



*Yorkshire and the Humber*

**Doncaster PCT  
Early Detection of Lung Cancer:**

**Social Marketing:      Communications Development Briefing  
Document**

Date: 18<sup>th</sup> January 2008

## **Appointing a Communications Agency**

NHS Yorkshire and the Humber is inviting a limited number of agencies to respond to this communications brief. The requirement is for full creative proposals with indicative costings and a realistic action plan in order to assist Doncaster PCT meet its social marketing objectives for Lung Disease in the area.

Written proposals should be submitted via the multiquote procurement system **by 5pm on Friday 1st February**.

Agencies will also need to provide short presentations in support of their recommendations, in response to the communications brief. It is anticipated that these presentations will take place **on Monday 4th / Tuesday 5th February** at the offices of NHS Yorkshire & Humber in Leeds.

**The launch date for this activity has now been set as Thursday, 13<sup>th</sup> March 2008**

The agency's response will be evaluated against the following criteria:

- an understanding of the project context and most relevant consumer insights
- an appreciation of some of the strategic and executional challenges the NHS Project Team will face
- Developmental creative ideas and executions suggesting how the agency would approach the overall creative development process, with specific reference to the need for creative ideas to work across a number of different environments, channels and media
- Indication of fees to be paid to the creative agency across the first phase of activity (March/April 2008) – *see appendix*
- Indication of itemised production costs, fixed for a minimum 12 month period – *see appendix*
- A robust timing plan from agency appointment through to campaign launch and ongoing day-to-day management

It is anticipated that a decision will be taken on the successful agency by the end of w/c 4<sup>th</sup> February.

**Please Note:** At the presentation stage, we will want to discuss with all agencies the feasibility of introducing a Payment by Results (PBR) component into the evaluation of the planned intervention activity

For further information/queries please contact Sarah Mitchell at NHS Yorkshire and the Humber in the first instance on [sarah.mitchell@yorksandhumber.nhs.uk](mailto:sarah.mitchell@yorksandhumber.nhs.uk) or 0113 2952141.

## Communications Brief

### 1. Campaign Planning Parameters

#### 1.1 *Customer 'Push'*

##### 1.1.1 Awareness Raising

- The public awareness campaign will focus on the benefits of early detection of lung cancer and how it could make a real difference to the health outcome of the affected population.
- Raise spontaneous awareness of signs and symptoms of lung cancer within the population of Doncaster (C2, D, E target groups)
- Geographical locations – and therefore the relevant GP surgeries - still to be determined by postcode level analysis
- Promote earlier and appropriate presentation of lung cancer within the Doncaster area by communicating the benefits of early diagnosis

It is envisaged that the awareness raising approach will combine elements of traditional advertising and also a strong PR element.

##### 1.1.2 Segmentation of Audiences

Fundamental to the success of the strategy will be the clear identification of who the target audiences are.

Further analysis is required to provide geo-demographics of the most deprived Doncaster areas. This will inform targeting and media planning, which will review the most appropriate media to reach the target audience in those locations.

Broadly speaking, the audience is likely to include:

- People residing in the priority areas of the Doncaster – including over 50's, smokers, people who have worked in heavy industry
- Secondary target: families of the above

The broader targets will be:

- Community networks
- Those working with communities

- The media – local and regional

### 1.1.3 Creative Guidance

Key message:

**If you have a persistent cough that lasts for over 3 weeks ask your GP to about a chest x-ray. Acting quickly is critical.**

- Tonally this communication will need to be clear and encouraging in order to address the fatalistic attitude of many people who believe that lung cancer leads to death. It should ensure that there is minimal specific reference to cancer (which could paralyse) but enough gravitas to give conviction to those who may need to push GPs.
- Messages must provide reassurance that early detection is something that can be offered easily through a simple x-ray referral and that by getting symptoms checked out individuals can eliminate fear/worry and be referred to necessary services if required.
- In many instances the target is likely to be families and friends of people who show symptoms that may be of concern to them, such as persistent cough, tiredness, etc. They can help their loved ones by encouraging them to ask for a chest x-ray
- Avoid any smoking references. These are too easily screened out by smokers. Just because you do not smoke (or are an ex-smoker), does not mean that you are not at risk from lung cancer.

The creative or communication concepts may be explored and refined through qualitative communication/ advertising research.

