



Application of Critical Success Factor Methodology to “NHS Direct – Gateway to Health” Case Study

Omorowa, Kelvin

Uddowla, Arman

SLU, Departmental of Economics
FÖ0328 Strategic Management
Advisor: Bö Öhlmer
Version: Preliminary Version

Course Project
Uppsala 2011
January 3 2011

Keywords: NHS Direct, NHS, UK Healthcare, Critical Success Factor

ABSTRACT

The growing health need of the citizens of United Kingdom (England & Wales) has necessitated the need for a quick means of dispensing medical services. Out of the necessity for fast means to medical services, NHS Direct was established. NHS Direct is a nurse led 24 hour telephone services, where the callers get advice and information about how they can care for themselves in a non emergency illness. In the case of emergency, the NHS Direct nurses work with the ambulance department, the accident and emergency department, as well as the general practitioners to ensure that callers are attended to on time.

The result of our study shows that the establishment of NHS Direct has led to a reduction of pressure on the general practitioner, this reduction was due to the advice from the nurses about how patients can care for themselves rather than seeing a General Practitioner (GP). Our study also shows that most of the callers are satisfied with the services of NHS Direct. A major success factor for NHS Direct is the usage of a computer decision support system (CDSS) that assists the nurses in helping the callers / patients. Another area of critical success factors of NHS Direct is the employment of experienced nurses who possesses skills to aid the callers and help them with their illness, even in the absence of visual cues or symptoms.

TABLE OF CONTENTS

1. Introduction	
1.1. Background	1
1.2. Problem	2
1.3. Scoping	2
1.4. Aim	2
2. Method	
2.1. Qualitative Research	3
2.2. Data Collection	3
3. Theoretical Background	
3.1. What is Critical Success Factor	4
3.2. Main Aspects of CSF Method	4
3.3. Framework of CSF	5
3.4. Motive behind using CSF	6
4. Results	
4.1.Reduction of pressure on the General Practitioner (GP)	7
4.2.Out of hours Dental Service	7
4.3. Ambulance	7
4.4. Advice	7
4.5. Integration with general practitioner	8
4.6. Community Nursing/surveillance	8
4.7. Information Service	8
4.8. Pharmacy	9
4.9. GP Or Face to Face Consultation	9
4.9.1. Face to Face Consultation in Primary Care Centre or Walk in Centre	9
4.9.2. A & E Face to Face Consultation in Primary Care Centre	10
4.9.3. GP or Nurse Face to Face Consultation at homes	10
4.10. Mental Health out of hours Team	10
5. Analysis & Discussion	11
6. Conclusion	13
7. References	14
8. Appendix	18

1. INTRODUCTION

This chapter presents the topic of the article and the context related to it.

1.1 Background

The health care in United Kingdom is the duty and responsibility of each of the different constituents, i.e. England, Northern Ireland, Scotland and Wales have their own system of private and public health care providers where each institution complements each other in respect to responding to emergencies and treatment (www, BBC News, 1, 2010). Each of the nations has policies & priorities which are in place to govern the health care sector, and thus a difference exists between each system (www, BBC News, 2, 2010).

The majority of the health care in England is provided by National Health Service (NHS), a public organization that is funded by the department of health. Private healthcare also co-exists with NHS, but paid largely for by private insurance companies. However, in recent years, NHS has been collaborating with the private sector to increase its capacity for wider coverage (www BMA, 1, 2010). This kind of alliance enables NHS patients to be treated in private healthcare centers and at the same time, NHS can allocate its resources to be used by privately funded clinics and institutions (www, Spire, 1, 2010).

NHS renders healthcare services (primary care, in-patient care, long-term healthcare, ophthalmology & dentistry) to any residents in England or other parts of the UK (Wales), with most services begin free, though some minimal charges as compensation for other complementary service such as eye tests, prescriptions, etc (www, Department of Health, 1, 2010).

The quality of health care in the United Kingdom is considerably high compared to some other European countries. Despite the standard of health care in UK, there are still many health challenges especially diet related illnesses as well as excessive consumption of alcohol and tobacco (www, OECD, 1, 2010). Furthermore, health challenges in United Kingdom are reported to vary with age, sex, marital status, social class, economic status, education and attitude toward smoking (Kind, Paul. et al, 1998).

To continue providing excellence healthcare service to the population of United Kingdom and to meet challenges, NHS introduced a telephone helpline titled 'NHS Direct' as part of their modernization plans. NHS Direct is a subsidiary of NHS and it only operates in England and Wales. It is a 24 hours telephone helpline that was established to give advice and information to callers about how they can take care for themselves. Through the services of NHS Direct the people of England and Wales are empowered to be able to take care of themselves without having to lay unnecessary pressure on the General practitioners (GP) / family doctor (Cathain,

Alicia et al, 2005). NHS Direct is operated by nurses who advise callers on the best form of care that the caller needs. One of the core intentions of NHS Direct is to reduce the burden of General Practitioners and to direct customers in using other services of NHS, hence maximizing the full potential of National Health Service (Dominique, Florin & Rebecca, Rosen 1999).

