

N111WSI2 data item specification

This document specifies the data items in the NHS Digital Strategic Data Collection Service (SDCS) collection N111WSI2. From Monday 19 March 2018, on the first working day of each week, NHS 111 / Integrated Urgent Care providers should submit these data items into SDCS, for every day of the previous week ending Sunday, and for each of the contract areas they serve.

Providers should notify SDCS when new contracts change the areas they cover.

5.3 Number of calls offered

All calls received by single point of access. A call is received as soon as the call connects to the service's telephony system, that is, hits the providers switch.

5.6 Number of abandoned calls

Of the calls offered in item 5.3 and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?

5.7 Number of answered calls

Of the calls offered in item 5.3, how many were answered, that is, the call handler given the caller?

5.10 Number of calls answered within 60 seconds

Of the answered calls received in item 5.7, how many were answered within 60 seconds of being queued for an advisor?

5.11 Number of calls where person triaged

Of the answered calls received in item 5.7, how many were triaged at some point during their call? For the purposes of the MDS a triaged call is where the clinical assessment tool has been opened and used.

5.16 Number of answered calls that were transferred to, or answered by, a clinical advisor

Of the answered calls received in item 5.7, how many were transferred to, or answered by, a trained clinical advisor using a Clinical Decision Support System CDSS and without a lapsed professional certification.

5.19 Number of calls where person offered call back

Of the answered calls received in item 5.7, in how many was the call ended and queued for call back?

5.20 Number of calls where person was called back within 10 minutes

Of the calls where person was offered a call back in item 5.19, in how many was the person actually called back within 10 minutes of the end of their call?

5.22 Calls to a clinician

Of the total answered calls received in item 5.7, how many were transferred to, or answered by, a trained clinician without a lapsed professional certification, working within the Clinical Assessment Service (clinical hub). This data item includes, but is not limited to, all the calls counting towards 5.16; although a single call transferred to

a clinical advisor using a CDSS and also to another clinician in the CAS should only count once. "Transferred" includes both live transfers and call backs.

Clinical Assessment Service

A call answered by or transferred to a clinician within a Clinical Assessment Service (CAS) can be counted if all the following requirements are met:

1. The caller speaks to a Clinical Advisor using a CDSS (as in a 'traditional' NHS 111 service), or a clinician not using a CDSS;
2. The telephone call is recorded by voice recording software and is available for Call Review purposes;
3. The outcome of the call (what happens to the patient at the end of the call) is captured (in whatever system they are employing) by the clinician and this outcome and all other elements of the patient call are available;
4. The call has presented to and routed through the national NHS 111 telephony network; this includes, but is not limited to, any call which may be routed via an Interactive Voice Response process at a local level.

Dispositions

5.23 Number of emergency ambulance final dispositions.

The number of final dispositions that result in an emergency ambulance being dispatched.

5.24 Number of callers recommended to attend an A&E

Of the triaged calls received in items 5.11, and where an ambulance has not been dispatched, how many were referred to a type 1 or 2 A&E department (defined in Hospital Episode Statistics A&E data dictionary¹). This excludes a walk-in centre, minor injuries unit and urgent care centre.

5.25 Number of callers recommended to attend other primary care services

Of the triaged calls received in items 5.11, and where an ambulance has not been dispatched, how many were referred to a primary care service. A referral is a suggestion to get in touch with that service as soon as it is available. Primary care services may include (but not be exclusive) to a GP practice, a GP out of hours service, dental care, walk-in centre, minor injuries unit, urgent care centre or a pharmacist.

5.25a Number of callers recommended to contact other primary care services

Of the number of callers recommended to attend other primary care services in item 5.25, how many were referred to contact (face to face) a primary care practitioner.

5.25b Number of callers recommended to speak to other primary care services

Of the number of callers recommended to attend other primary care services in item 5.25, how many were referred to speak to a primary care practitioner.

¹ A&E Types: www.hesonline.org.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=289

5.25d Number of callers recommended to contact a dental practitioner

Of the number of callers recommended to attend other primary care services in item 5.25, how many were referred to contact a dental practitioner.

5.25e Number of callers recommended to contact a pharmacist

Definition: Of the number of callers recommended to attend other primary care services in item 5.25, how many were referred to contact a pharmacist.

5.26 Number of callers recommended to attend another service

Of the triaged and non-triaged calls received in items 5.11, and where an ambulance has not been dispatched, how many were recommended to a service not included in 5.24 or 5.25. A referral is a suggestion to get in touch with that service as soon as it is available. These services may include (but not be exclusive to) district nurse, midwife, other community nursing, or police.

5.27 Number of callers where not recommended to contact another service (self-care)

Of the triaged and non-triaged calls received in items 5.11, and where an ambulance has not been dispatched, how many were not recommended to contact any service but given self-care advice. That is, the call resulted in “self-care with worsening” advice, that is, to get in touch with a service after a few days if symptoms have not improved, or a recommendation to self-care. This also includes calls where the caller ended the call without receiving a recommendation.

5.27a Number of callers given health information

Of the number of callers not recommended to contact another service in item 5.27, how many were referred to a health information advisor for health information or provided service location information.

5.27b Number of callers recommended home care

Of the number of callers not recommended to contact another service in item 5.27, how many were given home and / or symptom management advice. Also includes calls recommended deferred home care advice, that is, to contact a primary care practitioner if condition does not improve within a given time.

5.27c Number of callers not recommended to contact another service – non-clinical

Of the number of callers not recommended to contact another service in item 5.27, how many were calls for a report of results or tests or where calls have been terminated early (by caller or handler).