



***An Evaluation of the HSE National Information Line
1850 24 1850***

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1 Introduction

The HSE's National Information Line has been in operation since 2005 and was formally launched by Professor Brendan Drumm in June 2006. The Service was initially set up to provide members of the public with a single lo-call number to ring to access health and related social service information. The Information Line has since been rolled out to provide confidential information on over 160 topics relating to all health and social service information, for example service entitlements, eligibility, application forms and contact details as required. The most frequently requested services are in the areas of Medical Cards/GP Visit Cards, European Health Insurance Cards (EHIC), Drug Payment Scheme, Long Term Illness Scheme, Nursing Home Subvention/Repayments, CWO, Back to school allowances.

The National Information Line ensures that service users have ease of access to all health and social service information regardless of geographic location by contacting a single low call number **1850 24 1850**. The service can also be accessed by e-mail; info@hse.ie and by fax 041-6850330. There is also a sigma text-pad service available where persons with a hearing impairment can text their queries and they will be responded to promptly.

Over the years, the National Information Line has proved to be a major resource for the HSE in assisting with a number of national information services, for example the National Hib Booster Campaign, Medical Card/GP Visit Cards, Over 70s medical cards, Elder Abuse reporting, Madden Report (Organ Retention), Lourdes Hospital Enquiry Reports, Hib and MMR catch-up scheme, Audiology, Nursing Home Subvention/Charges.

The National Information line operates from **8.00 am – 8.00 pm Monday to Saturday**. The extended hours allow members of the public to access the service after five in the evening and at week-ends. To date, over 265,000 calls have been logged to the line and the calls have come from various channels - members of the public, voluntary organisations and Health Professionals such as GPs and overseas calls (See table 1).

It is important to document, however, that whilst the National Information Line is manned by four different call centres around the country, the call centre in the North west of the country is somewhat different in that the service is contracted out and delivered by a Public Service Centre in Donegal. The now, Donegal Integrated

Service Delivery Project (ISDP,) is a partnership initiative involving Donegal County Council, the Citizens Information Board (CIB), the Department of Social and Family Affairs, Donegal Citizens Information Service, FÁS and the HSE. The Evaluation of the Donegal Integrated Service Delivery Project (Fitzpatrick associates 2006) outlines this integration process in greater detail and outlines a series of recommendations in order to drive the project forward towards full realisation of its objectives.

1.1 Benefits of the Service

- Members of the public have access to health service information by calling a single lo-call number **1850 24 1850** regardless of geographic location
- Confidential service – there is no requirement on client to provide personal details, i.e name, address etc. unless forms are being sent out
- Trained Telephonists to deal specifically with callers queries
- Voice at the end of the line is a major benefit - especially for the elderly
- Information Line can be utilised to assist with national initiatives or unforeseen events
- Ability to run Health Promotion Campaigns nationally, for example Breast Cancer Awareness Week, Continence Awareness Week, National Childhood Immunisation Week, Alcohol Awareness Week, Smoking Cessation etc.

1.2 Aims and Objectives of the HSE National Information Line

The aim of the HSE National Information Line is to provide free information and advocacy on the full range of health and personal social service entitlements available to service users and potential service users.

The main objectives of the Information Line are as follows:

- To position the Service as a first point of contact for service users and potential service users
- To provide information on health and social services to service users
- In particular, to provide information on services provided by health service providers
- To be an information resource to personnel within the health services
- To deliver its service primarily by telephone but also by fax, e mail and text
- To refer service users to an appropriate service or services

- To promote and alert service users to good health practices, specific schemes, information releases etc. (as obtained from the Health Service) as appropriate
- To act at all times in the interest of the service user
- To collect and report data for analytical purposes
- To provide the service in accordance with best practise in information services
- To pursue opportunities to further develop the service.

HSE National Information Line Integrated Stats 2009

Table 1

National Information Line – Monthly Stats 2008 and 2009											
2008	Ardee	Cork	Donegal	Limerick	Total	2009	Ardee	Cork	Donegal	Limerick	Total
January	7,932	1,225	375	1,065 *	10,576	January	11,124	641	441	1,108	13,314
February	7844	1,400	309	908	10,461	February	10,347	609	458	971	12,385
March	6553	956	320	560	8389	March	11,399	523	536	1,105	13,563
April	9279	1112	978	885	12,254	April	10,407	385	516	774	12,082
May	6484	1465	480	728	9157	May	9575	457	403	700	11,135
June	6059	901	416	797	8173	June	10,068	246	461	851	11,626
July	6769	987	463	1030	9249	July	13,796	437	534	1,115	15,882
August	5964	1262	346	956	8528	August	14,491	476	876	963	16,806
September	7139	1075	507	985	9706	September	11,059	390	372	1,061	12,882
October	8563	1751	453	1073	11,840	October					
November	6416	1030	424	939	8809	November					
December	5048	664	234	650	6596	December					

Table 2

Limerick	Visitors	E-mail	Postal Queries
January 09	777	9	243
February 09	687	14	289
March 09	681	10	265
April 09	559	6	270
May 09	400	1	273
June 09	671	1	268
July 09	661	0	306
August 09	527	7	236
Sept 09	627	3	248

2. Evaluation Context

The importance of eliciting service user feedback has been recognised in the National Health Strategy, Quality and Fairness: A Health System for You (Department of Health and Children, 2001) and more recently in the National Strategy for Service User Involvement in the Health Services 2008 (HSE and DoHC 2008).

