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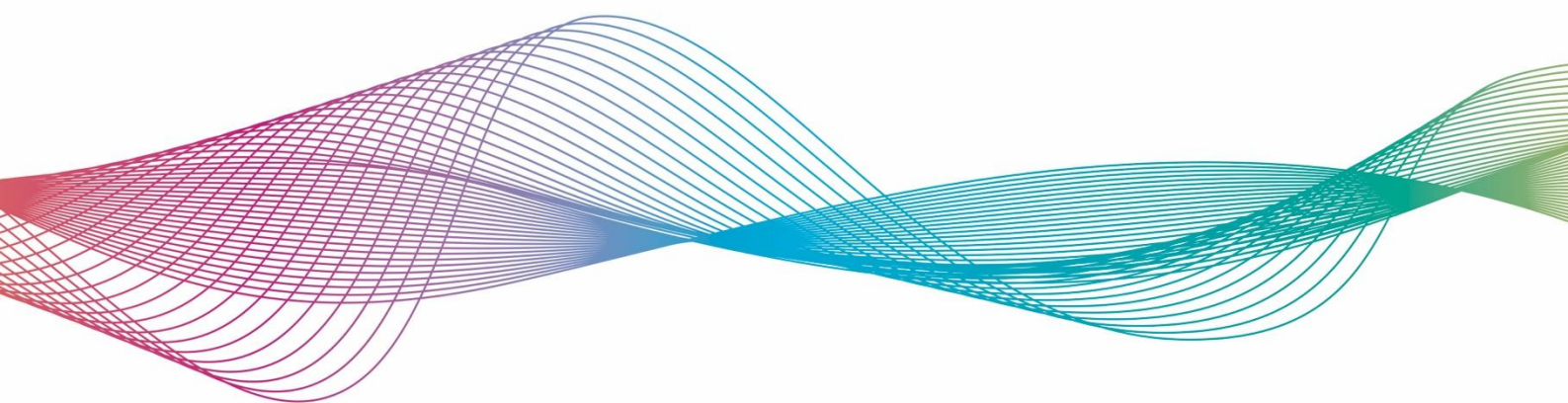


**Midlands and Lancashire**  
Commissioning Support Unit

## Out of Hours and 111 service

**Patient and healthcare professional survey report of findings**

11 August 2019



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# 1 Introduction

The six Clinical Commissioning Groups in Staffordshire and Stoke-on-Trent are reviewing the current GP Out of Hours and NHS 111 services. This fits into the plans set out in the NHS 5 Year Forward View to have a fully functional integrated service for urgent care, which features a new clinical advice function. This means bringing together NHS 111 call-handling functions with former GP Out of Hours services to deliver integrated 24/7 urgent care access, clinical advice and treatment service. This is the starting point to revolutionise the way in which urgent care services are provided and accessed.

The CCGs invited patients and healthcare professionals to share their experiences of the current services, and their views on improving the services for the future. A survey was developed to capture what is working well with the current service and how it could be further improved.

## 2 Survey feedback

The survey ran from 24 June 2019 and closed on 28 July 2019.

A total of **150** survey responses were received; **127** from patients and carers and **23** from healthcare professionals.

The survey was distributed to residents across Staffordshire and Stoke-on-Trent through a variety channels including local media, social media platforms, patient groups, through providers, including paper versions at GP Out of Hours sites, and key stakeholders. The survey was completed by patients, carers and healthcare professionals.

The survey used a combination of 'open text' questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response to a set of pre-set responses.

### 2.1 Patient and carer survey findings

The patient and carer survey captured views from people about accessing medical help quick when their GP practice was closed. The below charts present these findings.

Chart 1 summarises which other NHS services patients have used in the past 12 months, when requiring urgent medical advice when their GP practice was closed. Approximately seven in ten (77%) used the NHS 111 service.

When requiring urgent medical advice (and your GP is closed) which NHS services have you used in the past 12 month? **(please tick all that apply)**

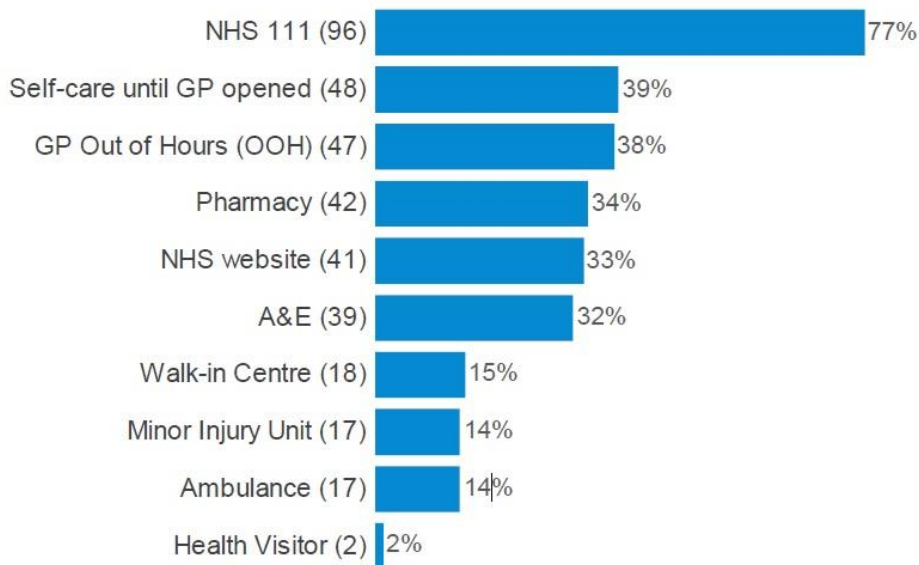


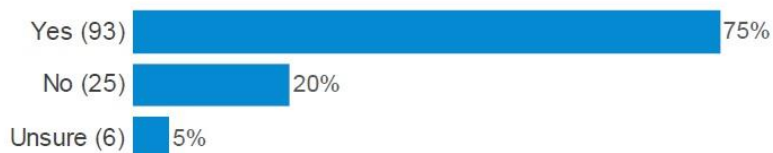
Chart 2 summarises how many patients are aware of how to access a GP or clinician when their GP practice is closed. Approximately three quarters (78%) stated that ‘yes’ they did know how to access a GP/clinician when their practice was closed. The remaining 22% did not know how to access a GP/clinician when their GP practice was closed.

