



# Public Experiences of NHS 111

August 2022

**healthwatch**  
East Sussex

# Introduction

## Our rationale for exploring experiences of NHS 111

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.

Promoted nationally and locally by health and care services as part of 'Think 111 First' and 'Right service at the Right time' campaigns, NHS 111 has become a 'go to' service offering advice, signposting and referrals.

Despite its extensive rollout and promotion, we have received limited recent feedback on people's experiences of NHS 111, especially whether the service meets their needs and its impacts on the use of other services.

### Our aims were to:

1. Capture a snapshot of people's recent experiences of using NHS 111 (since March 2021)
2. Identify which aspects of NHS 111 worked well for people
3. Ask how NHS 111 could be improved

# Context on SECamb and NHS 111

## Background on the delivery of NHS 111 in East Sussex

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 28<sup>th</sup> February and 1<sup>st</sup> March 2022. The report was published on 22<sup>nd</sup> June 2022 and the service was rated as Good overall.

# What we did

## Our methodology

During April and May 2022, we ran a short public survey to gather East Sussex resident's experiences of using the NHS 111 service since March 2021.

This survey was distributed online through our newsletter, bulletins, social media, staff, volunteers and partner networks.

Paper versions were available, with staff available to complete the survey online or over the telephone.

82 responses were received by the 15<sup>th</sup> May deadline. All related to the NHS 111 phone service, with none about the website.

This report summarises their experiences and identifies our findings and recommendations.



**talk to us**  
we are listening

### Tell us your experiences of using NHS 111 services

We want to hear from anyone who has used or tried to use NHS 111 services since March 2021. We are keen to hear about:

- Whether the service met your needs?
- The positives of your experience
- What you feel could be improved?

**Complete our survey:**  
<https://www.surveymonkey.co.uk/r/HWESNHS1112022>

Healthwatch East Sussex are the local independent watchdog for those using health and social care in East Sussex.

**healthwatch**  
East Sussex

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You can also download and print the survey via our website and return via our freepost address (see inside for the return address).