2.1 Research Aims and Objectives

This evaluation aims to explore the overall role and impact of the HSE National Information Line from the perspective of both the service user and the service provider.

The research objectives, as outlined by the evaluation working group, are as follows:

- To identify the primary sources by which service users came to know of the Information Line
- To determine how satisfied service users are with the service provided by the Information Line
- To identify the most frequent reasons for service users calling the Information Line
- To determine the challenges facing service providers in delivering the service and the extent to which formal and informal support systems are addressing these challenges.
- To use the findings to make recommendations on the improvement of the Service to service users.

2.2 Research Methodology

In order to achieve the overall aims and objectives a two pronged approach was adopted collating information from the perspective of both the service user and the service provider.

A cross sectional study utilising Computer Aided Telephone Interviews (CATI), over a ten week period, was carried out to gather the service user's perspective in respect to the Service.

Cross-sectional studies can be thought of as providing a "snapshot" of the frequency and characteristics of a population at a particular point in time.

To collate the perspective to service providers two facilitated workshops with both staff and management working on the Information Line were carried out, identifying the key challenges in their day-to-day work.

2.2 Reporting Structure

The evaluation was carried out by a research officer from the HSE, Office of Consumer Affairs. A research committee was also established to help facilitate regular communication between the research officer and the management committee throughout the evaluation. An introductory meeting with the evaluation committee was carried out to clarify the aims and objectives of the evaluation. See Appendix 1 for summary work plan.

2.3 Data sources

The evaluation is based on several sources of information:

- Routinely available information, including relevant national policy documentation, strategic, corporate, annual reports, and a previous evaluation of the Donegal Integrated Service Delivery Project (Fitzpatrick Associates 2006)
- Computer aided telephone survey with service line users
- Facilitated workshops with key service line personnel and a series of consultation via email and telephone.

2.4.1 Routinely available information

All available and relevant documentation including relevant national policy documentation, strategic, corporate, annual reports, and a previous evaluation of the Donegal Integrated Service Delivery Project (Fitzpatrick Associates 2006) was analysed accordingly.

2.4.2 Computer aided telephone survey

Schedules and questionnaires were developed and piloted. The questionnaire was based on the overall requirements of the evaluation, emerging literature and elements of 'INSIGHT 07' patient satisfaction survey.

The results of the survey are used to explore:

- To identify the primary sources by which service users came to know of the Information Line
- Levels of perceived satisfaction with the service
- Recommendations for service improvement.

Several open ended questions were also included to invite more in-depth service user feedback. Where resources are constrained, the inclusion of open ended questions in an otherwise structured quantitative survey instrument may give a broader perspective (HTA 2002).

A pilot study was also undertaken to test the adequacy of the survey tool and to indicate any problematic questions in terms of clarity for respondents and sequencing and flow of the questions.

2.4.3 Facilitated workshop with key service personnel

Two workshop events were facilitated by the Office of Consumer Affairs in September and October 2009. The workshop consisted of key service personnel from the Information Line. The participants nominated to attend were selected in consultation with the evaluation committee. The main aim of the workshops was to explore the key challenges facing management and staff in the implementation and development of the Service.

2.4 Sampling

The population size has been drawn from the total number of calls made to the Service in 2008 ($N=113,738$).

The total sample size calculated for completed surveys (n=383) allows for a:

- 5% margin of error
- 95% confidence interval
- 50% response distribution.

There was a response rate of 61.4% (n=234). The response rates were further stratified across the four main centres:

- Ardee (n=82)
- Donegal (n=60)
- Cork (n=27)
- Limerick (n=65).

And whilst the findings presented in this report are reflective of the Service as a whole, survey summaries for each of the four sites will be made available to each.

2.5 Analysis of Data

2.5.1 Data validation

Data validation followed established academic procedures to ensure both descriptive and theoretical validity. This included triangulation of data methods, feedback to workshop participants and peer reviews, as well as ensuring transparency at all stages.

2.5.2 Data analysis

Data was collated and coded by the research officer within HSE, Consumer Affairs, and analysis of the data was undertaken using the statistical package for the social sciences, version 17 (SPSS 17). The results for the most part are basic descriptive statistics such as frequency and percentage tables for each item on the questionnaire.

2.6 Ethical Considerations

- Clear written or verbal information was provided to relevant personnel.
- Informed consent was sought from all participants and confidentiality assured.
- The sampling plan was ethical in terms of such issues as informed consent, potential benefits and risks, and the relationship with informants.

- Data was recorded, retained and stored in accordance with best practice and the Data Protection Act. SSL Encryption was applied to the survey link, survey pages and exports during transmission and all data stored on an encrypted laptop.

