

Think 111 First: the experiences and views of people in Devon

Feedback
Report

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Introduction

Healthwatch in Devon, Plymouth, and Torbay is the independent consumer champion for people using health and care services in Devon. Healthwatch listens to what people like about services and what could be improved, and shares those views with those who have the power to make change happen. Healthwatch in Devon, Plymouth, and Torbay has been speaking to local people about their experiences using the NHS 111 service in Devon and their opinions about the Think 111 First campaign.

Background

The Think 111 First campaign, which encourages people to call 111 before attending a hospital emergency department (ED), was launched nationally in December 2020. Since the Covid-19 pandemic began, social distancing and other infection control measures have reduced the capacity of emergency departments and treatment centres by 30 to 50 percent. According to the NHS Devon Clinical Commissioning Group (CCG), around half of those who arrive at hospital emergency departments are not brought in by an ambulance or referred by a clinician, and it is believed that a significant number of those patients could be seen elsewhere in the healthcare system (e.g. a GP, and minor injury unit, or a pharmacy).

The aim of the Think 111 First campaign is to encourage people to call 111 before seeking treatment in an emergency department. This would ensure that ED treatment is reserved for patients who need the most urgent or time-sensitive treatment, and direct other patients to a more appropriate service. This would also reduce the time patients spend waiting in an ED, thus reducing the risk of exposure to coronavirus. The 111 service can be accessed by telephone or online; translators and British Sign Language (BSL) interpreters are also available.

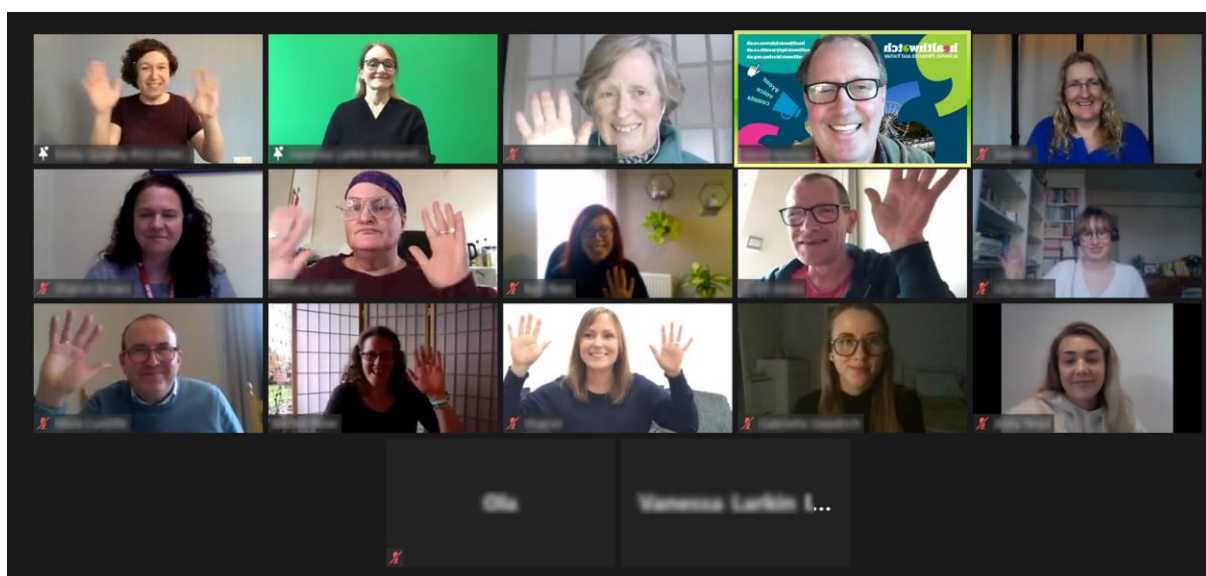
A national poll conducted by Healthwatch England in January 2021 found that people were mostly satisfied with the 111 service; 79% of respondents said they got the help they needed when they called 111 and 72% said their experiences were generally positive. However, respondents felt that they were asked too many irrelevant questions by call handlers, and some said that 111 was poorly coordinated with other services. Additionally, awareness of the 111 service came mostly through word-of-mouth, and relatively few people were aware of the service through media or publicity.



