



**NHS**

**111**

**111.nhs.uk**

## **NHS 111:**

**A report looking into  
people's understanding  
and experiences of  
using NHS 111.**

# Introduction

This report summarises local people's experiences of the NHS 111 service between July to September 2023.

One of the commissioned functions of Healthwatch Oldham is to signpost and inform local people about health and social care services. Following a discussion and challenge to NHS Oldham Integrated Care Partnership (NHS Oldham ICP) about the impact of the closure of Oldham's Walk-in Centre, we became aware that additional investment has been made to the NHS 111 service. Healthwatch Oldham were therefore keen to understand peoples' experiences of the NHS 111 services and promote the NHS 111 service locally to help people to access the health services they require at the time they need it. NHS Oldham ICP were also keen to raise awareness of the NHS 111 service and were in the process of planning a winter publicity campaign.

As we were both interested in gathering further insight into the usage and experiences of the NHS 111 service. It was agreed we would do a joint piece of work to learn from local people's experiences of the NHS 111 Service so that we can promote the service further and widen its reach. During this engagement, the services of Healthwatch Oldham and NHS Oldham ICP were also promoted, and as a result there were signposting opportunities for local people.

# Methodology

NHS Oldham Integrated Care Partnership worked with Healthwatch Oldham to design and to agree the survey questions. The survey was circulated electronically and was available on Healthwatch Oldham's website and across several social media platforms by both Healthwatch Oldham and NHS Oldham ICP from 1st July through to 23rd September 2023. (See Appendix 2 for a full copy of the questions that). The survey contained open and closed questions as well as space for free text.) All social media messages and surveys were targeted to key demographics represented within the Oldham community, through the use of different languages within our content. We targeted the languages most identifiable to communities facing racial injustice in Oldham, these included, Punjabi, Urdu, Romanian and Bengali.

In total we received 175 responses to our survey and to widen the reach of the feedback we also held 8 thematic focus groups which covered 82 attendees. A total of 257 engaged with us in total to share their experiences and understanding of the NHS 111 Service. We have summarised the demographic data about the people who completed a survey. This can be seen in Appendix 1.

Healthwatch Oldham facilitated 5 focus groups and NHS Oldham Integrated Care Partnership facilitated 3 focus groups, in total there were 8 focus groups.

The focus groups were themed to include:

- Females from the South Asian Community (18 attended)
- People with a learning disability (10 attended)
- Females from the Black/African Community (15 attended)

- People currently seeking asylum and people with refugee status (9 attended)
- Age UK service users (Aged 50+) (10 attended)
- Two separate focus groups with older people who live in First Choice Homes properties (15 attended)
- A Patient Participation Group from a local GP Practice (5 attended)

Given the timeframe and resources available, we recognised that we would be gathering the views of a relatively small sample of the Oldham population. This was understood by NHS Oldham ICP and Healthwatch Oldham at the outset.

All the information and responses from the survey and focus groups are anonymous.

## Acknowledgement

We would like to thank the following organisations for their help in promoting the survey, hosting the space for a focus group or inviting us to their events in order that we speak to people who may be less likely to complete an online survey.

Action Together, Age UK, First Choice Homes, Oldham Councils (Holiday Activities Fund Team), Oldham Primary Care Network, Local Children Centres, Develop Glodwick, Greengate Mosque, KeyRing, Nephra Community Walk, SAWN, British Red Cross, Dino Fun Day, Homewatch in Failsworth, Oldham University Campus and Fatima Women's Group.

## Disclaimer

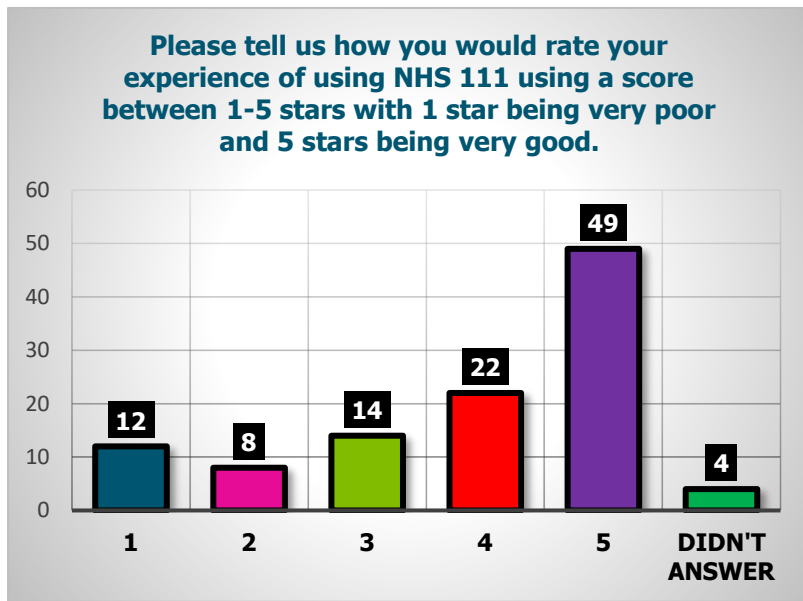
Please note that the feedback and comments within the report are subjective accounts by individuals given on the day they provided feedback and completed the survey, and do not represent the views of Healthwatch Oldham.

Healthwatch Oldham carries out research in line with accredited guidelines set out in Healthwatch England's Research Framework. We aim to identify what matters most to people and use our findings to ensure that people's voices influence and improve the quality of local services.

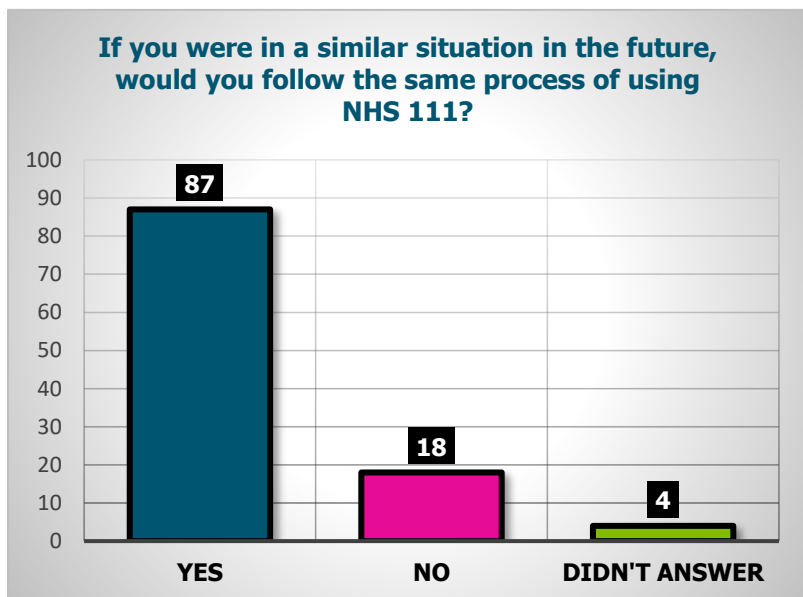
The responses in this survey are from a self-selected sample of local people and as a result, should be considered as indicators of local people's views and not as a robustly balanced statistical analysis. If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via [info@healthwatcholdham.co.uk](mailto:info@healthwatcholdham.co.uk)

# Summary of the Insight

From the total number of people we spoke to via the survey, 62% of these people have used the NHS 111 service over the last year. Most of these people scored the service positively when asked to indicate how they would rate the service (from 1-5). 87 people said they would use the service again, with only 18 stating they would not.



This graph indicates that 49 respondents had a very positive experience of the NHS 111 Service in comparison to the number of respondents who rated their NHS 111 experience as poor (12 respondents).



This graph indicates that 87 respondents to the survey who used the NHS 111 Service would still use the service. However, 18 respondents said this would not be the case.

From a deeper analysis of the free text within the survey and from the focus groups we have grouped the responses under the following questions.

1. How easy did people find it to communicate with NHS 111? How responsive was the service?
2. Did contacting NHS 111 enable people to get access to appropriate health care? Did people experience access barriers/ things that made access easier?

3. How well do people know about NHS 111 and what services it offers? What do you think Urgent Care is?

The following section provides some examples of the experiences we heard, which helps to illustrate the positive and negative experiences people shared about the NHS 111 service.

### **1. How easy did people find it to communicate with NHS 111? How responsive was the service?**

84 respondents via the free text sections shared positive feedback with us about how easy it was to communicate with the NHS 111 service and that it was responsive to their needs. The positive responses indicate people found the service easy to contact and that they received a positive outcome from their call. These are some examples of what we were told.

- *'Details were given to 111 and was advised I would get a call back from a clinician. I got called back very quickly and was offered a face-to-face appointment at the ICC. I took my grandchild to the ICC we were seen on time and had a fantastic doctor who kept my grandson calm and at ease while he checked his breathing. They advised we needed to go to pediatrics at Oldham Hospital, which we did and again we were seen very quickly and were admitted. Grandson was in hospital for 2 weeks. Thank you.'*
- Other respondent stated they received a very quick response, one of the examples in the free text section illustrates this *'I was sent an ambulance in 4 minutes.'*
- From the focus group with people who have a learning disability, most people said it was good and that their concerns and descriptions of symptoms were listened to. One of the people who rang NHS 111 independently said that the call operator was *'very patient with them as they sometimes struggled to articulate what they wanted to say, she repeated some of the things they said to check if she was understanding correctly.'*

21 respondents via the free text sections shared negative experiences, this broadly related to issues around poor communication, and the perceived lack of response to their issue or concern. When people described poor responsiveness from the NHS 111 service people described their experiences of 'long waits' or 'difficulties in waiting for a call back.' These are some examples of the negative experiences;

- *'It is not usually great. They can't give you any medical advice and usually the call back is within 24 hours. If I thought I could wait 24 hours, I'd wait for the GP to reopen.'* *'There was no outcome as I did not receive a call back. I'm still waiting for an ENT appointment as I have partial hearing loss now. The issue started in December 2022 and called NHS 111 for advice.'*
- *'Our Young Daughter had a temperature of 40.6c she was given Ibuprofen & Calpol and vomited straight away and could not have any more medicine. (GP always told me temp over 40c was dangerous). Rang 111 who just told me to check her every hour until a Dr would call back, that was 15 hours later.'*
- *'I was sent to the local pharmacy with an appointment, who then sent me on to A&E for antibiotics. Had I been able to get a GP appointment I would not have to use the services of 3 other agencies. (111 - pharmacy and A&E).'*
- *'The response from the NHS 111 Service was to send an ambulance, during the triage process the ambulance service felt this was not appropriate, I then got an appointment within 20 minutes. Although I was ultimately sorted without ambulance input, an ambulance attending would have been a waste of resources.'*
- *'I am someone with serious and chronic health conditions and unfortunately, I often need to call an ambulance. I NEVER do this lightly and will always try to manage at home for as long as I can - breathing problems. I have tried to use 111 to reduce my need for A&E both for my benefit and to*

*try to help the NHS but either it takes forever to get a callback or they do not understand my issues so the call is pointless'.*

- A key theme from the focus groups with people who face racial inequality was that language is a barrier to access the service and that not having access to interpreters was a concern for some. In most cases participants within these focus groups reported they relied on family or friends, which is not always possible and that it is concerning when you can't be understood but need urgent access to advice. One example of this is *'I couldn't get to speak to someone in my language, they only could offer an English speaker'.*
- At the focus group with elderly residents of First Choice Homes, we heard more negative experiences, with specific comments about long the wait times to make contact and then long waits before they received a call back.

