

NHS 111

Out-of-hours service:

Public feedback from Somerset,
Devon, Plymouth and Torbay



January 2021



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Introduction

Healthwatch Somerset and Healthwatch in Devon, Plymouth, and Torbay are each areas independent health and care champion. They exist to ensure that people are at the heart of care. A dedicated team of staff and volunteers listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. This report is an example of how views are shared.

Healthwatch Somerset and Healthwatch in Devon, Plymouth, and Torbay have been talking to local people about their experiences and views of using the NHS 111 service in these localities. This report tells you what people said when we spoke to them about this.

Background

Between June and August 2018, Healthwatch Somerset undertook a series of engagement events and an online survey to understand people's experiences of using the NHS 111 service, which at the time was delivered by Vocare Ltd.

The service had been rated by the Care Quality Commission (CQC) as 'requiring improvement' and, following a meeting between Healthwatch Somerset, Vocare Ltd and the Somerset Clinical Commissioning Group (CCG), it had become apparent that user feedback was not being collected.



The work carried out by Healthwatch Somerset in 2018 went some way to address this issue, as well as providing useful information to help the new provider; the service contract was transferred to Devon Doctors Ltd, in February 2019.

Devon Doctors Ltd deliver combined urgent care services in Devon and Somerset, which form part of the wider network of NHS 111/out-of-hours services across the South West of England.

In early July 2020, the CQC carried out an inspection of the Devon Doctors' 111 and out-of-hours services in Somerset and Devon. The inspection a report^[1] identified some areas that required improvement, including the following concerns around patient safety and the lack of support for staff in their working environment:

- Patient safety and safeguarding procedures were not always followed.
- Not all staff had completed the required safeguarding training and/or health and safety training; training records were not satisfactory.
- Information enabling staff to deliver safe care and treatment to patients was not always up to date.
- Feedback from some staff showed that they were not always confident that the training they received was fit for purpose.
- Procedures surrounding significant events and the management of them were incomplete.

A significant event can be: 'Any event thought by anyone in the team to be significant in the care of patients or the conduct of the practice.'^[2]

^[1] Report -Devon Doctors: <https://www.cqc.org.uk/location/1-382762170/reports>

^[2] Pringle, M., Bradley, C.P., Carmichael C.M. et al. ***Significant Event Analysing. A study of the feasibility and potential of case-based auditing in primary medical care.*** Occasional Paper No.70. (1995) Royal College of General Practitioners. London. RCGP

We wanted to find out what worked well for people, what did not work well, and what people thought could be improved when using the NHS 111 service provided by Devon Doctors Ltd.

Healthwatch Somerset (HWS) and Healthwatch in Devon, Plymouth and Torbay (HWDPT) have worked in partnership with the CQC and invited members of the public to tell us what they think of the services provided by Devon Doctors Ltd. The views and experiences we collected will help guide the CQC when they next inspect the service.

In December 2020, a national campaign launched a new way of accessing urgent healthcare services as part of the 'Think 111 First' country-wide initiative.

This approach aims to ensure that people safely receive the right care, in the most appropriate setting, whilst relieving pressure on our hospital emergency departments.

People are being encouraged to contact 111 before attending an emergency department, potentially avoiding an unnecessary trip to hospital.

It is hoped that this approach will develop a model to redefine and improve current urgent care pathways, meet the needs of our communities, and support our healthcare providers to manage winter pressures, alongside the ongoing Covid-19 pandemic.



What we did

- HWS and HWDPT met the Inspection Manager and Inspector with the Primary Medical Services, and Integrated Care Inspection Directorate at the CQC to understand how Healthwatch could support the ongoing quality monitoring work being carried out with this service.
- HWS and HWDPT also contacted Devon Doctors Ltd to inform them of the engagement work that would be undertaken.

healthwatch in Devon, Plymouth and Torbay

healthwatch Somerset

111

What was your experience?

Have your say on how the NHS 111 service is delivered in Somerset

Local Healthwatch in Somerset, Devon, Plymouth and Torbay have joined forces to gather your feedback about recent use of the NHS 111 service.

Get involved

Scan this QR code or visit: www.surveymonkey.co.uk/r/NHS111HW

Responses are anonymous and findings will be shared with NHS 111 and the Care Quality Commission.

Survey ends Friday 20 November 2020

Need help? Get in touch

01278 264405 (Mon-Fri, 8.30am-4pm)

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- HWS and HWDPT worked together to produce an online survey to record people's experiences of using the NHS 111 service in the past six months across both counties.
- HWS and HWDPT provided the opportunity to participate in the survey and provide more detailed feedback by calling us directly.
- The survey ran from 5 October until 20 November 2020.
- A poster with a QR code was produced and distributed around multiple sites by staff and volunteers from HWS and HWDPT.
- The survey was actively promoted by both HWS and HWDPT through press releases, radio interviews, social media campaigns, posters, websites, e-newsletters, online Talking Cafes, volunteers, and network organisations.
- HWS gave a presentation, in collaboration with Somerset CCG, during a stakeholder meeting aimed at raising awareness of the local 'Think First' campaign and NHS 111 survey.
- A summary of the results can be seen in Appendix 1.

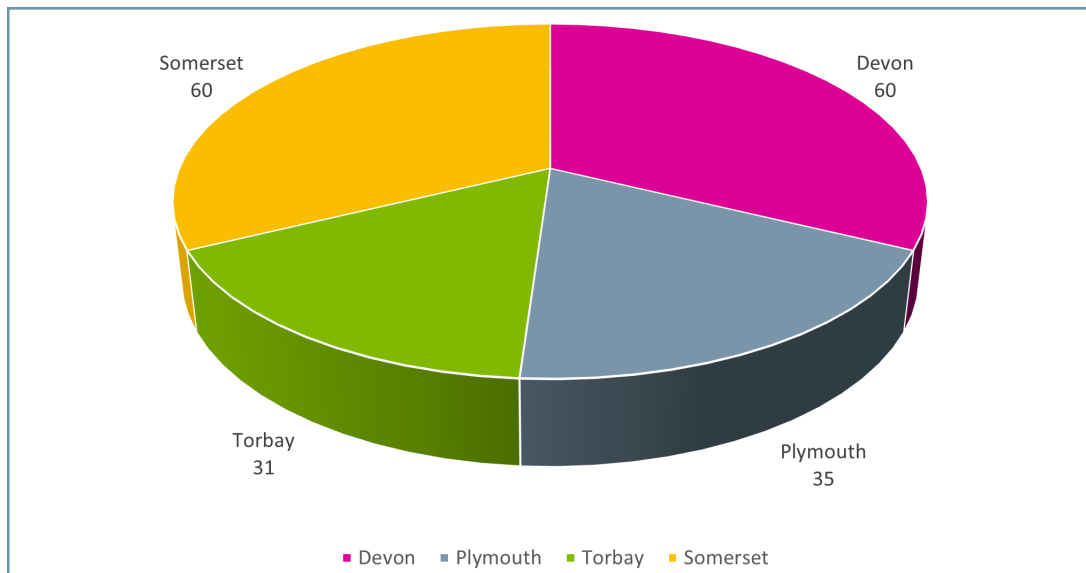
Who we spoke to

186 people from Devon, Plymouth, Somerset and Torbay completed the online survey.

