

Let's Get Better NHS111

Executive Summary

September 2024

Aims and Objectives:



Raise awareness of the national NHS111 communications campaign by visiting popular, high-footfall community locations across the ICB geography.



Test the effectiveness, success, and reach of the national communications campaign by understanding where people see/hear key messages, and what methods of communication/promotion they prefer.



Gather insight as to where people are on their journey of fully understanding what NHS111 is and when/how it can be used.



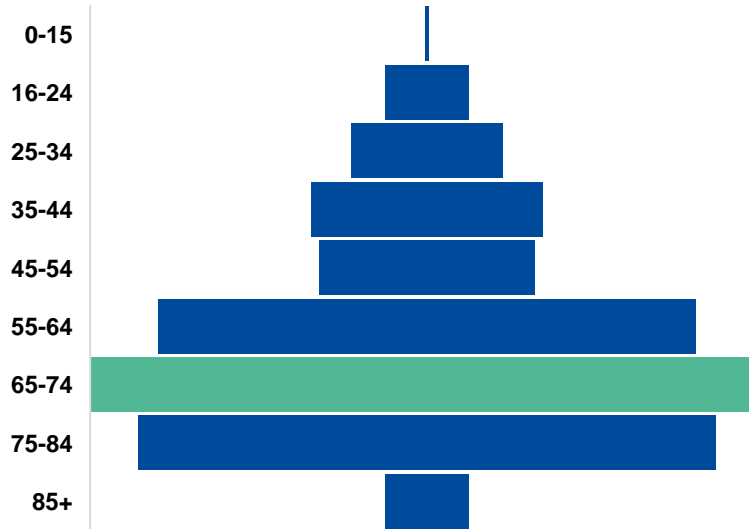
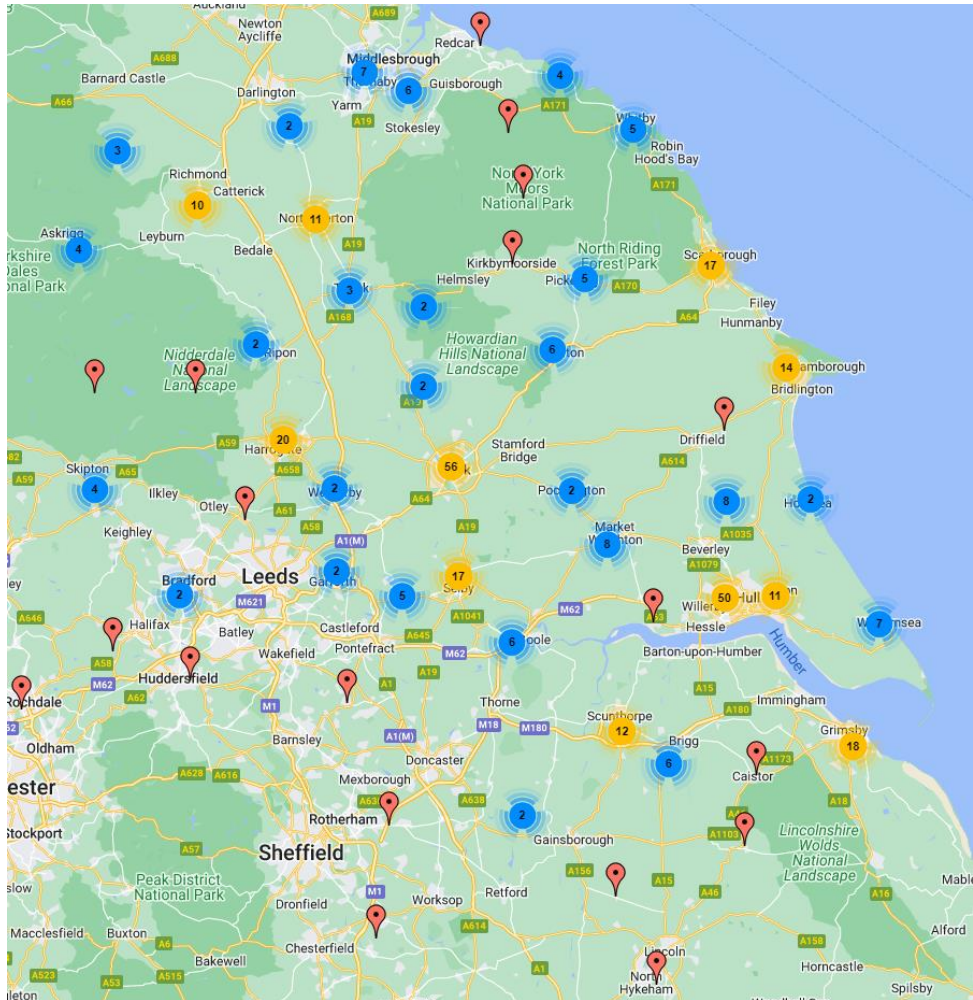
Understand what people's default behaviours are should they require urgent but non-threatening medical care



