

# **NHS 111 Minimum Data Set Providers Version**

NHS 111 Programme  
Version 0.9  
October 2012



**when it's less  
urgent than 999**

## Document control

Audience	NHS 111 service providers
Document Title	NHS 111 Minimum Data Set – Providers version
Document Status	Final
Document Version	0.9
Issue Date	October 2012
Prepared By	Commissioning Analysis and Intelligence, NHS 111 Programme Team

Version	Date	Name	Comment
0.1		Claire Ginn	Outline draft
0.2		Claire Ginn	Draft for consultation with key stakeholders.
0.3		Roger Halliday	Final version following consultation and review
0.4		Claire Ginn	Updated version following further testing with providers – changes to items 5.21 (average episode length), 5.23 (ambulance dispositions), 5.27 (self care advice disposition), 5.28 (non-clinical disposition)
0.5		Roger Halliday	Move from collecting data on cost of service to collecting the price paid by commissioners for service
0.6		Craig Irwin	Update based on feedback from pilot sites and new sites about to come on stream
0.7		Thomas Kent	Amendment to dispositions calculation to show actual calculation denominator is or triaged and non triaged calls.
0.8		Diane Baynham	Document change control section updated
0.9		Thomas Kent	Amendment to wording - average live transfer time

# Contents

Document control	1
Contents	2
1 Introduction	3
2 NHS 111 service summary	4
3 Minimum dataset summary	6
4 Commissioner coverage	7
5 Calls offered	8
6 Staffing and costs	14
7 Patient experience	15

---

# 1 Introduction

## 1.1 Purpose

This document sets out the provider element of a specification of an aggregate data return. Information on use of urgent and emergency care services needs to be provided separately by commissioners. This is in a separate dataset.

The purpose of the minimum data set is to add intelligence to commissioners' decisions as to the ongoing design and place of NHS 111 in their urgent care service. It will also be vital to the wider NHS in making their decision as to how and when to adopt NHS 111. With this in mind, it needs to be reviewed when the NHS 111 service is fully rolled out.

## 1.2 Audience

The primary audiences for this document are the NHS in the pilot areas who are responsible for setting up and running the NHS 111 service in their local area and their providers.

## 1.3 Status

This version of the document is the final version of the minimum dataset for commissioners. It has been developed by a group of experts on commissioning, service provision and data. Key stakeholders then reviewed.

## 1.4 Related documents

This document should be read in conjunction with the following:

- NHS 111 Minimum Dataset – Commissioners Version

---

## 2 NHS 111 service summary

### 2.1 Vision

The NHS 111 service will make it easier for the public to access urgent healthcare and also drive improvements in the way in which the NHS delivers that care. The easy to remember, free to call 111 number will clinically assess callers during their first contact and direct them to the right local service first time.

### 2.2 Core principles

The NHS 111 service operates according to the following core principles:

- Ability to dispatch an ambulance without delay
- Completion of a clinical assessment on the first call without the need for a call back
- Ability to refer calls to other providers without the caller being re-triaged
- Ability to transfer clinical assessment data to other providers and book appointments where appropriate
- Conformance with national quality assurance and clinical governance standards

### 2.3 Scope

The main components of the service are as follows:

- a memorable three digit telephone number – 111 – with associated brand and marketing guidelines
- 111 operations providing call handling, clinical assessment and referral of callers to other NHS local services for 111 calls in a limited geographic area;
- national telephony that routes 111 calls to the appropriate 111 operation
- national quality assurance and clinical governance standards

NHS 111 is a simple access point to integrated 24/7 urgent care services in a local area that provides the following benefits.

- improved patient and carer experience by providing clear, easy access to more integrated services
- improved efficiency of the urgent and emergency health care system by connecting patients to the right place, first time
- increased public confidence and enhanced reputation of the NHS
- provision of a modern, efficient entry point to the NHS focussed on patient needs and supporting the use of lower cost channels
- provision of management information that enables the commissioning of more effective and productive health care services that are tuned to meet patient needs

---

## 2.4 How will 111 work?

NHS 111 is available 24 hours a day, 7 days a week, 365 days a year to respond to people's health care needs when:

- it's not a life threatening situation, and therefore is less urgent than a 999 call
- the GP isn't an option, for instance when the caller is away from home
- the caller feels they cannot wait and is simply unsure of which service they require
- the caller requires reassurance about what to do next.

NHS 111 answers the call, assesses the caller's needs and determines the most appropriate course of action, including:

- for callers facing an emergency, an ambulance will be despatched without delay
- where a face to face consultation is required, an appointment will be booked or the caller will be referred to the service that has the appropriate skills and resources to meet their needs in the required timeframe
- for callers who do not require a face-to-face consultation, information, advice and reassurance will be provided
- where the call is outside the scope of NHS 111, the caller will be signposted to an alternative service

Full details of locally available services are maintained in a directory of services and referral protocols are in place with health care service providers so that the NHS 111 service is able to book appointments, refer callers and transfer information.