Rendering of medical services either through the telephone or otherwise in an environment characterized by increasing number of emergencies will definitely be a challenge to be overcome by NHS Direct. According to A.W. Murphy (1998), the number of emergencies been received in the emergency departments are on the increase and the emergencies are on different health conditions.

1.2 Problem

Our research problem include

- How effective NHS Direct is in reducing the burden on General Practitioners (GP)?
- In what ways have NHS Direct achieved its objective?

1.3 Scoping

This study is particular about NHS Direct and how compatible it is with NHS, and thus the scope is very limited. Due to time limitations, secondary data for the course paper is considered to be sufficient to fulfill the aim of the study. The study will solely focus on the critical success factors of NHS.

1.4 Aim

The aim of the paper is to investigate and describe the process of NHS Direct and to communicate the interrelation between NHS and NHS Direct. With the aid of the theoretical framework of 'Critical Success Factor (CSF), we would be able to answer the research problem.

2. METHOD

This section puts forward the approach this paper takes in finding empirical data

2.1 Qualitative Research

Research methods typically distinguish between quantitative and qualitative research. Quantitative research methods usually emphasize quantification in the collection and analysis of data and qualitative research usually emphasize words rather than quantification in the collection and analysis (Bryman, A. & Bell, E. 2007).

The purpose of this study is to investigate and explore the benefits of the service (NHS Direct) and also to find out whether it has enabled to reduce the burden on General Practitioners (GP). Thus, a qualitative approach was more suitable, as the findings of this case (NHS Direct) cannot be represented numerically and also mathematical models or concepts cannot be used to solve the problem. Also, to conduct analysis, conceptualizations is needed and not diagrams or statistics.

In the theoretical section, various concepts and definitions of Critical Success factor (CSF) are presented. Then, a framework of CSF methodology is structured and developed, that would help in the analysis of the empirical findings.

2.2 Data Collection

There are several types of techniques to collect data. Due to the limited time and resources, the sources of secondary data have been used exclusively. Secondary data is collected from articles, journals, reports, books and websites. Information is searched using the following keywords in various combinations – NHS Direct, UK Healthcare, patient empowerment, Self Care, critical success factors.

3. THEORETICAL BACKGROUND

This chapter introduces the theory that will be used for analysis and investigating the empirical findings.

3.1 What is Critical Success Factors (CSF)?

The text book¹ defines Critical Success factors (CSF) as “product features that are particularly valued by a group of customers and therefore, where the organization must excel to outperform competition”. In other words, it is the activities or elements an organization needs to possess in order to achieve its mission and to ensure continued success. When customers are buying or consuming products or services, it considers few things/factors when making a final decision. Some of these factors could be brands reputation, after-sales service, delivery reliability, testing facilities and technical quality. It is highly important to see the value through the eyes of the customer, and then to build on these values and go from strength to strength (Johnson, Scholes & Whittington, 2008).

The CSF methodology is such a procedure that tries to highlight key areas that dictate managerial or organizational success. Critical success factor also helps an organization in achieving strategic goals and identifying issues when executing plans in respect to those goals. In addition, by identifying organizational CSFs, managers can guarantee that resources are used & directed towards important fields, and in turn achieve high performance. (Boynton A.C. & Zmud, R.W. 1984). In addition, the usage of CSF allows an institution to assess its own threats and opportunities in the environment, and also in revealing its own strengths and weaknesses.

3.2 Main aspects of CSF Method

The Critical Success Factor method not only helps in measuring profitability but also distinguishes specific key factors or variables that have an influence on profitability. There are usually different factors and these factors are important determinants of organizational success and failure, however these variables are susceptible to change according to the situation and are hard to predict (Anthony, R.N. & Dearden, John, 1976).

The theory of critical success factors are applied at three stages –firm related, industry and economic socio-political environment). Analyzing each level is crucial because it reveals a source of critical success factor. It is also important to examine each level because identification of a critical success factor can also assist managers in formulating strategies. Environmental analysis is an assessment of the social, political, economic and technological atmosphere that

¹Exploring Corporate Strategy, 8th edition, Johnson, Scholes & Whittington

impacts the firm and industry. CSF analysis at the macro & industry stage (competitive analysis) helps in revealing threats and opportunities, whereas the firm analysis reveals the skills, competency, and resources required to be successful in the market (Leidecker, J.K. & Bruno, A.V, 1984)

The linkage between CSF analysis and the process of strategy development is further illustrated in the figure below.

