

IUC ADC June 2021 - 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 previous months and reasons for differences to provisional data items published last month.

ARDEN GEM

Comments for 111AJ5 Lincolnshire

Data item	Description	Comments
A01	Number of calls received	Fall in number of calls received into 111 across all contract areas when compared to previous month. Disparity with provisional data due to changes to the weekly script.
A03	Number of answered calls	Disparity with provisional data due to changes to the weekly script.
B01	Number of calls answered within 60 seconds	Changes in performance compared to previous month due to periods in month where high volumes of calls exceeded forecasts for staffing. Disparity with provisional data due to changes to the weekly script.
B02	Number of calls abandoned	
B06	Total time to call answer	In agreement with commissioners, figures provided by DHU have been slightly adjusted to take account of periods of national contingency. The impact was statistically insignificant in June.
B07	95th centile call answer time	



C01	Number of calls where person triaged	Increase since May is due to a revision in the way we report the CAS activity. Disparity with provisional data due to changes to the weekly script.
D02 to D09	Calls assessed by staff type	Breakdown by staff type provided by CAS are estimated based on previous proportions. This is due us being unable to ascertain the staff type of agency staff. A more long-term solution to this is being investigated.
E01 to E18	Number of dispositions	Figures for June are inflated due to double counting from both service providers. In future submissions this will be temporarily resolved by only including those dispositions from DHU where CAS is not included in the pathway. A more long-term solution is being investigated. In addition, clinicians at CAS are able to assign multiple dispositions to a caller. Due to TPP issues we are unable to see which was the primary disposition, so figures relate to the first disposition in the list. This will not always be the primary disposition which may skew the results.
G10, G11	DoS selections – SDEC service	At present we do not have the facility to select SDEC on the DoS or book into an SDEC.
G15	Repeat prescription medication issues	Number of repeat prescription issues exceeds number of repeat prescription dispositions because a) we're only using the first outcome listed in the case to ascertain the disposition so will be missing some numbers from E14, and b) we cannot distinguish between repeat prescription and regular prescription issues.

BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Overall, the IUC system has been under strain for the past few months and more so in June. Primarily, this is due to very high demand for 111. Demand is 20% higher than this time last year, with an increase especially in child cases, with many being affected by the latest Covid surge.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Non-111 calls (HCP and 'out of area') are excluded from C01
B01 to B11	Call handling	CAS data not included as unavailable.

D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.
E21	Calls initially given a cat 3 or 4 ambulance disposition that are validated within 30 minutes	A known issue exists with PPG 111 data which may impact these items.
E27	Calls initially given an ED disposition that are validated	
F02	Directory of Services: no service available other than ED (ED catch-all)	Zero cases - ED catch-all only triggers in exceptional circumstances
G01 to G14	Caller given an appointment	CAS data not included as it's unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Very few bookings for IUC treatment centres are made directly from 111 (i.e. not CAS); the vast majority of bookings are via CAS, which are not captured.
G10 & G11	DoS selections – SDEC service	Data for CAS bookings are not available. In addition, SDEC is not being used at all within the contract area as advised by the CCG.
G16 to G19	Community Pharmacy Service	CAS data not included as not available.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.

DEVON DOCS

Comments for 111A16 Devon

Data Items	Description	Comments
A01	Number of calls received	Reduction in calls reflects effect of geographical location impacted by two Bank Holidays in both May and April.
A03	Number of answered calls	
B05	Calls abandoned after 60 seconds	Whilst there has been in a reduction in calls during June, calls abandoned after 60 seconds has increased month on month. This is due to shortages of experienced staff for both HA's and CA's in line with the national picture.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

Comments for 111AH8 Somerset

Data Items	Description	Comments
A01	Number of calls received	Reduction in calls reflects effect of geographical location impacted by two Bank Holidays in both May and April.
A03	Number of answered calls	
B02	Number of calls abandoned	High rate due to a repeat/persistent caller using the service over 100 times a day. Clinical risk under review.
B05	Calls abandoned after 60 seconds	Whilst there has been in a reduction in calls during June, calls abandoned after 60 seconds has increased month on month. This is due to shortages of experienced staff for both HA's and CA's in line with the national picture.
C01	Number of calls where person triaged	Increase since April due to an update in the data extraction criteria for CAS activity.
D01	Calls assessed by a clinician or Clinical Advisor	Staff shortages impacted on D01
G05	Number of calls where caller given an appointment with an IUC Treatment Centre	Practice Plus Group have advised that they were unable to make any IUC bookings via DoS due to the service being unavailable on the DoS.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

DHU

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service. In agreement with commissioners, figures provided by DHU have been slightly adjusted to take account of periods of national contingency. The impact was statistically insignificant in June. Changes in performance compared to previous month due to periods in month where high volumes of calls exceeded forecasts for staffing.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to IUC ADC process still being fine-tuned. Cases open before midnight on Sunday evening where clinical assessment not provided until after midnight the following day, are not counted as clinically assessed in weekly (provisional) figures but are counted as clinically assessed in the monthly upload.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
E01	Total number of dispositions	Calculation amended partway through the month, prior to this E01 was not correctly summing to the value of its constituent parts.
G10	DoS selections – SDEC service	Not yet used within service.
G11	Calls where the caller was booked into an SDEC service	
G12	Calls received by dental services not using DoS	Not applicable to service.
G13	Calls received by dental services not using DoS that resulted in a booked appointment	
G16	Calls where a community pharmacy service was an option on DoS for prescription medication	
G17	Calls where a referral to a community pharmacy service was made for prescription medication	
G18	Calls where a community pharmacy service was an option on DoS for minor illness	
G19	Calls where a referral to a community pharmacy service was made for minor illness	
G21	Patients receiving a face to face consultation in their home residence within the timeframe agreed	

G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	
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Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	In agreement with commissioners, figures provided by DHU have been slightly adjusted to take account of periods of national contingency. The impact was statistically insignificant in June. Changes in performance compared to previous month due to periods in month where high volumes of calls exceeded forecasts for staffing.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to IUC ADC process still being fine-tuned. Cases open before midnight on Sunday evening where clinical assessment not provided until after midnight the following day, are not counted as clinically assessed in weekly (provisional) figures but are counted as clinically assessed in the monthly upload.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
E01	Total number of dispositions	Calculation amended partway through the month, prior to this E01 was not correctly summing to the value of its constituent parts.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Not a huge amount of bookable appointments for that type of service in Northants currently.
G10, G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.