**healthwatch**  
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## What we heard - Our key findings:

- Respondents' experiences of NHS 111 were very mixed. 56.0% felt NHS 111 had resolved their needs, but 39.0% did not.
  - The most common rating of NHS 111 was 'Poor' (28.0%), but 22.0% rated it as 'Excellent'. The average rating was 3.1 out of 5.
  - Users appreciated access to 24/7 support, especially when GPs and other services were closed. Verbal advice, clinical call backs and referrals were especially valued.
  - Respondents had mixed views on the standard triage questions asked by call handlers, some viewing this as a barrier.
  - Speed of response was a key issue, with 50.0% of respondents rating this as *Poor/Very Poor*. This included initial contact, call backs and onward referrals to other services.
  - Two-thirds of people (64.6%) indicated they were *Likely/Very Likely* to use the service again, however, 35.4% were *Unlikely/Very Unlikely*.
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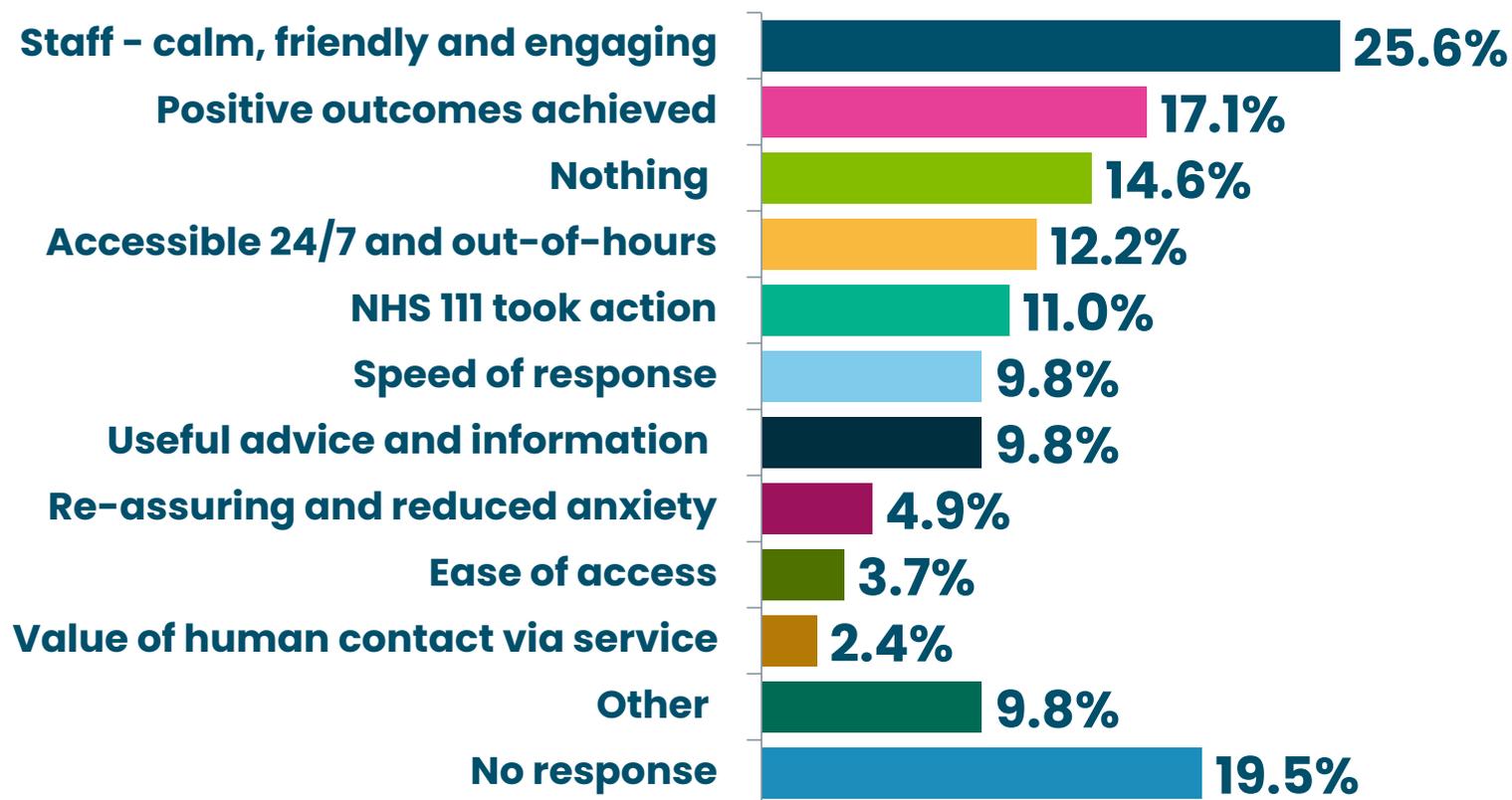


## What we heard - Our key findings:

- Three-quarters of respondents accessed NHS 111 directly, with the remainder (26.7%) referred by others. The most common referrers being GPs, the Ambulance Service and pharmacies.
  - Two-thirds of NHS 111 users (67.1%) were referred or signposted to other services. The services most referred or signposted to were Emergency Departments, the Ambulance Service and GPs.
  - The services most accessed by people who felt NHS 111 had not or could not resolve their needs were their own GP, the Ambulance Service and Emergency Departments.
  - Responses suggest that there is a reasonable likelihood that a high proportion of NHS 111 users will end up using GP, Emergency Departments and Ambulance Services. This is a combination of NHS 111 referral, and direct access where users feel NHS 111 has not met their needs.
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# Positive aspects of NHS 111

Tell us what you liked about the NHS 111 service?



# Positive aspects of NHS 111

## Tell us what you liked about the NHS 111 Service?

- **Staff attitude** was the most common positive attribute highlighted by users of NHS 111. People appreciated staff being calm, friendly and receptive to their circumstances.

*“The phone was answered within a few minutes and the service provided was helpful, efficient and delivered in a friendly manner.”*

- **Getting a positive outcome**, such as providing advice and/or referring to other services was also viewed as a key benefit by service users.

