



# Experiences and opinions of NHS 111 First in Northamptonshire

August 2021



help us  
help you

## Contents

Contents.....	2
Summary.....	3
Key findings.....	4
Use of NHS 111.....	4
Experiences of phoning NHS 111.....	4
Experiences of A&E and booked time slot.....	4
Knowledge of and opinions about NHS 111 First.....	5
Recommendations.....	7
Background.....	9
Method.....	10
What people told us.....	11
Use of NHS 111.....	11
Experiences of phoning NHS 111.....	12
Experiences of A&E and booked time slot.....	16
Knowledge of and opinions about NHS 111 First.....	18
Experiences of 111 shared through other surveys.....	23
Acknowledgements.....	25
About Healthwatch North and West Northamptonshire.....	25
About Connected Together.....	26
Appendix 1 - Survey questions.....	27
Appendix 2 - Survey respondent demographics.....	30
All survey respondents - basic demographics.....	30
Basic and further demographics of those who attended an A&E time slot.....	31
Appendix 3 - Interview notes.....	33
Contact us.....	37

### Summary

NHS 111 First is a new national programme, which encourages people with an urgent, but not life-threatening health problem, to contact NHS 111 before attending an Emergency Department (A&E). By doing this they can be directed straight to the right service for their needs. The new system went live in Northamptonshire at the end of 2020. With NHS Northamptonshire Clinical Commissioning Group (CCG), Healthwatch North and West Northamptonshire sought to find out what people thought of this new service and to hear the experiences of those who had used NHS 111 since the new service began.

We were particularly interested in hearing the experiences of those who had phoned NHS 111 and been given a time slot to attend A&E. Nine of the people we spoke to had this experience and were mostly positive about the service provided by 111 and A&E. They also felt that the time they had to wait to be seen in A&E was reasonable and gave some suggestions about how the experience could run more smoothly, including having a separate reception in A&E.

We also heard from those who had phoned 111 but were not given a time slot for A&E as other outcomes were more appropriate, such as an ambulance being sent. Four of the eight people we interviewed had experienced communication difficulties when using 111 on the phone and online and made suggestions for how the service could be improved for people with difficulty hearing or understanding.

Survey respondents with a hearing impairment or hearing loss also highlighted the difficulties they faced accessing a telephone-based service.

The majority of both those who had needed urgent care recently, and those who had not, thought that contacting NHS 111 First to book a time slot at A&E before attending was a good way of accessing urgent healthcare services, although more of those with a hearing or sight impairment had concerns. Over three-quarters of all survey respondents said they were likely to call NHS 111 next time they had an urgent medical problem.

Comments from those who thought the new system was a good idea showed a belief that having a time slot booked could reduce the time they had to wait. However, some of those who had used the new system did not feel that the waiting time was reduced, highlighting a need to clarify what people could expect from this aspect of the service.

#### CCG Comments

Our thanks to Healthwatch for undertaking this valuable piece of analysis.

We acknowledge the comments made within the feedback and through the 111 First / streaming group we will seek to address the comments and recommendations made particularly in reference to how we communicate and set expectations. This will help us to refresh our communication plan but also inform the priorities as we roll out the streaming and re-direction tool.

Managing people's expectation is really important and the information that 111 provide to them is key - particularly around informing patients that they are being given an arrival slot as opposed to a set appointment time.

The comments about patients being kept informed whilst in the department for example, wait times and where to go etc; is valuable and we will work with the A&E teams to address this and indeed the teams are already looking at bringing in some additional screens on which we can share notices/wait times and relevant patient information whilst in the department.

We will work to incorporate the findings and recommendations in this report into our communication strategy whilst also continuing to seek on going opinion from users on the actions we take.

### Key findings

#### Use of NHS 111

- One-quarter of the 131 survey respondents (25%, 33 people) felt they had needed to attend A&E since 23 October 2020, when the NHS 111 First system was introduced in Northamptonshire.
- 22 of the 33 survey respondents (63%) who felt they had needed to attend A&E had called NHS 111 before attending. Reasons for not calling 111 first were that it was a crisis situation and/or they felt going directly to A&E would be quicker.

#### Experiences of phoning NHS 111

- Eight of the 22 survey respondents (36%) who needed A&E and did phone 111 and one of the eight people interviewed were booked a time slot at A&E.
- Going to A&E by ambulance, being called back by a health professional (some more promptly than others), making their own way to A&E, or being sent to another service were the main outcomes of calling 111 for those who did not have a time slot booked at A&E.
- Four of the people interviewed highlighted communications issues that made it difficult for them to use 111 on the phone and online, including finding the automated options menu and questions confusing (particularly those with dementia, learning disability and those for whom English is a second language). One person had been hung up on in the past because their condition caused slurred speech and one struggled to hear the questions.

“There needs to be more support for those who cannot hear on the phone and just the option of going online is not good enough.”

“It would help if the 111 phone menu had an option saying “if you are unsure about what you are being asked please press...” to help those who are confused by the questions.”

---

- Five survey respondents also highlighted the issues people with a hearing impairment or hearing loss experience when using 111, especially that accessing the service was difficult for them, that they needed to rely on others to phone for them and how they felt worried about falling ill or excluded from using services.

“NHS 111 is not accessible for the deaf and hard of hearing who cannot hear on the telephone. What alternative methods have been put in place? We shouldn't have to worry about finding people to telephone on our behalf especially for families that all have some level of hearing loss.”

---

#### Experiences of A&E and booked time slot

- Seven of the eight survey respondents who had a time slot booked at A&E found this to be a very good (six) or good (one) experience from 111.

- Once they arrived at A&E, four of the eight said that A&E were expecting them, with the other four not being sure, and three of the eight said that A&E did have the information they had provided to 111.
- Seven of the eight felt that the time they had to wait between arriving and being seen was reasonable.
- People had different opinions about whether having a booked time slot impacted in how quickly they were seen. Three people thought that the time slot did have an impact.
- Most people had a positive experience of attending A&E by this route. Seven of the eight people rated their experience as ‘very good’ (four) or ‘good’ (three).
- Two said they were seen quickly and one that they were seen in a reasonable time. One other person said it was efficient, another that it was a good process, and another that it was a good way to triage and that this should be promoted to encourage people to call 111.
- Two people felt that some information was lacking (about where services were and who could visit), and one suggested a separate reception would help as they had to queue outside at the time of their booked slot.

“Even though I had an appointment booked and arrived 10 minutes before the appointment time I had to wait in a queue outside for 30 mins before I could get to the desk to tell them I had an appointment. I think a separate queue or desk for people with appointments should speed this up even more.”

“Very smooth process and I think the receptionist in A&E was expecting me, it took her some time to find my records. I was directed to the Minor Injuries and Minor Illness (MIAMI) clinic and waited to be seen. In MIAMI there was no indication on what you should do ... there was no indication on how long you should expect to wait. ... Good process just let down by a lack of information and clear instructions [in MIAMI].”

---

### Knowledge of and opinions about NHS 111 First

- 37% of the people who completed the survey were already aware that NHS 111 could book a time slot for A&E.
- Three-quarters (75%) of people thought that contacting NHS 111 First to book a time slot at A&E before attending was a good way of accessing urgent healthcare services rising to 81% when just looking at those who were already aware of the service and 91% (20 of 22) when looking at those who had needed A&E recently and had phoned 111 before attending.
- Fewer people with a hearing or sight impairment thought it was a good way to access urgent healthcare and had reservations about the service, although 64% (18 of 28) still agreed it was a good idea.
- Having learnt that 111 could book a timeslot for A&E, over three-quarters (78%) were either very likely (50%) or somewhat likely (28%) to call NHS 111 next time they had an urgent medical problem. Seventeen people (13%) were very unlikely (8%) or somewhat unlikely (5%) to do so.
- One-quarter (25%, 7 people) of the 28 who said they had a hearing or sight impairment were very unlikely to call NHS 111 next time they had an urgent medical problem, and a further three people were somewhat unlikely to. Eighteen people (65%) were likely to call 111.
- Comments from those who thought the new system was a good idea but had not used it showed a belief that having a time slot booked could reduce the time they had to wait.

However, some of those who had used the new system did not feel that the waiting time was reduced and two others highlighted that people could expect shorter waiting times from this system and be disappointed if that was not the case.

“I believe having an appointment system for more minor illnesses and injuries is beneficial to the NHS and the individual. If properly structured and used it will allow for shorter waiting times and reduce pressure on the surface.”

He has seen how busy A&E is and did not know that 111 can book you in for a timed slot. He said that if this was known people would probably be more inclined to call 111 rather than just show up. He thinks that slot booking is a good idea if you are actually seen quicker, but that people will get irate if they have a slot booked and it doesn't make any difference to the time waited.

- 
- Others told us about previous positive experiences of using 111 and suggested the need to educate people about how to use 111 and when to attend A&E.

“More information needs to be out there to make people aware of all the benefits [and what] calling 111 [can] do.”

- 
- Those who did not think NHS 111 First was a good idea had concerns about being misdiagnosed or delaying necessary care, especially if people call 111 when they should have called 999. They also highlighted the need to ensure A&E is only used in emergencies.

“Polite and courteous people may well [wrongly] use that number when their needs may be very serious and life threatening. I have severe reservations that the ‘turn up at the front door’ people ... would be disadvantaged because they didn't use the ‘system’. A great deal of thought and trials needed before any roll out. People need to have confidence in a new system. And that takes time.”

---

## Recommendations

1. Those who had been booked a time slot at A&E had a good experience of this process, but they were not sure whether being given a time slot resulted in them being seen more quickly. People may expect to be seen quicker when booked a time slot and could be disappointed or become irate if they are not seen as quickly as they expect. 111 operators should make it clear to people what to expect when they arrive at A&E and publicity of this service should also set realistic expectations.

### CCG Response

The DoS instructions do stress that the slots are arrival times. The information given to the caller is that they will not necessarily be seen at that time; emergency departments work on clinical priority basis so they may still have to wait but the department will be aware they are coming. Will review our communication messaging to further support this.