What we did

Healthwatch in Devon, Plymouth, and Torbay were asked by the NHS Devon CCG to find out about the experiences of key groups when accessing NHS 111 services, and how the Think 111 First campaign has been received by those groups. Four remote forums, attended by 62 people, were held between 2 February and 23 February 2021.

The remote forum invitations were sent to participants by email (appendix 1). At the remote forums, participants were first asked to share their experiences using 111. A Think 111 First poster (appendix 2), and text handout (appendix 3) and TV advert (appendix 4) were then shown to participants, who were asked to give feedback on the materials. Two people also provided email feedback about the 111 service to Healthwatch and its partners.



Who we spoke to

Members and representatives of the following key groups were present: Deaf people, visually impaired people, parents of children, carers, elderly people, people with long-term conditions, people with dementia, people with autism, and people who speak English as a second language (ESL).

Staff from Healthwatch Devon, Plymouth, and Torbay facilitated the meetings and took minutes; staff from NHS Devon Clinical Commissioning Group and Healthwatch England were also present. The fourth forum focused specifically on the experiences of the Deaf community; this meeting was attended by two BSL interpreters. Living Options and Healthwatch Assist members helped Healthwatch to engage with the Deaf community by promoting the engagement process and developing a British Sign Language (BSL) invite.



Key findings

- Forum participants who had used 111 were critical of the numerous questions asked by call handlers and the long automated messages at the beginning of the call. Some participants found that coordination between 111 and other services was poor, and some found that the accessibility of 111 was inadequate.
- Most of the forum participants had not seen the Think 111 First promotional materials.
- Participants felt that the Think 111 First poster was difficult for visually impaired people to read, and that the text-based handout was too dense with text, which may be difficult for visually impaired people, dyslexic people, Deaf people, and people who speak English as a second language to read or understand.
- Some participants said that the situations depicted in the TV advert looked like emergencies for which 999 would be more appropriate, and participants felt that this could cause confusion and lead people to think that 111 is replacing 999.
- Participants from the Deaf community said that information should be more accessible to people whose first language is BSL, and that information about accessibility (e.g. the availability of interpreters) should be more prominent in the promotional materials.



Detailed findings

How do key groups access 111?

- The usability of 111 was an issue for many who had previously used the service. Participants complained about the length of the automated message that precedes a 111 call, with some saying this made them hang up and call 999 instead. Participants were also frustrated about how many questions they were asked. They felt the questions were irrelevant and time consuming, and that call handlers were not as caring or empathetic as medical professionals would be.
- Some participants had experienced poor coordination between 111 and other services; for example, two participants were referred to an ED by 111, but when they arrived, the staff seemed annoyed that they were there. One participant was told by 111 to go to a walk-in clinic, but when they arrived, the clinic said they should've made an appointment and would instead have to wait two hours. Additionally, a Deaf participant remarked that they rarely received a call back when they used 111 because NHS staff often don't know if or how they can contact a Deaf person.
- Accessibility had also been an issue for participants. One participant said that 111 referred an ESL client to a service that did not have an interpreter available, so a family member had to act as an interpreter. A Deaf participant who also has early onset dementia tried to use the online 111 service, but the process of having to register was very long and confusing, which caused her confusion and panic. When she did use an interpreter, there were technical difficulties with the call, which caused further distress. Additionally, two participants said that when they called 111 on behalf of a cared-for person, the call handler would only speak to the patient and not take information from the carer.

"I had an incident with my mum - she'd fallen backwards and cut her head on something sharp. She'd phoned 111 and was listening to a recorded message. This message went on, and on, and on, to the point that I stopped it and dialled 999."



How has the Think 111 First campaign been received by key groups?

- Most of the participants who attended the forums said they had not seen or did not remember seeing the promotional materials.
- One participant questioned whether the Think 111 campaign was launched because substantive changes have been made to the 111 service, or if the campaign's purpose was simply to raise awareness of the existing service; marketing materials could make it clearer that 111 can now give patients an arrival time for EDs or book patients into other services.
- Multiple participants said they or their clients were confused about whether the 111 service is appropriate for patients under 5 or over 80, due to conflicting information between the promotional materials and the NHS website.
- Some participants felt it was unclear in which situations 111 is more appropriate than 999, and that this lack of information put the onus on the patients and carers to determine the severity of a situation, a decision they may not be qualified to make. One participant emphasised how this can compound an already stressful situation.
- One participant felt that Healthwatch should have been involved in the planning of the Think 111 First campaign from the beginning, rather than gathering feedback after the campaign had launched.