Identify potential case studies where people have had a particularly positive/negative experience.

Who took part?

669 survey responses, **339** face-to-face engagements from **22** roadshow events



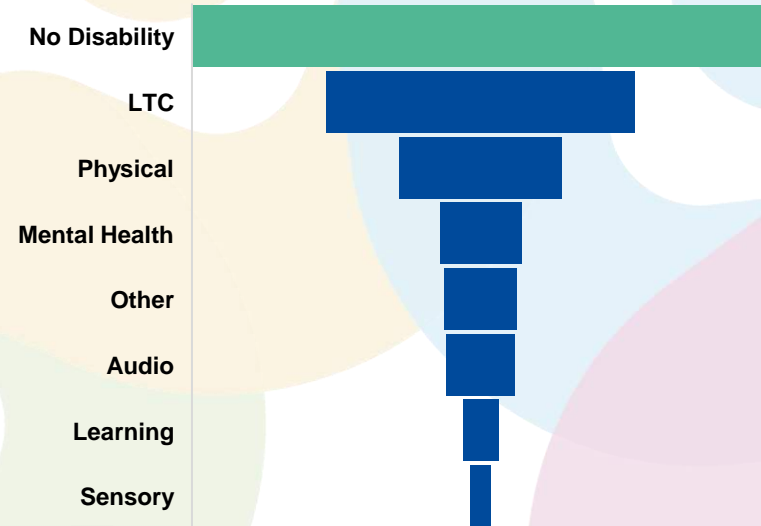
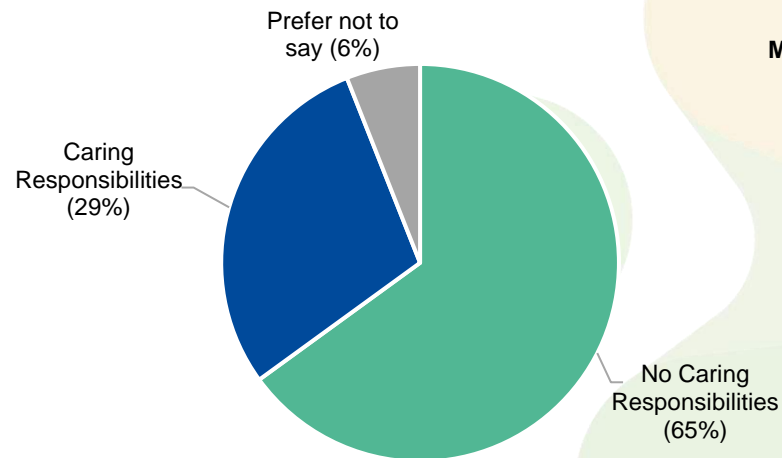
Female (67%)

Male (26%)

Prefer not to answer (5%)

Non Binary / Other (2%)

276,282 people saw our advert on social media. **13,973** people interacted with our posts (*click-throughs, comments, shares, likes*).



