

Is NHS 111 Equitable Across Age Groups? Analysis of 543,000 Clinician Consultations

Analysis of clinician consultation contacts, and an interactive dashboard for ongoing monitoring of equity in urgent care.



Background & Rationale

IC24 provides NHS 111 and integrated urgent care services across diverse urban, rural and coastal populations. Using routinely collected data from 543,000 clinician consultations, this project applied service evaluation, comparative analysis and evidence review methodologies to examine demographic, operational and patient experience differences.

Aim & objectives

AIM
To investigate whether patient experience within IC24 NHS 111 services differs by age, focusing on waiting times, time spent in the service, and repeat contacts, with the aim of supporting equitable, high-quality urgent care.

- OBJECTIVES**
- 1 Assess whether clinician consultation waiting times differ across patient age groups.
 - 2 Explore variation across demographic and operational characteristics: gender, service, geographical area and patient classification.
 - 3 Identify potential inequalities requiring further investigation or service improvement.
 - 4 Develop an interactive Power BI dashboard to support ongoing monitoring of patient experience and health inequalities.

Measures

Median: What most patients experienced - half waited less, half waited more. Not skewed by a small number of very long waits.

Mean: The average wait across all patients, including long waits - reflecting overall service demand and pressure.

Why both: The median shows typical experience; the mean shows overall impact - together giving a balanced picture.

Key Findings

- No meaningful differences in waiting times were found across age groups.
- Clinical pathway was the strongest predictor of waiting time.
- Evidence suggests NHS 111 services are operating equitably across age groups

Initial results

66 min	137.79 min
Median wait for a clinician call back	Mean wait for a clinician call back
Finding	Outcome
Patient classification (clinical pathway)	STRONGEST
Patient age group	NO MEANINGFUL DIFFERENCE
Gender	NO MEANINGFUL DIFFERENCE
Service	NO MEANINGFUL DIFFERENCE
Geographical area	NO MEANINGFUL DIFFERENCE

After conducting a scoping review, we found limited published evidence examining demographic inequalities within NHS 111 clinician consultation services. Existing research mainly focuses on overall service performance and patient satisfaction rather than equity.

Patient Experience Dashboard

These findings are informing development of an inequalities dashboard, including metrics such as service utilisation, triage outcomes, response times, digital access, and variation in care by age, ethnicity, disability, deprivation, geography, and mental health needs.

The dashboard will provide a systematic means of identifying where differences in access, experience, and outcomes exist across population groups, enabling services to prioritise areas for improvement. Insights from the dashboard can be used to inform targeted interventions, monitor progress over time, and support evidence-based changes to service delivery aimed at reducing health inequalities and improving overall service experience.

Conclusions

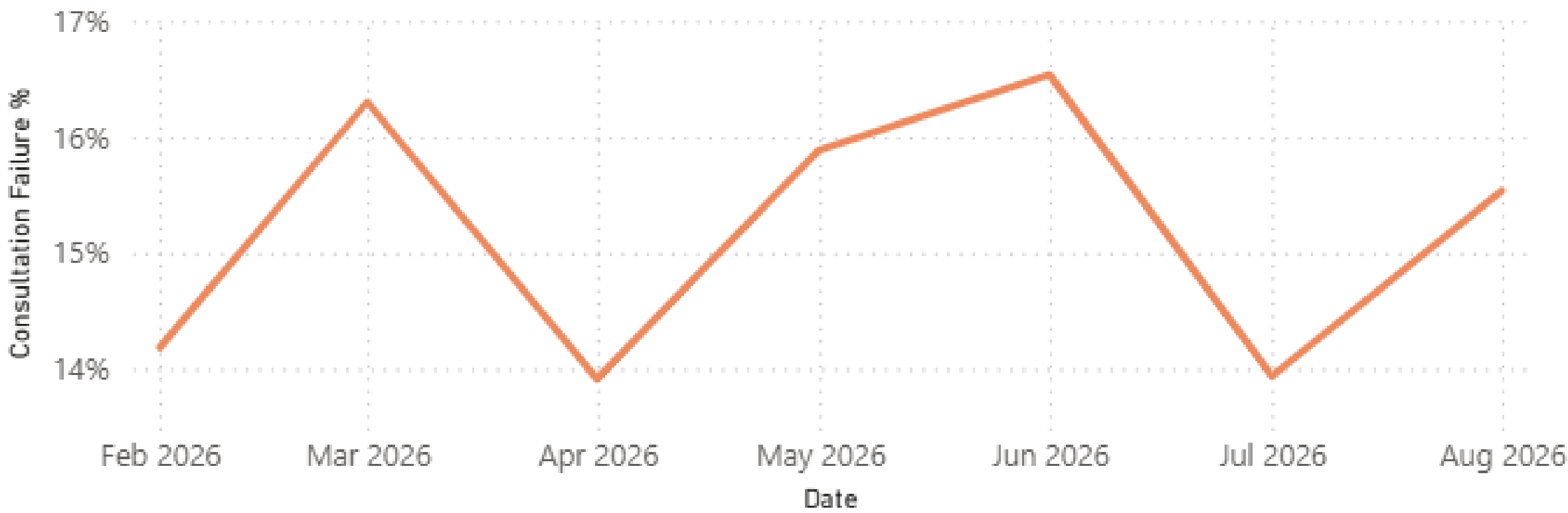
- No meaningful differences in waiting times were identified between age groups, genders, services or geographical areas.
- Patient classification (clinical pathway) was the strongest factor influencing waiting time, rather than demographic characteristics.

Overall, the findings provide reassurance that there is currently limited evidence of age-related inequality in NHS 111 clinician consultation waiting times while identifying patient classification as an important area for further operational review and continuous monitoring.

Impact So Far

- Established a robust methodology for investigating health inequalities using routine NHS data.
- Provided evidence to support service quality assurance and operational improvement.
- Informed the development of patient diversity dashboards to monitor equity.
- Identified patient classification as an important area for future service improvement.

Consultation Failure % by Date



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