

NHS 111 / IUC Patient Experience Survey specification

From April 2022

Section 1: Introduction

This document specifies data items for NHS111PS, the data collection of NHS 111 / Integrated Urgent Care (IUC) Patient Experience Surveys.

Providers of NHS 111 / IUC Services should, for each of the contract areas where they provide these services, supply NHS England & NHS Improvement survey results for mandatory data items twice a year (covering calls received in April to September and in October to March).

Section 2: Survey methods

Administering the questionnaires and modes of collection

The survey should be sent to callers within a timeframe that enables respondents both to remember their experience in detail and to assess the impact of the advice given. We therefore recommend sending out the survey after 1 week and before the end of 2 weeks after a call to NHS 111.

The survey can involve online collection, telephone interviews, or posting of paper questionnaires. SMS can also be used to collect additional information alongside the survey, for example, the Friends & Family Test (FFT), or to link to an online survey.

In order to maximise response rates and obtain as representative a sample as possible, we recommend using a mixed-mode approach to data collection and using reminders – see Annex A for further guidance.

Providers should only include one survey response for each episode of care. This can include multiple responses for the same person, in the event of that person calling 111 twice or more in a six-month period for different healthcare episodes and being invited to respond to the survey each time. All callers during the 6 months period are eligible to take part in the survey including, for example, those calling on behalf of a patient under 18 and those calling in an end-of-life situation.

Questionnaire content

Providers must ask, and report responses to, the two questions listed in Section 3, using the exact same wording.

Providers can ask other questions from the example questionnaire in the Annex, or include additional questions of their own choosing, but should not make the survey so time-consuming that it significantly reduces response rates.

Any questions used, including additional local questions, should be included in the chronological order of the patient journey as outlined in the example questionnaire. This will make it easier for participants to think about their journey as they complete the survey and avoid question order effects.

If providers choose to collect demographic information (such as sex, age, ethnic group) about the patient or caller for local analysis purposes, we recommend these are asked at the end of the questionnaire using GSS harmonised standards which are available here: [Harmonised standards and guidance by topic – GSS \(civilservice.gov.uk\)](https://www.civilservice.gov.uk/gss). If there is local need to have additional response options in demographic questions to reflect certain groups, these can be included as long as they can be collapsed back to the response options in the Harmonised Standards. This will enable better data quality and comparability.

Providers who choose to use the FFT alongside the survey, should make sure they are using the latest version available here: [NHS England » Guidance on implementing the Friends and Family Test](#).

Sample size

The sample size is the maximum number of responses that can be received for a survey. For postal surveys, this is the number of callers who receive a questionnaire. For electronic data collection, this is the number of callers who are invited to give feedback.

Providers should aim to survey sufficient numbers of callers to achieve reliable results in each contract area in each six-month period. This should be a **minimum** of 200 responses. Providers using more cost-effective survey collection methods will be able to achieve greater numbers of responses.

The calculator on [this website](#) (summarised in the table below) may be helpful in understanding how an increase in sample size reduces the margin of error¹ to achieve more reliable survey results.

Margin of error	No. of survey responses required (95% confidence interval) ²
1%	9,604
2%	2,401
3%	1,068
4%	601
5%	385
6%	267
7%	196

To calculate the total number of callers to sample, the minimum number of responders required should be multiplied by the inverse of the response rate. That

¹ The Margin of Error is the difference either side of the estimate in which the actual result falls. For example, if 50% of callers report that they are very satisfied with the NHS 111 service and the margin of error is plus or minus 5% with a 95% confidence level, it's safe to conclude that 95% of the time the proportion of callers who report "very satisfied" will be between 45% and 55%.

² Based on a standard confidence level of 95% and using 50% for the population proportion.

means, for example, that a sample size of 2,000 is required in order to get a minimum of 200 responses if the expected response rate is 10%.

The sample should be randomly selected in order to avoid bias.

3: Mandatory survey questions

The only two mandatory questions that must be collected and submitted to NHS England & Improvement are:

Overall, how satisfied or dissatisfied were you with the NHS 111 service? *(please choose one)*

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

If the NHS 111 service had not been available, would you have contacted another service about your health problem? *(please choose one)*

Yes, I would have contacted:

- My GP Practice
- Urgent Treatment Centre
- 999 Ambulance Service
- Hospital Emergency Department (A&E)
- Pharmacist or Chemist
- Other, *please say* _____
- No, I would not have contacted anyone else
- This question is not relevant as I did not call NHS 111 directly

An example questionnaire is included in Annex B which may be used by providers locally to augment the national survey. The two mandatory questions are highlighted in yellow.

4: Data Items to be returned to NHS England & NHS Improvement

The following data items should be supplied to NHS England & NHS Improvement survey results for mandatory data items twice a year (covering calls received in April to September and in October to March). Providers should supply every data item listed for the period where they have provided the NHS 111 service for at least part

of the time period. Information about the collection of data will be provided separately.

1 Size of Sample selected

Definition: Maximum number of callers who received a questionnaire and/or who were invited to give feedback.

2 Number of responses to the survey

Definition: The number of responses received to the survey with at least one useful response to the mandatory questions. Item 2.1 should match the total of 3.1 to 3.6 and the total of 4.1 to 4.8.

3.1 Very satisfied with 111 service

Definition: number of responses of “Very satisfied”.

3.2 Fairly satisfied with 111 service

Definition: number of responses of “Fairly satisfied”.

3.3 Neither satisfied nor dissatisfied with 111 service

Definition: number of responses of “Neither satisfied or dissatisfied”.

3.4 Fairly dissatisfied with 111 service

Definition: number of responses of “Fairly dissatisfied”.

