

# GP Urgent Care Clinic Campaign Development

**Department of Health**

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**Client Contact:**

Cate Law – Manager Marketing Communications, Communications Directorate

**Prepared by:**

Matthew Stephen – Head of Social & Health

James Strickland – Account Manager



# Contents



**3**

Background & Approach

**9**

ED Experiences

**12**

Understanding 'Urgent But Non-Life-Threatening'

**18**

Knowledge & Perceptions of GP Urgent Care Clinics

**56**

Optimising Take-Up

**67**

Wrap-Up

# Background and Approach





## The context

In 2017, the WA State Government launched the Putting Patients First policy which aims to achieve sustainable delivery of quality health care in a timely manner. As part of the policy, the 2017-18 State Budget dedicated \$2 million to help establish GP Urgent Care Clinics (UCCs) in hospitals and the general community to reduce the mounting pressure on hospital Emergency Departments (EDs).

Specifically, Urgent Care Clinics have GPs handle Category 4 and 5 cases, which are broadly defined as 'urgent, but non-life threatening' cases such as sprains, broken bones, gastro, etc. Ideally these cases should be treated within one to two hours of presentation, however the priority placed upon Category 1-3 cases in public hospitals means patients can spend up to four hours in emergency wards before receiving treatment. Furthermore, in 2017 over 250,000 Category 4 and 5 cases presented voluntarily at hospitals while 190,000 GP appointments went unused – signaling a strong opportunity to redirect capacity from EDs to GP UCCs for greater health system efficiency.

To facilitate this redirection, a marketing campaign is required to raise awareness of GP UCCs and educate the community on how to access them. To guide the development of the campaign, research was required to understand current knowledge and attitudes towards GP UCCs among potential patients. This report details the findings of this research.

## Strategic Aim



**Guide the strategic development of a campaign aimed at redirecting urgent but non-life threatening admissions from EDs to GP Urgent Care Clinics, through an informed understanding of current knowledge, attitudes and behaviours among potential patients.**

# Information Aims

In order to meet the strategic aim, a number of key questions needed to be answered by the research...

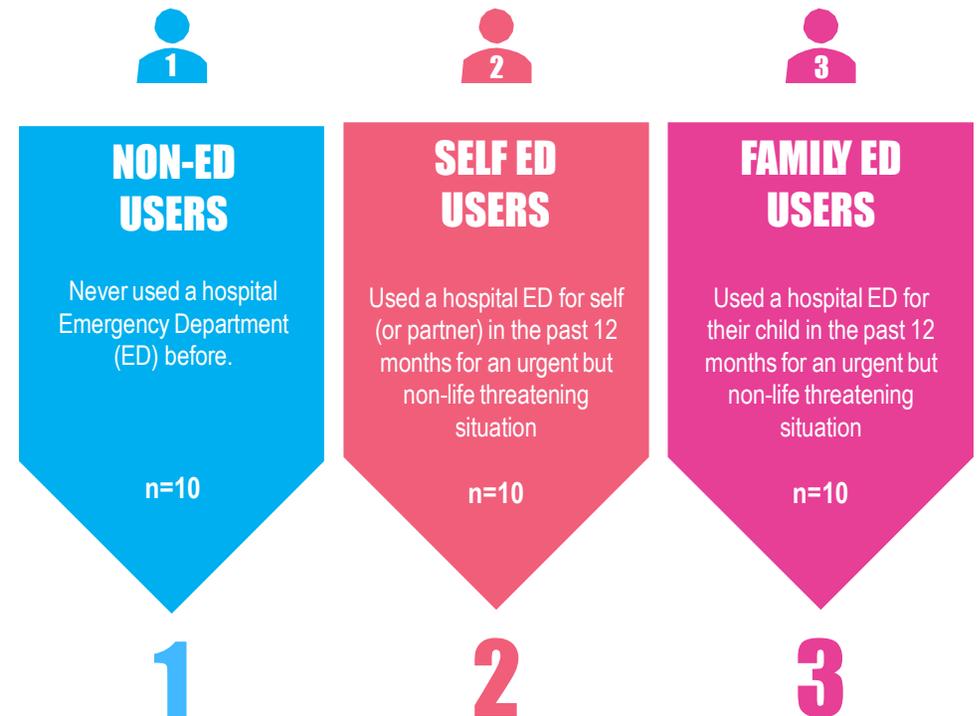
- Is the term 'urgent but non-life threatening' clearly understood, easy to remember and to follow as a rule of thumb?
  - What types of things do people classify as 'urgent but non-life threatening'?
- What are the expectations of GP UCCs? What types of services/capabilities do people think they can offer?
- What are the current and potential barriers to using GP UCCs rather than EDs?
- What are the key appeals of GP UCCs that will motivate people to choose them over EDs?
  - ...and vice versa for using EDs over GP UCCs – what are they key appeals and triggers?
- How do potential patients wish to access GP UCCs?
- What steps do people take in an urgent but non-life threatening situation – e.g. do they use Google, make a phone call, drive straight to the hospital?
  - What channels are currently used to make GP appointments for a time-sensitive health need (i.e., not just a regular GP appt)?
- Is the term 'GP Urgent Care Clinic' appropriate and clearly understood or should it be refined in some way?
- Are people aware of other urgent care services?
- What words can/can't be used in campaign messaging?

# What We've Done

**Three focus groups** were conducted with potential users of the GP Urgent Care Clinics in the Perth metro community. Groups were split based on their previous exposure to hospital Emergency Departments.

## The particulars...

- Participants were recruited via general population panel databases.
- All participants were aged 18+ and lived within the Perth metropolitan area (northern boundary of Joondalup, southern boundary of Mandurah)
- n=10 participants were recruited per group
- Groups lasted for approximately 90 minutes and were hosted at Painted Dog's dedicated facilities in Leederville
- Prior to the groups, a 'discussion guide' covering the key information aims was drafted by Painted Dog and approved by Department of Health and 303 MullenLowe.
- All groups were recruited aiming for a spread of age, gender and location in Perth metro (SOR/NOR/eastern)
- Participants in Group 1 were recruited with an even spread of household structures. Groups 2 & 3 had household structure left to natural fallout (e.g. Families only in Group 3)
- Participants in Groups 2 & 3 were recruited with an even spread of reasons for ED presentation



# Analytical pointers



## Frequency of response

Responses may be graded on a scale from ✓✓✓✓✓ - indicating a sentiment was held by all group participants to ✓ - indicating a sentiment was held by a small minority. A number of one-off responses and ideas have not been shown if they did not represent the views of more than one person.



## Written Tasks

Completed individually by participants within the groups (preventing social bias) and indicated with the page icon throughout the report.



## Person Icons

Indicates a tally of respondents (1 icon = 1 respondent). Each demographic group can be identified in the report by the colours below:



