



Visits to NHS 111 Call Centres

August 2022

healthwatch
East Sussex

Introduction

Our rationale for making observations at the NHS 111 call centres

Healthwatch East Sussex gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

We wanted to understand how the 111 centres function, with a special focus on the Clinical Assessment Service (CAS) and assess if the service is delivering positive outcomes for callers. We undertook face-to-face visits to two NHS 111 call centres that deliver services to people in East Sussex to explore first-hand how these were responding to calls and enquiries.

Our aims were to:

1. Observe how the 111 service currently operates including the organisation and recruitment of staff, processes followed, waiting times etc.
2. Find out how the CAS works and its efficiency and effectiveness in delivering outcomes for patients.
3. Assess the impact that NHS 111 has on other health services e.g. A&E.

Context on SECamb and NHS 111

Our rationale for exploring experiences of NHS 111

South East Coast Ambulance Service NHS Foundation Trust (SECamb) was formed in 2006 following the merger of three legacy ambulance services and became a Foundation Trust in 2011.

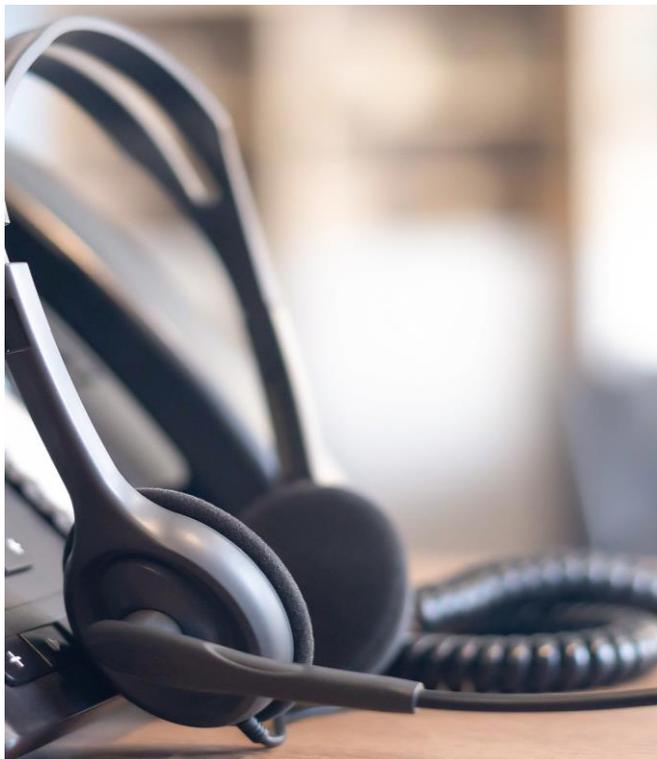
The Trust serves a population of approximately 5 million & covers an area of 3,600 square miles across Kent, Surrey, Sussex and parts of North East Hampshire. The Trust responds to 999 and 111 calls, and 111 online referrals, from the public and healthcare professionals, and provides the NHS 111 urgent advice service across Kent, Medway and Sussex.

The Trust also provides Hazardous Area Response Team (HART) capacity across the whole region.

Its patients range from the critically ill and injured who need specialist treatment, to those with minor healthcare needs who can be treated at home or in the community.

SECamb are commissioned to provide the NHS 111 service according to a nationally agreed specification provided by NHS England. This includes the use of the NHS Pathways Clinical Decision Support System.

The Trust's 111 service was inspected by the Care Quality Commission (CQC) on 28th February and 1st March 2022. The report was published on 22nd June 2022 and the service was rated as Good overall.



What we did

Our methodology

At the end of May 2022, we made two visits at each of the 111 call centres in Ashford and Crawley. These visits were done both in the morning and afternoon on various weekdays.

On each visit we had 2-3 volunteers/staff members making observations and asking questions for an average duration of 3 hours. They had some lines of enquiry to ask the various staff members on duty on those days.

During the visits, we spoke with NHS 111 staff members, observed waiting times for callers, witnessed and analysed the CAS process, and reflected on the overall running of each call centre.



Our key findings:

Staff:

- + **Staff are working hard and have a real desire to help. They all receive training (which includes CPR training) when commencing their role. This training includes:**
 - 8 days in a classroom followed by 2 exams which they are required to pass.
 - If they pass, they spend time looking at pathways and scenarios.
 - All trainees then work together in a pod and are supported by experienced call handlers for 2 weeks.
 - Lastly, they are mentored for 4-5 shifts.
 - If they do not take a call for over 28 days, they have to do a 10-hour course.