*“They understood the danger and made me an appointment at a critical care unit so I didn't have to wait in A&E.”*

- Some respondents felt that **‘nothing’** was positive about NHS 111, highlighting limitations in the service’s ability to meet their needs.

*“Total failure over a period of 10 minutes trying all the options. Going round and round pushing buttons could not speak to the operator. This produced stress worsening the problem. Called 999. They took me to A&E.”*

# Positive aspects of NHS 111

## Tell us what you liked about the NHS 111 Service?

- NHS 111 being **accessible 24/7**, especially when other services such as GPs or pharmacies are closed, was identified as a key positive.

*“24/7. Useful when GP is closed and not a 999 emergency.”*

- People highlighted that NHS 111 **took action** which helped them.

*“Calm person who talked me through many questions to get the right help for my daughter while acknowledging my crisis situation. Quickly got ambulance to our home.”*

- The **speed of response** by NHS 111 was praised, especially out-of-hours.

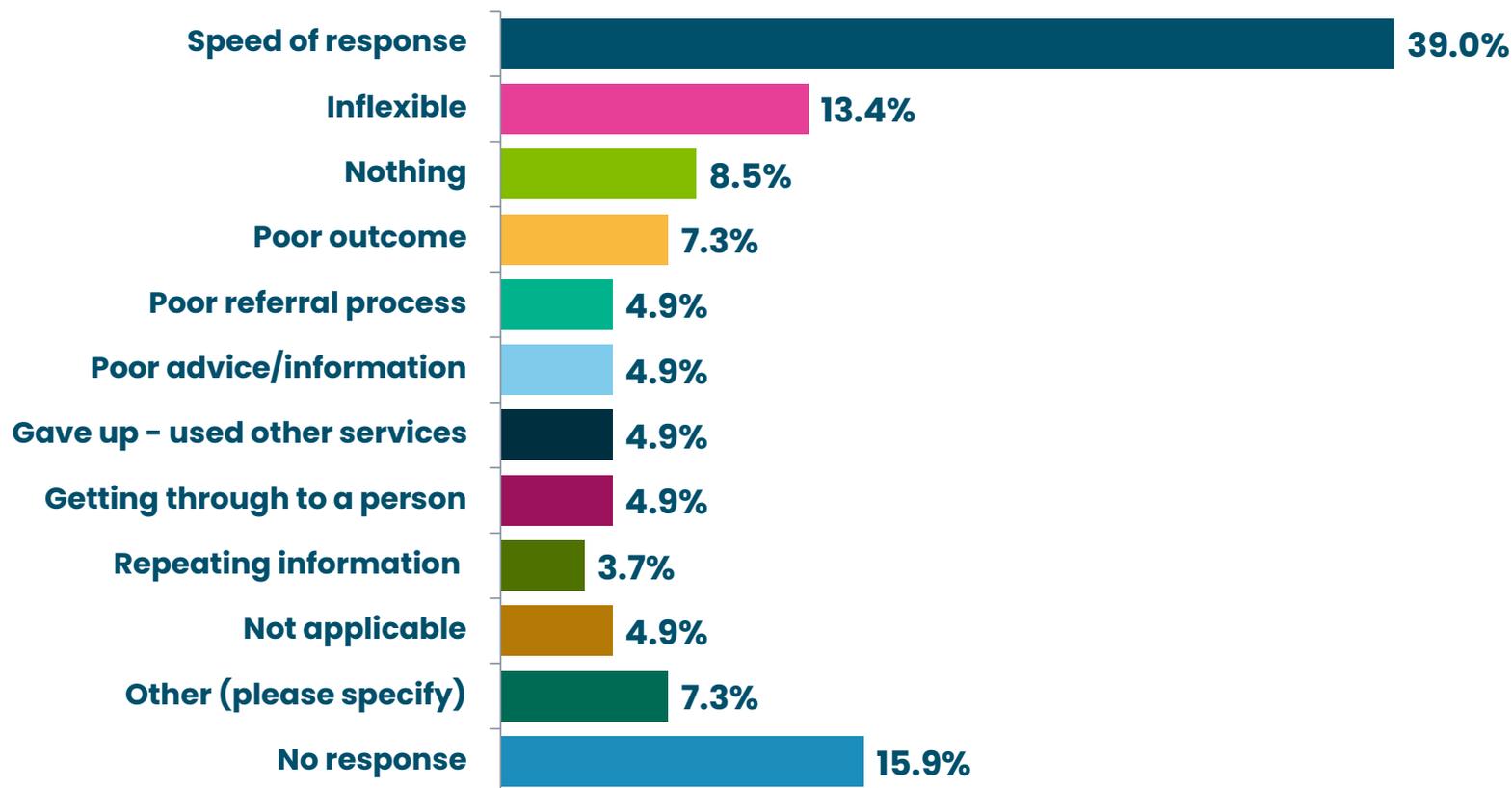
*“This was a bad nosebleed in the middle of the night... They were re-assuring, told me exactly what to do and referred me automatically to my GP, who therefore already knew next day.”*

