

NHS 111 service in south east London

Survey November 2023 - January 2024

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The NHS 111 service is for patients with an illness or injury that requires urgent attention but is not a life-threatening situation.

The South East London Integrated Care Board (SEL ICB) is responsible for funding and organising the NHS 111 service for residents of South East London (SEL). SEL ICB is in the process of re-designing its local NHS 111 service with the aim of improving and better integrating services within Urgent Care.

Our current arrangements are scheduled to end in 2025, and we are aiming to put in place a new NHS 111 service to begin in September 2025.

Our goal is to enhance patients' experiences in accessing urgent care services, ensuring they receive the best care in the right place, at the right time

In preparation for establishing a new service to replace the current one, we needed to understand what works well, what doesn't work well about the current service and what needs to change to meet the needs of our residents.

We asked the SEL people's panel members and other people living in SEL about their views and experiences of NHS 111 to understand how the current service responds to people's needs and determine how to improve patient access to care through the NHS 111 service. The initial phase of engagement was via an online survey.

About the survey

We invited people living in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark to tell us about their experiences of the NHS 111 service, what works well and what can be improved.

The **‘Share your experiences and what you think about the NHS 111 service in south east London’** survey run for 8 weeks November 2023 - January 2024 and aimed to:

- Understand if people have used the NHS 111 service
- Learn what people know about the service and receive feedback about their experience of using the service
- Identify how people would like the service to change or improve
- Hear their recommendations to support improvement



This report

This report presents the findings obtained from individuals who have responded and shared their experiences with using NHS 111 services, along with suggestions for tailoring these services to better meet their needs. These findings will help inform the design of the future NHS 111 service for everyone across south east London.

Share your experience and what you think about the NHS 111 service in south east London

Share your experiences and what you think about the NHS 111 service in south east London

Background

South East London Integrated Care Board (SEL ICB) pays for and arranges the NHS 111 service on behalf of people living in south east London (SEL). Our current arrangements run out in 2023 and we, therefore, need to put in place a new NHS 111 service to begin in September 2023.

In preparation for putting in place a new service to replace the current one, we need to understand what works well, what doesn't work well about the current service and what needs to change for our residents.

How you can get involved

We are inviting you and other people living in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark to tell us about your experiences of the NHS 111 service, what you think works well and what can be improved. Your experiences and views will help inform the design of the future NHS 111 service for everyone across south east London.

This survey will take around 10 minutes to complete. We appreciate you taking your time to share your experiences with us. What you are telling us is extremely valuable and will play a central role in shaping the NHS 111 service in south east London going forward.

Complete the survey

Page published: 21 Nov 2023, 02:11 PM

Timeline

- Now your say - collecting views and experiences - November 2023 - January 2024**
Complete the survey.
This survey will close on 8 January 2024.
Thank you for your contribution.
- Review insights - winter 2024**
Contributions are closed for evaluation and review. The project team will report back on key outcomes.
- Insight report and next steps - Spring 2024**
The final outcomes of this engagement will be published here. This may include a summary of all contributions collected as well as recommendations for future action.

Watch Listening

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Promoting the survey

The survey was promoted to members of the public in south east London, as well as to over 1,000 members of the South East London People's Panel. It remained open for eight weeks, during which time we received a total of 407 responses. Additional information regarding the demographic profile of the respondents can be found in Appendix 1 – demographic profile.

The survey was promoted widely with south east London people via our South East London Integrated Care Board channels as well as our ICS partners' communications channels.

- South East London People's Panel
- Let's talk health and care online community
- #Get Involved newsletter
- South east London Voluntary Sector and Community organisations
- Community champions groups across different boroughs in south east London
- Social media channels
- Integrated Care System newsletter
- ICS partners' organisation channels

About the South East London People's Panel

South East London People's Panel



The South East London (SEL) People's Panel has over 1,000 members of the public who were recruited face-to-face from January to August 2023 and are broadly representative of the south east London population based on Census 2021 data according to borough, age, gender and ethnicity.

The SEL People's Panel provides the South East London Integrated Care System (SEL ICS) with an additional innovative engagement tool to gather insight and views.

Summary People's Panel keeping well tracker – survey 3



75.7% of survey respondents report that they are currently **feeling healthy** (scores 7+)



68% of the sample currently **feel in control** of their lives (scores 7+)



71.7% of the sample currently **feel happy** (scores 7+)



32% report that they are currently **feeling lonely** (scores 5<)

- 32% of respondents continue to report feeling lonely (scores 5<).
- We noticed that the level of people feeling lonely went up comparative with previous surveys (29% survey 2 and 31% survey 1).



83% report that they currently **feel safe in their own environment** (scores 7+)

Summary of key findings (1)

NHS 111 current service

- Our findings shows that although people generally have a good understanding of the role of the NHS 111 service, more promotion is needed around the service's capabilities.
- More than 50% of respondents reported having used the service within the past year, with the majority choosing to access the service via telephone.
- The primary reasons for accessing the NHS 111 service included seeking clarity on the urgency of their conditions (34%), utilising it as an alternative to the GP service during out-of-hours periods (30%), or when unable to secure a timely appointment (19%).
- Those who had used the service acknowledged and appreciated the helpful advice and support provided once they had spoken with a clinician, but expressed concerns about long wait times for callbacks.
- Overall, the majority of respondents expressed satisfaction with the service received, as they were able to obtain the necessary advice and/or care. However, some individuals reported dissatisfaction, flagging issues such as not receiving the advice or care needed, frustration with the triage process, and long waits for callbacks.

Summary of key findings (2)

When using NHS 111 services, individuals appreciate:

- receiving the necessary advice and care
- positive staff skills and attitude, characterised by being helpful, kind, patient, and possessing good communication skills
- assistance in understanding the urgency of their condition

However, some concerns regarding accessing NHS 111 services include:

- complicated triage questions
- lengthy waiting times for callbacks
- lack of integration with other urgent emergency services such as A&E, Ambulance, general practices and pharmacies
- staff attitude and training
- occasional inappropriate referrals to other services

Summary of key findings (3)

New NHS 111 service

- The majority of respondents prefer telephone (rather than online) access to NHS 111 services, finding it more accessible, easier to explain their concerns, and more reassuring to speak directly with a person.
- Among the survey respondents, over 69% expressed a preference for receiving a callback as soon as the clinician is available (rather than at a prearranged time) to obtain the help and advice they need. Of these, 55% indicated a preference for callbacks as soon as the clinician is available at any time, day or night, while 13% preferred this during daytime hours only. Preferences for callbacks varied depending on the health condition, urgency of the situation, and other pre-existing complex health issues.
- Respondents emphasised the importance of receiving callbacks within 4 hours for non-urgent issues and within 30 minutes for urgent health conditions.
- Language barriers, digital exclusion, and accessibility challenges for individuals with physical and sensory impairments, as well as socioeconomic deprivation, were identified as the most common barriers to using the service or limiting access to it.
- Over 80% (326) of respondents said that they value the service, considering NHS 111 an essential resource. They expressed their desire to continue having access to the service in the future.

Summary of key findings (4)

Recommendations

Most of the feedback highlighted that accessibility and inclusion should be at the heart of the service

Key points to be taken into consideration for the new service include:

- Patient education - there is a need for patient education regarding the purpose of and when to use the NHS 111 service, and how to use it, available in multiple languages to reach diverse communities
- Improved triage process - respondents indicated a need for improvements to the triage process to ensure effectiveness and precision in determining urgency
- Importance of speed and effective access - the feedback showed the significance of easy and efficient access to the service
- Improved callback times – patients want to see faster callback times and more communication from the service as to when they can expect to receive a call back
- Increased funding and staffing - respondents mentioned the need for increased funding and staffing capacity to facilitate faster pickup times, callback times, and overall service quality
- Better integration with other health care services - there is a need for better integration of the NHS 111 service with the rest of the system to ensure easy coordination and continuity of care
- Specialised support lines - respondents highlighted a desire for specialised support lines for specific categories of individuals requiring additional assistance, such as those with long-term conditions, mental health difficulties, learning disabilities, patients with dementia, and children
- Use of video call option – it was suggested that video call capabilities should be used more widely as an additional mode of communication