## **2. Did contacting NHS 111 enable people to get access to appropriate health care? Did people experience access barriers and or things that made access easier?**

There were both positive and negatives examples shared about the role of the NHS 111 service in understanding which part of the health system to contact and getting access to this.

Some examples of the positive experiences

- In the free text section of the survey, a total of 15 respondents shared that they were advised to visit Accident and Emergency after they made contact with the NHS 111 Service. An example of this was shared with us, *'Sent to A&E. I had to wait a long time for a callback and was unable to sleep, as was waiting for a call.'* *'My 15-year-old son had abdominal pain and they were querying appendicitis so advised to take to A&E, it was lucky they did as it was appendicitis and he ended up having an operation the following day.'*
- Eleven respondents shared that the contact with the NHS 111 service led to an appointment and access to their own GP or an out-of-hours GP/ Doctor which they felt was appropriate and necessary, the comments we received included, *'given access to a GP appointment'*. Similarly, another person shared, *'Got an out-of-hours GP appointment'*. Other similar comments included, *'NHS 111 arranged for my GP to call me and then go to the surgery as it was urgent but not an emergency.'*
- Another positive example we heard at one of the focus groups was *'I rang NHS 111 they triaged me and then sent out an ambulance which came quickly. They did some tests and treatment at my home; it was a suspected heart attack as I said my chest was hurting and I said I thought I needed antibiotics. The ECG said all was fine. I am registered blind, and they were very respectful. I was then made an appointment with 'Go To Doc' and got some antibiotics, they suspected I had COPD so made me an appointment with my own GP.'*
- A total of 8 respondents shared with us that they were given advice when they experienced the NHS 111 service. One respondent shared how advice during their son's health issues led to a successful outcome overall, *'My 15-year-old son had abdominal pain and they were querying appendicitis so advised to take to A&E. lucky they did as it was appendicitis and he ended up having an operation the following day.'*
- *'I have COPD and get constant chest infections and often need assistance, and can't get a GP appointment, so feel NHS 111 is my next alternative. I find them excellent; I don't have to wait a long time on the phone. They are very good and then sort out some medication. I am partially sighted so I struggle to use online applications, so I always call them.'*

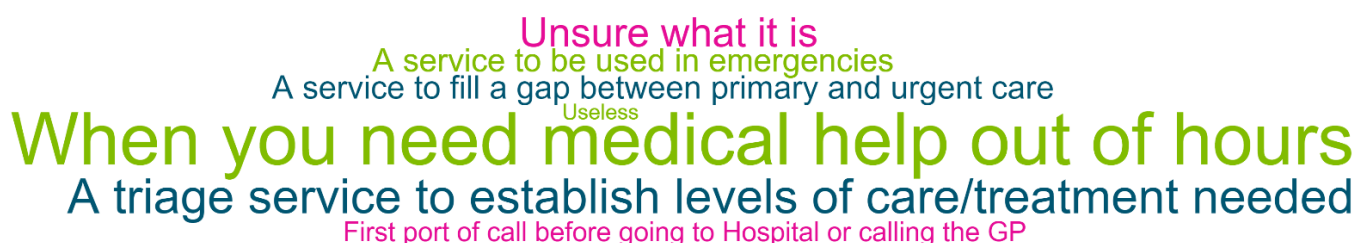
From the negative comments we heard, these are some of the examples that people experienced.

- One person at the focus group told us *'One of my service users (with additional needs) had a chest infection and needed more antibiotics. The GP would not prescribe more without seeing him but would not give an emergency appointment. Rang out of hours Doctor and they could not see him for 3 days, they advised to ring 111. NHS 111 would not prescribe antibiotics and said to contact GP, so went around in circles.'*
- Nine comments in the free text section of the survey related to individuals not getting the help they needed through the 111 service,. For example, one person said, *'couldn't get through so gave up.'* Another response related to the impact of an ongoing health issue, *'I had faecal impaction GP was not open, chemist not open, extreme discomfort ....I was on hold for over an hour and no one answered the call.'* One respondent described the NHS 111 Service as *'useless'*.
- The British Red Cross and SAWN focus group shared concerns about the lack of language support and felt this would be important if participants become unwell and didn't have a support mechanism around them to assist with language and translation to use the NHS 111 service. One participant shared with the group that it can be difficult and frightening when you can't fully be understood, and you are in pain and unwell.
- One participant within the SAWN group spoke to a Healthwatch Oldham with the translation support of another participant. This person shared she speaks only a little English and managed to her symptoms explained and the NHS 111 call operator was very patient, she got the support she needed, but was not offered an interpreter.

### **3. How well do people know about the NHS 111 Service and what it offers? What do you think urgent care is?**

On their website, NHS 111 states "NHS 111 can help if you think you need medical help right now".

There was a mixed response when we asked about what the NHS 111 service is and what it offers. This word cloud describes the responses we received, the larger the text the more often this was said.



166 people filled in the free text section to describe what the service is.

From those people who responded that they know what the NHS 111 service is, people described it as a service that you use out of hours or in an emergency. A high number of responses suggest that they think using the NHS 111 Service would help to navigate them to the most appropriate part of the health system that may be the most relevant to their health and care needs.

32 responded that it is a 'triage service to establish levels of care/ treatment needed.' And a further 52 said it is the 'first port of call before going to hospital or calling the GP.'

Other responses included;

- *'When you need medical help out of hours.'*
- *'It is an emergency service and should use it in an emergency so they can give advice.'*

- *'I think the NHS 111 service is for when you cannot get a doctor's appointment, it's out of hours or you need some help and advice but don't want to go to A&E.'*
- *'For people who are unsure whether they need immediate treatment from A& E and cannot access their GP or a walk-in centre for assessment.'*
- *'A service to fill a gap between primary and urgent care.'*
- *'I understand it to be a service which gives advice and guidance regarding medical issues that may require attention and will guide you to the service you need e.g., GP, A&E, ambulance, self-monitoring, etc.'*
- *'They are there to analyse your symptoms and give advice or treatment. I have heard they can get you an out of hours Doctor's appointment, but not sure if this is correct.'*

There were a number of people who were not clear about what the service is, 10 respondents expressed they were unsure about what the NHS 111 service is

- *'I am not sure what you really use this service for.'*
- *'Is it like the ambulance service? I am not sure I have heard about them.'*
- *'They advise you if you need to go to A&E.'*
- *'I have never heard of it I am an Asylum Seeker and not sure about all of the services.'*
- From the people attending the focus groups with participants who face racial inequality there was little or no knowledge of the NHS 111 Service. One of the organisations that supports local Black African women (SAWN) fed back directly to the focus group, that they did not know about the NHS 111 Service and had no knowledge of the GP out-of-hours service. They raised further questions about what phone number they would use to engage with the service, there were further questions from the group around what services are on offer from NHS 111. From another of the focus groups there was an awareness of an NHS 111 service, albeit they were not sure of what service it provides.
- The focus group with asylum seekers and refugees and the older peoples focus group both shared similar experiences, they said they had heard of the NHS 111 Service but were unsure as to what the service offered or what it was about. There was a general feeling in both focus groups, that this is why they had not used the NHS 111 service.

As part of the survey we also asked what people understood the term Urgent Care to mean. We received 168 comments relating to urgent care. This word cloud summarises the main responses to this question, the larger the text the more responses we received that said this.

**Medical need that requires immediate attention**  
**Emergency situation - Life or death**  
 Care that doesn't necessitate a visit to A&E  
 Unsure what it means

Most respondents expressed their understanding or 'Urgent Care' being linked to matters of life and death. For example one person said 'urgent care from my point of view means a very serious medical issue that needs to be attended to as soon as possible.'

10 respondents said they were unsure as to what Urgent Care meant, comments we received included, 'unsure', 'don't know'.



## Other insight we received

The survey gave people the opportunity to provide other feedback or make general comments outside of the set questions. This is a summary of the feedback that was not included in the earlier sections.

- *'Is there an app that you can access face to face help which might be useful to show the doctor, or person at the other end of the 111 number what the issue might be?'*
- *'The loss of our local walk-in centres has had a profound effect on our local medical offer'*
- *'I think they're great however some of the questions they ask aren't always relevant. Maybe adapt the questions depending on the illness.'*
- *'I don't think when taken to hospital they should not have to wait for 3 hours outside in the ambulance like I did. It's such a waste of time for them when they are so busy.'*
- *'I think the service could be better streamlined. As a member of staff working within urgent care, we are passed many calls which could be more appropriately managed by a different disposition or things we can't deal with in urgent care (requests for referral / investigation, home visits in the day etc).'*
- *'The service should be available in different languages'*
- *'Needs an overhaul and substantial staff training - with regular reviews - quality control where calls are listened to like secret shoppers which can help improve delivery.'*
- *'Very good service, I am grateful we have this.'*
- *'The theory behind the 111 service is excellent. The delivery is very poor.'*
- *'Possible need to recruit more staff to answer calls, can wait at busy times - winter , and pressure times . Advertisements about the service to local communities in different languages in GP surgeries and in the wider community.'*
- *'I was referred to a visit to Oldham Urgent Care Hub. Great care was shown and efficient service.'*
- One person told us about a GP appointment where an interpreter should have been present but didn't turn up, she then relied on a family member to support her, and the GP practice removed the translation need from her file as a result.



## Conclusion and Recommendations

This report summarises local people's experiences of the NHS 111 services. A total of 257 people engaged with us and shared their experiences and understanding of the NHS 111 Service.

Most of these people scored the service positively when asked to indicate how they would rate the service (from 1-5). 87 people said they would use the service again, with only 18 stating they would not.

In response to every question there were positive and negative examples provided, indicating that the experience of using the service can vary.

The service is recognised by some as being responsive and providing a helpful way to navigate or access the health service. There were also however a significant number that felt they did not get a useful outcome from the call or that the service was not responsive when it was needed.

