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Investigating the understanding, use and experiences of older people in Lincolnshire accessing emergency and urgent services via 999 and NHS 111: A scoping study



East Midlands Ambulance Service **NHS**
NHS Trust

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Introduction

During 2011/12, East Midlands Ambulance Service (EMAS) received 776,000 emergency 999 calls of which 36% (277,000) did not require transportation to hospital. Inappropriate calls can be due to public misunderstanding of when it is appropriate to ring 999. NHS 111 is an alternative free telephone service that enables the public to access health care advice or resources when the matter is urgent but not a 999 emergency. However, knowing which service to telephone is not always easy and such a decision can be particularly difficult for older people as symptom presentation across complex co-morbidities can be atypical.

A mixed-method scoping project was carried out to explore the understanding, use and experiences of emergency (999) and urgent services (NHS 111) by older people aged 65 and over. Here, we report findings from the qualitative work stream.

Methods

We conducted four semi-structured interviews and three focus groups (n=15, n=3, n=7) with a purposive sample of members of the public aged 65 years or over. We recruited participants, primarily through Age UK centres, of different ages (all 65+), sex, geographical location and use of 999 ambulance and/or NHS111 services.

A topic guide included questions concerned with the participants' understanding, use and experience of both services. We adopted a phenomenological approach to facilitate the generation of practical outcomes.

Results

We found a limited awareness of the remit of NHS 111 and confusion as to when this number should be phoned. Older people's expectations of 111 seemed to be analogous to other primary care services i.e. they tended to consider 111 as a gateway to seeing a doctor. As a consequence, participants were often dissatisfied with the service response; it neither provided useful advice nor reassurance.

Users also reported concerns over the questioning process used within the 111 service. Greater satisfaction was reported with the call handling process and hospital transportation through EMAS (999) and older people's reported rationale for phoning 999 would seem to suggest appropriate service use.

Supporting Quotations



"And you are sort of thinking, well for god sake come to a decision you know? What are you going to do, who, what help are you going to bring, whereas if you go through 999 you almost get an instant decision." **Timeliness of accessing care**

"...So there is always the fear that you have wasted all that time on 111 when in fact you should have dialled 999 first and that's where the basic misunderstanding of the service comes in". **Timeliness of accessing care**

Researcher: *"So because of the poor experience you've had with 111, who would you then ring in their place from now on?"*

Participant: *"Always 999...Because the paramedics come along, they can see what's the problem with you and they can either help you there on the spot or they put you in the ambulance and take you to hospital."*

Positive experience of using the 999 service

"There is also the anxiety that comes into this. You're anxious to get a resolution to your call and going through this performance for all the set questions can make you even more anxious." **111 telephone question concerns**

Conclusions

There was clear dissatisfaction with the NHS111 service. If the remit of a service is unclear and the accompanying publicity confusing then older people will continue to dial 999. Older people reported appropriate use and satisfactory experience of the 999 emergency service, whereas NHS 111 was found to be confusing and not meeting patients expectations.

Future Research

Developing a greater understanding of how older people decide to contact a service would support future policy and practice implementation. Future research should explore: (a) public understanding of the terms 'urgent' and 'emergency' when used in relation to health need; and (b) people's decision-making when choosing whether to ring 999 or NHS111.