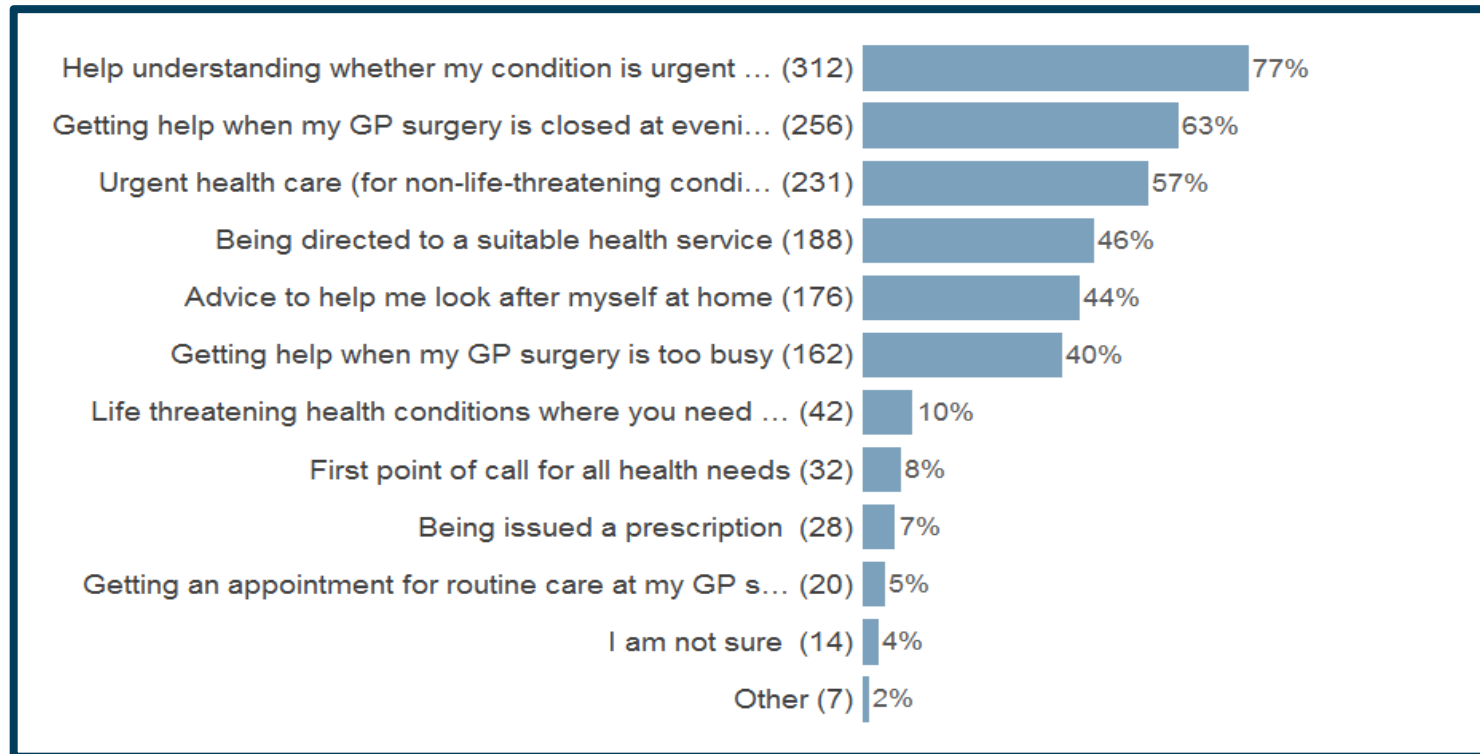
NHS 111 service survey

Detailed report

NHS 111 awareness and understanding the role of the service

Most respondents demonstrated a good understanding of the role of the NHS 111 service and when to use it appropriately, with only small amounts of people choosing incorrect answers (the first 6 answers in the graph below being 'correct' and the next 4 being 'incorrect').

What do you think the current NHS 111 service is for?

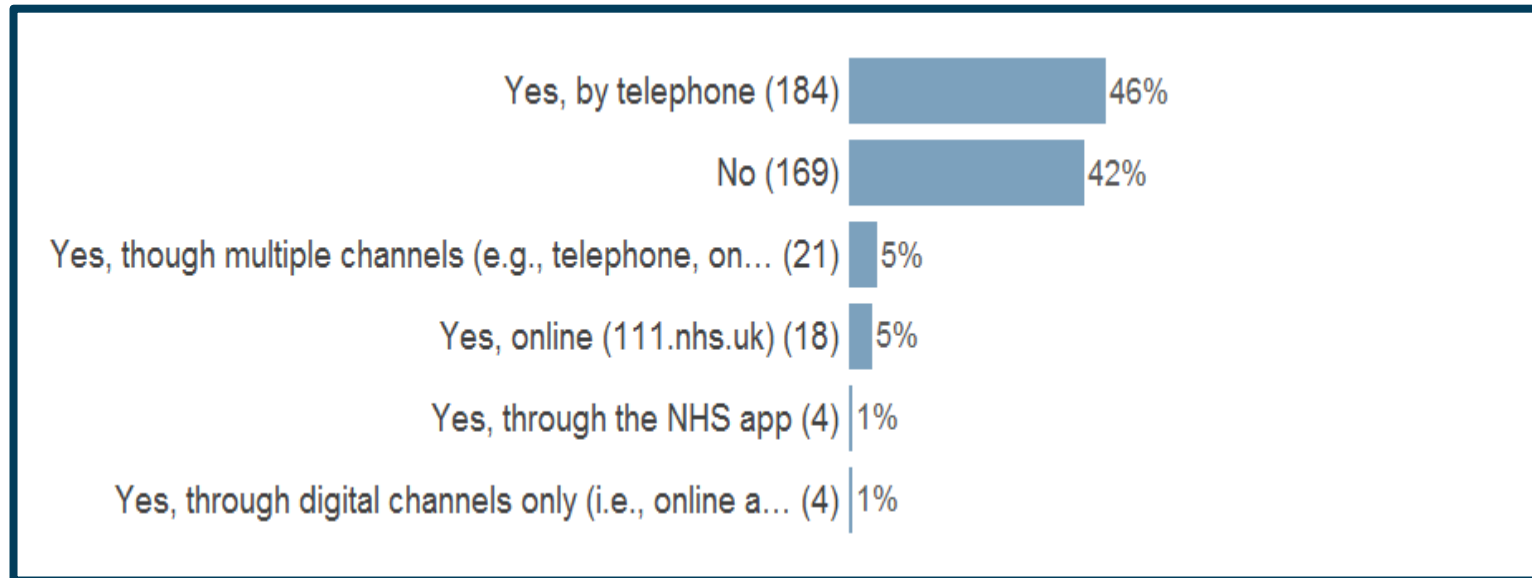


Base = 407

Use of and experience of NHS 111 (1)

We asked panel members and the public if they have used the NHS 111 service in the last year and how they accessed it. Over 50% of the respondents said that they had used the service and a high proportion (46%) have telephoned NHS 111. A low number of respondents have accessed the services exclusively via the website or via NHS App.

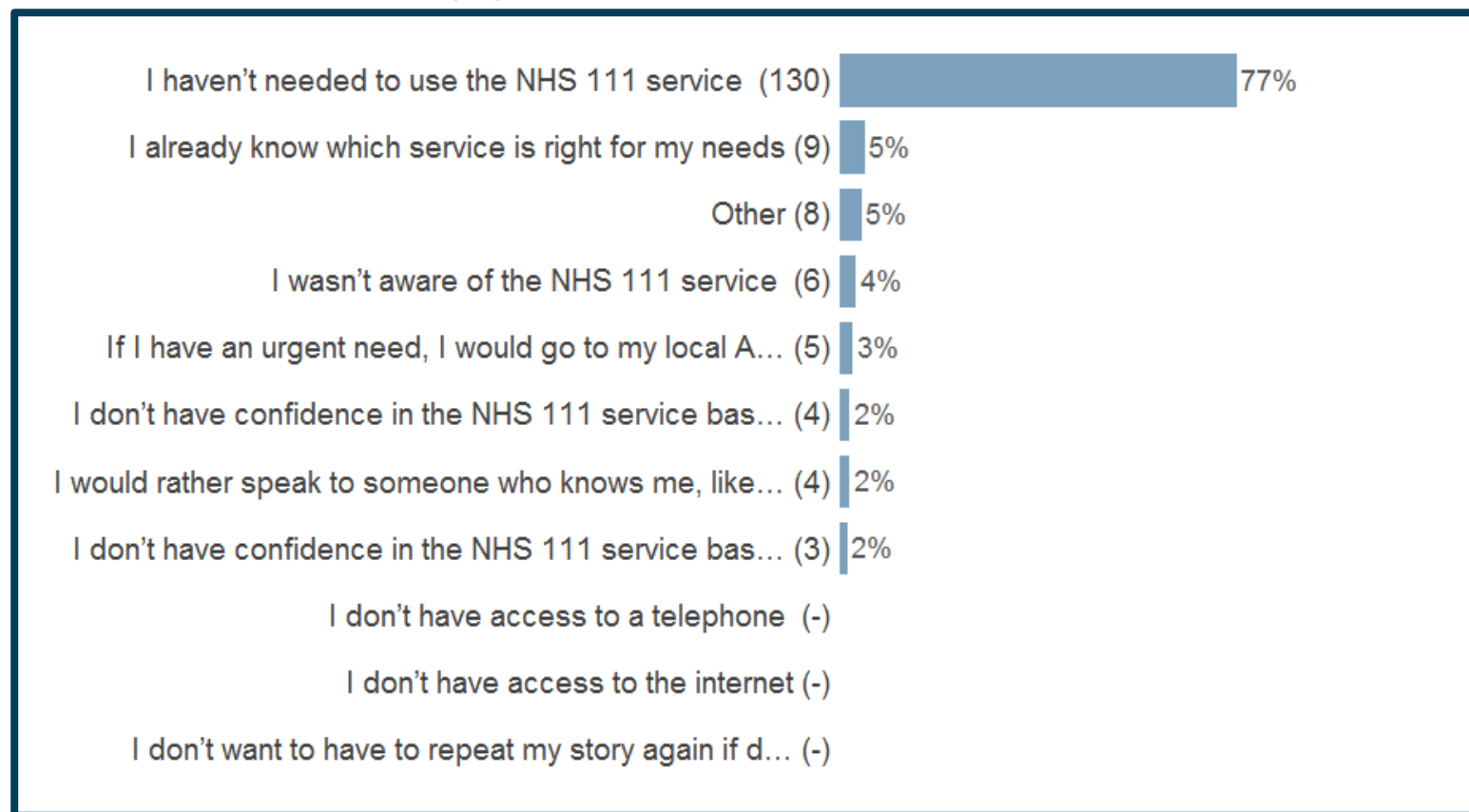
Have you used NHS 111 in the past year?