2. Some people find it difficult to understand the automated menu options/information and triage questions asked when they phone 111, especially those with difficulty hearing and other problems communicating or understanding. Adding a menu option to be able to speak to an operator for assistance earlier in the process could help, especially while there are additional messages giving information about coronavirus. People should also be made aware that they can ask for reasonable adjustments to be made, such as asking people to speak more slowly or using easier language, and asking for an interpreter, although they are currently not able to request this from an operator until they have understood and progressed through the automated messages.

### CCG Response

The suggestion regarding earlier help and access to interpreters has been passed to NHSE/national team to look at how we can respond to this. The implementation of Natural Language Process will help (NHSE are looking at this). Staff at 111 will be reminded about reasonable adjustments for communication difficulties; they are trained to do this as standard but reminders are always good

3. The online version of 111 is also difficult for some people to use. The link to interpreters for other languages, British Sign Language (BSL) interpretation and Easy Read guidance could be made more prominent from the 111 homepage (111.nhs.uk).

### CCG Response

We will share this feedback with the national NHS digital team and see what can be done to improve access/usability.

4. Continue to educate people about the services 111 can provide, including how they can access 111 via text relay and BSL. Promote 111 as a triage service that can book A&E slots and GP care, arrange a call back from a health professional or send an ambulance as necessary. Reassure people that urgent care won't be delayed, but to use 999 in an emergency.

### CCG Response

The local 111/first / streaming group are re looking at the communications to consider

- promotion of 111 as a positive triage service for A&E, the benefit of getting an appointment through 111 means you do not have to go through the new streaming questions on the IPADS
- review of signage and information in A&E for further visits about the benefits of using 111

We will also look at taking on board some of the comments made:

“It is good to see the information on the screen in A&E (it is the only thing to read) - maybe some communication about slot booking would encourage people to call and be triaged that way rather than going to the GP or showing up at A&E.”

“More information needs to be out there to make people aware of all the benefits [and what] calling 111 [can] do.” - generating a positive message.

### Background

NHS 111 First is a new national programme, which encourages people with an urgent, but not life-threatening health problem, to contact NHS 111 before attending an Emergency Department (A&E). By doing this they can be directed straight to the right service for their needs. The new system went live in Northamptonshire at the end of 2020.

The purpose of NHS 111 First is to:

- Protect A&E for those whose need is most urgent
- Signpost and support the public to receive the right care in the right place, first time
- Reduce waiting times for treatment
- Reduce the risk of COVID-19 transmission in A&E settings

The NHS 111 service will take some details from patients to ensure they are directed to the right service, first time.

If A&E is the right service for them, a time slot will be allocated to help ensure social distancing is maintained and help to keep the public and NHS service safe. Staff will be on hand within A&E departments to direct patients to the appropriate part of the waiting room or advise if there are any delays.

If it is determined another service is better placed to provide treatment to a patient, they will be redirected to that service by NHS 111 and where possible an appointment will be booked for them.

Patients arriving at A&E without contacting NHS 111 beforehand will not be turned away. A clinical navigator will confirm if a patient needs to be seen by a doctor in A&E or if there is another service which is more suitable to treat them. Patients who need to be seen within A&E will be treated according to clinical need but may be subject to longer waits than those who have come through the NHS 111 First route.

Northamptonshire was selected as an early implementer of the programme and piloted it from late October 2020, prior to the national launch on 1 December 2020.

With NHS Northamptonshire Clinical Commissioning Group (CCG), Healthwatch North and West Northamptonshire sought to find out what people thought of this new service and to hear the experiences of those who had used NHS 111 since 23 October 2020.

# Method

## Survey development

Survey questions were designed with Northamptonshire CCG to find about people's experiences of using NHS 111 First since 23 October 2020, including how they had found the process of being booked a slot at A&E, if they had, as this was the new service we were most interested in. We also included questions asking about people's opinions of the service and of NHS 111 so that those who had not recently used NHS 111 could still contribute.

Some demographic questions were asked of all respondents and further demographics was asked of those who had used the services to allow investigation of any inequalities.

## Survey distribution

The online survey was shared on the Healthwatch North and West Northamptonshire website, social media channels and email newsletters. It was also publicised with a press release and shared on social media by other health and care organisations in the county. Paid Facebook advertising was used to enhance the reach and the social media posts were also shared directly into local Facebook groups.

The survey was also distributed by Deafconnect in their Hard of Hearing client newsletter.

The survey was open from the end of January 2021 to the end of May 2021.

## Interviews

Eight people were interviewed over the telephone about their recent experiences of phoning NHS 111. One was recruited through the survey publicity and the others via social media and word of mouth.

## Other feedback

Healthwatch England ran a survey asking people about their experiences of NHS 111 during December 2020 and January 2021. Eleven people from Northamptonshire responded. Two other shared their feedback of NHS 111 in Northamptonshire with Healthwatch England in their general survey about health and care experiences, one in January 2021 and one in June 2021.

## Data analysis

Survey data was analysed using quantitative and qualitative techniques. Qualitative survey data and comments were coded and themed.

## Limitations

As the country was in a national lockdown during the period to survey was open it was not possible to engage with people face to face or visit A&E or patient groups to seek out respondents.

A limited number of people had used the new NHS 111 First service and even fewer had been booked a slot at A&E so the sample size is too small to make meaningful conclusions from quantitative data or the further demographics.

## What people told us

- 131 people responded to the survey between the end of January and end of May 2021. 33 people felt they had needed urgent care or A&E since 23 October 2020, 22 of whom had called NHS 111. The remaining 98 people shared their views about 111 and the new time slot booking system. See Appendix 2 for the demographics of the respondents.
- Eight people were interviewed about their experiences of phoning NHS 111.
- Thirteen people from Northamptonshire gave feedback to Healthwatch England about their experience of using 111.
- All figures given are percentages of the answers received for each question, unless otherwise specified.

### Use of NHS 111

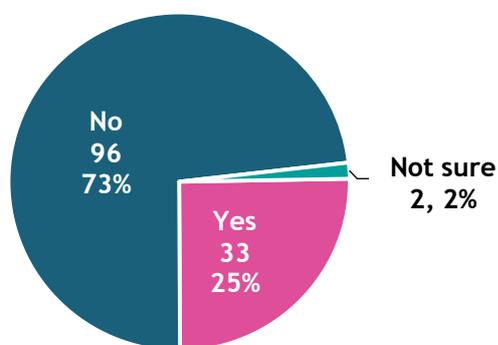
*Since 23 October 2020, have you felt you needed to attend A&E?*

One-quarter of survey respondents (25%, 33 people) felt they had needed to attend A&E since 23 October 2020, when the NHS 111 First system was introduced in Northamptonshire.

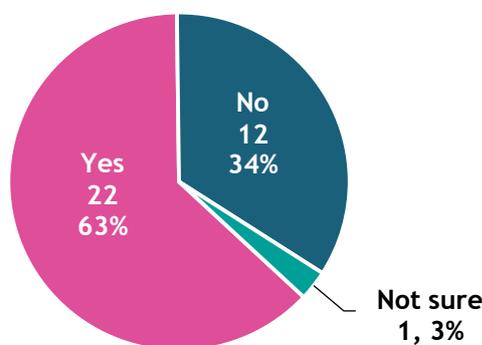
*If you have needed A&E since 23 October: Did you call NHS 111 first?*

Of the 33 people who felt they had needed A&E, 63% (22 people) had called NHS 111 before attending A&E, 17% of all 131 survey respondents.

Need for A&E since Oct 2020



Called 111 first when needed A&E



Five of the 12 people who did not call 111 told us the reason why or gave another comment. Most of them explained that it was a crisis situation and/or they felt going directly to A&E would be quicker, for example:

“I knew about the slot booking only because my friend works in the A&E department, but I was in so much pain I had to attend. I called a taxi as I thought this would be quicker than being on the phone so long like when I have called 111 before.”

“I went to A&E because of an injury that caused heavy bleeding from my head. I felt it was quicker than waiting for an ambulance as I live so close to the hospital. I think it takes too long to call 111 even though my issue was more of an emergency.”

“I had Covid and felt particularly unwell on one day and thought I needed A&E. Fortunately it passed.”

## Experiences of phoning NHS 111

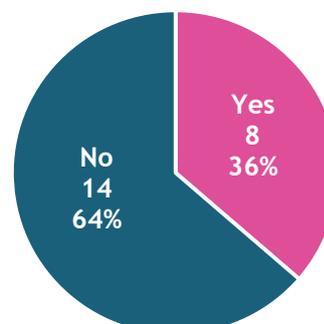
Eight of the 22 people who needed A&E and did phone 111 (36%) were booked a time slot at A&E - 6% of all the survey respondents.

The 14 people who were not booked a time slot at A&E were asked to tell us the outcome of their 111 call.

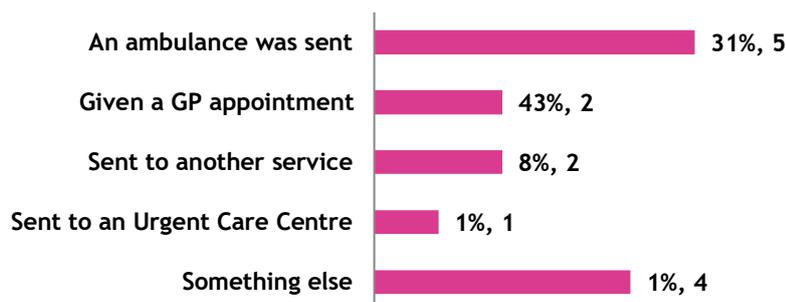
Five people said an ambulance was sent and five people were sent to a different service - two were given a GP appointment, one was sent to an urgent care centre and two were sent to a different service.

Of the four that told us 'Something else', one said they were told to call 999 for an ambulance, and three were called back by a health professional (see above for comments).

Phoned 111 and were booked into A&E slot



Outcome of 111 call (not resulting in A&E slot)



## Views and experiences of those who did call 111 but were not given a time slot for A&E

### Survey comments

Those who phoned 111 but were not offered a time slot at A&E were offered the chance to tell us more about their experiences.