**Do you know how to access GP/clinician when your GP practice is closed?**



Chart 3 summarises how many of the respondents have used NHS 111 to access the GP Out of Hours service in the past three years.

**In the past three years, have you used NHS 111 to access GP Out of Hours services?**



The survey captured more detail about a patient or carers recent experience of calling NHS 111, asking them to score between 1 and 5 (1 being poor and 5 being excellent) on the following areas:

Table 1 - My call was answered promptly:

| My call was answered promptly | Count | Percentage (%) |
|-------------------------------|-------|----------------|
| 1 = Poor                      | 1     | 1%             |
| 2                             | 9     | 8%             |
| 3                             | 24    | 21%            |
| 4                             | 30    | 26%            |
| 5 = Excellent                 | 51    | 44%            |
| <b>Total</b>                  | 115   |                |

70% rated highly that their call was answered promptly.

Table 2 - The advisor was helpful and caring:

| The advisor was helpful and caring | Count | Percentage (%) |
|------------------------------------|-------|----------------|
| 1 = Poor                           | 6     | 5%             |
| 2                                  | 11    | 10%            |
| 3                                  | 22    | 19%            |
| 4                                  | 28    | 25%            |
| 5 = Excellent                      | 47    | 41%            |
| <b>Total</b>                       | 114   |                |

67% rated highly that the advisor was helpful and caring.

Table 3 - The advisor gave me satisfactory advice:

| The advisor gave me satisfactory advice | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Poor                                | 11    | 10%            |
| 2                                       | 13    | 11%            |
| 3                                       | 18    | 16%            |
| 4                                       | 25    | 22%            |
| 5 = Excellent                           | 47    | 41%            |
| <b>Total</b>                            | 114   |                |

63% rated highly that the advisor gave satisfactorily advice.

Table 4 - If applicable, the advisor directed me to further help I needed:

| If applicable, the advisor directed me to further help I needed | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Poor  | 10    | 9%             |
| 2   | 8     | 7%             |
| 3   | 15    | 13%            |
| 4   | 24    | 21%            |
| 5 = Excellent   | 56    | 50%            |
| <b>Total</b>  | 113   |                |

71% rated highly that the advisor directed them to further help needed.

Table 5 - If applicable, the extra help I needed was received satisfactorily:

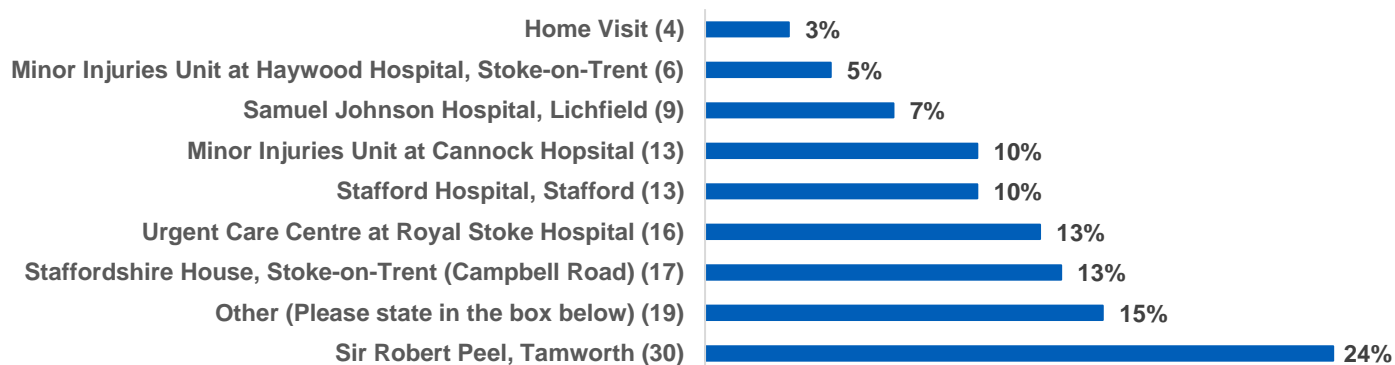
| If applicable, the extra help I needed was received satisfactorily | Count      | Percentage (%) |
|--|------------|----------------|
| 1 = Poor   | 20         | 19%            |
| 2  | 4          | 4%             |
| 3  | 13         | 12%            |
| 4  | 28         | 26%            |
| 5 = Excellent  | 43         | 40%            |
| <b>Total</b>   | <b>108</b> |                |

66% rated highly that the extra help needed was received satisfactorily.

The survey captured views from patients and carers about the GP Out of Hours services, including which sites had been used, travel and waiting times and experiences of the service received. The below charts and tables present these results.

Chart 4 summarises the locations that respondents visited to see a GP/clinician when their GP practice was closed.

If you saw a GP/clinician face to face, when your GP was closed, which centre did you use? **(Please tick all that apply):**



'Other location' included:

- Leek Hospital
- Meir Primary Care Centre
- Walk in clinic at Swadlincote
- Hanley Walk in Centre
- Queens Hospital in Burton upon Trent
- George Elliott Hospital in Nuneaton

Some of the examples detailed in the 'other location' section are not part of the out of hours commissioned service. For example, patients and carers have listed walk in centres, or serviced as part of the extended access for primary care.

Chart 5 summarises how far patients would be willing to travel to see a GP/clinician face to face, when their GP practice is closed. Almost half (42%) of respondents would be willing to travel up to 10 miles, and 33% are willing to travel up to 5 miles.