- Notably 56.3% (51) of respondents in Bromley said that they have not used the service in the past year.
- 51.1% (93) of total male respondents in SEL said that they have not used the NHS 111 service in the last year.
- 65.7% of respondents 65+ across SEL have not used the service.

The main reason highlighted for not using the NHS 111 service in the last year is that individuals did not have a need for it, with 77% of respondents indicating this reason.

Please tell us why you have not used the NHS 111 service?



Base = 169

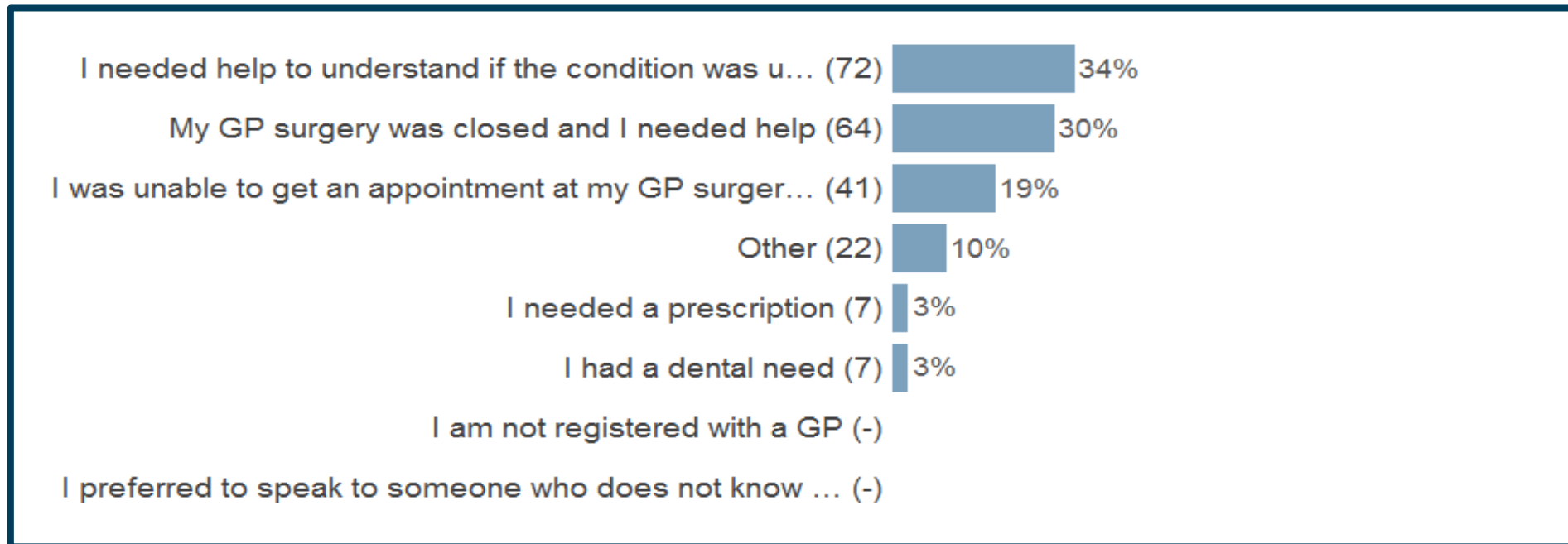
Use of and experience of NHS 111 (3)

The main reasons for which people accessed the NHS 111 service were:

- to understand the urgency of their conditions (34%)
- as an alternative to GP services during out-of-hours periods (30%)
- when it was not possible to book an appointment with their GP (19%)

A small number of individuals accessed the NHS 111 service for dental needs or to obtain a prescription.

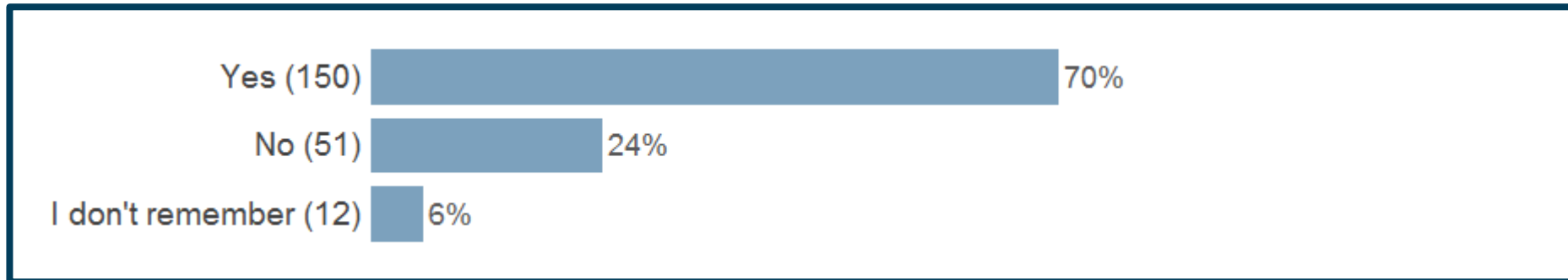
Thinking about the last time you contacted NHS 111, please tell us why?



Experience of NHS 111 – callbacks (1)

We asked survey respondents who had used the service in the last year if they were informed that they would receive a callback from a clinician. A high number of people, 70% of respondents, indicated that they were informed that a callback would follow.

Thinking about the last time you contacted NHS 111, were you told that someone would call you back?

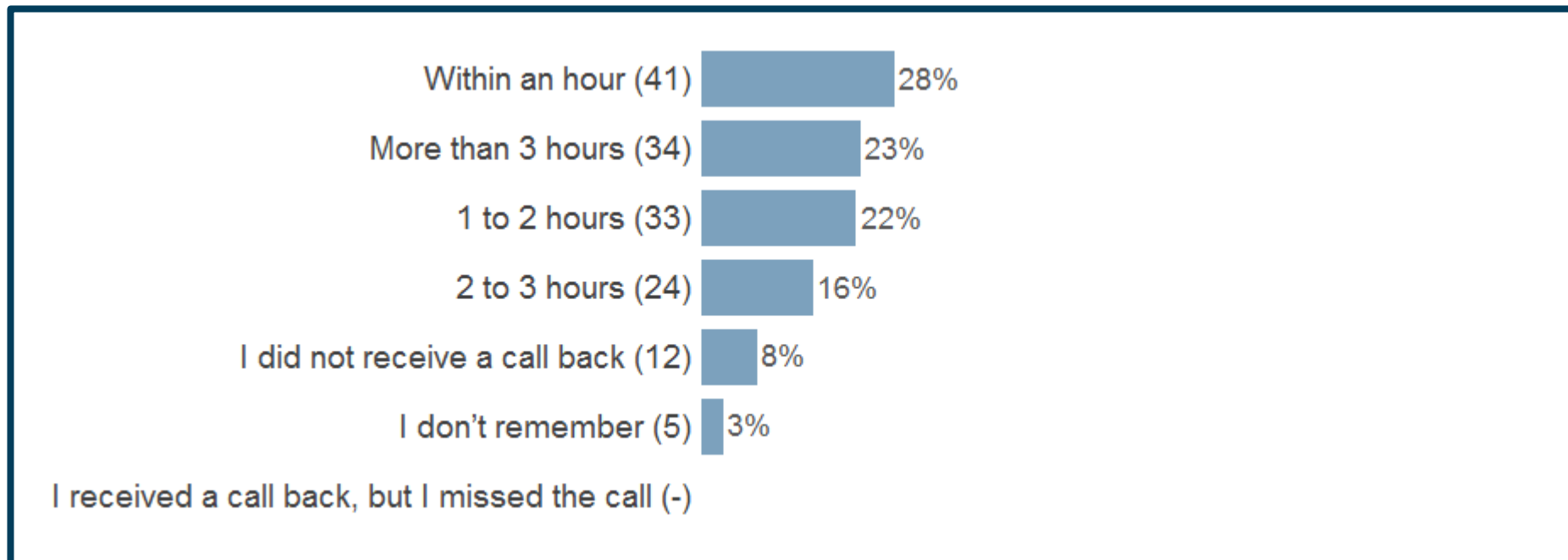


Base = 213

Experience of NHS 111 – callbacks (2)

28% of respondents received their callback within an hour, and 38% received theirs between one to three hours after their initial call. However, 23% of respondents said that the callback happened more than three hours after the initial call and 8% said that they did not receive a callback at all. Most callbacks do happen under four hours, but not all the time. When call backs have not happened in a timely way, people have found another course of action e.g. going to A&E.