Four people shared their experience of being called back by a health professional - two very promptly and two experiencing a longer wait, which increased worry:

“Received a very prompt call back from a health professional at 111 who checked symptoms, advised on medication and said no need to attend A&E.”

“Excellent service. We called 111 and all within one hour we spoke to a doctor who called an ambulance, then the ambulance arrived, paramedics did lots of tests and then took my wife to Kettering Hospital where she was admitted. Amazing - told everyone given the negative press you get!”

“My mum had extremely high blood pressure and did not want to go to A&E, I called 111 at 3.30pm on Good Friday and after two calls to see if I could talk to someone they called me back at 11.30pm to say there was no point in coming out as they could not do anything if she was having a stroke and just to take her to A&E if we were worried. It turned out she had a UTI and inner ear infection which could have been dealt with quickly on the Friday/Saturday, as a

result we had to worry and stress until I could get to see her GP on the Tuesday after. I am concerned that trying to do these things over the phone electronically is not a good way to go. It delays treatment and causes a LOT of stress in the meantime.”

“We called at 7pm, told we’d get a call back in two hours. I missed the call at 9:20pm when I was helping my unwell partner to bed, they left a voicemail telling me they’d try again in 20 mins (9:40pm). We received a call back at 4:45am - some 7 hours later - not acceptable!”

One person who works at one of the county’s hospitals felt that having a time slot booked could lead to people having wrong expectations that they will be seen quicker:

“I only know about the service because I work at [hospital]. I don’t think it’s a good idea to have a booked time slot because people’s expectations are that you are seen quicker. I understand what an urgent medical issue is, but others do not, this is the problem! Also, having a booked time does not seem to improve your wait time. It is better that the calls are filtered through 111 to another service so this should be continued, possibly more awareness around this should be done to encourage those not to turn up to A&E. People need to be made aware that they can have other appointments booked for other services via 111 and that they will be sooner appointments than if they were to be directly booked with their own doctors.”

One person told us more about their experience of an ambulance being sent and one felt that people were not being seen enough because of the coronavirus pandemic.

### *Interview feedback*

Six of the eight people we interviewed had phoned NHS 111 but not had a slot booked at A&E. An ambulance was sent by 111 for three of them, all of whom had a pre-existing condition or disability and one had also had an accident. Two others attended A&E after advice from 111 to do so if the patient’s condition got worse (one young child and one person with a learning disability). One person did not attend A&E and had difficulty understanding the questions asked by 111.

### Things that went well

**Two of the people who went to A&E via ambulance highlighted ways this was beneficial:**

- 111 sent an ambulance for a patient with Leukaemia because they were aware of their medical condition, and they were admitted quickly - this was an important intervention as the patient “did not want to be a bother” to 999.
- 111 sent an ambulance who to a patient with dementia who had banged their head as it may have worsened his condition. The 30-minute wait for an ambulance was acceptable. The patient did not have to wait in a waiting room when they arrived at A&E. This was beneficial as busy environments can confuse the patient. He says that he is always seen quickly and efficiently and always asked if he requires more support when he is admitted.

“I know it is because of my current condition that the NHS is more cautious with me. If I did not have dementia, I think I would have been sent to A&E instead.”

### Things that did not go well

**Four of the six people highlighted communications difficulties when phoning 111:**

Three people found the automated options menu confusing - one person with dementia and difficulty hearing, one with a learning disability, and one who speaks English as a second language and also found it difficult to answer the questions asked by the phone operator. They also find the online service difficult to use:

- Mr X said that he had tried to call 111 for another reason (earlier in the year) previously but could not hear all the options over the phone and this is not helped with his early onset dementia. This time he asked his wife to call instead. When she raised the issue of him not being able to communicate with them directly, they were told to use the online 111 service.

“Not only can he not use anything online, he would also not be able to hear the instruction to do this very well.”

- Ms Y has a learning disability and said that all the options on the phone confused her so much that she just pressed anything and they eventually put her through to where she needed to be.
- Mr Z speaks Hindi but his English is good enough to hold a conversation. He said that there was a lot of information to take on board not only with the automated message but also when the 111 operator asked him about bleeding and being awake, etc. As someone who is not from this country, he found this difficult but also felt that they were questions for health professionals and could answer yes or no to both. He tried to use the online 111 service once but said it was “useless” and he prefers to talk to someone as it feels like something is being done.

Another person told us that they had been hung up on by 111 on two previous occasions because they could not understand what he was saying - he has slurred speech due to his medical condition. Previously he gave up seeking help until he could see his GP and the delay may have caused his condition to worsen. This time someone phoned on his behalf.

### **One person phoned 111 because they could not get a GP appointment for their stomach issues:**

Ms Y was given a call back from her doctor and told her if the pain persisted to attend A&E, no slot booking was offered. She attended A&E and was told it could be a side effect from her newly prescribed medication. A replacement was given. She said that this could have been done over the phone when she first spoke to the doctor and could have saved her the wait, anxiety, and the doctor’s time in A&E.

### **One person was sent an ambulance by 111, which took one hour to arrive. They would have preferred to have made their own way to A&E with a time slot as it would have been quicker.**

### **Suggestions for improvement**

### **Four people suggested how to improve communication by 111, such as simplifying the questions asked and having mechanisms to support those who are struggling to communicate:**

“When a person has difficulty with all forms of communication there needs to be more support and intervention at the initial stages. If it is clear on the phone that someone is struggling to communicate there needs to be some sort of follow up to ensure that they are attended to. If someone is calling knowing they have these access issues, then it is obvious that the issue is urgent”.

“There needs to be more support for those who cannot hear on the phone and just the option of going online is not good enough. It would also help to have a separate service for people with accessibility issues/their own 111 service.”

“It would help if the 111 phone menu had an option saying “if you are unsure about what you are being asked please press...” to help those who are confused by the questions.”

“It would have been okay if the questions were simplified, so either a simpler version or having other languages available.”

**Three people felt that people should be able to have a carer with them in A&E or someone to support them** (people have not been allowed to be accompanied during Covid restrictions):

- People should be able to have a carer with them in A&E, including those with learning disabilities. The patient with a learning disability was upset by being told by the receptionist at A&E that because she had capacity (in her eyes), that her carer could not stay. She managed to cope on her own but was extremely nervous and unsure. She doesn't like that she had to explain that she has a learning disability to everyone.
- Another person noticed an elderly man in A&E that needed support and was clearly confused but was not allowed to be accompanied. They think that one person should be allowed to stay with anyone attending A&E regardless of their condition, and that this should be taken forward as ONLY one person.
- One person suggested there should be someone in A&E who solely supports deaf and blind people, especially while people are not allowed to be accompanied.

**Two people would have preferred to have an appointment elsewhere or a video call:**

- Ms Y has a learning disability and does not like hospitals. She would prefer other options such as appointments (as this is more structured) and that A&E is for people who have an injury or a concern that could cause death. She only called 111 because she was in so much pain and did not want to call 999 as it makes her too nervous.
- A mother with a young child had no issue with 111 but would have preferred to see someone elsewhere, even if it was over a video call, as A&E seems to distress her child even more. She questioned whether this could be an option as it is for GP surgeries at the minute and would put people at ease.

**Two people suggested using signs and announcements to educate and inform people while they are waiting for A&E:**

“It is good to see the information on the screen in A&E (it is the only thing to read) - maybe some communication about slot booking would encourage people to call and be triaged that way rather than going to the GP or showing up at A&E.”

- At an urgent care hub one person had also been to, it was clearly signed who should attend and why - this should be reiterated in hospitals. A speaker or tannoy, or someone on entry could be used to give this information to people who are visually impaired.

**Two people made other suggestions about A&E:**

- A&E does not have enough seating for parents and children.
- Carer believes that “GPs constantly sending patients to A&E instead of arranging appointments” impacts A&E waiting times.

**View about time slot booking**

Five people shared their views about the system to book time slots at A&E. Four felt they were a **good idea**:

- Two people thought slots would be helpful if they resulted in people being seen more quickly, although one person highlighted that people could become irate if having a slot booked did not make any difference to their waiting time.
- One person thought that better triage may reduce the pressure on A&E staff and another person believed that people might be more willing to phone 111 instead of going straight to A&E if they knew about the system.

- One person thought that slot booking was a good idea for adults and could help with social distancing as a Covid precaution.
- One person felt that time slots would not make much difference for children, who were typically seen more quickly.

He has seen how busy A&E is and did not know that 111 can book you in for a timed slot. He said that if this was known people would probably be more inclined to call 111 rather than just show up. He felt it was clear that people were not there for an urgent issue. He thinks that slot booking is a good idea if you are actually seen quicker, but that people will get irate if they have a slot booked and it doesn't make any difference to the time waited.

The full interview text is included in Appendix 3.

## Experiences of A&E and booked time slot

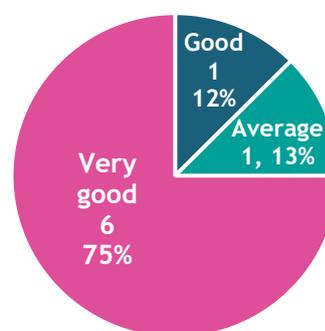
The eight people who were booked a time slot to attend A&E were asked more questions about their experience.

Overall, seven of the eight had a good experience of having a time slot booked by 111, with six saying it was 'very good'. The other person rated it as 'average'.