- 8 people commented on how **useful information and advice** had been, either reinforcing what they knew or providing additional help.

*“The information they provided was really helpful and reassuring.”*

# Negative aspects of NHS 111

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



# Negative aspects of NHS 111

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

- **Speed of response** was by far the most common negative aspect of NHS 111 raised by respondents. People identified:

- **Challenges in getting through to NHS 111 on the phone (long waits)**

*“Phone just rang and rang for over 45 mins no one answered the phone. Gave up and phoned another service.”*

- **Delays between first contact and call backs, including for clinical assessment**

*“I waited 48 hours for the promised call back before my concerned husband took me to A&E. Appalling.”*

- **Length of time waiting for a call back from clinicians**

*“I was told a clinician would phone within an hour. It took 19 hours!!”*

Some people identified that long wait times had led them to use other services directly (e.g. 999, ambulances and emergency departments).

Others highlighted frustration at waiting only to be advised to access emergency services, which they felt they could have accessed in the first instance.

# Negative aspects of NHS 111

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

- An **inflexible approach** was also identified as a challenge for many. Concerns were raised over a 'scripted approach', with perceptions that this lacked flexibility in listening to and responding to people's individual circumstances.

*"The service feels scripted and usually leads to being sent to A&E unnecessarily (in my experience). It is a short question and answer service that seems not much more helpful than google tbh."*

*"Responder stuck to a script and did not listen or act on information given."*

- **Poor outcomes** were a key negative for some NHS 111 users

*"They lacked key knowledge around the rules for restricted medication and I was given incorrect information at first. This meant I ended up bouncing back and forth between the pharmacy and 111."*

- Some NHS 111 users received what they regarded as **poor advice**

*"The doctor I spoke to was lacking in knowledge about anti viral treatment for clinically extremely vulnerable people like me. She gave me the incorrect information"*

