SCOTTISH CONSUMER COUNCIL

EVALUATION OF THE NHS HELPLINE

PREPARED FOR THE NHS IN SCOTLAND MANAGEMENT EXECUTIVE

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SECTION ONE

BACKGROUND TO THE RESEARCH
CHAPTER 1      INTRODUCTION

1.1 Background

The NHS Helpline (0800 22 44 88) is a national free telephone service which has been in operation since 1992. It was established in order to meet the commitment contained within the Patient’s Charter that:

"...a telephone call will give you access to a comprehensive information service about health services and the NHS."

The NHS Helpline is operated by Network Scotland who provide a number of freephone helplines and have a proven track record in this field of information provision.

Helplines are becoming an increasingly popular method of providing information and advice. The NHS Helpline fulfils the function of providing an interface between the public and health services. For this reason, it is important that people’s experiences of the Helpline are positive and that information given is accurate.

1.2 Aims of the Project

The project aims to assess the effectiveness of the existing service provided by the NHS Helpline and gain an overall view of its operation. In particular, the project aims to evaluate the following elements of the service:

- Uptake of the service
- Accessibility to the public
- Public awareness
- Cost effectiveness
- Appropriateness of service use
- Comprehensiveness, accuracy and usefulness of information given to users.

By fulfilling these objectives the evaluation aims to identify gaps in the service provided by the Helpline and also highlight the successful parts of the service.
CHAPTER 2 RESEARCH METHODS

2.1 Introduction

A combination of research methods was used in order to obtain a comprehensive perspective on the NHS Helpline. The views of those who have used the service are of major importance. However, the research also attempted to gather the views of potential users, service providers and Health Councils. The overall exercise aimed not only to evaluate the "success" of the helpline but also to explore and explain its operation. There is little point in knowing that a service ranks high or low on some scale if it cannot be concluded from the analysis how the performance can be improved. The methods used are summarised below and are then detailed in Section Two of this report.

2.2 Observation of the Operation of the Helpline

Three visits were made to Network Scotland in order to build up a sensitive and composite picture of the functioning of the operation. One visit lasted over a working day. The other two visits were each of two hours' duration.

2.3 Interviews with Staff

During the visits mentioned above key staff members, including managers and line operators, were interviewed on an informal basis.

2.4 Examination of Evaluation Reports and Databases

Network Scotland produce quarterly evaluation reports and monthly monitoring reports which provide detailed analysis of performance. All reports which were produced in 1995 were closely examined in order to establish who was using the service, why they used it and how they experienced it. The data from each report were collated in order to identify recurrent patterns and associations.

Database systems were examined and compared against other information sources in order to test the integrity of information held by the Helpline.

2.5 Telephone Survey of User Satisfaction

Fifty recent callers were contacted and agreed to co-operate in a semi-structured telephone interview lasting approximately ½ hour. This survey aimed to establish why people used the Helpline and to assess user satisfaction with the overall service. The survey was structured to determine what respondents had actually experienced and, if relevant, how the service could be improved.
2.6 Researcher Testing of the Helpline

Thirty "mystery shopper" calls were carried out by the research team based at the Scottish Consumer Council and by some professionals from the field of health and social care. This part of the research aimed to establish the accuracy of information given to users of the Helpline and to provide a balance to the possible problems encountered with legitimate users regarding recall and understanding.

2.7 Comparison with Health Board Helplines

The operation of the Helpline and the kind of service it provides were compared to locally based helplines operated by Grampian, Fife and Borders Health Boards. The merits of both types of service were explored as were the disadvantages.

2.8 Survey of Health Councils

All Health Councils in Scotland received a questionnaire asking them if they had used the Helpline and what they thought of it.

2.9 Survey of General Practitioners

Questionnaires were sent to a geographically representative sample of 205 GPs. The research intended to find out the level of awareness of the line and what doctors thought of it. Data were quantitatively analysed with SPSS (Statistical Package for Social Scientists).

2.10 Omnibus Poll

System 3 were contracted to carry out a national survey of public awareness. This part of the research aimed to provide a statistically meaningful picture which would complement the rest of the research.
SECTION TWO

RESEARCH RESULTS
CHAPTER 3 OBSERVATION OF HELPLINE OPERATION

3.1 Introduction

Following an introductory visit, the research manager for this project returned to Network Scotland and spent six hours familiarising herself with all aspects of the operation and interviewing key staff members. This visit took place on 24 October 1995. The researcher had a "sitting in" session lasting one and a half hours with Helpline counsellors as they responded to calls. An observation schedule was drawn up in advance of the visit. The schedule is appended to this report (Appendix 1). This chapter details the sitting in session. The following chapter describes the rest of the visit and the staff interviews.

3.2 Methodology

Staff were informed in advance of the researcher's visit. The researcher appreciated that her presence might influence the "normal" situation and tried to ensure that this did not impinge on the service operation by keeping as low a profile as possible and by using observational skills as well as verbal methods.

Observation and interviews were guided by the observation schedule, and any other matters which arose and which were thought to be relevant were followed up. Fieldwork notes and the researcher's impressions were transcribed immediately after the visit and the observation schedule was used as a basis for qualitative coding of data.

3.3 Research Results

Counsellors were protective of their clients' confidentiality and were re-assured by the researcher that data would be used for research purposes only and that anonymity would be maintained during all fieldwork. The researcher had to sign a confidentiality statement which was part of company policy.

The working environment was pleasant. The operation room was bright, comfortable and spacious. The room contained information sources in the form of posters, notices, directories and an extensive library of reference leaflets. However, Network Scotland is currently engaged in major renovation work and the present operational set-up may change in the near future.

There are three open booths in the room, each with a computer terminal. There is also a desk at the back of the room which is used by Heartline (another helpline) in the afternoons. The operators speak to callers through a mouthpiece. There was very little background noise and a notice on the door stated that calls were in progress. Other staff only entered the room when necessary. It was easy to hear calls ringing in. The atmosphere was relaxed but well paced and professional. Network Scotland refer to the operators as "counsellors." There were three female counsellors on duty of a varied age range. All had received training and two had a nursing background. During calls, the only person in the room who can hear the caller is the operator dealing with the call. The researcher was informed that the caller cannot hear anyone else in the room unless they speak very loudly. During the session, there
was always at least one call in progress at any one time and, for most of the time, all three counsellors were occupied. This was stated to be the normal situation. All calls were answered before the third ring. At no time did the counsellors personally identify themselves to callers.

Counsellors appeared to spend an appropriate amount of time dealing with each call. The counsellors were at all times friendly, helpful and professional. They were honest with the caller if they did not know the answer to a query and, if this was the case, they discussed the problem with a colleague or referred the caller to another agency. Counsellors were non-judgemental and non-directive. Service boundaries were recognised and staff knew when to refer on. The counsellors spoke clearly and were easy to understand. They imparted information appropriately but it was evident that all three possessed counselling skills. They knew when to listen instead of speak and they appeared to empathise well with callers' situations but did not become personally involved.

A large proportion of calls received during the session consisted of queries about the contraceptive pill. The session took place six days after the Department of Health published new information on side effects. Callers were given information from a brief prepared by Network Scotland on the basis of Department of Health information. They were given counselling if required and all were referred to their GP.

Some calls were not directly connected with health services:

- One caller wished help with a gambling addiction and was referred to Gamblers' Anonymous. However, the source on the database was confusing as it had a London address and a Glasgow telephone number.

- Another caller requested help for domestic violence and was given the number of her nearest Women's Aid Refuge.

- One caller was extremely distressed following a marital breakdown and was experiencing social isolation. Children could be heard crying in the background. The caller did not want to contact the Social Work Department. The counsellor spent approximately 15 minutes on the telephone counselling the caller. This appeared to help. However, in practical terms, being unable to refer the caller to the Social Work Department, the counsellor was unsure who else to refer to. After consultation with colleagues, she suggested Family Mediation and Crossroads. The counsellor could have referred the caller to more appropriate agencies, for example, Gingerbread, her GP or the local mother and toddler group.

The reference library is comprehensive and easy to use. The catalogue system is simple and clear.

Counsellors have a simple paper system for monitoring of calls and they find this quick and easy to complete between calls. During the session, all callers were asked for personal details but they were not always told why this information was required.

At the end of their shift staff transfer leaflet requests from the monitoring forms to despatch
forms. These are uplifted daily by the despatch department which is responsible for mailing of all literature.

SUMMARY

- The operation of the NHS Helpline works well and is geared to users' needs.
- Monitoring systems and procedures are competent and are effective.
- Counsellors are friendly, helpful and professional and they appear to be committed to what they are doing.
- A wide range of calls are received. Many callers require counselling as well as information and counsellors seem well equipped for this role. Service boundaries are recognised.
- Staff are not always telling callers why personal information is required when this is asked for monitoring purposes.
CHAPTER 4 INTERVIEWS WITH NHS HELPLINE STAFF

4.1 Introduction

Over the three visits to Network Scotland, the researcher formed the opinion that the organisation is friendly, efficient and professional. There is a good atmosphere and the working environment is pleasant.

In addition to the NHS Helpline, Network Scotland operate several other helplines including Smokeline, Heartline, Drugline and the National AIDS Helpline.

The following staff members were interviewed informally on the basis of the observation schedule:

- Business Development Director
- Account Manager
- Information and Counselling Services Director
- Three counsellors
- Database Manager
- Quality Officer
- Information Officer
- Press and Public Relations Officer
- Despatch Officer

All were interviewed separately except the counsellors who were interviewed as a group. The counsellors who were interviewed were selected at random.

All interviews were transcribed from field notes immediately after the visit. A number of themes and categories were then established and the data were subsequently coded and analysed.

4.2 Operational Details

It was confirmed that the line operates on weekdays from 9 am - 5 pm except on public holidays. The line remains open over lunchtime. Managerial staff also confirmed the presence of the minicom facility for callers with hearing impairments.

8 - 10% of calls are lost in British Telecom's network before connection to Network Scotland. This is outwith the control of Network Scotland.
When calls come in, company guidelines direct that they should be answered by the third ring. If the lines are engaged, a voice message tells callers they are in a queuing system and will receive attention shortly. Outwith official opening hours, a different voice message tells callers when to phone back but there is no provision for callers to leave a message themselves.

Staff access information on their own computer and the databases can be utilised by more than one operator at a time.

Staff never identify themselves personally to callers — this is company policy. At the end of the call, clients are asked for some personal details for monitoring purposes. This includes age, employment status and the Health Board area in which they live. Callers are also invited to participate in user satisfaction surveys by indicating willingness to be called back at a future date. There is no obligation on callers to provide this information and they are given reasons for being asked.

4.3 Staff Roles and Structures

Senior management are responsible for all Helplines run by the organisation. Counsellors work with one helpline only. There is normally one supervisor on duty at a time. Members of the management stated that three counsellors operate at any one time. However, the counsellors stated that two on duty was more of the norm, except for busy periods. Network Scotland has a pool of "casual" staff who can be brought in to supplement cover when this is required. A few days' notice is needed for this system to work effectively. Additional lines can be opened and hours extended when extra cover is required.

The supervisor who was on duty on the day of the visit was male. The counsellors were all female. Several male counsellors are employed. Staff did not see this as an issue with callers. They could not remember an occasion when a caller had found the gender of the counsellor to be a problem. Staff appeared to be of a balanced age group. The majority of staff have a background in health care, most of them being nurses.

4.4 Internal Communications

There was a good sense of teamwork among the staff and an atmosphere of mutual exchange. People knew their role and seemed to enjoy their work. They had confidence in the systems and procedures which surrounded the Helpline.

Counsellors monitored call details and literature requests on a paper system. They stated that they found this easy to work with. Despatch staff, who are responsible for mailing literature, knew where to get these forms and uplifted them on a daily basis. Monitoring forms were uplifted by three computer operators who entered the data daily.

4.5 Staff Attitudes

All staff interviewed were committed to their work and to the belief that the NHS Helpline was a necessary service. Everyone stated that they enjoyed their work. No-one felt that they were experiencing undue stress. Some calls necessitated intense counselling but staff felt
supported by training they had been given and by each other.

Management and operators saw the role of the Helpline as more than just an information service. Callers frequently required advice or counselling and this was seen as a vital part of the service.

4.6 Callers

Counsellors had an overall impression of the type of people using the Helpline. Their impressions tied in with monitoring data.

The majority of people who used the Helpline were women and they often phoned on behalf of a third party, usually a member of the family.

Counsellors believed that calls were received from all social classes. However, their experience was that people from the lower socio-economic groups often required more in the way of counselling or advice. Many callers appeared to be from a middle-income band. These were usually women and they were often asking for details of GPs as they were moving to a new area. Network Scotland has no data on calls coming from telephone boxes but counsellors maintained they were used a lot. Callers tended to mention if this was the case.

Counsellors stated that most calls came from the Glasgow and Lothian areas and that hardly any came from the Highlands and Islands.

Counsellors had the impression that it was rare for someone from an ethnic minority group to phone. (This information is not monitored by Network Scotland.)

Counsellors stated that the minicom was hardly ever used.

Staff receive a small number of abusive calls. These are dealt with firmly but politely.

Counsellors stated that a great number of callers had already been to their GP but had not been satisfied. They were using the Helpline as a last resort. An equal number of callers used the line as a first resort because they did not want to bother their GP.

The timing of the researcher’s visit was fortuitous as it came close on the heels of the publicity surrounding the contraceptive pill. Like many other agencies, Network Scotland had no advance knowledge of the Department of Health’s announcement. As media coverage intensified, and information arrived from the Department of Health, it was decided to open the Helpline at the weekend. The lines were open on Saturday and Sunday from 8.00 until 23.45. During this period, staff answered 800 calls with many more being unanswered. (Precise figures regarding unanswered calls are not available at the time of this report.)

The Department of Health made the announcement on Wednesday 18 October. Network Scotland received a brief from the Department of Health on the Thursday evening. This brief was seven pages long. The management felt it was too late in arriving as they were already receiving calls on the subject. They also felt that the brief was too complicated and
produced their own short brief for the counsellors. Callers were given the information along with some re-assurance and were then directed to their GP.

4.7 Database

There is an officer responsible for maintaining all the database systems used by Network Scotland.

Three databases exist for the NHS Helpline:

- Information database. The Helpline uses the database produced by the Health Education Board for Scotland (HEBS) for information on self help and voluntary groups.
- Health Boards and NHS Trusts. This is compiled in-house on the basis of information received from service providers.
- Primary Care. This is also compiled in-house on the basis of information received from Health Boards.

Counsellors can access these systems easily on their computer.

There is also an extensive hard copy reference library in the operations room which staff can access easily.

Chapter 5 examines the databases in more detail.