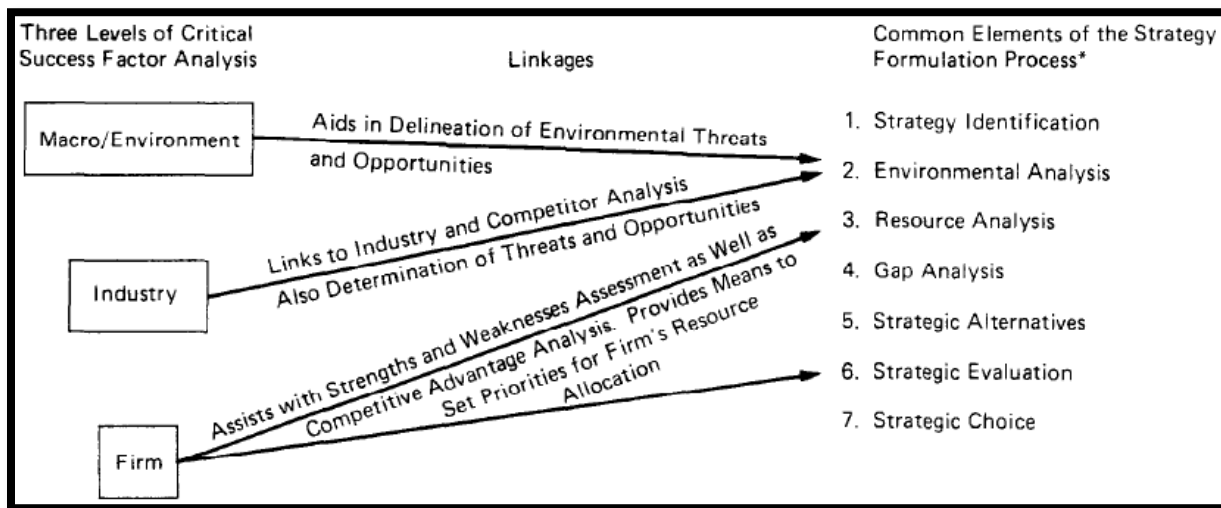


Figure 1. Critical success factor analysis and the strategy formulation process, (Hofer, Charles W. & Schendel, Dan, 1978)

3.3 Framework of CSF

Joel Leidecker (1984) concludes, that the variables that provide the underlying model of CSF analysis are:-

- Environment Analysis – This category contains a diversity of procedure that classify the economic, political and social forces that are impacting an industry and/or firm's performance.
- Analysis Of The Industry – The best method to analyze the industry is the 'Porter's Five forces framework' that consists of five components (barriers to entry, substitutable products, suppliers, buyers and inter firm competition).
- Analysis Of Competition – The firm's position in the market (in relation to other competitors in the industry and also the market leader) will define its CSF.
- Company Assessment – This approach is very specific to the firm, and the objective is to find out the CSF's of the particular organization.
- Temporal Factors – This deals with firm specific occurrences, which in the short term may have an impact on the performance of the organization. An example of this could be of key management people leave the firm.

3.4 Motive behind using CSF

One of the reasons for using Critical Success Factor methodology is that it is very extensive and it enables researchers to identify all aspects of the firm and its environment. The biggest advantage of CSF method is that reveals vital elements that are central to the firm's success, and hence to verify whether the firm is meeting its intended objective / mission.

4. RESULTS

The following chapter presents the empirical findings of the study based on UK government reports and researches conducted about the activities of NHS Direct.

4.1 Reduction of pressure on the General Practitioner (GP)

The establishment of NHS Direct was to complement the services of NHS. The inception of NHS Direct has seen a large number of patients calling for different medical attentions. The creation of NHS Direct, at the beginning did not show any reduction on the demand on NHS health care services, but some insignificant improvements have been made in handling of patient calls and giving of medical advice (Munro, J. et al, 2000). However, Munro, James, et al (2005) in their research work opined that the coming of NHS Direct has led to a decrease of the pressure on the GP.

4.2 Out of hours Dental Service

The provision of dental service is one of the priorities of NHS Direct. The collaboration between NHS Direct and over ninety primary health care has made it possible for dental patients to have access to dental treatment even during the out of hours periods. The second alliance of NHS Direct is with Rocky Lane Dental Practice. This alliance enables the RLDP to handles emergency calls from dental patients (www, NHS Direct, 1, 2010)

4.3 Ambulance

Ambulance plays a major role in the services rendered by NHS Direct, in other to enhance better service delivery especially during emergency; NHS Direct is taking advantage of its experience of cordial relationship with Great Western Ambulance Service and North West Ambulance Service to enter into an alliance with South Western Ambulance Service to come up with an improved ambulance service the will be very effective and efficient throughout England (www, NHS Direct, 2, 2010)