3.5 Very dissatisfied with 111 service

Definition: number of responses of “Very dissatisfied”.

3.6 No response on satisfaction

Definition: number of respondents who provided no response to the mandatory question on satisfaction.

4.1 Would have contacted GP Practice

Definition: number of responses of “My GP Practice”

4.2 Would have contacted UTC

Definition: number of responses of “Urgent Treatment Centre”

4.3 Would have contacted 999 ambulance

Definition: number of responses of “999 Ambulance Service”

4.4 Would have contacted Emergency Department

Definition: number of responses of “Hospital Emergency Department (A&E)”

4.5 Would have contacted Pharmacy

Definition: number of responses of “Pharmacist or Chemist”

4.6 Would have contacted other service

Definition: number of responses of “Other”

4.7 Would not have contacted anyone else

Definition: number of responses of “This question is not relevant...” plus number of respondents who provided no response to the mandatory question on which service they would have contacted if NHS 111 had not been available.

4.8 Not relevant as didn't call 111 directly

Definition: number of responses of “This question is not relevant as I did not call NHS 111 directly “

Mixed-mode survey design options

Options

There are two main options for the Patient Experience Survey. Providers should assess which type of mixed-mode approach to use subject to resource and the likely success of each option.

- Concurrent

If using a concurrent design, more than one mode is offered at first contact, eg a paper survey and the option to complete online. If following up non-responders, they should be reminded of the options offered and, if possible, offered an additional mode, eg telephone.

The benefit of offering more than one mode at first contact is better inclusivity for those who may have difficulty using a particular mode or not be able to access it (eg online). The drawback of this design is that it could result in a higher proportion of responses by the most expensive mode and/or require more processing because a higher proportion of postal/phone responses are received.

- Sequential

If using a sequential design, one mode only is offered at first contact. Another mode may then be offered if following up non-response.

The benefit of this method is that it reduces costs and may result in higher response rates if a cost-effective mode is used first, eg if offering online first. The drawback of this is that it could make it more difficult for those who cannot use this mode to respond as they would have to wait for a reminder to be offered a suitable mode.

Another option is to only provide one mode at first contact (eg online) but provide information at the same time about how to request an alternative mode (paper or telephone).

Reminders

Whichever survey design is used, digitally automated reminders are a cost-effective way of increasing return rates, especially where it is possible to identify individuals who have not responded while maintaining anonymity, for example by using a unique serial number or barcode.

Example Questionnaire

The following questions may be used by providers locally to augment the national survey. Mandatory questions are highlighted in **yellow**.

Q1. How did you get through to the NHS 111 service? (please choose one)

- I dialled 111
- I accessed it through NHS 111 Online
- I received a call back after using an NHS 111 kiosk in a healthcare setting
- I'm not sure

Q2. At the end of the call what did NHS 111 tell you? (please choose one)

- An ambulance was being sent
- NHS 111 had arranged an appointment with another service (eg with an Emergency Department, dentist, GP practice or a GP home visit)
- Make my own way to a hospital Emergency Department (A&E) or Urgent Treatment Centre
- Contact **my** GP surgery
- Visit a pharmacy or chemist to collect a prescription
- Visit a pharmacy or chemist for advice
- I was told how to look after the problem myself without contacting another health service
- Other, *please say what* _____
- I don't know / can't remember **please move to Q4**

Q3. To what extent did you follow the advice given by NHS 111? (please choose one)

- I followed all of it **please move to Q4**
- I followed some of it **please move to Q4**
- I did not follow the advice

Q3a. Why did you not follow the advice given by NHS 111? (please tick one)

- The health problem got worse
- The health problem improved
- I wanted another opinion before deciding whether to follow the advice
- I didn't agree with the advice
- I was unable to follow the advice
- Another reason, *please say* _____

Q4. During the five days AFTER the call was made to NHS 111 did you contact a health service for the same problem? (this includes but is not limited to services that 111 told you to contact, or contacted on your behalf)

- No **please move to Q5**
- Yes

Q4a. Which health service did you contact about the same problem? (please choose all that apply)

- My GP surgery
- Hospital Emergency Department (A&E)
- Urgent Treatment Centre
- 999 Ambulance Service
- Pharmacist or Chemist
- NHS 111 telephone service
- NHS 111 Online
- Other, *please say* _____

Q4b. What was your main reason for contacting another service? (please choose one)

- I was told to do so by NHS 111 or NHS 111 made an appointment for me
- The health problem changed
- I didn't agree with the advice given by the NHS 111 service
- I wanted another opinion
- Other, *please say* _____

Q5. Seven days after the call to NHS 111, how was the health problem? *(please choose one)*

- Completely better
- Improved
- The same
- Worse

Q6. How satisfied or dissatisfied were you with the time taken for the NHS 111 service to deal with your call? *(please choose one)*

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

Q7. How satisfied or dissatisfied were you with how you were treated by NHS 111 call handlers and medical staff that you spoke to on the phone? *(please choose one)*

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

Q8. How satisfied or dissatisfied were you with the advice that you were given by NHS 111? *(please choose one)*

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

Q9. Overall, how satisfied or dissatisfied were you with the NHS 111 service?
(please choose one)

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

Q10. If the NHS 111 service had not been available, would you have contacted another service about your health problem? *(please choose one)*

Yes, I would have contacted:

- My GP Practice
- An Urgent Treatment Centre
- 999 Ambulance Service
- Hospital Emergency Department (A&E)
- Pharmacist or Chemist
- Other, *please say* _____
- No, I would not have contacted anyone else
- This question is not relevant as I did not call NHS 111 directly