



# Understanding how to motivate and educate patients and carers to prevent pressure ulcers

## A Research Report for NHS Midlands and East

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# The Research Programme

## Introduction

One of NHS Midlands and East's five stated ambitions is "Eliminating avoidable grade 2, 3 and 4 pressure ulcers". In a ten month period (January – October 2011), there were 3,325 grade 3 and 4 pressure ulcers in the region which is estimated to have cost the NHS up to £20 million.

To achieve this ambition, NHS Midlands and East has invested in a social marketing campaign targeting health professional to encourage a shift in awareness of, and action to, preventing avoidable pressure ulcers. To do this, initial scoping research was carried out with frontline staff to gain evidence for the support of the development of interventions and a targeted communication campaign. One important finding from this research was that patients and careers had a role to play in the prevention of pressure ulcers.

NHS Midlands and East commissioned Enventure Research to carry out research with the general public, including patients and carers, to identify potential target groups and to support the development of a suitable social marketing campaign.

## Research objectives

To support the development of a suitable social marketing campaign, the following research objectives were agreed:

- To better understand the target audience
- To test, explore and evaluate the key messages that have been developed
- To ascertain how to reach the audience, by identifying what methods and channels would be most effective with the messaging already identified

## Methodology

### Background research

In order to decide on the most appropriate target audience for this research, and to agree the most suitable methodology to use, desk research was undertaken using a range of resources. A number of different sources were used to gain a picture of the target audience including:

- Network of Public Health Observatories
- ONS – Office for National Statistics
- HES Online (Hospital Episodes Statistics)
- NICE – National Institute for Health and Clinical Excellence
- Department of Health
- Tissue Viability Society
- Census data (2011 where available)
- Neighbourhood Statistics
- Medical journal articles
- Published articles from NHS and non NHS organisations

Evidence from NICE Clinical Guidelines states that anyone can get a pressure ulcer, but some people are more likely to develop one than others. NICE provides a list of those at risk. These include people who:

- Have problems moving and cannot change position by themselves without help
- Cannot feel pain over part or all of their body
- Are incontinent
- Are seriously ill or undergoing surgery
- Have had a pressure ulcer in the past
- Have a poor diet and don't drink enough water
- Are very old or very young
- Have damaged their spinal cord and can neither move nor feel their bottom and legs
- Are older people who are ill or have suffered an injury, for example a broken hip

In a journal published by the Royal College of Nursing, it describes the various risk factors leading to pressure ulcers, namely:

- **Sensory impairment** – reduced sensation and insensitivity to pain or discomfort results in a reduced stimulus to move to relieve pressure. Those with diabetes and spinal injuries are particularly at risk
- **Acute illness** – evidence suggests that acutely ill patients are vulnerable to developing pressure ulcers
- **Extremes of ages** (over 65, less than 5 years old) – with an increase in cardiovascular and neurological disease and changes to the resilience and elasticity of skin, those over 65 are more at risk of getting a pressure ulcer. In addition, under 5 year olds, where their skin is still maturing, are also at risk
- **Previous history of pressure damage** – those patients that have previously had a pressure ulcer are more at risk of gaining further pressure ulcers
- **Severe chronic or terminal illness** – places individual at greater risk because of, for example, multi-organ failure, poor perfusion and immobility

- **Malnutrition** - although not directly linked to pressure ulcer development, malnutrition may increase an individual's risk of organ failure and serious illness. Dehydration may reduce the elasticity of tissues and this increase tissue deformability under pressure or friction
- **Medication** – those taking medication are at risk as medication can make people sleepy and, therefore, reduce mobility, reduce normal stimulus to relieve pressure, and can impair inflammatory responses to pressure injury

From the desk research, it was clear that there were various risk factors that increased the chance of someone getting a pressure ulcer, and that these risk factors were largely associated with specific groups of people. However, it was also evident that anyone could potentially fall into one of these specific groups through their lifetime, but also know someone who could fall into a specific group and be at risk of getting a pressure ulcer.

Therefore, it was agreed that the most appropriate target audiences for this research were:

1. The general public
2. Patients and carers
3. Those most at risk of acquiring a pressure ulcer

## Our approach

A series of eight focus groups and eight in-depth interviews were held across the NHS Midlands and East region, stratified by the target audiences identified by the background research. Focus groups were utilised to include all target audiences, where as in-depth interviews were used to gain feedback from those who were harder to reach, due to their location and condition.

The stratification of focus groups and in-depth interviews are shown in **Tables 1** and **2**.

**Table 1 – Focus group stratification**

Group location	Audience	Respondents	Gender	Age	Ethnicity	Disability	Health condition	
1. Birmingham	General public	9	Representative mix					
2. Nottingham	General public	10	Representative mix					
3. Peterborough	General public	9	Representative mix					
4. Lichfield	At risk group	10	Mix	Mix	Mix	Disabled	Mobility problems Previous PUs Accessing services	
5. Newark	At risk group	6	Mix	Over 65	Mix	Representative	Disability, recent hospital	
6. Hertford	Carers, patients	9	At risk, incl. young and old, possible experience of PUs, potentially not accessing services					
7. Luton	Carers, patients	10	At risk, incl. young and old, possible experience of PUs, potentially not accessing services					
8. Oswestry	Carers, patients	6	At risk, incl. young and old, possible experience of PUs, potentially not accessing services					

**Table 1 – In-depth interview stratification**

Interview	Audience	Details
1	Wheelchair user (Milton Keynes)	Some experience of pressure ulcers (friends)
2	Carer	Cares for her son with Muscular Dystrophy. Limited knowledge of pressure ulcers
3	Local authority sport officer	Has had a grade 3 pressure ulcer on at least two occasions
4	Sport disability worker	Some knowledge of pressure ulcers
5	Wheelchair user (Norwich)	Norwich Access Group, some knowledge of pressure ulcers
6	Carer	Cares for her son with Duchenne Muscular Dystrophy
7	Diabetes group member	Ipswich and East Suffolk Diabetes group
8	Diabetes Youth Club leader	Diabetes Youth Club

Each focus group was attended by 6 to 12 respondents (an average of 8 per group) and lasted for 90 minutes. In-depth interviews were conducted via telephone and lasted 45 minutes each.

Groups and in-depth interviews were moderated by researchers from Enventure Research, assisted by Michael and Sue McGrath, who followed a specifically designed discussion guide to allow all relevant topics to be covered. This discussion guide can be found in **Appendix A**.

## Research Findings

This chapter of the report details the main research findings from the focus groups and in-depth interviews. Direct quotations from respondents have been included where appropriate, to support the findings.

### Awareness, understanding and experiences of pressure ulcers

#### Current levels of awareness

To begin discussions, all respondents were asked how much they knew about pressure ulcers, specifically whether they were aware of what a pressure ulcer was, how they are acquired and what they can look like.

Generally, awareness of pressure ulcers was high, with the majority of respondents indicating that they were 'like bed sores'. Those who admitted that they did not know what a pressure ulcer was realised that they did know once they understood that a pressure ulcer was another term used for a 'bed sore' or alternatively 'pressure sore'. No respondents indicated that they did not know what a bed sore or pressure sore was.