 - **We observed that despite receiving the full training, some newly hired staff did not seem to be fully confident in their role, especially when faced with a scenario which is not presented on the process/script they have to follow.**
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Our key findings:

Script:

- + The script that call handlers follow when taking calls can be useful and is a triage method which supports a consistent approach.
 - Whilst the script can work well, it lacks flexibility for specific situations.
 - We observed a call handler who had recently completed training and noticed that many questions were asked repeatedly from the script as the staff member was not medically qualified and did not understand the situation.
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'The algorithms sound a bit simplistic sometimes but the staff are not clinicians ... so I think they are a great aid in the necessary discipline of the triage process'

Healthwatch Volunteer





Our key findings:

Bookable slots:

- + There are bookable slots available for patients to see a GP or for A&E.
- The bookable slots are not always used for seeing a GP. Each practice will not necessarily have their patients calling 111 for a slot each day so not all the slots will be taken. Could this be wasting appointments which would be beneficial for those who can't see a GP?
- A bookable slot for A&E may not mean the patient will be seen straight away. Using the term bookable slot may lead callers to believe they have a booked appointment to see someone at that time. Clearer language and terminology should be used.



6 *'One option for the Health Advisors is to say the person needs to go to A&E. They will still have to join the queue, but A&E/UTC may have access to the information taken by Health Advisors.'*
Healthwatch Volunteer





Our key findings:

Clinical Assessment Service:

- + The Clinical Assessment Service is a very advantageous system as it allows patients to speak with a healthcare professional such as a GP, nurse, paramedic etc. if needed. There are a variety of clinical staff available at different times.
- We observed long lists of patients waiting to be called back by the clinicians which was attributed to a limited amount of CAS capacity. On a normal Tuesday at mid-day during one of our visits there were 400 people waiting to be called back by a clinician.



6 *‘When a patient needed to speak to a clinician – only one nurse was on the premises and generally there were very few available remotely.’*

Healthwatch Volunteer





Our key findings:

Peak and off-peak times:

- + There is a 24/7 service available at NHS 111 and it generally appears to be quieter during surgery hours (9am-5pm). For example, during the visits which took place during these hours on Tuesday, Thursday and Friday there were no more than 9 calls waiting.
 - + There is an awareness amongst NHS 111 staff of the limitations of the service especially during out of hours.
 - However, outside of surgery hours (from 6:30pm) and especially at weekends and on bank holidays we were told that there could be up to 200 calls waiting.
 - Monday mornings also appear to be a peak time for the NHS 111 service. On our Monday visit we observed waiting times of over 11 minutes but this dropped quite quickly to 2 minutes.
 - We heard that the negative feedback that 111 receives is mostly about long waiting times, this may include both initial calls and call-backs.
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6 *'The 111 service is clearly under a lot of pressure out of hours and at weekends.'*

Healthwatch Volunteer





Our key findings:

Misinterpretation of the role of the NHS 111 service:

- **People seem to misinterpret what the NHS 111 service offers help with:**
 - Some people call for reassurance
 - Receptionists often refer patients to 111 to get a GP appointment
 - 999 calls are being made to 111
 - Especially during the peak of the pandemic but even now there have been calls asking for advice on Covid.
- **NHS 111 receives calls that they are unable to help with or may involve directing callers elsewhere.**



6 *'I was told that patients often phoned in to try and be seen quicker.'*

Healthwatch volunteer



Conclusions

- Whilst staff seem to work hard and receive training, it appears that the training is not extensive enough to prepare all staff to be ready to take on the role as a call handler within the service.
- The script offers a quick and systematic process to identify the callers' needs. Even so, it is inflexible at times and staff (especially new staff) are not prepared for situations where they may need to go off script, which again could come down to their training.
- Reserved GP slots for 111 callers is an advantage but it may not be the most efficient system as the slots are not always used when there are many people who need to see a GP. The bookable slots for A&E offer a solution to overcrowding in Emergency Departments. However, it does not aid a person in seeing a healthcare professional quicker and this is not made clear to the caller.

Conclusions

- Clinicians are able to offer specialized advice, treatment and referral. However, the long list of patients waiting to be called back by a clinician would suggest that there are not enough clinical staff available.
- The long waiting times to get through to a handler could be due to there not being enough staff available at peak times.
- It appears that there is a lack of information regarding what services or actions NHS 111 are able to take. This may be the result of the 111 First campaign, a campaign to encourage people to call NHS 111 before going to emergency departments. It may also be that people are calling because they can't get through to a service they require.





Recommendations

These are our recommendations for NHS 111 Commissioners/Providers:

1. Increasing the amount of staff training

- Give new staff longer periods of time to train and offer expertise in “what if” scenarios so that they are further prepared for unexpected situations that may arise or moments when they may need to go off script.
- Ensure that on-going training is extensive and that there is time put aside for handlers to ask managers any questions they may have.

2. Make the best use of the bookable slots

- Make sure that the allotted GP appointments for NHS 111 are used and that those appointment times are not wasted when they could be needed.
- Use clear language to make callers aware that if they receive a bookable slot for A&E this does not mean that they will be seen by a healthcare professional at that time, but this is a suggested arrival time.





