NHS England

NHS Identity Research

Phase One and Two Combined Research Report

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Prepared for:

NHS England

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1. BACKGROUND AND RESEARCH OBJECTIVES

NHS England is an Executive Non-Departmental Public Body that leads the National Health Service in England by setting priorities and direction and encouraging and informing national debate to improve health and care. It aims to improve the health of people in England by working in an open, evidence-based and inclusive way, keeping patients at the heart of everything it does.

NHS England empowers and supports clinical leaders at every level of the NHS. It helps everyone to make genuinely informed decisions, spend taxpayers' money wisely and provide high quality services for all, now and for future generations.

NHS England works in partnership with a number of other bodies including the Care Quality Commission, NHS Improvement, Public Health England, Health Education England and NHS Digital, each of which has distinctive responsibilities within health and care.

The purpose of NHS England is to:

- Allocate resources and hold organisations to account for spending this money effectively for patients and efficiently for the taxpayer
- Directly commissioning specialised services, primary care, offender healthcare, some services for the armed forces and, on behalf of Public Health England, many of the public health services delivered by the NHS
- Along with partners, deliver the strategic vision for the NHS called the Five Year Forward View.

1.1 Responsibility for NHS brand management and development

In January 2015 the Department of Health delegated responsibility for the management and development of the NHS trade mark to NHS England. It makes strategic and practical sense for NHS England to lead on this work because of the leadership role it has in the healthcare system. It also has the overarching commissioning responsibility of ensuring adherence to the Policy and technical guidelines, which is mandated in the NHS Standard Contract. The Department of Health has been very closely involved in the work to review the NHS Identity guidelines and the development of a new NHS Identity Policy.

12. Background to the NHS Identity

The NHS Identity was introduced in 1999 to ensure a single, clear way of signposting patients and the public to NHS services and organisations. Before this date, NHS organisations had their own, unique logos so NHS services were difficult for patients to identify and navigate. Since being introduced, the NHS trade mark is now one of the most recognised brands in the world and the NHS logo has come to represent high-quality care, free at the point of need.

The consistent use of the NHS Identity:

- Helps signpost patients and the public to services, thereby supporting their appropriate use

- Helps patients and the public to hold the NHS to account – by making clear when individuals are accessing NHS services (and when they are not)
- Is an important way through which we seek to maintain patient and public confidence in the NHS.

There are NHS Identity guidelines in place to ensure that the NHS trade mark is consistently and correctly applied and to protect it against misuse (www.nhsidentity.nhs.uk). The NHS Identity guidelines cover the naming of NHS organisations and services and the way in which the NHS trade mark (logo) is applied to them. It also sets out who can use the NHS Identity, as well as when, where and how they can use it.

However, the guidelines have not been reviewed and updated for a number of years and critically not since the Health and Social Care Act (2012) and therefore:

- Do not reflect the current NHS structure e.g. they still refer to Strategic Health Authorities and Primary Care Trusts
- Cannot be applied to new and emerging models of care, such as those described in the NHS Five Year Forward View.

The NHS trade mark cannot be correctly and consistently applied and NHS England cannot effectively police its use if the guidelines are neither up-to-date nor fit for purpose.

A specialist agency was appointed to support a review of the current NHS Identity guidelines and develop a new, detailed NHS Identity Policy. NHS England commissioned Research Works Ltd to carry out both public and stakeholder research to inform the development of the NHS Identity Policy. This research was carried out in two phases: the first to establish baseline attitudes and understanding of the NHS Identity in order to inform development of the new policy, while the second phase explored reactions to a draft version of the new Identity Policy.

1.3 Phase One Research Objectives

The broad objectives of Phase One of this research were to:

- Establish an up-to-date baseline on awareness and attitudes to the NHS Identity
- Provide the research evidence to inform the development of a new NHS Identity Policy, based on feedback from the public and stakeholder audiences
- Provide evidence to support the importance of, and adherence to, the NHS Identity Policy going forward.

Amongst the general public the Phase One research addressed three distinct objective sets:

- First, to provide a measure of general awareness of the NHS Identity
- Second, to measure the emotional attributes of the NHS Identity
- Third, to explore clarity in usage of the NHS Identity, particularly in settings where it shares space with other brands.

More specifically, the Phase One general public research objectives were as follows:

In relation to awareness to explore and measure:

- Spontaneous and prompted awareness of the NHS logo
- Awareness of the NHS logo compared to national brands of a similar scale
- The impact of colour on recognition of the NHS logo
- Spontaneous and prompted awareness of services which the public expect to see the NHS logo used on: e.g. GP surgery, A&E/hospital, ambulance, pharmacy etc.

In relation to attitudes towards the NHS Identity, to explore and measure:

- Emotional attachment to the NHS Identity compared to other 'national institutions'
- Spontaneous and prompted characteristics associated with the NHS Identity
- The effect the NHS Identity has on perceptions of messages, communications and campaigns.

In relation to issues of brand clarity, to explore:

- Use of the national NHS logo in comparison with local NHS logos
- Use of the NHS Trust/Foundation Trust's name within local NHS logos versus hospital or service name
- Differentiation between NHS logos used by NHS organisations and NHS logos with a qualifying statement, used by pharmacists, dentists and now opticians
- Impact of alternative logos and/or strong design elements used alongside the NHS logo by NHS organisations who have developed new 'identities' for themselves
- Third party providers' logos used alongside the NHS logo
- The use of the NHS letters and/or the NHS logo on products and services which may/may not be directly related to patient care.

1.4 Phase Two Research Objectives

Specifically, the Phase Two research objectives were to:

- Capture, consider and respond to the views of stakeholders to ensure that the new NHS Identity Policy is as robust as possible and fit for the future
- Ensure the new policy genuinely meets the needs and expectations of patients and the public who use, and need to identify, NHS services
- Ensure the new policy meets the needs of those applying the NHS Identity and addresses the key issues and challenges they face
- Ensure the new policy is considered fair, practical and workable by the majority of stakeholders
- Ensure the new policy is flexible enough to be applied to the new models of care, partnerships and organisations which are emerging
- Identify if there are any areas of the new NHS Identity policy which may be difficult to implement or understand, so that:
  - alternative suggestions and ideas can be captured, considered and tested
  - the detailed Identity guidelines pay particular attention to these issues

- any training (for the NHS Identity helpline staff/end users) focusses on these issues.

Among stakeholders, the specific Phase Two research objectives also included:

- Exploring the suitability and clarity of the policy principles
- Clarity around the issue of who can use the NHS Identity
- Protocols relating to the naming of NHS organisations
- Protocols around the design and proper use of NHS organisational logos
- Defining alternative corporate identities or logos and clarifying protocols for acceptable visual styles
- Proper use of colour, typefaces and digital elements in the presentation of the NHS Identity
- Establishing how third party providers would be presented
- Exploring use of the NHS Identity by primary care contractors
- Exploring use of the NHS Identity in partnership scenarios.

2. RESEARCH METHODOLOGY AND SAMPLE

2.1 Methodology

A mix of quantitative and qualitative approaches was adopted for this work. Quantitative research in Phase One, to give a baseline set of numbers around basic attitudes towards, and understanding of, the NHS Identity. In both Phases One and Two qualitative research allowed discussion and exploration of the research issues in detail, as well as allowing time to explore interesting discussion threads in greater depth.

2.2 PHASE ONE: RECRUITMENT AND SAMPLE STRUCTURE

2.2.1 PHASE ONE: Quantitative Survey

The quantitative stage of the research comprised 1,000 interviews with adults aged 16 years or over, living in England. Those who either worked for the NHS, or had immediate family members working for the NHS, were excluded from the sample in order to ensure greater consistency and homogeneity in the sample responses. To ensure the sample represented the demographic profile of the England adult population, quotas by gender, age, class, and region were imposed on the sample at the interviewing stage. To further correct any minor sampling imbalances the data was weighted by these demographics at the analysis stage. To ensure a good geographic spread of the population was interviewed, the fieldwork covered 43 sampling points throughout England. All interviews were carried out face-to-face, in the street, between 23rd February and 2nd March 2015, by the field agency 2020.

2.2.2 PHASE ONE: General public, patients and carers

The sample for the qualitative research consisted of 14 extended focus groups and 2 triads in total, comprising:

10 extended focus group sessions with members of the public who were in good health
(2 hours duration, 8-10 respondents in each)

1. ABC1 Younger Men, aged 18-25
2. C2DE Younger Women, aged 18-25
3. ABC1 Men; Family Stagers, with young children
4. C2DE Women; Family Stagers, with young children
5. C2DE Men; Family Stagers, with young children
6. ABC1 Women; Family Stagers, with older children
7. ABC1 Men; Family Stagers, with older children
8. C2DE Women; Family Stagers, with older children
9. ABC1 Men; Empty Nester/retired
10. C2DE Women; Empty Nester/retired.

4 focus groups and 2 triads (2 hours duration) with patients and carers: 2 groups with patients and carers with chronic conditions

1. Mixed sex; younger patients and carers, 20-39, BC1C2D, chronic conditions
2. Mixed sex; older patients and carers, 40+, BC1C2D, chronic conditions
3. 1 triad with settled ethnic minority patients and carers who have regular interaction with healthcare services due to ongoing, chronic conditions.

2 groups with patients and carers for patients who have recently had experience of acute care (hospital)

1. Mixed sex; patients and carers for younger patients, BC1C2D
2. Mixed sex; patients and carers for older patients, BC1C2D
3. 1 triad with settled ethnic minority patients and carers.

Research was carried out in a mix of locations: Brighton, London, St Albans, Leeds, Birmingham, Rye, Milton Keynes, Reading and Dereham (Norfolk).

2.2.3 PHASE ONE: Stakeholders

40 depth interviews were completed, comprising:

23 depth interviews, conducted either face-to-face or by telephone, with **Chief Executives and Directors or Heads of Communications** in the following organisations

1. 4 interviews with Foundation Trusts
2. 6 interviews with Trusts
3. 1 interview with a Mental Health Trust
4. 2 interviews with Ambulance Trusts
5. 5 interviews with Clinical Commissioning Groups
6. 5 interviews with independent providers of NHS services e.g. private sector, Community Interest Companies, Social Enterprises, charities

17 depth interviews, conducted either face-to-face or by telephone, with **senior partners in GP Practices, Opticians, Dentists and Pharmacists**

1. 3 interviews with GP Partners
2. 4 interviews with Senior Opticians/Practice Partners
3. 5 interviews with Senior Dentists/Practice Partners
4. 5 interviews with owners/Senior Partners in Pharmacies

NHS England provided names and contact details for stakeholders – with RWL free-finding some of the practitioner participants.

2.3 PHASE TWO: RECRUITMENT AND SAMPLE STRUCTURE

2.3.1 PHASE TWO: General public, patients and carers

The research sample for general public, patients and carers comprised 14 focus groups and 2 triads. This sample was made up of: 10 focus groups with the 'well' general public; 4 focus groups and 2 triads with patients and carers. The focus groups each comprised 8 – 10 members.

The research was carried out in a number of locations: London, St Albans, Leeds, Birmingham, Manchester and Eastbourne, in November and December 2015.

A more detailed breakdown of these sample groups is set out in the tables below.

General public	
10 focus groups	Younger Men, aged 18-25; ABC1 Younger Women, aged 18-25; C2DE ABC1 Men; Family Stagers, with young children C2DE Women; Family Stagers, with young children C2DE Men; Family Stagers, with young children ABC1 Women; Family Stagers, with older children ABC1 Men; Family Stagers, with older children C2DE Women; Family Stagers, with older children ABC1 Men; Empty Nester/retired C2DE Women; Empty Nester/retired

Patients and carers	
2 focus groups for patients and carers with chronic conditions	Mixed sex; younger patients and carers, 20-39, BC1C2D, chronic conditions Mixed sex; older patients and carers, 40+, BC1C2D, chronic conditions
Triad	Settled ethnic minority patients and carers who have regular interaction with

	healthcare services due to ongoing, chronic conditions
2 focus groups for patients and carers with recent experience of acute care	Mixed sex; patients and carers for younger patients, BC1C2D Mixed sex; patients and carers for older patients,BC1C2D
Triad	Settled ethnic minority patients and carers

2.3.2 PHASE TWO: Stakeholders

The research sample for stakeholders comprised 80 depth interviews. These interviews were made up of: 51 depths with Chief Executives and Directors or Heads of Communications in NHS Trusts, Ambulance Trusts, Clinical Commissioning Groups, independent providers and local authorities; 29 depths with national representatives, managers and senior partners in GPs, opticians, dentists and pharmacists. The interviews were undertaken during November and December 2015.

In addition, 9 half-day workshops were carried out with NHS communications leads, comprising both whole group and syndicate exercises. In total, 105 communications leads participated. The sessions took place in London (2 sessions), Southampton, Bristol, Newcastle, Leeds, Tamworth, Nottingham, and Manchester, during December 2015.

CEOs, Directors and Heads of Communications	
Foundation Trusts	14 interviews
Trusts	10 interviews
Mental Health Trusts	5 interviews
Ambulance Trusts	4 interviews
Clinical Commissioning Groups	5 interviews
Independent providers of NHS services	10 interviews
Local Authorities	3 interviews

National Representatives, Managers and Senior Partners	
National representatives (GPs, pharmacists, opticians and dentists)	7 interviews
GPs	4 interviews
Opticians	4 interviews
Dentists	4 interviews
Pharmacists	5 interviews
Pharmacy chains/supermarkets	5 interviews

2.4 Limitations of the Sample

It should be emphasised that qualitative research samples are purposive and quota-driven in nature; they have no statistical validity or reliability. The purpose of qualitative research is to give generalisable indications of the drivers underlying behaviour and attitudes, by exploring responses in greater detail and depth. Use over decades has shown that qualitative research does have genuine and consistent predictive power, however it has no specific quantitative accuracy in terms of identifying proportions of populations holding stated views or beliefs.

3. EXECUTIVE SUMMARY

The **Phase One Findings**, from baseline research conducted in early 2015 indicated that:

The NHS Identity retains a powerful level of trust and respect amongst the public and patients. The NHS identity is instantly recognisable, delivering strong associations with service quality, expertise and accountability for the public and patients. Overall, the public and patients showed a clear preference for an NHS Identity that is consistently presented and easily identifiable. This view was endorsed by some stakeholders, particularly communications managers for core NHS services, and service providers such as dentists and pharmacists.

A majority of the public and patient sample were confused and unsettled by non-standard NHS branding; they clearly wanted to see the identity, particularly the NHS logo, retained and maintained. This group was also worried by third-party co-branding (they were particularly sceptical about commercial third-party suppliers employing the NHS logo alongside their own brands) or NHS organisations not using the lozenge; for many, this would imply privatisation, or a loosening of the high standards of quality they expected – and felt they received – from the NHS.

There was little support for the use of the logo on commercial products. Many saw this as cheapening the brand; some felt that it would be permissible on products that had a clear healthcare value, but overall they did not see this as a fit use of the brand.

For the great majority of the public and patients, the logo was associated very strongly with the blue colour. Few had seen examples of the logo in other colours, and many were negative about the use of other colours. For these people, the blue brought associations with the nursing uniform, and of calm and cleanliness.

There were mixed reactions to seeing supporting statements alongside the logo. The supporting statements tested with focus groups engendered some confusion, and were clearly worrying to some respondents. However, among some stakeholders, there was some support for having a statement specific to third-party providers, perhaps along the lines of ‘working with the NHS’.

In general, the stakeholder view is more nuanced and complex, with competing interests driving different levels of commitment to a single, consistent NHS Identity. Primarily, there is a need to clarify who can use the NHS Identity, and in what ways and in what situations. There was greater understanding among this group of the complexities that accompanied the reorganisation of the NHS, and the implications this brought for branding. There was also an understanding that what the general public saw as a single, monolithic NHS was in many respects a market containing competing organisations.

There is a perception among communications professionals that the current guidelines are too focussed on print communications, and that they are too detailed and hierarchical to be of the most practical value. The lack of specific guidelines for digital communications is seen as a weakness. However, while there was a clear appetite for flexibility in application of the identity guidelines, there was an equally clear desire to ensure tight control over who uses the identity and how it is used. This was particularly clear in relation to use of the identity by third-party private sector providers.

A small but important practical issue for communications specialists was the fact that only one Frutiger font licence was supplied to each NHS organisation with their NHS logotype. Many felt that this generated financial pressures for some smaller organisations who had to buy additional font licences themselves.

Practitioners generally have a pragmatic attitude to the NHS Identity. Some, such as GPs, do not make much use of the identity, although they could see its value to patients and the public. Others, such as pharmacists, saw the identity, and the use of the logo, as conferring legitimacy on their services, and making the public aware that they are in some respects a front-line service, a first port of call for many patients.

Dentists and opticians, while seeing the identity as an endorsement of their services, associated the identity with an expectation of low or no-cost services on the part of patients. Again, this view was tempered by the understanding that the identity was reassuring and helpful to their patients and customers. This resonates with a view expressed by some other stakeholders that the identity should aim to associate itself with quality assurance more than free medical services.

Overall, the NHS Identity is clearly important to people across the sample groups, and there were strong attachments to the NHS logo. Among the public and patients, there was a more conservative view of the NHS logo than among stakeholders. Although there were no suggestions during the research that the NHS logo might be significantly altered or even discarded, respondents consistently reacted protectively towards the logo. This suggests that if there were to be any changes to the NHS Identity, these would need to happen within a framework of a familiar logo appearing in public-facing communications – and that significantly changing the logo would entail a lot of work in terms of public reassurance. Despite the NHS logo only being introduced in 1999, the public regard it as having been there 'forever'.

The **Phase Two findings**, from research conducted in November and December 2015, indicated that:

Once again, the NHS was seen as the most well-known and trusted brand in the UK. It is globally respected and recognised. Equally, the brand narrative is clear and unambiguous; it represents quality healthcare, free at the point of delivery. All participants shared this view of the brand.

There was a clear distinction between the views of the public, patients and carers, and those of stakeholders in terms of the understanding of the NHS brand narrative. For the general public, the NHS is broadly understood as a single entity with an overarching ethos: the NHS logo is a signifier of consistent, high-quality healthcare, and it is also – and independently – a signifier of the public purse. For stakeholders, the NHS is understood as a group of organisations with an overarching ethos (the ethos is understood commonly by all participants).

The public and patients wanted and expected to see consistent use of the NHS Identity nationally and locally. They were resistant to non-standard logos, to the use of the NHS logo by commercial providers of non-medical services, and to excessive variation in use of the logo and the fonts and palettes associated with it. However, many of these participants admitted they did not always notice the logo in familiar settings; for instance, few could say whether their local GP practice used the logo.

Stakeholders agreed with the principles of the new policy (although Principle 6 was seen as problematic by many). However, they wanted to see flexibility in the application of the policy, especially where it relates to partnership working, digital and social media, and targeted public health campaigns.

Amongst communications professionals, more clarity is required in the new policy; they wanted to see more examples of good practice, clear visual guidance on the use of the NHS Identity in digital and social media settings, and examples of what can be achieved with the initial draft colour palette which had been reduced and font choice.

There were perceived to be both time and cost implications involved in the application of the new policy. Respondents felt that there will inevitably be a period during changeover, in which a variety of logotypes and signage will be in place, sometimes in the same locality, and sometimes in the same organisation.

While stakeholders were broadly comfortable with the idea of working with third party and commercial providers, the public are more resistant to this idea; there is a need for careful and sensitive messaging around the use of the NHS Identity in situations where third party and commercial providers are present.

Consistent application of the NHS Identity seems most fundamentally important in patient-facing situations, where medical services are offered. Participants expressed a range of views on the use of the NHS Identity on other applications, such as non-medical services offered by NHS organisations (transport, for instance), but all were firm in their insistence on core use of the NHS Identity.

All participants felt that the NHS should make more prominent use of its brand as an identity. The public in particular were keen to see the NHS Identity presented as part of a positive narrative about the NHS; they believed that the NHS should do more to promote itself, its successes and the breadth of its services.

For stakeholders, the principal challenges involved in the application of the new policy are around clarity, management buy-in, enforcement, and consistent application in new situations, such as digital and apps.

For the public, the principle challenges are in terms of messaging and creating a balance between the idea of the NHS as an efficient, business-like organisation and maintaining its original philosophical purity of purpose. They are positive about the NHS making money; this is seen as a smart use of the Identity for benevolent purposes. However, they are strongly resistant to the privatisation narrative, so this area needs to be treated with sensitivity and care.

4. PHASE ONE: QUANTITATIVE RESEARCH

4.1 Method and Sample

The quantitative stage of the NHS Identity research comprised 1,000 interviews with adults aged 16 years or over, living in England.

Those who either worked for the NHS, or had immediate family members working for the NHS, were excluded from the sample in order to ensure greater consistency and homogeneity in the sample responses.

To ensure the sample represented the demographic profile of the England adult population, quotas by gender, age, class, and region were imposed on the sample at the interviewing stage.

To further correct any minor sampling imbalances the data was weighted by these demographics at the analysis stage.

To ensure a good geographic spread of the population was interviewed, the fieldwork covered 43 sampling points throughout England.

All interviews were carried out face-to-face, in the street, between 23rd February and 2nd March 2015, by the field agency 2020.

4.2 Summary of main findings

4.2.1 Awareness of the NHS logo

There was good spontaneous awareness of the NHS logo. When asked to describe the logo unprompted over half (53%) recalled the rectangle/block design and/or the NHS letters. Recall of the design was highest amongst those aged 35 to 54 where it rose to 60%.

The colours used in the logo were very familiar amongst the population. Spontaneously 87% correctly recalled either the blue or white. No other individual colour obtained a mention higher than 3%. Awareness of the blue and/or white colours was high for all age groups, especially the younger population (16 to 34 year olds).

When shown the NHS logo almost all (98%) said they had seen it before, further confirming the strength and familiarity of the NHS Identity.

4.2.2 NHS logo colours

Few (14%) thought the NHS used different coloured versions of their logo design, e.g. a red block and white letters, rather than the standard blue block and white letters. Amongst those of non-white ethnic background, this figure rose to nearly a quarter (24%). Higher mentions amongst the non-white population could be because they had more, or different, exposure to health/local authority services and information.

Amongst the 14% who thought the NHS used different colours for their logo, the most popular reason for doing so was thought to be to enable identification of the different health services available. Very few (9%) believed it was to make their information more attractive/clearer/easier to understand. Therefore should variations of the standard logo appear more regularly on materials and service signage, incorrect assumptions of what the different colours signify could arise.

4.2.3 Places that people expect to see the NHS logo

Most would expect to see the NHS logo at hospitals and GP surgeries. Around seven in ten would also expect to see the NHS logo on ambulances and walk-in centres.

Just over half would expect to see the logo in minor injury clinics, pharmacies, mental health services, dentists and on health websites. For these services, women were more likely to expect to see the NHS logo than men.

There was less expectation of seeing the NHS logo in opticians, care homes, local council offices, gyms/health clubs and health food shops.

More frequent users of NHS services had higher expectations of seeing the NHS logo in most of the places mentioned above, compared to less frequent users.

4.2.4 Favourability perceptions generated by the NHS logo

For nearly two-thirds (64%) when they saw the NHS logo on information, or at health service locations, it created a more favourable impression of the services offered. However, this positivity is somewhat cautious, as just under a third (32%) gave the NHS the top rating of *'much more favourable'* whilst 32% said *'slightly more favourable'*, indicating that if there was improvement to perceptions of NHS services this would help increase further the favourability rating generated by the NHS logo.

Nearly a quarter (24%) had neither a favourable or unfavourable impression, and only 5% had an unfavourable impression.

4.2.5 Emotions communicated by the NHS logo

Overall, emotions that evoke protection and being looked after came to mind when people saw the NHS logo. For the minority (14%) who gave a lower respect rating for the NHS, frustration, anger and worry were more likely to be mentioned.

4.2.6 Attitudes generated by the NHS logo

The free service provided by the NHS (48%), and the hard-working staff (48%), were the two attributes most praised by the public. Attitudes to the NHS were explored further by a question that measured people's level of agreement to a series of comments about the effects the NHS logo had on the public. This revealed the NHS logo also makes people feel proud (59% agreed strongly). Furthermore, as the NHS is perceived to be for everyone, this evokes a sense of fairness (57%

agreed strongly). Of the negative attitudes measured the one that caused the most concern was that the service was perceived as overstretched (43% agreed strongly).

4.2.7 Respect for the NHS

The NHS is highly valued by most. When asked how much people respected certain large organisations the NHS easily came top, with 52% giving the top respect scores of either 9 or 10 (Advocates).

Only 14% gave the lower respect scores of between 1 and 6 (Detractors). In comparison the next most respected organisation was the RSPCA, which obtained the high scores of either 9 or 10 from 36% of the public, whilst 26% gave the lower score of between 1 and 6. Differences did occur between the two types of people who were either Advocates (score 9 or 10), or Detractors (score 1 to 6) of the NHS.

These were:

- Advocates were more likely to be older, aged 75 years or more. They were also more likely to be frequent users of the NHS, indicating that the actual service provided by the NHS was better than people imagined it to be like. People living in East Anglia were more likely to be Advocates than those in other regions.

- Besides giving a low respect score for the NHS, Detractors also gave all the other organisations measured by the survey a lower respect score. This was especially true for publicly funded organisations (e.g. the Royal Family, the police and the RSPCA). People living in the North West were also more likely to be Detractors compared to those in other regions.

4.3 Sample profile

4.3.1 Demographics

The sample reflected the demographic profile of the England population and the proportion interviewed in each of the key demographic sub-groups is shown in Table 1 below. As the sample comprised a total of 1,000 interviews, this enabled many key sub-groups to be examined in isolation, enabling greater analysis and interpretation of the findings. Where differences occurred between different sample groups, these have been reported.