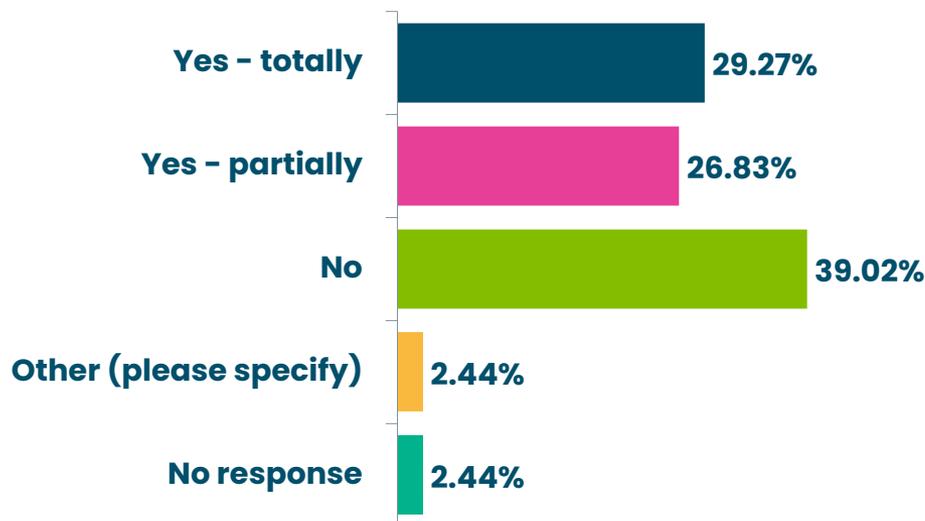
# Ratings of the NHS 111 service

Respondents rated different aspects of NHS 111 service

	Excellent	Good	Average	Poor	Very poor	Not applicable	No response
<b>Accessibility of information or advice</b>	19.5%	26.8%	20.7%	11.0%	15.9%	.2%	4.9%
<b>Speed of response</b>	13.4%	24.4%	7.3%	17.1%	32.9%	1.2%	3.7%
<b>Quality of information or advice provided</b>	20.7%	28.0%	17.1%	6.1%	20.7%	4.9%	2.4%
<b>Usefulness of information or advice</b>	18.3%	28.0%	13.4%	12.2%	19.5%	4.9%	3.7%
<b>Value of referral or signposting to other services</b>	24.4%	18.3%	12.2%	7.3%	22.0%	11.0%	4.9%

# Does NHS 111 deliver outcomes?

## Did the NHS 111 service resolve your needs?



The most common response we received (39.0%) was that using NHS 111 had not resolved enquirers needs.

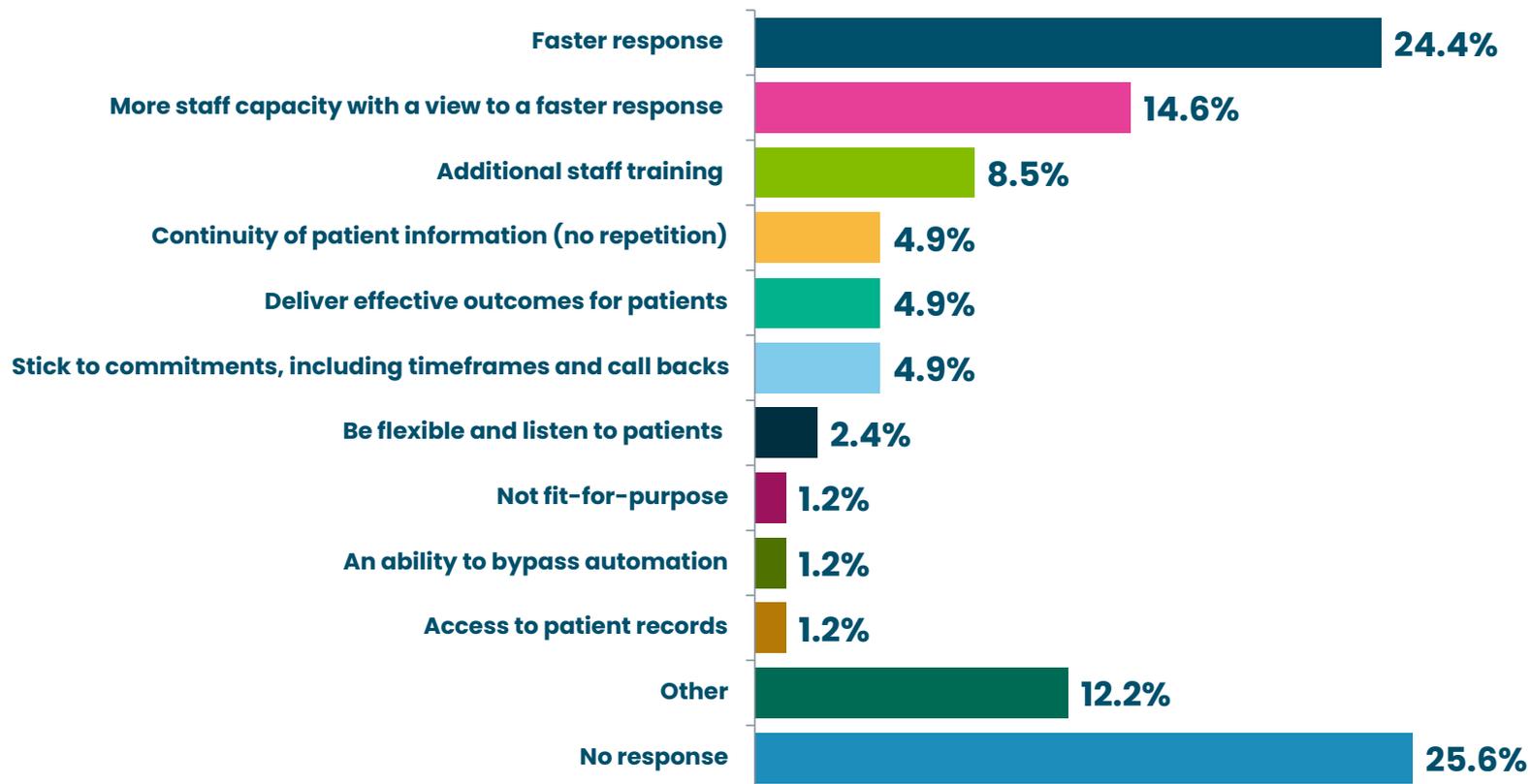
However, it had done so, either totally or partially, for more than half of all respondents (56.1%).