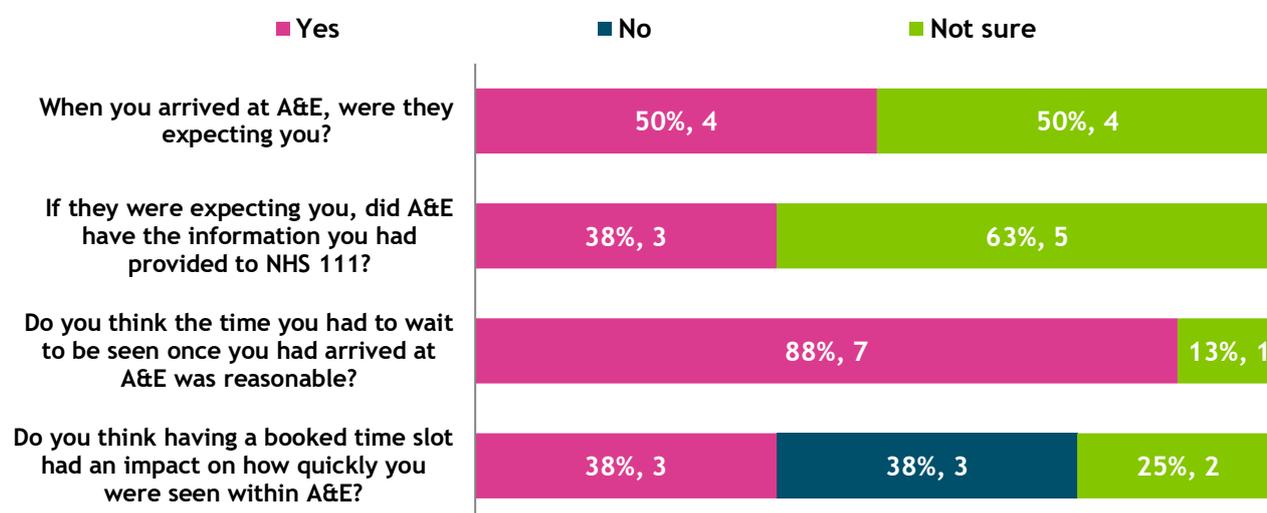
The eight people were also asked about their experience once they arrived at A&E:

- Four of the eight said that A&E were expecting them, with the other four not being sure.
- Three of the eight said that A&E did have the information they had provided to 111.
- Seven of the eight felt that the time they had to wait between arriving and being seen was reasonable.
- People had different opinions about whether having a booked time slot impacted in how quickly they were seen, perhaps reflecting that they did not know how long they would have been waiting otherwise. Three people thought that the time slot did have an impact.

Experience of contacting NHS 111 and receiving a time slot



Experience of A&E time slot



As with the booking of the time slot, most people had a positive experience of attending A&E by this route. Seven of the eight people rated their experience as 'very good' (four) or 'good' (three), with the other person rating it as 'average'.

### Survey comments

The eight who attended the A&E time slots were asked to tell us more about their experience, including what went well and what could be improved. Seven people commented.

Two said they were **seen quickly** and one that they were seen in a **reasonable time**. One other person said it was **efficient**, another that it was a **good process**, and another that it was a **good way to triage**.

Two people felt that **some information was lacking** (about where services were and who could visit), and one suggested a **separate reception would help** as they had to queue outside at the time of their booked slot.

#### *Seen quickly:*

"There was no waiting time at all although this may be due to the time (early morning) and current pandemic causing less people seeking urgent care."

"Was seen quickly and minimised the amount of time in the waiting room."

#### *Efficient:*

"I arrived with a fractured fibula. I was assessed, x-rayed and fitted with a plaster cast within one hour. Very efficient and polite staff at all times."

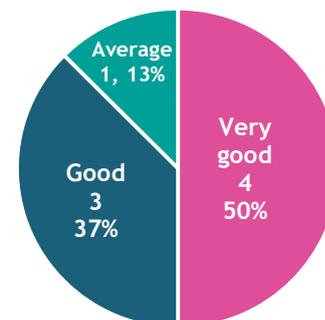
#### *Good to triage:*

"I was seated quickly despite there being a queue for reception. I wasn't sure if they had my information but I wasn't asked any of the questions I had been when I previously attended, so assumed they knew. I was still in there four and a half hours which seems standard for the emergency department, so I don't think it improves waiting times? However, this was my experience. From reading your information I didn't know this was a new service? And that the slot booking was a new element? 'NHS 111 triage line' may encourage people to call 111 before going to the Emergency Department, as if my issue was slightly more urgent I probably wouldn't have called 111, but knowing that this is the reason for 111 I now always will! I do think it's a good idea to triage this way as I was surprised to find a queue when attending my booked slot."

#### *Good process but lacked some information:*

"Very smooth process and I think the receptionist in A&E was expecting me, it took her some time to find my records. I was directed to the Minor Injuries and Minor Illness (MIAMI) clinic and waited to be seen. In MIAMI there was no indication on what you should do - there was a desk but it was not manned so I just sat on the available chairs and waited. There was no indication on how long you should expect to wait. When I eventually saw the Nurse Practitioner I was told to go to X-ray but not which one. This could be improved as several people went to the two X-ray areas (one attached to A&E and the main department signposted) and nearly everyone I saw went to the wrong area. Good process just let down by a lack of information and clear instructions."

Experience of attending A&E with a time slot



“Arriving, being assessed, triaged, treated and discharged took just under 4 hours which I think is about the minimum it is likely to take. I assumed visitors weren’t allowed in A&E but they were, would’ve been helpful to know beforehand.”

*Separate reception suggestion:*

“Even though I had an appointment booked and arrived 10 minutes before the appointment time I had to wait in a queue outside for 30 mins before I could get to the desk to tell them I had an appointment. I think a separate queue or desk for people with appointments should speed this up even more.”

### Interview feedback

Eight people shared their experiences of calling NHS 111. Only one of them had a time slot at A&E booked, in minor injuries. She felt that having a time slot helped with triage and that this would be a good use of 111. She felt that having a time slot may have resulted in her being seen quicker at the beginning, but she still had to wait a while for x-ray results:

A 64-year-old woman without any pre-existing conditions called 111 because of a rolled ankle and wanted some advice. She could not walk and thought that she needed to go to A&E but as she was not “dying” she called 111. She was triaged to attend 111 and booked for a slot with minor injuries. She said that initially she was seen really quickly but then had to wait a while for her x-ray results. She felt the slot booking sped up the process at the beginning but overall thought that it didn’t make a difference to the total time she was there. She said that A&E was emptier than usual, but this was probably because of the limit on carers/family members attending.

She agreed that A&E slots help to filter triage but felt it did not improve the waiting times after this. She felt it is still the wait for doctors/consultants approval/sign off that lengthens these times, as well as people being there who do not need to be. She thinks that unless it is not a clear emergency people should be ‘sent away’ and made to be triaged on the telephone by 111, although expressed this will put call centres under pressure instead.

She expressed that the care and attitude of the staff was really good, even if she did have to wait on it.

### Knowledge of and opinions about NHS 111 First

As well as finding out about people’s experiences of using NHS 111 and having a time slot booked at A&E, we wanted to find out more about whether people had heard about the new system and what their opinion was of it.

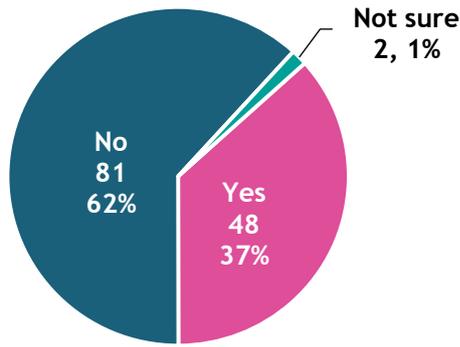
*Did you know NHS 111 could book you or your loved one a time slot to visit A&E?*

Slightly over one-third (37%), 48 of the 131 people who completed the survey were already aware that NHS 111 could book a time slot for A&E.

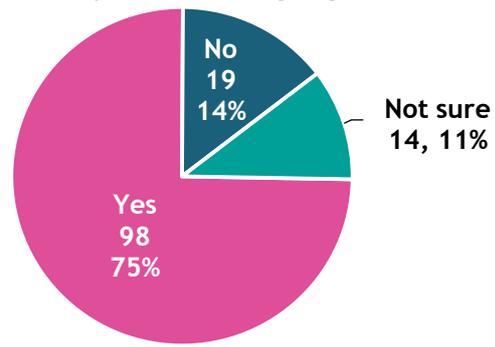
*Do you think contacting NHS 111 First to book a time slot at A&E before attending in person is a good way of accessing urgent healthcare services?*

Three-quarters (75%) of people thought that contacting NHS 111 First to book a time slot at A&E before attending was a good way of accessing urgent healthcare services (answered the above question ‘yes’). The proportion who answered yes rose to 81% when just looking at the 48 who were already aware of the service.

Knowledge of A&E time slots



Agree 111 First and A&E time slots good way for accessing urgent care



29 of the 33 people (88%) who felt they had needed A&E since 23 October 2020 answered ‘yes’ (that contacting NHS 111 First to book a time slot was a good way of accessing urgent healthcare services). One person said ‘no’ and three people were unsure.

20 of the 22 people (91%) who felt they had needed A&E and had also phoned NHS 111 before attending answered ‘yes’. One person said ‘no’ and one person was unsure.

Fewer people with a hearing or sight impairment thought it was a good way to access urgent healthcare, although 64% (18 of 28) agreed it was, with seven people (25%) disagreeing and three unsure.

*Knowing that NHS 111 can book you a time slot for A&E or an appointment with a GP, how likely are you or your loved one to call 111 next time you/they have an urgent medical problem?*

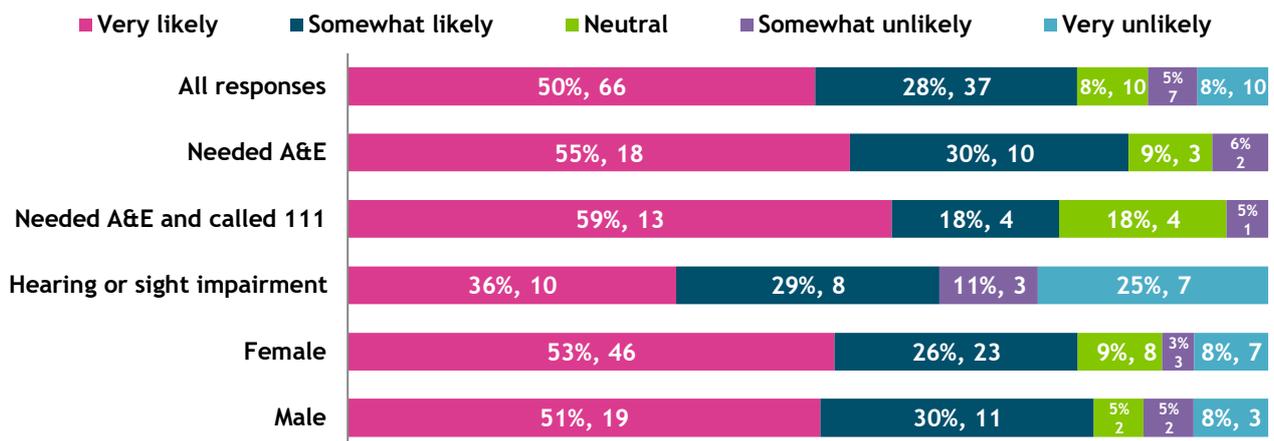
Over three-quarters of the 131 survey respondents (78%) were either very likely (50%) or somewhat likely (28%) to call NHS 111 next time they had an urgent medical problem. Seventeen people (13%) were very unlikely (8%) or somewhat unlikely (5%) to do so.