4.8 Information

Network Scotland employ a full-time Information Officer. The present post-holder has a background in librarianship. Aspects of his role include:

- scanning the press extensively on a daily basis;
- acting as an information source for everyone in the organisation;
- dealing with enquiries from other organisations;
- assessing and acquiring new publications which could be of use to the operation;
- maintaining and updating the reference library;
- updating the databases on the basis of information received;
- carrying out research when time permits;
- producing written responses to queries from callers when required.
The Information Officer has a comprehensive system for collecting information and disseminating it within the organisation. He is aware of the value of information and of the vital need to get it right. He is pro-active in carrying out this role.

4.9 Despatch

The despatch office is responsible for mailing of all literature requested or offered to callers. Staff uplift simple forms completed by the counsellors and input them into the monitoring system on the computer before despatching them. The system appears to work well. The current target for literature to arrive at the caller's address is 3 working days. The despatch office holds a comprehensive stock of literature which is clearly labelled and easy to locate. Stock is re-ordered manually at present but will shortly be controlled on a computer system. Occasionally, the Information Officer prepares a written response for a caller and this conforms to the same target.

4.10 Quality and Standards

The Quality Officer is responsible for all aspects of staff performance and training. She has a background in health and advice services. All monitoring reports are evaluated and required changes are implemented. There are no formal, written quality standards within the NHS Helpline but staff operate to a set of guidelines issued by the NHS in Scotland.

Network Scotland has a defined and detailed complaints procedure. The NHS Helpline has received three verbal complaints in 1995. Two of these were resolved quickly and to the complainants' satisfaction. One complaint was withdrawn at the initial stage.

Counselling staff are recruited on the basis of experience in health or counselling services and communication skills. All staff complete a Counselling Skills course run by the University of Strathclyde. The focus of the course is on awareness of self, communication with others and capacity to empower. The course length is 120 hours contact time, plus the equivalent in private study, skills application and self evaluation. Students are assessed by means of four assignments, including a video-taped counselling session and critique. Staff receive regular in house training and updates on health topics.

Counselling staff receive regular in house performance evaluation. The Quality Officer listens in to calls from a remote location. Staff are not aware that they are undergoing evaluation.

4.11 Publicity and Public Awareness

Everyone interviewed at Network Scotland believed that the NHS Helpline receives insufficient publicity and that public awareness of the service is poor. Staff also felt that there was a low level of knowledge about the line by NHS staff and that the Health Boards "haven't cottoned on". Staff found it particularly hard to gain co-operation from the three Health Boards which operate their own helplines.

The Helpline has the services of a Press and Public Relations Officer for 2 days per week.
Management believe the service requires a full time press/liaison officer.

All callers are asked where they have found about the Helpline number. This gives an idea of the effects of different kinds of publicity.

The NHS in Scotland is responsible for producing promotional material about the NHS Helpline, although Network Scotland is generally responsible for its distribution. Promotional material consists of small and large posters, cards, telephone message pads and pens — all displaying the NHS Helpline logo. Network Scotland distributes this material to practice managers on request or in response to direction from the NHS Management Executive. This material is not automatically distributed to hospitals, NHS Trusts nor to external agencies such as Social Work Departments. However, distribution has commenced in some workplaces and this initiative is receiving ongoing attention. There is no defined, comprehensive strategy for dissemination of promotional material. There is a lack of confidence among all the staff with regard to the promotional material and the logo. They believe it is outdated and needs to be re-launched.

A media relations campaign was launched in April 1995. This strategy aims to encourage use of the NHS Helpline number within articles on health issues, and to encourage understanding of the Helpline’s purpose by journalists writing on health.

A list of health theme weeks, for example, Epilepsy Week, was prepared. Once a theme has been identified staff go through the following stages:

- researching the current leaflets held on the subject;
- contacting events organisers to explain that the Helpline plans to issue a news release and asking for an update;
- contacting other relevant organisations to get current leaflets;
- checking that the Helpline has sufficient stock of leaflets;
- writing and issuing a news release to all Scottish newspapers.

In addition, Helpline staff have developed their own themes. In May 1995, they issued Summer Hazards which encouraged calls on immunisation, hay fever, malignant melanomas and running barbecues. In July, a release on Men’s Health covered prostate cancer, infertility, impotence and hernias. Future themes planned include health in the workplace, advice for parents and bereavement.
Since June 1995, the number of calls initiated by articles in the media have been monitored monthly. Returns forms are also sent with all press releases. The following number of calls were generated by newspaper coverage:

**TABLE 1  CALLS GENERATED BY NEWSPAPER COVERAGE**

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Calls</th>
<th>Percentage of Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>July</td>
<td>33</td>
<td>6</td>
</tr>
<tr>
<td>August</td>
<td>148</td>
<td>22</td>
</tr>
<tr>
<td>September</td>
<td>92</td>
<td>no figures available</td>
</tr>
</tbody>
</table>

There is now an ongoing dialogue with all Scottish health writers to encourage use of the Helpline number when they are writing articles. Network Scotland has also made contact with every Health Board and NHS Trust to encourage use of the Helpline number. The Press and Public Relations Officer is also in regular contact with a large number of national self help groups and voluntary organisations in order to co-ordinate publicity campaigns. A Box 2000 slot on Scottish Television has been recorded and will be broadcast in January 1996. The Helpline number will shortly be included in new Green Page Directories. These are local freephone directories and the Helpline number will be listed free of charge.

Everyone interviewed expressed major concern at a lack of advance knowledge of NHS based promotional campaigns which result in increased use of the number. This makes it difficult to recruit from the staff "pool" due to short notice and subsequently to staff lines. For example, the Department of Health frequently mention the NHS Helpline on breakfast television. Network Scotland do not know this is going to happen and are not equipped to handle the extra calls which invariably come in.

Network Scotland maintains that, if demand for the Helpline was to increase as a result of raised public awareness, it would have the resources to cope with the demand if it received adequate advance knowledge of promotional campaigns or media publicity.

4.12 Future Developments

On the basis of their experience with callers, all staff believe that the NHS Helpline provides a much needed service.

Management are currently meeting with Health Boards, NHS Trusts and voluntary groups to try and customise the line more to meet local needs and situations. Staff view this as a cost effective way of increasing resources to the benefit of the service, tailoring the service to local need and at the same time increasing public awareness.
SUMMARY

- Network Scotland operates efficiently and with a good sense of teamwork.
- Staffing levels appear to be adequate and flexible to need, provided this is planned in advance.
- All staff appear committed to the NHS Helpline.
- Lack of sufficient publicity and low public awareness are perceived as major problems by all staff.
- In-house public relations work is progressing but is hampered by the fact that the officer responsible works part-time.
- Staff have no confidence in the NHS promotional material.
CHAPTER 5  EXAMINATION OF DATABASES AND EVALUATION REPORTS

5.1 Database Systems

The NHS Helpline utilises three computerised information databases which provide a large amount of information on health services in Scotland and also within the rest of the UK.

For information on self-help groups, the Helpline uses the database system produced by the Health Education Board for Scotland (HEBS). This database has an excellent reputation and Network Scotland is in regular touch with its contact at HEBS. All Scottish organisations within the HEBS database (85% of the total) are updated every six months. United Kingdom wide organisations are updated on a yearly basis. Despite this, sources at HEBS advised the researcher that, due to the very large amount of information involved, it was difficult to keep the system up-to-date. HEBS has now supplied free CD Roms in 400 sites throughout Scotland and is working on a system for local input with regard to updating.

The Helpline receives regular returns from Health Boards and Trusts and uses this information to update two databases:

- Information on hospital services, for example, waiting times.
- A list of all doctors and dentists in primary care. This system has information on gender of doctors and whether or not practice members speak minority languages. The database also gives details of special clinics held by GPs. This information is also held as a hard copy.

All three databases hold a comprehensive amount of information on a scale which covers the national situation within Scotland. The Helpline relies on Health Boards and Trusts to supply accurate and up-to-date information.

The databases were examined and random samples were compared against other information sources, in an attempt to test the integrity of the information held by the Helpline. With regard to the HEBS database, this proved a difficult exercise, as many organisations and Health Councils use the same system and many others have no formal list at all.

When contacted, Lanarkshire Health Council sent a large directory of local and national self-help groups prepared by Lanarkshire Health Board. This directory is currently being updated. However, within Lanarkshire alone, this directory contained 102 organisations which are not in the HEBS database.
Among the organisations based in Lanarkshire which are not included in the HEBS database are:

- all local well women clinics;
- four local post natal depression groups;
- a menopause support group;
- a cancer support group;
- the Clydesdale Parents Diabetic Group;
- six local mastectomy groups.

Such groups could provide vital and nearby help for callers and it is a matter of concern that they are missing from the database.

The Primary Care Database of general practitioners in the Borders area was checked against a current list which was supplied by Borders Health Board. Anomalies were then checked with an officer from Borders Health Board. It was noted that all telephone numbers were lacking the extra digit (1) added to most area codes by British Telecom in April 1995. Borders Health Board listed 26 practices and the Helpline database listed 25. On further checking, it was discovered that one of these was, in fact, a dental practice. Six practices had undergone a change in personnel; in one of these there had been a 100% change in doctors within one practice.

Information on hospital waiting times was checked by contacting a sample of three NHS Trusts. In two cases, the information provided by the Helpline was accurate. The database had no information on waiting times for the third hospital (Raigmore NHS Trust in Inverness).

5.2 Evaluation Reports

Network Scotland produces quarterly evaluation reports and monthly monitoring reports which provide detailed analysis of performance. All reports which were produced in 1995 were closely examined in order to establish who was using the service, why they used it and how they experienced it. The data from each report were collated in order to identify recurrent patterns and associations.

Five monthly monitoring reports were examined covering the period between 10 April and 25 August 1995. The total number of calls answered was 7,097, an average of 1,419 calls per month.

The Helpline calculates a "strike rate" by determining how many of the calls coming in are answered by an adviser as opposed to a voice system. This is calculated over opening and non-opening times. The current target for this strike rate is 80%. The average strike rate for the period under examination was 70.6%.
An average of 26.2% of calls are made outwith opening hours. Examination of the reports show that Mondays tend to be busier and on the Tuesday after a holiday weekend (8 August 1995) there were 62 calls compared to 31, 35 and 34 calls on the other three Tuesdays of the month.

Reports consistently show that approximately two-thirds of callers are female. Network Scotland have only just begun to monitor the age group of callers but it appears that very few young people under the age of 25 use the Helpline and that the majority of the callers are within the age range 25 — 54 years.

Figures show that most callers live in the Greater Glasgow or Lothian areas. The percentage comparisons of callers with overall Health Board population shows the greatest differential in Glasgow where the local Health Board is responsible for 18% of the Scottish population. Over July and August 1995, 33% of calls were from the Greater Glasgow area. For other areas, the amount of calls made is roughly representative of health board population.

**TABLE 2 PERCENTAGE COMPARISON OF CALLERS WITH HEALTH BOARD POPULATION**

<table>
<thead>
<tr>
<th>Health Board Area</th>
<th>Percentage of Population</th>
<th>Percentage of Callers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Glasgow</td>
<td>18</td>
<td>33</td>
</tr>
<tr>
<td>Lothian</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Grampian</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Argyll and Clyde</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Tayside</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Ayrshire and Arran</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Fife</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Highland</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Borders</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Orkney</td>
<td>less than 1</td>
<td>-</td>
</tr>
<tr>
<td>Shetland</td>
<td>less than 1</td>
<td>-</td>
</tr>
<tr>
<td>Western Isles</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Period: August 1995</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
People sourced the Helpline number in a variety of ways:

TABLE 3  SOURCE OF HELPLINE NUMBER

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV, press, radio</td>
<td>32</td>
</tr>
<tr>
<td>Directory enquiries, telephone book</td>
<td>15</td>
</tr>
<tr>
<td>NHS Helpline promotional material</td>
<td>13</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>Other Helpline</td>
<td>7</td>
</tr>
<tr>
<td>Leaflet, magazine, booklet</td>
<td>6</td>
</tr>
</tbody>
</table>

Period: April — August 1995

(Percentages have been rounded off and do not add up to 100.)

Calls covered a variety of subjects.

TABLE 4  NATURE OF ENQUIRY

<table>
<thead>
<tr>
<th>Subject</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on diseases/conditions</td>
<td>25</td>
</tr>
<tr>
<td>Health Education</td>
<td>22</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
</tr>
<tr>
<td>Hospitals</td>
<td>11</td>
</tr>
<tr>
<td>GP</td>
<td>11</td>
</tr>
<tr>
<td>Benefits</td>
<td>5</td>
</tr>
<tr>
<td>Dentist</td>
<td>3</td>
</tr>
<tr>
<td>Community</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Patient rights</td>
<td>1</td>
</tr>
<tr>
<td>Optician</td>
<td>1</td>
</tr>
</tbody>
</table>

Period: April — August 1995

(Percentages have been rounded off and do not add up to 100.)

The quarterly evaluation reports give a more qualitative dimension to the service offered by the Helpline. Two reports covering the period February — July 1995 were examined.

A small, simple user satisfaction survey is carried out by the NHS Helpline on a quarterly basis. These surveys continue to show a high level of satisfaction with the service. 99% of callers surveyed felt that their questions were answered.
95% of literature despatched to callers is targeted to arrive within three working days. During the period under examination, the average percentage of literature received within this time was 95%, the target figure.

SUMMARY

- Database systems were found to be inaccurate and incomplete.
- Monitoring reports reveal weekend demand for the service.
- The majority of callers are female and live in urban areas.
CHAPTER 6  TELEPHONE SURVEY OF USER SATISFACTION

6.1  Aims of the Survey

This part of the research aims to evaluate the NHS Helpline by measuring customer satisfaction with the service and determining whether the Helpline is providing the service it was set up to provide for its customers.

6.2  Methodology

Fifty callers to the Helpline were interviewed by telephone between the dates of 19 October and 27 October 1995. At the time of contacting the Helpline all callers had been asked for their permission for a researcher to phone to undertake an interview. Only those who had given their permission were included in the sample. Interviews were conducted within a week or two of the initial call to the Helpline.

Each interview lasted between 20 and 35 minutes. The survey aimed to explore beneath the surface of basic satisfaction levels in order to achieve a qualitative dimension to the research. For this reason, and to ensure consistency of response, a semi-structured format was used. The interview schedule is appended to this report (Appendix II).

6.3  Awareness of the NHS Helpline

Publicity is clearly important to the overall success of the Helpline. All those interviewed within this aspect of the research have used the service and have therefore been made aware of it in some way. Despite this there was a strong feeling that publicity levels were low and that more advertising of the service would be welcomed.

Publicity about the Helpline was frequently commented upon by respondents and indeed when asked for any comments about the service at the conclusion of the interview, the lack of publicity was the most frequently mentioned topic. Of all of those who made some comment, 46% (11 respondents) felt that more advertising of the service was required.

Some mentioned that their own knowledge of the service was largely by chance and that more people should be aware of it.