G16	Calls where a community pharmacy service was an option on DoS for prescription medication	
G17	Calls where a referral to a community pharmacy service was made for prescription medication	
G18	Calls where a community pharmacy service was an option on DoS for minor illness	
G19	Calls where a referral to a community pharmacy service was made for minor illness	

DORSET HC

Comments for 111A14 Dorset

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data due to delays in combining data from different sources for the weekly submission. Weekly ADC figures are estimated if we do not have the required figures at the time of submission. The shortfall between the Monthly figure and the combined weekly figures is due to no data for HCP calls for Sat and/or Sun.
B01	Number of calls answered within 60 seconds	During June our call answering performance was affected by a significant increase in calls due to Covid, increasing staff sickness due to Covid, increasing staff off as advised to isolate, and a shortage of clinicians. As a result of these factors there were occasions when the clinical advice service was overloaded which resulted in additional calls from callers waiting for call backs. The other factor was from the 21 June the phone lines from all Dorset MIUs was diverted to the 111 service.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Due to the ongoing data delay we are continuing to use the old 111 MDS of 5.22 in place of D01. The former produces a slightly higher number due to its calculation method.
G03	Calls where the caller was booked into a GP Practice or GP access hub	At present the Dorset 111 service is unable to direct book to a GP practice.

G08, G09	ED bookings	In June, 307 callers were booked appointments with ED but half of them are not included in G08 as they were dealt with by GPs who don't access NHS Pathways or DoS.
G11	Calls where the caller was booked into an SDEC service	Discussions with the acute hospitals in Dorset continue finalising and agreeing the SDEC referral process.

HUC

Comments for 111AC5 Cambridgeshire & Peterborough

Data item	Description	Comments
B02	Number of calls abandoned	Performance was affected by historically high call volumes in June 2021. Staffing was a challenge, especially as a number of staff were off sick or isolating.
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures was caused by updates to our SQL system. We also found that we had duplicate calls/cases inflating some figures compounded by a change to the definition of item C01.
D01	Calls assessed by a clinician or Clinical Advisor	
E17	Callers recommended self-care at the end of clinical input	We are reliant on what clinician's select on the various clinical systems. Often, they can select more than one outcome as they are working outside of Pathways and we must always report the highest acuity. We are actively examining what clinicians select, but they tend to use outcomes as worsening advice, so self-care tends to be the bottom of the list. We are looking at Dx108 usage, as we feel that this Dx Code is being used in some instances as a self-care outcome, because it is no further action.
G09	Number of calls where caller given a booked time slot with an ED	Numbers are heavily reliant on external factors such as booking slot availability from EDs. We also have a further complication in that we use SystemOne for Out of Hours and this system has no access to the DoS and EDDI bookings.
G10	DoS selections – SDEC service	No updates, this is still a work in progress and a new version of SDEC is being jointly rolled out in early August.
G11	Calls where the caller was booked into an SDEC service	

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Performance was affected by historically high call volumes in June 2021. Staffing was a challenge, especially as a number of staff were off sick or isolating.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures was caused by updates to our SQL system. We also found that we had duplicate calls/cases inflating some figures compounded by a change to the definition of item C01.
D01	Calls assessed by a clinician or Clinical Advisor	
G10	DoS selections – SDEC service	No updates, this is still a work in progress and a new version of SDEC is being jointly rolled out in early August.
G11	Calls where the caller was booked into an SDEC service	

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
A01	Number of calls received	Despite May 2021 having 2 bank holidays and an additional day, June's call volume almost matched. Staffing to handle this demand is a challenge especially when considering staff sickness and isolation.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G10	DoS selections – SDEC service	No patients were referred to an SDEC. Functionality isn't yet available for SDEC appointments to be booked by 111.
G11	Calls where the caller was booked into an SDEC service	

Comments for 111AI3 West Essex

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	Performance was affected by historically high call volumes in June 2021. Staffing was a challenge, especially as a number of staff were off sick or isolating.
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures was caused by updates to our SQL system. We also found that we had duplicate calls/cases inflating some figures compounded by a change to the definition of item C01.
D01	Calls assessed by a clinician or Clinical Advisor	
G06, G07	Urgent Treatment Centre bookings	West Essex's UTC is located at Princess Alexandra Hospital and on a system, which cannot be directly booked into.
G10, G11	SDEC service bookings	No updates, this is still a work in progress and a new version of SDEC is being jointly rolled out in early August.

IC24

Comments for 111AH4 Mid & South Essex

Any disparity with provisional (weekly) figures may be because there is sometimes a change in call status following validations in CLEO/S1 systems that are only picked up monthly.

Data item	Description	Comments
A01	Number of calls received	We received fewer calls in June than in previous month which reflects similar trend in previous years.
B01	Number of calls answered within 60 seconds	Staffing absence levels were higher than expected this month due to Covid isolation in the call centres. Ability to answer timely is affected by staffing issues. Disparity with provisional data is due to exceptions in the monthly files.
B02, B03	Calls abandoned	We have corrected an issue where we were previously counting calls abandoned during IVR in calls abandoned fields. We have now removed these calls from the calculation. This will cause a decrease in B02, B03 and B09.
B06	Total time to call answer	Staffing levels are affecting these stats.