**If you needed to see a clinician face to face, when your GP practice was closed, how far would you be willing to travel?**

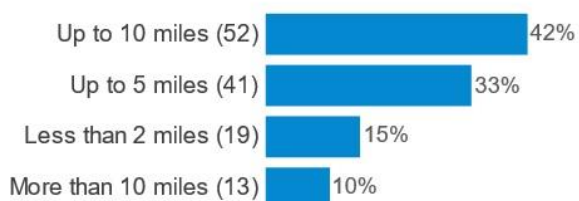
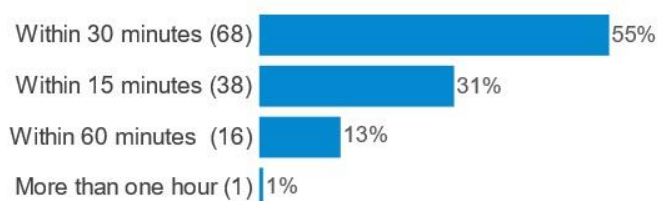


Chart 6 summarises the length of time that is perceived to be acceptable by patients and carers, upon arrival at the face to face appointment with a GP/clinician, at the Out of Hours service. Over half (55%) of respondents perceive being seen within 30 minutes as acceptable.

**Upon arrival at your face to face appointment with a GP/clinician at the service, what would you perceive to be an appropriate time to be seen?**



Patients and carers were then asked to rate the Out of Hours service, based on their last visit, by rating 1 to 5 (1 being poor and 5 being excellent) on the following areas:

Table 6 - Your travel time to the service:

| Travel time to the service | Count      | Percentage (%) |
|----------------------------|------------|----------------|
| 1 = Poor                   | 6          | 6%             |
| 2                          | 9          | 9%             |
| 3                          | 17         | 26%            |
| 4                          | 24         | 23%            |
| 5 = Excellent              | 50         | 47%            |
| <b>Total</b>               | <b>106</b> |                |

70% rated highly for travel time to the service.

Table 7 - I could park my car easily:

| Parking was easy | Count      | Percentage (%) |
|------------------|------------|----------------|
| 1 = Poor         | 12         | 12%            |
| 2                | 6          | 6%             |
| 3                | 14         | 14%            |
| 4                | 25         | 24%            |
| 5 = Excellent    | 46         | 45%            |
| <b>Total</b>     | <b>103</b> |                |

69% rated highly for ease in parking a car.

Table 8 - I could arrive easily on the bus:

| Arriving by bus was easy | Count     | Percentage (%) |
|--------------------------|-----------|----------------|
| 1 = Poor                 | 33        | 44%            |
| 2                        | 6         | 8%             |
| 3                        | 15        | 20%            |
| 4                        | 6         | 8%             |
| 5 = Excellent            | 15        | 20%            |
| <b>Total</b>             | <b>75</b> |                |

52% rated low for arriving easily on the bus.

Table 9 - I received an appointment in good time from the NHS 111 advisor:

| Receiving an appointment in good time from the NHS 111 advisor | Count     | Percentage (%) |
|--|-----------|----------------|
| 1 = Poor   | 11        | 11%            |
| 2  | 12        | 12%            |
| 3  | 20        | 20%            |
| 4  | 17        | 17%            |
| 5 = Excellent  | 20        | 40%            |
| <b>Total</b>   | <b>80</b> |                |

57% rated highly for receiving an appointment in good time from the NHS 111 advisor.

Table 10 - The reception staff were helpful and caring:

| Reception staff were helpful and caring | Count      | Percentage (%) |
|---|------------|----------------|
| 1 = Poor                                | 5          | 5%             |
| 2                                       | 6          | 6%             |
| 3                                       | 20         | 19%            |
| 4                                       | 27         | 26%            |
| 5 = Excellent                           | 47         | 45%            |
| <b>Total</b>                            | <b>105</b> |                |

71% rated highly for reception staff being helpful and caring.

Table 11 - The knowledge and expertise of the GP/clinician:

| The knowledge and expertise of the GP/clinician | Count      | Percentage (%) |
|---|------------|----------------|
| 1 = Poor  | 4          | 4%             |
| 2   | 4          | 4%             |
| 3   | 11         | 11%            |
| 4   | 29         | 28%            |
| 5 = Excellent                                   | 54         | 53%            |
| <b>Total</b>                                    | <b>102</b> |                |

81% rated highly for the knowledge and expertise of the GP/clinician.



Table 12 - I trusted what the GP/clinician said:

| Trusting what the GP/clinician said | Count | Percentage (%) |
|-------------------------------------|-------|----------------|
| 1 = Poor                            | 4     | 4%             |
| 2                                   | 3     | 3%             |
| 3                                   | 17    | 16%            |
| 4                                   | 26    | 25%            |
| 5 = Excellent                       | 55    | 52%            |
| <b>Total</b>                        | 105   |                |

77% rated highly for trusting in what the GP/clinician said.

Table 13 – The outcome of your appointment met your needs:

| The outcome of the appointment met your needs | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Poor                                      | 7     | 7%             |
| 2   | 3     | 3%             |
| 3   | 12    | 12%            |
| 4   | 25    | 25%            |
| 5 = Excellent                                 | 56    | 54%            |
| <b>Total</b>                                  | 103   |                |

79% rated highly that the outcome of their appointment met their needs.

The CCGs were keen to capture views on what is important to patients and carers when they have an urgent primary care need, when their GP practice is closed. A number of ideas were listed, and respondents were asked to agree or disagree with each:

Table 14 - One point of contact to seek advice about my primary care need:

| One point of contact  | Count | Percentage (%) |
|-----------------------|-------|----------------|
| 1 = Strongly disagree | 1     | 1%             |
| 2                     | 1     | 1%             |
| 3                     | 14    | 11%            |
| 4                     | 32    | 26%            |
| 5 = Strongly agree    | 75    | 61%            |
| <b>Total</b>          | 123   |                |

87% agreed with one point of contact to seek advice about their primary care need.

