

Healthwatch Lincolnshire NHS 111 Summary Report

February 2021



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Background

This Healthwatch Lincolnshire Report aims to provide a summary of the understanding, awareness and use by the public of NHS 111 in Lincolnshire. The NHS 111 service is currently provided for Lincolnshire residents by DHU HealthCare along with the Clinical Assessment Service (CAS) which is delivered by Lincolnshire Community Health Services NHS Trust (LCHS). For more information about these services please visit [NHS 111 - DHU Health Care](#) and <https://www.lincolnshirecommunityhealthservices.nhs.uk/our-services/urgent-care>

Healthwatch Lincolnshire focus on NHS111 service

Annually, our Healthwatch Lincolnshire team agree work priorities that we will be focusing on for the coming year. These priorities are identified by evaluating what the public are telling us are their main concerns, along with what we are hearing from our representatives when they attend strategic health and care Boards and Committees in Lincolnshire. For 2020/21 our Healthwatch Steering Group approved the following project priorities:

- Hospital Discharge - share survey results
- Communication & Information - an ongoing theme throughout the year due to the impact on patients, carers, and service users of poor communication
- Mental Health - our focus is on suicide and self-harm
- Social Care - focus will be on what is working well and what are the challenges for people in Long Term Care? What is the Quality of provision of Adult Social Care? What is working well and what are the challenges for people in providing seamless and Integrated Care?
- **Urgent Health needs - NHS 111, Minor Injury and Urgent Care Centres, A & E**
- NHS Long Term Plan & Acute Services Review - support public consultation when it arrives

And as a watchdog (checking and asking questions about performance, actions, and improvements to services):

- Stroke services
- Personal Health Budgets
- Learning Disability NHS Annual Health Checks
- Quality Accounts - NHS Trust Account of their Performance

You can read and hear more about our annual planning cycle here:

[Healthwatch Lincolnshire Annual Plan - 2020-2021 | Healthwatch Lincolnshire](#)

What is NHS 111

The following information has been extracted from NHS England website:

NHS 111 helps people get the right advice and treatment when they urgently need it.

Clinicians such as nurses, doctors, pharmacists, and paramedics now play an important role in NHS 111. In fact, over 50% of people who call 111 speak to someone in one of these roles.

In many cases NHS 111 clinicians and call advisors can give patients the advice they need without using another service such as their GP or A&E.

If needed, NHS 111 can book patients in to be seen at their local A&E / Emergency Department or an Urgent Treatment Centre, emergency dental services, pharmacy, or another more appropriate local service - as well as send an ambulance should the patient's condition be serious or life-threatening.

NHS 111 is here to make it easier and quicker for patients to get the right advice or treatment they need, be that for their physical or mental health, 24 hours a day, 7 days a week.

(Source: <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/accessing-nhs-111/>)

NHS111 in Lincolnshire

DHU Health Care provide the Lincolnshire NHS 111 service and have confirmed their service can:

- Signpost people to services which can include arranging ambulances for emergency cases
- Arrange call back appointments for Clinical Assessment Service (CAS)
- Dental nurses can signpost dental problems if there isn't a dental service available.
- Help with health information queries which may result in them being able to provide an answer or direct the caller to an appropriate resource or service for further information.

CAS is the Lincolnshire based Clinical Assessment Service (CAS)

- CAS is a single point of contact which the public access via 111. Over the telephone, a senior clinician can undertake appropriate assessment, take adequate history and establish a diagnosis and management plan.
- **Patients are referred to CAS by 111 or by health professionals.**
- CAS can assess and book an appointment for a patient directly such as a repeat prescription or a GP appointment including an Out of Hours appointment if more suitable.
- Care Homes have a direct line to the CAS and have a 20 min call back KPI. 85% of patients who are treated by the CAS team do not need to attend the A&E dept. EMAS staff can release a crew within 20 mins after contact with the CAS team.