Management information is provided to commissioners regarding the demand, usage and performance of services in order to enable the commissioning of more effective and productive services that are tuned to meet people's needs.

## 3 Minimum dataset summary

### 3.1 Summary

This dataset is a commissioner level record.

Data on calls, staff and costs is required to show information separately for each month.

Data on patient experience is required every six months, starting with reporting in November 2011 on experience to September 2011.

### 3.2 Where to send data

Data will be collected through the UNIFY2 data collection system – a standard way of collecting data on NHS activity and performance. To register with this system, you need to send your name, phone number and e-mail address to [unify2@dh.gsi.gov.uk](mailto:unify2@dh.gsi.gov.uk). The UNIFY team will then give you guidance on how to use the UNIFY2 system. This system uses a Microsoft Excel template for the data that is available on the UNIFY2 system and the NHS 111 QUICKR site

### 3.3 Timing

Data providers should upload data onto Unify2 and sign off no later than 14<sup>th</sup> of the month following the month to which data relates. We will take a snapshot of the data provided at that point and publish soon after.

### 3.4 Revisions

If you become aware that previously submitted data is wrong, you are free to resubmit that data via UNIFY2. Please email [thomas.kent@dh.gsi.gov.uk](mailto:thomas.kent@dh.gsi.gov.uk) to ask for a revision. All published data will be flagged as the latest position rather than a definitive picture.

---

## 4 Commissioner coverage

### 4.1 Commissioner name and time period covered

Reason needed: To help specify the data included and track change over time.

Definition: The template for collecting the data will give a drop down list of organisations and a separate list of months.

### 4.2 Population covered

Reason needed: As a denominator on other measures in the minimum dataset to allow comparison between areas

Definition: This is the number of resident population who are able to access this site's single point of access. Defined by Office for National Statistics resident population estimates closest to the month the data relates to.



## 5 Calls offered

### 5.1 Introduction

This information is to be reported for each month where the NHS 111 service has run for at least some of the month. Information for each month is to be reported separately

It is to be reported by 14th of the month following the end of the month to which the data relates.

### 5.2 Time period covered

Reason needed: To help specify the data included and track change over time.

Definition: Which calendar month the data on calls covers.

### 5.3 Total number of calls offered

Reason needed: To give a measure of total scale of the single point of access service at this site. As denominator for other fields in the minimum dataset

Definition: All calls in calendar month received by single point of access in the [pilot] site. A call is received as soon as the call connects to the service's telephony system i.e. hits the providers switch.

### 5.4 Number of calls through 111 number

Reason needed: To give a measure of how prevalent the 111 number is used to access the single point of access service at this site.

Definition: Of the total calls offered in item 5.3, how many were through people dialling 111?

### 5.5 Number of calls through other numbers

Reason needed: To give a measure of how prevalent the 111 number is used to access the single point of access service at this site.

Definition: Of the total calls offered in item 5.3, how many were through people dialling numbers other than 111?

### 5.6 Number of abandoned calls (national quality standard 8)

Reason needed: To give a measure of the quality of access: the national quality standards for GP out of hours care (2006) states that "No more than 5% calls [should be] abandoned".

Definition: Of the total calls offered in item 5.3 and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?

## **5.7 Number of answered calls**

Reason needed: To give a measure of the access and denominator for indicators.

Definition: Of the total calls offered in item 5.3, how many were answered i.e. the call handler given the caller?

## **5.8 Number of answered calls through 111 number**

Reason needed: To give a measure of the access through people dialling 111 compared to other routes of accessing service. In particular, to highlight the impact of any queuing problems. To account for the length/tone of front end messaging in interpreting volumetric data.

Definition: Of the total 111 calls offered in item 5.4, how many were answered i.e. the call handler given the caller?

## **5.9 Number of answered calls through other numbers**

Reason needed: To give a measure of the access through people dialling numbers other than 111 compared to other routes of accessing service. In particular, to highlight the impact of any queuing problems. To account for the length/tone of front end messaging in interpreting volumetric data.

Definition: Of the total non-111 calls offered in item 5.5, how many were answered i.e. the call handler given the caller?

## **5.10 Number of calls answered within 60 seconds (national quality standard 8)**

Reason needed: To give a measure of the quality of access: the national quality standards for GP out of hours care 2006<sup>1</sup>) states that "All calls must be answered within 60 seconds of the end of the introductory message which should normally be no more than 30 seconds long".

Definition: Of the total answered calls received in item 5.7, how many were answered within 60 seconds of being queued for an advisor?

## **5.11 Number of calls where person triaged**

Reason needed: To give a measure of the type of service received and clinical use of call handlers.