“[The poster] puts the onus on the patient to determine whether symptoms are life threatening, and it shouldn’t.”

Posters and text-based materials

- Some participants said that visually impaired people may struggle to read the orange and grey poster (appendix 2), and that a yellow and black version would be more visible; a participant provided Healthwatch with an example of what this colour scheme might look like (appendix 5).
- Deaf participants also remarked that information about BSL interpreters being available should be more prominently displayed. For example, the nationally recognised “interpreter” symbol and a QR code allowing Deaf people to access 111 information via interpreter would be helpful on the poster.



- Many participants said that the long text-based handout (appendix 3) is too dense with text; ESL speakers and visually impaired, dyslexic, or Deaf people may not even attempt to read the whole thing. An easy reader version would be better for many.
- Some participants said that “click or call 111” confused them because there is nothing to click on, and it is not immediately obvious that the user needs to type in a website.
- One participant pointed out that the posters do not depict a broad range of injuries, as many of them appear to depict muscular problems.

TV advert

- To some participants, the advert appears to depict emergencies that they would call 999 for, leading some people to get the impression that 111 is replacing 999, or that they are being discouraged from calling 999.
- One participant said it would be beneficial to demonstrate how Deaf people can access 111 by depicting a Deaf person in the TV advert.
- One participant, who works with clients who have sight loss, said the advert was too visual, and the visuals are too hard to interpret.
- One participant remarked that they had not seen any of the materials organically as they don’t watch live TV; they expressed concern that as young people may be less likely to watch conventional live TV, the advert may not reach this group.

“Have a Deaf person be a part of [the advert] and show a successful interaction between a Deaf person and the NHS via the interpreter service [to show that 111] is inclusive and accessible and engaging for everyone.”



Next steps

Healthwatch in Devon, Plymouth, and Torbay is satisfied that the views of the following key groups have been represented in this feedback: Deaf people, visually-impaired people, parents of children, carers, elderly people, people with long-term conditions, people with dementia, people with autism, and people who speak English as a second language (ESL).

National consumer champion Healthwatch England are already using feedback from this report to inform their own research and they have shared it with NHS England, particularly the feedback from the Deaf Community.

Healthwatch in Devon, Plymouth, and Torbay have shared this report with NHS Devon CCG and will be asking them to outline how its key findings will be used to form any future plans for the 111 service or Think 111 First campaign.

Healthwatch in Devon, Plymouth, and Torbay have also raised concerns with NHS Devon CCG that the Sign Health - BSL Health Access may no longer be providing, online interpreters calls for all NHS 111 and any health calls due to insufficient funding.

Any further responses from Healthwatch England, NHS England or NHS Devon CCG will be published on the Healthwatch websites, social media accounts, and in their weekly email bulletins. This information can be accessed in the 'Contact Us' section at the end of this report.



Response from NHS Devon Clinical Commissioning Group

Healthwatch Devon, Plymouth and Torbay have provided a valuable report for us to use to help determine the next steps of the campaign development. The audience for the engagement with Healthwatch was comprehensive and included the main groups we wanted to hear from. The report sets out valuable feedback on the communications material and patient experiences of 111, as per the brief.

This report will be a key source of insight that will go onto to inform the specification and evaluation of a new provider as part of the CCGs Integrated Urgent Care Services contract later this year. The feedback, insight, and patient experience will be used to directly inform the future 111 campaign currently being developed.

- The CCG Communications Team has shared the report with urgent care and 111 commissioning leads within the CCG, as well as with the provider of NHS 111 in Devon (Devon Doctors) and the CCG's patient experience team. Findings from this report will be used to help shape the public campaign and make improvements to the service itself
- The report identifies opportunities for developing case studies to support the campaign. The CCG will work with Healthwatch to source a case study for 111 featuring a British Sign Language (BSL) user
- The CCG will invite Healthwatch and the focus group participants to test the materials produced by the creative agency and feedback

The full response from the CCG can be found at Appendix 8.