"I only heard about it through someone else — I phoned — they should advertise more and put out more leaflets."

"Very worthwhile but they should publicise it more — I've never heard of it until I got that letter. I've told a lot of my friends about it as I think more people should know."
The doctor's surgery was often mentioned as a possible means of promoting the NHS Helpline.

"More promotion — every doctor's surgery should have the number, they've got everything else from AIDS to how to clean your teeth, but not something as important as that."

Those who had called the service had first found out about it from a variety of sources. The most common means of finding out was via a newspaper or magazine (10 callers; 20%). Hospitals were also mentioned as a source (6 callers; 12%), and a few callers specifically mentioned a booklet that they had received from the hospital. GPs, by contrast, were rarely mentioned as a means of finding out about the Helpline (2 callers; 4%). This seems especially low given the high frequency with which it was mentioned as the most obvious place to advertise the service. The radio was also a significant source of information about the Helpline (6 callers; 12%). Less publicity came via the TV (2 callers; 4%). Some people saw the number in Thomson's Directory or in Yellow Pages (5 callers, 10%).

**TABLE 5  FIRST HEARD OF NHS HELPLINE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper/Magazine</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Via the Hospital</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Radio</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Telephone Directories</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Other advertisements</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Via the Health Board/Department of Health</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Via other Self Help Agencies</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>TV</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Via the Doctor</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Don't Know/Can't Remember</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

Only 4 callers (8%) had heard of the Helpline through a second source and only 3 respondents had spoken with anyone else about making contact with the Helpline before calling it.
6.4 Ease of Contact with the Helpline

Once people were aware of the NHS Helpline, the telephone number was easily accessed. Nearly all respondents (46 callers; 92%) said it had been easy to get the number.

"Yes — it was on a radio programme I was listening to — it was a discussion about the Health Service."

It would appear that when it was referred to in a newspaper article or radio programme the telephone number was given.

Two respondents could not remember how they got the number and the remaining two felt that it was not easy.

"No — very few people knew of it — I could get it from directory enquiries but hearing about it in the first place was very hard."

The most common source of the telephone number was the newspaper or magazines (9 respondents; 18%) followed by radio or TV (7 respondents; 14%) and doctors/hospitals or Health Boards (6 respondents; 12%). This was very similar to the means of finding out about the Helpline itself, suggesting that the number was generally acquired at the same time as finding out about the Helpline. A high proportion had looked up a directory or had called directory enquiries (9 respondents; 18%) in order to get the number.

TABLE 6 SOURCE OF TELEPHONE NUMBER FOR NHS HELPLINE

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper/magazine</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Directories/Directory Enquiries</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Radio/TV</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Doctors/hospitals/Health Boards</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Leaflets</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Help agencies</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Friends/relatives</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

For 7 out of 10 people interviewed, the NHS Helpline was the first place they had tried with their enquiry. The main places tried prior to the NHS Helpline were doctors or hospitals (5 callers; 33%) or other help agencies (4 callers; 27%). Two respondents said they had tried ‘everywhere’ before calling the Helpline. Of the 15 respondents who had tried other places prior to trying the Helpline, over half (53%) had been referred to the NHS Helpline. The Benefits Agency and help agencies such as the Citizens Advice Bureau were the most likely to refer people to the NHS Helpline.
6.5 Ease of Getting Through to The Number

Just as it was seen as easy to get the number for the Helpline, it was seen as easy to get through to the number. Forty-five callers (90%) said it was easy to get through. Forty-four of the 50 callers interviewed said they got through to someone right away. Four callers got a message on an answering machine and a further 2 callers got an engaged tone when they called.

The 6 callers who did not get through right away were asked if they were put off calling back in any way. Only two callers said they were put off.

"Yes it did, but I kept trying to get through to them."

"It did put me off for a while as I thought they had just switched something so you would have a recording as they were having a coffee break."

Both callers who had felt put off had received a message on an answering machine. The remaining four out of the six respondents were not put off calling back. The few callers who did not get through right away were also asked how many times they had to call the Helpline before they got through. The most common number of times was three (3 respondents), although one respondent called five times.

6.6 Time of Calls

The time of day that the calls were made varied across the day with rather more calls in the afternoon than in the morning.

**TABLE 7 TIME OF DAY CALLS MADE**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Lunch time</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Afternoon</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Don't Know</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Base</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)

Everyone said they called for the first time during a weekday. Despite this, there was an expectation that the Helpline be available in the evening and at the weekend with nearly three quarters of all of those interviewed (37 respondents) adopting this point of view.

Of the six callers who did not get through right away, five had called in the *afternoon*,
suggesting this is the time of day when staff time can become stretched.

6.7 Reasons for Contacting the NHS Helpline

Respondents were asked what their call to the Helpline was about.

TABLE 8 SUBJECT OF CALL TO THE HELPLINE

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about specific medical</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>conditions</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Information about self help groups</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Information and advice generally</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Waiting lists</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Complaints</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Help with NHS costs</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Don’t want to say</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Legal rights</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Base</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)

The main subject of the calls to the NHS Helpline is to get information about some medical condition. This included merely wanting more information about the condition, but also advice on what to do and who to contact about the condition. Three callers wanted more information about how long they could be expected to wait for treatment. Two callers wanted to know where they stood legally concerning some dissatisfaction with their treatment and a further three were unhappy with the service and didn’t know what to do about it. Three callers needed help in claiming prescription fees or fees for dental or eye care.

The majority were calling just for information of one sort or another (31 respondents; 62%). Five callers said they needed someone to talk to. This took the form of wanting reassurance or help in understanding something. Others just wanted to talk about their problem.

"I wanted someone to reassure me"

"I needed someone to help me understand why I hadn’t been told there were cancerous cell in the bit of prostate gland they removed."

Seven callers said it was advice they were requiring and another 7 callers said it was a combination of advice, information and talking to someone which was required.
Earlier in the interview, respondents had been asked what their main reason for calling the Helpline had been. Most replied by stating the subject of their call, for example, to get information about a medical condition. However, 3 people said their calls were a result of a lack of success elsewhere and 2 called out of interest or curiosity.

6.8 Perception of Staff

Respondents were asked to rate the person they had spoken to on the phone for friendliness. They were asked to use a scale of 1 to 5, where 5 represented very friendly and 1 was very unfriendly.

Staff were clearly very highly rated on this attribute. Nine out of ten callers interviewed gave the maximum score of 5, rating the person they spoke to as very friendly. The remaining 10% gave a score of 4. No respondents gave a score in the lower half of the range.

A rating for helpfulness of the staff was also sought. Again staff were viewed extremely positively with 88% giving a maximum score and 10% giving a score of 4. One caller found the person they spoke to very unhelpful and gave a score of 1.

"she tried to be helpful but couldn't find the information I needed, but then no-one has yet."

<table>
<thead>
<tr>
<th>Score</th>
<th>Very Friendly</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>45 90%</td>
<td>44 88%</td>
</tr>
<tr>
<td>4</td>
<td>5 100%</td>
<td>5 10%</td>
</tr>
<tr>
<td>3</td>
<td>- -</td>
<td>- -</td>
</tr>
<tr>
<td>2</td>
<td>- -</td>
<td>- -</td>
</tr>
<tr>
<td>1</td>
<td>- -</td>
<td>1 2%</td>
</tr>
</tbody>
</table>

TABLE 9 PERCEPTION OF STAFF
A question was put to try and determine what the member of staff actually did which made callers feel they had been helpful. For the majority (53%), it was the fact that the staff member had provided information, but many other commented on their manner or the fact that they took time to listen to them and treat them well. The following table allocates the comments into a number of different categories.

**TABLE 10  WHAT WAS DONE TO HELP**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gave me information</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td>Their manner</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Listened</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Understanding</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Knowledgeable</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>No reply/can’t remember</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Base</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)

The following are examples of the types of comments which were received. Some were glowing in their praise of the staff who were clearly seen as professional and caring.

"Listened to me .. made me feel important which is nice when you are my age."

"I have an unusual syndrome and she told me what it meant — they made it really easy to understand."

"She seemed to understand and was very sympathetic to my problem."

"They seemed to know what I was talking about."

"Basically — she talked to me like a human being."

"Providing a caring service, really caring and friendly — they told me everything I wanted to know."

"The way the person spoke to me — she was not biased to me or the hospital, but really keen to help."

"She asked me a lot of different questions, more than my GP did."
6.9 Staff's Knowledge of The Subject of The Call

Callers were asked to rate staff on how knowledgeable they seemed to be about the subject of the call. Again they were asked to rate staff on a scale of 1 to 5, with 5 being very knowledgeable and 1 being not very knowledgeable.

**TABLE 11 STAFF’S KNOWLEDGE ABOUT THE SUBJECT OF CALL**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very knowledgeable</td>
<td>(5)</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(3)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Not very knowledgeable</td>
<td>(1)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

The majority felt that staff were very knowledgeable about the subject of their call but three respondents rated their knowledge as below average.

6.10 Staff Access to Information

The majority of respondents also felt that staff had good access to the information they needed (44 respondents; 88%). Four respondents felt that they did not have good access.

"They informed me to contact my GP."

"Not for what I needed, but it was fairly specific information."

Two other comments were made.

"She couldn't give me the specific name of a surgeon as you're not allowed to give references to one."

"The problem with the helpline is that it is split by England and Scotland when it should be a British helpline like 'BT' or 'British Gas'."

Of the four who felt access to information was poor, half rated staff knowledge about the subject of the call as below average.
6.11 Staff Interest in Callers' Problems

The staff were also perceived as being very interested in the callers problems.

**TABLE 12 STAFF INTEREST IN CALLER'S PROBLEMS**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Interested</td>
<td>5</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not Very Interested</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

Over 4 out of 5 callers rated them as very interested, with the remainder rating them only slightly lower. No-one rated them as less than average on the scale.

6.12 Enquiry Answered Adequately

All callers were asked whether or not the Helpline had adequately answered their enquiry.

**TABLE 13 HELPLINE ADEQUATELY ANSWERED THE ENQUIRY**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Base</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

The seven who could not reply that their enquiry had been adequately dealt with were asked what more the Helpline could have done. One felt that they couldn’t have done any more.

"They couldn’t do any more — it wasn’t their fault — I just had a difficult question to answer — they did as much as they could but it’s not the same over the phone."

Three callers felt that they could have been given more information.

"They could have given me more direct information about my local area which is what I wanted."
"Ideally phone numbers for therapy, lists of addresses for stopping smoking."

"They said they couldn’t give actual names of doctors — only the surgery or clinic."

Another who was unsure whether her enquiry had been dealt with said she really wanted face to face counselling for her daughter.

6.13 Clarity of Information Provided

The information which was provided to callers over the phone was seen as clear and easy to understand. Again callers were asked to rate the information on a scale of 1-5 and most rated it as highly as they could (92%). No respondents rated the information they received as below average on this attribute.

6.14 Length of Calls

The phone calls to the Helpline were not very long, usually ten minutes or less (72%).

**TABLE 14 LENGTH OF CALL TO THE HELPLINE**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes or less</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>5-10 minutes</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>10-15 minutes</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>More than 15 minutes</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Can’t remember</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

Everyone interviewed felt that the person they spoke to had spent sufficient time speaking to them. Perception of staff interest did not vary significantly by the length of the call.

6.15 Referrals to Other Organisations

Just over half of all callers were referred to somewhere else by the NHS Helpline (26 respondents: 54%) and of those who had been referred elsewhere, nearly two-thirds had already made contact.

6.16 Means of Contact

Of the 17 respondents who had made contact with another organisation, the majority (13 respondents) had made contact by phone. Two callers wrote, one appeared in person, one went to the library and another got his solicitor to make contact on his behalf. It was generally easy to get in touch with the organisation with 15 out of the 17 expressing no difficulties.
The two who did have difficulties made the following comments:

"It was always busy."

"It's not a common book."

6.17 Helpfulness of Organisation Referred To

The 17 callers who had made contact with another organisation were asked if they provided them with the help or information they needed.

<table>
<thead>
<tr>
<th>TABLE 15 PROVIDED WITH HELP OR INFORMATION BY REFERRED ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Partially</td>
</tr>
<tr>
<td>Don't Know/Unsure</td>
</tr>
<tr>
<td>Base</td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)

Again the majority of respondents (11; 65%) said they were given what they required.

All 27 callers who had been referred elsewhere were asked whether or not they were happy with the Helpline referring them to another organisation.

<table>
<thead>
<tr>
<th>TABLE 16 HAPPY ABOUT REFERRAL TO ANOTHER ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Would have preferred the Helpline to deal with it</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>No reply</td>
</tr>
<tr>
<td>Base</td>
</tr>
</tbody>
</table>

32
More than half said they were quite happy. A few gave their reasons.

"Because they were more up to date on my topic than the Helpline"

"They had to give me an address because it's a different Health Board"

"Yes — they couldn't have dealt with this one."

Those who felt the Helpline could have dealt with it themselves also gave more details.

"I would have preferred the Scottish Helpline to help me but they couldn't apart from give me a telephone number in England which is no good."

"Not sure — I think they should be able to send you leaflets on AIDS without referring you to another number."

"I think the Helpline should have been able to send me the forms instead of having to contact someone else."

Following their call to the Helpline, five callers (10%) contacted an organisation not referred to by the Helpline. Only one caller felt that the Helpline should have referred her to that source of information but she did appreciate the difficulties the Helpline would have had in making that referral.

"Yes — they should have — I don't blame them for not telling me — it's a small society but even so, it took me ages to find it. If they had told me, it would have been a lot quicker."
6.18 Information Sent Through The Post

For about a quarter of callers, the Helpline said they would send information through the post. The 13 callers were asked how many days after their call to the Helpline the information was received.

**TABLE 17 TIME FOR INFORMATION TO ARRIVE BY POST**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next day</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>2 days</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Not arrived yet</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>3 days</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>4 days</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>A few days</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Don’t Know/Can’t remember</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Base</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)

Most information was received within one or two days of the initial phone call and, for everyone who received information, it was delivered quickly enough and was what was expected.

6.19 Quality of Information Sent by Post

Of the 12 who had received information, 11 rated it as very helpful and the remaining 1 caller rated it 4 out of 5 for helpfulness. The information was also seen as clear and easy to understand. Again 11 out of 12 callers rated it as highly as they could and the only other one rated it as 4 out of 5.

Most people (82%) would get back in touch with the Helpline if they received information that they were in any way disappointed about. Eight people would not phone back and, of those, 5 remained happy with the service. Only one person felt it would not be worthwhile and would phone somewhere else.

6.20 Sources of Information other than the Helpline

All callers were asked who they would have asked for information if the NHS Helpline didn’t exist. 28% did not know where they would have gone and it was significant from the comments that the Helpline was a valuable service.

"I don't know. I was at my wit's end."