Definition: Of the total answered calls received in item 5.7, how many were triaged at some point during their call? For the purposes of the MDS a triaged call is where the clinical assessment tool has been opened and used.

## **5.12 Reasons where person was not triaged – caller terminated call**

Reason needed: To give a measure of the service received and clinical use of call handlers.

---

<sup>1</sup> **National Quality Requirements in the delivery of Out-of-Hours Services** See link: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_073808.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_073808.pdf)

Definition: Of the total answered calls received in item 5.7, how many were not triaged at some point during their call and the reason for this was that the caller did not want to continue the call.

#### **5.13 Reasons where person was not triaged – caller referred without triage**

Reason needed: To give a measure of the service received and clinical use of call handlers.

Definition: Of the total answered calls received in item 5.7, how many were not triaged at some point during their call and the reason for this was that the caller was referred to another service without triage.

#### **5.14 Reasons where person was not triaged – caller given health information**

Reason needed: To give a measure of the service received and clinical use of call handlers.

Definition: Of the total answered calls received in item 5.7, how many were not triaged at some point during their call and the reason for this was that the caller was given information about condition or about health services.

#### **5.15 Reasons where person was not triaged – other reason**

Reason needed: To give a measure of the service received and clinical use of call handlers.

Definition: Of the total answered calls received in item 5.7, how many were not triaged at some point during their call and the reason for this was not included in items 5.12 - 5.14 above.

#### **5.16 Number of answered calls that were transferred to clinical advisor**

Reason needed: To give a measure of ability of frontline call receiving staff to deal with users needs

Definition: Of the total answered calls received in item 5.7, how many were transferred to a trained clinical advisor i.e. clinician without a lapsed professional certification.

#### **5.17 Number of answered calls that were warm transferred to a clinical advisor**

Reason needed: To give a measure of performance against service specification: this is that all transfers to clinical advisors will be warm transfers

Definition: Of the total calls that were transferred to clinical advisor in item 5.16, how many were transferred while the caller was live or on hold?

#### **5.18 Of the calls warm transferred to a clinical advisor, what is the average time spent in the warm transfer phase – NHS111 live transfer time.**

Reason needed: To give a measure of performance against service specification: this is that all transfers to clinical advisors will be warm transfers and to identify where call backs are being avoided through excessive warm transfer queues

Definition: Of the total calls that were warm transferred to clinical advisor in item 5.17, what is the average (mean) transfer time? This is the total waiting time for the caller, not just time spent on hold. Clock should start when the interim disposition is reached, indicating a transfer is required. Clock should stop when the clinician opens the call to complete the episode. This will include the physical call transfer and any talk time between clinician and non clinician.

#### **5.19 Number of calls where person offered call back**

Reason needed: To give a measure of performance against service specification: this is that call backs will be kept to a minimum

Definition: Of the total answered calls received in item 5.7, in how many was the call ended and queued for call back?

#### **5.20 Number of calls where person was called back within 10 minutes**

Reason needed: To give a measure of performance against service specification: this is that call backs will be kept to a minimum, and where they are queued for a call back this will be within 10 minutes.

Definition: Of the total calls where person was offered a call back in item 5.19, in how many was the person actually called back within 10 minutes of the end of their call?

#### **5.21 Average episode length**

Reason needed: To give a proxy measure of user satisfaction

Definition: For all answered calls received in item 5.7, the average (mean) time in minutes of the total length of the user episode. This is from the moment the call is offered until the end of the episode when the user hangs up following initial call or call back. This is not the length of talk time, rather the whole time from beginning to end of episode. Give detail in minutes.

Some sites record and some cannot record very short episodes (e.g. where patient has dialled by mistake). To improve the comparability between sites, The average episode length should be calculated on the central 95% of recorded calls (i.e. removing the 2.5% calls with highest episode length and 2.5% calls with lowest episode length).

#### **5.22 Dispositions**

Reason needed: Items 5.23 – 5.27 are included to give an information of what advice was given to callers. This gives an indication of the impact upon the local urgent and emergency care system. This should be the final advice given to the caller, not just the advice or disposition from the initial call handler (though clearly is the same thing where someone is not transferred to a clinical advisor). A standard group of dispositions is available for the NHS Pathways system and we can advise on what should be included from other systems in order to be consistent across pilots.

#### **5.23 Number of emergency ambulance final dispositions.**

Definition: The number of final dispositions that result in an emergency ambulance being dispatched. This includes CatA and CatB historically and is approximately corresponds to Red1+ Red2 and Green1 + Green2 categories respectively from 1<sup>st</sup> April 2011.