Recognition

Healthwatch in Devon, Plymouth, and Torbay would like to thank everyone who took time to facilitate or participate in the forums and give their feedback. We would particularly like to thank Living Options Devon and Healthwatch Assist for helping us to engage with the Deaf community.



Appendix

Appendix 1. Email invitation

Dear Forum participant,

Forum 2. 2.00 - 3.00

Thurs 11th Feb 2021

'Think 111 First Zoom' Meeting link:

<https://us02web.zoom.us/j/88292948903?pwd=d2FCT0lwWUJ1TWFPQ2lmanZoOFk4UT09>

We will be seeking your views on behalf of the Devon Clinical Commissioning Group (CCG) on:

Your awareness and experience of the new 'Think 111 First' (see: <https://111.nhs.uk/> and attached)

- **In what situations would you call 111?**
- **Awareness - How have you found out about 'Think 111 First', have the marketing materials been accessible and understandable?**
- **Experience - Have you used 'Think 111 First' ? How did you find it? What worked well, what problems did you encounter?**

The Forum will be facilitated by Healthwatch staff and will include participants from a range of Community and Voluntary groups across Devon, Plymouth and Torbay, in particular those representing more marginalised and hard to reach communities.(see list attached)

It would be ideal if you could collate and reflect the views from your organisation's users and members. Individual members and users are also encouraged to join us.

Thank you in advance for your engagement, and we look forward to seeing on the 11th Feb.

Yours,

David Kinross

Engagement and Volunteer Coordinator



Appendix 2. Think 111 First poster



CLICK OR CALL 111 FIRST

**Feeling ill or injured, but it's not life-threatening?
Not sure where to turn?**

If you think you need to go to A&E, call 111 first or visit 111.nhs.uk
Get the care you need 24 hours a day, 7 days a week

Protect others, protect the NHS, think 111 first





Appendix 3. Think 111 First text-based handout (for emergency departments)



Emergency Department

Protect yourself, protect the NHS, Think 111 first

We are changing the way people in Devon who need urgent (but not emergency) care get the right care in the right place.

We need to keep both our patients and staff safe, limiting their exposure to Coronavirus, by ensuring social distancing in our waiting rooms.

We are asking both residents and visitors to Devon **to contact NHS 111 by phone or online** when they need urgent care first, at any time of day or night, to find out where they should go and when.

When you contact 111, expert clinicians will guide you to the right service for your injury or illness. Once they identify which service you need, they will let these services know you are coming.

You may be referred to:

- Your own GP
- A Pharmacy
- A Minor Injury Unit
- An Urgent Treatment Centre or Emergency Department

Or, if appropriate, you may be given advice on how to care for yourself at home.

If you have arrived at our Emergency Department without a referral from NHS 111, we may direct you elsewhere or you may have to wait longer than those referred, unless you need immediate treatment.

Getting you to the right place for your needs will mean shorter waits and will help to keep you safe. If you do need an NHS service, we will make that you are signposted to one as close to you as possible and as fast as we can.

This new approach is an extension of the existing NHS 111 service in Devon, which is expert at making sure people are directed to the right place for their treatment.

Visit www.111.nhs.uk or call 111



Appendix 4. Think 111 First TV advert (link)

<https://www.youtube.com/watch?v=Km9Ov6dANOs>

Appendix 5. Mock-up yellow and black colour scheme (provided by Judy Price of the Macular Society)



Appendix 6. Explaining the role of Healthwatch Assist

Healthwatch Assist is a network of community groups and centres that enables Healthwatch to gather information from local communities about the health and social care services they use. This information can then be fed back to key decision makers so they can make improvements to local services.