We have gathered some insight across key demographic communities of Oldham, although we recognize this is still a relatively small sample of peoples views. One of the main themes that emerged from the focus groups with people who face racial inequality is the lack of language support and the perceived barrier of language to access support when its needed.

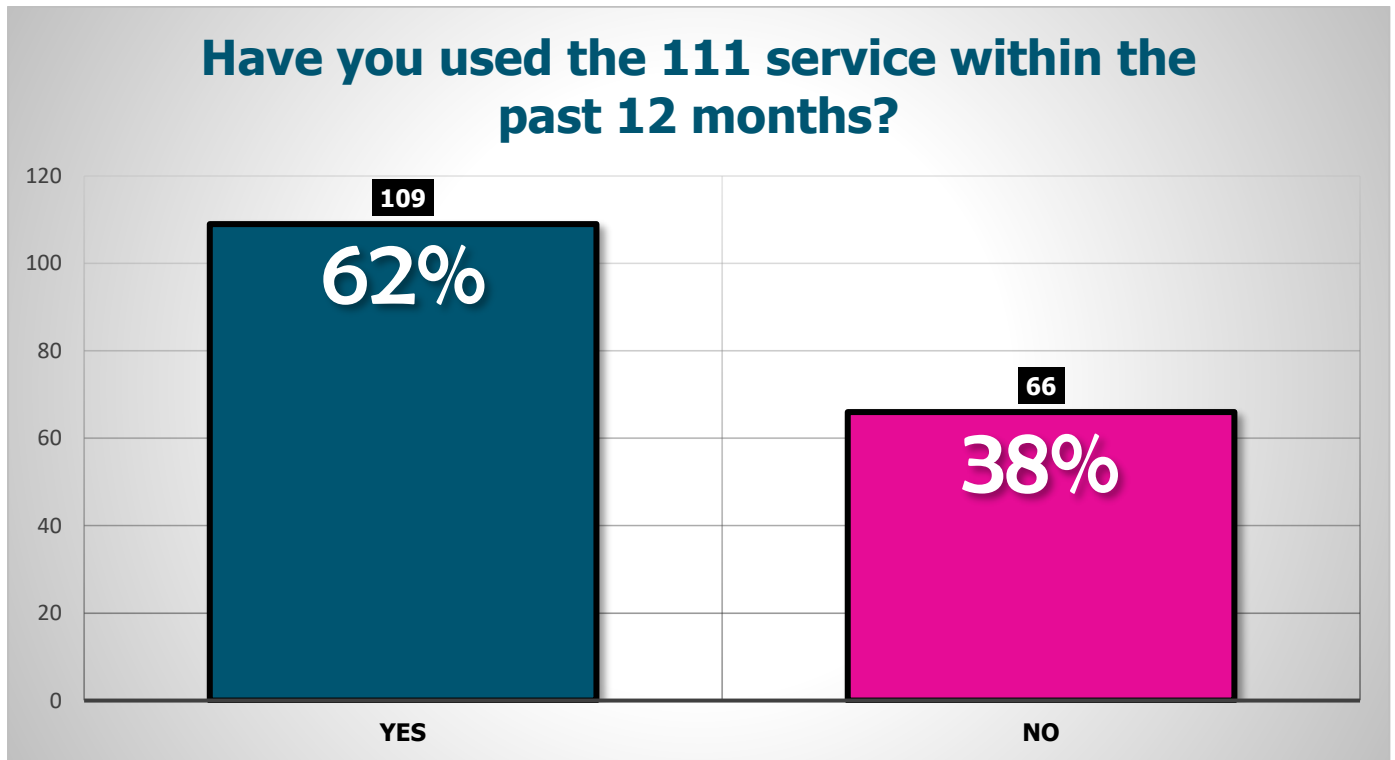
Most of the people we spoke to did broadly know what the NHS 111 service is and its offer, although there is some useful insight in the ways this is perceived, that could be helpful when producing further communication to widen its reach and increase the uptake of the service. For example, the feedback from people who experience racial inequality, suggests that there is far less awareness of the service and not a clear understanding of how to access it. Further engagement may be useful to better understand this if targeted communication is to feature as part of the campaign.

Based on the experiences we have heard through this engagement and Healthwatch Oldham's knowledge of local engagement, the following ideas may be considered in order to enhance any future communication campaign on the NHS 111 service;

1. Consider a targeted approach to future awareness raising campaigns, taking into account the different needs of people who do not speak English as a first language, have a learning disability or who are not confident or able to access digital services.
2. Promote written and digital campaign material in different languages, this was highlighted as a gap by people experiencing racial injustice.
3. Use local GP practices, pharmacies and work with local voluntary, community and faith organisations to promote key information about the NHS 111 service as people regularly mentioned these.
4. Raise more awareness of the online services of NHS 111 as there seems to be less awareness of this, than the phonenumber.
5. Promote NHS app and as a means to cascade information about the NHS 111 service.
6. Seek to provide additional language and translation support on NHS 111, in order to improve access and the experience for communities facing racial injustice.
7. Promote more feedback opportunities after people have used the service, so we can more routinely gather peoples experiences.

# Appendix 1

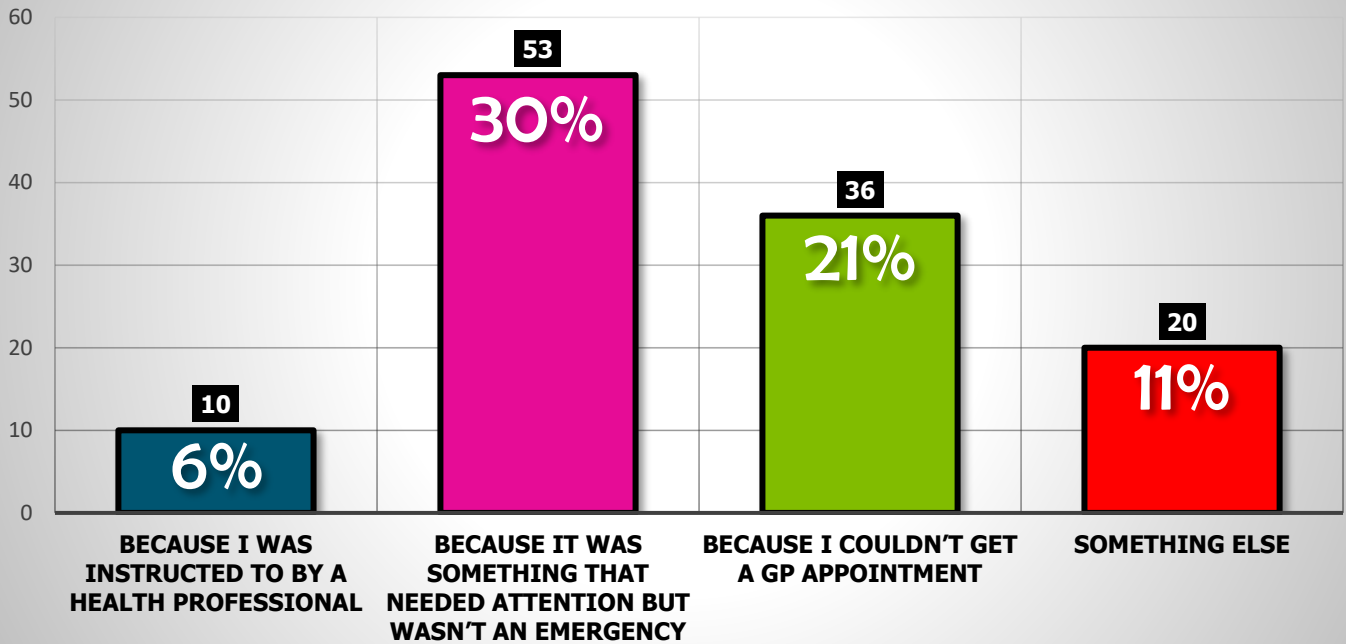
The following section is the analysis of the 175 surveys that were completed. Each question has been summarised with a graph.



Out of the 175 completed surveys, we asked whether they had used the NHS 111 service within the past 12 months. 62% (109 people) stated that they had, compared to 38% (66 people) who hadn't.

As shown in the bar chart above more than half of the respondents (62%) to the survey said they had engaged with the NHS 111 service over the last 12 months. However, 38% (66 respondents) said they had not.

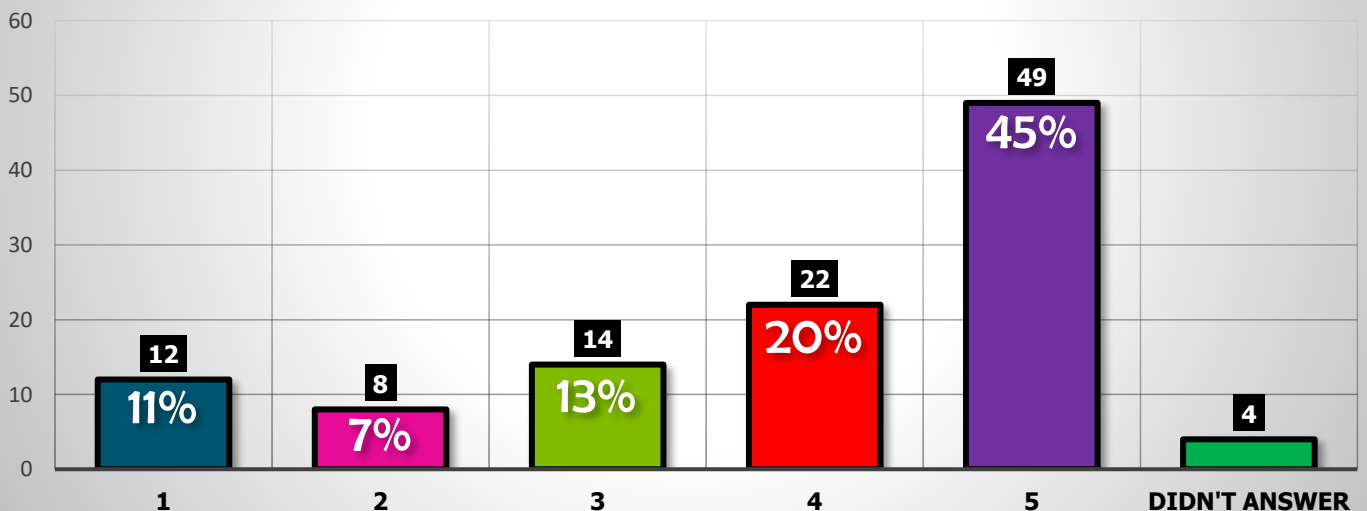
## Why did you access this service?



