Scottish Government Health Directorates Chief Scientist Office



FOCUS ON RESEARCH

MANAGING SYMPTOMS IN THE COMMUNITY: EXAMINING THE ROLE OF NHS 24

Researchers

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Aim

To examine the public's current use of NHS24 for managing symptoms and determine their knowledge and perceptions about the service.

Project Outline/Methodology

Phase 1: Analysis of NHS24 activity data for 2011 to describe the symptoms presented to NHS24 and examine how these varied by time of contact and patient characteristics. Phase 2: A Scotland-wide postal survey and follow-up telephone interviews to explore the public's knowledge and use of NHS24.

Key Results

Phase 1: 1,285,038 calls were made by 791,178 users during 2011. 82.6% of calls were made out-ofhours. The commonest problems were abdominal (out-of-hours) and dental (in-hours). Out-of-hours calls tended to be for problems of shorter duration than in-hours calls. For most problems the commonest outcome was advice to visit an out-ofhours centre (out-of-hours calls) or advice to visit GP practice (in-hours calls). The number of calls ranged from 1-866, with most people (69%) making one call. Males, older individuals and less affluent people were less likely to use the service. Problems presented and call outcomes varied by patient characteristics, especially age.

Phase 2: 1,188 (34.6%) questionnaires were returned completed. 50.5% of respondents had used NHS24. Most (69%) called about a new symptom. Over 80% of callers were satisfied with the service and 94% would use it again. Only 8% of respondents had used the NHS24 website and 5% the NHS Inform service. 30 respondents were interviewed. NHS24 was mainly viewed as an out-of-hours alternative to the GP, and most frequently used when access to a GP was poor. It was not considered an appropriate service for minor symptoms, rather for more serious symptoms that required advice or treatment quickly. Barriers to use included not knowing the telephone number and not knowing when to use the service. The main area of dissatisfaction was with the initial questions used to triage patients.

Conclusions

People use NHS24 in different ways. Users of the service are generally satisfied and would use it again. Certain groups are less likely to use the service and barriers to use amongst these groups need to be addressed. Further education about the full range of services NHS24 offers and how and when they should be used is required.

What does this study add to the field?

This is the first study to examine how NHS24 is being used by the public to manage symptoms. It provides important information on the public's knowledge of and perceptions of NHS24, and which groups do and do not use the service. It has identified the barriers to using NHS24 and identified which groups these barriers are most problematic for. The study has confirmed some known issues about NHS24, but also challenges some myths about the service.

Implications for Practice or Policy

Our findings have: provided important insights into the range of problems NHS24 needs to be equipped to deal with; provided an indication of whether the service is being used as policymakers intended (i.e. to deal with immediate and unexpected health problems; highlighted areas where future interventions might improve the public's use of NHS24; and highlighted areas where the public believe NHS24 might be improved.

Where to next?

Future research should address the barriers to using NHS24 among particular groups, identify means by which the NHS24 service might be improved, investigate ways of optimising the public's use of NHS24 for different symptoms and explore ways to better educate the public about the full range of NHS24 services.

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