When did you get a call back from the service? (A6)



Experience of NHS 111 – callbacks (3)

We asked respondents to offer more detailed feedback about the callback experience. The responses highlighted long waits for calls back but appreciated helpful advice and support once you get through to a clinician.

| Q- A7 Coded - Tell us more about your experience of being called back | No |
|--|----|
| Long wait for a call back | 26 |
| Helpful advice given | 24 |
| Sent to A&E | 8 |
| Did not receive a call back | 7 |
| Short wait for a call back | 6 |
| Unhelpful advice given | 6 |
| Appointment booked | 6 |
| Prescription sent to pharmacy | 5 |
| Ambulance dispatched | 5 |
| Nice/patient staff | 3 |
| Relief at speaking to a person that was not following a script | 2 |
| Clinician wanted to speak to patient who had breathing difficulties | 1 |
| Not asked whether they had tested for Covid before being referred for possible Covid | 1 |

Some examples of respondents' comments about the call back experience are noted below:

The person that I talked to was very helpful and gave me advice and what to do. They were excellent.

Lots of triage with long wait times between before speaking to a doctor

It was regarding my toddler, and the call back was quick and efficient

Prompt, efficient - regarding a newborn

I had a good help and a translator helping to describe what I had

Great doctor called me back to discuss my problem

I was helped by getting antibiotics sent to my pharmacy

I was called 8 hours later - all wait however the doctor who called was very good.

The last time I used 111 I got a call back within an hour, but there have been times when it was a much longer wait

I had a chest infection but it was a bank holiday Monday so my GP was not open. I rang, explained my symptoms, then an on call Dr rang me back in 2 hours and a half and gave me a prescription for Abx.

Though it took a very long time to get a call back the Dr was nice and was able to prescribe me tablets

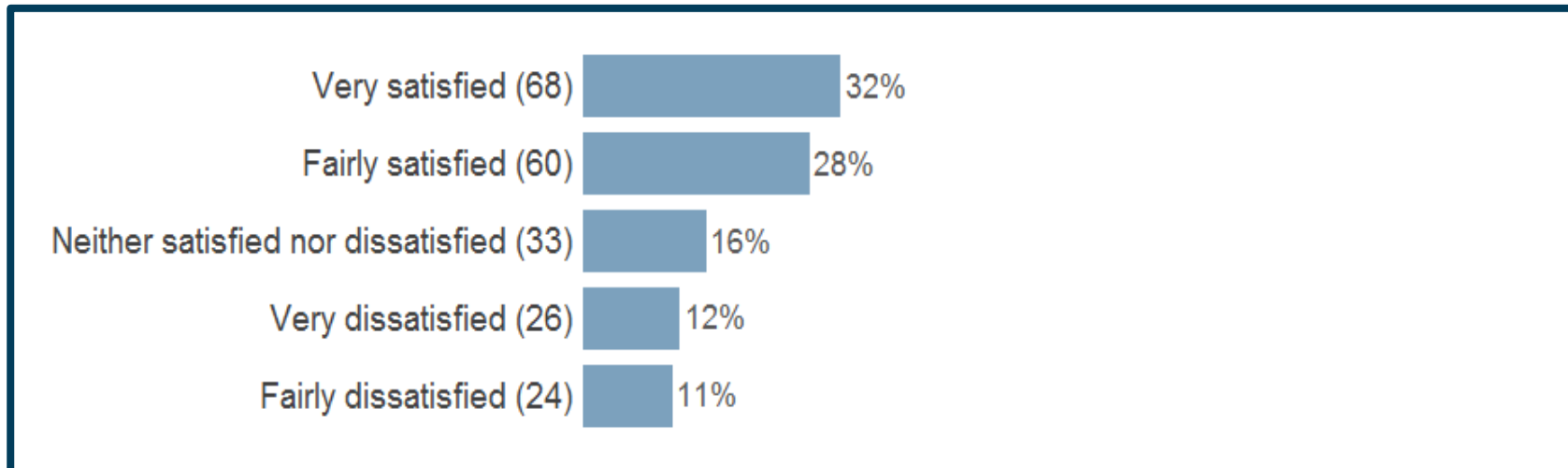
Helpful and listened and referred me to a local emergency dentist on the day

Overall experience of NHS 111 service (1)

From individuals who have used the NHS 111 service in the last year, 60% provided positive feedback about the service. The majority of them expressed satisfaction with the service because they received the advice and/or care they needed.

However, some responders felt that they had not received the advice/care that they needed, were dissatisfied with the triage process and long waits for callback and their experience was negatively influenced by the staff attitude and communication.

Thinking about the last time you contacted NHS 111 how would you rate the service you received?



Overall experience of NHS 111 service (2)

| Q A9 – Coding - How would you rate the service you received...why? | No |
|--|----|
| Received the advice/care needed | 56 |
| Advice received was not felt appropriate | 27 |
| Helpful/kind/patient/good communication | 15 |
| Long wait for a call back | 14 |
| Dissatisfied with call handler triage process | 13 |
| Got help understanding whether their condition was urgent or not | 10 |
| Not helpful/kind/patient/good communication | 6 |
| Dissatisfied with 111 online triage process | 4 |
| Issues with Interactive Voice Recognition telephone options | 2 |
| Long wait for call to be answered | 2 |
| Did not receive a call back | 2 |
| Prescription not received by pharmacy | 2 |
| Being woken in the night for a comfort call | 1 |

Some examples of respondents' comments about the overall experience are noted below:

I was given my prescription very quickly

I was referred to hospital & the hospital was already informed about my concerns

Great response time and advise. Very assertive and quick.

Had to speak to 2 people to get proper advice

I was not kept waiting and they made a referral, and I was seen the next day.

Very responsive and given appropriate treatment contact for my dental need

It was better than just researching online

I was satisfied with the help over the phone. Call handler booked me an appointment at Lewisham UCC for a specific time, however once there they said they do not take fixed time appointments, and that NHS 111 should not be telling people that. So still waited over 5 hours. Could just have gone to UCC rather than call 111

I was instructed to go to A&E and I appreciate that they took my symptoms seriously, however it turned out not to be life threatening. I suspect 111 sends many people to hospital who don't need to go.

I needed a call back within three hours and didn't receive it however when I did get a call back the doctor gave good advice

Seems to be a lack of communication between 111 and 999. We were told a paramedic would be sent, but an ambulance arrived. The crew said 999 control don't always get the relevant info.

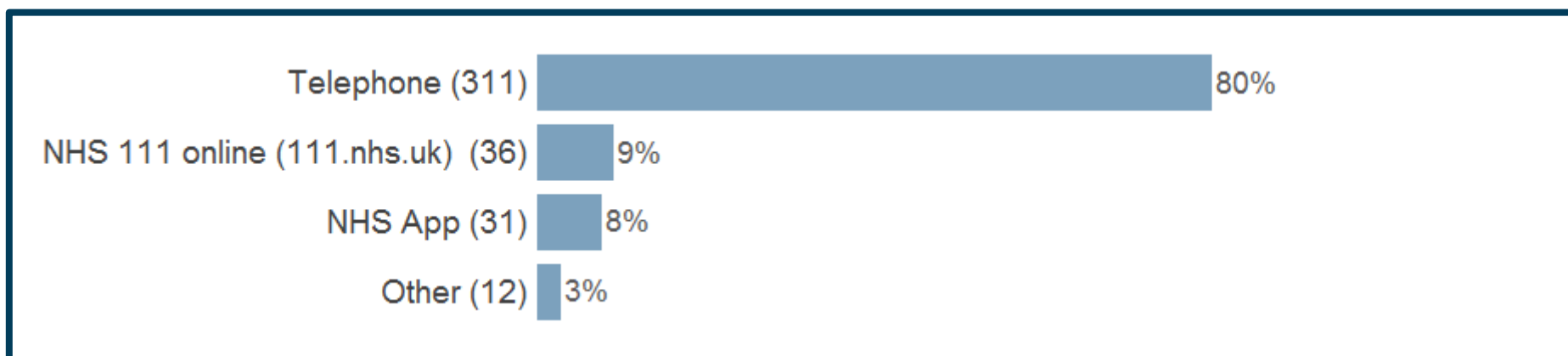
Improving NHS 111 services in south east London

New NHS 111 service

The preferred method of accessing the service is via phone, as indicated by 80% (311) of respondents. The main reasons highlighted by the responses include:

- importance of speaking with a real person
- easy access and greater accessibility
- None of the barriers associated with digital access
- ease of explaining symptoms
- seeking reassurance

What would be your preferred way to contact the NHS 111 service?



Base = 390

Ways to access the NHS 111 service (2)

The majority of people prefer telephone access to NHS services because they find it more accessible, easier to explain their problem to a person, and more reassuring to speak directly with someone.

| What's your preferred way to access the service and why? | | | | | | | | |
|--|--|------------------------|------------------|---------------------------------|-----------------------------|---------------------|-----------|---|
| | Prefer different methods for different circumstances | Easier/more accessible | Privacy concerns | Do not need to deal with people | Prefer to speak to a person | Access to expertise | Quicker | Able to deal with complex issues/respond to questions |
| NHS 111 online (111.nhs.uk) | 1 | 19 | 1 | 1 | | | 11 | |
| NHS App | 1 | 20 | | 1 | | | 6 | |
| Other | 2 | 2 | 1 | | 2 | 1 | 1 | |
| Telephone | | 107 | 1 | | 148 | 11 | 34 | 38 |
| Grand Total | 4 | 148 | 3 | 2 | 150 | 12 | 52 | 38 |

Some examples of respondents' comments about the reasons of preferred contact by phone are noted below:

I like to speak to someone, it's quicker. I imagine health professionals can gain information from a person's voice. If unwell I wouldn't want to have to type questions and answers and internet may be running slow.