## **5.24 Number of callers recommended to attend an A&E**

Definition: Of the total triaged and non triaged calls received in items 5.11 and 5.12, and where an ambulance has not been dispatched, how many were referred to an type 1 or 2 A&E department (defined in Hospital Episode Statistics A&E data dictionary<sup>2</sup>). This excludes a walk in centre, minor injuries unit and urgent care centre.

## **5.25 Number of callers recommended to attend other primary care services**

Definition: Of the total triaged and non triaged calls received in items 5.11 and 5.12, and where an ambulance has not been dispatched, how many were referred to a primary care service. A referral is a suggestion to get in touch with that service as soon as it is available. Primary care services may include (but not be exclusive) to a GP practice, a GP out of hours service, dental care, walk in centre, minor injuries unit, urgent care centre or a pharmacist.

### **5.25a Number of callers recommended to contact other primary care services**

Definition: Of the total number of callers recommended to attend other primary care services in item 5.25, how many were referred to contact (face to face) a primary care practitioner.

### **5.25b Number of callers recommended to speak to other primary care services**

Definition: Of the total number of callers recommended to attend other primary care services in item 5.25, how many were referred to speak to a primary care practitioner.

### **5.25c Number of callers recommended to contact a dental practitioner or pharmacist.**

Definition: Of the total number of callers recommended to attend other primary care services in item 5.25, how many were referred to contact a dental practitioner or pharmacist.

## **5.26 Number of callers recommended to attend another service**

Definition: Of the total triaged and non triaged calls received in items 5.11 and 5.12, and where an ambulance has not been dispatched, how many were recommended to a service not included in 5.24 - 5.25. A referral is a suggestion to get in touch with that service as soon as it is available. These services may include (but not be exclusive to) district nurse, midwife, other community nursing, NHS direct, or police.

---

<sup>2</sup> See link: <http://www.hesonline.org.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=289>

5.27 **Number of callers where not recommended to contact another service (self care)**

Definition: Of the total triaged and non triaged calls received in items 5.11 and 5.12, and where an ambulance has not been dispatched, how many were not recommended to contact any service but given self-care advice. That is, the call resulted in “self care with worsening” advice i.e. to get in touch with a service after a few days if symptoms have not improved, or a recommendation to self care. This also includes calls where the caller ended the call without receiving a recommendation.

**5.27a Number of callers given health information**

Definition: Of the total number of callers not recommended to contact another service in item 5.27, how many were referred to a health information advisor, NHS Direct for health information or provided service location information.

**5.27b Number of callers recommended home care**

Definition: Of the total number of callers not recommended to contact another service in item 5.27, how many were given home and/or symptom management advice. Also includes calls recommended deferred home care advice i.e. to contact a primary care practitioner if condition does not improve within a given time.

**5.27c Number of callers not recommended to contact another service – non clinical.**

Definition: Of the total number of callers not recommended to contact another service in item 5.27, how many were calls for a report of results or tests or where calls have been terminated early (by caller or handler).

## 6 Staffing and costs

### 6.1 Introduction

This information is to be reported for each month where the 111 service has run for at least some of the month

Information for each month is to be reported separately

Reason needed: To give an indication of the skill mix of the site and to mix with information on calls and dispositions to analyse the effect of skill mix on efficiency and effectiveness of site

### 6.2 Total handling time worked by call handling staff

Reason needed: To give a relative measure of resource use, in particular to generate an average handling length per call and the split of this between call handlers and clinical staff

Definition: For all answered calls answered in item 5.7, the total time in minutes call handlers spend dealing with calls during the calendar month. This is the sum of handling time on individual calls i.e. from the moment the call is answered (call answered time) until the user hangs up (call disconnect time), plus any post-call follow up or wrap time. As before, a clinical advisor is defined as a clinician without a lapsed professional certification. A call handler is therefore someone answering calls, who are not a clinical advisor.

### 6.3 Total handling time worked by clinical staff

Reason needed: To give a relative measure of resource use, in particular to generate an average handling length per call and the split of this between call handlers and clinical staff

Definition: For all answered calls answered in item 5.7, the total time in minutes clinical staff spend dealing with calls during the calendar month. This is the sum of handling time on individual calls i.e. from the moment the call is answered (call answered time) until the user hangs up (call disconnect time), plus any post-call follow up or wrap time. As before, a clinical advisor is defined as a clinician without a lapsed professional certification.

### 6.4 Price of NHS111 service

Definition: This is the total amount that the NHS111 service commissioner paid for the service. This includes the underlying contract value and any changes to this for different levels of call volume or performance. Where the contract is specified over a period longer than a month, the call volume/performance changes should be re-profiled appropriately over the relevant months to give a consistent cost/call figure. This is even if the re-profiling is done retrospectively.



## 7 Patient experience

### 7.1 Introduction

This section should be reported every six months (April-September and October-March). This should be reported for each six month period where the NHS 111 service is operating across all months. The April-September results should be reported at least by the 20th November and October-March results reported at least by the 20th May.

