

Effects of the change4life advertising campaign



**ASSIGN
BUSTER**

The NHS document will go through the changes that are going to be implemented in the NHS. This will go through what might improve in the NHS due to changes and what will not improve. It will go the criticisms that the proposed changes have received and also the positive points that have been received.

The proposed changes in the NHS will mean that the GP's will be getting £70 billion pounds annually. The purpose of this is to get the GP's to manage most of the NHS budget to buy patient care from the NHS hospitals and clinics. According to the new changes the government is planning to close 151 primary care trusts and have them replaced by GP's, the question that has been put forward by this proposal is that how much money is going to be spent on administration rather than health care? And how much money will the GP's take to pay themselves management fees? (Walayat, 2010)

By the government announcing that the primary care trusts are going to be closing it marked the first step towards the NHS becoming privatised. The budget of £70 million will not increase productivity but will lead to a less productive system instead just as the Labour Government experienced when they doubled the NHS budget. The budget will lead to all the GP surgeries to become part of private companies. (Walayat, 2010)

Andrew Lansley the UK health Secretary launched a White Paper which was titled " Equity and Excellence: Liberating the NHS" under which every GP will have to join a commissioning group by 2011/12 which will close down the Primary Care Trusts and Strategic Health Authorities systems. The plans will see the GPs being responsible for £110 billion of the health care budget,

some of the budget £80 billion of this will be going through to PCTs.

(Pharmaletter, 2010)

An important aspect of the proposal is that the health care providers will be paid according their performance, reflecting outcomes as well as activity and progress on outcomes will be supported by quality standards which are developed by National Institute for Health and Clinical Excellence (NICE).

(Pharmaletter, 2010)

Some advantages of the proposal have been put forward such as that the white paper shows a move towards greater doctor and patient influence over clinical decisions. It is believed that the expansion of NICE's remit which promotes best practice is a high priority for the future of the NHS than the narrow cost effectiveness calculations on new medicines that it is currently conducting. (Pharmaletter, 2010)

There are criticisms of the new proposal it has been stated that the plans could cost the NHS its £20 billion efficiency savings target. Health director James Gubb stated that the NHS is facing the most difficult financial times in its history and that it is not the time to change structures but it's better to get behind the difficult decisions PCTs will have to make. Other criticisms are that the White Paper was a waste of time and a waste of money. They also stated that the GPs do not have enough power to see any changes in the system. (Pharmaletter, 2010)

The changes to the NHS will be taking place in 2013, already it has emerged that GPs that are covering half the country have already signed to start piloting the changes. The cost of the programme is £1. 4 billion, most of this

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

will come over the next two years as more than 20, 000 people from management and the staff from administration are being made redundant from the health authorities, primary care trusts and the Department of Health. (BBC, 2011)

GPs will be expected to publish yearly reports of their performance. There will be a Health Watch network where feedback will be gathered from patients. The new bill will set out a duty to maximise access to a wide range of services. If GPs do under perform they will be financially penalised as a proportion of their income. (BBC, 2011)

The British Medical Association believe that the government are taking a big gamble with the changes to the NHS and others have just stated that the health service will not be able to do what they are expected to do and that the new changes have a big risk of failing. (BBC, 2011)

With the changes the ministers, including the secretary of state, will no longer be able to intervene when a hospital is threatened to close. Instead there will be a NHS independent board who will oversee the GPs. They will buy the care for their patients from “ any willing provider” meaning from an NHS organisation or a private company. (Channel 4, 2011)

Critics have said that this in a way is putting profit before care and that the services will end up closing down as they will not be financially viable even when they are need by the public. The changes in the NHS are complex and are mainly to do with management although Andrew Lansley the health secretary has ensured that patients are at the heart of the changes. (Channel 4, 2011)

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

The changes mean that there will be a loss of 24, 500 jobs and approximately 21, 000 of them will be going through redundancy. The changes will be in place in 2013 and in the following year all hospitals will be foundation trusts, which will mean that they will be controlling their own budget and have control. (Channel 4, 2011)

The changes that are being made have been labelled as dangerous by the health experts and campaigners who are desperately trying to save the NHS. The changes will be getting rid of the targets that say that operations are performed within 18 weeks and also seeing your doctor within 48 hours. Private firms will now be able to bid for contracts for anything from standard check-ups to complex surgery. Patients will now have to wait longer to get appointments to see the GP, as local surgeries will be part of the financially powerful regional GP groups, as they now have almost £80 billion of the health budget they could get rid of expensive treatments which in turn will make patients look for a different surgery which meets their needs. (Buckland, 2011)

The patients will not see much change to the NHS but if the government does fulfil the aims it has set then the patients will have more control over their care than what they used to. The patients will now have a choice on how they want to be treated and where they want to be treated. Patients already have a choice on what hospital they want to go to but the choice is now extending to GPs. The boundaries that were set for registering with the GP are not in use any more and now they can choose whichever doctor they wish. (BBC (a) 2011)

To conclude the NHS document has gone through what the changes are going to take place in the NHS and what this will cause. It has gone through the strengths and the criticisms of the changes. It has also stated that the GPs will now have control over the NHS budget and the changes will take place 2013.