Various factors may play a role in this, including:

- User expectations
- NHS 111 capacity variations
- Complexity or nature of needs
- Availability of other services

# Areas for NHS 111 improvement

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



# Areas for NHS 111 improvement

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

- **Faster response times** was the most common improvement that people identified, both for initial responses and call backs, with many suggesting recruitment to expand call centre capacity.

*“Speed up answering service and call backs.”*

*“More call handlers/professionals to deal with their calls to speed up the process.”*

- Additional **training for staff** was also raised, with a call for greater baseline medical knowledge and improved clinician expertise.

*“Responders should have more medical training.”*

*“Ensure your doctors are up to date with their information.”*

- Providing **continuity of information** for individual cases was seen as a way of reducing frustration at having to repeat this to different NHS 111 staff.

*“Get a better computer system to make it unnecessary to keep repeating the information you are trying to give them.”*

# Areas for NHS 111 improvement

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

- NHS 111 staff **sticking to commitments** around actions, next steps and call back times was viewed as important by respondents.

*“Keep your promises! If a call back is promised then actually call back.”*

*“When you say you'll phone back within a certain time frame, you stick to it.”*

- **Flexibility** and **listening to patients**, including taking on board their context, medical history and knowledge to inform the process was also viewed as something which should feature more in the service.

*“Listen more to the patient.”*

*“Get them to start listening and not following algorithms as much - take into account the patients history.”*

- Other comments identified positives, negatives and suggestions.

**Positives:** *“Think they were as responsive as they could be.”* and *“They are doing a good job”*

**Negatives:** *“Stop adding demand to A&E.”*

**Suggestions:** *“Find a way to even out the spread of calls nationally to minimise waiting time.”*

# Other comments on NHS 111

Is there anything else you'd like to tell us about your experience?

- We received a mixture of negative and positive comments to this question, with points reflecting issues raised in previous sections.
- The most common **positive** issues raised included:
  - Professional, kind and helpful call handlers and clinical staff providing useful advice and re-assurance.
  - Re-assuring ability to access support and assistance, especially in the middle of the night or at weekends.
  - Prompt referrals to other services, such as GPs, but also for emergency support via paramedics and ambulances.
  - Useful to have a triage process and guidance on self-care, in advance of seeking direct support from medical services.

# Other comments on NHS 111

## Is there anything else you'd like to tell us about your experience?

- The most common **negative** issues raised included:
  - A desire for faster response times from call handlers, call backs from clinical staff and referrals to other services, especially where callers identify severe symptoms or issues.
  - Some long delays on access and callbacks leading people to abandon NHS 111 and use other services directly.
  - Clarity for users on the need to adhere to cover standard questions in all calls, which can be viewed as unnecessary by some.
  - Clear and trackable communications when referrals are made to other services by NHS 111, so patients are clear and have a means of monitoring this.
  - Greater flexibility in referrals, which a focus on the most appropriate service, rather than a perceived default to A&E and Ambulance services.

