

IUC ADC August 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 suppliers 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 suppliers' comments, where they have been provided, 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
C01	Number of calls where person triaged	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	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.
G01	Calls where caller given an appointment	Supplied figure includes GP Extended Access, Home Visiting and IUC.
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 issued	Number of repeat prescription issued 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.
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BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire

CAS data for DoS selections, telephony and appointments are not available. Calls received into CAS from HCP and 'out-of-region' are also missing in disposition data (section E).

Data item	Description	Comments
B01	Calls answered within 60 seconds	Performance reflects ongoing high demand and the number of staff on leave as is typical for August. While demand was 7.8% down from July, it is 22% higher than Aug 2020.
B02	Number of calls abandoned	
B07	95th centile call answer time	
B10, B11	Call handling waiting time	CAS data not included as unavailable.
C01	Number of calls where person triaged	Non-111 calls (HCP and 'out of area') are excluded from C01
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.
E19-E30	Validation of Dispositions	PPG as NHS111 provider run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than can be captured via ADC.
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 G19	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.
G09	Number of calls where caller given a booked time slot with an ED	ED direct bookings have been disabled and are being managed via another route. The numbers in G09 are for UTCs and out-of-region ED services and are therefore lower than might be expected. This will be a recurring issue month on month.
G10 & G11	DoS selections – SDEC service	SDEC is not being used at all within the contract area.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.

DEVON DOCS

Comments for 111A16 Devon

Data Items	Description	Comments
A03	Number of answered calls	We were frequently in national contingency for August, plus staffing levels were poor which impacted performance. Surge in demand, including additional demand from holiday makers, and limited rota fill has led to decrease in performance and put pressure on the service.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B05	Calls abandoned after 60 seconds	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	A drop off since July is a direct result of less calls incoming.
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

Comments for 111AH8 Somerset

Data Items	Description	Comments
B06	Total time to call answer	Increase since July looks to be driven by DDOC service advisor performance being low, which when combined with PPG leads to an increase in call to answer time.
G05	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.
D01	Calls assessed by a clinician or Clinical Advisor	Some disparity with provisional figures will be due to cases open before midnight on Sunday evening where clinical assessment not provided until after midnight the

		following day, therefore cases not being counted as clinically assessed at the point of the weekly upload but then subsequently counted as clinically assessed in the monthly upload.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G10, G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	
G21	Patients receiving a face to face consultation in their home residence within the timeframe agreed	External provider unable to capture data.
G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	For G23, in August a single instance came from a case within our own internal data.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A03	Number of answered calls	A potential issue has been identified where IVR short abandon figures have not been included within the number of calls received.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
D01	Calls assessed by a clinician or Clinical Advisor	Some disparity with provisional figures will be due to cases open before midnight on Sunday evening where clinical assessment not provided until after midnight the following day, therefore cases not being counted as clinically assessed at the point of the weekly upload but then subsequently 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.
G10, G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	

DORSET HC

Comments for 111A14 Dorset

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
B01	Calls answered within 60 seconds	Call answering performance has reduced with the main factor being a reduction in health advisors, many of whom were returning to their previous occupation.
B02	Number of calls abandoned	
B06	Total time to call answer	
C02	Number of calls where person triaged by a Service Advisor	This item is zero and does not apply to our service at this time.
D01	Calls assessed by a clinician or Clinical Advisor	Performance impacted by staffing: retaining substantive clinical staff is a continuing problem, as is recruiting new staff to the roles. A significant proportion of the CAS are on a bank/locum basis. August is always a month when some shifts are difficult to fill due to these bank/locum staff taking holidays.
D04	Calls assessed by a mental health nurse	These items are zero and do not apply to our service at this time.
D07	Calls assessed by a dental nurse	
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	This is now being recorded at a much higher level because of new functionality which allows accurate recording.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	These items are zero and do not apply to our service at this time.
D14	Callers offered a call back within 20 minutes	Performance impacted by staffing: retaining substantive clinical staff is a continuing problem, as is recruiting new staff to the roles. A significant proportion of the CAS are on a bank/locum basis. August is always a month when some shifts are difficult to fill due to these bank/locum staff taking holidays.
D18	Callers offered a call back within a timeframe over 1 hour	
F02	Directory of Services: no service available other than ED (ED catch-all)	Lots of work done with CCG recently on refining DoS, especially to improve direct booking options at ED and Dorset Healthcare MIUs.
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.
G11	Calls where the caller was booked into an SDEC service	Discussions to finalise and agree the SDEC referral process with the acute hospitals in Dorset are continuing.