B07, B08	Call answer centiles	We have corrected an issue with our calculation of B07 and B08 centiles. However, due to the way that our call data is aggregated our figures for these centiles will remain inaccurate until further review.
B09	Total time of abandoned calls	We have corrected an issue where we were previously counting calls abandoned during IVR in calls abandoned fields. We have now removed these calls from the calculation. This will cause a decrease in B02, B03 and B09.
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	We have now included non-pathways clinicians in B10.
C01	Number of calls where person triaged	Weekly/monthly change is due to dates and package runs and we updated our code to include all completed cases.
D16	Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour	We do have some activity in this area, albeit very infrequently.
E21, E19	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Particularly low outcome due to staffing levels.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; staff tend to call the service. Numbers will remain low until SDEC services pick up and are profiled on the DoS.
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	We have updated our schedule for face to face figures to include all cases. This has caused an increase in G21 and G23.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	
H01, H02	NHS111 online contacts resulting in clinical input	Figures have been updated this month to include non-pathways clinicians.
H13, H14, H15, H16	NHS Online contacts resulting in face to face contacts	Data unavailable. Development regarding NHS online face to face outcomes is currently pending.

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney

Data item	Description	Comments
A01	Number of calls received	<p>We had unexpectedly increased call volumes this month. In general, we tend to experience fewer calls in June compared to May as May bank holidays drive up call volumes. The weather may have also impacted overall volume.</p> <p>Disparity with provisional data is due to one missing week of data caused by server issues.</p>
A03	Number of answered calls	<p>Staffing levels were lower than anticipated – isolations seem to be a common factor.</p>
B01	Number of calls answered within 60 seconds	<p>Live exception data being included.</p> <p>Disparity with provisional data is due to one missing week of data caused by server issues.</p>
B02	Number of calls abandoned	<p>We have corrected an issue where we were previously counting calls abandoned during IVR in calls abandoned fields. We have now removed these calls from the calculation. This will cause a decrease in B02, B03 and B09.</p> <p>Disparity with provisional data is due to one missing week of data caused by server issues.</p>
B06	Total time to call answer	<p>Staffing levels have impacted this metric.</p>
B07	95th centile call answer time	<p>We have corrected an issue with our calculation of B07 and B08 centiles which has caused decreases this month. However, due to the way that our call data is aggregated our figures for these centiles will remain inaccurate until further review.</p>
B08	99th centile call answer time	
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	<p>Figures now include non-pathways clinicians.</p>
C01	Number of calls where person triaged	<p>We have made updates which took affect quite late in June.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>Added non-pathways clinician totals to this item.</p>

G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	We have updated our schedule for face to face figures to include all cases. This has caused an increase in G21 and G23.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	
H01, H02	NHS111 online contacts resulting in clinical input	Figures have been updated this month to include non-pathways clinicians.

IOW

Comments for 111AA6 Isle of Wight

Data item	Description	Comments
E17	Number of callers recommended self-care at the end of clinical input	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.
E27	Number of calls initially given an ED disposition that are validated	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ED dispositions, therefore negating the need for a '111 First (or 'ED') 'validation'. If we were allowed to submit the calls that only applied if they would have actually been referred to an ED we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ED.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	At this time our 111 service are not able to book directly into our own IUC or any other IUC services elsewhere.
G09	Number of calls where caller given a booked time slot with an ED	See comments for E27. In addition to this, most validated cases are then directed to services other than ED, consequentially the number of booked appointments is low.

G10	DoS selections – SDEC service	IOW now have an SDEC service and are currently working on referral and booking pathways.
G11	Number of calls where caller given an appointment with an SDEC service	
G20 to G23	Face to face consultations	This section of reporting is still being developed.

LAS

Comments for 111AH5 North East London

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Numbers dropped in June because of demand for the service.
B02	Number of calls abandoned	Although demand for the service in June was significantly lower than the previous month, NEL struggled with staff shortages due to staff isolating, this resulting in a large increase in abandoned calls.
B06	Total time to call answer	A recalculation was carried out in an attempt to correct the provisional weekly aggregated numbers.
B07	95th centile call answer time	
C01	Calls where person triaged	Disparity with provisional figures is because triage figures were excluded in weekly data.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AJ1 North West London

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	The service endured staff absences/annual leave in relation to the demand expected. This has led to fewer calls being answered within 60 seconds.
B02	Number of calls abandoned	This is also related to the numbers of staff available in comparison to the demand for June. This led to an increase in the number of calls abandoned compared to the previous month.
B06	Total time to call answer	The service endured staff absences/annual leave in relation to the demand expected. This has led to longer wait times for calls being answered.

C01	Number of calls where person triaged	A decrease on callers being triaged was a direct result of the reasons above.
D14	Callers who were offered and received a clinical call back within 20 mins	The above also had a knock-on effect on clinical call-backs.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AD7 South East London

Data item	Description	Comments
B06	Total time to call answer	Disparity with provisional figures is due to a recalculation being carried out in an attempt to correct the provisional weekly aggregated numbers.
B07	95th centile call answer time	Increase seen with this item due to recalculation of B06.
C01	Number of calls where person triaged	A decrease on callers being triaged was a direct result of the pressures on the service in June.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

LCW

Comments for 11AD5 North Central London

A number of data items are affected by issues with the Advanced Adastra IUC ADC suite of reports which are under investigation.