Table 1

Sample demographics

- Men (49%), Women (51%)
- 16 - 24 (16%), 25 – 34 (16%) 35 - 44 (17%) 45 – 54 (17%) 55 – 64 (14%) 65 – 74 (10%) 75+ (9%)
- AB (23%), C1 (31%), C2 (21%) DE (26%)
- South West (10%), South East (16%) London (16%) East Anglia (11%), East Midlands (9%), West Midlands (11%) North West (13%) Yorkshire and Humberside (10%) North (5%)
- 81% were white British
- 94% were British nationals living in England, 6% were non UK citizens living in England

Base: All 1,000

Children

Just over a third of homes (36%) interviewed had children aged between 0 and 17 years living at home. For parents with young children, their needs and requirement of NHS services are different as most usually attend health appointments with their child, increasing their frequency of using the NHS. The number of homes with children in different age bands was:

- 0 to 5 years old 14%
- 6 to 10 years old 14%
- 11 to 15 years old 12%
- 16 to 17 years old 8%

NB: These percentages add up to more than the total of 36% of homes with children aged 0 to 17 years because some homes had more than one child in each of the different age bands

Usage of NHS services

The numbers using any NHS services in the last 6 months was high. Just over eight in ten people (81%) had used some NHS services; either a main service such as a hospital or GP surgery, or another service such as pharmacy or an online site, in the last 6 months. Women were slightly more likely to use the NHS (87%) than men (76%), probably because they were more likely than men to also make visits with a child or as a carer. Usage also increased considerably with age. Nearly all (98%) of those aged over 75 years had visited the NHS in the last 6 months.

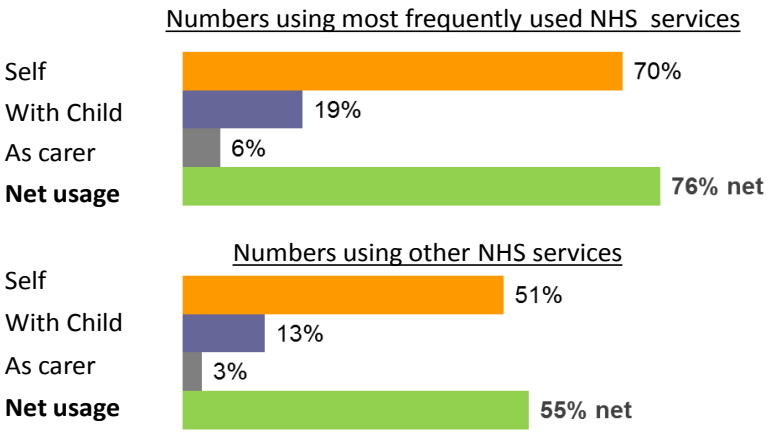
Table 2

Numbers using **any** NHS service in the last 6 months	
All	81%
Men	76%
Women	87%
16 – 24 years	71%
25 to 34 years	76%
35 to 54 years	82%
55 to 64 years	84%
65 to 74 years	87%
75+ years	98%
Children 0 to 15 years	89%
No children 0 to 15 years	79%

The numbers using either a most frequently used NHS service, or another NHS service in the last 6 months, are shown in Table 3. The numbers using services either for themselves, with a child or as carer, are also provided.

Table 3

Numbers using most frequently used NHS services and numbers using other NHS services



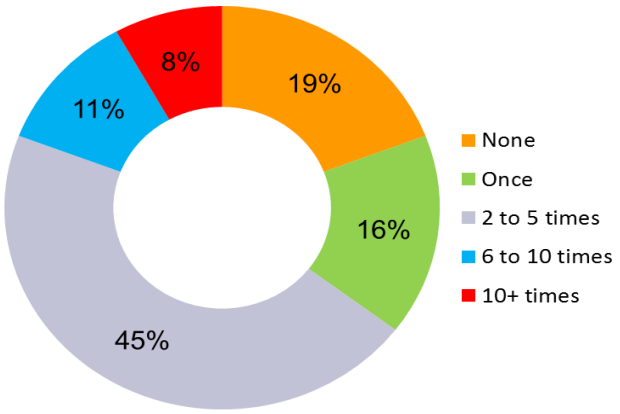
Base: All 1,000
Q11: Have you used any of these NHS services, either for yourself or with a child or as carer in the last 6 months?

Frequency of using the NHS in the last 6 months

The average number of times any NHS service had been used in the last 6 months was 3.4 times. As Table 4 shows, frequency increases with age.

Table 4

Frequency of using any NHS services



Average number of times used any NHS services in the last 6 months

16 to 24 years	2.4
25 to 34 years	3
35 to 54 years	3.4
55 to 64 years	3.7
65 to 74 years	3.8
75+ years	4.7

Base: All 1,000
Q11b: How many times do you think you have used NHS services in the last 6 months?

Devices used to access the Internet

Most people (85%) now access the internet; however, among those aged over 75 years, who are some of the NHS's most vulnerable patients, a majority still do not access the internet (60%).

For the general majority who do access the internet, the devices they use to go online are now providing challenges for content providers. In particular many now use mobile phones for access, often for only short bursts of time. In total, 63% of the population now use a mobile device for some of their online activity; this jumps to 90% amongst 16 to 24 year olds. Any online use of the NHS logo and the information provided needs to take into account how it will communicate on a small screen, often whilst the reader is on the move.

4.4 Main quantitative findings

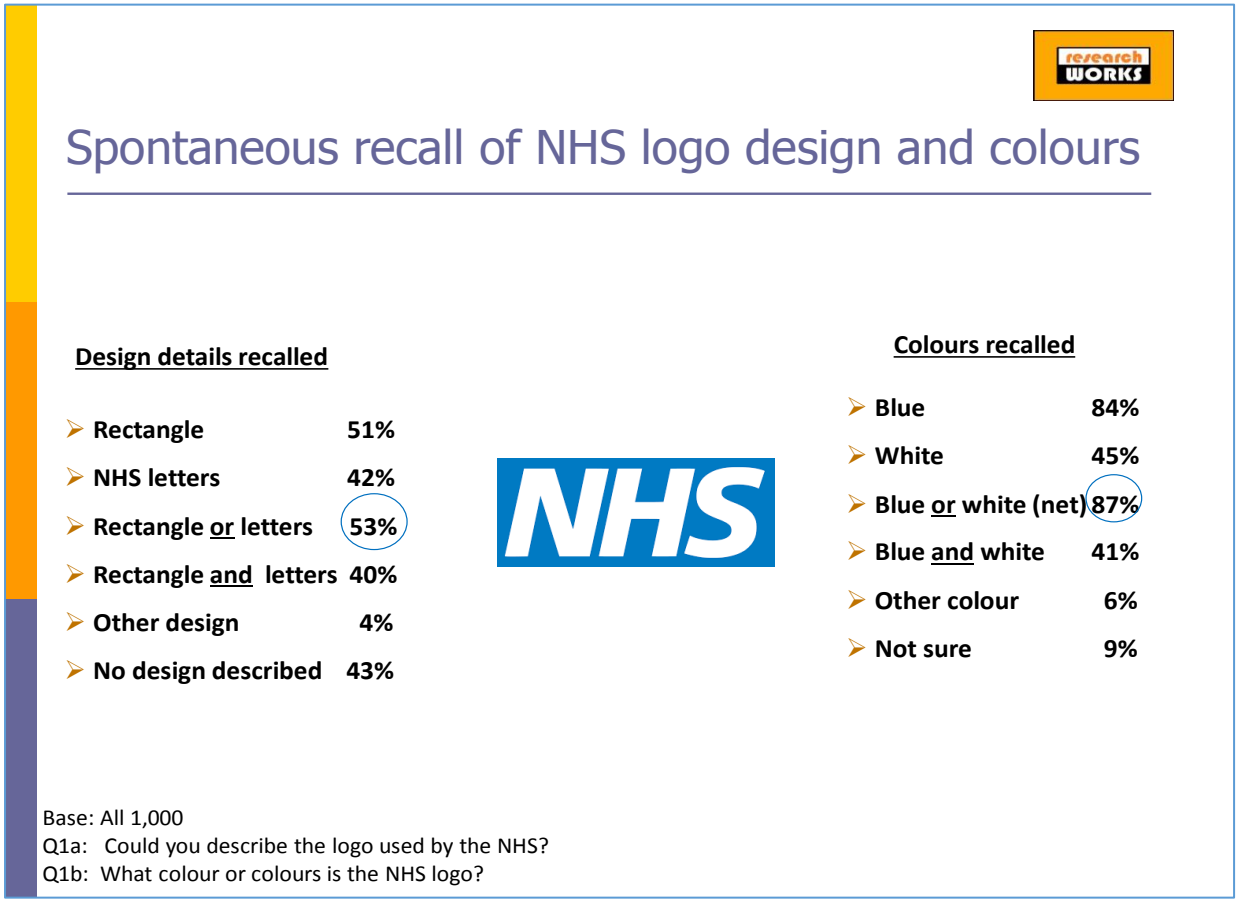
4.4.1 Awareness of the NHS logo

Spontaneous recall of the NHS logo
To explore how the NHS logo communicated with the population, all were asked to describe, unprompted, the design and colours used for the current NHS logo. In total 84% of the public spontaneously mentioned either the rectangle design and/or the blue and white colours indicating that spontaneous recall of the NHS logo is high.

When describing the design, over half (53%) correctly mentioned the rectangle and/or letters used in the logo. Most of those (43%) not mentioning any design did not confuse the logo with other designs; instead they were unsure how to describe the design off the top of their head.

The colours used in the NHS logo are especially impactful and familiar to the public. Nearly nine in ten (87%) correctly recalled either the blue or white colours. No other individual colour received any significant number of mentions, indicating there is low awareness of people noticing materials which have used different coloured versions of the NHS logo.

Table 5



As shown in Table 6, those in the 35 to 54 year old age range were most likely to be able to spontaneously describe the design of the NHS logo, whilst those aged over 75 were a little less confident about offering a description. Recognition of the blue and/or white colours was high for all age groups, especially amongst the younger 16 to 34 year age group.

Table 6

Spontaneous recall of NHS design and colours		
	Rectangle and/or letters design	**Blue and/or white colours**
All	**53%**	**87%**
Men	54%	88%
Women	52%	86%
16 – 24 years	47%	91%
25 to 34 years	54%	92%
35 to 54 years	60%	88%
55 to 64 years	56%	86%
65 to 74 years	47%	81%
75+ years	42%	77%

Prompted awareness of large organisations' logos
When prompted, virtually all (98%) recalled the NHS logo, further confirming its familiarity amongst the general public. Awareness was also very high for most of the other large organisations' logos measured by this question.

Table 7

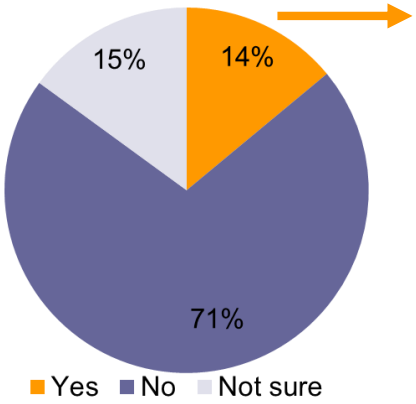
Different coloured NHS logos
Only a small minority (14%) thought the NHS sometimes used different colours for its logo. This increased to 24% amongst those from a non-white ethnic background. The qualitative findings suggest that this may be because they have either more, or different, types of exposure to health and local authority services and information (through community groups, for example).

Amongst the 14% who thought the NHS used different colours for its logo, the most popular reason for doing so was thought to be to enable identification of the different health services available. Very few believed it was to make NHS information more attractive/clearer/easier to understand. Therefore should colour variations of the NHS logo appear more regularly on materials, incorrect assumptions of what the different colours signify could arise.

Table: 8

Few thought the NHS used different colours for its logo

% aware NHS uses different coloured logos



Base: All 1,000
Q3b: Are you aware the NHS sometimes uses different colours for its logo?

Reasons why 14% thought the NHS uses different coloured logos

- To identify the different health services available (51%)
- To identify the different NHS departments (14%)
- To identify the different partners/organisations they work with (13%)
- To make their information more attractive/clearer/easier to understand (9%)
- To signify the different regions they operate in (8%)
- Other (6%)
- Not sure (31%)

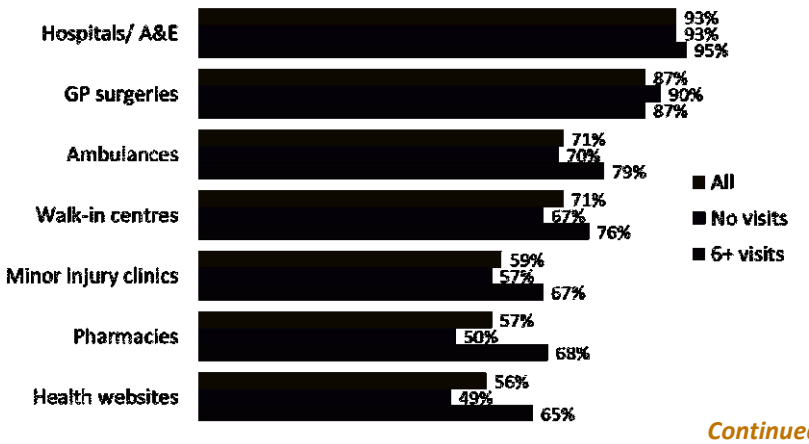
Base: All saying NHS uses different colours: 135
Q3c: What do you think are the reasons why the NHS uses different colours for its logos

Places that people expect to see the NHS logo

The next two tables (9a and 9b) show places the public would expect to see the NHS logo. Most expected to see the logo at main NHS locations such as hospitals, GP surgeries and on ambulances. For the less mainstream services, those who were more frequent NHS users (using 6 or more times in the last 6 months) had higher expectations of seeing the NHS logo at these locations, compared to those not using any NHS services in the last 6 months. The only exception was GP surgeries, where less frequent visitors (90%) had slightly higher expectations of seeing the logo than frequent visitors (87%). Although this finding is not statistically significant it is the only location that non frequent visitors give a higher score, indicating that there is a difference between the two groups.

Table 9a

Places you might expect to see the NHS logo (1)

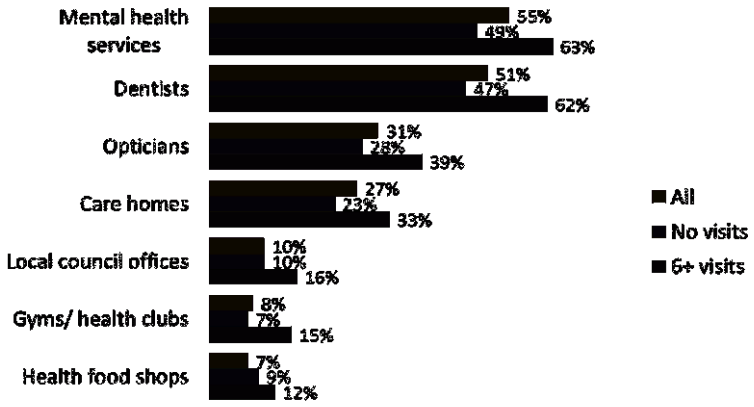


Continued….

Base: All 1,000 (0 = 186, 6+ = 191)
Q4: Looking at this card which of these services would you expect to see the NHS logo

Table 9b

Places you might expect to see the NHS logo (2)



Base: All 1,000 (0 = 186, 6+ = 191)
Q4: Looking at this card which of these services would you expect to see the NHS logo

4.4.2 Perceptions of the NHS

Favourability perceptions generated by the logo

For nearly two-thirds (64%) when they saw the NHS logo on information, or at a health service location, it created a more favourable impression of the services offered. However, this positivity is somewhat cautious, as just under a third (32%) gave the NHS the top rating of *'much more favourable'* whilst 32% said '*slightly more favourable'*, indicating that if there was improvement to perceptions of NHS services this would help increase further the favourability rating generated by the NHS logo. Only 5% had either a *'slightly less'* or '*much less favourable'* impression. Nearly a quarter (24%) had *'neither a favourable nor unfavourable'* impression and 6% were *'not sure'*.

When asked unprompted why they had either a favourable or unfavourable impression when they saw the NHS logo, confidence and trust in the service, and praise for the good service it provided, were the most mentioned comments. The service being free received high mentions too.

Table 10a

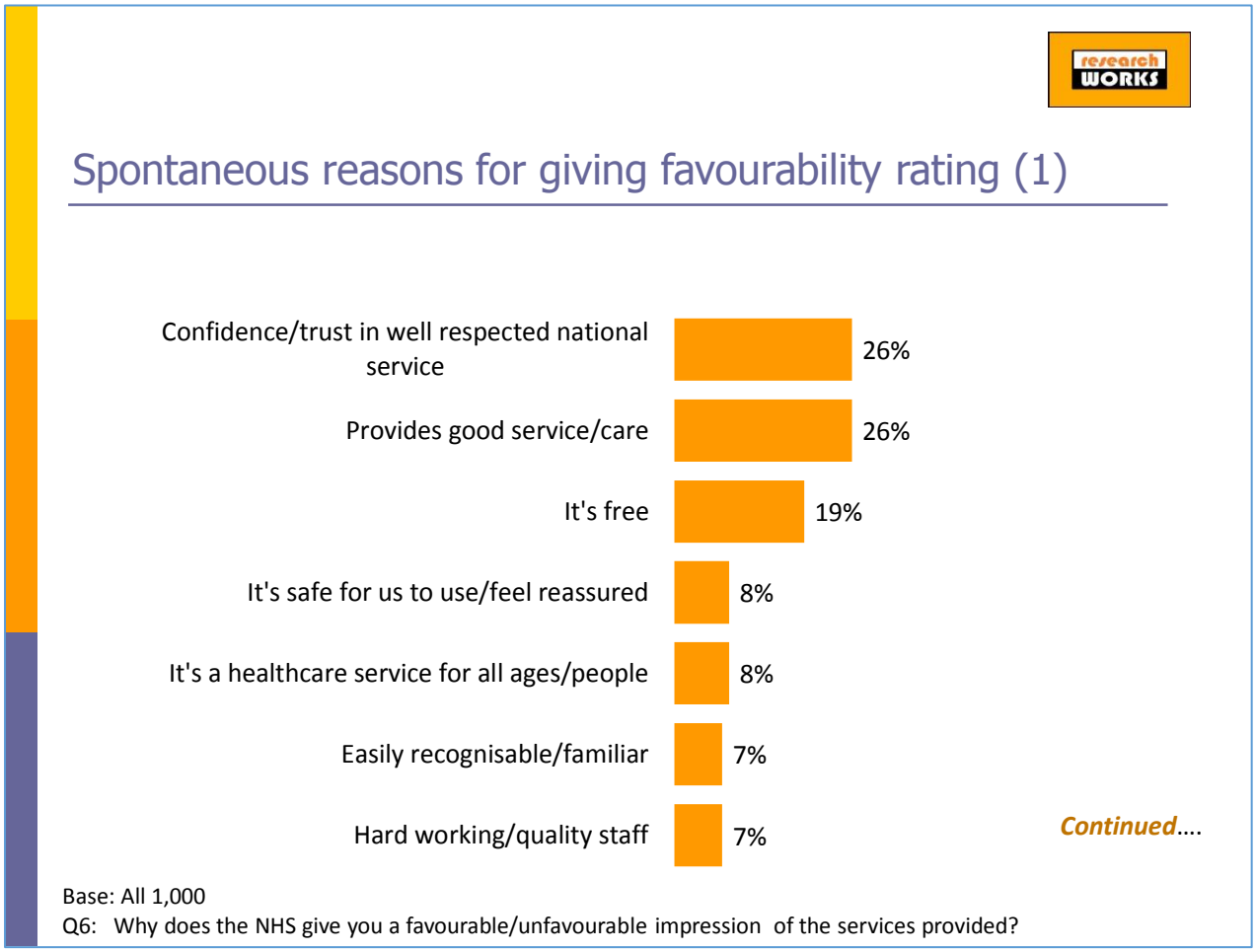


Table 10b

Spontaneous reasons for giving favourability rating (2)

8% claimed the NHS sign made no impact on how favourably, or unfavourably they viewed the NHS

Base: All 1,000
Q6: Why does the NHS give you a favourable/unfavourable impression of the services provided?

Some examples of the positive comments mentioned by the many who had a favourable impression were:

"It's for everyone. Very good; free service. You might have to wait but you can always get an appointment"

"You know you will get good treatment. Best health service in the world"

"It's a good thing that the logo is becoming more widely used in places other than hospitals. It makes you feel that help is at hand if you need it"

"NHS logo makes me feel that it is a service I can access that is free and trustworthy"

For the few who had an unfavourable impression, examples of some of the negative comments that arose were:

"I would worry that the NHS is struggling at the moment. People are overworked and understaffed. It would make me anxious that it might get more privatised"

"I find the NHS to be less able to deal with health problems professionally as the staff do not have time to spend on individual concerns"

"It is not as good as it used to be and care is becoming a bit of a lottery but it is still a service we pay for through our taxes…"

"Not sure the NHS is anything to be proud of anymore; it has been demoralised for too long"

4.4.3 Perceptions communicated by the NHS logo

Respect for the NHS

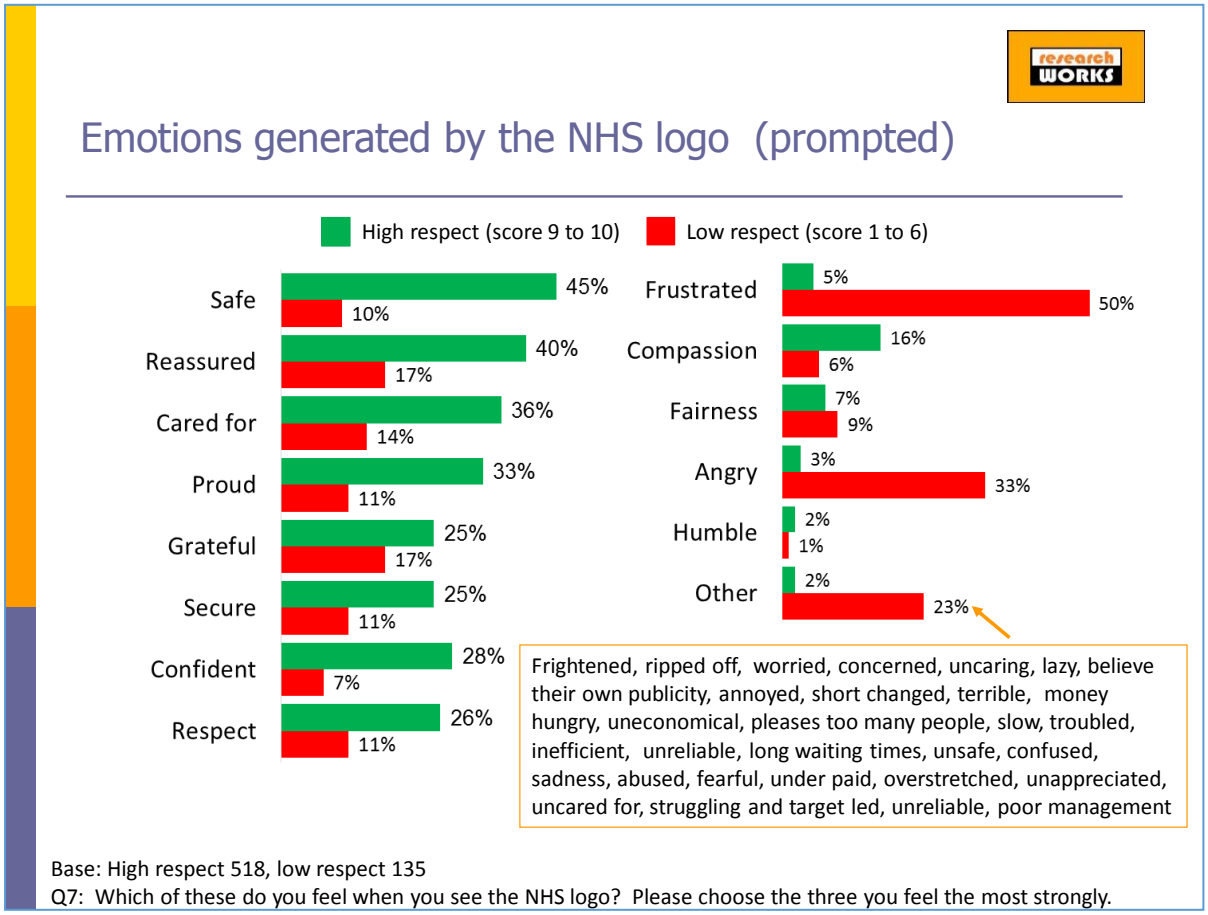
Perceptions of the NHS communicated by the NHS logo were very much influenced by how much respect people had for the NHS. Using a scale between 1 (no respect) and 10 (very high respect) the public was asked to rate the NHS. Over half 52% gave the top score of either 9 or 10, 35% gave a score of either 7 or 8, and only 14% gave a lower score of between 1 and 6. More details on who the high and low scorers are is provided in section 4.4.4.

Emotions generated by the NHS logo

A list of emotions was shown on a card to people, who were asked to pick the three that they felt most strongly when they saw the NHS logo. Respondents could also mention other emotions if they felt the list did not contain an emotion they felt.

Table 11 shows the different emotions felt by those with high and those with low respect for the NHS.

