



# NHS111

October 2024

Views on accessing urgent care and use of the NHS111 service



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# What we have heard – Key headlines

*We wanted to learn more about people's experiences and knowledge of NHS111 and the services it provides.*

More than 1,200 participants engaged in this exercise across two phases, by visiting our roadshow stands, completing a questionnaire, or attending a targeted focus group. Below is a summary of the key insights from the feedback collected:

## **1. 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 last two years.

**28%** of respondents had either **never** used NHS111 before or used it **more than** two years ago.

To increase the intention to use NHS111 to match awareness levels, we must consider several insights from this report, including:

### **- 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 respondents knew that 111 could help with this.
- **Mental health support** – just under half of respondents knew that 111 could help with this
- **Emergency dental appointments** – approximately 2 in every 5 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 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.

## **2- There are barriers to accessing NHS111 and other NHS services that need to be considered**

Although **almost half (42%)** of 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:

#### - *Accessing services*

- **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*

- **Car ownership** - 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 contacting NHS111 by **telephone** for its ease, speed, and reassurance, there was recognition of the need for **diverse communication** channels to include non-English speakers, those with learning disabilities, and individuals with additional communication needs (e.g., deaf or blind).

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*

### *1. Communications campaign*

- Raise awareness and encourage the public to use NHS111 when unsure about where to seek medical help.
- Promote a range of services, particularly lesser-known options (e.g., *pharmacy prescriptions, mental health support, emergency dental appointments*) to increase appropriate use.
- Enhance perceptions, trust, and confidence in NHS services through patient stories.
- Improve communication with underserved communities, particularly the homeless, through targeted outreach in hostels.

### *2. Targeted promotional communications & engagement campaign*

- Collaborate with local VCSE (Voluntary, Community, and Social Enterprise) organisations and system partners to identify diverse ethnic communities and existing groups.
- Distribute multilingual information leaflets to raise awareness of NHS111 as an alternative to 999 or A&E for non-urgent conditions.

### *3. Reflect, learn and grow*

- Reflect and learn from this engagement exercise and use that learning to inform our future approach to engagement.
- Share key themes and outcomes with partners to drive service improvements.
- Provide ongoing opportunities for dialogue with target groups to ensure the public voice remains central to decision-making.
- Conduct follow-up engagements at regular intervals to monitor the effectiveness of actions taken

#### **4. Collaborate to improve digital literacy among older people.**

- Partner with local authorities and VCSE organisations to explore opportunities for increasing digital literacy among older adults.
- Facilitate local training and development sessions to help older people gain confidence in using technology.

### **NHS England**

#### **5. Enhance accessibility for individuals with protected characteristics**

- Work with the deaf community to explore ways to improve accessibility via the NHS App.
- Collaborate with individuals with learning disabilities and their carers to enhance accessibility across online and telephone services.
- Address cultural and language barriers for people from diverse ethnic backgrounds and non-English speakers.
- Engage with the blind and visually impaired community to improve NHS App compatibility with specialist software, enhancing accessibility.

#### **6. Improve service efficiency and reduce waiting times**

- Explore ways to reduce callback times, a barrier that leads patients to seek care elsewhere in the system.
- Improve communication during waiting periods (e.g., providing queue position updates or text messages with estimated wait times) to reduce anxiety and improve the patient experience, particularly amongst callers with learning disabilities.
- Review signposting of services in Humber and North Yorkshire, particularly for those in coastal areas, ensuring referrals take local geography into account (e.g., avoiding signposting Withernsea residents to services in Grimsby).

#### **7. Empower staff to be more disability and neurodiversity aware**

- Improve training offers for clinical and non-clinical staff so they are more aware of disabilities, how they may present, and the specific needs of these individuals.
- Ensure staff feel confident and equipped with the skills and tools to support and communicate appropriately with people with disabilities.

#### **8. Ensure NHS111 is free to access for all**

- NHS111 must be free to access for everyone. However, it is not currently free to call from a telephone box, creating barriers for vulnerable populations (e.g., the homeless) and those in rural areas with poor phone signal or internet access.
- Work with telephone providers to ensure NHS111 is free to call from all landlines, mobile phones and telephone boxes across country.

## Next Steps

Next, we will:

- ✓ *Share our findings with our Executive Team and key partners 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 by updating local people on how their voice has made a difference.*

## Introduction

The NHS 111 national communications campaign encourages people to use the NHS 111 service when they have an urgent but not life-threatening medical need. The campaign promotes the NHS 111 service and how people can call, go online or use the NHS App to get assessed and directed to the right place for them.

The aims and objectives of this communications campaign were:

1. To increase awareness and understanding that NHS 111 is easier and more convenient for people to get the treatment they need in the right place such as an Urgent Treatment Centre (*UTC*), GP Practice or pharmacy. And if needed arrange a call back from a doctor.
2. To encourage people to use NHS 111 when they have an urgent but not life-threatening medical need.
3. To reassure people (*where English isn't their first language*) that health care information and advice is free and where they can find more information.



To compliment this national campaign and to gather greater insight into the local populations' views and experiences of using NHS111, NHS Humber and North Yorkshire Health and Care Partnership (HNY HCP) undertook a wide-reaching programme of engagement commencing in March 2024.

## How we have listened - Methodology

### Aims and Objectives

To ensure a broad range of views and experiences were captured, a two-phased approach was taken with this engagement. The aims and objectives for each phase of engagement are described below.

#### Phase 1 – General population

- To raise awareness of the national NHS111 communications campaign by visiting popular, high-footfall community locations across the ICB geography and providing people with a leaflet containing information pertinent to the aims of the communications campaign.

- Test the effectiveness, success, and reach of the national communications campaign by understanding awareness, where people see/hear key messages and what methods of communication/promotion they prefer.
- To gather insight as to where people are on their journey of fully understanding what NHS111 is and when/how it can be used. To understand what people's default behaviours are should they require urgent but non-threatening medical care via a short questionnaire and other innovative methods.
- To identify potential case studies where people have had a particularly positive/negative experience and are happy to share their story.

## **Phase 2 – Targeted groups and communities**

- To identify (*via NHS111 activity data and other insight already gathered*) groups of people and communities who use the service less frequently/not at all.
- Identify any mitigations in reducing health inequalities by understanding the barriers faced by the identified groups of people or communities.
- Reassure people (*where English isn't their first language*) that health care information and advice is free and signpost them to where they can find more information by handing out information cards in different languages.

**Please note – Phase 2 methodology, engagement reach, and findings are described within section 2 of this report from page 33.**

## **What do we know?**

This section outlines insight which has been collated from several sources, including feedback from local Healthwatch and a survey about access to emergency departments (ED) undertaken in the Humber and North Yorkshire area in 2020.

Key themes to emerge from the insight we have available are:

- Older people and those with financial difficulties might struggle more and have less confidence in using NHS111.
- Men may be less aware of what services are available than women.
- In our area, a significant proportion of people had not seen information about when it was appropriate to visit an Emergency Department
- although awareness of NHS111 is good, there was still a proportion of people locally who had not used the service.

## National insight and data

### National NHS11 patient satisfaction survey – data from 2020/21

[Statistics » Data Sets 2011-2021: NHS 111 Minimum Data Set 2011-2021 and IUC ADC Experimental Data Set 2019-2021 \(england.nhs.uk\)](#)

Providers of NHS111 services are required to survey their telephone callers to gather feedback and supply this data to NHS England every six months. Data gathered includes satisfaction with NHS 111, whether advice was followed, if the problem improved, and what callers would have done if NHS 111 was not available.

In 2020/21, 90% of respondents in Yorkshire and Humber were very or fairly satisfied with the way the NHS111 service handled the whole process. 97% followed at least some of the advice provided, and 76% found their problem was completely better or improved within seven days of their call.

If NHS111 had not been available, 49% said they would have contacted primary care, 24% would have contacted 999 and 20% would have chosen to go to an A&E about their health problem. 38% found the advice given by 111 to be very or quite helpful.

### Healthwatch England – National poll about accessing healthcare – 2023

[Briefing: how confident are people about NHS healthcare | Healthwatch](#)

A national poll run by Healthwatch England found that confidence in accessing services, including critical services, was low and had decreased since the start of the year. Confidence in where to seek help was found to be lower among older people and those who are struggling financially.

42% felt total confidence in calling NHS111, but 17% were totally not confident. 999 and NHS111 had higher proportions of confidence than accessing other services, though it was still under half of respondents. 55% of those confident to use NHS111 had accessed the service in the past six months so had recent experience.

One of the recommendations of the report was to improve public confidence that the NHS is open for business and to provide information about the range of services that can be accessed, particularly during the winter months. Those who have not accessed services regularly in particular should be given the right messages to know what is currently available.

## Local insight and engagement

### Emergency Department Patient Survey – October 2020

[Accident-and-Emergency-Feedback-Report-Full.pdf \(betterhospitalshumber.nhs.uk\)](#)

Clinical Commissioning Groups across the Humber Coast and Vale worked together to carry out a survey to understand the reasons why people attend A&E. It helped develop a profile of people using ED across the area, gain an understanding of what motivates people to attend ED and looked at the extent of knowledge of alternatives that are available. This led to the development of a campaign to target key audiences and raise awareness of the range of NHS available and how to access them.

In total there were 2008 responses across the area. Overall, 25% of respondents had not seen or been given information about when it was appropriate to visit ED and 20% could have been treated at other more appropriate services. This led to 'Choose Well' messages promoted to the wider population. Just under half of respondents said if they could have been seen quicker, they would have used NHS111. 98% had heard of NHS111 for treatment or advice, however 18% of those had not contacted the service.

### **Local Healthwatch Insight and Engagement**

#### **[Emergency Department Enter and View Report January 2022, Healthwatch Humber Network](#)**

In January 2022, Healthwatch across the Humber carried out Enter and View visits to find out how services are run and make recommendations where there are areas for improvement. These visits took place in Emergency Departments (ED) at Hull Royal Infirmary, Diana Princess of Wales Hospital and Scunthorpe General Hospital. The feedback was used to help design future models of care for Urgent and Emergency Care (UEC) and identified the profile of people using ED services, their motivation for presenting at the local ED and the extent of knowledge of alternative services that are available. In total the exercise engaged with 153 patients.

18.8% of patients who said they could have used an alternative service, attended their ED due to difficulties in arranging an appointment with their GP. Healthwatch found that patients commonly knew about GPs, NHS111 and pharmacies, but less about Urgent Treatment Centres or GP Out of Hours. They found that those advised to attend their local ED could have been treated elsewhere if the GP practice or NHS111 had offered alternatives.

The primary method of getting information about available services was said to be the internet, and men were generally less aware of alternatives than women. Healthwatch suggested further research and engagement to help people become more aware of alternatives and how to access them.

### **Healthwatch Hull insight – 2023**

More recent feedback about NHS111 was provided from local Healthwatch from conversations during 2023. This feedback describes patient experience, such as

lengthy waits for a call back from the NHS111 service, with one patient having been for treatment at the Emergency Department in the meantime due to a delay in receiving a call back from NHS111. Others had a timely response and spoke about the help NHS111 offered in accessing other emergency services, with people talking about how the service had made appointments for them to attend.

## **Healthwatch Hull – Voices of the Street – 2024**

[VOICE-OF-THE-STREET-REPORT-FOR-PUBLISH-1.pdf](#)  
[\(healthwatchkingstonuponhull.co.uk\)](http://healthwatchkingstonuponhull.co.uk)

Healthwatch Hull recently undertook a 24-week engagement exercise with people experiencing homelessness (PEH) to highlight their views and experiences when interacting with Yorkshire Ambulance Service (YAS).

Feedback from PEH was largely positive; staff provide compassionate and dignified care and treatment. However, mental health support, stigma, and access barriers were significant concerns affecting PEH. There were also disparities between those who are street homeless and those residing in hostel accommodation due to the support provided by hostel staff

### ***Experiences of NHS111***

PEH told Healthwatch that the 111 service does not effectively cater to the rough sleeper community due to a number of barriers.

- Call backs - 111 requires a phone for contact and often people are required to wait for a callback. These call backs can be a few hours later which can create difficulties for rough sleepers who may not have mobile phone access or may not have credit on their phone to make a call.
- Battery charge issues - especially in the evenings when charging facilities may not be available
- Financial constraints - one individual, formerly a rough sleeper, resorted to using their last £5.00 to contact 111 from a phone box.
- Locations of appointments - A rough sleeper in Hull experienced difficulties accessing emergency dental care through 111, as the appointment they were offered in Goole was inaccessible due to lack of funds for transportation

As a result of these barriers, people often do not utilise NHS 111 at all, and may inappropriately access the walk-in centre, hospital, or do not access any treatment.

In contrast, those living in hostels find 111 quick and helpful, utilising it for various medical concerns including emergencies, dental issues, mental health, and minor illnesses.

Some people said they were not fully aware of what services 111 provided or when they can use it.

# Phase 1 – General Population Engagement

## Phase 1 - Engagement methods

A variety of methods were utilised across this phase of engagement to gather a wide range of stakeholder views and experiences. The engagement methods adopted for Phase 1 are described below.

### Target audience

Engagement for this phase was wide-reaching, with no specific target audience. NHS111 is a service for everyone, so we wanted to hear from as many different people and communities as possible across the ICB geography who may have used NHS111 within the last 2 years.

We used local knowledge to ensure we mapped out and visited suitable locations, which were popular with local people and generated a high footfall to support us in achieving the engagement aims and objectives described earlier in this report.

### Experience and views questionnaire

A digital questionnaire was used to engage with stakeholders. This was promoted in a variety of ways including:

- Facebook and Instagram
- Websites
- Newsletters and bulletins (e.g. Working Voices, Accord)
- ICB Programmes (e.g. Cancer Alliance, LMNS)
- Collaboratives (e.g. Voluntary)
- Press release to local media outlets

To increase accessibility, particularly amongst those facing digital exclusion or digital literacy, the opportunity to request a paper copy of the questionnaire was highlighted wherever the survey was promoted. People were also offered the opportunity to complete the questionnaire over the telephone and could also request the survey in different languages or formats. The questionnaire can be found in appendix (i)

The questionnaire was developed to gather a mix of qualitative and quantitative data, and covered the following areas:

- Awareness of NHS111 (*Levels of awareness, use and understanding of NHS111*)
- Experience of using NHS111 (*Satisfaction levels (+/-, methods used)*)
- Accessing urgent care (*default behaviours, drivers, and norms*)
- Barriers (*what prevents people from using NHS111, mitigations*)

Three open questions were included to capture respondents' reasoning and rationale for using particular methods to access the service as well as identifying any mitigations to barriers currently faced when accessing NHS111.

## Skip-logic explained

As a self-completion questionnaire was used, not all respondents answered all the questions. Therefore, the base size (the number of people answering) varies slightly for each question. Each chart in this report shows the number of people who responded to the question as well as the number of people who skipped a question. The response rate is calculated based on the response rate for each question.

Skip logic was applied to this questionnaire to ensure respondents only answered questions relevant to their experience and previous answers. Skip logic was applied to respondents who said that they had not heard of NHS111 before and those who had heard of NHS111 before, but never used it.

The demographic monitoring questions were consistent for both cohorts of respondents.

The questionnaire was open for a total of 8 weeks, launching on Saturday 16<sup>th</sup> March 2024, and closing on Friday 10<sup>th</sup> May 2024. The initial closing date was extended by 2 weeks to allow for additional responses to be received following a press release being issued<sup>1</sup>.

## Roadshow events – Phase 1

In addition to the feedback gathered through the questionnaire, we also undertook a series of drop-in roadshow events across the HNY geography. In total we visited 22 high-footfall locations, these are detailed in the table below.

Location	Date	Time	Engagements
<b>Hull</b>			
MKM Stadium, Walton Street	16/03/24	12-3pm	30
Hull University	18/03/24	11am-2pm	24
St Stephens Shopping Centre	05/04/24	11am-1pm	11
<b>East Riding of Yorkshire</b>			
Hornsea Hub	20/03/24	10am-1pm	28
Withernsea Leisure Centre	21/03/24	11am-1pm	13
Bridlington Leisure Centre	25/03/24	10am-1pm	14
Beverley Leisure Centre	25/03/24	10am-1pm	12
Goole Leisure Centre	10/04/24	9.30-11.30am	18
Beverley Library	18/04/24	10am-1pm	7
<b>North East Lincolnshire</b>			
Immingham Leisure Centre	22/03/24	12-3pm	14
Pennells Garden Centre	11/04/24	11am-2pm	CANCELLED
Freeman Street Market, Grimsby	16/04/24	10am-1pm	7
<b>North Lincolnshire</b>			
Baysgarth Leisure Centre	27/03/24	10am-1pm	10

<sup>1</sup> The decision-making process for extending the questionnaire's closing date is documented in the mid-point review, located in appendix (ii).

Asda, Scunthorpe	04/04/24	1-4pm	18
Brigg Garden Centre	05/04/24	11am-2pm	CANCELLED
St John's Market, Scunthorpe	05/04/24	2-5pm	13
<b>York</b>			
York St John's University	27/03/24	11am-2pm	20
City of York Council, West Offices	28/03/24	9.30am-	10
York Football Club	06/04/24	12.30-2pm	30
<b>North Yorkshire</b>			
St Roberts Centre, Harrogate	02/04/24	9am-1pm	6
Gallows Close Centre, Scarborough	05/04/24	10am-1pm	15
Falsgrave Community Centre, Scarborough	08/04/24	12-3pm	4
Scarborough Library	09/04/24	11am-1pm	20
Malton Library	16/04/24	11am-1pm	15
<b>TOTAL</b>			<b>339</b>

To ensure that we made each contact count, we attended each event with a double-sided information postcard that people could take away with them. This signposted them to the online survey, and also the NHS111 website.



For those who were unable to speak with us or complete the questionnaire, we also had quick poll questions on display as an alternative way of capturing feedback and making each contact count. Questions included:

- If you had an urgent but not life-threatening medical need what number would you call (111, 101, 911, 999 etc)
- What would you call NHS111 for?
- Describe NHS111 in one word.
- How can we best reach you?

A mid-point review was undertaken during Phase 1 (w/c 25th March), to identify the effectiveness and success of the questionnaire and to identify any underrepresented groups of people or communities. Details of the mid-point review and the decisions taken can be found in appendix (ii).



## Phase 1 - Engagement reach

### Questionnaire

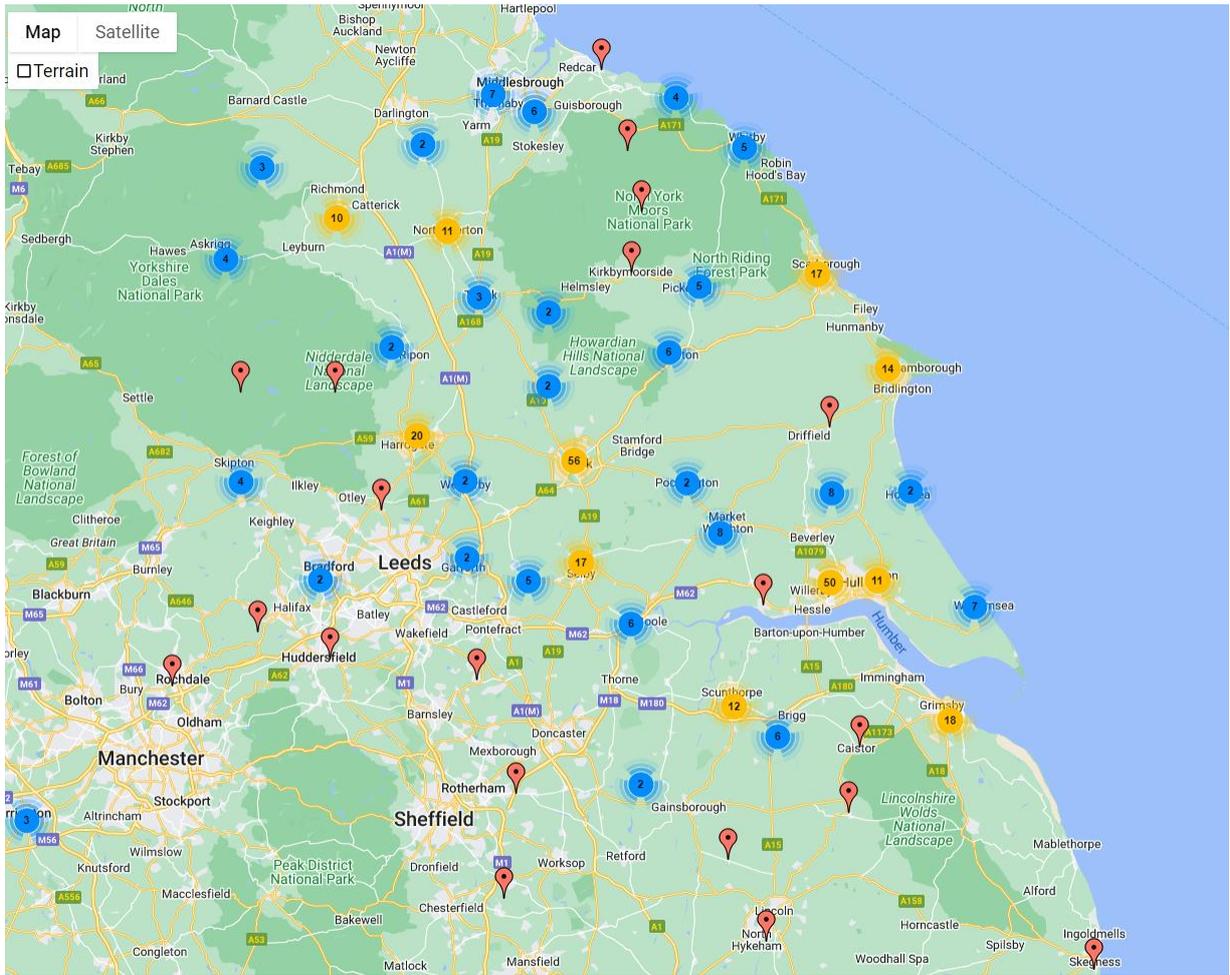
669 people completed the digital questionnaire. 178 from North Yorkshire, 153 from the East Riding of Yorkshire, 86 from York, 63 from Hull, 48 from North Lincolnshire and 39 from North East Lincolnshire.

76 respondents provided a postcode from outside the NHS Humber and North Yorkshire ICB area. These included post codes from: Buckinghamshire, Cleveland, Cornwall, County Durham, Derbyshire, Devon, Doncaster, East Anglia, Greater Manchester, Leeds, Lincolnshire, Nottingham, Portsmouth, South Yorkshire, Suffolk, Tyneside, West Midlands and West Yorkshire.

26 respondents did not provide the first half of their postcode so we are unable to identify which locality they live within. The map below shows the geographical spread of where questionnaire responses came from with the ICB geography and surrounding areas<sup>2</sup>

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<sup>2</sup> Source: [www.tractivity.com](http://www.tractivity.com)



96.1% (641) of respondents had heard of NHS111 before, and 71.7% (459) of those had used NHS111 within the last two years either once or multiple times.

The majority of respondents identified as female 64.7% (433). Over a quarter of responses came from people aged 65-74 years old 25.2% (169), and 67.1% (449) of responses came from people aged between 55-84 years old. A detailed breakdown of the demographics of those who completed the questionnaire is set out in appendix (iii)

No requests for paper copies, alternative languages/formats, or additional support via a telephone or web call were received.

## Facebook paid advertising

A series of paid social media posts were published on the NHS Humber and North Yorkshire Health and Care Partnership's Let's Get Better Facebook page. The aim of this boosted marketing was to ensure that every effort was made to engage with as many different groups of people and communities as possible.

The target audience was people aged 18 years and over. In addition, we undertook specific promotional posts in North Yorkshire and Holderness to increase participation. We also carried out 3 days of paid for promotion of events in Grimsby, Malton, Scarborough, Scunthorpe, Hull and Bridlington.

Overall, 9 posts were published, generating a total engagement reach of **276,282** people.

A full breakdown of the engagement reach generated by Facebook paid advertising can be found in appendix (iv)

## Social media comments

Comments made on social media posts were also collated and analysed to identify any emerging themes. **396 comments** were posted during a period of 27 days. (20th March to 16<sup>th</sup> April 2024).

Overall, generic comments form the most significant theme in the feedback, where the post is seen to be **expressing an overall opinion** of the service. There were **93 general comments** made which were **positive in sentiment**, many reflecting a **positive experience** of using the NHS111 service and describing the service as **'helpful'** or from people saying they could **not have coped** without the service.

*"Always been very good when needed, thorough and helpful.."*

*"I used it last weekend for a minor but worrying issue, and found it really efficient"*

There were **32 generic negative** comments, most of which **do not explain** why the respondent is not happy with NHS111.

*"How long have you got"*

*"Not fit for purpose"*

Another common theme was about **the speed of response from the service**. This was mixed between people who found the service to be quick to respond and those who said it took time to get a call back.

*"When my husband was very ill last month they were great Doctor called within an hour exactly what they said he would. Most grateful"*

*"... Only called them once in the past and it took 10 hours for Dr to call back"*

There were a number of positive comments made about the **emergency response** from NHS111, particularly where an emergency ambulance was deployed.

*"Very good called an ambulance for me when I needed one"*

*"I've been very lucky. Called them twice and on both occasions, they sent a blue light ambulance I didn't know I needed!"*

*"Saved my life October 2021. I'm here today simply because they were there for me when I so desperately needed them. An ambulance arrived at 3.30am ~10 minutes after I called them."*

Some of the more negative feedback on social media was regarding the **perceived suitability of the advice** and in particular the medical training of those handling the calls and responding to the patient. Some of the feedback related to advice that was given that was believed by the recipient to be wrong.

Other comments in response to our social media posts included views that the service was better than contacting a GP surgery, that NHS111 provides reassurance and some feedback that expressed a preference for using other services for urgent care and advice.

*"If we had listened to 111 who promised a community nurse visit instead of taking her to A&E, our granddaughter would have died. She was diagnosed with Strep type 2 meningitis."*

*"Not impressed. They suggested my neighbour ring the doctor the following day when her elderly husband had a fever and was hallucinating. Fortunately, she rang the doctor straight after and the surgery called an ambulance"*

*"Never had a problem. But when they advise you go to a and e and the doctor says I don't know why you're here and NHS 111 people aren't medically trained! There's no hope."*

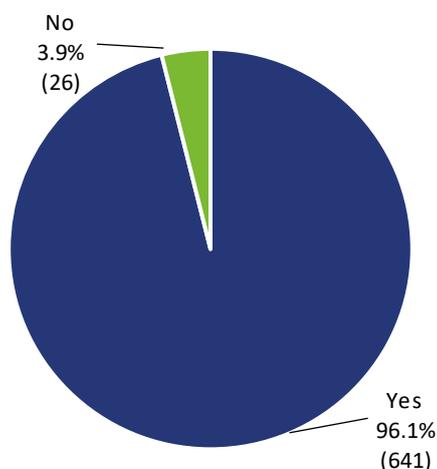
*"People who are first contact are working from a computer protocol. Their answers to prompted questions determine next question. They are not clinically trained nor is a computer"*

A full summary of the coded social media responses can be found in appendix (v) Some people chose to share comments which were not about NHS111 but about other NHS services, and these have also been included in appendix (v) and will be used as insight to inform the development and improvement of these service areas.