I would be happy to use any route but I think calling 111 is quicker when you're under stress

Sometimes hard to describe symptoms when typing it out. Would find it easier to describe things verbally and get an immediate response. Also I would be concerned that some people could not access an app/online service due to being digitally illiterate. They would end up going to A+E which is what 111 is aiming to avoid.



I am able to provide the specifics of my condition including history and receive tailored advice.

The app is limited in the responses you get and it's helpful to speak to someone

Speaking to someone gets answers faster - which is needed in many medical situations. Online can be frustrating and not accessible for all of your target audience. Online is slow and can miss crucial symptoms and questions. However for very minor queries might be suitable. Best to have options so those in most urgent need can speak to someone quickly.

Ways to access the NHS 111 service (4)

Some examples of respondents' comments about the reasons of preferring to contact NHS 111 online are noted below:

I hadn't realised I could access online. This would be better than telephone (for me). I feel guilty phoning as other people must need help more than I do

As long as it was quick response time. I don't want to sit on hold on the phone. If I am worried I may also end up snappy with the person I'm talking to and i wouldn't want to do that



NHS app is great for accessing my health records. Would be happy to use it for 111 also

I communicate in writing

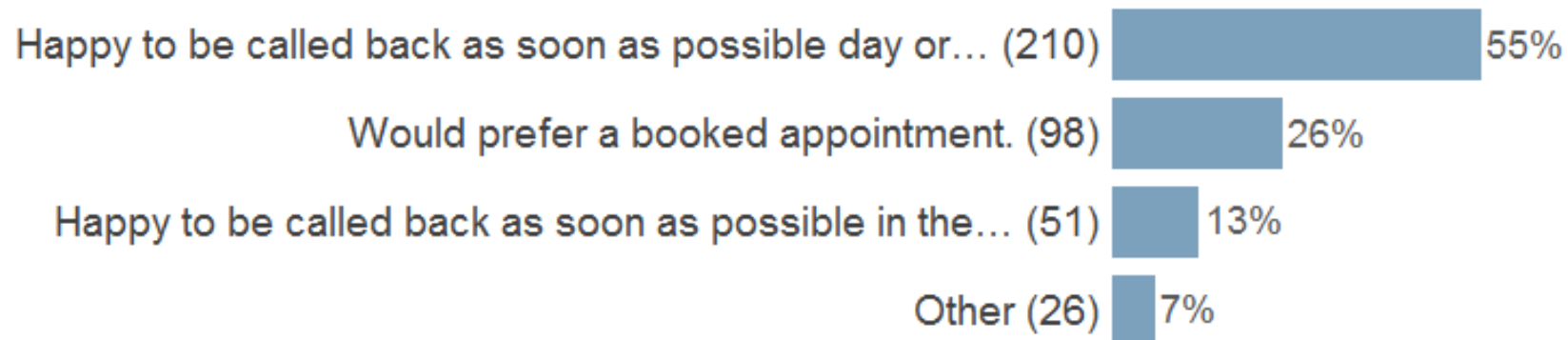
Easy to navigate and should be quicker when service is busy

Use of app when and how you need to use it. No waiting time.

Callbacks (1)

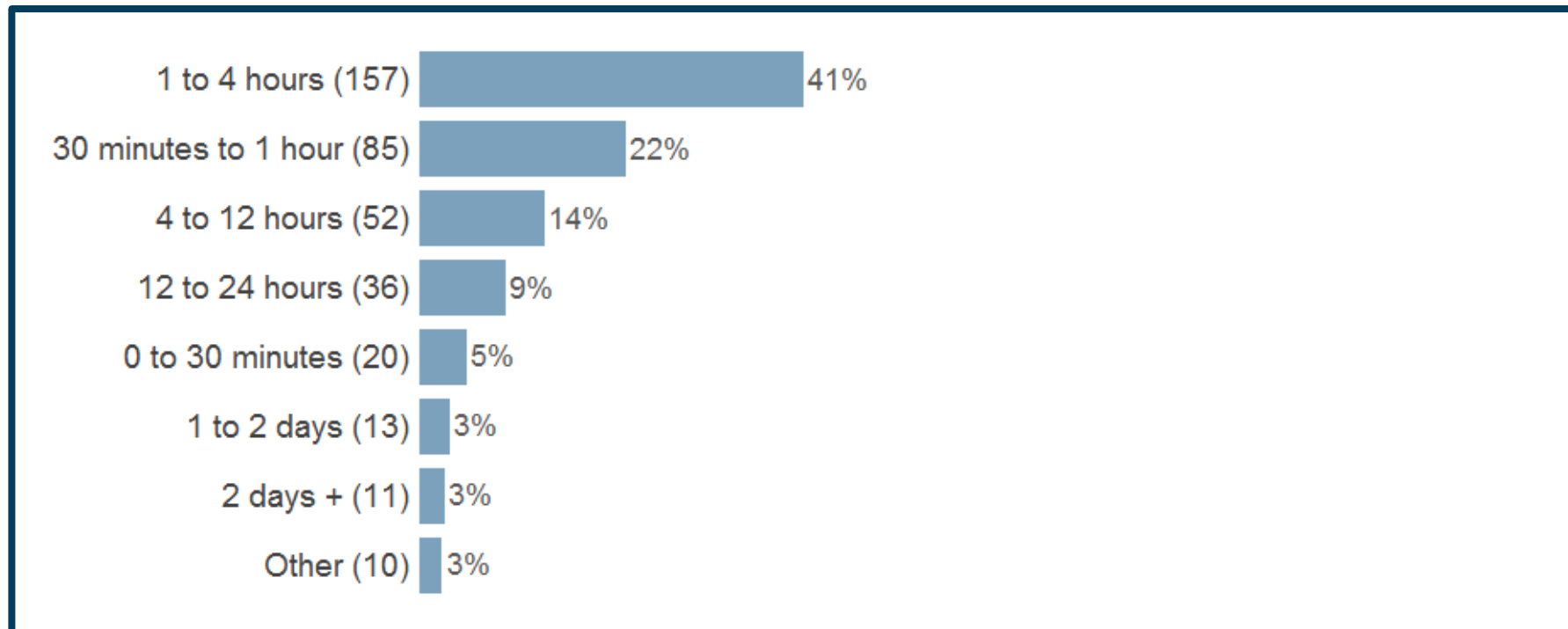
Over 69% of survey respondents expressed a preference for receiving a callback as soon as the clinician was available. Among them, 55% (210) indicated a preference for callbacks as soon as possible, whether day or night, while 13% preferred callbacks as soon as possible during daytime hours only. The preferred timing for follow-up calls varied depending on factors such as the health condition, the urgency of the situation, and whether the individual has complex health issues.

If a new service was set up and a clinician (e.g., paramedic, nurse or doctor) offered to call you back as soon as they were available, or offered a booked appointment time for a telephone consultation, which would you prefer?



The survey responses highlight the importance that the callbacks be done under 4 hours from the initial call to the NHS 111 service.

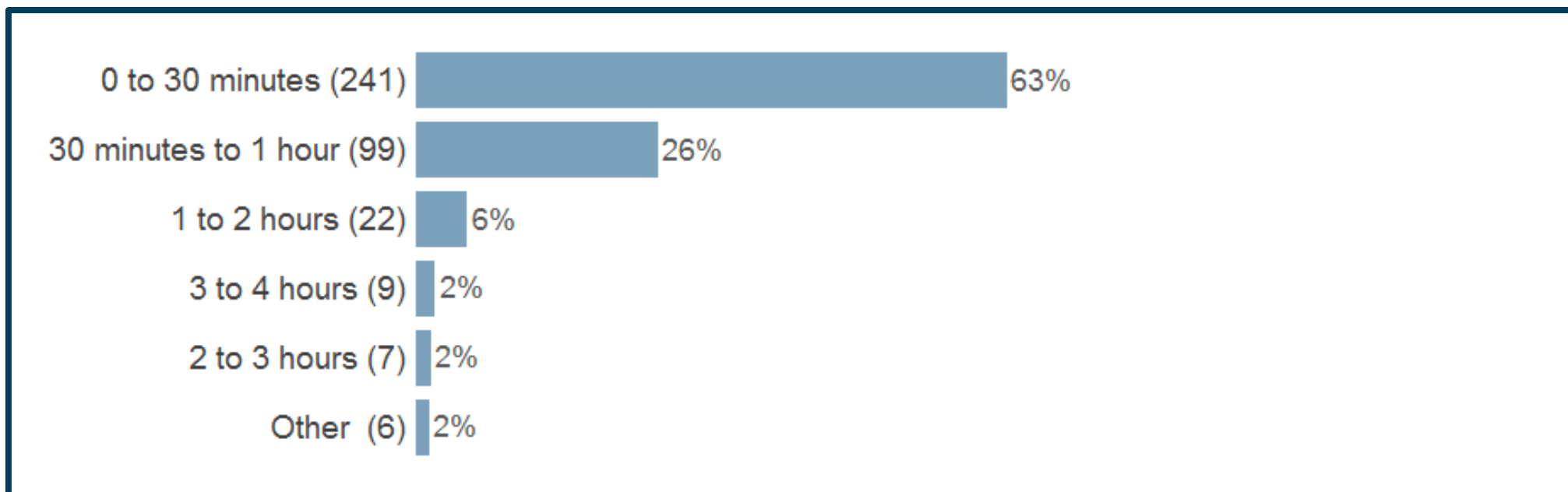
How long do you think you should wait to get a call back for a non-urgent issue from a clinician?



