office address from the letter head, and replaced it with the name of the contacting nurse and their telephone number.
- Outlined early in the letter that the blood test can be undertaken locally, and that the saliva test could be sent to their address for at-home completion.
- Rewrote text to make the reasons for being contacted, and the ask of the individual clearer.
- Lowered the reading age to 10 years.
- Used the flip test to ensure key information about what, why, how and when was clearly understandable.

## Behaviour Change Techniques:

- 1 Information about health consequences
- 2 Instruction on how to perform the behaviour
- 3 Credible source
- 4 Prompts/cues

### Next Steps

- We suggested that the FH team take a snapshot of their current uptake figure at a time when the original letter was still in use. Following introduction of the new letter, we've asked that uptake is reviewed after the letter has been in circulation for a period, to assess if uptake has improved. We highlighted that it is also important to determine if uptake has decreased further to ensure the new letter is not having any unintended and/or damaging effects to uptake and therefore the service.
- The FH team have been equipped with the key elements they need to consider in all their patient letters and will be undertaking a review to ensure all materials are behaviourally informed.
- Improve communications through external support to:
  1. Update web pages which are behaviourally informed
  2. Video(s) of the clinical lead explaining the service in a simplified way and accessible through the invite letter by scanning a QR code for those who respond better to verbal explanations.
  3. Social media campaigns to highlight the service and increase its visibility.

## Reflections/Learning:

BICI has been very influential in how we review communications intended for the public/patients. We took away some key insights including that the 'what', 'why', 'how' and 'when' need to be clear to the reader and that reading age is a significant consideration when developing materials. We now feel well placed to support other service providers moving forward in helping them to develop behaviourally informed materials and would recommend BICI to anyone who wants to improve their behaviour change knowledge.

### Original Communication:



The original communication is a letter on a clipboard. It features the NHS Wales and FH Wales logos at the top. The title is "All Wales Familial Hypercholesterolaemia (FH) Testing Service". The letter is dated 5 March 2025 and is addressed to a patient. The text is as follows:

**CONFIDENTIAL**  
 «Customer.Name.Title»  
 «Customer.Name.FirstName»  
 «Customer.Name.LastName»  
 «Customer.Address.AddressLine1»  
 «Customer.Address.AddressLine2»  
 «Customer.Address.AddressLine3»  
 «Customer.Address.AddressLine4»  
 «Customer.Address.Zipcode»

**Our Ref:** FH «Pedigree.FamilyNumber»  
**NHS No:** «Customer.ExternalID»

5 March 2025

Dear «Customer.Name.Title» «Customer.Name.LastName»

I am writing to you because a member of your family (*insert name if consent received*) has been found to carry a gene alteration that causes a condition called Familial Hypercholesterolaemia (FH). This is an inherited condition that results in high cholesterol and can be passed through families.

If untreated, FH can lead to an increased risk of premature heart disease. However, with early identification and treatment, this risk can be greatly reduced. For more information about FH please read the enclosed leaflet or visit the Heart UK or British Heart Foundation (BHF) websites.

Blood relatives of individuals with FH can have genetic testing to find out whether they carry the gene alteration that causes FH in their family.

**We are now offering telephone or video appointments.**

If you would like to find out more about FH and/or discuss genetic testing, you can contact me on (*insert phone number*)

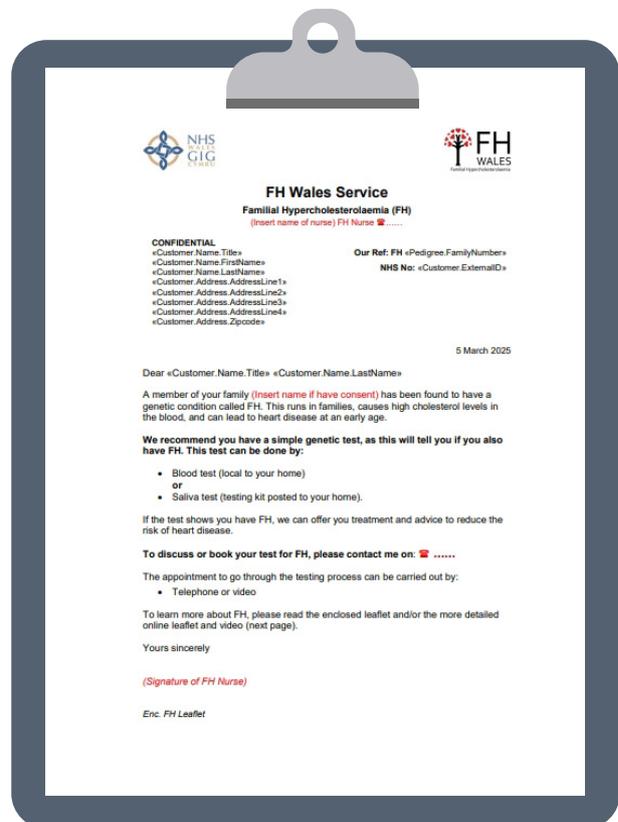
Cholesterol levels in people with FH are variable. High levels of cholesterol can be found in most, but not all people. Therefore, cholesterol levels alone are not always an accurate way of identifying if someone has FH. This is why we recommend you have a genetic test, as it provides certainty about whether or not you have inherited this condition.

For the purposes of generating this invitation letter we have added your contact details to a secure NHS database. In line with GDPR, your contact details will be removed if you do not respond within two years of this letter. If you would like your details to be removed immediately, please ring the number above.

Yours sincerely

Enc. FH Leaflet

### Draft Amended Communication:



The draft amended communication is a letter on a clipboard. It features the NHS Wales and FH Wales logos at the top. The title is "FH Wales Service Familial Hypercholesterolaemia (FH)". The letter is dated 5 March 2025 and is addressed to a patient. The text is as follows:

**CONFIDENTIAL**  
 «Customer.Name.Title»  
 «Customer.Name.FirstName»  
 «Customer.Name.LastName»  
 «Customer.Address.AddressLine1»  
 «Customer.Address.AddressLine2»  
 «Customer.Address.AddressLine3»  
 «Customer.Address.AddressLine4»  
 «Customer.Address.Zipcode»

**Our Ref:** FH «Pedigree.FamilyNumber»  
**NHS No:** «Customer.ExternalID»

5 March 2025

Dear «Customer.Name.Title» «Customer.Name.LastName»

A member of your family (*insert name if have consent*) has been found to have a genetic condition called FH. This runs in families, causes high cholesterol levels in the blood, and can lead to heart disease at an early age.

**We recommend you have a simple genetic test, as this will tell you if you also have FH. This test can be done by:**

- Blood test (local to your home)
- or
- Saliva test (testing kit posted to your home).

If the test shows you have FH, we can offer you treatment and advice to reduce the risk of heart disease.