*Is it the same as what we always called bed sores? In the olden days?!*

(General public group, Peterborough)

*I've never heard anyone call it a pressure ulcer before now. I would have known if you'd said bed sores. Everyone calls them that.*

(General public group, Nottingham)

*This lady over here said 'pressure sores'. Is that the same thing? Because my mother had pressure sores so I know about them.*

(At risk group, Lichfield)

Not only was awareness of pressure ulcers high amongst respondents, but a good understanding of how they were acquired and what they look like was also prevalent. Typically, those who had a better understanding explained that they had experiences of dealing with pressure ulcers in some way, most commonly with an elderly relative. Therefore, it was more likely that older respondents had a better understanding. Those who had no direct experience of pressure ulcers were less likely to offer explanations of how pressure ulcers were acquired.

*It's when bone is pressing against flesh. It starts as a red mark but it can end up as dead skin. My grandmother had lots of pressure ulcers.*

(General public group, Peterborough)

*There are certain parts of your body, like your bum and your heels and the back of your head, where if you don't move it can cause pressure and friction, which can cause these ulcers.*

(At risk group, Lichfield)

*My father developed them on his leg and heel so I've been involved with them before. They started very small but get much larger, beyond what his nurse could cope with. He had to be referred to a specialist unit in the community.*

(Diabetes group member, depth interview)

A small number of respondents had personal experience of their own pressure ulcers and, therefore, had a very good understanding of them.

*I broke my back when I was 15 and ended up getting them on my heels. They didn't get too bad but they were still painful.*

(General public group, Peterborough)

*I'm still recovering from a pressure ulcer, a grade 3 one. It didn't quite go to the bone. I had one in the same place a few years ago.*

(Local authority sport officer, depth interview)

Those who had a good level of awareness and understanding of pressure ulcers were also able to offer suggestions as to how to prevent them. Special equipment to prevent pressure ulcers was a popular response, such as special mattresses. Continuous movement, keeping clean and hydration were also suggested by respondents without any specific prompting. Understanding of how to prevent pressure ulcers was slightly more pronounced with patients and carers.

*It's about continuous movement isn't it? Don't rest for too long in one place. And keep clean.*

(General public group, Peterborough)

*I know you can get special beds to move you and you have to use creams on the ulcers.*

(At risk group, Newark)

*They get given special beds to stop them from happening.*

(At risk group, Lichfield)

Understanding of who was most at risk of acquiring a pressure ulcer was very general across the focus groups and depth interviews. Several indicated that those with mobility issues, those who were bed-ridden, and the elderly were more at risk. A smaller number of respondents explained that they linked pressure ulcers with the extremely overweight who would be unable to move from their bed. Very few respondents indicated that anyone was at risk of acquiring a pressure ulcer.

*When I thought about them I thought it was about people who were really fat. They're stuck in bed all day and can't move.*

(General public group, Peterborough)

Awareness of pressure ulcer grades was not as high amongst the majority of respondents, but most related the grading system to that used for burns and assumed that it was similar.

When asked where they would go to find out more information about pressure ulcers and how to prevent and treat them, visiting the GP was the most common response. The internet was also a popular source of information, mainly for younger respondents.

*I'd just go to my GP like I do for most things.*

(General public group, Peterborough)

*I would go to my doctors if I thought I'd got a pressure ulcer*

(General public group, Nottingham)

### **Reaction to images of pressure ulcers**

Following an introductory presentation/video presentation by Michael McGrath introducing the topic of pressure ulcers and explaining the need to raise awareness to help prevent them, respondents were shown a series of images of pressure ulcers at different stages of development (stage one to four).

Almost all respondents indicated that they were shocked and disgusted by the images shown, especially of the more severe grade three and four pressure ulcers. A common question asked when seeing the images of pressure ulcers was how quickly they developed, as respondents found it hard to imagine how a pressure ulcer could be allowed to get to the grade four stage.

*It makes me feel sick. It makes me feel sore just looking at them.*

(General public group, Peterborough)

*It's hard to see how it's been allowed to get to that stage. I can't believe it, it's horrible.*

(General public group, Nottingham)

*I'm really shocked that they can progress so quickly*

(Patient and carer group, Hertford)

*It must just be neglect if it gets to that stage.*

(At risk group, Lichfield)

It appeared that, upon seeing the images of pressure ulcers, it was a moment of realisation for the majority of respondents. Whilst many had a good idea of what pressure ulcers were, not all had direct experience with them. The images highlighted the reality and severity of the condition, causing respondents to understand the severity of pressure ulcers.

## Feedback on existing health campaigns

### Recall of existing campaigns

Following the introduction to pressure ulcers, focus group and interview respondents were then asked to think about previous and existing health and social campaigns. These campaigns were explored with respondents to find out what they found memorable, why they had remembered it, what they liked and disliked about specific campaigns and what they thought worked well, in order to understand what elements could be incorporated into a campaign around pressure ulcers.

At first, respondents were asked what campaigns they could recall without any prompting. Following this, respondents were shown images from a range of health and social campaigns and asked for their feedback.

Three existing campaigns were discussed in much greater depth by all respondents, which were generally unprompted, all of which featured similar themes and ideas, despite focusing on different health and social topics. The most popular theme behind these campaigns was that they were shocking and hard-hitting, presenting useful information in a simple and effective way.

*I think those are the ones that get through to you, the shocking ones.*  
(At risk group, Lichfield)

*It's got to have something to grab your attention. They're the only ones people remember.*

(General public, Peterborough)

Feedback on these three campaigns is summarised below.

### Stroke – Act F.A.S.T

One of the most recalled and favoured health campaign was the Stroke – Act F.A.S.T campaign. Without prompting, respondents provided very positive feedback on this campaign as to why they felt it was effective, which included:

- The use of realistic images
- Shocking and vivid images
- The use of various communication channels (posters, TV adverts, radio adverts)
- Different versions of the campaign available (differing genders, ethnicities etc)
- The use of a simple mnemonic to present the key action points to remember
- Very easy to understand and memorable



*It [FAST] shows you what actually happens, it doesn't just give you loads of information.*

(At risk group, Lichfield)

*Another good campaign was for the stroke – really visual. I think that's the key, it's about being visual, something that really hits you and slaps you across the face.*

(Patients and carers group, Luton)

### **Hands-Only CPR – British Heart Foundation**

The recent campaign for hands-only CPR featuring Vinnie Jones was also widely discussed by respondents in a positive light. They thought this campaign too was memorable and effective for the following reasons:

- The use of well-known, catchy music
- The use of humour
- The use of celebrity
- A simple but effective call to action
- Raising awareness of a less-known health topic



*The Vinnie Jones one is good, the one for CPR. That's really good. They don't show CPR enough.*

(At risk group, Lichfield)

*I remember it because of the music, staying alive, and I like Vinnie Jones, it was funny and memorable*

(General public group, Nottingham)

*The Vinnie Jones, Staying Alive ad, I think he's already saved 30 lives because people saw the advert. It's a simple approach to it, staying alive music. It's humorous as well. It rings all three bells; Informs, Educates and Entertains as well.*

(Patients and carers group, Oswestry)

## Anti-Smoking Campaigns

Anti-smoking campaigns were the most widely recognised health campaigns for the majority of respondents, largely due to the length of time that they have been in existence and their prevalence on cigarette packets, bill boards and television. Respondents highlighted these campaigns as effective for the following reasons:



- Very hard-hitting and shocking images and ideas
- Very realistic
- Good at explaining the health risks – to the point
- The use of children
- The communication of responsibility and consequences

*The smoking one with the tumour is hard hitting. It may not get smokers to quit for themselves, but I think their kids will nag parents to stop.*

(Patient and carers group, Oswestry)

*The smoking campaign is good where the kids are inhaling smoke. It's the shock factor of bringing children into it and it shows the long term implications.*

(Sport disability worker, depth interview)

## Popular communication channels

Respondents were then asked to think about what methods of communication were the most effective for important health issues. To help them with this, they were asked to think about how a health care message could best be communicated to them personally, taking into consideration their lifestyle and what existing campaigns they have remembered.