## Phase 1 - Questionnaire findings

### Question 1 – Have you heard of NHS111 before?

Answered: 667 Skipped: 2



**96.1% (641) respondents had heard of NHS111 before.**

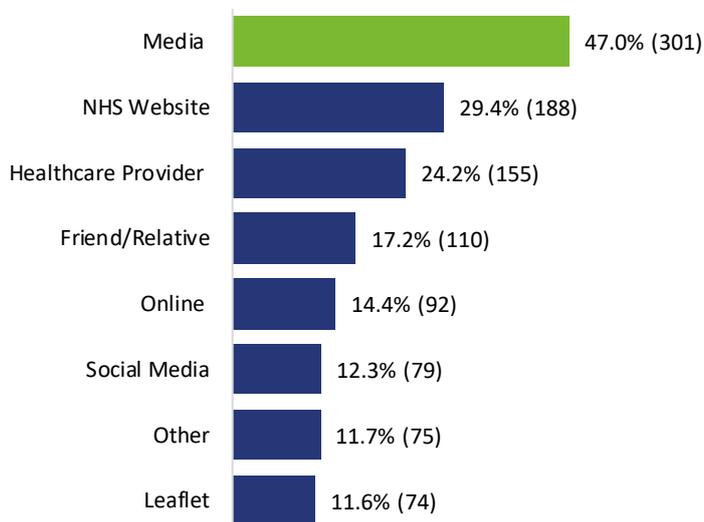
3.9% (26) of respondents who had not heard of NHS111 before were directed to question 10.

Further analysis of postcode data for respondents who had not heard of NHS111 before showed no themes or trends, however, the majority of respondents who selected 'no' lived in **North Yorkshire**.

### Question 2 – How did you first hear about NHS111 (*Please tick all that apply*)

Answered: 640 Skipped: 29

Please note as this is a multiple choice question, the percentages may add up to more than 100%



This question received **1,074 selections**, suggesting respondents who selected 'yes' to question one have heard about NHS111 from **multiple sources or platforms**.

The majority of respondents (301) selected **Media** as their source of hearing about NHS111 for the first time.

75 respondents selected 'other'. Their comments have been coded by theme and can be found in full in appendix (vi)

However, key themes to emerge from the 'other' comments provided are:

- **Work** – 27 respondents said they knew about NHS111 through their **work or previous role** (e.g., *now retired*)

- **Common knowledge** – 15 respondents either **couldn't remember** where they heard about NHS111 as they have **known about it for so long**, or that it was just **part of their general knowledge**.
- **Communication** - 12 respondents heard about NHS111 through **word of mouth**, **promotional communication** on the side of an ambulance or through **VCSE organisations** such as Healthwatch.

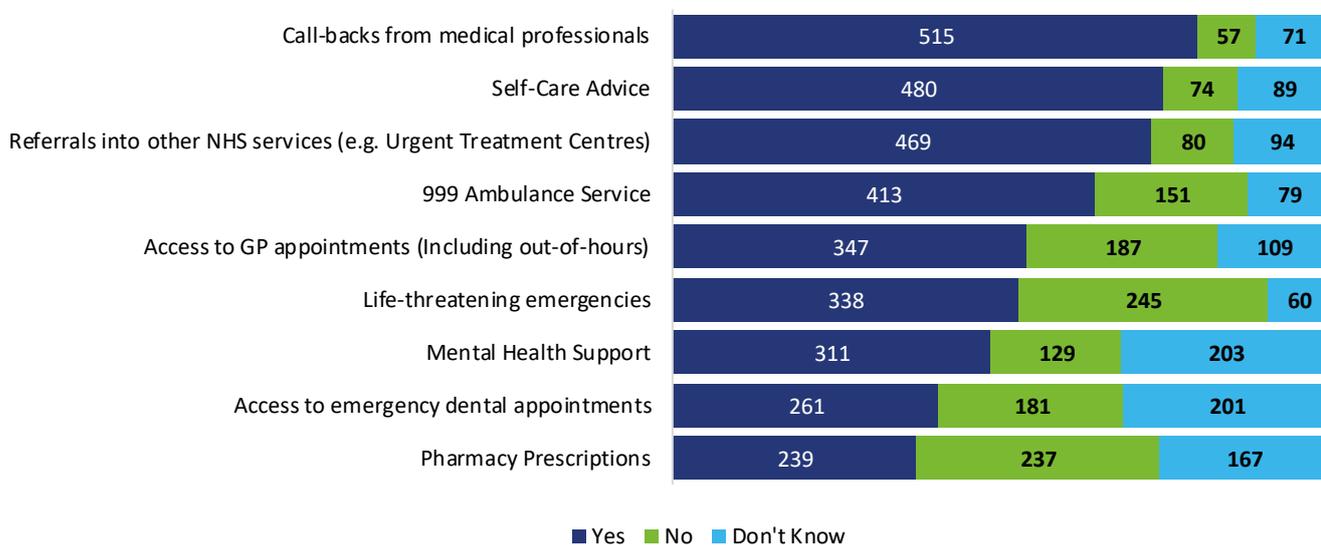
*"As part of my NHS role"*

*"I've always been aware – it's just common knowledge"*

*"I saw it advertised on the side of an ambulance"*

### Question 3 - Which of the following services do you think NHS111 can provide? (Please provide an answer for each row)

Answered: 643 Skipped: 26



This question was aimed to understand and test respondents' levels of knowledge and understanding around what services NHS111 can provide. Respondents were encouraged to answer 'Yes', 'No' or 'Don't know' for each service option.

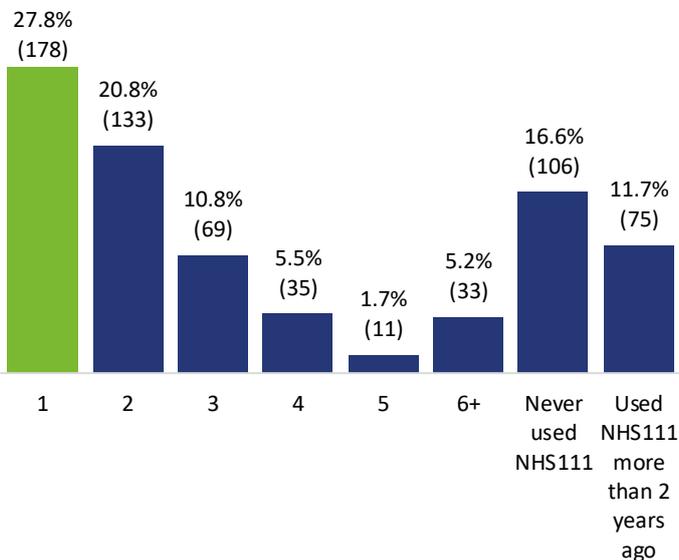
The most well-known NHS111 services with respondents included **call-backs from medical professionals (515)**, **Self-care advice (480)** and **Referrals into other NHS services (e.g. Urgent Treatment Centres) (469)**.

The services that were not as well-known with respondents included **life threatening emergencies<sup>3</sup> (245)**, **Pharmacy prescriptions (237)**, **access to GP appointments (including out of hours) (187)** and **access to emergency dental appointments (181)**.

<sup>3</sup> Source: <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/accessing-nhs-111/>

## Question 4 – How many times have you used NHS111 within the last 2 years? (both online and telephone)

Answered: 640 Skipped: 29



**43.9%, (281)<sup>4</sup>** of respondents said that they had used NHS111 **multiple times** within the last 2 years.

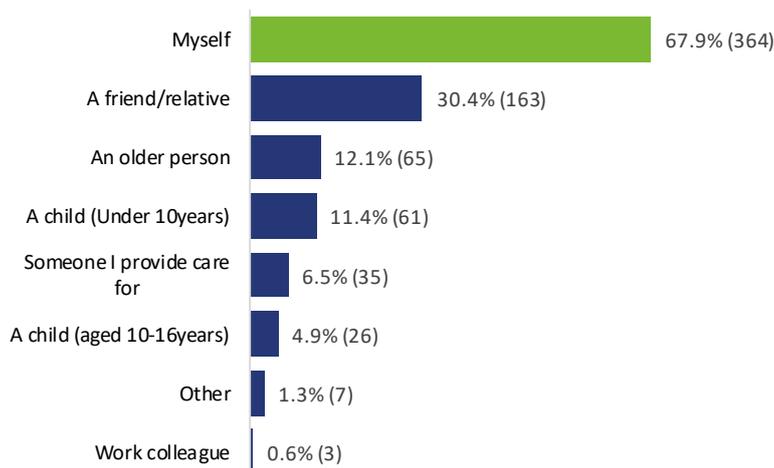
Over one quarter of respondents (**27.8%**) said that that had only used NHS111 **once** within the past two years.

**16.6% (106)** had **never** used NHS111 before. These respondents were directed to **question 9**.

## Question 5 – Who did you contact NHS111 for? (Online or telephone), (Please select all that apply.)

Answered: 536 Skipped: 133

Please not as this is a multiple choice question, the percentages may add up to more than 100%



More than half of respondents said they contacted NHS111 for **themselves (67.9%, 364)**.

**30.4% (163)** said they contacted NHS111 for a friend/relative.

7 respondents selected 'other'. Their responses included **"a patient"** and **"a man in the street who had a seizure."**

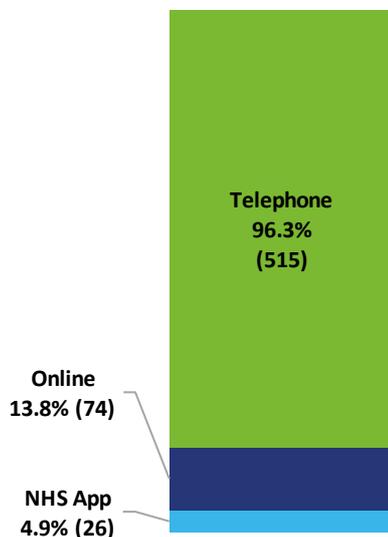
These comments can be found in full in appendix (vi)

<sup>4</sup> combined total and percentages of responses received between 2-6+ times.

## Question 6 – When you used NHS111 in the past which platform(s) did you use? *(Please tick all that apply)*

Answered: 535 Skipped: 134

Please note as this is a multiple choice question, the percentages may add up to more than 100%



**96.3% (515)** of respondents accessed NHS111 via the **telephone**. Further analysis of the data shows that this platform was most popular with respondents **aged between 55-85 years**, with 66.5% of the 515 respondents falling within this age bracket.

The **NHS App** was the least popular platform for contacting NHS111 with respondents, especially those aged between **0-24 years and 85+ years**. Both age categories received a **0% response rate** for this platform.

Respondents were then asked to explain in a few words **why** they had chosen this platform. **481** comments were received in total.

These have been analysed and coded against a specific coding framework. Some comments were cross-cutting, so may have been coded against more than one theme within the framework.

A full summary of the responses can be found in appendix (vi) however the key themes to emerge were:

- **Ease of use & access - 226** comments were provided within this theme. **141** respondents expressed that the **telephone** was their preferred method of communication to use when contacting NHS111 as they feel it is **easier and quicker** than online methods. Many weren't aware that online/alternative options were available.

*"I prefer using the telephone, I trust that system more"*

*"Easiest way to communicate"*

*"I instinctively go to the phone first as it's always to hand"*

- **Communication - 104** people commented they **preferred to use the telephone** because they **wanted to speak to someone** and 30 of these added they liked this gave them **additional reassurance**.

*"I would prefer to speak to a person, I find it easier and more personal especially when feeling poorly. You just need someone kind, patient and takes control when your feeling so poorly and vulnerable"*

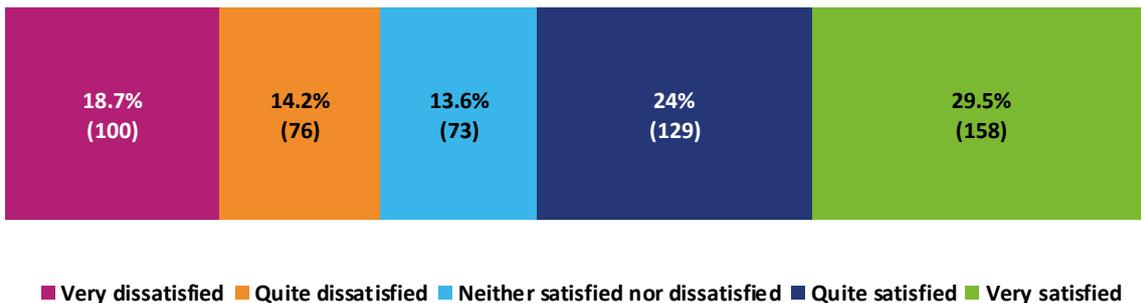
*"I find speaking to someone more reassuring"*

- Accessibility** – 67 comments were provided within this theme. **40** respondents told us that they used the phone due to **technical barriers** such as **lack of digital access** or **digital literacy**. **25** respondents **weren't aware** they could access NHS111 in different ways, and **1** respondent preferred to use the online or the app due to having a **hearing disability**.



### Question 7 – Overall, how satisfied or dissatisfied were you with the service you received from NHS111?

Answered: 536 Skipped: 133

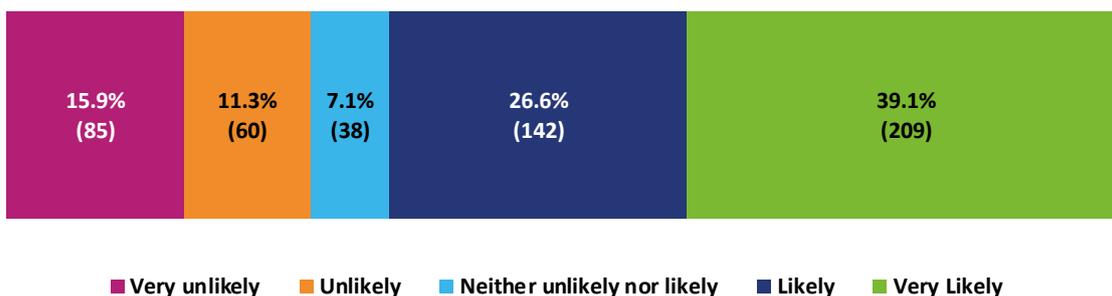


Overall, satisfaction rates are **positive**, with over half of respondents being either **satisfied or very satisfied (53.5%)** with the service they received rather than dissatisfied or very dissatisfied (32.9%).

Further analysis of the data shows that of those 176 respondents who selected very dissatisfied or quite dissatisfied, and who went on to provide the first half of their postcode, almost 30% (**29.5%, 52**) lived in the North Yorkshire area, however, the postcodes provided were widely dispersed, showing now further trends.

### Question 8 – If you needed urgent, but non-life-threatening medical help in the future, how likely is it that you would use NHS111 again?

Answered: 534 Skipped: 135



Overall, respondents would be **likely or very likely (65.7%)** to use NHS111 again in the future if they needed urgent but non-life-threatening medical help.

Further analysis shows a correlation between those who answered dissatisfied or very dissatisfied to the question above, also being less likely to use NHS111 in the future (53%).

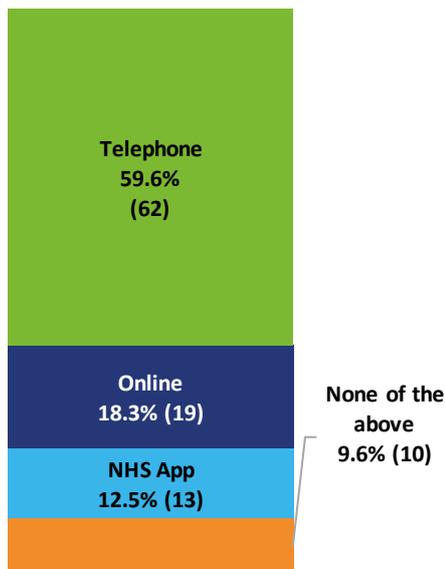
145 respondents said they were very unlikely or unlikely to use NHS111 in the future, 64% (93) of them also identified having a lack of trust/confidence in the service<sup>5</sup>. The majority of these respondents also provided a postcode in the North Yorkshire area (22.5%).

### Question 9 – If you have heard of, but not used NHS111 before, which platform do you think you would be like to consider using in the future to contact the service?

Answered: 104 Skipped: 565

Please note – Skip logic was applied to this question for respondents who had heard of the service but never used it before being directed here after question 4. As a result, this question has a smaller sample size.

<sup>5</sup> please see question 11 data for further details.



**59.6% (62)** of respondents who had heard of NHS111 before, but never used it said that they would consider contacting the service via the telephone should they need to use it in the future.

Further analysis of the data shows that this platform was most popular with respondents **aged between 55-84 years**, with 82% of the 62 respondents falling within this age bracket.

The **NHS App** was the least popular platform for contacting NHS111 with

respondents, especially those aged between **0-15 years and 85+ years**. Both age categories received a **0% response rate** for this platform.

Respondents were then asked to explain in a few words **why** they had chosen this platform. 85 comments were received in total. These have been analysed and coded against a specific coding framework. Some comments were cross-cutting, so may have been coded against more than one theme within the framework.

A full summary of the responses can be found in appendix (vi) however, the key themes to emerge were:

- **Communication – 31** comments provided were coded against this theme as respondents expressed that **telephone would be their preferred method of communication** because they would **prefer to talk to someone**.

*“Actually speaking to a person can ease the mind”*

*“You can tell people in conversation what the problem actually is”*

*“At least you know you are being heard”*

- **Ease of use & access** – was another common theme to emerge from the comments provided (27).
  - **Telephone (15/27)** – some respondents who said that telephone would be their preferred communication method had a perception that it was more direct and that they would be dealt with faster than those using online methods. Others felt this was the easiest and quickest way to contact NHS111
  - **Online (6/27)** - Respondents who selected online as their preferred method of communication also felt that this was the easiest and quickest way to contact the service, they liked that the information was available instantly and they preferred this method to waiting in a queue on the phone.

- **NHS App (6/27)** – respondents who selected this communication method felt that this was the easiest way of accessing the NHS111 service, many also highlighted that they regularly use the app for repeat prescriptions and eConsultation requests with their GP practice.

*“It feels more immediate with chance to speak to a human being”*

*“Because it’s easier than hanging on the phone”*

*“The NHS App is easy to use, as I use it to put eConsultation requests into my GP surgery, and there is no waiting in a call queue”*

- **Digital & Technology** – 35 comments were coded against this theme, 27,(77%) of these provided by respondents who selected telephone as their preferred method of communication. Issues raised here include:
  - **Digital Access** – not everyone has access to the internet or a smartphone
  - **Digital Literacy** – not everyone has the knowledge or skills to be able to use online/digital methods due to rurality, age, finances.
  - **Digital Appetite** – many had no desire to learn how to use digital technology.

*“I’m not very good with computers”*

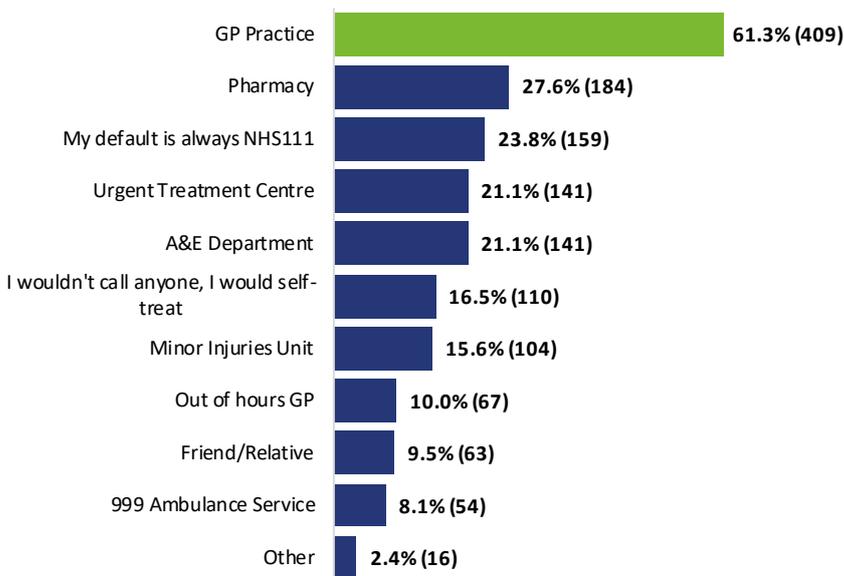
*“I am sick and tired of everyone assuming that everyone else has access to/is competent to/use online technology”*

*“Can’t use a computer and I have no interest in learning thank you!”*

## **Question 10 - How do you usually access urgent, but non-life-threatening medical care or treatment? (Please tick all that apply)**

Answered: 667 Skipped: 2

Please Note: As this is a multiple-choice question, the percentages may add up to more than 100%.



This question was included to better understand respondents' behaviours and norms around where they default to when they require urgent but non-life-threatening medical care.

More than half of respondents said they would usually go to their GP practice (**61.%, 409**).

**27.6% (184)** said they would visit their Pharmacy in the first instance, and **23.8% (159)** said that their default was **NHS111**.

**21.1% (141)** of respondents also said that they would go to an

**Urgent Treatment Centre**, or an **A&E department** in the first instance for non-life-threatening medical care.

Looking into this data in more detail the majority of these respondents lived within the **North Yorkshire and York area (49)**. Further travel analysis of the data told us that on average these respondents travelled **7 miles** to an **A&E department** and those journeys took on average **16.2 minutes**, this could suggest that A&E is their default service because it is closest to them.

When analysing the data in the same way, the majority of people saying they would visit a UTC in the first instance lived within **Hull (24)**. On average these respondents travelled **0.65 miles**, with those journeys lasting on average **3 minutes**.

16 respondents selected 'other'.

A full summary of the responses can be found in appendix (vi) however the key themes to emerge were:

- **Alternative services** - A number of respondents (6) preferred to use alternative services including community care, NHS Online or Google.
- **Circumstantial** - Some respondents (5) felt that it was difficult to say where they would go as it very much depended on the circumstances or nature of the illness/ailment and what treatment would be needed.
- **Access** - A smaller number of respondents (3) felt that access was an issue, examples provided included they don't want to wait prolonged periods of time in a waiting room, or that they can't get through to services when they do call.
- **Use** - 2 respondents commented to say they had never used any of the options provided in the question.

*"Community care (on behalf of my elderly parents)"*

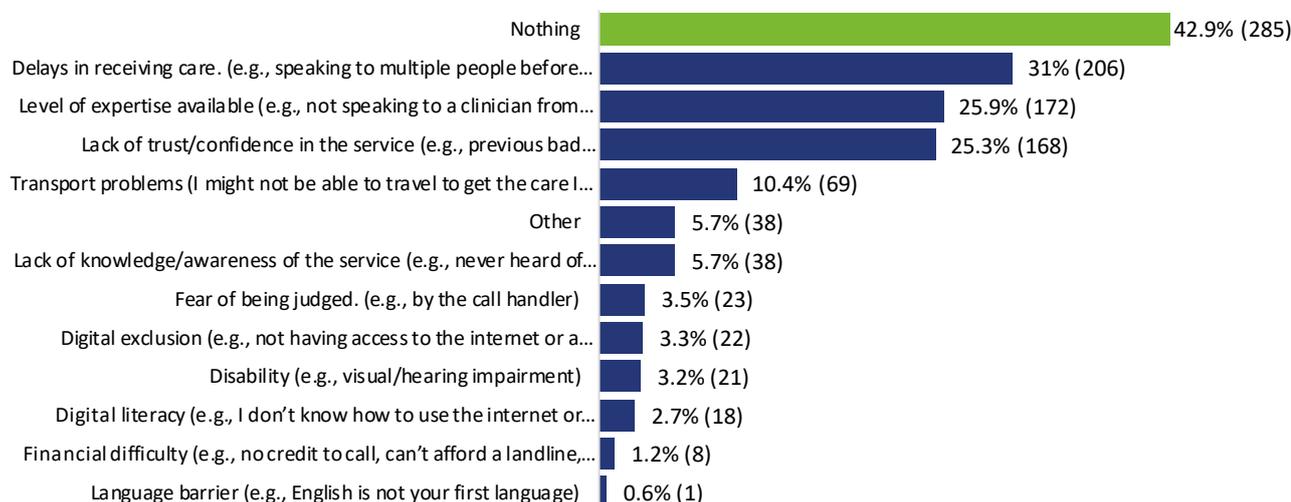
*"Decide on a case-by-case basis. Also, us patients quite often don't know what's life threatening"*

*"Not much use ringing 111 when you can't get through"*

## Question 11 – What might prevent you from using NHS111 in the future? *(please tick all that apply)*

Answered: 665 Skipped: 4

Please Note: As this is a multiple-choice question, the percentages may add up to more than 100%.



The majority of respondents (**42.9%**) did **not identify any barriers** preventing them from using NHS111.

The top three potential barriers identified were **delays in receiving care (31%, 206)**, **levels of expertise available (25.9%, 172)** and **lack of trust/confidence in the service (25.3%, 168)**

For delays in receiving care, **42.7% (88/206)** respondents who selected this also **identified as having a disability**, 53.4% (47) of the 88 respondents identifying as having a **Long-Term Condition (LTC)**.

**47.7% (82/172)** respondents who selected **levels of expertise available**, as a potential barrier, also identified as having a disability. Long-Term Conditions (LTC) was again the most selected disability type with **63.4% (52)** of those 82 identifying as having an LTC.

For respondents who said they had a **lack of trust in the service 29.2% (49/168)** identified as being disabled, however **61.2% (30)** of those 49 respondents identified as having an **LTC**.

These three barriers were also more prevalent with **female respondents aged 55-64 years**.