**To discuss or book your test for FH, please contact me on: ☎️ .....**

The appointment to go through the testing process can be carried out by:

- Telephone or video

To learn more about FH, please read the enclosed leaflet and/or the more detailed online leaflet and video (next page).

Yours sincerely

(Signature of FH Nurse)

Enc. FH Leaflet

# Vaccine Preventable Disease Programme –

## MMR Vaccine Invite Letter



Katy Leek, Public Health Practitioner/Nurse & Jennifer Thomas, Senior Behavioural Science Specialist

The MMR 'fletter' (flyer/letter) is aimed at parents of school-aged children and signposts to a drop-in session to get their MMR vaccines. This is in use by Health Boards. The GP immunisation letter is sent to parents by a GP surgery when a child is found to be overdue an immunisation(s) and invites them to a pre-booked appointment.

### Reflections on Original Communication:

The performance of these comms materials is largely unknown at present. The GP letter is in use for one practice with low vaccination rates. Data for the school-based vaccine programme uptake is available on request from epidemiology/surveillance teams.

### Behavioural Specification:

#### WHO

Parents/carers of pre-school/school aged children who haven't had one/both vaccinations

#### WHEN

At the time provided on the fletter / letter, or contact GP to rearrange (letter).

#### WHAT

Provide consent for scheduled immunisation event, or bring their child to the scheduled appointment as per the GP letter.

#### WHERE

School (immunisation event from fletter), or GP surgery (vaccination appointment from letter).

## Behavioural Diagnosis:

### Capability:

- Language (difficulty understanding written / verbal info)
- Lack of knowledge about MMR and vaccinations
- Low health literacy
- Simple, non-jargon messaging
- Direct language and instruction
- Comms in first language
- Decision aids (online)
- Awareness of disease risk/severity

### Opportunity:

- Not registered with GP
- Inflexible appointments
- Misinformation (social media)
- Lack of trust in provider
- Social/cultural 'norms'
- Religious beliefs
- Text/phone call reminders
- Open/drop-in days
- Online booking system
- School-based appointments
- Rationale/safety from trusted source
- Community-based advocates

### Motivation:

- Safety fears (beliefs about links to autism)
- Anxiety (children in school unaccompanied)
- Low perceived susceptibility/risk
- Scepticism about efficacy
- Belief in natural immunity

## Barriers Addressed:

### Fletter:

- Used jargon-free language and infographics to support those with difficulty understanding written / verbal info
- Reduced and simplified information, that focuses on increasing knowledge about MMR and vaccinations
- Using a trusted source to reduce anxiety about children being in school and unaccompanied.

### GP Letter:

- Used jargon-free language and infographics to support those with difficulty understanding written / verbal info
- QR code linking to further information about MMR and vaccinations
- Include simple, clear instructions on how to change their appointment (to address inflexibility)
- Using a trusted source, to counteract the effects of misinformation via social media.
- Reinforcing social norms
- Positive messaging around testing and its safety to reduce fears.

## Behaviour Change Techniques:

1 Social comparison

4 Prompts/cues

2 Instruction on how to perform the behaviour

5 Credible source

3 Information about health consequences

## Next Steps

- Fletter and letter to be reviewed by Vaccine Preventable Disease Programme colleagues
- Feedback to be gathered from stakeholders (GPs, school vaccination teams, target audience)
- Amendments finalised and signed-off
- Letter piloted on a small scale
- Routine monitoring data used to understand impact of changes

### Original Communication:

Dear parent,

We have been trying to contact you regarding your child's vaccinations, which are now due/overdue.

An appointment has now been arranged for your child to attend ..... surgery as follows:

**Insert date/time**

Please contact the surgery for advice regarding this appointment and to update us with a contact telephone number so our records are up-to-date.

If you are unable to attend this appointment, please contact the surgery to discuss further with one of our Practice Nurses.

We look forward to seeing you as planned.

Yours faithfully,  
Practice Nurse

### Amended Communication:

TRUSTED SOURCE LOGO – NHS / PUBLIC HEALTH / GP PRACTICE

Address xx  
Xxxx  
Xxxx  
xxxx

Your child's NHS number: \_\_\_\_\_

Dear Parent / Carer of [child's name],

**Your child's routine measles, mumps and rubella (MMR) vaccine is now due.**

We have booked an appointment for your child to have the MMR vaccine on:

**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Can you and your child attend this appointment?**

**Yes:** You don't need to do anything else  
 **No:** Please call xxxxxx xxxxxx to book a different date and time

The MMR vaccine is given to **millions of people** every year to **protect** against harmful **diseases**. The vaccine has been **tested** and is completely **safe for your child**.

More information is available at: [phw.nhs.wales/MMRvaccine](http://phw.nhs.wales/MMRvaccine) 

If you would like to discuss anything else further, please contact us on **xxxxxxx**.

We look forward to seeing you and your child,

Yours faithfully,  
*Name of practice nurse / GP*

---

Please complete this slip and keep somewhere you can see it.

My child's appointment is on:

**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

# Cervical Screening Wales – Invite Letter

Joanne Allan, Regional Programme Manager

Cervical Screening Wales (CSW) identified a need to review the design of a new letter and leaflet, specifically for first time invitees to cervical screening (those aged 24 ½ years).

Cervical screening can prevent around 70% of cervical cancer cases by identifying and treating abnormalities before they develop into cancer.



## Reflections on Original Communication:

- As Cervical Screening is a population screening programme, the target uptake for the programme is 80%. Uptake for cervical screening is in decline and at its lowest level for 17 years.
- Uptake for first time invites is low. We identified that there was a general lack of motivation amongst this age group, and that the letters had not considered psychosocial barriers or been designed using a behaviourally-informed approach.

## Behavioural Specification:

**WHO**

Individuals with a cervix aged 25-29 (first time invitees)

**WHEN**

As soon as they receive their letter (although no official deadline)

**WHAT**

Book their cervical screening appointment by calling their GP

**WHERE**

Anywhere with access to a phone

## Behavioural Diagnosis:

### Capability:

- Low levels of health literacy
- General knowledge of cervical screening
- Misunderstanding of cervical cancer & the HPV vaccine
- Language barriers

### Opportunity:

- Cultural barriers
- Lack of time to book/attend appointment
- Cost of attending appointment (child care, time off work)
- Transient population
- Access to technology
- Knowing someone who has had cell changes or cervical cancer

### Motivation:

- Low priority
- Fear and embarrassment
- Not feeling at risk
- Sexuality and activity
- Lack of symptoms

## Barriers Addressed:

- Increase knowledge of cervical screening (who it's for, why it's important)
- Addressing misunderstanding of cervical cancer and HPV vaccine
- Reducing fear and embarrassment

