

IUC ADC December 2020 - provider comments

Data for the IUC ADC are provided by lead data providers for each integrated urgent care service in England. It is the responsibility of commissioners of an IUC service to identify lead data providers and ensure that data are supplied each month. While lead data providers are responsible for collating and coordinating information for IUC ADC, they are not necessarily contracted to deliver all NHS 111 and out of hours services in the contract area. Integrated Urgent Care is provided by a variety of organisations, including ambulance services, private companies, not for profit organisations and NHS Trusts.

The quality of data is therefore dependent upon all parts of the IUC service supplying data to the relevant lead data provider. Where figures reflect activity by more than one IUC service provider, there may be wide variation in the underlying performance of individual parts of the service.

This document sets out lead data providers' comments, where they have been supplied, about the quality of data returns, reasons for changes since last month and reasons for differences to similar data items in the NHS 111 Minimum Data Set (MDS).

IUC ADC data for August 2019 to May 2020 inclusive were revised on 14 January 2021. Some comments in the Data Quality Statements for those months may no longer be relevant where they refer to figures that have since been revised.

BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire:

Data item	Description	Comments
Q013	Number of calls abandoned	The reduction in calls this month is due to national contingency measures to prioritise the routing of calls according to capacity; so calls normally taken by PPG may be routed elsewhere.
Q017	Total time to call answer	As above

Q030	Calls assessed by a clinician	Increase since last month is due to the increased ED revalidation in support of the 111 First programme
Part of KPI 4 = Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Figures are lower than expected as these cases go into the CAS dispatch queue in order to manage workflow. This process has been in place since the initial Covid outbreak

DEVON DOCS

There was a spike in calls after Christmas/Boxing day with over 2,000 calls in the two day period 27th and 28th December. In addition, staff shortages through self-isolating helped to create a bottleneck of calls waited to be answered.

Comments for 111AI6 Devon:

Data item	Description	Comments
Q001	Number of calls received	<p>The methodology for counting telephony activity and performance prior to COVID-19 excluded the Warm Transfer queue as it was determined to be an intermediate part of the call flow. In our analysis we evaluate only the final call data as this contains the most complete information about call activity.</p> <p>Because of process changes during COVID-19 more activity is now passing through the Warm Transfer queue which is when we discovered a discrepancy in the data. We have determined that the Warm Transfer queue in our data is not only an intermediate step but can be on some calls the final row of data produced. This has led to reported telephony activity and performance being lower than actual.</p>
Q003	Number of answered calls	As above
Q012	Calls answered within 60 seconds	As above

Q024	Calls where person triaged	As above
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	Fall in figures this month is because the original data query was including GP Out of Hours selections. This has now been rectified and the data backdated to October 20. The metric is 60% for November and 61% for December
KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	This KPI has increased this month due to the additional calls offered, answered and triaged as described in the commentary above in addition to the update of the Dos Selection extraction query in Adastra. November is now 69% and December 66%

Comments for 111AH8 Somerset:

Data item	Description	Comments
Q017	Total time to call answer	The factors driving this month's increase relate to the calls received on the 27 th and 28 th December. The total time to call answer just for these days is 516,000 million seconds, which has caused the doubling from last month. Calls abandoned after 60 seconds on these two days were significantly higher than the whole of December
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	The methodology for this metric has now been amended.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	The increase in ED dispositions validated is due to ongoing work as per our comment last month ('After reviewing the methodology used to validate cat 3/4s and ED dispositions, we became aware that the formula in the template was previously counting the cases that required validation, rather than those that had been validated').

DHU

The ADC submission made by DHU only contains data from DHU111 and the other urgent care arms of DHU Health Care. At present this excludes data from other CAS providers such as the LCHS CAS (in Lincolnshire) and the NEMS CAS (in Nottinghamshire).

Comments for 111AA5 Derbyshire:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Derby CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	Increase this month is likely the result of a rollout of GP Connect allowing for direct booking into GP practices.