Callbacks (3)

A high number of respondents 63% (241) said that they expect that the callback to come from a clinician should happen within 0 and 30 minutes for urgent issues.

How long do you think you should wait to get a call back for an urgent issue from a clinician?

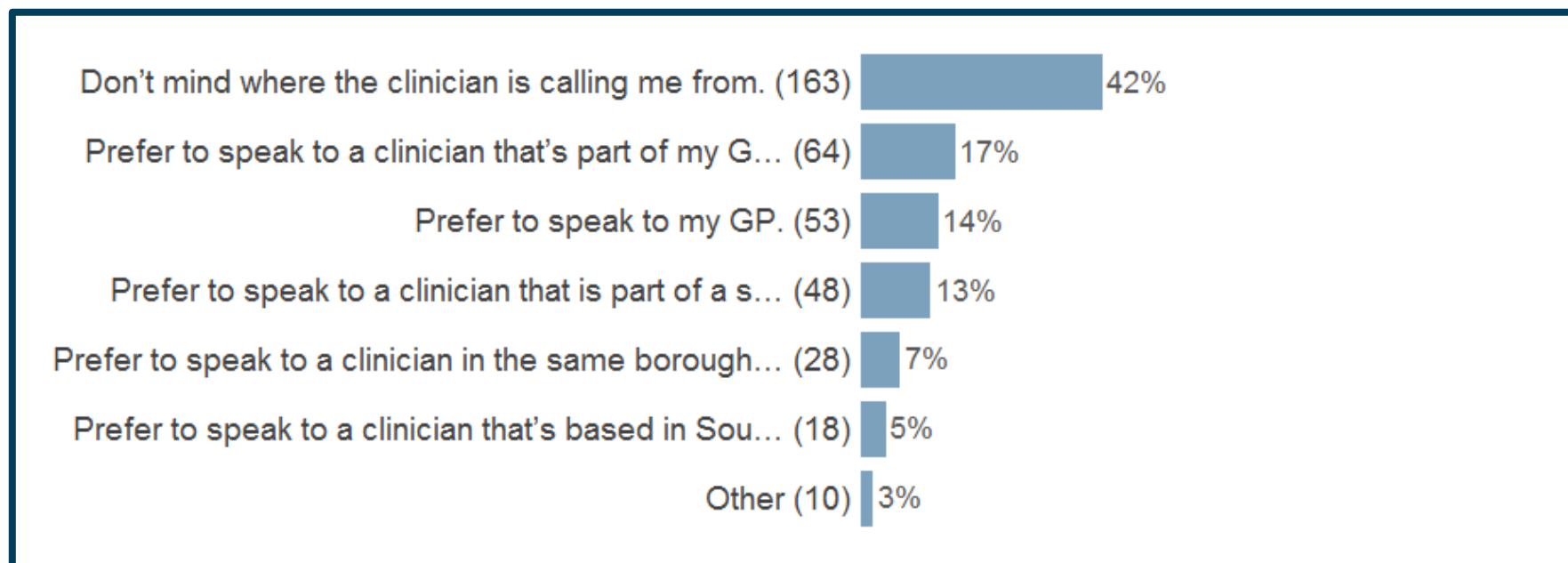


Base = 384

Callback skillset

42% (163) of respondents didn't mind where the clinician doing the callback was based. However, 17% (64) expressed a preference for receiving the callback from someone from their own general practice.

Would you prefer to speak to a local clinician (e.g., your GP, nurse, pharmacist) or to any available clinician?

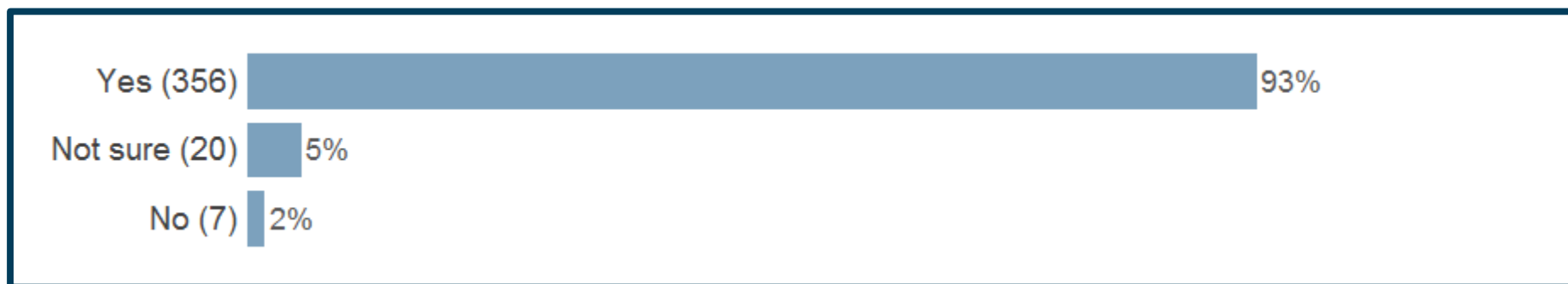


Base = 384

Getting medical help for non-urgent issues

The majority of respondents, 93%, indicated satisfaction with contacting their own GP practice for non-urgent issues, suggesting that 111 is not being used as an alternative to primary care for issues that patients perceive as non-urgent, which was reassuring.

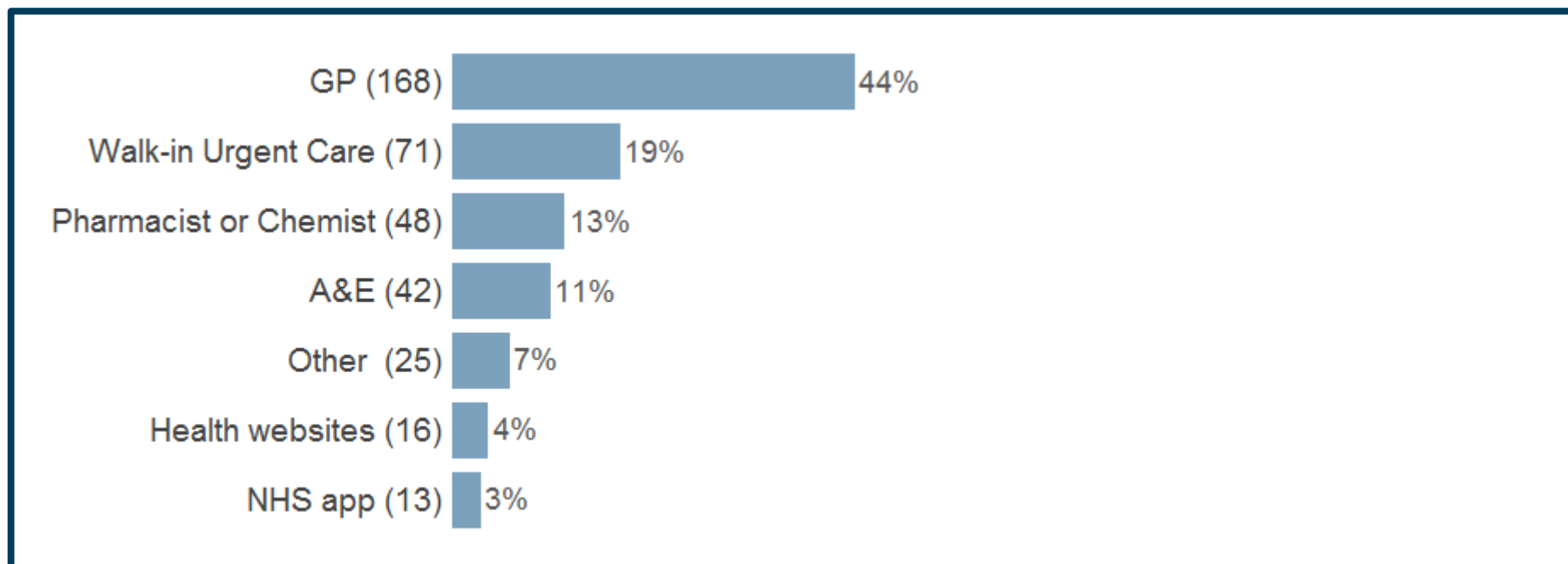
If you had a non-urgent issue, would you be happy to be cared for by your local GP practice?



Base = 383

44% of survey respondents indicated that their GP surgery would be their first point of contact during the day, serving as an alternative to the NHS 111 service. This choice depended on factors such as the urgency of the medical problem and the availability of their GP.