What we have heard: Key headlines



There are disparities between awareness and intention to use.

- **96%** of respondents had heard of NHS111 before, mainly via media channels (**47%**), however, only **71%** had actually used NHS111 within the last two years. (**28%**) of respondents had either never used NHS111 before or used it more than two years ago. If we want to increase intention to use NHS111 to be more comparative with the awareness level, there are a number of things we need to consider from the insight gathered within this report:
 - **Improve public perception and confidence in the service** – Just over half of the people we spoke to (**53%**) were satisfied with the service they received, which means almost half were not satisfied. As an ICB we need to enhance our communication offer to build trust amongst our population that the service is responsive, capable and safe to improve satisfaction levels and outcomes.
 - **Influence behavioural changes to reduce pressure on services** – Most people said that they go to their GP (**61%**) in the first instance when feeling unwell due to trust, familiarity and accessibility. For some specific demographic groups (BAME), their default service was A&E due to cultural norms. As an ICS we need to use this insight to raise awareness of alternative services to reduce pressures within Primary Care and Emergency Departments.
 - **Improve awareness of the range of services available through NHS111** – Awareness of services varied amongst different geographies and demographics. The least commonly known services were:
 - **Pharmacy Prescriptions** – just over **1 in 3** people knew that 111 could help with this.
 - **Mental Health Support** – just **under half** of people knew that 111 could help with this
 - **Emergency Dental Appointments** – approximately **2 in every 5** people knew NHS111 could help with this.
- As an ICS we need to use this insight to raise awareness of the suite of services available via NHS111 to reduce pressures across the wider system whilst supporting the national 'NHS111 first' narrative.
- **Improve awareness of communication methods** – accessing NHS111 via the telephone was the most popular communication method by those who had used the service (**96%**) due to ease of access, lack of digital literacy, and the speed at which they would speak to somebody. For those who had heard of NHS111 but never used it before, there was greater appetite for digital methods (NHS App **12%** and Online **18%**) due to the perceived speed, ease of use and not having to wait in queues. As a system we need to promote and raise awareness of NHS111 digital access methods to ease the pressure on call handlers, reducing waiting times for those unable to use online options.

What we have heard: Key headlines



There are barriers to accessing NHS111 and other NHS services that need to be considered.

*Although almost half (42%) of survey respondents did not identify any barriers preventing them from using NHS111, for others **delays in receiving care**, **levels of expertise** and **lack of trust** in the service were seen as barriers to accessing care. The people we engaged with who had protected characteristics faced additional barriers such as:*

- **Challenges with accessibility for people with protected characteristics –**
 - *Disability (Audio & Visual) - There are often no BSL interpreters available, services often rely on telephone as the main point of access and for many the accessibility options (e.g. text relay) are not appropriate as many cannot write, digital options (NHS App) are often not compatible with visual aid software.*
 - *Learning Disability – Simple language, easy read options and visual aids are not commonly used leaving many feeling overwhelmed.*
 - *BAME – Cultural barriers and a lack of understanding of the NHS make it difficult for this group to navigate around the system, often resulting in them inappropriately attending A&E. Language and communication challenges are another key barrier.*
- **Travel and transport –** *not everyone has access to a car, some cannot afford public transport and rely on family or friends for assistance. NHS111 needs to consider these when signposting to services as people may not receive the care they need as they cannot get there. This appeared to be more prevalent with older and younger people*
- **Telephone vs Digital -** *While most people (96%) preferred to contact NHS111 via the telephone as it was easier, faster and reassuring to talk to a person, there was an acknowledgement of the importance of offering diverse communication channels so not to further exclude people with protected characteristics who face barriers accessing care.*

As a system we must take these barriers into account and collaborate with patients, community groups, colleagues and partners to address and mitigate them wherever possible, as part of our ongoing commitment to reducing health inequalities within our population.