NON-ED  
USERS



SELF ED  
USERS



FAMILY ED  
USERS





# ED Experiences

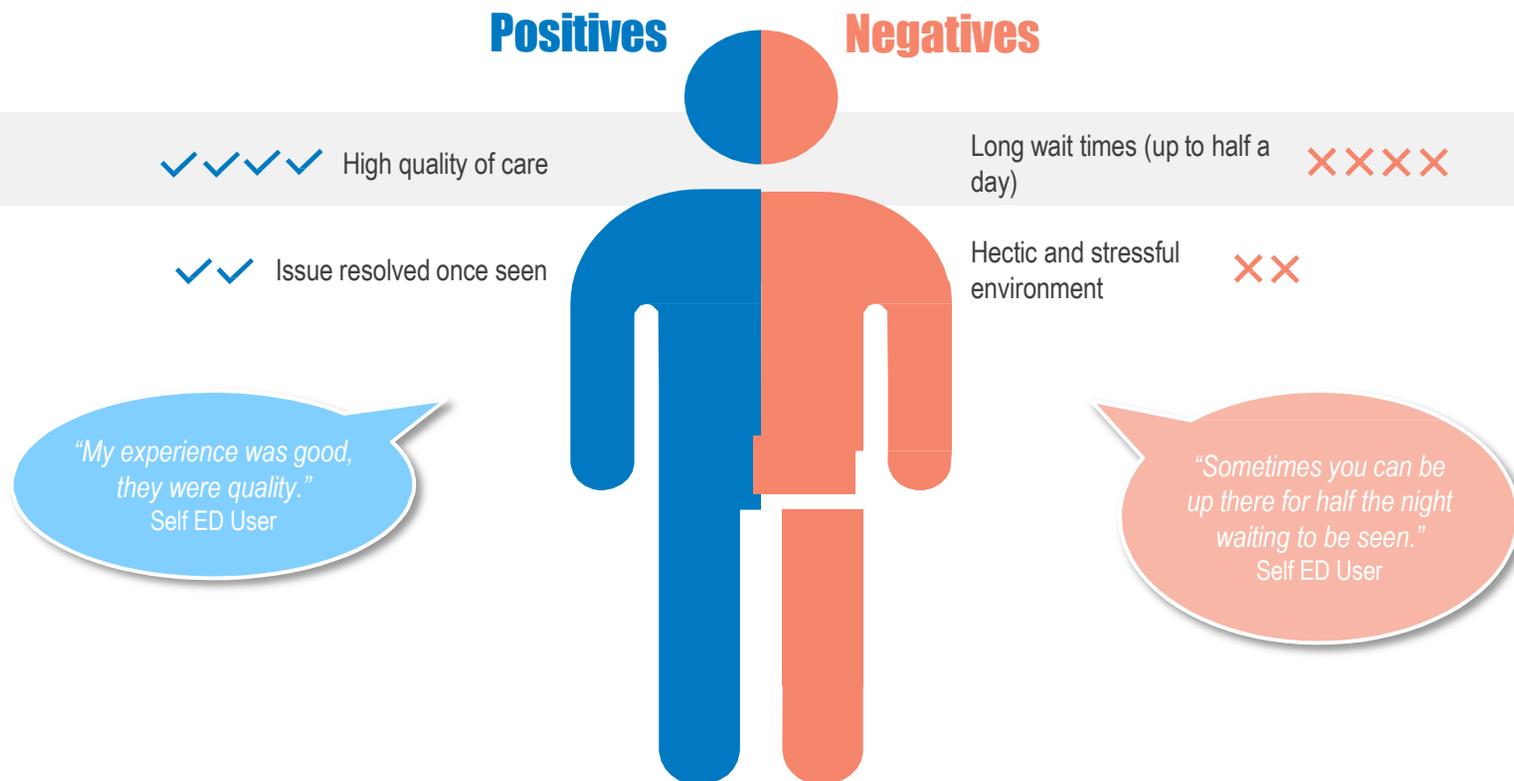




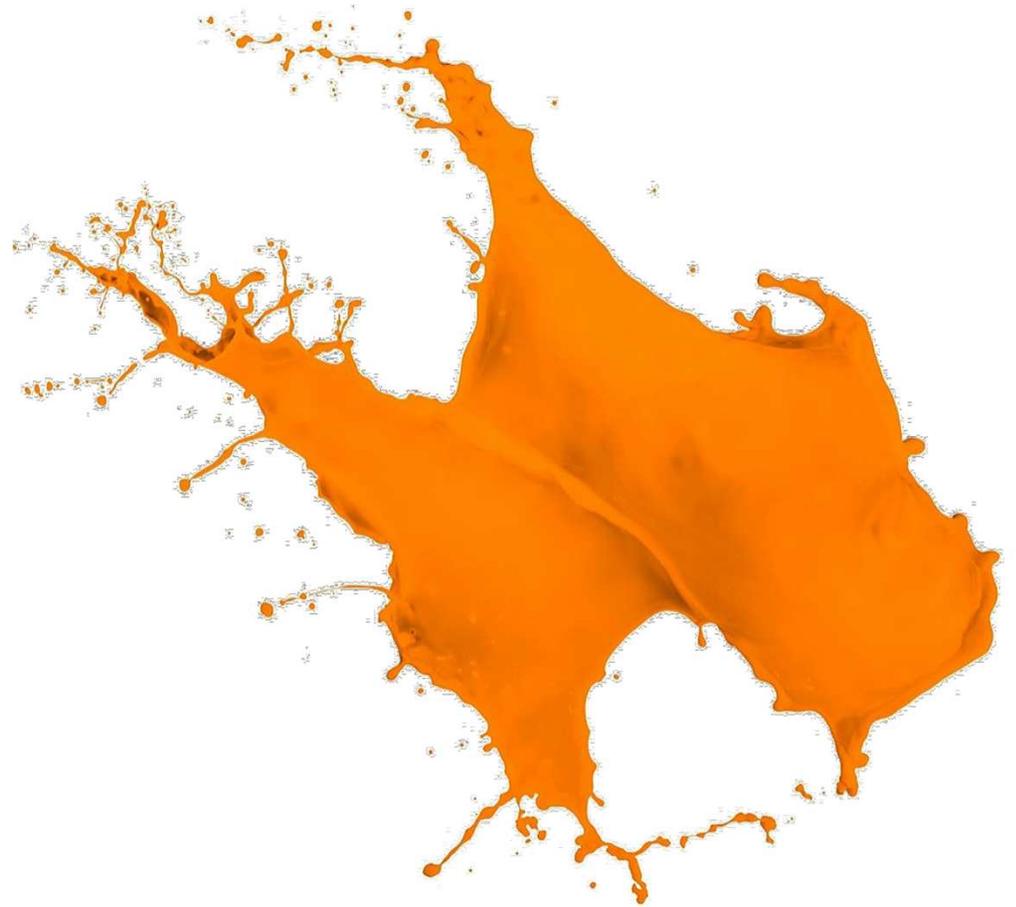
**What are the experiences of patients who've used an ED in an urgent, but non life threatening situation?**

# Most who have used an ED report mixed experiences.

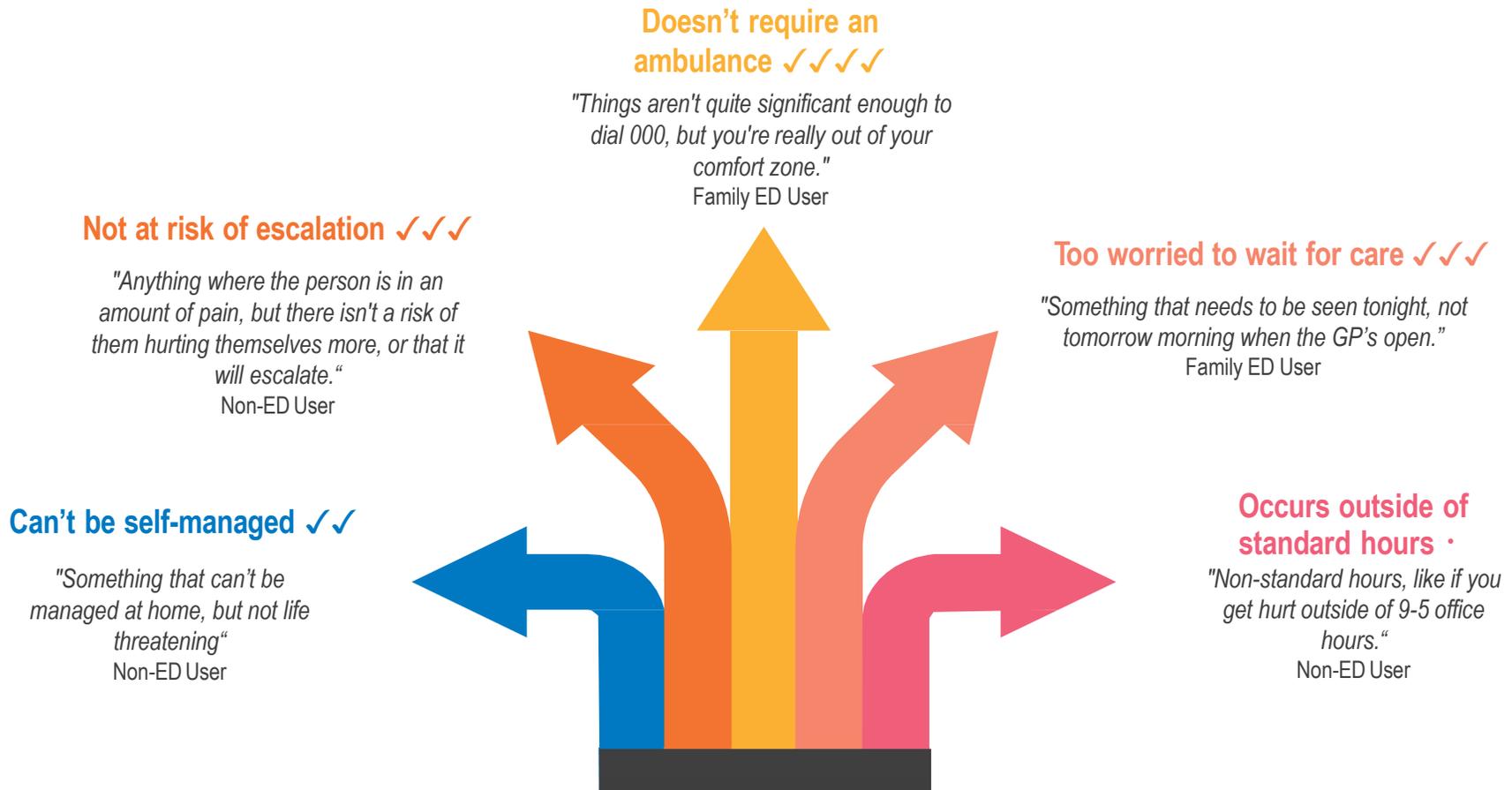
Many reported lengthy waiting times, although most were very satisfied with the quality of care received once eventually seen.



