# Integrated Urgent Care Aggregate Data Collection Specification

## Version 1.6

# 1. Document control

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| 1.0 | Mark Douglas | Version sent for consultation |
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| 1.2 | Mark Douglas | Final revisions made |
| 1.3 | Mark Douglas | Further minor revisions following provider feedback |
| 1.4 | Mark Douglas | Minor revisions to wording and format |
| 1.5 | Mark Douglas | Minor revisions to wording to provide definitional clarity |
| 1.6 | Mark Douglas | Reference to avoidance of double counting added. Wording updated for ADC 1, 12, 13, 17 and 18. Wording updated to clarify that face to face consultations received should be counted against the consultations required (timeframes). |

# 2. Contents

# 3. Introduction

## 3.1. Purpose

This document describes the data that lead commissioners should ensure are provided for their Integrated Urgent Care (IUC) service. Data should be provided by a Service's Lead Supplier that will need to collate and coordinate information for supply to NHS England for the Service's national reporting. This document does not recommend nor discourage data items to be reported to local commissioners.

## 3.2. Service summary

The offer for the public will be a single entry point – NHS 111 – to fully Integrated Urgent Care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment and to shared standards and processes and with clear accountability and leadership.

Central to this will be access to a wide range of clinicians, both experienced generalists and specialists. The service will offer advice to health professionals in the community, such as General Practitioners, paramedics and emergency technicians, so that no decision needs to be taken in isolation.

The service is described further in the IUC Service Specification[1].

[1] https://www.england.nhs.uk/urgent-emergency-care/nhs-111/resources/

# 4. Aggregate Data Collection standards

## 4.1. Where to send data

Data will be collected by NHS England. This will be via NHS England's data collection system. NHS England staff will provide guidance around the mechanics of data collection to suppliers of the data.

## 4.2. Frequency and Timing of data submissions

Commissioners of an IUC service should ensure that data are supplied on a monthly basis, in line with the timetable specified by NHS England[2].

## 4.3. Revisions

If you become aware that any previously submitted data items are incorrect, please advise NHS England using the contact details included with the published statistics.

## 4.4. Key Performance Indicators

The Aggregate Data Collection (ADC) is the primary method of collecting data on the IUC Service. This data will be used to produce the IUC Key Performance Indicators (KPIs) which are published separately[3]. In order to ensure accuracy of the KPIs, care should be taken to avoid double counting where appropriate (e.g. for booking which should only have a maximum of one booking attributable to any given call).

## 4.5. Measuring time

Except where stated, measures of time should be in seconds, to avoid transcription errors between Excel formats.

## 4.6. Population

NHS England will use Office for National Statistics (ONS) Clinical Commissioning Group (CCG) Population estimates to create estimates for each Integrated Urgent Care area. This is more efficient as providers will not be required to supply this data. It will provide more comparable data than each provider calculating populations separately.

For all the months of any year, this is calculated from mid-year resident population estimates or population projections for that year. Data will be aggregated from the Clinical Commissioning Group (CCG) level.

[2] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/integrated-urgent-care-minimum-data-set-iuc-mds

[3] https://www.england.nhs.uk/publication/integrated-urgent-care-key-performance-indicators-and-quality-standards-2018/

# 5. Items required from all providers

## 5.1. Introduction

All lead commissioners of Integrated Urgent Care (IUC) or NHS 111 should ensure the supply of all data items in this section to NHS England as outlined in the IUC Service Specification[4]; this includes specifying a lead supplier of data, who will coordinate requests for data and information that covers the commissioned IUC Service.

This section defines the data items that need to be supplied to NHS England. Providers should supply every data item in this section for the period where they have provided the IUC service for at least part of the time period. Information about the collection of data will be provided by NHS England separately.

This data collection covers both 111 and CAS settings, along with the clinicians within these, and as such is should be assumed that all data items relate to both settings unless otherwise stated.

All data items provided should exclude NHS 111 online generated activity, with the exception of item 141.