36 respondents selected other. Their comments have been coded by theme and can be found in full in appendix (vi)

However, key themes to emerge from the comments provided are:

- **Experience, education and awareness (14)** – More than half of the comments provided under this theme related to respondents having had a previous negative experience or having a negative perception of the service being a barrier. Examples of these included aggressive communication from call-handlers, and a feeling that the service was ‘*a waste of taxpayers money*’. Lack of understanding of how the service could help them was another barrier raised as well as fear of not being taken seriously. 1 respondent commented to say that the service was not open when they needed it<sup>6</sup>
- **Responsiveness of the service (12)** – Long waiting times to get through the service, long waiting times for call backs, call-backs at inappropriate times and delays in receiving care or treatment were the main barriers raised within this theme.
- **Access & alternative services** – Inappropriate signposting was a barrier raised multiple times; examples included being sent to places nowhere near their home. Some respondents preferred to call 999 or alternative primary care services.
- **Structure of the service (3)** – a small number of respondents felt that the ‘*rigidity*’ of the questions and the script used by call handlers was a barrier, others felt the online option was restrictive and unhelpful.

*“It is useless and a waste of time”*

*“Lack of confidence in the service based on previous experience”*

*“Not knowing much about them or what they do would stop me”*

*“Waiting in queue listening to music whilst urgent advice was needed”*

*“Not open when I need them”*

## Question 12 – What could we do to make it easier for you to use NHS111 in the future?

Answered: 436 Skipped: 233

Respondents were then asked to identify any solutions or mitigations to the barriers identified in question 11.

436 comments were received in total. These have been analysed and coded against a specific coding framework. Some comments were cross-cutting, so may have been coded against more than one theme within the framework.

A full summary of the responses can be found in appendix (vi) however the key themes to emerge were:

- **Customer service and communication (161)** - 36.9% of the comments related to customer service and communication issues (both positive & negative). Of these, 75 comments (17.2%) said that they found the service offered by NHS111 to be good and helpful , examples included people saying

<sup>6</sup> NHS111 is available 24/7, 365 days a year - <https://www.england.nhs.uk/urgent-emergency-care/nhs-111>.

that they found it 'very easy to use' and 'couldn't see how it could be made better'. 14.6% (64) of comments were more about customer service; and many of these related to negative experiences that respondents had with NHS111 call handlers, with some feeling that it takes too long to get through and speak to someone, whilst other people felt that call handlers didn't necessarily have the training and knowledge to manage some calls and were following a prompt-sheet of questions which is too long and frustrating for callers.

*"Satisfied with the service when I've used it, found it easy"*

*"...Due to volume of calls there is often a long delay in call being answered."*

*"...get staff who can diagnose and not put patients at risk through their lack of knowledge!"*

- **Responsiveness of the service (120)** - Many respondents commented (27.5%) on the responsiveness of the service offered by NHS111 could be improved. This generally related to the amount of time it takes to either get through to speak to someone at NHS111 (14.67%), or lengthy waits for a call back for advice (16.9%). There also appears to be a similar theme, although much less prevalent, whereby patients are receiving call backs from NHS111 clinicians – often after waiting for a considerable amount of time – at times which are inappropriate, such as during the middle of the night and early hours of the morning.

*"The length of time for a callback is not appropriate, I waited over 48 hours for a call back one time last year. That delay makes it much less likely that I will use 111 in the future."*

*"Call backs within specified time I was told it may be 3 hours at 7pm and was called at 4.45 am next morning..."*

- **Staffing (88)**- 20.1% (88) of comments related to the staffing of the 111 service needing improving. This covered a wide range of staffing issues, with 52 comments (11.9%) identifying a need for more clinical staff to be available to respond to patient contacts, and 21 comments (4.8%) saying that there are more staff needed in general – including call handlers. Continuing the theme of staffing, 30 comments (6.8%) were about the confidence patients have in the diagnosis and advice they receive via NHS111. In particular, some patients queried the level of training staff have received and whether they're suitably qualified to give out medical advice; this concern appears to relate more to the call handlers, than the clinicians who return calls.

*"Increase the number of clinical staff at NHS111, reduced the amount of calls that end with either an ambulance that is not required/wanted or direct to A&E which is often not wanted or needed"*

*"Stop using tick boxes and listen to what is wrong. If the complaint doesn't fit into their script, they cannot offer any help even if you are in extreme pain. Better and more comprehensive training is required"*



## **Phase 2 – Targeted Engagement**

## Phase 2 - Targeted groups and communities

### Target audience

For this phase a dedicated stakeholder mapping exercise was undertaken to identify groups of people and communities who use the services less frequently or not at all.

Data sources for this included NHS111 dashboard activity data, insight from partners (e.g. *Healthwatch and VCSE*) and insight from the Phase 1 questionnaire (e.g., *which groups/cohorts were underrepresented*).

From this we identified the following priority groups to target during this phase of engagement:

- Age (older people) 65-85+ years
- Age (younger people) 16-19 years
- BAME
- Parents and carers
- Disability (Audio/Visual Impairment)
- People with a learning disability
- People living with a long-term health condition.

We then reached out to local VCSE organisations and partner organisations asking to attend pre-existing groups/forums to engage directly with the people and communities they support.

### Focus groups/deliberative sessions

Methods adopted for this phase of engagement were adaptive depending on the group, their needs and their preferred method of communication, but included:

- Focus groups
- Drop-ins
- 1:1 conversation (online, telephone or in person)

A topic guide was developed to capture any feedback covering the following areas:

- Awareness of NHS111 (*Levels of awareness, use and understanding of NHS111*)
- Accessing Urgent Care (*default behaviours, drivers, and norms*)
- Barriers (*what prevents people from using NHS111, mitigations*)

The aims of the sessions were also to provide reassurance and education around NHS111 and accessing healthcare (*where English isn't their first language*) and provide signposting information (*in appropriate formats/languages*)

## Event locations- Phase 2

In total we visited 16 groups and collected feedback virtually from 4 groups these are detailed in the table below.

Area	Priority Group	Date	Time	Engagements
<b>Age (older people) 65-85+ years</b>				
ERY	Age UK - Brough Brunch Bunch	09/07/24	9.30am-11.30am	21
HULL	Age UK – Anlaby Brunch Bunch	11/07/24	9.30am-11.30am	13
NEL	Culture Club	15/07/24	10.30am-11.30am	10
<b>Age (younger people) 16-19years</b>				
HULL	St John's Cadets	17/07/24	6pm-8pm	38
HULL & ERY	Youth Action Group	12/08/24	6pm-7pm	8
HULL	Healthwatch Hull*	/	Collecting virtually	10
<b>BAME</b>				
NEL	ESOL Group – Learning for Life	09/07/24	1.30pm-2.30pm	11
HULL	Humber All Nations Alliance (HANA)	08/07/24	10am-12pm	3
HULL	The Peel Project	N/a	Collecting virtually	0
<b>Parents and Carers</b>				
HULL	Parent Carer Group	17/07/24	Collecting virtually	1
HULL & ERY	Aim Higher – Parents Support Group (Autism)*	10/07/24	10am-12pm	3
<b>Disability (Audio / Visual Impairment)</b>				
HULL	Elephant in the room Disability Inclusion	10/07/2024	1pm-2pm & Collecting Virtually	5
ERY	Sight Support Lunch	02/08/24	1pm-2pm	10
NL	Lindsey Blind Society	08/07/24	10.30am-**	15
ERY	Holderness Stroke Club	20/08/24	10.30am-12.30pm	11
<b>Learning Disabilities</b>				
NY	Neurodiverse Drop In, Selby	07/08/24	10am-11.30am	10

HULL	Aim Higher Youth Club (Autism)*	06/08/24	Collecting Virtually	5
<b>Long-Term Conditions</b>				
ERY	LTC Group – Goole Leisure	19/07/24	11.30-12.30	9
NL	MS Society	29/07/24	11am-**	10
HULL & ERY	Diabetes Support Group	06/08/24	7pm-9pm	7
<b>Mental Health</b>				
NL	MIND	17/07/24	1.30pm	CANCELLED
<b>TOTAL</b>				<b>197</b>

\*Cover multiple identified priority groups.

- Healthwatch Hull Feedback – also includes feedback from young people with learning disabilities.
- Aim Higher – Parents Support Group – also includes feedback on behalf of people with learning disabilities.

\*\*Please note the figures displayed in the table above, may not fully corroborate the numbers displayed in the tables within question three, this is because some attendees did not want to engage with us. We have however, included them in our engagement numbers as they were provided with educational information on NHS111.

## Engagement findings – Phase 2

### Question 1 – Have you heard of NHS111 before today?

Overall, the majority of people we engaged with told us that they **had heard of NHS111 before**, and **many had used the service** for either themselves, a child or a friend/relative and overall, the majority had a **good experience** of using the service.

Where people had a **poor experience** of the service, common themes across all groups were that the service **took too long** to help them (either answering the phone or calling back) or **poor advice** was given.

People had **seen NHS111 advertised in a variety of ways**, however, the main sources being **social media, TV, posters in city centres** and on the **side of ambulances**.

The group with the **least knowledge of NHS111** was those from a **diverse ethnic background (BAME)**. They appeared to be **more familiar with 999** and thought this was the same thing.

The below table provides a summary of emerging themes from the conversations we engaged in. A full list of the feedback we received can be found in Appendix (vii).

	Theme 1	Theme 2	Theme 3
Older People	Most have heard of NHS111	Many described the service as reassuring	Yes, and would continue to use it
Younger People	Most have heard of and used	Yes, and was good experience	Yes, but takes time waiting for a response
BAME	Yes, have heard about it in a group session	Yes, but they get in mixed up with the 999 service	Yes, have seen NHS111 on posters
Parents and Carers			
Disability	Most have heard of but not all used it	Yes, seen it advertised on TV, radio, housing organisation	Yes, but it is a poor service
Learning Disability	Most have heard of it	Have seen it advertised on social media, TV or billboards	Yes, but describe it as a general phone line for NHS or the doctors
Long-Term Health Condition	Most have heard of it	Seen it advertised on social media, TV, waiting rooms and side of ambulances	Yes, they ask all the right questions to help you

## Question 2 – What do you think NHS111 is for?

Knowledge of the full range of services offered by NHS111 **varied significantly across different groups**.

Overall, most individuals we engaged with (excluding BAME groups) had a **basic understanding of NHS111**, including its uses and the support it can provide.

**Young people, parents, carers, and individuals with learning disabilities** appeared to have the **most comprehensive knowledge** of the wide range of services available through NHS111.

In contrast, **BAME groups and older adults** seemed to have the **least awareness** of the services NHS111 offers.

The most widely **recognised services** across all groups were:

- 999 ambulance services
- GP appointments
- Self-care advice
- Call-backs from medical professionals

The **least commonly known services** included:

- Pharmacy prescriptions
- Mental health support
- Emergency dental appointments

The below table provides a summary of emerging themes from the conversations we engaged in. A full list of the feedback we received can be found in Appendix (vii).

	Theme 1	Theme 2	Theme 3
Older People	You can get a call back from a medical professional	It is for when you are unsure what to do and it isn't urgent	Didn't know it was for dental emergency or prescriptions
Younger People	It can get you referred through to other services	It is for when you are unsure what to do	They were less aware it was for mental health or dental
BAME	It is for an emergency	Were more familiar with seeking help from a GP	Were very familiar with the 999 service
Parents and Carers			
Disability	It can call you an ambulance or get advice and referral	It is good for getting some reassurance	Less aware about help with mental health or dental and prescriptions

<b>Learning Disability</b>	Can help with self-care or get call backs for non-emergency conditions	It can get you an ambulance	Less aware of help with GP appointments, dentist, mental health or prescriptions
<b>Long-Term Health Condition</b>	Can get call backs or advice if you are unsure	Less good if you need to physically see someone	They can refer you to other services

## Question 2a – How can you contact NHS111?

Overall, people expressed a preference for contacting NHS111 by **telephone**, citing it as **quicker, easier**, and allowing for direct interaction with a **human voice**.

**Older individuals** 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.

Responses from **young people** and those with **learning disabilities** were mixed between online and telephone options. Some preferred alternatives like live chat or the ability to respond at their own pace, while others favoured the speed of a phone call.

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, with one member stating, *"there's no other way to contact them (NHS111)."*

The below table provides a summary of emerging themes from the conversations we engaged in. A full list of the feedback we received can be found in Appendix (vii).

	<b>Theme 1</b>	<b>Theme 2</b>	<b>Theme 3</b>
<b>Older People</b>	A phone call is best, especially if you are in a panic because it is calming	Don't like to use technology or can't use technology so prefer phone	Are used to 999, so it makes sense to contact via phone
<b>Younger People</b>	Online or phone is best as it avoids direct contact	Some prefer phone and thought this was the only option	Thought you could contact via Teams, email or Snapchat
<b>BAME</b>	It is quicker make the phone call	Prefer to speak to a person	It can help develop their English on phone
<b>Parents and Carers</b>	Learning disability and mental health patients would prefer	Not suited to mental health or learning disability as questions too probing	Doesn't account for those who are non-verbal or have poor communication

	a 'live chat' as at own pace		
<b>Disability</b>	Phone is best option for visual impairment	Phone is how they contact other health services	Can use the app but accessibility features are limited
<b>Learning Disability</b>	Using the phone	Using the app	Some are only aware of phone option
<b>Long-Term Health Condition</b>	Prefer the phone as can speak to someone	Technology takes too long for some people	Some happy with online or app

### Question 3 – Where do you usually go to access urgent but non-life-threatening medical care or treatment?

This question aimed to provide insight into respondents' **behaviours and norms** when seeking urgent but non-life-threatening medical care. The data will help identify any trends or patterns in behaviour among different groups or communities, particularly those with protected characteristics or who are more likely to experience health inequalities, as well as the general public.

Overall, we engaged with **187 people**, with the highest proportion residing in **Hull (49.19%, 92)**.

Due to the cancellation of multiple events in York, we did not engage with any residents from that area.

Across all regions, **44.38% (83)** of respondents indicated that their first course of action when feeling unwell would be to visit their **GP practice** for care or treatment.

**Self-care** was the second most common default response in 3 out of the 5 areas (Hull, East Riding of Yorkshire, and North Lincolnshire), with **17.64% (33)** of people choosing this option.

However, in **North Yorkshire** and **North East Lincolnshire**, **A&E** was identified as the second most common service used.

The table below presents the overall figures of which services people first turn to, broken down by geographical area.

	Hull	ERY	NEL	NL	York	NY	Hull & ERY	SERVICE AREA TOTALS
NHS111	9	5	/	/	/	/	/	<b>14 (7.48%)</b>
GP Practice	33	16	7	18	/	5	4	<b>83 (44.38%)</b>
A&E	5	2	6	/	/	2	/	<b>15 (8.02%)</b>

Urgent Treatment Centre	10	/	/	/	/	1	3	14 (7.48%)
Minor Injuries Unit	2	1	/	/	/	/	/	3 (1.60%)
999 Ambulance	1	/	/	/	/	/	/	1 (0.53%)
Friend/Relative	10	2	4	2	/	/	/	18 (9.62%)
Self-Care	20	7	1	3	/	1	1	33 (17.64%)
Other	2 – GP walk in Centre, Pharmacy	/	3- Pharmacy	/	/	/	1 - Pharmacy	6 (3.20%)
<b>GEOGRAPHY TOTALS</b>	<b>92</b> (49.19%)	<b>33</b> (17.64%)	<b>21</b> (11.22%)	<b>23</b> (12.29%)	<b>0</b> (0%)	<b>9</b> (4.81%)	<b>9</b> (4.81%)	

The table below presents the top three selections for each geographic area.

	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>3<sup>rd</sup> Choice</b>
<b>Hull</b>	GP Practice (33)	Self-Care (20)	Friend/Relative (10)
			Urgent Treatment Centre (10)
<b>ERY</b>	GP Practice (16)	Self-Care (7)	NHS111 (5)
<b>NEL</b>	GP Practice (7)	A&E (6)	Friend/Relative (4)
<b>NL</b>	GP Practice (18)	Self-Care (3)	Friend/Relative (3)
<b>York</b>	/	/	/
<b>NY</b>	GP Practice (5)	A&E (2)	Urgent Treatment Centre (1)
			Self-Care (1)
<b>Hull &amp; ERY</b>	GP Practice (4)	Urgent Treatment Centre (3)	Self-Care (1)
			(Other) Pharmacy (1)

The table below presents the overall figures of which services people go to in the first instance, stratified demographically.

	<b>Older People</b>	<b>Younger People</b>	<b>BAME</b>	<b>Parents and Carers</b>	<b>Disability</b>	<b>Learning Disabilities</b>	<b>Long-Term Health Conditions</b>	<b>SERVICE AREA TOTALS</b>
NHS111	4			1	2			8

GP Practice	26	16	2	2	23	8	12	89
A&E	3		6	1	5	2		17
Urgent Treatment Centre	2	7			5	1	2	17
Minor Injuries Unit	1					1		2
999 Ambulance							1	1
Friend/Relative	4	2	4		6		2	18
Self-Care	4	13	1		3	2	7	30
Other	3 - Pharmacy		1 – GP walk in centre				2 - Pharmacy	6
<b>TARGET GROUP TOTALS</b>	<b>47</b>	<b>38</b>	<b>14</b>	<b>4</b>	<b>44</b>	<b>14</b>	<b>26</b>	

When analysing the data by the demographic cohorts identified as priority groups in Phase 1, **similar trends emerged**.

In all but one target group (BAME), **47.59% (89)** of respondents indicated that their default action when feeling unwell would be to visit their **GP practice** for care or treatment. People from **diverse ethnic backgrounds** reported that **A&E** was their primary service choice when feeling unwell.

**Self-care** was the second most common behaviour in 4 out of the 6 cohort groups (Older people, Younger people, individuals with Learning Disabilities or Difficulties, and those with Long-Term Conditions), with **16.04% (30)** of respondents selecting this option.

For **older people**, **NHS111** and seeking help from a **friend or relative** were also common second choices. Among individuals with **learning disabilities**, **A&E** received an equal number of selections as the second option.

The table below shows the top three choices for each demographic cohort group:

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
<b>Older People</b>	GP Practice (26)	Self-Care (4)	A&E (3)
		Friend/Relative (4)	
		NHS111 (4)	
<b>Younger People</b>	GP Practice (16)	Self-Care (13)	Urgent Treatment Centre (7)
<b>BAME</b>	A&E (6)	Friend/Relative (4)	GP Practice (2)

<b>Parents and Carers</b>	GP Practice (2)	NHS111 (1)	/
		A&E (1)	
<b>Disability</b>	GP Practice (23)	Friend/Relative (6)	A&E (5)
			Urgent Treatment Centre (5)
<b>Learning Disability/Difficulty</b>	GP Practice (8)	Self-Care (2)	Minor Injuries Unit (1)
		A&E (2)	Urgent Treatment Centre (1)
<b>Long-Term Health Condition</b>	GP Practice (12)	Self-Care (7)	Friend/Relative (2)
			Urgent Treatment Centre (2)

We asked participants to briefly explain why they chose a particular service. While not everyone provided a comment, a complete summary of the responses is available in Appendix (vii), and the key themes from the feedback are outlined below:

	Theme 1	Theme 2	Theme 3
<b>Older People</b>	<b>GP</b> – nearby, easily accessible, good relationships and levels of trust	<b>Self-Care / Friend or Relative</b> – hard to get appointments so <i>'just get on with it'</i> , many don't drive and rely on family/friends.	<b>A&amp;E</b> – place where some feel the safest due to complex medical histories and co-morbidities
<b>Younger People</b>	<b>GP</b> - nearby, reliable and always had good experiences.	<b>Self-Care</b> - Due to negative previous experiences of care, or personal anxieties, some young people preferred to self-care by purchasing over-the counter medicines	/
<b>BAME</b>	<b>A&amp;E</b> - Language barriers and lack of education/understanding of the NHS leads some people from diverse backgrounds to attend A&E in the first instance.	<b>Friend/Relative</b> – People who do not speak English rely heavily upon friends, family and communities to support them.	<b>GP</b> - Good relationships and levels of trust.
<b>Parents and Carers</b>	<b>NHS111</b> – had good experiences, quick and easy to access	<b>A&amp;E</b> – often most appropriate place for care due to complex needs	<b>Pharmacy</b> – Under used service, trusted and good for advice
<b>Disability</b>	<b>GP</b> -Many felt this was where you should go first, others preferred	<b>Self-Care</b> - NHS services can be frustrating and scary	<b>Access</b> – NHS services can be frustrating and

	their GP practice because it is accessible ( <i>BSL interpreters, e-consult</i> ) and because there is that level of understanding of their disabilities and additional needs.	to access when disabled so many prefer to self-treat.	scary for people with disabilities to access so many prefer to self-care.
<b>Learning Disability</b>	<b>GP</b> – face-to-face, familiar, trusted and knows the individual and their needs well, so often more accessible for people with LDs.	<b>Self-Care</b> – follow parents/carers advice on where to go/what to do.	<b>Access</b> – some didn't know where to go and waiting in busy areas causes anxiety
<b>Long-Term Health Condition</b>	<b>GP Practice</b> – It is familiar and trusted.	<b>Self-Care</b> – many live on their own, or struggle to get a GP appointment so opt to look after themselves.	<b>Alternative Services</b> – confusion around alternative services and when to use them and if they are still open.

## Question 4 – What do you think might prevent you from using NHS111?

Overall, most participants indicated that **delays** such as **long wait times**, **callbacks** and a **lack of trust or confidence** in the service were the biggest barriers to accessing NHS 111. Concerns included **call handlers not being medically trained**, not being able to **see the person**, and **fears of being judged**.

The **number of questions asked** also posed a challenge for three groups: BAME individuals, parents and carers, and people with disabilities. This was due to **cultural differences**, feelings of being **overwhelmed**, or the **time** it takes to answer all the questions.

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. **BSL interpreters are often unavailable**, or they use **colloquialisms** that are difficult to understand. While the NHS App offers some access to services, it is also viewed as a barrier due to its **heavy reliance on text, lack of visuals or simple language**, and dependence on text-relays as a form of communication, which many in the deaf community cannot use effectively due to **communication challenges**.

Both **older and younger individuals** 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. Many **do not drive, cannot afford public transportation, and rely on family or friends for assistance.**

**Cultural differences and language barriers** were significant concerns for the BAME representatives we spoke to. In some countries, people typically go directly to a hospital for any health issue, and without **adequate information** or education, they struggle to navigate the NHS.

The below table provides a summary of emerging themes from the conversations we engaged in. A full list of the feedback we received can be found in Appendix (vii).

	Theme 1	Theme 2	Theme 3
<b>Older People</b>	<b>Delays</b> - Long process and long delays waiting for call backs, could be seen and treated somewhere else more quickly.	<b>Trust</b> – ask too many questions, feels intrusive, are these people clinically trained?	<b>Transport worries</b> - many don't drive, having caring responsibilities or can't afford public transport if 111 refer them somewhere
<b>Younger People</b>	<b>Delays</b> - Long process and then you end up with face-to-face appointment anyway	<b>Access</b> - They won't talk to my parents and I either don't want to speak to them or can't	<b>Trust</b> – that they may not believe you, feel embarrassed to talk about a personal matter or feel anxious about calling in the first place
<b>BAME</b>	<b>Questions</b> - asked too many questions and in some cultures that can be seen as offensive, especially as many don't trust easily.	<b>Language barrier</b> - Hard to describe the problem when there's a language difficulty or cannot understand what the clinician/call handler is saying.	<b>Cultural norms</b> – in other countries you just go to the hospital for everything so many find it hard to navigate the NHS
<b>Parents and Carers</b>	<b>Questions</b> – asked lots of questions, for children with special needs this can be overwhelming	<b>Communication</b> – neurodiverse people often speak very bluntly, have experienced calls being terminated because the call handler perceived it as rude/aggressive.	<b>Awareness</b> – lack of awareness by staff on how to communicate with people who are neuro-diverse.
<b>Disability</b>	<b>Questions</b> - Too many questions takes time	<b>Access</b> – call backs aren't accessible for deaf people, BSL interpreters often use	<b>Awareness</b> – disability awareness training for staff

		regional signs which aren't familiar and aren't always available, NHS App is overwhelming.	
<b>Learning Disability</b>	<b>Delays</b> - How long it takes to get through or get a call back, especially if you have ADHD	<b>Trust</b> - Not being able to see the person you are talking to, not knowing them, fear of being judged or misunderstood	<b>Digital</b> - Online is difficult for some people with learning disability
<b>Long-Term Health Condition</b>	<b>Delays</b> - Long waiting time and slow response	<b>Trust</b> - Need confidence that they are medically trained	<b>Digital</b> - They assume we use technology and not everyone does or can

## Question 5 – What might make it easier for you to use NHS111 in the future?

Several opportunities to make accessing the service easier were identified across all groups. While some suggestions were specific to the demographics of each cohort, several common themes emerged across multiple groups, including:

- **Better promotion of the service:** Utilize **social media** and other digital platforms more effectively to **raise awareness**. Provide **leaflets in various languages**, share **patient stories** to explain what NHS 111 is and how it can help, and engage **community groups, schools, and colleges** to spread the message.
- **Improving accessibility:** Empower individuals to identify any additional needs at the outset and ensure call handlers or clinicians adapt their communication methods accordingly. **Collaborate with disability groups**, especially the deaf and blind communities, to make the NHS 111 section of the **NHS App more accessible** and user-friendly.
- **Staff training and education:** **Train both clinical and non-clinical staff** to be more **aware of disabilities**, how they may present, and the specific needs of these individuals. Ensure staff feel confident and equipped with the skills and tools to support and communicate appropriately with people with disabilities.

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.

**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.

The below table provides a summary of emerging themes from the conversations we engaged in. A full list of the feedback we received can be found in Appendix (vii).

