



NHS IUC Telephony Messaging Standards

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Owner	Adrian Price	Version	0.6
Author	Adrian Price	03/06/2016	

IUC Telephony Messaging Standards 0.6

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Reviewers:

This document has been reviewed by the following:

Name	Title / Responsibility	Date	Version
Simon Beresford	Telephony Subject Matter Expert (SME)	17/05/2016	0.1
Jack Singleton	Healthy London Partnership	24/05/2016	0.1
Steven Allsopp	Telephony Coordinator	31/05/2016	0.3
Lloyd Pattison	Head of IT Vocare	01/06/2016	0.5
Ash Esat	Infrastructure Support Manager	02/06/2016	0.5

Approvals:

This document must be approved by the following:

Name	Signature	Title / Responsibility	Date	Version
Nick Hall		Head of Integrated Urgent Care Delivery		

Distribution:

This document is to be distributed to IUC commissioners and providers.

Document Status:

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1 Purpose

The purpose of this document is to define a set of standards for Integrated Urgent Care (IUC) Telephony Messaging (the recorded announcements, prompts and music heard by callers to 111). The standards are designed to ensure that all IUC services accessed via the 111 number deliver a consistent high quality user experience through the adoption of a joined up “best practice” approach.

It is assumed that the target audience understands the basic principles of contact centre telephony and are familiar with the current NHS111 model.

2 Scope

The scope of this standards document covers any telephony messages played to English callers at national or local level. Although the 111 number is or is scheduled to be used in other UK countries, with the exception of border messages, any messaging played within other UK countries is considered out-of-scope.

In the event of 111 being used in a flu-pandemic, any messaging beyond the point that the National Pandemic Flu Service (NPFS) has been selected is considered out-of-scope.

Whilst the document refers to Natural Voice IVR, it does not attempt to specify standards beyond the point that Natural Voice IVR has been selected.

3 Background

At a national level the NHS111 telephone number is provided by a single telephone company (Vodafone) via a contract with NHS England. The Vodafone 111 telephony platform hosts the 111 telephone number, and through interconnects with other telephony networks, makes it possible to dial 111 free of charge from anywhere in the UK. It identifies the originating location of the call, even from a mobile, and routes that call to the correct destination (the local NHS111 provider in England or NHS24 in Scotland for example).

At a local level, NHS111 providers are responsible for the provision of Automatic Call Distribution (ACD) systems to queue calls locally and deliver them to available agents.

In the event of a flu-pandemic, the 111 number will be used to access the National Pandemic Flu Service (NPFS)

4 The case for change

The 111 number is particularly prone to generating what is known as phantom calls. This is when interference on the telephone line emulates the digits created by an old fashioned dial phone. To prevent these artificially generated calls from getting through to the NHS111 providers, a “press 9 to continue” option is configured on the Vodafone platform. This message, known as Phantom Call Detection (PCD), includes the words “thank you for calling NHS111”.

In the event of a health scare a bespoke message can be inserted at the front end. Depending on where this message is inserted, it can result in callers being welcomed twice.

In addition to the blocking of phantom calls, a further IVR stage is often required to identify the callers location, for example when the call has originated from an NNG (formerly known as an STD code) that covers two or more NHS111 service areas. In the past this was achieved through additional options at the PCD stage (instead of “press 9 to continue” using “press 8 for location A and “press 9 for location B”). However evidence suggests that although this reduces the number of layers, the use of high value options, which are essential for the PCD function, can cause confusion (it is easier to use “press 1”, “press2” etc. in the order in which the options are presented).

Once the call has been identified as genuine and the location has been verified, the call is delivered to the appropriate NHS111 provider. On presentation the provider’s ACD plays a welcome message including information regarding data protection and then places the caller in a queue. In the absence of an end-to-end strategy, callers are often welcomed to NHS111 for a second or even third time.

At ACD level a further layer of IVR is then used to identify specific requirements such as dental and pharmacy. Evidence suggests that the order in which these options are presented and their wording will have a huge impact on their effectiveness. For example the number of callers in London selecting the dental option inappropriately dropped from 26% to 11% by simply revising the order in which the options were presented.

When a call is placed in a queue on the provider’s ACD, the caller is played comfort messages. The wording and frequency of these messages can have a noticeable impact on abandonment levels and in the worst case can result in downstream pressure if callers are advised to hang up and call another service. It is also a known fact that silent pauses will cause callers to abandon.