Table11



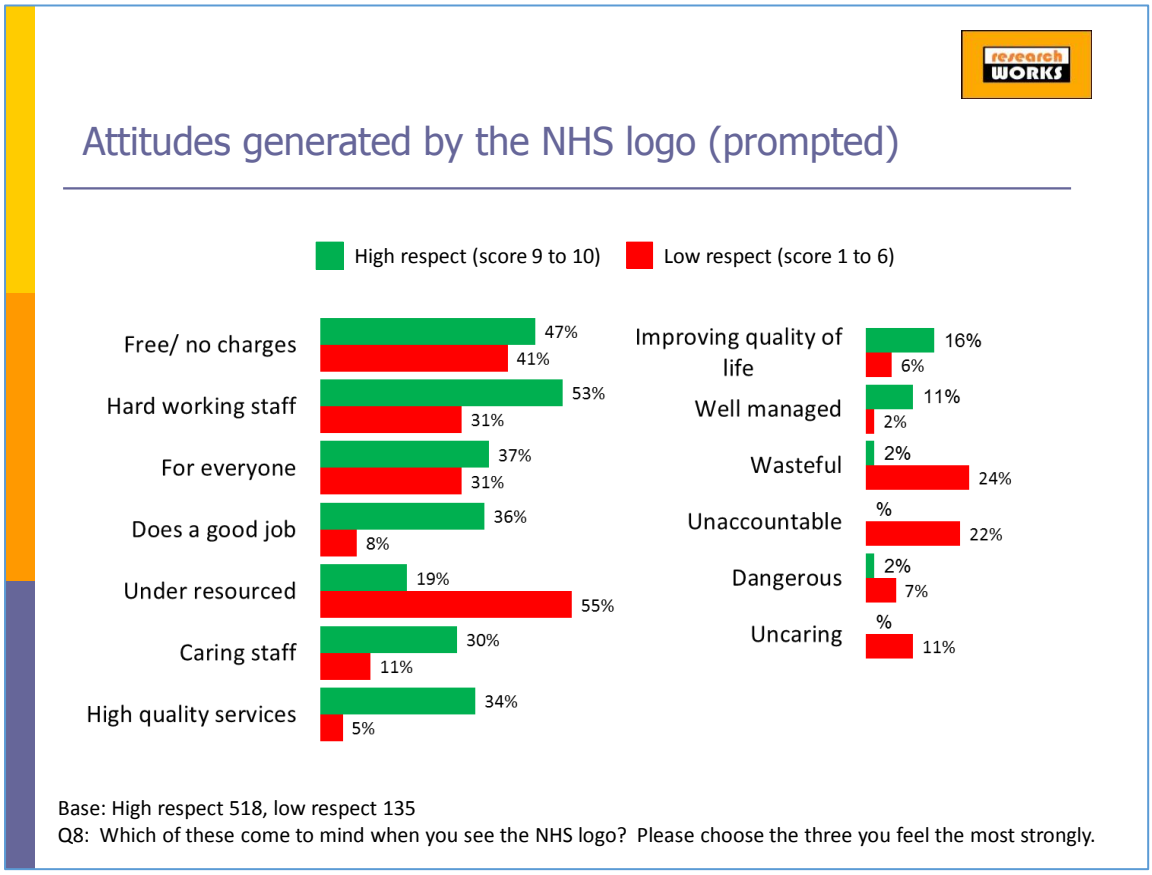
Overall, emotions that evoke protection, and being looked after, came to mind when people saw the NHS logo. In particular the NHS logo made people feel safe, reassured and cared for. However for the minority (14%) who had low respect, frustration and anger came to mind. For nearly a quarter (23%) of those with low respect, other emotions not shown on the list were also mentioned. These tended to be about feelings of worry and concern.

Attitudes generated by the NHS logo

To further explore the effects of the NHS logo a list of attributes was shown to the public, who were asked to choose the three they felt the most strongly when they saw the NHS logo. The free service provided by the NHS and the hard-working staff were the two that came top. For some of the attributes there was agreement between those with 'high' and those with 'low'; most notably for the attributes *'free service'* and *'being for everyone'* there was considerable agreement between the two groups.

A significant criticism of the NHS raised by those with low respect was a belief that it was under-resourced.

Table 12



People's attitudes were also measured by an attitudinal question. This comprised a series of statements being read out to people, who were then asked how strongly they agreed or disagreed with each. Nearly three-quarters (71%) gave the highest rating 'agree strongly' to the statement *'I feel relieved as I know the service will be free'*. The NHS also makes people feel proud, and as the

service is for everyone this stimulates a sense of fairness. However, as shown in Table 13b, there is considerable concern that the NHS is overstretched.

Table 13a

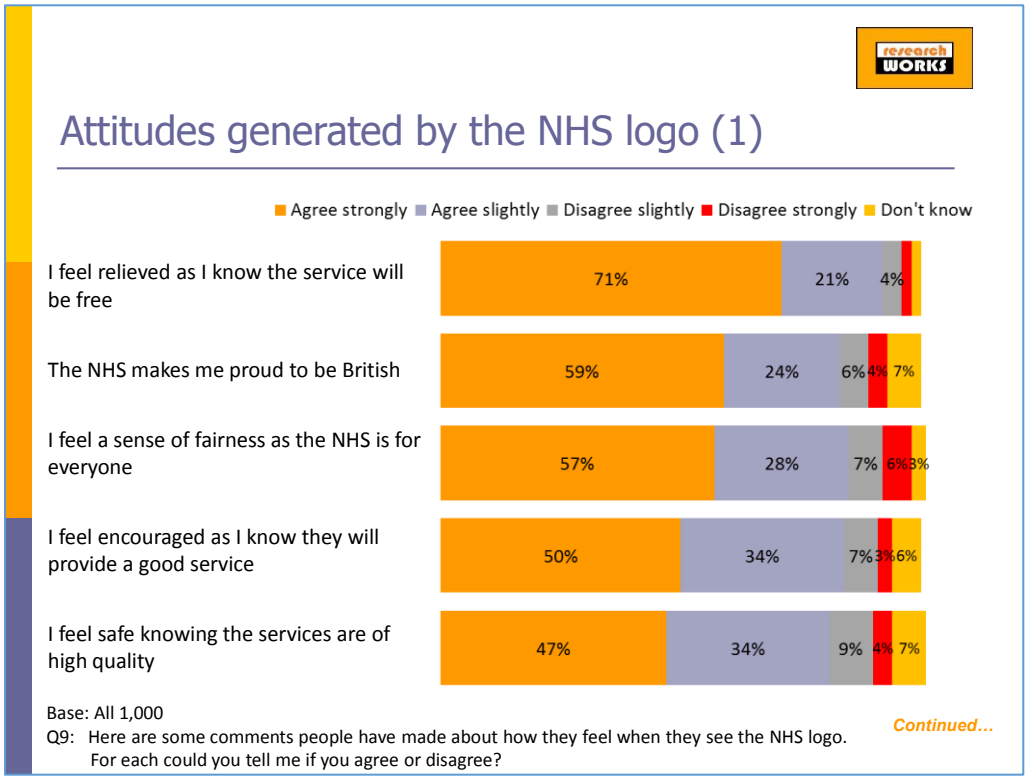
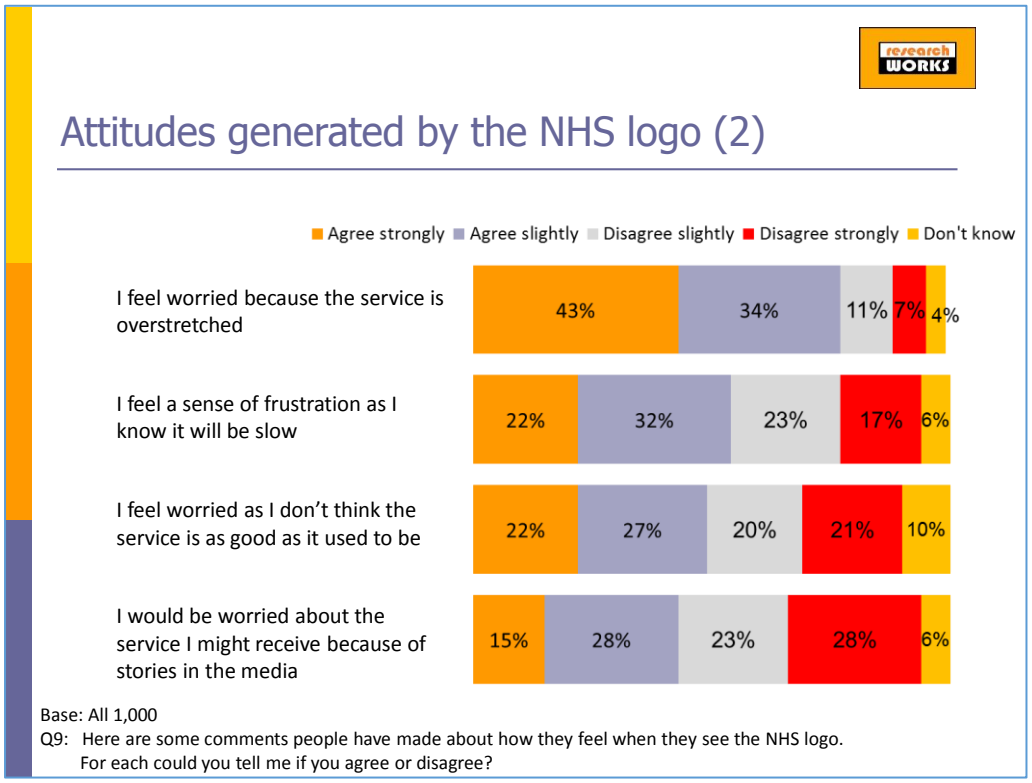


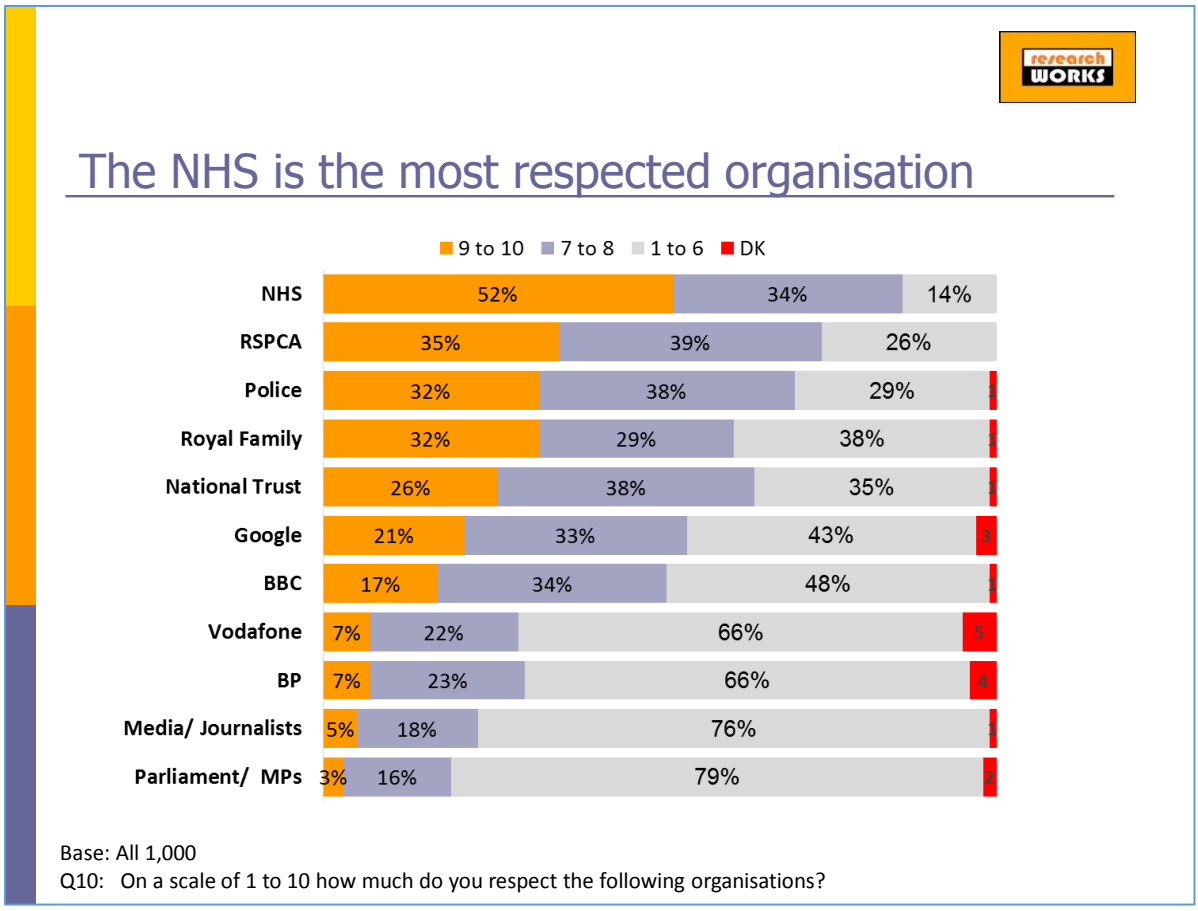
Table 13b



4.4.4 Respect for different organisations

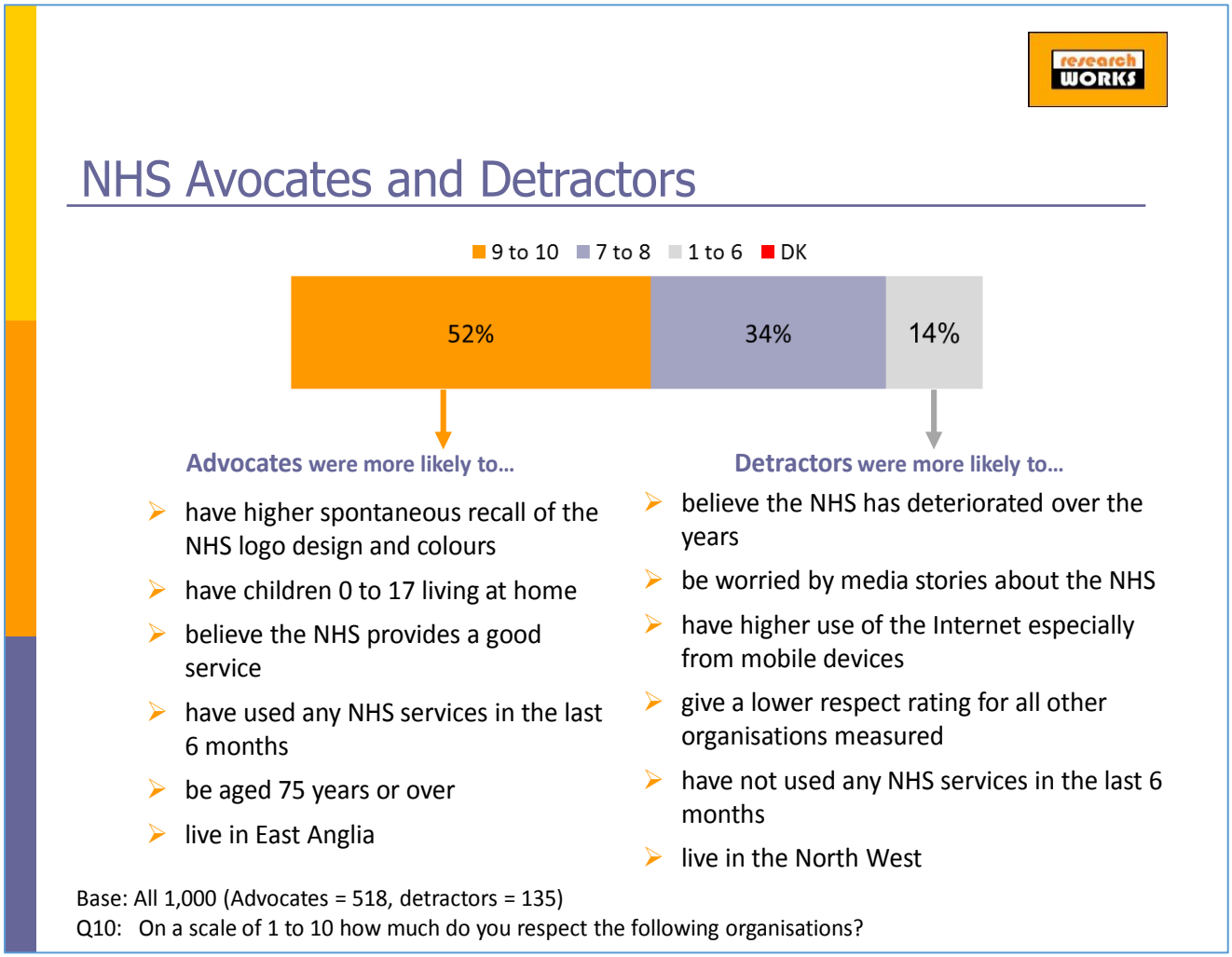
There is much respect for the NHS, and this is especially apparent when it is compared to other large organisations and institutions. Over half (52%) gave the NHS the top respect scores of either 9 or 10, significantly ahead of the next most respected organisation the RSPCA (35%). In comparison, another very British institution, the BBC, only achieved a top score of 9 or 10 from 17% of the public.

Table 14



Looking specifically at the NHS there were some differences between those who gave a high score of either 9 or 10 (Advocates) and those who gave a low score of 1 to 6 (Detractors). Table 15 comments on the differences between the two groups. Although Advocates were more likely to be older (aged 75 years or over) they did not differ significantly from Detractors regarding their gender, age or social class.

Table 15



Advocates were more likely to have used the NHS in the last 6 months, suggesting that the actual service provided by the NHS was better than people imagined it might be. A significant difference between Advocates and Detractors was that Detractors were more critical of all organisations measured, especially those that were publicly funded, (e.g. the Royal Family, the Police and the RSPCA). Google was the only organisation that obtained a similar score between Advocates and Detractors.

Table 16 shows the percentage of NHS Detractors who gave a low score of 1 to 6 to all the other organisations measured in the survey, and compares this to the number of Advocates who also gave each of these organisations a low score of 1 to 6.

Table 16

Number of NHS Detractors and Advocates giving a low respect score of 1 to 6 for all other organisations measured			
	NHS Detractors (Base 135)	**NHS Advocates (Base 585)**	**Difference**
The Police	64%	19%	**45**
The Royal Family	66%	27%	**39**
The RSPCA	49%	16%	**33**
The BBC	67%	39%	**28**
BP	85%	60%	**25**
House of Commons	92%	74%	**18**
The National Trust	47%	29%	**18**
The media	85%	70%	**15**
Vodafone	77%	62%	**15**
Google	49%	41%	**8**

5. PHASE ONE: QUALITATIVE FINDINGS: GENERAL PUBLIC, PATIENTS & CARERS

5.1 Method and sample

The sample for the qualitative research consisted of 14 extended focus groups and 2 triads in total, comprising:

- 10 extended focus group sessions with members of the public who were in good health (2 hours duration, 8-10 respondents in each), comprising:

- 4 focus groups and 2 triads (2 hours duration) with patients and carers: 2 groups with patients and carers with chronic conditions:

- 2 groups with patients and carers for patients who have recently had experience of acute care (hospital):

Research was carried out in a mix of locations: Brighton, London, St Albans, Leeds, Birmingham, Rye, Milton Keynes, Reading and Dereham (Norfolk).

5.2 Summary of findings

Responses were very consistent across the sample (including patients, carers and ethnic minority participants). Overall, the public showed a clear preference for an NHS Identity that is consistently presented and easily identifiable – the NHS logo is seen as a symbol of quality and accountability in healthcare.

Only a few had seen the NHS logo in unusual settings or non-standard presentations (mainly patients and carers).

A majority of the sample were:

- Confused and unsettled by non-standard use of the NHS Identity
- Worried by third-party co-branding or NHS organisations not using the NHS logo (on the basis of possible privatisation)
- Unhappy about the use of the logo on commercial products.

5.3 Main findings

5.3.1 Awareness and attitudes regarding both the NHS and NHS Identity

Respondents understood the NHS to be made up of a range of services including GPs, hospitals, pharmacists, dentists, clinics, 111, ambulance, admin, research and development, mental health services, and so on.

When asked what the NHS represents for them, respondents offered a range of views, both positive and negative. It was seen as being there for everybody, large-scale, and a free healthcare

service. Respondents saw the NHS as an expert body, engaging in a lot of medical research. It was generally seen as consistent across the country.

"It's a big business - it feels like a business"

"You always know what you're going to get"

Positive words used to describe the NHS included: quality, reliable, improving, caring, life-saving, and efficient. It was understood as campaigning for improved health for everyone. At the same time, it was seen as under-staffed and over-stretched, and the phrase 'missing targets ' was regularly used, suggesting that media images of the NHS – bad press – had an effect on people's views.

The NHS is seen primarily as a national entity because of its size and the scale of its operations. However, respondents also understood it as a local service, because it is shaped for local delivery. The term 'national network' best describes this combination of perceptions. It is an organisation with a local face, but a national promise.

"No matter where you go in the UK it's there. You know that there's always going to be some sort of quality care wherever you're going"

"When I think NHS I think of our GP"

"I think locally but I would expect that same local feeling wherever I go. That's the NHS brand: the same care, wherever you are"

"Hospital-wise I think you would expect the same experience across the country but when you get down to GP level it's more about personal relationships – and that varies. There are some really good GPs and some really bad ones"

When asked to describe the NHS as a person, respondents suggested terms such as reliable, and hard-working; it was seen to be 'like a parent', a person who could make decisions on our behalf.

"I don't want them to be a friend; I want them to teach us - they are looking out for us" (e.g. stopping us smoking)

The unique characteristics of the NHS were first and foremost seen in terms of consistency and uniformity. The service has a uniform look – everyone is dressed the same; service locations have the same décor (so a unified brand). The fact that its services are free was also seen as a unique, and defining, characteristic.

When asked how the NHS has changed over past years, respondents tended towards three themes. First, they felt that the NHS has increased its profile through advertising and public health campaigns, for instance campaigns to encourage healthy living. Secondly, it was felt that the quality of care delivered has improved, particularly in some specific areas such as maternity care. Thirdly, the NHS was seen as making an effort to be more accessible (perhaps more patient centred) and more open in terms of information.

"They have to be more efficient nowadays because of cutbacks and costs"

Respondents felt that the NHS was not properly valued by the general public. This was seen as being due to the familiarity of the service, which led to it being taken for granted by most people.

"No, because when you've always had something you don't really recognise the value of it, we take it for granted"

"We expect it to be there because it's been there forever"

There was also a broad perception that the NHS is regularly misused.

"Too many people use it for the wrong things"

5.3.2 Usage of the NHS and its logo – Stimulus A

The NHS logo is instantly recognisable; people see it every day. It is understood as the face of the NHS, and understood to be a marker of quality healthcare, and this is felt to be reassuring. It is accessible; it is also free, and will not turn anyone away. The logo signifies a professional (rather than a fancy) service.

"It's the face of the NHS - if you need help you can come here"

"If you see that logo on a document you'd feel it's got some substance behind it"

The logo plays a positive role in terms of accessing services, in particular for commercial services such as dentists and opticians, although respondents typically expect to see the logo in hospitals, at GP surgeries, on ambulances, and on adverts and promotional/educational material. Overall, the NHS logo says quality and accountability. Respondents did not generally report seeing the logo in unexpected locations or contexts.

"It gives credence to where you're going. It's like an accreditation"

Its presence in an advertising campaign indicates credibility and quality. It offers reassurance, comfort and accountability.

"You know it's professional and researched and government sponsored. You've got faith in it ultimately"

It is important for NHS services/organisations to use this logo; it instils confidence and gives a sense of consistency amongst service users.

"If you know everyone is using the same logo, you know it's the same brand rather than somebody else. You know they aren't trying to make money out of you. You know they are there to help you"

The NHS identity colours were seen positively by most respondents. The colour is associated with cleanliness and a calming effect; it is the blue of nursing work wear, so it represents an image that is professional, caring, and compassionate. Respondents felt it was important that the logo was blue because 'it's always been blue'. The consistency and continuity of the logo was felt to be important for the public.

"We've grown up with that"

"If you saw that in red or green you'd be thinking is that a different branch of the NHS? Is it something totally different? Why have they changed the colour?"

5.3.3 NHS Logo in different colours: Stimulus D

No respondents had seen the NHS logo in different colours. When asked what the impact of colour changes would be, respondents were unsure, but guessed that the reasons for a colour change might include: distinguishing different departments; use in different coloured literature; or use in rejuvenating the Identity. A majority did not like the idea of changing the logo colour; it was seen as going against the established order of things. Overall, while the colour was not seen as sacrosanct or 'set in stone', it was seen as embodying important notions of trust, and respondents did not see any reason to change it.

"There are some services that are 100% NHS and others that are outsourced which you may not want to be NHS logo'ed"

"I don't see what they would gain from [changing the colour] and it would cost a lot to do"

"If you went to the hospital and there were three nurses with different badges on I suspect 99% of people would go to the nurse with the blue badge on"

5.3.4 Clarity: NHS Lozenge used by different types of organisation/service: Stimulus B and F

The majority of respondents felt that use of the NHS logo by an organisation makes them instantly identifiable as being a part of the NHS. However, there was a range of views on the variations in

usage. While respondents felt that the logo was familiar and lent an air of trust, they were worried by the variety of styles, logos and sizes in the stimulus sample.

While they recognised that different organisations under the NHS umbrella had different functions (that a CCG has a different function to a dialysis ward, say), the variation was likely to engender a reaction that it implied inconsistency in marketing, or perhaps lack of central control; some respondents queried why there were no set rules for branding and use of the logo. It did not, however, raise any worries about disparity of service; as far as respondents were concerned, the NHS logo was a seal of approval, and implied they would receive a good quality of service, whatever the type of service.

> *"They've got the blue – we can trust them"*
>
> *"You'd expect the same font throughout, the same spacing"*
>
> *"The marketing side of it is not linked up. There's different people coming up with different ideas and different designs. In our business our logo is always the same size and in the same position"*

Variations in logo size made some respondents think in terms of relative importance. Some felt that a smaller logo might indicate 'as approved by the NHS' rather than an integral part of the organisation.

> *"When it's small it makes me think of it as a subsidiary almost"*

Overall the stimulus material gave respondents a sense of somewhat chaotic presentation. It was felt by some to look unprofessional, or less professional, than a more consistent set of styles and sizes. Overall, respondents were not overly worried by the inconsistency in the stimulus material, but neither were they particularly positive towards it.

> *"It's not a massive deal but looking at them like this it doesn't seem as professional as what it could be. It should be more standardised"*

5.3.5 Different NHS logos presented in a standardised way: Stimulus E

Overall, there was a strong preference for this approach across all groups (although the preference was more significant amongst men). The presentation was seen as clean, crisp, consistent and orderly. There was no ambiguity in the format, and thus in the messaging; this represented a unified approach from a unified organisation. This level of consistency was felt by respondents to make it easier for the public to navigate the NHS system.