2.7 Research Outputs

- A preliminary survey report submitted to the evaluation committee in October 2009.
- Individual statistical summary for each of the four Information Line centres.
- A final report to be presented in November 2009.
- An article to be submitted to the HSE Health Matters Magazine.
- A separate research report outlining the main findings and learning points in an easily accessible format suitable for wide distribution will also be made available.

3. Presentation of Results

The survey results are used to address the following objectives of the evaluation:

- To identify the primary sources by which service users came to know of the Service
- To determine how satisfied service users are with the service provided by the Information Line
- To identify the most frequent reasons for users calling the Information Line


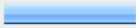
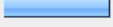






The workshop sessions and submissions, however, are used to present the challenges facing service providers in delivering the service and the range of formal and informal support systems that are available to help address these challenges.

Collectively the findings are used to make recommendations on the improvement of the Service to service users.

3.1 Survey Results

3.1.1 Primary sources marketing the HSE Information Line

Table 1 How did you first hear about the HSE Information Line?

1. How did you first hear about the HSE Information line?		
	Response Percent	Response Count
Rang local health office and was transferred to Information line 	8.2%	19
HSE 	26.6%	62
Phone book/yellow pages 	21.0%	49
Outside Publication 	4.3%	10
Word of mouth 	7.7%	18
Local Radio 	3.0%	7
Internet 	14.2%	33
Other 	3.0%	7
Other (please specify) 	13.7%	32
<i>answered question</i>		233
<i>skipped question</i>		1

As highlighted in Table 1.0, respondents heard of the Service through various HSE sources (n=62/26.6%), the phone book (n=49/21%) or by simply ringing the local health office where they were transferred to the NIL (n=19/8.2). Thirty two (13.7%) 'other sources' were also referred to, the main sources being the Citizens Advice Bureau, the doctors surgery's and from schools.

3.1.2 Main reasons for contacting the National Information Line

Table 2 Main reasons for calling the HSE National Information Line

2. What was the main reason for your call to the Information Line? (please tick all that apply)		
	Response Percent	Response Count
Advice 	29.2%	68
Information 	62.7%	146
Unsatisfactory treatment	0.0%	0
Inaccurate/insufficient information obtained elsewhere 	0.4%	1
Assistance with form filling 	9.4%	22
Assistance with appeal	0.0%	0
Referred from other agency/service	0.0%	0
Other	0.0%	0
Other (please specify) 	9.0%	21
answered question		233
skipped question		1

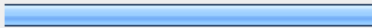
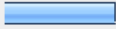

As the name of the Service suggests, the main reason for people's call to the Service was to obtain information (n=146/62.7%) and advice (n=68/29.2%), with other reasons being medical card issues (n=10) and EHIC issues (n=6).

Data collection records held by the Information Line personnel mirror these findings with the top ten topics for the period of May to July 2009 being as follows:

1. Medical Cards
2. Primary Care (pharmacy dispute)
3. EHIC & Euro forms
4. Public Health Department (Pandemic H1N1)
5. Telephone Number & Contact Addresses
6. Immunization
7. S.W.A. (Back to School)
8. General Queries
9. C.W.O. Locations & Clinics
10. Social Welfare

3.1.3 Service Call Experience

Table 3 **Waiting time before call was answered**

3. How long were you waiting before your call was answered?		
	Response Percent	Response Count
Less than 1 minute 	75.8%	169
1-5 minutes 	22.4%	50
More than 5 minutes 	1.8%	4
<i>answered question</i>		223
<i>skipped question</i>		11

Three quarters (n=169/75.8%) of respondents were waiting less than one minute before their call was answered. In 62% (n=129) of cases, the caller received the information required, 16.8% (n=35) were transferred to the relevant service and 14.9% (n=31) were given another telephone number to call (see Table 4).

In six percent of cases (n=13), the call taker arranged to return the callers call, however, six of the respondents reported that the arranged calls were never made.