Comments for 111AC8 Leicestershire & Rutland:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	<p>Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.</p> <p>Additionally, where referrals are to LLR CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.</p>

Comments for 111AA2 Lincolnshire:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the

		<p>MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.</p> <p>Additionally, where referrals are to Lincs CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.</p>
--	--	---

Comments for 111AC7 Milton Keynes:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	<p>Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.</p> <p>Additionally, where referrals are to MK CAS with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service."</p>
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Only a small proportion of calls sent for ED revalidation from Milton Keynes go to the Northants ED Validation service which are counted within our figures. The

		majority of revalidations are referred to the MK ED CAS which are not included within our services and so therefore are not counted.
--	--	--

Comments for 111AC6 Northamptonshire:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Northants CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.

Comments for 111AA4 Nottinghamshire:

Data item	Description	Comments
Q017	Total time to call answer	A daily breakdown of total time to answer call throughout December was roughly consistent with the previous month. However, there was one day in December (28 th) where total time to answer saw a sharp rise contributing to the increase of this metric. This seems to have been due to an increase in calls offered which exceeded the forecast for this day.

Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Notts CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Script to pull data is set up so that it only identifies where a revalidation has taken place within our services. Notts ED validations are undertaken outside of our contracted services so therefore are not being counted.

DORSET HC

Comments for 111AI4 Dorset:

Data item	Description	Comments
Q012	Calls answered within 60 seconds	The main factor affecting the improvement was more call handlers. We ran a large cohort of training in November to come online in December to coincide with the 111 First go live date.
Q013	Number of calls abandoned	Same as above
Q017	Total time to call answer	The comparison of call times for November and December is not a true like-for-like comparison. Between September – November this reporting relied on data from both the SWAST telephony system, and also the new DHC telephony system. For December the data was solely from the DHC system.

KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	The fall in cases is because dispositions/appointments that happened at Bournemouth, Poole and Weymouth UTCs were moved to the IUC Treatment Centre KPI. We realised that the DoS selection of IUC Treatment Centre was being made in all cases. So KPI 5 now only covers true appointments booked by the NHS111 Service with the actual Weymouth UTC, and these are all cases with a Weymouth UTC DoS selection
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Increase is due to process changes associated with the roll-out of 111First.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	December is a busy month due to higher activity in the weekend before Christmas, and the Christmas 4-day break.

HUC

Comments for 111AC5 Cambridgeshire & Peterborough:

Data item	Description	Comments
Q030	Calls assessed by a clinician	Improvements reflect changes to the Cambridgeshire and Peterborough IUC contract implemented from the 1 st December 2020.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	As above

KPI 9 = (Q081+Q094) / (Q027+Q028)	Calls recommended self-care by clinician / calls triaged by a clinician	We have reconfigured SystmOne Outcomes to try and get clinical staff to give us more defined outcomes for Out of Hours cases. Clinicians tend to tick more than one outcome box on both SystmOne and Adastra, to cover what they have advised the patient for both primary advice and worsening advice. We have defined the outcomes on SystmOne so that it is easier to see which is which and this has helped to report more accurate self-care figures.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Figures are possibly impacted by re-triaging more cases through the CAS. The Christmas period will also have affected this and we will have had a significant increase in Out of Hours cases, which would have normally been referred back to patients GPs. This should mean we are triaging more cases through clinical telephone triage and therefore extending the time shown

IC24

December was exceptionally challenging (in line with all 111 providers) and was exacerbated by COVID absence and introduction a new 111 First pathway including ED validation. Performance has also been impacted by the number of providers on national contingency which would have increased intraday activity for certain periods significantly over forecast.

Comments for 111AH4 Mid & South Essex:

Data item	Description	Comments
Q013	Number of calls abandoned	Increase reflects difficult period after Christmas.
Q017	Total time to call answer	Increase due to demands on the service and staff absence
Q030	Calls assessed by a clinician	Increase reflects process change that all ED Validations now go to a clinician.

KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Increase due to demands on the service and staff absence.
----------------------	---	---

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney:

Data item	Description	Comments
Q013	Number of calls abandoned	Increase reflects difficult period after Christmas.
Q017	Total time to call answer	Increase due to demands on the service and staff absence
Q030	Calls assessed by a clinician	Increase reflects process change that all ED Validations now go to a clinician.
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Low figures reflect update in UTC and DoS Types and this is only looking at bookable and not including the non-bookable. Some cases have a disposition mapped to non-bookable but it does have an appointment facility on the DoS.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Increase due to demands on the service and staff absence

IOW

Comments for 111AA6 Isle of Wight

Data item	Description	Comments
Q013	Number of calls abandoned	The reason for the increase in abandoned calls was down to staffing issues and peak periods over Christmas. Additionally, following several days of very high call volumes and Covid related staffing issues over Christmas, the service activated contingency from 30 th December
Q017	Total time to call answer	As above
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	<p>The proportion of calls validated may increase over the next few months with the hours of validation now fully operational 8am to 8pm Monday to Sunday. Local Services are set up so that we are able to direct over 50% of our ED DX codes straight to our UTC (via the DoS), who are able to deal with these ED outcomes - thereby bypassing the need to validate.</p> <p>Of the 1170 ED Dx code outcomes reached in our 111 service,</p> <ul style="list-style-type: none">- 103 to ED validation- 412 to ED directly (these SG/SDs would either not benefit from validation or are outside the hours of the validation service)- <u>590</u> to <u>UTC</u> (581 our UTC / 9 to others).- 65 to IUC Clinical assessment /MH crisis / Urgent Care /other
KPI 9 = (Q081+Q094) / (Q027+Q028)	Calls recommended self-care by clinician / calls triaged by a clinician	Outcomes of calls forwarded to our remote Clinical Assessment Services (CAS) - PHL and DAS - are currently not collected - so any 'self-care' outcomes by these clinicians are still not included at this time

KPI 11: Q103/Q102	No service available on DoS other than ED / Calles where the DoS is opened	Our figures feeding KPI11 (103) are always consistently very low due to the appropriate local service availability for 111 outcomes. Issues extracting data were subsequently resolved and figures should be: 102 = 6025 103 = 5
Q104	Calls where caller rejects first service	Issues extracting data were subsequently resolved and figures should be: 1922
Q105	Calls referred to DoS with secure information transfer	Issues extracting data were subsequently resolved and figures should be: 5430
Q116	Calls where patient identified on the PDS	Issues extracting data were subsequently resolved and figures should be: 8307

LAS

Comments for 111AH5 North East London:

Data item	Description	Comments
Q013	Number of calls abandoned	Increase this month was due to pressure to the service struggling in the month of December.
Q017	Total time to call answer	Reason for increase same as above due to increase in demand couple with staffing issues
Q024	Calls where person triaged	Decrease this month impacted by recalculation in the triaged figures discovered with the DOS mapping.
Q030	Calls assessed by a clinician	Decrease since last month due to pressure on the service in the month of December.

Q045 + Q058 + Q071	Emergency ambulance dispositions	Figures may be under-reported - investigation on this issue is ongoing.
Q046 + Q059 + Q072	Callers recommended to attend an ED	Same as above.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Increase since last month due to pressure on the service in the month of December.

Comments for 111AJ1 North West London:

Data item	Description	Comments
Q013	Number of calls abandoned	New contracts took affect from 17 th November so care should be taken when comparing with last month's figures. Abandoned calls were higher across most providers in London in December due to increase in demand and pressure on the service.
Q017	Total time to call answer	Increase since last month due to increase pressure and staffing problems at NWL LAS.
Q045 + Q058 + Q071	Emergency ambulance dispositions	Figures may be under-reported - investigation is ongoing.
Q046 + Q059 + Q072	Callers recommended to attend an ED	Same as above

KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Increase since last month is due to pressure on the service in December.
----------------------	---	--

Comments from 111AD7 South East London

Data item	Description	Comments
Q013	Number of calls abandoned	Increase since last month due to increase pressure on the service for most days in the month of December.
Q017	Total time to call answer	Same as above – increase due to pressure on the service in the month of December.
Q030	Calls assessed by a clinician	Same as above
Q045 + Q058 + Q071	Emergency ambulance dispositions	Figures may be under-reported - investigation is ongoing.
Q046 + Q059 + Q072	Callers recommended to attend an ED	Figures may be under-reported - investigation is ongoing.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Increase is due to pressure on the service in December