4.4 Advice

Self care advice makes it possible for patients with long term illnesses to receive instructions from a qualified nurse about how to personally care for themselves. NHS Direct in collaborations with Birmingham East & North (BEN) Primary Care Trust, and Pfizer Health

Solutions have profoundly promoted self care. This has further more projected NHS Direct to be the foremost UK's largest telephone-based care-management service (www, NHS Direct, 2, 2010). Emergency calls are also received by NHS Direct nurses, these calls are at times referred to crisis helpline if it becomes necessary. (Boardman, J. & Steele, C, 2002)

4.5 Integration with general practitioner

NHS Direct as a result of its health care activities is regarded as the “*hub of Out of Hours care*”. NHS direct is able to deliver its responsibility as the largest provider of health care service through the telephone by working hand in hand with the general practitioners (GP) .This collaboration makes it possible for NHS Direct to render medical services that are of Universal Clinical standard. To make the collaboration between NHS Direct and the GP stronger, NHS Direct has concluded plans to *integrate* with 22 general practitioners Out of hours Care providers. NHS Direct is implementing this integration through a program called “exemplar initiatives” which will be located throughout United Kingdom (www, NHS Direct, 2, 2010)

4.6 Community Nursing / Surveillance

NHS Direct also operate at the local community level, it assists other health care providers to validate the waiting time list of in-patient and reminding patients of their out clinic appointment (*NHS Direct Annual Report & Accounts 2001/02, 4*) . NHS Direct is also involved in community surveillance; it does this by collating the number of callers about a particular illness or symptoms in a given community. The collated records help in early detection of disease outbreak, intentional release of biological or chemical agent or bioterrorism (Baker, Maureen et al, 2003).

4.7 Information Service

NHS Direct provides health related information and advice to its callers. Such advice or information helps the patients to know what to do to be able to help them in a non emergency situation. This information helps to reduce the pressure on the general practitioners (GP), the ambulance service, the accident and emergency department. Online subscribers to NHS Direct also get health advice and information, the combination of both telephone and internet services create an easy access for callers and subscribers to get through to NHS Direct. These services enable NHS Direct to provide faster health advice and information to calling or subscribing public. (www, NHS Direct, 2, 2010)

4.8 Pharmacy

Pharmacy plays important role in the success of NHS Direct, the government of UK plans to integrate community pharmacy with NHS Direct is aimed at facilitating *immediate care* for patients that may be referred to the pharmacists by NHS Direct. Apart from handling referrals, pharmacists will also help in handling medicines enquires of callers to NHS Direct. (Knowles, E. et al, 2002)

The network of NHS Direct pharmacy is to make it possible for all NHS Direct referrals to the pharmacists have access to a comprehensive, high quality pharmacy support. The network is also to serve as a means of facilitating the establishment of a pharmacy support that is consistent with NHS Direct throughout England and Wales. This is also designed to create a better understanding of the nature of the pharmacy support that is needed by NHS Direct sites. (www, UKMI, 1, 2010)

4.9 GP or Nurse Face to Face Consultation

Face to face consultation with the general practitioner or Nurse will become a necessary option after NHS Direct nurse would have answered the health question of the calling patient within his/her professional capability by making use of the immediately available resources and it seems inadequate for the health condition of the caller, then a referral for face-to face consultation with either a general practitioner, a nurse, or a community pharmacist. (www, UKMI, 1, 2010)

4.9.1 Face to Face Consultation in Primary Care Centre or Walk in Centre

The purpose of walk-in centers is to bring about a better improvement in access to high quality health care in a way that is both efficient and supportive of the other NHS providers. It is believed that the walk in centers will function the same way as other primary care institution.

The establishments of working centers are of advantage in some ways to patients seeking for immediate face to face attention of a nurse or a GP. The centers are open for longer hours than would have expected, patients have walk-in access to the centers without previous appoint. The convenient location of the centers also promotes accessibility of patients to the centre. The walk-in centers also provide information and also treatment of non emergency ailments. Patients visiting the centers have access to local general practitioner; they also receive support on how they can care for themselves. (Salisbury, C. et al. 2002.)

4.9.2 Accident and Emergency (A&E) Face to Face Consultation in Primary Care Centre

The callers to NHS Direct are sometimes referred to accident and emergency department for further medical examination and treatment (Foster, J. et al, 2003) The establishment of NHS Direct has had made it possible for callers calling A&G to get medical advice from professional nurses instead of pressurizing the A&E clinical staff for such advice, the number of such calls attended to by NHS Direct nurses was 242 year 2000. This has led to a reduction in the number of calls to A&G. (Jones, J. & Playforth, M, 2001)

4.9.3 GP or Nurse Face to Face Consultation at homes

The services rendered by NHS Direct in homes of callers also include Safety check Scheme which is directed towards the elderly, the young ones and the disabled people. This has proven to be safe and cost effective and a better option to pains, injuries and sufferings caused by preventable domestic accidents (www, Housing Care, 1, 2010).