Information gathering

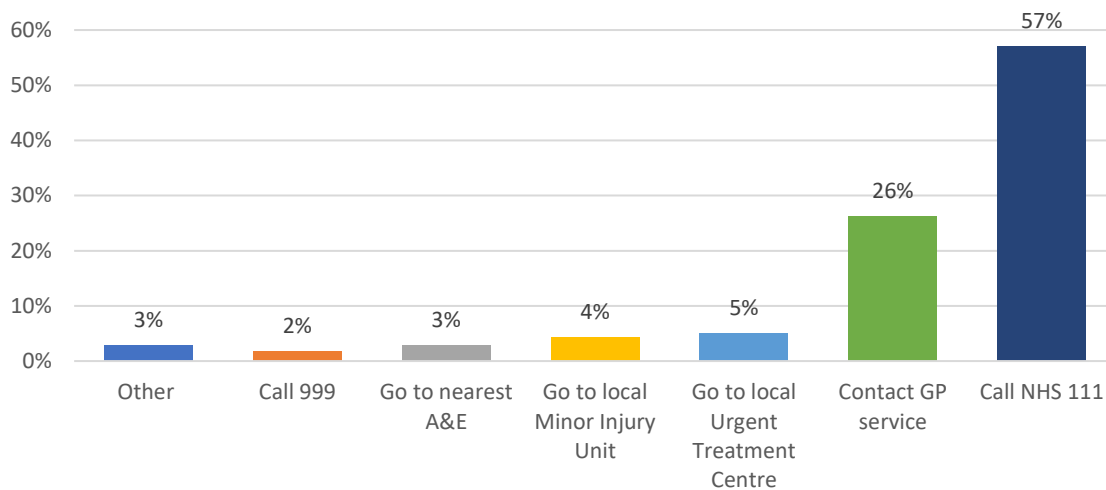
To enable us to have a better understanding of public perception of the NHS 111 service, Healthwatch completed an online survey between 27 November and 13 December 2020, with 279 people responding.

a) Survey Results

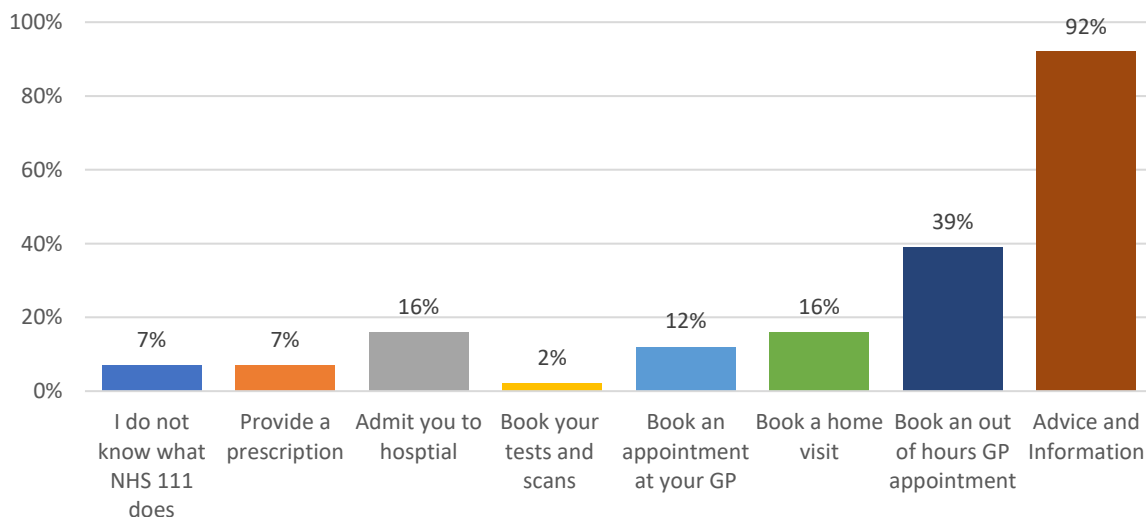
Below is a summary of the results of our survey, it includes a copy of each question, graphs to provide a visual of results from respondents, comments from respondents and explanation where required.

Awareness of NHS 111

Q1. What would you do if you needed urgent health care or advice, but it was not an emergency? (Emergency is defined as a 'genuine life-threatening situation')



Q3. Which of the following do you think NHS 111 can provide?



Question three of our survey deliberately asked responders about their own perception of what the NHS 111 service provides. This was to enable us to explore what the understanding of Lincolnshire residents of the NHS111 service currently is.