### 1.1.4 Empowering Patients

One insight gained from the qualitative research is that this target audience can often feeling a significant social and educational gap between themselves and their healthcare professionals.

This can impact on their sense of empowerment to challenge healthcare professionals (and GPs in particular), or to request a specific treatment when this is not spontaneously suggested.

In this instance we are encouraging the audience to request a chest X- ray from their GP if they are concerned about their symptoms or persistent cough. Where possible,

there should be tools or facilitators provided which can be used by patients as a short-cut to reflect their concerns.

The pilot test used credit card style leaflets encouraging those concerned to speak to their GPs and also prescription-style pads with chest X-ray request completed. This approach should also be considered for the roll-out.

## **1.2 Service 'Pull'**

To make best use of the 'customer' awareness raising initiative and to ensure that as customers are encouraged into the service for early diagnosis, the service will have to be prepared in terms of training and capacity.

There will need to be co-ordination linking primary care and secondary care staff to promote the campaign and encourage referral to chest x-ray service in the Doncaster area.

### **1.2.2 Raising awareness amongst Healthcare professionals**

- Health professionals/workers have an important role to play in encouraging people to go for/ask for a chest x-ray. Training of local professionals within the prioritised areas of Doncaster on the symptoms and insights around lung cancer and early diagnosis. This should include sharing the main the insights and issues around lung cancer and early presentation obtained from the qualitative research.
- Link in with defined local pharmacies to promote x-ray referral to individuals purchasing OTC medicines. Local pharmacists can be seen as more accessible/ approachable healthcare professionals and could be an important initial point of contact and encouragement.
- The initial points of contact with the service (pharmacists, receptionists, practice nurses etc) should be able to clarify the role of staff within primary care and explain the process that will take place if a patient is referred for x-ray. These are likely to be prime locations for the distribution of materials so will need to be aligned.

## **2. Requirements of Communications Agency**

Clearly the communications brief is focussed on Strategy 1: awareness raising, but there will also be a need for the communications approach to have synergies with materials being developed for Strategy 2.

This solution will need to be able to operate across different types of media and communicate different supporting messages according to the medium (impact / awareness messages as well as also information sharing).

Initial ideas are required for press, outdoor, posters, radio and below-the-line (which may include any ideas for training literature and other awareness driving initiatives via healthcare professionals).

### ***2.1 What do we want to achieve?***

Significantly more people making appointments at their GPs as a result of an impactful and salient campaign to drive awareness of lung cancer, change fatalist attitudes and encourage action.

### ***2.2 Who are we talking to?***

All those at risk of lung cancer within the struggling areas of Doncaster – including over 50's, smokers and people who have worked in heavy industry

The secondary target will be families of the above.

### ***2.3 What is the single most important thing that we should say?***

If you have a persistent cough that lasts for over 3 weeks ask your GP to about a chest x-ray. Acting quickly is critical.

### ***2.4 Why should they believe it?***

- It will cut-through misconceptions about who is likely to suffer from lung cancer
- It avoids references to smoking
- It avoids creating paralysis through fear
- Makes people feel empowered to take control

### ***2.5 What is our attitude?***

Strong, encouraging and conspicuous.

## ***Appendix***

### **Working towards a set of criteria that will allow for (a) a level playing field in Agency selection and (b) a forecastable/controllable cost structure.**

The object of this tender is to appoint an Agency that clearly understands not only how to create and develop an umbrella campaign theme but which can readily translate that idea, without dilution, across a wide number of delivery channels.

The following is not a prescriptive list but is designed to allow apples to be compared with apples; where you feel that additional executions are worthy of recommendation, please itemise them separately and provide the additional estimates required to support them.

### **Marketing Campaign**

#### **Suggestion for a Benchmark Suite of Deliverables:**

- Information leaflet: 1/3 A4 portrait x 12 pages
- 48 and 6 sheet posters
- Bus backs and interior header panels
- Press ads in local newspapers (newspapers/journals to be advised); allow for whole, half and quarter pages in both full colour and two colour (NHS blue plus black). Plus a per-ad cost for re-sizing an ad in the event of a tactical requirement in an unscheduled paper/journal.
- E-marketing (outbound e-blast)
- 30-second radio execution/campaign of 3 x executions

Please provide guideline costs for the design and artwork execution of the above. All (except information leaflet) as one initial launch piece, then three further refresher/update executions (one per quarter) across a 12-month campaign period. Costs should include your best estimate of their development, art and production costs following on from the initial concept and should be fixed for the life of the campaign.