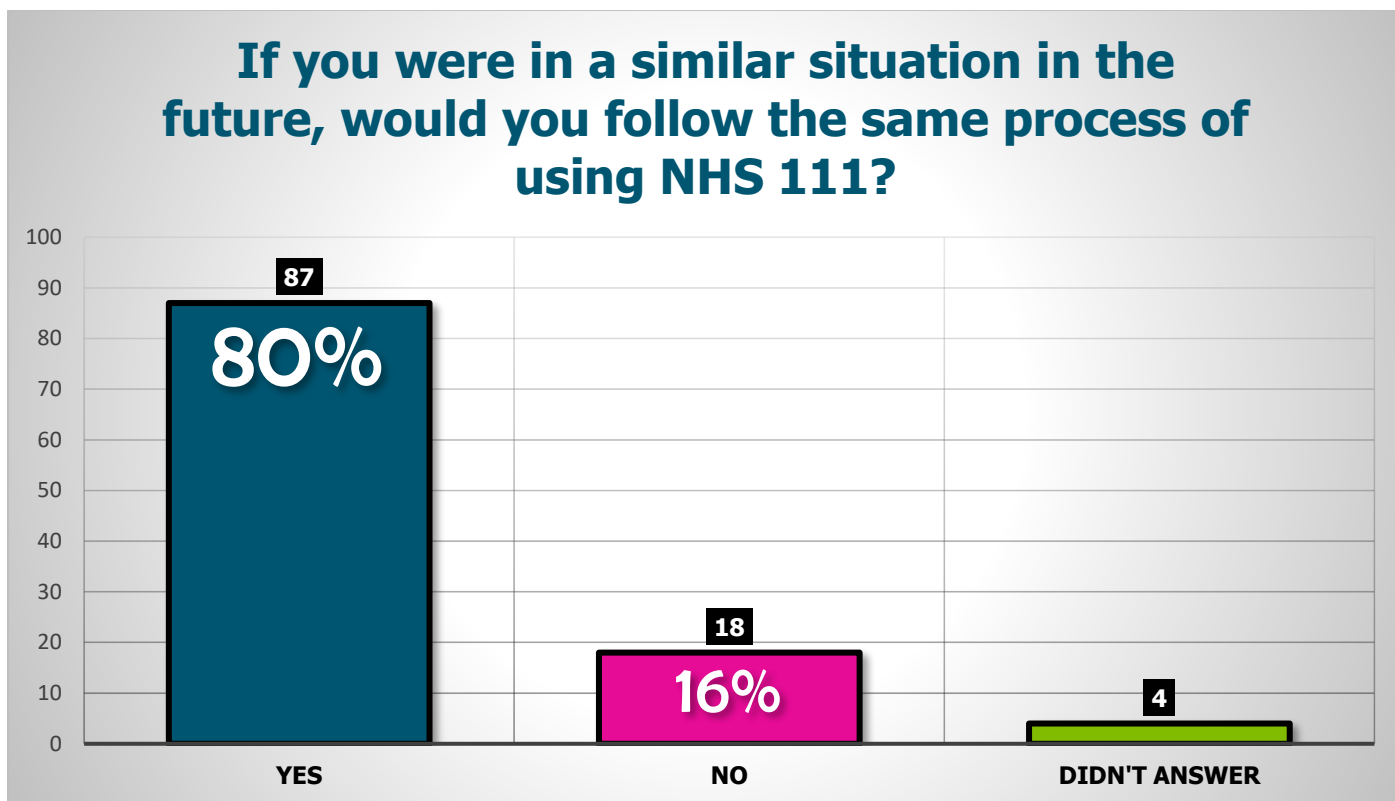
Out of the 175 surveys, we asked why they accessed NHS 111. 30% (53 people) stated that they used it because it was something that needed attention but wasn't an emergency. The next highest response was 21% (36 people) who stated that they used NHS 111 because they were unable to get a GP appointment.

The majority of responses for 'something else' evidently show that they accessed 111 services to get assistance for a loved one (in total 11 responses). A total of 7 of these 11 responses were parents who were contacting for their children.

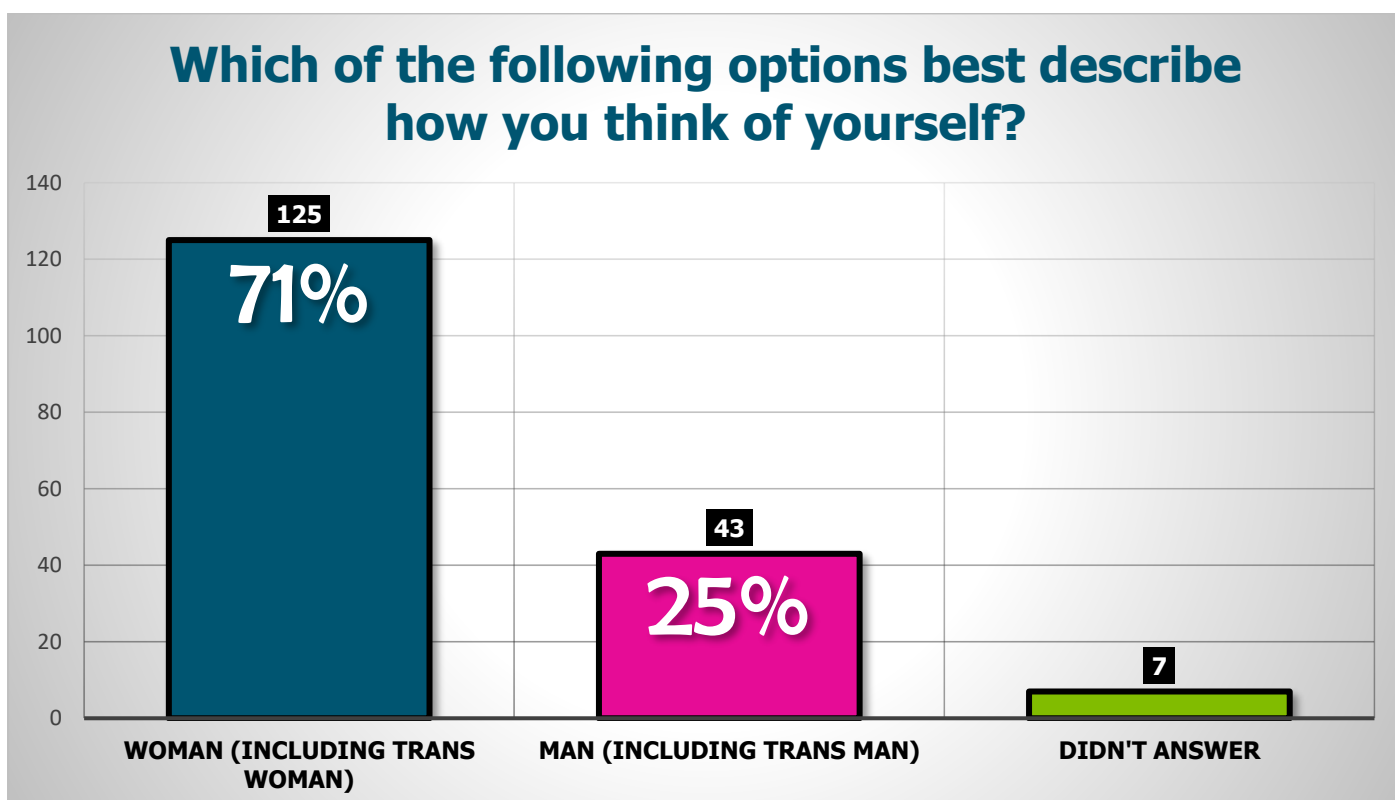
## Please tell us how you would rate your experience of using NHS 111 using a score between 1-5 stars with 1 star being very poor and 5 stars being very good.



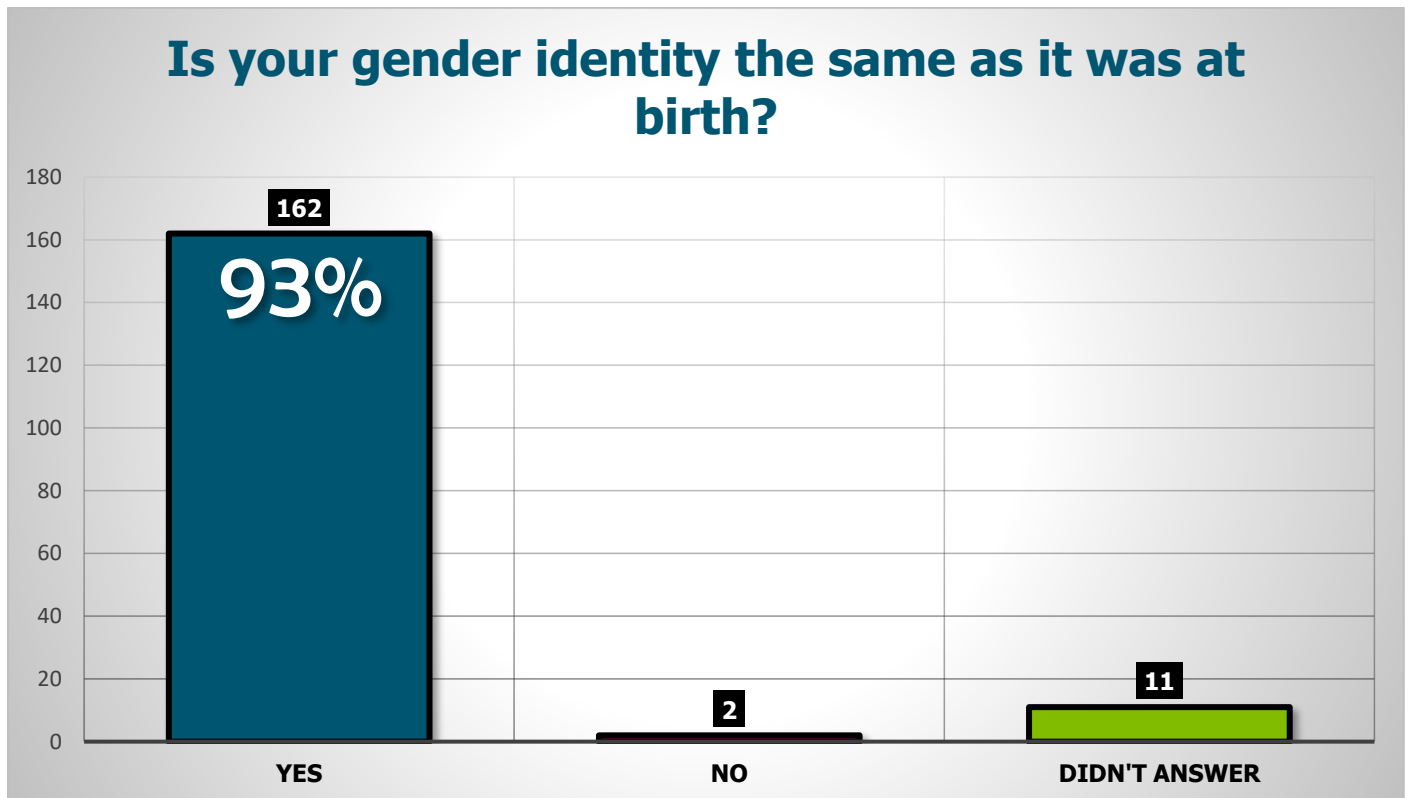
Out of the 109 people who stated they had used NHS 111, we asked them to rate the service they received out of 5 stars. 45% (49 people) gave the service a score of 5 out of 5 stars with the next most popular answer being 4 out of 5 stars with 20% (22 people). 4% (4 people) chose not to answer this question.



