

Make the Call

NHS 111 Service Review



May 2017

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Executive Summary

Healthwatch Manchester received reports regarding the 111 service which gave cause for investigation. A service review was carried out on this telephone operator service using the 'mystery shopper' model.

Over a period of six months calls were made to the 111 number and a variety of scenarios presented to the operators in order to assess the quality and effectiveness of the response and the advice which was given. The results from this process were analysed and this report was produced.

The operator service was rated overall good although some key issues were raised regarding the service as a result of this investigation. These included a level of ambiguity regarding the nature and purpose of the service, its consistency in delivery, its accessibility to certain groups of people, and its usefulness in urgent situations.

This report makes recommendations for improving the service including the way it's promoted, its accessibility and scope of referral and also ways in which it could expand to include a wider audience.

1. Introduction

1.1 This report aims to provide an analysis of the NHS 111 service through a review by Healthwatch Manchester. The NHS 111 service is currently provided for Manchester residents by North West Ambulance Service NHS Trust (NWAS) in partnership with Out of Hours Providers FCMS and Urgent Care 24 (UC24). This service review was carried out using the ‘Mystery Shopper’ assessment model and was conducted by Healthwatch Manchester staff and volunteers over a period of months beginning in late 2016 and completed in early 2017.

1.2 A key commissioned function of Healthwatch Manchester is to inform and signpost local people to health and social care services¹. It is a public expectation of Healthwatch that signposting which is provided is accurate and a quality requirement that information given to local people is useful². In order to satisfy these service standards, clarity was sought regarding:

- criteria for referral to this service and
- its effectiveness as a telephone service for people in urgent situations.

1.3 The main objectives of this report are to:

- Present an analysis of the service through review methodology and key findings and
- Make recommendations regarding areas for improvement to the 111 service.

2. Background & Rationale

2.1 The NHS 111 service was introduced in 2014 to deal with ‘urgent but not life-threatening’ health issues. The service uses the NHS Pathways³ system where trained operators direct callers to the appropriate service. In February 2017 the NHS 111 service reported receiving nearly 1.2 million calls nationally⁴, indicating that the service is used by a large number of people.

According to the NWAS website, people should use the NHS 111 service if they ‘urgently need medical help or advice, but it’s not a life-threatening situation. Call 111 if:

- You need medical help urgently but it’s not a 999 emergency
- You think you need to go to A&E or need another NHS urgent care service
- You don’t know who to call or you don’t have a GP to call
- You need health information or reassurance about what to do next.’

2.2 Whilst the NHS reports high ratings of satisfaction⁵, Healthwatch Manchester has received feedback from people in Manchester who report poor experiences with the service some of which raised enough concern to warrant an investigation. The Healthwatch Manchester board supported the work being taken forward.

¹ [A guide to the legislation affecting local Healthwatch](#), Healthwatch England 2013

² Management Information Systems Lucey, 1991

³ [NHS Pathways](#), NHS Digital

⁴ [NHS 111 Minimum Data Set](#) NHS England 2016-17

⁵ [111 service evaluation survey](#), NHS England 2015

2.3 Healthwatch Manchester implemented an investigation which assessed the 111 service and its effective provision of advice to callers, with a focus on efficiency and quality. This service review involved compiling evidence about a number of factors such as the average waiting time it took to speak to an operator, the standard of medical and other advice provided as well as the professionalism, accessibility and friendliness of the call operators.

2.4 The review was done with the support of the Healthwatch Manchester board and included in the annual activity plan for Healthwatch Manchester subject to the resource constraints of the organisation. The review process was managed by the Healthwatch Manchester staff team.

3. Methodology

3.1 Healthwatch Manchester conducted a 'mystery shopper' style review of the 111 service between October 2016 and March 2017 using 20 distinct case scenarios. The scenarios were developed through focus groups of local people who had previously used the service and included a diverse range of topics and realistic situations within the day to day lives of Manchester residents.

3.2 Staff and volunteers rang the 111 service in role according to the scenarios and recorded their experiences of each call. This included how their call was dealt with by the operator, the nature and clarity of the questions they were asked regarding each particular issue and the referrals or recommendations made on the basis of the call.

3.3 None of the scenarios used involved life-threatening situations and would not have resulted in the need for an emergency vehicle or other emergency service to be required. The service operators' responses and advice were captured through the use of a standardised recording form.