### **Creative and Concept Development Costs**

Please provide an indication of the “front-loaded” creative and concept development costs to develop a campaign as outlined above; this to be exclusive of production costs and should cover the first two months of the campaign period (in this instance April and May 2008).

### **PR and Community Activity**

Please provide an indication of costs for running public relations activity, whether relating to local/regional media relations or specific initiatives within target communities.



## **Campaign Management and Account Handling Costs**

Please provide your hourly costs for account support and management and total these as a per-month cost for the

- 1 x day Account Director (or equivalent senior position capable of providing overview and strategic guidance)
- 2 x days Account Manager for day-to-day client liaison
- 4 x days Account Executive for executional work and occasional client liaison

If you wish to augment the above list with additional activities, this will be welcomed, as long as these too are fully costed. However, the above specification should be seen as a 'standalone' item and costed separately in order to assist the NHS Project Team in gaining an understanding of comparative costs.

Prior to the final submission of tenders, the NHS Project Team is happy to enter in to limited discussions with individual agencies to assist them in arriving at their creative, account management and production approaches.

**Doncaster PCT**

**Early Detection of Lung Cancer:**

**Social Marketing: Communications Planning Briefing Document**

Date: 21<sup>st</sup> January 2008

## **Appointing a Communications Planning Agency**

You are invited to respond to the following communications planning development brief for a tendering process.

Invited agencies will need to respond to the following communications planning brief. Written submissions should be submitted via the procurement system Multiquote by no later than 12.00 noon on 4<sup>th</sup> February 2008 and presentations on your proposals will need to be given to the Yorkshire & Humber SHA and their advisors on 5<sup>th</sup> / 6<sup>th</sup> February 2008.

Any queries relating to this brief should be addressed to Sarah Mitchell of NHS Yorkshire and the Humber ([Sarah.Mitchell@yorksandhumber.nhs.uk](mailto:Sarah.Mitchell@yorksandhumber.nhs.uk)) or 0113 2952141.

The agency's response will be evaluated against the following criteria:

- an understanding of the project context and most relevant consumer insights
- an indication of how the agency would approach the communications planning task, with specific reference to how creative treatments can be co-ordinated across a number of different environments, channels and media
- a clear understanding of specific challenges of planning (and subsequently buying) media in an area as tightly defined as a single conurbation like Doncaster
- to provide Doncaster PCT with detailed recommendations on an optimum buying strategies, media plans and costs, delivering against alternative budget parameters (indicated below.)
- an indication of the agency's capabilities in taking learning from this project and applying it to other projects in the Yorkshire & Humber region and potentially on a pan-regional basis in the longer-term
- examples of any relevant experience that the agency has previously gained in a similar/related marketing context

A decision will be taken on the preferred agency by no later than the end of w/c 4<sup>th</sup> February 2008.

Media agencies are asked to develop plans and financial recommendations against **all of the following three options:**

### **Option 1:**

- a. Plan against a media budget of £17,500 (inc VAT) (net of agency commissions) for spring campaign activity, utilising a mix of media channels to reach our target audiences with maximum impact and delivering maximum value for money.
- b. The above should be limited to more traditional 'paid for' media. In addition, the Agency may suggest other 'media ideas' that would extend media coverage beyond traditional channels in to more community-based/PR activity. The combined cost of this (a + b) should not exceed £25,000 (inc VAT). Please note: the successful agency would then be expected to work in conjunction with the successful creative agency to develop these ideas further.
- c. The above is a maximum budget allocation and the NHS would be looking for agencies to provide strong rationales for such levels to be proposed, if indeed they are necessary
- d. In addition to the above, agencies should indicate the levels of management fees to deliver the above activity.

**Option 2:**

- a. As above but with the following allowances:  
Core media: £25,000 (inc VAT)  
Other media: £15,000 (inc VAT)

**Option 3:**

This should explore the merits of planning media on an annualised basis, i.e., a **12-month activity plan** which would not exceed £75k (inc VAT)

## 1. Project Aim

To improve life expectancy and reduce health inequalities by focussing on the early identification of lung cancer within the most disadvantaged and high risk areas of Doncaster.