Out of the 109 people who stated that they had used the NHS 111 service, we asked them whether they would follow the same process of using it in the future. 80% (87 people) stated that they would compared to 16% (18 people) who stated that they wouldn't. 4% (4 people) chose not to answer this question.

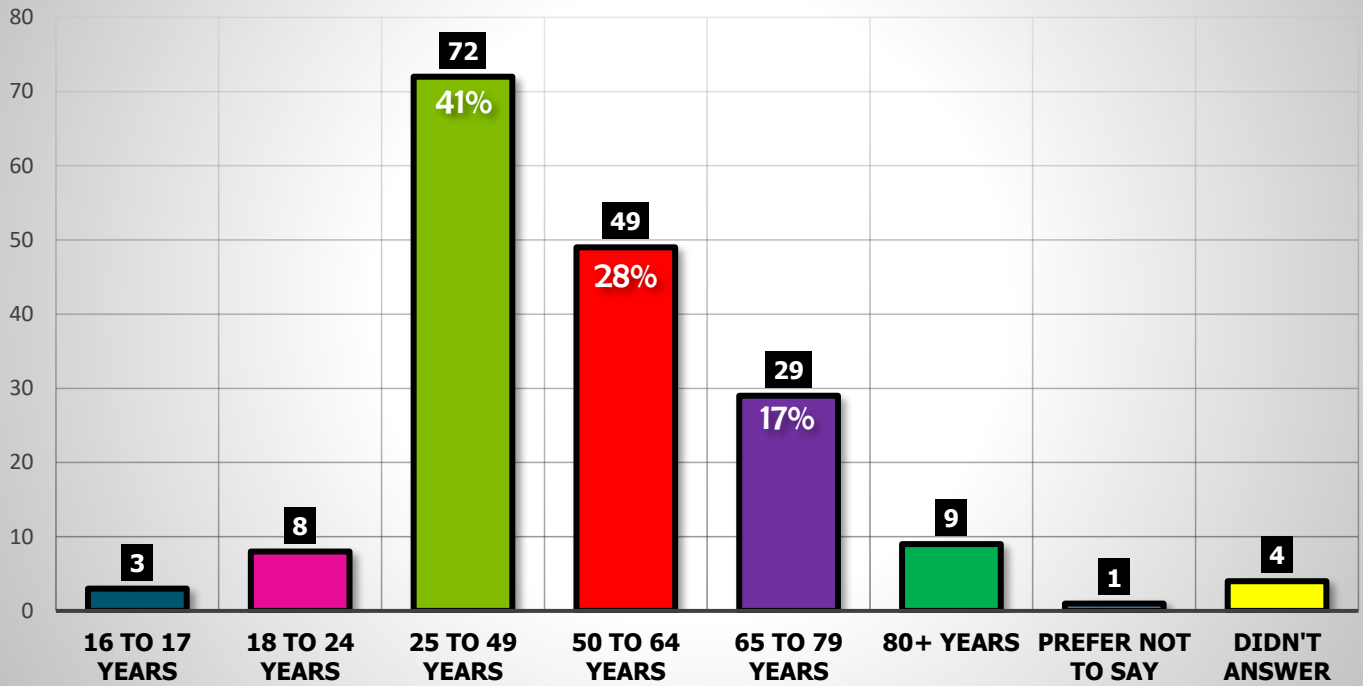


Of the 175 completed surveys, we asked how people would best describe their gender. 71% (125 people) stated they were a woman (including trans woman) compared to 25% (43 people) who said they were a man (including trans man). 4% (7 people) chose not to answer this question.



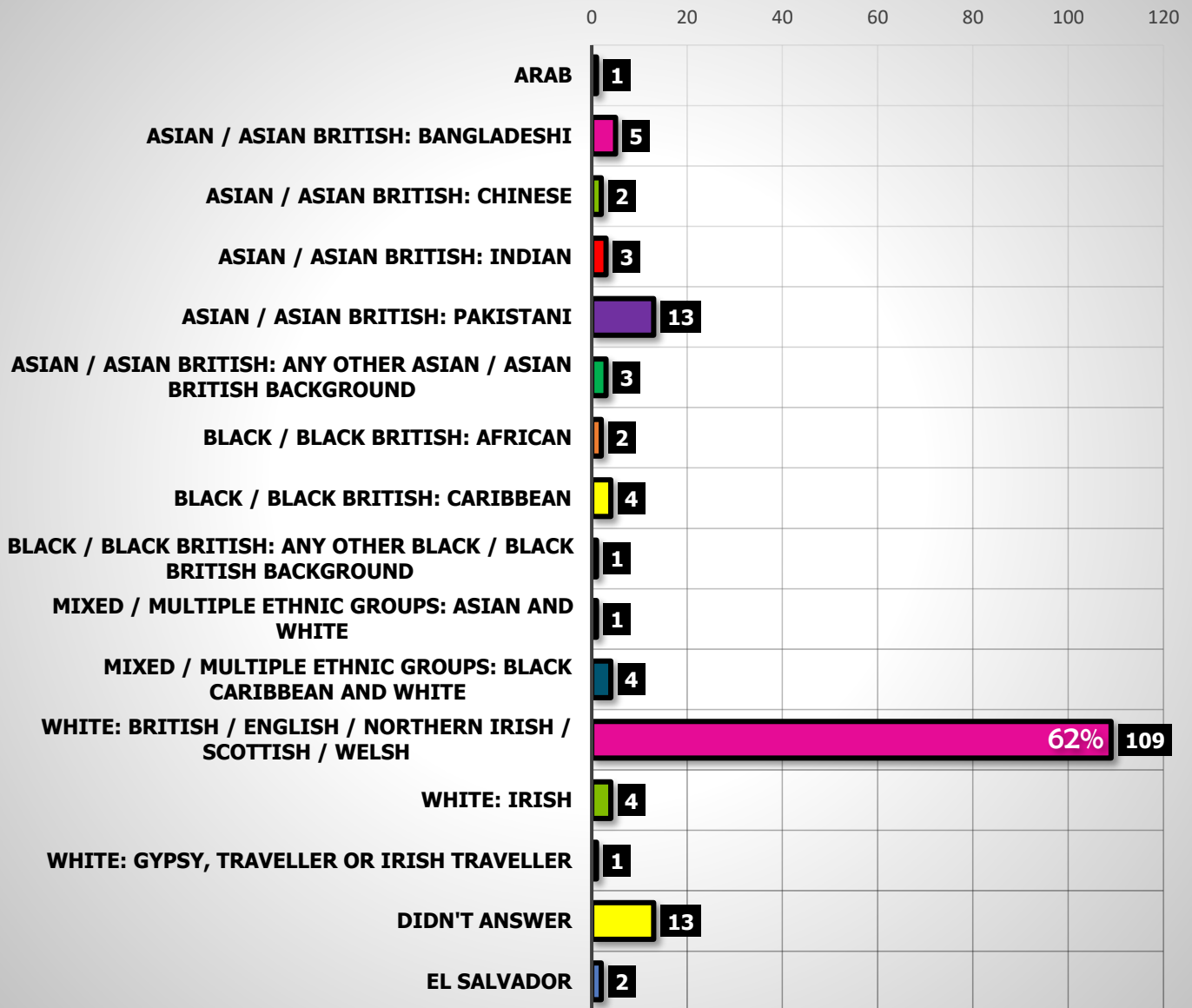
We asked our 175 respondents whether their gender was the same as it was at birth. 93% (162 people) stated that it was with only 1% (2 people) stating that their gender was now different than that which they were given at birth. 6% (11 people) chose not to answer this question.

## Your Age Group



We asked all 175 respondents for their age group. 41% (72 people) stated they were aged between 25-49 years of age. The next highest response was 28% (49 people) aged between 50-64 and 17% (29 people) aged between 65-79 years old.

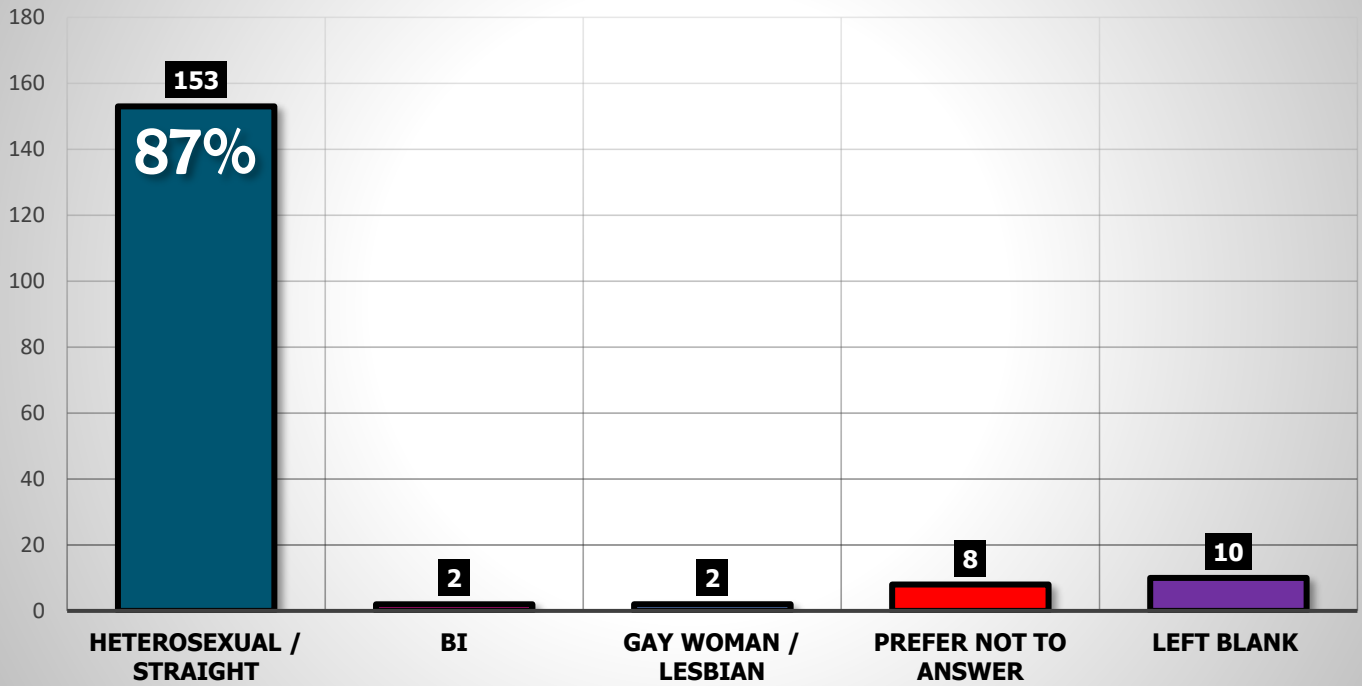
# Ethnicity



Of the 175 respondents, we asked people to describe their ethnicity. 62% (109 people) who completed a survey stated that they are white: British/English/Northern Irish/Scottish/Welsh. By grouping some of the ethnicities, we have completed surveys from 25 respondents people(14%) who are from a South Asian background. People who identify as having 'Black' heritage collectively make up 11 respondents, (6%) the people who completed a survey.