The above findings in the graph for question three, suggest that although there is generally a good awareness of NHS 111 service, there is not such a good awareness of the range of services it can provide.

- Whilst 92% of respondents were aware that NHS 111 provides advice and information, respondents told us that:
 - 39% thought they could book an Out of Hours doctor's appointment
 - 16% thought they could book a home visit with a medical professional
 - 7% of respondents thought that NHS 111 could provide a prescription, which can be provided in some circumstances as part of the Out of Hours service.
 - 12 % though they could book an appointment with a GP

Some people also thought that the NHS 111 could provide services such as admitting a patient to hospital (16%), or book tests and scans (2%) which are not provided.

Only 7% of respondents did not know what NHS 111 does. Of the 20 people who said they did not know what NHS 111 does, 17 were aged over 65.

Media campaigns

46% of respondents told us that they had seen media campaigns encouraging them to call NHS 111 before attending an Urgent Treatment Centre, Minor Injury Unit or A&E.

36% of respondents said they had not seen any media messages and 18% were unsure.

Most of the free text comments identified that they watched the NHS 111 campaign on TV, others mentioned they had seen adverts on Facebook and social media, and a few had noticed posters in GP surgeries and newspapers.

We asked people to explain their reasons for choosing the service they would use if they needed urgent health care or advice when it was not an emergency.

The most common reason given for using NHS 111 was because respondents 'had problems accessing other services'.

Patient comments

Problems accessing other NHS services.

"My GP doesn't always reply to your query on the same day so I wouldn't know who else to ring."

"If you phone them (NHS 111) you get an answer if we phone local surgery your lucky if someone answers."

"Because my GP takes over 45 minutes to answer calls and my local minor injury unit in Stamford has closed. No idea why as needed more than ever. Total disgrace."

“Currently GP services are slow to access, our local minor injuries unit is shut, and A&E is in a tier3 city (Peterborough) therefore 111 seems the only answer.”

“Our GP service is extremely difficult to access e.g. I can be on the phone for over half an hour trying to get it answered. Almost impossible to get a face-to-face appointment.”

Many patients call NHS 111 due to previous positive experiences and feeling it was the right thing to do.

“You get instant support and guidance on the next steps. Calling the GP surgery is useless.”

“If I need advice it is my first port of call.”

“Convenient, plus 111 can refer directly to emergency services if needed, as when I had a gallstone”.

“Because we expect that NHS 111 would direct us to the most appropriate facility”.

“I believe this to be the right course of action for non-life-threatening emergency”.

Some patients experience difficulties with accessing NHS 111.

“Calling 111 is a waste of time because nobody answers, it’s obviously overstretched and undermanned.”

“Have used 111 in the past and told to go to A&E So they are a waste of time.”

“Live within 2 miles of surgery. Tried 111 before, unimpressed and takes forever to get through all the questions. Would rather speak to a medic.”

“I’ve used the NHS 111 service for urgent advice several times (for son who’s asthmatic, mum with diabetes and 91-year-old dad sudden onset pain in his back. Each time it took over 2 hours to get a call back. At least we get a quick response from a GP or nurse.”

“Cannot get in touch with GP, have had previous “stupid advice” from 111 - told me to drive to hospital and if I went unconscious to stop car and call for help!”

As we saw in Question 1, 26% of people felt that the GP was the right place to go for non-emergency care or advice.