## Behaviour Change Techniques:

1 Information on how to perform the behaviour

2 Information about health consequences

3 Social support

4 Framing/reframing

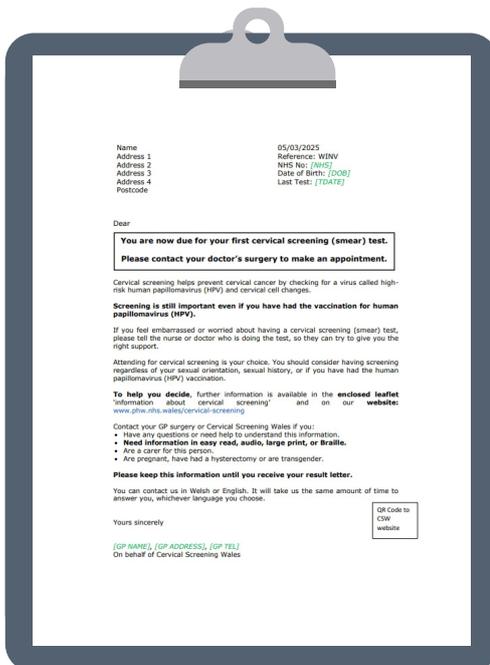
5 Prompts/cues

6 Credible source

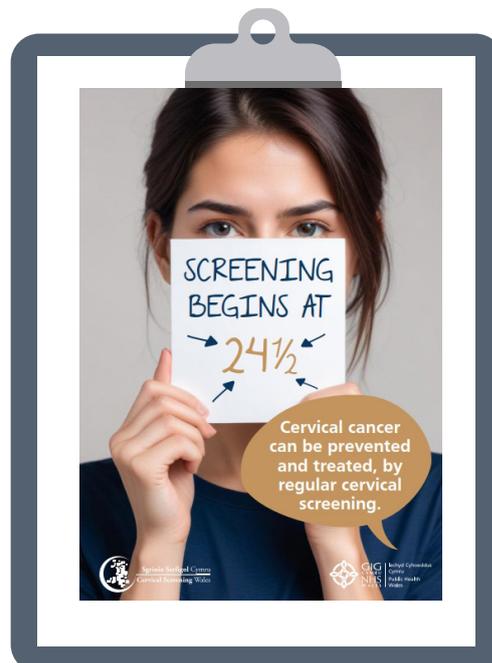
## Next Steps

- Currently gathering feedback on the amended communications
- If positive, changes will be confirmed and new letter implemented via pilot trial
- If successful, will apply same principles/learning to other communications along pathway

### Draft Amended Invite Letter:



### Draft Amended Information Leaflet:



# Breast Test Wales – Invite Letter



Joanna Haines, Screening Pathway Programme Manager &  
Jennifer Thomas, Senior Behavioural Science Specialist

The communication we brought to BICI was a first time invite for women (aged 50-53) to attend a routine breast screening appointment. We know that women who attend their first appointment are much more likely to attend further testing if needed, and so we wanted to apply BICI to specifically target women who are less likely to attend this (and future) screening appointments.

## Reflections on Original Communication:

- In recent years Breast Test Wales (BTW) has witnessed a decline in uptake in the prevalent round of screening with no clear evidence of the reasons behind it.
- Women who decline or fail to attend their first appointment are unlikely to attend any further screening.
- Previous qualitative research undertaken by BTW has identified that potential barriers to screening attendance include: fear of the test, fear of the unknown, embarrassment, and lack of confidence on reliability of results.

## Behavioural Specification:

### WHO

Females (as per GP registration) aged 50-53 years.

### WHEN

At the time offered on the invite letter, **OR** at an alternative time arranged via BTW

### WHAT

Attend initial breast cancer screening appointment at date, time, location offered, **OR** contact BTW to schedule a different appointment.

### WHERE

GP practice, static centre, or mobile screening unit

## Behavioural Diagnosis:

### Capability:

- Not opening the letter
- Poor knowledge about the test procedure and its indications
- Difficulty understanding information or instructions due to language differences
- Low literacy/education level
- Forgetting to go to the appointment
- Informed decision (provide evidence-based information)
- Simple invitation approaches (e.g. invitation letter)
- Multilingual letters
- Risks and benefits information provided

### Opportunity:

- Difficulty in accessing screening locations due to lack of transportation
- Competing priorities (work, family etc) make attending appointments challenging
- Long waiting times, inconvenient/limited appointment
- Cultural/religious beliefs and attitudes.
- Lack of recommendation from healthcare professionals
- Media influence and misinformation
- Fixed appointments
- Reminders and providers' prompts
- Removal of financial barriers
- Organisational factors related to healthcare system delivery (e.g. proximity, mobile units)

### Motivation:

- Forgetting to go to the appointment
- Fear of embarrassment or pain
- Fear of a positive screen result
- Competing priorities
- Considering the test unnecessary or of no benefit
- 'Low risk' perceptions (absence of symptoms)
- Dislike of the test
- Dissatisfaction with previous screening (e.g. false positives)
- Fear of developing cancer
- Belief that attendance will reduce risk
- Informed decision (provide evidence-based information)
- Feeling at low personal risk of developing cancer
- Lack of trust in the medical system

## Barriers Addressed:

- Removing the regional office address from the letter, to avoid confusion about screening locations and reduce worry about potential transport barriers.
- Tear-off reminder/commitment slip, to help with remembering about the appointment.
- Gain-framed messaging included e.g. describing lives saved, to reduce fear of a positive screening result.
- Avoid use of clinical terminology like 'test', to limit the impacts of test disliking.
- Letter simplified with jargon removed, to enhance understanding of information or instructions
- Normalising the behaviour through highlighting others' attendance, to target lack of trust in the medical system.

## Behaviour Change Techniques:

- 1 Social comparison of behaviour (e.g. through emphasising that other women routinely attend)
- 2 Instruction on how to perform the behaviour (e.g. if yes, do X; if no, do Y)
- 3 Framing/reframing (e.g. gain-framed messaging about lives saved)
- 4 Action planning (e.g. cut off slip)