3.4 The results from our investigation were collated at the Healthwatch Manchester Office.

3.5 A list of the scenario descriptions as well as a breakdown of the scoring and analysis for each call made is available on request from the Healthwatch Manchester office.

4. Results

Below is a breakdown of the results of the investigation which focus on the following:


- Call Operator Performance,
- Medical Advice Provided and the Caller's Understanding of the Information and
- Caller Handling of More Urgent Scenarios.


4.1 Call Operator Performance

4.1.1 Our results showed that:


- 85% of call operators acknowledged the level of urgency of the medical scenario.
- 89% of call operators gave callers the correct information for the services they required, such as pharmacies and GPs.
- 70% of call operators made recommendations for further help that were deemed appropriate for the particular scenario.

4.1.2 Overall, call operators performed well. On measures such as professionalism, friendliness, speed, and effectiveness, call operators were rated as 'good' or 'very good' on average. Furthermore, callers recorded that the call operators were able to give the correct information, such as which pharmacies were open closest to their location, and most callers felt that the recommendations they received were appropriate given the urgency of their situation.

 *“The operator was professional, and asked for my symptoms explicitly and gave advice. She was very nice, and asked if I needed a translator when I could not understand her. She talked much slower when she learned I was not a native speaker.”*

 *“When I ask if I need to register with a GP in order to get the quickest treatment, the operator suggested that I could get immediate treatment through going to the Boots in the city centre, which is the pharmacy nearest to me.”*

4.1.3 However some callers reported not receiving the correct information they needed or that the information was incomplete. For example when one caller requested information regarding any community based mental health crisis services near their location, they were directed to the NHS choices website. The NHS choices website did not have the local information they were looking for.


 *“Was asked to check the NHS Choices website, they didn't offer to look it up for me or ask if I have access to the internet. They need to do an assessment of the patient in order to give more specific advice on which services may be available. Only Samaritans came up when searched on NHS Choices.”*

4.2 Medical Advice Provided & Caller's Understanding of the Information

4.2.1 Our caller feedback indicated that on significant occasions:

- callers did not understand the medical advice they were given (but call operators did not check this).
- callers reported they did not get any medical advice that would help them immediately in the given situation.

4.2.2 Concerns were raised by some callers who felt that they did not understand the advice the call operator gave them regarding their medical scenario. For example, one scenario involved a request for advice on how to prevent a deep cut from getting infected. The caller noted that, whilst they were instructed to clean the wound and apply a dressing, they were not told how to notice if an infection had occurred.

 *“No advice on where to get the antiseptics & dressing from. No advice on how to know if it’s infected.”*

4.2.3 Almost a third of the callers felt that they did not receive appropriate medical advice during their call. Some reported simply being directed to a general practitioner (GP) or walk-in centre without any suggestions of what they themselves could do to relieve their symptoms at the time. Swift access to GPs and walk-in centres is one of the greatest problems reported to Healthwatch Manchester.

 *“I was told to call the GP as soon as possible.”*


 *“The operator did not give any immediate advice but told me to call 111 if the situation gets worse.”*

4.3 Handling of Urgent Scenarios


4.3.1 Our caller feedback indicated significantly that:

- callers felt that too many unnecessary questions were asked during their call.
- their call operator did not acknowledge the urgency of their medical situation.

4.3.2 Callers also reported that there were too many unnecessary questions for the duration of their call. For example, one caller whose scenario was regarding a prolonged nosebleed reported that they were asked questions regarding their ethnic background, and home address before their needs were addressed.

 *“I told the advisor that I wanted to find out if there were any places that provide free dental care for university students. However, he was still determined to go through the checklist questions (such as previous head traumas), and personal details. This made me feel as if he did not pay attention to what I was saying.”*

4.3.3 Callers reported that operators could have improved their identification of how urgent a situation was earlier in a call. Call operators spent too long trying to pinpoint their exact location and did not fully appreciate the urgency of the call until much later in the call.