There are also significant differences between the user experience when dialling from a mobile and a landline. In certain cases when the same patient alternates between devices, this may cause confusion (regular callers select the option they are familiar with without listening to the prompts).

5 National Standards

Ref	Standard	Rationale	Owner
N.1	<p>The “thank you for calling NHS111” is made a separate message.</p> <p>[DN: branding may change with IUC}</p>	<p>In the past callers have been welcomed to NHS 111 more than once which creates unnecessary repetition. Having a separate “thank you for calling NHS111” message allows it to be substituted with a special message such as the Ebola message which always starts “thank you for calling NHS111”</p>	NHSE Commissioning Operations - National Telephony & National Clinical Lead
N.2	<p>The phantom call detect should always be “press 9 to continue” with subsequent options reverting to “press 1, press 2 etc.</p>	<p>Evidence suggests that callers are more likely to select the correct option if the numeric response matches the order in which options are presented.</p>	NHSE Commissioning Operations - National Telephony
N.3	<p>Where a country of origin selector is used in the event of default routing (platform failure) the order should always be:</p> <ol style="list-style-type: none"> 1. England 2. Scotland 3. Wales 4. Northern Ireland <p>In the case of countries where 111 has not yet been adopted, when selecting that country a service not available message should be played.</p>	<p>Standardises the experience with order based on population</p>	NHSE Commissioning Operations - National Telephony

Ref	Standard	Rationale	Owner
N.4	On UK country borders where country selection is necessary the England, Scotland, Wales order is retained omitting the Northern Ireland option.	<p>There is no need for a Northern Ireland option because there are no land borders with other UK countries.</p> <p>On the Scottish / English border the Wales option could also be omitted because it does not break the sequence but on the Welsh / English Boarder retaining the same three will prevent Welsh callers selecting the wrong option in the event of default routing (Wales is always 3)</p>	NHSE Commissioning Operations - National Telephony
N.5	Where IVR is used on NNG boundaries or emergency zones, the order should be based on population and where a town or city has both landline and mobile location selections the option number for a particular place should always be the same.	Improved accuracy and user experience.	NHSE Commissioning Operations - National Telephony & Commissioners
N.6	When more than four location options exist, use of the Natural Voice IVR should be considered. Attention should also be given to the wording of the options.	It has been found that whilst a town may be close to another larger town or city, for reasons such as prestige, residents don't always associate themselves with it. The Natural Voice IVR allows for a much larger range of responses.	NHSE Commissioning Operations - National Telephony & Commissioners

Ref	Standard	Rationale	Owner
N.7	All messages should be professionally recorded with non-specific accents. [DN: consider guidelines re use of male and female voices]	Consistent professional experience	NHSE Commissioning Operations - National Telephony
N.8	The total aggregate message length at national level under normal circumstances should be no greater than xx seconds.	Patient experience and safety	NHSE Commissioning Operations - National Telephony & National Clinical Lead
N.9	The total aggregate message length at national level when a special message is active should be no greater than xx seconds.	Patient experience and safety	NHSE Commissioning Operations - National Telephony & National Clinical Lead
N.10	If it is not possible to deliver a call due to a fault or line congestion, a standard "technical difficulties" message will be played. [DN: include agreed wording in strategy]	Consistency	NHSE Commissioning Operations - National Telephony & National Clinical Lead
N.11	Calls will not be queued at network level.	Network queuing is not currently in scope of the NHS111 part of the Vodafone solution and would create real time and historical reporting issues.	Providers to ensure sufficient capacity to queue all calls at local level.
N.12	The ability to enter an IVR response before the message has ended (barge – in) should be disabled if the percentage of people selecting the wrong option is high.	Improved accuracy.	NHSE Commissioning Operations - National Telephony & National Clinical Lead