Television adverts were by far the most commonly suggested method of communication for effective health campaigns. Respondents indicated that they were a very good way of reaching a huge audience, and that television adverts were often the most memorable due to the amount of times they were viewed, and became talking points between friends and family. It was also highlighted that television adverts had the ability to be shocking and hard-hitting in a way which other channels might not be able to achieve.

Respondents were encouraged to suggest alternative communication channels outside television adverts that would be effective for a health campaign. Radio adverts were suggested by a number of respondents who explained that they were often very memorable, and also very hard to avoid if listening to the radio when driving or at work.

*Some adverts with jingles really stop in your mind. They even get annoying but you remember them.*

(General public group, Nottingham)

Local and regional newspapers were also suggested by several respondents across the groups and interviews, indicating that they often took notice of adverts or articles regarding health issues.

*There is a big push where I live. I saw an article in our local paper about pressure ulcers and a new tissue viability team. They were offering to go out to people, so I called them and they came out to tell me about them. She showed me pictures like this so I'm not shocked.*

(Patients and carers group, Oswestry)

*I tend to find out about things from my local newspaper, like health things such as the flu jab.*

(At risk group, Newark)

Traditional billboards, posters and leaflets were widely suggested by respondents as an effective means of communicating health issues to the general public. Following television adverts, they were seen as the most common communication channel used to promote health issues.

*You always see a lot of posters about on billboards and bus shelters. If there are a lot of them you take notice, they can be hard to avoid.*

(At risk group, Lichfield)

## Key messaging around pressure ulcer

Nine key messages around the prevention of pressure ulcers, developed by NHS Midlands and East, were tested in the groups for their readability, sense and understanding, impact, clarity, language and the level of information provided.

Feedback was provided on each message in turn. Respondents were very positive about some messages, but critical of others. Some were described as being direct, to the point and containing useful information, whereas others were seen to be too long and 'wordy', too mild and lacking detail.

Specific feedback on each message is presented below.

### Key Message 1

#### ***'Pressure ulcers (bed sores) are painful and distressing'***

Respondents' feedback on this message was generally positive. It was highlighted that the message was short, simple and direct in an effective way. Several respondents felt that the message could be improved by the inclusion of an image of a pressure ulcer to make the message even more direct.

*It's useful because it tells you exactly what they are, that they're bed sores. So everyone will understand it.*

(At risk group, Newark)

*It needs a picture with it to show you exactly what it means. You can't tell just from the words how painful they are. The shock of the image would make people take notice of the message.*

(At risk group, Lichfield)

It was also well received by many due to the inclusion of the term 'bed sore' in brackets following the term pressure ulcer. These respondents indicated that it was easier for them to understand and, therefore, would be easier for people like them to understand who also may not have heard the term pressure ulcer. However, it was also accepted by these respondents that it would be difficult to constantly have to refer to pressure ulcers in this way, and that a single term would be needed.

Whilst this message was generally well received, a number of respondents explained that it would be more hard-hitting in the way it has been written. They felt that the description of 'painful and distressing' did not go far enough to explaining the severity of pressure ulcers, something which can ruin lives and be extremely debilitating. This response was more common from those with direct experience of pressure ulcers.

*It doesn't necessarily get across the severity of it.*

(At risk group, Lichfield)

*A mouth ulcer is painful and distressing but it's not going to kill you.*

(General public group, Birmingham)

*I'd go a bit further than that. You need to find them earlier than later as they ruin your life.*

(Patient with a pressure ulcer, Depth interview)

*The images of stage 3 and 4 appear more than a sore. It's like describing an amputation as a cut leg. It needs to use more hard hitting words.*

(Patients and carers group, Oswestry)

## Key Message 2

***'It is estimated that just under half a million people in the UK will develop at least one pressure ulcer, in any given year, if they don't know how to prevent them'***

A number of respondents felt that the wording of this message was slightly confusing, explaining that they had to read it a number of times before they fully understood it. It was reported that the message was quite 'wordy' and, therefore, lost any kind of impact that it may have had. Instead it was felt that this message could be more 'short and snappy' to be more effective.

*That's a really important statement, maybe a bit long though.*

(Disability worker, Depth interview)

The statistic of 'half a million' was also reported as being difficult to understand or relate to. Respondents indicated that this needed to be something easier to understand, such as 'X in X', or to use a scale that was locally relevant to grab attention in a more effective way.

*You can't relate to half a million, it doesn't really mean much.*

(General public group, Nottingham)

*It's a bit vague. It's like it's talking about someone else, so you might just ignore it. It needs to be more personal.*

(At risk group, Lichfield)

*Rather than using a large number or percentage, you should say 1 in X will be affected by a pressure ulcer. It makes more of an impact, like the 1 in 3 will get cancer. It might be best to use the statistic with wheelchair users.*

(Patients and carers group, Oswestry)

## Key Message 3

***'A pressure ulcer is damage on the skin and underlying tissue that can lead to an open wound. They are caused by pressure and friction on the bony areas – your bottom, heel, hip, elbow, ankle, should, and the back of the head'***

Generally, research respondents found this message very useful as it clearly and accurately defined exactly what a pressure ulcer was and, therefore, this message was favoured by those with little pre-existing knowledge of pressure ulcers. However, it was felt by a number of respondents that this message was quite clinical, and could instead be more descriptive and hard-hitting.

*It's got the basic information there that you need to know, telling you where to look out for pressure ulcers. It's straightforward.*

(Diabetes youth worker, Depth interview)

*It's informative, but could be more hard hitting. It's the consequences to having the sores that will make people sit up. It's about how serious these are. Ultimately it's the shock factor that is needed.*

(Patients and carer group, Luton)

Suggestions for improvement included the addition of a diagram alongside this message to highlight the key areas of the body which are susceptible to pressure ulcers. It was also suggested that the message could do more to indicate the speed at which pressure ulcers can develop and the severity of them once they are acquired.

*You need to know that time is of the essence. It needs to say that they develop quickly too.*

(General public group, Birmingham)

#### **Key Message 4**

**'You are most at risk if you: Have a mobility problem; Have poor nutrition; Have a health condition; Are aged over 70; Suffer from incontinence'**

Feedback in relation to this key message was mixed. Some respondents appreciated being informed as to who were the most at risk groups. Others, however, highlighted that, by listing the most at risk groups, it draws attention from the important message that anyone can be affected by a pressure ulcer. Particular focus was given to the line 'aged over 70', as it was felt that if members of the public who are under 70 see this, they will immediately switch off as they will not think the message concerns them. Additionally, it was felt that the term 'health condition' was very broad and unspecific.