 *“There was a lot of time spent trying to find my exact location, as opposed to addressing the problem first. This issue could have been more serious than initially thought, therefore more questions should’ve been asked at the start in order to identify whether further action should have been taken. However, this time was spent pinpointing my exact location.”*

5. Key Findings

5.1 Our results showed that, on average:

- Call operators were rated as ‘good’ or ‘very good’ in terms of their professionalism, friendliness, speed and effectiveness.
- The average length of waiting time in order to speak to a call operator was around 2 minutes.

5.2 Additionally, for over half of the case scenarios the caller reported that the operator gave appropriate recommendations and appeared to have the correct information to hand. For most of the scenarios, the operator had an appropriate sense of the urgency of the call.

- 🌸 *“The consultation in general went well. The operator had nice manner, the waiting time was short and my query was answered quickly and appropriately.”*
- 🌸 *“The consultation was speedy, thorough and friendly.”*

5.3 However a significant number of calls raised the issue of whether or not appropriate or sufficient advice was given. Furthermore, concerns were raised regarding whether or not there was an appropriate sense of urgency and attentiveness on behalf of the operator for the more serious-case scenarios, such as bleeding. Many of the callers reported that they were asked too many of - given the scenario - what they considered unnecessary questions by operators at the beginning of their call.

5.4 One caller also reported that they got an automated message stating the service is for “urgent” cases only. This is inconsistent with the general understanding of the 111 service.

- 🌸 *“The caller asked too many unnecessary questions before inquiring about medical needs, questions such as ethnic background, and even home address should be asked at the end of the call not at the start, as this wastes time for the caller when they need sometimes urgent medical advice.”*
- 🌸 *“He acted as professional as possible, however the speed could’ve been improved with regards to identifying how serious the situation was as soon as possible.”*
- 🌸 *“Phoning 111 after either 5/6pm, you will be informed by an automated message that the line should only be used for urgent needs only etc., which put me off a little bit from continuing the call as I thought my question was not that urgent.”*

6. Recommendations

6.1 The call information data sets would provide a clearer indication of performance if they were available by region. A breakdown by sub-region would be welcome.

6.2 Operators need to double-check each caller’s understanding of the information they have provided. This is particularly important regarding self-care and would ensure that callers are able to carry out the appropriate self-care directions effectively.

6.3 Operators need to check with each caller if there are potential access issues which may apply especially when directing people to use other services.

Operators should pay close attention to whether the user is likely to have any access issues when following any given advice. In some cases alternative options may be more accessible for the user regarding, for example, transport or taking into account carer responsibilities.

When referring users to online resources such as the NHS Choices website, operators should ensure that the caller has access to the internet and is comfortable and competent with going online; otherwise, alternative advice should be provided.

6.4 Operators need to determine the level of urgency in the call in the first instance before asking for further details.

As reported, too much information was requested at the beginning of each call (asking for details such as ethnicity, age, address etc.). For more urgent cases, these questions could delay critical referrals or timely medical advice. An assessment of the level of urgency should be carried out first of all.

Questions which are not relevant to the assessment of the situation or the medical advice required (such as address details or demographically-based questions) should be optional and asked at the end of the call to ensure that advice is given in a timely manner.

6.5 Clarity in communication regarding the nature and purpose of the 111 service is required. Whilst the NWS website states that people may call 111 to receive non-emergency medical advice, as well as for general health information or for reassurance, one caller reported that an automated message at the beginning of their call instructed them to only use the 111 service for 'urgent needs'.

This message may dissuade some people from seeking advice which they do not consider to be 'urgent', such as signposting to the nearest pharmacy or walk-in centre.

The 111 service needs to be clear about which information and advice is actually provided in order to avoid confusion. Staff training should reflect this and create consistency in service provision.

6.6 Referral to community-based services needs to be improved.

Operators need to be able to confidently and efficiently signpost people to community-based services. Through this, callers will be enabled to access wider support including prevention and self-care services. Referral pathways to and a greater understanding of these kinds of services needs to be integral to the training of operators.

6.7 NICE Guidelines should be developed regarding this kind of telephone support.

Although commissioning standards with key performance indicators exist for this service there are currently no national guidelines developed through the National Institute for Health and Care Excellence to support the expansion and evolution of this method of support.

References

NHS 111 Commissioning Standards, NHS England 2014

Management Information Systems Lucey 1991

NHS Pathways, NHS Digital

111 service evaluation survey, NHS England 2015

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Peter House
Oxford Street
Manchester
M1 5AN

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

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