	Theme 1	Theme 2	Theme 3
<b>Older People</b>	<b>Promotion</b> - Better awareness/promotion of what it can do. Use everyday TV (Coronation Street) to promote topical NHS issues.	<b>Transport</b> – Improve patient transport offers for non-emergency appointments.	<b>Service</b> – Improve call back times, always keep a phone option and ensure it is free for everyone.
<b>Younger People</b>	<b>Promotion</b> – utilise social media channels that young people use better (Instagram/TikTok), use Schools/Colleges more to push put health messages	<b>Access</b> – make it less intimidating, friendlier staff, live chat functions for people anxious to talk on the phone	<b>Transport</b> – improve patient transport options, e.g. a shuttle bus between hospitals
<b>BAME</b>	<b>Promotion</b> – An intro pack for people who have just arrived in the UK about the NHS. Provide information in other languages eg flags so we can recognise which is our language.	<b>Access</b> - Ask early in the conversation – do you need an interpreter or ask how we want to communicate to assume or force English on us.	<b>Promotion</b> – leaflets in alternative languages, visits/pop-up clinics (cervical, breast, covid boosters) to community groups
<b>Parents and Carers</b>	<b>Access</b> – Identify at the start of the conversation if the person is neuro-diverse and adapt accordingly, e.g. simple language	<b>Training</b> – all clinical and non-clinical staff should undertake training to be more aware of neuro-diversity	<b>Listen</b> – to parents and carers, they are the experts and know their child/person they care for the best
<b>Disability</b>	<b>Access</b> - Easy read information, with pictures and visuals, Don't hide the accessibility options at the end, but it up front	<b>Access</b> – work with disability groups to make the NHS App/online methods more accessible for them.	<b>Training</b> – More training for staff
<b>Learning Disability</b>	<b>Promotion</b> – Clear information on when to call NHS111T	<b>Training</b> - Autism and ADHD training for call handlers	<b>Access</b> – simplify the online questionnaire or have easy read options, make it

			easy for us to identify as having additional needs at the start of the call
<b>Long-Term Health Condition</b>	<b>Promotion</b> - Raise awareness of NHS111 in support groups and patient stories of what it can do and how it can help	<b>Service</b> – let us know what number we are in the queue	<b>Training</b> - Empower us to feel more confident using online methods

## Keeping in Touch

If you would like to know more about the **news, development and potential changes across our NHS** please join our public membership scheme – **Community Voices**.

To sign up, [click here](#) or email [hnyicb.engagement@nhs.net](mailto:hnyicb.engagement@nhs.net)

## Appendices

Appendix (i) – Questionnaire (Phase 1)

Appendix (ii) – Mid-Point Review Report (Phase 1)

Appendix (iii) – Demographics of respondents (Phase 1)

Appendix (iv) – Social Media Reach (Phase 1)

Appendix (v) – Social Media Comments (Phase 1)

Appendix (vi) – Coded Qualitative Comments Summary (Phase 1)

Appendix (vii) – Coded Qualitative Comments Summary (Phase 2)

## Appendix (i) – Questionnaire (Phase 1)



### Let's Get Better - NHS111 Survey

If you need medical help but not sure where to go, then you can use NHS111.

Available 24 hours a day, seven days a week, online, by telephone or through the NHS App, NHS111 will assess you and direct you to the right service for treatment. This could be your GP practice, pharmacy, or nearest urgent treatment centre.

### Get involved and share your views!

Your local NHS are speaking to local people to find out their thoughts on accessing urgent care and NHS111.

By completing this short survey, you will be helping us to gain a greater understanding into how people access urgent, but not life-threatening medical care, their understanding of NHS111, and how it can help them.

### The closing date for this survey is Friday 19th April 2024.

If you require this questionnaire in an alternative format (including large print or alternative languages), or if you require additional support to complete this questionnaire, please contact:

Telephone: 01482 672156 or email: [hnyicb.communications@nhs.net](mailto:hnyicb.communications@nhs.net)

Please return any completed surveys back to us using the FREEPOST address below, no stamp necessary, just pop it in an envelope and post it!

FREEPOST RTTL-HSBE-BLHL  
Health House  
Grange Park Lane  
Willerby  
HULL HU10 6DT

This survey is also available to complete online, scan the QR code below to complete:

**Scan Me!**



## Section 1 – Awareness of NHS111

### Question 1 - Have you heard of NHS111 before today?

Yes

No

**▶ IF NO, ONCE COMPLETE SKIP TO QUESTION 10**

### Question 2 - How did you first hear about NHS111? (please tick all that apply)

Media (TV, radio, newspaper etc)

Social media

Leaflet / Poster

Healthcare provider

Friend/Relative

Other (please specify)

Online (e.g. Google search)

NHS website

### Question 3 – Which of the following services do you think NHS111 can provide?

(Please provide an answer for each row)

	Yes	No	Don't Know
Access to GP appointments (including out-of-hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
999 Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals into other NHS services (e.g. Urgent Treatment Centres)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life-threatening emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call-backs from a medical professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question 4- How many times have you used NHS111 within the last 2 years? (both online and telephone)

1

6+

Never used NHS111

2

Only used NHS111 more than two years ago

**▶ ONCE COMPLETE SKIP TO QUESTION 9**

3

4

5

### Question 5 – Who did you use NHS111 for? (online or telephone)

Myself

An older person

A child (under 10 years)

Someone I provide care for

A child (aged 10-16years)

Work colleague

A friend/relative

Other (please specify)

## Section 2 – Experience of NHS111

**Question 6 – When you used NHS111 in the past which platform(s) did you use? (tick all that apply)**

- Online
- Telephone
- NHS App

**Please explain in a few words why you chose this platform:**

**Question 7 – Overall, how satisfied or dissatisfied were you with the service you received from NHS111?**

Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 8 – If you needed urgent but non-life-threatening medical help in the future, how likely is it that you would use NHS111 again?**

**▶ ONCE COMPLETE SKIP TO QUESTION 10**

Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3 – Accessing urgent care

**Question 9 – If you have heard of but not used NHS111 before, which platform do you think you would be likely to consider using in the future?**

- Online
- Telephone
- NHS App
- Neither of these

**Please explain in a few words why you chose this answer:**

**Question 10 – How do you usually access urgent but non-life-threatening medical care or treatment? (tick all that apply)**

- My default is always NHS111
- GP practice
- A&E department
- Urgent Treatment Centre

- Minor Injuries Unit
- 999 Ambulance service
- Friend/Relative
- Pharmacy

- I wouldn't call anyone, I would self-treat
- Other (please specify)

**Question 11 – What might prevent you from using NHS111? (tick all that apply)**

- Nothing
- Lack of knowledge/awareness of the service (e.g., never heard of NHS111 before)
- Disability (e.g., visual/hearing impairment)
- Language barrier (e.g., English is not your first language)
- Financial difficulty (e.g., no credit to call, can't afford a landline, or no money for travel)
- Transport problems (I might not be able to travel to get the care I need)
- Fear of being judged. (e.g., by the call handler)
- Digital exclusion (e.g., not having access to the internet or a mobile phone)
- Digital literacy (e.g., I don't know how to use the internet or mobile phone)
- Lack of trust/confidence in the service (e.g., previous bad experience/outcome)
- Delays in receiving care. (e.g., speaking to multiple people before seeing the right person)
- Level of expertise available (e.g., not speaking to a clinician from the start)

Other (please specify)

**Question 12 – What could we do to make it easier for you to use NHS111 in the future?**

## Section 4 - About You

This section is optional, and you do not have to answer the questions below. However, these questions help us to find out whether our engagement is fair and inclusive and provides us with insight into how NHS111 works for different types of people.

### What is the first half of your postcode?

### What is your age?

- 0-15
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to disclose

### What is your ethnic background?

- White - Other White
- Mixed / multiple ethnic group
- Asian / Asian British
- Black / African / Caribbean / Black British
- Chinese
- Prefer not to disclose
- Other (*Please specify*)

### Which best describes your gender?

- Female (*including transgender woman*)
- Male (*including transgender man*)
- Non-Binary or Gender Non-Conforming
- Prefer not to Answer
- Not Listed (*Please specify*)

### Do you consider yourself to be disabled? (*Please select all that apply*)

- No Disability
- Physical Impairment (*e.g. difficulty moving your arms or mobility issues*)
- Sensory Impairment (*e.g. being blind or having a visual impairment*)
- Audio Impairment (*e.g. being deaf or having a hearing impairment*)
- Mental Health Condition (*e.g. depression, dementia or schizophrenia*)
- Learning disability or difficulty (*e.g. dyslexia*) or a cognitive impairment (*e.g. autistic spectrum disorder*)
- Long-Term Health Condition (*e.g. asthma, epilepsy or diabetes*)
- Prefer not to disclose
- Other (*please specify*)

**What is your sexual orientation?**

- Heterosexual or straight
- Gay Man
- Gay Woman or Lesbian
- Bisexual
- Asexual
- Prefer not to say
- Other (*please specify*)

**Do you have any caring responsibilities?**

- None
- Primary carer of a child or children (*under 2 years*)
- Primary carer of a child or children (*between 2 and 18 years*)
- Primary carer of a disabled child or children
- Primary carer or assistant for a disabled adult (*18 years and over*)
- Primary carer or assistant for an older person or people (*65 years and over*)
- Secondary carer (*another person carries out main caring role*)
- Prefer not to say

**Thank you for taking the time to complete this questionnaire, your feedback is very important to us.**

## Appendix (ii) – Mid-Point Review Report (Phase 1)

# NHS111 – Phase 1 Engagement

## Mid-Point Review

04.04.2024

### Background

NHSE recently launched a national NHS111 communications campaign to raise awareness and understanding of the NHS111 service so people can better understand its benefits, and also to encourage people to use NHS111 when they have an urgent but not life-threatening medical need.

To compliment this national campaign and to gather greater insight into the local population's views and experiences of using NHS111, Humber and North Yorkshire HCP undertook a wide-reaching programme of engagement commencing in March 2024.

A two-phased approach to the engagement was adopted to ensure diverse groups of people and communities were engaged with.

The aims and objectives of each phase are described below.

### Phase 1 – General population:

1. Raise awareness of the national NHS111 communications campaign by visiting popular, high-footfall community locations across the ICB geography and providing people with a leaflet containing information pertinent to the aims of the communications campaign.
2. Test the effectiveness, success, and reach of the national communications campaign by understanding awareness, where people see/hear key messages and what methods of communication/promotion they prefer.
3. 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 via a short questionnaire and other innovative methods.
4. Identify potential case studies where people have had a particularly positive/negative experience and are happy to share their story.

## Phase 2 – Targeted groups and communities:

1. Identify (*via NHS111 activity data and other insight*) groups of people and communities who use the service less frequently/not at all.
2. Identify any mitigations in reducing health inequalities by understanding the barriers faced by the identified groups of people or communities.
3. Reassure people (*where English isn't their first language*) that health care information and advice is free and signpost them to where they can find more information by handing out information cards in different languages.

### Engagement approach

A variety of methods have been adopted during this phase of the engagement including:

- Online and paper questionnaire.
- Face-to-face drop-in sessions across the Humber and North Yorkshire geography.
- Paid for social media posts.
- Organic social media posts.
- Inclusion in stakeholder newsletters.

Below is our timetable of face-to-face events:

Region	Date	Time	Venue
HULL	16/03/2024	12-3pm	MKM Stadium, Walton St, Hull HU3 6HU
HULL	18/03/2024	11am-2pm	Hull University Library, Cottingham Rd, Hull HU6 7RX
ERY	20/03/2024	10am-1pm	Hornsea Hub, Broadway Hornsea HU18 1PZ
ERY	21/03/2024	11am-1pm	Withernsea Leisure Centre, 134 Station Road, Queen Street, Withernsea HU19 2QA
NEL	22/03/2024	12-3pm	Immingham Leisure Centre, Princess St, Immingham DN40 1LN
ERY	25/03/2024	10am-1pm	Beverley Leisure Centre, Flemingate, Beverley HU17 0LT
ERY	25/03/2024	11am-1pm	Bridlington Leisure Centre, Promenade, Bridlington YO15 2QQ
NL	27/03/2024	10am-1pm	Baysgarth Leisure Centre, Brigg Rd, Barton-upon-Humber DN18 5DT

York	27/03/2024	11am-2pm	York St John's University, Lord Mayor's Walk, York YO31 7EX
York	28/03/2024	9.30am	West Offices City Business Centre, Station Rise, York YO1 6GA
NY	02/04/2024	3pm	St Robert's Centre, Harrogate 1-3 Robert St, Harrogate HG1 1HP
NL	04/04/2024	1pm-4pm	Asda, Scunthorpe, Burringham Road Scunthorpe DN17 2XF
HULL	05/04/2024	11am-1pm	St Stephens Shopping Centre, 110 Ferensway, Hull HU2 8LN
NL	05/04/2024	11am-2pm	Brigg Garden Centre, Bigby High Rd, Brigg DN20 9HE
NY	05/04/2024	11am	Gallow Close Centre, Endcliff Crescent Scarborough, YO12 6HZ
NL	05/04/2024	2-5pm	St John's Market, Jubilee Way, St Johns Market 29, Scunthorpe DN15 6RB
York	06/04/2024	12.30-2pm	York Football Club, Kathryn Avenue, Monks Cross Dr, Huntington, York YO32 9AF
NY	08/04/2024	12pm-3pm	Falsgrave Community Resource Centre, Scarborough YO12 4AY
NY	09/04/2024	12pm	Scarborough Library, Vernon Rd, Scarborough YO11 2NN
ERY	10/04/2024	9.30-11.30	Goole Leisure Centre (NH Temp location at Goole College, Boothferry Road, Goole DN14 6SR)
NEL	11/04/2024	11am-2pm	Pennells Garden Centre, Humberston Rd, Cleethorpes, New Waltham, Grimsby DN36 4RW
NY	16/04/2024	10.30am	Malton Library, St Michael St, Malton YO17 7LJ
NEL	16/04/2024	10am-1pm	Freeman Street Market, Freeman St, Grimsby DN32 7DS
ERY	18/04/2024	10am-1pm	Beverley Library, Champney Rd, Beverley HU17 8HE

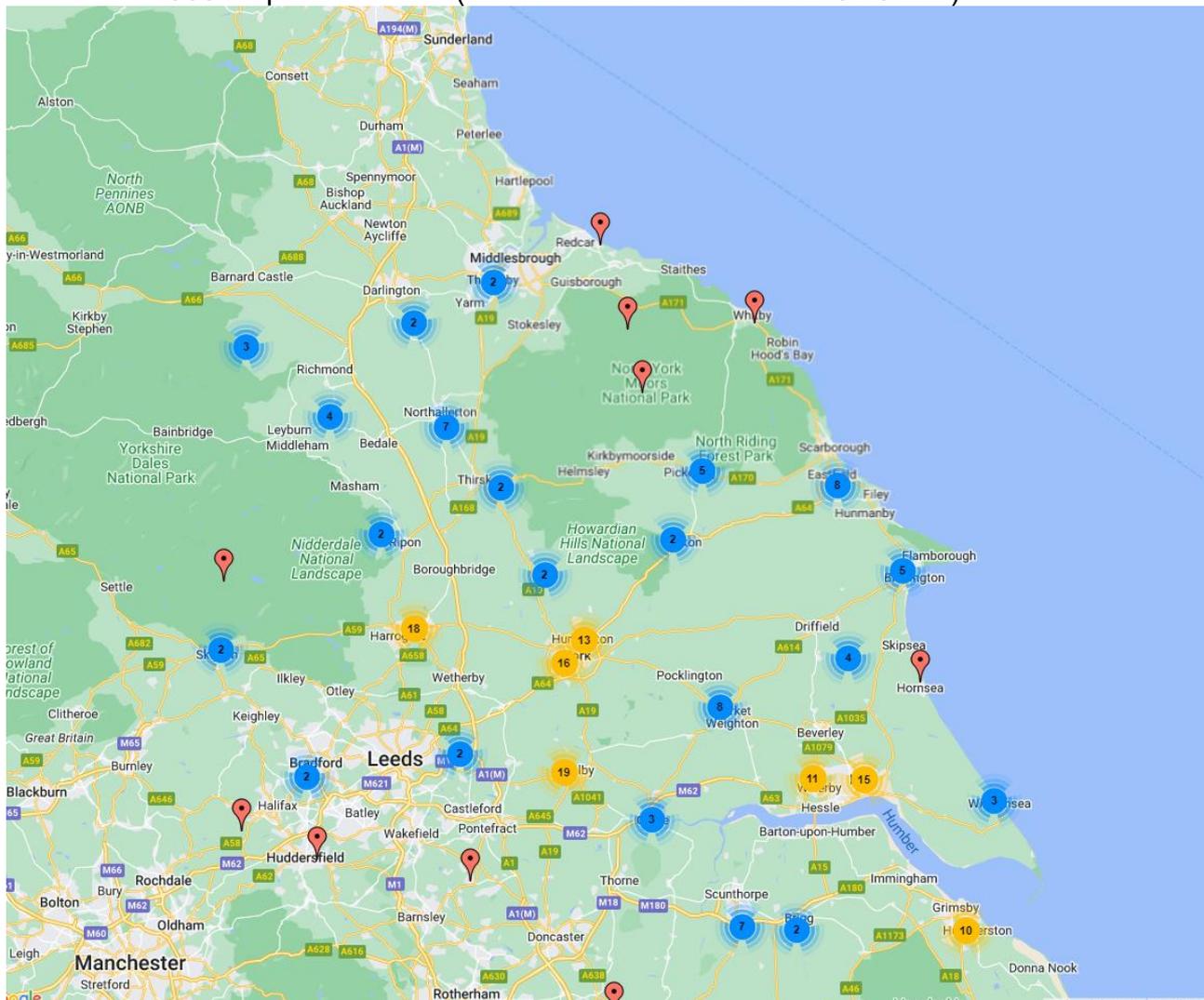
The questionnaire launched on **Monday 18th March** and is scheduled to close on **Friday 19th April**.

## Why is a mid-point review needed?

In order for us to ensure our engagement is wide reaching and we are receiving a broad range of responses from different post code areas, and diverse groups including respondents with protected characteristics a mid-point review is necessary to identify and address any gaps in our engagement by adapting our approach.

## What is the data telling us so far?

- 365 responses so far (accurate as of 11am on the 04.04.24)



*A map detailing where responses have come from (based on postcode data)*

- **95% of respondents have heard of NHS111 before and 78% of those have used NHS111 within the last 2 years.**

- The top three ways people said they **heard about NHS111** were:
  - 47% - **Media** (tv, radio)
  - 31% - **NHS website**
  - 21% - **Health Care Professionals** (e.g. GPs)
- **62%** used NHS111 for **themselves**, **22%** for a **friend/relative**, **10%** for an **older person**.
- **83%** of respondents **accessed NHS111 via the telephone** because it's **easier, quicker** to use, and they **prefer talking to a real person**.
- Respondents were asked to select 'Yes,' 'No,' 'Don't Know', to better understand their level of understanding of NHS111 and how it can help them. The table below sets out the top three selections:

Yes	No	Don't Know
78% – Call-backs from medical professionals	38% – Life threatening emergencies	34% - Emergency Dental Appointments
76% – Self Care Advice	38% – Pharmacy prescription	31% – Mental Health Support
71% – Referrals into other NHS services (e.g. UTC)	31% – GP appointments (including OOH)	27% – Pharmacy Prescriptions

Please note – respondents could select multiple options so %'s may not add up to 100.

- Overall, a higher number of respondents are **satisfied or very satisfied (44%)** with the service they received than dissatisfied or very dissatisfied (31%) and **53%** would be **likely or very likely** to use NHS111 again.
- When asked where respondents usually go when they need urgent but non-life-threatening care or treatment they said:

My default is always NHS111	22%	Urgent Treatment Centre	15%
<b>GP Practice</b>	<b>60%</b>	Minor Injuries Unit	14%
<b>A&amp;E</b>	<b>25%</b>	999 Ambulance Service	8%
Friend/Relative	9%	<b>Pharmacy</b>	<b>23%</b>
Out of Hours GP	8%	<b>Self-Treat</b>	<b>23%</b>

Please note – respondents could select multiple options so %'s may not add up to 100.

- The majority of respondents (**38%**) identified **no barriers** preventing them accessing NHS111. The **top three** barriers identified were:
  - Delays in receiving care (e.g., *speaking to multiple people before seeing the right person*)
  - Levels of expertise available (e.g., *not speaking to a clinician from the start*)
  - Lack of trust/confidence in the service (e.g., *previous bad experience/outcome*)

## Demographic questions

- The highest responding age group is **65-74 years (27%)**, and the lowest responding age group is 0-15 years (0.2%)
- We have heard from over **twice as many women (63%)** as we have men (25%).
- Over **65%** of respondents **do not** identify as having any **caring responsibilities**.
- More than **half respondents (54%) do not identify as being disabled** or having a long-term health condition.
- **93%** of respondents define their **ethnicity as white**.
- **82%** of respondents define the **sexual orientation as heterosexual/straight**.

## Social media reach

- 147,330 people have seen the NHS 111 adverts, seeing it on average 3.5 times.
- 4,386 people have clicked through to the survey.
- 9,505 people have interacted with the post (this includes click throughs, comments, shares, and likes)
- 365 people have completed the survey online, giving an 8% response rate, which looks to be in line with statistical averages – <https://delighted.com/blog/average-survey-response-rate>

## Recommendations / Actions Log

Date	Risk	Agreed Action	Owner	Notes
25/03	Lack of responses from NY area	RMP to create a separate ad set just for NY postcodes.	IE	<b>Complete</b> Reach – 84901 Impressions – 250206 Frequency – 2.9 Link Clicks - 1888
04/04	Lack of responses from ERY East coast	RMP to create a separate ad targeting <i>Skipsea, Barmston, Fraisthorpe, Hornsea, Mappleton, Withernsea, Preston, Hedon, Patrington</i> .	IE	<b>Complete</b> Reach – 14149 Impressions – 42835 Frequency – 3.0 Link Clicks - 325
17/4	Request to extend closing date of survey to allow for a press release to be issued	Extend closing date until 26/04 to allow media release to be picked up and generate additional responses	CS/TR	<b>Complete</b> Media release issued 19/03
23/04	Lack of responses from NY area	Include flyers at upcoming staff roadshows in NY and York	AF	<b>Complete</b> NY - 69 attended.



				York – 108 attended
23/04	Increase promotion with partners	Re-share toolkit with place-based colleagues for onwards cascading with local stakeholders, patient engagement forums etc.	ST	<b>Complete</b> Email sent on 05/04

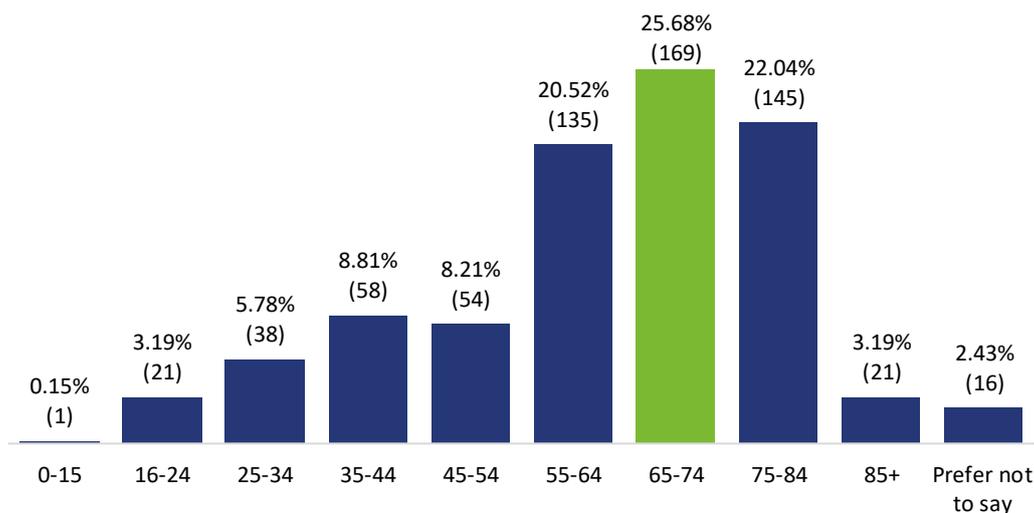


## Appendix (iii) – Demographics of respondents (Phase 1)

The information below shows the demographics of the respondents to the questionnaire. It is recommended that any Equality Impact Assessments for the NHS Humber and North Yorkshire ICB be revisited in light of this information.

### What is your age?

Answered: 658 Skipped: 11



Option	% of responses	Number of responses
0-15	0.15%	1
16-24	3.19%	21
25-34	5.78%	38
35-44	8.81%	58
45-54	8.21%	54
55-64	20.52%	135
<b>65-74</b>	<b>25.68%</b>	<b>169</b>
75-84	22.045	145
85+	3.19%	16
Prefer not to answer	2.43%	16

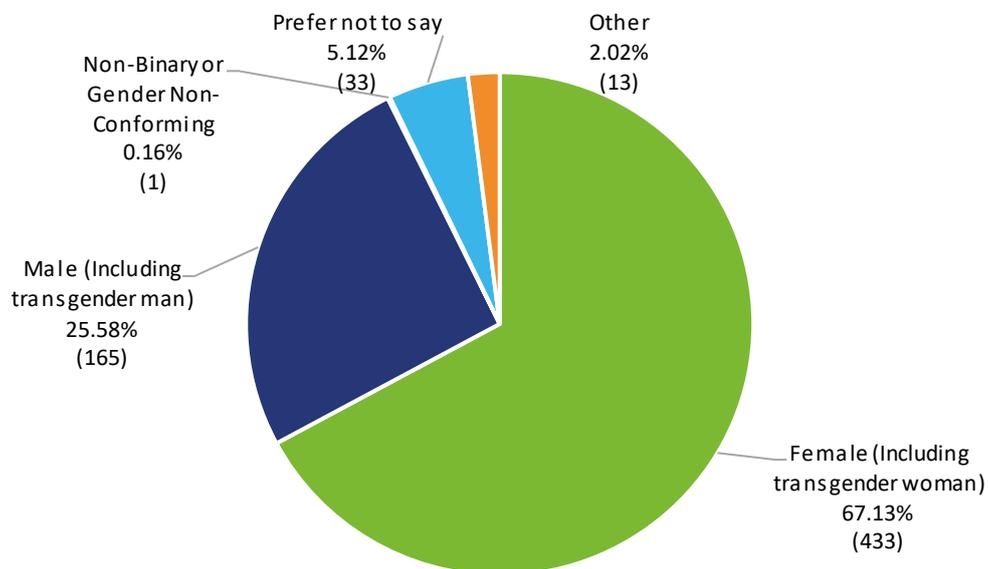
## What is your ethnic background?