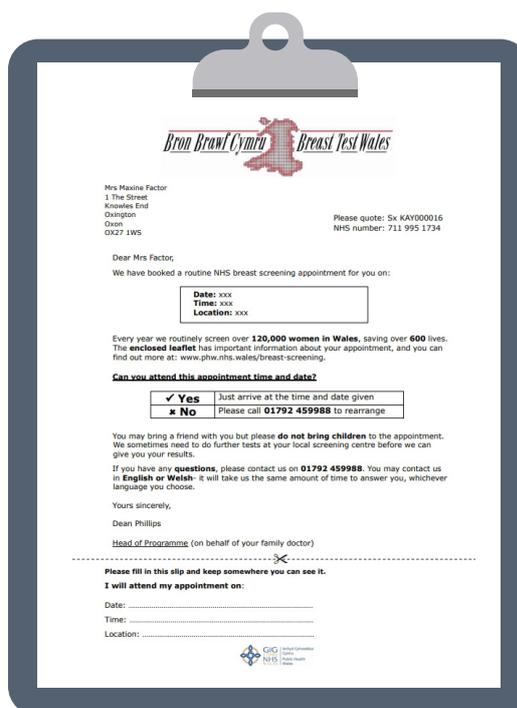
### Next Steps

- Discuss amendments as a wider team, make further refinements if necessary
- Review invitation letter alongside information leaflet
- Pilot implementation within specific area or health board
- Monitor impact on uptake and scale-up nationally if appropriate

### Original Communication:



### Draft Amended Communication



# Diabetic Eye Screening Wales – Letter Inviting Participants to Rebook Missed Appointments

Sarah Holdstock, Service Improvement and Assurance Lead

Diabetic Eye Screening Wales (DESW) send a letter to participants who did not attend (DNA) their recent eye screening appointment. The letter asks participants to make another appointment by contacting the service via telephone within a specific time frame following their missed appointment. We need to update the letter and maximise the opportunity for the participant to rebook their appointment.

## Reflections on Original Communication:

- The letter does not explain the impact non-attendance has on DESW or the participant
- It doesn't make it clear that the participant can choose an appointment time/date/venue
- It did not address any alternatives in terms of where/when appointments take place
- It is similar to other DNA letters and the message should be specific to this scenario

## Behavioural Specification:

WHO

All DESW participants who have DNA'd a closed appointment

WHEN

When our phone line are open or when convenient for them via email

WHAT

Call or email DESW to make an appointment

WHERE

Anywhere with phone signal to call us, anywhere with internet to email us

## Behavioural Diagnosis:

### Capability:

- Unaware of importance of attending an appointment (to individual and service)
- Confusion between eye screening, opticians, or other diabetes appointments
- Language barriers

### Opportunity:

- Work or caring commitments make it difficult to find a time to call
- Language barriers
- Didn't receive invitation/DNA letter

### Motivation:

- Individual does not want to call service (currently the only way to cancel/amend appointments)
- Positive beliefs about the benefits of screening/early detection

## Barriers Addressed:

- Alternative contact method in addition to phone call
- Now able to make 24/7 contact via email
- Added alternative options for venue, plus evening and weekend appointments
- Added website address to signpost to more information

## Behaviour Change Techniques:

- 1 Instruction on how to perform the behaviour (e.g call us on X, or send an email to Y)
- 2 Goal setting (e.g within 14 days)
- 3 Information about health consequences (e.g support good eye health, protect your sight)
- 4 Social comparison of behaviour (e.g we book over 110,000 appointments a year)
- 5 Prompts/cues
- 6 Credible source

## Next Steps

- Gather feedback from stakeholders including colleagues, service users and public information groups
- Test the letter with a small group of participants through a follow-up survey
- Update amended letter onto system and set a start date to implement new letter
- Monitor for further feedback

## Reflections/Learning:

- BICI has made us reflect exactly what we want in the letter, and not what we think we need/is best/or that what was already there is a sufficient.
- It's made us take a step back from making reactive changes.
- It allowed us to be bold and remove any information in the letter that doesn't need to be there (reducing sludge).
- Reinforced that we do not need many opinions to make change, but we need opinions from outside the programme.
- That we should break down the letter line by line and critically evaluate what it says. Often we read the whole letter after it's been reviewed and amended, and not before!
- Going forward we will use the BICI teachings and take a step back when looking at any communication we put out. It's important to understand the way the communication is interpreted and not to assume we have all the knowledge within the programme.
- Will continue using techniques such as the plus-minus and flip test

## Original Communication:



**Sgrinio Llygaid Diabetig Cymru**  
Diabetic Eye Screening Wales

**GIG CYMRU**  
NHS  
WALES

Ischyd Cyhoeddus  
Cymru  
Public Health  
Wales

DESW, 1 Fairway Court, Upper Boat, Treforest, Pontypridd CF37 5UA

20/11/2024  
NHS No: 223 456 7890  
Contact our Administration team  
Tel: 0300 003 0500  
8am - 5pm Monday to Friday

**Mr Peter Paul**  
2 Flower Flats  
Geranium Walk  
Fred's Village  
Near the pond  
Hopeton  
Hope County  
HP1 1AA

Dear Mr Peter Paul  
Our records show that you have not attended your free NHS diabetic eye screening appointment.

**Please contact us on 0300 003 0500 (8am – 5pm Monday to Friday) within 21 days of the date of this letter to arrange a convenient appointment. If we do not hear from you, we will write to you again when your next appointment is due.**

You will still need to attend for diabetic eye screening even if you are receiving treatment for another eye condition.

Eye screening is vital as it detects early changes in your eyes due to your diabetes, which may not be noticeable to you but are usually very treatable. With regular screening, we can find early changes and support you in ensuring good eye health and protect your sight for as long as possible, so please make every effort to attend.

If you are not sure whether to attend your screening or not, talk to your diabetes Healthcare Professional about the risks and benefits of diabetic eye screening.

For more information please visit our website:  
[www.phw.nhs.wales/diabetic-eye-screening](http://www.phw.nhs.wales/diabetic-eye-screening)

Yours sincerely  
Head of Programme, DESW  
You can contact us in Welsh or English. It will take us the same amount of time to answer you, whichever language you choose. 004

## Draft Amended Communication:



**Sgrinio Llygaid Diabetig Cymru**  
Diabetic Eye Screening Wales

**GIG CYMRU**  
NHS  
WALES

Ischyd Cyhoeddus  
Cymru  
Public Health  
Wales

Head Office Address: DESW, 1 Fairway Court, Upper Boat, Treforest, Pontypridd CF37 5UA  
[diabetic-eye-screening@wales.nhs.uk](mailto:diabetic-eye-screening@wales.nhs.uk)

04/09/2024  
NHS No: 223 456 7890  
DESW helpline: Tel: 0300 003 0500  
Telephone lines open 8am - 5pm Monday to Friday

**Mr Peter Paul**  
2 Flower Flats  
Geranium Walk  
Fred's Village  
Near the pond  
Hopeton  
Hope County  
HP1 1AA

Dear Mr Peter Paul

**Rebooking Your Missed Diabetic Eye Screening Test.**  
I understand that you did not attend your recent eye screening appointment. You are invited to rebook your free appointment now.

**You can do this by calling us on 0300 003 0500 (8am – 5pm Monday to Friday) or send an email to [diabetic-eye-screening@wales.nhs.uk](mailto:diabetic-eye-screening@wales.nhs.uk). You need to do this within 14 days of the date of this letter.**

We book over 110,000 appointments every year. By contacting us you can make an appointment that suits you. An eye screening appointment often takes less than an hour.