The sample for the survey should include at least 200 users of the single point of access service in that six month period. It could be done over the telephone, paper or via the web. People should be surveyed between 1 and 2 weeks following the call to the single point of access service.

The full questionnaire used is up to the individual provider, though attached is the questionnaire used in the evaluation of the NHS 111 pilots.

### 7.2 Total number of people responding to survey

Reason needed: To give a denominator to calculate the key indicators of the value of the service to patients

Definition: To use the wording and options from question 13 in the questionnaire in the annex.

### 7.3 Number responding who were very satisfied with 111 experience

Reason needed: To measure the extent to which the service met people's expectations.

Definition: Of the total number responding to the survey (from 7.2), how many people replied "very satisfied" to the question on satisfaction. To use the wording and options from question 13 in the questionnaire in the annex.

### 7.4 Number responding who were fairly satisfied with 111 experience

Reason needed: To measure the extent to which the service met people's expectations.

Definition: Of the total number responding to the survey (from 7.2), how many people replied "fairly satisfied" to the question on satisfaction. To use the wording and options from question 13 in the questionnaire in the annex.

### 7.5 Number responding who were neither satisfied nor dissatisfied with 111 experience

Reason needed: To measure the extent to which the service met people's expectations.

Definition: Of the total number responding to the survey (from 7.2), how many people replied "neither satisfied nor dissatisfied" to the question on satisfaction. To use the wording and options from question 13 in the questionnaire in the annex.

### 7.6 Number responding who were dissatisfied with 111 experience

Reason needed: To measure the extent to which the service met people's expectations.



Definition: Of the total number responding to the survey (from 7.2), how many people replied “fairly dissatisfied” or “very dissatisfied” to the question on satisfaction. To use the wording and options from question 13 in the questionnaire in the annex.

#### **7.7 Number responding who did not rate satisfaction**

Reason needed: To measure the extent to which the service met people’s expectations.

Definition: Of the total number responding to the survey (from 7.2), how many people didn’t respond using one of the five possible responses given for question 13, for example if they say they didn’t know or refused to answer. To use the wording and options from question 3 in the questionnaire in the annex.

#### **7.8 Number responding who said they fully complied with advice**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 7 in the questionnaire in the annex. (all those saying “yes, all of it”)

#### **7.9 Number responding who said they partially complied with advice**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 7 in the questionnaire in the annex. (all those saying “yes, some of it”)

#### **7.10 Number responding who said they didn’t comply with advice**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 7 in the questionnaire in the annex. (all those saying “no”)

#### **7.11 Number responding who didn’t share a view on compliance with advice**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 7 in the questionnaire in the annex. To include anyone who didn’t respond using one of the three possible responses given for question 7, for example if they say they didn’t know or refused to answer.

#### **7.12 Number responding who said problem had resolved**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 11 in the questionnaire in the annex. (all those saying “completely better”)

#### **7.13 Number responding who said problem had improved**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 11 in the questionnaire in the annex. (all those saying “improved”)

7.14 **Number responding who said problem had remained the same**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 11 in the questionnaire in the annex. (all those saying “the same”)

7.15 **Number responding who said problem had got worse**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 11 in the questionnaire in the annex. (all those saying “worse”)

7.16 **Number responding who didn’t share a view on whether their problem was better or worse than before calling the SPA**

Reason needed: To measure the quality of the advice given, from the patient perspective

Definition: To use the wording and options from question 11 in the questionnaire in the annex. To include anyone who didn’t respond using one of the four possible responses given for question 11, for example if they say they didn’t know or refused to answer.

Items 7.17 - 7.41 are needed to measure the direct impact of the advice given, from the patient perspective. They need to use the wording and options from questions 11 and 15 in the questionnaire in the annex.

7.17 **Number responding who said that without the 111 service they would have used an ambulance service**

Definition: All those saying (in Q18) “999 ambulance service”

7.18 **Number responding who said that without the 111 service they would have used an ambulance service and then subsequently used an ambulance service**

Definition: All those saying (in Q9) “999 ambulance service” as 1st service and saying (in Q18) “999 ambulance service”

7.19 **Number responding who said that without the 111 service they would have used an ambulance service and then subsequently used an A&E service**

Definition: All those saying (in Q9) “A&E department” as 1st service and saying (in Q18) “999 ambulance service”

7.20 **Number responding who said that without the 111 service they would have used an ambulance service and then subsequently used an primary care service**

Definition: All those saying (in Q9) “A doctor/nurse at general practice” or “GP, out of hours” or “Urgent care centre” or “Walk in centre” or “Minor injuries unit” or “Pharmacist or chemist” or “NHS Direct” or “111 telephone service” as 1st service and saying (in Q18) “999 ambulance service”