4.10 Mental Health out of hours Team

The services of NHS Direct also extend to the people who are suffering from mental health. The nature of mental illness takes different shapes, this make mental health care service very challenging; the category of people that are susceptible to this form of ailment varies one person to another. Mental health problems can develop as a result of difficult life events, such as moving house, losing your job or the death of someone close to you (www, NHS, 1, 2010). People with mental health problems need help and support to enable them to cope with their illness; many treatments are available for this kind of ailment. After receiving a call that is related to mental health, NHS Direct redirects a mental health crisis team to the location of the client / patient who is suffering from such ailments for immediate attention (www, Direct Gov, 1, 2010).

5. ANALYSIS AND DISCUSSION

In this section a discussion of the findings of the study is presented

The discussion is introduced by comparing the findings of this study with previous research works relating to healthcare delivery services in United Kingdom. These differences are further discussed in a larger context. And finally, a brief discussion of challenges in future for the health care delivery services by means of telephone is also presented.

In the light of the definition of critical success factor given by Johnson, Scholes & Whittington, that critical success factor relates to a “product features that are particularly valued by a group of customers and therefore, where the organization must excel to outperform competition”, in other words, it is the activities or elements an organization needs to possess in order to achieve its mission and to ensure continued success “.

The result of this study identified the critical success factors that have largely been responsible for the success the success of NHS Direct.

Regarding the mode of operation, NHS Direct operate as a telephone nurse led triage service used by the UK public to contact a nurse for any kind of health problem. Health and information service are given to the callers by nurses who operate the system. The services provided by the NHS Direct have become very popular among the users of the health care system for reasons such as improved quality of health service, increase cost-effectiveness and reduce unnecessary demands on other services (Munro et al., 2000). In a study over 90% of respondents reported they had followed the advice NHS Direct to self-care for themselves. A large proportion of the NHS Direct callers received a prescription which was specific to their condition. The primary aim of NHS Direct is to provide easily accessible health advice 24 hours a day. Fast access to reliable health advice and easier, more flexible access to services also boost patient’s reliability on the services of NHS Direct. Most patients are happy to consult with a nurse, or other health professional, when it is appropriate to do so, the services rendered by NHS Direct helps to facilitate when it is necessary to visit a GP or to self care. (Byrne, G. et al, 2006).

NHS Direct also helps GPs by extending services of health care beyond the normal service hours, and this norm is fairly popular among the family doctors. A recent study in the British Medical journal revealed that, NHS Direct received a high percentage of calls (72%) after out of hours. In addition, NHS Direct makes itself available in contexts where the callers are unsure about whether a health problem is serious enough to seek medical service, hence reducing pressure on other medical services, such as emergency & accident (www, NewStatesman, 1, 2010).

Furthermore, patients are encouraged to be more involved with health matters so that they could have access to health information that is required from doctors, nurses, etc. So as to better educate in health issues, patients then could check issues for themselves and apply the newly acquired knowledge. Patients through the services of NHS direct are directed to an alternative source of treatment that patients had not considered (Cathain, Alicia et al. 2005).

A major success factor for NHS Direct is the usage of a computer decision support system (CDSS) that assists the nurses to know what kind of questions to ask the callers / patients and then recommends a course of actions based on the inputs given by the nurses. This computer system reduces the human error and optimizes performance, enabling the nurses to receive more calls in the shortest possible time. Also, the system helps NHS Direct to perform the triage function of sorting, choosing and classifying / prioritizing hazards and also to give practical and emotional support and also in reassuring callers (Cathain, Alicia et al. 2005).

Another important quality of NHS Direct possesses is the experience of the nurses they have employed. Nurses have developed skills that aid them to manage interaction with callers, so that they can compensate for the absence of visibility. This specific quality is of very important because symptoms and the environment of the caller are hard to determine through the phone. Hence, managing the absence of visual cues is highly vital for the success of NHS Direct (Pettinari, C. J. and Jessopp, L., 2001).

6. CONCLUSION

In this study the focus have been primarily on NHS Direct and how the company reduces the impact on General Practitioners (GP) or family doctors. One of the principal reasons for setting up NHS Direct was to help patients / callers with medical problems beyond the normal office hours. To examine whether NHS Direct has been able to meet its purpose, the use of Critical Success Factor (CSF) methodology is adopted and used extensively. By means of CSF, the sources of the firm's organizational success have been identified in the study. From the study, it can be concluded that NHS Direct helps in cancelling out insignificant cases and only refers cases to GPs that are beyond the reach of the nurses working at NHS Direct. However, as this study is solely based on literature review, a discrepancy may exist in the actual implementation of services.