Diabetic eye screening is different to an eye test at an optician and looks for changes caused by having diabetes. With regular screening, you can support good eye health and protect your sight for as long as possible.

Did you know:

- We have over 90 venues in various locations across Wales.
- We have limited evening and Saturday appointments in certain venues.
- We have a dedicated team available and ready for your call or email.
- We offer SMS reminders when you book an appointment. You must let us know your mobile number when you call.

Not sure whether to attend eye screening? Visit our website, which explains the risks and benefits of diabetic eye screening: [www.phw.nhs.wales/diabetic-eye-screening](http://www.phw.nhs.wales/diabetic-eye-screening).

Feel free to contact us by telephone or email if you have any questions about your eye screening. **If you don't contact us, we will inform your healthcare professional that you have not booked your appointment.**

Yours sincerely  
Kate Morgan, Head of Programme, DESW  
You can contact us in Welsh or English. It will take us the same amount of time to answer you, whichever language you choose.

Scan me with your phone

# Greener Primary Care Wales – E-Bulletin

Rebecca Williams Howells, Programme Support Officer & Lois Griffiths, Senior Behavioural Science Specialist

Registered users / teams are sent a monthly e-bulletin, hosted on Sway, that shares information about relevant, climate-friendly events, highlights good practice, and encourages continued engagement with the scheme (including working towards completing the specific climate-friendly actions outlined in the framework).

## Reflections on Original Communication:

A couple recipients have given feedback that the e-bulletins are aesthetically pleasing and informative, however we lack data that enables analysing its current performance.



## Behavioural Specification:

### WHO

Registered users/teams from all four PC contractors who are registered to participate in the GrPC Framework & Award Scheme

### WHEN

When received in their email inbox once a month

### WHAT

Actively read the monthly e-bulletin so that they are motivated to engage with related GrPC framework content

### WHERE

On their work computers/devices

## Behavioural Diagnosis:

### Capability:

- Lack of digital literacy may prevent individuals from understanding how to open e-bulletins
- Limited awareness of how the long-term benefits can outweigh short-term cost

### Opportunity:

- Individuals may not have frequent access to their devices as part of their role
- Lack of time to engage with the e-bulletin during their already busy workdays

### Motivation:

- Colleagues don't consider their participation in the framework to be a priority compared to daily clinical demands
- Lack of belief that they are able to complete the actions alongside/in addition to their daily work

## Barriers Addressed:

- Streamline the email containing the e-bulletin, highlighting the short reading time, and benefits of reading.
- Support the belief that they are able to use the information in the e-bulletin and work towards the GrPC framework actions, and include action planning prompts to support them in carrying out the behaviours going forward.
- Reduce information and streamline content to reduce reading time, making it easier to get to the useful information fast.
- Establish social norms and use social comparison with examples of work done by other teams participating in the scheme, to generate a sense of social support.
- Include information about the short and long term benefits of engaging with the scheme.

## Behaviour Change Techniques:

1 Information about social/environmental consequences

2 Social comparison

3 Action planning

4 Commitment

5 Framing/reframing

6 Identification of self as a role model

### Next Steps

- Confirm amendments and new template with Greener Primary Care colleagues
- Adopt new template from January
- Make use of data from Sway to understand impact of changes

## Original Communication:

Prynhawn da,

Gweler e-fwletin mis Gorffennaf ar gyfer fframwaith Gofal Sylfaenol Gwyrddach Cymru 2024 isod.



**Fframwaith a Chynllun Gwobrwyo Gofal Sylfaenol Gwyrddach Cymru - E-fwletin mis Gorffennaf 2024**

Croeso i e-fwletin mis Gorffennaf Fframwaith a Chynllun Gwobrwyo Gofal Sylfaenol Gwyrddach Cymru 2024. Rydym yn prysur agosau at fawdd olaf flwyddyn 3 y fframwaith ac rydym yn farch o well...

[Go to this page](#)

Mae hyn hefyd ar gael i'w weld ar ein [weibed](#) ynghyd ag e-fwletinau misol blaenorol.

Good afternoon,

Please find the March e-bulletin for the Greener Primary Care Wales 2024 framework below.



**Greener Primary Care Wales Framework and Award Scheme - July E-Bulletin 2024**

Welcome to the July e-bulletin of the Greener Primary Care Wales Framework and Award Scheme 2024. We are slowly approaching the last few months of Year 3 of the framework being live and are...

[Go to this page](#)

This is also available to view on our [website](#) along with previous monthly e-bulletins.

Kind regards,  
Becca.

## Amended Communication:

E-Bulletin Email

Gofal Sylfaenol Gwyrddach Cymru  Greener Primary Care Wales

Anwyl / Dear << First name >>,

Diolch am fod yn un o'r X sy'n parhau i weithio tuag at amcanion fframwaith Gofal Sylfaenol Gwyrddach Cymru.

Thank you for being one of the X continuing to work towards the Greener Primary Care Wales framework goals.

**DARLENWCH EIN E-FWLETIN PUM MUNUD AR GYFER IONAWR 2025**

**READ OUR 5 MINUTE E-BULLETIN FOR JANUARY 2025**

Darllenwch e-fwletin y mis yma er mwyn:

- Action 1
- Action 2
- Action 3

Read this month's e-bulletin to:

- learn quick/easy methods to...
- sign up to...
- hear how the team of the month put their actions to

**Daliwch ati i roi'r camau ar waith.**

Gall eich ymdrechion chi ein helpu i leihau allyriadau'r sector iechyd a gofal yng Nghymru 34% erbyn 2030.

**Keep working towards your actions.**

Your efforts can help us reach the target of reducing health and social care sector emissions in Wales by 34% by 2030.

Diolch / Thank you,  
Known contact / trusted source



# Vaccine Preventable Disease Programme – Childhood Immunisations

Nel Griffith, Public Health Nurse Immunisations

The "Vaccination and Immunisation Information for Pre-School Setting Manager's" letter is one of five resources included in the Vaccine Preventable Disease Programme's (VPDP) Pre-school Immunisation Resource Pack, available for download by health and social care professionals on the PHW vaccine resources web page.

The pre-school letter is specifically aimed at managers of pre-school settings, such as nurseries, and serves as a guide on the role these settings play in promoting vaccination and immunisation. It outlines how the various resources included in the pre-school pack can assist managers in sharing vital information about vaccination and immunisation.