A similar proportion of the 33 people who had needed A&E since 23 October 2020 (85%), and the 22 who had called 111 first when this was the case (77%), were likely to do so again next time, with none saying they were very unlikely.

One-quarter (25%, 7 people) of the 28 who said they had a hearing or sight impairment were very unlikely to call NHS 111 next time they had an urgent medical problem, and a further three people were somewhat unlikely to. Eighteen people (65%) were likely to call 111.

There was no difference in the likelihood of calling 111 between those saying they were male and those saying they were female.

Likelihood of calling NHS 111 next time need urgent care



### Further views and experiences of those who had not used the new service

#### *Views and experiences of those who had not needed A&E since 23 October 2020*

When offered the opportunity to tell us more about their views, 25 of the 96 people who had not needed A&E gave a comment.

Comments from people who think NHS 111 First is a good idea

Twelve comments were from people who thought that contacting NHS 111 First before attending A&E was a good way of accessing urgent healthcare.

Four people told us about a previous good experience with 111, A&E and/or out of hours care:

“I have used NHS 111 twice recently at weekends for extreme back and rib pain and the service I received was outstanding on both occasions. I was reassured and issued with pain relief and was then able to visit my GP during the week.”

“I haven’t personally attended A&E for myself but have had to take my teenage son there on a couple of occasions [and] the support he received was fantastic. We also called 111 due to the doctors not being able to give him an appointment and the service was again brilliant - they arranged an out of hours prescription and on another occasion informed us that the GP must give him a call a back or appointment due to recent surgery.”

“Rather than attend A&E after a car accident I contacted 111 - excellent service and on two occasions since due to health issues that have provided superb advice. I always now advise people to call 111.”

“Over Easter the 111 service was first class.”

Two people commented that they thought an appointment system would be beneficial and would reduce waiting times and A&E attendance:

“Calling 111 has resulted in more A&E visits by myself than has been necessary. Hours waiting to feel like I’m wasting their time, an appointment system would make it clearer that the 111 service has advised the visit and hopefully make the A&E staff less judgemental!”

“I believe having an appointment system for more minor illnesses and injuries is beneficial to the NHS and the individual. If properly structured and used it will allow for shorter waiting times and reduce pressure on the surface. As a sports coach, players who have injured fingers or ankles, etc. will not be sat waiting for significant periods of time in the waiting area as a lower level priority to Resus and majors patients. This was needed even before COVID, but now the additional element is it reduces risk of exposure but also encourages people to still seek medical advice.”

Two people thought that people needed educating about how to use 111:

“I really don’t know how you get your message across to people, I have conversations with people who think it’s appropriate to dial 999 for the least little thing. Some have the attitude that they pay for a service so they can use this. I also have friends who should contact health services and don’t despite my encouragement that it is appropriate. I have experience as I was a nurse for 35 years, and so perhaps a little more sense than some. I have seen adverts for the 111 service, so I think you are doing your best.”

“More information needs to be out there to make people aware of all the benefits [and what] calling 111 [can] do.”

One of the people interviewed had worked at a local hospital felt that time slot booking was a good idea but that 111 and GPs should be able to more easily refer people to the appropriate services directly, such x-ray or other specialists, to both reduce the waiting time for the patients and reduce the demands on A&E staff. They added that a lot of people at A&E have already seen their GP and don't know what else to do.

Three people thought the system was a good idea but still had reservations because of the difficulties experienced by those with a hearing impairment - see below.

Comments from people who do not think NHS 111 First is a good idea

Ten comments were from people who did not think that contacting NHS 111 First was a good way to access urgent healthcare.

Four people thought that calling 111 first risks delaying necessary care, especially if people call it when they should have called 999, or a misdiagnosis:

“111 delays urgent care, also bigger risk of misdiagnosing someone and giving non-paramedics the power to decide if you need to go hospital is not reassuring.”

“A&E admittance could be delayed by calling 111 when 999 should be considered to be the emergency service. I know from experience how many A&E visits, pre-covid, were not of an urgent nature. An introduction of a pre-booking service must be very carefully considered.

“Polite and courteous people may well use that number [wrongly] when their needs may be very serious and life threatening. I have severe reservations that the ‘turn up at the front door’ people, who, under their own steam are taken by relatives and friends, would be disadvantaged because they didn't use the ‘system’. A great deal of thought and trials needed before any roll out. People need to have confidence in a new system. And that takes time.”

“I have had two emergency strangulated hernias which required surgery - one with dead bowel - I would be uneasy having any potential delay from a timed appointment for such emergency.”

“I'm concerned, knowing how long it takes to access a doctor at 111, if an emergency is delayed [it is] too late.”

Two people said they felt that A&E should only be used in an emergency:

“If a patient is well enough to wait for an A&E appointment, it stands to reason that they're well enough to wait to see a GP during hours, or be directed to a same day emergency service thus avoiding ED [Emergency department] altogether. Also instructing people to take pain relief (where appropriate), and giving it a chance to work before attending would be advantageous. ED should not be used as an out of hours pharmacy. EMAS [East Midlands ambulance Service] is also not an out of hours taxi service, and should not be used as such.”

“[I] only use A&E if it's an emergency for severe cuts, etc. which is usually accident related, so what benefit would booking a slot be? As most people are unable to predict if an accident needing medical help will occur.”

Two people felt that they, or others, would go straight to A&E anyway:

“If I need A&E I would go straight there. If I need a doctor I would use 111.”

“The 111 service is not being used by the public in case they are sent to another care provider. It's the same reason they don't call the doctor. If they need immediate attention they go to A&E where they will be seen, assessed and have a conclusion in the same day.”

One person felt that 111 did not give good advice and another that people will avoid going to A&E even if they can have an appointment:

“111 provides no sensible medical advice, it is staffed by non-qualified people who read off a script and look up symptoms on the NHS website and read out findings and then “make recommendations” which are totally pointless. It is a complete waste of time and money.”

“People avoid A&E due to wait times even with appointments.”

One person found 111 helpful out of hours:

“My surgery isn’t open in the evenings or at weekends so it was great to be able to get a prescription from 111 on Friday evening to collect on Saturday morning.”

Two more people highlighted the difficulties experienced by those with a hearing impairment - see below.

Comments from those with a hearing impairment

Ten people who said they had a hearing or sight impairment gave a comment, five of which were about the issues people with a hearing impairment or hearing loss experience when using 111.

Three people highlighted that accessing the service was difficult for people with a hearing impairment, including the need to rely on others to phone for them and how they feel worried about falling ill or excluded from using services:

“An exclusively telephone-based service is actually worse than useless for someone like myself with profound hearing loss. I cannot respond to questions I cannot hear. As this now becomes the only method of approaching the medical professions it completely cuts off and isolates people like me and means I cannot get help when needed except by dialling 999.”

“NHS 111 is not accessible for the deaf and hard of hearing who cannot hear on the telephone. What alternative methods have been put in place? We shouldn’t have to worry about finding people to telephone on our behalf especially for families that all have some level of hearing loss. Accessible Information Standard 2016 is definitely being followed through with a lot of services.”

“Having a hearing loss and lip read to communicate it is very difficult accessing the NHS Services as almost all involves telephone or video calls. Even with booking appointment online access to individual support, i.e. BSL interpreter or lip speaker to attend appointments to help with communication is not clear. I am always apprehensive about falling ill and having to use the services. Having to rely on friends and family to telephone on our behalf should not be an option, we need to be independent and all services should cater for this.”

One person explained that they cannot use the telephone and how they had previously not received a call back and lost trust in the system.

“I have phone anxiety as well as being hard of hearing so I won’t use the phone to call 111. When I also was able to use the phone I made a call and was told I would get a call back - I never received that call. After that I don’t have any trust and I certainly won’t be using the system again.”

One person suggested more was done to increase the awareness of the needs of deaf people.

“There definitely needs to be a lot more deaf awareness within the Health Service. I have really struggled to arrange face to face appointments with GPs and communicate with people wearing face masks, during Covid,”

### *Views and experiences of those who had needed A&E but did not call 111 before attending*

In addition to giving us reasons why they did not call 111 before attending A&E, two people shared their views about NHS 111 First:

“If you are able to book a slot does this speed up waiting times or just stagger intakes for staff? It could be a good idea, but people may expect to be seen quicker as I would assume a slot is similar to an appointment. Possibly calling it a triage line will help people understand what it is and feel more inclined to call?”

“This is good unless it’s life threatening”

## Experiences of 111 shared through other surveys

Healthwatch England ran a national survey asking people about their experiences of NHS 111 during December 2020 and January 2021. Eleven people from Northamptonshire responded. All experiences were from within one year of the time of asking, with five having taken place within the last month, so since the NHS 111 First pilot was launched in Northamptonshire.

Two other shared their feedback of NHS 111 in Northamptonshire with Healthwatch England in their general survey about health and care experiences, one in January 2021 and one in June 2021.