- 7.21 **Number responding who said that without the 111 service they would have used an ambulance service and then subsequently used an other service**  
 Definition: All those saying (in Q9) “other” as 1st service and saying (in Q18) “999 ambulance service”
- 7.22 **Number responding who said that without the 111 service they would have used an A&E service**  
 Definition: All those saying (in Q18) “A&E department”
- 7.23 **Number responding who said that without the 111 service they would have used an A&E service and then subsequently used an ambulance service**  
 Definition: All those saying (in Q9) “999 ambulance service” as 1st service and saying (in Q18) “A&E department”
- 7.24 **Number responding who said that without the 111 service they would have used an A&E service and then subsequently used an A&E service**  
 Definition: All those saying (in Q9) “A&E department” as 1st service and saying (in Q18) “A&E department”
- 7.25 **Number responding who said that without the 111 service they would have used an A&E service and then subsequently used an primary care service**  
 Definition: All those saying (in Q9) “A doctor/nurse at general practice” or “GP, out of hours” or “Urgent care centre” or “Walk in centre” or “Minor injuries unit” or “Pharmacist or chemist” or “NHS Direct” or “111 telephone service” as 1st service and saying (in Q18) “A&E department”
- 7.26 **Number responding who said that without the 111 service they would have used an A&E service and then subsequently used an other service**  
 Definition: All those saying (in Q9) “other” as 1st service and saying (in Q18) “A&E department”
- 7.27 **Number responding who said that without the 111 service they would have used a primary care service**  
 Definition: All those saying (in Q18) “A doctor/nurse at general practice” or “Minor injuries unit” or “Urgent care centre” or “Walk in centre” or “NHS Direct”
- 7.28 **Number responding who said that without the 111 service they would have used an primary care service and then subsequently used an ambulance service**  
 Definition: All those saying (in Q9) “999 ambulance service” as 1st service and saying (in Q18) “A doctor/nurse at general practice” or “Minor injuries unit” or “Urgent care centre” or “Walk in centre” or “NHS Direct”

7.29 **Number responding who said that without the 111 service they would have used an primary care service and then subsequently used an A&E service**

Definition: All those saying (in Q9) "A&E department" as 1st service and saying (in Q18) "A doctor/nurse at general practice" or "Minor injuries unit" or "Urgent care centre" or "Walk in centre" or "NHS Direct"

7.30 **Number responding who said that without the 111 service they would have used an primary care service and then subsequently used an primary care service**

Definition: All those saying (in Q9) "A doctor/nurse at general practice" or "GP, out of hours" or "Urgent care centre" or "Walk in centre" or "Minor injuries unit" or "Pharmacist or chemist" or "NHS Direct" or "111 telephone service" as 1st service and saying (in Q18) "A doctor/nurse at general practice" or "Minor injuries unit" or "Urgent care centre" or "Walk in centre" or "NHS Direct"

7.31 **Number responding who said that without the 111 service they would have used an primary care service and then subsequently used an other service**

Definition: All those saying (in Q9) "other" as 1st service and saying (in Q18) "A doctor/nurse at general practice" or "Minor injuries unit" or "Urgent care centre" or "Walk in centre" or "NHS Direct"

7.32 **Number responding who said that without the 111 service they would have used another healthcare service**

Definition: All those saying (in Q18) "Someone else, please say"

7.33 **Number responding who said that without the 111 service they would have used another healthcare service and then subsequently used an ambulance service**

Definition: All those saying (in Q9) "999 ambulance service" as 1st service and saying (in Q18) "Someone else, please say"

7.34 **Number responding who said that without the 111 service they would have used another healthcare service and then subsequently used an A&E service**

Definition: All those saying (in Q9) "A&E department" as 1st service and saying (in Q18) "A&E service"

7.35 **Number responding who said that without the 111 service they would have used another healthcare service and then subsequently used an primary care service**

Definition: All those saying (in Q9) "A doctor/nurse at general practice" or "GP, out of hours" or "Urgent care centre" or "Walk in centre" or "Minor injuries unit" or "Pharmacist or chemist" or "NHS Direct" or "111 telephone service" as 1st service and saying (in Q18) "Someone else, please say"

7.36 **Number responding who said that without the 111 service they would have used another healthcare service and then subsequently used an other service**

Definition: All those saying (in Q9) "other" as 1st service and saying (in Q18) "Someone else, please say"

7.37 **Number responding who said that without the 111 service they would have used no healthcare service**

Definition: All those saying (in Q18) "No, I would not have contacted anyone else"

7.38 **Number responding who said that without the 111 service they would have used no healthcare service and then subsequently used an ambulance service**

Definition: All those saying (in Q9) "999 ambulance service" as 1st service and saying (in Q18) "No, I would not have contacted anyone else"