[4] https://www.england.nhs.uk/urgent-emergency-care/nhs-111/resources/

## A) Demand for IUC Service

### 1 Number of calls received

All calls received by the provider via the designated NHS 111 receiving numbers for the contract service area, or location unknown. A call is considered received at the point at which it is delivered to the provider. This is after any nationally mandated pre-recorded messages on the national platform and before any pre-queue welcome and confidentiality messages and call steering IVR[5] commissioned locally (either through local or national platforms).

The 'NHS 111 Telephony Call Plan' identifies clock starts as the point at which calls are considered offered and should be the primary reference point for providers in the following scenarios:

a) Local IVR played locally
b) Local IVR played nationally
c) Local IVR played via an intermediary such as the PRM in London

If you are unsure which models apply, or the models do not reflect your setup, please contact the national telephony team.

For the purposes of ADC item 1, the clock starts after any call steering IVR, however IVRs should be optimised to ensure best patient experience and minimal delay.

This is an aggregated sum of all calls delivered to the provider.

### 2 Calls routed through IVR

Of the number of calls received (1), in how many did the caller make a selection in response to an Interactive Voice Response (IVR) message applied by the local NHS 111 call receiving organisation.

[5] Pre-queue welcome and confidentiality messages and call steering IVR commissioned locally must not exceed 30 seconds (for the avoidance of doubt this excludes any additional detail the patient has selected to hear)

### 3 Number of answered calls

Of the number of calls received (1), how many were answered by each of the staff groups below. The total of 4 – 8 should equal the number of answered calls (3). A call should be counted against the staff group of the first person who answers the call.

### 4 Service Advisor[6]: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician

### 5 Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways

### 6 Clinical Advisor: a clinician that uses full NHS Pathways to triage the call

### 7 Clinician: any clinician not using full NHS Pathways to triage the call

### 8 Other: anyone not within the other 4 categories

### 9 Calls transferred from the Ambulance Service

Of the calls assessed by a clinician (30), how many originated from an Ambulance service.

### 10 External clinician calls to Clinical Assessment Service (CAS)

Of the number of answered calls (3), how many were from a clinician not in the CAS[7] (e.g. a clinician working in the community). This includes calls to NHS 111 via an IVR option.

### 11 Unscheduled IUC attendances

The number of episodes of care by an IUC provider commencing with an unscheduled patient attendance, without a prior call to NHS 111, and no booking has been made (a 'walk-in').

[6] The term Service Advisor is used here to refer to a role that may be known locally as Administrator or Navigator.

[7] The definition of a Clinical Assessment Service (CAS) is included within the IUC Service Specification and should be used as the guiding principles. The exact organisations included within the CAS are for local determination.

## B) IUC Service Performance

### 12 Number of calls answered within 60 seconds

Of the number of answered calls (3), how many were answered within 60 seconds. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item 12, the clock starts after any call steering IVR.

### 13 Number of calls abandoned

Number of calls abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item 13, the clock starts after any call steering IVR. Abandonment should be split by the following timeframes:

#### 14 Calls abandoned in 30 seconds or less

Of the number of calls abandoned (13) how many were abandoned in 30 seconds or less.

#### 15 Calls abandoned in 60 seconds or less

Of the number of calls abandoned (13) how many were abandoned in 60 seconds or less. This includes all calls abandoned over 30 seconds and up to and including 60 seconds.

#### 16 Calls abandoned after 60 seconds

Of the number of calls abandoned (13) how many were abandoned after 60 seconds.

### 17 Total time to call answer

The total number of seconds spent waiting for answer, for all calls in the period. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item 17, the clock starts after any call steering IVR. Abandoned calls are excluded.

### 18 Total time of abandoned calls

The total number of seconds spent waiting for answer, for all calls in the period which were abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item 18, the clock starts after any call steering IVR.

### 19 Number of calls passed to a clinician

Of the calls triaged (24), in how many did a caller to speak to a clinician or Clinical Advisor in total. As well as calls answered by call handlers, calls answered by clinicians and Clinical Advisors will be included.

### 20 Speak to clinician immediately

Of number of calls passed to a clinician (19), how many required the caller to speak to a clinician or Clinical Advisor immediately. Please refer to the disposition mapping provided to identify which Dx codes this covers.

### 21 Speak to clinician in 30 minutes or less

Of number of calls passed to a clinician (19), how many required the caller to speak to a clinician in 30 minutes or less. Please refer to the disposition mapping provided to identify which Dx codes this covers.