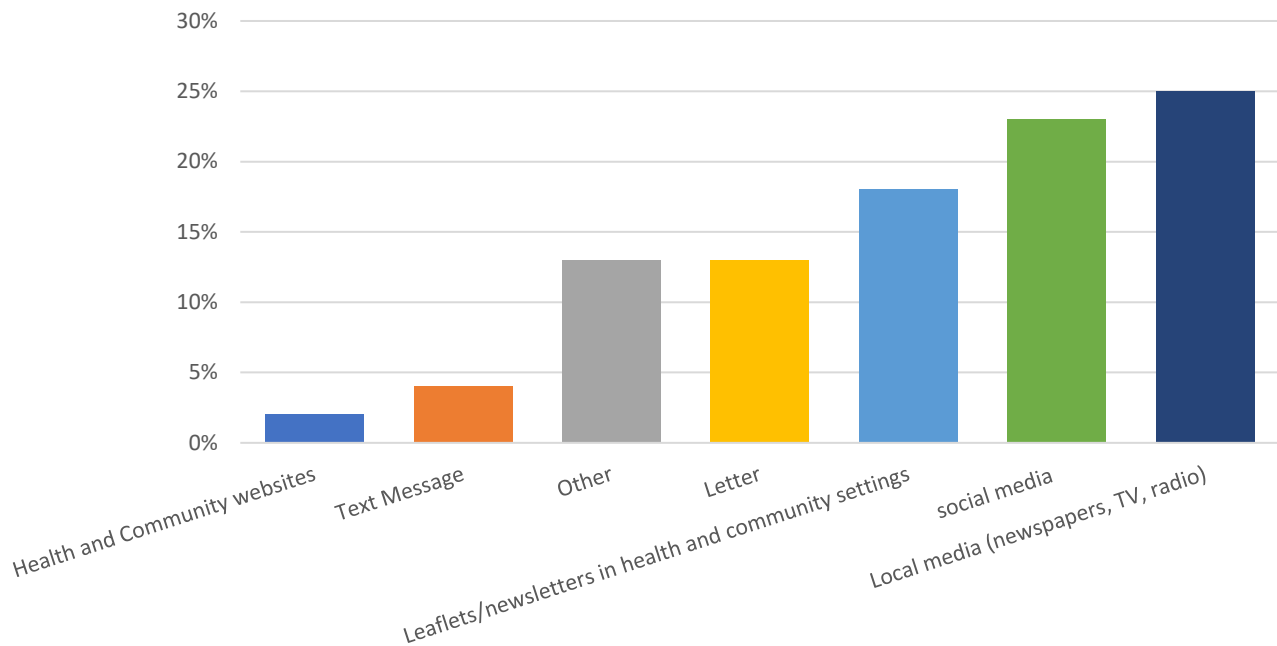
Analysis of the comments found that this for many was due to the GP having the medical history of the individual.

“My GP knows my medical history (and the surgery is nearby)”

“Because my GP is supposed to be someone who knows me or has at least looked at my file beforehand and I can trust to look after me.”

“My GP should be a front-line health care professional and has access to all of my medical history.”

Q5. What do you feel would be the most useful way to promote the NHS 111 service?



- The most common comment was that 21 people expressed the view that ‘NHS 111 should not be promoted because it was not an effective service or that promotion should only happen once improvements have been made’.
- We received 37 comments from respondents selecting ‘Other’.
- Six people felt all the suggested methods should be used.
- Some of the comments reflected a need to use different methods of promotion with different groups, especially in relation to age groups, suggesting that sending information to people’s home or providing national television campaigns would be more useful for older people especially if they are housebound.

b) General Healthwatch feedback about NHS 111

Additionally, Healthwatch Lincolnshire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient perspective. To support the completion of this report we collated the feedback we have received over the past year concerning people’s awareness and experiences of NHS 111. This has included: people telling us their concerns about how long they have had to wait for a call back from NHS 111; the fact that awareness of NHS 111 is limited; feedback from people who had received helpful and useful advice from the service.

Below are some of the general comments received through Healthwatch about the NHS 111 service

NHS 111 service not phoning back the patient as they have said they would.

The patient was unaware she could call 111 if emergency for husband.

The 111 service advised that the hospital local to them had no A&E service and were instructed to go to Grantham. When they arrived at Grantham this hospital's A&E was closed due to a fire.

111 service ask a lot of questions and think it could be hard for a non-medical person to get what they need.

Very good response. Advice useful, where to go for help. Return calls and put my mind at ease.

c) Healthwatch Lincolnshire Your Voice event focusing on Urgent & Emergency Care: January 2021



Our YourVoice@Healthwatch events are an opportunity for the public to attend and take part in a panel Q+A session. The panel at these events are handpicked to best answer the public questions around the chosen theme and consist of key decision makers within the field of expertise. It is also an opportunity for attendees to network with service providers and other charity organisations.