"I don't think there is anybody — I don't know where I would have gone."
"I don't know, my GP was really unhelpful."

One other caller said he would not have gone anywhere else.

"I wouldn't have bothered — we would have just soldiered on in agony."

One of the most commonly mentioned alternative sources of information is the doctor, usually a GP (20 respondents). There is, however, a very strong feeling of not wanting to bother doctors as they are perceived as being very busy.

"I don't know — my GP is so busy — I don't like to bother him."

"My GP, but I'm always asking him questions and he doesn't have much spare time."

"The doctor if I needed to but they're always so busy."

Another common source of information mentioned by 7 callers to the Helpline was the Citizens Advice Bureau.

### TABLE 18  ALTERNATIVE SOURCES OF INFORMATION

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP/Doctor/Health Centre</td>
<td>20</td>
<td>42</td>
</tr>
<tr>
<td>Citizen's Advice Bureau</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Benefits Agency</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Friends</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Self Help Group/Society</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No-one</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scottish Health Services</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Base</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

6.21  Expectations of the Helpline

For over three quarters (78%), the Helpline provided the kind of service callers expected it to provide. Five respondents felt that it did not provide what they expected of it and a further 6 were unsure.

"I wasn't sure what to expect as there is no advertising or leaflets to tell you what it is about."

"I had no idea what to expect — I just found the card and thought I'd phone."
These eleven callers were asked what kind of service they expected it to provide and replies were varied. One caller wanted advice which the Helpline could not provide. Two callers found the service to be a lot more helpful than they expected.

"It gave me what I needed — I thought that's all it did but it provided a lot more. I was really impressed."

"I didn't expect them to be as friendly and helpful and I was really surprised."

Another caller thought it might be about the business side of the NHS but they weren't sure. Another expected to receive information for Scotland and was disappointed when given telephone numbers in England to contact. Another caller thought that a doctor or nurse would be available to answer queries.

6.22 Further Use of the Service

Forty-eight out of the 50 callers interviewed would make use of the service again and 47 would recommend the service to anyone else who found themselves in need of information or help about the NHS. A number of callers volunteered the information that they had already passed the number on to others.

"I certainly would, especially the elderly, they need to be able to talk to someone else about their worries."

"Yes, I've already passed the number on to my son who didn't know about it."

"Yes, because they are so understanding in my situation."

"Yes, I told my Monday Club about it."

None of the respondents would not recommend it, but 3 callers were unsure, one saying that it would depend on the circumstances.

6.23 Satisfaction with the Service

All callers were asked to rate their satisfaction with the service provided by the Helpline. Again they were asked to rate it on a five point scale where 5 is very satisfied and 1 is very dissatisfied.
Satisfaction with the service is extremely high with 45 callers (90%) rating the service as highly as possible. A further 2 callers gave a rating of 4 out of 5. Only 2 callers gave a rating of less than average with one rating it 1, very dissatisfied and the other giving a score of 2.

**TABLE 19 SATISFACTION WITH THE NHS HELPLINE**

<table>
<thead>
<tr>
<th>Score</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

6.24 Any Other Comments about the Service

Finally, callers were asked if they had any other comments on how the service might be improved. Just over half (26 respondents) said they had no further comments to make about the service.

The most commonly cited comment concerned the level of publicity for the service. Callers had often found out about the service by chance and it was felt that insufficient people knew about it.

A further 7 respondents used this opportunity to praise the service.

"*Brilliant.*"

"*I think they do a wonderful job.*"

"*They're always excellent.*"

"*I think because they helped me so much I can't think of anything.*"

One caller requested that the service be maintained.

"*I hope they never abandon it as it was a lifeline for us.*"
The following table aims to classify the comments.

**TABLE 20 OTHER COMMENTS**

<table>
<thead>
<tr>
<th>Comment</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>More Advertising</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Good service</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Service should be available 24 hours a day</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Don’t abandon it</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Helpful</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have medical staff there to answer queries</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Make it clear that you can change your GP</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No comment</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

6.25 **Person Information Requested For**

Calls to the Helpline were largely made by callers for themselves (35 callers; 70%). Eight calls (15%) were made about a relative and a further 4 (7%) about a spouse.

**TABLE 21 PERSON INFORMATION REQUESTED FOR**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>Relative</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Spouse</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Friend/Neighbour</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>
6.26 Age

The age profile of callers was spread across all age groups. However, only 3 callers (6%) were less than 25 years old and 6 callers (12%) were over the age of 65.

**TABLE 22 AGE OF CALLER**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 25</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>26 - 35</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>36 - 45</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>46 - 55</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>56 - 65</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Over 65</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

6.27 Geographical Spread of Callers

A very high proportion of the calls came from people who had a Glasgow post code (38%). Paisley postcodes accounted for 6 calls (12%) but this includes calls from some of the Scottish Islands. Five calls were received from the Edinburgh area.

**TABLE 23 GEOGRAPHICAL SPREAD**

<table>
<thead>
<tr>
<th>Post Code</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Paisley</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Motherwell</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Inverness</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Perth</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Kilmarnock</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dundee</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Falkirk</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kirkcaldy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Carlisle</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stirling</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Percentages have been rounded off and do not add up to 100.)
6.28 Sex of Callers

Significantly more women call the Helpline than men (70% compared to 28%)

<table>
<thead>
<tr>
<th>TABLE 24 SEX OF CALLER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Not stated</td>
</tr>
<tr>
<td>Base</td>
</tr>
</tbody>
</table>

6.29 Social Class

Few calls were received from social class AB. The spread of callers by social class is given in the following table.

<table>
<thead>
<tr>
<th>TABLE 25 SOCIAL CLASS OF CALLER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C1</td>
</tr>
<tr>
<td>C2</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>Not stated</td>
</tr>
<tr>
<td>Base</td>
</tr>
</tbody>
</table>

6.30 Disabilities

A high proportion of callers (30%) would describe themselves as disabled and of those 53% (8 respondents) were registered as disabled.

6.31 Ethnic group

All callers described their ethnic group as white. Given that the sample size was too small to pick up callers from ethnic minorities, this finding may not be significant. This is an area which requires further monitoring.
SUMMARY

• Those who have made use of the Helpline rate the service very highly.

• Overall, they are extremely satisfied with the service and nearly everyone who used it would make use of it again and would recommend it to others.

• Staff were particularly praised, being perceived as helpful, friendly interested and knowledgeable about the subject of the call.

• People largely phoned for information of some sort, mainly about medical conditions.

• The majority felt that their enquiry was adequately dealt with and that the information provided over the phone was clear and easy to understand.

• Just over half of all callers were referred to some other organisation by the Helpline and about 65% of those who had made contact felt that they had been helped or provided with the information they required. Over half (59%) were happy to have been referred somewhere else but some felt that the Helpline could have dealt with it.

• About a quarter of callers received information through the post as a result of their call to the Helpline. This tended to arrive very promptly after the call, usually within one or two days. The written information was seen as clear and easy to understand.

• The Helpline is clearly seen as filling a gap in the service to patients. When asked where else they might have gone with their enquiry, 28% would not have known where to go. The most common alternative source of the information provided by the Helpline would be a General Practitioner but they were perceived to be very busy people and there was a reluctance to bother them.

• When asked if they had any other comments to make about the service, the most frequently mentioned subject was the lack of publicity. Many thought there should be much more advertising and the doctor’s surgery was mentioned as an obvious place to publicise the service.

• There was a feeling that those who had heard of it had done so by chance. The most common means of finding out about the NHS Helpline was via a newspaper, magazine, radio programme or through the hospital.

• Making contact with the Helpline was easy once aware of it, although with the lack of advertising a few did not know what to expect of the service.

• It was seen as easy to both get the number and get through to the Helpline. Most got through on their first attempt. Most called during the day with slightly more calls in the afternoon than the rest of the day. About three quarters felt that the
Helpline should be available in the evenings and at the weekend. It should also be borne in mind that, if public awareness of the Helpline was to rise, callers might not find it so easy to get through.

- In conclusion, the Helpline was well received, providing its customers with a caring and professional service they might find difficult to get anywhere else.
CHAPTER 7: RESEARCHER TESTING OF THE NHS HELPLINE

7.1 Introduction

Thirty "mystery shopper" calls were carried out by the research team based at the Scottish Consumer Council and by some professionals from the field of health and social care. This part of the project attempted to explore some of the more difficult quality issues and also proved to be an excellent monitoring method.

7.2 Methodology

Thirty fictitious "problems" were constructed and participants were given a set of instructions and a detailed questionnaire in order to obtain a full account of the call. The questionnaire covered the following topics:

- details of the call;
- operators' manner and degree of helpfulness;
- presentation and accuracy of information;
- referrals;
- literature despatch;
- satisfaction with the answer.

A copy of the questionnaire is appended to this report (Appendix 6).

Participants were instructed to call the Helpline during opening hours. They were also asked to brief themselves fully on their "problem" and be prepared to answer some personal questions for monitoring purposes. The calls were carried out randomly over a three week period.

7.3 Research results

Information was collated and analysed from returned questionnaires. Answers given by the Helpline were checked for accuracy by contacting appropriate referral agencies. Quantitative results are given below followed by a short summary of all calls.

Two callers had been unable to get through to the Helpline at the time of phoning and another caller got through later on a second attempt.
Network Scotland operates according to a set of guidelines. These guidelines state that calls will be answered by the third ring of the phone. 5 callers made contact after 2 rings and a further 11 got through after 3 rings. However, another 11 callers had to wait longer to get through.

**TABLE 26  NUMBER OF TELEPHONE RINGS**

<table>
<thead>
<tr>
<th>Number of Rings</th>
<th>Number of Callers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

Base: 27

The NHS Helpline employs several male operators. However, all calls made were answered by a female operator.

All operators gave the Helpline’s name on answering the telephone and none gave their own name. This result is in accordance with operational policy.

Network Scotland carries out its own monitoring exercises based on a user satisfaction survey. Callers are asked to provide personal details for this reason. However, 12 people were asked to provide personal details and were not told why this was required.

The majority of callers (26) found the operator friendly:

"my call was answered promptly by a friendly female voice".

One person found the operator distinctly unfriendly and another said she was neither friendly nor unfriendly.
25 callers believed that the degree of formality/informality was appropriate:

"for me — yes — she was friendly — positive, communicative, helpful".

"yes, pleasant and professional."

On 23 occasions, the operator answered the query independently. On 5 occasions, callers felt they were receiving advice from someone else close by.

"it sounded as if she had help in the background"

All calls lasted at least 2 minutes. The majority of calls (20) lasted between 2 and 5 minutes. 5 calls lasted slightly longer and a further 3 calls took over 10 minutes to complete. One person thought the call was too long for the degree of information which was given.

**TABLE 27  LENGTH OF CALLS**

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Number of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 1</td>
<td>0</td>
</tr>
<tr>
<td>2 - 5</td>
<td>20</td>
</tr>
<tr>
<td>6 - 10</td>
<td>5</td>
</tr>
<tr>
<td>more than 10</td>
<td>3</td>
</tr>
</tbody>
</table>

Base: 28

All callers stated that information given was easy to understand.

"the information given was clear and succinct and could be understood"

14 callers (50%) thought the operator seemed knowledgeable about the call:

"seemed knowledgeable about the problems elderly people may encounter"

"yes, gave appropriate correct information"

The remaining 14 all felt strongly that the operator did not have enough knowledge:

"operator was friendly but obviously did not know the answer to my question"

"she did not appear to have any knowledge base of the subject"
22 callers felt that the operator was interested in their problem:

"yes, interested and understanding"

"yes, empathetic"

The majority (26) stated that they were given non-judgemental and impartial advice with 2 callers stating that this was not the case.

5 people were referred to their GP and another 15 were referred to another organisation.

20 callers stated their answer was adequate:

"helpful and correct"

However, 8 people believed the answer was inadequate:

"I found it to be very generalised"

Network Scotland have a target for user receipt of leaflets and written responses: 95% of material should arrive within 3 working days. 3 callers were offered leaflets: one arrived within 2 days but the other two arrived after 4 days.

7.4 Call 1

The caller phoned for information about asthma as her 3 year old son had just been diagnosed. The operator could not answer immediately but had to look up the information. Available information was for children over the age of 5. The caller was advised that there were no specialist organisations or self help groups in Glasgow and she was given the number of a group in Greenock.

This information was checked with the head office of the National Asthma Campaign (NAC) in London which gave the name of a lady in Glasgow who runs a self help group for parents of children with asthma. The NAC’s head office is listed in the database but was not utilised by the operator.

7.5 Call 2

The caller asked for details of exercise classes in her area for older people and stated that she had angina. The operator did not have this information and advised the caller to contact her local sports centre. She was told to contact her GP before starting a class to check that it was safe to do so.

This call aimed to establish if the operator knew to advise the caller to inform her GP of her intentions. In this case, the operator recognised her service boundaries.
7.6 Call 3

The caller wished to know the waiting time for a psychology outpatient appointment at Stobhill Hospital. The operator quoted a named doctor as the clinical psychologist and that the waiting time was 18 weeks. However, an appointment card would be sent out prior to Christmas.

The information on waiting time was checked with Stobhill NHS Trust and found to be correct. However, the doctor quoted had left the hospital four months ago.

7.7 Call 4

The caller asked how she could see her medical records at her local NHS Trust hospital. The operator was unable to answer this question right away but informed the caller that she would probably be unable to see her records. The caller was then told to make an appointment with the Consultant’s secretary. After discussion with a colleague, the caller was told to write to the local Health Board, contact details of which were supplied.

This information was checked with sources at the Scottish Consumer Council1 and found to be inaccurate. Patients have a legal right to see and get a copy of their own medical records stored on a computer. Written health records made after November 1991 can also be accessed. Detailed instructions and conditions are available on several patients rights leaflets but the caller was not offered any literature.

7.8 Call 5

Caller 5 phoned with a history of back pain and requested information about osteopathy. This is one of a range of increasingly popular complementary therapies. The operator immediately urged the caller to contact her GP. She was unable to provide any information about osteopathy.

The database offers no information on osteopathy. However, the National Back Pain Association has a branch in Glasgow and this was listed on the database.

7.9 Call 6

A member of staff from the Royal National Institute for the Deaf (RNID) attempted to access the Helpline via the minicom to ask for genuine information on heart conditions for her husband who is deaf. The caller was unable to get through and had to phone in the normal manner. The operator told her that there was no minicom. The lady received accurate information on heart conditions and was also referred to Heartline.

---


*What’s on My Record?* produced by the Scottish Consumer Council (1994)
The information sheet provided by the Scottish Office states that the Helpline can be accessed by minicom and this had been confirmed by management prior to the call at the time of the first visit to the operation. At this time, counsellors had also stated that the minicom was hardly ever used. Subsequent checking of this information revealed that plans were being made for the RNID to test the equipment.