## Reflections on Original Communication:

Across several insight gathering exercises (e.g. survey data and informal feedback gathered from professionals working within the pre-schol space; digital data analytics) we found that:

- While for some, the VPDP pre-school resources are useful, others were not aware of all the resources available, indicating there was a need for improved promotion of what was available.
- Some professionals highlighted accessibility concerns that indirectly impacted resource usage e.g. difficulty in accessing vaccination history, identifying missed vaccinations, and in arranging catch-up appointments.
- There is a high level of interaction with the pre-school section of the webpage, with a high number of clicks on the pre-school pack resources.

Data analytics was sought to explore the performance of the pre-school immunisation pack. Data received from PHW VPDP digital team shows interaction on the PHW Vaccine Resources page for health and social care professionals during September 2024 in the form of a heat map (see figure 1). A closer examination of figure 1, shows a high level of interaction with the pre-school section of the webpage (see figure 2). This includes a high number of clicks on the pre-school pack resources, reflected by the red and grey squares. However, the exact number of views and downloads is unavailable on the existing platform.

These insights and data analytics are promising. However, by capturing insights with a larger sample of individuals within the pre-school space, along with additional data analytics such as the number of downloads, it will provide a more comprehensive understanding of the pack's usage and performance.

## Behavioural Specification:

### WHO

Pre-school managers (who have the ability to reach out to pre-school staff, parents and guardians of pre-school infants/children)

### WHEN

On-going process throughout the year

### WHAT

Read the information and share the resource with colleagues

### WHERE

In the pre-school setting

## Behavioural Diagnosis:

### Capability:

- Knowledge about vaccines, how they work and what they protect against
- Ensuring people know how to access services and make appointment
- Information that promotes the importance of re-arranging missed appointments
- Information that highlights the importance of vaccination and immunisation

### Opportunity:

- Opportunity for conversations with trusted voices within pre-school settings/community
- Time to have conversations with colleagues/parents
- Time to set up methods to gather data on immunisations
- Timely information
- Easy read and visual resources
- Protecting family, friends and wider community members from disease and illness
- Creating a social norm re childhood immunisation and vaccination

### Motivation:

- Fear of an outbreak
- Perception of ease of vaccination appointments and catching up on missed immunisations
- Trust in healthcare professionals and the NHS

## Barriers Addressed:

- Providing key information, while avoiding complex messaging that may overwhelm individuals.
- Provide clear messaging with a call to action, to encourage those with a high level of competing demands to take action.
- Increase awareness of VPDP resources, particularly those that support having conversations about vaccination and immunisation, such as the pre-school pack.

## Behaviour Change Techniques:

1 Information on how to perform the behaviour

2 Information about health consequences

3 Credible source

4 Prompts/cues

### Next Steps

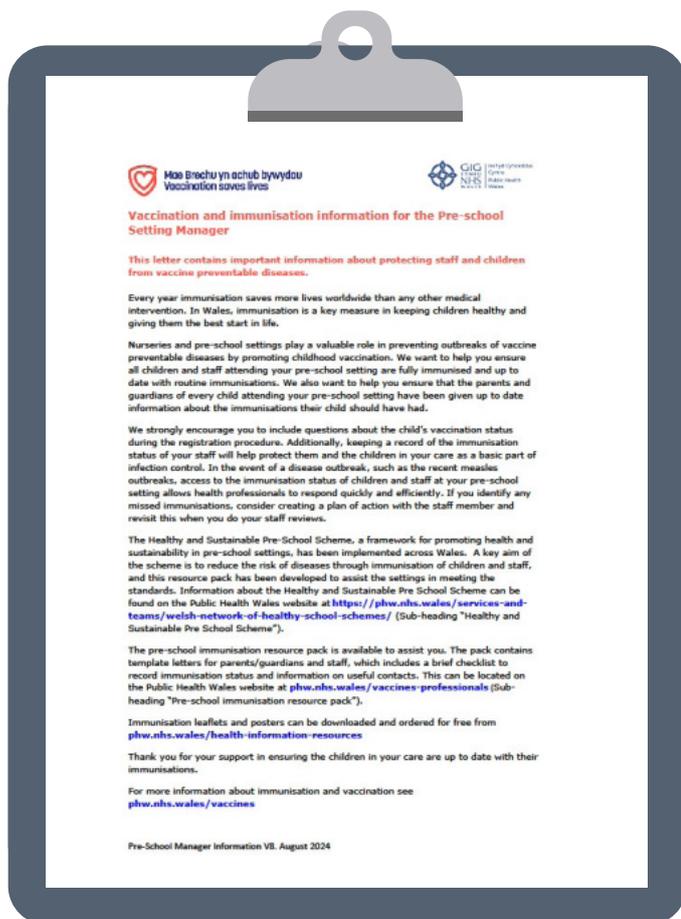
- Update pre-school manager letter in line with proposed changes to the UK childhood immunisation schedule and BICI principles
- Gather feedback from the 'Healthcare Professional Collaborative Working Group' and wider stakeholders, implement into communication where appropriate
- Finalise and share resources in 2025, working with the digital team to gather insights on engagement and usage

### Reflections/Learning:

As a result of the BICI workshops, I apply a behavioural science lens when exploring the development of resources. This includes a consideration of the following methods:

- Using the COM-B model to consider the complex barriers and facilitators that support or hinder behaviours, and identify which are within or beyond our control.
- Gathering feedback and insights from the target audience is vital to understand capability, opportunity and motivation. Digital data analytics can also support with this.
- Being specific about the actions we are asking people to do is essential. Prompts and checklists can help establish a clear purpose and guide required actions.
- Considering reading age, using plain language, avoiding 'sludge', using shorter chunks of texts and clear headings will all support readers in navigating communications, and make sure that key messages stand out.
- Ensuring a balance between providing sufficient information to support people's knowledge and understanding, while remaining concise and easy to understand.

## Original Communication:



**Mae Brechu yn achub bywydau**  
Vaccination saves lives

**GIG**  
NHS  
Wales

**Vaccination and immunisation information for the Pre-school Setting Manager**

**This letter contains important information about protecting staff and children from vaccine preventable diseases.**

Every year immunisation saves more lives worldwide than any other medical intervention. In Wales, immunisation is a key measure in keeping children healthy and giving them the best start in life.

Nurseries and pre-school settings play a valuable role in preventing outbreaks of vaccine preventable diseases by promoting childhood vaccination. We want to help you ensure all children and staff attending your pre-school setting are fully immunised and up to date with routine immunisations. We also want to help you ensure that the parents and guardians of every child attending your pre-school setting have been given up to date information about the immunisations their child should have had.

We strongly encourage you to include questions about the child's vaccination status during the registration procedure. Additionally, keeping a record of the immunisation status of your staff will help protect them and the children in your care as a basic part of infection control. In the event of a disease outbreak, such as the recent measles outbreaks, access to the immunisation status of children and staff at your pre-school setting allows health professionals to respond quickly and efficiently. If you identify any missed immunisations, consider creating a plan of action with the staff member and revisit this when you do your staff reviews.