Answered: 655 Skipped: 14

Option	% of responses	Number of responses
<b><u>White - Other White</u></b>	<b><u>93.44%</u></b>	<b><u>612</u></b>
Prefer not to disclose	4.43%	29
Mixed / Multiple Ethnic Groups	0.76%	5
Not Listed	0.61%	4
Asian / Asian British	0.31%	2
Black / African / Caribbean / Black British	0.31%	2
Chinese	0.15%	1
Other	0.0%	0

## Which best describes your gender?

Answered: 645 Skipped: 24



Option	% of responses	Number of responses
<b>Female (Including transgender woman)</b>	<b>67.13%</b>	<b>433</b>
Male (Including transgender man)	25.585	165
Prefer not to say	5.12%	33
Other	2.02%	13
Non-Binary or Gender Non-Conforming	0.16%	1

## What best describes your sexual orientation?

Answered: 654 Skipped: 15

Option	% of responses	Number of responses
<b>Heterosexual or straight</b>	<b>86.54%</b>	<b>566</b>
Prefer not to say	9.33%	61
Bisexual	2.45%	16
Gay man	0.61%	4
Other	0.61%	4
Asexual	0.31%	2
Gay Woman or Lesbian	0.15%	1

## Do you have any caring responsibilities

Answered: 643 Skipped: 26

*Please not as this is a multiple choice question, the number of responses may total more than the overall survey response size.*

Option	% of responses	Number of responses
<b>None</b>	<b>64.99%</b>	<b>440</b>
Primary Carer or assistant for an older person or people (65 years +)	11.23%	76
Primary Carer of a child or children (2-18 years)	7.71%	59

Secondary Carer (another person carries out main caring role)	4.43%	30
Prefer not to say	3.25%	22
Other	2.95%	20
Primary Carer or assistant for a disabled adult (18 years +)	2.22%	15
Primary Carer of a child or children (<2 years)	1.18%	8
Primary Carer of a disabled child or children	1.03%	7

## Do you consider yourself to be disabled?

Answered: 468 Skipped: 201

Option	% of responses	Number of responses
<b><u>Long-Term health condition</u></b>	<b><u>38.68%</u></b>	<b><u>181</u></b>
Physical Disability	20.09%	94
Mental Health Condition	10.26%	48
Audio Disability	8.76%	41
Learning Disability or Difficulty	4.70%	22
Prefer not to say	3.21%	15
No Disability	2.99%	14
Sensory Disability	2.56%	12
Other (Please specify) <i>Please note – some respondents provided multiple disabilities, where appropriate these have been separated and coded accordingly resulting in more</i>	8.76%	41
<b>Heart / Breathing / Circulation (22)</b> <ul style="list-style-type: none"> <li>○ Hypertension (x6)</li> <li>○ Heart Failure (x3)</li> <li>○ Angina (x2)</li> <li>○ Asthma (x2)</li> <li>○ Chronic Obstructive Pulmonary Disease (COPD) (x2)</li> <li>○ Coronary Heart Disease (CHD) (x2)</li> <li>○ Blood clot disorder</li> <li>○ Heart murmur</li> <li>○ Pacemaker</li> <li>○ Poor Lung Function</li> </ul>		

<ul style="list-style-type: none"> <li>○ Supraventricular Tachycardia (SVT)</li> </ul> <p><b>Musculoskeletal / Pain (15)</b></p> <ul style="list-style-type: none"> <li>○ Arthritis (x4)</li> <li>○ Fibromyalgia (x3)</li> <li>○ Osteoporosis (x3)</li> <li>○ Spinal issues (x2)</li> <li>○ Awaiting surgery for hip replacement</li> <li>○ Joint pains</li> <li>○ Sciatica</li> </ul> <p><b>Brain / Neurological (6)</b></p> <p>Chronic migraines</p> <ul style="list-style-type: none"> <li>○ Cranial bleeds</li> </ul> <p><b>General Health / Nutrition / Allergies (4)</b></p> <ul style="list-style-type: none"> <li>○ Allergic reactions</li> <li>○ Cholesterol</li> <li>○ Hemochromatosis</li> <li>○ Type 2 diabetes</li> </ul> <p><b>Cancer (4)</b></p> <ul style="list-style-type: none"> <li>○ Cancer (x2)</li> <li>○ Bladder cancer</li> <li>○ Breast Cancer</li> </ul> <p><b>Ear, Nose and Throat (3)</b></p> <ul style="list-style-type: none"> <li>○ Tinnitus (x2)</li> <li>○ Vestibular</li> </ul> <p><b>Mental Health Conditions (3)</b></p> <ul style="list-style-type: none"> <li>○ Anxiety/depression.</li> <li>○ Autism Spectrum Disorder (ASD)</li> <li>○ Bipolar</li> </ul> <p><b>Gastric Health (2)</b></p> <ul style="list-style-type: none"> <li>○ Colitis</li> <li>○ Irritable Bowel Syndrome (IBS)</li> </ul> <p><b>Other (1)</b></p> <ul style="list-style-type: none"> <li>○ Do you really think I am going to tell you lot I no longer trust the NHS for anything, Strange to say I was a Charge nurse in the NHS for many years</li> </ul>		
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## What is the first half of your postcode?

Answered: 641 Skipped: 28

641 respondents provided postcode data, 566 within the NHS Humber and North Yorkshire ICB geographical boundary. These postcodes have been matched and grouped into geographical areas and presented in the table below. 75 postcodes were provided from outside the ICB area. These have also been grouped together and displayed in a separate table.

Please note % rates have been calculated based on the sample size (641) not the overall response rate (669).

Key	
Kingston Upon Hull	
East Riding of Yorkshire	
North East Lincolnshire	
North Lincolnshire	
York	
North Yorkshire	

Key	Postcode	% of responses	Number of responses
	<u>HU17</u>	<u>4.05%</u>	<u>26</u>
	<u>YO12</u>	<u>4.05</u>	<u>26</u>
	DN14	3.74%	24
	YO31	2.65%	17
	HU19	2.49%	16
	YO8	2.34%	15
	YO24	2.34%	15
	HU7	2.02%	13
	HU8	2.02%	13
	YO10	2.02%	13
	HU9	1.87%	12
	DN35	1.87%	12
	DN16	1.87%	12
	YO32	1.87%	12
	YO16	1.71%	11
	YO17	1.71%	11
	HU11	1.56%	10

HU16	1.56%	10
DN17	1.56%	10
HU18	1.40%	9
DL8	1.40%	9
YO11	1.40%	9
YO15	1.24%	8
YO25	1.24%	8
YO43	1.24%	8
YO26	1.24%	8
HU4	1.09%	7
HU10	1.09%	7
HU12	1.09%	7
DN18	1.09%	7
DN20	1.09%	7
HG3	1.09%	7
DL6	1.09%	7
TS13	1.09%	7
YO18	1.09%	7
DN32	0.93%	6
DL7	0.93%	6
HG4	0.93%	6
HG5	0.93%	6
HG2	0.93%	6
HG1	0.93%	6
HU3	0.78%	5
HU6	0.78%	5



HU6	0.78%	5
DN31	0.78%	5
DN15	0.78%	5
YO7	0.78%	5
DL10	0.78%	5
YO21	0.78%	5
YO13	0.78%	5
YO30	0.78%	5
YO23	0.78%	5
YO19	0.78%	5
HU14	0.62%	4
DN36	0.62%	4
DN37	0.62%	4
DN40	0.62%	4
DL9	0.62%	4
YO14	0.62%	4
DL11	0.62%	4
BD23	0.62%	4
HU15	0.46%	3
DN34	0.46%	3
DN38	0.46%	3
YO22	0.46%	3
YO62	0.46%	3
YO61	0.46	3
HU13	0.31%	2
YO42	0.31%	2

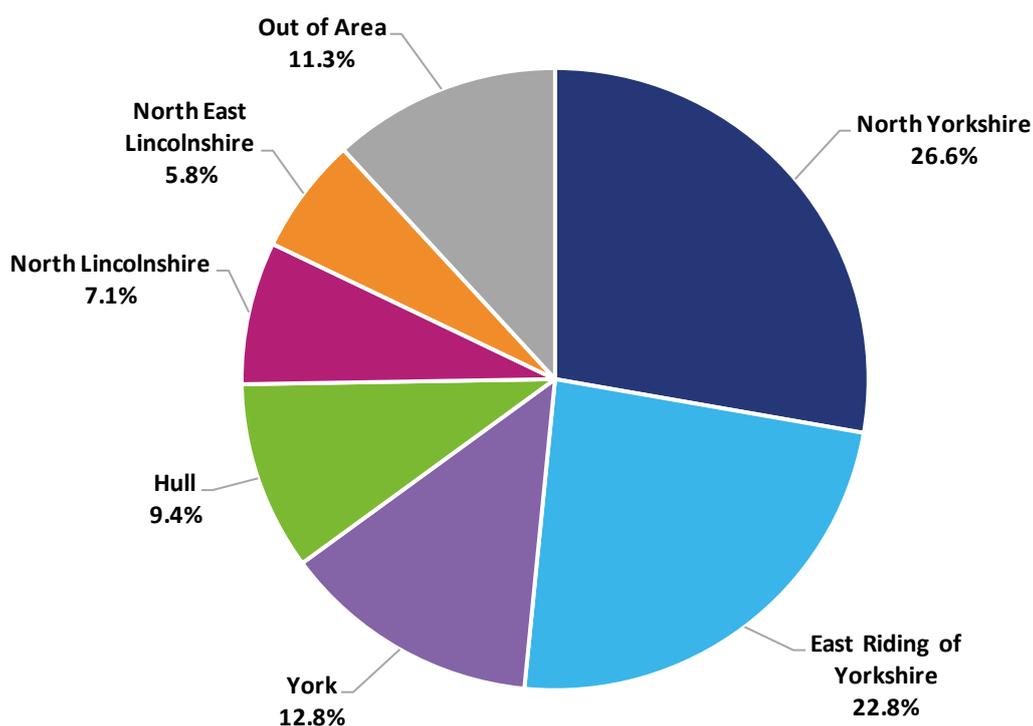


	DN19	0.31%	2
	TS9	0.31%	2
	YO60	0.31%	2
	YO1	0.31%	2
	HU2	0.15%	1
	DN33	0.15%	1
	DN39	0.15%	1
	DN9	0.15%	1
	BD24	0.15%	1
	YO51	0.15%	1
	HG8	0.15%	1
	YO41	0.15%	1
	HU1	0.00%	0
	HU20	0.00%	0
	DN41	0.00%	0

Breakdown of response rates by geographical area in descending order.

Geographical area	Number of responses	% sample size of survey responses	Population Size	% sample size of the population <sup>7</sup>
North Yorkshire	178	26.6%	1,158,816	0.02%
East Riding of Yorkshire	153	22.8%	342,200	0.04%
York	86	12.8%	202,821	0.04%
Hull	63	9.4%	267,100	0.02%
North Lincolnshire	48	7.1%	169,700	0.02%
North East Lincolnshire	39	5.8%	156,900	0.02%
Out of Area	76	11.3%	N/a	N/a

<sup>7</sup> Source: 2021 census data - <https://www.ons.gov.uk/census>



75 respondents provided a postcode outside of NHS Humber and North Yorkshire ICB area, these are presented below.

We will also share the relevant data with corresponding ICBs so they are aware of the insight provided by respondents living within their geography.

Integrated Care Boards	% of overall responses	Number of responses
NHS North East and North Cumbria ICB	3.58%	23
NHS West Yorkshire ICB	3.43%	22
NHS Lincolnshire ICB	1.71%	11
NHS South Yorkshire ICB	0.93%	6
NHS Cheshire and Merseyside ICB	0.31%	2
NHS Derby and Derbyshire ICB	0.31%	2
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	0.15%	1



NHS Cambridgeshire and Peterborough ICB	0.15%	1
NHS Cornwall and the Isles of Scilly ICB	0.15%	1
NHS Devon ICB	0.15%	1
NHS Greater Manchester ICB	0.15%	1
NHS Hampshire and Isle of White ICB	0.15%	1
NHS Nottingham and Nottinghamshire ICB	0.15%	1
NHS Suffolk and North East Essex ICB	0.15%	1
NHS The Black Country ICB	0.15%	1



## Appendix (iv) - Social Media Reach (Phase 1)

### Definitions

- **Reach** – this is the number of people who saw the advert
  - **Impressions** – the number of times the advert was served up to devices
  - **Clicks (all)** – the total number of interactions (link clicks, shares, likes, comments)
- Frequency** – the average number of times people saw the advert

Post Name	Dates	Reach	Impressions	All Link Clicks*	Frequency	Amount Spent
General Ad	20th March – 19th April	87,641	301,503	6684	3.4	£1002.82
General Ad N Yorks	25th March – 1st April	84,901	250,206	3388	2.9	£934.51
General Ad Holderness	4th April – 11th April	14,149	42,835	529	3.0	£142.16
Bridlington Event	22nd March – 25th March	2,346	4,530	90	1.9	£18.51
Hull Event	2nd April – 5th April	20,117	41,088	653	2.0	£110.74
North Lincs Event (Scunthorpe)	2nd April – 5th April	7,019	13,569	268	1.9	£39.52
North Yorks Event (Scarborough)	6th April – 9th April	10,066	17,100	356	1.7	£54.78
North Yorks Event (Malton)	13th April – 16th April	11,309	31,434	393	2.8	£107.94
N East Lincs Event (Grimsby)	13th April – 16th April	38,734	120,187	1,612	3.1	£398.02
<b>Grand Totals</b>		<b>276,282</b>	<b>822,452</b>	<b>13,973</b>	<b>2.5 (average)</b>	<b>£2,800</b>





Excellent and caring very fortunate and grateful to all the people who serve us in Hovingham,xxx	Good/Positive
Used it last night and put me in touch with a doctor, great help	Good/Positive
Brilliant there when I really needed them	Good/Positive
I have found it excellent i'm sure there are times when people have long waits due to volume of calls but i have always had very quick response.	Good/Positive
They helped me for sure. Sound advice when I had an eye problem one Sunday.	Good/Positive
Could not have had better service	Good/Positive
Us too very satisfied with the service and care	Good/Positive
Have no complaints only praise	Good/Positive
I think it is a very good service. Well done NHS 111.	Good/Positive
Used it twice and they were wonderful.	Good/Positive
I have used them and they have been excellent	Good/Positive
Excellent service	Good/Positive
Has always worked well for my family.	Good/Positive
Recently had cause to contact them and was very happy and impressed!	Good/Positive
Absolutely fantastic	Good/Positive
I used them was brilliant	Good/Positive
Brilliant service	Good/Positive
Brilliant	Good/Positive
wonderful hard working and caring	Good/Positive
Fantastic service	Good/Positive
Brilliant , very efficient	Good/Positive
Brilliant where we live	Good/Positive
Its great x	Good/Positive
fantastic Institute	Good/Positive
Marvellous thank you	Good/Positive
Good for me!	Good/Positive
Fantastic	Good/Positive
Used them twice on two different occasions. Excellent service. Spot on.	Good/Positive
Fantastic	Good/Positive
No problems whatsoever with the 111 service. Does the job. 👍	Good/Positive
An excellent service. Used 3 times and help was at hand when I most needed it. Thank you 111.	Good/Positive
No complaints	Good/Positive
Excellent	Good/Positive
Excellent	Good/Positive
Excellent x	Good/Positive





The BEST 🙌	Good/Positive
Excellent	Good/Positive
It's great	Good/Positive
Wonderfully brilliant.	Good/Positive
Worked well for me.	Good/Positive
Excellent service	Good/Positive
Where I live it has an excellent record.	Good/Positive
Excellent service can't fault them. So very grateful for their help both for my husband and myself	Good/Positive
Amazin	Good/Positive
For me, fantastic and thank you all. I have regular staff at all grades who make sure no appointments are missed.	Good/Positive
Really brilliant service helped us a lot during lock down. Many thanks .	Good/Positive
Excellent service can't fault them .	Good/Positive
Been excellent when I and my husband needed them. Spot on too. 🙌	Good/Positive
Wonderful	Good/Positive
Used 111 twice and the last 7 months . and each time I have been looked after amazingly. Thanks 111 service.	Good/Positive
Nice x	Good/Positive
I used it last weekend for a minor but worrying issue, and found it really efficient	Good/Positive
I cannot fault them Very Good for me and my husband ,when we needed them .	Good/Positive
Brilliant	Good/Positive
Excellent. We've had to call them several times in the past few years. Can't fault the service.	Good/Positive
They were really good and helped me so much	Good/Positive
Brilliant when I fell and broke my knee. Helped again when hospital sent me out with no back up.	Good/Positive
Fantastic care	Good/Positive
Think they do marvellous job never had a problem I agree they do need a pay rise. For some who don't remember they were on the front line when covid hit they had to work no matter what	Good/Positive
As a terminal cancer patient i have no complaints and the staff are brilliant .	Good/Positive
Amazing ,can't fault the treatment my husband as had 🙌	Good/Positive
Love the NHS. We need the NHS.	Good/Positive
Used it many times, no complaints at all !	Good/Positive
I found them very helpful.	Good/Positive
First class lucky to have it	Good/Positive



They are wonderful could,nt do without them	Good/Positive
I've had good responce from 111.	Good/Positive
First class used them 3 times now been right 3 times	Good/Positive
COULDNT DO WITHOUT THEM XX	Good/Positive
Fantastic service usually 😊	Good/Positive
We are always finding new ways to treat ailments, years ago it was cortisone injections and learn to live with the pain now we can have hip and knee replacements, that's just one of many things that can be treat and why there are waiting lists. If people stopped abusing the NHS/GPs like not turning up for appointments we would all benefit . My family have nothing but praise and thanks for the service we have had especially over the last two years. Its not the service that is at fault it's peoples expectations of what they want as in 'I pay my NI therefore I'm entitled '	Impartial
OK if it's a minor issue Not so good when things get serious	Impartial
Live in hope it get better but how long will that be	Impartial
each time i have used it i was told to go to GP or A&E so is it worth using?	Impartial
Once they were great and the second time horrendous.	Impartial
Dar'nt, I think that's right, might as well Google it!	Impartial
Brilliant only trouble too many cooks not enough Indians by that I mean too heavy at the top x	Impartial
How much time and space available here?	Impartial
Hit n miss	Impartial
I have a feeling Americans are getting in our NHS and it bothers me	Impartial
I'm sure it does its best ! I'm unable to really comment as I've, fortunately , never had to use its wervices.	Impartial
Reasonable but no comparison to what it was	Impartial
NHS right down nick since Covid can't even get parked NHS should take back the car parking and put the money back in the kitty in stead an out side company taking all the profits	Impartial
I think all the NHS including 111 Is out of control, and not functioning as it should.	Impartial
Memories of NHS .....hanging on phone listening to inane music!!	Negative
What NHS. All doing the best job as possible considering its run down they are over worked patients in corridors and short on GPs and Dentists	Negative
I am so frightened to get ill!	Negative





Oh and the time we called when my husband had severe toothache and couldn't access a dentist (Christmas week and wasn't yet registered with one locally after moving). Spent over an hour waiting only for the person at the end of the phone to go through all the questions, and then the official advice was 'call a dentist in the morning.' Yeah not helpful 😞 So yeah, mainly good but not quite 100%	
Acted so quickly ambulance with in 15	Good/Positive
When my husband was very ill last month they were great Doctor called within an hour exactly what they said he would. Most grateful.	Good/Positive
I've found them helpful. I've been sent to 'Out of Hours' each time, but that's maybe because I only ring when there's something really wrong. (Think I've only rung three times ever for myself.) Will say, though, that it does sometimes feel that the questions are a standard checklist, rather than directly relevant to the symptoms being reported. In another area of the UK, I've rung for my elderly parents, and that's felt less useful - as they were housebound, it's felt like a long wait for a doctor to call back or a paramedic to arrive.	
Few weeks ago... Couldn't get a doctor or even anyone to answer at surgery.. Paramedics from 111 were brilliant and got me to hospital...	Good/Positive
Always find them helpful and they have always got me a telephone call from the Dr's the same day	Good/Positive
The last time i called them they could do nothing, only they would ring back after 6 hours to see if everything had been resolved, well 12 hours later they rang from Newcastle , they said it doesn't matter where they ring from . So ticking the box the impression they left me with.	Impartial
It's amazing how they told me that a doctor would ring me back within the next 4 hours but he never did!!!!	Negative
I called them at 3pm good Friday and was told a doctor would ring me within 2 hours, I got the call 19 hours later. good job it was not life threatening. I will never use them again.	Negative
My daughter rang on Saturday afternoon. No one rang back so she rang again at 6-30. The doctor rang back at 4-30am and was told to go to the local hospital when it opened.	Negative
Shocking Still waiting for call back I was assessed 2 hr callback This was 30/3/24	Negative



I would if I had the time. Time and resource is something they are short of. Only called them once in the past and it took 10 hours for Dr to call back.	Negative
If you ever get through !!! Breathless, oxygen saturation dropped to 90% , normal healthy male . Phone call at 2pm . Finally seen at 19.30 . Its not ideal.	Negative
I'm still waiting for call back from 111 Good Friday no one got back to us my husband stayed up all night clutching the phone	Negative
By the time you answered all the questions before asking about the problem you have rang about either you or the person you are ringing about could be dead.	Negative
<b>Theme – hospital care</b>	
Had the best treatment possible, - surgery for 2ndj hip replacement and after care at Bridlington Hospital! Thank you to all concerned!	Good/Positive
Amazing. Two new knees at Bridlington hospital, brilliant eye care for a skin cancer near my eye at Malton and Scarborough hospital and a great job done on at cataract at spa medica Hull.	Good/Positive
Could do to improve in a lot off ways but personally i have been cared for very well the many times i have been in hospital the staff go above with the care it fault lays with the goverment they shoul get there act together 🟢	Good/Positive
Hospital care could not be better, but our medical centre getting in to see a doctor is a none starter.	Good/Positive
Grimsby Diana hospital saved my life ,nurses were amazing ,accept one !!!	Good/Positive
Been in and out for last 4years absolutely fantastic people well done. My support for ever	Good/Positive
Major surgery first class consultant but lack of post op care and checks resulted in a further 6 days in hospital on drips which could have been easily avoided if regular bloods had been taken following release after op.	Impartial
Sunderland hospital very poor service	Negative
I have no trust in them 1year and 2 months to see a consultant that's with out going on the waiting list for operation 2week private the most wonderful care , we pay every month for our NHS so that is like paying private insurance so we should been seen straight away ,	Negative
Anyone who doesnt have to go to Harrogate is mega lucky. Worst hospital Ive attended ever. About to commence action on behalf of a patient who was treated disgracefully in there.	Negative

Have you been into a hospital recently. 4 people to change a bed. My drip needs changing , not my job. Utter incompetence. Bring back the matrons.	Negative
<b>Theme – emergency care</b>	
Very good called an ambulance for me when I needed one	Good/Positive
Used it once in Flamborough 2020. Soon sent for an ambulance to hotel. Took me to Scarborough Hospital. Bypassed A&E. Straight up to ward. Excellent service all round. Fortunately nothing serious. But very thorough check.	Good/Positive
Saved my life by calling an Ambulance.	Good/Positive
Great after being bitten by a cat,my leg started to go red,sent me to Minor injuries & needed antibiotics,good have been serious if not treated promptly apparently!	Good/Positive
Used it once and was quickly sent an ambulance, one week in hospital and then home. Top marks 100+	Good/Positive
Saved my life October 2021. I'm here today simply because they were there for me when I so desperately needed them. An ambulance arrived at 3.30am ~10 minutes after I called them.	Good/Positive
Looked after very well when having to be taken to hospital after a fall October in Ambulance 10 out of 10.Thank you	Good/Positive
I have had such brilliant care, When I was poorly one night they sent an ambulance right away, Well done 111 A BIG THANK YOU 🙏🙏🙏, Annie k 🙌	Good/Positive
I've been very lucky. Called them twice and on both occasions they sent a blue light ambulance I didn't know I needed! They triaged my needs very quickly and accurately.	Good/Positive
<b>Theme – not medically trained</b>	
Never had a problem. But when they advise you go to a and e and the doctor says I don't know why Yr here and NHS 111 people aren't medically trained. There's no hope.	Impartial
A friend was feeling ill,had been for several hours I advised her to call 111as I was worried. The diagnosis was "panic attacks" I made her promise to go to the GP the following morning I am a nurse and the symptoms that she had were certainly not panic attacks. In fact I advised her to go to A&E if the symptoms didn't settle. She went to the GP in the morning- her blood pressure was beyond high and her blood test showed that she was Hyperthyroid,hence the heart palpitations.	Negative
It's not helpful. Just another hurdle to jump through. People who are first contact are working from a computer protocol. Their answers to prompted questions determine nextv question. They are not clinically trained nor isca computer	Negative

<p>Getting to speak to a Doctor was difficult. I had surgery to remove a tumour from my head. After being discharged I started getting intense pain. Called 111 as GP was not available. Got repeatedly asked by someone with no knowledge whether someone had Hit me. It was frustrating and I got no where. After half n hour of this I hung up. In the end my wife called them and demanded to speak to a doctor in order to get me pain relief. She spoke to another unqualified person and then a Nurse. After an hour we got a doctor who understood immediately and prescribed pain relief. So you can guess I am not a fan of 111. Nice to know it is an option but very frustrating.</p>	<p>Negative</p>
<p>Nothing but a series of extra hurdles to get through but only if you tick certain boxes....          The first person you get through to ticks certain boxes, can't make any decisions..so you have to wait for someone else to call you back!!          You eventually get "tick boxed" by another person who again can't make any decisions so you have to wait to speak to someone else who asks exactly the same questions..as if you haven't been asked them before!!          Then you wait for someone else to ring back, who starts telling you how busy they are and that there will be quite a delay before you can speak to a doctor.          Unless you tick the boxes that suggest you are dying you ain't gonna get nowhere and have to wait for another person to ring back....          Eventually you might get to speak to a doctor but most people don't reach this stage...          111's catch phrase is, "See how you go and if you aren't any better by tomorrow morning go see your GP"!!          111 doesn't manage patients and their needs...          Its set up to manage the "system" at the expense of the patient!!          Welcome to the age of "Tick Box" medicine!!</p>	<p>Negative</p>
<p><b>Theme – poor advice given</b></p>	
<p>If we had listened to 111 who promised a community nurse visit instead of taking her to A&amp;E, our granddaughter would have died. She was diagnosed with Strep type 2 meningitis.</p>	<p>Negative</p>
<p>Said they had to speak to my doctor. My doctor had been saying my breathlessness was post covid, She hadn't seen me and tried to send to to A &amp;E although I was testing positive still for Covid. 111 spoke with her , told me it was post covid. 3 days later, blue lights , it was pulmonary embolism.</p>	<p>Negative</p>