"That is structured and organised whereas the previous ones were chaos"

"That is what you would expect from the NHS brand. That's what you'd expect from a quality service – a structured, consistent approach. It's not people doing their own thing"

"It makes it look organised. It makes it look like a national brand"

"It means wherever you go people expect quality"

5.3.6 NHS Logos with a qualifying statement: Stimulus G, H & J

5.3.6.1 Optician

The NHS logo was seen as almost an afterthought; it felt half-hearted to most respondents. Some noted that other marketing images were far more prominent, and that this possibly devalued the logo.

"NHS is just one of the things that we do – but we'd rather sell you a £200 pair of frames!!"

Most respondents did not associate opticians with the NHS. Many felt that a commercial optician would be reluctant to be seen as part of the NHS. They felt that NHS work was not a major part of their business.

"Maybe it just wouldn't pay for Avery Opticians to have too many people walking in looking for NHS glasses"

Overall, opticians were seen as a peripheral and reluctant part of the NHS: there to make money, rather than specifically to provide an NHS service.

5.3.6.2 Dentist

For most respondents, dentists were not seen as a core part of the NHS. As a consequence, their reactions were generally less positive to this image. 'NHS' in this context was seen more as an indication of price rather than quality; NHS treatment by dentists implied a cheaper, but also more limited, range of treatment options.

There was some suspicion among respondents that the dental surgery in the image was trying to benefit from the NHS brand rather than working with them.

> *"I see this as misleading – we all know that most of what is on offer in a dentist's is private treatment that must be paid for. It's as though the NHS logo is being used to lure people in by making out that they are mainly NHS treatments and therefore free"*

5.3.7.3 Pharmacist

Pharmacists were seen by respondents as having a direct link with NHS services, and NHS service quality. There was general feeling that pharmacists represented a 'first port of call' for NHS advice. Also, the prescription/dispensing service was recognised as a basic function that all pharmacies have to perform – so they are an integral part of the NHS.

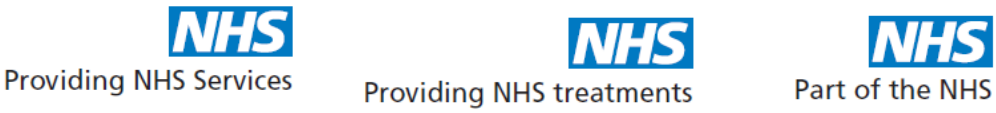
The large NHS logo was seen as instilling confidence, and suggesting that they are providing an NHS service. Most respondents assumed that the large logo implied accreditation by the NHS, suggesting that the pharmacist had a direct link to core NHS services. The large logo over the door was generally seen as a welcoming sign.

> *"They want you to know that NHS is their main business" "You'd expect to be able to go in there and talk to someone as well and get guidance or advice"*

> *"When I see that I would think that the staff have been approved by the NHS. In my eyes there is some accountability here"*

> *"I would expect this pharmacy to be in the loop – in effect the NHS on the high street, with a link to hospitals and GPs"*

5.3.7 Identity supporting statements: Stimulus K



5.3.7.1 *'Providing NHS Services':*

This endorsement was generally seen as reassuring by respondents, but there was a range of opinions as to the clarity of the message. Respondents felt they would not expect to see this supporting statement on a hospital; rather, it suggested a private doctor, or perhaps a BUPA hospital. That is, it suggested that similar services were on offer, but the statement implied accreditation rather than core membership of the organisation.

> *"It suggests we are not part of the NHS but we are providing NHS quality"*

Respondents saw the statement as clearly suggesting a commercial provider, for instance a dental practice. It was seen as giving a mixed message; that treatment will be free, *"but you might be in a bed next to someone who has paid"*.

"I think it's trying to say that it replicates what the NHS gives you but at an out-sourced level"

"You have been referred there by the NHS"

5.3.7.2 *'Providing NHS treatments':*

This supporting statement was seen as conferring much the same meaning as 5.3.7.1, but most preferred the word 'services' to 'treatment'. It was again assumed to be a private service contracted to the NHS. For some respondents it suggested the third sector, a charity or social care – perhaps care in the community. Overall, respondents assumed it implied a sub-contractor; and from this it implied that the NHS needed extra help from outside the organisation to provide this service.

Respondents interpreted the meaning of the statement as: *'Providing community services on behalf of...'* or *'Providing* [e.g.] *Mental Health services':*

"Sounds more like a social care centre"

5.3.7.3 *'Part of the NHS':*

There was definite confusion among respondents with this supporting statement; it suggested to most that this *is* a formal part of the NHS. Respondents assumed that the organisation clearly employed NHS staff, paid by the NHS. Most felt it would be appropriate for an unconventional service, one that they wouldn't expect to be under core NHS control, such as an alcohol rehab clinic, or drug rehabilitation unit. The implication of the statement is that there would be an NHS quality of service.

"I think they are saying it's the real deal"

5.3.7.4 *'On behalf of the NHS':*

For the majority of respondents, this supporting statement means: *'we're not the NHS but have been asked to provide NHS services*'. It was seen as appropriate to a private company which is a health provider; with the expectation that the quality of service would be the same as core NHS services. The NHS logo was seen as the guarantor of these standards.

5.3.8 Non-standard NHS Identities: Stimulus C

These identities were generally seen as extremely confusing. Only the two organisations that included the NHS logo appeared to be core services and therefore approachable (although the Luton & Dunstable University Hospital was identified as likely to be NHS, after reflection, because of the inclusion of 'university hospital'). The strong implication of this form of branding is: if there is no NHS brand/logo, then you have to pay.

> *"It's like they are all individual businesses and not the same"*

> *"I'd expect that the other four would charge"*

Royal Marsden: this could be a hotel/restaurant; most respondents had heard of it vaguely, and felt it looked like the brand for a posh organisation, with nice facilities. It was clearly private and – equally clearly – was not necessarily a centre of excellence.

2gether: this was felt to be completely unclear, and carried no medical associations. Respondents thought it could be any form of organisation. All saw it immediately as very commercial.

SEPT: respondents again saw no implication of medical care in this brand. One or two suggested it resembled a film title, but certainly not something to do with healthcare.

Luton and Dunstable: respondents were very unclear as to whether this brand was for a private or NHS facility. Some thought it might be a teaching centre of some kind.

Only Solihull and Heart of England give any sense that they are part of the NHS, and only these brands reassured respondents about what they would be getting in terms of quality of care.

The effect of the NHS logo alongside separate branding was confusing for respondents. They were not sure if they could expect such an organisation to provide free, standard NHS treatment. Some assumed it signified a medical facility that was not private, but might also offer some private treatment or care.

Overall, respondents felt that in respect of dual branding, the NHS brand trumped all others. However, they also felt that this type of presentation sent a mixed message and implied a dilution of the NHS brand. Many respondents wondered whether dual branding signified the organisation as part of the NHS, or the NHS as part of something else.

5.3.9 Third party providers' logo alongside the NHS logo: Stimulus R

These images generated genuine surprise and disquiet among respondents; most had never seen anything like it. It was very confusing for the vast majority.

> *"It isn't real. You wouldn't expect it"*

Clearly this was seen as 'brand dilution' for the NHS. It represented a service offered in conjunction with somebody else, and to most respondents, this looked ugly, and represented a mismatch. Many respondents worried that these organisations would be making money on the back of the NHS; there was clearly felt to be a contradiction, or at least an imbalance, here.

Respondents did not feel that there should be equal brand billing. Some expressed the view that the other firms hadn't 'earned' this right. All respondents wanted to see the NHS logo dominant in the images; but equally all felt they would prefer not to see the other brand there at all. The Virgin and Serco brands raised suspicions among respondents: partly this was because they were seen as big business ventures; and partly it was because the brands were strongly associated with completely different services to healthcare provision.

> *"They should not have this. Virgincare haven't earned the right to be on equal billing with the NHS"*

Serco is associated with prison management, so this was confusing; others saw Serco as inherently untrustworthy.

> *"You don't associate the NHS with making money. When you see Virgin and Serco, they are big businesses and think of profits"*

Respondents assumed that this was a sign that Virgin was *"trying to get into the private healthcare market";* respondents were unable to guess what type of service they (or Serco) might be providing to the NHS. Respondents assumed that if it was Virgin, they would have to pay for it; others questioned Virgin's expertise.

> *"If I see the postman getting out of a rented van and bringing parcels to my door I don't feel as comfortable with the guy in the rented van because I expect the post office van to come"*

Respondents found it difficult to estimate what the quality of service might be (this clearly reflects the unease many felt at both companies' public images). For most respondents, this was a step too far, implying privatisation by the back door. There was suspicion that they would have to pay for this eventually. Some also worried that the NHS logo would eventually fall off the sign, and that the companies were in a position to make excessive profits from the NHS.

> *"It makes me think that the NHS is selling out, dispersing, off-loading because they can't cope*

> *"Are we subsidising Virgin's move into healthcare?"*

5.3.10 Use of the NHS logo on products and services which may or may not be directly related to patient care: Stimulus L, M & N

No respondents had seen a connection between products and the NHS before and most were concerned by the connection. Some questioned whether this was an appropriate way for the NHS to make money. On the other hand, some felt that if the NHS were making money out of private companies, and the money was going into the NHS, this was acceptable.

NHS as a product brand doesn't have a positive heritage; some respondents felt that the NHS brand signified cheaper, or possibly lower-quality, products.

> *"NHS on products has always been iffy. When we were children NHS glasses were free but always a bit ugly, so I'd say there's some stigma and maybe an expectation of lower quality…"*

> *"When I think of NHS on products generally, although they may be good for you they are not going to be of the greatest quality - functional not fashionable"*

In relation to the condom and app, respondents felt that the NHS was probably endorsing the product for legitimate reasons (safe sex, healthy eating) and this was seen as more acceptable as it had potential benefits both for the NHS and for the health of the nation.

However, the cream was seen as a purely commercial product, with no obvious health benefits, and respondents felt that this cheapened the brand. Most respondents found it hard to see any clear relationship between the NHS and the products.

> *"Whatever it is has to have a health benefit"*

> *"I don't see a link, maybe it should say 'endorsed by'?"*

> *"It suggests that the NHS needs more money!"*

Respondents had a number of suggestions for acceptable products to be associated with the NHS brand, including e-cigarettes, plasters, and Paracetamol; but overall there was felt to be some dissonance between a product which is paid for and the NHS, whose services are largely free. So,

overall, there was general resistance to using the brand on products, particularly those with no clear health benefits.

5.3.11 Use of the NHS logo on other services: Stimulus P & Q

Broadly, these services were seen as quite legitimate uses of the NHS lozenge. Neither service was well understood, but the Referral Service was seen as a fairly routine part of NHS administration and so quite correctly branded as NHS. Code4Health was seen as an internal-facing product for the NHS, and again this made respondents feel it could justifiably be branded NHS.

Overall, respondents felt that internal NHS service providers should be branded NHS, even though the public may never see this branding; most felt that a common NHS branding would help create a more uniform organisation for NHS staff.

5.4 Sample variations: patients and carers

Broadly, findings among this sample group were consistent with the public who were in good health; but this is an audience which has more experience of, and direct contact with, the NHS.

Consequently, they were more cynical about the consistent quality of NHS care and the effectiveness of its delivery systems: the NHS is *"not a friend that you want to see all the time"*.

This sample group tended to see the NHS as more fragmented, less accountable and significantly changed by recent political interventions.

> *"I see Mary Poppins, I see a bean counter/ accountant and I see a PR man. The NHS has multiple personalities…"*

For them the NHS logo was felt to be representing a societal good, not a brand. This audience were very resistant to the idea of seeing the NHS as more of a commercial brand; for them, the mainstream brand world is about business, and contrary to the ethos of the NHS.

Because of their frequent interactions with the NHS, most of this group have seen the logo in different settings and colours (green for paramedics, for example).

Older and ethnic minority respondents really do rely on the NHS logo for guidance and navigation purposes. But consistency in supporting information is important for them; these groups quickly become confused and uncertain if information is inconsistent or unclear.

"That logo has really helped me before, once I was lost and I couldn't find the hospital but then I saw it on the road signs…"

Younger respondents were much less attached to the history, tradition and cultural cachet often attached to the NHS Identity. They were pragmatic, demanding and inclined, for example, to judge NHS services against their gym.

Consequently many viewed the NHS as inconsistent, of highly variable quality and for many, a 'last resort' for healthcare, targeted at those who cannot afford superior private care; they value the NHS, but are not strongly emotionally attached to the brand. For this group, the NHS Identity is not associated with quality; it is more about services being free and of a basic nature. This segment identified Virgin as a brand that they recognised as quality.

Ethnic minority respondents were very conscious of what they perceived as the inclusive, non-discriminatory nature of the service the NHS offers. Respect for religion was also noted; one Muslim respondent was appreciative that her GP is allowed to take time for prayer.

Many in this group have a unique perspective, in the sense that most can make comparisons with their native countries of origin, where healthcare is often not consistently available and is not usually free.

This segment of the sample regarded the NHS logo as an important signpost to vital services, and they use it to navigate to services and to recognise NHS quality where it is being offered.

Overall, ethnic minority participants were more defensive about maintaining the traditional NHS Identity and more inclined to interpret non-standard branding approaches as evidence of creeping privatisation.

6. PHASE ONE: QUALITATIVE FINDINGS: Stakeholders

6.1 Research objectives

Amongst stakeholders the research was required, more broadly, to fully understand how and why usage of the NHS Identity has changed, and to ensure that the updated NHS Identity policy is fit for purpose and applicable across all areas of NHS commissioned and delivered services.

More specifically, the stakeholder research explored:

- The importance of the NHS Identity to their organisation
- Their view on the importance of the NHS Identity to their patients/communities
- Why some NHS organisations are moving away from using the NHS Identity
- Why some NHS organisations are developing alternative logos/identities
- The advantages and/or disadvantages of having a geographic organisational name
- Their views on whether NHS hospitals and services should be allowed their own NHS logos rather than just NHS organisations/Trusts
- Their approach to co-branding when working in NHS partnerships
- Their approach when using the NHS Identity on services from third party providers
- Their views on the use of the NHS letters and/or the NHS logo on products and services which may/may not be directly related to patient care

6.2 Method and Sample

40 depth interviews were completed, comprising:

- 23 depth interviews, conducted either face-to-face or by telephone, with Chief Executives and Directors or Heads of Communications in the following organisations, structured as follows:

1. 4 interviews with Foundation Trusts
2. 6 interviews with Trusts
3. 1 interview with a Mental Health Trust
4. 2 interviews with Ambulance Trusts
5. 5 interviews with Clinical Commissioning Groups
6. 5 interviews with independent providers of NHS services e.g. private sector, Community Interest Companies, Social Enterprises, charities

- 17 depth interviews, conducted either face-to-face or by telephone, with senior partners in GP Practices, Opticians, Dentists and Pharmacists, structured as follows:

5. 3 interviews with GP Partners
6. 4 interviews with Senior Opticians/Practice Partners
7. 5 interviews with Senior Dentists/Practice Partners
8. 5 interviews with owners/Senior Partners in Pharmacies

NHS England provided names and contact details for stakeholders, with RWL free-finding some of the practitioner participants.

6.3 Summary of findings

A number of broad perspectives on NHS Identity emerged.

Senior NHS communications professionals support a well-managed and consistent use of the NHS logo and identity. An alternative view was expressed by local communications specialists, who, irrespective of national communications priorities, were specifically tasked with making their Trust stand out in a competitive marketplace; this group would prefer some flexibility in the use of the logo and identity.

Third-party providers expressed another type of relationship with the NHS Identity, balancing benefit and profile. All recognised that benefits derived from use of the NHS Identity must be weighed against the possibility that their own brand presence may be diminished by association with the very powerful and well-recognised NHS Identity.

Amongst primary care contractors, their relationship with the NHS Identity and logo was pragmatic. GPs typically did not use the logo in communication with patients; dentists used the logo to indicate that they provide NHS dental services; and pharmacists valued the logo, since they saw it as conferring legitimacy on their services.

6.4 Main findings

6.4.1 Senior national and local (Trust/CCG) NHS communications professionals

NHS communications professionals typically support a well-managed and consistent use of the NHS logo and identity. Many are strengthening their use of existing NHS Identity guidelines by creating and enforcing formal policies for use of the NHS Identity in their work areas.

Diversification of NHS services and delivery mechanisms is posing a challenge to how the identity/logo is used on public-facing materials (localism is a major issue: respondents point to the devolution and integration of health and social care budgets in Manchester). Additionally, problems with third-party suppliers were seen as damaging the integrity of the brand. Some respondents felt that the NHS should not allow third-party suppliers to use the logo unless it was made very clear that they are an external supplier working for the NHS, and not a part of the NHS in the public eye.

> *"They behave and act and use the identity as they choose, and we have limited control over them in that regard."*

> *"People need to know who they are dealing with."*

Among this group, the NHS logo is seen as instantly recognisable and a badge of quality, accountability and standards. There was consistent disquiet about what was perceived as increasing 'freelancing' by Foundation Trusts in particular (using their own logos); it was felt that the NHS logo

must be maintained, otherwise the general public might perceive the fragmentation of the brand as indicating a privatisation of the service.

It was strongly felt that NHS organisations should use the NHS logo, and that any secondary brands should integrate with the NHS Identity (in relation to colours for example). It was also felt that organisations needed to be managed in relation to branding activity. Examples of best practice would be useful and illuminating for this group. Maintaining a stable approach to the NHS Identity was seen as important in a changing and uncertain time for the NHS; supporting and protecting the Identity was understood to be vital.

Some respondents pointed out that, in a period where they are expected to drive savings, it was difficult to update the identity, as this would be seen as a low priority against the larger budget implications of any project. This, it was felt, had implications for consistency in the future treatment of the NHS Identity, with one respondent believing that budgetary constraints might underpin a more broadly conservative approach to branding at a strategic level.

It was felt that a consistent policy for both NHS organisations and external providers was needed; this was coupled with a strong sentiment that the public must not be confused or misled by inconsistent use of the NHS Identity/logo.

NHS communications professionals often work in isolation or in silos; they expressed a need to know more about NHS Identity guidelines. In this respect, it was felt that the NHS Identity Team needs a stronger presence in the NHS universe and perhaps more obvious authority in relation to use of the identity. On this point, some communications specialists pointed to the complicated hierarchy of styles of logo's in use, and the problems they presented, especially to smaller organisations within the broader NHS.

> *'The hierarchy of brand materials is nonsense. You use a different font depending on your status.'*

This group expressed the view that the inclination to 'do something' with local NHS branding to 'avoid being boring' must be challenged. Practical issues (i.e. the restrictions of having one copy of the Frutiger font with their logo pack, especially when commissioning external designers) needed to be addressed.

Overall, creating separate organisational identities was not seen as helpful for the public.

> *"Brand is what you say and do – it is your promise"*

6.4.2 Local communications and branding specialists

The local communications and branding specialist (often recruited from outside the NHS) is tasked with making their Trust stand out in a competitive marketplace. Consequently, this group's views on use of the identities and logo differed significantly from more senior NHS communications professionals working at a regional and national level.

Their view was that, in an 'NHS-neutral' environment (i.e. one where everyone uses the core brand identity) it was vital to produce unique local branding components in order to gain recognition in a competitive landscape. Additionally, there was less certainty around the value of the NHS logo; it was seen by some as too powerful, impersonal and all-encompassing; thus it was seen as overshadowing secondary branding.

Some believed that the NHS itself has little emotional connection with the public (although this view clearly conflicts with the views expressed by the public and patients).

> "*It's too big and impersonal as a brand for people to love it. You can have affection for your local hospital, but you would never do anything for the NHS because it's a government department*"

Equally, the NHS brand was not seen as being used consistently across the NHS; organisations fighting for work are clearly seen as trying to create their own identities. For these respondents the only genuine role for the NHS logo is in use by commissioners, and by NHS England in particular.

For this group, organisations delivering services on behalf of the NHS should be differentiated from the 'main NHS' – because they are independent businesses. Some wondered whether an NHS organisation needs to be formally defined at all.

For those respondents who saw themselves as branding specialists, the NHS Identity guidelines needed to be focussed around a much more sophisticated understanding of the brand situation.

> "*I think they need a prescriptive set of guidelines, but (and it's a big but) it has to be a proper brand guiding document as opposed to a brand that was designed to be a letterhead and a logo. There's a lot of sloppiness and technical errors at the moment. There's a huge difference between a brand guide and a guide for producing stationery".*

It was also felt by some specialists that the current guidelines are too focused on traditional and 'paper-based' channels. They work well for stationery, but considerably less well for digital work. This was seen as an area that needed improvement, and the sooner the better. Improvements to the image library were suggested, as were dedicated guidelines for digital materials. Some respondents wanted to see templates rather than guidelines for documents and digital materials.

6.4.2 Third-party providers

Third-party providers expressed yet another type of relationship with the NHS Identity; balancing benefit and profile.

Most were protective of what they saw as an important patient-support element in communications, but at the same time acknowledged contradictions in their own use of the NHS logo (in this case the respondent was differentiating between the importance of public service, as distinct from the principle of public sector ownership).

> *"I recently went to a private hospital through the NHS and saw no logo; I found it interesting and decided as long as I got the quality of service expected, and good outcomes, that is what*

the NHS should be about. The public service ethos is more important than the public sector ethos. I have seen real responsiveness to the client in the private sector, and a lack of it in NHS; almost as if we're doing this (using the NHS logo) because we have to"

But all recognised that benefits derived from use of the NHS Identity must be weighed against the possibility that their own brand presence is diminished; one charity was concerned that their contribution would be attributed to the NHS and vital public awareness of their role would be reduced as a consequence.

"We have to reflect our own contribution and the guidelines must acknowledge that pressure"

6.4.3 Primary care practitioners

6.4.3.1 GPs

This group comprised senior GPs with more than 25 years in general practice.

Typically, this group was completely unengaged with the NHS Identity; they rarely use it (on practice communications for example) and have never thought about using it more often, or about what the identity might mean to their patients. All saw the NHS as 'as much of a single organisation as it's ever been' and not much changed (from their perspective) by the recent reforms.

All, however, drew the line at too much fragmentation of the NHS Identity, which they saw as important for acute and community settings as it provided reassurance for service users. Thus they would be in favour of some rules around branding of NHS services, provided this doesn't affect them.

"I'd be annoyed if I had to reprint the practice stationary for example"

6.4.3.2 Dentists

Again, this group largely comprised very senior and experienced (25 years +) dentists and practice owners.

Essentially, for this group the NHS Identity is there to indicate that they provide some NHS (and hence free or discounted) services, often just for children.

"Dentistry has always had a more remote relationship with the NHS since 1949 – we have a foot in the camp, but I don't see my practice as part of the NHS, we just provide some subsidised services…"

As a result they were very happy with the NHS Identity being used in any way that is legitimate in a changing healthcare sector.

"I can see more outsourcing in health, so you're going to be using the NHS brand to reassure users about quality, accreditation and accountability I suppose"

6.4.3.3 Pharmacists

This group comprised pharmacy owners and very experienced pharmacists (25 years+).

All of this group saw the NHS Identity (which is used prominently in their own pharmacies) as vital for helping them to be accepted as an important first point of call for people who require advice or treatment about health matters.

> *"The NHS logo reassures people that I am a healthcare specialist, an expert like a GP. Since we built the consultation room we have many more people coming to us for advice about things they might normally take to their GP. It's important that they recognise I am qualified to help them, that I am a part of the mainstream NHS"*

For these respondents, the NHS Identity and the NHS logo are increasingly part of their offering to local communities, and they feel protective of the identity, and see it as vital that the identity is maintained.

> *"Ultimately I see the pharmacy as a first-stage health centre, so we need the NHS imprimatur to give us legitimacy – anything that affected the credibility of the NHS Identity would be very bad news, it must be protected"*

6.4.3.4 Opticians

This group comprised senior managers, managing the growth and development of existing optician franchisees across the UK.

For this group, strict NHS Identity regulations are important. They feel that the logo must be strictly applied to suppliers.

> *"So when you see the logo that is a true and valid provider"*

Their clients value the NHS Identity very much because many are elderly and tend to use NHS services more. The identity is seen as making it more straightforward to explain that they are providing an NHS funded service. However, they would like to see the NHS Identity move away from the concept that the NHS is free and more towards the fact that it is high-quality care.

For the future it will be important to keep control of who is using the logo and who is using the identity. It is essential to make sure that companies using the logo are fit for purpose, as well as ensuring that the public profile of the identity is maintained and managed.

7. PHASE TWO: MAIN FINDINGS: GENERAL PUBLIC, PATIENTS AND CARERS

7.1 Method and Sample

The Phase Two research sample for general public, patients and carers comprised 14 focus groups and 2 triads. This sample was made up of: 10 focus groups with the 'well' general public; 4 focus groups and 2 triads with patients and carers. The focus groups each comprised 8 – 10 members.

The research was carried out in a number of locations: London, St Albans, Leeds, Birmingham, Manchester and Eastbourne, in November and December 2015.

7.1.1 Key findings

As in the Phase One research, a majority of participants agreed that the NHS Identity should be used consistently, and their preferred option for the logo position was right-justified, with text below and the organisational descriptor in smaller blue text. Consistent usage of the logo suggests that the service they receive is the same across the board.

The logo is instantly recognisable and provides confidence in terms of the level of service they can expect and the way it is delivered. It also provides reassurance as to the treatment/service they receive. It will be of a certain quality, and free of charge.

A majority of participants felt that making the NHS logo more consistent across the whole of the NHS makes it look more business-like and efficient. Most participants also felt that having the NHS Trust/Foundation Trust/CCG descriptor displayed with any logo was not helpful; this information was felt to be inward-facing and – currently at least – irrelevant to them.

Participants felt that, where appropriate, third parties should use both the logo and the phrase 'providing NHS services'. This was felt to provide clarity and transparency, as well as offering the NHS imprimatur to the service provided.