LCW

Comments on 111AD5 North Central London

Data item	Description	Comments
Q012	Calls answered within 60 seconds	Weeks 51-53 saw activity above forecast for nearly every day of 10% and baseline staffing levels were affected by COVID. This resulted in a disproportionate increase in cases answered within the target time in relation to calls answered.
Q013	Number of calls abandoned	Weeks 51-53 saw activity above forecast for nearly every day of 10% and baseline staffing levels were affected by COVID. The 27th and the 28th saw the bulk of abandoned calls with 584 over the 2-day period.
Q017	Total time to call answer	Weeks 51-53 saw activity above forecast for nearly every day of 10% and baseline staffing levels were affected by COVID. This resulted in a disproportionate increase in cases answered within the target time in relation to calls answered.
Q045 + Q058 + Q071	Emergency ambulance dispositions	Figures may be under-reported due to the Adastra system not correctly picking up the data item by agent type.
Q046 + Q059 + Q072	Callers recommended to attend an ED	Figures may be under-reported due to the Adastra system not correctly picking up the data item by agent type.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	The ADC does not account for the fact that ED validation is carried out via a DoS referral into the CAS. This results with cases having the completed Dx code of ED disposition and not the final outcome one of the validation. Our ED validation rate is over 80% on a daily basis.

NEAS

Comments for 111AA1 North East

Data item	Description	Comments
Q003	Number of answered calls	The increase in call performance was due to an increase in health advisor establishment, funded through the NHS 111 First allocation. This additional wte resource along with restrictions on annual leave through the Christmas week has supported the improvement.
Q012	Calls answered within 60 seconds	
Q013	Number of calls abandoned	
Q017	Total time to call answer	
Q024	Calls where person triaged	
Q030	Calls assessed by a clinician	
Part of KPI 4 = Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	There was a change of process earlier in the year which has meant that face-to-face appointments at some services have been stopped. Selections of these services result in a call back by these services instead, which would not be picked up in the same way as booking into a time slot.

PRACTICE PLUS GROUP (PPG)

Comments for 111A12 Surrey Heartland:

Data item	Description	Comments
Q013	Number of calls abandoned	The increase in abandoned calls is due to call volumes for December was over 4000 more than November (>22% increase) and Practice Plus Group supporting exceptional levels of national contingency during this time, making it a challenge to balance actual volumes vs predicted.

Q017	Total time to call answer	Increase in this month's figures reflects increase in call volumes.
Q024	Number of calls where person triaged	Figures differ from the corresponding 111MDS figure due to a change in specification between ADC and MDS. MDS uses only Pathways whereas ADC accounts for SA activity as well which is used in Surrey eg for dental. For 111 only, some of the increase in triage calls this month could be explained by fewer callers requiring triage, eg regarding matters such as service locations due to pandemic.
Q030	Calls assessed by a clinician	Figures differ from the corresponding 111MDS figure due to a change in specification between ADC and MDS. MDS is 111 only. ADC takes into account CAS as well.

SECAmb

Comments for 111A19 Kent, Medway & Sussex:

Data item	Description	Comments
Q013	Number of calls abandoned	The service's operational performance was significantly impacted this month by increasing staff absence and a marked change in the hourly activity profiles.
Q017	Total time to call answer	As above
Part of KPI 4 = Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Growth in direct booking volumes continues but at a slower rate than in previous months, as we have completed the "big bang" of digital interop rollout to key providers.

KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	Increase this month was due to December being the first full month of “111 First” incorporating ED validation with direct booking into appropriate alternative services – most notably the UTCs in our area.
KPI 9 = (Q081+Q094) / (Q027+Q028)	Calls recommended self-care by clinician / calls triaged by a clinician	Figures provided in line with the MDS definition (DX codes). The reduction in clinician self-care outcomes is balanced by an increase in Health Advisor self-care outcomes. This metric is very much Pathways dependent.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	The service’s operational performance was significantly impacted this month by increasing staff absence and a marked change in the hourly activity profiles. We also saw an increase in the % of cases receiving Direct Clinical Contact.