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to weekly data erroneously including calls being offered in the submission for first few weeks of the month. This has been corrected for the monthly submission.
A02	Calls routed through IVR	This is blank as the definition has been reviewed and we will resubmit once the telephony system allows us to report on this.
A03	Number of answered calls	Activity was above forecast for contract this month and therefore staff levels did not match demand. Calls therefore were taking longer to answer and so callers abandoned, which resulted in fewer calls answered.

A05	External clinician calls to CAS	Figures are under reported due to LAS figures not being included which are reported in A04.
B01	Number of calls answered within 60 seconds	Activity was above forecast for contract this month and therefore staff levels did not match demand. Calls therefore were taking longer to answer and more callers abandoned.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	Disparity with provisional figures is because the monthly 95 th percentile call answer time is correctly calculated based on all calls instead of snap shots from weekly reports. Weekly will also contain calls from previous months if the month changes mid-week.
B11	Call back waiting time	Call-back times not all correctly calculated if a case is modified or has multiple call-backs, so the time is longer than actual.
C01	Calls where person triaged	Figure is low compared to number of calls answered due to the figure being the total of C02-C06. Cases onward referred within the IUC via DoS are not being captured as being triaged so outcomes are not logged for ED validation and primary care referrals. Decrease since May is due to reporting issues raised with Advanced. Changes to ADC reporting suite have resulted in erroneous figures for some data items. This is one of the data items is being investigated to be fixed.
D01	Calls assessed by a clinician or Clinical Advisor	Changes to ADC reporting suite have resulted in erroneous figures for some data items. This is one of the data items is being investigated to be fixed.
D04	Calls assessed by a mental health nurse	None working in the service. This will be the case for the foreseeable future also.
D07	Calls assessed by a dental nurse	
D10	Calls assessed by a clinician or Clinical Advisor that were warm transferred	Figure is not accurate – it is counting calls placed for call-back not cases which were warm transferred.
D11	Calls with clinician or Clinical Advisor input where the clinician hasn't spoken to the caller	Figure is not accurate – not capturing non-direct input which is recorded via case questions.

D12	NLP calls that resulted in a caller speaking to a clinician or Clinical Advisor	Not applicable for our service.
D13 to D18	Callers offered a call back	Error with data: data item possibly not mapped as no data being returned, cases are marked as for call back in B10.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Provided by external 111 providers so numbers may be low.
E01	Total number of dispositions	Not clear why E01 doesn't equal the sum of its parts – will report to Advanced to confirm the reporting procedures behind the data items.
E05	SDEC recommendations	Not currently captured in Advanced ADC suite reporting.
E10, E11	Speak to primary care dispositions	Not currently captured in Advanced ADC suite reporting.
E16	Callers recommended self-care	Only capturing clinicians completing as self-care.
E23	Calls initially given a cat 3 or 4 ambulance disposition that are given a cat 1 or 3 ambulance setting disposition after validation	Not currently captured in Advanced ADC suite reporting.
E24	Calls initially given a cat 3 or 4 ambulance disposition that are given a non-ambulance setting disposition after validation	Figure being investigated - seems elevated compared to previous figures.
E27 to E31	ED validation	Figures being investigated – either too low or not being reported All cases validated via the DoS processes are not currently being counted by the report as validated. Specifically, E27 is incorrect due to local process to validate ED via the DoS the Dx code mapping does not reflect this process. In June we averaged over 77% ED cases validated.
F03	Calls where caller is allocated the first service offered by DoS	This value is higher than expected, DoS is being opened for warm transfers and call-backs and all services rejected.
G02, G03	GP Practice or GP access hubs bookings	One of these figures is incorrect; it is not possible for every referral for a GP practice or GP access hub to be booked appointment. Advanced to investigate.

G08, G09	ED booked time slots	No data returned – reports not picking up the outcomes of validation and ED direct referrals due to validation via the DoS.
G10, G11	SDEC bookings	Not part of current Advanced ADC suite reporting.
G12, G13	Calls received by dental services	N/A as we are not a Dental service.
G18, G19	Minor illness pharmacy service	No data returned, Advanced to investigate.
H08, H09	NHS 111 Online contacts	No data returned - Advanced to check reporting parameters.
H11, H12	NHS 111 Online contacts resulting in SDEC appointment	Not part of current ADC reporting suite.
H16	Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation	Known issue raised with Advanced to rectify the reporting suite. Cases mapped for face 2 face are validated first and then result in face 2 face. Multiple cases being generated which then do not allow calculation of response time correctly.
H17, H18	NHS 111 Online contacts resulting in ED disposition	No data returned - Advanced to check reporting parameters.

MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
A01	Number of calls received	Month on month decrease as June has only 4 weekends and 30 days – compared with the 5 weekends, 2 bank holidays and 31 days of May.
A03	Number of answered calls	Month on month decrease as June has only 4 weekends and 30 days – compared with the 5 weekends, 2 bank holidays and 31 days of May.
B01	Number of calls answered within 60 seconds	Performance affected by staffing issues which increased as we moved into summer. Vocare had a Covid outbreak which seriously impacted staffing levels and have also had high levels of staff being advised to isolate via the app. This is combined with increases in A/L as the country moved towards the relaxation of restrictions.
B07	95th centile call answer time	
C01	Number of calls where person triaged	Month on month change is in proportion to the change in number of calls answered.
D01	Calls assessed by a clinician or Clinical Advisor	

E05	Callers recommended to attend Same Day Emergency Care (SDEC)	The BSW IUC doesn't typically yet use SDEC).
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Operationally since Covid all potential TC/HV (disposition) patients must first be triaged by our CAS team – our CAS team do NOT use the DoS for the TC/HV referrals (instead patient TC/HV consultations are booked directly).
G10	DoS selections – SDEC service	The BSW IUC doesn't typically yet use SDEC.
G11	Number of calls where the caller was booked into an SDEC service	

ML CSU (Blackpool)

Comments for 111AJ3 North West including Blackpool

The North West does not have a single integrated contract covering both NHS111 and CAS; NWAS is the NHS111 provider but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWAS data only in April 2021 to MLCSU submitting data covering all service provider. Before April 2021, NWAS submitted proxy data for the clinical contact measure to demonstrate the clinical contact from other providers; this use of a proxy measure has now stopped and will be replaced by real data from those other providers as they start to submit data. Data submitted for NWAS, Mid Cheshire and East Cheshire.