Table 15 - Knowing, if I needed to, I could speak to or see a GP/clinician at the earliest opportunity:

| I could speak to a GP/clinician at the earliest opportunity | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Strongly disagree                                       | 1     | 1%             |
| 2   | 0     | 0%             |
| 3   | 3     | 2%             |
| 4   | 23    | 19%            |
| 5 = Strongly agree  | 97    | 78%            |
| <b>Total</b>  | 124   |                |

97% agreed with being able to speak or see a GP/clinician at the earliest opportunity if they needed to.

Table 16 - If a face to face appointment is required, this is arranged whilst I am on the phone:

| A face to face appointment is arranged on the phone | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Strongly disagree                               | 0     | 0%             |
| 2   | 2     | 2%             |
| 3   | 13    | 11%            |
| 4   | 29    | 23%            |
| 5 = Strongly agree                                  | 80    | 65%            |
| <b>Total</b>  | 124   |                |

88% agreed that if a face to face appointment is required, it would be arranged whilst they are on the phone.

Table 17 - Multiple easily accessible locations for a face to face appointment:

| Multiple easily accessible locations for a face to face appointment | Count | Percentage (%) |
|---|-------|----------------|
| 1 = Strongly disagree   | 3     | 2%             |
| 2   | 6     | 5%             |
| 3   | 22    | 18%            |
| 4   | 22    | 18%            |
| 5 = Strongly agree  | 72    | 58%            |
| <b>Total</b>  | 125   |                |

76% agreed with multiple easily accessible locations for a face to face appointment.

Table 18 - I only have to provide my information once:

| I only have to provide my information once | Count | Percentage (%) |
|--|-------|----------------|
| 1 = Strongly disagree                      | 3     | 2%             |
| 2  | 8     | 7%             |
| 3  | 25    | 20%            |
| 4  | 28    | 23%            |
| 5 = Strongly agree                         | 60    | 48%            |
| <b>Total</b>                               | 124   |                |

71% agreed with only providing their information once.

Table 19 - The number of people I have to speak to is kept to a minimum:

| The number of people I have to speak to is kept to a minimum | Count | Percentage (%) |
|--|-------|----------------|
| 1 = Strongly disagree  | 1     | 1%             |
| 2  | 4     | 3%             |
| 3  | 14    | 11%            |
| 4  | 37    | 30%            |
| 5 = Strongly agree   | 69    | 55%            |
| <b>Total</b>   | 125   |                |

85% agreed with the number of people they have to speak to is kept to a minimum.

Table 20 - If a person arrives at the service with a more urgent primary care need, their appointment should be made a priority:

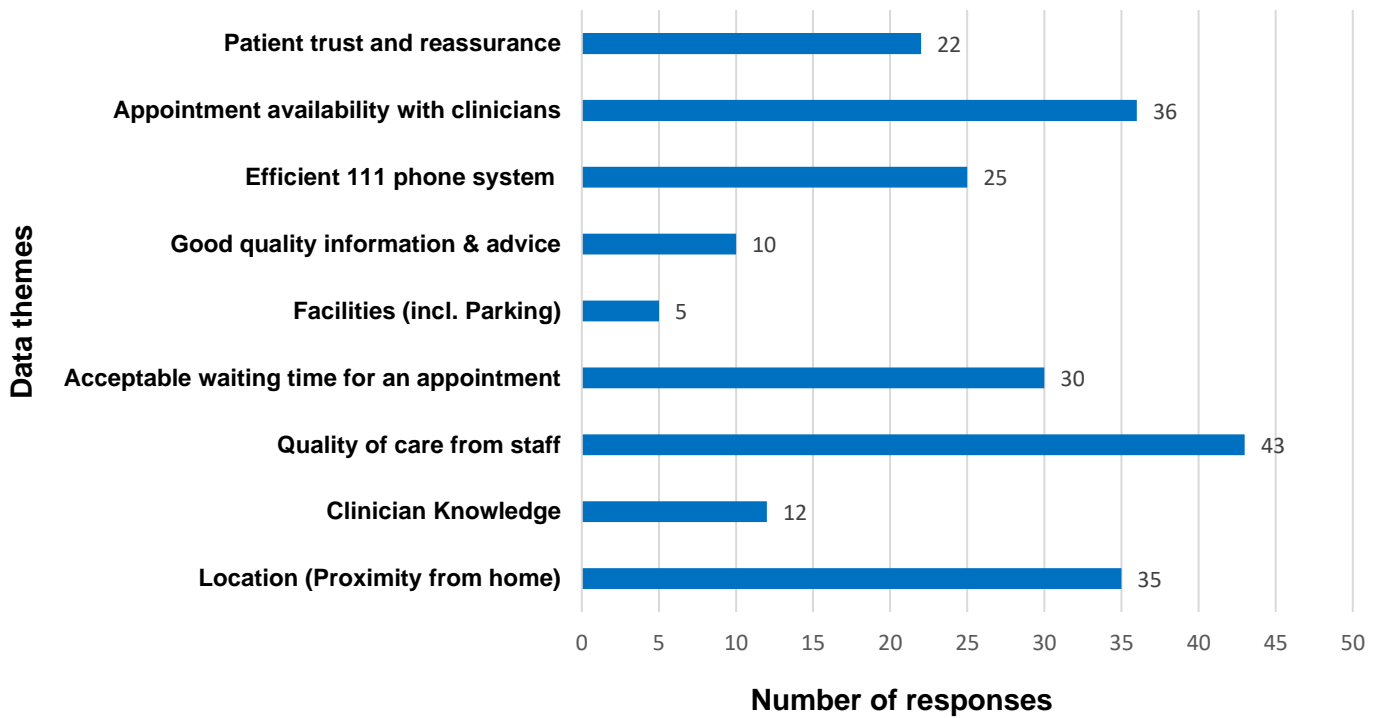
| Other more urgent primary care needs should be made a priority | Count | Percentage (%) |
|--|-------|----------------|
| 1 = Strongly disagree  | 3     | 2%             |
| 2  | 3     | 2%             |
| 3  | 21    | 17%            |
| 4  | 28    | 23%            |
| 5 = Strongly agree   | 69    | 56%            |
| <b>Total</b>   | 118   |                |

79% agreed that if a person arrives at the service with a more urgent primary care need, their appointment should be made a priority.