G12, G13	Received by dental services not using DoS	These items are zero and do not apply to our service at this time.
G18, G19	Referral to a community pharmacy service was made for minor illness	These are confirmed as true zeroes
H04	NHS 111 Online contacts that resulted in patient being booked into a GP Practice or GP access hub	
H11, H12	NHS Online contacts with SDEC appointment	
H17, H18	NHS 111 Online contacts initially given an ED disposition	

HUC

Comments for 111AC5 Cambridgeshire & Peterborough

Data item	Description	Comments
E17	Callers recommended self-care at the end of clinical input	Figures reflect what clinicians' select on the various clinical systems. Often, they can select more than one outcome as they are working outside of Pathways and we 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, G11	SDEC service bookings	No updates, this is still a work in progress.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
G10, G11	SDEC service bookings	No updates, this is still a work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
G10, G11	SDEC service bookings	No patients were referred to an SDEC. Functionality isn't yet available for SDEC appointments to be booked by 111.

Comments for 111A13 West Essex

Data item	Description	Comments
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.

IC24

Comments for 111AH4 Mid & South Essex

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

Figures exclude calls received from external provider into CAS via ITK/DoS but not on a telephony line.

Data item	Description	Comments
A01	Number of calls received	Despite fall in numbers compared to last month, call volume exceeded those in August 2020 and August 2019.
B01	Number of calls answered within 60 seconds	Performance was impacted by a large rise in staff attrition in July across all CC's with leavers outstripping new starters.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated our figures for the B07 and B08 centiles may be inaccurate. We are exploring a way in which we can view this data on a more granular level to resolve this.
D14, D15	Callers offered a call back within 20 minutes	Performance has been particularly affected by staffing issues.
D16	Callers offered a call back within a timeframe over 20 mins and up to 1 hour, 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. There is a locally and clinically signed off agreement to validate within 60 minutes, hence the drop in 30 minute totals.
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.
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
 Figures exclude calls received from external provider into CAS via ITK/DoS but not on a telephony line.

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Performance was impacted by a large rise in staff attrition in July across all CC's with leavers outstripping new starters.
B07	95th centile call answer time	Due to the way that our calls are currently aggregated our figures for the B07 and B08 centiles may be inaccurate. We are exploring a way in which we can view this data on a more granular level to resolve this.
B08	99th centile call answer time	
D14, D15	Callers offered a call back within 20 minutes	Performance has been particularly affected by staffing issues.
E21, E19	Calls initially given a category 3 or 4 ambulance disposition	There is a locally and clinically signed off agreement to validate within 60 minutes, hence the drop in 30 minute totals.
G11	Number of calls where caller given an appointment with an SDEC service	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.

IOW

Comments for 111AA6 Isle of Wight
 The outcomes for calls forwarded to our REMOTE Clinical Assessment Services (CAS) are currently not included.

Data item	Description	Comments
E17	Number of callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.

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, although some months one or two bookings may come through.
G09	Number of calls where caller given a booked time slot with an ED	The only 'booked' appointments the IOW were able to include here were those booked following 'validation' by CAS GPs and 111 clinicians. Call handler booking into ED slots started on the 25th August.
G10, G11	SDEC service bookings	IOW now have an SDEC service and are currently working on referral and booking pathways.
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
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
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.
G23, G24	Face to face consultation in an IUC Treatment Centre	We are currently investigating the appointment booking slot available for NWL providers which resulted in a low outcome for this LPI but data is accurate as reported.