It is interesting to note that, for most participants, a narrative based around the NHS itself running successful businesses and making a profit was positively received; this was understood as money being ploughed back into the NHS to provide funding for more and better healthcare. However, anything suggesting a privatisation narrative (out-sourcing, commercial services or a non-clinical focus) was much less positively received.

7.2 Main findings

7.2.1 Awareness of and attitudes towards the NHS and NHS Identity

In response to the question 'what is the NHS?' most participants answered with all or some of the following: GPs, hospital, pharmacists, dentists, clinics, 111, ambulance, admin, research and development, mental health and carers. More of these elements were visible to patients and carers, but all participants agreed with these elements as comprising the parts of the NHS.

For this group of participants, the NHS represents, primarily, consistent nationwide healthcare, free at the point of delivery. It is particularly valued in terms of acute and emergency care, and is understood to be a centre of expertise, and an organisation that promotes and campaigns for improved public and personal health.

> *"You always know what you're going to get"*

> *"The logo says safe and secure – you know it means healthcare and professional. When I see that sign rather than another, I know that I'm in good hands wherever I am"*

> *"It's one entity, but it's spread apart in terms of specialist centres. It used to be all under one roof, but that's changed – but the NHS quality of service hasn't changed. That's the same"*

What does the NHS represent?	
Positive	Negative
There for everybody; free healthcare service, large	Missing targets ; over-stretched
Expert: a lot of research	Under-staffed; variable quality of care
Quality, reliable, immediate response, improving, caring	(For younger participants) basic, free, utilitarian, 'not the best'
Life-saving	
Efficient	
Consistent across the country	
Campaigning for improved health	

Participants understood the NHS as a national entity but, importantly, an organisation shaped for local delivery. It has a local face, but a national promise of quality.

> *"When I think NHS I think of our local clinic or hospital – you know the best places locally: the places you would want to be in and the places you wouldn't"*

> *"It's my GP really, but if was in another town I would expect NHS to deliver the same quality of care. The same quality anywhere"*

> *"It's one entity, but it's spread apart in terms of specialist centres. It used to be all under one roof, but that's changed – but the NHS quality of service hasn't changed. That's the same"*

There were, however, more negative associations among younger participants, and these negative associations tended to focus around the quality of service (in particular convenient access) offered by GPs. These participants, nonetheless, viewed NHS hospital services positively; although they understood the idea of NHS quality as meaning a certain basic standard of service rather than the highest quality.

> *"When something becomes more complicated you always end up being referred to the hospital. This is where the best healthcare is and where they have the best technology. I trust the hospital more than my GP. 100%"* (18-25 female)

"It's a lot less efficient than it used to be. Hospitals can be quite severely understaffed – the level of care they are able to give, as opposed to the level of care they want to give, has dropped, because they are simply not enough doctors and nurses" (18-25 female)

"What words would I use to describe the NHS?: Glorified pharmacist; Free; Struggling; Trying to offer a great service but their hands are tied due to budget constraints; Fewer staff; Doctors strike; Everything takes too long" (26--34 female family stager)

7.2.2 The NHS and its logo

For all participants, the NHS logo was instantly recognisable, and most participants reported seeing it every day. For these participants, the primary qualities communicated by the NHS logo are those of familiarity and quality healthcare.

"I drove to see my friend in hospital in Manchester – I didn't know the location at all, but I saw the logo on road signs and then I saw a big building with the logo on it and I thought 'I'm here'"

"If you see the NHS logo you know you'll get a really good quality of care: properly qualified staff"

Participants saw the logo as having a role to play in helping people to access services, particularly in the case of mixed NHS/private or commercial services such as dentists or opticians. More generally, the logo denoted a narrative of quality and accountability; this was true for most participants, even those who had expressed negative attitudes towards the NHS.

"It gives you reassurance when you see it: it says this place has been checked out for quality"

The presence of the NHS logo in an advertising campaign imparted credibility and quality, and gave reassurance and comfort. It was seen as important for NHS services/organisations to use this logo, to instil confidence and give a sense of consistency amongst service users. Participants valued the sense of continuity and clarity that the NHS logo offers.

"You know it's come from the top, from the best doctors and medical minds"

"I sort of know what to expect when I see the NHS logo – I know that I can be sure about the quality of what I'll get. It tells me what I can use and what I can't – if I see other logos then I would tend to assume they are commercial"

"It's a short-cut to the services we need"

However, participants expressed some concern as to the cost implications for ensuring that everyone has the right branding. Some made reference to Consignia (Post Office) and the huge cost of that re-branding (which was then discarded): *"the NHS can't afford waste!"*

7.2.3 NHS logotypes

7.2.3.1 Current format and structure: Stimulus A

Stimulus A left participants with a sense of confusion and unnecessary diversity. It was felt that there was too much inconsistency in logotypes and organisation names. There were felt to be too many irrelevant or unclear descriptions: descriptor terms such as Foundation Trust and Clinical Commissioning Group meant little to a majority of participants.

This was seen as important; when participants encountered unfamiliar descriptors, or did not recognise or understand the terminology of the descriptors, it was clear that, as a consequence, they did not know what to expect. Again, participants felt that most of the descriptor statements were internal-facing and not necessarily relevant to patients, carers and visitors.

> *"Some of them I'm reading and I don't know what they are. It's not somewhere we could just go"*
>
> *These are unclear. CCG means nothing to me; it's more internal than public…"*
>
> *"The CCG one tells me that the organisation is important, not the NHS. That stands out more than the brand logo"*
>
> *"Teaching hospital is clear, but some of the others are really not clear: it's inconsistent and that doesn't help me"*

7.2.3.2 Draft options for future structure and format: Stimulus B - E

In general, the majority preference among participants was for a right-justified visual device, with accompanying text beneath the logo and organisational descriptor in small blue letters. A minority of participants preferred top left-hand corner and there were some who wanted large text for the organisation name, simply in order to aid clarity of reading.

The most important information was seen as (in order of priority) 'NHS' and then the organisation name – but only if this relates to a specific local hospital or unit.

Names which represents local or regional alliances ('5 Boroughs', for example) were not seen as useful or relevant. Overall, the descriptor was not seen as particularly important for this group of participants; most felt that the department name was more important in terms of accessing a particular service.

> *"If the Foundation Trust is important info, then I think it needs to be there; but having it smaller and in blue is better. If you look for the info it's there, but it's not in the way, because it isn't important to me..."*

> *"It's confusing because there is too much black text together; it's easier to see the important information (the hospital name) when the extra text is blue"*

> "*I suppose it depends on what you are doing. If you need to attend the place then perhaps you do need to know about it. As a patient I just need to know it is an NHS hospital and the name of it, so I know I am in the right place, then I need to know the department"*

Consistency of branding and presentation was seen as very important, for basic, practical reasons.

> *"An example for me is, I was going to see my dad in hospital in Ipswich. I know the general direction; I turned left at some traffic lights, and the first thing I saw was NHS and a big building, then I knew I was in the right place. That was it. I didn't have to find it, I didn't have to know what was written under that logo. Bigger the better on that one I think. So to come back to your point. I didn't have to know what section of the NHS it was or whether it was a Foundation Trust. It was irrelevant"*

In relation to letters, a majority wanted the specific hospital or department to be spelled out as part of the logo and heading. Again, this was seen as more important information than any other descriptor.

> "*When you get a letter you open it and you see the NHS so you know what it is all about, then you want to see where it's from straight away. You don't want to have to look at unnecessary information. Especially if you are waiting for letters from different departments"*

7.2.3.3 Signage: Stimulus F

In terms of signage, participants tended to express a preference for a mixture of the two options. They preferred the top section of the right-hand option, because the NHS logo is larger and the hospital name is easier to read. But they also preferred the left-hand, bottom blue section – because it is clear, strongly-presented and easy to read.

> *"The top bit is clearer and bigger"*
>
> *"It helps when the main hospital name is written in big, bold letters especially when you're looking for directions to the hospital"*
>
> *"The message about the main entrance is bigger and central. When you go to the hospital you may not necessary care what it says on the top, as long as you know which part of the hospital you are going to and it's part of the NHS trust"*
>
> *"I prefer this message, because it's bigger and clearer and central"*
>
> *"I think I would like a mixture of both really, the larger logo and the one with the words in the middle"*

7.2.3.4 Alternative logos: stimulus G

Participants expressed a uniformly negative response to these independently created logos. It was felt that without the NHS logo, there was no clear indication what type of service was on offer, and participants did not make a connection to healthcare when they saw these logos.

> *"If you saw them on their own, they could be anything. The top one looks like a phone company. You would not know they are related to health because they do not say what they are and what are they trying to do"*

> *"I would think they are part of a private healthcare, a bit like BUPA. There is no mention of the NHS logos. I would think I cannot go there because it's private"*

> *"They look like companies that put you on hold for hours. I would not trust them because I would not get anywhere. I would not trust them"*

> *"The NHS logo brings with it the years of experience, reliability and free healthcare. You could just stick this logo in and think 'who are they? They could just be the 10 minute wonder'"*

Some participants expressed very negative reactions to the idea that public money was spent in creating independent logos.

> *"They spent NHS money doing this? Good grief!"*

7.2.3.5 Letterheads: Stimulus H

The Leeds Teaching Hospitals NHS
NHS Trust

Physiotherapy Booking Office
Telephone: 01234 567890

MR A N OTHER
THE MAIN ROAD
DONCASTER

DN45BZ

Date : 10/02/2015

Dear Mr A N Other

You have been referred for Physiotherapy by your Consultant and we are now in a position to offer you an appointment.

If you require treatment please telephone either of the numbers shown above. We are able to arrange your appointment at:

Doncaster Royal Infirmary, Thorne Road,
Doncaster, South Yorkshire DN2 5LT

If you do not contact us within two weeks from the date on this letter we will assume you no longer require treatment and will discharge you from our physiotherapy waiting list.

Please also note that should you take up an appointment and then fail to attend on the first, or any subsequent appointments, without informing the department, you will be discharged.

If you have a hip, knee or back problem, please bring a pair of shorts (if possible) when you attend your appointment.

As this is a teaching hospital, you may be seen by a student physiotherapist who will be supervised by a qualified physiotherapist at all times. If you have any objections to this, please bring it to the attention of the administration staff when making your appointment.

Your sincerely

Physiotherapy Department

For further information please visit our website: leedsth.nhs.uk
Chair Dr Linda Pollard CBE JP DL Chief Executive Julian Hartley
The Leeds Teaching Hospitals incorporating:
Chapel Allerton Hospital Leeds Dental Institute Seacroft Hospital Leeds Children's Hospital
St James's University Hospital Leeds General Infirmary Wharfedale Hospital Leeds Cancer Centre

NHS

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Physiotherapy Department

Service provided by Leeds Teaching Hospitals NHS Trust

For further information please visit our website: leedsth.nhs.uk
Chair Dr Linda Pollard CBE JP DL Chief Executive Julian Hartley
The Leeds Teaching Hospitals incorporating:
Chapel Allerton Hospital Leeds Dental Institute Seacroft Hospital Leeds Children's Hospital
St James's University Hospital Leeds General Infirmary Wharfedale Hospital Leeds Cancer Centre

All participants agreed that it is important to have the name of the hospital and/or department directly underneath the logo. None of this group felt it was necessary to include Trust information or descriptors (for these participants, this was information they did not need or understand). Participants were very clear, however, that the NHS logo is the most important aspect of the branding approach, and that this was especially important on letters and leaflets directing them to a particular NHS service.

> "*Whenever you get a letter from the hospital you look to see where it is from, which hospital specifically*"

> "*I don't think they need it, what does it actually mean. I don't know the difference between a Trust and Foundation Trust, it's sort of irrelevant to the public*"

> "*The NHS logo, being the colour it is, it makes you think medical anywhere. It is really clean and simple, you know what it is. I think having one logo in the clean clinical colour, everyone knows what it stands for and what it means*"

7.2.3.6 Primary care contractors

Participants expressed a range of reactions to the use of the NHS logo by primary care contractors. Most importantly, the logo was seen as indicative of a certain level of service, but precisely what level of service tended to vary with the type of contractor.

> *"I'd imagine for the NHS to put their logo on these places, they would have to have certain standards"*

All participants saw GPs as at the heart of the NHS. However, when they thought about it (and it was clear that not many had done so) participants realised that not that many GP practices make use of the NHS Identity. Most participants had not thought of GPs as independent contractors.

Participants' view on pharmacies using the NHS logo (many participants believed that more pharmacies are doing so) included the assumption that those pharmacies were doing a lot of prescriptions, medicines use reviews and offering treatment advice, under the imprimatur of the NHS.

Participants believed that only a minority of dentists offered NHS services (although again, participants believed this number was increasing). It was felt that the NHS logo indicated a basic level of service here, a cheaper option, but still consistent.

> *"You'll get the basic treatment: not the most aesthetically pleasing, but functional!"*

> "*I think it does say that there is a basic level of service and care. You are not going to get a second rate service because as we have said the service you get isn't really any different. The dental check-ups you get are the same whether you go private or NHS, and similarly an eye test is an eye test. It is really just the products that are different"*

> *"You get a set standard; you might think the NHS dentistry is lower standard than private, but you know you get a certain basic standard. But you could be concerned that they are overworked if they are NHS"*

Few participants associated Opticians (positively) with the NHS. Where they were associated with the NHS, it was felt that this indicated a lower quality of product, though not necessarily of service.

> *"That'll be the cheapest, worst glasses I suppose"*

> *"If I went into an optician in St Albans or Manchester I would expect the service to be of the same level because of the logo"*

The idea of mixing NHS and private services provoked mixed feelings among participants. However, the logo implied a consistent level of service, even if this was a consistently basic level. Broadly, the logo was seen as reassuring, a reminder that these services were accessible to the general public and would not charge for certain services.

> "*I think if it said Providing NHS Services it would reassure you that you can go in and enquire with confidence without worrying if it is going to cost you a fortune. If you thought they were private I think it would put you off"*

7.2.3.7 Third party providers

The stimulus material for third party providers tended to produce negative reactions among participants. Material without the NHS logo was not seen as trustworthy, and participants' views were coloured by worries about privatisation.

It was seen as vital for the NHS logo to be present. The text of supporting statements such as 'providing NHS services' was not seen as sufficient. Respondents felt they needed the NHS logo to provide reassurance on two fronts: first, the level of care/service they would receive; and secondly, reassurance that it was an NHS service, and thus provided a guarantee of a standard of service/care.

> *"If you have the blue NHS then you can have 'Services provided by Virgin Care' alongside it"*

> *"You would have the right starting point, wouldn't you? You would know you are under the NHS still"*

> *"It's obviously aimed at young people - colourful, cool, not old-fashioned. But I don't trust it because it doesn't have NHS on it"*

The 'Milton Keynes Sexual Health' option (*left-hand, stimulus K*) was felt to have the correct identity. It clearly signified an NHS service and was transparent in terms of stating 'services provided by Virgin Care' underneath the NHS logo. The alternative, with the Virgin Care logo at the bottom, was not seen as transparent and was felt to be too easy to miss. The right-hand option of stimulus L was also seen as acceptable and was clearly understood to be an NHS service (because it uses a predominantly blue colour palette).

> *"You see the NHS logo straight away, and then you can see Virgincare that's fine. The other one, I didn't see that straightaway until you pointed it out"*

> *"Having the NHS on there reassures you. You know you are going to get a level of service, you feel that the NHS is going to ensure the quality of the treatment, whether that's right or not, and you know what you are getting"*

> *"It is all part of some joined-up process…"*

7.2.3.8 Partnerships: Stimulus N

A majority of participants saw the NHS logo as the most important element in the posters. Otherwise, there was a clear degree of confusion and misinterpretation; broadly, the posters were seen as unclear and far too busy.

> "*That one, (the left hand side), too small too cluttered. You don't need to know all of those organisations are involved, you just need to know it is the NHS"*

> *"The first thing my eye was drawn to was the bits at the top detailing the people involved but it isn't the most important part of what they message is. It detracts from the message for me. But, it is really important to me that the NHS logo is clear and present"*

> *"To me it's saying the NHS is behind it and the facts are probably true – but when you see the corporate brand on the same page as NHS it's saying it's ok to use that brand"*

However, ensuring that the campaign reaches its target audience was understood by most participants as important, and this produced a degree of tolerance for the confusion in the design.

> *"This is for younger girls and women, so it has to catch their attention"*

> *"It's advertising, but with the NHS behind it"*

7.2.3.9 Commercial services

Stimulus Q

Overall, this usage generated deep suspicion among participants. Some responded cynically to the image, assuming that a private company had been given access to the NHS logo in order to sell a product, and there was a degree of confusion about what the advert was actually selling. Some participants assumed it was a product that had been tested or approved by the NHS; some wanted to believe the logo indicated an imprimatur from the NHS. There was confusion as to whether the product was actually 'medical' or simply a cosmetic product endorsed by the NHS.

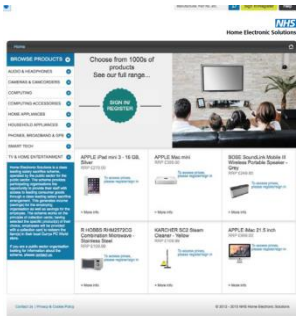
> *"I would think that a lot of research had been put into this by the NHS – it's safe – it has the NHS approval: time and money has gone into it and it has been given a stamp of approval by a medical professional"*

> *"A lot of research has gone into it; it must be good"*

"It could stand for anything, looks like an NHS rip off. Someone's nicked the brand"

"Why put Salisbury on this – is it just for that area?"

Stimulus T - W



This material provoked some controversy among participants. For some, it suggested a poor use of NHS funds; these participants assumed that the NHS was funding either the products or the discounts to staff. In contrast, some saw the idea of the NHS making a profit on non-medical services as positive, so long as this did not take priority over its core (healthcare) services.

"Are they funding all this? I would say that the NHS are funding this – they are putting money into it, which seems wrong"

Some participants did not see the point of branding a service was that was internal to NHS staff. Others saw the material as indicating that commercial companies were operating at the heart of the NHS, and this was a clear negative.

"Looks like privatisation from the inside to me: I expect some big companies are running all this and making a fortune…"

"Why do they need NHS branding on this if it is internal – to me using their branding suggests that they are funding it, when they aren't really, it's just a service?"

Stimulus X, Y

This material provoked mixed responses among participants. 'Travel' was seen by many as confusing, and a poor descriptor of the service. The term 'solutions' was similarly confusing for some participants. Some participants did not see a reason for signage or descriptors on the vehicles; it was seen to be irrelevant. There were, however, also positive responses; some

participants felt that it was a good idea to put the NHS logo on vehicles performing NHS services, even non-medical services.

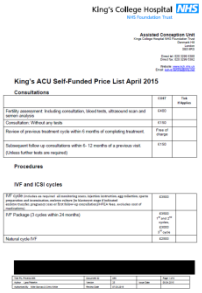
> *"X makes it sounds like they are going into travel. Y looks like fleet management. It needs to be clearer to make it obvious that the NHS is not going into a new business"*

> *"X doesn't bother me; that's a van that belongs to the NHS and is being used for NHS purposes. Might make people give way for them!"*

> "*Y is more confusing. If it's a doctor's car it should just say doctor on call. The word 'solutions' is confusing"*

> *"I'd look and think that belongs to the NHS fleet and do I need to know that? Why are they telling me?"*

Stimulus Z, AA, BB



The broad consensus among participants was that, if a patient is going to receive NHS treatment, even in a private hospital or department, then the logo should be present. This was seen as a necessary reassurance.

> *"If you're going to have NHS treatment in the private part of an NHS hospital – or a private hospital, then the NHS brand should be used."*

> *"If this hospital was completely private, then they should not be using the NHS logo, because it's misleading. If they are offering both types of care, there is no reason why they should not be allowed to use it"*

However, some participants felt that the NHS logo would not be reassuring in these circumstances. These participants expected private healthcare to be better than the NHS, and therefore felt that seeing the logo would indicate a patient was going to receive second-rate treatment from a private provider.

Stimulus BB (letterhead bill) was a little confusing for some participants, but once they understood the context, most felt that the NHS logo was necessary if the service was given in an NHS hospital, even if it was self-funded.

"If you've had the treatment in an NHS hospital, then it should have the logo. It says self-funded quite clearly"

7.3 Sample variation: patients and carers

Broadly, the findings were consistent among this group with the 'well' general public, but this is an audience which has more experience of, and direct contact with, the NHS. This group was more likely to recognise the diversity of the NHS, and to have a clearer view of the changes that are affecting the NHS.

"They are all kind of connected. It's a health umbrella, but it's too branched out, there are too many parts to it. Higher up it's connected, but not where we see it day to day. It breaks down into separate parts from the top. It's both local and national"

"Nowadays it's a business. Earlier on it was about recovery and getting well. Right now it's more of a business and money making factory. It's comprised of hospitals, pharmacies, dentists, physios, opticians…"

Local services were most important to this group, and they were more likely to have an emotional investment in the NHS brand. While most of this group remain grateful for the existence of the NHS, this was also the group most likely to be critical of current NHS services; both of these reactions are likely to be connected to the fact that this group are the most frequent users of NHS services.

"I think of it as you use the facilities local to you. Any change to what's available is still localised. When I think of the NHS, it's all about the government and politics. At a local level I see the buildings and the people, on a national level it's politics"

"The fact we have the NHS is great. The people who work in it are amazing. But in the last few years, it's always getting a battering in the media…."

"The customer service from the NHS has changed a lot. It's not as friendly. I can understand that they are busy, but a friendly smile and a little bit more sympathetic to the patients in terms of what they have to go through…"

"When I see the logo, I think of help, something that can support you. The fact we have the NHS is great. The people who work in it are amazing. But it's under pressure - in the last few years, it's always getting a battering in the media"

8. PHASE TWO: STAKEHOLDERS AND COMMUNICATIONS PROFESSIONALS

8.1 Method and Sample

The research sample for stakeholders comprised 80 qualitative depth interviews. These interviews were made up of: 51 depths with Chief Executives and Directors or Heads of Communications in NHS trusts, ambulance trusts, CCGs, independent providers and local authorities; 29 depths with national representatives, managers and senior partners in GP, optician, dentistry and pharmacy services. The interviews were undertaken during November and December 2015.

In addition, 9 half-day workshops were carried out with NHS communications leads, comprising both whole group and syndicate exercises. In total, 105 communications leads participated. The sessions took place in London (2 sessions), Southampton, Bristol, Newcastle, Leeds, Tamworth, Nottingham, and Manchester, during December 2015.

8.1.1 Key findings

There was no argument among stakeholders around the idea of protecting the NHS Identity and ensuring consistent, appropriate and cost-effective usage by both the NHS and its providers. However, some non-NHS respondents were clear that they envisaged situations where using the NHS Identity might not add value.

There are questions around how the policy will address the rapidly evolving commercial and structural changes to the NHS, particularly given the relative independence of operation of many parts of the NHS; in this respect, the draft policy (even in its full form) was seen as too qualitative and vague.

Cost and timescale factors were also seen as important, given the other, more obviously important priorities currently affecting the NHS. Participants regularly pointed out the importance of buy-in at a senior level; it was felt that ignoring this crucial element would lead to Chief Executives and managers vetoing the policy.

Many participants expressed the view that there will be a requirement for very detailed guidance in the form of templates and examples of best practice if the policy is to succeed; it was felt that in its current form, the draft policy offers too many ‘grey areas’, and participants were uncertain as to whether there would or could be sufficient guidance from the identity team to address these uncertainties.

There was a certain amount of scepticism about effective monitoring and enforcement of the policy. It wasn’t clear to participants who would enforce the policy, and some felt that the prospect of NHS England taking firm action, or legal proceedings, against a major third party provider for breach of the policy was daunting.

8.2 Main findings: sample variations

The stakeholders who participated in this research comprised a mixed bag of NHS and other professionals, including:

- Senior communications professionals, often with long experience in the NHS or in the health sector. These participants were often strategic thinkers with a subtle understanding of identity and branding issues
- Communications Managers: these participants were more often focussed on day-to-day tasks and generally tactical thinkers; some had NHS experience and some were new to the organisation. They often focussed on smaller practical considerations
- Graphic designers: these participants were generally recruited from the commercial sector and often relatively new to the NHS. This is a group which is clearly feeling the tension between recognising the value of a big brand such as the NHS and the commercial demands of their Trusts/CCGs. They generally focussed on design tools and assets
- Communications professionals from external commercial providers and charities: for these participants, the NHS Identity is only a small part of their remit.

There was also a clear divide between those embedded within Trust and CCGs and those who are externally contracted (from Commissioning Support Units, for example).

8.2.1 Non-standard NHS Identities

Overall, mainstream NHS communications professionals in Trusts and CCGs clearly supported the principles of the new draft Identity policy; they approved of the idea of protecting the core NHS Identity and agreed that usage has been too poorly controlled in the past. Nonetheless, many have not actually followed the current guidance.

A number of reasons were put forward for creating alternative logos and/or non-standard NHS Identities. These included:

- The excitement (and possibly hubris) of CEOs following the achievement of FT or CCG status: *"our CEO immediately wanted to do something to mark us out as especially successful and different…."*
- A strong belief that the organisation has its own unique offer and relationship with its target user audiences, and that this needed to be reflected in the organisation's identity: *"we wanted something that reflected how our users saw us and something that stated our vision very clearly"*
- A feeling that the organisation identity should strongly reflect local geographic references and cues (although this view was nuanced by the prospect of working outside the immediate geographical area): *"to make our patients very clear that it is their local service."*

Some had carried out consultations with local general public and patient populations before making a change; these organisations were confident that their decision-making and outcomes were supported by the local community. Others, however, had clearly just resorted to a tactical, internally-justified, local solution.

> *"There's always someone in the back office who is handy with design software and the CEO will make the final choice"*

Many trusts employ professional designers as part of their commercial operation and, while these individuals recognise the importance and value of the NHS Identity in a way that is not so common amongst career NHS managers, they see themselves as having to take short-term, non-standard design decisions in order to address immediate local commercial challenges.