# Overall Ratings for NHS 111

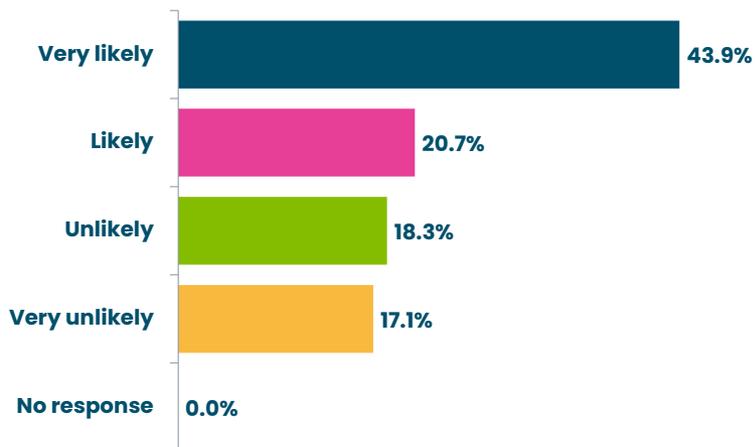
Overall, how would you rate your experience of using NHS111?

The most common rating of the NHS 111 service by respondents was **'Poor'** (28.0%), but 22.0% rated it as **'Excellent'** and 22.0% as **'Good'**.

Overall, how would you rate your experience of using NHS111?



Based on your experience of NHS 111 how likely are you to use the service in the future?



Two-thirds of respondents (64.6%) indicated they were **Likely/Very Likely** to use the NHS 111 service again, however, 35.4% were **Unlikely/Very Unlikely**.

# 6

## Conclusions

- Our feedback on NHS 111 has been mixed and may reflect the challenges of delivering a one-size fits all service, dealing with basic enquiries through to emergency cases.
- We received positive examples of NHS 111 providing useful re-assurance, advice and clinical guidance, timely referrals to other services and escalation to emergency support.
- However, we heard and identified cross-cutting and specific issues which impacted on user's experiences of NHS 111.
- User frustrations focused on wait times, both for initial contact, but also call backs. Clarity on queue position, wait times and sticking to call back commitments were identified as key 'asks'.
- Perceptions of the advice and information offered by NHS 111 was variable. Some examples highlighted a lack of appropriate knowledge from call handlers and clinical staff, which hindered the treatment or support offered.





# Conclusions

- Responses suggest that providing appropriate support could be challenging where callers had complex or multiple medical conditions, especially when pathways to other services were limited, such as out-of-hours.
  - Continuity of caller information was felt to be an area for improvement. Repeating the same details across services or between calls was frustrating for users. If necessary as part of the clinical process then this should be explained.
  - It is notable that many of the NHS 111 users we heard from ended up using GP, A&E or Ambulance services, either via NHS 111 or subsequent to their use of NHS 111. This highlights the reliance of NHS 111 on direct delivery services and practitioners.
  - Overall, it is concerning that a third of respondents would not consider using NHS 111 in the future, largely due to a negative experience such as extended wait times or poor outcomes.
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# Recommendations

These are our recommendations for NHS 111 Commissioners/Providers:

## 1. Reducing waiting times for inbound calls and call backs

- Work to ensure waiting times for inbound calls and call-backs are minimised, aligning staff capacity with call demand (day/times).
- Expand staff capacity where appropriate and ensure sufficient (and appropriate) clinical expertise is available to respond to the quantity and nature of caller demand within a reasonable timeframe.

## 2. Review call handling procedures

- Explore pathway options to fast track callers to appropriate support/advice e.g. press 1 for pre-existing medical conditions, press 2 for emergency support etc.
  - Wherever possible adhere to call back commitments and maintain communications with callers where this is not possible.
  - Undertake a regular (at least annual) lay review of the call handling process, including any pre-recorded and call handler scripts to ensure clarity of understanding.
  - Review the recording system and flow of caller information to maximise continuity and minimise the need for repetition.
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# Recommendations

## 3. Review messaging and communications

- Embed a caller explanation on the necessity of standard questions in the triage process, especially if repeated at different points.
- Ensure language is clear about what NHS 111 can offer, with clarity around the differences between signposting, referrals and appointments made with other services.
- Improve promotion of the NHS 111 website as an alternative to calling NHS 111, especially during busy periods.