ML CSU (Leicestershire & Rutland)

Comments for 111AJ6 Leicestershire and Rutland (Mid Lancs)

Data item	Description	Comments
A01	Number of calls received	We received around 5k fewer calls than forecasted this month.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	In agreement with commissioners, figures provided by DHU have been slightly adjusted to take account of periods of national contingency. The impact was statistically insignificant in June. Reduction in performance is due to us being at around 83% coverage in terms of staffing levels for the month.
B02	Number of calls abandoned	
B06	Time to call answer	
B07	95th centile call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	We received around 5k fewer calls than forecasted this month so there were fewer calls that could be assessed by a clinician. Our process for aggregating data is still being worked on and this may have had an impact on D01.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null – not applicable to our service.
G10	DoS selections – SDEC service	None recorded this month.
G11	Number of calls where the caller was booked into an SDEC service	
G12	Number of calls received by dental services not using DoS	Null – these are not applicable to our service.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
G16	Number of calls where a community pharmacy service was an option on DoS for prescription medication	
G17	Number of calls where a referral to a community pharmacy service was made for prescription medication	
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	
G19	Number of calls where a referral to a community pharmacy service was made for minor illness	

NEAS

Comments for 111AA1 North East

Figures exclude 3rd Party Provider data for GatDoc, VoCare & Elm.

Data item	Description	Comments
A03	Number of answered calls	Due to significant demand & capacity issues, the average call answer time in June 2021 doubled. As a result, abandonment rates increased as patients waited on average over 16 minutes for their calls to be answered. Multiple 111 providers enacted national contingency, based on their sickness levels, increasing OOA calls (8% increase on May) received by ourselves despite being an outlier in call performance. The AHT for OOH calls increases by around 3 minutes, reducing capacity further. This led to a significantly higher outcome for KPIs 1, 2 & 3.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
A04	Calls transferred from the 999 Ambulance Service	We operate a combined system of both 111 and 999; calls will not be transferred from 999 into 111.
A06	Unscheduled IUC Attendances	This information is outside of our service.
B03-B05	Calls abandoned in 30/30-60/after 60 seconds	We are unable to provide these measures from our systems.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	This reduced as a direct result of the decrease in calls answered.
D02 to D09	Calls assessed by...	While the clinical count [D01] includes clinical contacts from system providers who have been sub-contracted either by NEAS or commissioners, due to some of the clinical contacts being performed outside of NEAS we do not have access to the specific role of the clinician who performed the contact. Therefore [D01] includes these instances but the sum of the fields [D02]-[D09] will not equal this total.
D11	Calls with clinician or clinical advisor input into the assessment but where the clinician has not spoken to the caller	We do not presently have the system capability to extract instances where this has occurred.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	We do not have the system capability to determine these instances.

D13 to D18	Call backs by a clinician	Under reported at system level, call back reporting does not include performance from external providers.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Due to system limitations we cannot determine this information.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance is impacted by clinical pressures, within the system – issue also identified on system which wrongly prioritised these cases for clinician call back, which has been rectified.
E27	Calls given an ED disposition that are validated	As per local commissioning policy, not all cases are passed for a revalidation. Also switched off during periods to support clinical call backs.
F03	Callers allocated first service on DoS	Measure currently includes both Health Advisors and Clinical Advisors, with clinician rates for the first service selected offered by the DoS significantly lower than health advisors as they will use their own clinical expertise for service selection.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Calls currently passed via ITK to service for a call back, aren't currently counted as a booking as no booking time recorded.
G10, G11	Bookings into an SDEC service	Currently not utilised – no bookings or selections recorded.
G12	Number of calls received by dental services not using DoS	We do not have the system capability to provide this information.
G13	Calls received by dental services not using DoS that resulted in a booked appointment	We do not have the system capability to provide this information.
G22	Number of patients requiring a face to face consultation in an IUC Treatment Centre	Not reported - this information is outside of our service.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	
H01 to H18	NHS 111 online contacts	Due to system limitations we cannot determine this information.

NECS

Comments for 111AJ7 Derbyshire (NECS)

There are a number of data quality issues with the monthly submission. Currently the data provider is supplying the monthly figures and we are working with them to resolve the issues as well as take over the process, so we are in a better position to fully understand and respond to issues raised. Once we are in full control we will be in a position to resubmit data should there be a need to rectify and data quality issues we have.