*Its saying aged over 70, but we know anyone can get them. If young people see that they'll just switch off.*

(At risk group, Lichfield)

*It's too specific with that over 70 line in. If you take that out then it might be better.*

(At risk group, Lichfield)

*It makes you think it's just older people. As no point are you thinking about a child, or even like people in our position as carers. I wouldn't pick up a leaflet as it doesn't look as though it's for me.*

(Patients and carers group, Oswestry)

*The health condition point is a bit wide. Are there specific health problems that could be listed?*

(Disability worker, depth interview)

#### **Key Message 5**

**'95% of pressure ulcers are preventable'**

This message was generally the most popular of the set, with respondents seeing it as very shocking, hard-hitting, but also very positive. It was explained that, after hearing all the negative aspects of pressure ulcers and seeing the horrible images, hearing that 95% are preventable is very surprising and also a very good thing to hear. A number of respondents felt that this message was crucial to a campaign as it would inform the

public that something could be done to prevent pressure ulcers. They explained that it made them want to know how they could be prevented. Indeed, a small number of respondents indicated that they had assumed that, for many patients, pressure ulcers were inevitable.

*I always thought that they were almost inevitable, I didn't realise that. So it's an important message.*

(At risk group, Lichfield)

*It's positive. it says to me that something could be done about it.*

(General public focus group, Nottingham)

Other feedback to this message related to the other 5% that were not preventable. A small number of respondents asked why this was the case.

*That's reassuring, but what about the other 5%? Perhaps it should follow up by saying 'and the other 5% can be treated by'.*

(Wheelchair user, depth interview)

### Key Message 6

**'Look out for discolouring or soreness, particularly in areas where your bones are close to the skin such as your bottom or heel'**

As with key message 3, respondents felt that this message provided useful information, focusing on the early stages of pressure ulcer prevention. It was pointed out by a number of respondents that this message would greatly benefit from being presented next to images of stage 1 or stage 2 pressure ulcers to aid understanding.

*It's good, it gives me something to look out for. It needs to include what to do though so perhaps more information on what to do?*

(Carer depth interview)

Other important feedback on this message was that providing the examples of the bottom and heel was useful, but that the list was far from exhaustive and could make audiences just focus these two areas.

*That's quite specific to certain areas, as isn't it everywhere? It should be broader than that.*

(Patient and carer group, Luton)

### Key Message 7

**'To stop getting a pressure ulcer check SSKIN – You are on a supportive Surface; Your Skin isn't discolouring or sore; That you Keep moving, change position a lot; If you are Incontinent, that you stay clean and dry; That your Nutrition is good and you drink frequently'**

Key message 7, the SSKIN model, generated a lot of useful feedback from respondents. In terms of the information within the message, respondents felt that the content was extremely useful as it provided everything that a person would need to know to prevent pressure ulcers.

*This is perfect, I want to print this off and stick it on the wall. I know what to do to prevent pressure ulcers now.*

(Carer, depth interview)

It was also felt that using a mnemonic to help people remember what steps to take to prevent pressure ulcers was an excellent idea.

*It's really catchy, it's a five letter word, you can have it on an ad campaign, it's a really good start.*

(Patient and carer group, Hertford)

*You can see what they've tried to do, using the letters to help you remember. That will work well. It's simple.*

(General public group, Peterborough)

However, a number of critical points were raised about this message. Firstly, it was highlighted that the first letter of each mnemonic word needed to be at the start of each sentence to make the mnemonic clear.

*To be easy to remember you need to have the first key word at the start of each sentence, otherwise it doesn't really make sense. You don't spell out the word properly. You can just move them around a bit and it will still work.*

(At risk group, Lichfield)

Secondly, the mnemonic of 'SSKIN' was not well received by the majority of respondents who were unsure how to pronounce the word. Within almost every focus group, and also within a number of the depth interviews, it was suggested that 'SKINS' would make a much better mnemonic as it was an actual word that could easily be pronounced, which still contained all the vital letters and was still relevant to the topic. Another suggestion was to combine the two letter 'S's within the mnemonic to create 'SKIN', but it was also highlighted that this may take emphasis away from the two steps if combining them.

*It's like FAST, but the SSKIN is daft, take one of the Ss out, should it be SKIN.*

(Patients and carer group, Luton)

*You need to put the letters on the left hand side and change it to SKINS. It will make more sense like the FAST advert.*

(Patients and carers group, Oswestry)

*I can't believe someone has put SSKIN and not thought to put SKINS! It's an actual word and it's relevant.*

(General public group, Peterborough)

Finally, a small number of respondents questioned what exactly was meant by the term 'supportive surface', suggesting that this may require additional explanation or a different term to be used.

*Supportive? This isn't correct. I've used many pressure cushions and most are not comfortable. Is there another word that could be used instead of supportive?*

(Wheelchair user, Milton Keynes depth interview)

*What does it mean by supportive surface? I'm not sure, it needs to explain it a bit more*

(Patients and carers group, Oswestry)

### Key Message 8

**'If you think you might have a pressure ulcer, check it out with any healthcare professional, NHS Direct on 0845 4647 or [nhs.uk/conditions/pressure-ulcers](https://www.nhs.uk/conditions/pressure-ulcers)'**

As the majority of respondents explained that they would want to visit their GP if they suspected they might have a pressure ulcer, Key Message 8 was generally critically reviewed. A number of respondents indicated that they did not have much faith in NHS Direct due to past experiences, and also felt that by including NHS Direct within the message it reduced the urgency of the situation. Respondents explained that, if a condition could be dealt with via NHS Direct, then it was clearly not too severe or life threatening.

*It should probably say to contact your district nurse or doctor*

(Patient with a pressure ulcer, Depth interview)

*If it says NHS Direct, it makes me think that it's not urgent*

(Patient and carer group, Luton)

*You mean NHS Re-Direct? I'm not sure what NHS Direct could do. They're going to tell you to go to your GP, but waiting for a GP can take a few days.*

(Patient and carer group, Hertford)

The website address included within the message was also criticised for being too long and unmemorable. Again, it was highlighted that by, suggesting people visit a website if they suspect they have a pressure ulcer, the urgency and severity of pressure ulcers is not effectively communicated.

*There are far too many slashes and words in that address. It needs to be much shorter for people to be able to remember it.*

(Diabetes youth worker, Depth interview)

### Key Message 9

**'Ask healthcare workers to look at [www.stopthepressure.com](http://www.stopthepressure.com)'**

This message was not very well received by the majority of respondents. They felt that it was not appropriate for patients to inform healthcare workers about this kind of information as they may find it patronising. They also felt that it was not their place to do so.

*It shouldn't be the patient's job to tell health professionals to look at the website*

(Disability worker, depth interview)

It was also felt that healthcare workers should already know this information as part of their job, or should actively be looking out for this information themselves. A number of respondents said that they were confused why they were being told to ask healthcare workers to do something in this message, as it was something that they had never seen before in other campaigns.