7.39 **Number responding who said that without the 111 service they would have used no healthcare service and then subsequently used an A&E service**

Definition: All those saying (in Q9) "A&E department" as 1st service and saying (in Q18) "No, I would not have contacted anyone else"

7.40 **Number responding who said that without the 111 service they would have used no healthcare service and then subsequently used an primary care service**

Definition: All those saying (in Q9) "A doctor/nurse at general practice" or "GP, out of hours" or "Urgent care centre" or "Walk in centre" or "Minor injuries unit" or "Pharmacist or chemist" or "NHS Direct" or "111 telephone service" as 1st service and saying (in Q18) "No, I would not have contacted anyone else"

7.41 **Number responding who said that without the 111 service they would have used no healthcare service and then subsequently used an other service**

Definition: All those saying (in Q9) "other" as 1st service and saying (in Q18) "No, I would not have contacted anyone else"

## A Example user survey from NHS 111 evaluation



When it's less urgent  
than 999



University of Sheffield

### Your views about the 111 telephone service

In the last few weeks you sought health advice using the telephone. You may have called the 111 telephone service directly or you may have been transferred from another service (eg the GP out of hours service). This questionnaire asks you about your experience of the 111 service on this occasion.

Please complete all the questions as best you can. If someone made the call on your behalf, it may be helpful for the caller to assist you, if possible, when completing the questionnaire.

Your name and address do not appear on this booklet and the information you give will only be seen by the research team at the University of Sheffield (see enclosed information booklet).

Once you have completed this questionnaire please return it in the envelope provided, which does not need a stamp.

Thank you.

#### Section A: Getting through

##### Q1. How did you get through to the 111 service?

- ☐ I dialled 111
- ☐ I'm not sure
- ☐ I called another service and they put me through to 111

Please say what type of service this was (eg GP out hours) \_\_\_\_\_

- ☐ I called another service and a message told me to call 111

Please say what type of service this was (eg GP out hours) \_\_\_\_\_

**Q2. How quickly did you get through to a 111 advisor? (please tick one)**

- ☐ The call was answered immediately (within one minute)
- ☐ The call was answered after being held in a queue (over one minute)
- ☐ I'm not sure
- ☐ I hung up before talking to someone, and tried again later

**Q2a. How many times did you try before getting through to a 111 advisor?**

\_\_\_\_\_ times

**Q3. When you got through to an advisor, what happened? (please tick one)**

- ☐ I was assessed only by the advisor who answered the telephone
- ☐ I was transferred to a nurse advisor for further assessment
- ☐ I was told that the 111 nurse would call me back
- ☐ I'm not sure

**Q4. At the end of the call what did 111 tell you? (please tick one)**

- ☐ My call would be transferred to the 999 ambulance service
- ☐ That an ambulance was on its way
- ☐ The 111 service arranged an appointment for me, with an urgent care centre/walk in centre/GP practice or other health professional.
- ☐ Go to one of the following by myself: A&E department/Walk-in centre/Urgent Care Centre/Minor Injuries Unit
- ☐ Contact my GP or someone else at my usual general practice myself
- ☐ Contact another health professional myself eg (midwife, dentist)  
Please say who \_\_\_\_\_
- ☐ Visit a pharmacy
- ☐ Other, please say what \_\_\_\_\_
- ☐ I was told how to look after the problem myself without contacting another health service

➡ **please move to Q6**

- ☐ I don't know/can't remember ➡ **please move to Q8**



Q5. How soon after the call were you told to get the help you were advised about in Q4?  
(please tick one)

- ☐ Immediately (eg within the next hour)
- ☐ Sometime during the same day
- ☐ The following day
- ☐ In the next few days
- ☐ The 111 advisor did not tell me when I should seek help

Q6. How helpful was the advice given by the 111 service? (please tick one)

- ☐ Very helpful      ☐ Quite helpful      ☐ Not very helpful      ☐ Not helpful at all

Q7. Did you follow the advice given by the 111 service? (please tick one)

- ☐ Yes, all of it (please move to Q8)      ☐ Yes, some of it      ☐ No

Q7a. If you did not follow the advice, why was this? (please tick one)

- ☐ I did not agree with the advice
- ☐ I did not understand the advice
- ☐ I tried to follow the advice but it did not work
- ☐ I was unable to follow the advice
- ☐ Other, please say \_\_\_\_\_

### Section C: After the call

Q8. During the five days AFTER the call was made to the 111 service did you have contact with any health service for the same problem? (this includes services that the 111 service told you to contact, or contacted on your behalf)

- ☐ No ➡ please move to Q11      ☐ Yes



**Q9. If there was contact between you and any of the following services within five days of your 111 call for the same problem please can you indicate the first, second, and third service you had contact with (please tick one box in each column)**