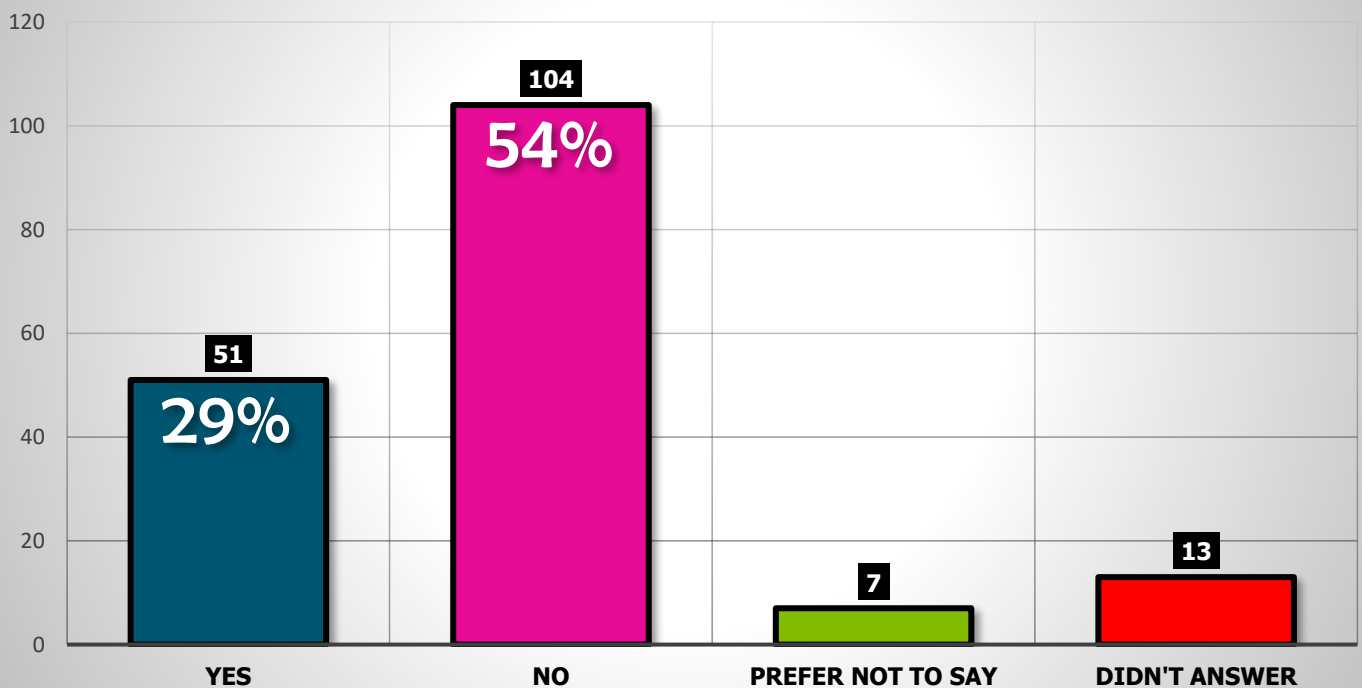


## Sexual Orientation



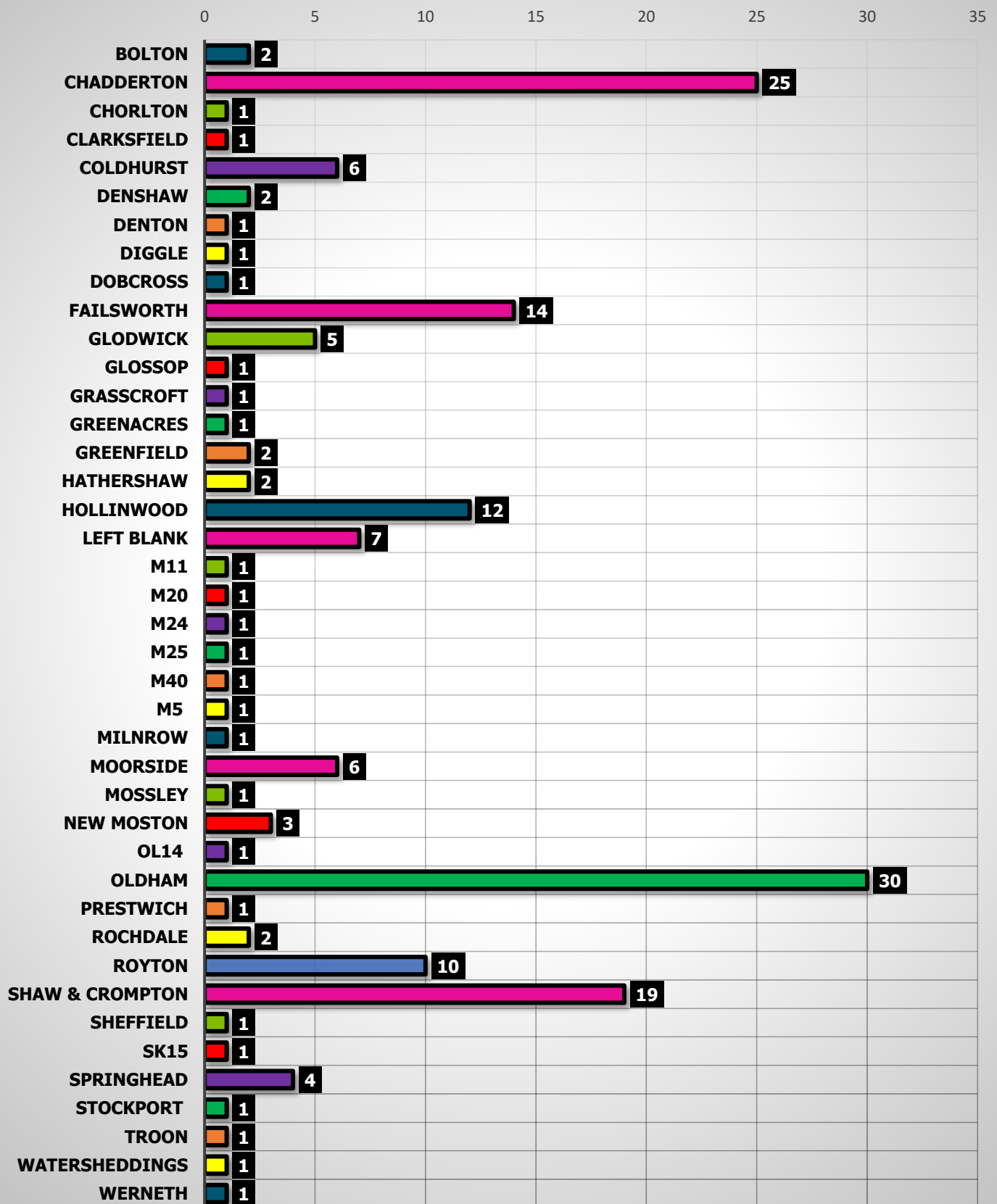
We asked all 175 respondents what their sexual orientation is. 87% (153 people) stated that they were heterosexual/straight. There were 2 responses who stated that they are Bisexual and 2 people who identify as Gay Woman/Lesbian.

## Do you have a disability?



We asked all 175 respondents whether they considered themselves to have a disability. 54% (104 people) stated that they didn't compared to 29% (51 people) who stated that they do.

## Town or area you live in



We asked all 175 respondents what town they lived in. 144 respondents (82%) stated they live in an area within the Oldham locality. 17% (30 people) stated Oldham, 14% (25 people) stated Chadderton and 11% (19 people) stated Shaw & Crompton. Most Oldham areas were represented in this survey along with some other neighboring areas and towns.

# Appendix 2

Greater Manchester  
Integrated Care Partnership

healthwatch  
Oldham

## NHS 111 Survey

We have developed this survey to try and better understand your thoughts and experiences of using NHS 111. The information you provide will be anonymous and will be used to help identify potential ways the NHS can communicate this service with its patients and the benefits to those that require it.