Themes chosen reflect priorities of the Healthwatch Lincolnshire Contract and data gathered from engagement and other sources.

The following professionals were invited to be part of the Panel:

DHU Health Care - Jessica Mather	DHU are the providers of the NHS 111 service in Lincolnshire DHU 111 Non-Clinical Continuous Quality Improvement (CQI) and Directory of Services Lead
Kerry Collins	DHU 111 Clinical Development Manager
Michael Brunton	Lincolnshire Community Hospital Service (LCHS) Urgent Care Services Manager
Maggie Brett	DHU 111 Pathways Continuous Quality Improvement (CQI) and Directory of Services Lead (Clinical)
Ruth Cumbers	United Lincolnshire Hospital Trust (ULHT) Programme Director for Urgent Care

This Event had the following attendees:

19 people representing health and care organisations
4 Panel Members
6 HWLincs Trustee/Staff

Question to the panel: With more and more people expecting to call NHS 111 there are some concerns regarding long waits to get through and long waits for call backs at busy times. What is being done to alleviate this problem?

Answer: The role of the NHS 111 service is to streamline the journey of the patient and get them to the right place for treatment (Out of Hours, A&E, GP appointment, repeat prescription, Minor Injury Unit or Urgent Treatment Centre). Appointments can be booked directly with the right department for the patient.

Lincolnshire is covered by DHU 111 the commissioned organisation to run the NHS 111 service across the county.

NHS 111 do experience times when there is a high level of calls coming in: the patient will hear the recorded message (mandatory part of the contract), choose the right option given and then speak with a call handler. On average this takes around 5 minutes until the patient speaks with a call handler.

Call handlers have an intensive training programme and are known as Health Advisors. They are supported by Clinicians who will deal with the more complex calls. Patients are asked a series of questions in order that they can be directed to the right place / person to help them.

More complex calls will be directed to the CAS team who will return the call to the patient.

Questions to the patient may feel long winded when they need help but, for example the questions around headaches on average can get the person to the right treatment within 8 minutes. Compared to a consultation with a GP on average is 5 minutes! The call handler must use the “matrix” of questions to eliminate or highlight conditions.

DHU 111 have been recruiting more staff to handle the volume of people using the service. After recruitment there is an intensive training period: formalised training from NHS approx. 6 weeks, NHS Pathway Training, written assessments, training calls and a supported period with 5 audited tasks.

Question to the panel: The county led the way in 2016 when it set up The Clinical Assessment Service (CAS) to run alongside NHS 111 to alleviate the pressure on A&E, could you provide an update on its performance and how this service is helping patients in Lincolnshire when they call NHS 111?

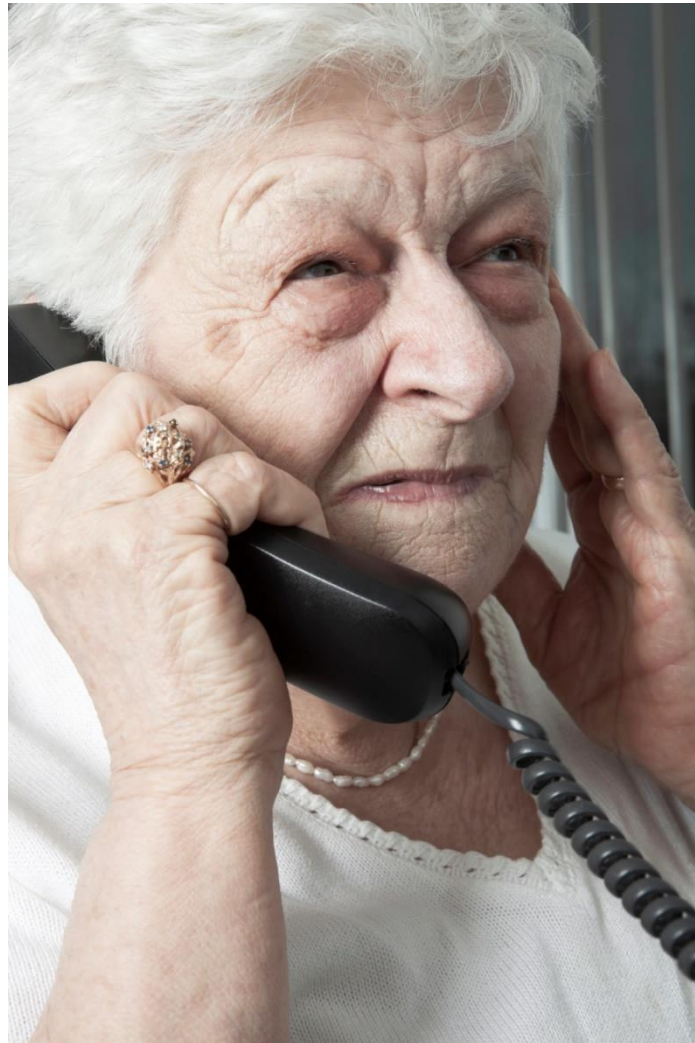
An update on this service will be requested on the Clinical Assessment Service (CAS). CAS is a single point of contact which the public access via 111. Over the telephone, a senior clinician can undertake appropriate assessment, take adequate history and establish a diagnosis and management plan.