Demographics

Figure 1. shows the geographical distribution of respondents. A full breakdown of regional and postcode data can be seen in Appendix 2.

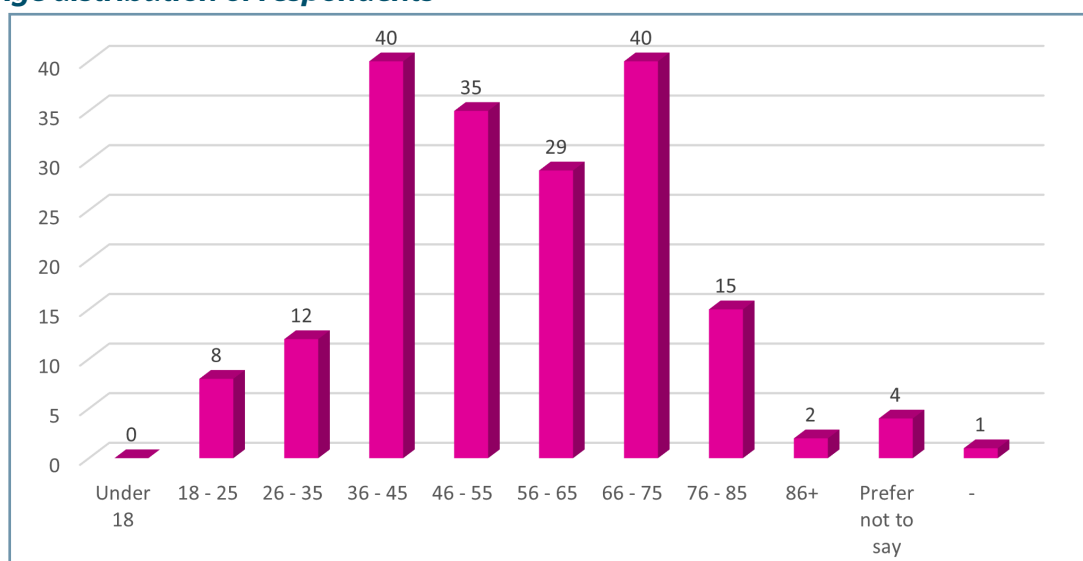
Figure 1: Number of responses by region



12.37% of people who completed the survey did so as a Parent/Guardian of a Child Under 18. The proportion of participants who completed the survey themselves was 55.38%, and 31.72% completed the survey for someone else. Of those completing the survey for someone else, 12.37% identified themselves as a carer.

92.47% of people identified themselves as White British whilst 3.76% preferred not to say. 2.15% of responses identified themselves as White Irish.

Figure 2: Age distribution of respondents



82.80% of respondents described themselves as members of the public, some respondents described themselves as both members of the public as well as health professionals.

A full breakdown of survey respondents is detailed in Appendix 3.

Key messages

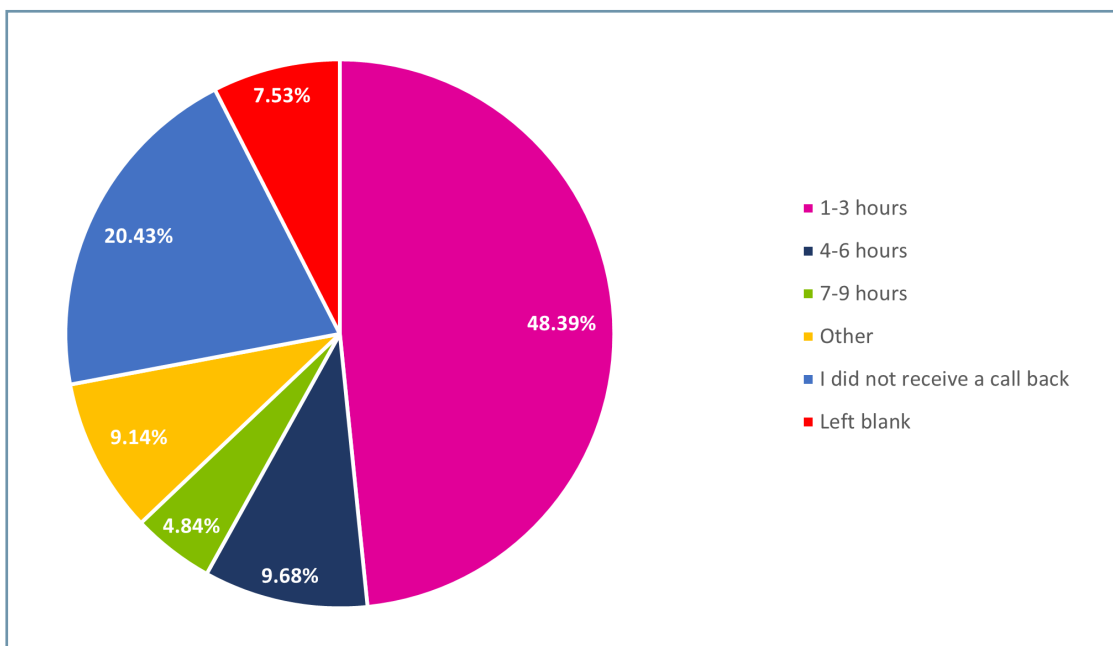
- 40.86% (76) of people rated their experience of using the NHS 111 service as 'very good'.
- 23.66% (44) of respondents waited longer than three hours for an arranged call-back.
- A fifth, 20.43% (38), of commentators never received an arranged call-back.
- Most people, 75.81% (141), said that their call was answered in a timely manner.
- Improved training for call operators was the most common response to the question: *In your opinion how could the NHS 111 service be improved?*
- Some people, 7.59% (12), told us that they had to call 999 or visit an emergency department due to inadequate responses from the NHS 111 teams.
- 7.53% of comments to the question *Is there anything else you would like to tell us?* said that calling NHS 111 was quicker or better than access to their registered GP surgery.
- It is evident throughout the feedback that the accuracy and quality of the service people received was not consistent.

What people told us

We asked people if their call was answered in a timely manner; 75.81% said 'Yes', 23.12% said 'No, I experienced a delay or gave up.'