Table 4 **Events during the call**

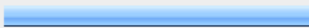



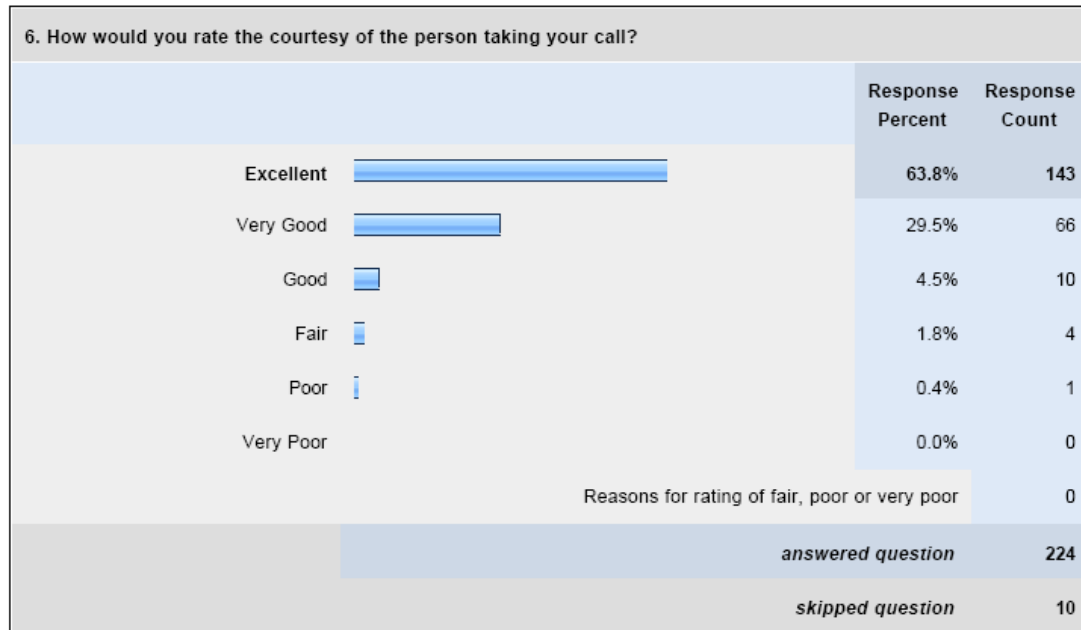
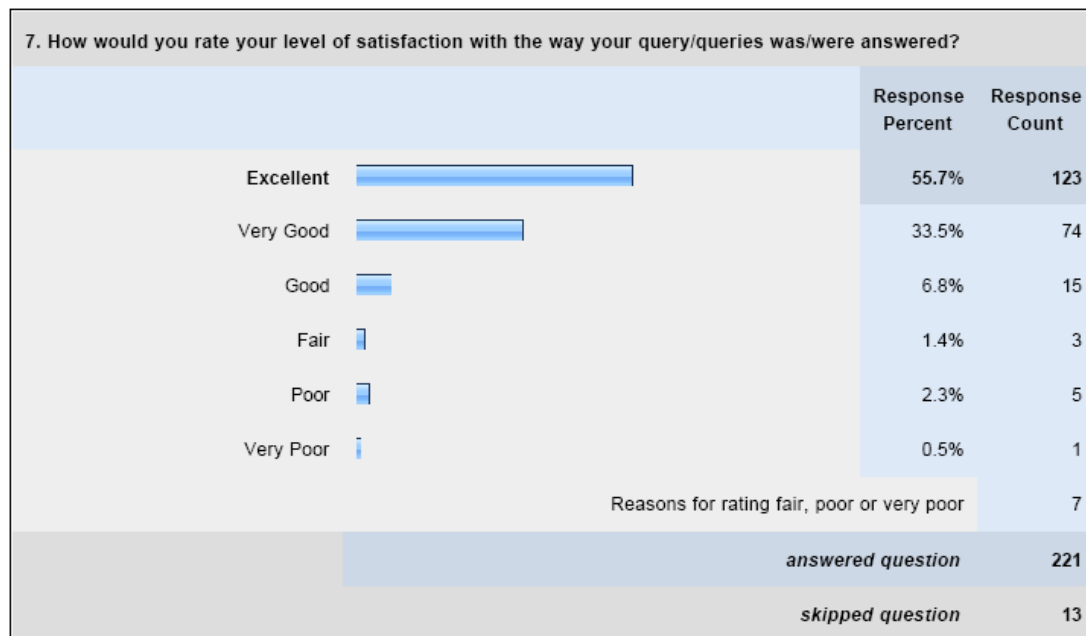
4. At any stage during your call were you...		
	Response Percent	Response Count
N/A, recieved info required from call taker 	61.8%	128
Transferred to relevant service 	16.9%	35
Given another telephone number to call 	15.0%	31
Call taker arranged to call me back 	6.3%	13
<i>answered question</i>		207
<i>skipped question</i>		27

Table 5 **Courtesy rating**

The majority of respondents rated the courtesy of the person taking the call as either excellent (n=143/63.8%) or very good (n=66/29.5) (see Table 5). In only 0.4% (n=1) of cases was the person taking the call rated as poor, the main reason being that they did not return the callers call as arranged.

For the majority of respondents, they also rated their level of satisfaction with the way their query was answered as excellent (n=123/55.7%) or very good (n=74/33.5%) (see Table 6). For those that rated their levels of satisfaction poorly or very poorly (n=6/2.8%), the main reasons cited were “the wrong number was given” and the “query was not answered”.

Table 6. Level of satisfaction with the way queries were answered

In only 6 (2.7%) of the cases were the callers not provided with the information required, in two cases the number provided by the Service proved incorrect and in one case the person did not return their call as arranged. For the most part (n=168/76%), however, the Service provided the caller with the information required (see Table 7).

The ratings given towards both the courtesy of staff and in the way queries were answered are reflective of the evaluation study by Fitzpatrick Associates wherein *'The survey revealed extremely high levels of customer satisfaction concerning experience of the centres. The overall satisfaction rating with regard to quality of service was 97% across all centres, with 83% of respondents stating that they were very satisfied. This was primarily attributed to quick and efficient service and professional and friendly staff'* (2004, p.5).