For future studies, an extensive research is needed; particular a quantitative research that may prove numerically that NHS Direct has been able to reduce the pressure on family doctors and general practitioners.

7. REFERENCES

Literature and Publications

- Anthony, R.N. & Dearden, John (1976). *Management Control Systems Text and Cases*. Irwin. Homewood. Illinois
- Baker, Maureen et al. (2003). Early warning and NHS Direct: a role in community surveillance? *Journal of Public Health Medicine*. 25 (4), 362–368.
- Boardman, J. & Steele, C. (2002). NHS Direct - A telephone helpline for England and Wales. *Psychiatric Bulletin*. 26. 42-44.
- Boynton A.C. & Zmud, R.W. (1984). An Assessment of Critical Success Factor. *Sloan Management Review*. 25 (4). 17.
- Bryman, A. & Bell, E. (2007). *Business research methods*. Oxford University Press, Newyork
- Byrne, G. et al. (2006). A survey of NHS Direct callers' use of health services and the interventions they received. *Primary Health Care Research and Development*. 8. 91–100.
- Cathain, Alicia et al. 2005. Does NHS Direct empower patients? *Social Science & Medicine*. 61 (8), 1761-1771.
- Dominique, Florin & Rebecca, Rosen. 1999. Evaluating NHS Direct: Early findings raise questions about expanding the service. *BMJ*. 319(7201). 5-6.
- Foster, J. et al. (2003). Do callers to NHS Direct follow the advice to attend an accident and emergency department? *Emergency Medicine Journal (EMJ)*. 20 (3). 285–288.
- Hofer, Charles W. & Schendel, Dan (1978). *Strategy formulation: Analytical concepts*. Minnesota. West Pub. Co. 47.
- Johnson, Scholes & Whittington (2008). *Exploring Corporate Strategy*. 8th ed. London: Pearson Education. 79-81.
- Jones, J. & Playforth, M. (2001). The effect of the introduction of NHS Direct on requests for telephone advice from an accident and emergency department. *EMJ*. 18 (4). 300–301.
- Kind, Paul. et al (1998). Variations in population health status: results from a UK questionnaire survey. *BMJ*. 3 (316). 736-741
- Knowles, E. et al. (2002). Integrating community pharmacy and NHS Direct - pharmacists' views. *The Pharmaceutical Journal*. 268 (7196). 621-623.

Leidecker, J.K. & Bruno, A.V. (1984). Identifying and Using Critical Success Factors. *Long Range Planning*. 17 (1), 23-32.

Munro, James et al (2000). Impact of NHS Direct on demand for immediate care: observational study. *BMJ*. 321 (7254). 150–153.

Munro, James, et al (2005). The impact of NHS Direct on the demand for out-of-hours primary and emergency care. *British Journal of General Practice*. 55(519). 790–792.

Murphy, A.W. (1998). 'Inappropriate' attenders at accident and emergency departments I: definition, incidence and reasons for attendance. *Family Practice*. 15 (1). 23-32.

Pettinari, C. J. and Jessopp, L. (2001), 'Your ears become your eyes': managing the absence of visibility in NHS Direct. *Journal of Advanced Nursing*, 36: 668–675.

Salisbury, C. et al. (2002). What is the role of walk-in centre's in the NHS? *BMJ*. 324 (399). 399-402.

Internet

BBC News, www.bbc.co.uk

1. 2010-12-14, Huge contrasts' in devolved NHS, <http://news.bbc.co.uk/2/hi/health/7586147.stm>
2. 2010-12-14, NHS now four different systems, <http://news.bbc.co.uk/2/hi/7149423.stm>

British Medical Association (BMA), <http://www.bma.org.uk/>

1. 2010-12-14, Survey of the general public's views on NHS system reform in England, [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFnhssystreform2007/\\$FILE/48751Surveynhsreform.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFnhssystreform2007/$FILE/48751Surveynhsreform.pdf)

Department of Health, <http://www.dh.gov.uk/en/index.htm>

1. 2010-12-15, NHS Constitution for England, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419.