# Understanding 'Urgent But Non- Life-Threatening'



# Potential patients have a solid grasp on what is meant by 'urgent, but non-life-threatening'.



- Broken bones ✓✓✓✓✓
- Uncontrolled vomiting ✓✓✓✓✓
- Minor cuts ✓✓✓✓
- Minor burns ✓✓✓✓
- Bleeding ✓✓✓✓
- Eye injuries ✓✓✓✓
- Sports injuries ✓✓✓
- Minor head injuries ✓✓✓
- Dislocations ✓✓✓
- Breathing difficulties ✓✓✓
- Dizziness ✓✓
- Asthma ✓✓
- Migraines ✓
- Ear infections ✓
- Bee stings
- UTIs
- Kidney stones
- Anaphylaxis/allergic reaction
- Drunkenness/drug overdose
- Severe stomach cramps
- Fever
- Mental health
- Rash
- Insect bites

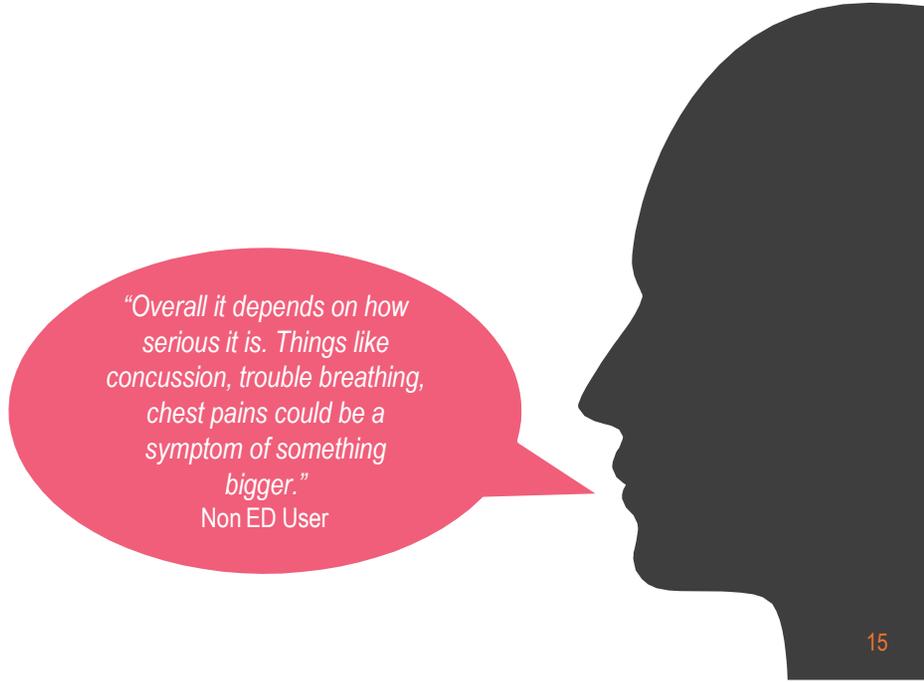
They also have a decent idea about the types of injuries and ailments that would classify...



- Broken bones ✓✓✓✓✓
- Uncontrolled vomiting ✓✓✓✓✓
- Minor cuts ✓✓✓✓
- Minor burns ✓✓✓✓
- Bleeding ✓✓✓✓
- Eye injuries ✓✓✓✓
- Sports injuries ✓✓✓
- Minor head injuries ✓✓✓
- Dislocations ✓✓✓
- Breathing difficulties ✓✓✓
- Dizziness ✓✓
- Asthma ✓✓
- Migraines ✓
- Ear infections ✓
- Bee stings
- UTIs
- Kidney stones
- Anaphylaxis/allergic reaction
- Drunkenness/drug overdose
- Severe stomach cramps
- Fever
- Mental health
- Rash
- Insect bites

...but it's acknowledged that some of these are potentially life threatening, depending on the severity.

Potential patients will need clear guidance on whether a GP UCC or hospital ED is appropriate in these scenarios.



*"Overall it depends on how serious it is. Things like concussion, trouble breathing, chest pains could be a symptom of something bigger."*

Non ED User

**What do potential patients normally do when they find themselves in an urgent, but non-life-threatening situation?**



# Most would drive straight to the emergency department if they needed urgent care.

Parents and younger people also frequently mentioned searching online for more information about what to do and to check their symptoms.



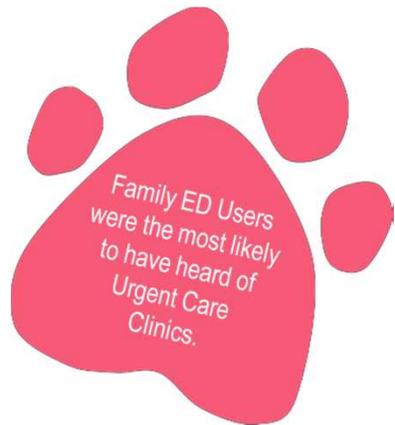
# Knowledge & Perceptions of GP Urgent Care Clinics



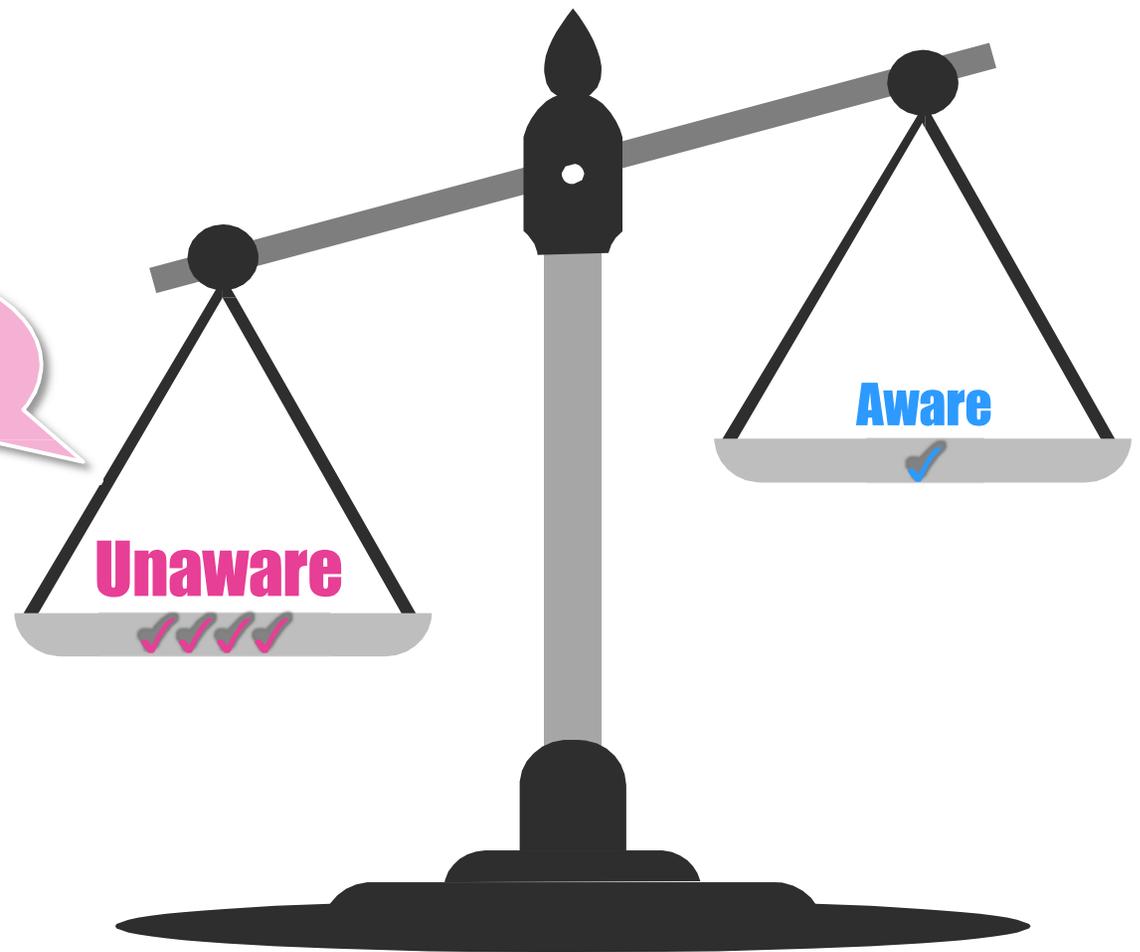
# How well known are GP Urgent Care Clinics currently?



The majority have never heard of a GP Urgent Care Clinic.



"I've heard of after hours GP clinics, but not urgent care"  
Self ED User



Those who haven't heard of GP Urgent Care Clinics vary in their guesstimates of what they might be like.



# Unprompted takes on GP Urgent Care Clinics

Of those previously unaware

Within groups there was most disagreement around the types of services UCCs would offer, particularly whether x-rays and other scans would be offered or not.

**24/7, or extended hours . . . . .**



## In their own words...



For the few who have heard of Urgent Care Clinics, almost all found out about them via a St John's First Aid Course.