This assignment will be going through three health campaigns that are based in the UK to promote healthy lifestyles. The first campaign is change4life campaign it will go through what this campaign promotes, its aims and what it has achieved so far it will then go onto criticising the campaign and explain what has not worked. It will then go through whether enough is being done to promote healthy lifestyles.

The second campaign is anti-smoking campaign it will again go the aims, what it has achieved and the criticisms of the campaign. It will then go through whether enough is being done to promote healthy lifestyles. The final campaign is sexual health campaign it will go through its aims, what it has achieved and its criticisms. It will then go through whether enough is being done to promote healthy lifestyles.

The conclusion will bring the main points together and summarise what has been said in the portfolio and will also state whether the campaigns have done what they have aimed to do.

Change4life is a society-wide movement that has the aims to prevent people from becoming overweight by encouraging them to eat better and move more. The campaign aims to motivate a societal movement in which anyone who has an interest in preventing obesity, they can be businesses,

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

healthcare professionals, charities, schools or families can play their part.

(Department of Health, 2010)

The Change4Life campaign started in January 2009 and started by targeting young families with children aged 5-11 years. Since then the movement has grown and is now targeting parents of 1-4 year olds (Early Years) and new parents with babies (Start4Life). (Department of Health, 2010)

The Change4Life advertising campaign has made the subject of weight and physical activity a hot topic and it urges us to make changes to our diet and levels of activity. The campaign talks about fat in the body rather than fat bodies and makes the link clear between fat and preventable illnesses.

Change4life puts the blame of obesity onto modern life, which affects everyone instead of blaming the parents. (Department of Health (a), 2010)

The steps that Change4life support will help people to improve health and their diet for example by swapping sugary food for healthier alternatives, cutting down on portion sizes and putting a limit on snacks. But a criticism that has been put forward is that change4life could be flawed from the start. They have been criticised for having partnerships with companies such as Nestle, PepsiCo and Mars. (Watts, 2009)

Change4life tried to justify the partnerships by claiming that they want everyone to work together to fight obesity. However the question that has been put forward by critics is the involvement of manufacturers of fatty, sugary snack products going to help reduce obesity? (Watts, 2009)

There is not enough evidence to say that social marketing is effective than other methods of improving health, but it seems that the government which is pursuing Change4Life have abandoned pursuing the steps that need to be taken to tackle obesity and focusing on how best to advertise the campaign. It was published in a report that it is urgent to act on the obesity crisis now as it was predicted that 9 out of 10 adults will be obese by 2050. (Watts, 2009)

The department of health is now keen on getting corporate partners that the department seems to have forgotten the certain steps that need to be taken that can stop obesity such as protecting children from junk food marketing or forcing companies to use effective nutritional labelling. (Watts, 2009)

The UK Public Health Association Chairman, David Hunter has warned that the government's £75 million Change4Life campaign will fail to stop the rising levels of obesity unless it develops a strategy to change long-term behaviour. He has stated that the evidence that has been found that their campaign can have a positive effect for short term but it cannot be used for long term and so something needs to be done to prove that the campaign is not a waste of money and time. (Clews, 2009)

Now it is being said that the new coalition government is taking away the funding from Change4life which was put forward by the Labour government. The new health secretary Andrew Lansley stated that the campaign should be supported by businesses not the government. (Tasker, 2010)

Lansley stated that the new government will aim to use more social media to get the message of Change4Life across rather than the traditional

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

advertising campaigns and will make it less of a government campaign but a social movement, by asking charities and local authorities and the commercial sectors to get involved. (Tasker, 2010)

Lansley praised the scheme by saying that it has achieved a lot; especially in the way it has brought many people together such as healthcare professionals, teachers, charities, businesses and thousands of volunteers who have their support. (Tasker, 2010)

Although there have been criticisms of the campaign there have been achievements. The campaign has worked alongside with a range of colleagues such as GP staff, primary schools and early year's settings. In all the work they have encouraged colleagues to register as Local Supporters and to adopt the Change4Life brand in their activities. (Department of health, (b) 2010)

A Change4life van is used by the Healthy Lifestyle team to deliver cooking sessions to help at-risk families learn how to cook simple, low-fat meals. Change4Life brand has also been incorporated into Healthy Heroes programme that was developed in primary schools to encourage children to be more active. Sport and physical alliances, School Sports Partnerships and Food Forums have all got the Change4Life sub brands and are using both Bike4Life and Walk4life in their cycling and walking schemes. (Department of health, (b) 2010)