## 2. Project Objectives:

- 2.1 To significantly increase the number of people with potential symptoms presenting at the prioritised GPs surgeries within the most disadvantaged and high-risk areas of Doncaster.
- 2.2 To significantly increase the number of chest X-rays undertaken in Doncaster by the end of 2008.

## 3. Entity

- This initiative is targeting the most disadvantaged and high-risk areas within the Doncaster PCT catchment area. The most deprived areas will be overlaid with the areas that currently have the highest prevalence of lung cancer (based on data provided by the PHO). Together these will be used by the Project Team to identify the priority areas.
- The exact number of GPs surgeries falling within these priority areas is still to be confirmed. These surgeries will be the focus of the initiative in terms of training and measuring/ evaluating success. However, all GP Surgeries in Doncaster will need to be made aware of the initiative.
- The initiative is focussed on early detection and therefore does *not* address issues of smoking prevention.

## 4. Timescale

It is now agreed that the intervention will commence on **13<sup>th</sup> March 2008**, subject to constraints of agency production and media availability. Advice on media lead-times will therefore be sought.

## 5. Social Marketing Strategy

### 5.1 Background

- The levels of lung cancer prevalent in South Yorkshire communities in areas of social disadvantage are particularly high.
- Early diagnosis improves prognosis and is therefore a priority. It is envisaged that encouraging members of the public to seek early detection, diagnosis and treatment will impact on mortality rates and quality of life.
- A previous mini-pilot was undertaken in the Carcroft area. This indicated that a social marketing approach would be advantageous in driving awareness of symptoms and developed initiatives which will be built on further in this phase.
- Qualitative research undertaken in the pilot phase was useful in highlighting consumer attitudes and behaviours around the broader issue of lung cancer and also issues which impacted on their likelihood to present early (see Appendix for summary of insights) which can form the basis of a social marketing strategy.

### 5.2 Key Health Insights

#### 5.2.1 *Primary Insight*

- The most fundamental issue that needs to be addressed is the general lack of awareness around the symptoms
- The second key issue is the lack of understanding about the benefits of getting an early diagnosis and how this improves the prognosis.

#### 5.2.2 *Other Relevant Insights*

- The role of raising awareness will be relevant to a broader audience than just the 'at risk' group themselves. The role of the community and family proximity in these neighbourhoods suggests that broader awareness raising will provide leverage to encourage other family members to present earlier at GPs
- There are considerable fatalistic attitudes and fear around lung cancer as it is not a disease associated with a positive outcome or linked to positive role models.
- Messages highlighting issues with Lung cancer can often be either subsumed in a Stop Smoking message, or can be misconstrued as being Stop Smoking messages. Smokers are highly adept at 'screening out' stop smoking advertising.

- At risk groups can perceive there to be a considerable social and educational differential between themselves and healthcare professionals that means that they do not feel able to challenge professionals where they are not getting chest X-rays etc.
- Older males in particular, who are a key potential target, tend to be more stoical about their health and reticent about presenting at GPs.
- The small geographical area for the pilot phase meant that delivering a broad and impactful communication approach was limited. A wider roll-out will permit more media analysis and sophistication in communication strategy (creative solutions which can translate across different media routes relevant to the audience)

### 5.3 Summarising the Strategic Goal

Increase the early identification of lung cancer within the most disadvantaged areas of Doncaster by:

#### *Exploiting:*

- Learning from the previous 'pilot'
- Our detailed understanding of 'customer' attitudes and behaviours from qualitative research
- Opportunities for a more sophisticated media & PR approach

#### *Overcoming:*

- Lack of awareness of the symptoms and strong negative associations with the condition
- 'Screening out' of lung cancer messages when confused with Stop Smoking messages
- Any resistance from GPs on impact on 'demand'
- Potential capacity issues in radiology departments

...in order to significantly increase the number of people with potential symptoms presenting at GPs surgeries within the Doncaster area and increase the number of chest X rays undertaken in Doncaster by xx% by the end of 2008.

## 6. **Overall Strategic Approach**

There are two critical angles to the strategy. It is essential to drive awareness to ensure increased presentation at GPs, but this then needs to translate into a better health outcome by ensuring that they successfully enter the service and benefit from an early diagnosis.