 **St John's First Aid Course** ✓✓✓

 **Drove by a clinic** ✓

 **Bus-back ad** ✓

These patients had a slightly better grasp of what GP Urgent Care Clinics are and the types of services they offer... but education is still needed.



# Knowledge of GP UCCs

Of those with prior awareness

## What they are like

Higher services than a regular GP  
.....

Out of hours availability . . . .

Not serviced by an ambulance  
✓✓

More locations than an ED ✓✓

Free service . .

Take walk-ins ✓

General surgeons .

## What services they offer

Wound care and broken bones  
✓✓

Treat medium level emergencies  
✓✓

Bloods and IVs . .

X-rays and other scans . .

Provide day surgery .

## How they differ from an ED

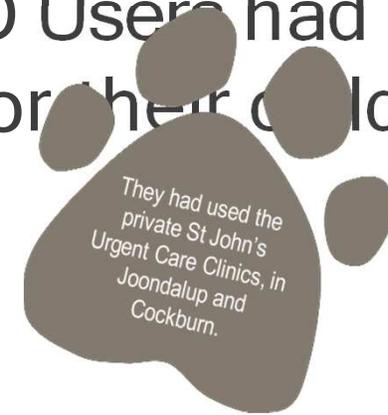
Less equipment and facilities than ED ✓✓✓✓

Quicker to be seen ✓✓✓

No specialists or emergency physicians on site ✓✓✓

Costs money ✓

Of those we spoke to, three Family ED Users had used an Urgent Care Clinic for themselves or their children...



**Get painkillers/ antibiotics ✓**



**Child breathing difficulties ✓**



**Sprains and strains ✓**



**Mastitis ✓**



**01**

**SEEN QUICKLY – WITHIN 30 MINUTES**

**02**

**INJURY OR AILMENT WAS RESOLVED**

**03**

**QUALITY, FRIENDLY SERVICE**

... and all of their  
experiences had been  
positive!



## In their own words...

*"Our GP books up really quick we can't get in today and reasonably urgent, but not threatening, straight to urgent. It's fantastic."*  
Family ED User

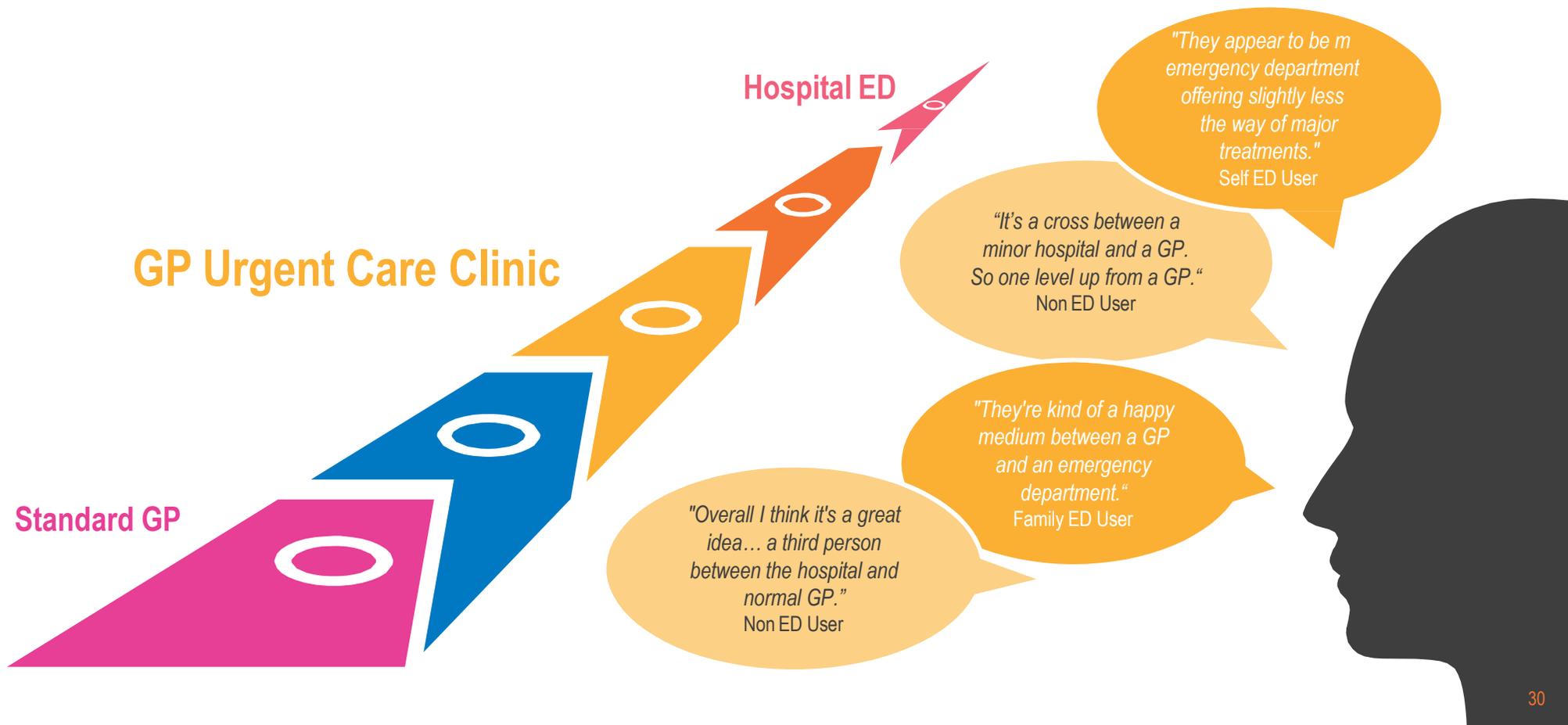
*"We got better service and didn't wait, we just had to pay some money. My time was worth the and I got \$37 back from Medicare whatever. But I did drive to Midland"*  
Family ED User

*"I had a toothache on a public holiday, so I went to get painkillers and antibiotics for that."*  
Family ED User

*"I've been to Urgent Care Clinic in Cockburn at least 15-20 times between all the people in my family, and I think the longest we've ever waited was 20-25 minutes."*  
Family ED User

*"Definitely use it again, every time."*  
Family ED User

Overall, it's commonly thought that GP Urgent Care Clinics exist on a continuum between a standard GP and a hospital ED, in terms of the type of care available.



The only other services they are aware of for urgent, but not life threatening concerns are after hours GPs and 'dial a doctor'.

So we have to make sure this distinction is clear.



**After-hours GPs** ✓✓✓✓

✓✓✓ **Dial-a-Doctor**



**Once prompted with more information, what are the overall immediate reactions and thoughts about GP Urgent Care Clinics?**



## Groups were given the following information...

This information was purposefully limited in scope, to allow us to uncover the key questions/reservations that the campaign needs to educate the community on.



GP Urgent Care Clinics allow patients with non-life threatening injuries or illnesses to be seen by a doctor in a primary setting and receive the most appropriate care without the need to attend an emergency department.

Some of the cases they're designed for include...

- Possible sprains or broken bones
- Cuts that needs stitches or glue
- Sports injuries
- Minor eye and ear problems
- Minor burns
- Cold and flu symptoms
- Minor illnesses like fever
- Infections
- Rashes

As such, they are designed to ease the pressure on emergency departments, and allow patients to be treated on the day by a General Practitioner.

# Immediate reactions to Urgent Care Clinics were overwhelmingly positive...

...And they had a lot to say about the benefits they think they will bring, especially around easing the pressure on emergency departments!

**NEEDED**  
TERRIFIC IDEA  
EXTENDED HOURS  
EASE PRESSURE ON HOSPITALS  
MINI ED DEPT'S  
TEAM OF EMERGENCIES

**POSITIVE**  
LATE AT NIGHT  
HOURS: MON-FRI 7AM-7PM  
ESSENTIAL SERVICE  
EASE PUBLIC HOSPITAL  
ACCESSIBLE 24/7  
MAKES TO MUCH SENSE  
WONDED TO BE SEEN  
OUT OF THE TOWN HOURS

**GOOD IDEA**  
SAME AS A 24HR OF CASUAL  
FILLING A GAP  
EASE PRESSURE ON ED

**FREE**

**GREAT OPEN WAITING TIME**  
GREAT IDEA  
GREAT IDEA  
CONVENIENT

**MAKES SENSE**  
**NO HOSPITAL**  
**HELPS CONGESTION**  
**CONFUSION**  
**SOUNDS LIKE EXISTING A H GP CLINICS**

**EASY TO ACCESS**

**WAITING HOURS**

**GREAT IDEA**

**GREAT IDEA**

**CONVENIENT**

**SAME AS A 24HR OF CASUAL**

**FILLING A GAP**

**EASE PRESSURE ON ED**

**“Good because sometimes you need urgent care but can't get a doctor's appointment but it's not serious enough to attend an E”**  
Self ED User

**“I think it would be better than sitting in an emergency room waiting hours to see a doctor.”**  
ED Self User

**“Makes sense. I think it would ease some of the pressure on hospitals.”**  
Self ED User

**“Good for when you need attention but not wanting to 'clog' up emergency.”**  
Family ED User

**“This makes so much sense. I can't believe I haven't heard of this before. This would save so much time!”**  
Family ED User

However, some immediately expressed concerns and confusion about Urgent Care Clinics - particularly their function and how they differ from standard GPs and EDs.