7.10 Call 7

This caller requested the location of her nearest Well Woman Clinic. The operator had a little trouble finding this information but then accessed the database of GPs and confirmed that a few nearby practices ran such clinics.

7.11 Call 8

Caller 8 wanted to know how to make a complaint about her GP. The operator was unable to provide an immediate answer and, after consulting someone in the background, referred the caller to her local Health Council.

Health Councils do deal with complaints. However, there are many leaflets available with this information and it might have been expected that staff could have dealt with this query directly.

7.12 Call 9

This caller asked for information on a local support group for his father who has a colostomy and who lives in the Borders area. The caller was given a lot of re-assurance and counselling. He was then given the name and contact details of the Glasgow branch of the British Colostomy Association as there was no group in the Borders.

This information was confirmed independently by Borders Health Council and by Borders Health Board's Healthline.

7.13 Call 10

Caller 10 phoned at 1305 hours on a Monday to receive a voice message saying that there was no-one there to take the call and that the line would be open Monday-Friday from 9-5. The message was clear and easy to understand. This call was not made on a public holiday.

7.14 Call 11

Caller 11 asked how she could obtain a walking stick for her elderly mother who has arthritis. The operator immediately asked if she could not afford to buy one and if her mother was receiving any benefits. After conversing with a colleague, she then advised the caller to contact her local Social Work Department.

This information was checked with a Community Health Manager who stated that the first point of contact should be the GP who will then make a referral for a community physiotherapy assessment.
7.15 Call 12

Caller 12 was concerned about her elderly mother who was being discharged from hospital after an operation. She did not think her mother was ready to go home. The operator advised her to speak to the ward sister and ask her to contact a social worker to arrange home support. The caller was advised that she could not insist her mother remain in hospital.

This information was checked with a social worker who advised that discharge should not take place until the assessment was carried out and corresponding requirements for community services were in place.

7.16 Call 13

This caller enquired about receiving chiropody treatment on the NHS. She was informed that she was unlikely to qualify as she was neither elderly nor housebound. For more information she was advised to contact the Scottish Chiropody Association, consult the Yellow Pages or see if her GP surgery had information on local services.

The Community Health Manager advised that access to NHS chiropody is through a GP referral.

7.17 Call 14

 Caller 14 had not been seen by a doctor for five years and wondered if she should have been offered a health check by her GP. The operator established the caller’s age and stated that everyone over 75 years should be automatically offered a check. The operator got this information from someone else in the room. The caller was advised to see her GP or a Well Woman Clinic about getting a smear test.

Information given is accurate but recent contact with the Scottish Office emphasised that patients could still request a health check if they had not been seen for five years.

7.18 Call 15

This caller was due to be admitted to a hospital where she knew many of the staff. She was worried about confidentiality. The operator discussed this with a colleague and was told that nurses were trained not to do this. She re-assured the caller that it was unlikely to happen.

The caller was given no hard facts on what she could do if confidentiality was breached. No mention was made of the NHS in Scotland Code of Practice on Confidentiality of Personal Health Information.

7.19 Call 16

Caller 16 asked for details of her nearest Family Planning Clinic. The operator gave her the information although it took ten minutes to search through the database.
7.20  Call 17

Caller 17 had lost her NHS card and enquired how to get a replacement. The operator could not answer right away but asked the caller to hold until she got a leaflet and looked through it. She advised the caller that the best place to contact might be the local health board.

Information given was verified by the Primary Care Division at Greater Glasgow Health Board.

7.21  Call 18

This caller is a Community Psychiatric Nurse. She stated that she was very worried about her husband who was suffering from anxiety attacks. She asked for details of a local support group. The operator gave her contact details for Stress Watch Scotland and the Manic Depression Fellowship.

The caller verified the usefulness of Stress Watch but denied the relevance of the Manic Depression Fellowship to this particular condition. No information was given about services provided by Greater Glasgow Community and Mental Health Services Trust which operates a range of community services.

7.22  Call 19

This call was initially attempted at 1400 hours on Monday 27 November but the caller, who is a Community Psychiatric Nurse, received a voice message telling her to phone back when the line was open. The caller got through ½ hour later and asked how to get help in looking after her mother who has dementia. She was given a contact number for Alzheimers Scotland.

The caller verified that the information given was useful and accurate.

7.23  Call 20

By coincidence, call 20 was made twenty minutes after call 19 and the same voice message was given.

7.24  Call 21

This caller, who is a Community Psychiatric Nurse, was worried about her elderly mother who is very depressed and will not go to the doctor. She was given advice on self help groups for manic depression and was advised to encourage her mother to see the GP as this was very important.

The caller confirmed that it was important to involve the GP but stated that the manic depression group would not be helpful in this case. Examination of the database revealed a Glasgow based support group called Mentally Ill Relatives.
7.25 Call 22

Caller 22 is a social worker and she enquired if her elderly mother could receive free dental treatment on the NHS. The operator offered to send Form AG1 and gave instructions on how to fill in the form and where to send it. She told the caller that if her mother was on income support she would probably be entitled to the treatment.

This information was checked with Leaflet AB11 Help with NHS Costs (produced by the Department of Health) and was found to be accurate.

7.26 Call 23

Caller 23 is a community mental health professional who asked how long he would have to wait for his outpatient appointment with a named doctor. He was told by the GP that the clinic would be held in Maryhill Health Centre. The operator only had information on outpatient clinics held within hospitals. The caller was advised to contact his GP.

The caller verified that the clinic had been running in Maryhill Health Centre for six months. He got the impression that the operator was unaware of any community services run by the NHS Trust.

7.27 Call 24

This caller is a mental health services manager with the NHS. He asked for details about a drug his father had just been prescribed and, in particular, side effects. The operator checked the spelling of the drug three times and explained that she was doing this to be safe. She then read the information from a source she had accessed.

The caller verified that the information given was correct through professional knowledge and by consulting a drug manual.

7.28 Call 25

Caller 25, who is a social worker, enquired about obtaining a home help for her father and asked about charges. The caller was advised to go to the GP who would refer her father to a social worker and an assessment would then be carried out. Charges would be dependent on income.

The caller stated that the Social Work Department can be contacted directly. The information on charges was accurate.

7.29 Call 26

Caller 26, who is a registered nurse, wondered how to make a formal complaint about her mother’s care in a private nursing home. The operator consulted someone else in the room and then asked who paid the bill for the home. This was the Social Work Department and so the operator advised the caller to phone them.
The caller stated that she should have been referred to the Health Board which is responsible for the registration and inspection of nursing homes and which deals with complaints. Nursing homes are also required to have their own complaints procedures.

7.30 Call 27

This caller asked if she could stay in hospital with her daughter who was going to have an operation. The operator was not sure of the answer and suggested the caller phone the ward direct.

Action for Sick Children (Scotland) say that parents can stay with their children in hospital although proper sleeping facilities are not always available. They recommend parents to check with the ward sister.

7.31 Call 28

Caller 28 enquired if diabetic people received free optical services. The operator confirmed that sight tests were free but that there was no automatic entitlement to free spectacles.

This information was confirmed in leaflet AB11 Help with NHS Costs.

7.32 Call 29

This caller asked if her GP was obliged to obtain a second opinion for her. She was advised to phone her local Health Council.

Patients Rights (produced by the SCC and the SAHC) states that people can ask for a second opinion although there is no guarantee the doctor will agree to this. If this happens then the patient should contact their local Health Council.

7.33 Call 30

Caller 30 wondered where she could get a full medical check-up without going to her GP as he could not carry this out soon enough. She was advised to try another doctor in the surgery or another local practice and was told she would have to pay for this service as it was not available on the NHS.

The Primary Care Division at Greater Glasgow Health Board verified this information.

SUMMARY

- Callers found the Helpline service friendly and were impressed by the service which was given.

- Information was lacking or out-of-date in some areas, notably patients’ rights, mental health and community care. On nine occasions, callers received the wrong information.
• Information about the minicom facility was contradictory to that given to the researcher by members of the management team.

• Operators sometimes found it difficult to access the database.

• On three occasions, the Helpline was closed when it should have been open.
CHAPTER 8  SURVEY OF HEALTH COUNCILS

8.1  Introduction

All 18 Health Councils in Scotland received a questionnaire asking them if they had used the Helpline and what they thought of it. Research was conducted according to a strict timetable and it was considered important to obtain the views of all Councils and to give them as much time as possible to respond. Accordingly, the questionnaire was piloted only to the Director of the Scottish Association of Health Councils. A copy of the questionnaire is amended to this report (Appendix III).

A letter from the Director of the Scottish Consumer council was enclosed with the questionnaires, together with an information sheet on the NHS Helpline and a Freepost return envelope. Fourteen Health Councils responded to the research and, due to the small number in the sample, results were analysed simply and qualitatively.

8.2  Research Results

Six Health Councils had phoned the NHS Helpline in the past six months. Four of these had phoned between two and five times. Information sought included hospital waiting times, self-help groups and information on medical conditions.

Three Health Councils had found the staff helpful and two had found them to be unhelpful. Respondents found the information given to be easy to understand but views on the accuracy and usefulness of the information were variable.

Two of the 14 Health Councils who responded said that information on the Helpline was available on literature produced by them.

Half (7) of all respondents believe that the public is not adequately aware of the Helpline's existence. Five did not know if this was the case and two thought awareness was good.

When asked what measures, if any, could be taken to improve public awareness of the Helpline, six respondents stated that more advertising/publicity was needed. Three Health Councils stated that there should be no national Helpline and that Health Councils should operate Helplines. Two more felt generally that the Helpline should have a local significance but did not specify how this should come about.

Five Health Councils thought that, generally speaking, the Helpline was effective. Five did not know if this was the case and a further three Councils stated that it was ineffective.

When asked for general comments on the NHS Helpline, ten Health Councils responded. One Health Council showed a positive appreciation of the Helpline:

"We have found the information to be extremely useful and the statistical details which are periodically supplied are of invaluable assistance to the Council."

54
Another council was non-committal in its views. However, eight Councils had negative views on the NHS Helpline. One Council stated:

"The future of the Helpline service should be reviewed. It is understood that the information provided to the public is held on a computerised database and this same information could be held by either the Association of Scottish Health Councils or by individual local Health Councils more cost effectively. If this service was provided by Health Councils it would further reinforce the relationship between the public and its Health Councils regarding NHS matters."

This view was echoed by another Council:

"We need rather to be looking at local existing 'information giving' resources and developing their role."

Another Council said:

"With improved communications/CD Roms, databases etc I think it is better to have a local service. The money would be better given to Health Councils to support them to give a more comprehensive service locally than a nationally run Helpline."

**SUMMARY**

- Although six Health Councils had used the NHS Helpline recently and only three had stated that it was ineffective, the overall impression gained by the research through comments made by respondents was a negative one.

- Health Councils believe that they could do the job better than the NHS Helpline and that funds should be diverted to enable them to operate local helplines.
CHAPTER 9          SURVEY OF GENERAL PRACTITIONERS

9.1   Introduction

Questionnaires were sent to a geographically representative sample of 205 general practitioners (GPs) — approximately 5% of the total amount of GPs in Scotland. The sample was selected from the NHS Helpline's database. The research intended to find out the level of awareness of the Helpline and what doctors thought of it. A letter from the Director of the Scottish Consumer Council was enclosed with the questionnaires together with an information sheet on the NHS Helpline and a Freepost return envelope. A copy of the questionnaire is appended to this report (Appendix IV).

89 responses were received indicating a response rate of 44%. Another three questionnaires were returned as the doctors concerned were no longer with the practice, indicating inaccuracies in the Helpline's database. One doctor had retired over two years ago.

Data was quantitatively analysed with SPSS (Statistical Package for Social Scientists).

Respondents were asked if they knew about the NHS Helpline and, if so, whether they had ever used it. None of the doctors in the sample had used the NHS Helpline in a professional capacity. 44% were unaware of the Helplines existence and 53% knew about the Helpline but had never used it.

TABLE 28     USE OF THE NHS HELPLINE

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
<td>53</td>
</tr>
<tr>
<td>Did not know about it</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Didn't know I could use it</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: 89
(Percentages have been rounded off and do not add up to 100.)
Table 29 illustrates the geographical breakdown by Health Board area of GPs who were unaware of the Helpline’s existence.

**TABLE 29  IGNORANCE OF THE HELPLINE**

<table>
<thead>
<tr>
<th>Health Board Area</th>
<th>Percentage Proportion Who Did Not Know About Helpline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highland</td>
<td>75</td>
</tr>
<tr>
<td>Lothian</td>
<td>68</td>
</tr>
<tr>
<td>Greater Glasgow</td>
<td>50</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>50</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>50</td>
</tr>
<tr>
<td>Argyll</td>
<td>37</td>
</tr>
<tr>
<td>Grampian</td>
<td>37</td>
</tr>
<tr>
<td>Fife</td>
<td>33</td>
</tr>
<tr>
<td>Borders</td>
<td>25</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>25</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>20</td>
</tr>
<tr>
<td>Orkney &amp; Shetland</td>
<td>0</td>
</tr>
<tr>
<td>Tayside</td>
<td>0</td>
</tr>
<tr>
<td>Western Isles</td>
<td>0</td>
</tr>
</tbody>
</table>

None of the doctors in the sample stated that information about the NHS Helpline was available on their practice leaflet.

The majority of respondents (87%) replied that there were no posters or leaflets in the waiting room of their surgery.

**TABLE 30  INFORMATION ABOUT HELPLINE IN SURGERY WAITING ROOM**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
<td>87</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Base: 82
(Percentages have been rounded off and do not add up to 100.)
The majority of doctors (95%) do not tell their patients about the Helpline.

| TABLE 31  TELL PATIENTS ABOUT THE HELPLINE |
|--------------------|--------|--------|
| Yes                | 4      | 5      |
| No                 | 79     | 95     |

Base: 83

Only 2% of GPs believe that the public is adequately aware of the Helpline's existence.

| TABLE 32  ADEQUACY OF PUBLIC AWARENESS |
|--------------------|--------|--------|
| Yes                | 2      | 2      |
| No                 | 53     | 63     |
| Don't Know         | 29     | 35     |

Base: 84

When asked what measures, if any, could be taken to improve public awareness of the Helpline the majority of GPs who answered (78%) thought there should be more advertising/publicity.

| TABLE 33  HOW TO IMPROVE PUBLIC AWARENESS |
|-------------------|--------|--------|
| Advertising/Publicity | 18     | 78     |
| Inform GPs         | 1      | 4      |
| Use New Technology | 1      | 4      |
| Better Distribution of Publicity Material | 1     | 4      |
| Don't Know         | 2      | 8      |

Base: 23

(Percentages have been rounded off and do not add up to 100.)
Doctors were asked to provide general comments and views on the NHS Helpline. However, only 16 respondents offered information. Answers were coded to provide a simple statistical picture with most respondents (37%) possessing negative views on the Helpline.