CAS can assess and book an appointment for a patient directly such as a repeat prescription or a GP appointment including an Out of Hours appointment if more suitable.

Care Homes have a direct line to the CAS and have a 20 min call back KPI. 85% of patients who are treated by the CAS team do not need to attend the A&E dept. EMAS staff can release a crew within 20 mins after contact with the CAS team.

CAS teams contact the patient once the patient has been triaged by NHS 111 and will call back on average within 20 to 40 mins.

61% of CAS cases are referred to other services. They can also offer support for end-of-life patients and palliative care patients. Lincolnshire CAS Team / Service has been nominated for a National Award.



Healthwatch findings from all sources

When focusing on a specific theme, our Healthwatch endeavours to gather information and data from a wider range of sources as possible. To support the findings and recommendations within this report we gathered information from the following sources:

1. Healthwatch Lincolnshire NHS 111 Survey - 27 November to 13 December 2020, 279 responses.
2. General monthly feedback received from Lincolnshire residents.
3. Healthwatch Lincolnshire public event YourVoice@Healthwatch held in January 2021.

With recent emphasis on the public to call NHS 111 as a first port of call for non-emergencies, Healthwatch Lincolnshire carried out an online survey to explore what Lincolnshire people had to say about the NHS 111 service. The detailed/full results for each question are presented on pages 5 to 8 of this report.

Our findings suggest that overall awareness of the NHS 111 service is positive and that most people who have used NHS 111 feel they have received a good service, *“If I need advice it is my first port of call.”*

However, from the survey responses we received it does appear that there is not such a good understanding of the range of services NHS 111 provides. In addition, concerns were raised by some people about the quality of service received as one person said, *“Calling 111 is a waste of time because nobody answers, it’s obviously overstretched and undermanned”*, and particularly in relation to the time taken to respond and the questions asked one respondent wrote *“Live within 2 miles of surgery. Tried 111 before, unimpressed and takes forever to get through all the questions”*. With more people being asked to call NHS 111 as a first port of call, we believe the above findings should be recognised by the commissioners and providers of the NHS 111 service.

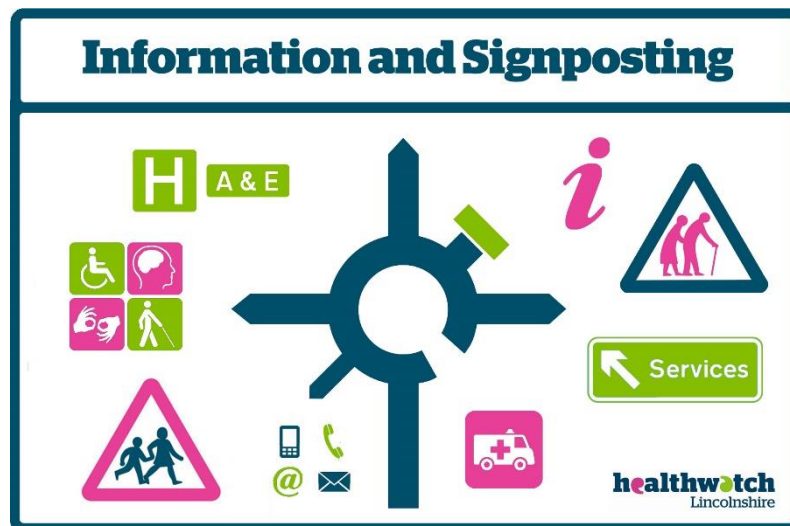
Our findings suggest the importance of:

- Raising better awareness of the NHS 111 service
- Improving patient experience and satisfaction across NHS 111 and CAS, both for the health outcomes of individual patients and to relieve the pressures placed on Accident and Emergency, Primary Care and 999 services.

The recommendations below have been summarised from all sources of information Healthwatch has received about the NHS 111 service over the past year.

Recommendations for Healthwatch:

- Healthwatch will offer to support the providers and commissioners raise awareness of NHS 111 service and include the full range of services NHS 111 and CAS provides. This may include helping the service to distribute leaflets and posters in community and health settings across Lincolnshire and using social media. We have identified this would be particularly useful within the older persons age groups.
- Healthwatch will use our watchdog role check to ascertain that providers of the NHS 111 service and CAS are using a variety of communication methods to ensure equality across Lincolnshire e.g., Easy Read, different languages.
- Where Lincolnshire Clinical Commissioning Group (CCG) reviews the NHS 111 service and CAS in preparation for recommission of this service, Healthwatch expectation is that any review should include checking to ensure the CCG is completing an 'in-depth' review of waiting times, service satisfaction, examining the causes of the long waits, and reviewing what actions could be taken to mitigate these and to improve the patient experience. If required Healthwatch can support or provide this in-depth review.



Next steps summary

Healthwatch Steering Group (HSG) received a copy of this report in draft for its February 2021 meeting. As this work forms part of their larger Urgent and Emergency Care priority for 2020/21 they are reviewing the findings from this report along with other information available to agree if there is any additional work required to raise concerns with regards to access to urgent and emergency care in Lincolnshire.

Early findings of our NHS 111 survey were shared with the Lincolnshire Health Scrutiny and Health and Wellbeing Board leads in October 2020.

In January 2021 we also shared our early findings with Lincolnshire NHS Quality and Patient Experience Committee (Lincolnshire QPEC). Healthwatch, in its role as independent champion for patients and public for health and care services, referred the report to the Lincolnshire QPEC meeting for review, consideration and direction as to who should review our findings and following this review, where relevant, identify and propose any immediate actions and continuous improvement development. As a result, Lincolnshire QPEC directed our draft NHS 111 report to the Urgent Care Board (UCB), recommending a review of the key points within the report and that actions are put in place to achieve improvement in the current period with consideration for continuous monitoring. Outcomes from the UCB will be fed back into QPEC and shared for review with the Healthwatch Steering Group (HSG).

Our report will also be distributed to Healthwatch England, CQC, Lincolnshire Community Health Service, NHS 111 service providers for Lincolnshire, Lincolnshire CCG and Lincolnshire Health Scrutiny Committee.

what
would you do?
It's your NHS. Have your say.

About Healthwatch Lincolnshire

Healthwatch Lincolnshire is a contract delivered by HWLincs. HWLincs is a registered charity based in Lincolnshire.

Healthwatch Lincolnshire is one of 152 local Healthwatch set up by the government as part of health reforms set out in the Health and Social Care Act in 2012. Our role is to ensure that the voice of patients, users and the public is at the heart of the NHS and care services. Healthwatch Lincolnshire gathers patient views, represents those views to local, regional, or national statutory health and care organisations and makes sure these voices are listened to.

Healthwatch Lincolnshire is the only independent consumer watchdog for Health and Social Care services in Lincolnshire. We:

- Monitor and influence local health and social care provision.
- Harness the expertise of local communities, charities, and voluntary organisations.
- Encourage people to share their views with us about the services they use
- Give feedback to health and social care providers as well as to Healthwatch England.
- Signpost people to information about health and social care services in Lincolnshire. Provide information about what to do and who to talk to if things go wrong.
- Above all ensure that the public's voice is heard - and responded to!