If after speaking with an operator, a call back was arranged, how long did you wait for a call-back?

Figure 3: Length of respondent's wait for an arranged call-back from NHS 111 staff



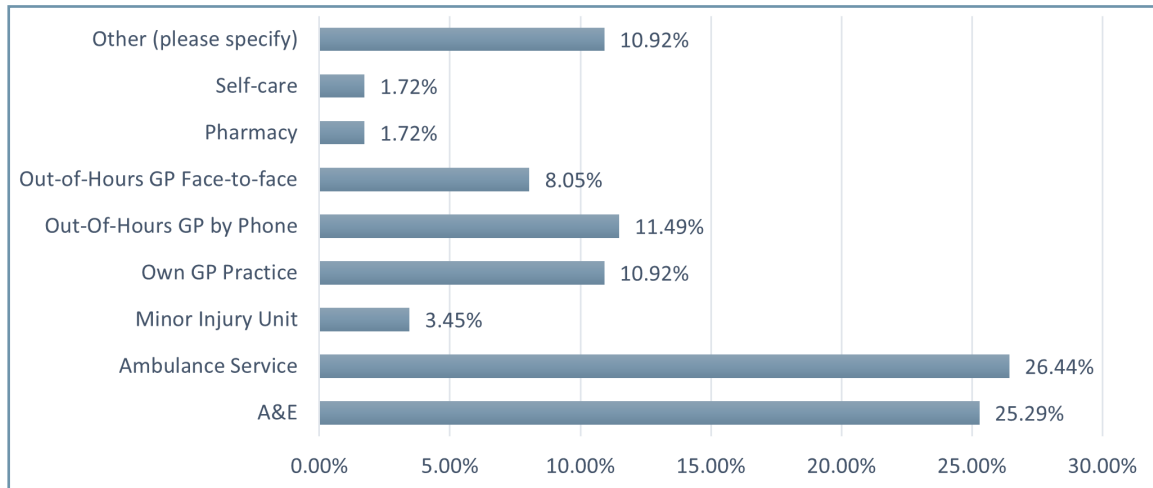
Did the NHS 111 service resolve your needs over the phone, or were you passed to another service?

Less than a fifth of callers, had their needs resolved by NHS 111 over the phone.

55.91% of people were passed to another service.

24.73% contacted another service themselves.

Figure 4: Services that resolved needs (of respondent) after NHS 111 was called



Over a quarter of callers were passed to the South Western Ambulance Service.

Some respondents told us that they required more than one service to resolve their needs.

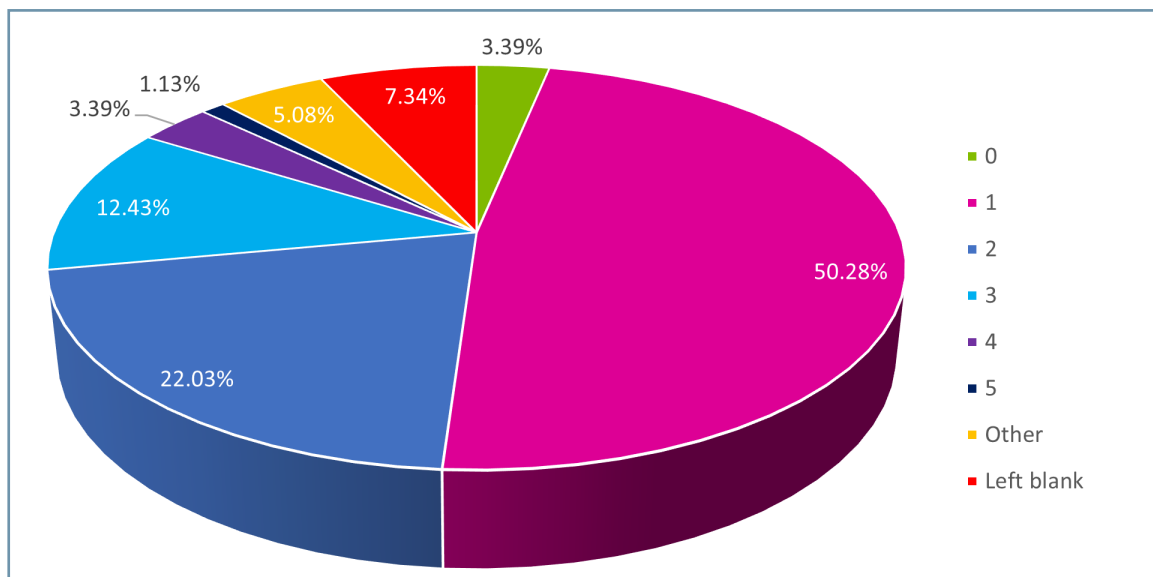
A table of responses, and list of the 'other' services named by respondents is detailed in Appendices 4. and 5.

When asked *Did you find it easy to access the NHS 111 service?* 79.57% of responses were 'Yes', 19.35% were 'No', and 1.08% did not provide a response.

How many times have you attempted to access the NHS 111 service in the last six months?

7.34% of people chose not to complete this question, while 5.08% gave responses that were not between 0 - 5 attempts. These responses are shown in Appendix 6.

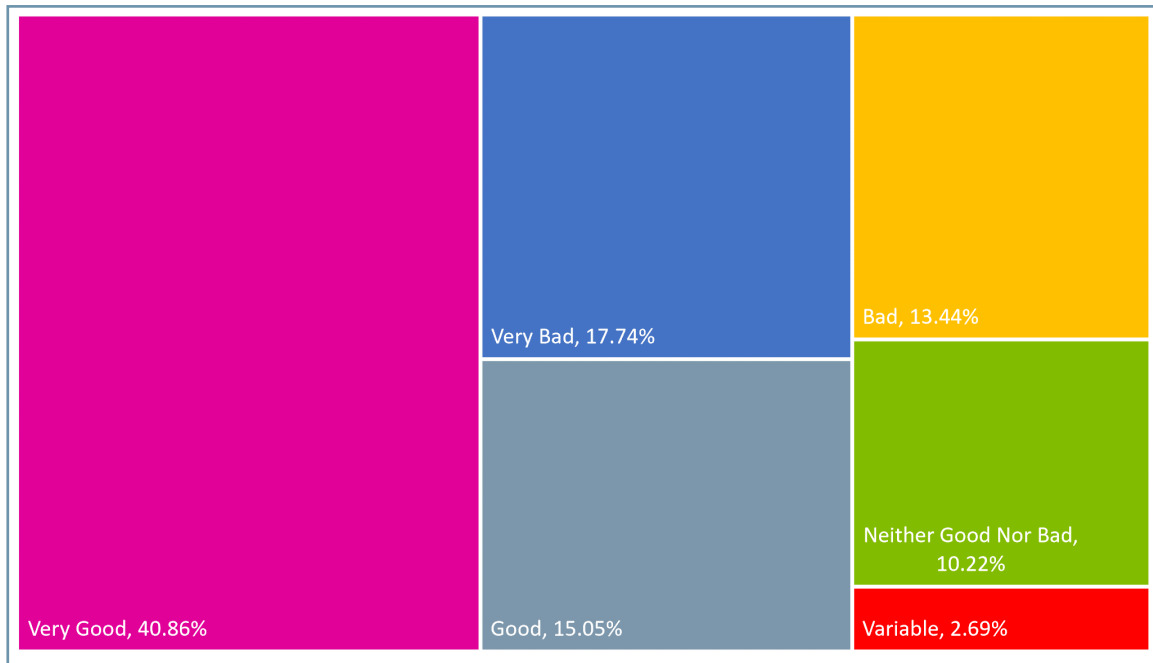
Figure 5: Number of attempts respondents tried to access NHS 111 during this period (0-5 times)