**TABLE 34  GENERAL COMMENTS ON THE HELPLINE**

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>37</td>
</tr>
<tr>
<td>Neutral</td>
<td>25</td>
</tr>
<tr>
<td>Positive</td>
<td>19</td>
</tr>
<tr>
<td>Didn't Know About It</td>
<td>19</td>
</tr>
</tbody>
</table>

Base: 16

Due to the small number of respondents who chose to offer comments, the information below cannot be confirmed as representative. However, some answers have been quoted to illustrate the range of feeling expressed by respondents.

"I agree its profile should be raised to further patients' self search for information".

"Only local helpline available in this area". (GP from Borders area)

"Not aware of its role, or objective, so haven't considered it as a resource".

"Have never been asked about it. We do get frequent enquiries about aspects of the NHS but can always give an answer in-house or find out the answer for patients".

"High profile advertising campaign required".

"Advertising via consumer programmes on TV and radio would widen knowledge. Poster campaigns become urban wallpaper and are ignored".

"I didn't know the Helpline existed".

"I, nor any patient that I have asked has heard of the NHS Helpline".

"Our practice does not know anything about the NHS Helpline — until now. We have received no information about it in the past".

"Helpline is a complete waste of time and money which would be better spent on "hands on" activity in the community".
"I have no working or theoretical knowledge. All the information it gives can be given locally at the health centre by staff known to the patient".

"I simply know nothing about it all".

"Money would be better used providing patient services".

"Due to the mountain of information arriving on my desk on a daily basis it is perfectly possible that information has slipped through the net regarding the NHS Helpline".

"Is it all necessary and who pays for it?"

"Let us have more self sufficiency and give us a chance to work without interfering busybodies.

"I just hope it is a constructive use of public funds."

SUMMARY

- There is widespread ignorance of the Helpline and its role among general practitioners.

- GPs thought that there should be more publicity about the NHS Helpline. However, at present, very few of them publicise the Helpline directly in surgeries or leaflets.

- Some doctors displayed antipathy towards the Helpline and to NHS reforms in general. The user satisfaction survey (Chapter 6) revealed that people phone the Helpline because they perceive their GP to be too busy and they do not want to bother him. These are matters of concern as they prevent consumers from gaining access to information about their own health.
CHAPTER 10: OMNIBUS POLL

10.1 Background and Method

System Three Scotland was commissioned to carry out research into people’s awareness of the NHS Helpline. The monthly Omnibus, Scottish Opinion Survey, was used as the vehicle for data collection. A sample of 1014 adults, aged 16 and over, was interviewed, in-home, in 40 sampling points throughout Scotland over the period 26-31 October 1995. To ensure that the sample was broadly representative of the adult population in terms of age, sex and class, the sample was weighted to match JICNARS\(^2\) estimates of the Scottish population profile from the national readership survey of October 1993 - September 1994. The sample profile, both weighted and unweighted is shown below:

<table>
<thead>
<tr>
<th>TABLE 35 SAMPLING PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>N=1014</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>16 - 34</td>
</tr>
<tr>
<td>35 - 54</td>
</tr>
<tr>
<td>55+</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Class</td>
</tr>
<tr>
<td>ABC1</td>
</tr>
<tr>
<td>C2DE</td>
</tr>
</tbody>
</table>

A copy of the questionnaire used is appended to this report (Appendix V).

\(^2\) Joint Industrial Committees National Readership Survey
10.2 Awareness of NHS Helpline

Respondents were given a short explanation of the NHS Helpline and then were asked whether they had ever heard of it. Approximately one fifth (19%) of respondents claimed to have heard of the NHS Helpline. The levels of awareness amongst a variety of sub-groups are shown below:

**TABLE 36 AWARENESS OF NHS HELPLINE**

<table>
<thead>
<tr>
<th></th>
<th>N = 1014</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - 34</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>35 - 54</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>55+</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABC1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>C2DE</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>ITV Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STV</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Grampian</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Borders</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Awareness (at 24%) was highest amongst those in the 35-54 age bracket. In contrast those in the age group 16-34 had the lowest level of awareness (15%). However, beyond this there did not appear to be any other significant differences by sub-group. There was a slightly lower awareness amongst socio-economic group DE (17%) although this is not significantly different from the survey average. Similarly, the relatively lower awareness in the Borders ITV Region, at 12% is not significant due to the low sample size in this region (54 respondents).

It is recognised that the 19% level of awareness may include some overclaiming on the part of respondents.

System 3 recently carried out two similar surveys of high profile public services. In these cases, the levels of public awareness were 42% and 49%. Given that respondents in this survey received a prompted question, it might have been expected that awareness of the NHS Helpline would have been higher than 19%.
10.3 Information Sources on NHS Helpline

Those respondents who were aware of the NHS Helpline were asked where they had seen or heard about it. The chart below details the sources of information cited:

**TABLE 37 INFORMATION SOURCES ON NHS HELPLINE**

<table>
<thead>
<tr>
<th></th>
<th>N = 196</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV, Newspaper, Radio</td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>Hospital, GP Practice, Health Centre</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Leaflet, Poster, Card</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Family, friends</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Workplace</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Social Worker, Home Help</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Telephone Directory, Directory Enquiries</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Voluntary Group, Self Help Organisation</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Don't Know</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

The most popular source of information on the NHS Helpline was the media (that is, television, newspapers or radio) which 46% of respondents mentioned. Men were more likely to quote this area as a source of information that were women, 53% compared to 40%

In contrast hospitals, GPs practices and health centres, mentioned by 22% of respondents, were more likely to be cited by women than men, 25% compared with 19%

The next most popular source of information, leaflets, posters or cards, was mentioned by 12% of respondents and in this instance there did not appear to be a variance by sex.

Social class appeared to have some impact on where respondents claimed to have seen or heard about the NHS Helpline:

- Those in socio-economic groups C2DE more likely than those classed as ABC1 to cite their hospital, GP Practice or health centre as a source of information (25% compared to 19%).
- Those classed as ABC1 were more likely to claim to have seen or heard about the NHS Helpline via the media, 51% compared to 42%.
- Those classed as ACC1 were slightly more likely to quote leaflets, posters or cards, 17% compared with a survey average of 12%.
A further 10% of respondents were unable to say exactly where they had seen or heard about the NHS Helpline.

10.4 Contact With The NHS Helpline

Finally, information was collected on how many respondents had phoned the Helpline. In total 4% of respondents claimed that they had and a further 2% were unsure. The remainder claimed not to have contacted the service. Statistically speaking it is impossible to draw any significant conclusions about the type of person to contact the NHS Helpline from this analysis because the sample size is so small (7 respondents).

SUMMARY

- Public awareness of the Helpline was found to be 19%. This was in answer to a prompted question and indicates that more publicity about the Helpline is needed.

- Most people learned about the Helpline through the media.

- Very few people had actually contacted the Helpline.
CHAPTER 11: COMPARISON WITH LOCAL HEALTH BOARD HELPLINES

11.1 Introduction

Three Health Boards in Scotland operate their own Helplines: Grampian, Fife and Borders. Grampian and Borders have freephone numbers and, for Fife, calls are charged at the local rate. The Grampian line is operated by the Community Liaison Department and the other two are located within the Quality Departments. The Grampian line is the only one to systematically classify and monitor calls so comparison with the NHS Helpline is of a qualitative nature.

11.2 Grampian

Grampian Health Freeline opens Monday - Friday, from 9 am - 5 pm. People can also write via Freepost. Promotional material has been distributed to all GP surgeries/health centres, dental surgeries, pharmacies and primary schools and the Freeline is also promoted by the Community Liaison Team at exhibitions, health fairs and health shows.

The Freeline is used in conjunction with public health initiatives such as the measles/rubella campaign in 1994. It is also used as a contact number in press coverage of health related issues in Grampian. For example, if the press report on an incidence of meningitis or a dysentery outbreak, the Freeline number can be added to the article for anybody with concerns or worries to obtain further information. The Freeline does not offer specific medical advice over the telephone, but in these cases, it offers public health advice and sends out information leaflets, or simply directs callers to their GP for further advice or reassurance. The Freeline has also been used for "one-off" initiatives, such as receiving representations during the consultation on the proposal to close Woodlands Hospital.

The Freeline is based at the Health Board and so the team has direct access to Board personnel. Four databases are utilised by the Freeline and information from these can be printed or photocopied and sent to callers. For example, Patientwise is a database of over 300 descriptions of medical disorders, investigations and surgical procedures which is written in a patient friendly format and which can easily be printed out and posted to callers. Helpbox is a UK wide database with information on self help conditions, selfhelp groups and publications. The manufacturers provide users with an update every three months.

Grampian Freeline received 1337 calls in 1994. Calls are broken down into three main categories:

Information - 1021 : Problems - 237 : Suggestions - 79

These proportions reflect those of the national Helpline.

11.4 Fife

Fife Healthline has been operating since February 1994 and has received 2,000 calls since then. Staff are located within the Quality and Customer Services Department and are all trained nurses.
Fife Health Research carried out a qualitative evaluation of Healthline at the beginning of this year which centred on a survey of users' views but also aimed to identify unsatisfactory features of the health service and to input this information to the local health strategy. The overall impression gained of Healthline was of a useful service viewed positively by people who have accessed it in the past.

11.4 Borders

Borders Help and Information Line has been operating since April 1995 and has since received 115 calls. A team of health professionals take calls from 1 pm — 4.30 pm every weekday. An answering service is available at all other times and all calls are returned.

11.5 Perceived Advantages of Local Lines

Because of their direct involvement with the Health Board and their smaller operational set-up, local helplines can play a more direct role in service input than a national line. The following features are common to all three local lines:

- Publicity is more interactive with the community, for example, participating in local events or visiting schools. A high local profile may provide an impetus to maintain credibility.

- Lines can be used in conjunction with public health initiatives at a local level.

- There is direct access to the Health Board, so information gained can be utilised to improve the service and inform purchasing divisions. In Fife the Healthline operators also have a named contact within each Trust for information arising from calls. Calls can indicate where quality specification/charter standards are not being met, perhaps showing where further monitoring is required.

- There can be a direct effect on service provision. For example, in the Borders, a pattern emerged on problems with ophthalmology waiting times leading to a recognition of the problem by the Board and subsequent action to improve the service. Borders also circulate a monthly summary to the teams responsible for Acute and Community Commissioning, and to Primary Care and the local Health Council. Calls can also indicate the need to provide information to health and social work professionals and voluntary groups as well as to the public.

- Calls via the answering machine can be returned.

- Lines can be utilised for public consultation.

- Information can be printed and sent to callers. This is impractical for the National Helpline because of the large volume of information it would have to process.

- Local lines can accept specific complaints from the public.

- Inter-agency collaboration is easier, for example, with local social work departments.
• It is easier to summarise each call and subsequent action taken.

11.6 Possible Disadvantages of Local Lines

The possible problems which local lines may incur are as follows:

• Consumer confusion — not everyone knows their Health Board area.
• Availability of Health Board resources.
• Local people might perceive a lack of anonymity.
• Callers' expectations might be raised about how the local line can intervene in their case. Unless the provider's service falls outwith charter agreements, the local helpline cannot intervene or influence the outcome of individual cases.

The following table shows the number of calls the NHS Helpline received from the Health Boards which operate local lines.

**TABLE 38 CALLS RECEIVED BY THE NHS HELPLINE**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>1994 Number</th>
<th>Percentage of all calls</th>
<th>1995 Number</th>
<th>Percentage of all calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife</td>
<td>851</td>
<td>6</td>
<td>344</td>
<td>4</td>
</tr>
<tr>
<td>Grampian</td>
<td>954</td>
<td>7</td>
<td>463</td>
<td>3</td>
</tr>
<tr>
<td>Borders</td>
<td>162</td>
<td>1</td>
<td>79</td>
<td>1</td>
</tr>
</tbody>
</table>

**SUMMARY**

• Three Health Boards in Scotland operate their own local helplines and all three believe that this is the way forward.
• Local helplines can play a more direct role in service input and can facilitate problems which may occur between local purchasers and providers.
SECTION THREE

CONCLUSIONS

AND

RECOMMENDATIONS
CHAPTER 12 CONCLUSIONS

12.1 Introduction

The general conclusion of the research is that the NHS Helpline provides a very good service and fulfils a gap in patients' needs for information, help and advice. Members of the public who have used the Helpline speak very highly of its friendliness and usefulness. However, GPs and Health Councils held negative views on the Helpline. It was clear from the research that many parties were unsure of the Helpline’s role and people had differing expectations of it.

Problems which the research found were related to publicity and a lack of awareness of the Helpline. However, the most worrying result of the research was in relation to the accuracy of some of the information given to callers, especially with respect to patients’ rights, community care and mental health issues. This deficiency should be urgently addressed and improved. A vast amount of information is required to be held on a national level and ways of keeping this information up-to-date and accurate should be reviewed.

12.2 The Operation of the Helpline

The Helpline operates in a professional and technically efficient manner. Calls are received constantly and cover a wide range of subjects. As well as information, callers often require and receive counselling and advice.

Staff are courteous towards the callers and are also friendly, helpful and impartial. Service boundaries are recognised. When counselling is given, it appears to be sensitive and empathetic.

It is a matter of concern that fieldwork revealed that, on a few occasions, the Helpline was closed to callers when it should have been open. There were also conflicting messages from staff regarding the availability of the minicom facility.

12.3 Staff

Staff are very committed to the Helpline and firmly believe they are providing a much needed service. There is a good sense of teamwork within the operation.

Network Scotland believe that they have adequate staff to expand the operation if demand for the service increases in a planned manner.

Staff receive ongoing training and regular updates. However, fieldwork revealed a poor knowledge base in some basic areas notably patients’ rights and community care.

12.4 Callers

The Helpline attracts callers from a wide range of socio-economic backgrounds and does not seem to exclude people from the lower end of the scale. The majority of callers are female
and live in the Glasgow and Lothian areas. Few people under the age of 25 use the Helpline.

Many callers use the Helpline instead of going to the GP with their query or because their GP has not given them adequate information in the first place.

Research on users’ experiences of the Helpline yielded positive and appreciative results, especially with regard to the demeanour of staff and the presentation of information. People felt strongly that the Helpline was a good idea which should continue.

Users cannot always test the accuracy of information they receive and, very often, have high expectations of what the service can provide. With the "mystery shopper" calls, the Helpline still rated highly but a significant amount of information given was out-of-date, inaccurate or incomplete. This could have serious implications for the caller.

12.5 Information

The Helpline is responsible for maintaining and disseminating a vast amount of information. Research concluded that the Helpline performs this task well but that there is room for improvement. The Databases were found to contain inaccuracies and, in many cases, the information required was present but was not being utilised by the operators. It is doubtful if this situation could be greatly improved without placing it in the wider context of information provision as a whole within the NHS in Scotland and whether this should be locally or nationally based.