*"In many respects they appear to be the same as a 24-hour GP."*  
Self ED User

*"If you needed admittance to hospital, you'd end up having to go to both places?"*  
Self ED User

*"Good idea, as long as it is something that is free."*  
Self ED User

*"I have some concern that the doctors are GPs rather than Emergency Physicians."*  
Non ED User

When we dug a little deeper, we discovered there are a plenty of questions and reservations about Urgent Care Clinics.



# Common Questions and Reservations

Each of these are questions the campaign will need to answer.



Are the GPs as competent as ED doctors? ✓✓✓✓✓

What are the operating hours? Are they 24/7? ✓✓✓✓✓



What is the cost? Is it bulk-billed? ✓✓✓✓✓

How fast will I be seen? ✓✓✓✓



What sort of equipment and facilities do they have? ✓✓✓✓

Can you just walk in or is by appointment? ✓✓✓



What services do they offer? ✓✓✓

Where are they located? ✓✓✓



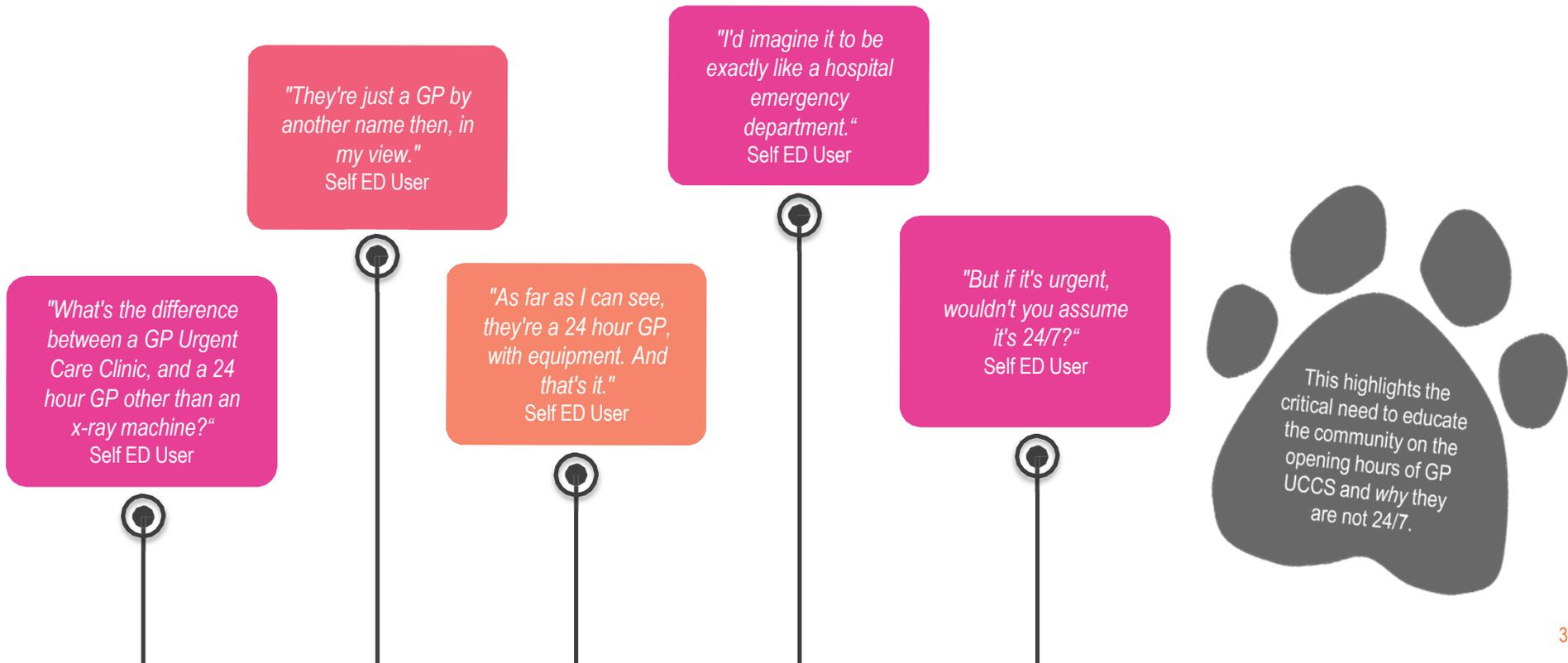
- Procedure for follow-ups ✓
- Consistency of services ✓
- Bedside manner of doctors ✓

Those who had used an  
ED for themselves had the  
most reservations about  
Urgent Care Clinics...



## ...But this group also had the least accurate guesstimates about what a GP UCC might be like.

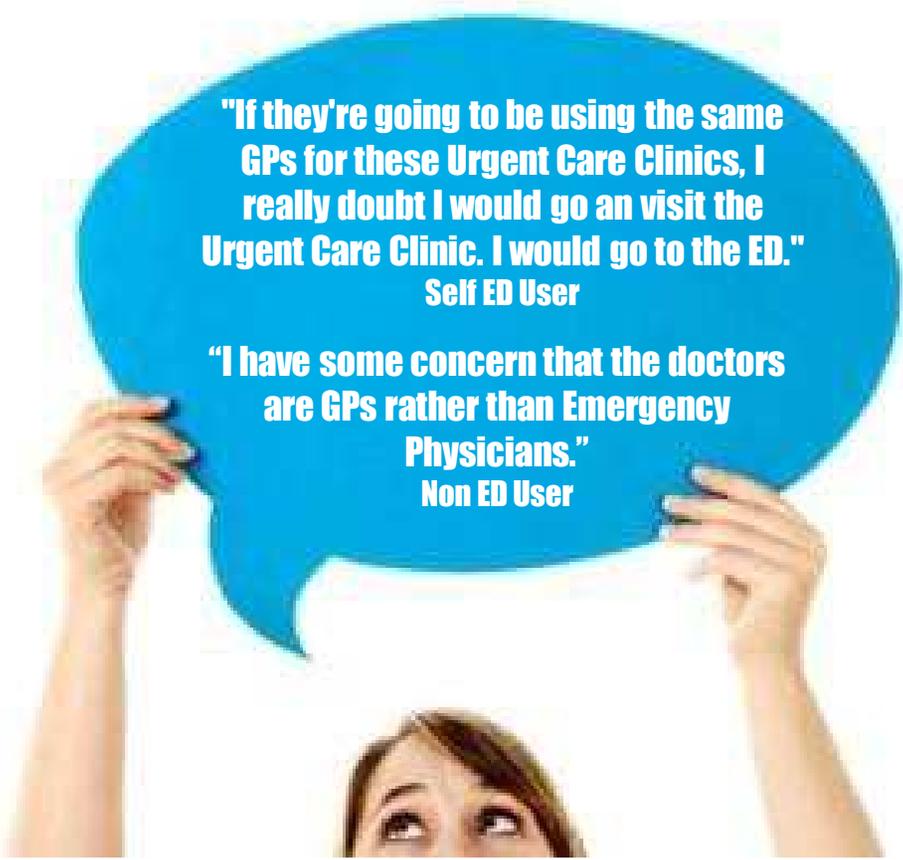
Unlike the others, no one in this group has heard of GP UCCs before. Opening hours were a particularly hot topic of conversation.



Across all groups we spoke to, a critical reservation was that regular GPs can't offer the same quality of care as ED physicians...



... with some even saying they would avoid using an Urgent Care Clinic for this reason.

A woman with brown hair is shown from the chest up, looking upwards and holding a large blue speech bubble with both hands. The speech bubble contains two quotes in white text.

**"If they're going to be using the same GPs for these Urgent Care Clinics, I really doubt I would go an visit the Urgent Care Clinic. I would go to the ED."**

**Self ED User**

**"I have some concern that the doctors are GPs rather than Emergency**

**Physicians."**

**Non ED User**

# The question of care quality is of particular importance to parents.



*"If you believe it's child specific, that it needs someone who knows children or has a good bed-side manner with children, then you'll go to the ED. Because you know for certain there is a paediatrician there."*  
Family ED User

*"When you go to an ED, there's always somebody else there that they might speak to if they're unsure, they can go to the next person and then the next person ... so at an urgent care clinic, who's their next person?"*  
Family ED User

Before using a GP Urgent Care Clinic, parents want to know...



...how experienced the doctors are working with children



...if there will be doctors who specialise in paediatric care



...that the doctors have a good *bed-side manner* and can engage with children

We need to be especially conscious that 'quick care' doesn't get associated with 'tacky care'.