### 22 Total call back waiting time

Of the number of calls where a person triaged (24) by a call handler that were referred to a clinician for a call back (part of 19) what was the total time in seconds of all calls. The clock starts when a speak to clinician disposition (19) is reached by the call handler. The clock stops when the clinician first attempts calling back on the appropriate number.

### 23 Total time to telephone assessment outcome

Aggregated to a total in seconds, for all calls each month.

The time should be measured from when the assessment starts (this is before demographics are completed) until a final disposition is reached within the service. This will be divided by the count of calls triaged to give a mean average time.

Where there is a call back, timing will not stop when the initial call handler promises a call back from a clinician, nor when such a call back starts, but instead stop when the final disposition is reached during the call back.

## C) Activity within IUC Service

### 24 Number of calls where person triaged

Of the number of answered calls (3) how many were triaged. A call can be counted as triaged if all the following requirements are met:

a) The telephone call is recorded by voice recording software and is available for Call Review purposes;

b) Life threatening conditions are addressed during the call;

c) A disposition is captured; and,

d) The call has presented to and routed through the national NHS 111 telephony network.

For the purpose of the ADC a triaged call commences after demographic information has been captured.

A call should count as triaged only once even if the caller interacts with more than one clinician or non-clinician. The call should be allocated to the staff type that provided the final disposition.

The number of calls where a person triaged (24) should be supplied by each of the staff groups below. The staff groups below should add to (24).

**25 Number of calls where person triaged by a Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician**

**26 Number of calls where person triaged by a Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways**

**27 Number of calls where person triaged by a Clinical Advisor: a clinician that uses full NHS Pathways to triage the call**

**28 Number of calls where person triaged by a Clinician: any clinician not using full NHS Pathways to triage the call**

**29 Number of calls where person triaged by another staff type not within the other 4 categories**

## D) Calls with clinical input

All data items within this section include Clinical Advisor (27) as well as clinician (28).

### 30 Calls assessed by a clinician

Of the number of calls where a person triaged (24), in how many calls did the caller speak to a clinician.

This data item includes, but is not limited to, the calls transferred to a Clinical Advisor (40); although a single call transferred to a Clinical Advisor using NHS Pathways and subsequently to a clinician in the CAS should only count as one episode of care.

Each call should be counted against the last clinician type the caller spoke to.

The staff groups below should add to (30).

#### 31 Calls assessed by a general practitioner

#### 32 Calls assessed by an advanced nurse practitioner.

#### 33 Calls assessed by a mental health nurse

#### 34 Calls assessed by a nurse.

#### 35 Calls assessed by a paramedic

#### 36 Calls assessed by a dental nurse

#### 37 Calls assessed by a pharmacist

#### 38 Calls assessed by another type of clinician

### 39 Number of calls assessed by a clinician that were warm transferred

Of the calls assessed by a clinician (30), how many were transferred while the call was on hold.

### 40 Number of calls transferred to a Clinical Advisor

Of the number of calls where person triaged (24), how many were transferred to a Clinical Advisor using full NHS Pathways.

### 41 Number of calls where person was called back within 10 minutes by a clinician

Of the number of calls offered a call back by a clinician (43), in how many was the person called back within 10 minutes. The clock starts when the call ends. The clock stops at the first attempt of calling back on the appropriate number. Comfort calling should be excluded.

### 42 Number of calls with clinician input into the assessment but where the clinician hasn't spoken to the caller

Of the number of calls where person triaged (24), how many had input from a clinician in the assessment of the patient, but a clinician has not spoken to the caller. To be included the clinical input must be recorded as part of the call notes. For example, where a clinician has advised a call handler, or has reviewed notes of an assessment.

### 43 Number of calls where person was offered a call back by a clinician

Of the number of calls where person triaged (24), how many were offered a call back by a clinician. The clock starts when the call ends and is queued for call back.

This item includes any clinician call back which occurs within the CAS, regardless of disposition timescale.

## E) IUC recommendations (Dispositions)

### 44 Service Advisor dispositions

This should be determined by the disposition code recorded in NHS Pathways at the end of the input by the Service Advisor where they utilise Pathways. This should only include calls where a Service Advisor was the staff type that came to the final disposition within the service.