Vision, Mission and 3 Core Functions.

Our Vision is for everyone in Lincolnshire to access and receive outstanding Health and Social Care Services.

Our Mission is to be the consumer champion for all Health and Social Care Services for everyone in Lincolnshire.

Our 3 Core functions are:

1. Influencing - helping to shape the planning of Health and Social Care
2. Signposting - providing information to help people access and make choices about available services
3. Watchdog - being a critical, supportive, and accountable friend to everyone in Lincolnshire

To support the Healthwatch Lincolnshire Contract we have in place a Healthwatch Steering Group, this is a decision-making group that includes HWLincs Trustees, employees and more recently have opened membership up to volunteers with additional specialist knowledge in health and social care.

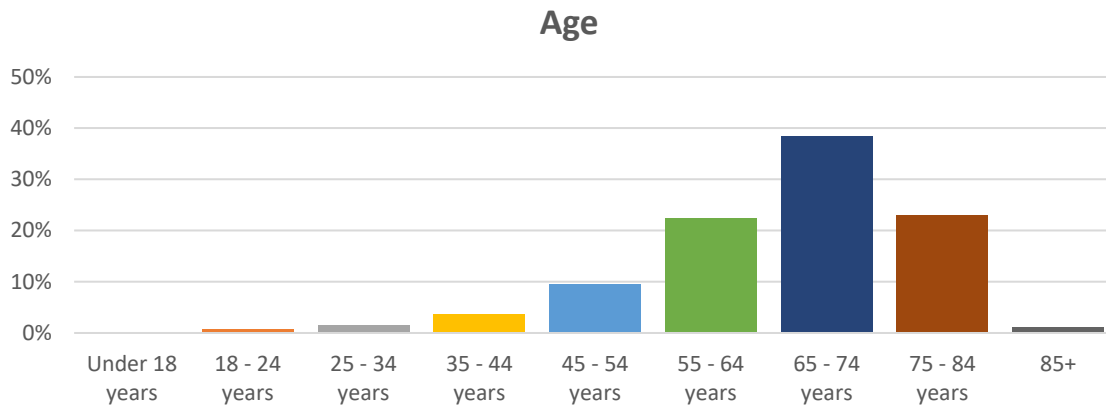
For more information please visit www.healthwatchlincolnshire.co.uk or contact Dean Odell, Healthwatch Contract Co-ordinator on 01205 820 892 or email dean@healthwatchlincolnshire.co.uk.

Appendix 1: Survey Demographic Data

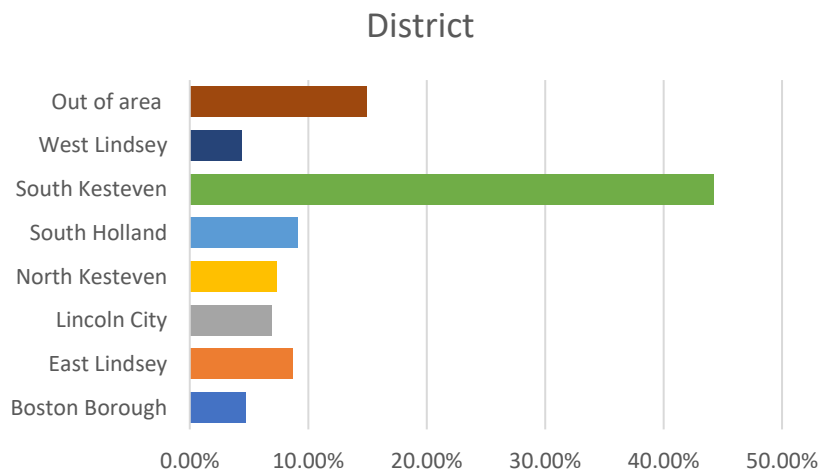
Gender of respondents

- 64% (175) Female
- 36% (97) Male
- 0.4% (1) Prefer not to say.

Age of respondents



Which Council District do you live in?



11% - were parents/guardians of a child/children under 16 years ago

42% - were a carer for someone with a longstanding illness

43% - recognised themselves as having a physical disability

2% - had a learning disability

24% - have a mental health condition

Contact information:

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healthwatch
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