**"We have our normal doctor, our GP and then we have dodgy doctors for when we just really need to get in! If I need to get a script, I just go to the dodgy doctor. So I just hope that wouldn't be the way people would see GP Urgent Care Clinics."  
Family ED User**

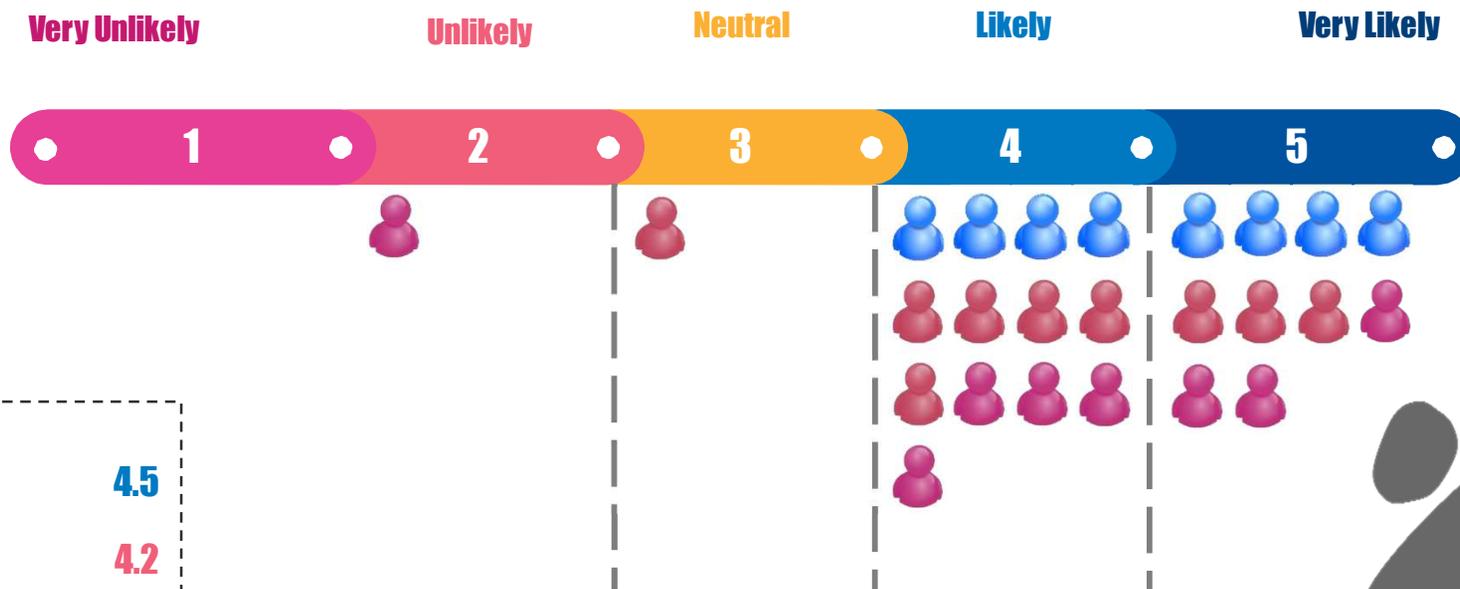


**How many would use an Urgent Care Clinic instead of an ED  
in an urgent, but not life-threatening situation?**

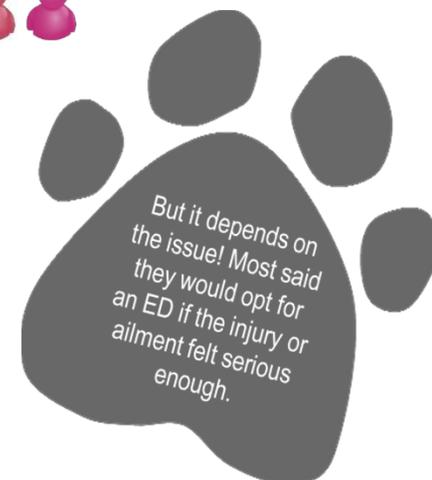




Despite these reservations, most rate themselves 'likely' to use a GP Urgent Care Clinic for an urgent, non-life threatening situation.



Average rating	
NON-ED USERS	4.5
SELF ED USERS	4.2
FAMILY ED USERS	4.1



If I encountered an 'urgent but non-life threatening' injury or ailment, I'd be very unlikely (1) / very likely (5) to use an Urgent Care Clinic.



**So what are the key appeals  
and barriers to using a GP  
Urgent Care Clinic?**

Following some unprompted discussion, each group was given stickers to choose their two most important reasons for and against using Urgent Care Clinics over hospital EDs.



Lower wait times, proximity, and easing pressure on EDs are the most common appeals of Urgent Care Clinics.



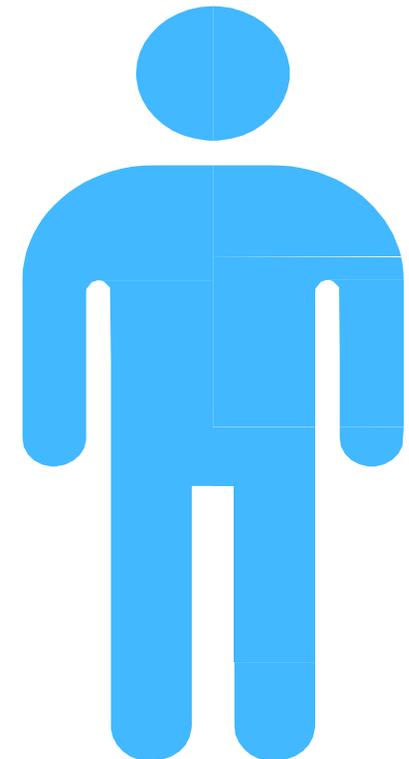
### Appeals of Urgent Care Clinics

"100% the main reason to use an Urgent Care Clinic"  
Non ED User

"I always feel really bad for clogging up the health system with something that my GP could have helped with had he been available."  
Family ED User

"There'd just be so many germs and diseases everywhere in an ED."  
Family ED User

- ● ● ● ● ● ● ● Quicker to be seen
- ● ● ● ● ● ● Closer than an ED
- ● ● ● ● ● ● Take pressure off EDs
- ● ● ● ● Better accessibility and parking
- ● ● ● Price (if free)
- ● Calmer/safer environment
- Healthier environment





Distance is another important consideration, but many said they would weigh up the overall time it would take to be seen.



*"If you've got a 20 minute drive to the urgent care clinic, and the ED is going to see you in 25 minutes, I wouldn't go. But if you're going to wait up to 4 hours, and there's a clinic 10 minutes down the road, or even half an hour, you'd go."*  
Self ED User

*"I have no car, so I'd go to what's closer. If I have a child vomiting or something, I'd go to the closest option."*  
Family ED User

*"It's a few extra minutes in the car, but you might save yourself an hour in the waiting room."*  
Non ED User