Data item	Description	Comments
A01	Number of calls received	Decrease since May largely due to multiple bank holidays in May but none in June so demand inevitably drops.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G12, G13	Calls received by dental services	
G16, G17, G18, G19	Community pharmacy service	
G10	DoS selections – SDEC service	No Activity.
G11	Number of calls where the caller was booked into an SDEC service	

Comments for 111AI7Yorkshire and Humber (NECS)

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data are because monthly figures include LCD Dental data and weekly submissions are only done on a YAS basis. Decrease since last month is largely due to multiple bank holidays in May but none in June so demand inevitably drops.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	Disparity with provisional data are because monthly figures include LCD Dental data. LCD have significantly higher call abandoned and call times compared to YAS. Abandoned calls and wait times are also much higher for LCD Dental compared to national average.
B02	Number of calls abandoned	

B06	Total time to call answer	Exceptionally high demand (June demand lower than May but still much higher than forecast) along with staff capacity issues have heavily impacted call performance.
C01	Calls where person triaged	Decrease since last month is largely due to multiple bank holidays in May but none in June so demand inevitably drops. Beyond call volume, demand and capacity issues have reduced our ability to triage calls, hence triages have fallen by more than total call volume.
B07	95th centile call answer time (seconds)	LCD Dental cannot provide this item - therefore B07 is 111 data only.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data are because monthly figures include LCD Dental data and clinical assessment by LCD GPOOH. Decrease since last month largely due to multiple bank holidays in May but none in June so demand inevitably drops. As with triages, capacity issues have meant that clinical advice has also fallen by more than total call volume.
D16	Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour	A lot of the demand relates to HCP call backs which we deal with using a different process rather than via a standard call-back procedure. These calls are captured in D15 but not D16.
E01	Total number of dispositions	Total dispositions (E01) is likely to be lower than its constituent breakdown as not all of the dispositions have been fully mapped.
E14	Number of callers recommended repeat prescription medication	E14 is zero in relation to YAS only. LCD recommend repeat prescription but this is not an outcome for YAS.
E27	Number of calls initially given an ED disposition that are validated	We do not validate any ED dispositions. E27-E29 are all zero for LCD.
G01	Number of calls where caller given an appointment	G01 contains bookings across the system, comprising bookings by YAS as well as bookings made by other OOH providers (based on assumptions made about how many cases these providers go on to book).
G03	Callers booked into a GP Practice of GP access hub	Disparity with provisional booking figures is because weekly submissions are only done on a YAS basis rather than the monthly data which includes bookings from providers across the system.
G05	Callers booked into an IUC Treatment Centre	

G07	Callers booked into a UTC	Still some gaps in data coverage due to UTCs still being onboarded at this particular time. Disparity with provisional booking figures is because weekly submissions are only done on a YAS basis rather than the monthly data which includes bookings from providers across the system.
G09	Callers given a booked time slot with an ED	Disparity with provisional booking figures is because weekly submissions are only done on a YAS basis rather than the monthly data which includes bookings from providers across the system.
G10, G11	SDEC selections	No service within Yorks & Humber.
G15	Repeat prescription medication issued	Includes number of cases requesting a repeat script which was then issued by LCD (as historically reported). These are not included in E14 for reason outlined above.
G16	Number of calls where a community pharmacy service was an option on DoS for prescription medication/minor illness	Cannot currently provide G16 due to data on DoS options available for each call not being available through AdastrA.
H01-18	NHS 111 Online Contacts	We receive a small number of cases from YAS each month which began as 111 Online. We have completed H02, H14 and H16 to try to reflect what happens to these cases, they all originally come through to our contact centre as requiring a call back but we do not follow NHS Pathways to determine which should receive clinical triage, be seen F2F etc. therefore we have not completed H01, H13 and H15 as LCD do not capture this information.
H08	UTCs	Still some gaps in data coverage due to UTCs still being onboarded at this particular time.

NOTTS CCG

No comments received for 111AJ4 Nottinghamshire

PRACTICE PLUS GROUP (PPG)

Comments for 111AH2 Gloucestershire

Data item	Description	Comments
A03	Number of answered calls	<p>Staff absence is higher due to Covid19 related absences. Track & Trace “pings” are affecting staff attendance in our contact centres, resulting in lower resources available to answer calls.</p> <p>Continual activation of national contingency by other providers adds further pressure on volume coming into the service.</p> <p>We continue to recruit both HA’s & CA’s running multiple Pathways training courses throughout the month, however there is a considerable lack of candidates.</p>
B06	Total time to call answer	
B07	95th centile call answer time	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	<p>Combination of extensive call volume being seen across the country & the lack of resource due to Covid19 pings & standard annual leave at this time of year, coupled with national contingency regularly being invoked results in increased abandonment rates. If national busy message is activated this also affects the number of patients that may hang up & try again at a later stage resulting in constant churn.</p>
C01	Number of calls where person triaged	<p>Although this is considerably lower than May’s figures, in % terms of calls answered the figure of calls triaged are in line. 91.42% for June & 92.49% for May. The total calls triaged is lower due to the number of calls answered being lower for the month.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>As with above although the figure is 20% lower than May’s figures when we offset against total calls answered month on month the figures are broadly in line. 51.54% for June & 56.65% for May. As A03 was considerably lower due to resourcing it has impacted the amount of calls referred to a clinician.</p>
D16	Callers offered and received a call back in 20 mins to 1 hour	<p>The acuity held within our clinical queue is now much higher resulting in a higher volume of P1 cases. This means that lower acuity cases often have to wait longer than 1 hour. It is also taking clinicians longer to resolve cases due to additional questioning in order to exclude Covid19 in non Covid19 related cases. This impacts on our clinical availability.</p>

E17	Number of callers recommended self-care at the end of clinical input	Cases resulting in “speak to a CA” have sextupled since 2019. This could be as a result of patients being unable to be seen by home GP’s etc. Due to this the acuity held within our clinical queues is now much higher than it has ever been whereby self-care is not appropriate.
G05	Bookings into IUC Treatment Centres	98% of Gloucester IUC Treatment Centres were booked when appointments were available.
G09	Calls where caller given a booked time slot with an ED	For 73% of our total cases (E03), there were no slots to be able to book into. Of the slots made available to us to book only 1% of our cases were unbooked slots.
G11, G10	SDEC selections	The SDEC care service isn’t currently active.
G20, G21	Face to face consultations	This service is not in the National IUC Model.
G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Due to the excessive volume trying to access primary care we are finding appointment slots being utilised very quickly and not enough slots available to book into within a disposition timeframe.