The data below summarises experiences from people about the current services, this includes areas people like and recommend improvements.

Chart 7:

**List up to three things you like about the current service offered for urgent primary care services, when your GP practice is closed?**



The top three things shared were quality of care of staff, appointment availability with clinicians and the location of the clinic being close to home. Below are some direct quotes from each of the top themes:

**Quality of care from staff:**

**“Staff are always welcoming”**

**“All staff I have encountered are polite and friendly, and obviously care”**

**Appointment availability with clinicians**

**“I can speak to or see clinician if needed”**

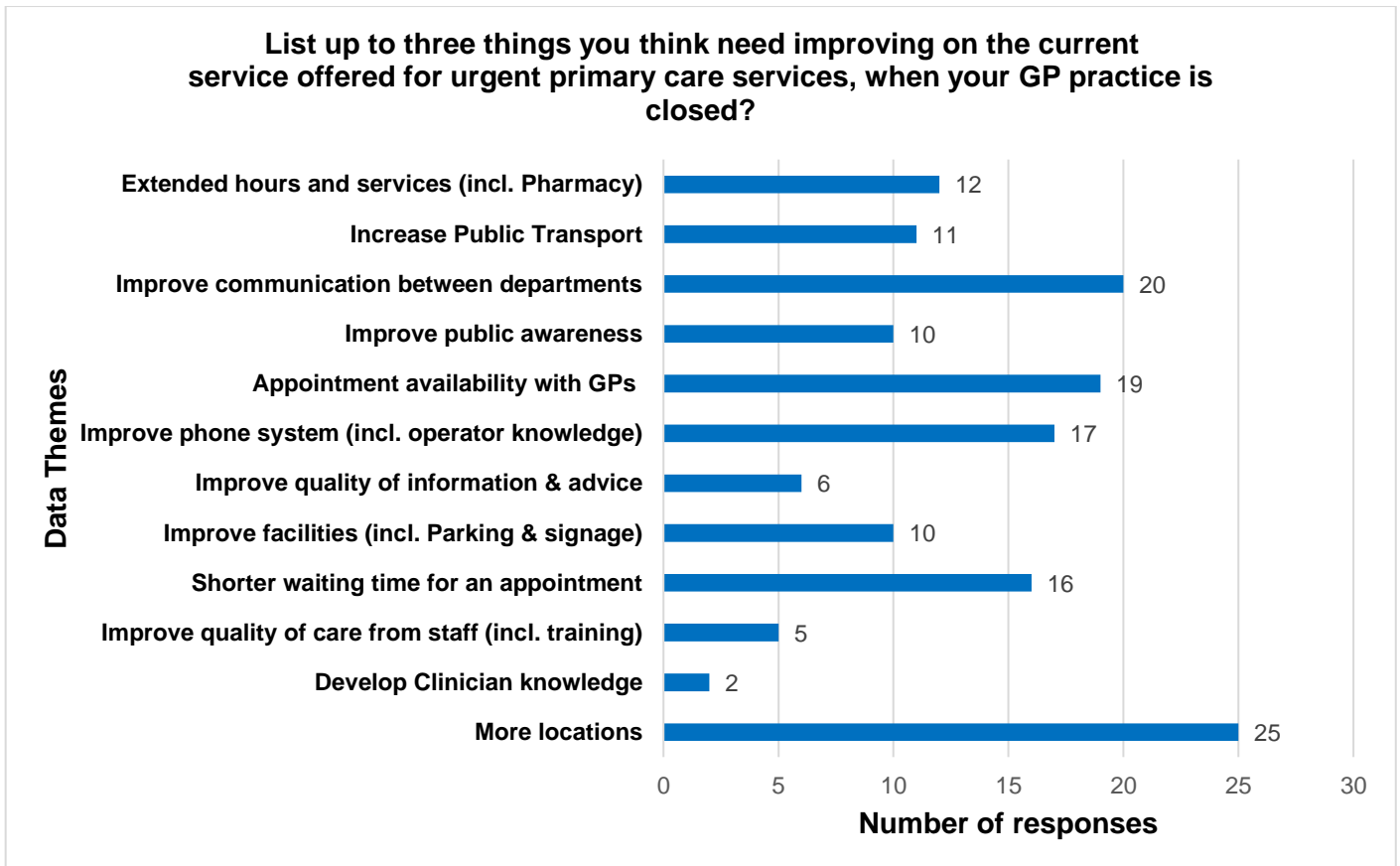
**“I am able to visit GP via 111”**

## Location (proximity from home)

**“It’s brilliant to have this service in Tamworth”**

**“Convenient locations”**

Chart 8:



The top three themes of improvement are more locations, improve communication between departments and appointment availability with GPs. The improvement for appointment availability with GPs has also appeared as one of the areas people most like about the service. This shows this is important to patients. There are some examples of responses below:

### More locations

**“Patients in rural areas cannot access services easily”**

**“Appropriate services in smaller community hospitals instead of having to attend major hospitals”**

## Improve communication between departments

“It would have been helpful if the clinician could see my hospital records”

“Sometimes you have to speak to a lot of people”

## More appointment availability with clinicians

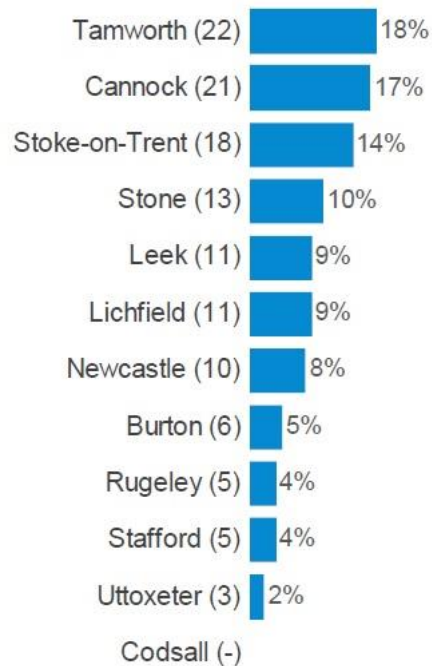
“There are insufficient staff (Doctors) employed”

“Maybe more Nurse Practitioners?”