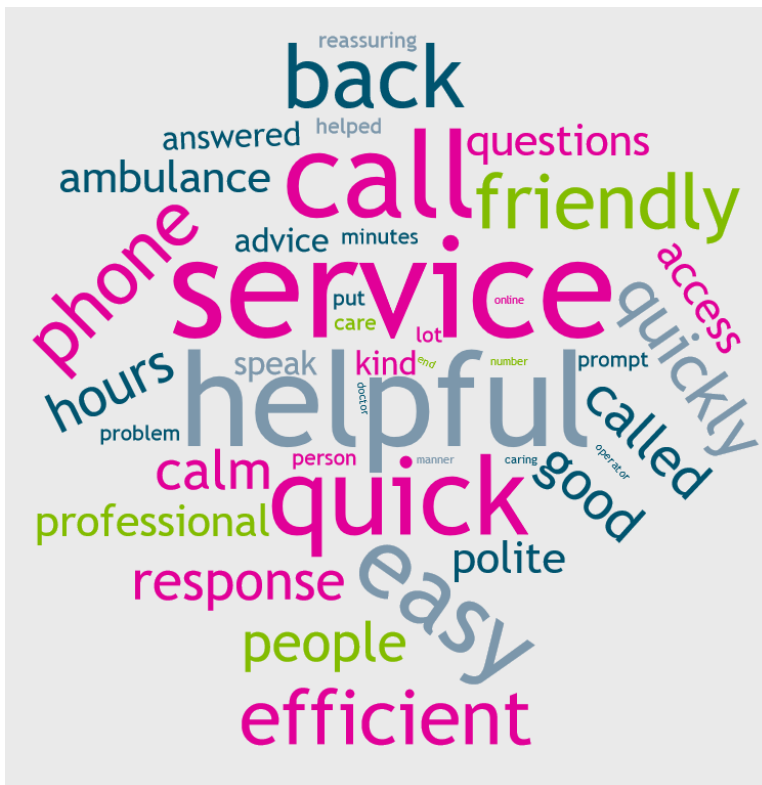
How would you rate your experience of using the NHS 111 service?

40.86% of commentators rated their experience as 'very good' while 17.74% rated their experience as 'very bad'.

Figure 6: How respondents rated their experience of NHS 111



Tell us what you liked about the NHS 111 service?



Wordcloud: The image above is made up of key words used within people's response to this question. The larger the word the more popular it was within the survey responses.

There were 155 responses to this question; almost half of the comments were about the good attitude of staff including words such as 'helpful, polite, friendly and professional'.

Almost a quarter of people indicated that the NHS 111 service gave a satisfactory resolution to their enquiry. An additional 17.42% of responses mentioned that the correct advice or referral was provided.

1.94% commented that the number was easy to remember; an equal amount of responses said that there was a lack of consistency in the service they received.

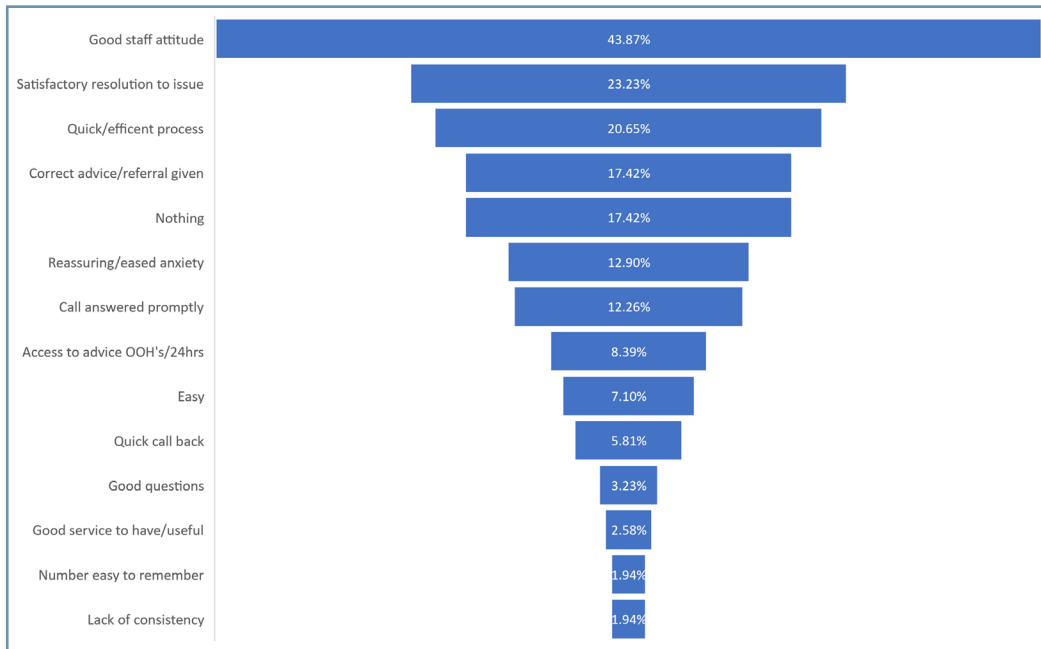
Note. Key for call-out quotes:

Comments by respondents that appear in this report are coloured by area for reference, they are as follows:

- Somerset - Blue
- Devon - Pink
- Plymouth - Green
- Torbay - Yellow

Figure 7: What people liked about the NHS 111 service

(The percentage of comments for each theme is shown in white.)



17.42% of the responses said there was nothing good about the NHS 111 service.

