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**Article:**  

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How helpful is NHS Direct? Postal survey of callers

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NHS Direct, the new 24 hour telephone advice line staffed by nurses, was established to “provide easier and faster information for people about health, illness and the NHS so that they are better able to care for themselves and their families.” In March 1998, three first wave sites started in Lancashire, Milton Keynes, and Northumbria. As part of an extensive evaluation of this new service,† we surveyed callers to determine how helpful they found the advice offered.

Participants, methods, and results

With approval of local ethics committees, we sampled 350 consecutive callers at each site during one week in September 1998, giving a total of 1050 callers. The sampled period covered Saturday to Wednesday. A questionnaire about callers’ experiences and views of NHS Direct was posted within one week of the call, with up to two reminders. A total of 719 questionnaires were completed by callers and 32 were not received by callers, giving a response rate of 71% (719/1018) with rates of 66%, 65%, and 81% for the individual sites; 81% (579/719) of respondents made written comments. The median age of respondents was 35 years (interquartile range 29 to 47) and 80% (567/711) were women. Most (684, 95%) said that they had spoken to a nurse for advice. Of these 684, only 673 gave details of the advice: eight (1%) reported being diverted to emergency services, 138 (21%) were advised to contact accident and emergency, 136 (20%) a general practitioner immediately, 85 (13%) a general practitioner in the next 24 hours, 80 (12%) a general practitioner at the next opportunity, 50 (7%) another service, and 176 (26%) to self treat.

The table shows that most respondents who received advice from a nurse found it very or quite helpful (643 (95%); 95% confidence interval 93% to 96%). Of the 107 who found the advice unhelpful, the percentage finding the advice helpful would be 63% (643/1018). Many callers found the advice helpful because it offered reassurance, which has been noted as a key benefit of general practice telephone consultations during surgery hours and as an important aspect of nursing practice. Further qualitative research could help us to understand callers’ need for reassurance and the nature of the reassurance gained. These results raise the question of the role which the NHS can and should play in meeting this apparent need for reassurance.

We found that the advice offered by nurses at the first wave NHS Direct sites was well received by most callers, achieving levels of satisfaction comparable with other telephone advice services.‡ Given the 71% response rate, non-response bias must be considered. In the worst case, if all non-respondents were assumed to find the advice unhelpful, the percentage finding the advice helpful would be 63% (643/1018). Many callers found the advice helpful because it offered reassurance, which has been noted as a key benefit of general practice telephone consultations during surgery hours and as an important aspect of nursing practice. Further qualitative research could help us to understand callers’ need for reassurance and the nature of the reassurance gained. These results raise the question of the role which the NHS can and should play in meeting this apparent need for reassurance.

Comment

We found that the advice offered by nurses at the first wave NHS Direct sites was well received by most callers, achieving levels of satisfaction comparable with other telephone advice services.² Given the 71% response rate, non-response bias must be considered. In the worst case, if all non-respondents were assumed to find the advice unhelpful, the percentage finding the advice helpful would be 63% (643/1018). Many callers found the advice helpful because it offered reassurance, which has been noted as a key benefit of general practice telephone consultations during surgery hours and as an important aspect of nursing practice. Further qualitative research could help us to understand callers’ need for reassurance and the nature of the reassurance gained. These results raise the question of the role which the NHS can and should play in meeting this apparent need for reassurance.

Contributors: AOC designed the questionnaire, coordinated data collection, analysed the data, wrote the paper, and acts as guarantor for the paper. JFM and JPN designed the study and participated in the design of the questionnaire, interpretation of the data, and writing the paper. EVAD undertook data administration. JFM and JPN distributed the questionnaires.

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