### 6.1 Customer 'Push'

A public awareness campaign will focus on raising awareness of the symptoms of lung cancer and the benefits of early detection

### 6.2 Service 'Pull'

Ensure healthcare professionals' are prepared for the initiative in terms of both training and sharing insights, but also in terms of planned-in capacity within GP practices and radiology departments.



## 7. Campaign Planning Parameters

### 7.1 Customer 'Push'

#### 7.1.1 Awareness Raising

- The public awareness campaign will focus on the benefits of early detection of lung cancer and how it could make a real difference to the health outcome of the affected population.
- Raise spontaneous awareness of signs and symptoms of lung cancer within the population of Doncaster (C2, D, E target groups)
- Geographical locations – and therefore the relevant GP surgeries - still to be determined by postcode level analysis
- Promote earlier and appropriate presentation of lung cancer within the Doncaster area by communicating the benefits of early diagnosis

It is envisaged that the awareness raising approach will combine elements of traditional advertising and also a strong PR element.

#### 7.1.2 Segmentation of Audiences

Fundamental to the success of the strategy will be the clear identification of who the target audiences are.

Further analysis is required to provide geo-demographics of the most deprived Doncaster areas. This will inform targeting and media planning, which will review the most appropriate media to reach the target audience in those locations.

Broadly speaking, the audience is likely to include:

- People residing in the priority areas of the Doncaster – including over 50's, smokers, people who have worked in heavy industry

More specifically:

- **Weathered Communities:** These contains mostly pensioners, aged under 74 and over 75, but there are also young adults, aged 16 to 24, with children, who tend to be single parent families. The pensioners in Weathered Communities tend to live alone. Homes are likely to be housing association or council accommodation, and are generally small, being semi-detached or purpose built flats. Weathered Communities households are unlikely to have a car. These adults are uninterested in politics, but are likely to read tabloid newspapers, such as the Sun and the Mirror. They tend to be smokers, and do their grocery

shopping at supermarket chains such as Asda, Aldi and Lidl. Weathered Communities is made up mostly of retired adults, but for those who are employed, routine and semi-routine occupations are common, as well as working in semi-skilled manual and unskilled jobs. These jobs tend to be in the manufacturing industry. However, unemployment is high in this Tree, as is unemployment due to long term illness. Income falls into the third and fourth quartiles. Geographically, this group live in traditional industrial areas which have taken a downturn.

- Secondary target: families of the above

The broader targets will be:

- Community networks
- Those working with communities
- The media – local and regional

### 7.1.3 Creative Guidance

Key message:

**If you have a persistent cough that lasts for over 3 weeks ask your GP to about a chest x-ray. Acting quickly is critical.**

- Tonally this communication will need to be clear and encouraging in order to address the fatalistic attitude of many people who believe that lung cancer leads to death. It should ensure that there is minimal specific reference to cancer (which could paralyse) but enough gravitas to give conviction to those who may need to push GPs.
- Messages must provide reassurance that early detection is something that can be offered easily through a simple x-ray referral and that by getting symptoms checked out individuals can eliminate fear/worry and be referred to necessary services if required.
- In many instances the target is likely to be families and friends of people who show symptoms that may be of concern to them, such as persistent cough, tiredness, etc. They can help their loved ones by encouraging them to ask for a chest x-ray
- Avoid any smoking references. These are too easily screened out by smokers. Just because you do not smoke (or are an ex-smoker), does not mean that you are not at risk from lung cancer.

The creative or communication concepts may be explored and refined through qualitative communication/ advertising research.

#### **7.1.4 Empowering Patients**

One insight gained from the qualitative research is that this target audience can often feel a significant social and educational gap between themselves and their healthcare professionals.

This can impact on their sense of empowerment to challenge healthcare professionals (and GPs in particular), or to request a specific treatment when this is not spontaneously suggested.

In this instance we are encouraging the audience to request a chest X-ray from their GP if they are concerned about their symptoms or persistent cough. Where possible, there should be tools or facilitators provided which can be used by patients as a short-cut to reflect their concerns.

The pilot test used credit card style leaflets encouraging those concerned to speak to their GPs and also prescription-style pads with chest X-ray request completed. This approach should also be considered for the roll-out.

## **7.2 Service 'Pull'**

To make best use of the 'customer' awareness raising initiative and to ensure that as customers are encouraged into the service for early diagnosis, the service will have to be prepared in terms of training and capacity.