6 Local Standards

Ref	Standard	Rationale	Owner
L.1	Providers must give answer supervision in the form of an announcement within 5 seconds of the call being delivered.	Excessive answer delay will result in calls being sent to the “technical difficulties” message at national level.	Commissioners and Providers
L.2	Whilst providers can refer to the name of their service, where permitted to do so by their commissioners, simply stating “welcome to NHS111” or “thank you for calling NHS111” should be avoided.	Avoids repetition and unnecessary delay.	Commissioners and Providers
L.3	All messages should be professionally recorded. [DN: consider guidelines re use of male and female voices]	Consistent high quality user experience.	Commissioners and Providers
L.4	Service selection options should be standardised and prefaced by “please listen carefully to the following options” (ordered based on demand and with the common options such as dental always appearing as the same option). <ol style="list-style-type: none"> 1. “if you or the person you are calling about is feeling unwell” 2. “repeat prescriptions” 3. “dental” 	If the most common services always appear in the same order, callers will get a consistent experience when answered out-of-area.	Commissioners working with NHSE Commissioning Operations

Ref	Standard	Rationale	Owner
L.4	Where possible the list of options should not exceed 4 with subsequent options sitting behind a category or "for anything else" option.	List in excess of 4 options can cause confusion. A maximum of 4 layers is also considered optimal with national considered as the first two (leaves two levels locally)	Commissioners and Providers
L.5	A "repeat" option should always be included (not classed as one of the 4 options).	Reduces random selection and increases accuracy.	Commissioners and Providers
L.6	Default option if no button is pressed should always be the "if you or the person you are calling about is feeling unwell" option.	Avoids being stuck in a loop.	Commissioners and Providers
L.7	The ability to enter an IVR option before the message has finished (Barge in) should be disabled if a large number of callers appear to be selecting the wrong option.	Ensures that callers listen to the options and don't just select the first one they hear.	Commissioners and Providers
L.8	Providers should have the ability to insert a local special message at the front end.	Allows a more localised approach for things such as Norovirus.	Commissioners and Providers
L.9	The total aggregate message length at local level under normal circumstances should be no greater than xx seconds.	Patient experience and safety	Commissioners and Providers
L.10	The total aggregate message length at local level when a special message is active should be no greater than xx seconds.	Patient experience and safety	Commissioners and Providers

Ref	Standard	Rationale	Owner
L.11	Comfort messages in queue should be agreed with commissioners and cater for: <ul style="list-style-type: none"> • Normal • Busy • Extremely busy 	Consistent experience. In some instances providers have used comfort messages that resulted in downstream pressure on other services.	Commissioners and Providers
L.12	Comfort messages should be played at approximately 70 second intervals (with no more than 60 seconds of intervening music).	Improved experience.	Commissioners and Providers
L.13	Between comfort messages music in queue should be played. Ringtone should be avoided except for the short period of time when a call is being delivered to an agent.	People's perception of time varies dependant on what they are listening to and ring tone appears longer than music.	Commissioners and Providers
L.14	The announcement and IVR port capacity should be engineered to avoid any noticeable inter message delays.	A silent gap can cause high abandonment levels.	Commissioners and Providers
L.15	The choice of music in queue should be agreed with the commissioner.	Poor choice of music can result in complaints and or high levels of abandonment.	Commissioners and Providers
L.16	Position in queue notification is not recommended.	Position in queue gives a false perception of how long it is going to take to answer and could result in callers hanging up and creating pressure elsewhere in the system (I could dial into a queue and it says I am 50 th in line but unless I wait to see how quick it is moving, I may think that is too long and abandon).	Commissioners and Providers

Ref	Standard	Rationale	Owner
L.17	If “agent greeting” is used, messages must be re-recorded on a daily basis.	Automated agent greetings can sound impersonal and can often sound very different to the agents voice on the day (cold vs no cold for example)	Commissioners and Providers
L.18	All messaging should adhere to branding guidelines.	Consistent compliant approach.	NHS Commissioning Operations Communications Lead working with Commissioners.
L.19	The front end message should as a minimum: <ul style="list-style-type: none"> • Advise that the caller will be asked a series of questions • Identify that calls will be recorded and or advise what the data collected on the call will be used for • Say that information will be shared with the GP unless requested otherwise 	Statutory requirements.	Commissioners and Providers
L.20	A branch “press 1 to hear how we use the information collected during this call” can be added to the front end message. This should not count as a layer because it is optional and after listening to the data protection message callers should proceed as normal.	Prevents repeat callers having to listen to a lengthy data protection message thus improving user experience.	Commissioners and Providers
L.21	If local evacuation or technical difficulties messages are used, supervisors should be alerted when active and National Contingency should be sought immediately.	Ensuring patient safety by re-routing calls to alternative destinations.	