“Reassurance. Calm and informed service. Helped reassure safe to use services with Covid lockdown. We rang Easter Sunday and great service even on bank holiday weekend. Confirmed suspicions of a broken arm.”

“I like the new *6 for care homes, this made the call a lot quicker.”

“Fast, efficient and friendly.”

Tell us what you did not like about the NHS 111 service?



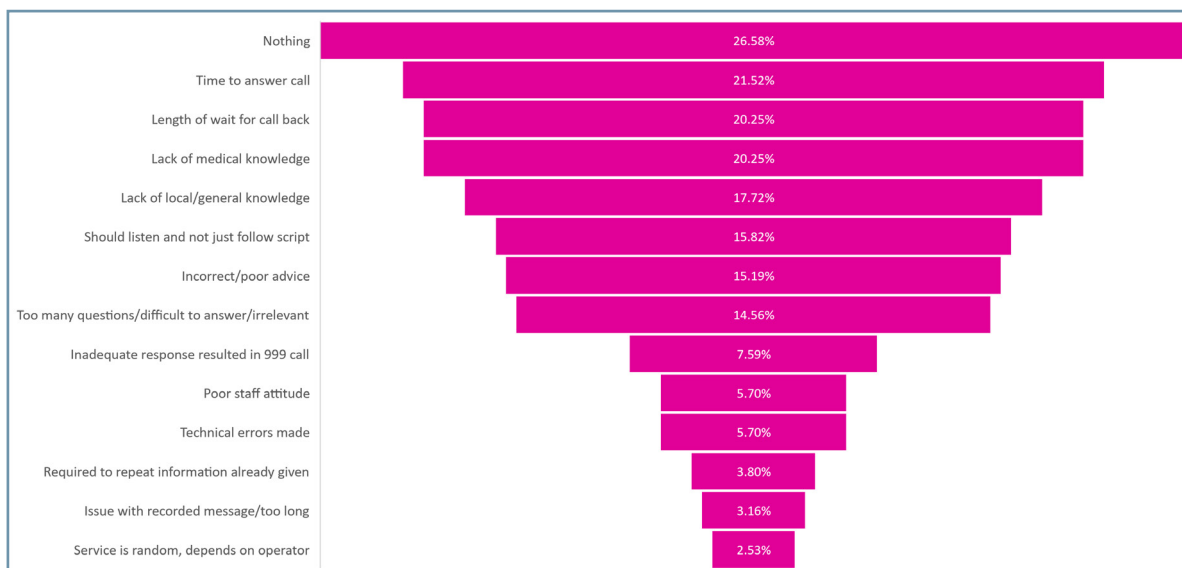
158 people responded to this question; just over a quarter of the comments revealed that there was nothing people disliked about the service they received from NHS 111.

About one-fifth of people were unhappy with the time it took to answer their call and/or the length of wait to be called back either by NHS 111 or the referred service.

“There was a huge wait for the call-back and subsequent visit. I was told one hour for the initial call back and waited four. I then waited over another eight hours for the GP to visit - gone 2am on Sunday morning at this point. Also, they only had a summary of my medical details. I needed to give them quite a bit more info, as I have a few complex issues and medications.”

Figure 8: What people disliked about the NHS 111 service

(The percentage of comments for each theme is shown in white.)



15.19% of comments revealed that incorrect or poor advice was given by call operators.

There was significant feedback that showed a lack of knowledge/training from NHS 111 call operators. This lack of knowledge/training is also relevant in some comments made about the primary assessment questions and process.

7.59% of people sought emergency treatment due to an inadequate response to their enquiry.

“When you know exactly what you may require, e.g. an ‘expert’ patient and they spend up to 20 minutes getting you to answer irrelevant questions relating to emergency illness on the grounds they ‘have to ask these questions’.”

“Long wait. Rude person on the phone. Told I’d get a call-back then never did.”

“Long wait. After explaining problem, was contacted by a Pharmacist, which was not appropriate to the needs of the patient and had another long wait for out-of-hours GP to phone.”

In your opinion how could the NHS 111 service be improved?

There were 141 responses to this question; over a quarter of these comments suggested that more training should be given to NHS 111 call operatives.

21.28% of people told us that in their opinion no improvement to the service was needed.

19.86% of feedback said that faster call response and call-back times would be an improvement.

“Actually listen to what the patient has wrong, not just current symptoms, but other existing illnesses and if it’s something rare maybe get in contact faster. Improve call-back times. If you have a problem with something like being unable to get the prescription they have sent, make it easier to get back to them.... don’t make it so you have to go through the WHOLE automated phone system and questions when the advisor answers. Maybe give a reference number or something at the first call? This would save time and money”

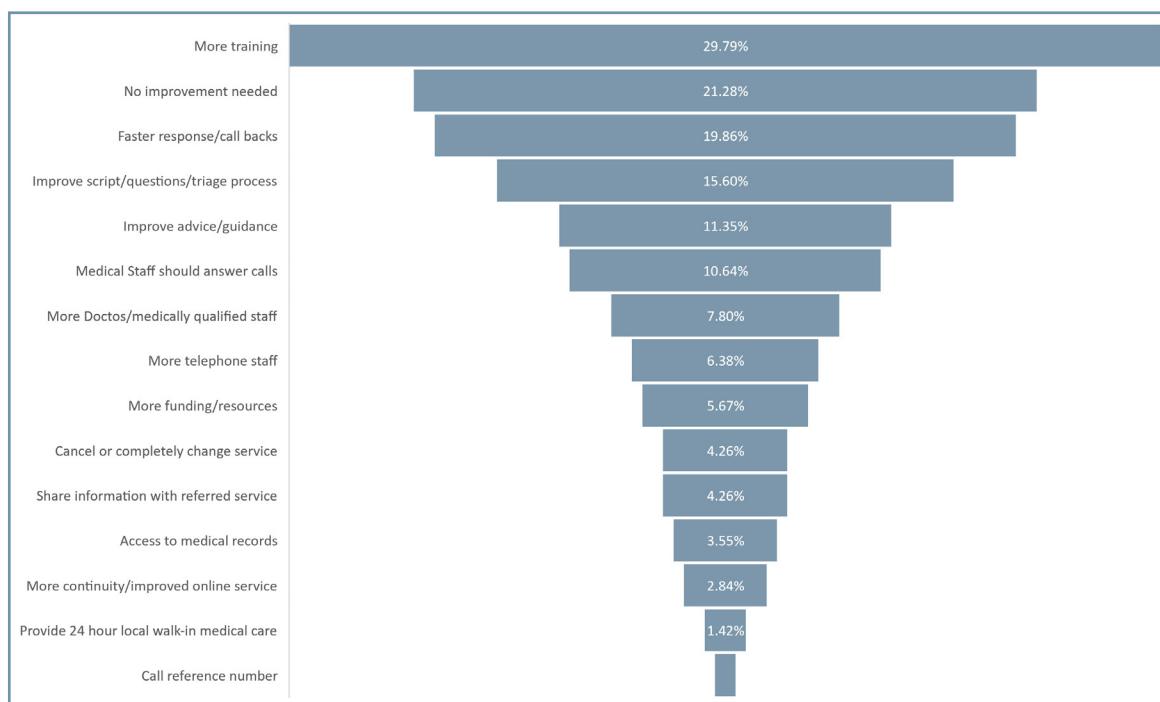
“I could not find fault with the service.”