Those working in Trusts which are actively competing for business with other trusts and third party providers were quick to point out the problems inherent in imposing a strict policy on competitive organisations.

> *"We have to differentiate ourselves: how can we make a strong case for our trust as opposed to another or Virgin Care if all the NHS organisations look the same?"*

8.2.2 Third party providers

Many of those operating outside the NHS mainstream took very different views on the draft Identity Policy. Many of these participants asked what the policy meant when it referred to 'the NHS'. Respondents pointed out that the NHS now comprises many hundreds of organisations, a significant number of which have their own brand policies and objectives.

> *"How will this sit with our existing internal brand policies and guidelines? These are contractual also, so who takes precedence?"*

Some of these participants saw the policy as naïve and unrealistic, and chafed at the idea of a 'one size fits all' branding policy. Nonetheless, some of these participants acknowledged that a diverse operational base could be seen as a driver for stronger brand and identity protection policies.

> "*The NHS is a broad church these days and a Stalinist approach to identity will simply not work"*

Some participants dismissed the draft policy principles as unworkable and unrealistic in a commercial and diversified NHS setting; this reaction was more common in response to principle 6. Others dismissed the evidence presented to support the policy principles, and some questioned whether it actually constituted evidence. Some simply rejected the idea of control.

> *"This evidence is partial and unrepresentative: I can't take this seriously"*

> *"Our CEO will simply overrule anything that doesn't sit with our own plans"*

8.2.3 Charities

All participants from this sector acknowledge the value and strength provided to any campaign by the NHS Identity. However, there was a strong feeling that some charitable brands are of comparable power and importance to the NHS; and an equally strong feeling that charities often delivering services which are of comparable importance and social value as those provided by the NHS.

> *"Our own research tells us that we enjoy much of the same public trust and appreciation"*

There is a very powerful motivation for charities to ensure that their own brands are promoted and made visible wherever possible. Most see themselves as partners to the NHS in the work it carries out, and this provides a powerful motivation for promoting their own identities.

> *"That's vital for the continued operation of our organisation: we have to be in the public eye all the time"*

> *"I don't really see why there would be a situation where our brand is secondary to that of the NHS: it doesn't really reflect our contribution"*

8.2.4 Pharmacy chains and supermarkets

Commercial organisations tended to see identity issues as straightforward matters of ownership. All believed that their own identity priorities and policies would always direct communications in their own settings, whatever the NHS requires. Their only immediate concerns were about regional or local branding.

> *"Our brand is a national brand and we won't deviate from that"*

> *"It was the part about leading with the NHS Identity. That immediately leapt out to me as a commercial consideration. I can hear the discussions now. So, we are paying for a leaflet, where our branding is secondary? I think if the NHS were going to provide us with leaflets where their branding was primary, OK"*

> *"If we were providing a free NHS vaccination service from our stores and we were providing all the marketing material that would go with that, then to put our brand as secondary - I can just imagine what people would say within the business. Because it is a considerable investment when you scale it up across just short of 400 pharmacies. Marketing doesn't come cheap, and then to put your brand secondary? I think at that point things would start to get a bit tricky"*

8.2.5 Local authorities (LAs)

Broadly, all LA participants saw the NHS logo and Identity as a massively positive element in public health campaign development and could see a role for the identity in many settings. Generally, however, they saw the draft policy as lacking detail.

> *"The public health arena is very complex and getting more so. This doesn't answer enough questions"*

Many participants pointed out that public health is a new and developing (and therefore unpredictable and uncertain) area. Equally, they acknowledged that public health deals with a wide range of specific target audiences, not all of whom have the same priorities.

"It needs to acknowledge that a public health campaign might involve multiple platforms. The policy seems very black and white but the situation is evolving all the time and you can't predict the future on this"

"95% of situations can use the NHS Identity and it's fine. But the 5% is important. I think public health has a different set of issues. Sometimes we want things to look independent and not 'nanny state'; we are reaching out to people who wouldn't pick it up if it said NHS on the front"

In terms of public health, LAs see themselves as campaign-focussed; a strong campaign identity and messages which drive successful, measurable outcomes, are seen as most important. Equally, many LAs are bringing commercial partners into public health campaigns, and participants felt that the policy did not cover this situation in sufficient detail or with sufficient clarity.

"If you're doing really small ads with a lot of partners, you have to choose between the campaign message and all the logos, as you may not have room for both. The identity of the campaign is most important, so there may types of ad where you can't put all the logos, though there would be posters and places where all the logos would be on there. Like a Google ad you can only have one picture and only so much text so there's no chance to get all the brand IDs on…"

"*We're increasingly looking at commercial partnerships for public health campaigns. So with our skin cancer campaign we used a commercial partner to give people an alternative to sunbeds. It's not clear if we can use the NHS logo in that case"*

LAs also have strict and heavily-enforced branding guidelines of their own, and many participants foresaw problems with priority in partnership situations. In addition, LA participants felt it was very unclear how the NHS policy might be enforced.

"*We were looking at consistency in how we use the logo for our campaigns. Because we were using our LA as a lead rather than the CCG, our brand guidelines state that the council logo has to be on the right, but the guidelines say they need to be on the right. We asked if it was essential that the NHS logo sits on the right. They said it had to go there, and this was against our own brand policy…very tricky. It's our budget after all"*

"I don't know if they actually pull people up on it; I've seen lots of bad stuff out there. Taking a council to court about logos wouldn't look good would it?"

There was a strongly-expressed need for a detailed web-based identity resource (this requirement was voiced by a broad range of stakeholder participants). It was felt that such a resource should offer flexible solutions rather than lapidary rules.

"A website on brand ID would be really helpful, perhaps with examples of what is allowed and what works. For organisations the ID needs to be really strict, but for campaigns and partnerships it needs to be recognised that there are different situations and they need to be flexible"

8.2.6 NHS Communications leads

The issues currently affecting those working in NHS communications include: the challenges of partnership working; the competitive environment; local versus national identities; new geographic identities; organisational requirements for internal differentiation and cohesion; policing freelance or 'loose' practices; the inadequacy of existing guidelines and enforcement; and how to check compliance.

In terms of partnership working, there is a sense among participants of proliferation of different identities on leaflets (*"logo envy"*); it is perceived as difficult to get people to give up their local identities and subsume them within a catchall NHS partnership. There is also a problem with health and social care seeing themselves as equal partners, which makes the issue of how the guidance is applied quite tricky.

> *"Everyone wants to plaster their brand over everything, which dilutes the NHS Identity. Macmillan are covering everything in their green colour scheme and we can't do much about this because they fund…It's really difficult with charities in general."*

The competitive environment is seen as a problem in terms of standing out in a crowded market; participants were worried that the current policy would make this difficult. There is a perceived disconnect between national policy and local needs.

> *"We're in a very competitive environment in the NHS. We're all part of the NHS but we all want to have our own identity so it's trying to do that without going too far over the boundaries - it can't be one size fits all."*

> *"We are all being encouraged to act commercially as local businesses. I think a lot of people find it difficult to brand that and NHS together"*

Local versus national identities was generally seen as problematic. Participants wanted to be able to differentiate and identify local services in a way that was meaningful to a local audience.

> *"Locally we want our patients and the public to know what services are available locally and to know what is relevant to them. Therefore we need to try and create some kind of visual identity and some identifier for our area. We all want to be different although we are doing similar work. So trying to make sure that we are sticking within the guidelines but giving them a local identifier is sometimes a challenge."*

In terms of new geographic identities, participants noted that there are many new alliances and felt that there were challenges in naming these new organisational set-ups. Also, there are issues when working outside area of origin (e.g. Central and North London Trust taking on Milton Keynes).

> *"When we are branding things Milton Keynes obviously the challenge is on the geographical restrictions because they want Milton Keynes to be branded as well and we haven't come up with any solutions so far – the only solution we have come up with is to break the guidelines essentially, by dual branding. My first impression is that there is not an answer in this new draft guidance"*

In terms of internal differentiation and cohesion, many participants brought out the challenge of individual services and departments bringing existing identities with them into new organisational arrangements. In response to this problem, some participants were creating new meta-identities to ensure a more cohesive group identity, and bring disparate services together in the public eye.

> *"So we have 19 clinical departments within a big organisation – we have to develop 'marks' or logos within a family, to identity the different service units."*

> *"It's been difficult for us; all our services bought their own individual logos and branding as well"*

Participants felt it was a challenge to police freelance and 'loose' practices, particularly in larger or more disparate organisations. It was seen as difficult to persuade staff to stick to Identity guidelines; and some (often new) staff were simply not aware of the Identity guidelines. Often policing was carried out, if at all, in a perfunctory manner.

> *"Rules are stretched quite regularly and it's hard to police this. Staff are not actually that bothered about following the guidelines"*

> *"If it looks about right and the logo is in the top right-hand corner and it's a bit blue… it's fine"*

The existing guidelines and enforcement processes were generally seen as inadequate. The guidance was generally seen as 'long-winded' and vague, and often contradictory. Also, it was felt that the guidelines left little room for creative input, and participants suggested that this was one of the reasons why many organisations had 'done their own thing'.

> *"The guidelines are so old… we do follow them, I don't know how long it is since they came out, we follow them but we attach our own to it. We've tried to bring it into this era, in terms of the colour designs and font. It was so rigid when it came out"*

> *"I have a problem with the word guidelines. It sort of implies you can do whatever you like."*

> *"When I first joined the NHS two years ago I was slightly panicked that there were these guidelines but I soon realised that no-one enforced them and that I could do whatever I wanted."*

Finally, the challenge of checking for compliance with policy and guidance was a common response from participants. While some had contacted the NHS Identity team (and had positive experiences of this), some assumed that no one had done this, and a few were sceptical of the utility of doing so; while others had simply gone with 'the spirit' of the guidelines, and aimed for something that was close enough to serve.

> *"I suspect no-one submits their designs to NHS England for approval - we couldn't function on that basis!"*

"It's about entering into the spirit of the brand. You don't have to do it to the letter. From the public point of view, what you want the public to do is see something and recognise it as NHS, something they can trust"

8.3 Reactions to the draft NHS Identity Policy

8.3.1 The six draft policy principles

Principle 1 was generally accepted without debate.

Principle 2 was also generally accepted, with respondents from organisations with non-standard identities admitting that they probably would not get funding to produce them in the current financial climate.

Principle 3 initially sounded fine to many; but then a significant number were unable to articulate these values, and third party providers were clearly less bothered about meeting this standard.

Principle 4 was also accepted by all; although a definition of 'protecting' the NHS Identity was clearly not generally agreed.

Principle 5 was also generally accepted as based in common sense; although, again, a definition of 'consistently' was not commonly agreed.

Principle 6 was seen as problematic, given the involvement of commercial third party providers; many participants believed that some organisations and commercial providers were already exploring ways of getting around this principle.

8.3.2 The policy in practice

All participants agreed that it is important to have a strong NHS Identity, and all agreed that the draft policy seems to strengthen the NHS Identity. Participants were less sure on the question of whether and how the new draft policy differed from the old; all agreed on the need for a new set of guidelines, to bring policy and practice into line with a changed environment for the NHS, and many

expressed the view that the existing guidelines are out of date. Some participants saw the NHS logo as more of a kite mark than a brand per se.

> *"We're just at risk of people across the country doing their own thing - we would never want to lose the NHS Identity and the NHS lozenge. You'd be a fool not to use the NHS brand – it has one of the highest recognition levels in Europe"*

> *"The interesting thing is that it is policy not guidance. It's always been guidance for ten years and that has allowed people to follow their own instincts. It has always been borderline mandatory guidance but the word guidelines has always allowed people to be a bit flexible"*

> *"In all honesty it doesn't feel as though it's a massive shift change from where it was. There are some positives in there but the reality is that until the guidance gives some clear examples of how it can work then it still doesn't feel massively different from where it was"*

Participants were generally clear that there is a real need for specific and detailed guidance and associated examples: all wanted more visual examples of what is right and wrong in practice. Many felt that the draft policy is currently too wordy and vague. They felt it would be easier to communicate with staff if there were visual, applicable examples set in real-life contexts. Respondents wanted templates, toolkits and anything that can help in practical decision-making.

> *"Visually, we need to be told how to do it, rather than using fancy wording"*

The fact that the draft colour palette has been reduced was expected to be problematic (especially not being able to reverse out the logo: *"the Apple logo comes in all sorts of colours"*). There was a clear sense of disappointment with the draft colour palette; for some participants, the draft palette seems 'cold' and unexciting. They suggested that they will need examples of what can be achieved with a new palette. Limitations of font were also perceived as likely to cause problems (the small number of available fonts was seen as too rigid). Some participants mentioned the Frutiger font as a particular issue; it is not free, so upgrading could be quite costly. Some wondered if the NHS could buy in Frutiger and distribute it to communications staff and contractors.

> *"Orange was for a long time mental health in certain areas."*

> *"This is not the warm place you'd want the NHS to be."*

> *"Is there any way that it* [Frutiger] *could be provided by the NHS?"*

Promoting the commissioning group and not the service was not felt to make very much sense; participants did not see how this might be resolved in a commercial setting. It was also unclear whether or not the new guidelines would or would not allow a family of services within a trust to have their own mark, or identifier; this is seen as important to both differentiate and 'bind together'.

Participants wanted to see advice around potential 'logo fests' and how to deal with situations involving organisations that have funded or delivered a service, campaign, or communication, who

must be told that they cannot have their logo. Participants expressed the fear that, in such circumstances, potential partners might decide to go elsewhere.

> *"Usage of the lozenge with non-NHS organisations, needs to be standardised. Multispecialty community providers – how do they brand themselves?". "I am still struggling to see how you will bring the NHS lozenge to bear on integrated care"*

Participants perceived potential problems with the policy saying no abbreviations or acronyms can be used. It was hard for some to see how some of these long names could be applied to apps/social media without shortening. Social media and apps were widely perceived to be a challenge for the new guidelines, and felt that not enough attention had been paid to this area, which many see as vital, particularly in connection with public health campaigns.

"I don't think this is responsive to how we are all providing different services"

Indeed, the whole area of digital communications was perceived as a problem. While some participants felt that it would be relatively easy to change the logo in digital settings ('*it's just a click of a button*') others thought the time and expense involved might be a challenge. While guidance about headers on websites was seen as good, the draft guidance around apps was generally perceived as unclear.

> *"Digital information isn't easy to change, every trust has hundreds of patient information leaflets, pro formas, SOPs, policies, guidelines, business cards, letterheads, literally everything. Going into every single patient information leaflet, in every language you've produced it in… that's a mammoth task"*

> *"The policy barely mentions social media. We use our secondary logo as our Twitter avatar – I'd rather use that than the NHS logo because it's a different audience and requires a different style, the tone is a lot less formal. These sorts of issues don't seem to be covered in this document."*

Timing and costs were generally seen as a challenge. For some organisations, the sheer number of signs and communications that would need to be changed was daunting, and participants questioned how they could justify the expense at a time when the NHS faced funding difficulties. Others pointed out that the policy suggests that change could be introduced organically, and that could mean: that some organisations would not get round to making the changes for a long time, leading to a plethora of different logo usages in the short to medium term; and that others would simply give up, faced with the potentially prohibitive costs involved.

> *"I was a bit surprised to see the two options for where the NHS lozenge is supposed to go…the majority will have to change everything. I know it says we don't have to do it straight away, but that defeats the object of the policy… because if we don't do it straight away it will be inconsistent for years"*

> *"This isn't something that we could literally do overnight"*

> *"Cost of re-signposting a whole hospital – will cost an absolute fortune"*

"There is a perception that this is going to cost money and our own time"

In terms of buy-in from senior management, many participants felt that the policy needed to be cascaded down from the top before it would be taken seriously. Most felt they would require help to sell this internally. All understood the argument for wanting to refresh the look of the NHS, but felt they needed more rationale and support to argue the case with chief executives and the board. Some suggested there may be a need to enforce this using the NHS contract. However, none could think of an occasion where it is ever been enforced. There were a number of suggestions about enforcement by means of 'name and shame' or patient champions.

"If our Chief Exec has not been consulted on this he won't take it seriously."

There was real disquiet among communications professionals that it will be much more difficult to create communications that stand out for specific target groups and have an effective level of difference. They felt this was inappropriate in an environment where target audience differentiation was important, such as public health campaigns.

"It's easy to say use one font and these colours, but the application of that throughout all the different sectors… you could have a HIV advert and a coughing advert and if you used these guidelines, you wouldn't be able to tell the difference between the two"

Concerns were expressed about the status of primary care; many felt that making the policy voluntary for primary care contractors was a mistake. It was felt that primary care was the most immediate interface for the public, and also that third party and contracted providers would not understand why primary care had been let off when they were expected to comply.

"In terms of who this applies to I think we are missing a trick by not making it a policy for primary care. Third party providers are being told they must use it. Primary care is a contractor of the NHS and they are the biggest contact point for patients in the NHS and they are the worst offenders of having their own logos"

"GPs don't have to follow the NHS guidelines and I just cannot understand why not when they are the gateway for most patients into the NHS."

8.3.3 Addressing the challenges posed by the implementation of the new NHS Identity Policy

There was a sense that implementing the new policy would be easier for some than for others. National organisations in particular were thought to be in a better position, because they are looking across the whole of the NHS rather than just a specific area. There was also a sense that phasing this in for larger organisations would be messy; participants foresaw situations where organisations would run with different logos for ages. Some felt cynical about this: '*will anyone really notice*?'

"They [national organisations] *are the ones who are likely to be more willing to adopt it because they can get their knuckles rapped a lot easier"*

"It will be easier for anyone who is currently planning a rebrand or a merger - because you're planning to do it anyway"

There was a general expectation that there will be resistance to the new policy; it was felt that it would be difficult to get everyone to stick to the policy all the time, especially those who haven't worked in the NHS previously. Also it was felt that there would be significant resistance amongst non-NHS organisations, especially those with strong brand policies of their own.

"I don't think there will be a huge amount of resistance to the idea of the policy, but it's about making people aware of it… it takes time to learn and apply it."

"It's bad enough trying to sell it to your own staff, although we can manage it ourselves in-house and we do"

"You're asking the Foundation Trusts to compete with each other for work and yet at the same time you're asking them all to appear the same"

Participants strongly felt there was a need to advocate for the policy: a need to address people that don't understand the policy, or are not aware that it exists, and need to explain how to apply it. This type of response was linked to requests for examples in the guidelines of good – and innovative – practice.

"I think the guidance needs to be more empowering than restricting. There is an opportunity here. I've always found the palette not to be restrictive. When people have followed the guidelines to the absolute letter that's when you see really dull, horrible designs. What you want is for the guidance to be empowering, to say you can stick within the policy but you can still create good design, good user interface through websites"

Participants wanted the policy to make it simple and straightforward to comply: all wanted templates (e.g. PowerPoint) that can be used to create designs and documents (*"And still have that freedom to be able to develop their own things"*). The new policy was seen as prescriptive in terms of font; limiting it to two felt quite narrow.

There was also perceived to be a problem in that design teams do not have the capacity to do everything in-house and increasingly, the design function is being contracted out; in such a situation, people are potentially not following the same guidance; some felt that the policy needs to be specified as part of contracts.

Most participants wanted to see more clarity. Some found the statement 'only one logo' unclear; they were unsure if this applied to all graphic elements and devices, and straplines. In this respect, the greatest concern was around the use of secondary logos.

"I think this policy review should include examples of how you can use additional graphic devices"

For many participants, there was concern over a potential conflict of interests; they could envisage a situation where they were being told one thing by NHS England and another by their CEO. In that situation, most acknowledged they were more likely to obey the CEO. In this context, it was felt that enforcement would be a real problem, unless there was strong local evidence for the policy application.

Participants wanted NHS England to recognise the issue of internal identities, and identity differentiation. It was felt that not only between Trusts, but within Trusts, there was a need for the capacity to differentiate different departments and services, and many felt the policy was unclear – or even silent – on this point.

> *"We have quite a few services with national and international reputations … In a competitive market how do we allow Trusts and services to differentiate between themselves?"*

Participants wanted to see more clarity in terms of how the policy applied in relation to specific service sectors: What, for example, about services for children, where the brand identity of those services has been totally geared towards this particular and very specific target user group (in particular on websites)? The same was felt about sexual health services, which are trying to set themselves apart (even though the NHS logo may provide a sense of authority for younger people). Participants asked how they would go about branding Vanguard projects.

> *"With a mixture of equal partners you'd have to come up with a new identity; you can't brand it NHS"*

8.3.4 Geographical naming and logotypes

The principal challenges raised by geography were seen to include:

- Long geographical names
- Geographical names that do not match area of operation
- Different Trusts offering similar services in same area
- Confusing secondary logos
- New and inconsistent partnership identities or logos
- Justifying the cost of making brands/logos more consistent
- Timescales for implementation – and quality of enforcement.

The preferred solutions for stakeholders and communications professional were:

- Greater consistency in layout (the generally preferred option is justified right, name under logo and organisation description in smaller blue lettering)
- Avoid using NHS in logo text and duplicating lozenge
- Avoid technically correct, but (to patients) meaningless descriptions (CCG/FT)
- Shorter names and simpler descriptions, with some local character

(NB: the first and third solutions are to some extent contradictory; this reflects the opinions of different segments within the participant sample)

All participants felt that digital requires more flexibility and opportunity for innovation: the content must be 'cool and good to look at'; also the logo/brand needs to be small: but the logo exclusion zone was still seen as a good idea. Participants felt strongly that 'Gold Standard' advice was needed in this area.

8.3.5 Using the logo on services that fall outside of core functions

Broadly, the NHS logo was seen by participants to be 'for patient-facing services'. Thus there was concern about using the logo on commercial and non-core services. Participants did not agree with using the logo on products, unless these were free.

"It's dodgy, it's playing around with the brand and misrepresenting the NHS"

Participants suggested that internal-facing services for staff should be badged by the providing Trust. The use of a seemingly 'national' brand (such as 'NHS Fleet Solutions') was negatively received; participants perceived real potential for misleading patients and the public.

Overall, none of the stimulus examples were received positively by these participants.

"They can't use the brand. Our IT is in-house and purely for the NHS but we'd never consider using NHS in its title, it's a commercial service"

8.3.6 Use of the identity for non-NHS campaigns

The NHS Identity was unanimously felt to add trust, credence and credibility to any health campaign. Consequently, participants felt that the NHS Identity should take precedence over LA or charity identities in public health campaigns.

In terms of partnerships in advertising and public health campaigns, participants felt that the main principle of patient-centredness should dictate the relative prominence of identities in any campaign. The main campaign name or message should be the focus visually; any use of multiple logos and names was felt to be a failure of design – and '*needless ego'.*

If multiple identities are to be used, they must be 'explained' to the viewer (i.e. 'funded by', 'service provided by'); this, participants felt, might help where private companies are delivering in a campaign, although it was acknowledged that this was *"a recipe for more mess".* Participants also wanted to see advice around the protocols for different commissioning scenarios in the policy guidelines, especially relating to working with LAs.

8.3.7 Colour palette and use of colour

Many participants were already using the full range of colours (and more) to help differentiate services. Many did not understand the need to change the colour palette. Most are already using specific colours for specific audiences – most commonly: red (emergency care); green (patient transport); yellow (ambulance) and orange (mental health) and bright colours for young people.

"We use the full palette for the good of patients – to help them use services"

The draft colour palette was seen as restrictive, corporate and dull. It was also felt that it was not good for digital use. It was seen as restrictive, overly designed and 'too arty'. Removing the option to reverse out the logo was seen as very problematic; participants felt this would make it harder to produce good design in visually busy settings (making it impossible to work with some partners); but some noted: *'it's hard to tell until you've seen what it can do!'.*

> *"This is too designed, it's like two designers got together and said 'look how classy we are' – but it detracts from the functionality"*

8.4 WORKSHOP TASK OUTCOMES

8.4.1 Task 1

You are the communications lead for Dudley vanguard. The Multispecialty Community Provider (MCP) model aims to develop a network of integrated, GP-led providers across health and social care.

This was perceived as a very challenging exercise; may participants failed to generate a solution. The task was seen as impossible to solve within the new policy parameters; the only consistent solution was a 'list' of logos at the bottom, under a unifying typographic strapline.

Multiple partner logos were strongly believed to create confusion and not to be in the public interest; the case study produced problematic 'answers' involving multiple identities, straplines (to help clarity) and icons. The exercise, and the difficulty in providing a solution for it, was seen to illuminate a need for a national template for multi-agency partnerships.

Some participants asked whether a new model of care really needed its own specific branding; most felt that it did not.

8.4.2 Task 2

Your organisation has commissioned a third party to provide an NHS service in the locality (Dermatology services in Milton Keynes).

Again this was seen as a very difficult exercise; very few participants felt able to state a clear solution. The key point was felt to be that patients must be able to identify and use the service appropriately; therefore the NHS Identity was vital and must be prioritised; but equally, local commissioner identity is also important for patient reassurance.

However, it was understood that out-sourcing services is a reality and third party providers must be identified (this is seen as only fair to provider brands, and suitably transparent for the public and patients). 'Service provided by' was the preferred option in most workshops.

Participants were very keen that any identity solution should be a national solution; they did not want to have individual negotiations for every service scenario. Equally, it was important that the service had a consistent identity even if the provider changed. This was seen as problematic.

> *"And if different providers are commissioned each year then we don't want the service identity changing all the time – that would be confusing for patients"*

8.4.3 Task 3

In the past, your organisation developed a separate corporate identity that it now uses on all communications.

To effect a change, participants felt that they would need very strong, specific local evidence that the public and patients were confused by a local identity. Participants expressed the view that new NHS structures have bought in to the idea of a commercial approach to running Trusts and CCGs, and were therefore inclined towards what they saw as market differentiation and 'standing out' against competitors.

Local identities were seen as important (for patients as well as for organisations). Equally, participants felt that commissioners increasingly want local elements in service identities; so a potentially non-policy identity/logo is almost an inevitability.