### 1. Have you used the 111 service within the past 12 months?

- Yes *(Continue to question 2)*
- No *(Skip to question 6)*

### 2. Why did you access this service?

Please tick all that apply

- Because I was instructed to by a health professional
- Because it was something that needed attention but wasn't an emergency
- Because I couldn't get a GP appointment
- Something else (please use the space provided below to explain why you accessed the service)

### 3. Please tell us how you would rate your experience of using NHS 111 using a score between 1-5 with 1 being very poor and 5

- 1
- 2
- 3
- 4
- 5

### 4. What was the outcome of your experience of using NHS 111?

**5. If you were in a similar situation in the future, would you follow the same process of using NHS 111?**

*(Once completed, please go to question 8)*

**6. Can you provide more information on why you haven't used the NHS 111 service?**

**7. If applicable, what other service did you use instead of NHS 111?**

**8. In your own words, what do you think the 111 service is, what can it be used for and when should you use it?**

**9. What does the term urgent care mean to you? / What do you interpret urgent care to be?**

**10. Do you have any other thoughts you'd like to share about the 111 service?**

## About You

**Which of the following options best describes how you think of yourself?**

- Woman (Including trans woman)
- Man (Including trans man)
- Non-binary
- In another way

**Is your gender identity the same as it was at birth?**

- Yes
- No

## Your age group

- 0 to 12 years
- 13 to 15 years
- 16 to 17 years
- 18 to 24 years
- 25 to 49 years
- 50 to 64 years
- 65 to 79 years
- 80+ years
- Prefer not to say
- Not known

## 8. Ethnicity

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background
- Any other ethnic group
- Prefer not to say
- Not known

## 9. Do you have a disability?

- Yes
- No
- Prefer not to say
- Not known

**10. Do you have a long-term condition?**

- Yes
- No
- Prefer not to say
- Not known

**11. Sexual Orientation**

- Heterosexual/Straight
- Bi
- Gay Man
- Gay Woman/Lesbian
- Prefer not to answer
- Prefer to self-describe, please state here:

**10. Town or area you live in**

- Chadderton
- Coldhurst
- Delph
- Denshaw
- Diggle
- Dobcross
- Failsworth
- Glodwick
- Grasscroft
- Greenfield
- Hathershaw
- Hollinwood
- Moorside
- Oldham
- Royton
- Saddleworth
- Springhead
- Shaw & Crompton
- Waterhead
- Werneth
- Westwood
- Other (Please state either the first part of your postcode or name your town below)

## Focus Groups

Below is a write-up of each focus group, reflecting experiences and views shared with either Healthwatch Oldham or NHS Oldham ICP. A total of 5 focus groups were facilitated by Healthwatch Oldham, and NHS Oldham ICP engaged with three other groups. NHS Oldham ICP have provided their own summary which you will find below.

### Focus Group 1, hosted by KeyRing- facilitated by Healthwatch Oldham

The focus group was hosted by KeyRing at one of the community drop-in sessions that they run weekly. KeyRing is a charity that supports vulnerable adults to live independently. Five people were involved with the focus group three male and two female of mixed ages all of whom have a learning disability and they all identified as White British.

Three of the people had used NHS 111 within the last 12 months and one said their support worker had supported them with the call, the others called themselves. One person wasn't sure what NHS 111 was and said they wouldn't know what number to use to call them. The Healthwatch Oldham Representative and other members of the group explained this to them, they then said that this is a service they would use if needed in the future. The other person said they hadn't felt they needed to use the service and felt that they more clearly understood now what it offered.

All the people who had used the service found it very good, they felt that their concerns and descriptions of symptoms were listened to. One of the people who rang independently said that the call operator was very patient with them as they sometimes struggled to articulate what they wanted to say, she repeated some of the things they said to check if she was understanding correctly.

All three people who have used the NHS 111 service would use it again.

One gentleman rang as he had cramping pains in his chest, abdomen and back, he thought he had eaten too much but after a few hours the pains didn't subside, and he felt uncomfortable. He said he doesn't like to ring 999 unless he feels it is a real emergency and was just going to go to bed, he lives alone and thought he better get some advice. The NHS 111 operator was very calm throughout the call as he relayed his symptoms, and she asked lots of questions. She then said that they were going to send someone to his home to do a few tests and that she would stay on the phone until they arrived, he felt this helped him and kept him calm 10-15mins after an ambulance arrived. The Paramedics carried out some tests and the ECG highlighted he was having a heart attack, he was taken to the hospital and had heart surgery 48 hours later. He feels that NHS 111 literally saved his life, as if he had gone to bed and had not spoken to them the outcome could have been very different.

One of the ladies called NHS 111 as she had tested positive for COVID-19 and felt really poorly, she was worried that the symptoms may not all be down to this and lives alone. It was in the middle of the night, and she was frightened so she rang for some advice. The call handler was brilliant and reassured her that these were all COVID symptoms, to rest, drink lots of fluids and take paracetamol every 4 hours. If not better, in a few days call her GP or NHS 111 again.

The third person who used the service did so as they had taken an extra tablet by mistake and were worried and frightened of going to sleep. The call handler checked that they hadn't done this on purpose, which they hadn't, and said as a one off this wouldn't cause any problems and to get themselves off to bed and have a good night's sleep.

None of the group were aware that you can contact NHS 111 online, not everyone said they would be able to use this method for various reasons.

## **Focus Group 2, hosted by SAWN- facilitated by Healthwatch Oldham.**

The focus group was hosted by SAWN who support Black African and BME women. Two of the support workers attended along with 13 other ladies (2 arrived partway through the focus group). Ten of the ladies were from a Black African and other ethnic minority background and of mixed ages.

We explained to the ladies about the background of the research and what the NHS 111 service offers.

### **Four of the ladies had used the service within the last 12 months:**

My GP had no appointments for the next month, the receptionist said if you are worried call 111, which she did. She said she didn't find them helpful at all, because they were telling her to call her GP surgery back and make an appointment to be seen, she explained they couldn't see me for a month. They then said if you get worse within the hour call us back, she ended up doing this 5 times (speaking to 5 different people/Doctors) and having to explain her symptoms again and again every time which took most of the day, was exhausting, frustrating and in the end she lost patience with the call handler, the final Doctor she spoke to made her an appointment to go to the Integrated Care Centre for 2am. She started calling 111 at 1pm (13 hours in all. Throughout the calls, the lady said that she was told several times by the person at the other end of the phone, that if there was silence it was because they were taking notes. She asked then why she had to keep repeating herself. She feels even the triage person's notes don't seem to be passed on, no good lines of communication.

One of the best experiences she has had in the last 3 years with the NHS, her husband lives with serious chronic long-term health conditions, he has a ventilator and is peg-fed. He became unwell one Saturday (not uncommon), and they couldn't get a GP appointment or be in touch with any other services, so someone suggested they call 111 which they did. 111 called them back within 10 minutes, went over the details of what she had tried to do and came to the decision that the gentleman's wife knew what she was talking about, she is his carer and used to managing his condition, they agreed to prescribe the medication she suggested. It was delivered to their home within 1.5 hours. This potentially prevented hospital admission if the condition had been left untreated over the weekend.

I needed antibiotics for a re-occurring condition but couldn't get them without a GP appointment and not a chance of that the same day. I called 111 and they triaged me, rang back after a short wait and was prescribed antibiotics which prevented my condition from getting worse. I was very happy.

I called 111 a couple of weeks ago, and they kept me waiting that long (45 minutes) it was on a Wednesday. The message just kept saying you are in a queue please wait, in the end, I gave up and put the phone down. I felt so poorly and thought I couldn't sit here and keep listening to this message, I just went to bed. It then took me a week to finally get an appointment with my GP. I asked the lady if she had tried the extended/out-of-hours GP service. She had in the past 3 times and never got her call answered. I really feel I have been abandoned, I have lots of health conditions and can't most of the time get past the GP receptionists or an appointment within a reasonable time and repeatedly told to call NHS 111. Are they now a replacement now for the GP service?

A lady became unwell and as she speaks little English, her daughter called NHS 111 when she relayed the symptoms, they sent an ambulance.

A lady then commented that it is hard enough to get a GP appointment within the hours, let alone outside and others agreed. Two people thought it was the 7-day access they called and were unaware of the changes or new numbers to call. Most of the people in the room were not aware of this service and wouldn't know what number or how to access it and feel this needs more promotion. A lady said it's one of the world's best-kept secrets.



One of the ladies translated for me and asked if anyone had any language barriers accessing the NHS 111 service, the ladies who had used it. One lady who says she speaks broken English managed to get her symptoms explained and the NHS 111 call operator was very patient, so they got by, she wasn't offered an interpreter. Previously when she had a GP appointment an interpreter should have been there, but they didn't turn up, she then muddled through the appointment with a family member. The surgery then took the flag off her file to say she needed interpretation, so now must manage without. The lady told the group that it can be difficult and frightening when you can't fully be understood, and you are in pain and unwell. Most of the group didn't know before the focus group what NHS 111 was or what services it offers, two asked what number they would call to contact them. Nobody had used or heard of NHS 111 online. One of the ladies asked what number you would call to contact NHS 111.

A lady said joking apart today we have heard information about two services that seem to be secrets in Oldham – why is this? Do they not want people to use these services? We should know about these alternatives. We at SAWN consider ourselves to be well informed/clued up about services and share all the information we get, and we didn't really know fully about NHS 111 or most of us have not heard about the GP out-of-hours service.

A person asked why the GP receptionists don't inform you about these services.

A lady feels that everything is being geared online and feels that this isn't accessible for everyone. Also, what about the people who are lonely or isolated, sometimes seeing a GP may be one of the few people they talk to too. She feels surgeries where possible in a few areas should have a Chatty café, this could help cut down GP appointments.

**We were asked the following questions by the group about the NHS 111 service:**

Who is the provider of this service? Do they have to tender for it? Are any patient representatives involved or lived experience groups involved in the process, i.e., people from different backgrounds?

Is the info passed on to your GP or other health professionals, as it appears they do seem not to communicate even between themselves?

This service seems to be a bit like a secret. I am not sure anyone fully understands its remit, there needs to be more publicity and openness.

### **Focus Group 3, hosted by the British Red Cross, facilitated by Healthwatch Oldham.**

A focus group was hosted by the British Red Cross which supports refugees and asylum seekers in Oldham. As part of their support, they offer a drop-in session weekly held in a local church. Nine males took part in a focus group, eight of them were aged between 25-30 and one was aged 57. They all lived in surrounding areas within Oldham, three of them living at the local hotel and are currently seeking asylum. They originated from: 2x Palestine/2x Syria/2x Sudan/1xAfrican/1x Namibia/1xBotswana.

Three of the group had not heard of NHS 111 at all, two had heard of it but were not really sure what it entailed and four of the group had accessed the service. I explained about the service and how you can access it by dialing 111 (freephone number) or online and they all thought this was a great resource, albeit there were some concerns around language barriers and if needed they would have access to someone who spoke their language. Most of the gentlemen could speak some level of English but were worried if they were unwell and panicking if they would be understood, they wondered if anyone could speak on their behalf and if using the online option if there was access to a translator.

The service appealed to the group as they may not need to travel to get advice or may be able to collect a prescription locally and they can contact for free, as they have limited money to finance travel and mainly walk to places.

Most of the gentlemen told me that when they didn't use or know about the service and didn't/or couldn't access the GP, that they rested or went to sleep and tried to get themselves well. Two of the gentlemen visited A &E, one said that the, NHS 111 would have been a better option had he known about it.