Appendix 7. List of organisations that participated in the forums

- Living Options
- BSL Enabling
- Torbay Play
- Plough Arts Centre
- The Stroke Association
- Carers Support Group



- Mayfield Medical Centre PPG
- Prostate Support Association
- North Devon Sunrise
- Yes Brixham
- Rep South Urgent and Emergency Care Board
- Co-ordin8
- Devon Carers
- North Devon Forum for Autism Spectrum Disorders and ADHD
- Livewell Southwest
- Macular Society
- Healthwatch Portsmouth
- Healthwatch England
- Devon CCG
- Healthwatch in Devon, Plymouth, and Torbay (*organiser/facilitator*)

Appendix 8. Full response from NHS Devon Clinical Commissioning Group

Background

NHS Devon Clinical Commissioning Group (CCG) has been working on a programme to raise awareness of the NHS 111 service locally, with the aim of encouraging more people to use 111 before they visit an Emergency Department and to ensure they are directed to the right service for their needs.

The CCG carried out some detailed insight work in September/October 2020 to find out more about people's perception and experience of the 111 service, and commissioned Healthwatch Devon, Plymouth and Torbay to do some more detailed and targeted engagement with protected characteristics groups to find out more about their experiences accessing NHS 111 services, and how the Think 111 First campaign should be developed. Healthwatch arranged for several focus groups to be held in February 2021 and three members of the CCG attended these to be part of the discussion.

The report

Healthwatch Devon, Plymouth and Torbay has provided a valuable report for us to use to help determine the next steps of the campaign development. The audience for the engagement with Healthwatch was comprehensive and included the main groups we wanted to hear from. The report sets out valuable feedback on the communications material and patient experiences of 111, as per the brief.



Summary

The insight gathered by Healthwatch through a series of focus groups is helping to inform and directly influence the design work that a local creative agency is developing for 111 locally. This new campaign aims to raise awareness of the 111 service in Devon, for both residents (on a long-term basis) and visitors (during the busy summer period). Some of the key learning for the CCG as part of the campaign development was:

- An integrated campaign is required to ensure that people in Devon understand Think 111 First. This is a relatively new public message and will take time to embed.
- Most of the participants who attended the forums said they had not seen or did not remember seeing the promotional materials - this illustrates why a new creative campaign is required so that Think 111 stands out among the many public health messages in the public domain
- Marketing materials should make it clearer that 111 can now give patients an arrival time for Emergency Departments or book patients into other services
- Visually impaired people may struggle to read the orange and grey poster - as a result the agency will consider contrast in the designs
- There was valuable feedback about how the 111 online service works well for people with a hearing impairment
- While most of the participants hadn't seen any of the existing 111 materials, it supported the need for us to commission a fully integrated campaign which will launch ahead of the summer

Specific patient experiences of the services are very insightful and allow us to consider a response in our commissioning of future services. The engagement also identified several elements of the Think 111 service which are part of the nationwide service and cannot be influenced locally, for example:

- Call length/questions - The questions asked by 111 call advisors are prescribed in the NHS Pathways triage tool, which is used in both the 111 telephone and online services. To ensure safety and compliance with provider licensing arrangements, call advisors must ask the questions as written in the tool and in the order prescribed.
- 111/999 - Safety is the top priority in 111 services. The NHS Pathways triage tool starts with a series of questions to identify if the caller has a life-threatening emergency and needs an ambulance. If any of these questions are answered "yes", the case is immediately electronically transferred to ambulance service.
- Speaking to patient rather than carer - It is considered best practice to in 111 service that the call advisor or clinician speaks to the patient, which further helps to identify any "red flags" for clinical safety including confusion, breathlessness etc.

The CCG can influence the direct booking system from 111 to other NHS services locally. This was introduced through 111 First and is still relatively new. We are actively working with providers who offer bookings to ensure that they greet and receive patients booked from 111 in a professional and appropriate manner.



Next Steps

This report will be a key source of insight that will go onto to inform the specification and evaluation of a new provider as part of the CCGs Integrated Urgent Care Services contract later this year. The feedback, insight, and patient experience will be used to directly inform the future 111 campaign currently being developed

- The CCG Communications Team has shared the report with urgent care and 111 commissioning leads within the CCG, as well as with the provider of NHS 111 in Devon (Devon Doctors) and the CCG's patient experience team. Findings from this report will be used to help shape the public campaign and make improvements to the service itself
- The report identifies opportunities for developing case studies to support the campaign. The CCG will work with Healthwatch to source a case study for 111 featuring a British Sign Language (BSL) user
- The CCG will invite Healthwatch and the focus group participants to test the materials produced by the creative agency and feedback

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