> *"It's not one NHS anymore."*

It was felt that boards may, however, respond more actively to the idea of policy, rather than guidelines, in relation to identity issues; but CEOs are seen as likely to take their own course of action where the success of their organisation is concerned.

There was a mixed response to the idea of the exclusion zone; many saw this as potentially very restrictive and old-fashioned (this view is in contrast to that of some third party provider designers). It was also felt to be wasteful of prime website space and unsuitable for mobile-friendly site design.

9. PHASE TWO: CONCLUSIONS AND RECOMMENDATIONS

9.1 General public, patients and carers

For the general public, patients and carers, the NHS logo is instantly recognisable and provides confidence in terms of the level of service they can expect and the way it is delivered; this holds true where the service comes from the core NHS, a third party, or a private contractor. The NHS brand also provides reassurance as to the treatment/service they receive. It will be of a certain quality, wherever in England it is delivered, and it will be free of charge.

Consequently, a majority of participants felt that the NHS brand should be used consistently: this will maintain brand recognition and reassure them that the service they receive is the same across the board. A majority also felt that by making the NHS logo more consistent across the whole of the NHS it makes it look more business-like and efficient (this was generally perceived as a good thing).

All participants felt that the NHS management should make more of the NHS brand and make it more prominent. Some participants also felt that staff in the community and in hospitals should have an NHS logo on their uniforms. Participants who suggested this also felt that the uniforms should state whether the member of staff is an health care assistant, staff nurse, Sister, doctor etc.

> "*I would like to see the NHS logo showing up more in the pharmacy or wherever to show people they are getting value for money. I don't think people really connect with the idea that all of these elements are part of the NHS. If it was in your face a bit more when you got your prescription for example, you might think a bit more that you are really lucky to have the NHS"*

> "*I'd like to see them sell the NHS, be more bold with the brand. They do a fantastic job and they never crow about it. They need to be louder about what they do"*

Participants' responses to third party providers using the NHS brand and logo were more mixed and nuanced, but a majority agreed that, where appropriate, third parties should use both the logo and the phrase 'providing NHS services': *"Just for clarity…"*

Interestingly, a narrative around the NHS itself running successful businesses and making profit which is ploughed back into the service was generally very positively received. Participants were clear that this type of activity should not distract the NHS from the core work of healthcare; but in general the public was typically delighted to see the NHS 'helping itself'.

However, the privatisation narrative (out-sourcing) was much less positively received; any suggestion that services were being privatised, or staff distracted from clinical priorities, was typically greeted with dismay and suspicion.

The other most common negative response was in terms of the use of descriptors with the logo on branding and signage. Participants felt that having NHS Trust, NHS Foundation Trust or CCG was not helpful; firstly because it doesn't tell them anything (at least, it doesn't tell them anything immediately relevant) and some pointed out that Trusts and Foundation Trusts had received a lot

of negative media attention, which it was felt could then impact on public perceptions of the NHS as a whole.

> *"…you know, misspending their money and what have you and it makes you lose your confidence a bit, but it has the same corporate symbol and you knew the quality was consistent wherever you went"*

9.2 Stakeholders

All participants remained committed to a consistent and respectful use of the NHS Identity as a vital imprimatur for quality, trustworthiness and quality.

The health marketplace, however, is seen as increasingly complex and evolving rapidly; respondents were clear that, not only do they not have all the answers to existing identity challenges, they are also not clear about exactly what type of challenges will be presented (and solutions required) in the near future.

There is a powerful requirement for guidance and support at a very detailed level; clearly even seasoned communications professionals were finding it hard to decide the right approach to some of the new health service scenarios being presented.

The draft policy, even in its full form, is nowhere near detailed enough to answer the questions it provokes: *"too many fine words and not enough guidance".*

None of the participants felt that they wanted (or were able) to submit their identity materials to the NHS England identity team for comment and approval: *"it's not going to happen".*

It was clear that buy-in from senior management at Trusts and CCGs is very important: *"otherwise they will simply veto the policy suggestions".*

Cost and time implications are also important: *"unnecessary spending is out!"*

The following factors also need to take into account:

- Local identity elements are important and will continue to be so (and the public would agree, although mainly around specific sites and services)
- There is a good deal of operation consolidation in process; and organisations with only a hazy geographic connection are now having to operate as single entity, and generate an identity to support this scenario
- In a competitive marketplace, Trusts are operating outside their own geographic areas, and have to create identity solutions for these situations
- Commissioners are increasingly demanding that providers include geographic or commissioner references as part of service identities
- Out-sourcing is a reality, and participants were keen that there is transparency around this for public and patients.

What is required is a very detailed resource, which amongst other things, offers:

- Templates for action in all typical identity scenarios, from Trust and CCG identities through to third party services, partnerships and multi-agency public health campaigns
- Clear examples of how to use the suggested colour palette and logotypes to achieve a high-quality outcome in a variety of common scenarios
- Very detailed guidance around digital applications of the NHS Identity, especially in crowded settings such as Twitter or Google advertising, or when designing smartphone/tablet apps
- Clear definitions of what constitutes the difference between a 'logo' and 'additional graphic elements'
- Clarity around geographic restrictions
- Clarity on how the NHS Identity will be able to relate to 'partner' brands
- Clarity around the use of acronyms and abbreviations
- Clarity around how commercially successful NHS organisations (Marsden, Imperial, Guys, GOSH) will be able to proceed when using the new Identity Policy.

There was considerable debate about how enforceable the policy will be and what methods will be used to enforce it*:* CQC was seen as inappropriate; Monitor and Trust Development Agency were seen as more suitable options.

> *"They're a small team: how will they monitor everything that goes on?"*

Equally, participants did not believe that NHS England would be able to justify taking hard-pressed Trusts and CCGs to court (with all the costs involved on both sides) in relation to identity infringements.

Putting the Identity Policy into contractual arrangements was seen as potentially problematic, especially for branded third party providers who have their own strong brand protections in place; participants believed there would be resistance to this.

Persuasion and co-operation were seen as the best approaches, although it was clear that some participants had very little intention of following the new identity policy 'to the letter'.

Research Report Appendices

APPENDIX A: QUANTITATIVE QUESTIONNAIRE

Target sample
- England only
- National representative sample of adults aged 16+
- All to be residents of the UK

INTRODUCTION

Hello my name is …. STANDARD FIELD INTRODUCTION

We are carrying out a short survey amongst members of the public about the National Health Service and would like to hear your views. Could I ask you a few quick questions?

IF NECESSARY

I can assure you I am definitely not selling anything.

Screening questions to check person is in the target audience

These first few questions about yourself are just to ensure we interview a wide cross section of the public.

QA Are you are a British national or a non UK citizen currently living in the UK long term?

British National ..... 1 QB
Non UK Citizen living in UK long term .... 2 QB
No – do not live in UK ..... 3 Close

QB Do either you, or an immediate family member, work for the NHS?

Yes ..... 1 Close
No ..... 2 QC

QC RECORD GENDER (CHECK QUOTAS)

Male ..... 1 QC
Female ..... 2 QC

QD Which one of the following age groups do you fall into? **SHOWCARD A** (CHECK QUOTAS)

Under 16 ..... 1 Close
16 to 19 ..... 2 QD
20 to 24 ..... 3 QD
25 to 34 ..... 4 QD
35 to 44 ..... 5 QD
45 to 54 ..... 6 QD
55 to 64 ..... 7 QD
65 to 74 ..... 8 QD
75 or over ..... 9 QD

QE What is the occupation of the major wage earner in your household? (CHECK QUOTAS)
FIELD TO ADD STANDARD SOCICAL CLASS PROBES

AB 1 Q1a
C1 ..... 2 Q1a
C2 ..... 3 Q1a
D 4 Q1a
E 5 Q1a

ASK ALL

Q1a Thinking now about the National Health Service. Could you describe to me the logo used by the National Health Service. You may have seen it in such places as hospital signs, on ambulances or on posters and leaflets in your GP's surgery.

INTERVIEWER DO NOT PROMPT AND RECORD IF ANY OF THE FOLLOWING DESIGN AND/OR COLOUR DESCRIPTIONS MENTIONED

(i) DESIGN

Single block /rectangle 1
Single block/rectangle with the letters NHS 2

Other design (write in) .....
..... 3
No design described 4

(ii) COLOUR (MORE THAN ONE COLOUR ALLOWED)

Blue 1
White 2
Other colours mentioned (write in) .....
..... 3
No colours mentioned 4

IF NO COLOUR MENTIONED AT Q1A(ii) ASK Q1B OTHERS GO TO Q2

Q1b What colour or colours is the National Health Service logo? DO NOT PROMPT - MULTICODE

Blue 1
Black 2
Brown 3
Green 4
Grey… 5
Orange 6
Pink 7
Purple 8
Red 9
White 10
Other (write in) 11
Don't know 12

ASK ALL SHOWCARD B

Q2 Which of these organisations logos on this card have you seen before? ENSURE ALL ORGANISATIONS PROBED

	Yes seen	No Not seen	Not sure
Royal Mail	1	2	3
NHS	1	2	3
BBC	1	2	3
Sky	1	2	3
Virgin	1	2	3
Queen ER logo	1	2	3
Google	1	2	3
Apple	1	2	3
National Rail	1	2	3
Tesco	1	2	3
House of Commons	1	2	3
Vodafone	1	2	3
BUPA	1	2	3

SHOWCARD C

Q3a Now looking at this card which of these different coloured NHS logos have seen before. This may have been on NHS property, NHS posters, leaflets, signs ambulances and elsewhere

Blue 1
Black – *do not use to avoid confusion with BW printed materials* *2*
Brown 3
Green 4
Grey… 5
Orange 6
Pink 7
Purple 8
Red 9
White 10
Other (write in) 11
Don't know 12

ASK ALL

Q3b Are you aware that the NHS sometimes uses different colours for its logo?
IF YES, ASK Q3C – IF NO GO TO Q4

Yes 1
No 2
Not sure 3

ASK ALL

Q3c What do you think is the reason why the NHS uses different colours for its logo? DO NOT PROMPT

To identify the different health services available (e.g. children, A&E, Cancer) 1
To make their information more attractive/clearer/easier to understand..... 2
To signify the different regions they operate in..... 3
To identify the different partners/organisations they work with 4
To identify the different NHS departments e.g. management/administration 5
Other (specify) .....
… 6
Not sure 7

ASK ALL – SHOWCARD D

Q4 Looking at this card could you tell me for which of these services you would expect to see the NHS logo appear? CODE ALL THAT APPLY

Ambulances 1
Pharmacies 2
GP surgeries/Health Centres.....3
Hospitals: A&E 4
Opticians 5
Dentists… 6
Care homes 7
Local Council offices 8
Walk-in Centres 9
Gyms and health clubs 10
Health food shops 11
Mental Health Services..... 12
Health websites.....13
Minor Injuries Clinic.....14
None of these 15

ASK ALL - SHOWCARD D

Q5 And when you see the NHS Logo in places such as these on this card (SHOWCARD D) does this give you a more favourable or less favourable impression of the services they provide? PROBE Is that a much more/less or slightly more/less favourable impression?

Much more favourable impression 1
Slightly more favourable impression..... 2
Neither favourable nor unfavourable impression..... 3
Slightly less favourable impression 4
Much less favourable impression… 5
Not sure..... 6

Q6 Why does this give you a …….. READ OUT RESPONSE GIVEN AT Q5 … impression? PROBE FULLY What else? WRITE IN

SHOWCARD E *(ensure showcard has NHS logo on it too)*

Q7 Which of these do you feel when you see the NHS logo? Please choose the three that you feel most strongly when you see the NHS logo. INTERVIEWER UP TO THREE CODES ALLOWED

Proud 1
Angry 2
Reassured 3
Confident 4
Cared-for..... 5
Fairness 5
Respect 6
Compassion 7
Grateful 8
Frustrated 9
Humble 10
Safe 11
Secure.....12

Anything else? (WRITE IN) .....

ASK ALL – SHOWCARD F *(ensure showcard has NHS logo on it too*)

Q8 And looking at this card which of these come to mind when you see the NHS logo? Please choose the three that you feel most strongly when you see the NHS logo. INTERVIEWER UP TO THREE CODES ALLOWED

High quality services.....1
Well managed 2
Free/ no charges 3
For everyone..... 4
Wasteful 5
Unaccountable 6
Dangerous 7
Does a good job 8
Hard working staff 9
Caring Staff.....10
Under resourced..... 11
Uncaring 12
Improving the quality of life 13

ASK ALL

Q9 Here are some comments people have made about how they feel when they see the NHS logo. For each could you tell me if you agree or disagree? READ OUT FIRST COMMENT AND ASK Do you agree or disagree? PROBE is that strongly or slightly?

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Not sure
The NHS makes me proud to be British	1	2	3	4	5
I feel a sense of fairness as the NHS is for everyone	1	2	3	4	5
I feel relieved as I know the services will be free	1	2	3	4	5
I would be worried about the service I might receive because of stories in the media	1	2	3	4	5

I feel worried because the service is over-stretched	1	2	3	4	5
I feel a sense of frustration as I know it will be slow	1	2	3	4	5
I feel encouraged as I know they will provide a good service	1	2	3	4	5
I feel worried as I don't think the service is as good as it used to be	1	2	3	4	5
I feel safe knowing the services are high quality	1	2	3	4	5

SHOWCARD G

Q10 On a scale of 1 to 10 how much do you respect the following organisations or institutions? Firstly … READ OUT FIRST ORGANISATION… How much do you respect this organisation/institution? A score of 1 would mean you have no respect and a score of 10 very high respect, you may of course score anywhere in between. WRITE IN SCORE

The Royal Family .....
BBC .....
NHS .....
RSPCA .....
House of Commons/Parliament/MPs.....
Google .....
Vodafone .....
BP.....
National Trust.....
The Police .....
The Media/Journalists .....

These last few questions are to ensure we interview a good cross section of the public.

ASK ALL – SHOWCARD H

Q11a Have you personally used any of these NHS services in the last 6 months? Please include visits which you have made on behalf of a child or other family member for whom you are a carer. IF YES PROBE: Was that yourself, for a child or as a carer? IF YES, GO TO Q11b, IF NO, GO TO Q12a

	Self	With Child	As carer
Mainstream Services: GP, consultant, a hospital or A&E, Walk in Centres, out of hours clinics/centre, treatment centres, neighborhood health centre	1	1	1
Other Services: Community Pharmacy, Dentist, Online service or website (NHS Choices), telephone service (NHS 111)	2	2	2
None of these	3	3	3

IF USED ANY AT Q11a ASK Q11B

Q11b And how many times do you think you have used NHS services in the past 6 months?

Once 1
Between 2 and 5 times..... 2
Between 6 and 10 times..... 3
More than 10 times..... 4

SHOWCARD i

Q12a Do you personally have any long term illnesses or disabilities that need regular medical attention?

Yes - long term illness 1
Yes - disability 2
No - neither… 3

Q12b And do you care for any family member who has either a long term illness or a disability?

Yes - Long term illness 1
Yes - disability 2
No - neither… 3

Q13 Do you use the Internet these days from … READ OUT (CODE ALL THAT APPLY)

Your mobile 1
An iPad/note book 2
PC or laptop… 3
Do not access the internet at all 4

Q14 How many people, including yourself are there in your household?

One (self only) 1
Two 2
Three 3
Four 4
Five or more 5
Refused 6

IF TWO OR MORE OTHERS GO TO Q15

Q15 And are any of these children aged:

0 to 2 years 1
3 to 5 years 2
6 to 10 years 3
11 to 15 years 4
16 to 17 years 5
No - children 6

ASK ALL - SHOWCARD J
INTERVIEWER EITHER MAKE OBSERVATION AND CODE OR IF UNSURE ASK…

Q16 Looking at this card which of these best describes your ethnic origin? **SHOWCARD K**

White British 1
White Other background 2
Black 3
Asian - Indian/Pakistani/Bangladeshi 4
Asian – Chinese/Pilipino/Indonesian/Other Far East 5
Mixed background… 6
Other 7
Refused 8

Q17 Interviewer code region

South West 1
South East 2
London 3
East Anglia 4
East Midlands 5
West Midlands 6
North West 7
Yorkshire and Humberside 8
North 9

Thank you very much for all your help.

APPENDIX B: QUALITATIVE TOPIC GUIDE: PUBLIC, PATIENTS AND CARERS

1. INTRODUCTIONS AND EXPLANATIONS (5 MINUTES)

- **Introduce self and Research Works Limited**, an independent market research agency.
- **Thank you** for agreeing to participate in our research on behalf of NHS England.
- We are going to **look in detail at the NHS brand** and how its use may change in the future. We will be discussing the NHS from the point of view of the way the various types of NHS organisations are branded and presented. Therefore, we do want to understand what impressions and associations you have when they see the NHS brand, but **we do <u>not</u> want to go into much depth about your experiences and views about the NHS as an organisation**.
- Explain **confidentiality** and ask permission to record the session
- Introduce **client** (if viewed).

I'd like to start off by finding out a little bit about you …

- **Work and family status**, outline any current caring responsibilities
- **Current health status** and level of involvement with NHS services
- ***Patients/ Carers only:*** *a brief outline of your own situation*

SECTION 1: (45 MINUTES): AWARENESS AND ATTITUDES REGARDING BOTH THE NHS AND NHS BRAND general awareness of the NHS brand, especially relative to other high-profile brands. Attitudes towards the NHS brand, including the emotional components of the NHS brand and it capacity to motivate and drive behavior change

What Is The NHS?

Now, let's start off with some basic facts.

- What **makes up the NHS?** Where do NHS services start and end?

Moderator: write description down. Guide respondents to keep their explanation factual at this stage.

- Is the **NHS a single organization – a single entity?** Why do you say that? If it is not a single entity, how is it comprised? What are its parts? And has this changed over time?

- To what extent do you **see the NHS as a local entity?** In other words, do you see the NHS as a national network or as your local hospital or GP practice? Why is that?

*Now I'd like you to think about your **own relationship with the NHS**. So let's start by:*

- **Imagining that the NHS is a person** – what sort of person would he/she be? Why is that (Discuss)? What would you **miss** if 'NHS Person' was not around? Why do you say that?

Now **choose three words** (from an adjective matrix) to describe 'NHS person':
- **What words** have you chosen and why have you chosen them?

- Looking at these words, discuss: **Is 'NHS person' someone we trust?** Is 'NHS person' someone we would want to work with? Is 'NHS person' someone we would want to be friends with?
- Overall, what **relationship** would we want with this person? *Probe in terms of other potential relationships: friend, acquaintance, adviser, long-lost relative … Probe: do these adjectives describe our feelings about the NHS nationally or locally? Would the adjectives change if thinking about the NHS nationally or locally? If so, in what ways?*

Perceptions of the NHS

We've established what the NHS is, in your eyes. I'd like to have a think about how we <u>feel</u> about the NHS …

- What **characteristics are unique to the NHS** – what does it possess that others do not? Why do you say that?
- How has the **NHS changed over the past years?** In what ways specifically has it changed and why do you think that is? *Probe around issues of **<u>reputation</u>** including: trust; reassurance; confidence; credibility; expertise; quality of service; innovation; consistency of service; paying or not paying; capacity*
- In reality, do we **value the NHS as it currently is?** Why do you say that?

Usage of the NHS and its Logo (SHOW STIMULUS A)

- What **specific qualities** does the NHS logo convey? Why do you say that? Probe for each mentioned – why is that important, has it changed in any way over time?
- **What role does the NHS brand/logo play** if you are need to find and use an NHS service?
- Does the **way that health services, are branded help or hinder** your ability to identify what you want?
- Can you think of any times when you have **needed to look for NHS logo/branding?**
- Can you think of any times when you have been **unsure** whether a service or campaign, is NHS or not?
- To what extent do you **notice whether a campaign, organisation or service uses NHS in its name or logo?**
- **Where** do you typically see the NHS logo? *(refer to pre-task questionnaire)*
- Have you ever **seen the NHS logo in a setting that you found unusual or surprising?** Where was that and why was it surprising? *(refer to pre-task questionnaire)*
- How does **use of the NHS logo change the way that we think about a campaign, product or service** – if something is branded as NHS, does that change the way we think about it? In what ways and why is that? *Probe: does it make you assume that the service will be free?*
- If a **communication, service or product is branded as NHS**, what does that say to you about that communication or service? Why do you say that? *Probe: is it reassuring, motivating, does it indicate quality, suggest that it is free? If not, why not?*
- Would you be **more likely to be influenced by a campaign that is branded NHS** – so, for example, change behaviour (eat more healthily, take more exercise etc.). If so, why is that? What specific impact does the NHS logo have?
- If a product, service or campaign **does not use NHS branding**, what does this suggest about it? Why do you say that?

- Does it matter to you whether an **organization, campaign, product or service uses the NHS logo?** If so, **when specifically does it matter?** Are there times when it does not matter – and why is that?

NHS Brand Detail

- What **impact does the colour of the NHS have?** Is it important that the brand colour is blue? Why is that?
- What would be the impact if the **colour was changed?** Why do you say that?
- *(Show* **STIMULUS D***: NHS brand in other colours)* What effect does **changing the colour have on your feelings about the NHS brand?** Why is that? Have you ever seen the NHS brand in a different colour – where and in what service setting?
- Why do you think the **NHS might use its logo in other colours?** Why do you say that*? (refer back to comments about whether the NHS is a single entity – do they see these issues as connected? If so, in what ways?)*

SECTION 2: CLARITY (70 MINUTES): clarity of the NHS brand, in particular its ability to work in new settings or in close association with other relevant brand partners

Now we're going to look at **different ways that the NHS brand is being used by different Organisations**, in order to see how you feel about different relationships for the NHS brand:

So first, we're going to look at **local NHS logos**, used by **NHS Trust, hospitals or services** ***Show stimulus in order:***
STIMULUS B: NHS Lozenge used by different types of organization/service
STIMULUS F: NHS Lozenge with Trust and individual hospital logo
STIMULUS E: Different NHS logos presented in a standardised way

SHOW STIMULUS B: NHS Lozenge used by different types of organization/service

- What are your **first impressions?** Why do you say that?
- How easy is it to **work out what the organisations / services are?**
- How **clear is the relationship with the NHS?** What is the relationship (as conveyed by the branding?)
- To what extent does the **branding help people to identify and understand the different organisations or services?** (How distinctive is it?) Why do you say that?
- What **expectations** does the branding create about the service quality/standards/consistency/reliability/cost?
- How do you interpret the **'balance' of the branding** (in terms of the prominence of the NHS vs the other elements)?
- Do any of these ways of presenting the brand and logo **change your view of the overall NHS brand in any way?** If so, why is that? *Check extent to which the branding conveys NHS values: e.g. quality, consistency, free, trust, for everyone, fairness, dependability etc.*
- *Probe for all options*: what does the **branding suggest** in terms of issues such as:
  - Quality

- Safety
- Caring/Compassion
- A single, national organization: consistency
- Accountability: what if something goes wrong?

- **Show STIMULUS F: NHS Lozenge with Trust and individual hospital logo:**

  - First impressions – how do you feel about **use of the Trust logo, as opposed to the individual hospital logo?** Why do you say that?
  - Which approach do you **prefer** and why?
  - Does this make it **easier** to work out what the organisations/services are? Why is that?
  - Which branding approach helps you to **more easily identify and understand the services you want to use?** Why is that?
  - Which branding approach is **clearer** in terms of conveying the type of service? In what ways?
  - What **expectations** does each branding approach create about the service?
  - Which branding approach be more likely to **encourage you to contact/use the services?** Why is that?

- **Show STIMULUS E: Different NHS logos presented in a standardised way:**

  - How does this use of the logo and the different logotypes **compare** to what you have just seen? Why do you say that?
  - Does this make it **easier** to work out what the organisations/services are? Why is that?
  - Does this make the **relationship with the NHS and other brands clearer?** In what ways?
  - Does this branding help you to **more easily identify and understand the different organisations and services?** Why is that?
  - Is this **branding clearer** in terms of conveying the type of organization or service? In what ways?
  - What **expectations** does this branding create about the organization or service?
  - Would this branding be more likely to **encourage you to contact/use the organisations or services?** If not, why not?

Now we'll look at **NHS logos with a qualifying statement**
STIMULUS G, H & J - first
Then - **STIMULUS K**

- Show **STIMULUS G, H & J** - what are your **first impressions?** Why do you say that?
- Explore **understanding and perceptions** of what these services / organisations are, based on their branding
- To what extent would the **branding help you (or not)** in understanding what the organisations are and their connection to the NHS?
- Would you feel that you **could use/visit this organisation?** What (from the branding) would encourage you to use it? What would discourage you?
- Show **STIMULUS K** - what does each of these identity supporting statements **suggest about the service, and its relationship with NHS?** Would you feel that you could use/visit this organisation? If not, why not?
- *Probe for all options*: what does the **branding approach suggest** in terms of issues such as:
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?
  - Being free – do they think they may have to pay?
- Do these branding approaches **change your view of the overall NHS brand** in any ways? If so, what ways?

Now we want to look at the **Impact of alternative logos and/or design elements used alongside the NHS logo by NHS organisations who have developed new 'brands' for themselves**
STIMULUS C: non-standard NHS brands

- What are your **first impressions?** Why do you say that?
- Explore understanding and perceptions of **what these services / organisations are, based on their branding**
- To what extent would the **branding help you (or not)** in understanding what the organisations are and their connection to the NHS?
- Would you feel that you **could use/visit this organisation?** What (from the branding) would encourage you to use it? What would discourage you?
- What does the **branding suggest** about the service, and its relationship with NHS?
- Do you see any **potentially negative outcomes** from branding NHS services in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? In what ways?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Being part of the NHS that you can use
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency

- Accountability: what if something goes wrong?
- Being free – do they think they may have to pay?