Which service would you use if an NHS 111 service was not available in SEL during the day (Monday to Friday 8:00 am – 6:30 pm)?



Some examples of respondents' comments about getting medical help are noted below:

It depends on what I needed! I would consider any option other than NHS app.

It depends on the nature of my query and how urgent and/or complex it is

Any of the above providing I was able to travel.

Depends on urgency and GP availability



A combination of the above depending on the particular issue

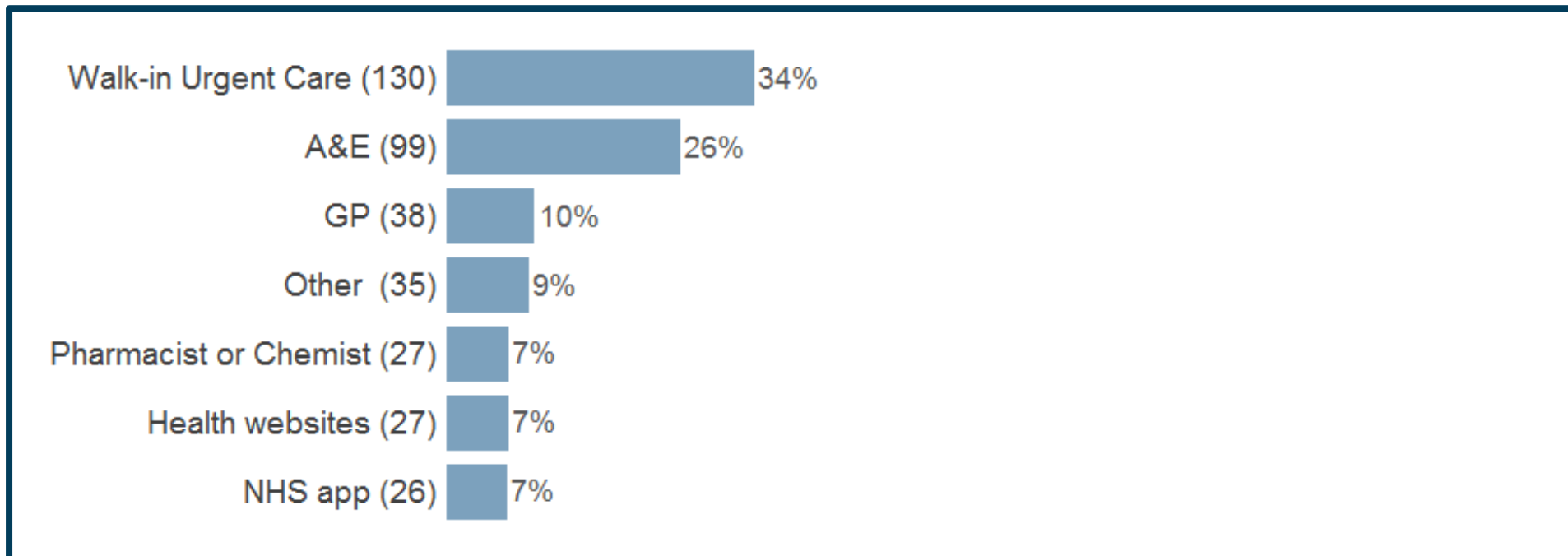
I would use either a GP, Pharmacist, health websites subject to what the issue was.

It would depend on the reason for me contacting the service as to which alternative source I would contact if not available

Source of urgent medical help during out of hours

The survey responses showed that people's preference as alternative services for NHS 111 during out of hours are: Walk-in Urgent Care 34% and A&E services 26%.

What service would you use if an NHS 111 service was not available in SEL during the evenings, overnight and weekends?



Barriers to accessing the NHS 111 service (1) South East London



The survey respondents identified language barriers, digital exclusion, and challenges in access for individuals with physical and sensory impairments (such as sight and hearing difficulties), as well as socioeconomic deprivation, as the most frequent barriers to access or using the NHS 111 service.

Key elements impacting the experience and outcomes when accessing the service include:

- long registration forms before being able to request an interpreter
- inability to respond to triage questions effectively
- difficulty to explain symptoms and conditions
- challenges in understanding the advice and information provided

Furthermore, respondents noted that accessing NHS 111 online or via the NHS App is not possible for people who lack digital literacy or cannot afford access to a computer or the internet, particularly those who are socially deprived. This highlights the importance of addressing these barriers to ensure equitable access to healthcare services for all individuals.

The survey respondents have identified some groups of people that may face barriers when accessing the NHS 111 service

- people not speaking English or not having English as their first language
- older people
- people who are socially deprived
- people with dementia
- people with physical and sensory (sight and hearing) difficulties
- people with complex needs
- people not registered with a GP or not with legal status in the UK/undocumented
- people living alone
- people experiencing mental health difficulties
- people with learning disabilities/neurodivergent

This information will be aligned with the equality and health inequality impact analysis, guiding us to take action to minimise barriers, improve patient experiences, and reduce inequalities. In our next steps, we will collaborate with local VCSEs to expand our reach to people from these groups. By engaging with these communities, we aim to gather their insights and recommendations, which will be important in developing our approach to improving the NHS 111 service. Our focus will be on promoting inclusivity, addressing the needs of marginalised populations, and reducing health inequalities.

Barriers to accessing the NHS 111 service (3) South East London

The feedback also addressed other issues that can influence access to the service, such as:

- lack of awareness and understanding of the service and its functions
- lack of trust in the service
- lack of linkages/information transfer with other services e.g. ambulance, A&E
- previous negative experience of using the service
- callbacks (late, not happening, quality)
- staff capacity
- staff training and expertise

These insights, concerns and recommendations will help to inform the new model for the service and ensure that the proposal is adapted to overcome these barriers and ensure equitable access to this service.

Barriers to accessing the NHS 111 service (4) South East London

Some examples of respondents' comments about the barriers to accessing the service are noted below:

Online is hard for some. When phoning you have to go through lots of options before it tells you that translators are available (in English). Somebody who doesn't speak English wouldn't be able to get that far

Only the fact that the 111 staff are sometimes very reliable and other times not. Training and expertise seems to be an issue.

For most people access via the phone should be okay. Access via IT can be problematic for many like me, who find those routes confusing.

Language barriers - this essential when the person on the phone is going a lot of (unnecessary) questions which don't relate to why you called. I know it's procedure but it's also frustrating and comes across as though they are not listening. This is worst for someone who's first language isn't English.



Likely to exclude older adults & those with mental health & physical difficulties who don't have carers, family or advocates to support use

Need to bear in mind those that do not use technology for various reasons. This could be because of a disability, language problem, etc. Also need to consider that some may not have access to technology, cannot afford to buy it, have outdated equipment or simply do not use, or will not use it. In this economic climate many simply cannot afford to buy or update equipment or pay for broadband.

NHS 111 service – value (1)

Over 80% (326) of respondents said that they value the service, considering NHS 111 an essential resource. They expressed their desire to continue having access to the service in the future. We included below some of the reasons that people gave when thinking about why the NHS 111 service is an essential part of the health services available



| Coding of reasons of consider NHS 111 to be an essential part of the health services available | NO |
|--|----|
| Access to medical advice quick and without needing to travel to A&E or other urgent services | 33 |
| Access to medical advice out of hours (when GP is closed) | 37 |
| Help to understand the urgency of your condition and get advice | 30 |
| Alternative to GP appointment when not urgent and complex issue | 10 |
| Alternative to GP services when not possible to book appointments | 28 |
| Support for other services (A&E, GP) | 19 |
| It is a linkage service/triage/signposting | 19 |
| Useful/informative/efficient /easy/great advice | 15 |
| Provide urgent care at the right place | 11 |
| Don't know | 23 |
| Other | 19 |
| Reassurance | 6 |

NHS 111 service – value (2)

Some examples of respondents' comments about the importance of the service are noted below:

Yes. I have found 111 exceptionally helpful, informative and efficient.

It seems to serve a useful purpose. The time I used it I found it worked well and, on that occasion, was better than trying to go through the GP service.

Yes they are very essential in that they answer you quickly and direct you to the best place for your health care

It is an extremely essential part of the health service especially since the pandemic and I am unable to get a face to face appointment with my doctor- I feel lucky to have this service available because of this

It helps to relieve pressure on some parts of primary and secondary care but only when it works efficiently. I would not like to see it disappear.

Yes, it's very reliable, in my experience. I have received the information I needed to access the right service or have been helped in another way

If it works, it would be very useful as a triage step to reduce load on urgent care

Yes, I do. I am very grateful to the help and advice they've given me as a carer, and even though I did get frustrated by the endless questions, I recognised the need for these. I also found that they were much more willing to send a doctor out to see my neighbour - in her 90s - than my GPs sometimes were, even though their surgery is in the square where we both live. Every clinician I spoke to impressed me with their knowledge, understanding and effectiveness in arranging emergency services (mainly ambulance) if needed.