*I don't understand why it says 'ask healthcare workers to look at...'. Surely health care workers should be proactive and look for that information, not being provided it by patients.*

(General public group, Peterborough)

Other feedback, particularly from patients and carers, was that it was unlikely that healthcare staff would have time to look at a website like this due to the time restrictions of their job.

*This goes back to limitations of staff, it's about signposting staff, but many wouldn't have time to look at it.*

(Carer, depth interview)

Respondents were also unsure about the relevance of the strap line 'Stop the Pressure', with some saying that the phrase could be associated with pressure at work or a political statement.

*Talking about Stop the Pressure – I have pressure at work, so it could be about stopping the pressure at work*

(General public group, Birmingham)

*Stop the pressure makes me think it's a political statement*

(Patients and carers group, Luton)

## The SSKIN model

The SSKIN model was developed by NHS Scotland and has been adopted by NHS Midlands and East. The model, which was initially developed for frontline staff, outlines the five steps that healthcare professionals should take in the prevention of pressure ulcers. The model was fully tested in each group and depth interviews.



### Positive feedback

As with Key Message 7, which covered the SSKIN message, respondents generally agreed that the information and messages included within SSKIN were excellent, as they provided everything they needed to know about how to prevent pressure ulcers in five easy to remember steps. Respondents praised the use of the mnemonic, and linked it back to the F.A.S.T campaign which they liked.

*It's good that it explains what to look for, really helpful*

(At risk group, Newark)

*The message is there, it contains what it needs to contain to get people to prevent pressure ulcers.*

(General public group, Peterborough)

*You've got a good starting point there with SSKIN, you can develop that into something.*

(General public group, Nottingham)

*I like that it has five clear points with their own letters that spell out the word. It's trying to make you remember it.*

(Diabetes group member, depth)

## Constructive criticism

However, the majority of feedback for the SSKIN model was critical of its layout, imagery and appearance. Firstly, many respondents indicated that they were confused by the presence of a green hand and questioned its relevance. They explained that they did not think pressure ulcers could be acquired on hands, or that the hand made them think of other things such as washing your hands. Very few respondents were able to link the hand to the idea of 'stop' the pressure.

*The SSKIN image doesn't say anything about pressure sores to me. It says something about hand washing*

(Patients and carers group, Hertford)

*It's a high five hand, I'm not sure why it's there. You don't get pressure ulcers on your hand.*

(General public group, Peterborough)

*But you won't get a pressure ulcer on your hand typically will you? It's not relevant.*

(Diabetes group member, Depth interview)

It was also felt that, at a quick glance, it was unclear what the SSKIN model message was, as it did not feature any images of pressure ulcers and did not feature the term 'pressure ulcer' in any obvious way. There was strong agreement across the groups and interviews that the SSKIN model would benefit from including some shocking images of pressure ulcers to grab attention.

*Why don't they show the body with some actual pressure ulcers? Not the hand.*

(General public group, Nottingham)

*Again you've got to show real images of pressure ulcers. You can't hide them away. It's the only way people will take notice.*

(Diabetes youth worker, Depth interview)

Another criticism of the appearance of the SSKIN model was of the speech marks used to emphasise each of the five points. Many respondents were unsure what they were, with some even assuming that they were water droplets, linking them to the idea that the campaign was about washing your hands.

*The speech marks, they're blobby and taking up too much space, particularly when there's a lot of wording in each box.*

(Patients and carers group, Oswestry)

The hand would make me think about hand gel and washing your hands, like the flu campaign a few years ago

(General public group, Nottingham)

The colour scheme used for the SSKIN model was also commented upon by several respondents who felt that the greens and blues used were too 'cool', did not stand out and did not reflect the severity and urgency of the topic of pressure ulcers. They suggested that the colours used should be reds, yellows and blacks.

*The colours are odd given that it's about pressure ulcers.*  
(General public group, Peterborough)

*The colours look too cold. Perhaps use red, it gives the impression of danger*  
(Carer, depth interview)

## NHS Campaign

In 2011, NHS Midlands and East developed a campaign, which features actual patients and staff giving reminders of must-dos to prevent harm from falls, pressure sores, catheter acquired urinary tract infections (UTIs) and blood clots (VTE). The campaign is split into two for different audiences, namely frontline staff and patients and carers.

Two strap lines are used – 'I trust you to care', which is aimed at frontline staff, and 'Help us to work together', which is aimed at patients and carers.

During the focus groups, respondents were shown the pressure ulcer poster aimed at patients and carers.

Almost all respondents were critical of this campaign poster for various reasons. Firstly, there was confusion as to who the poster was aimed at, whether it was for patients and carers, the general public, or health care professionals, and what the strap line 'Help us to work together' actually meant.



*I've been sat looking at it for a few seconds and I can't really understand who it's aimed at. Who is 'us'? And where would it go? For everyone to see in a hospital or in staff rooms?*

(Diabetes group member, Depth interview)

*It looks like it's asking you to look after your neighbour*  
(General public group, Nottingham)

*Working together....working together for what? It doesn't mean anything. If it's someone on their own who doesn't have a health visitor, they're not going to have anyone to help them.*

(Patients and carers group, Luton)

Respondents were also critical of the image used, depicting an old man in a wheelchair. It was strongly felt that using an image of someone from one of the most at-risk groups was a mistake as it ignores the important message that anyone can acquire a pressure ulcer in their lifetime. The image of the old man in a wheelchair was felt to be too obvious and stereotypical, and that featuring someone younger might have a bigger impact, as featuring an elderly person in the poster could make younger people switch off or ignore it.

*It would mean nothing to me as it's someone older.*

(General public group, Nottingham)

*I know it can happen to anyone, but not everyone does, and it keeps focussing on older people.*

(General public group, Peterborough)

It was also felt that the poster contained too much text, and that the information provided was too small to read. Respondents indicated that it needed to have short, snappy and useful information with an attention-grabbing headline. It was also widely agreed that a much more hard-hitting and shocking image should be used to grab attention and draw people in, and to show people clearly of what to look for.

*In the nicest way, an image of a pressure sore should be on it to get people's attention. It's going to make people look. The old person in the poster doesn't help*

(General public group, Birmingham)

*It doesn't leap out at you that it's about pressure sores. There's not much mention about it. The word 'pressure ulcer' is in small letters. You need to have images of different people who are prone to pressure sores.*

(Wheelchair user/Access Group member, depth interview)

Another criticism of this poster was that it was far too generic and could apply to a number of different health related issues focusing on older people. These respondents said that it was only when reading the text that you knew the poster was about pressure ulcers, and that this should be clear from the images too.

*If you took the word 'pressure ulcer' out, it says to me 'help to work together to help with Alzheimers'. It doesn't really say what it's about.*

(Patient and carers group, Oswestry)

*It looks like a traditional NHS poster, you know who it's coming from but it's not grabbing as it just look like a typical NHS poster. It could be from the 1970s.*

(General public group, Luton)

## Suggested features of a pressure ulcer campaign

After providing feedback on the Key Messaging, the SSKIN Model and the I Trust You To Care poster, respondents began to suggest what they felt were important features for a campaign designed to raise awareness of how to prevent pressure ulcers. The most common suggestions are explained below.