There will need to be co-ordination linking primary care and secondary care staff to promote the campaign and encourage referral to chest x-ray service in the Doncaster area.

### **7.2.1 Capacity**

- GPs in the targeted areas of Doncaster (the primary targets for the awareness raising element of initiative) will need to be fully informed and prepared for the initiative.
- There is likely to be a concern amongst GPs that there may be an increase in presentations/ appointments into GP practices which will need to be allayed or planned around.

- There will also need to be a system for monitoring those who present at GPs with concerns about persistent coughs/ requesting an x-ray prior to, during and after the initiative.
- There will also need to be a forecast for the likely impact on demand for chest x-rays. Radiology departments will need to be prepared for the uplift in chest x-rays and have ensured any capacity issues are planned around this.
- Consideration should be given in capacity planning to the maximum potential wait for an appointment at the hospital / x-ray after the request has entered the system.

### 7.2.2 Raising awareness amongst Healthcare professionals

- Health professionals/workers have an important role to play in encouraging people to go for/ask for a chest x-ray. Training of local professionals within the prioritised areas of Doncaster on the symptoms and insights around lung cancer and early diagnosis. This should include sharing the main the insights and issues around lung cancer and early presentation obtained from the qualitative research.
- Link in with defined local pharmacies to promote x-ray referral to individuals purchasing OTC medicines. Local pharmacists can be seen as more accessible/ approachable healthcare professionals and could be an important initial point of contact and encouragement.
- The initial points of contact with the service (pharmacists, receptionists, practice nurses etc) should be able to clarify the role of staff within primary care and explain the process that will take place if a patient is referred for x-ray. These are likely to be prime locations for the distribution of materials so will need to be aligned.

## 8. Strategic Evaluation

Working from establishing a series of baselines at the outset, specific targets will be set in relation to the initiative.

In terms of specific campaign evaluation criteria, the primary measures are likely to include:

- a. Creative/media impact (see point d.)
- b. Uptake of x-ray coming from pilot area referrals
- c. Numbers presenting at GPs with concerns about persistent coughs/ requesting x-ray
- d. Quantitative tracking measures of awareness of lung cancer as an issue, awareness of campaign, recognition of communication, changes in attitudes to lung cancer and awareness of the benefits around early detection

Secondary measures may include

- e. Numbers of leaflets, prescriptions, credit cards etc. being taken from access points, indicating which material from menu of campaign materials was most successful
- f. Dependent on the campaign ideas - response to specific media activities (eg phone-ins), attendance at events etc.
- g. Feedback from trained practitioners regarding uptake of campaign information and behaviour change of patients/contacts

## **9. Requirements of Communications Planning Agency**

Clearly the communications brief is focussed on Strategy 1: awareness raising, but there will also be a need for the communications approach to have synergies with materials being developed for Strategy 2.

This solution will need to be able to operate across different types of media and communicate different supporting messages according to the medium (impact / awareness messages as well as also information sharing).

Initial ideas are required for press, outdoor, posters, radio and below-the-line (which may include any ideas for training literature and other awareness driving initiatives via healthcare professionals).

### **9.1 What do we want to achieve?**

Ensuring that significantly more people make appointments at their GPs as a result of an impactful and salient campaign: ie. driving awareness of lung cancer, changing fatalist attitudes and encouraging action.

### **9.2 Who are we talking to?**

All those at risk of lung cancer within the struggling areas of Doncaster – including over 50's, smokers and people who have worked in heavy industry

(Specific demographics still need to be finalised).

The secondary target will be families of the above.

### **9.3 What is the role of media?**

- The reach the selected audiences as effectively and cost-efficiently as possible
- The consider media 'environment' as a key contributor to the overall impact of the campaign intervention

### **9.5 What type of personality do we want the media to convey?**

Strong, encouraging and conspicuous.

**WE'RE WAITING, YOU SHOULDN'T**



# Lead Roadside Poster





# 'Coughing' posters on Bus Stops



# Media Launch, 19th March 2008



# Community Engagement: 'Cough Patrol' at Keepmoat Stadium



# Press Advertising

Entertainment Section



Sports Section

# Advertising on Beer mats in Working Men's Clubs & Pubs



# Advertising on Pharmacy Bags around Doncaster



# Training Booklets for Brief Interventions and GPs