**If the barriers were removed, how would potential patients access GP Urgent Care Clinics?**



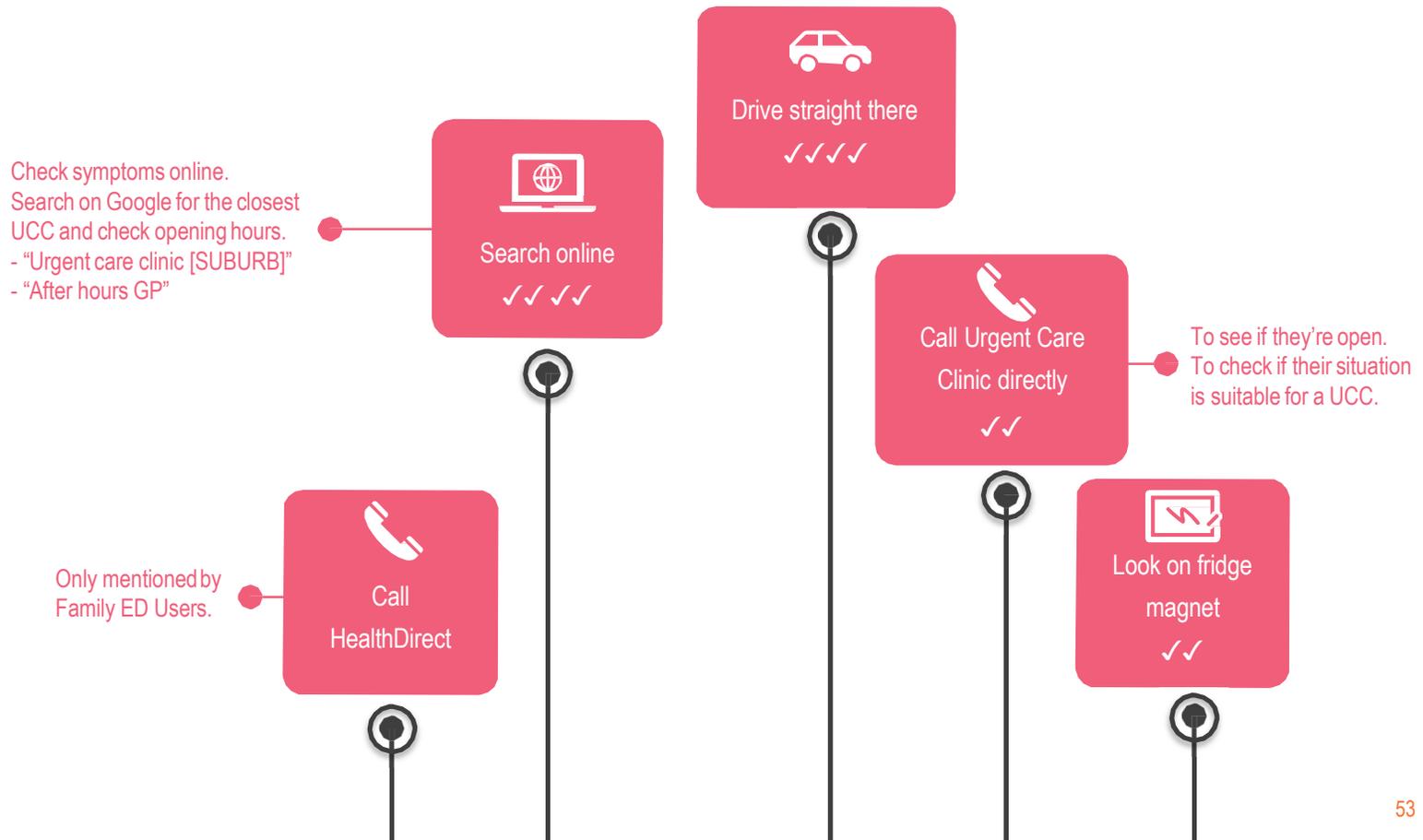


If they knew where they were, most still said they'd drive straight there...

# ...But feel more likely this time to search online or call for more information.

Some suggested a central GP Urgent Care Clinic helpline that provides advice and directs them to their nearest UCC.

"First up you'd have to know one existed. So if you knew it existed you'd know where it is. 'Cause if you don't know where one is you go straight to hospital."  
Self ED User



# Some admitted their online search would be for the nearest hospital, not GP Urgent Care Clinic.

*"People are still going to Go hospitals because that's wh know. But what you want it t go 'these are the hospitals, these things, you can go h here, and here'."*  
Self ED User

*"If you don't know where it you going to Google 'GP U Care Clinic?'"*  
Self ED User

*You're not going to type 'urgent care clinic near me' into Google maps."*  
Self ED User

*Our SEO strategy needs to account for this!*



In stressful situations requiring urgent care, many acknowledge they'd realistically go with what they know and trust... and currently that's a hospital ED.



*"It would take me some time to get used to the new service before using it. If I'm panicking because something has happened ... I will still go to the emergency."*  
Non ED User

*"I'm a skeptical person. If I haven't gone through something myself, I wouldn't trust feedback I'd seen or heard."*  
Non ED User

*"I didn't want to risk a newly qualified doctor who may or may not know and give us the wrong diagnosis."*  
Family ED User



*It's clear that building **trust** in GP UCCs is going to be **critical** to optimize patient redirection.*



# Optimising Take-Up

We asked groups to pretend they were the ad agency in charge of the campaign...



**What's the critical  
information potential  
patients believe we need to  
convey?**



# Core information priorities



## The shorter wait times ✓✓✓✓✓

Ideally contrasting this against EDs

*"The only way they can make any money is if they can guarantee that they're going to be quicker than an ED."*

ED Self User

## Quality of treatment ✓✓✓✓✓

Assure potential patients that GPs have all the expertise, experience and qualifications required to handle urgent care needs.

*"If I'm going to take someone I love to get treatment, it's got to be the best."* Non ED User

## Clearly define 'urgent but non-life-threatening' ✓✓✓

Provide an easy rule of thumb to follow to know if certain issues are ED-worthy or not - i.e. when is it severe enough?

## What injuries and ailments they can treat ✓✓✓✓

## Operating Hours ✓✓



# What words and phrases do we need to **avoid**?

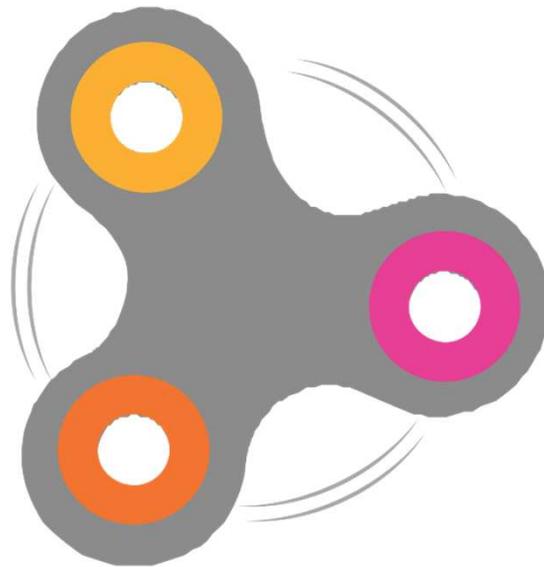
Aside from the suggestion to remove the 'GP', all agreed the 'Urgent Care Clinic' terminology should be kept.

## 'GP' in 'GP Urgent Care Clinic' ✓✓✓

Doing this might help eliminate reservations about GPs having the competency to handle the injury/ailment

## 'Minor emergency' ✓

Could cause more confusion – it's difficult to define 'minor'.



## 'Quick service' ✓

'Quick service' can be equated to 'tacky service' – i.e. being rushed in and out. Use the term 'shorter waiting times' instead.

*"Make sure that people understand they're still going to get the same care. It's not going to be like your 'dodgy doctor' where you've got 10 minutes, get talking!"*

Family ED User

# Taking the 'GP' out of 'GP UCC'...

*"GP implies that they have less facilities than they might actually have."*  
Non ED User

*"GP Urgent Care doesn't say 'we do things like a hospital.'"*  
Family ED User

*"I think it dumbs it down a little."*  
Family ED User

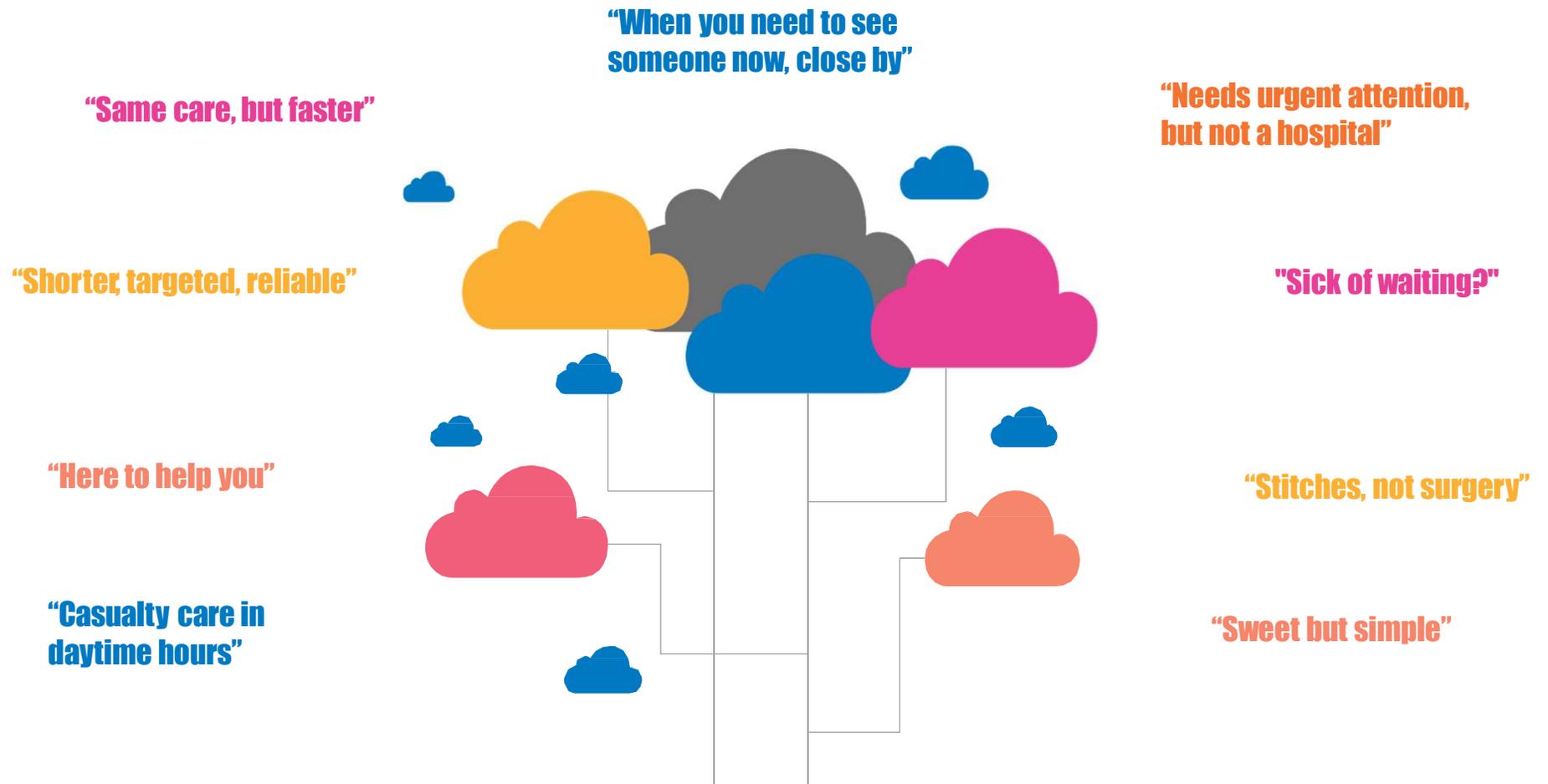
*"GP makes it seem like there aren't that many resources available, like you just go there to talk to them."*  
Family ED User