### Use of appropriate terminology

There was widespread agreement throughout the groups and in depth interviews that the way pressure ulcers were referred to within a campaign would be crucial to its success. As highlighted at the start of most discussions, the majority of respondents only knew pressure ulcers as 'bed sores', and others knew them as 'pressure sores'. It was, therefore, suggested that any campaign materials should use these terms as it is what most people will recognise and relate to.

*If everyone knows them as bed sores then why change it?*

(General public group, Peterborough)

However, discussion relating to pressure ulcer terminology led to debate as to what other terms could possibly be used, as it was widely accepted that the use of the term 'bed sore' was misleading as not all were acquired when in bed. The words 'sore' and 'ulcer' were also widely analysed in the groups, with differing opinions raised as to what the words made them think about. It was felt that 'sore' may not communicate the severity of pressure ulcers, and 'ulcer' may make people think of mouth or stomach ulcers as this is more likely where they have already heard the term.

*I think a lot of people know them as bed sores, but that gives you the impression that you only get them when you're in bed*

(Patient and carer group, Hertford)

*An ulcer is something you get in your mouth. I can relate to a bed sore, that's what I know them as. I wouldn't think pressure ulcers are bed sores*

(Carer, depth interview)

Agreement was not reached as to what the best term to use would be, but it was accepted by almost all respondents that whatever term was used, it would have to be easy for the public to understand and relate to and also used throughout all communication materials to avoid confusion.

### Use of pressure ulcer images

Almost all respondents felt that it was vital to a campaign to raise awareness of pressure ulcer prevent to include real images of pressure ulcers. Whilst awareness of pressure ulcers was generally high, experience of them was lower. Many respondents admitted that it was not until they had seen the images of pressure ulcers in the focus groups and in depth interviews that they knew how bad they could get.

*We've always called them bed sores, but I didn't know they could get that bad*

(At risk group, Newark)

It was felt that using these kinds of images would shock audiences in the same way that they were shocked, grabbing their attention and encouraging them to find out more about how to prevent pressure ulcers.

*You can see it working [on the poster] with a hard hitting picture. Include photos of the different grades showing how quickly they can develop*

(Patients and carers group, Luton)

*It [the poster] also needs an image of a pressure ulcer. You definitely need pictures of pressure ulcers so you know what to look for.*

(Carer, depth interview)

### **Suggested channels of communication**

Various communication channels were suggested by respondents which they felt would work well for a campaign designed to raise awareness of pressure ulcer prevention. As seen earlier in the discussions, the majority of respondents favoured television advertising as a means of communication for health campaigns, and indicated that television would be very effective for a campaign relating to pressure ulcers, as images of pressure ulcers could be directly shown to a very large audience. There was some reluctance, however, that with the use of 'catch up TV', some people did not watch television advertisements.

*I think TV ads would be good as they can be memorable and you can use music. You can show images of pressure ulcers getting worse over time.*

(General Public, Birmingham)

*I don't really watch TV adverts now. We hardly watch stuff live now as we've got catch up TV.*

(Patients and carers group, Oswestry)

Posters and leaflets were widely suggested as an effective communication channel for this kind of campaign. For the same reason television was suggested, respondents explained that the campaign needed to be visual in order to show audiences hard-hitting images of pressure ulcers and, therefore, posters and leaflets were a useful channel to do this.

A large number of respondents who suggested posters and leaflets also commented that this method of communication would only work if the images used were shocking to grab attention, otherwise they would simply blend in with other posters and leaflets and be ignored.

*Posters have got to be put in hospitals, it's where they need to be. But they need to stand out as there are so many posters.*

(General public group, Birmingham)

*They [posters and leaflets] need to be clear and show images of pressure ulcers so you know what to look for. They just need to grab your attention.*

(Diabetes Youth Club leader, depth interview)

*A leaflet needs to be sent from GP surgeries. It's simple stuff really, the all have databases.*

(Patient and carer group, Hertford)

It is interesting to note that social media was discussed in a small number of focus groups, typically by younger respondents. They suggested that websites such as Facebook and Twitter could be utilised to spread the messages of a pressure ulcer prevention campaign. In relation to Facebook, these respondents suggested that advertisement banners could be used which are displayed on the screen when someone

is on the Facebook website, which could be tailored to only be displayed based on the information provided in the audience member's profile.

Twitter was suggested by patients and carers who explained that the social networking site was an increasingly important method of communication for those with disabilities and, therefore, there would potentially a very large and relevant audience available for this campaign. It was suggested that Twitter could be used alongside a campaign in order to raise awareness and generate discussion and debate.

*My son uses Facebook a lot to talk to his friends, this [Facebook] should be used more to educate people about pressure ulcers.*

(Patient and carer group, Luton)

*I've been talking to my friends on Facebook about the FAST campaign, and between us we remembered what all the points were.*

(Patient and carer group, Oswestry)

*I'd get information from Facebook as I use Facebook. I think you need to tailor the campaign for different people.*

(General public group, Birmingham)

*I think using Twitter would be good as it gets messages out to a lot of people – it's quick and doesn't cost anything.*

(Patient and carer group, Oswestry)

### **Healthcare professionals as a communication channel**

In addition to the traditional types of communication channels, many respondents discussed that Health Care Professionals should play a significant role in disseminating health messages as not only are they a figure that can be trusted as a health professional, but also they have a prime opportunity to communicate to patients and carers at the most appropriate time of care.

*It's important for health professional to know what to look for and what to do, but to pass this information to patients and carers.*

(Patients and carers group, Oswestry)

*The nurses and doctors surely have a part to play, they're the ones that can tell people about the issues around pressure ulcers.*

(General public group, Birmingham)

*I was never told about pressure ulcers by any health worker. It's obvious that these (health care professionals) should be telling people about them (pressure ulcers)*

(Wheelchair user, Norwich)

*My doctor or nurses have never told me about pressure ulcers which I'm amazed at now, learning what I've learnt today. They should play a key role in educating people about pressure ulcers.*

(Patients and carers group, Hertford)

## Key Findings and Recommendations

The research has provided a wealth of useful information to help better understand how to motivate and education patients, carers and the general public to prevent pressure ulcers. The key findings and recommendations are detailed below.

### **The importance of a visual campaign which includes images of pressure ulcers**

One of the clearest findings from the research is that audiences respond well to hard-hitting and shocking health campaigns. Recall and praise of the F.A.S.T and anti-smoking campaigns is evidence of this. Prompted by their own reactions to images of pressure ulcers, respondents were adamant that images of pressure ulcers were essential to a successful campaign designed to raise awareness of prevention. They had experienced their own personal reaction to the images and felt that other people should see them to generate their own reaction so they can understand the severity of the situation.

Another important finding relating to the visual aspects of a campaign is to not focus on images of typical at-risk groups such as the elderly. Respondents felt that the message that pressure ulcers can affect anyone in their lifetime was an important message, and that using only using images of older people would reduce the potential impact of this message.

### **Use the most appropriate terminology**

Another obvious finding from the research is that awareness of pressure ulcers is high, but only when pressure ulcers are referred to in their more traditional terms of 'bed sores' or 'pressure sores'. The majority of respondents felt that these terms should be used when designing a campaign which is targeting the general public, not healthcare professionals, to ensure that it was widely understood.