A file of disposition codes corresponding to each item from 45 - 56 is available from the NHS England website[8].

Service Advisor dispositions should be supplied by each of the sub-headings below. The sub-headings below, with the exception of (47), should add to (44).

For the data items below, please refer to the mapping document for information on the Dx codes which map to these.

#### 45 Number of emergency ambulance dispositions at the end of the Service Advisor input

#### 46 Number of callers recommended to attend an ED at the end of the Service Advisor input

#### 47 Number of callers recommended to attend a Type 1 or 2 ED at the end of the Service Advisor input

This is a subset of (46). Please refer to the DoS service types mapping document.

[8] https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/

### 48 Number of callers recommended to contact primary care services at the end of the Service Advisor input - bookable

Contact means a face to face contact.

### 49 Number of callers recommended to contact primary care services at the end of the Service Advisor input – non-bookable

Contact means a face to face contact.

### 50 Number of callers recommended to speak to primary care services at the end of the Service Advisor input

### 51 Calls recommended to contact or speak to a dental practitioner at the end of the Service Advisor input

This includes both contact and speak to dispositions.

### 52 Calls recommended to contact or speak to a pharmacist at the end of the Service Advisor input

This includes both contact and speak to dispositions.

### 53 Calls recommended prescription medication at the end of the Service Advisor input

### 54 Number of callers recommended to attend another service at the end of the Service Advisor input

### 55 Number of callers recommended self-care at the end of the Service Advisor input

### 56 Number of callers recommended other outcome by Service Advisor

## 57 Health Advisor dispositions

This should be determined by the disposition code recorded in NHS Pathways at the end of the input by the Health Advisor. This should only include calls where a Health Advisor was the staff type that came to the final disposition within the service.

A file of disposition codes corresponding to each item from 58 - 69 is available from the NHS England website[9].

Health Advisor dispositions should be supplied by each of the sub-headings below. The sub-headings below, with the exception of (60), should add to (57).

For the data items below, please refer to the mapping document for information on the Dx codes which map to these.

[9] https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/

### 58 Number of emergency ambulance dispositions at the end of the Health Advisor input

### 59 Number of callers recommended to attend an ED at the end of the Health Advisor input

### 60 Number of callers recommended to attend a Type 1 or 2 ED at the end of the Health Advisor input

This is a subset of (59). Please refer to the DoS service types mapping document.

### 61 Number of callers recommended to contact primary care services at the end of the Health Advisor input - bookable

Contact means a face to face contact.

### 62 Number of callers recommended to contact primary care services at the end of the Health Advisor input – non-bookable

Contact means a face to face contact.

### 63 Number of callers recommended to speak to primary care services at the end of the Health Advisor input

### 64 Calls recommended to contact or speak to a dental practitioner at the end of the Health Advisor input

This includes both contact and speak to dispositions.

### 65 Calls recommended to contact or speak to a pharmacist at the end of the Health Advisor input

This includes both contact and speak to dispositions.

### 66 Calls recommended prescription medication at the end of the Health Advisor input

### 67 Number of callers recommended to attend another service at the end of the Health Advisor input

### 68 Number of callers recommended self-care at the end of the Health Advisor input

### 69 Number of callers recommended other outcome by Health Advisor

## 70 Clinical Advisor dispositions

This should be the final disposition code recorded in NHS Pathways. A file of disposition codes corresponding to each item from 71 - 82 is available from the NHS England website[10].

This should be determined by the disposition code recorded in NHS Pathways at the end of the input by the Clinical Advisor. This should only include calls where a Clinical Advisor was the staff type that came to the final disposition within the service.
Clinical Advisor dispositions should be supplied by each of the sub-headings below. The sub-headings below, with the exception of (73), should add to (70).

For the data items below, please refer to the mapping document for information on the Dx codes which map to these.

### 71 Number of emergency ambulance dispositions at the end of the Clinical Advisor input

### 72 Number of callers recommended to attend an ED at the end of the Clinical Advisor input

### 73 Number of callers recommended to attend a Type 1 or 2 ED at the end of the Clinical Advisor input

This is a subset of (72). Please refer to the DoS service types mapping document.