Direct Gov, <http://www.direct.gov.uk/en/index.htm>

1. 2010-12-27, Disabled people,
http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/MentalHealth/DG_10023332

Housing Care, <http://www.housingcare.org/>

1. 2010-12-27, Home services search results,
<http://www.housingcare.org/service/results.aspx?statyp=2&prov=NHS+Direct&provid=5808&stp=8&sm=&vm=list&rp=10>

NHS Direct, <http://www.nhsdirect.nhs.uk/>

1. 2010-12-17, Operating Statistics - Annual Report & Accounts 2007/08,
http://www.nhsdirect.nhs.uk/About/OperatingStatistics/~/_media/Files/AnnualReportArchive/AnnualReport_2008.ashx
2. 2010-12-17, Operating Statistics - Annual Report & Accounts 2001/02,
http://www.bartsandthelondon.nhs.uk/aboutus/annual_report_200102.asp

NHS, <http://www.nhs.uk>

1. 2010-12-27, Mental health, <http://www.nhs.uk/Conditions/Mental-health/Pages/Introduction.aspx>

NewStatesman, <http://www.newstatesman.com/>

1. 2010-12-27, Cutting off NHS Direct is a bad call,
<http://www.newstatesman.com/health/2010/09/nhs-direct-service-middle>

OECD, <http://www.oecd.org/home/>

1. 2010-12-28, Health at a Glance: Europe 2010,
http://www.oecd.org/document/19/0,3343,en_2649_33929_46460563_1_1_1_37407,00.html#HTO

Spire Washington Hospital (Spire), <http://www.spirehealthcare.com/Washington/>

1. 2010-12-14, Providing NHS Services,
<http://www.spirehealthcare.com/Washington/NHS-Services-at-Spire-Washington-Hospital/>

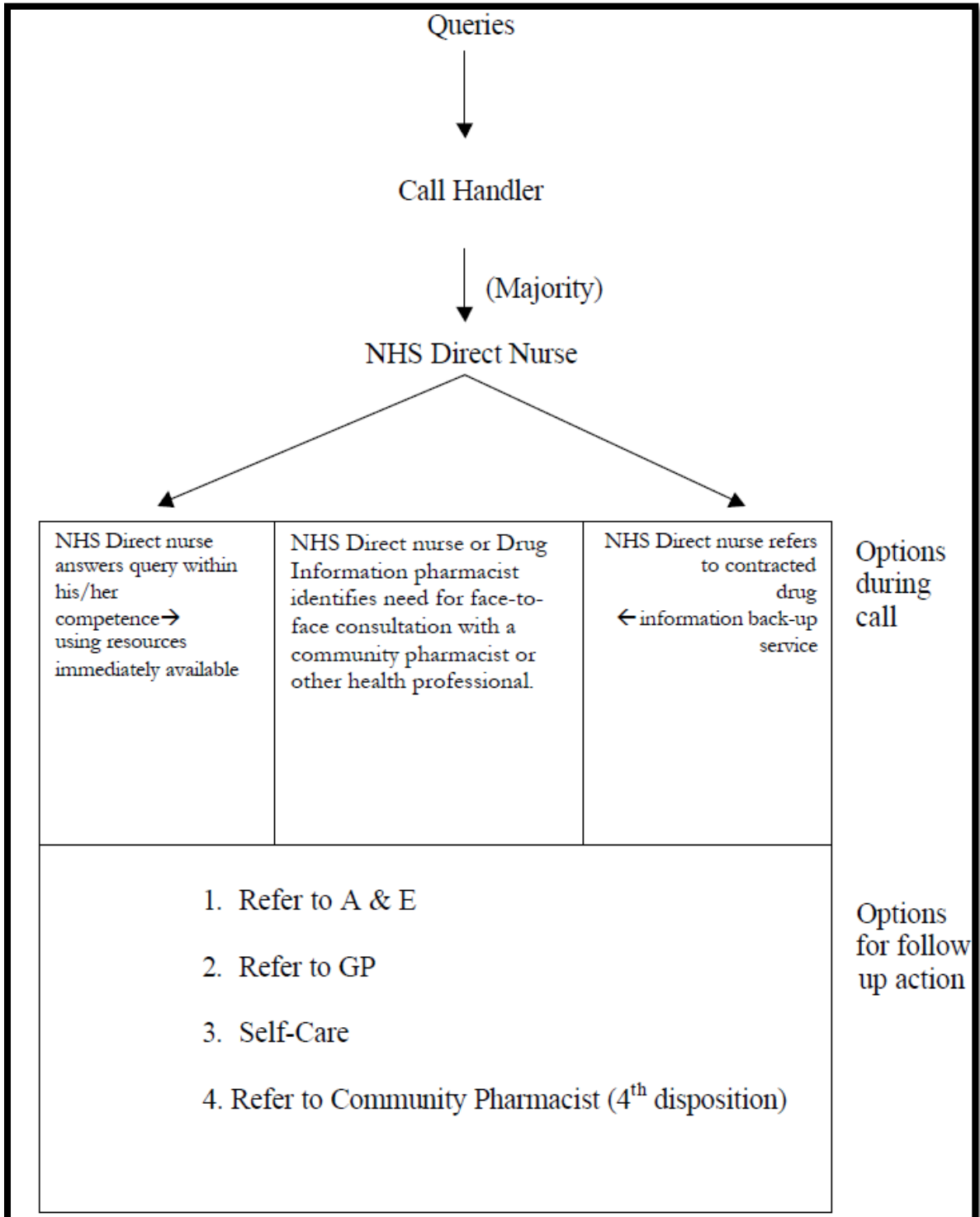
UKMI, <http://www.ukmi.nhs.uk/>

1. 2010-12-28, Principles for Pharmacy Support to NHS Direct,
<http://www.ukmi.nhs.uk/training/pdffiles/nhsdprinciples2.pdf>