The Healthy and Sustainable Pre-School Scheme, a framework for promoting health and sustainability in pre-school settings, has been implemented across Wales. A key aim of the scheme is to reduce the risk of diseases through immunisation of children and staff, and this resource pack has been developed to assist the settings in meeting the standards. Information about the Healthy and Sustainable Pre School Scheme can be found on the Public Health Wales website at <https://phw.nhs.wales/services-and-teams/welsh-network-of-healthy-school-schemes/> (Sub-heading "Healthy and Sustainable Pre School Scheme").

The pre-school immunisation resource pack is available to assist you. The pack contains template letters for parents/guardians and staff, which includes a brief checklist to record immunisation status and information on useful contacts. This can be located on the Public Health Wales website at [phw.nhs.wales/vaccines-professionals](https://phw.nhs.wales/vaccines-professionals) (Sub-heading "Pre-school immunisation resource pack").

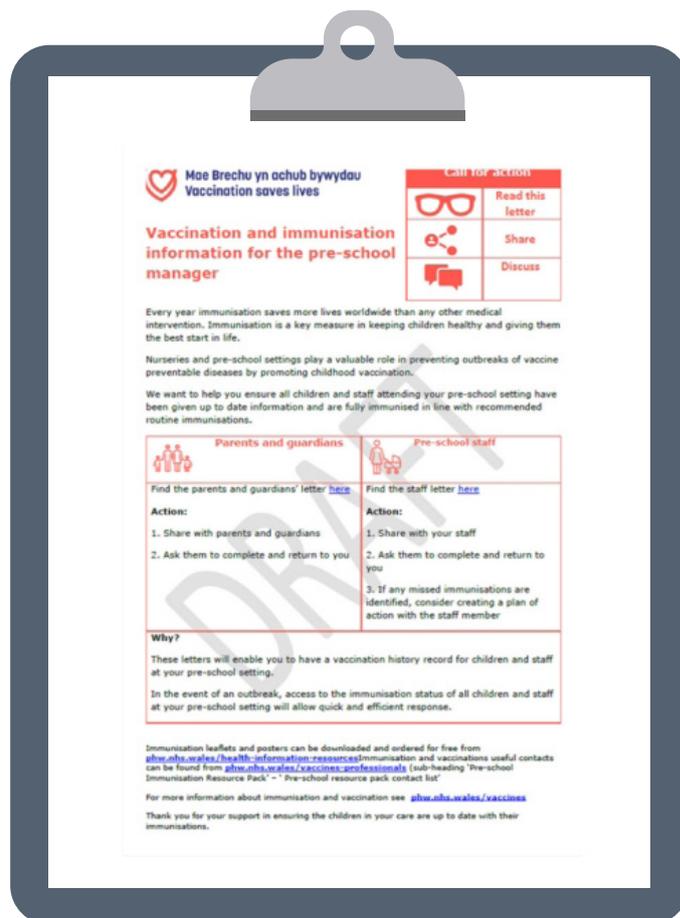
Immunisation leaflets and posters can be downloaded and ordered for free from [phw.nhs.wales/health-information-resources](https://phw.nhs.wales/health-information-resources)

Thank you for your support in ensuring the children in your care are up to date with their immunisations.

For more information about immunisation and vaccination see [phw.nhs.wales/vaccines](https://phw.nhs.wales/vaccines)

Pre-School Manager Information V8, August 2024

## Draft Amended Communication:



**Mae Brechu yn achub bywydau**  
Vaccination saves lives

**Vaccination and immunisation information for the pre-school manager**

**Call to action**

	Read this letter
	Share
	Discuss

Every year immunisation saves more lives worldwide than any other medical intervention. Immunisation is a key measure in keeping children healthy and giving them the best start in life.

Nurseries and pre-school settings play a valuable role in preventing outbreaks of vaccine preventable diseases by promoting childhood vaccination.

We want to help you ensure all children and staff attending your pre-school setting have been given up to date information and are fully immunised in line with recommended routine immunisations.

 Parents and guardians	 Pre-school staff
Find the parents and guardians' letter <a href="#">here</a>	Find the staff letter <a href="#">here</a>
<b>Action:</b> 1. Share with parents and guardians 2. Ask them to complete and return to you	<b>Action:</b> 1. Share with your staff 2. Ask them to complete and return to you 3. If any missed immunisations are identified, consider creating a plan of action with the staff member
<b>Why?</b> These letters will enable you to have a vaccination history record for children and staff at your pre-school setting. In the event of an outbreak, access to the immunisation status of all children and staff at your pre-school setting will allow quick and efficient response.	

Immunisation leaflets and posters can be downloaded and ordered for free from [phw.nhs.wales/health-information-resources/immunisation](https://phw.nhs.wales/health-information-resources/immunisation) and vaccinations useful contacts can be found from [phw.nhs.wales/vaccines-professionals](https://phw.nhs.wales/vaccines-professionals) (Sub-heading "Pre-school Immunisation Resource Pack" -> "Pre-school resource pack contact list")

For more information about immunisation and vaccination see [phw.nhs.wales/vaccines](https://phw.nhs.wales/vaccines)

Thank you for your support in ensuring the children in your care are up to date with their immunisations.

# Vaccine Prevention Disease Programme – Vaccine Leaflet Templates

Clare Brown, Medical Writer

The standardised template for vaccine-specific leaflets was developed to ensure consistent layout, format, and branding across resources, and improve accessibility and comprehension with a clear, easy-to-understand layout.

## Reflections on Original Communication:

A study exploring the effectiveness of our vaccine resources amongst the public highlighted that:

- Short, concise and colourful leaflets with images were preferred.
- Listing key ingredients and side effects supports in addressing concerns.
- QR codes and links to further information are viewed positively
- Some sub-groups benefit from more tailored messaging (e.g. pregnant women, disabled adults, minority groups and parents are more concerned about vaccine safety; resources for minority and LGBTQ+ groups should emphasise disease severity; younger adults and minority groups are more likely to need myth-busting text).

## Behavioural Specification:

WHO

The target audience for the vaccine (varies dependent on vaccine)

WHEN

When they receive or see the leaflet

WHAT

Read the leaflet and arrange a vaccination through the specified methods.

WHERE

At home through the post, or in a medical setting

## Behavioural Diagnosis:

### Capability:

- Not understanding the information in the leaflet due to the use of complex language
- Lack of understanding about vaccination.
- Lack of awareness, knowledge or understanding to make an informed decision about vaccination.
- Chronic illness or physical disability limiting ability to get to the GP/clinic for an appointment.
- Limited awareness of the benefits of vaccination.
- Language barriers limit understanding of written text e.g. if not available in their preferred language.