Have used 111 just twice. First time a bout of gout was misdiagnosed as a muscle sprain. The second I saw somehow told me I really need to see my GP. Useless!	Negative
Someone shouldn't be on the phone for 111 for 45 minutes with an operator that spoke so quietly on a poor phone line when they're coughing up blood to then be told to drive to the hospital themselves when it is definitely an emergency.	Negative
Not impressed. They suggested my neighbour ring the doctor the following day when her elderly husband had a fever and was hallucinating. Fortunately she rang the doctor straight after and the surgery called an ambulance. He was admitted to hospital immediately on the doctors orders without the doctor even seeing him.	Negative
<b>Theme – saved life</b>	
God Bless the NHS 🇬🇧🇬🇧🇬🇧 We are sooo lucky to have such an amazing FREE service! Yes there are problems , mostly due to too many 'chiefs' and pen pushers and not enough 'indians',and lack of funding.But the incredible doctors and nurses have saved my husbands' life 3 times and for that we are both eternally grateful ❤️ It's like insurance , you don't realise how good it is until you need to use it .Thank you all Doctors and nurses ❤️	Good/Positive
Saved my life last September when I had a heart attack it's given me a new lease of life at seventy five ❤️❤️🙏🙏	Good/Positive
No doubt they saved my life last year. Post-op sepsis. I was going to go to the doctor's after the weekend. Good thing my Husband called the helpline. ❤️	Good/Positive
I mite not be here if wasn't for them had to have emergency brain surgery thank you 111	Good/Positive
<b>Theme – GP services</b>	
Excellent service from all our lovely Doctors and staff at Hovingham surgery we are so fortunate .	Good/Positive
NHS need the GPs to see more patients as they use too. This would elevate the hospitals A&E and waiting list are getting longer and many patients with not be getting seen earlier this causing people to have much more serious results because they are waiting to long	Impartial
They try their best and if you have an emergency you do get delt with. The problems are we have a very large foreign population now in this country which puts to much pressure on the old system we need an upgrade all around .One of the major issues at the start of health care are the JPs who are just no where near like the ones of old they seem to only want to use phone and electronic IT	Impartial

consultation where as the doctors of old where family doctors who new their patients and the whole family history,they visited people after their surgery which never happens now. I am sorry to say the faith in them is wilting with many people.	
Shouldn't have been necessary if local doctors and surgery were more accessible	Impartial
<b>Theme – better than seeing GP</b>	
Absolutely first class . Very helpful. Especially when my doctor's surgery was less than useless 😞	Good/Positive
Absolutely amazing - I was in excruciating pain with what turned out to be kidney stones (apparently the nearest men will experience to childbirth - I totally agree!) I would trust 111 over trying to get through to my doctor 😞	Good/Positive
Good stuff you have some time better than the doctors	Good/Positive
<b>Theme – other services</b>	
Try getting a dentist or face to face appointment	Negative
Wouldn't be necessary if local A&E was open 24/7 and doctors didn't just work a 3 day week as they do here.	Negative
<b>Theme - information</b>	
Brilliant the info was great 👍👍	Good/Positive
The idea of 111 is great but they need to make it clear when they say they are making you an appointment at A&E they are in fact making an arrival time appointment. This has been the mistake made to a few people I know. Now PLEASE rectify this we have to put up with enough untruths from politicians don't add yourselves to this list	Impartial
<b>Other comments</b>	
On holiday. My Libra diabetic device went down, as on prescription and away from home, 111 found me a chemist & a device. In 30 min. Thank you.	Prescribing
Excellent and so reassuring 😊	Reassurance
Got me a GP appointment at 3:30am this morning – chest infection.	Access to appointment
Excellent. Very grateful not to bother a&e or have to wait there for hours.	Quicker
Our family experience in the not too distant past was that calls to this number were expensive for our family member.	Costs to use service
When I've rang 111 they send me to A&E with minor ailments.	Inappropriate referral
Site constantly crashes unable to submit - obviously don't like criticism 😞	Website issue
Nobody answers the phone..	No response



Waste of time and money they tell everyone to to ae . Better ringing up and speaking to triage nurse 256256 . Ask too many irrelevant questions.Theybhave no medical knowledge and waste valuable time.	Prefer 256256 service
Not rang 111 for many years, as I was disappointed that it seemed to be always answered by someone, who was not local, who was in Yorkshire	Not local

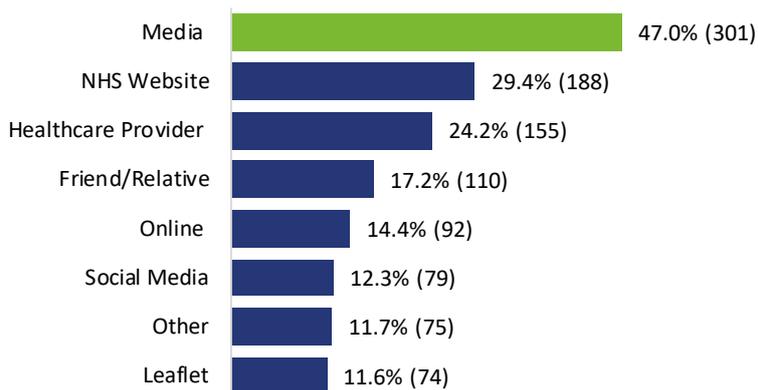


## Appendix (vi) – Coded Qualitative Comments Summary (Phase 1)

### Question 2 – How did you first hear about NHS111 (*Please tick all that apply*)

Answered: 640 Skipped: 29

Please note as this is a multiple choice question, the percentages may add up to more than 100%



Sub theme	Number of responses
<b>Work</b> <ul style="list-style-type: none"> <li>○ Working for NHS (10)</li> <li>○ Through work colleagues (10)</li> <li>○ Used to work in NHS Admin (1)</li> <li>○ Worked NHS Direct (2)</li> <li>○ Retired GP (2)</li> <li>○ NHS Employee/Independent Consultant (1)</li> <li>○ Doing my work with the Ambulance service (1)</li> </ul>	27
<b>Common Knowledge</b> <ul style="list-style-type: none"> <li>○ General Knowledge (5)</li> <li>○ I can't remember, have known for several years. (1)</li> <li>○ Don't know/can't remember (9)</li> </ul>	15
<b>Blank Response / Non-Coded</b> <ul style="list-style-type: none"> <li>○ Other – Blank (12)</li> <li>○ Not Sure (1)</li> </ul>	13
<b>Communications</b> <ul style="list-style-type: none"> <li>○ Word of mouth (4)</li> <li>○ Via Healthwatch York (1)</li> <li>○ Via Cancer Nursing terminally ill parent (1)</li> <li>○ Daughter employed by NHS (1)</li> </ul>	12

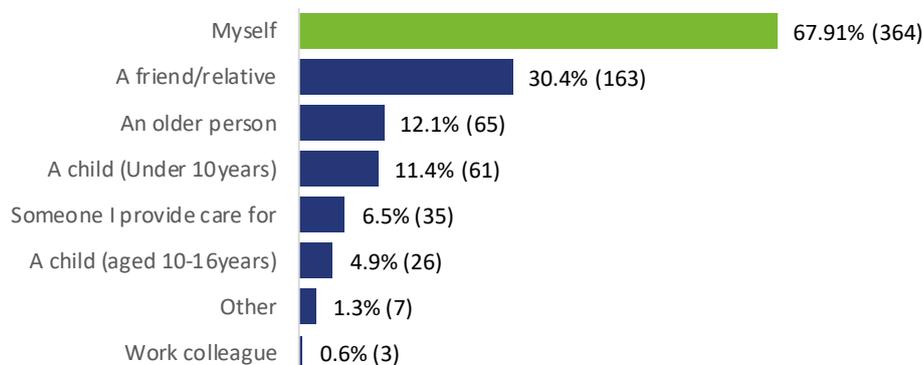
<ul style="list-style-type: none"> <li>○ In Text about COVID via COVID Comms (1)</li> <li>○ Promotional Coms on Side of Ambulance (4)</li> </ul>	
<p><b>Other Sources</b></p> <ul style="list-style-type: none"> <li>○ Via Service Users - used it/used it years ago (2)</li> <li>○ calling 999 for an ambulance (1)</li> <li>○ Through School (1)</li> <li>○ Doctors – added to HCP (1)</li> <li>○ Media – Via general media/ news/papers/radio/TV etc (2)</li> </ul>	7
<p><b>NHS Digital Solutions</b></p> <ul style="list-style-type: none"> <li>○ NHS App ((2)</li> <li>○ So long I can't remember (1)</li> <li>○ NHS Direct (1)</li> </ul>	5

\*Please note - Some comments were cross-cutting, so may have been coded against more than one theme within the framework.

### Question 5 – Who did you contact NHS111 for? (Online or telephone), *(Please select all that apply.)*

Answered: 536 Skipped: 133

*Please note as this is a multiple choice question, the percentages may add up to more than 100%*

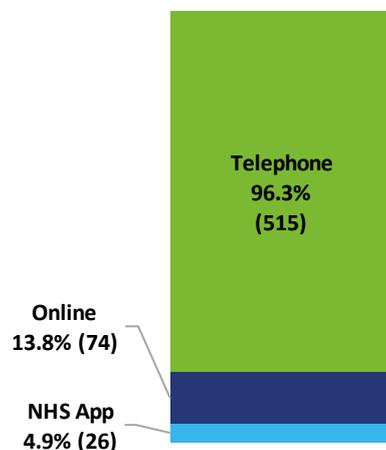


Sub theme	Number of responses
<ul style="list-style-type: none"> <li>○ Patients</li> <li>○ Patients seen by the Ambulance Service</li> <li>○ Blank (x3)</li> <li>○ Not sure</li> <li>○ A man in the street who had a seizure</li> </ul>	7

## Question 6 – When you used NHS111 in the past which platform(s) did you use? *(Please tick all that apply)*

Answered: 535 Skipped: 134

Please note as this is a multiple choice question, the percentages may add up to more than 100%

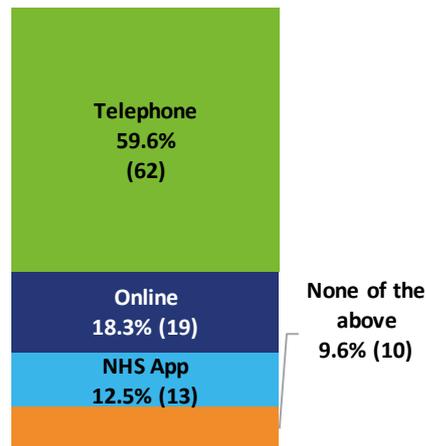


Sub theme	Number of responses
<b>Ease of Use &amp; Methods of access</b> <ul style="list-style-type: none"> <li>○ Phone easier (141)</li> <li>○ Quick (43)</li> <li>○ Online/App easier (43)</li> </ul> All methods easy to use (21)	226
<b>Wanted to speak to someone</b> <ul style="list-style-type: none"> <li>○ Reassurance (30)</li> </ul>	104
<b>Needed Urgent Advice</b>	94
<b>Accessibility</b> <ul style="list-style-type: none"> <li>○ Technical Barriers (40)</li> <li>○ Lack of awareness/understanding of alternative services (25)</li> <li>○ Disability (1)</li> </ul>	67
<b>Other Services Closes</b> <ul style="list-style-type: none"> <li>○ GP/Primary Care (31)</li> <li>○ Only Option (27)</li> <li>○ Dental (5)</li> </ul>	63
<b>Alternative to Emergency Care</b>	21

## Question 9 – If you have heard of, but not used NHS111 before, which platform do you think you would be like to consider using in the future to contact the service?

Answered: 104 Skipped: 565

Please note – Skip logic was applied to this question for respondents who had heard of the service but never used it before being directed here after question 4. As a result, this question has a smaller sample size.

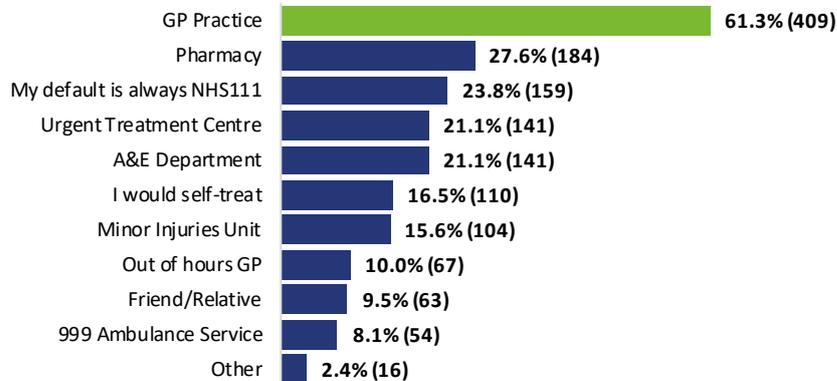


Sub theme	Number of responses
<b>Ease of Use &amp; Methods of access</b>	42
<ul style="list-style-type: none"> <li>○ Phone easier (22)</li> <li>○ Online/App easier (12)</li> <li>○ Quick (8)</li> </ul> All methods easy to use (5)	
<b>Want to speak to someone</b>	26
<b>Would not use NHS111</b>	12
<b>Accessibility</b>	11
<ul style="list-style-type: none"> <li>○ Technical Barriers (10)</li> <li>○ Lack of awareness/understanding of alternative services (1)</li> </ul>	
<b>Alternative to other pressured services</b>	3
<b>Other Services Closes</b>	1
<ul style="list-style-type: none"> <li>○ Only Option (1)</li> </ul>	

## Question 10 - How do you usually access urgent, but non-life-threatening medical care or treatment? *(Please tick all that apply)*

Answered: 667 Skipped: 2

Please Note: As this is a multiple-choice question, the percentages may add up to more than 100%.

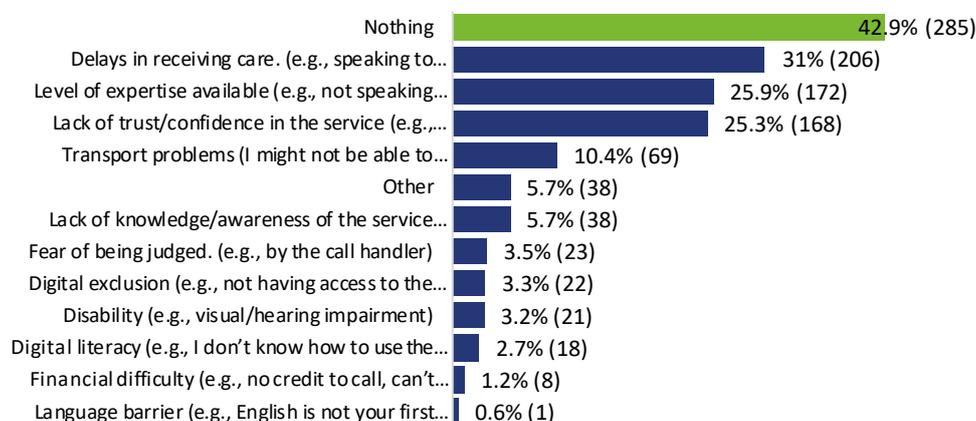


Sub theme	Number of responses
<b>Circumstantial</b> <ul style="list-style-type: none"> <li>○ Depending on the time of day/night, weekday or weekend. (x2)</li> <li>○ Depending on the treatment I needed</li> <li>○ Decide on a case-by-case basis</li> <li>○ Would only use if alternatives (e.g.) GP appointments weren't available</li> </ul>	5
<b>Alternative Services</b> <ul style="list-style-type: none"> <li>○ Online/Google search (x3)</li> <li>○ Dedicated phone line to department for my condition</li> <li>○ Community Care</li> <li>○ Private health care</li> </ul>	6
<b>Accessibility</b> <ul style="list-style-type: none"> <li>○ No family/friends to help</li> <li>○ Can't get through to NHS111</li> <li>○ Can't wait in waiting rooms for hours to be seen</li> </ul>	3
<b>Use</b> <ul style="list-style-type: none"> <li>○ Never used it/never needed 111 (x2)</li> </ul>	2

## Question 11 – What might prevent you from using NHS111 in the future? *(please tick all that apply)*

Answered: 665 Skipped: 4

Please Note: As this is a multiple-choice question, the percentages may add up to more than 100%.



Sub theme	Number of responses
<p><b>Experience, Education and Awareness</b></p> <p><b><i>Negative experience / Negative perception</i></b></p> <ul style="list-style-type: none"> <li>○ It is useless and a waste of time (x3)</li> <li>○ Lack of confidence in the service based on previous experience (x2)</li> <li>○ Previous experience of the 111 system</li> <li>○ Waste of taxpayers' money</li> <li>○ I would ring 111 but I am not inclined to trust the operators on 111. I feel it is a person on a Call Centre ticking box. In my blood pressure case, somebody rang me back and referred me to hospital and told me to get a taxi there within the hour.</li> <li>○ I know a paramedic who worked in a call centre as an advisor for the more serious events, who agreed with me that its impotent and impracticable at best.</li> <li>○ The high level of aggression I received from the call handler and their clear determination to take out their anger, for something unrelated to me, on me</li> <li>○ 111 clinicians tend to be so risk averse that it's almost a pointless exercise in calling them to try to keep patients out of hospital.</li> </ul> <p><b><i>Lack of understanding / awareness of the service</i></b></p>	16

<ul style="list-style-type: none"> <li>○ Not knowing much about them or what they actually do would stop me</li> <li>○ Just that everyone uses the service unless educated because they cannot get a GP appointment and so the only way to get seen is call 111- then get sent to hospital.</li> <li>○ Not open when I need them</li> </ul> <p><b><i>Fear of being judged / not taken seriously</i></b></p> <ul style="list-style-type: none"> <li>○ Don't want to bother them unnecessarily if it turns out okay</li> <li>○ Feeling that my concerns were 'silly</li> </ul>	
<p><b>Responsiveness of the Service</b></p> <p><b><i>Wait times to get through are too long</i></b></p> <ul style="list-style-type: none"> <li>○ Length of time it takes to get through in the first place.</li> <li>○ On the phone for well over 1 hour - unacceptable.</li> <li>○ Waiting in queue listening to music whilst urgent advice was needed</li> <li>○ Fear of long hold times on the phone</li> <li>○ Call not being answered</li> <li>○ Kept on hold</li> <li>○ Long waiting times for callbacks</li> <li>○ My experience is you're not phoned back within the time frame. They call back in the middle of the night'</li> <li>○ No one calls you back....so what use is it...completely in sympathy with people that go to A&amp; E - at least you are not ignored. NHS 111 is a joke - you call and then someone calls you back 4 hours later to say they'll call you back in another 4 hr.</li> <li>○ length of wait time for a call back</li> <li>○ length of time to get back to you</li> </ul> <p><b><i>Callbacks at inappropriate times of the day.</i></b></p> <ul style="list-style-type: none"> <li>○ It was at least 14 hours before a doctor called me back at 3am and said go to A&amp;E immediately!!!</li> </ul> <p><b><i>Delays in treatment/Quality of care</i></b></p> <ul style="list-style-type: none"> <li>○ Contacted NHS111 several times but the GP did not respond to requests from NHS111. Took 4weeks to get a GP out. Had eight weeks of pneumonia resulting in lung scarring</li> </ul>	12
<p><b>Alternative Services</b></p> <p><b><i>Inappropriate signposting</i></b></p> <ul style="list-style-type: none"> <li>○ They try and send you to places that are nowhere near your location.</li> </ul>	5

<ul style="list-style-type: none"> <li>○ I worry they will send an ambulance when I don't want or need one</li> <li>○ Fear of being passed from one dept to another</li> </ul> <p><b>Alternative services are preferred</b></p> <ul style="list-style-type: none"> <li>○ If it was an emergency, I would ring 999</li> <li>○ I would normally phone 256256</li> </ul>	
<p><b>Structure of the Service</b></p> <p><b>Questions &amp; Algorithm</b></p> <ul style="list-style-type: none"> <li>○ The rigidity of the algorithm</li> <li>○ Not appropriate care uses a script and is mostly not necessarily and most outcomes are not appropriate.</li> </ul> <p><b>Online / Digital</b></p> <ul style="list-style-type: none"> <li>○ Online does not give enough option for you to say fully what is wrong. Very restrictive and often incorrect or unhelpful '</li> </ul>	3
<p><b>No Barriers</b></p> <ul style="list-style-type: none"> <li>○ Even if the service is not good, I would still try them...</li> <li>○ See answer to previous question</li> </ul>	2

## Question 12 – What could we do to make it easier for you to use NHS111 in the future?

Answered: 436 Skipped: 233

Sub theme	Number of responses
<p><b>Customer Service and Communication</b></p> <ul style="list-style-type: none"> <li>○ Good/Helpful Service (75)</li> <li>○ Customer service (64)</li> <li>○ Call handler communication (47)</li> <li>○ Difficulty hearing on the phone (6)</li> </ul>	161
<p><b>Responsiveness of the service</b></p> <ul style="list-style-type: none"> <li>○ Long waits for call backs (74)</li> <li>○ Long waiting times (64)</li> </ul> <p>Call backs at inappropriate times of the day/night (7)</p>	120
<p><b>Staffing of NHS111</b></p> <ul style="list-style-type: none"> <li>○ More clinical staff needed (52)</li> <li>○ Level of knowledge/Training (30)</li> </ul>	88

<ul style="list-style-type: none"> <li>○ More staff needed (21)</li> </ul>	
<p><b>Structure of the service</b></p> <ul style="list-style-type: none"> <li>○ Too many questions (33)</li> <li>○ Box Ticking (29)</li> <li>○ Risk appetite (20)</li> <li>○ Repetitiveness (19)</li> </ul>	69
<p><b>Access to Community Services</b></p> <ul style="list-style-type: none"> <li>○ Primary Care (23)</li> <li>○ Urgent Care (20)</li> <li>○ Diverted / Signposted due to services under pressure (8)</li> <li>○ Mental Health (3)</li> </ul>	42
<p><b>Accessibility</b></p> <ul style="list-style-type: none"> <li>○ Location / Transport (18)</li> <li>○ Digital Exclusion (11)</li> <li>○ Disability (6)</li> </ul>	38
<b>Improve awareness of NHS111</b>	29
<b>Non related NHS111 feedback</b>	21
<b>Want to see a health professional face to face</b>	10

## Appendix (vii) – Coded Qualitative Comments Summary (Phase 2)

Question 1 - Have you heard of NHS111 before today?	
Theme – Yes, was a positive outcome	
OLDER PEOPLE	
<i>Brunch Bunch, Brough</i>	<b>Used successfully</b> when on holiday in the UK and <b>forgot their blood pressure tablets</b> . Called NHS111 and they helped get a prescription. It was all <b>sorted within 12 hours</b> .
	Used it a few times, <b>mainly a positive experience</b> . You do <b>wait a long time for call backs</b> , but when you do speak to someone they are <b>helpful</b> .
	Used it three times in the last week
<i>Brunch Bunch, Anlaby</i>	Majority had heard of NHS111 and many had used it before.
<i>Culture Club</i>	Most said they have used and would use NHS111 “ <i>My family use it for me</i> ”.
	Most felt that the service is <b>totally beneficial</b> for them as a go to service when advice is needed, several referencing that they <b>lived alone</b> and knowing that NHS111 is there when needed was <b>comforting</b> . “ <i>If I needed help, I’d always ring them</i> ”.
YOUNGER PEOPLE	
<i>Youth Action Group</i>	Majority of the group had heard of NHS 111
<i>St John’s Cadets</i>	Most had <b>heard of NHS 111 before</b>
	Used it a <b>number of times has been mostly positive</b> .
BAME	
<i>HANA</i>	I heard about it during some <b>training at HANA</b>
PARENTS AND CARERS	
<i>Aim Higher Support Group</i>	<b>Good</b> - I have called several times for my parents who live 30mins away as they don’t like using the phone

	<b>Very Good</b> – I have used it both times for the children, both resulted in staying overnight for observations – once for my husband who went into anaphylaxis shock.
<b>DISABILITY</b>	
<i>Elephant In The Room Disability Inclusion</i>	Yes I have <b>heard of NHS111</b> – I have <b>used it lots!</b>
<i>Sight Support Group</i>	All attendees had <b>heard of NHS111</b> but not all had used it before.
	One individual was given some <b>information via their assisted housing organisation.</b>
	It's <b>helpful for people living alone</b>
<i>Lindsey Blind Society</i>	All attendees had heard of NHS111 before, but not all had used it.
	Used for <b>emergency dentist</b> – think I knew about it from ringing my dentist or it could have been an internet search. They got me an appointment, <b>it was very good.</b>
<i>Holderness Stroke Club</i>	<b>All attendees</b> had heard of NHS111 before and most had used it.
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	<b>All attendees</b> had heard of NHS 111
<i>HW Hull Young People (LD)</i>	Some had heard of NHS111 before, a small number had not.
<i>Aim Higher Youth Club</i>	<b>Good</b>
<b>LONG TERM CONDITIONS</b>	
<i>LTC Group, Goole</i>	Everyone in the group had heard of NHS111 before.
	Used for myself once, had a <b>good experience</b> , they ended up sending my to hospital. The person I spoke to on the <b>phone was calm and asked the right questions</b>
	Used it – <b>was ok</b> . They sorted me out.
	Used for my husband, they called 999 for me.
<i>MS Society</i>	<b>All members</b> of the group were aware of NHS 111.
<i>Diabetes Support Group</i>	<b>The majority</b> of the group had heard of NHS111 before
<b>Theme – Yes, was a negative outcome</b>	
<b>OLDER PEOPLE</b>	

<i>Brunch Bunch, Brough</i>	I wasn't pleased when I used it, I called via the telephone, <b>nobody answered</b> and all I got was a <b>recorded message</b> . I called 999 instead and ended up in hospital.
<b>YOUNGER PEOPLE</b>	
<i>St John's Cadets</i>	Negative experience – person on the phone didn't know what they were talking about and was <b>giving bad advice</b> . Some of the negative is the <b>waiting</b> (wanted to be sorted that day)
<i>Youth Action Group</i>	NHS 111 say they can help to get emergency dental appointments, but when my mum needed emergency dental work they <b>couldn't help</b> and she had to go private.
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	I would say the service is <b>long-winded</b> , I called at 08.30 for my young child (LD) and didn't get a call-back until 17.30.
<b>DISABILITY</b>	
<i>Sight Support Group</i>	Service was <b>rubbish</b> <b>Waiting times</b> are far too long
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Aim Higher Youth Club</i>	Bad - One time, I couldn't get an emergency dental appointment via NHS 111 because I wasn't able to <b>accurately say what tooth was hurting</b> . It turned out I needed a wisdom tooth removed right away, and it's common to feel that sort of pain all over your face according to the dentist. But I was in severe pain for over a week because <b>111 wouldn't continue the emergency appointment booking</b> because I couldn't pinpoint the tooth. They did tell me off for taking too much paracetamol though. <b>I eventually lied</b> , just randomly made up a tooth to blame, and then got a telling off by the dentist at my emergency appointment, saying I should have come much sooner... I also found it <b>doesn't take into account how inaccessible some places they refer you to are</b> . We got referred to A&E once, which I thought was a bit overkill, but when we arrived the wait was over 12 hours. People were queueing out the door. I understand it's all we have but that environment is <b>not accessible for an autistic young person who is already close to meltdown due to injury</b> .