Anti-smoking campaigns uses advertising to put out their word to stop people smoking, a lot of different advertisements have been used which are directed to smokers. It has been found that a £4 million advertising

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

campaign which shows fat oozing out of the smoker's artery has been a huge success for the anti-smoking campaign. After seeing the advertisement a total of 10, 000 people contacted the British Heart Foundation charity and 62, 000 have visited their website. Smoking has been estimated to cause 114, 000 deaths in a year in the UK, 30, 000 of these due to cardiovascular disease. (BBC, 2004)

On the 1st July 2007, England introduced a new law to make all enclosed public places and workplaces smoke free. This will ensure that England has a healthier environment so that everyone can socialise, relax, travel and shop free from second hand smoke. The law also states that smoking is not allowed in public transport or in work vehicles where there is more than one person in the vehicle. Staff smoking rooms and indoor smoking areas are no longer allowed so everyone who wants to smoke will have to go outside the building. (Smokefree, 2007)

Local councils are responsible for enforcing the new law in England. There are now penalties and fines for those who do not abide by the law, some of these fines are as follows: if someone is caught smoking in smoke free premises or in work vehicles will have a fixed penalty of £50 or a maximum of £200 if they are convicted by court. There is a fixed penalty of £200 if there is a failure to put up no-smoking signs. There is also a maximum of £2500 if the person who manages the premises or vehicles fails to prevent smoking. (Smokefree, 2007)

The smoking ban has triggered the biggest fall in smoking ever seen in England. It has been found that more than two billion fewer cigarettes were

smoked and 400, 000 people have quit smoking since the ban was introduced, researchers have said that this will prevent 40, 000 deaths over the next 10 years. There is no guarantee that the rates of smoking will not raise again so it is essential that the downward pressure is maintained.

(Laurence, 2008)

However it has been stated that the ban on smoking in public has failed to increase the number of people quitting. The proportion of men who smoke has risen since the ban while there has been no change among women. It has been hoped that the ban would help reduce the smoking rates among the poor but instead smoking in working-class men has risen. (Martin, 2008)

The Health Survey for England, which was carried out by the NHS has raised fears that smokers are now simply smoking at home which is now putting children at risk. The Liberal Democrat Health spokesman Norman Lamb stated "...stark figures which demonstrate ...the government's strategy on smoking has not been successful". A spokesman from the pro-smoking pressure group stated "...figures show that the smoking ban has been an unmitigated failure." (Martin, 2008)

However a spokesman from the Department of Health replied to the criticisms by stating that the Smoke free laws were put forward to protect employees and public from secondhand smoke, and that the legislation was never intended to be a measure to reduce smoking. (Martin, 2008)

Now in America the district officials have said that the best way to get young people to stop smoking, is to use bar and nightclub scenes and advertisements that show men and women in sexually suggestive poses.

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

They are now planning to spend millions of dollars over the next few years for this plan. The local health authority had determined that to counter methods that tobacco companies have used to lure young people into thinking that smoking is cool, the most effective way to stop people from smoking is to “fight fire with fire”. (Kanigher, 2010)

A criticism of this idea was put forward that the advertisement’s message of anti-smoking is diluted by the images which promote booze and sex. The complaint was that they are not promoting a healthy lifestyle; they may be telling them not to smoke but instead are promoting drinking and sex. The answer to this criticism was the reason they put on the advertisements of bars and nightclub scenes is because young smokers are drawn to that lifestyle. (Kanigher, 2010)

The sexual health campaign is in place to inform people to have safe sex to prevent sexual transmitted diseases (STIs) and unwanted pregnancies. A lot of campaigns are now in place to inform mainly teenagers the importance of safe sex. The campaign aims to create a culture change where stakeholders and consumers are equipped and have the confidence in engaging in conversations about sexual health and relationships. (Everett, 2009)

They have stated that they were behind in their target which was to halve the under 18 conception rate by 2010 and also another aim which they need to do is to lower the rates of abortion and repeat abortion as they remain high in people under the age of 25. (Everett, 2009)

There are three marketing objectives that the campaign has the first is prevention-building attitudes, knowledge and skills that make safe sex more

<https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

likely. The second is protection-which encourages protective behaviours that make sex safer and intervention-intensive support for those who are most at risk. Within these three marketing objectives there are six strands of activities which are for prevention-knowledge and education and communication and negotiation skills. For protection-there will be contraceptive choice, carrying condoms or access to condoms. For intervention-there will be integrated education and service delivery. (Waters, 2009)

The campaign gets their information across by using the television, radio and the press. They use stories from media to support the campaign and fuel discussions. By doing this they persuade people to find out more information about their campaign through their website which is hosted by the NHS Choices which have details of the services available and how to get in contact with the service providers. (Hadley, 2009)