### Recent experiences (since November 2020)

Four of the five 111 survey respondents called 111 directly. One was told to call 111 by their GP surgery but they did not as they preferred to speak to their GP. Four were 50-64 years old and one was 65-79 years old. Of the four recent experiences on phoning 111:

- Two called 111 because they didn’t think it was a 999 emergency and two because they wanted advice or reassurance on what to do next.
- Three calls were answered within 5 minutes, and one within one minute.
- Three received a call back from a medical professional (two within 30 minutes and one within one hour) and one was advised to go to A&E/a minor injuries unit/an urgent treatment centre.
- All four felt that 111 gave them or their loved one the help they needed and rated their experience as ‘very good’.
- One of the five knew that 111 could book them a time slot at A&E and learnt this through an online search for 111 (late December/early January experience).
- None knew that 111 could book same day appointments with a GP.
- After learning that 111 can book an appointment with a GP or A&E time slot, three were very likely and one was somewhat likely to call 111 next time they had an urgent medical problem (one was undecided).

When asked what went well and what could be improved, the four gave the following positive comments:

“They did not ring back [but] they stayed with me on the phone as [I was] alone - no improvements needed.”

“I got medication from out of hours. Thank you NGH [Northampton General Hospital].”

“Excellent service. I phoned 111, was directed to an email service, which I completed, was phoned back within minutes then a doctor called me [and] arranged antibiotics to be collected. Fantastic.”

“[I had a] 3 hour wait for a local doctor to speak [to me] on [the] phone, but I knew that [they are] overworked and [I was] told to go to A&E. I did get the virus [and] spent 15 days in hospital. I’m very grateful to everybody in the NHS.”

The two people that shared their experience of calling 111 in the general survey had difficulty getting the care they needed. One described experiencing a long wait when they felt the situation was urgent:

“Why bother to encourage people to phone 111 instead of going to A&E when 111 tell you there is going to be a NINE HOUR WAIT before anyone calls you back? Ambulance was a SIX HOUR wait and YES it was an EMERGENCY. Call handlers working from scripts that are NOT fit for purpose. A 92 year old man who fell and banged his head and had become confused and was vomiting....not an emergency????” - January 2021

### Experiences from earlier in 2020

- Three of the five 111 survey respondents who called 111 **earlier in 2020** said their experience had been poor or very poor and that 111 did not give them the help they needed.
- Two had a good or very good experience and one person who did not tell us when they’d used the service had a mixed experience.
- One person knew that 111 could book them a time slot at A&E or a same day GP appointment, which they had learnt through a TV, radio or social media message.
- After learning that 111 can book an appointment with a GP or A&E time slot, one was very likely, one somewhat likely, one somewhat unlikely and one unlikely to call 111 next time they had an urgent medical problem (two were undecided).

*Positive comments from these earlier experiences:*

“We had 111 doctors out about three times and they were all wonderful.”

*Negative comments from earlier experiences:*

“Questions appeared to be out of context and based on algorithms rather than the actual situation. Outcome was to attend A&E, which was inappropriate advice. We were left thinking that the call handler had no experience or knowledge.”

“Called at 7pm. Waited up hours for call back, which eventually came at 5am.”

*Mixed experience from an unknown time:*

“Called 111 as my son was being sick and vomiting blood and running to the loo. He’d been like this all day after eating a ham sandwich that he said tasted funny. They sent an ambulance. The ambulance staff didn’t know what to do. They said it was our choice whether to go to A&E. We aren’t medically trained. How could it be our choice? A&E at Kettering General Hospital were horrible. They were very critical of 111 and said they were a c\*\*p service and simply sent everyone to A&E. They offered no support. They sat my son on a chair while he had severe cramps and was still being sick while they gossiped about 111. We left and went to the urgent care in Corby, which was far better. 111 were good but the service clearly isn’t respected by other NHS workers who take it out on patients.”

## Acknowledgements

We are very grateful to all those who took the time to share their views and experiences with us. We would especially like to thank all who shared our survey, including:

- Deafconnect for sharing the survey with their Hard of Hearing clients.
- All the organisations and people who shared the survey on social media.

We also thank Healthwatch England for sharing their survey data with us.

## About Healthwatch North and West Northamptonshire

Healthwatch North and West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

## About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)



## Appendix 1 - Survey questions

1. Did you know NHS 111 could book you or your loved one a time slot to visit A&E?  
Yes                      No                      Not sure
  
2. Do you think contacting NHS 111 first to book a time slot at A&E before attending in person is a good way of accessing urgent healthcare services?  
Yes                      No                      Not sure
  
3. Knowing that NHS 111 can book you a time slot for A&E or an appointment with a GP, how likely are you or your loved one to call 111 next time you/they have an urgent medical problem?  
Very likely                      Somewhat likely                      Neutral                      Somewhat unlikely  
Very unlikely                      Not sure
  
4. Please tell us which gender you identify with  
Man                      Woman                      Non-binary                      Prefer to self-describe                      Prefer not to say
  
5. Please tell us which age category you fall into  
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
  
6. Please select your ethnicity from the list below  
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  
Gypsy, Roma or Traveller                      Mixed/Multiple ethnic groups: Black African and White  
Mixed/Multiple ethnic groups: Black Caribbean and White  
Mixed/Multiple ethnic groups: Asian and White  
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background  
White: British/English/Welsh/Scottish/Northern Irish                      White: Irish  
White: Any other White background                      Any other ethnic group                      Prefer not to say
  
7. Do you consider yourself to have a hearing or sight impairment?  
Yes                      No                      Prefer not to say
  
8. Since 23 October 2020, have you felt you needed to attend A&E?  
Yes - Goes to Q9                      No - Goes to Q21                      Not sure - Goes to Q9
  
9. If you have needed A&E since 23 October: Did you call NHS 111 first?  
Yes - Goes to Q10                      No - Goes to Q21                      Not sure - Goes to Q21
  
10. If you did call 111: Were you booked into a time slot to attend A&E?  
Yes - Goes to Q11                      No - Goes to Q12                      Not sure - Goes to Q12
  
11. If you were given a time slot for A&E: How would you rate your experience of contacting NHS 111 and receiving a time slot?  
Very good                      Good                      Average                      Poor                      Very poor                      Not sure  
  
Goes to Q13
  
12. If you were not given a time slot for A&E: What was the outcome of your call?  
Given a GP appointment

Given a dental appointment  
Sent to an Urgent Care Centre  
Sent to another service  
An ambulance was sent  
Just given advice  
Something else (please tell us what)

Goes to Q21

13. If you were given a time slot: Did you attend the booked slot provided?  
Yes - Goes to Q15                      No - Goes to Q14

14. If no: What prevented you from attending your booked slot?

Goes to Q20 and additional demographics

15. When you arrived at A&E, were they expecting you?  
Yes                      No                      Not sure

Carries on with Q16-20 and additional demographics

16. If they were expecting you, did A&E have the information you had provided to NHS 111?  
Yes                      No                      Not sure

17. Do you think the time you had to wait to be seen once you had arrived at A&E was reasonable?  
Yes                      No                      Not sure

18. How would you rate your experience of attending A&E with a booked time slot?  
Very good      Good      Average      Poor      Very poor      Not sure

19. Do you think having a booked time slot had an impact on how quickly you were seen within A&E?  
Yes                      No                      Not sure

20. Please tell us a little more about your or your loved one's experience. What went well? What could be improved?

Go to Q22

21. Is there anything else you would like to tell us?

22. If you would be happy to be contacted to tell us more about your experience (through a phone call or focus group), please give us your email address or phone number

**Tell us a bit more about you**

By telling us more information about yourself or the person you are completing this survey for, you will help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

23. Is your gender different to the sex that you were assigned at birth?  
Yes                      No                      Prefer not to say

24. Please tell us which sexual orientation you identify with  
Asexual      Bisexual      Gay      Heterosexual/straight      Lesbian      Pansexual

Prefer not to say                      Prefer to self describe

25. What is your religion?

No religion                      Christian (including Church of England, Catholic, Protestant and all other Christian denominations)                      Buddhist                      Hindu                      Jewish  
Muslim                      Sikh                      Any other religion                      Prefer not to say

26. Are you a refugee or asylum seeker?

Yes                      No                      Prefer not to say

27. How would you describe your living situation?

I live alone                      I live with friends and/or family                      I live in hospital  
I live in a care home                      I am homeless/a rough sleeper                      Other  
Prefer not to say

28. Do you consider yourself to be a carer (someone who provides unpaid care or support for a relative, friend or neighbour)?

Yes                      No                      Prefer not to say

29. Do you consider yourself to have a learning disability?

Yes                      No                      Prefer not to say

30. Do you consider yourself to have another disability?

Yes                      No                      Prefer not to say

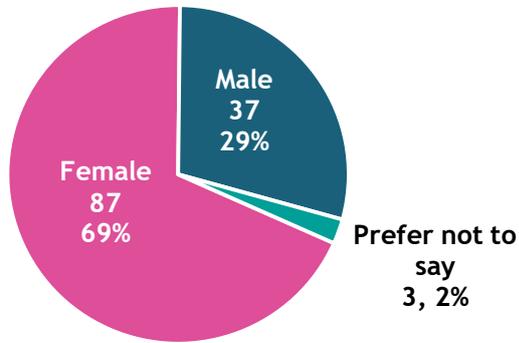
31. Do you consider yourself to have a long-term health condition?