VOCARE

Comments for 111AH1 BaNES, Swindon & Wiltshire

Data item	Description	Comments
Q013	Number of calls abandoned	Comparison of performance should be reviewed in conjunction with other relative metrics. Abandoned calls as a proportion of total calls offered increased just 2.6% points on previous month.
Q017	Total time to call answer	Comparison of performance should be reviewed in conjunction with other relative metrics. Although the total time to call answer increased so did the total answered calls. Average call length appears to have increased by ~20seconds per call in December, suggesting increase call complexity.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Unable to provide these metrics at this time.

Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Unable to provide these metrics at this time.
Part of KPI 4 = Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Submission should be NULL.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in- hours GP practice	Submission should be NULL.
KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	Submissions should be NULL.
KPI 6: Q097/Q096	Calls given an ambulance disposition that are revalidated / calls given an ambulance disposition	Submission should be NULL.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Submission should be NULL.
KPI 11: Q103/Q102	No service available on DoS other than ED / Calls where the DoS is opened	Submission should be NULL.

Comments on 111AF1 Cornwall

Data item	Description	Comments
Q013	Number of calls abandoned	Comparison of performance should be reviewed in conjunction with other relative metrics. Abandoned calls as a proportion of total calls offered increased 4.3% points on previous month.
Q017	Total time to call answer	Comparison of performance should be reviewed in conjunction with other relative metrics. Although the total time to call answer increased so did the total answered calls. Average call length appears to have increased by ~23seconds per call in December, suggesting increase call complexity.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Unable to provide these metrics at this time.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Unable to provide these metrics at this time.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	Submission should be NULL.
KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	Submissions should be NULL.
KPI 6: Q097/Q096	Calls given an ambulance disposition that are revalidated / calls given an ambulance disposition	Submission should be NULL.

KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Submission should be NULL.
KPI 11: Q103/Q102	No service available on DoS other than ED / Calls where the DoS is opened	Submission should be NULL.

Comments on 111AG5 South West London

Data item	Description	Comments
Q013	Number of calls abandoned	Comparison of performance should be reviewed in conjunction with other relative metrics. Abandoned calls as a proportion of total calls offered increased 3.9% points on previous month.
Q017	Total time to call answer	Comparison of performance should be reviewed in conjunction with other relative metrics. Although the total time to call answer increased so did the total answered calls. Average call length appears to have increased by ~37seconds per call in December, suggesting increase call complexity.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Unable to provide these metrics at this time. Unable to provide these metrics at this time.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Unable to provide these metrics at this time.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	Submission should be NULL.

KPI 5: Q114/Q113	Appointments with a UTC / DoS selections UTC	Submissions should be NULL.
KPI 6: Q097/Q096	Calls given an ambulance disposition that are revalidated / calls given an ambulance disposition	Submission should be NULL.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Submission should be NULL.
KPI 11: Q103/Q102	No service available on DoS other than ED / Calls where the DoS is opened	Submission should be NULL.

Comments on 111AF4 Staffordshire

Data item	Description	Comments
Q013	Number of calls abandoned	Comparison of performance should be reviewed in conjunction with other relative metrics. Abandoned calls as a proportion of total calls offered increased just 2.7% points on previous month.
Q017	Total time to call answer	Comparison of performance should be reviewed in conjunction with other relative metrics. Although the total time to call answer increased so did the total answered calls. Average call length appears to have increased by ~24seconds per call in December, suggesting increase call complexity.

Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Unable to provide these metrics at this time.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Unable to provide these metrics at this time.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	Submission should be NULL.
KPI 6: Q097/Q096	Calls given an ambulance disposition that are revalidated / calls given an ambulance disposition	Submission should be NULL.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	Submission should be NULL.
KPI 11: Q103/Q102	No service available on DoS other than ED / Calls where the DoS is opened	Submission should be NULL.

WMAS

Comments for 1111A18 West Midlands:

Data item	Description	Comments
Q017	Total time to call answer	Time to call answer has increased this month due to sickness and abstractions being higher than we have ever known because of Covid
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Figures are under-reported – equivalent data (5.24) in the MDS figure will be correct.