

# Patient understanding of NHS 111 service: an exploratory study of patients aged 65 and over



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## Introduction

The new NHS 111 service was launched in March 2013 in addition to the 999 emergency ambulance service. It's 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. 360,000 calls were made to NHS 111 in the same month and by December 2013, the number of calls had almost tripled. There are concerns raised about why and how patients, in particular older people, use NHS 111, evidence suggests that older people are more likely to have increased needs in health services. With the existing NHS 999 and the new 111 services, knowing which service to telephone is not always easy and such a decision can be particularly difficult for older people that are more common in living with complex co-morbidities.

## Conclusion

NHS111 filled the demands in urgent but non-emergency health service. It also offered valued out-of-hours service. However, like many new services, NHS 111 still suffers from limited public awareness of how the service works. A potential solution would be to work on the promotion of the service. In addition, the users' understanding is a result of their experiences of service encounters, which will take time to build up through their service use in the future.

## Implications

This study is useful for healthcare service providers in understanding the 111 service from a user's perspective. By taking a holistic approach, the study may inform improvements in service delivery, which may subsequently improve patients' experiences.

## Methods

We undertook a mixed method scoping project to explore the understanding, use and experiences of urgent services (NHS 111) by older people aged 65 and over. Here, we report findings of the qualitative workstream.

We conducted four semi-structured interviews and three focus groups (n=15, n=3, n=7) with NHS 111 users aged 65 years or over. Participants were recruited primarily through Age UK centres, of different ages (all 65+), gender, geographical locations and various use of NHS111 service in Lincolnshire. The participants were given a topic guide with questions concerned their understanding, use and experience of the NHS 111 service. Thematic analysis, through a phenomenological approach, generated some practical outcomes.

## Results

The results show that the participants' understanding of NHS 111 is formed by their understanding of non-emergency clinical conditions as well as the service itself. They generally had a clear understanding of non-emergency conditions. Their use of the service shows that NHS 111 complements GP surgeries and the 999 emergency ambulance service. However, there was limited awareness of how the service works. Their understanding of NHS 111 shaped their satisfaction of the service.

*"...I had a dreadful bout of flu. I'd not had flu for years and years. And I ... didn't seem to be getting any better." Reason of call 111*

## Supporting Quotations



*"If I had a problem I would think right I want to talk to my GP or the nurse practitioner but if it's out-of-hours you would ring the number then they would put you through to 111." Service fits in out-of-hours*

*"You have this two-tier arrangement then where the receptionist would take the call, as in [P3 Name] case, then you have a more medically proficient person stepping in if the need arises, is that how it works?" How the call process works*

*"I don't know ... the person you are speaking to has to decide whether to pass you on to somebody more professionally trained or to call an ambulance, you never know ... at what point that cuts in, so there is always the fear that you have wasted all that time on 111 ... that's where the basic misunderstanding of the service comes in." How the call process works*