## 2.2 Patient and carer survey profiling

Chart 9 summarises the nearest town(s) to which respondents live.

Please tell us which main town you live closest to:



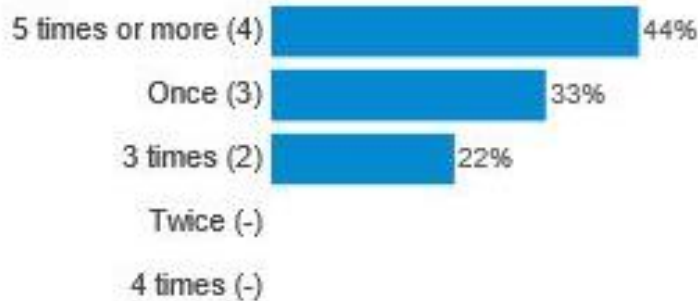
The below table summarises the demographics of people who completed this survey:

| Ethnicity                        |            |     | Sexual orientation  |            |     |
|----------------------------------|------------|-----|---|------------|-----|
| White: British                   | 115        | 92% | Heterosexual  | 108        | 92% |
| White: Irish                     |            |     | Lesbian   |            |     |
| White: Gypsy or traveller        |            |     | Gay   |            |     |
| White: Other                     | 4          | 3%  | Bisexual  | 1          | 1%  |
| Mixed: White and Black Caribbean | 1          | 1%  | Other   |            |     |
| Mixed: White and Black African   |            |     | Prefer not to say   | 8          | 7%  |
| Mixed: White and Asian           |            |     | <b>Base</b>   | <b>117</b> |     |
| Mixed: Other                     | 1          | 1%  | Relationship status   |            |     |
| Asian/Asian British: Indian      |            |     | Married   | 75         | 62% |
| Asian/Asian British: Pakistani   | 1          | 1%  | Civil partnership   | 3          | 3%  |
| Asian/Asian British: Bangladeshi |            |     | Single  | 23         | 19% |
| Asian/Asian British: Chinese     |            |     | Divorced  | 9          | 7%  |
| Asian/Asian British: Other       | 1          | 1%  | Lives with partner  |            |     |
| Black/Black British: African     |            |     | Separated   |            |     |
| Black/Black British: Caribbean   |            |     | Widowed   | 1          | 1%  |
| Black/Black British: Other       |            |     | Other   | 6          | 5%  |
| Other ethnic group: Arab         |            |     | Prefer not to say   | 4          | 3%  |
| Any other ethnic group           | 2          | 1%  | <b>Base</b>   | <b>121</b> |     |
| <b>Base</b>                      | <b>125</b> |     | Pregnant currently or recently given birth  |            |     |
| Age category                     |            |     | Not applicable  | 57         | 49% |
| 16 - 19                          |            |     | Not pregnant or given birth in the last year  | 51         | 44% |
| 20 - 24                          | 5          | 4%  | Prefer not to say   | 3          | 3%  |
| 25 - 29                          | 11         | 9%  |   |            |     |
| 30 - 34                          | 17         | 14% | Pregnant currently or recently given birth  |            |     |
| 35 - 39                          | 15         | 12% | I have given birth in the last 6 – 12 months  | 3          | 3%  |
| 40 - 44                          | 13         | 10% | I have given birth in the last 6 months   | 2          | 2%  |
| 45 - 49                          | 8          | 6%  | I am currently pregnant   | 1          | 1%  |
| 50 - 54                          | 14         | 11% | <b>Base</b>   | <b>117</b> |     |
| 55 - 59                          | 9          | 7%  | Health problem or disability  |            |     |
| 60 - 64                          | 9          | 7%  | Yes, limited a lot  |            |     |
| 65 - 69                          | 12         | 10% | Yes, limited a little   |            |     |
| 70 - 74                          | 5          | 4%  | No  |            |     |
| 75 - 79                          | 3          | 2%  | Prefer not to say   |            |     |
| 80 and over                      |            |     | <b>Base</b>   |            |     |
| Prefer not to say                |            |     | Disability  |            |     |
| <b>Base</b>                      | <b>121</b> |     | Physical disability   | 15         | 56% |
| Religion                         |            |     | Sensory disability  | 1          | 4%  |
| No religion                      |            |     | Mental health need  | 9          | 33% |
| Christian                        | 66         |     | Learning disability or difficulty   | 2          | 7%  |
| Buddhist                         |            |     | Long-term illness   |            |     |
| Hindu                            |            |     | Other   |            |     |
| Jewish                           |            |     | Prefer not to say   |            |     |
| Muslim                           | 2          |     | <b>Base</b>   | <b>27</b>  |     |
| Sikh                             |            |     | Carer   |            |     |
| Any other religion               | 25         |     | Yes - young person(s) aged under 24   |            |     |
| Prefer not to say                | 16         |     | Yes - adult(s) aged 25 to 49  |            |     |
| <b>Base</b>                      | <b>109</b> |     | Yes - person(s) aged over 50 years  |            |     |
| Sex                              |            |     | No  |            |     |
| Male                             | 29         | 23% | Prefer not to say   |            |     |
| Female                           | 94         | 76% | <b>Base</b>   |            |     |
| Intersex                         |            |     | Gender identity   |            |     |
| Prefer not to say                | 1          | 1%  | Yes*  |            |     |
| Other                            |            |     | No  |            |     |
| <b>Base</b>                      | <b>124</b> |     | Prefer not to say   |            |     |
| Armed services                   |            |     | <b>Base</b>   |            |     |
| Yes                              |            |     | *Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery) |            |     |
| No                               |            |     |   |            |     |
| Prefer not to say                |            |     |   |            |     |
| <b>Base</b>                      |            |     |   |            |     |

## 2.3 Healthcare professional survey findings

A separate survey was developed for healthcare professionals (HCP) to share their views on the healthcare professional line for NHS 111, also known as the HCP advice line or \*7.