12.6 Publicity

The Omnibus Poll revealed a 19 per cent level of public awareness in response to a prompted question. This result suggests that much more work needs to be done in this area to improve peoples’ knowledge of the Helpline. This problem was not only confined to the public but also applied to health professionals who were surveyed (general practitioners).

Network Scotland views publicity and corresponding public awareness as a major resource problem and once more it may be useful to examine this issue in relation to the local provision of health information.

12.7 Health Councils and General Practitioners

In contrast with the public, Health Councils and GPs who were surveyed displayed negative views towards the Helpline. The Health Councils believe that they should be resourced to provide this service at a local level in line with their statutory obligations. A large number of GPs had never heard of the Helpline but, of those who did, most believed that it was a waste of time and was utilising scarce resources which could be better spent on direct patient care.
12.8 Local Health Board Helplines

The three local Health Board Helplines which are currently operating do so with a fair degree of success. It appears they have a high local profile and are inter-active with the community they serve. By virtue of their smaller scale and because they are operated by the service purchaser, they can play a direct role in improving service input and advising on purchasing decisions.

It is obvious that there is a duplication of function between the two kinds of service in many respects. However, some functions are complementary. Many people who use the local lines require specific, individual information which the national line could not realistically provide. The local lines are also used as avenues of complaint and also for suggestions and comments on service. Caller demand seems to indicate a greater need for national counselling on the line. A network of local lines may result in confusion for customers and possible regional variations in resources and consequent levels of service. This research has revealed that the NHS Helpline is easy to access and is user friendly, once potential users have learned of its existence.
CHAPTER 13 RECOMMENDATIONS

13.1 The NHS Helpline should continue to function.

Based on the research undertaken and the conclusions which resulted, it is recommended that the NHS in Scotland pursues the following objectives to improve the service offered by the NHS Helpline. However, in the longer term, the research does not conclude that the concept of the NHS Helpline should continue in its present form and the recommendations at the end of this chapter (13.26 and 13.27) suggest possible future developments with regard to the Helpline.

13.2 The NHS in Scotland Management Executive should seek to review the role of the NHS Helpline and, subsequently, produce defined terms of reference.

The research revealed a lack of clarity about the Helpline’s role. There was confusion over whether it should provide counselling as well as information. The user satisfaction survey revealed that some people did not know what to expect from the line. Health Councils see it as usurping their statutory role as information providers on health matters. A clearer definition of the Helpline’s role may enhance attempts at increasing publicity.

13.3 Network Scotland should continue to operate the NHS Helpline.

Network Scotland is providing a worthwhile service with an appropriate balance of professionalism and approachability. It is a well-resourced organisation with a good track record. If the recommendations described below are adopted, Network Scotland will continue to be well placed to operate the NHS Helpline.

Operational Matters

13.4 The opening hours of the NHS Helpline should be reviewed and possibly extended to include weekends, evenings and public holidays.

This was a recognised need in the user satisfaction survey which was borne out by strike rate figures. However, such a move would have substantial cost implications which will require to be assessed. An answering machine which enables callers to leave a message and guarantees a return call when the line is open may provide an adequate compromise. Monitoring of the strike rate should differentiate between opening and non-opening hours to enable this review to more accurately assess demand. The strike rate is not meeting its target and this differentiation may help explain why this is the case.

13.5 Staff cover for the Helpline should be reviewed and there should be strict adherence to stated opening hours.

It is unacceptable to have the line closed when it is advertised as being open. Research results also show that demand for the line peaks in the afternoons and staff cover should be reviewed accordingly.
13.6 The minicom system should become fully operational as soon as possible and all staff trained to use it.

13.7 There should be provision made for callers to leave a message on the answering machine if they wish to do this, and such calls should be followed up within an agreed period.

If the opening hours are extended, there should be fewer unanswered calls and it should subsequently be easier to undertake this recommendation.

13.8 There should be more discrete practices for operators to discuss calls so that the callers cannot hear what is going on in the background.

It is good that staff can benefit from each other’s knowledge but callers may find it off putting and lose confidence in the operator concerned.

13.9 Operators must inform callers why they are asking for personal details.

Research results showed that this policy is not always being adhered to. Callers must be sure that their anonymity is being protected.

13.10 Network Scotland should meet with British Telecom to see if the amount of calls (8-10%) lost in BT’s network can be decreased.

The percentage represents a sizeable number of callers who are getting lost in the system.

13.11 The NHS Management Executive or the research team should visit Network Scotland once the impending major refurbishment is completed.

It is likely that refurbishment will improve the service but this needs to be confirmed.

Quality

13.12 There should be more qualitative monitoring of the service.

Users themselves cannot review the quality of the information they receive but the Helpline can carry out more pro-active research with people who have used the service. The quality and take-up of referrals is a topic which needs further monitoring.

Accountability

13.13 There should be more transparent methods for the Helpline to retain its own accountability with the public.

Individual staff should exercise accountability by identifying themselves in some way to callers. The Helpline should also have a policy of liability with regard to the information it gives out. Callers should have an identified means of redress if they find that they have received the wrong information.
Information

13.14 The quality of information provided by the Helpline was revealed by the research to be the most urgent area requiring attention and programmes to improve this should be explored as soon as possible.

13.15 Staff training should be reviewed, in the light of research results, to widen the knowledge base in the topics identified as lacking.

Research revealed an urgent need to improve some aspects of the information provided by the Helpline. Staff training should include the subjects of patients rights, mental health and community care. Complementary therapies may shortly be integrated within the NHS in Scotland and should also be included. It is vital that staff receive training with regard to imminent changes in NHS complaints procedures. It was also the case that information was present on the database but was not being accessed by staff, thus revealing a need for training in the use of the database.

13.16 Network Scotland should undertake a programme of communication with other related statutory agencies providing care, for example, Social Work Departments and Community Health Trusts.

The Press and Publications Officer is already building effective links with voluntary agencies. This has improved levels of information and publicity. This programme should be extended, as recommended here, to reflect the growing statutory links between health and social care as a result of the Community Care Act.

13.17 There should be a review of existing databases used by the Helpline

The HEBS database is an excellent package for self help groups and HEBS itself is taking measures to improve its accuracy. However, other agencies, for example, Grampian Health Board, are using new systems which provide information currently held on hard copy only at Network Scotland. The current system used to complete the Helpline’s Hospital and Primary Care databases should also be reviewed although it is appreciated that in this case the Helpline relies on the accuracy of information from service providers.

Publicity

13.18 There should be a full time, press/liaison officer at the NHS Helpline.

Publicity has been identified as a key area of concern for the Helpline and Network Scotland believe the present staff complement in this area is inadequate and consequently, unable to function to full potential.

13.19 Dissemination of promotional material should be reviewed with the aim of achieving a wider audience in a more systematic manner.

Current distribution is restricted to GP practices and appears to occur haphazardly. The recent programme of dissemination to workplaces is a good example of more imaginative
practice. This should continue and be extended to include, for example, schools, dental surgeries, pharmacies, social work departments, Benefits Agencies and local authority one-stop shops/area offices.

13.20 The NHS Helpline should adopt more pro-active, community based programmes to increase public awareness.

The current media relations strategy is proving successful. There is also evidence of productive dialogue between the Helpline and self help/voluntary groups. A similar programme could be undertaken aimed at involving the public more, for example, promoting the Helpline at community events and exhibitions (health fairs, gala days etc.) or in local shopping malls at weekends.

13.21 Promotional campaigns by the NHS should give adequate notice to the NHS Helpline so that it can modify staff cover to cope with changing demand for the service.

The Helpline, on previous occasions has found this to be a major problem with regard to achieving flexible staff cover. This has resulted in the service not meeting extra demands placed on it. The NHS in Scotland and Network Scotland should define an agreed period of notice when promotional campaigns are planned.

13.22 When the Department of Health intends to mention the NHS Helpline on the national media, it should give the service prior notice that it is going to do so.

On these occasions, for example, breakfast television, the level of calls peaks dramatically soon afterwards. Network Scotland is usually unaware of this coverage and, subsequently, not prepared for the rise in demand. Lines of communication and liaison procedures require to be improved between central government, the NHS in Scotland and Network Scotland.

13.23 Special campaigns and promotional material should be targeted to attract the following groups to use the Helpline:

- men
- young people from 16-25 years of age
- elderly people
- residents of rural areas
- people in ethnic minority groups
- people in lower income groups

Research revealed lower usage of the Helpline among these groups.
Health Professionals

13.24 Measures should be taken to increase levels of awareness of the existence and the role of the Helpline among staff working in the NHS in Scotland.

Ignorance of the Helpline by NHS staff was not confined to the GPs in the survey but was also revealed in the course of other fieldwork. Hospitals and health centres were not found to be major sources of information about the Helpline. Within hospitals, campaigns should be targeted at ward staff as they are on the interface with patients and are central to discharge planning. Frontline staff in primary care i.e. doctor's receptionists should also be targeted as they are often the first point of contact for patients. Utilising staff within the NHS would be a cost effective way of publicising the service.

Health Councils

13.25 The NHS Management Executive should establish dialogue with Scottish Health Councils to discuss their concerns over the NHS Helpline.

As statutory providers of health information, Health Councils should be involved in shaping the service provided by the NHS Helpline. It is clear from the research that Health Councils have an anxiety about the Helpline usurping their role as an information source. Both services should complement each other and there needs to be a clarity of the boundaries with regard to role. This may lead to better co-operation between the two. It was interesting that the one Health Council (Lanarkshire) which was positive in its view of the Helpline also possessed a comprehensive directory of local information. Both services should be able to exchange information to the benefit of consumers.

Future Developments

The above recommendations, if adopted, will make a significant short term difference to the present functioning of the NHS Helpline. However, the Helpline service must also be examined in the wider context of information provision within the NHS in Scotland. The research compared the service given by the Helpline with locally based Health Board Helplines. Information gained from this exercise revealed advantageous elements which, if incorporated, would greatly improve current gaps in the Helpline service with regard to publicity and information. Agencies responsible for locally based provision of information are convinced that this is the way forward. However, this evaluation does not recommend that the national line should be discontinued. As already stated, there are some disadvantages associated with local Helpline services:

- availability of resources leading to possible variations and fluctuations in service provision. This would make it difficult to monitor standards. There has already been a substantial investment in the NHS Helpline resulting in established resources in terms of staff training and technology. A large scale investment would be needed to replicate this in several areas and may not be cost effective;

- confusion for consumers if many different lines and telephone numbers exist;
• rising expectations among consumers that the local Helpline may be able to intervene directly on their behalf when this is not a part of its role;

• perceived lack of anonymity and confidentiality by users;

• information held may be confined to locally-based sources and thus lack a national perspective.

It is not recommended that local helplines should not exist. They provide a valuable source of direct help to consumers and feedback to service providers.

13.26 With regard to the national Helpline, a compromise which incorporates the best features of national and locally based services is recommended as follows:

The NHS Helpline should retain its central base and national freephone access number but should consider customising the line to local needs and situations by building formal co-operative contractual links with Health Boards, NHS Trusts and voluntary sector providers. The NHS in Scotland Management Executive should facilitate this network.

Agencies could take advantage of the existing structure and, with a minimal resource input, could tailor the Helpline service to fulfil local needs. This would be more cost effective than setting up their own service from scratch. The NHS Helpline would have an improved base of local information while maintaining an overview of national sources. It would also be easier to update information. These developments would ensure better access to the Helpline for local information, the main area of concern revealed by this evaluation.

Local organisations would become formal channels of publicity. In this way, the profile of the service would be raised among staff working for the organisations and, more importantly, among the public it wishes to serve. One of the main problems experienced by the NHS Helpline has been ignorance and confusion over its function and role. By forging stronger local connections, the Helpline will shape more realistic expectations and knowledge of its role and will, in return, be able to shape and improve the service it offers to its customers.

13.27 With regard to the provision of information in the NHS in Scotland, the lessons learned from this evaluation should not be confined to the NHS Helpline. Other sources of information should be similarly assessed in order to obtain a comprehensive overview.
APPENDICES
Reports

- Call Monitoring Database
- Monitoring Reports
- Evaluation Reports
- BT Reports
- Telephone Logging System
- Information Database
- Staff Training Package
- Publicity Material

Session 1

- Staff Roles
- Technical Details
- Working Hours
- Gender
- Age Group
- Other Demographic Details
- Backgrounds/Experience

Session 2

- Environment
- Staffing Levels
- Technical Details
- Time to Answer
- How They Answer
- Recording of Calls
- Communications Within Network Scotland
- Staff Commitment

Session 3

- Distress Calls
- Abusive Calls
- Hoax Calls
- Information/Advice — How they see their role
- Staff Views — Advantages and Disadvantages
- Staff Stress
- Staff Knowledge Base
- What They Think of Their Training
- Communications Within Network Scotland — Literature and Letters
- Staff Turnover
Session 4

- How is the Database Formed?
- How Does Database Keep up to date/accurate?
- Advantages
- Disadvantages
- Do They Have Information on Local Services eg. Waiting Times
- Communications With Referral Agencies

Session 5

- Monitoring/Review Process and Implementation of Changes
- Staff Recruitment/Training/Update/Performance Review
- Performance Indicators
- Standards
- Quality Assurance/Control
- Advantages
- Disadvantages
- Complaints System
- Return/Follow Up/Thank You Calls/Suggestions

Session 6

- Promotional Campaigns — Own and Others
- Emergencies eg. The Pill
- Trends
- Advantages
- Disadvantages
- Logo
- Methods Used
- Press Releases
NHS Helpline Evaluation

Good morning/afternoon/evening. I am phoning from Research Resources on behalf of The Scottish Consumer Council. We are trying to find out what people who have phoned the NHS Helpline think of the service. I understand you have recently made contact with them and I wondered if you could help by answering some questions. ....... It will take between 20 minutes and half an hour so is now convenient or can I make an appointment to call you back at a better time.

Once interview has been agreed:

All the information you provide will be treated as completely confidential and no names will be provided with the information you provide to the Scottish Consumer Council. If there are any questions in the course of the interview which you do not wish to answer, again feel free to say so and we will move on.