Table 7 Provision of correct information

8. Were you provided with the information you required?		
	Response Percent	Response Count
Yes completely	76.0%	168
Yes partially	15.4%	34
No, but they suggested other people/org who I should contact with my query	5.9%	13
No they were unable to help me	2.7%	6
If unable to help, please specify why?		5
<i>answered question</i>		221
<i>skipped question</i>		13

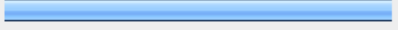




For 34.8% (n=77) of cases the Service has improved respondents access to HSE services and information, and for 54.3% (n=120) it has improved to some extent. In 10.9% (n=24) of cases, accessibility has not improved to any extent (see Table 8). Similar findings were reported by Fitzpatrick Associates (2004).

Table 8. Improved access to HSE services and information

9. Has the Information Line improved your access to HSE services and information?		
	Response Percent	Response Count
Significantly improved	34.8%	77
Improved to some extent	54.3%	120
Not improved to any extent	10.9%	24
Accessibility is now worse	0.0%	0
<i>answered question</i>		221
<i>skipped question</i>		13

Over three quarters (n=167/78%) of respondents have used the Service once only and 18.2% (n=39) have used it less than five times (see Table 9).

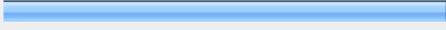


Table 9. Use of the HSE Information Line

10. How many times have you used the Information Line in the past twelve months?		
	Response Percent	Response Count
Once only 	78.4%	167
Less than 5 times 	18.3%	39
5-10 times 	0.9%	2
More than 10 times 	1.4%	3
I can't recall 	0.9%	2
<i>answered question</i>		213
<i>skipped question</i>		21

3.1.2 Recommendation of the Service to other service users




The majority of respondents (n=200/90.1%) would consider using the Service again. In only 1.9% (n=4) of cases would the respondents not consider using this Service again.

Table 10. Future use of the HSE Information Line

11. Would you consider using the Information Line again in the future?		
	Response Percent	Response Count
Yes 	90.1%	200
Possibly 	8.1%	18
No 	1.8%	4
If No, please specify		3
<i>answered question</i>		222
<i>skipped question</i>		12

Thirty six percent (n=79) of respondents have recommended the Service to others, and whilst 62% (n=138) have not recommended the Service to others they would be happy to do so (see Table 11). In only 2.3% (n=5) of cases would callers not recommend the use of the Service, their reasons being consistent with those outlined earlier in the report.

Table 11. Recommendation of the Service to others

12. Have you recommended the use of the Information Line to others?		
	Response Percent	Response Count
Yes 	35.6%	79
No, but happy to do so 	62.2%	138
No would not recommend the use of the Information Line 	2.3%	5
If you are not happy to recommend the use of the Information Line please specify		4
answered question		222
skipped question		12

3.1.3 Improving the Service

Less than a fifth of respondents (16%/n=35) made various suggestions as to how the Service could be improved upon. The suggestions were best themed in terms of the following:

- Marketing
- Information Line System
- Staff.
- *Marketing*

In terms of marketing the major theme to emerge was the need for greater advertisement through a broader range of media. This is clearly conveyed through the following statements:

“Better advertisement on the HSE website”

“More advertisements on the television with the telephone number on the bottom for older persons who wouldn't necessarily have access to the internet”

“Make the number popular, like bus stops, doctors waiting rooms, train stations and places like that, the number is too inaccessible to use frequently”

“Place in a more prominent position in the phone book”.

- *System*

Various suggestions were made as to how the current system could be changed or improved upon. The desire for personal contact as opposed to a recorded message was voiced by a number of respondents. One respondent suggested to *“avoid the long instructions, have a person answering the phone instead of a machine”*, another reiterated this stating that it would be *“Better to have someone at the end of the phone rather than a repeated recorded message”*.

- *Staff*

A couple of suggestions were made in relation to staff, but those made were not thematic. In one instance it was suggested that staff *“Be brought more up to date with information and entitlements”*. Another respondent highlighted how the *“Freephone number was on the form from the school advertised an information line but the line could not provide any information on the subject of the call”*.




Unsurprisingly then the issue of receiving appropriate information from relevant health and social providers in a timely manner was also an issue highlighted by those working from within the Service

Another caller suggested that *“if the recipient of the call was patient with the caller so as to explain what the caller is actually looking for exactly”*, and that *“When you leave a message they should ring you back that day”*. However it is important to stress that these were not thematic issues.

3.1.4 Contacting public service information providers

Over three quarters (n=172/79.3%) of those who responded to the survey would prefer to make contact with public service information providers by phone. Eight percent (n=18) would prefer to make contact in person and for 7% (n=16) of respondents it depends on the nature of the query (see Table 13). These findings were contrary, however, to those found by Fitzpatrick Associates (2004) where in almost four-fifths (77.7%) of those surveyed stated a preference for face to face contact, while only one in ten (9.5%) preferred contact by telephone.