Of the 23 respondents, 44% (10) had used the line in the last 12 months. The HCPs frequency of using the line is displayed in chart 10, below:



44% of the HCPs used the line 5 times or more and 33% used the line once.

Table 21 summarises how the HCPs rated their experience, 1 being very poor, and 10 being excellent:

| Rate your experience | Count | Percentage (%) |
|----------------------|-------|----------------|
| 1 = Very poor        | 0     |                |
| 2                    | 1     | 10%            |
| 3                    | 0     |                |
| 4                    | 2     | 20%            |
| 5                    | 3     | 30%            |
| 6                    | 1     | 10%            |
| 7                    | 1     | 10%            |
| 8                    | 1     | 10%            |
| 9                    | 0     |                |
| 10 = Excellent       | 1     | 10%            |
| <b>Total</b>         | 10    |                |

HCPs explained their rating of the service and below are some of the direct comments:

**“Told I would be called back within the hour - it was 6 hours”**

**“Lengthy wait to speak to a call handler, then lengthy wait to sort the problem out. Also waiting time for a clinician to phone back”**



Table 22 shows how timely the HCPs enquiry was dealt with:

| How timely the enquiry was dealt with | Count     | Percentage (%) |
|---------------------------------------|-----------|----------------|
| 1 = Not at all timely                 | 1         | 9%             |
| 2                                     | 1         | 9%             |
| 3                                     | 0         |                |
| 4                                     | 0         |                |
| 5                                     | 1         | 9%             |
| 6                                     | 3         | 27%            |
| 7                                     | 1         | 9%             |
| 8                                     | 2         | 18%            |
| 9                                     | 1         | 9%             |
| 10 = Very timely                      | 1         | 9%             |
| <b>Total</b>                          | <b>11</b> |                |

The majority of HCPs scored the timeliness with 6 out of 10 (27%) and 8 out of 10 (18%). Some of the explanations to this scoring are listed below:

**“They respond quickly on the phone after following prompts to press certain numbers to be able to connect to them.”**

**“Waiting time too long, not enough time in our shift to wait on the phone”**

Table 23 shows how HCPs have rated how useful the advice given was when they spoke to a clinician:

| How useful the advice given was | Count | Percentage (%) |
|---------------------------------|-------|----------------|
| 1 = Not at all useful           | 0     |                |
| 2                               | 1     | 9%             |
| 3                               | 1     | 9%             |
| 4                               | 1     | 9%             |
| 5                               | 3     | 27%            |
| 6                               | 0     |                |
| 7                               | 1     | 9%             |
| 8                               | 1     | 9%             |
| 9                               | 0     |                |
| 10 = Extremely useful           | 3     | 27%            |
| <b>Total</b>                    |       |                |

27% felt the advice was extremely useful and 27% scored the advice with a score of 5 out of 5. Some of the explanations to this scoring are listed below:

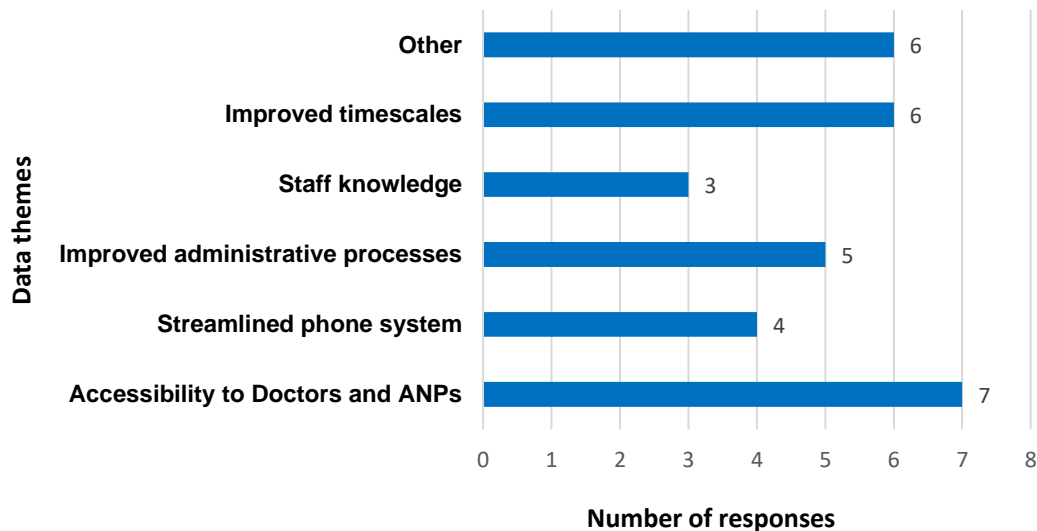
**“Patient and family asking why they have to repeat what the nurse have said and why 111 not considering the clinical assessment done by the nurse.”**

**“Very helpful.”**

**“We worked out a satisfactory plan of care out there and then on the telephone. The advice I received was clear and concise.”**

HCPs were then asked to list up to three things they felt should be seen in a future service. Chart 11 shows the themes they suggested:

**List three things you think need improving on the current service offered by urgent primary care services, when your GP practice is closed?**



The top three themes of improvement are improved timescales when accessing the service and between departments, accessibility to GPs and ANPs, and improvement of administrative processes. A number of HCPs suggested a number of specific requests shown on the chart as ‘other’ – see below for examples.