Statistics have shown that teenage pregnancy rates have fallen, according to data collected from the Office of National Statistics there was a fall of 3.9% of pregnancy rates of girls under the age of 18 in 2008 while pregnancy rate for under sixteen year olds fell 7.6%. However, this is far short of the government aim to have it halved. (Bawden, 2010)

Victoria Sheard, who is deputy head of police at Terrence Higgins trust, stated that there is a need for young people to be given more information to protect themselves. She also stated that it is not easy for the teenagers to get hold of information and support that they need from schools. (Bawden, 2010)

It has been stated that the pregnancy rates will rise unless the government takes renewed action. The Teenage Pregnancy Independent Advisory Group (TPIAG) has warned that the budget cuts and the changes in the NHS are going to threaten the current downward trend in teenage pregnancy. The under-18 conception rate has been at the lowest for over twenty years, on the other hand experts have said that the target to halve the teenage pregnancy rate will be missed. (BBC, 2010)

The TPIAG is calling on the current government to invest in contraception, sex and relationship education, they have stated that the pregnancy rates will rise again unless there is sustained commitment and investment in contraceptive services, along with better sex education. The local authorities and primary care trusts will be facing bigger bills if the contraceptive services are reduced. (BBC, 2010)

In November 2009 a national campaign called 'sex worth talking about' was launched by the Department of Health who had the aim to help young people to become better informed about their sexual health, how to avoid unwanted pregnancies and access treatment for STIs. The first phase of the campaign was focused on contraception and the choices available. The second phase was launched in 2010 which shifted the focus onto Chlamydia with the warning that this has no symptoms and can be passed on without people knowing. Then the third stage which was also launched in 2010 moved the focus back onto contraception again. (Politics, 2011)

The factors that are behind the poor sexual health of Britain have been debated and there is no single suggestion. Many have complained that the

culture and the increase of sex education promote promiscuity which makes it certain that people will transmit STIs or unwanted pregnancies. (Politics, 2011)

Others have put forward that the current education policies are not successful in adequately equipping young people to promote their own sexual health and others argue that Britain need to have an open attitude towards sex to encourage safe sexual behaviour. A lack of resources for sexual health services have been blamed for the rates of infection. (Politics, 2011)

The Department of Health does admit that the sexual health services do need to be more modernised and they have set themselves targets to cut the rate of unwanted pregnancies and reduce the spread of STIs however, they also state that they have had achievement in lowering the rate of pregnancies. (Politics, 2011)

The British Medical Association (BMA) warned of a sexual health crisis in Britain and called on the government to reduce rates of STIs. The BMA warned that clinics will not be able to cope with the rising rates of STIs without the government support. (Politics, 2011)

The three campaigns above are linked by the personal responsibility agenda that is now being put forward by the government. The personal responsibility agenda puts forward that there is the need for people to take charge of changing their own behaviour instead of relying on the interventions that are in place. It has been stated that it will be difficult in shifting the focus this

way. However, it is what is needed as it could change behaviour. (BBC, a, 2010)

A lot of people have supported this idea by stating that the interventions that were put forward did not work but actually made health inequalities worse. But for this agenda to work there has to be support from the coalition government. (BBC (a) 2010). There have been criticisms of the personal health responsibility agenda, some of which are that the agenda blames the victim, because they ignore the social context in which the individual makes their decisions and health related actions take place. This is more problematic with the poor as it is said that poverty is the main risk factor for illnesses. (Minkler, 2009)

Another criticism is that the personal health responsibility agenda is that the government will move the blame from themselves to the individual. The basis of this criticism is that the conservative government have used the personal responsibility agenda to justify the cutbacks needed in health social programmes. (Minkler, 2009)

Looking at the criticisms and the strengths of the agenda it has to be put forward that after all the years spent on interventions and other campaigns supporting people to change behaviour will the personal responsibility agenda work? Will people change their behaviour after living in unhealthy lifestyles for so many years?

The three campaigns that have been mentioned in the portfolio have given an overview of what the campaign does and the strengths and weaknesses. Overall with the campaigns it has been found that the campaigns have got <https://assignbuster.com/effects-of-the-change4life-advertising-campaign/>

their strengths but also have a lot of criticisms that they have to work on to improve which they have been doing to prove that they do work. Each campaign has in its own way given information on the health risks and what can prevent them.

All three of the campaigns are linked by the personal responsibility agenda which states that the people have to take responsibility for their own health, this has its own strengths and weaknesses with one of the main criticisms being that the government do not want to take the blame if this does not work instead the blame will be going to the individual who did not take responsibility for their own health.

Overall the portfolio went over what the campaigns promote, what they have achieved, their criticisms and what they are aiming for in the future. The campaigns overall do give out a positive message to the public but now need to improve on how they are going to lower the rates of the health risks mainly in those who are living in poverty.