SECTION 1: AWARENESS OF NHS HELPLINE

1.1. How did you first hear of the NHS Helpline?

1.2. Are there any other places where you've heard of it since then?

1.3. Did you speak with anyone else about making contact with the Helpline before you called them? (Describe contact)

1.4. Did anyone encourage you to call? Who? (Describe details)

1.5. What was your main reason for making contact with the NHS Helpline?
1.6. Was the NHS Helpline the first place you tried with your enquiry?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Can't Remember</td>
<td>3</td>
</tr>
</tbody>
</table>

1.7. Where else did you try first? (Describe details)

1.8. Did they refer you to the NHS Helpline?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Can't Remember</td>
<td>3</td>
</tr>
</tbody>
</table>

SECTION 2: CONTACT

Getting through on the Phone

2.1. Was it easy to get the number for the NHS Helpline? (If difficulties - expand)

2.2. Where did you get the number from?

2.3. What time of day was it the first time you called? .. and can you remember if it was the weekend or not?

a) Time of day ....................  b) Weekday 1  Weekend 2

2.4. Did / Would you expect the Helpline to be available in the evenings and at the weekend?

2.5. Was it easy to get through to the Helpline? (again expand on any difficulties)
2.6. The first time you called, did you

- get through to someone right away (1) Go To Q2.9
- get an answering machine (2) Go To Q 2.7
- get an engaged tone? (3) Go To Q 2.7

2.7. If an engaged tone or an answering machine,
Did this put you off calling back later in any way?

2.8. How many times did you have to phone the Helpline number before you got through?

................................................. (write in number)

Making contact

2.9. Did the person who answered the phone deal with your enquiry or were you passed on to someone else?

- person who answered call (1)
- someone else (2)

2.10. What was your call to the Helpline about? (broad subject area is sufficient)

2.11. Were you mainly phoning for information, to get advice or counselling or for someone to talk to about a problem?
The next few questions use a scale of 1 to 5 where 1 is best and 5 is worst.

On a scale of 1 -5 where 5 is very friendly and 1 is very unfriendly,
2.12. How friendly was the person you spoke to?

very unfriendly 1 2 3 4 5 very friendly

if unfriendly probe for more details

.................................................................
.................................................................
.................................................................

2.13. ... and using the same scale, how helpful was he / she?

very unhelpful 1 2 3 4 5 very helpful

if unhelpful probe for more details

.................................................................
.................................................................
.................................................................

2.14. If helpful, what did he /she do to help?

2.15. How knowledgeable did he/she seem about the subject you were phoning about?

not very knowledgeable 1 2 3 4 5 very knowledgeable

2.16. Did he/ she seem to have good access to any information you needed?

2.17. How long would you guess you were on the phone to the Helpline when you got through?

......................................................minutes
2.18. Did you feel he/she spent long enough speaking to you?

2.19. How interested did you feel that they were in your problem?

<table>
<thead>
<tr>
<th>not very interested</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>very interested</th>
</tr>
</thead>
</table>

SECTION 3: USEFULNESS

3.1. Were you referred to somewhere else by the NHS Helpline?

Yes 1 Go To Q 3.2
No 2 Go To Q 3.7

3.2. Have you made contact with them yet?

Yes 1 Go To Q 3.3
No 2 Go To Q 3.6

3.3. How did you contact them?

3.4. Was it easy to get in touch with them?

3.5. Did they provide you with the help or information that you needed?

3.6. Were you happy with the Helpline referring you to another organisation or would you have preferred your enquiry to have been dealt with in some other way, or by the Helpline itself?

3.7. Did you feel that the Helpline adequately answered your enquiry?
3.8. If not adequately answered - what more might they have done?

3.9. Again using a scale of 1 - 5, how clear and easy to understand was the information you were given by the Helpline over the phone?

not very 1 2 3 4 5 very clear and easy to understand

if not clear or easy to understand, probe for more details

SECTION 4 SUBSEQUENT ACTION

4.1. Did the Helpline say they would send you any information through the post?

Yes 1 Go To Q4.2
No 2 Go To Q4.7

4.2. How many days after you called did the information arrive?

Not arrived yet 1

....................days

4.3. Was that quick enough? (expand as to clients expectations)

4.4. Was the information what you were expecting?

4.5. How helpful was the information?

very unhelpful 1 2 3 4 5 very helpful
4.6. How clear and easy was the information you received through the post to understand? (if difficult, explore in what way)

not very 1 2 3 4 5 very
clear and easy to understand
clear and easy to understand

If not clear or easy to understand probe for more details

ASK ALL
4.7. If you were disappointed in any way with the information you received, would you consider phoning the Helpline again to let them know?

Yes 1 No 2 Don't Know 3

4.8 If not, why not?

4.9. Have you contacted anywhere else since phoning the Helpline about your enquiry that they didn't refer you to?

If No: Go To Q5.1
4.10. Do you feel that the Helpline should have referred you to that source of information?
SECTION 5 GENERAL QUESTIONS

5.1. Who would you have asked for information if the NHS Helpline didn't exist?

5.2. Did the Helpline provide the kind of service you expected it to provide?

5.3. If not, what kind of service did you expect it to provide?

5.4. Would you use the Helpline again?

Yes  1  No  2  Don't Know  3

5.5. Would you recommend the service to anyone else who found themselves in need of information or help about the NHS?

5.6. Overall how satisfied would you say that you were with the service they provided?

very dissatisfied  1  2  3  4  5  very satisfied

5.7. Have you any other comments you would like to make about how this service might be improved?

6. DEMOGRAPHICS

The last few questions will help us to group together the replies we recieve.

6.1. Information requested for

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>self</td>
<td>1</td>
</tr>
<tr>
<td>spouse</td>
<td>2</td>
</tr>
<tr>
<td>relative</td>
<td>3</td>
</tr>
<tr>
<td>friend / neighbour</td>
<td>4</td>
</tr>
<tr>
<td>other</td>
<td>5</td>
</tr>
</tbody>
</table>
### 6.2. Age of respondent

<table>
<thead>
<tr>
<th>Age</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>less than 18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-35</td>
<td>3</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>over 65</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 6.3. Sex (By observation)

- **male** 1
- **female** 2

### 6.4. Location

Town .......................... Post-code ..........................

(Ask if unavailable from contact sheet)

### 6.5. What is your occupation?

If not working, ask for occupation of the chief wage earner in the household.

### Code Social Class

<table>
<thead>
<tr>
<th>Code</th>
<th>Social Class</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*The following questions aim to help us find out if the NHS Helpline is being used by all sections of the community.*

### 6.6. Would you describe yourself as having a disability?

- **Yes** 1
- **No** 2 Go To Q6.9

### 6.7. What kind of disability do you have?

### 6.8. Are you registered as disabled?

- **Yes**
- **No**

### 6.9. Which of the following groups do you see yourself as belonging to?

READ OUT

<table>
<thead>
<tr>
<th>Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black-Caribbean</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black- African</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black-Other</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Thank respondent for his/her help in answering the questions. Reassure him/her about the confidentiality of the replies.*
NHS HELPLINE

SECTION ONE

This part of the questionnaire concerns your Health Council's direct experience of using the Helpline. If you do not answer 'yes' to the first question, please go to Section Two.

1.1. Has your organisation phoned the NHS Helpline in the past 6 months?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Did not know about the Helpline
- ☐ 4 Did not know the Health Council could use the Helpline to obtain information

1.2. Approximately how many times did you call?

- ☐ 1 Once
- ☐ 2 2-5
- ☐ 3 6-10
- ☐ 4 More than 10
- ☐ 5 Don't Know

1.3. Please give one example with broad details:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.4. Did you find the staff helpful?

- ☐ 1 Helpful
- ☐ 2 Average
- ☐ 3 Unhelpful

Please Comment: ____________________________________________

________________________________________________________________________
1.5. In general do you find the information given by the Helpline to be useful?

☐ 1 Yes
☐ 2 No

Please Comment: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.6. Was the information you were given accurate?

☐ 1 Yes
☐ 2 No
☐ 3 Don't Know

Please Comment: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.7. Was the information easy to understand?

☐ 1 Yes
☐ 2 No

Please Comment: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.8. In general, what do you do with the information you receive?

☐ 1 For Health Council's use as background information
☐ 2 Pass on to individual concerned
☐ 3 Combination of both

Please Comment: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
1.9. Did your Health Council receive written material eg leaflets as a result of any calls?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 3 Don’t Know

1.10. How long did it take for this material to arrive?

- [ ] 1 Days (Please insert number in box)
- [ ] 2 Can’t Remember

SECTION TWO

2.1. Is information about the Helpline available on any literature your Health Council produces?

- [ ] 1 Yes
- [ ] 2 No

Please Comment: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

SECTION THREE

This Section concerns your views on public awareness of the Helpline.

3.1. In general, do you think the public is adequately aware of the Helpline’s existence?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 3 Don’t Know

3.2. What measures could be taken, if any, to improve public awareness of the Helpline?

Please Comment: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3.3. Do you think the Helpline is accessible to all members of the public?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know

Please Comment: ______________________________________

____________________________________

SECTION FOUR

Finally, we would like your views on the service provided by the Helpline in general.

4.1. Generally speaking, do you think the Helpline is effective?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know

4.2. Are there any ways you think the service provided by the Helpline could be improved?

Please Comment: ______________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________
If you have any further comments or information, please feel free to add them below or enclose them with the returned questionnaire. Thank you very much for your co-operation.
NHS HELPLINE

SECTION ONE

This part of the questionnaire concerns your direct experience of using the Helpline. If you do not answer ‘yes’ to the first question, please go to Section Two.

1.1. Have you phoned the NHS Helpline in a professional capacity during the past 6 months?

☐ 1  Yes
☐ 2  No
☐ 3  Did not know about the Helpline
☐ 4  Did not know that I could use the Helpline to obtain information in this way

1.2. Approximately how many times did you call?

☐ 1  Once
☐ 2  2-5
☐ 3  6-10
☐ 4  More than 10
☐ 5  Don’t Know

1.3. Please give one example with broad details:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.4. Did you find the staff helpful?

☐ 1  Helpful
☐ 2  Average
☐ 3  Unhelpful

Please Comment: __________________________________________________________
________________________________________________________________________
1.5. In general do you find the information given by the Helpline to be useful?

☐ 1 Yes
☐ 2 No

Please Comment: ________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

1.6. Was the information you were given accurate?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know

Please Comment: ________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

1.7. Was the information easy to understand?

☐ 1 Yes
☐ 2 No

Please Comment: ________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

1.8. In general, what do you do with the information you receive?

☐ 1 For own use as background information
☐ 2 Pass on to individual patient
☐ 3 Combination of both

Please Comment: ________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
SECTION TWO

This Section concerns your views on public awareness of the Helpline.

2.1. Is information about the Helpline available on your practice leaflet?

☐ 1 Yes
☐ 2 No
☐ 3 Not Applicable

Please describe how your practice leaflet is distributed to your patients.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2.2 Are there posters or leaflets about the Helpline in your surgery waiting room?

☐ 1 Yes
☐ 2 No

Please Comment: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

2.3. Generally speaking, do you tell your patients about the Helpline?

☐ 1 Yes
☐ 2 No

Please Comment: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
SECTION THREE

This Section concerns your views on public awareness of the Helpline.

3.1. In general, do you think the public is adequately aware of the Helpline’s existence?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know

3.2. What measures could be taken, if any, to improve public awareness of the Helpline

Please Comment: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3.3. Do you think the Helpline is accessible to all members of the public?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know

Please Comment: __________________________________________
________________________________________________________________________

SECTION 4

Finally, we would like your views on the service provided by the Helpline in general.

4.1. Generally speaking, do you think the Helpline is effective?

☐ 1 Yes
☐ 2 No
☐ 3 Don’t Know
4.2. Are there any ways you think the service provided by the Helpline could be improved?

Please Comment: ______________________________________

______________________________________________________

______________________________________________________

______________________________________________________

If you have any further comments or information, please feel free to add them below or enclose them with the returned questionnaire. Thank you very much for your co-operation.
### SECTION B ASK ALL

#### B.1

The National Health Service (NHS) run a freephone national helpline for people requiring information, either on the services provided by the NHS or on more general health issues. The telephone service is known as the NHS Helpline. Have you heard of the NHS Helpline?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>Y</td>
</tr>
</tbody>
</table>

**IF 'YES' CONTINUE**

**OTHERS SKIP TO NEXT SECTION**

#### B.2

Can you recall where you have heard or seen information about the NHS Helpline? DO NOT PROMPT. PROBE Anywhere else?

- Hospital, GP practice, Health Centre
- Social Worker, Home Help
- TV, Newspaper, Radio
- Family, Friends
- Workplace
- Telephone directory, Directory enquiries
- Health Council
- Voluntary group, Self help organisation
- Leaflet, poster, card
- Other (SPECIFY)

| Don't know | Y |

#### B.3

Have you ever phoned the NHS Helpline?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>Y</td>
</tr>
</tbody>
</table>
NHS HELPLINE

0800 22 44 88

1. Please call during office hours: Monday - Friday 9-5.

2. Please call before 24 November.

3. Please read the attached form before you call so that you have an idea of the information which is required.

4. Be prepared to answer some questions for monitoring purposes, for example, where you live, your age. You may also be asked how you found the helpline number: a list of sources include TV, newspaper, radio, directory enquiries, telephone book, poster, appointment card, friend, family, doctor, workplace. Have a source ready if asked.

5. Please fill in the attached form as soon as possible after the call.

6. Please return the form as soon as you have filled it in.

7. Please add any other information you think relevant.

8. Thank you very much for your help.
0800 22 44 88

Question

Ask the following question in your "normal, everyday language."

Is there a support group for people with colostomies in the Borders area?

Background

Your father lives in Galashiels. He had a colostomy operation a few months ago and is not managing. You live in Glasgow.

Answer

Please give a full account of the answer here. Extra details should be added on the attached form but there is no need to repeat information.
NHS HELPLINE

1. Your name:

2. Date of call:

3. Time of call:

Getting through

1. Did you get through to an operator right away? How many rings?

2. If not, how many attempts did it take to get through?

3. For each attempt please give details of what happened:
   - NOT ANSWERED AT ALL - RINGING OUT
   - ENGAGED TONE
   - VOICE MESSAGE

4. VOICE MESSAGE: Did you hear the message clearly?
   Were the instructions easy to understand?
   If there were problems please give details.
Details of call

1. Gender of operator

2. Was the Helpline’s name given?

3. Was the operator’s own name given?

4. Were you asked for any personal details? Please specify. Were you given a reason for this? What was the reason?

5. Was the operator friendly? If not, please specify.

6. Was the degree of formality/informality appropriate? Please comment.

7. Did the person who answered deal with your query or were you passed on to someone else?
8. How long did the call take?

9. Do you think this was long enough? If not, please say why.

10. Was the information given easy to understand?

11. Did the operator seem knowledgeable about the subject of the call? Please comment.

12. Did the operator seem interested in your problem? Please comment.

13. Was any advice given non-judgemental and impartial?
14. Were you referred to another organisation or person? Please specify.

15. Overall, do you think the answer given was adequate?

Leaflets

1. If you requested a leaflet, or were offered one, how long did it take to arrive?

2. Was the leaflet useful?

FINALLY

Please add any other information you think is relevant. You can use an extra sheet of paper if you wish.