### Other

**“I would like to see child teeth trauma cases seen without delay”**

**“Better advertising of what it is that 111 covers so that the general public know what to expect from the 111 service”**

### Accessibility to GPs and ANPs

**“More staff available in the form of Doctors or ANPs”**

**“Call centres with access to doctors”**

## Improved timescales

**“Quicker phone call back”**

**“Review of 1-2 hour dispersals, which are not commissioned in-hours”**

## 2.4 Healthcare survey profiling

The HCPs who completed the survey were mainly Community Nurses (32%) and GPs (23%) as well as a social worker, advanced nurse practitioner, district nurse and therapist.

Most of the HCPs worked in Stafford (44%), Cannock (13%), Stoke-on-Trent (13%) and Tamworth (13%). The remaining people were from Lichfield (9%) and Newcastle (9%).

### 3 Summary of findings

The patient and carer survey highlighted a number of findings to support the integration of NHS 111 services and GP Out of Hours. It also presented a number of areas for the provider to consider when delivering the service.

| Survey findings  | Actions going forward   |
|--|---|
| <p>22% of patients and carers that completed the survey did not know what to do if they needed urgent primary care help when their GP was closed (Chart 2).</p> <p>Patients and carers listed sites not part of the OOH/111 service, for example they named walk in centres and services as part of the extended access to primary care. (Chart 4)</p> | <p>NHS 111/GP OOH services needs more promotion, so patients and carers understand when to use this service, and what the service can offer and where from.</p>                       |
| <p>77% of patients and service users had used NHS111 services in the past (Chart 1)</p>  | <p>Although this highlight that a large proportion of patients and service users are aware of the service offer approx. 3 in 10 are not. Additional promotion of NHS111 required.</p> |
| <p>42% were prepared to travel up to 10 miles for their face to face appointment in the GP OOH services and 33% were willing to travel up to 5 miles. (Chart 5)</p>  | <p>Useful research to consider for the provider when delivering the service in Staffordshire and Stoke-on-Trent.</p>  |
| <p>55% felt it was acceptable to be seen within 30 minutes of their appointment time, compared to 31% selected within 15 minutes (Chart 6). This was also supported by 79% agreeing that if a person arrives at the service with a more urgent primary care need, their appointment should be made a priority (Table 20).</p>                          | <p>Useful feedback for potential providers on patient expectations of appointment system for face to face appointments.</p>   |
| <p>69% rated highly for parking their car with</p>   | <p>Feedback to be shared with potential providers</p>   |

### Get to know us or get in touch

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|  |  |
|--|--|
| <p>ease. This information reflects that each OOH service has its own car park. However, 52% rated low for travelling by bus. (Table 7 and 8)</p>   | <p>to ensure sites are on bus routes and plans in place to ensure good accessibility to the sites. Invitation to tender should also consider the location of patients and where they are coming from.</p>  |
| <p>Table 9 reflected that 57% rated high for receiving an appointment in good time from the NHS 111 advisor.</p>   | <p>Potential provider to consider this rating may reflect patient's expectation of receiving an appointment. NHS 111 service uses a system to ascertain what service the patient needs and how urgently. The patient may not require a face to face appointment at that time so the potential provider would need to consider a process to explain this to the patient. The current service includes a notice to the patient if the symptoms become worse to call NHS 111 to seek further support.</p> |
| <p>People commented that being able to see a clinician is something that is important to them – this was highlighted in two open question for people to share what they think works well and what needs improving.</p> | <p>This indicates that the service needs to promote what clinicians are available including GPs, nurse practitioners etc. Potential provider needs to consider how this service is promoted and reflect peoples' expectations of seeing a GP/clinician.</p>  |

A number of ideas were shared in the survey which reinforce the need to integrate NHS 111 and GP OOH services, these include (table 14, 15, 16, 17, 18 19 and 20):

- 87% agreed that one point of contact to seek advice about primary care needed
- 97% agreed if someone needed to speak or see a GP/clinician at the earliest opportunity
- 88% agreed that if a face to face appointment is required, it would be arranged whilst they are on the phone.
  - This feedback reinforces the two services integrating to ensure information is shared across the services and the patient received an efficient service
- 76% agreed with multiple easily accessible locations for a face to face appointment
  - This ties in with the feedback that 42% are willing to travel up to 10 miles for an appointment. Patients and carers would prefer to travel further to a site than have multiple sites in the area. (Chart 5)
- 71% agreed with only providing their information once.
- 85% agreed with the number of people they have to speak to is kept to a minimum.
  - This feedback reinforces the drive to direct book appointments with the same person when the services integrate
- 79% agreed that if a person arrives at the service with a more urgent primary care need, their appointment should be made a priority.
  - This ties in with feedback that patients are willing to wait up to 30 minutes should this priority /urgency be required. (Chart 6).

All the feedback provided by patients and service users strengthens the need to integrate NHS111 and GP Out of Hours services in line with the national directive for an Integrated Urgent Care.

Additional comments provided to support what they like about the service include:

- NHS 111 is easy to remember
- It's a single point of contact
- Easy to access
- Provides access to a GP
- Proximity of the current locations

Additionally the Healthcare Professional survey provided some valuable insight in terms of how healthcare staff perceives the current service offer and highlighted a number of findings that will aid the development of the service provision; these included

| Survey findings   | Actions going forward  |
|---|--|
| <p>44% of respondents had used the service more than 5 times in the last 12mths and 72% of respondents scored 5 or above in terms of how useful the advice provided was (table 23)</p>  | <p>Highlights that the support offered through the advice line is valued.</p>  |
| <p>Top three areas for improvement were identified as:</p> <ul style="list-style-type: none"> <li>• Accessibility to GPs and Advanced Nurse Practitioners</li> <li>• Improved timescales when accessing the service and between departments</li> <li>• Improved administrative processes</li> </ul> | <p>Findings will be shared with potential service providers as part of the tender process to strengthen the service provision.</p> |