Yes                      No                      Prefer not to say

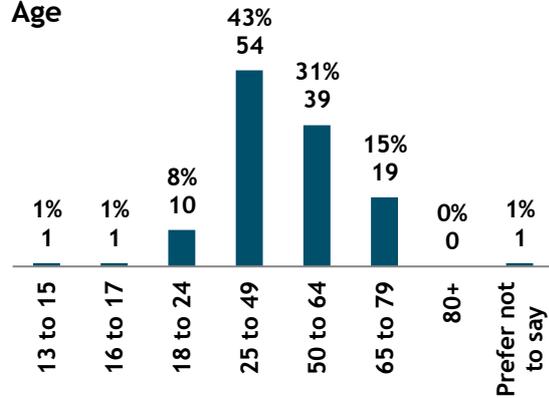
## Appendix 2 - Survey respondent demographics

### All survey respondents - basic demographics

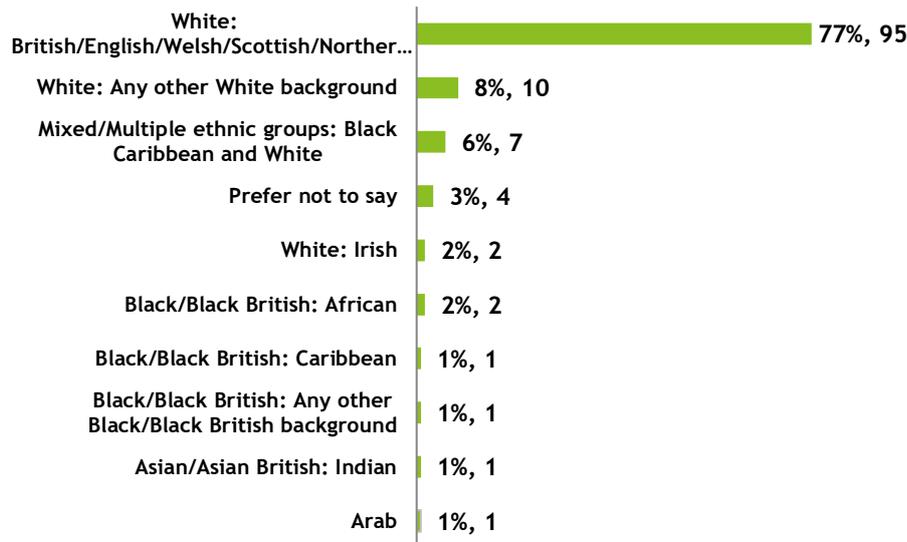
#### Gender



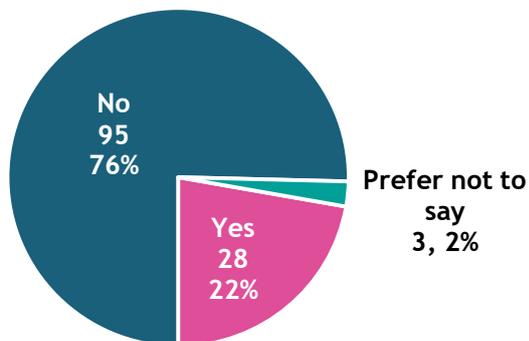
#### Age



#### Ethnicity

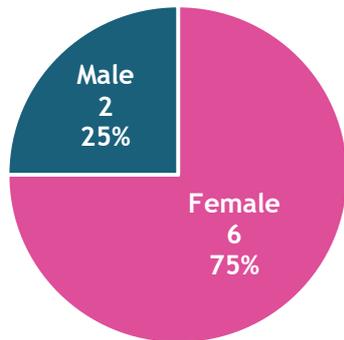


#### Hearing or sight impairment

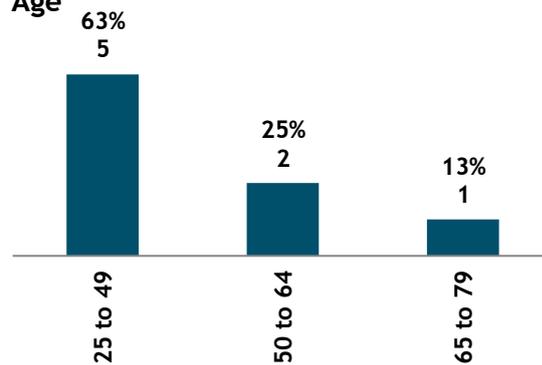


## Basic and further demographics of those who attended an A&E time slot

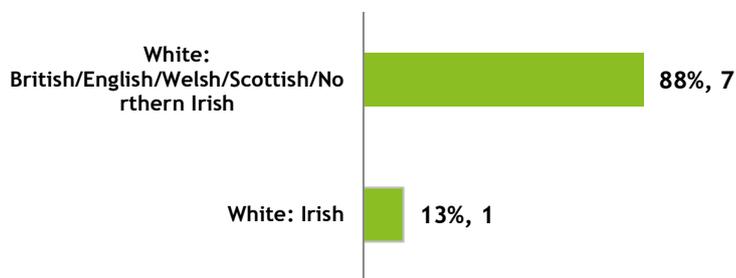
Gender



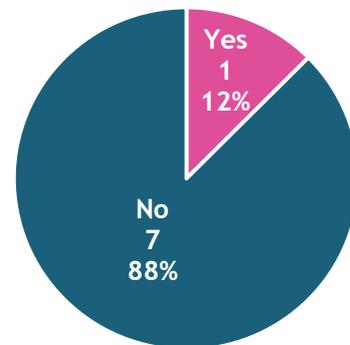
Age



Ethnicity

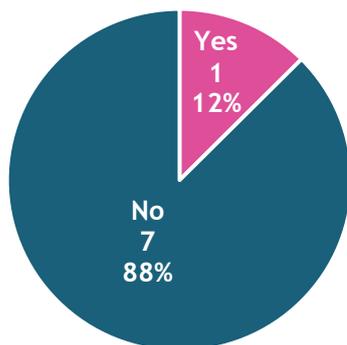


Hearing or sight impairment

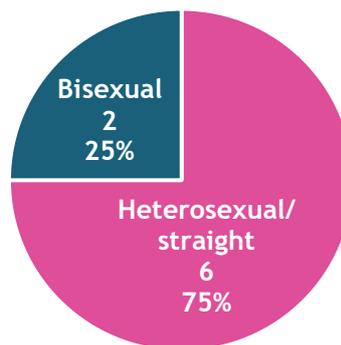


The one person who said they did have a hearing or sight impairment rated their experience of 111 and A&E as good.

Gender different from birth sex

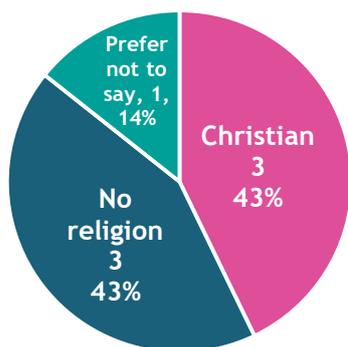


Sexual orientation

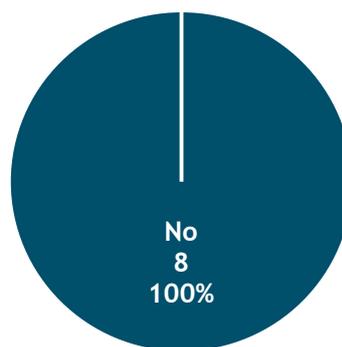


The one person who said their gender was different to the sex they were assigned at birth rated their experience of 111 and A&E as very good. The two people who said they were bisexual rated their experience of 111 as very good and good, and of A&E as good.

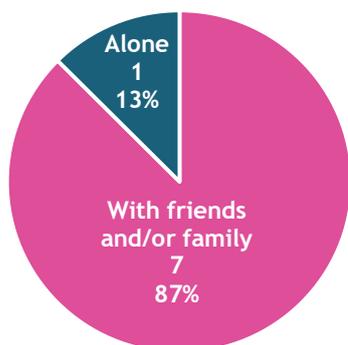
Religion



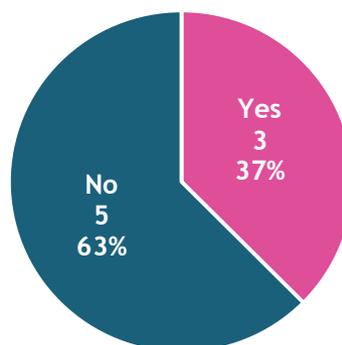
Refugee or asylum seeker?



Living situation

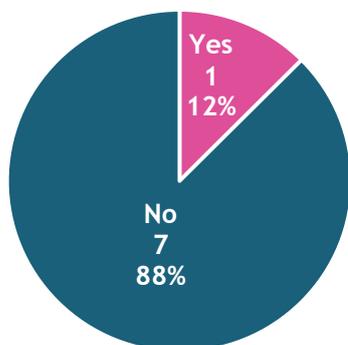


Carer

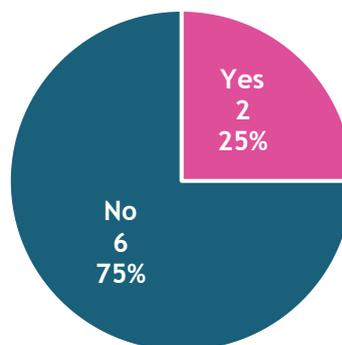


The one person who said they lived alone rated their experience of 111 and A&E as good. The three carers rated their experience of 111 as very good (two) and average (one). The carers rated their experience of A&E as good (two) and average (one).

Learning disability



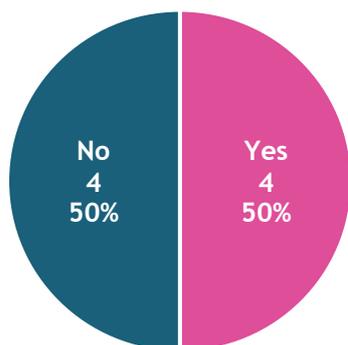
Another disability



The one person who said they had a learning disability rated their experience of 111 and A&E as good.

The two people who said they had another disability rated their experience of 111 as good, and very good and of A&E as good.

Long-term health condition



The four people who said they had a long-term health condition rated their experience of 111 as very good (two), good (one) and average (one), and of A&E as good (three) and average (one).

## Appendix 3 - Interview notes

### ***1. Female aged mid-60s with no pre-existing conditions - used NHS 111 and had a time slot booked at Kettering General Hospital A&E.***

What happened:

Called 111 because of a rolled ankle and wanted some advice. She could not walk and thought that she needed to go to A&E but as she was not 'dying' she called 111. She was triaged to attend 111 and booked for a slot with minor injuries. She said that initially she was seen really quickly but had to wait a while for her x-ray results. She felt the slot booking sped it up at the beginning but overall thought that it didn't make a difference time wise. She said that A&E was emptier than usual but this was probably because of the limited carers/families attending.