“Answer the phone.”

“The 111 service needs to be run by people who are more flexible and with actual medical knowledge. Not just people working through a tick box flowchart. It’s so frustrating!”

Figure 9: Respondent’s opinion about how the NHS 111 service could be improved

(The percentage of comments for each theme is shown in white.)



Other suggestions included improving the primary assessment questions/ process, that call operators should have access to the caller’s medical records, and better continuity between the online and telephone service.

“By having actual medically trained personnel on the phone who can assess you, rather than reading from a script which comes to a dead end. There should be emergency care nurses and doctors taking the calls.”

Is there anything else you would like to tell us?

84 comments were given in response to this question, the largest theme totalling 30.95% was that people thought it was a useful service.

28.57% of commentators indicated that they were not satisfied with the NHS 111 service.

13.10% of people said ‘Thank you’ to the service or individual call operator.

Some feedback stated that using the NHS 111 service was quicker than access to their registered GP surgery.

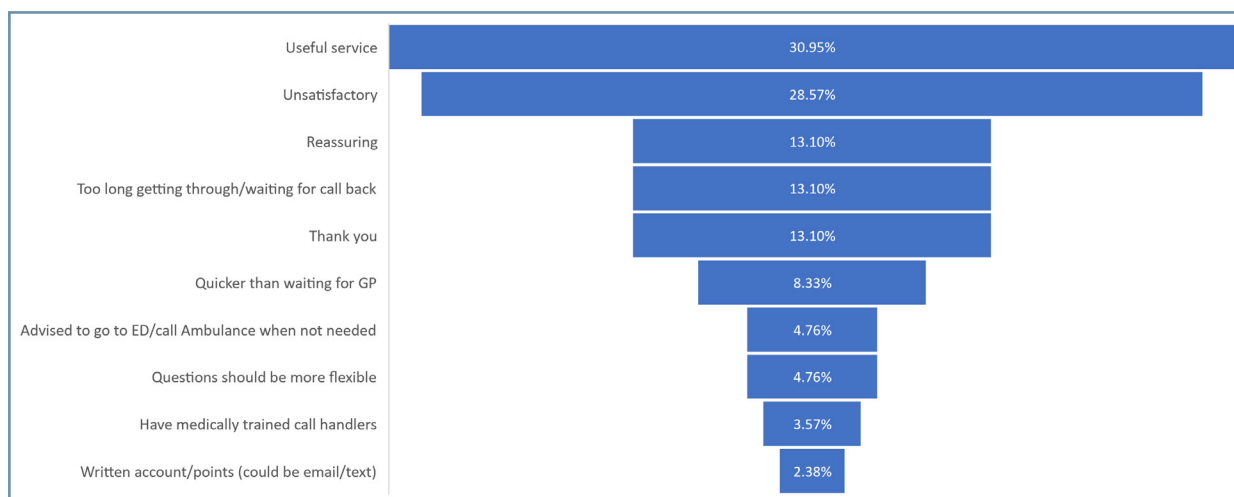
Although only used 111 at weekend or night, it’s much quicker to respond than GP service in day.”

“Thank you to the 111 operator who took my call.”

“This service desperately needs reviewing. I use it a few times a year when I have to, but always begrudgingly as it’s always the same bad experience.”

Figure 10: Themes of responses to ‘anything else you’d like to tell us’

(The percentage of comments for each theme is shown in white.)



Recommendations

Within the official response from Devon Doctors were replies to our recommendations. The table below lists our recommendations alongside Devon Doctors comments (right).

Our recommendations		Devon Doctors' response
1.	Reducing waiting times for arranged call-backs and inbound calls should be considered of high importance as current long wait may put patient's safety at risk. It also increases pressure on other emergency services such as South Western Ambulance Service and hospital emergency departments. These times could be reduced by reviewing and improving the following:	"Since the review was undertaken the average call wait time and call length has reduced."
1.1	Diagnostic and assessment questions/ process - such as simplifying or reducing questions and options to skip the need for irrelevant questioning.	"The NHS 111 process requires call handlers to ask questions that are set out in the national Pathways model based on a nationally agreed question set. Call handlers are unable to alter the question set without breaching the terms of our license."
1.2	Improving staff training.	"We have recently reviewed staff training with the national NHS Pathways team, who confirm that we meet the nationally required standards. We continue to monitor our training to ensure that it meets the required standards, and we continue to receive unannounced inspections from NHS Pathways to ensure we maintain our standards."

Our recommendations (continued)		Devon Doctors' response
1.3	Increasing the number of call operators available.	"NHS England (NHSE) set the nationally required level of staffing to deliver the NHS 111 service in Devon and Somerset. We have designed our rotas based on this. During exceptional periods, there may be an increase in call wait time. This waiting time has fallen to an average of less than 90 seconds."
1.4	Where possible increase the number of medically trained staff available.	"Agree."
2.	Improvements to the call-handling procedures and staff training surrounding these processes could be made. Examples include (but not limited to):	
2.1	Improve training and guidance for the management of difficult/emergency situations.	"The required training incorporates an element of this, but more could always be done - agree."
2.2	Enable some flexibility of the diagnostic process for call operators.	"Unfortunately, this is not possible - please refer to point (1.1)."
2.3	Increase access to qualified medical support for call operators to enable more accurate assessment outcomes.	"Please refer to point (1.3). The level of clinical resources is also set by NHSE. We are currently supported by NHS Devon clinicians to assist with the Covid-19 pandemic."
2.4	Increasing staff levels may reduce stress on call operators which may in turn increase the quality of the responses they give.	"Please refer to point (2.3) above."
3.	Ensure that training is consistent for all staff so that delivery of the assessment and conclusions of this are of the same standard for all patients.	"Please refer to point (1.2). All call handlers are audited once a month to ensure that the appropriate level of service is provided, and to identify where further training may be required."
4.	Review the pre-recorded messages and frontline options for patients before they are connected to a call operator. Examples include (but not limited to):	
4.1	Using the initial message to direct people concerned about Covid-19 to the 119 service, reducing the message length.	"All pre-recorded introduction messages are set nationally."
4.2	Increasing options to direct patients to a faster and more accurate diagnosis/call operative, e.g. 'press 1' for pre-existing medical conditions, 'press 2' for those in significant pain, 'press 3' for general/less urgent requirements.	"All pre-recorded introduction messages are set nationally."
5.	Improve procedures surrounding calls relating to patients with mental health problems to ensure they are handled with empathy and diverted to the correct support.	"Agree - Devon Doctors is working with DPT and Livewell to develop solutions for improved management of mental health calls so that people in crisis get the correct level of support from trained mental health nurses."