However, it was also accepted that the term 'bed sore' was not accurate, as pressure ulcers are not just acquired in bed. Other terms were suggested, but no clear conclusion was reached as to what would be the most appropriate and accurate.

Therefore, it is suggested that the term 'pressure ulcer' is reviewed to see what other options are available to guarantee that a public facing campaign will be listened to and understood, avoiding any unnecessary confusion.

### **Crucial changes to the SSKIN model**

The SSKIN Model was widely criticised by almost all respondents. The messages, instructions and the mnemonic included within the model were praised and seen as useful, catchy and memorable. However, the colours, layout and imagery were all criticised. Therefore, a full review of the SSKIN Model is required to ensure that it will be well received by the general public, patients and carers.

One of the most crucial changes highlighted was to change the model name from SSKIN to SKINS, which is easier to understand, easier to pronounce, more memorable and still contains all the vital letters for each of the steps to prevention. It is strongly recommended that this name is adopted for a public facing campaign.

### **Target at-risk groups, but remember that pressure ulcers can affect anyone**

From the desk research, it was evident that anyone could potentially obtain a pressure ulcer, but it was also clear that there were several 'at risk' groups that should be

targeted as a priority before rolling out a general large scale public campaign. This was also highlighted by respondents, in particular the 'patients and carers', and 'at risk' focus groups, and individuals interviewed over the telephone.

Those 'at risk' groups include:

- People in hospital or have had a recent hospital stay
- People with a disability
- Wheelchair users
- Peoples in care homes and hospices

In addition, carers should also be engaged in what to look for and how pressure ulcers should be prevented.

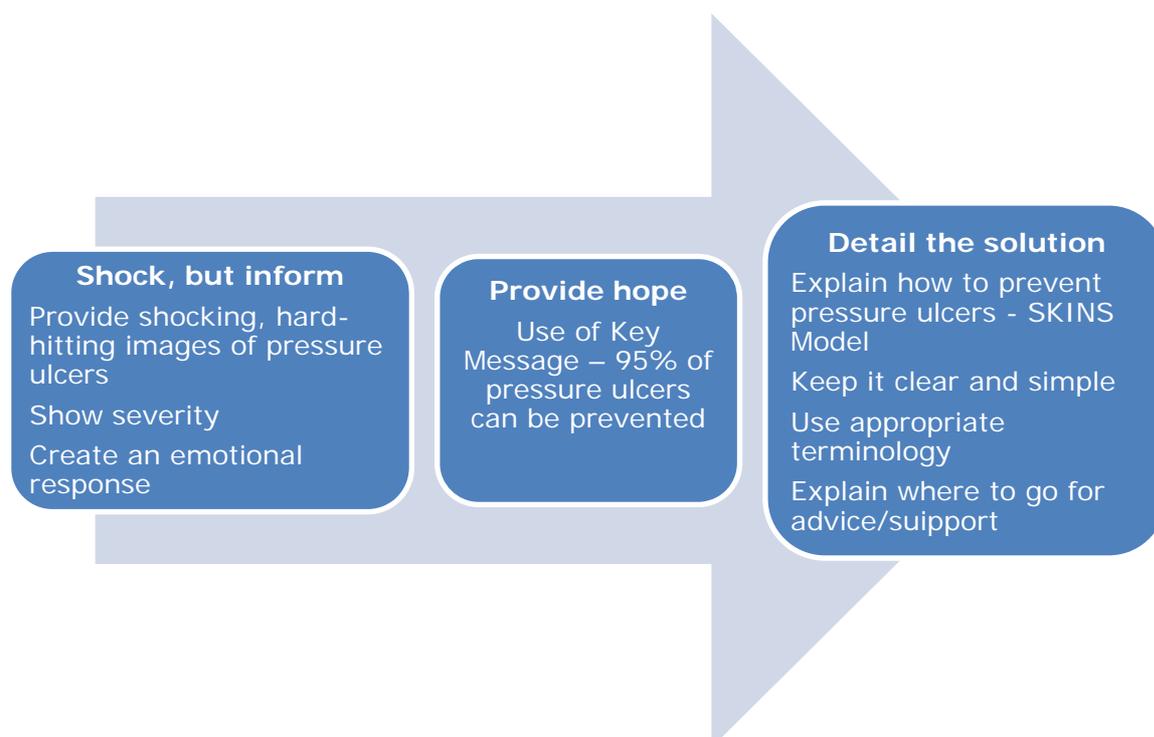
### **Healthcare Professionals' Knowledge and Communication with the Patient**

Feedback from respondents indicated that there was a strong belief that not all healthcare professionals knew and understood about pressure ulcers. The general experience from respondents, who had experience of hospital visits for procedures or check ups, was that their healthcare professional either did not know about pressure ulcers, or simply did not think to inform them of the issues around pressure ulcers and what to look out for.

Although there is currently a campaign aimed at frontline staff that raises awareness of pressure ulcers and their prevention, it is evident that there is the need for more communication between the Healthcare Professional and the patient. Many of the respondents see Healthcare Professionals as key to providing information, and it is recommended that this could be a further phase in the staff facing campaign.

### **A suggested approach to campaign design**

Based on the findings of this research, we recommend formulating a campaign to prevent pressure ulcers which follows the three steps shown in the diagram below.



### **Step 1: Shock, but inform**

One of the clearest findings from the research is that people will respond well and take notice of a health campaign that is shocking and hard-hitting. It is these types of campaigns which audiences remember. Therefore, it is recommended that a campaign is designed which uses images of real pressure ulcers, ideally grades three and four, in order to shock the audience and generate an emotional response. The ideal response from the audience will be for them to be shocked, but curious and interested in finding out more.

At the same time as shocking the audience, it is important to inform, as it was clear from the research that many people are unaware of the severity of pressure ulcers. Therefore, alongside images of pressure ulcers needs to be information about how terrible they can be, what the consequences of having a pressure ulcer are and how quickly they can develop.

### **Step 2: Provide hope**

After shocking audiences with hard-hitting images of pressure ulcers to draw their attention, it is important that it is clearly communicated that, whilst pressure ulcers are a terrible thing, there is hope as they can very easily be prevented. Therefore, it is crucial that the key message '95% of all pressure ulcers can be prevented' is included within a public facing campaign. The message will provide strong contrast to the vivid images of real pressure ulcers, highlighting how severe pressure ulcers can become, but at the same time providing reassurance that they can easily be avoided. This will keep the attention of audience, as the message that almost all pressure ulcers are preventable will leave them asking how.

### **Step 3: Detail the solution**

Simple, memorable steps are then required to inform the audience how to prevent pressure ulcers. It is strongly suggested that the SKINS Model (an updated version of SSKIN) is used, as it provides very useful information in five clear steps to prevent pressure ulcers. This could be supported by useful images and diagrams of where pressure ulcers can be acquired, and images of people who have suffered pressure ulcers, avoiding focusing on more elderly people.