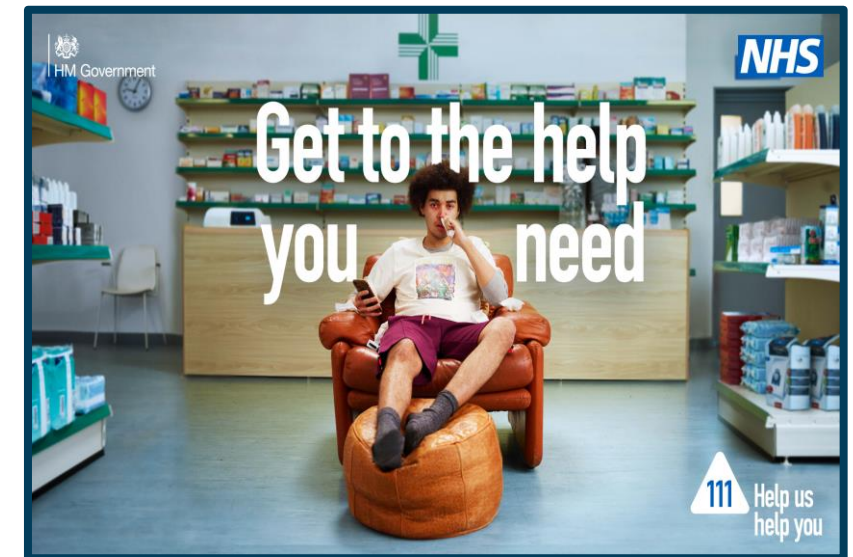
yes, as an autistic person I hate going to A&E. Too many people overwhelms me and I know this would make my situation a lot worse



Most of the feedback highlighted that accessibility and inclusion should be at the heart of the service

Key points highlighted include:

- Patient education - there is a need for patient education regarding the purpose of and when to use the NHS 111 service, and how to use it, available in multiple languages to reach diverse communities
- Improved triage process - respondents indicated a need for improvements to the triage process to ensure effectiveness and precision in determining urgency.
- Importance of speed and effective access - the feedback showed the significance of easy and efficient access to the service
- Improved callback times – patients want to see faster callback times and more communication from the service as to when they can expect to receive a call back.
- Increased funding and staffing - respondents mentioned the need for increased funding and staffing capacity to facilitate faster pickup times, callback times, and overall service quality
- Better integration with other health care services - there is a need for better integration of the NHS 111 service with the rest of the system to ensure easy coordination and continuity of care
- Specialised support lines - respondents highlighted a desire for specialised support lines for specific categories of individuals requiring additional assistance, such as those with long-term conditions, mental health difficulties, learning disabilities, patients with dementia, and children.
- Use of video call option – it was suggested that video call capabilities should be used more widely as an additional mode of communication



NHS 111 service – recommendations (2)

| Q21 - Code of Anything else we should consider when designing the future service? | No |
|--|----|
| Accessibility and inclusion at the heart of the service | 33 |
| Patient education regarding what and who the service is for and how to use it, available in various languages | 30 |
| Improved training / shorter triage / improved advice | 29 |
| Faster pick up and call back times / more efficient service | 24 |
| More funding / staffing | 20 |
| Better integration with the rest of the health system | 17 |
| Telephone access for those without digital capabilities | 12 |
| Patient and sympathetic staff with good communication skills | 11 |
| Patients to be advised of realistic wait times for call backs / text messages with updates on call back times / be given an appointment for a call back or with an alternative service | 11 |
| Call handlers to be medically trained | 9 |
| More use of video calling | 7 |
| Better management of demand and capacity | 6 |
| Ability to speak to a person who will listen and provide patient centred care | 5 |
| Access to a GP | 5 |
| Fast track response for under 10s / a paediatrics line / dedicated service for parents | 5 |
| Better provision for mental health and emotional wellbeing | 5 |
| Stop giving unrealistic timed appointments at hospitals | 5 |
| Access to medical records | 4 |
| Access to community based one stop clinics, open 24/7 | 4 |
| Provide a local service | 3 |
| Text /online chat option for those that struggle with verbal communication | 3 |
| Face-to-Face access | 3 |
| Provide info on place in the call handler queue / option to receive a call back if the call waiting time is long | 2 |
| Ability to prescribe medication | 2 |
| Designated option for those suffering long term or life-threatening illnesses | 2 |
| Access to experts in older person care | 2 |
| Share call summaries with receiving service and patient's GP / Tell patients what info is being passed onto receiving service | 2 |
| Make the role more attractive to GPs | 1 |
| Gather diversity stats by text after the call, rather than asking for them at the beginning | 1 |
| Enhanced online triage e.g., ask patient to record themselves saying a phrase to judge breathlessness | 1 |
| Remove repetition of questions when passed from one member of staff to another | 1 |
| Access to clinical pharmacists | 1 |
| Support for those with disabilities | 1 |
| Don't make 111 the access point for GPOOH | 1 |

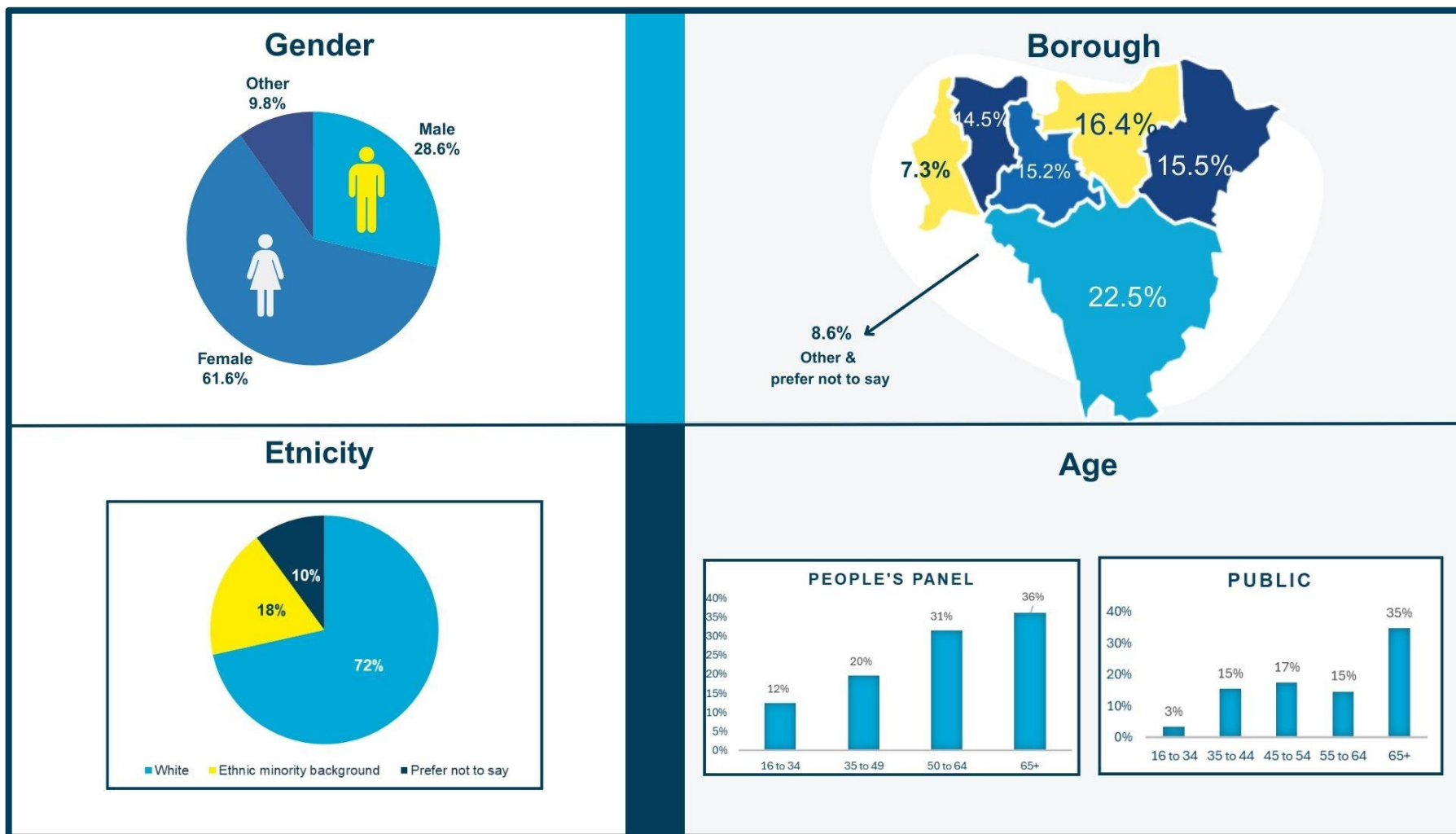
Conclusion and next steps

- The NHS 111 service survey results are supporting the redesign of the NHS 111 service for south east London.
- Feedback from the survey respondents allows SEL ICB to evaluate our current NHS 111 service from the patient perspective, as well as ensuring that in the redesign we keep those elements that patients value and change things where we can to further improve things for patients.
- The findings will inform our approach to developing the specification, as well as performance targets that we will set for the new service. We will continue to collect feedback on our proposals and adapt to respond to the needs of our people and communities in south east London.
- This report will inform our plans to improve patient experience of using the service and identify ways to overcome barriers that people are facing when using the service.
- We will be working with south east London borough colleagues to shape the service models based on recommendations from this report.

Survey respondents' demographic profile

Appendix 1

Survey respondents' demographic profile



Thank you to everyone who took part in the survey.