Our recommendations (continued)	Devon Doctors' response
<p>6. Consider the viability/benefits of a call-logging system that provides a point of reference, so that if patients need to call-back, a record of their previous call is easy for the call operator to access and review.</p>	<p>"A patient's date of birth and address are currently used as a point of reference for patient calls. When a patient's details are entered into the system it lists all the recent contacts including any currently open contacts."</p>

Next steps

We will be inviting the CQC and Devon Doctors Ltd to work collaboratively with HWS and HWDPT to implement changes highlighted in our recommendations, to improve services delivered to our community.

Our findings will be presented to various organisations who have significant interest in the NHS 111 service, and the report will be published on both HWS and HWDPT websites. It will also be shared with Healthwatch England.

We will aim to follow up this piece of work with further engagement in approximately six months' time.



Limitations

Due to the Covid-19 pandemic restrictions, and a second national lockdown through November 2020, promotion of the survey was limited. Extra efforts were made to publicise the survey both digitally, through word of mouth, and posters displayed in public places. We were unable to communicate to full effect with members of the public or carry out any face-to-face engagement.

Thank you



Healthwatch Somerset and Healthwatch in Devon, Plymouth and Torbay would like to thank everyone who took the time to contribute their views and experience by completing our survey.

A special thanks also to the dedicated volunteers and all of the sector organisations who helped to support the engagement activity despite the limitations of government restrictions

Stakeholder's response

This report has been shared with Devon Doctors Ltd, who said:

“Devon Doctors would like to thank Healthwatch for this report and the recommendations made in relation to the delivery of the 111 service. Devon Doctors supports the recommendations made within the report, however, many of these are unable to be implemented locally as it will require national changes in policy, process, and funding. We are working with Healthwatch to help the patient voice in relation to these issues be raised at a national level so that positive change can be made. The Organisation is currently delivering a programme of service transformation to ensure that the quality of the service provided, including patient experience, enables us to deliver the best possible clinical care to patients within Devon and Somerset. The feedback from this report has helped shape elements of this plan to ensure that improvements are made in the areas concerning members of the public as well as those identified internally.

“Devon Doctors is an organisation that is committed to continuous improvement and development and as such welcomes feedback, comments, and complaints. Anyone who wishes to feedback about any aspect of the service provided by Devon Doctors can contact by letter or email. Complaints will be acknowledged and then fully investigated. On completion, the outcome of the investigation and any changes made to improve services will be provided. Details of how to get in contact with the service are available on our website devondoctors.co.uk/listening-to-you.

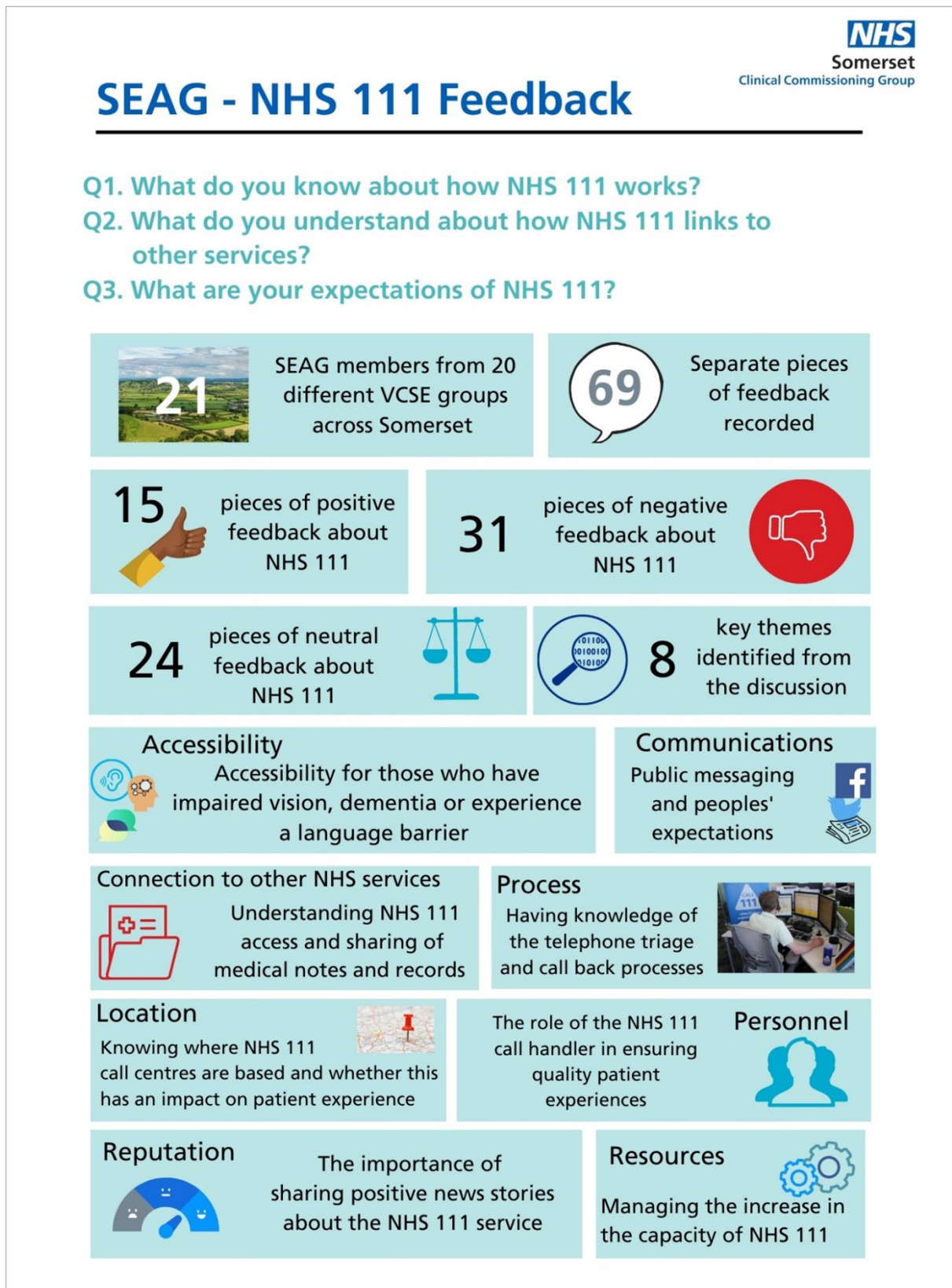
“Devon Doctors is pleased to confirm that it will be working in partnership with Healthwatch in the coming months to understand the public's experience of urgent primary care services within Devon and Somerset and identify areas for future service transformation.”