Table 12. Preferred methods for contacting public service information Providers

14. How do you prefer to make contact with public service information providers?		
	Response Percent	Response Count
By telephone 	79.3%	172
In person 	8.3%	18
Depends of the query 	7.4%	16
By letter 	2.3%	5
By email 	1.4%	3
No preference 	1.4%	3
<i>answered question</i>		217
<i>skipped question</i>		17

3.1.5 Demographics

The majority of respondents are female (n=171/77.7%). Forty percent (n=90) of respondents are aged between 26-45 and 36% (n=80) between the ages of 46-65.

Ninety two percent (n=202) of respondents are Irish and 96% of respondents first language is English (see Table 14-18). This, however, may be explained by the fact that those surveying participants were all English speaking and hence consent was primarily sought from English speaking callers to the Service. .

Analysis of relevant documentation indicates, for example, approximately 35% of queries to the Information Line in Donegal have been dealt with in Polish, Russian, Lithuanian and Slovakian and Czech.

Table 13. Gender

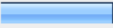
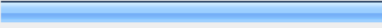
15. Gender?		
	Response Percent	Response Count
Male 	22.3%	49
Female 	77.7%	171
<i>answered question</i>		220
<i>skipped question</i>		14

Table 14. Age


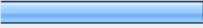
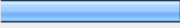
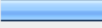
16. Which of the following age groups applies to you?		
	Response Percent	Response Count
Under 25 	3.2%	7
26-45 	40.5%	90
46-65 	36.0%	80
Over 65 	20.3%	45
<i>answered question</i>		222
<i>skipped question</i>		12

Table 15. Nationality

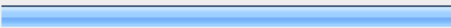


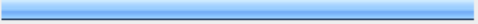

17. What nationality are you?		
	Response Percent	Response Count
Irish 	91.8%	202
EU National 	6.8%	15
Non-EU National 	1.4%	3
<i>answered question</i>		220
<i>skipped question</i>		14

Table 16. First language

18. Is English your first Language		
	Response Percent	Response Count
Yes 	95.9%	212
No 	4.1%	9
If no, please specify your first language		3
answered question		221
skipped question		13

3.2 Service Team Area Workshops and Submissions

In terms of ensuring reliable and accessible information the main challenge facing the HSE is in ensuring that consumers are facilitated in terms of accessing and finding the right information at the right time, to be delivered to the right target in the right medium. Hence the challenge is to match an information need with an appropriate resource, one such resource being the HSE Information Line. As highlighted by one participant *'people want to contact a person not a mechanical machine, more so for that reassurance that you have picked up the information right...especially for the elderly person.'*

In order to reflect upon the service provided by the HSE Information Line, the four teams were asked to explore the following questions:

- What aspects of the Service are working particularly well?
- What aspects of the Service are proving to be most challenging?
- In what way do you believe the Service could be improved upon?

3.2.2 Aspects of the Service that are working particularly well

Whilst addressing usability issues places significant demands on information providers it is imperative; particularly if information is to have an impact beyond traditional proactive information-seekers, who are typically English-speaking, middle class and well educated (Swain *et al.* 2007). Hence the importance and significance of the service provided by the HSE Information Line.

Furthermore, *“Adequate information is the essential key to empowerment of service users... (Swain et al. 2007, p.61). Not only does such a service as the HSE Information Line empower service users, as promoted in the National Strategy for Service User Involvement (HSE & DoHC 2008), it also assists service providers in the delivery of their day to day front line services. If services were to tackle the 114,000 (HSE Statistics 2008) calls that the Information Line telephonists deal with on an annual basis, ‘the services would be swamped’. This is exclusive of the number of drop in visits also facilitated through the Information Line centres. In spite of which there is clearly a perception amongst the four teams that the service simply ‘doesn’t seem to get the priority it deserves’. Although in times of crisis and when needed it is considered to ‘be the best in the world’.*

The level of expertise and local knowledge that have amassed within the Service is also highlighted as a key benefit and the fact that *‘the teams communicate well with one another’*, in spite of current resource implications.

The Information line teams also have a unique opportunity to gauge anomalies that may be occurring within health and personal social services or when certain initiatives/services are applied on the ground. As one participant highlighted *‘more feedback should be going back up to influence policy and planning...highlighting the bigger picture and potential complexities’*.

The information line covering counties Donegal, Leitrim, Sligo and West Cavan are unique to the other three lines in the sense that they *‘have a local steering group made up of HSE representatives, CIS representatives, CIB representatives that ensure that all relevant issues can be discussed and the services delivered in an open and transparent’*.

3.2.1 Key challenges facing the Service

Whilst a number of challenges emerged for example staff resources and the lack of messages/information accompanying lo-call numbers, the three key challenges identified and explored further within the focus group were the:

1. Role and function of the National HSE Information Line
2. Provision of up to date information
3. Involvement of front line staff in information planning processes.