Recommendations

3. Increase the number of call handlers and clinical staff available

- Increasing the number of call handlers will result in patients' calls being answered quickly, which in turn will lead to less people going to other services (including A&E) unnecessarily when they can't get through to 111.
- There needs to be further clinicians available to call patients back who are waiting for any clinical advice which an NHS 111 call handler cannot provide.
- This is especially important 'out of hours' as this is the peak time for the NHS 111 service.

4. Educate the public on when to use NHS 111

- Outline the specific services that the NHS 111 offers and emphasise the situations which would be considered a 999 emergency.
- Make public information broadcasts (or something similar) to clearly state when to call 111. This could be via social media, on TV and radio for example.



Next Steps

- **Healthwatch East Sussex will share these recommendations with NHS 111 providers and SECamb. We would like to organize a session to discuss our findings and to be able to ask the following question:**
 - *What are NHS 111's plans regarding the move to Gillingham and what steps have been put in place in order to have sufficient staff?*
- **We would like to share the lines of enquiry that we asked on our visits with providers and invite them to give their answers to see if it aligns with our findings.**
- **Healthwatch East Sussex would like to organise further visits to the 111 call centres especially during the evenings and weekends. This will allow us to observe the functioning of the service during its peak times.**
- **Our next main step will be to organise Enter and View in A&E to analyse how patients are getting there and whether wait times or not receiving a call back from NHS 111 clinicians has an impact on this.**
- **Healthwatch East Sussex will continue to monitor NHS 111 performance and feed back to the SECamb Trust what it hears about the service on an ongoing basis.**



Response to our report from SECAMB

South East Coast Ambulance Service (SECAMB) appreciate the enormous time and effort from Healthwatch East Sussex staff and volunteers that have spent on their report and greatly welcomed the opportunity for the volunteers to visit our services. We have subsequently met Healthwatch East Sussex since the visit and are glad to hear that their volunteers received a warm welcome from our team and were provided with honest feedback from our hardworking and dedicated colleagues about the challenges faced by the service.

Healthwatch have raised questions about the training and tools used by call handlers. The decision tool used by NHS 111 call handlers throughout the country is NHS Pathways, provided by NHS Digital. NHS Pathways is developed and maintained by a group of NHS clinicians with extensive experience of both urgent and emergency care provision, and of clinical decision support tools. This includes GPs, Emergency Care Consultants, Nurses, Paramedics and many more. NHS Pathways is under constant review and direction by the clinical community, via the independent National Clinical Governance Group. This group is chaired by the Royal College of General Practitioners (RCGP) and is made up of representatives from those Royal Colleges with an interest in urgent and emergency care, College of Emergency Medicine (CEM), British Medical Association (BMA) and other organisations involved in the delivery of urgent and emergency care.





Response to our report from SECamb

NHS Pathway's central development team set the training and assessment criteria that demonstrate the competency of Health Advisors to conduct their practice. This regimen is very similar to the training and assessment undertaken by our Emergency Medical Advisors to enable them to triage 999 calls. This training also involves using call handling skills such as questioning skills, probing, and providing effective call control. All Health Advisors undertake a set period of shadowing and mentoring prior to independent practice and must be signed off by a coach, to demonstrate their suitability to work independently. Health Advisors practising independently continue to have access to support from an experienced Health Advisor Coach or, where necessary, a clinician, to aid in decision making where necessary. At the end of the triage a disposition is presented, providing a recommended skill set and time frame for the patient's care need, and as part of the NHS Pathways licence this information must be provided to the patient.

Healthwatch have raised questions about the referral pathways open to 111 call handlers. The 111 service works with commissioners and providers to deliver referrals to services such as GPs and Emergency Departments consistent with the instructions provided by the Directory of Services (DoS). It is the responsibility of these providers as well as the Directory of Services Leads working within Integrated Care Systems to ensure that the information and referral pathways provided to 111 call handlers is appropriate to ensure it meets patient needs.





Response to our report from SECAMB

Healthwatch have raised concerns about the delay experienced by patients in getting through to the service and receiving a call back from a clinician. The 111 service continues to face incredibly high demand due to the unprecedented challenge faced by the healthcare system because of the COVID-19 pandemic and are pressured through shortfalls in funding and increased absences to deliver the staffing required to support this demand. This has regrettably led to delays in getting through to a call handler and arranging a clinical call back for some patients.

Healthwatch have raised concerns about the information and advice to patients on when to use 111. The primary communications of NHS 111 campaigns are through national advertising provided by NHS England, such as the “111 First” advertising campaign. SECAMB are keen to work with Healthwatch to provide patients in our region with information and guidance on how to use the 111 service and the crucial role it has played in supporting the needs of patients in our region since 2013.

However, we do not want these clarifications to diminish the value of the report provided by Healthwatch East Sussex. The report is incredibly useful and provides recommendations which are welcomed, and we greatly look forward to working with Healthwatch, commissioners and other service providers to share our feedback and experiences, review and address the concerns and recommendations highlighted within the report and to work together to drive positive change to our service and the patients we serve.



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