Comments for 111AH7 North East Essex & Suffolk

Data item	Description	Comments
A03	Number of answered calls	The month of June saw significant system pressure across the National 111 Network as well as SUNEE, this coupled with lack of available staff has negatively impacted performance.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G11, G10	SDEC selections	The SDEC care service isn’t currently active.

Comments for 111A12 Surrey Heartlands

Data item	Description	Comments
A03	Number of answered calls	Significant rise in volumes of calls coming in and national contingency being requested by other providers resulted in higher call volumes and increased abandonment rate. The month of June saw significant system pressure across the National 111 Network as well as Surrey Heartlands, this coupled with lack of available staff has negatively impacted performance.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G11, G10	SDEC selections	The SDEC care service isn't currently active.

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
A03	Number of answered calls	Most of the month on month changes stem from above normal sickness in both call handler and clinician roles, with a wider gap between our volumes of calls offered and answered, and fewer clinicians available.
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from Providers
B01	Number of calls answered within 60 seconds	Most of the month on month changes stem from above normal sickness in both call handler and clinician roles, with a wider gap between our volumes of calls offered and answered, and fewer clinicians available
B02	Number of calls abandoned	
C01	Number of calls where person triaged	
B06, B07, B08, B09	Call answer / abandonment time	We do not have data for these items as our telephony system does not record specific call answer data but records the times as in buckets of 2 seconds / 10 seconds / 60 seconds dependent on how long the CA time is - as such we cannot accurately provide for these.

C02 to C04	Calls where person triaged	May be under-reported as a number of records for the period have a final Dx of unknown, linked back to Dx Codes not pulling through from Pathways Light.
C05	Calls where person triaged by any other clinician	No known "Other" clinicians operate – 0 is correct
C06	Calls where person triaged by another staff type	Contains cases where staff role was unable to be found in system as well as calls originating from 999. May be under-reported as a number of records for the period have a final Dx of unknown, linked back to Dx Codes not pulling through from Pathways Light.
D01	Calls assessed by a clinician or Clinical Advisor	Likely to be under-reporting as some CAS organizations are still known to be using informational outcomes which do not result in a listing on the Senior Clinician Module or a DX code. Most of the month on month changes stem from above normal sickness in both call handler and clinician roles, with a wider gap between our volumes of calls offered and answered, and fewer clinicians available. Disparity with provisional figures is due to the inclusion of the Dental team demand. 99% of their activity is in this contract. Unfortunately, the process for adding these is too substantial to be achievable at a weekly level. We have adjusted how we record D01 against the weekly records for this period, resulting in a slight reduction in volumes as a small number may have been being called by clinicians but not having got through. We are now measuring this on the volume with a minimum consultation time which will be more accurate. D01 also now includes A04 - calls originating from 999.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type anymore – 0 is correct
D07	Calls assessed by a dental nurse	Now includes activity by the dental team.
D09	Calls assessed by another type of clinician	Clinical Advisor is a mix of Nurses and Paramedics that are assigned the Clinical Advisor Job role which cannot be split out – as such these are included here as well as calls originating from 999
D12	NLP calls	Do not operate Natural Language Processing (NLP) – 0 is correct

D13, D14, D15, D16, D17, D18	Call backs by a clinician in a specified timeframe	Dental demand has now been added into activity and is pulling through against D01, D07, G12 and G13. However, while we have been able to add activity, we have not yet been able to factor in their call back times. As such the 3,672 volume of dental call backs are not levied against D13 to D18. We have issues with D14 / 16 / 18 at this time which are being investigated as a small number of records are not pulling through call-back times.
D19	Calls which originated from an external provider	We operate a virtual call centre so call handlers and clinicians are not linked to specific contracts - as such we have split them between the contracts.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	We have updated the elements of Sections G and H that were not pulling through properly on the filters for section E, or the corresponding checks against the appointments for the DoS selection being present. This reduces our reported numbers significantly against what we have been providing for the weekly submissions for G03 and other Appointment Booked fields. Within the service, only our clinicians are able to book appointments with GP services. As not all of our calls involve a clinician, it is to be expected that our figures reported in this aspect will be low.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	There was a large amount of DOS selections for IUC Treatment Centre, but a relatively small number actually being booked.
G10, G11	DoS selections SDEC	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G12, G13	Calls received by dental services not using DoS	Now includes activity by the dental team.
G22, G23	Face to face consultation in an IUC Treatment Centre	SCAS does not hold this data – we have experienced problems gathering data from Providers.
H13, H16	Face to face consultation in an IUC Treatment Centre	SCAS does not hold this data – we have experienced problems gathering data from Providers.

Comments for 111AG9 Thames Valley

Data item	Description	Comments
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from Providers.
B01	Number of calls answered within 60 seconds	Most of the month on month changes stem from above normal sickness in both call handler and clinician roles, with a wider gap between our volumes of calls offered and answered, and fewer clinicians available.
B02	Number of calls abandoned	
B06, B07, B08, B09	Call answer / abandonment time	We do not have data for B06 / B07 / B08 as our telephony system does not record specific call answer data but records the times as in buckets of 2 seconds / 10 seconds / 60 seconds dependent on how long the CA time is - as such we cannot accurately provide for these.
C01 to C06	Calls where person triaged	Numbers affected by above normal sickness in both call handler and clinician roles. Numbers may be under-reported as a number of records for the period have a final Dx of unknown, linked back to Dx Codes not pulling through from Pathways Light.
C05	Number of calls where person triaged by any other Clinician	No known "Other" clinicians operate – 0 is correct
C06	Number of calls where person triaged by another staff type not within the other 4 categories	Contains cases where staff role was unable to be found in system as well as calls originating from 999
D01	Calls assessed by a clinician or Clinical Advisor	Numbers affected by above normal sickness in clinician roles. As the contract area is clinician led and does not have the degree of CAS support that is present in HSH, sickness / isolation levels amongst clinicians in their own pool of staff have a bigger impact. Likely to be under-reporting as some CAS organizations are still known to be using informational outcomes which do not result in a listing on the Senior Clinician Module or a DX code. Disparity with provisional figures is due to the inclusion of the Dental team demand in monthly figures.