*"When you just say 'urgent care', I know that you can go there, have the x-ray, have the treatment, everything in the same place."*  
Family ED User

*"If I knew nothing, and there was two options on the table, one was called GP Urgent Car and one was called Urgent Care Medical Centre, I'd go to the Urgent Care Medical Centre. The name itself, to me, changes i*  
Family ED User

*"That's exactly what they'll think it is, a glorified GP."*  
Self ED User

# Tagline suggestions



**How should we reach them?**





**TV** ✓✓✓✓



**Hospital ED Waiting Rooms** ✓✓✓✓



**Radio** ✓✓✓

- Catchy slogan on the radio (easy phone number to remember)



**Online / social media** ✓✓✓



**Sports and Community Clubs** ✓✓✓



**Newspaper** ✓✓



**Direct Mail** ✓✓

- Fridge magnets!



**Outdoor** ✓✓

- Buses and trains  
- Shopping centres / billboards



**Schools** ✓✓



**First Aid Courses** ✓✓

A mix of traditional and 'grassroots' channels is seen as most effective.

Many said they would consult their fridge magnet for GP Urgent Care Clinic contact and location details.

# How images should we show?



# Suggested Imagery

The overarching recommendation was to show contrasting imagery between an ED and a GP Urgent Care Clinic.

1

## Contrasting the experience EDs vs. GP UCCs ✓✓✓

Specifically the quicker wait times of GP UCCs

2

## Patients getting treated ✓

Highlighting the high quality of care

3

## Equipment & facilities available ✓



**“Show them this is how it was in the ED, 4-hour wait with broken arm. But now, you can come to this place, show them going from that chair in the ED to this one in the UCC. Show contrast of ED and UCC”.**  
Non ED User

# Wrap-Up





## **Current awareness of GP Urgent Care Clinics is low.**

Across all potential patients spoken to, very few had heard of GP Urgent Care Clinics before.

This of course backs up the decision to launch a wide-reaching campaign! Without doubt, our #1 priority will simply be making the community aware that this service exists.

Potential patients gave a number of ideas for how to achieve this, from the standard above-line mediums like TV and radio to more direct and grassroots channels like hospital EDs, sports & community clubs, schools, first aid courses and direct-mailed fridge magnets.

# The campaign will need to clearly define what a GP Urgent Care Clinic is... and what it isn't.

Although potential patients find the 'GP Urgent Care Clinic' terminology clear and appropriate, unprompted estimations about them tend to be very wide of the mark. Even the few previously 'aware' of them make some incorrect assumptions!

Once prompted with basic information, additional questions, reservations and potential barriers also arise which will be critical for the campaign to educate the community on:

- Competency of GPs to handle urgent care needs
- Opening hours (with rationale for why they're not 24/7)
- General types of injuries/ailments treated
- How to know if the ailment/injury is potentially life-threatening or not
- How to access them (walk-ins vs. by appointment)

Ancillary information to communicate includes fees, equipment/facilities available and clinic locations, but this can be made available online or through more local mediums – perhaps from the clinics themselves.

Removing the 'GP' from 'GP Urgent Care Clinic' may also go a long way to easily resolving concerns over the quality of care the clinics will provide.





## **There is strong support for the GP Urgent Care Clinic concept.**

If we can resolve these reservations, potential patients almost unanimously think GP Urgent Care Clinics are a good idea and most feel they'd use them for an urgent, non-life-threatening situation.

They understand that the clinics will take pressure off hospital emergency departments and agree it makes sense to offer an 'intermediary' service below a hospital ED. Some even feel a sense of moral responsibility to use a GP Urgent Care Clinic.

There could be scope to leverage this sense of moral obligation with the campaign, although the major appeal of Urgent Care Clinics is undoubtedly the shorter waiting times, which need to be the core message by the campaign. Contrasting the average waiting times of GP Urgent Care Clinics against those of hospital EDs was a popular suggestion and indeed appears the most compelling weapon we have to 'sell' the clinics and persuade behavior change.

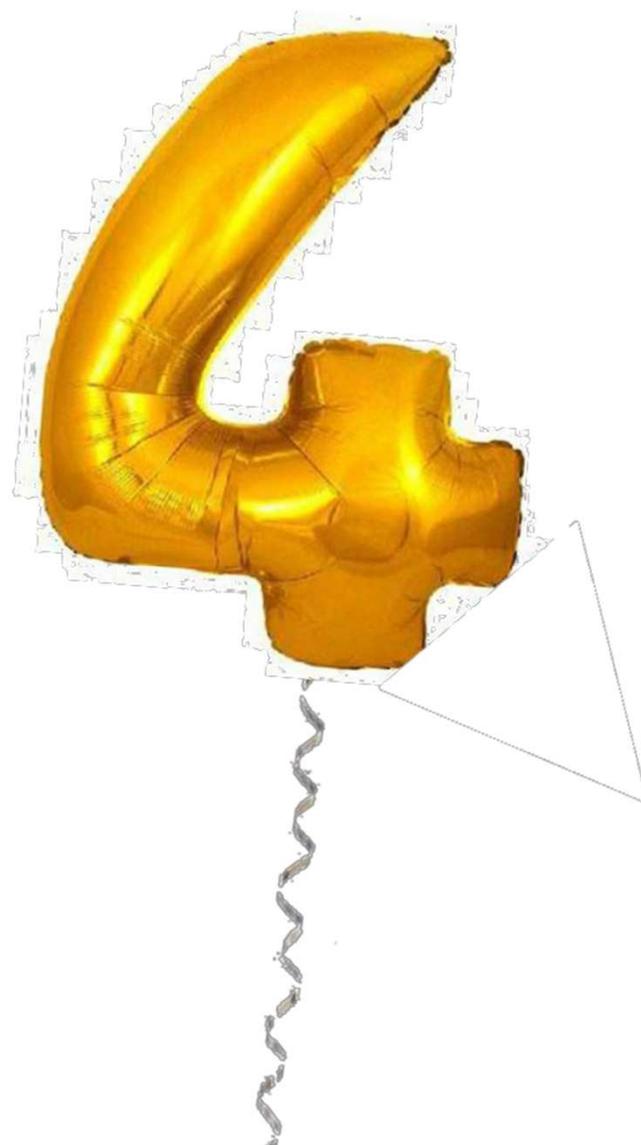
The calmer, safer, less intimidating environment of GP UCCs may be a secondary appeal we could also harness, perhaps through advertising imagery.

## Most would drive straight to their nearest Clinic or ED in an urgent care situation.

Prior to being told about GP Urgent Care Clinics, the majority of potential patients felt they'd drive straight to a hospital ED in an urgent but non-life-threatening situation – indeed, most ED users have done exactly this in the past 12 months.

Once aware of GP UCCs, when faced with an urgent healthcare need, potential patients *felt* relatively more likely to search for their nearest clinic online or phone a hotline first. Certainly we need to set up the strategies to handle these lines of access – but equally we need to be conscious that heading straight to the nearest and most trusted source of appropriate healthcare will always be the most popular choice, especially when faced with the stress of a real-life urgent healthcare need.

So, beyond achieving awareness of the GP UCCs and selling the public on their benefits, it's crucial we a) build *trust* that they'll receive the same quality of care, and b) ideally help potential patients know *beforehand* where their nearest clinic is, so they don't bypass them for EDs based on panicked, emotional decision making. Making sure our SEO strategy intercepts searches for (e.g.) 'emergency department near me' or 'nearest ED' will also be valuable.



# Hunt Smarter.

**Painted Dog Research** Suite 1, Level 2, 658 Newcastle Street Leederville WA 6007  
T/F 08 9227 6464 E [info@painteddogresearch.com](mailto:info@painteddogresearch.com) W [painteddogresearch.com](http://painteddogresearch.com)