Opinion of time slot, what worked well and what could be improved:

She agreed that the A&E slots help to filter triage but didn't think it helped improve waiting times after this. She says that she feels it is still the wait with doctors/consultants approval/sign off that lengthens these times. As well as people being there who do not need to be. She thinks that unless it is not a clear emergency people should be 'sent away' and made to be triaged on the telephone by 111, although expressed this will put call centres under pressure instead.

She expressed that the care and attitude of the staff was really good, even if she did have to wait on it.

### ***2. Female aged mid-20s, carer to mother with Leukaemia - phoned 111 and mother was taken to Northampton General Hospital A&E via ambulance.***

What happened:

Had to call 111 for her mother. She is currently on a trial drug for Leukaemia; she gets really tired, really ill, and really run down after a session of this chemo. They are gradually increasing her dose and she is regularly admitted after treatment as her white blood cell count goes so low. She needed to go in but couldn't get her to A&E because she was so tired. She wasn't deteriorating so badly that she required immediate attention (her mother felt) so contacted 111 her mother also did not want to 'be a bother' by calling 999. Sometimes her GP is able to intervene if she is not that bad. 111 sent an ambulance and because they were aware of her background was admitted fairly quickly and had a blood transfusion.

What worked well and what could be improved:

She said that for people with an existing condition it is easier to access A&E/Ambulatory care and waiting times are lower. For anyone else she feels slot booking is a good idea and if her mother needed to wait in A&E she would have to be seen quickly as she attends only when it's really necessary. She said that she has also been to an urgent care hub where it is clearly signed on who/why you should attend- this should be reiterated in hospitals.

### ***3. Female aged mid-40s, carer to a man with Ataxia/Visually impaired/Hearing impaired/Wheelchair user/Speech slurred because of condition - phoned 111 and taken to Northampton General Hospital A&E via ambulance.***

What happened:

Cared-for fell out of wheelchair and banged the back of his head on a wall, she was with him at the time and this followed with a seizure. There was no blood (just a lump) and he is known to have seizures - she is trained to deal with this situation and has been his carer since he was in his twenties.

Called 111 as he was not in any immediate danger. When he had previously called, he was hung up on twice because they failed to understand what he was saying because of his slurred speech (due to ataxia). He gave up and left it until Monday to speak with his GP, resulting in a 'higher up' urine infection/kidney infection. This was because he had been given the wrong tablets to take, if had the access or support when calling 111 sooner this could have been avoided.

“When a person has difficulty with all forms of communication there needs to be more support and intervention at the initial stages. If it is clear on the phone that someone is struggling to communicate there needs to be some sort of follow up to ensure that they are attended to. If someone is calling knowing they have these access issues, then it is obvious that the issue is urgent”.

This time she called for advice as this seizure followed a bang on the head. They decided that an ambulance was necessary, but this took an hour to arrive, she said that she would have preferred a slot in A&E as she could have drove him there quicker. She felt that if he did not need to go to hospital, this would have been a waste of time for a paramedic to be sent to triage him, i.e. it could have been done more efficiently by another professional.

What worked well and what could be improved:

She wished she had the opportunity to have a slot booked in A&E and if people are triaged properly believes this is a good way to take pressure off A&E. She is aware that staffing is down and thinks that a campaign of some sort, calling people to healthcare could help, but in the current climate may be daunting. She adds that:

“GPs constantly sending patients to A&E instead of arranging appointments seems to impact waiting times the most.”

It is good to see the info on the screen in A&E (it is the only thing to read) maybe some communication about slot booking would encourage people to call and be triaged that way rather than going to the GP or showing up at A&E. As the man she cares for is also visually impaired, she suggested that a speaker tannoy for information explaining why it is necessary to be there could help, or just someone to do this on entry.

#### **4. Male aged mid-60s with Dementia and hearing impaired (wife supporting with interview) - phoned 111 and taken to Kettering General Hospital A&E via ambulance.**

What happened:

General feedback/experiences of 111 - has recently used 111 after a fall.

His wife called 111 after he had a fall. He said that he had tried to call for another reason (earlier in the year) previously but could not hear all the options over the phone so asked that she called instead. This is not helped with his early onset dementia. This was raised when she called this time around and the caller said that they are told to go online. Not only can he not use anything online, he would also not be able to hear this very well when he was told to do so.

He was not in immediate danger but he had banged his head. Wife was worried because of his dementia that this may have a worsened effect on him so called 111 for advice. Because of his condition an ambulance was sent instead. Ambulance took half an hour to get there but he did not mind the wait. Once in the hospital he did not have to wait in any waiting room which he preferred as busy scenarios can really confuse him.

“I know it is because of my current condition that the NHS is more cautious with me. If I did not have dementia I think I would have been sent to A&E instead.”

He says that he is always seen and quickly and efficiently and always asked if he requires more support when he is admitted.

What worked well and what could be improved:

He has seen how busy A&E is and did not know that 111 can book you in for a timed slot. He said that if this was known people would probably be more inclined to call 111 rather than just show up. He felt it was clear that people were not there for an urgent issue.

Thinks that slot booking is a good idea if you are actually seen quicker, he thinks it would get people irate if they have a slot booked and it doesn't make any difference to the time waited. There also needs to be more support for those who cannot hear on the phone and just the option of going online is not good enough. There either needs to be someone in A&E who solely supports with deaf and blind people especially as people are not allowed to be accompanied. It would also help that if someone has accessibility issues there needs to be a separate service for this/their own 111 service.

### ***5. Female aged mid-30s with a learning disability - attended Northampton General Hospital A&E after advice from 111 (not through a time slot booking).***

What happened:

Telephoned 111 for an issue with her stomach after she couldn't get a GP appointment. She was given a call back from her doctor and told her if the pain persisted to attend A&E (this was advised if became urgent), no slot booking was offered. She said that all the options on the phone confused her so much that she just pressed anything and they eventually put her through to where she needed to be. She said that it would help if there was an option saying if you are unsure about what you are being asked, please press... whatever. She attended A&E and was told it could be a side effect from her current (newly prescribed) medication. A replacement was given. She said that this could have been done over the phone when she first spoke to the doctor and could have saved her the wait, anxiety, and the doctor's time in A&E.

What worked well and what could be improved:

She didn't think that slot booking was neither a bad or good idea but was upset about the fact that she was told by the receptionist at A&E that because she had capacity (in her eyes), that her carer could not stay, which she managed to deal with but sat extremely nervous and unsure. She doesn't like that she had to explain that she has a learning disability to everyone.

She does not like hospitals and would prefer other options such as appointments (as this is more structured) and that A&E is for people who have an injury or a concern that could cause death. She only called 111 because she was in so much pain and did not want to call 999 as it makes her too nervous.

### ***6. Female aged mid-30s - attended Northampton General Hospital A&E for two-year-old child after advice from 111 (not through a time slot booking).***

What happened:

General feedback/experience of 111 - contacted 111 around Christmas (2020) after constant sickness in two-year-old child.

Contacted 111 for advice as it happened on a weekend. Was given a call back from a doctor who said to monitor the child. The sickness continued into the next day, phoned 111 for a second time who again said to monitor but if she notices other issues, such as fatigue, goes off water, sleepy, to attend A&E (no mention of phoning back to get a time slot).

She attended A&E and the child was diagnosed with gastroenteritis and they were told it should pass in a few days, the child's vitals were fine and to keep them hydrated as much as possible.

The parent did not think a time slot would have helped in A&E:

“Children tend to be seen quicker than adults so I don’t think that booking a time slot for children would make much difference.”

What worked well and what could be improved:

No issue with 111 but would have preferred if someone could see her even if it was over video call as A&E seems to distress her child even more. She questioned whether this could be an option as it is for surgeries at the minute and would put people at ease. Side note: A&E does not have enough seating for parents and children.

Thinks slot booking is a good idea for adults and Covid in general as it (should) keep people apart more. She did notice an elderly man in A&E that needed support and was clearly confused but was not allowed to be accompanied. Thinks that one person should be allowed to stay with anyone attending A&E regardless of their condition and thinks that this should be taken forward as ONLY one person.

### ***7. Male aged early-50s did not attend A&E but called 111 on behalf of his son.***

Called 111 for his son who is 19 and had a severe headache (the son usually arranges everything for himself, but he did not want to on this occasion). He speaks Hindi but his English is good enough to hold an English conversation. He said that there was a lot of information to take on board not only with the automated message but also when the lady asked him about bleeding and being awake, etc. As someone who is not from this country, he found this difficult but also felt that they were questions for health professionals and could answer yes or no to both. He said that it would have been okay if the questions were simplified, so either a simpler version or having other languages available. He tried to use the online 111 service once but said it was “useless” and he prefers to talk to someone as it feels like something is being done.

### ***8. Hospital Radiographer***

No experience of attending A&E just working inside the hospital. Says that she agrees with the slot booking system but people need to be better filtered at 111 level. She says that 95% of people could instead have an appointment for an x-ray and that although it is quicker for patients, it puts a huge demand on staff. She added that GPs need to play a bigger role (mentions the understanding of knowing they are under pressure). They need to refer for appointments more rather than pushing to A&E. She said that a lot of people at A&E have already seen their GP and don’t know what else to do. Adds that other staff can assist GPs rather than dismissing people for an appointment (aware that they are probably doing this, but feels it needs to be encouraged).

## Contact us

Address: Healthwatch North and West Northamptonshire  
Moulton Park Business Centre  
Redhouse Road  
Northampton  
NN3 6AQ

Phone: 0300 002 0010

Text: 07951 419331

Email: [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)

Website: [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

Facebook: [Healthwatchnorthamptonshire](https://www.facebook.com/Healthwatchnorthamptonshire)

Twitter: [@HWatchNorthants](https://twitter.com/HWatchNorthants)



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch North Northamptonshire and West Northamptonshire 2021

Part of Connected Together Community Interest Company Registered in England and Wales.  
Company No. 8496240

Email: [hello@connectedtogether.co.uk](mailto:hello@connectedtogether.co.uk)

Facebook: [ConnectedtogetherCIC](https://www.facebook.com/ConnectedtogetherCIC)

Twitter: [@ConnectedCIC](https://twitter.com/ConnectedCIC)

Website: [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)