# Appendix A

## NHS Midlands and East

### Preventing Pressure Ulcer Research: Patients and Carers

#### Focus Group Discussion Guide

##### Introductions (5 mins)

My name is..... and I work for a research agency called Enventure Research. Michael and Sue to introduce themselves. NHS Midlands and East have asked us to work on a project to **help them design a campaign to help the general public, including patients and carers, prevent pressure ulcers**. To make this possible, we need to ensure that people can get the most helpful information and advice, in the right ways and places, to help prevent pressure ulcers before they occur. Pressure ulcers can affect anyone in their lifetime.

We are going to be talking about your awareness and understanding of pressure ulcers, what other health campaigns you have seen and whether you think they work well, and what you think of the campaign materials and messages that have been designed to communicate about pressure ulcer prevention.

Everything you say during this session is totally **confidential** and your details are not passed on to anyone (mention Market Research Society Code of Conduct). There are no **right or wrong** answers – I just want to hear your views. Please say what you think and be as open and honest as you can. I want to hear all your opinions, but please try to talk one at a time.

I will be **recording** the session so I do not need to take notes as you are talking. However, the recording is used purely to help me write my report. The recording is never given to anyone else, and any comments you make are not tied back to your name.

The session will last about **1 hour and 30 minutes**. Do you have any questions before we begin?

*Other general housekeeping - Turn off mobile phones, point out location of toilets, emergency exits and fire drills etc*

### **Respondent Introductions (5 mins)**

- Can you please introduce yourselves? Can you tell me your first name?
- Tell me a bit about yourself:
  - Where are they from?
  - What do they do for a living (if working)?
  - Family circumstances/living arrangements

### **Awareness, understanding and experiences of pressure ulcers (20 mins)**

- How much do you know about pressure ulcers? Can anyone explain to me what a pressure ulcer is?
  - How did you know that? *Probe previous experiences*
  - If not aware, what do you think a pressure ulcer is?
- Do you know how people acquire pressure ulcers? What causes a pressure ulcer?
- Do you know what a pressure ulcer looks like? How would you identify a pressure ulcer?
- Are all pressure ulcers the same? Do you know anything about different pressure ulcer grades?
- What can happen to people if they get a pressure ulcer? What are the consequences?
- Would you know how to treat a pressure ulcer?
- Would you know how to prevent a pressure ulcer?
- Would you know where to seek advice about preventing pressure ulcers?

I'm going to show you a short video who will give you some information about pressure ulcers

## **SHOW VIDEO – Michael or Swan video as appropriate**

Well, there's quite a bit of information in the video. I'm now going to show you some pictures of all different pressure ulcer grades.

## **SHOW IMAGES OF DIFFERENT GRADED PRESSURE ULCERS**

*Ensure respondents are all aware of what pressure ulcers are, how they develop, how quickly they develop, and that they can happen to anyone.*

Moderator to ask questions and record observations and reactions of respondents for both the video and the images. Questions:

- Immediate thoughts?
- Surprised? Shocked? Horrified?

## **Ways of communicating and other health and social campaigns (20mins)**

- We're now going to talk about other health campaigns that you may have seen in the past
- What campaigns can you remember? *If struggling, probe with different health and social topics/causes*
  - Where / when did you see it?
  - What was the message?
  - What was the format? *Poster, leaflet, TV, radio etc*
  - What images were used?
  - Who do you think the campaign was targeting?
  - What was your reaction to the campaign?
  - Did you think it was a good campaign? Why?
  - Why do you think you remembered this campaign?
  - How could it have been improved?
- Show some previous campaigns that we've printed off and ask similar questions? *E.g cancer, drink drive, smoking, alcohol, fitness drive, 5 a day, stroke, first aid, organ donor, A&E use.....*

Questions to ask:

- Have you seen any of these campaigns

- What were the communication channels used? Did they work well?
- What were the key messages? Did they work well?
- Which ones have you remembered the most? Why?
- Did the campaign(s) make you change your lifestyle, persuade you to do something differently? In what way? Provide examples? Has it had a lasting effect? Has it had a knock on effect with other related/non-related health issues?
- What could the campaign have done differently to be better?
- Questions relating to ways of **communicating (channels)** communication channels for campaigns. Explain the word 'channel' – posters, radio, tv, newsletter etc
  - What communication channels do you see the most?
  - What do you think is the most effective?
  - What will be the most used channel(s) in the future?
  - What channels will not be worth using in a few years time?
  - If a campaign was going to reach you specifically, what would be the best way to communicate with you? How would it need to be designed to make sure you took notice?
  - Discuss in detail the range of different ways of communicating with the public. What are there advantages/disadvantages?

### **Testing of key messaging and materials (30 mins)**

#### **Key messages**

As part of its campaign to prevent pressure ulcers, NHS Midlands and East has drafted a number of key messages. I'd like you to look at each of these messages and review them so I can find out what you think.

*Moderator to place each key message (printed onto a board) around the room and provide respondents with a feedback sheet (set of questions to stimulate thinking), clipboard and pen*

As you can see, these messages are placed around the room. Please read each message and, using the form on your clipboard, answer the questions.

Questions will include:

- Initial reaction
- Ease of understanding
- Too short/long
- What does it make you think about?
- Did it shock you?
- Does it need to be more hard hitting?
- Ranking of effectiveness

### **Feedback on key messages**

*Moderator to ask for initial thoughts on the key messages. Moderator to then work through each key message in turn, asking respondents for feedback in terms of:*

- Is its meaning absolutely clear to you?
- Sensitivity
- Language
- Impact
- Relevance
- Any messages missing, any not needed? How do they make you feel?
- Enough info? Too much info?
- Would it make you think in the future about pressure ulcers?
- Do you think the messages are memorable?
- Any suggestions on changing the key messages?
- How would these messages be incorporated into a campaign to target the general public?

### **SSKIN, Stop the Pressure and I Trust You To Care**

I'm now going to show you some images from campaigns and materials that are currently in place in the area to raise awareness of pressure ulcers and improve prevention.

*Moderator to then place images on flip chart/nearby wall, for discussion. Moderator to introduce these images and explain usage in the campaign. Moderator to ask for initial thoughts and how impactful and memorable they are.*

- Testing of SSKIN – explanation of how it was developed and what it means, and that that it has been designed to target front line health care staff
- Testing of Stop the Pressure – explanation that it has been designed to target front line health care staff to prevent pressure ulcers
- Review of 'I Trust You to Care'

### **Communicating Pressure Ulcers messages**

With the communication messages in mind, and the discussions we had earlier about the different ways of communicating, what ways do you think would work best for communicating pressure ulcers?

### **Moderators to ask questions about the images**

- Initial reactions
- Do they make sense to you?
- What are the reasons for the images used?
- When should they be used? Who would they speak to the best? Who would take notice of them?
- Colours/style?
- Do they make you think about pressure ulcer prevention? In what way?
- Where could they be used for the general public to take notice?

### **Summary and close (15 mins)**

- What do you believe are the **most important issues** we have discussed tonight/this afternoon?
- What is the **most important feature** that a communications campaign needs to include to improve people's awareness of pressure ulcers and how to prevent them?
- Is there **anything else** which we have not discussed tonight which you think is important to mention? If so, what?

**Thank respondents and close group**

**Signature Sheet**

**Hand out incentive/thank you payments**