	Bad experience
<b>LONG TERM CONDITIONS</b>	
<i>LTC Group, Goole</i>	Had a <b>negative experience</b> , the person I spoke to just told me to get out of bed and get to hospital.
<b>Theme – No, not sure what it is or wouldn't use it</b>	
<b>OLDER PEOPLE</b>	
<i>Culture Club</i>	One person said <b>"I've never heard of it but I wouldn't use it. I'd use my CareLink"</b> (button I wear round my neck for urgent help).
<b>BAME</b>	
<i>ESOL</i>	There was some <b>confusion</b> around whether the group had heard of 111. Initially, the group said yes, but later it seemed that most of the group were <b>thinking of 999</b> as they referenced getting an ambulance and agreed they 'know 999'. The group also felt that more <b>information should be provided to people when they arrive in the UK</b> to help them <b>navigate the NHS</b>
<b>PARENTS AND CARERS</b>	
<i>Hull Parent Carer Forum</i>	No not heard of it before
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>HW Hull Young People</i>	Thought it was a <b>phone line that only doctors used</b>
<b>Theme – Heard of it, but not used it</b>	
<b>LONG-TERM CONDITIONS</b>	
<i>LTC Group</i>	Not used it, but heard of it Never used it.
<b>Theme – Where have seen advertised</b>	
<i>HW Hull Young People</i>	<b>"Yes, seen it advertised on social media and on TV"</b>
<i>HANA</i>	<b>"I saw a poster once in Hull City Centre"</b>
<i>Sight Support Group</i>	The group had heard NHS111 advertised on the <b>radio</b> and some had seen it on <b>TV</b> . One individual was given some <b>information via their assisted housing organisation</b> .
<i>HW Hull Young People (LD)</i>	<b>Social media, tv, billboards</b> and through <b>friends and family</b> .

	I think I've seen it advertised online and in <b>doctors surgery</b>
<i>MS Society</i>	In terms of advertising, some members of the group had seen NHS 111 adverts on the <b>side of an ambulance</b> as well as being shown in <b>waiting rooms at GP surgeries</b> .
<i>Diabetes Support Group</i>	Via: <b>TV, Facebook and GP surgery</b>
<i>Youth Action Group</i>	Not seen this advertised anywhere before, but information on <b>Instagram</b> would increase engagement with young people a lot.  <b>TikTok</b> is also popular with younger people in terms of reels and videos. Talking videos about “ <b>a day in the life of..</b> ” are really popular at the moment with content creators using this style of video.
<i>Holderness Stroke Club</i>	Group members knew about NHS111 by experience, <b>word of mouth or general knowledge</b> .
<i>LTC Group, Goole</i>	I <b>haven't seen it</b> advertised anywhere though.

## Question 2 - What do you think NHS111 is for?

### Theme – Things people do know

#### OLDER PEOPLE

<i>Brunch Bunch, Brough</i>	Group had <b>little knowledge</b> of what NHS111 could help with.
	Some knew it could get you a call back from a <b>medical professional</b> and call a <b>999 ambulance</b>
	One person had used it to get an <b>emergency dental appointment</b> and had a positive experience.
<i>Brunch Bunch, Anlaby</i>	Levels of <b>understanding varied</b> across the different tables.
	Majority knew it could help get you an <b>appointment with a GP</b> and call a <b>999 ambulance</b> .
<i>Culture Club</i>	There was a <b>good understanding</b> of the overall use of NHS111 for help, advice, signposting etc.

	<p><i>“When you’re <b>not really sure</b>, you know you don’t need an ambulance but it’s more serious than calling the doctors”.</i></p> <p>Only a couple of group members said it was for non-urgent health needs.</p> <p>A group member said they would call 111 for a suspected <b>heart attack</b>.</p>
<b>YOUNGER PEOPLE</b>	
<i>HW Hull Young People</i>	<p><i>“It’s kind of like doctors but they can get you <b>appointments at urgent treatment centres</b> or tell you where to go for the <b>best treatment for your illness</b> or maybe your own doctors or A&amp;E if it was serious. I think you can get <b>prescriptions in an emergency and mental health help</b> too”.</i></p> <p><i>“For <b>medical issues if it is not an emergency</b> but it is something that is maybe quite urgent or you are <b>not really sure where else to turn to.</b>”</i></p> <p><i>“I think it is used for <b>mental health support, non-life threatening emergencies</b>”</i></p>
<i>St Johns Cadets</i>	A member had used NHS111 for an emergency prescription, however when they went to collect the prescription from the nominated pharmacy, the pharmacist <b>knew nothing about it</b> and were unsure why the person had been sent to them as they weren’t on NHS111’s list. The person had to <b>call NHS111 again</b> and they <b>re-issued the prescription</b> to another Pharmacy.
<i>Youth Action Group</i>	The group had limited knowledge on what services NHS111 could provide. The services they were more sure on were GP appointments and call-backs from medical professionals.
<b>BAME</b>	
<i>ESOL group</i>	Some of the group members said that <b>999 is for the fire station, police and they can re-direct for health.</b>
<i>HANA</i>	<b>More aware of 999</b> and their <b>GP practice telephone number</b>
<b>PARENTS AND CARERS</b>	
<i>Hull Parent Carer Forum</i>	<b>Good knowledge</b> of services NHS111 can provide.
<b>DISABILITY</b>	
<i>Elephant In The Room Disability Inclusion</i>	It’s good for <b>advice and reassurance</b>
	Health concerns and <b>reassurances</b> when fearful

	<b>BSL interpreters</b> (However, this needs to be improved when accessing all services not just NHS111)
	<b>Advice</b> if GP or A&E needed
	Health issues that require treatment
<i>Sight Support Group</i>	All of the group knew that the service could call a <b>999 ambulance</b> and could offer <b>minor health condition advice</b> .
	Some of the members knew it could help with <b>emergency prescriptions</b> .
	Some of the members knew you could <b>get a call back from a medical professional</b> .
	Only one individual was aware that it could support you in getting an <b>emergency dentist appointment</b> , but this was only through previous experience.
<i>Lindsey Blind Society</i>	Everyone in the group knew that the service could <b>call for an ambulance</b> .
<i>Holderness Stroke Club</i>	You use it when wanting <b>non-emergency help</b>
	I know people who have used it for <b>advice when unsure what to do</b>
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	The group knew that you could call for <b>self-care advice</b> and for a <b>999 ambulance</b> . They also all knew that it could <b>offer a call back from a medical professional</b> .
<i>HW Hull Young People (LD)</i>	<i>"Health issues that aren't an emergency"</i>
	<i>"Ringing up for health issues when it's not an emergency and when you cannot get through to the doctors",</i>
	<i>"It's for people who don't need the ambulance, just headed to A+E"</i>
	<i>"Accessing information on medical related matters that are not classed as an emergency or if you are unable to get support from your GP due to time or availability"</i> .
<i>Aim Higher Youth Club</i>	<i>Medical Issues</i>
	<i>Information / Advice</i>
	<i>Advice and help get you emergency appointments</i>
	<i>Making sure you get the help you require</i>
<b>LONG-TERM CONDITIONS</b>	
<i>LTC Group, Goole</i>	Aware they could get a <b>999 ambulance</b> and get a <b>call back from a medical professional</b> ,

<i>MS Society</i>	The group believed that 111 was the service to call when <b>advice or guidance</b> about a medical problem that's <b>not serious enough to call 999 is needed</b> .
	Good for giving advice and signposting.
<i>Diabetes Support Group</i>	<b>Minor injuries</b>
	To find most <b>appropriate service</b>
	For <b>advice</b>
	Emergency <b>prescribing</b>
	<b>Ambulance</b> - Son concern / Mum called. Sent ambulance after answering questions
	Can book an <b>appointment at a UTC</b> for you (still waited 2 hrs)
<b>Theme – things people didn't know NHS111 can do</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>Very few</b> knew it could help get a <b>GP or emergency dental appointment</b> and even <b>fewer</b> knew it could get you an <b>emergency prescription</b> .
<i>Brunch Bunch, Anlaby</i>	the majority didn't know NHS111 could help with <b>prescriptions</b> or <b>dental appointments</b> .
<b>BAME</b>	
<i>HANA</i>	Group had <b>limited knowledge</b> on 111 and what they could contact it for.
	As the group weren't aware of 111 before the session, they were also <b>not aware that you could access 111 online</b> .
<b>YOUNG PEOPLE</b>	
<i>St John's Cadets</i>	Most didn't know about <b>emergency dental appointments</b>
	Most didn't know about <b>Mental Health support</b> .
<i>Youth Action Group</i>	Many didn't know that NHS111 could help get <b>emergency prescriptions, emergency dental appointments</b> and <b>mental health support</b> .
<b>DISABILITY</b>	
<i>Sight Support Group</i>	Nobody in the group knew that NHS111 could help with, <b>Out of hours GP access, Referrals into other services, Mental health support</b> .
<i>Lindsey Blind Society</i>	Nobody in the group knew that NHS111 could offer: <b>Mental health support</b> or <b>help with prescriptions</b>

<i>Holderness Stroke Club</i>	None of the group knew that NHS111 can help with <b>emergency dental appointments, mental health support or emergency prescriptions.</b>
<i>LTC Group, Goole</i>	Overall, the group had limited knowledge on the services NHS111 can help with, but didn't know about <b>emergency prescriptions or dental appointments.</b>
	A few group members didn't think NHS111 could help get an <b>out of hours GP appointment</b> as there aren't enough GPs to see their own patients.
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	The group were unclear that 111 could help get: <b>Access to out of hours GP appointments, Emergency dental appointments, Mental health support, Pharmacy prescriptions.</b>
<i>HW Hull Young People (LD)</i>	<i>"Not really sure, I know they can help with medical problems but I <b>don't know exactly what they can and can't help with</b>, getting health advice if it is not an emergency, in an emergency you would call 999"</i>
	<i>"Don't know I haven't heard of it before; I think it would be to call doctors or maybe a dentist".</i>
<b>LONG TERM CONDITIONS</b>	
<i>Holderness Stroke Club</i>	Overall, the group had limited knowledge on the services NHS111 can help with, but <b>didn't know about emergency prescriptions or dental appointments.</b>
<i>MS Society</i>	One member believed that NHS 111 <b>wasn't able to get a medical professional to come and directly help you or to be able to assist with getting a doctor's appointment.</b>
<i>Diabetes Support Group</i>	If broken leg, they won't send ambulance

Question 2a - How can you contact NHS111?

Theme – Preferred method

OLDER PEOPLE	
<i>Brunch Bunch, Brough</i>	The <b>telephone</b> was overwhelmingly the most <b>popular method</b> of communication with this group.
	Go to would be to call, it's <b>quicker and follows the behaviour of calling 999</b>
	We're of a <b>generation</b> who likes to call
	When you're in a panic there is no way I would be able to go online or on an app, I would <b>call and talk to someone</b>
	I like to <b>hear a human voice</b> , it calms me down and can be <b>comforting</b> in a time of stress to actually talk to someone.
	I prefer <b>talking to someone</b>
<i>Brunch Bunch, Anlaby</i>	<b>Telephone</b> was the most <b>popular communication method</b> with this group.
	It's nice to <b>speak to a person rather than a computer</b>
	We are of that generation who <b>don't like to use technology</b>
<i>Culture Club</i>	Everyone in the group said they would use the <b>phone</b> to call NHS 111.
	Most said they would <b>rather speak to someone.</b>
	Some group members said they can use online services but would still <b>prefer to call someone</b> as it is quicker and easier for them.
YOUNGER PEOPLE	
<i>Youth Action Group</i>	A <b>mixed response</b> from this group between <b>online and telephone</b> . Online provides people with additional needs more accessibility, however telephone is easier for others.
	Prefer phone call its <b>quicker and easier</b>
	Would prefer online
	I can ring up I'm fine, I'm autistic and know a lot of <b>autistic people would struggle to pick up the phone and speak to someone</b> . A lot of people use 'Chat health' Having to speak first is daunting. Having the <b>app is good</b> because then you know someone would ring you later in the day.
<i>St John's Cadets</i>	The majority would <b>prefer to use the telephone</b> as they prefer to <b>talk to someone</b> , some have had <b>poor experiences</b> in the past when <b>online</b> didn't work well so reverted to phone, or they find the <b>telephone easier</b> to use.

<b>BAME</b>	
<i>ESOL</i>	Some group members said that they would <b>call 111</b> in an emergency and said <i>“if we have problems we would call”</i> .
<i>HANA</i>	I would rather <b>call</b> – get to talk to a human quicker
	Helps me <b>practice my English</b>
	I like the <b>NHS app</b> , I use it a lot
	<b>Call them</b> , I get to talk to someone
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	For people with LD / MH their preferred method of contacting NHS111 would be <b>online via a live chat</b> . They can answer their questions at their <b>own pace reducing anxiety</b> . However, the wording would need to be <b>simplified</b> so they could easily understand what is being asked of them.
<i>Hull Parent Carer Forum</i>	Online, it's <b>easier</b>
<b>DISABILITY</b>	
<i>Sight Support Group</i>	All members of the group would <b>prefer to use the telephone</b> as they all have <b>visual impairment</b> and very much <b>struggle with online systems</b> . They do this for <b>all of their medical appointments</b> .
<i>Lindsey Blind Society</i>	All members of the group would <b>prefer to use the telephone</b> as they all have <b>visual impairment</b> and very much struggle with online systems.
	<b>Preference for telephone</b> was the same when they talked about other health services.
	If you ring 111 then at least you are <b>speaking to someone</b> and it is in your <b>own home</b> which is better
	It would <b>take a lot of time to use any technology with assistance</b> , so a phone call is quicker
<i>Holderness Stroke Club</i>	Most members of this group <b>preferred to use the telephone</b> to contact NHS111
<i>Elephant In The Room Disability Inclusion</i>	I use the <b>app mainly</b> , there are lots of questions but it's <b>easy to use</b> .
	<b>Phone</b> – it's an emergency so I would hope to have the <b>same access</b> as everyone else
	<b>NHS App</b> – Need BSL interpreter for deaf people
	<b>Online</b> - I am deaf there's <b>no other way</b> to contact them

LEARNING DISABILITY/DIFFICULTY	
<i>HW Hull Young People (LD)</i>	The majority of young people said they would prefer to contact NHS111 via the <b>telephone</b> .
<i>Aim Higher Youth Club</i>	Phone - Like to <b>speak to someone</b> , quickest and easiest method.
	Online – I am autistic and I <b>don't process information well</b> via the phone
LONG TERM CONDITIONS	
<i>MS Society</i>	Everyone in the group said they would <b>ring NHS 111</b> and that would be their preferred method of using the service.
<i>Diabetes Support Group</i>	The majority of the group preferred to use the <b>telephone</b> mainly for <b>ease</b> and it's the method they <b>feel most confident using</b> .
<i>LTC Group, Goole</i>	All of the group preferred to use the <b>telephone</b>
Theme – Digital Literacy / Awareness of alternative methods	
OLDER PEOPLE	
<i>Brunch Bunch, Brough</i>	Phone – <b>only aware</b> of this option
	Not aware of the online/app options – <b>wouldn't use anyway</b>
<i>Brunch Bunch, Anlaby</i>	Aware that you can go <b>online</b> or <b>call on the telephone</b>
	Many expressed that they <b>don't have a smart phone</b> so can't download <b>apps</b> – <b>wouldn't use it</b> even if they did!
<i>Culture Club</i>	Most said they don't have or <b>cannot use online services</b>
YOUNG PEOPLE	
<i>Youth Action Group</i>	You can also <b>type in your symptoms online</b>
	I thought you <b>could only call</b> . I didn't realise there was another way
	I thought you could <b>message them</b> , but I could be wrong.
	It's <b>automatic to go to the GP</b> , your parents would automatically take you to your GP. <b>Generational norms</b> .
<i>St John's Cadets</i>	Online, telephone.
<i>HW Hull Young People</i>	"On the <b>phone</b> you can ring them, or I think they have things <b>online</b> that can give you information".
	I think it can be contacted by <b>Teams, email, dial 111 or snapchat</b>
BAME	
<i>ESOL</i>	<b>Not aware</b> that you could access 111 <b>online</b> .
<i>HANA</i>	I believe you can go <b>online</b>
DISABILITY	

<i>Holderness Stroke Club</i>	Some members of the group knew of the <b>NHS App</b> and the <b>online route</b> into the service.
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	A few members of the group knew that you could use the <b>phone, app or online to contact NHS111</b>
	A smaller few <b>only knew of the telephone option</b>
<i>HW Hull Young People (LD)</i>	<b>Aware</b> that you can contact the service <b>online</b> and one person believed you could make <b>contact via your GP</b> .
<b>LONG TERM CONDITIONS</b>	
<i>Diabetes Support Group</i>	Aware of <b>online</b> but never used it
<i>LTC Group, Goole</i>	Some members were aware of <b>online methods</b> , but didn't know how to use it, and others said they <b>didn't own a smart phone</b> or <b>didn't have/want internet access at home</b> .
<i>MS Society</i>	The group said that they <b>wouldn't feel comfortable</b> using the <b>NHS App</b> or <b>online</b> methods.
<b>Theme – Accessibility / meeting specific needs</b>	
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	I <b>rang on behalf of my child</b> (LD) and the call handler kept asking me to ask the child if they were in pain. My child is <b>non-verbal</b> so unable to communicate. I kept saying that as his mother I know when he is in pain and they replied <b>“but how do you know”</b>
	The service wants <b>to talk to over 16's</b> , how can people <b>without capacity, non-verbal or with the mental age of someone considerably younger</b> answer questions about their health in an informed way – this needs addressing.
	When you call NHS111 <b>how do they know you are neurodiverse?</b>
	You're asked <b>lots of questions</b> to get the help you need, for someone with special needs this <b>'probing'</b> can be too much for them.
	The <b>call handlers can be rude</b> , this could <b>increase anxiety</b> and <b>panic attacks</b> for people with <b>MH conditions or LDs</b> .
	The questions could make people who are <b>neuro-diverse, or who have MH conditions</b> to feel <b>judged</b> ,

	they take <b>questioning quite personally</b> and feel “why do they want to know this”, or “what do they have against me”.
<b>DISABILITY</b>	
<i>Elephant In The Room Disability Inclusion</i>	The app has <b>some accessibility features</b> (BSL/Text relay) it's ok but not perfect
<i>Lindsey Blind Society</i>	Although the group were not accessing online or via the app, they did say that <b>some people with no sight are good with technology because they are used to using it to support them on a day-to-day basis</b> so it might be suitable for them.

<b>Question 3 - Please tell us why you usually go here for medical care or treatment</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>Friend/Relative</b> – I always ring my daughter, she is my <b>only family</b> , I've got nobody else and I <b>don't drive</b> .
	<b>GP</b> – It's <b>nearby</b>
	<b>A&amp;E</b> – My husband has a <b>complex health history</b> , I always panic and think the worst because of this
<i>Brunch Bunch Anlaby</i>	<b>GP</b> – Because I know my doctor / have a <b>good relationship</b> with my GP / It's the only one I know / I would go to my GP if it wasn't urgent / I am doing well for my age, I don't have many problems if I do, I will go to GP but who am I to decide where is best to go, I'm not medically trained.
	<b>A&amp;E</b> – Because I feel very unwell, or I have a fall / The <b>best place in my opinion</b> to sort my problem out.
	<b>UTC</b> – <b>seen quicker</b> and they can arrange appointments for the GP
	<b>Self-Care</b> – <b>hard to get appointments</b> so always try to look after myself first
<b>YOUNGER PEOPLE</b>	

HW Hull Young People	<i>"I would go to any of them if I needed to. I would probably use NHS111 if I wasn't sure where I needed to go or what my best option was because I <b>wouldn't want to go and sit in A&amp;E for hours</b> if I didn't need to be there or it was just <b>wasting their time</b>. Doctors (GP) can be really hard to get into so if I couldn't get an appointment and I was feeling ill and it was quite bad I would probably <b>ring NHS 111 for advice.</b>"</i>
Youth Action Group	<b>GP</b> – I know they are <b>close to home and reliable</b>
	<b>GP</b> – it's always worked and <b>never been turned away</b>
	<b>Friends/Family</b> – People who I am familiar with as I try to sort myself out first then I am not <b>"wasting" the GPs time.</b>
	<b>Self- treat</b> – <b>Previous experiences</b> , plus most things can be sorted at home
<b>BAME</b>	
HANA	<b>GP</b> – good relationship, I trust him
	<b>Walk in-</b> Prefer a walk-in centre, <b>attended to immediately</b> , and if they can't handle my problem I get fast-tracked and seen quickly at my actual GP
	<b>Self-Treat</b> – the <b>stress of getting an appointment</b> is crazy
ESOL	<b>A&amp;E</b> - <i>"I can't understand or speak. When I have problems, I go to Grimsby hospital and say 'help'"</i> .
	<b>Friends/Family</b> - The tutors of the ESOL group said that people whose <b>first language is not English</b> rely heavily on their <b>friends, neighbours, communities</b> and support networks.
<b>PARENTS AND CARERS</b>	
Aim Higher Parents Support Group	<b>Pharmacy</b> – <b>under used service</b> , they give good advice, quick to see and I trust them
	<b>A&amp;E</b> – Usually needed to be in A&E due to my son's (LD) <b>complex medical needs</b>
	<b>NHS111</b> – <b>Quick and easy</b> , never had any bad experiences
Hull Parent Carer Forum	My default is always NHS111
<b>DISABILITY</b>	
	Accessing NHS Services as a <b>deaf person can be very frustrating and scary</b> . I try to <b>look after myself</b>

<i>Elephant In The Room Disability Inclusion</i>	whenever possible or <b>visit my pharmacist</b> as they are much more <b>accommodating and understanding</b> .
	I wouldn't call anyone, I would <b>self-treat</b> , Doctors treat me like a retard and refuse to help properly
	<b>GP</b> – they have <b>BSL interpret</b> booked
	<b>GP</b> – it's first line, go to the GP first
	<b>GP</b> – I believe it should be the first port of call
<i>Holderness Stroke Clube</i>	<b>GP</b> - but often hard to get appointments
	<b>GP</b> – normally go there, but would also go to <b>A&amp;E</b>
	<b>NHS111</b> – But they often tell you to call an ambulance or make an appointment with your GP
<i>Sight Support Group</i>	The majority of the group said their <b>GP practice</b> was their first port of call as it's the mostly <b>accessible for them having visual impairment and the practice is aware of this</b> .
	For members of the group that live with family members they also use them for advice and guidance. Some of the group also had experience with <b>UTCs and emergency care</b> but this <b>isn't always accessible for people with visual impairment</b> , especially if you live alone.
	A small number has used <b>NHS111</b> in the past and would use it again
<i>Lindsey Blind Society</i>	All of the group felt the <b>GP practice</b> was where you usually go for urgent care, but some also added that they <b>might use a pharmacy</b> but hadn't done this yet.
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse</i>	<b>GP</b> was the main preference of the group as they like to do things <b>face to face</b> and it is more <b>suitable for people with ADHD and Autism</b> .
	A member said she <b>never knows where to go</b> when she is feeling unwell as she is <b>afraid of the waiting lists</b> .
	A member also said they had <b>good experience using the local urgent treatment centre</b> in Selby
<i>HW Hull Young People (LD)</i>	Go where their parents took them to
	<i>"I have used all of them where they are most relevant, but I am often restricted by availability on their part. I often end up self-treating because of this as well as prior bad experiences"</i> .
	<i>"I would go to any/all if needed it would depend, if I was really ill or needed to see someone straight away I would go to the walk in centre or A&amp;E but if it wasn't that bad I</i>

	<i>would probably just go to the GP, or family or maybe just look after myself”.</i>
<i>Aim Higher Youth Club</i>	My default is always <b>NHS111</b> as it’s available <b>24 hours</b>
	<b>GP</b> – my GP has an <b>e-consult service</b> . Being able to <b>explain my issue online is easier for me than face to face</b>
	<b>GP</b> – because my GP <b>knows me best</b>
	<b>Self-Treat</b> – I wouldn’t call anyone I would self-treat
	<b>MIU</b> - Don’t feel that A&E is always needed in certain situations.
<b>LONG-TERM HEALTH CONDITIONS</b>	
<i>Diabetes Support Group</i>	<b>Pharmacy</b> , can get lots of information from them, they are really good for advice.
	Wish I’d gone to a <b>UTC not my GP</b> with my wrist injury. GP asked to take a picture and sent it in, saw a practice nurse later and she wanted me to get an Xray. My Xray appointment was two weeks later
	Is <b>Storey Street</b> the same as a UTC?
	<b>Westbourne Centre</b> , not been to a GP out of hours for a while
<i>LTC Group, Goole</i>	Self-Treat - I <b>live on my own</b>
	999 - If really unwell I would just <b>call 999</b>
	Self-Treat - I avoid my GP as I <b>can’t get an appointment</b>
	<b>GP practice</b> is what we are <b>used to</b> , and 111 is all on a computer so not speaking to a person – it is like a call centre

**Question 4 - What do you think might prevent you from using NHS111?**

**Theme – Amount of time it takes to use**

**OLDER PEOPLE**

<i>Brunch Bunch, Brough</i>	<b>Time concern</b> – not dealt with quickly enough for me, I feel like I am <b>wasting time on a call</b> when I could be on my way somewhere else (e.g. doctors)
<i>Brunch Bunch Anlaby</i>	They can ask too many questions, can be a <b>long process</b> .
<i>Culture Club</i>	Some were put off as they don't get through to a <b>local number</b> and it sometimes takes a <b>long time for someone to answer the call</b> and then for a <b>call back</b> .
<b>YOUNG PEOPLE</b>	
<i>Youth Action Group</i>	I can ring my GP get an appointment and get treated that day. However, <b>if I ring 111 I may not get the same treatment and care in one day</b>
<i>HW Hull Young People</i>	<i>“ only used it twice, my mum rang them for me. Both times I have had to wait for a call back which to be honest took absolutely ages (this was over a year ago so it might be better now). They told me to go to the walk in centre- one was for a swollen ankle and one was for a rash. I think it would have probably been quicker to just go and sit in the walk in centre than wait for the call back but I did get in quick once I got to the walk in centre (this was the one on Bransholme) so maybe it helped to kind of skip the queue a bit”</i>
	Too much effort – self care Embarrassment, could be personal
<b>DISABILITY</b>	
<i>Sight Support</i>	<b>Long waiting times</b> on the phone
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	Long waiting times ( <b>hard for people with ADHD</b> )
<i>Aim Higher Youth Club</i>	Call back times
<b>LONG TERM CONDITIONS</b>	
<i>LTC Group, Goole</i>	Takes a <b>lot of time</b> (referrals)
<i>Diabetes group</i>	Depends on <b>numbers waiting</b> in the queue
<b>Theme – asks too many questions</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>I don't like all the questions</b> , it's off putting, and it <b>feels too intrusive</b> .