8. APPENDIX

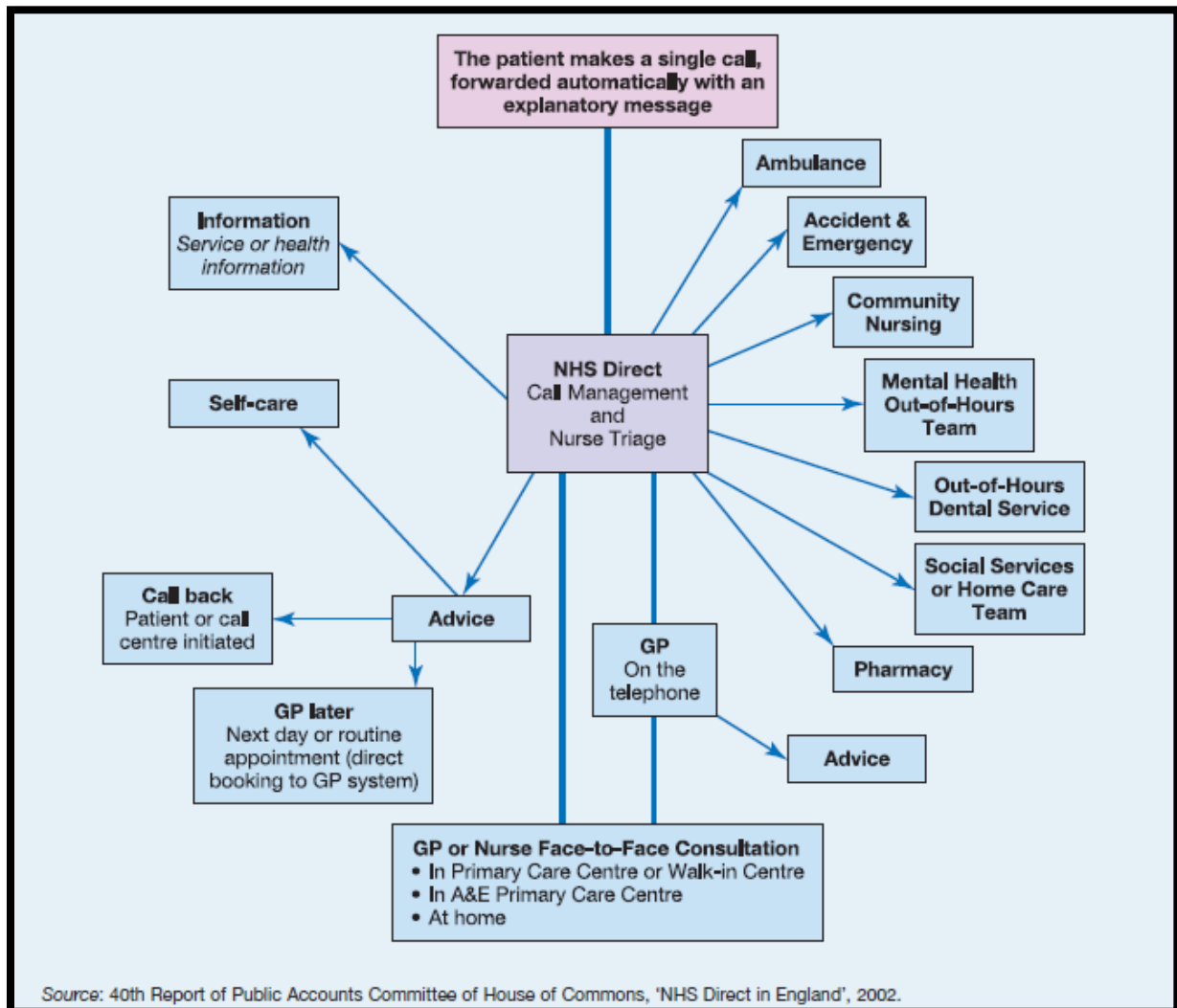
This section includes supplementary things to support the empirical findings

1. The procedure that NHS Direct uses to handle calls



Adopted from <http://www.ukmi.nhs.uk/training/pdf/files/nhsdprinciples2.pdf>

2. The NHS gateway to services



Adopted from Exploring Corporate Strategy, Johnson et al, Prentice hall, Pg 819