### Opportunity:

- Lack of time to read the leaflet
- Knowing that others in their community also get vaccinated could help establish a social norm
- Lack of transport, long distance to GP/clinic, living rurally could limit access to vaccinations.
- Seeing misinformation on their social media channels.

### Motivation:

- Negative beliefs about vaccines.
- Concerns about safety and side effects
- Concerns about vaccine ingredients.
- Fearing needles

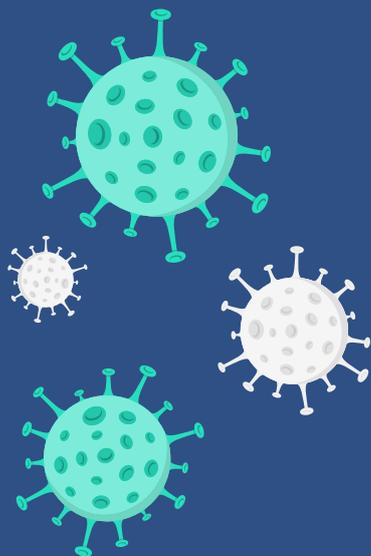
## Next Steps

- Consider developing specialised templates for different target audiences (e.g. pregnancy and preschool; school age; young adults; gay, bisexual and other men who have sex with men; older adults)
- Gather insights from healthcare professionals and the public to tailor the type of information provided and its formatting to align with their preferences.

## Reflections/Learning:

- The COM-B model helped us to easily identify actions and how to address them.
- I now spend more time making sure my writing is as concise as possible, and only include relevant information in its shortest possible format, to desludge text.
- Testing our communications can help make sure we've hit the mark in term of getting the right message across.
- Key facts sections can help to quickly convey key points, and support decision making.
- Lowering the reading age of a text can help make it more accessible. I now always use tools like the Flesch Kincaid calculator or Hemingway app when writing information for the public and healthcare professionals.

# Measles Surveillance – Test kit completion



Darren Beynon, Health Protection Practitioner, Health Protection Team

For cases of suspected measles we send out a letter along with all at-home test kits. These are postal test kits, sent to cases at their home address, to use the swab, re-package and post back (to the laboratory) for testing. The purpose of the communication is to request the use of the kit with the aim of ensuring return to maximum the return rate and thus the testing level.

## Reflections on Original Communication:

- The letter doesn't highlight the time window for completing and returning the test kit – this has a direct impact on whether testing deadlines are met.
- The reading age is too high.
- The letter could provide a better explanation of the benefits of testing.

## Behavioural Specification:

**WHO**

Those notified as suspected cases of measles to the Health Protection Team as per the statutory requirement and sent a letter/test kit

**WHEN**

Within 2 weeks of receipt

**WHAT**

Use the swabs, re-package them, and return by post to the pre-paid address.

**WHERE**

At their own home (use test kit) and the most convenient post box to them (return test kit)

## Behavioural Diagnosis:

### Capability:

- Not physically able to perform the test and get to a post box to return it.
- Lack of understanding of how and when to perform and return the test.
- Language barriers limit understanding of what needs to be done and why.
- Lack of understanding about the benefits of testing.

### Opportunity:

- Difficulty in accessing a post box
- Reminders which prompt individuals to undertake and return the test (facilitator)

### Motivation:

- Positive beliefs about the benefits of testing
- Seeing value in knowing whether they have measles

## Barriers Addressed:

- Understanding of the benefits of testing, for them as individuals but also for the wider community
- Understanding of when to perform and return the test
- Accessibility of language used

## Behaviour Change Techniques:

- 1 Information about health consequences (benefits to their own health)
- 2 Information about social and environmental consequences (benefits for the wider community)
- 3 Instruction on how to perform the behaviour (with a target deadline for completion)
- 4 Improved language to aid understanding and therefore inclusiveness as an enabler to gaining the desired behaviour

### Next Steps

- Get agreement on final draft within the service
- Rollout alongside updated testing service provision.

## Reflections/Learning:

- Working through BICI prompted further consideration of people's ability to post the completed test kit. While we can't address mobility-related barriers, or cover the cost incurred in getting to a post box, we are considering supporting our communications with other interventions e.g. a follow up process of calling the recipient to ensure the receipt of the kit, increase understanding, and confirm that they have or will be returning the test kit.
- Working independently to adapt our communication was really interesting. I took away the learning, and explain the behaviourally informed changes to others who work on measles etc. Going forward, I can really see the benefit of a group within a team working on this together as a collective, each bringing their own perspective to it. I would consider this approach in future.

## Draft Amended Communication:

**GIG Cymru/ Wales Public Health**

**Ref:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Private & Confidential**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Post Code: \_\_\_\_\_

Dear \_\_\_\_\_

Your doctor has told us that you/your child may have measles, mumps or rubella. We send swab test kits to everyone who has suspected measles, mumps or rubella. You will be sent two test kits in separate packages. These may arrive at different times. Each kit is for a test in a different laboratory.

These simple tests can show whether or not you/your child had a recent infection. It is a painless test for both adults and children. Please follow the enclosed instructions or the online video available from <https://youtu.be/zR0dankzUJ4> on how to use the kit. We would ask you to return the test kits in the post using the pre-paid addressed envelopes as soon as possible and within 2 weeks.

Your result will be available to you via your doctor within a few weeks, for anything urgent our team will contact you to discuss. Most people are happy to send us this sample but if you do not want to, this will not affect the care your doctor gives you.

The information we get from these tests is really important as it allows us to understand how many people in Wales are still getting these infections and helps us to plan future vaccination programmes which can prevent these illnesses.

Sometimes we test these samples for other infections such as scarlet fever, flu and chickenpox. This helps us to investigate a local or national increase in these illnesses and how we can manage them.

If you are unable or uncomfortable with performing the test yourself, please contact your GP who will be able to take the sample for you.

Further information on measles disease may be found at <https://www.nhs.uk/conditions/measles/>

Kind regards

<b>South &amp; East Office</b> 4th Floor 2 Capital Quarter Tyndall Street Cardiff CF10 4BZ	<b>Mid &amp; West Office</b> Machyn House Northern Boulevard Swansea Enterprise Park Swansea SA6 8DP	<b>North Wales Office</b> Preswylfa Healdy Road Mold Flintshire CH7 1PZ
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Croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, ac ni fydd hynny'n arwain at oedi.  
 You are welcome to contact us in Welsh. We will respond in Welsh, without this causing delay.



We are continuing to compile case studies from the Behaviourally Informed Communications Initiative - If you'd like to submit a case study, or have a question about any of the information provided in the report, please send us an email at [PHW.BehSciUnit@wales.nhs.uk](mailto:PHW.BehSciUnit@wales.nhs.uk)