	1 <sup>st</sup> service after 111	2 <sup>nd</sup> service after 111	3 <sup>rd</sup> service after 111
A doctor/nurse at general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP, out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
999 Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Injuries Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist or Chemist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'111' telephone service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

**Q10. What was your main reason for contact with the first service above (please tick one)**

- ☐ I was told to do so by the 111 service or the 111 service did it for me
- ☐ I wanted another opinion
- ☐ I didn't agree with the advice given by the 111 service
- ☐ The health problem changed (worsened/improved)
- ☐ Other, please say \_\_\_\_\_

**Q10a. If you had contact with a second service, what were your reasons for this? (please tick all that apply)**

- ☐ The first service told me to contact the second service or they contacted it for me
- ☐ The health problem changed (worsened/improved)
- ☐ Other, please say \_\_\_\_\_

**Q11. Seven days after the call to the 111 service, how was the problem? (please tick one)**

- ☐ Completely better  
☐ Improved  
☐ The same  
☐ Worse

### Section D: Satisfaction

**Q12.** Below are comments showing how people might feel about the service they received. From your experience of the 111 service on this occasion please mark the boxes that seem closest to your views (*please tick one box on each line*).

	<i>strongly agree</i>	<i>agree</i>	<i>Neither agree nor disagree</i>	<i>disagree</i>	<i>strongly disagree</i>
The 111 staff were helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The questions asked by the 111 service were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 111 service dealt with my problem quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The advice I was given by the 111 service worked well in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 111 service helped me to make contact with the right health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the 111 service reassured me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was completely happy with the 111 service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 111 service is a valuable addition to the NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13. Overall, how satisfied or dissatisfied were you with the way the 111 service handled the whole process? (please tick one)**

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied

**Q14. Please describe any things about the 111 service that you were particularly satisfied and/or dissatisfied with on this occasion**

**Section E: Your use of the 111 telephone service and your satisfaction with the NHS**

**Q15. How did you hear about the 111 telephone service? (please tick all that apply)**

- ☐ Media (tv, radio, newspaper etc)
- ☐ Leaflet
- ☐ Friend/relative
- ☐ Health service telephone message
- ☐ Online (computer, laptop etc)
- ☐ Other healthcare provider (eg GP)
- ☐ Other, please say \_\_\_\_\_

**Q16. Are you clear about when to use the 111 service instead of another service?**

- ☐ Yes, definitely                      ☐ No                      ☐ I'm not sure

**Q17. If you faced a similar health problem in the future would you call the 111 service?**

- ☐ Yes                      ☐ No                      ☐ I'm not sure

Q18. If the 111 service had not been available, would you have contacted another service about your health problem? (please tick one)

**Yes, I would have contacted:**

- ☐ A doctor/nurse at general practice
- ☐ Urgent Care Centre
- ☐ 999 Ambulance Service
- ☐ A&E department
- ☐ Minor injuries unit
- ☐ Walk-in centre
- ☐ NHS Direct

Someone else, please say \_\_\_\_\_

- ☐ **No, I would not have contacted anyone else**
- ☐ This question is not relevant as I did not call 111 directly

Q19. All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs when you need to seek help URGENTLY (ie needing help on the same day)?

- ☐ Very satisfied
- ☐ Quite satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Quite dissatisfied
- ☐ Very dissatisfied

Q20. All in all, how satisfied or dissatisfied would you say you are with the way the National Health Service runs in GENERAL nowadays?

- ☐ Very satisfied
- ☐ Quite satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Quite dissatisfied
- ☐ Very dissatisfied

**Section G: So we can understand how the new 111 service works for different types of people, here are some questions about the CALLER (the person who made the phone call to 111)**

**Q21. How old is the caller?**

\_\_\_\_\_ years old

**Q22. Is the caller:**

☐ Male ☐ Female

**Q23. What is the caller's ethnic group?**

☐ I don't know ☐ White ☐ Black or Black British  
☐ Asian or Asian British ☐ Mixed ☐ Chinese  
☐ Other, how would you describe their ethnic group \_\_\_\_\_

**Q24. Does the caller have any long-term illness, health problem or disability which limits their daily activities or the work they can do? (includes problems which are due to old age)**

☐ Yes ☐ No ☐ I don't know

**Q25. Does the caller's household own or rent their accommodation? (this is a standard question used in other surveys)**

☐ I don't know ☐ Owns outright  
☐ Owns with a mortgage or loan ☐ Pays part rent and part mortgage  
☐ Rents ☐ Lives there rent free

We would like to examine some of the calls made to 111 to help us to improve the service. If you are happy for us to examine your 111 record which relates to the health problem you describe in this questionnaire, please tick here: ☐

Thank you for your help.  
Please return this form in the envelope provided, no stamp is required.

**Medical Care Research Unit,  
ScHARR,  
University of Sheffield**