### 74 Number of callers recommended to contact primary care services at the end of the Clinical Advisor input - bookable

Contact means a face to face contact.

### 75 Number of callers recommended to contact primary care services at the end of the Clinical Advisor input – non-bookable

Contact means a face to face contact.

### 76 Number of callers recommended to speak to primary care services at the end of the Clinical Advisor input

### 77 Number of callers recommended to contact or speak to a dental practitioner at the end of the Clinical Advisor input

This includes both contact and speak to dispositions.

### 78 Number of callers recommended to contact or speak to a pharmacist at the end of the Clinical Advisor input

This includes both contact and speak to dispositions.

### 79 Calls recommended prescription medication at the end of the Clinical Advisor input

[10] https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/

### 80 Number of callers recommended to attend another service at the end of the Clinical Advisor input

### 81 Number of callers recommended self-care at the end of the Clinical Advisor input

### 82 Number of callers recommended other outcome by Clinical Advisor

## 83 Non-Pathways clinical input dispositions

This should be the final outcome recorded from the call with input by any clinician not using full NHS Pathways. This should only include calls where a non-Pathways clinician was the staff type that came to the final disposition within the service.

Call outcomes should map to those used by NHS Pathways disposition codes to allow the dispositions below to be created. A file of NHS Pathways disposition codes is available from the NHS England website[11].

Non-Pathways clinical input dispositions should be supplied by each of the sub-headings below. The sub-headings below, with the exception of (86), should add to (83).

### 84 Number of emergency ambulance dispositions at the end of any non-Pathways Clinician input

### 85 Number of callers recommended to attend an ED at the end of any non-Pathways Clinician input

### 86 Number of callers recommended to attend a Type 1 or 2 ED at the end of any non-Pathways Clinician input

This is a subset of (85). Please refer to the DoS service types mapping document.

### 87 Number of callers recommended to contact primary care services at the end of the non-Pathways Clinician input - bookable

Contact means a face to face contact.

### 88 Number of callers recommended to contact primary care services at the end of the non-Pathways Clinician input – non-bookable

Contact means a face to face contact.

### 89 Number of callers recommended to speak to other primary care services at the end of any non-Pathways Clinician input

### 90 Number of callers recommended to contact or speak to a dental practitioner at the end of any non-Pathways Clinician input

This includes both contact and speak to dispositions.

[11] https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/

### 91 Number of callers recommended to contact or speak to a pharmacist at the end of any non-Pathways Clinician input

This includes both contact and speak to dispositions.

### 92 Calls recommended prescription medication at the end of any non-Pathways Clinician input

### 93 Number of callers recommended to attend another service at the end of any non-Pathways Clinician input

### 94 Number of callers recommended self-care at the end of any non-Pathways Clinician input

### 95 Number of callers recommended other outcome by any non-Pathways Clinician input

## Re-validation of Dispositions

### 96 Number of calls initially given a category 3 or 4 ambulance disposition

Of the number of calls where a person triaged (24), how many reached an initial disposition of category 3 or 4 ambulance.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (25)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (26)
- Clinical Advisor: a clinician that uses full NHS Pathways (27)
- Clinician: any clinician not using full NHS Pathways to triage the call (28)
- Other: any staff type not within the other 4 categories (29)

### 97 Number of calls initially given a category 3 or 4 ambulance disposition that are revalidated

Of the number of calls initially given a category 3 or 4 ambulance disposition (96) how many were revalidated.

### 98 Total wait time to category 3 or 4 ambulance revalidation

Of the number of calls initially given a category 3 or 4 ambulance disposition that are revalidated (97) what is the total wait time before the call is revalidated.
The clock starts when the initial cat 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician begins the revalidation.

Please refer to the disposition mapping provided to identify which Dx codes this covers.

### 99 Number of calls initially given an ED disposition

Of the number of calls where a person triaged (24), how many were initially given an ED disposition.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (25)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (26)
- Clinical Advisor: a clinician that uses full NHS Pathways (27)
- Clinician: any clinician not using full NHS Pathways to triage the call (28)
- Other: any staff type not within the other 4 categories (29)

This should include any dispositions covered by (46, 59, 72, 85).