Culture Club	<p><i>“There are <b>too many questions</b> at the beginning of the call before you even get to tell anyone about your problem. It can be <b>quite frightening and make you feel anxious</b> to ask if you’re bleeding or unconscious. When they say, ‘are you breathing?’ you think ‘well, I’m talking to you now so of course I’m breathing’. The questions are usually not even relevant to the problem”.</i></p>
<b>YOUNG PEOPLE</b>	
Youth Action Group	<p>You get to a certain age; <b>GPs insist on speaking to the person who’s ill</b> (i.e.13). When my mum rang for me they wanted to speak to me and not my mum. You sort it out once but then the next time they insist again, <b>even though my mum has consented</b>. A lot of people have this issue. When they contact me <b>I don’t particularly understand what they’re saying and want them to speak to my mum</b>. A lot of NHS systems don’t work properly and don’t <b>talk to each other</b>.</p> <p><b>My dad is my appointee for PIP but with doctors or anything they won’t speak to him without me confirming things over the phone which I can’t do</b>. its either that or having to go in person. its even worse as an adult. I had to have an appointment with a GP to get blood results back that could’ve been discussed over the phone, meaning I spent about a week thinking there was something seriously wrong</p>
<b>BAME</b>	
ESOL	<p>Many of the group felt that there are <b>too many questions</b>. <i>“I’m not calling for fun. I am sick. I need help”</i>. They also felt that it makes it hard for family members to call on their behalf especially with <b>language barriers</b>.</p>
HANA	<p>You get asked <b>so many questions</b>, in some <b>cultures this is a big no</b>, and then when you get a call back you get asked <u>more</u> questions and then end up having to go see your GP anyway.</p>
<b>PARENTS AND CARERS</b>	
Aim Higher Support Group*	<p>You’re asked lots of questions to get the help you need, for someone with special needs this ‘probing’ can be too much for them.</p> <p>The questions could make people who are neuro-diverse, or who have MH conditions to feel judged, they take</p>

	questioning quite personally and feel “why do they want to know this”, or “what do they have against me”.
<b>DISABILITY</b>	
<i>Sight Support</i>	Too many questions
<i>Lindsey Blind Society</i>	They ask <b>too many questions</b> if you ring 111, before you get to say what’s wrong
	Found <b>they ask a lot of questions</b> but they are relevant and they do get back to you in time
<b>Theme – lack of trust / confidence</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	Lack of <b>trust</b> .
	Lack of trust in the service as it’s not a clinician I speak to
<b>YOUNG PEOPLE</b>	
<i>St John’s Cadets</i>	Lack of <b>confidence</b>
	<b>May not believe</b> you and think its as serious as it could be.
	<b>Embarrassment</b> , could be personal
<i>Youth Action Group</i>	Feeling <b>daft or anxious</b> about calling
<b>BAME</b>	
<i>HANA</i>	People <b>don’t trust easily</b> , it takes time
	People can be <b>scared as they don’t understand what the dr is saying or asking them</b> , and translation services aren’t great.
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	Neuro diverse people <b>lose trust easily</b> and wouldn’t use a service again if they had a bad experience.
<b>DISABILITY</b>	
<i>Sight Support Group</i>	<b>Lack of confidence</b> in the service.
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse</i>	Not knowing what it can offer so being to <b>afraid to call</b>
	Not knowing <b>who they are speaking to</b> as it is not face to face
<i>HW Hull Young People (LD)</i>	<b>“If I am not sure if it’s important enough”</b> (speaking about a specific medical condition)
	<b>“Tell me who you are + how you can help then I would probably use it”</b>

<i>Aim Higher Youth Club</i>	<b>Being judged</b> or telling symptoms over the phone and not getting the help that is required
<b>LONG TERM CONDITIONS</b>	
<i>MS Society</i>	One member of the group said that hearing bad reports or experiences of NHS 111 would prevent him from using the services as you would <b>trust their opinion or experience</b> . Another member of the group said that he'd prefer to speak to a doctor as it's hard to believe the call handlers have more or just the same medical knowledge as a doctor.
<b>Theme – worry about travel and onward referral</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	I am <b>not able to drive</b> , it puts me off calling them as I <b>can't get anywhere they suggest</b> My husband has Alzheimer's, I <b>can't leave him alone</b> to park etc and disabled parking at the hospital/health buildings are always full. It's <b>easier to call 999</b> as they can help me with lifting him/access. <b>Postcode issues</b> , I have a Howden postcode, so they try to send me to Doncaster/Scunthorpe General, but I want to go to HRI as I have better experiences there. <b>NHS111, say they can't send me there</b> as they can't tell them I am coming and they can't access my records, I don't understand why!
<i>Brunch Bunch Anlaby</i>	I did use NHS111 they were good but made an appointment for me at <b>Bransholme UTC at 4am</b> . This was <b>not very convenient</b> . If a similar situation was to happen, I would have to rely on family or get a taxi or not be able to receive the care I need at all. I live alone and have <b>no means of transport – I can't afford taxis</b>
<i>Culture Club</i>	"You have to get 2 buses from Immingham to get to hospital, so that can be <b>difficult</b> if they recommend that you have to go to hospital."
<b>YOUNG PEOPLE</b>	
<i>HW Hull Young People</i>	"Transport issues would be a barrier for me if I lived on my own because <b>I don't drive</b> and I live West Hull so going to Bransholme was fine at the time because I live with my mum and dad and they took me but if I was on my own I would have to pay for a taxi or sit on the bus feeling ill."
<b>DISABILITY</b>	

<i>Lindsey Blind Society</i>	You might need to make <b>additional arrangements</b> if asked to attend somewhere different as <b>you can't get there on your own</b> .
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Aim Higher Youth Club</i>	Most of the time they tell you to go to A&E just to be on the safe side, but this isn't always so <b>straightforward when you have a disability or are a carer</b> that others depend on.
<b>Theme – communication &amp; accessibility issues</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	They need <b>better record sharing</b> between the two hospital trusts to give patients actual choice
	<b>Phone reception</b> , villages don't have a good data/phone signal
<i>Brunch Bunch Anlaby</i>	I <b>struggle to hear</b> if I don't have my hearing aid in
	It should be <b>free to call NHS 111 from a phone box</b>
<b>YOUNG PEOPLE</b>	
<i>St John's Cadets</i>	<b>Don't like talking to people on the phone</b> , more likely to use an app
<i>HW Hull Young People</i>	<i>"I think if you had a <b>disability it could be hard to access NHS111</b>-especially if you had a hearing issue. Or for older people that <b>don't know how to use/don't have mobile phones</b>."</i>
	<i>"If you <b>don't speak English</b> or English isn't your first language or you don't know the area very well it might also cause an issue"</i>
<i>Youth Action Group</i>	<i>"basic things like <b>accessibility</b>- I have an <b>assistance dog</b> and if I'm already feeling terrible I don't want to have an access issue on top of things"</i>
<b>BAME</b>	
<i>ESOL</i>	<b>Language barriers!!</b> Everyone agreed.
	The group said it is very <b>hard to explain their problem and describe it</b> (the symptoms/ pain etc). They also said that if they are feeling scared or anxious it is even harder to communicate their needs
	One person said <b>"I give up"</b> . They felt that accessing help is incredibly difficult. They referenced the difficulty

	<p>they face using the NHS App and making an appointment at their GP practice due to <b>language barriers</b>. They mentioned that the <b>translated posters to the Let's Get Better website direct them to a page that is still in English.</b></p> <p><i>"As I have to <b>talk slow so they understand me</b>, it makes it seem like I am calm and there is nothing wrong. I had to call 3 times and it wasn't until I started crying that they made me an appointment. <b>It took 1 month to get the help I needed for my child</b>".</i></p>
HANA	<p>A lot of people who have recently come to the UK <b>don't know about the NHS App or how to use it</b></p> <p>You're sometimes made to feel like you're <b>wasting their time</b>, they aren't very friendly on the phone, or <b>considerate/impatient when they can hear we are struggling to find the right word.</b></p>
<b>PARENTS AND CARERS</b>	
Aim Higher Parents Support Group	<p><b>Neuro diverse people can come across as very rude as they are very blunt and literal</b> (e.g., if you tell them to jump on the scales, they will literally jump up and down on them) in how they communicate due to <b>communication barriers/anxiety</b>. We've heard of <b>calls being terminated because the call handler thought they were being rude/aggressive</b> to them. – more awareness is needed.</p> <p>We have also heard of calls being terminated because they <b>call handler believed it was a prank call due to the long silences</b> after asking a question when in fact <b>the caller didn't know what was being asked of them.</b></p> <p><b>Lack of understanding and awareness</b> of the various disabilities by NHS staff and how to adapt to deal appropriately with that patient.</p> <p>Having to explain my child's disability/needs in front of him can be <b>really detrimental for his mental health</b> as he feels like I am constantly <b>highlighting his differences.</b></p>
<b>DISABILITY</b>	
Elephant In The Room Disability Inclusion	<p><b>Call backs from medical professionals are not accessible for me as a deaf person.</b></p> <p>I have had a <b>signed video call before</b>, however the <b>BSL interpreter on the call use regional signs which aren't</b></p>

	<p><b>recognisable to me</b> – this is a common issue and is often overlooked as people aren't aware of colloquialisms within BSL.</p> <p>The <b>NHS App is very wordy and overwhelming</b>– no easy read/visual aids available</p> <p><b>Text relay can be difficult for some deaf people</b> to use as many <b>cannot write coherently</b> or have severe communication issues aside from BSL. Even for those able to use the service it is <b>slow and very frustrating</b>, and what happens if we need to be hands on with the person we are calling for!</p> <p>The <b>NHS largely is extremely inaccessible for people like me (deaf) most services are accessed via the phone.</b></p> <p><b>Receptionists look at screens</b> when talking to me so <b>I can't lip read</b>. I flag this with them and they <b>quickly forget and revert back to looking at their screen.</b></p> <p>I'm <b>deaf I can't call</b> on the phone</p> <p><b>BSL interpreters aren't always available</b> for me, it's the law to have them available.</p> <p><b>Language and communication barriers</b> being deaf</p> <p><b>Lack of understanding</b> on my communication difficulties</p>
<i>Holderness Stroke Support Group</i>	<p>Sometimes <b>phone signal</b> on mobile isn't great</p> <p>Access to the internet</p>
<i>Sight Support</i>	<p>Better <b>communication and understanding</b> from a call handler – when <b>visually impaired you can't write information down</b> which is what they have asked in the past.</p>
<i>Lindsey Blind Society</i>	<p>People <b>assume you can see</b>, but you might not be able to see. They might ask you to write down a number, but you can't do that and would need someone to do it for you. I don't like to mention my visual impairment, although others might be happy to do so.</p>
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse</i>	<p>Online option is <b>difficult and confusing</b>, and <b>complicated for people with autism and ADHD</b></p>
<i>HW Hull Young People (LD)</i>	<p><i>"I sometimes go <b>non-verbal and I am unable to talk to people</b> in addition to anxiety about talking on the phone and sensory processing problems".</i></p>

	<b><i>“More information on the service is needed”</i></b>
	<b><i>“If my phone is dead or anxiety about ringing up”</i></b>
<i>Aim Higher Youth Club</i>	My disability and <b>being misunderstood</b>
<b>LONG TERM CONDITIONS</b>	
<i>LTC Group, Goole</i>	Why can't different <b>NHS organisations talk to each other</b> , it's so frustrating
<i>MS Society</i>	<b>Assumption that everyone is good with technology</b> and have access to technology – members stated that they don't have a smartphone or don't feel confident using technology Find online too complicated and there is too many steps or options to find the information they are looking for
<b>Theme – not medically trained</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	I don't like that you <b>don't speak to a clinician</b> initially.
<i>Brunch Bunch Anlaby</i>	I don't like that the people you speak to initially aren't <b>medically trained</b>
<b>YOUNG PEOPLE</b>	
<i>Youth Action Group</i>	When you have care navigators, a lot of them <b>read off a script and often in my head I think they are just going to respond to the script</b> , and I feel like a burden and not supposed to be there. I haven't rung 111 I feel like I'm better off speaking to my mum. I've had a similar response when I ring my GP.
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Support Group</i>	The call handlers are <b>not medically trained</b> , so not able to <b>correctly diagnose the severity of ailments</b> .
<b>DISABILITY</b>	
<i>Lindsey Blind Society</i>	Wonder about if person you speak to is <b>medically trained</b> , as that might <b>put you off</b> .
<b>LONG-TERM HEALTH CONDITIONS</b>	
<i>Diabetes Support Group</i>	If you're not sure what problem is, how can they help you. 230 reasons why you cough.
<i>MS Society</i>	Another member of the group said that he'd <b>prefer to speak to a doctor</b> as its <b>hard to believe the call handlers have more or just the same medical knowledge as a doctor</b> .
<b>Theme – cultural norms and differences</b>	

OLDER PEOPLE	
<i>Brunch Bunch, Brough</i>	We've always been told to <b>call 999</b> , it's a <b>learnt behaviour</b> .
<i>Brunch Bunch, Anlaby</i>	I go to the <b>GP first</b> , if I didn't get any joy then <b>I would go to A&amp;E</b>
YOUNG PEOPLE	
<i>Youth Action Group</i>	It's <b>automatic to go to the GP</b> , your parents would automatically take you to your GP. <b>Generational norms</b> .
<i>St John's Cadets</i>	<b>Parents would act on our behalf</b>
BAME	
<i>HANA</i>	In my country <b>we go to hospital for anything and everything</b> . So when I came here (UK) it was <b>difficult to navigate and understand</b> where to go.
LONG TERM CONDITIONS	
<i>Diabetes</i>	In some cultures <b>men won't let a woman call them</b>
Theme – doubt	
OLDER PEOPLE	
<i>Brunch Bunch, Brough</i>	I think it's <b>unpopular</b> as it's not got the seriousness of a 999 call.
YOUNGER PEOPLE	
<i>Youth Action</i>	We're not good at saying when do you go to your GP, Pharmacy, A&E, I feel like NHS111 is the middle ground and the <b>NHS doesn't say when to go</b>
DISABILITY	
<i>Lindsey Blind Society</i>	People do <b>worry about bothering 111 with things</b> , like if it is important enough to ask for help
LEARNING DISABILITY/DIFFICULTY	
<i>HW Hull Young People (LD)</i>	"If I am not sure if it's important enough" (speaking about a specific medical condition)
LONG TERM CONDITION	
<i>MS Society</i>	A member of the group stated they would be reluctant to use the service due to hearing about all the backlogs and system pressures, as they feel like they are not ill enough and should wait until its an emergency.
<i>Diabetes group</i>	Feeling like a nuisance, reluctant to waste their time
Theme – poor experience	
DISABILITY	

<i>Elephant In The Room Disability Inclusion</i>	People on the phone refer to me as having a “hearing problem” or “impairment” – these are <b>offensive as they sound very negative.</b>
	<b>Attitudes</b> of NHS staff
<i>Sight Support</i>	More staff training to reduce worry and anxiety when phoning the service.
<i>LTC Group, Goole</i>	Past experience puts you off, it's just not effective

<b>Question 5 - What might make it easier for you to use NHS111 in the future?</b>	
<b>Theme – general awareness</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>Better promotion</b> of what it can do <b>Raise awareness</b> of why you should call 111 instead of 999
<i>Culture Club</i>	There needs to be <b>wider promotion</b>
<b>YOUNG PEOPLE</b>	
<i>St John's Cadets</i>	<b>More advertising</b> More <b>information around schools/colleges</b> Making sure the systems is <b>up to date and that accurate information is given out</b>
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse</i>	More resources and awareness of what NHS111 offers so they are clear when to call
<i>HW Hull Young People (LD)</i>	<i>“more info about when to call them, to have clear information on exactly what they can and can't help with”</i>
<i>Aim Higher Youth Club</i>	<b>Ask</b> about disabilities Have <b>awareness</b> that neurodiverse people often don't experience/display pain as you may expect. <b>Don't assume</b> that a person not being able to describe the pain or not seeming distraught means they're doing ok Give patients who may <b>struggle with busy places</b> information on where it might be calmer ( <i>for example, Beverley Minor Injury Unit is much less busy than Bransholme!</i> ) or contact the Minor Injury Unit/A&E you're referring to and tell them that a person with a disability will

	<p>be coming in, perhaps they can <b>arrange a quiet area to wait.</b></p> <p>Give patients <b>information on alternatives.</b> If they feel too overwhelmed to go seek help right away, tell them what they can do instead (<i>like contact their GP first thing in the morning</i>)</p>
<b>LONG TERM CONDITIONS</b>	
<i>Diabetes Support Group</i>	<b>Raise awareness – share message via support groups like this one</b> (leaflets 6/9 in St Stephen's)
<b>Theme – Where to promote the service</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>Everyday TV</b> (e.g. Coronation Street) could help promote as they <b>often cover topical issues</b>
<b>YOUNG PEOPLE</b>	
<i>Youth Action Group</i>	<p>Maybe have <b>reels or posts</b> for young people about when you can call 111 for. That would make me more confident to ring them, knowing you're not going to be turned away or get a confusing answer.</p> <p><b>Information on Instagram would increase engagement</b> quite a lot. I don't use it but a lot of people around me do. Tik Tok in terms of reels and videos. Some people record their own videos, talking videos. Young people interact with <b>Day in the Life</b> which is what some do with their content.</p> <p><b>A walkthrough video of what will happen would be useful</b> they need a TV ad with a really, really irritating song like the antibiotics one that gets stuck in your head for months</p> <p><b>Advertise when you can go to your pharmacy, for the 7 conditions.</b> Just promoting when you can actually use that service would be really useful. Feel embarrassed if you ring and they say oh you shouldn't have rung here for this.</p>
<i>St John's</i>	<ul style="list-style-type: none"> <li>• <b>TikTok</b></li> <li>• <b>Social media</b></li> <li>• <b>Celebrity endorsement</b></li> <li>• <b>Cartoon/animation</b></li> <li>• Information around <b>schools and colleges</b></li> <li>• <b>Posters/leaflets/signage</b> with information.</li> </ul>

HW Hull Young People	<p><i>"I think they could provide more <b>clear information and advice in school/college about what NHS111 can help with</b> what they can do/can't do.</i></p> <p><i>You see a lot about the service on <b>social media and on the TV and things but the information isn't that in depth</b>, not always sure exactly what they can and can't help with and then if NHS111 is the wrong place you could have waited either on hold or for a call back for ages but delayed getting the help you actually need if NHS 111 can't help you.</i></p> <p><i>Put info on social media that young kids use (<b>TikTok, snapchat/Instagram etc....</b></i></p>
<b>BAME</b>	
ESOL	The group felt that people <b>should be provided with this information when they arrive in the UK.</b>
HANA	Flyers/leaflets in other languages
	An <b>intro pack</b> for people <b>new to the UK on how the NHS works</b>
<b>LONG TERM CONDITIONS</b>	
Diabetes group	<b>Stories would be good</b> , but not sure how the stories would be shared?
MS Society	Having an <b>easy read document with the key information about NHS 111 and when you should or should not call them.</b> Talked about having this document on their fridge and can refer to it
<b>Theme – Accessibility</b>	
<b>OLDER PEOPLE</b>	
Brunch Bunch, Brough	<b>Improved patient transport</b> to help elderly/carers get to places through 111
Brunch Bunch, Anlaby	Always <b>keep a telephone option</b> , not everyone can use online or is able
	Make it <b>free to call from landlines/mobiles/telephone booths</b>
	<b>Improved transport and travel</b> support to help us be able to attend wherever NHS111 has directed us to
<b>YOUNGER PEOPLE</b>	
Youth Action Group	Improve transport options, like <b>shuttle busses between hospitals.</b>

	Just make it <b>less intimidating to do it</b> . Make it easier. Have a <b>friendlier approach</b> . Reassure the call handler will be friendly
<i>HW Hull Young People</i>	<i>"I think maybe some kind of <b>live chat</b> or something while you wait could be good for reassurance because it is quite scary waiting for a callback if you are on your own and feeling poorly, something to offer reassurance might be good."</i>
<b>BAME</b>	
<i>ESOL</i>	Ask <i>"do you need an interpreter"</i> Could <b>AI translate what I say</b> directly to the person on the end of the phone? Maybe a <b>Chat Bot</b> would be easier.
<i>HANA</i>	Letters/communication in <b>different languages</b> Ask us <b>how we want to communicate</b> – don't <b>assume or force English on us</b> ( <i>are we ok talking in English or do we want a translator/buddy</i> )
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	Do they <b>identify if the person on the phone is neuro diverse</b> at the beginning of the call?? What <b>measures/tools/training do they have to adapt?</b>
	Use <b>simple language</b>
	Appointment letters in <b>simple English / pictures</b>
<b>DISABILITY</b>	
<i>Elephant In The Room Disability Inclusion</i>	<b>Versatile methods</b> of contacting the service and also being contacted
	The <b>emergency page (within the app)</b> - why can't we <b>click on each bullet point and see pictures/visuals</b> on what to look for – the <b>words are overwhelming and not accessible</b> . The steps also need to be <b>written in plain English</b>
	The <b>accessibility options</b> are always hidden at the <b>bottom</b> -why?
	Make it <b>easier for deaf people to contact services</b> and raise concerns
	The <b>emergency page (within the app)</b> – why not have a <b>picture of a body and the user clicks on the part of the body the ailment/issue relates to</b> – the list would then be much shorter and <b>less overwhelming for people</b>

	<b>with communication difficulties or learning disabilities.</b>
	An option to <b>video call 111</b> instead of the phone would be much easier for me as a deaf person
	<b>Online chat</b>
	<b>More BSL interpreters</b> as it's really important to understand what knowledges any illness. Without interpreter really mess my health, it is risk.
<i>Holderness Stroke Club</i>	There should be <b>minibuses available to transport people to hospital</b> like Hull, Castle Hill etc.
<i>Sight Support</i>	Online to be <b>tailored more to people with visual impairment</b>
	<b>Easy read</b> informational resources
<i>Lindsey Blind Society</i>	Maybe they should lead up to a question that <b>covers impairment so you don't have to raise it</b>
	You can have <b>speech enabled on apps so you could use the NHSapp version</b> , but if it asks a lot of questions that would be difficult
	Could they send any numbers or details through to the person on a <b>text or WhatsApp</b> so that they can use support to read it when needed?
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse Group</i>	More <b>Autism and ADHD awareness training</b> for the call handlers (improved communication) – sometimes they talk too quickly.
	<b>Simplifying the online questionnaire to suit the neurodiverse community</b> or having an <b>option for them (easy read and short yes or no questions).</b>
	<b>Accessibility awareness</b> – staff knowledge of nearest UTCs etc. and transport routes.
<i>HW Hull Young People (LD)</i>	<b>"A text message-based system such as a live chat where you are talking to one person and not a robot"</b>
	<b>"Simple information, break it down. So you can understand- for those with learning disabilities".</b>
	<b>"Having an option to press for having a learning disability so they understand before answering the phone so you don't have to explain when you call".</b>

<i>Aim Higher Youth Club</i>	Would be good if they <b>asked any barriers to communication</b> i.e. autism
	To use <b>simple words</b>
<b>LONG TERM CONDITIONS</b>	
<i>MS Society</i>	<b>Less technology</b> and being able to speak to a human on the phone.
	The group also talked about <b>not feeling confident with technology</b> or using online/app so if they had some <b>guidance or help with someone showing them how to use it</b> and what it can do that would help.
<i>Diabetes Support group</i>	<b>Keep phone number.</b> Don't move to just online
	Want to know <b>number in the queue</b>
<b>Theme – Streamlining the service</b>	
<b>OLDER PEOPLE</b>	
<i>Brunch Bunch, Brough</i>	<b>Quicker call backs</b> from medical professionals
<b>YOUNG PEOPLE</b>	
<i>St John's Cadets</i>	Making sure <b>staff understand the situation</b>
<b>BAME</b>	
<i>HANA</i>	More <b>pop-in clinics</b> / events at HANA ( <i>cervical screening, BP checking etc</i> )
<i>ESOL</i>	The <b>first question</b> should always be " <i>What is going on</i> " rather than asking lots of other questions first. This way you have said the most important part at the beginning. This is what they do in Poland. It makes you feel more <b>reassured that you are safe.</b>
	Having <b>flags on the 111 webpage</b> to show that we recognise their country.
<b>PARENTS AND CARERS</b>	
<i>Aim Higher Parents Support Group</i>	More <b>training</b> for staff
	<b>Listen</b> more to parents/carers, we are the experts, understand that what we are telling you is relevant.
<b>DISABILITY</b>	
<i>Elephant In The Room Disability Inclusion</i>	<b>Awareness training for all staff</b> – clinical and non-clinical (disabilities and communication styles)

	If there was an <b>alert system</b> to let the staff <b>know I need extra support</b> . Questions not to be so <b>pigeonholed</b> , my answers can't fit such narrow answers
<i>Sight Support</i>	<b>Faster</b> response rate
	<b>Less repetitive questioning</b>
	<b>More knowledge of local services</b> – one member had been sent to an emergency dentist through 111 that no longer offered emergency appointments.
	<b>Less cut offs</b> on the phonenumber
	Having <b>queue numbers</b> when on the line so you know where you are
	More <b>staff training</b> on people with <b>visual impairment</b>
<i>Holderness Stroke Club</i>	Making sure there are <b>local ambulances</b> or at least have the crew <b>know the geography</b> .
	Making sure they <b>call back quicker</b> . I called 111 said they would call back after 4 hours I ended up calling again to get a call back.
	Some of the <b>systems need to be updated</b> as they are advising people to go to the walk in at the hospital ( <i>Withernsea</i> )
	When booking vaccinations/injections for flu it frequently comes up as Grimsby as the nearest clinic, I live in Withernsea!
<b>LEARNING DISABILITY/DIFFICULTY</b>	
<i>Selby Neurodiverse</i>	<b>Confidence of a call back</b> form a medical professional
	<b>Quick and simple question</b> and answers on the phone
	<b>Faster response times</b>
	Help with accessing <b>local GP services</b> .
	<b>More information</b> on access to emergency dentistry.
<i>Aim Higher Youth Club</i>	If the services they would refer to were <b>less hectic/busy</b> . Or if GPs would offer emergency appointments for those who have contacted 111 for advice
	<b>Quicker</b> response time