- *The role and function of the HSE information line*

Greater clarity is required in respect to the role of the HSE Information Line. The line is not, as is often communicated by service providers, a help line. The Service is not designed or equipped to provide medical assistance or advice. The role of the line is to act as a source of information or a signposting service to relevant services within the HSE. The following quote clearly reflects this: *'We are not a helpline, advice or counselling service, but we will signpost them...it's a perception that requires clarity'*.

In the current economic climate, the information line teams are frequently finding themselves in a situation where they simply cannot provide the answer looked for by the caller. The service/initiative may no longer exist due to budgetary constraints or they may not qualify for the service. This change in events has led to *"added stress to the day to day job"* in dealing with the emotional and personal issues relayed by the caller.

- *Provision of up to date information*

Participants were of the opinion that in the majority of cases where initiatives were undertaken, there appeared to be an inadequate co-ordinated system in place in terms of information delivery to the information line teams. It was highlighted that this in turn impacts negatively on the service provided to service users and places undue stress on the teams. As one participant voiced: *'in some cases the public are the first people to hear about a campaign or an issue before us...which for us as a service is a worst case disaster'*.

In terms of seeking information required, participants outlined how both the HSE website and CICs are inter-connectable. Both the CIC staff and Information Line staff benefit from each others experience and expertise. The Info Line staff receive quite a number of calls from CICs around the country seeking advice and information. This is a reciprocal arrangement between both services and one which works well. Strong working relationships have been forged between both services over the years.

However there was concern expressed in terms of information presented on the HSE webpage and at present it would appear that *'no one person locally has responsibility for updating numbers and this is a problem as information is not up to speed'*.

Although as one participant outlined that a designated member of staff was supposedly nominated and assigned to updating information within each local PCCC area which was done under the Ptools programme.

The ease of navigation of the HSE website for relevant information was also commented upon, but it was expressed that navigation of the website has been improved with the redesign of the HSE website.

- *Involvement of front line staff in planning processes*

It cannot be over-emphasised the need for a co-ordinated approach to effective planning with all key stakeholders involved from the outset and not brought on board as an afterthought or when it is felt that the services of the National Information Line is required without due consideration or communication. This usually results in fire-fighting by the staff of the Information Line and has the potential to result in poor outcomes.

Participants were of the opinion that when preplanning is done, the system works more effectively, for example 'The Winter Initiative'. As one participant explained, *'the initiative was widely advertised...we knew what people were asking for...we were given plenty of prior warning'*. However:

'There have been occasions when the 1850 number has been advertised but up to date information was not available on the relevant issue, such as the recent pharmacy situation. The number was used in advertising which suggested to the public that ringing the number would let people know what pharmacies were going to be dispensing medicines when the actual official listing wasn't available to information line staff until a number of days later. This led to a lot of verbal abuse being received by staff as they didn't have up to date relevant information to hand'

In terms of preplanning, the importance of involving information line staff and service users was also highlighted, particularly *'if they expect us to carry the can'* during times of crisis. At present planning tends to be carried out at a macro level, with little or no input from those working on the ground. Those working on the ground are undoubtedly a key resource and are a mine of information in terms of what information people are seeking from the service etc. According to Darzi (xxx) *"If quality is to be at the heart of everything we do, it must be understood from the perspective of patients"*. And in this particular instance the telephonists are hearing the perspectives of patients on a daily basis.

3.2.3 Proposed improvements to be made to the Service

Advertisement of the Service and its role and functions. The Service has never been formally advertised which may be an attributing factor to the confusion as to its role and function within the HSE. *'The information line is an 'information line' and not a dedicated help line. When advertising this service the term 'information line' should be used and not dedicated help line'.*

More cohesion with other services. Staff that have expertise in a particular area should be available depending on the issue (be it national or local) going on at the time. It is important that information line staff are aware of what areas are available to take follow up calls if required etc.

Clear channels of communication and involvement of key personnel, and the provision of both accurate and timely information is critical. *'Note the swine flu leaflets were received in September but queries have been through out the summer',* similarly the Nursing Homes Support Scheme.

The Information Line should not be used for every crises. At times it appears to be a useful tool in emergency situations but it is only useful when the staff answering the calls have up to date information and also have a relevant expert available to forward calls that either require follow up or more specialised information.

3.3 Considerations and Limitations of the Evaluation

3.3.1 Bias

Sampling bias was evident in that in the people who conducted the surveys were not multilingual and hence only English speaking users of the National Information Line Service were surveyed.

Ideally, as in studies referred to in the literature review (Swain *et al.* 2007, Skyes and O' Sullivan 2007), the research team would have preferred to have selected the survey callers from an independent research company thus reducing potential bias. However, given current resource implications, it was necessary to select callers from within the Office of Consumer Affairs.

The results from the surveys cannot be generalised as they cannot be regarded as representative of all users and non-users.

Low response rates may introduce bias in survey findings because non-respondents may differ from respondents in ways that affect their evaluation of the service (HTA 2002).