## 4. Clinical advice and support

- Ensure clinical provision is suitably trained and qualified to meet demand and pathways for further advice and referral are available when required.
- Regularly update and streamline communications and pathways with other service providers, especially GPs, A&E and Ambulance services.
- Explore broadening of referrals to other health and wellbeing services.

## 5. Training and Support

- Ensure training is consistent so that assessment is the same for all callers.
  - Regularly capture feedback from NHS 111 call centre to identify needs.
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# Response to our report from SECamb

SECamb have ensured the patient's voice is at the heart of service improvement and as a provider we conduct a patient survey receiving approximately 100 responses a week from patients and service users, which we read and act on to shape services and culture. In addition to complaint and compliment reviews, the service has conducted 'deep dive' surveys and as a result have included development of reporting to include thematic analysis.

Healthwatch have raised concerns about the delay experienced by some 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 challenged 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 questions about the tools and processes used, and the training provided 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, nurses, paramedics and many more.





# Response to our report from SECamb

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. 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 call handling skills such as using 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.





# Response to our report from SECamb

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 is 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.

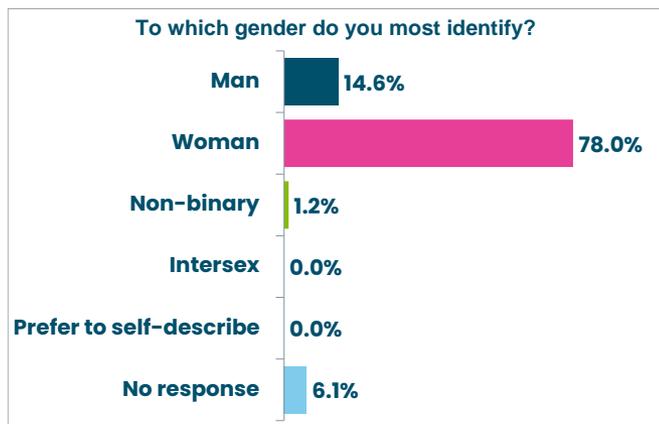
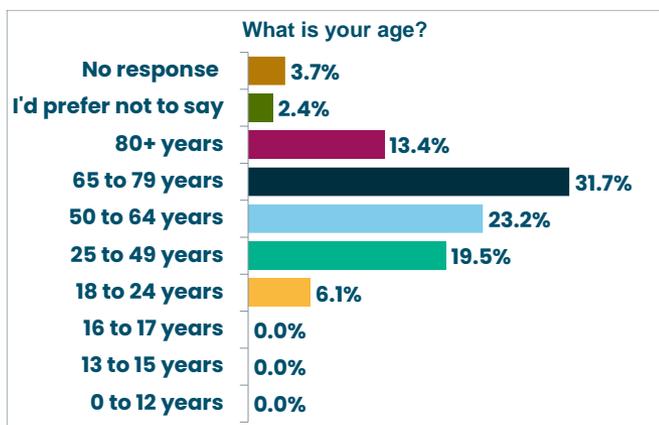
Healthwatch have raised questions about the referral pathways open to 111 call handlers. The 111 service works with commissioners and providers to deliver referrals to services such as GPs and Emergency Departments consistent with the instructions provided by the Directory of Services (DoS). It is the 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.

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 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.



# Who did we hear from?

An equalities breakdown of our 82 respondents is provided below:



- No respondents were aged under 18, 48.8% were between 18 and 64 with 45.1% over 65.
- Most respondents identified as a woman (78.0%).
- 91.5% respondents had the same gender identity as the sex they assigned at birth.
- 74.4% identified their sexual orientation as Heterosexual/Straight.
- 78.0% identified as White: British / English / Northern Irish / Scottish / Welsh.
- 42.7% respondents were Christian, with 30.5% having 'No religion' and 13.4% 'Preferred not to say'.
- 52.4% were married, 18.3% were single and 7.3% 'Preferred not to say'.
- 1.2% were currently breastfeeding.
- 53.7% had a disability.
- 29.3% were carers.

# For more information

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