		We have adjusted how we record D01 against the weekly records for this period, resulting in a slight reduction in volumes as a small number may have been being called by clinicians but not having got through. We are now measuring this on the volume with a minimum consultation time which will be more accurate.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type anymore – 0 is correct
D07	Calls assessed by a dental nurse	Dental demand has now been added.
D09	Calls assessed by another type of clinician	Clinical Advisor is a mix of Nurses and Paramedics that are assigned the Clinical Advisor Job role which cannot be split out – as such these are included here as well as calls originating from 999
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Do not operate Natural Language Processing (NLP) – 0 is correct
D13 to D18	Callers receiving call-backs in timeframe	We have issues with D14 / 16 / 18 at this time which are being investigated as a small number of records are not pulling through call-back times. Call-backs were affected by staffing and sickness / isolation levels amongst clinicians. Excludes call backs for 3,672 call backs for dental demand as timeframe data unavailable.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	We operate a virtual call centre so call handlers and clinicians are not linked to specific contracts - as such per NHS England's suggestion we have split them between the contracts.
E20	Category 3&4 ambulance dispositions that are validated	Validations were affected by staffing and sickness / isolation levels amongst clinicians this month
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	We have updated the elements of Sections G and H that were not pulling through properly on the filters for section E, or the corresponding checks against the appointments for the DoS selection being present. This reduces our reported numbers significantly against what we have been providing for the weekly submissions for G03 and other appointment booked fields.

		Within the service, only our clinicians are able to book appointments with GP services and not all calls involve a clinician.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	There was a large amount of DOS selections for IUC Treatment Centre, but a relatively small number actually being booked.
G10, G11	SDEC selections	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G12, G13	Calls received by dental services not using DoS	Dental demand has now been added into activity.
G22, G23	Face to face consultation in an IUC Treatment Centre	SCAS does not hold this data – we have experienced problems gathering data from Providers.
H13, H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	SCAS does not hold this data – we have experienced problems gathering data from Providers.

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
A01	Number of calls received	The fall in calls received since last month (down from 136K to 126K) does not represent a true drop in day-to-day volume. May had 12 weekend days or public holidays; June had only 8. Also, the National Busy Message has been activated for most of June, which is believed to have a tangible effect on suppression of activity.
B01	Number of calls answered within 60 seconds	With this no relaxation of pressure on the service, BO1 saw a greater month-on-month fall than A01 and A03.
B02	Number of calls abandoned	Values went up despite fewer calls. In general, service level declined, as abandonments rose slightly.
B06	Total time to call answer	
B09	Total time of abandoned calls	
B11	Total call back waiting time (seconds)	

D13 to D18	Call backs within specified timeframe	Slight reduction in Call Back Waiting Time was a result of renewed focus on management and prioritisation of clinical activity.
E04	Number of callers recommended to attend a Type 1 or 2 ED	Decrease since last month due to a recalibration of our measurement of this metric. We are in the process of backdating the recalibration of this measure for April and May.
F02	Directory of Services: no service available other than ED (ED catch-all)	Unable to identify this value in the Cleric platform.
G10, G11	SDEC referrals and bookings	Currently zero but expected to change as PaCCS is introduced (expected July/August).
G20, G21, G22, G23	Face to face consultations	Agreed with our Lead Commissioner that this is out of scope, as it is not relevant to our operating model.

VOCARE

Comments for 111AF1 Cornwall

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Data items are not available for Cornwall pending further data quality checks.
G05	Booked to IUC Treatment Centre	No cases arose in June to report.
G06, G07	DoS selections for UTC	These services aren't available/commissioned in Cornwall.
G10, G11	SDEC referrals and bookings	No cases arose in June to report.
G16, G17	Community Pharmacy Service	Data items are not available for Cornwall pending further data quality checks.

Comments for 111AF4 Staffordshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Metrics submitted as null values pending further data quality checks.
G10, G11	SDEC referrals and bookings	No cases arose to report.
G16, G17	Community Pharmacy Service	Metrics submitted as null values pending further data quality checks.

Comments for 111AG5 South West London

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Metrics submitted as null values pending further data quality checks.
B06	Total time to call answer	Increase in time to answer calls this month is due to increased absences and increased call volumes.
B07	95th centile call answer time	
G10, G11	SDEC referrals and bookings	No cases arose in June to report.
G16, G17	Community Pharmacy Service	Metrics submitted as null values pending further data quality checks.

WMAS

Comments for 1111AI8 West Midlands

Data item	Description	Comments
A03	Number of answered calls	Abstractions, sickness and a requirement to support 999 are all factors in our call answering and call abandoned figures for June.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time (weekly minimum)	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not relevant to WMAS.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Data not available currently.
E27	Number of calls initially given an ED disposition that are validated	At times of high demand on our clinicians, ED validation is sometimes not available.
G12, G13	Calls received by Dental services	Not relevant to WMAS.
G16, G17, G18, G19	Community Pharmacy Service	

G20, G21, G22, G23	Face to face consultations	Data not available currently.
H13 to H18	NHS 111 Online contacts	