### 100 Number of calls initially given an ED disposition that are revalidated

Of the number of calls initially given an ED disposition (99) how many were revalidated.

### 101 Total wait time to ED revalidation

Of the number of calls initially given an ED disposition that was revalidated (100) what is the total wait time before the call is revalidated.

The clock starts when the initial ED disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician completes the revalidation.

## F) Directory of Services

### 102 Calls where the Directory of Services is opened

The number of calls where a Service Advisor, Health Advisor, Clinical Advisor or clinician searches the DoS. A call counts once regardless of the number of searches undertaken during the call.

### 103 Directory of Services: no service available other than ED (ED catch-all)

The number of calls where a Service Advisor, Health Advisor, Clinical Advisor or clinician searches the DoS and no service is available other than two or less Emergency Departments and the phrase “(catch-all)”. A call counts once regardless of the number of times this occurs during the call.

### 104 Calls where caller rejects first service

The number of calls where the caller rejects the first service offered by the DoS. A call counts once regardless of the number of first services refused during the call.

### 105 Calls referred to DoS Service with secure information transfer

The number of calls where the DoS is opened and the details obtained during the call are transferred electronically, securely, and so the subsequent service has them available at the time they continue the assessment and treatment. Secure transmission includes interoperability toolkit (ITK), point-to-point, or nhs.net email, and not fax. This excludes calls where the only information transferred is a post-event message to a GP. A call will be counted once regardless of the number of times details are transferred during the call.

## G) IUC Service integration

### 106 Number of calls where caller given an appointment

Of calls with an outcome of recommended to contact primary care (48, 61, 74, 87), how many successfully had an appointment booked and the time confirmed with the caller before the end of the call in which the final disposition is reached. This should exclude calls where the patient declined to have an appointment made.

The categories below should aggregate as follows:

- The sum of 108, 110, 112, 114 and 115 should equal 106

#### 107 DoS selections – in-hours GP Practice

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), in how many were in-hours GP Practice selected on DoS.

#### 108 Number of calls where caller given an appointment with an in-hours GP Practice

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), where in-hours GP Practice was selected on DoS (107), in how many were the caller given an appointment with an in-hours GP Practice.

#### 109 DoS selections – GP extended hours service

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), in how many were GP extended hours service selected on DoS.
For clarity, GP extended hours services are those which are CCG commissioned outside of core GMS contract.

### 110 Number of calls where caller given an appointment with a GP extended hours service

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), where GP extended hours service was selected on DoS (109), in how many were the caller given an appointment with a GP extended hours service.

### 111 DoS selections – IUC Treatment Centre

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), in how many were an IUC Treatment Centre selected on DoS. The definition of an IUC Treatment Centre for these purposes is provided in the glossary.

### 112 Number of calls where caller given an appointment with an IUC Treatment Centre

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), where an IUC Treatment Centre was selected on DoS (111), in how many were the caller given an appointment with an IUC Treatment Centre. The definition of an IUC Treatment Centre for these purposes is provided in the glossary.

### 113 DoS selections – UTC

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), in how many were Urgent Treatment Centre selected on DoS.

### 114 Number of calls where caller given an appointment with a UTC

Of the number of calls with a disposition which requires contact with a primary care service (48, 61, 74, 87), where Urgent Treatment Centre was selected on DoS (113), in how many were the caller given an appointment with an Urgent Treatment Centre.

### 115 Number of calls where caller given an appointment with another service

Of number of calls where caller given an appointment (106) how many of these were with another service not captured in 108, 110, 112 and 114.

## 116 Number of calls where patient identified on the Patient Demographic Service

Of the number of triaged calls (24), what was the count of calls where the IUC provider recorded the NHS Number by identifying the patient on the PDS.

## 117 Number of calls where prescription medication was required

Of the number of triaged calls (24), in how many did the person require prescription medication, repeat or otherwise. Please refer to the disposition mapping provided to identify which Dx codes this covers.

This data item should be equal to the sum of items 53, 66, 79 and 92.

### 118 Number of calls where prescription medication was issued within your service

Of the number of calls where prescription medication was required (117) in how many of these was a prescription issued within your service, repeat or otherwise.