3.3.2 *Sample size*

In traditional survey research, the reliability of a research approach is often judged on sample size. And whilst the sample size for this survey is valid in terms of the overall number of calls made to the Information Line on an annual basis, the sample size may be further justified by the fact that: *'Every service encounter is critical and the quality of service delivery should be identical in each encounter'* (Wilson 1998 p.156).

3.3.3 *Time Frame*

The initial time frame for the survey was extended due to unforeseen events which required resources to be temporarily reassigned within the organisation.

3.3.4 *Survey Tool*

Instead of asking participants to rate their experience using general evaluation categories, participants were also asked to report in detail about their experience when calling the Information Line.

These types of questions were intended to elicit reports on what actually occurred, rather than solely focusing on the participants evaluation of what occurred. Concern about the problems with patient satisfaction surveys has led to an emphasis on measuring patients experience rather than satisfaction (Coulter *et al.* 2009).

Analysis of the data highlighted potential problems in relation to the options presented in Question 2 of the survey. Feedback from the survey team, and workshop participants further suggested that greater clarity should have been given to such terms as 'Advice' and 'Information'. It was expressed that the understanding of 'Advice' and 'Information' were probably used interchangeably by those responding to the survey questions.

4. Conclusions and Recommendations

4.1 Conclusions

The National Information Line Service has been shown to have improved customer service and access to public and civic services and has significant potential for further development, and awareness must be raised of these facts, particularly in a national context.

This report has highlighted a number of positive aspects to the HSE Information Line Service, with some of the most notable being:

- 75.8% of callers were waiting less than one minute before call was answered
- 63.8% (n=143) of callers rated the courtesy of the person taking the call as excellent and 29.5% (n=66) as very good
- 55.7% (n=123) rated their level of satisfaction with the way their query was answered as excellent and 33.5% (n=74) as very good
- 76% (n=168) were completely provided with the information required
- The majority of respondents (90%/n=200) would consider using the service again
- For almost 90% (n=197) of respondents, access to HSE services and information has improved.

4.2 Recommendations

Sixteen percent (n=35) of respondents made various suggestions as to how the Information Line could be improved upon. These suggestions were best themed in terms of a) marketing, b) improvement of the actual system and c) staff and were outlined in the previous section. The suggestions made by service users also mirror many of the challenges faced by members of staff working within the Information Line.

With such challenges the following recommendations are proposed:

- A marketing/promotional campaign in respect to the role, function and impact of the National HSE Information Line should be launched, and the Service marketed clearly and concisely both internally and externally. A pre and post study should also coincide with the marketing campaign to evaluate its effectiveness.
- The HSE website requires further development and attention to ensure search engine optimisation for the Information Line Team. The designation of a member of staff assigned to updating information within each local PCCC area under the P-tools programme should be revisited.
- Inclusion of front line Information Line staff at both micro and macro planning levels to ensure that decisions can be made with informed input from those working on the ground.
- Greater utilisations of existing internal support systems for example daily exchanges of press cuttings, intranet and internet what's new!, greater internal networking through induction training, and the better use of the Health Matters Magazine and other relevant and accessible public media forums.
- Greater consideration needs to be given as to where the HSE Information Line service would be best situated and managed under the new HSE structures.
- To acknowledge the important role that staff have played both in realising the positive impacts generated by the Service and in contributing to this

evaluation, this report should be available to all staff within the Service upon finalisation and an article posted in the HSE Health Matters Magazine.

- The continued collation of consistent, basic information to be collected about usage of the Service. The data to be gathered should be specified to frontline staff, and a means of feeding it into one central source to ensure ongoing monitoring of service use should be established.
- Further research to explore the economic value of the Information Line structure in Donegal wherein the Service is contracted out and delivered by the Citizens Information Service in comparison to the Centres based within the HSE (i.e. Cork, Limerick and Ardee).
- The establishment of a working group to ensure that the aforementioned recommendations are actioned. The working group should outline a strategy and action plan for Service, provide a timescale for the recommendations to be actioned, designate responsibility for their undertaking, and ensure that monitoring is in place to track progress.

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Appendix 1 Work Plan

TIME FRAME	TASK	RESPONSIBILITY
January	Brainstorming session.	Evaluation Committee
February	Finalise research proposal and circulate to evaluation committee. Sign off on research proposal. Survey development. Review of current literature.	Rachel McEvoy Evaluation Committee Rachel McEvoy
March	Pilot of survey (n=25) Redraft survey & circulate to all committee members Conference call.	Rachel McEvoy Consumer Affair Officers Rachel McEvoy All committee members
April	Field work to commence.	NIL officers to seek caller consent. Consumer Affair Officers to complete telephone surveys within three days of consent.
June - October	Facilitated workshop with key personnel. Survey data collation and analysis.	June Boulger and Rachel McEvoy Rachel McEvoy and Denise McCarthy
October	First draft report presented to evaluation committee. Report to be circulated to committee for comment. Conference call.	Rachel McEvoy and Denise McCarthy Rachel McEvoy
November	Final report to be submitted to evaluation committee. Sign off	Rachel McEvoy Evaluation Committee.