Recommendations

NHS Humber and North Yorkshire ICB



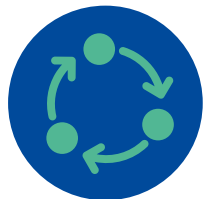
Communications campaign – Raise awareness and promote the range of services on offer from NHS111. Use patient stories to enhance perceptions, trust and confidence. Improve communication with underserved communities, in particular the homeless.



Targeted promotional campaign – Collaborate with local VCSE and system partners to identify diverse ethnic communities and existing groups. Distribute information leaflets in a range of languages to raise awareness of NHS111 as an alternative to 999 for non-urgent conditions.



Reflect, learn and grow – Use learning from this engagement exercise to inform our future approach to engagement. Share key themes and outcomes with partners to drive service improvement and ensure public voice remains central to decision-making. Monitor effectiveness of actions taken through follow up engagement.



Collaborate to improve digital literacy among older people – Partner with VCSE organisations and others to explore opportunities to increase digital literacy. Facilitate local training and development session to help people gain confidence.

Recommendations

NHS England



Enhance accessibility for those with protected characteristics – Work with the deaf community to explore ways to improve accessibility of NHS App. Collaborate with those with learning disabilities and their carers and those with cultural and language barriers to enhance accessibility for both online and telephone services. Engage with the visually impaired to improve compatibility with specialist software to enable use of NHS App.



Improve efficiency and reduce waiting times – Explore ways to reduce call back times and improve communication during the waiting period to reduce anxiety. Review signposting of services in Humber and North Yorkshire to ensure referrals take account of local geography.



Empower staff to be more disability and neurodiversity aware – Improve training for clinical and non-clinical staff so they are more aware of disabilities, how they may present, and the specific needs of these individuals.

Phase 2 – What we heard from older people:



Almost everyone we spoke to had **heard of NHS111**.



Older people were one of the groups with the least awareness of the range of services on offer via NHS111. The most known services were **call backs from a medical professional** or **999 ambulance**.



Older people would **usually go to their GP** in the first instance, however **NHS111 and seeking help from a friend or relative** were also common second choices.



Older people were **less comfortable with using technology**, either due to **a lack of skills or knowledge**, or because they **did not have access to digital methods**, such as smartphones or home Wi-Fi. They said a phone option should always be kept available.



Delays in receiving care were seen as a barrier for older people, but they also expressed concerns about **transportation when NHS 111 refers them to services that are far from home or at inconvenient times, such as late at night**.

Phase 2 – What we heard from younger people:



Everyone we spoke with **had heard of NHS111**, but said they were aware that **it takes a long time for a response**.



Younger people were one of the groups with the most awareness of what NHS111 offers. They knew you **could get referred to other services** and they said it was for **when you are unsure about what to do**. The services with the least awareness were **mental health support** and **emergency dental appointments**.



Younger would **usually go to their GP** in the first instance for due to familiarity, it's where their parents take them, **Self-Care** was also a popular option with younger people too, especially those with additional needs (e.g. learning disabilities).



Younger people were **split between using the phone or technology**, but they also suggested **alternatives that allow them to respond at their own pace such as live chat**.



Delays in receiving care were seen as a barrier for younger people, also some said that they found talking to unfamiliar people caused them to feel **anxious or embarrassed**. They also expressed concerns about **transportation when NHS 111 refers them to services that are far from home**.

Phase 2 – What we heard from diverse ethnic backgrounds:



This group had the **least knowledge of NHS111, but were more familiar with 999 and thought it was the same thing.**



The **number of questions asked** also posed a challenge for this group, this was due to **cultural differences**. This group were also used to attending hospital in their native countries for any medical need so found it challenging to navigate the NHS.