### 119 Number of calls where a referral to NUMSAS was made for prescription medication

Of the number of calls where prescription medication was required (117) in how many of these was a referral to NUMSAS made.

## 120 Number of face to face consultations undertaken

Count of the number of face to face consultations from a Health Care Professional (HCP) in the following settings. This excludes patients which are attended to by an ambulance crew.

### 121 Number of patients receiving a face to face consultation within their home residence, where a call to 111 was made prior to the visit

Of the number of answered calls (3) how many **received** face to face consultation at the persons home by a HCP within the IUC service. Counts should split by the 4 categories below.

Face to face consultations must be started within the following timescales. The clock stops when the face to face encounter begins and counts should be provided by these categories.

#### 122 Number of face to face home residence consultations received within 1 hour

Of the number of face to face home residence consultations required within 1 hour (132), how were received within 1 hour.

#### 123 Number of face to face home residence consultations received within 2 hours

Of the number of face to face home residence consultations required within 2 hours (133), how were received within 2 hours.

#### 124 Number of face to face home residence consultations received within 6 hours

Of the number of face to face home residence consultations required within 6 hours (134), how were received within 6 hours.

#### 125 Number of face to face home residence consultations received within any other timescale

Of the number of face to face home residence consultations required within any other timescale (135) not covered above, how many received consultation within this timescale.

### 126 Number of patients receiving a face to face consultation in an IUC Treatment Centre

Of the number of answered calls (3) how many **received** face to face consultation at an IUC Treatment Centre. Counts should split by the 4 categories below.

Face to face consultations must be started within the following timescales. The clock stops when the face to face encounter begins and counts should be provided by these categories.

#### 127 Number of face to face IUC Treatment Centre consultations received within 1 hour

Of the number of face to face IUC Treatment Centre consultations required within 1 hour (137), how were received within 1 hours.

#### 128 Number of face to face IUC Treatment Centre consultations received within 2 hours

Of the number of face to face IUC Treatment Centre consultations required within 2 hours (138), how were received within 2 hours.

#### 129 Number of face to face IUC Treatment Centre consultations received within 6 hours

Of the number of face to face IUC Treatment Centre consultations required within 6 hours (139), how were received within 6 hours.

#### 130 Number of face to face IUC Treatment Centre consultations received within any other timescale

Of the number of face to face IUC Treatment Centre consultations required any other timescale (140) not covered above, how many received consultation within this timescale.

### Calls where face to face consultation required

#### 131 Number of patients requiring a face to face consultation within their home residence

Of the number of answered calls (3) how many **required** face to face consultation at the persons home by a HCP within the IUC service. Counts should split by the 4 categories below.

Face to face consultations must be started within the following timescales, after the final disposition has been reached and counts should be provided by these categories.

#### 132 Number of face to face home residence consultations required within 1 hour

#### 133 Number of face to face home residence consultations required within 2 hours

#### 134 Number of face to face home residence consultations required within 6 hours

#### 135 Number of face to face home residence consultations required within any other timescale

#### 136 Number of patients requiring a face to face consultation in an IUC Treatment Centre

Of the number of answered calls (3) how many **required** face to face consultation at an IUC Treatment Centre. Counts should split by the 4 categories below.

Face to face consultations must be started within the following timescales, after the final disposition has been reached and counts should be provided by these categories.

#### 137 Number of face to face IUC Treatment Centre consultations required within 1 hour

#### 138 Number of face to face IUC Treatment Centre consultations required within 2 hours

#### 139 Number of face to face IUC Treatment Centre consultations required within 6 hours

#### 140 Number of face to face IUC Treatment Centre consultations required within any other timescale

## H) 111 Online Contacts

### 141 Number of 111 online contacts where the person was triaged received clinical input

Of the number of NHS 111 online contacts sent through to the 111 provider for assessment, in how many did the caller speak to a clinician or Clinical Advisor.

# 6. Appendices

1) Glossary
2) KPI Document
3) KPI Mapping Table (Numerators and Denominators)
4) ADC Change Log
5) Disposition Mapping
6) NHS 111 Telephony Call Plan
7) DoS Service ID Type Mapping