Now we want to look at **third party providers' logos used alongside the NHS logo**
STIMULUS R

- What are your **first impressions?** Why do you say that?
- Sometimes, another provider is asked to **deliver a healthcare service on behalf of the NHS** - how do you react to seeing other brands within the system? Why do you say that?
- Have you **seen this type of connection (between NHS and other brands) before?** Where, when? What did you think of it at the time?
- Is there anything **surprising or confusing** about it? Why do you say that?
- How easy is it to **work out what the products /services are?**
- How clear is the **relationship with the NHS?** What is the relationship (as conveyed by the branding?)
- To what extent does the branding **help people to identify and understand the different services?** (How distinctive is it?)
- Would you **feel that you could use this service?** What would encourage you to go there (if you saw this branding)? What would put you off? (e.g. probe expectations that they may have to pay for the service)
- What **balance of branding** do you feel comfortable with? How prominent should the other provider logo be compared with the NHS one?
- Do you see any potentially **negative outcomes from using the NHS logo** in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? If so, how?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Being part of the NHS that you can use
  - Privatisation of NHS services
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?
  - Being free – do they think they may have to pay?

Now we want to look at the **use of the NHS letters and/or the NHS logo on products and services which may/may not be directly related to patient care**
STIMULUS L, M & N

- What are your **first impressions?** Why do you say that?
- Sometimes, a provider is asked to **deliver a product or service and brand this as NHS** - how do you react to seeing the NHS on this type of product? Why do you say that?
- Have you **seen this type of connection (between the NHS and other products and services) before?** Where, when? What did you think of it at the time?
- Is there anything **surprising or confusing** about it? Why do you say that?
- How easy is it to **work out what the products /services are?**

- How clear is the **relationship with the NHS?** What is the relationship(as conveyed by the branding?) *Probe around relevance/impact of internal business to business NHS branding*
- What **expectations** does the NHS branding create about the service quality/standards/consistency/reliability/cost?
- Would you **feel that you could use this type of product or service?** What would encourage you to do so (if you saw the NHS branding)? What would put you off?
- What does the **NHS brand bring to the product or service?** In what ways does the **product or service affect your perceptions of the NHS?** When might it 'add' something tothe NHS – and what kind of service/product is appropriate or not?
- What **balance of branding** do you feel comfortable with? How prominent should the NHS brand be?
- Do you see any **potentially negative outcomes** from using the NHS logo in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? If so, how?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?
  - Being free – do they think they may have to pay?

Show STIMULUS P & Q: NHS products/services for commercial use

- What are your **first impressions?** Why do you say that?
- Have you **seen this type of connection (between the NHS and other products and services) before?** Where, when? What did you think of it at the time?
- Is there anything **surprising or confusing** about it? Why do you say that?
- Do you see any **potentially negative outcomes** from using the NHS logo in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? If so, how?

SUMMING-UP (5 MINUTES):

- Having seen the NHS brand working in a variety of different settings, what are your **views about the impacts on the NHS brand?** Why do you say that?
- Does this **change the way that you see (or feel about) the NHS brand?** If so, in what ways? What do you say that?
- Do you feel that there are **proper uses for the NHS brand?** If so, what are these?
- Do you have **concerns about some uses of the NHS brand?** If so, what are these and how should they be addressed?
- Finally, **what would you say to NHS management** about the NHS brand and the way it is to be used?

APPENDIX C: BRIEFING LETTER WITH TOPIC AREAS FOR STAKEHOLDERS

Introduction

NHS England has recently taken over responsibility for managing and developing the NHS identity policy for England. The first thing they want to do is to review the existing guidelines as they know they are out-of-date and inconsistent. There is no intention of changing the NHS lozenge – we are looking at the principles of who can use the identity going forward.

We have been appointed to help NHS England to understand the key issues that stakeholders face in applying the brand before advising on the identity policy. Research Works is a specialist social research agency with considerable experience of this type of challenge, and we would really value your perspective, feedback and insight.

Your telephone interview will be completed by a senior Research Works Director and will last for no more than 30 minutes. During the call, the questions below will form the basis of the conversation, but not all questions will necessarily be asked. Notes of the conversation will be taken, but we will not attribute specific comments to an individual. All we ask is that you are as open and honest as possible, as we find this is the best way to gather the insight we need.

We will be looking for stakeholders to help again later in the process, so please make it clear whether you would be happy to help again.

Questions

What is your name and role?

In your opinion, what does 'NHS' stand for (in wider sense)?

How do you think the reputation of the NHS stands in the eyes of the public right now?
Do you think the NHS has a clear, consistent identity?
How do the names and identities of the various organisations that make up the NHS contribute to the overall identity?

How have you worked with or applied the NHS identity?

Have you had any specific experiences you can share (good or bad)? Are there examples of practical difficulties you have faced? If so, what are the details?

If you see the NHS logo, what does that mean in terms of accountability for the service provided?

Do you consider the use of the NHS identity to be consistent across the NHS? If not, does this damage the reputation of the NHS?

Some NHS organisations are moving away from using of the NHS logo/identity and/or are developing alternative logos/identities - why do you think that is?

Do you think there should be differences in the way the NHS identity is used by the different parts of the NHS and third party providers?

What do you think about non-patient facing parts of the NHS carrying the NHS logo? e.g. Fleet services, payroll services, audit services, creative services etc.

What would make applying the NHS identity easier in the future?

What are the key challenges the NHS identity faces in the next 5 years? Anything we haven't discussed that you feel is important?
Thanks for answering our questions. Would you be happy to be re-contacted once we've developed a revised policy to check it with you?

Thanks for your time.

APPENDIX D: PHASE TWO QUALITATIVE TOPIC GUIDE PUBLIC AND PATIENTS

1. INTRODUCTIONS AND EXPLANATIONS

- **Introduce self and Research Works Limited**, an independent market research agency.
- **Thank you** for agreeing to participate in our research on behalf of NHS England.
- We are going to **look in detail at the NHS brand** and how its use may change in the future. We will be discussing the NHS from the point of view of the way the various types of NHS organisations are branded and presented. Therefore, we do want to understand what impressions and associations you have when they see the NHS brand, but **we do <u>not</u> want to go into much depth about your experiences and views about the NHS as an organisation**.
- Explain **confidentiality** and ask permission to record the session
- Remind respondents that individuals will be invited to **discuss issues one to one to obtain footage of key insights** (use of footage will be fully explained with a release form)
- Introduce **client** (if viewed).

I'd like to start off by finding out a little bit about you …

- **Work and family status**, outline any current caring responsibilities
- **Current health status** and level of involvement with NHS services
- ***Patients/ Carers only:*** *a brief outline of your own situation*

2. WHAT IS THE NHS? *(VERY BRIEFLY)*

- What **makes up the NHS?** Where do NHS services start and end?
- Is the **NHS a single organization – a single entity?** Why do you say that? If it is not a single entity, how is it comprised? What are its parts? And has this changed over time?
- To what extent do you **see the NHS as a local entity?** In other words, do you see the NHS as a national network or as your local hospital or GP practice? Why is that?
- How has the **NHS changed over the past years?** In what ways specifically has it changed and why do you think that is? *Probe around issues of* ***<u>reputation</u>*** *including: trust; reassurance; confidence; credibility; expertise; quality of service; innovation; consistency of service; paying or not paying; capacity*

3. THE NHS AND ITS LOGO (show stimulus: NHS Logo)

- What **specific qualities** does the NHS logo convey? Why do you say that? Probe for each mentioned – why is that important, has it changed in any way over time?
- To what extent do you **notice whether a campaign, organisation or service uses NHS in its name or logo?**

- If a **communication, service or product is branded as NHS**, what does that say to you about that communication or service? Why do you say that? *Probe: is it reassuring, motivating, does it indicate quality, suggest that it is free? If not, why not?*
- Does it matter to you whether an **organization, campaign, product or service uses the NHS logo?** If so, **when specifically does it matter?** Are there times when it does not matter – and why is that?

4. **NHS LOGOTYPES**: *In this section we will be looking at different format options including a) text being split over one, two and three lines b) text to the left, under and some in different colours (using examples relevant to the location of the focus group) – exploring whether the migration to the new format cause confusion (since both old and new formats would be in use for a few years)?*

Show **STIMULUS A** and ask:

- First impressions – how do you feel about this **use of the logo?** Why do you say that?
- Which approach do you **prefer** and why?
- Does this make it **easier** to work out what the organisations/services are? Why is that?
- Which branding approach helps you to **more easily identify and understand the services you want to use?** Why is that?
- Which branding approach is **clearer** in terms of conveying the type of service? In what ways?
- What **expectations** does each branding approach create about the service?
- Which branding approach be more likely to **encourage you to contact/use the services?** Why is that?

5. **NAMING OF NHS ORGANISATIONS** *in this section we will be exploring:*

- *The issue of geographic names versus conceptual/abstract ones*
- *The use of abbreviations/acronyms e.g. CNWL, ELFT, CCG*
- *Understanding of organisation types which appear in names e.g. NHS Trust, NHS Foundation Trust, Clinical Commissioning Group*
- *Patient communications which have a Trust's brand on it that's not local (even if the care is delivered locally) – probe around alternative solutions (e.g. just using the NHS lozenge and the accountable organisation at the bottom)*

Show **STIMULUS B-F then STIMULUS G organisation with new logo on left and STIMULUS H - letter example** – and ask:

- What are your **first impressions?** Why do you say that?
- How easy is it to **work out what the organisations / services are?**
- How **clear is the relationship with the NHS?** What is the relationship(as conveyed by the branding?)

- To what extent does the **branding help people to identify and understand the different organisations or services?** (How distinctive is it?) Why do you say that?
- What **expectations** does the branding create about the service quality/standards/consistency/reliability/cost?
- How do you interpret the **'balance' of the branding** (in terms of the prominence of the NHS vs the other elements)?
- Do any of these ways of presenting the brand and logo **change your view of the overall NHS brand in any way (i.e. the NHS as a whole)?** If so, why is that? *Check extent to which the branding conveys NHS values: e.g. quality, consistency, free, trust, for everyone, fairness, dependability etc.*
- *Probe for all options*: what does the **branding suggest** in terms of issues such as:
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?

6. PRIMARY CARE CONTRACTORS : *In this section we will looking at whether the public and patients expect to see the NHS Identity in GP surgeries, pharmacies, opticians, dentists? And, if so, whether they think a qualifying statement is needed alongside the NHS logo (e.g. 'Providing NHS services') and what is their preferred wording for this?*

Show STIMULUS I and ask:

- What are your **first impressions?** Why do you say that?
- Explore understanding and perceptions of **what these services / organisations are, based on their branding**
- To what extent would the **branding help you (or not)** in understanding what the organisations are and their connection to the NHS?
- Does it **help to include a supporting statement** (ie 'providing NHS services')? If yes, in what ways? What do you think it means?
- Would you feel that you **could use/visit this organisation?** What (from the branding) would encourage you to use it? What would discourage you?
- What does the **branding suggest** about the service, and its relationship with NHS?
- Do you see any **potentially negative outcomes** from branding NHS services in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? In what ways?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Being part of the NHS that you can use
  - Quality
  - Safety
  - Caring/Compassion

- A single, national organization: consistency
- Accountability: what if something goes wrong?
- Being free – do they think they may have to pay?

7. THIRD PARTY PROVIDERS *In this section we will be looking at the positioning of third party providers' brand on NHS services in light of the suggestion that putting it in a secondary position is not being open and transparent. We will also be exploring whether patients think it's positive to see a private sector company's involvement*

Show STIMULUS J-M all NHS services and for each ask:

- What are your **first impressions?** Why do you say that?
- Sometimes, another provider is asked to **deliver a healthcare service on behalf of the NHS** - how do you react to seeing other brands within the health service/NHS? Why do you say that? Is this **positive or not**? Why is that?
- Have you **seen this type of connection (between NHS and other brands) before?** Where, when? What did you think of it at the time?
- Is there anything **surprising or confusing** about it? Why do you say that?
- How easy is it to **work out what the products /services are?**
- How clear is the **relationship with the NHS?** What is the relationship (as conveyed by the branding?)
- To what extent does the branding **help people to identify and understand the different services?** (How distinctive is it?)
- Would you **feel that you could use this service?** What would encourage you to go there (if you saw this branding)? What would put you off? (e.g. probe expectations that they may have to pay for the service)
- What **balance of branding** do you feel comfortable with? How prominent should the other provider logo be compared with the NHS one?
- Do you see any potentially **negative outcomes from using another external organisation's logo** in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? If so, how?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Being part of the NHS that you can use
  - Privatisation of NHS services
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?
  - Being free – do they think they may have to pay?

8. PARTNERSHIPS *In this section we will be exploring the use of multiple logos and whether the public sees this as clear or confusing?*

Show STIMULUS N and for each ask:

- What are your **first impressions?** Why do you say that?
- How easy is it to **work out what the organisations / services are?**
- How **clear is the relationship with the NHS?** What is the relationship(as conveyed by the branding?)
- To what extent does the **branding help people to identifyand understand the different organisations or services?** (How distinctive is it?) Why do you say that?
- To what extent is this **confusing**? Why do they say that? Which elements, specifically are clear or confusing – and why?
- What **expectations** does the branding create about the service quality/standards/consistency/reliability/cost?
- How do you interpret the **'balance' of the branding** (in terms ofthe prominence of the NHS vs the other elements)?
- Do any of these ways of presenting the brand and logo **change your view of the overall NHS brand in any way?** If so, why is that? *Check extent to which the branding conveys NHS values: e.g.quality, consistency, free, trust, for everyone, fairness, dependability etc.*
- *Probe for all options*: what does the **branding suggest** in terms of issues such as:
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?

9. COMMERCIAL SERVICES *(exploring acceptability of applying the NHS Identity to a range of different commercial services and how that impacts on views of the brand. Is it more acceptable on some types of service than others e.g. NHS delivered private healthcare?)*

Looking, in turn, at:

- **STIMULUS O-Q** NHS developed and/or supplied products e.g. skin cream or condoms
- **STIMULUS R-T** Services for NHS staff e.g. lease cars and electrical goods
- **STIMULUS U-W and X, Y** Business to business services e.g. NHS Creative*, Torbay Pharmaceuticals, Audit services, NHS travel solutions and NHS fleet solutions*
- **STIMULUS Z, AA + BB** private services provided by an NHS organsiation

For each ask:

- What are your **first impressions?** Why do you say that?
- How do you react to seeing NHS on this type of product/service? Why do you say that?

- Have you **seen this type of connection (between the NHS and other products and services) before?** Where, when? What did you think of it at the time?
- Is there anything **surprising or confusing** about it? Why do you say that?
- How easy is it to **work out what the products /services are?**
- How clear is the **relationship with the NHS?** What is the relationship (as conveyed by the branding?) *Probe around relevance/impact of internal business to business NHS branding*
- What **expectations** does the NHS branding create about the service quality/standards/consistency/reliability/cost?
- Would you **feel that you could use this type of product or service?** What would encourage you to do so (if you saw the NHS branding)? What would put you off?
- What does the **NHS brand bring to the product or service?** In what ways does the **product or service affect your perceptions of the NHS?** When might it 'add' something to the NHS – and what kind of service/product is appropriate or not?
- What **balance of branding** do you feel comfortable with? How prominent should the NHS brand be?
- Do you see any **potentially negative outcomes** from using the NHS logo in this way? Why do you say that?
- Does this **change your view of the overall NHS brand** in any way? If so, how?
- *Probe for each option*: what does the **branding suggest** in terms of issues such as:
  - Quality
  - Safety
  - Caring/Compassion
  - A single, national organization: consistency
  - Accountability: what if something goes wrong?
  - Being free – do they think they may have to pay?

More specifically:

- Looking at use of the letters NHS versus the NHS logo – does it give a different perception of who is providing the service? Why do they say that? In what specific ways does this affect perceptions of who is providing the service? Why?

- Looking at whether a name which doesn't contain a geographic reference (e.g. NHS Travel Solutions) is perceived to be nationally provided. If so, why is that? If not, why not? What does this mean to them?

10. SUMMING-UP

- Having seen the NHS brand working in a variety of different settings, what are your **views about the impacts on the NHS brand?** Why do you say that?

- Does this **change the way that you see (or feel about) the NHS brand?** If so, in what ways? What do you say that?
- Do you feel that there are **proper uses for the NHS brand?** If so, what are these?
- Do you have **concerns about some uses of the NHS brand?** If so, what are these and how should they be addressed?
- Finally, **what would you say to NHS management** about the NHS brand and the way it is to be used?

APPENDIX E: QUALITATIVE TOPIC GUIDE: STAKEHOLDERS

1. INTRODUCTION

- Thank respondents, introduce self, Research Works and purpose of research
- Reassure re: confidentiality, recording and MRS Code of Conduct
- Check that respondents have their pre-task responses (**all respondents will have be pre-placed with the draft NHS Identity policy)**
- Any questions?
- Respondent name, role, responsibilities

2. CONTEXT: NHS IDENTITY AND CHANGE *(all respondents)*

- What issues with NHS identity are facing them at the moment, what are the most important issues affecting their work and workplace? Why is that? *(probe around NHS change, new processes and structures)*
- What specific challenges are they dealing with personally at the moment? Why are these important and how are they dealing with them?
- What are the specific challenges around the NHS identity for communications and branding specialists? What is driving these challenges?
- How are they are they responding and what is shaping those responses?
- What are the specific challenges in their own area and organization? What factors are driving these?
- How are they responding and why is that?

3. POLICY PRINCIPLES *(All respondents)*

- Initial reactions to the draft policy – has NHSE got the policy principles right? Why do they say that?
- What are they particularly happy with and why is that?
- Is there anything that they are unhappy with and why is that?
- Looking at the principles, is it clear what each principle means in practice? Why do they say that? Why are principles unclear and what could be done to make them clearer?
- Do they feel that the evidence explains the rationale behind each principle? Why/why not?
- Do they see the principle around applying the policy to all new communications as realistic? If not, why not? How could it be made more realistic?
- Considering digital media, do they feel that it is practical to expect digital communications to be updated more quickly and are there particular types of digital channels that would be more difficult to change? If so, which and why is that?

4. ISSUES AROUND WHO CAN USE THE NHS IDENTITY? *(all respondents, but especially primary care contractors, including distance selling pharmacies and dispensing appliance contractors)*

- Is it clear to them that it is mandatory for NHS organisations and providers of NHS services to use the NHS Identity and adhere to the policy, but only voluntary for primary care contractors?
- How do they feel about that? Why is that?

- Thinking about enforcing the NHS Identity policy, what would they want to see in terms of governance (and sanctions)? Why do they say that?
- Do they believe that governance will be effective? Why do they say that?

- **For primary care contractors only:**
    - How do they use the NHS Identity? Why is that?
    - What do they see as the advantages and disadvantages of using the NHS identity? Why do they say that?
    - In what ways would they want to use the NHS identity in future? Why is that?
    - Do they feel that use of the NHS Identity should vary depending on the amount of NHS services provided by the contractor (e.g. almost all services provided by a GP surgery are NHS services, whereas only a relatively small proportion of optician's services are)? Why do they say that?
    - What do they think patients and the public expect to see, in terms of NHS brand identity, when accessing primary care? Why do they say that?
    - How would they feel about making the use of the NHS identity a contractual requirement in future? Why do they say that?
    - Do they see this as practical – and, if not, why not?

5. NAMING OF NHS ORGANISATIONS *(All NHS respondents)*

- What are the challenges posed by a geographical naming structure? Why do they say that?
- How might these be overcome?
- Explore the specific challenges posed by:
    - Patient facing services that don't relate to the Trust name either geography or type of service.
    - Commercial competitive disadvantages when bidding for contracts outside their geography.
- In each case, how would they address these challenges and why might that approach be taken?

6. NHS ORGANISATION LOGOS *(All NHS respondents, priority for those organisations with particularly long or short names)*

- How do they feel about the idea of a consistent layout for all NHS logos being introduced? Why do they say that? What challenges does this pose and why is that?
- What do they see as the challenges in terms of timescales for this – and why do they say that?
- How would they feel about a phased implementation, with a shorter timeline for digital? Why do they say that?
- What level of phasing would be required for a realistic approach? Why is that?
- More specifically:
    - Explore different format options - including text being split over one, two and three lines and a scenario where the organization type e.g. NHS Trust, NHS Foundation Trust, is highlighted in a different colour and in a smaller font size. Also a scenario where the text is placed either under the lozenge

or to the left - one option creates a deeper but narrower logo and the other creates a wider but shallower logo.
    - Explore logo positioning : look at continuing to position the NHS logo top right, with the exception of websites, where there will be a choice of top right or top left.
- What are their views on this and why do they say that? What are the specific challenges posed by format and logo positioning? Why is that?

7. ALTERNATIVE CORPORATE IDENTITIES/LOGOS *(All NHS respondents)*

- How do they feel about the **idea** of enforcing a policy which prohibits no alternative corporate identities/logos? Why do they say that?
- Do they understand why NHSE is proposing that alternative corporate identity/logos would not be allowed? What do they believe the rationale to be? Is that correct – and if not, why not?
- Overall, what do they see as the positives and negatives of such a policy? Why do they say that?
- Check: is it clear to respondents exactly what an alternative corporate identity/logo might be? Ask them for a definition and compare this to the actual policy definition
- For those NHS organisations that have developed alternative corporate identities/logos:
    - Why did they do so? What were the drivers for this decision?
    - Did they test the value and necessity of an alternative corporate or service identity/logo amongst the public or their patients? If not, why not? If they did, what were the results?
    - How much did it cost to create this identity/logo – and how was this costs justified to stakeholders?
    - What benefits and outcomes can they identify as a consequence of the decision?
- Overall, do they believe that it is possible to create a distinctive visual style for their organisation, whilst staying within the guidelines? If not, why not?

8. WHETHER NHS TRUSTS AND FOUNDATION TRUSTS CAN USE THE NHS IDENTITY ON COMMERCIAL SERVICES WHICH FALL OUTSIDE THEIR CORE FUNCTION OF DELIVERING PATIENT CARE AND IF SO, HOW THEY CAN USE IT *(Provider Trusts)*

- What commercial services are being developed by their trusts? Why is that – what factors are driving the creation of those services?
- What is the business model for these services (e.g. part of the Trust or a wholly owned subsidiary)? Why was that chosen?
- Which types of commercial service do they believe the NHS Identity should be applied to and which types not? Why do they say that? What are the influential factors?
- What do they see as the different options for applying the NHS Identity to commercial services (letters, or letters and logo)? What is that? What decisions about this have they made in the past and why?

- Do they believe that NHS Trusts should be allowed to use the NHS Identity on their private patient services? If not, why not?

9. THE USE OF THE NHS IDENTITY BY LOCAL AUTHORITIES FOR PUBLIC HEALTH SERVICES AND CAMPAIGNS *(Public Health England, Local Authority, CCGs and Provider Trusts)*

- What do they see as the advantages and disadvantages of applying the NHS Identity to a campaign? Why do they say that?
- What evidence do they have for their view?
- What are the principles you would apply to make a decision on whether the NHS Identity should be used?
- Why is that and what are the main factors affecting the decision?

And now I'd like to ask some specific questions about **how the NHS Identity will be produced**:

10. COLOUR *(All respondents)*

- How do they feel about the idea that NHS blue will continue to be the predominant colour for NHS identities, branding and communications approaches? Why do they say that?
- How do they feel about the idea that the overall colour palette – and use of other colours - would be reduced? Why do they say that?
- How do they feel about the idea that using the NHS logo in other colours or reversed out of other colours would be prohibited? Why do they say that?
- What do they see as the advantages and disadvantages of having a reduced colour palette?
- Check: do they understand what is meant by a primary and secondary colour palette and how these should be used? If not, what is unclear?
- Overall, what colours do they associate with a modern, efficient, yet caring and trusted NHS service? Why do they say that?

11. TYPEFACES *(All respondents)*

- How do they feel about the idea that Frutiger and Arial would be the only primary and secondary typefaces allowed for use – and that Garomond and Times New Roman would not allowed as alternative secondary typefaces? Why do they say that?
- Do they see it as necessary/helpful/cost effective to continue to centrally supply one copy of the Frutiger font with all new NHS logotypes? Why do they say that?

12. DIGITAL CONSIDERATIONS *(All respondents)*

- How do they feel about the idea of introducing an exclusion zone in a white header bar on all NHS websites to ensure the NHS logo is protected? What are the pros and cons of doing this? Why do they say that?
- What do they see as the specific challenges when applying the NHS Identity to websites and other digital channels (e.g. apps, social media)? Why do they say that?

- Why do they think that some NHS organisations feel it is necessary to have multiple websites with different visual styles (e.g. separate websites for their commercial services, campaigns, members etc.)? And how do they personally feel about such an approach?

Finally, I'd like to cover some of the **newer provider scenarios** to be found in the NHS:

13. THIRD PARTY PROVIDERS *(CCGs and Third party providers)*

- How do they feel about the idea that NHS services delivered by third party providers should lead with the NHS Identity and the identity of the deliverer should be in a secondary position? Why do they say that?
- What do they see as the pros and cons of such an approach?
- What are the different factors to consider?
- What do they see as right branding approach from a patient perspective and why do they say that?
- Equally, what do they see as the right approach when an NHS organization is commissioned as the third party provider (e.g. by a local authority or by another NHS organization to deliver a public health service) why do they say that?

14. PARTNERSHIPS *(All respondents)*

- What do they see as the proper branding approach when partnerships are involved in delivering services? Why do they say that?
- What about where it is an NHS-only partnership (e.g. where two or more NHS organisations are working partnership) – should the NHS lozenge be used once? Why do they say that?
- What about NHS and non-NHS partnerships (where all partners want to be represented and which may result in 'logo soup')? Why do they say that?
- What is the right branding approach when partners want to create a separate logo for the partnership to show they are 'joined up' and that no individual partner dominates? Why do they say that? Who/What do they see as the audience/purpose for that decision? Is this identity used on patient facing communications? What do they think is the patient's perspective of this 'partnership/identity' and their understanding of who is delivering this service.
- How does their own organisation currently apply the NHS Identity to partnerships? What are the principles and challenges? Why do they say that?
- What are the different challenges face by partnerships for:
    - patient facing services? Why do they say that?
    - commercial services? Why do they say that?

15. SUMMING-UP

- Any other comments or suggestions for NHS England