People who do not speak English **rely heavily upon friends, family and communities** to support them,



Many said they preferred to contact the service **using the phone so they could try and speak to a person and practice their English**, however for others this was a barrier due to language difficulties, as they don't understand what a medical professional is saying.



Individuals from diverse ethnic backgrounds highlighted the need for **an introduction pack upon arrival in the UK**, to help them navigate the NHS and mitigate language barriers and cultural differences. They told us to **ask early on if an interpreter is needed and share information in different languages.**

Phase 2 – What we heard from parents and carers:



All had **heard of NHS111**.



Parents and carers were one of the groups with the **most awareness of what NHS111 offers**. However, they said the **length of questions** were not suited to people with mental health conditions or learning disabilities. The service doesn't account for those who **are non-verbal or have poor communication**.



Parents and carers would **usually go to their GP** in the first instance, however **A&E for complex needs** was also suggested.



Parents and carers felt the **number of questions asked** was overwhelming for children with special needs and that **call handlers were not trained** to help those who are neurodiverse or have **communication difficulties**.



Parents and carers expressed that **being listened to more** would make using NHS 111 easier for them. They often **know their child's or dependent's health needs best but frequently feel overlooked**.

Phase 2 – What we heard from those with a disability:



All **heard of NHS111** however not all had used it.



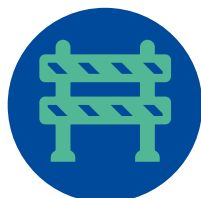
Those with a disability said NHS111 was useful for **getting reassurance** and were generally **aware of what NHS111 offers**. However, they were **less aware of help with mental health, dental or prescriptions**.



Those with a disability would **usually go to their GP** because it is **more accessible and they have an understanding of their needs**.



People with visual impairments were largely **limited to using the telephone**, as online systems were often challenging without assistance. Conversely, individuals who are **deaf** **relied on online methods** due to their disability



For those with audio or visual disabilities, **poor accessibility was a significant barrier**. The deaf community, in particular, struggles not only with NHS 111 but with broader NHS services, as **many default to telephone communication**.

Phase 2 – What we heard from those with a learning disability:



More than three quarters had of people **heard of NHS111** but describe it as **a general phone line for the NHS**.



Those with a learning disability were generally **aware of what NHS111 offers**. However, they were **less aware** that it could help with **GP appointments, mental health support, dental appointments or emergency prescriptions**.



Those with a learning disability would **usually go to their GP because they are familiar and trusted**.



Those with a learning disability would mainly contact the service **using the telephone**, however some were happy with online options and **alternatives like live chat that you can use at your own pace**.



Those with learning disabilities, **were concerned about not being able to see the person you are talking to and had a worry about being misunderstood**. Online services are difficult for some with a learning disability.

Phase 2 – What we heard from those with a long term condition:



All had **heard of NHS111** and had seen it advertised on social media, waiting rooms and the side of ambulances.



Those with a long-term conditions had a **good awareness** of what NHS111 offers.



Those with a long-term conditions would **usually go to their GP because that are familiar and trusted**. They would also self-care as many live on their own or struggle to get a GP appointment.



Those with a long-term conditions would mainly contact the service **using the telephone**, as **technology takes too long to use**.



Those with a long-term conditions said they needed **confidence that the person they were speaking to is medically trained**. They had concerns about the **process being slow** and again said that some of them are **less able to use digital technology**.

Next Steps – we will:



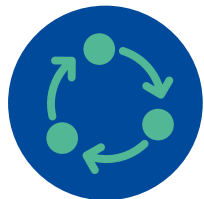
Share our findings with our executive team, key partners and providers (e.g. Yorkshire Ambulance Service) to **drive service improvements**.



Use our findings to **inform our local winter communications approach**.



Initiate conversations and develop relationships with community groups to explore **opportunities for further collaboration**.



Close the feedback loop– Ensure respondents are kept fully informed on how their feedback has made a difference.