Martin Cordy, Interim Director of Contract Assurance



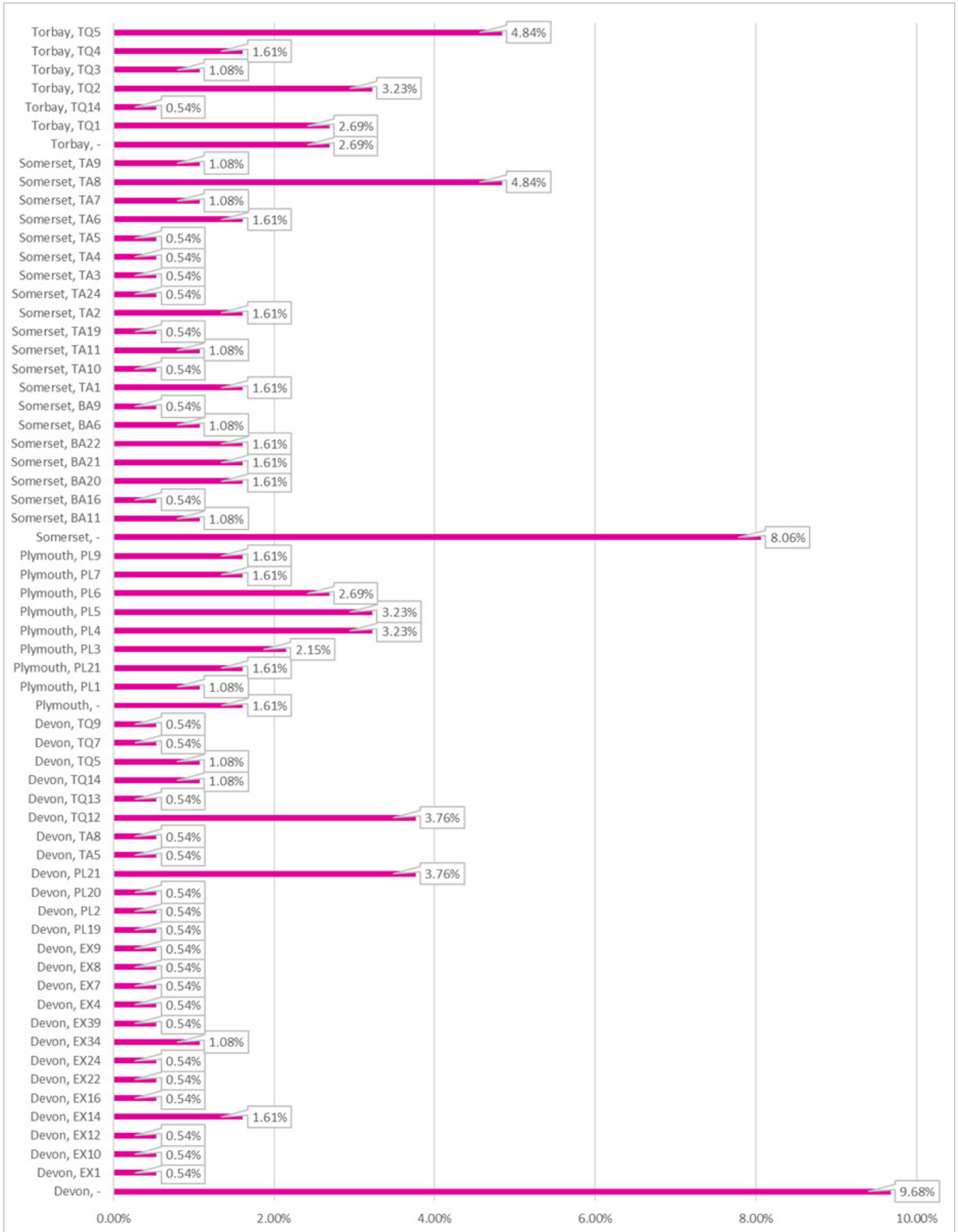
Appendices

Appendix 1. Somerset Engagement and Advisory Group Summary of SEAG results



Appendix 2. Regional postcodes

Distribution of survey responses by postcode



Appendix 3. Demographics

Ethnicity	No.	%
Black British	1	0.54%
White British	172	92.47%
White European	1	0.54%
White Irish	4	2.15%
Other	1	0.54%
Prefer not to say	7	3.76%

Who were you calling the NHS 111 service for?	No.	%
Yourself	103	55.38%
Someone else	59	31.72%
Parent/Guardian of a child under 18	23	12.37%
Did not answer	1	0.54%
If you answered 'someone else' are you a carer?		
Other	23	12.37%
Prefer not to say	68	36.56%
Did not answer	95	51.08%

How would you describe yourself?	No.	%
Member of public	154	82.80%
Health professional	17	9.14%
Prefer not to say	7	3.76%
Member of public & health professional	7	3.76%
Member of public & prefer not to say	1	0.54%

Appendix 4. Resolved by phone or passed to another service?

Resolved?	No.	%
Yes	34	18.28%
Passed to another service	104	55.91%
No. Contacted another service yourself	46	24.73%
Did not answer	2	1.08%

Appendix 5. Other services that helped

...after NHS 111 was contacted (respondent comments)
None/No one/gave up
District nurse visited home
Passed to ambulance service but took two and a half hours getting to us
Covid test
Emergency dental team
Police
A&E- only because I was told we had a go appointment, but didn't. A&E doctor did see to us in the end. I was embarrassed and upset about this. I just wanted a doctor to see my child.
Still unresolved - this should be an option to ensure this survey is valid!
NHS Website and own diagnosis of case definition
I was told it is not their part of the job. I need to wait for 4 weeks
I needed an ambulance or doctor but of course they never came
Waited for own GP to open despite being in great pain
999
Friend, a GP
Mental health team

Appendix 6. Number of attempts to access NHS 111

...in the past six months (respondent comments)	
None	15-20 times
Two or three times	Several attempts when needed.
Three or four times	Several - too long to remember
Nine times	Not sure

Note: Regional breakdowns of survey responses are available on request. To obtain a regional breakdown please contact the Healthwatch region you require the information of.

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