#### **The four gentlemen who used the service gave this information:**

1. The gentlemen who used the service knew about it because Healthwatch Oldham told him when they attended one of the monthly information sessions that they held at the drop-in. He had a toothache and no dentist; his GP could not help so he called NHS 111 (had to hold on to be connected for nearly 1 hour) it was 3.5 hours later before he got a call back. They then made him an appointment to see an emergency dentist, he had an infection in his gum and had to go back again after 6 weeks, it was painful, and he was glad they could help him and signpost him.
2. The gentleman had only arrived in the area a few days before he became unwell and hadn't registered with a GP, they were insisting that he needed proof of name and address which he didn't have as his paperwork was being processed and there are long delays, it was suggested he ring NHS 111 by the surgery he did have some struggle with the language barrier (wasn't offered a translator) but got the advice and medication that he needed.
3. A gentleman has asthma, and he was having a bad attack and was worried, he called the service, and they made him an appointment to see an out-of-hours GP in the Integrated Care Centre in Oldham and gave him advice on how to use his inhalers differently until he attended the appointment. This reassured him.
4. A who was 57 has used the service several times as he has severe back pain and is now waiting for surgery, sometimes they haven't been able to help him and said he needs to contact his GP. But have helped and given advice where they can.

#### **Focus Group 4, hosted by Age UK, facilitated by Healthwatch Oldham**

I attended a luncheon club hosted by Age UK and spoke to a group of 10 ladies all aged 75+ from a white British background. 7 out of 10 of the group have access to the helpline if they need emergency support and most said they would call them first if poorly and out of GP hours.

One lady hadn't used them as some of her family had negative experiences, waiting for a while for the call to be answered or hours to be called back following triage. She said you just don't have patience for this when you are feeling unwell.

I explained to the group the background of our research and gave an overview of what NHS 111 offers.

Everyone in the group had heard about NHS 111, 2 people had used the service:

1. It was a brilliant service, my son suggested we call when my husband felt ill in the evening, it took 15 minutes to be connected. They sent a paramedic and then decided he needed to go to hospital, so they sent an ambulance. At the time we had not realised it was an emergency, so were glad they called them.
2. I was stung by a bee and was worried, NHS 111 arranged for a prescription for antibiotics to be sent to my local pharmacy.

The group weren't all fully sure what the service offered, they mainly thought it was for advice and as they haven't previously been used to such services, said they just get on with things, and that's how it had to be with their generation, self-medicate or wait until they can see their GP. They said they would be more receptive to calling 111 now they know more about the service if needed in the future. They thought more awareness was needed about the service.

One of the ladies uses the NHS & Patient App and considers herself I.T savvy, so surprised herself with how little she knew about the NHS 111 service.

#### **Focus Group 5, hosted by Fatima Women's Association and hosted by Healthwatch Oldham**

I attended the Fatima Women's Association group; 18 ladies were present during the focus group of mixed ages from South Asian backgrounds. Two ladies kindly helped to translate into Urdu and Bengali.

Very few of the group had accessed NHS 111 services mainly for the following reasons: Heard of long waiting times for callbacks, preferred self-care with home/traditional remedies, used the pharmacy if open, waited to see GP and unsure what the service offers or if they will offer an interpreter. A few of the ladies said their families would have previously gone into the walk-in centre in Oldham, as this was a really good resource for them. They wanted to know why this service wasn't available, a few ladies thought this service was still available.

One lady called 111 as she had a toothache and she didn't have an NHS dentist, they made her an appointment with an emergency dentist the following day who removed the tooth and she was very grateful. She said otherwise she would have visited A&E and has since been told that they wouldn't have been able to help and that she would have been signposted to the emergency dental service, so this would have been a waste of time for all concerned.

A lady with younger children shared she had called the service a few times, but then by the time she got a call back (once 6 hours later) the child was asleep or settled in bed and she was asked to take them to Go to Doc to see a GP, this then meant waking the child and getting a taxi in the night on her own, or sending her husband as she had other children. She won't now use this service.

Another lady had two experiences of 111. The first one was the lady wasn't feeling well, she gave the information about her symptoms at the time to 111, she was in Rochdale with family at the time they sent her to urgent care for bloods, which showed she had low iron levels and that she needed an infusion of iron which they did straight away, she was then told to visit her GP for a further blood test to check her iron levels. When she went to see her Oldham GP, he wanted proof that her iron levels were low, as the test result hadn't been sent over from Rochdale to her medical records. She felt like she was making this up and that they didn't believe her. So, this delayed everything. The second situation was that her elderly mother who doesn't speak English was experiencing breathing difficulties and indigestion-type chest pain, they called 111 and waited a few hours for a call back from a clinician. They were then advised that they needed to go her to A&E ASAP, and an ambulance could be called but there was a delay and if they had a car to take her themselves, which they did. There was a wait on arrival @ A&E of 4 hours. They weren't offered an interpreter when calling 111, however, the Doctor they spoke to was able to speak Urdu, their native language.

A lady rang about her young son, and they advised her to take him to A&E, she had waited 4 hours for the callback and had been sat by the phone until the early hours. She then wished she had gone with her gut feeling and gone to A&E sooner.

Another lady always consults the pharmacy, even using the local 24-hour one, before going any further to contact other services like 111, as she knows the demand is high.

A lady shared that she hadn't ever used 111 as she was a retired Doctor in A&E and if necessary, called her medical friend for advice and direction. She is aware of the challenges these services and A&E have. She assured the group that the staff in A&E are never not doing anything, that they were all in the background working hard to look after patients and they see people in order of priority.

There was then a debate amongst many of the ladies, where they felt that particularly since Covid the service they receive from their GPs has depreciated and isn't what it used to be, that they can't get appointments, rarely get to see the GP in person or deal with the same GP (no continuity) and seems run like a business. They feel that the trust in this service is reducing. When they call into the surgery there are usually only a few patients in the waiting room, even if several surgeries are in the building. They also said that this can happen in A&E and that the wait time can be hours, but only a few people are in the waiting room. HWO tried to explain that the GPs are doing telephone appointments and that in A&E people are coming in by ambulance and in cubicles behind the department reception, about capacity etc. One of the group, also tried to explain this. They then asked if the receptionists at the GP surgeries only work at 8pm for a short while as that is when you are told to call, we explained that there is only a certain number of appointments available, hence why you are told to call early, then triaged to prioritise appointments, and assured that the receptionists are there all day. Another lady said that there is no sense of communication, you have to repeatedly tell your story, like you are not being heard and this can be inconvenient.

A young Mum rang 111 about her son, and after being triaged was advised someone would call her back, this never happened and she ended up taking him to Urgent Care Centre in Rochdale the day after, they carried out tests and prescribed some medication.

No ladies in the focus group had not heard of NHS 111, however, there was some uncertainty about the services they offer. They would like more information about this and if possible, in different languages.

## **CASE STUDY: NHS 111**

An individual rang NHS 111 during the weekend regarding concerns about her husband's health. The call handler took all the details and was good and said she would pass the details on to a clinician. The lady's husband has long-term health conditions, including multiple sclerosis, PEG (percutaneous endoscopic gastrostomy) fed and uncontrolled epilepsy. She was told someone would ring back within 2 hours, it was 5 hours later, and there was no apology for the delay.

The Doctor asked to speak to her husband, she explained that he can't always be understood particularly as the day progresses, that they have consent for her to speak and it hasn't been a problem when previously calling. The Doctor wouldn't accept this and said I can see on the notes that it is you who usually rings. The individual had just nipped out to get something from the shop, so she asked if they could call back in a short while when she had got home, which they did. She put her husband on the phone, and he answered yes to the doctor's question, she felt this wasn't verification it was him as it could have been anyone.

The individual told the Doctor that she is used to her husband being unwell and can tell when something else isn't right other than his usual symptoms. She said that she felt he had a UTI infection. The doctor asked how she would know this and she responded by saying that she recognized the from when he had UTIs previously and usually would get an emergency pack made up, that her husband had already had two seizures that day and it was only 4pm, he had a temperature and if they didn't get this under control he would end up in hospital. The Doctor was reluctant to prescribe medication without a water sample. In the end, after some persuasion he agreed, however, insisted she take a water sample to the GP Surgery on Monday.

The individual feels she is doing her best as a wife and carer for her husband, and this situation and the lack of empathy and poor attitude of the Doctor led to her feeling very low, questioning "Can I keep on doing this?"

The individual contacted us about this as she had previously completed a survey about her NHS 111 experience when her husband had a UTI, and on that occasion, she told us of the wonderful treatment and how understanding the Doctor had been.

## Engagement carried out by NHS Oldham ICP- Exploring the usage and experience of the NHS 111 in Oldham

### Focus Groups

Alongside promoting an online survey which received 175 responses, NHS GM worked with Healthwatch Oldham to explore the thoughts, views, and feelings of Oldham residents around NHS 111 via a variety of focus groups throughout August and September 2023 with key groups which have been summarised below.

We worked with a variety of voluntary sector organisations to attend their groups, coffee mornings, meetings and drop in events. This has included First Choice Homes, Action Together Community Explorers, the Holiday Activity Fund provisions organised by Oldham Council, PCN led events and via the staff at Childrens Centres. The below summarises the discussions held with 2 target groups identified from the usage data: parents and the elderly.

### Key themes taken from discussions with both include:

#### Parents

- Through the nature of accessing parents, it was a less traditional focus group style and more individual / small group conversations around completing the survey
- 87 parents were spoken to, of which just over half had used the 111 service (58%)
- The most common reason for using the service for this group was because they couldn't get a GP appointment, followed by 'it needed attention but wasn't an emergency' and closely third by the fact the query was out of hours
- The most common outcomes of using the service were receiving a prescription, or being sent to A&E. This was followed by being referred to the ICC/Ashton/Tameside to be seen
- The most common answer given (mode) when asked to score the service out of 5, was 5/5 (22 respondents). Overall, the service was scored highly.

#### The Elderly

- 20 elderly people, 75% of which had used the 111 service
- Nearly all participants used the 111 Phone service and not the online service.
- The experiences seemed more negative than those of parents, they often commented on how long the wait times were, or how long it took for someone to call them back
- Majority of the elderly people spoken to were ringing on behalf of a loved one (neighbours, spouse's, children or grandchildren)
- Similarly, to parents, a common outcome of using the service was to gain a prescription but for the elderly groups, it was also used commonly for advice

### Recommendations / Ideas to suggest for a localised Winter Campaign

- Communities appear to have knowledge that the 111 service exists, and those who hadn't used it said it was because they hadn't needed it, rather than not being aware of it. So, we should look to promote locally what 111 can be used for (to source content from NHSE)
- To promote 111 online for those who can use it, as most people spoken to used 111 on the phone and commented on the wait times in a negative way
- Encourage and promote NHS App Training in communities, working with libraries teams or other community-based provisions for things such as repeat prescriptions
- Printed information in GP surgeries or other community venues such as libraries were regarded as being the most helpful information, because people could take it home
- Any communication produced need to ensure we are building confidence; confidence in the community to use it, and confidence in the service that they are trusted medical professionals who will get you the help you need. Strong historical feeling of trusting the doctor and preferring to speak to the GP