Comments for 111AD7 South East London

Data item	Description	Comments
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	Activity was down on previous month as expected for this time of year, August tends to be the month with least activity.
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.
B02	Number of calls abandoned	Even though there was a drop-in activity compared to last month, we still received well over contracted forecasted activity. Therefore, staffing levels are not adequate to meet the un-forecasted demand.
B06	Total time to call answer	
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	Figures are under-reported as a result of changes to the reporting suite to avoid double-counting of cases passed within same service provider. This has resulted in issues with identifying call-backs and outcomes.
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. Due to data item B10 being incorrect, this is also erroneous as it is missing all call-backs.
C01	Calls where person triaged	This figure is the sum of C02-C06 and is higher than number of calls answered due to double counting of cases when calls are passed on for validation via the DoS. Cases received from external providers for validation, plus 111 online, each generate a large volume of triaged cases where the outcome is not captured at the receiving provider. We can get up to 2,000 calls per month now via 111 online. We are validating and working with the software provider to improve the reporting and reduce the double counting and exclude the online cases as per the ADC definitions.

D01	Calls assessed by a clinician or Clinical Advisor	Changes to the ADC reporting suite have resulted in erroneous figures for this data item. This happened mid-month causing disparity with provisional figures.
D04	Calls assessed by a mental health nurse	None working in the service.
D07	Calls assessed by a dental nurse	
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	Reduction in figures likely to be caused by issues with mappings tables used in Advanced reports.
E05	SDEC recommendations	Now part of the reporting suite. Figures being validated as they appear low.
E27	Number of calls initially given an ED disposition that are validated	This figure is too low, raised with Advanced to work out why it is not reflecting actual validation. ED validation is done via the DoS and not interim Dx codes.
E28	Number of calls initially given an ED disposition that are given an ambulance setting disposition after validation	Figures are low - there are definite cases sent to ambulance after validation - therefore reported to Advanced. This could be due to outcomes not picked up due to referral via DoS for validation.
E29 to E31	ED validation	As per the other data items referring to ED validation – these data items require further review with Advanced.
F03	Calls where caller is allocated the first service offered by DoS	This value is lower than expected: DoS is being opened for warm transfers and call-backs and all services rejected.
G10, G11	SDEC bookings	This is now part of current Advanced ADC suite reporting, but no data is being returned.
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.
H11, H12	NHS 111 Online contacts that resulted in patient being given an appointment with an SDEC	No referrals are being made for SDEC for online cases.
H18	NHS 111 Online contacts initially given an ED disposition that are validated	This data item is lower than expected due to a case type mapping issue. Will be raised with Advanced to rectify.

MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
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, G11	SDEC service bookings	The BSW IUC doesn't typically yet use SDEC.

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. Figures for August include aggregated data for NWAS, East Cheshire and Mid Cheshire (Central Cheshire Integrated Care Partnership (CCICP)).

Data item	Description	Comments
D02	Calls assessed by a GP	D02 and D05 include some double counting as all calls which are nurse triaged prior to being changed to a GP Advice case type have been included in both data items.
D05	Calls assessed by a nurse	

ML CSU (Leicestershire & Rutland)

Comments for 111AJ6 Leicestershire and Rutland (Mid Lancs)

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.

B02	Number of calls abandoned	On some days in the month staffing met forecasted requirement improving performance as opposed to previous month where levels of staffing were consistently below forecasted requirement.
B06	Time to call answer	
B07	95th centile call answer time	
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, G11	SDEC service bookings	None recorded this month.
G12, G13	Dental services bookings	Null – these are not applicable to our service.
G16 to G19	Community pharmacy service referrals	

NEAS

Comments for 111AA1 North East

Figures exclude outcome/ call performance for sub-contracted providers (GatDoc, VoCare & Elm) and initial telephony/triage data for DCAS in Cumbria.

Data item	Description	Comments
A01	Number of calls received	Demand continues to be varied and unpredictable as we move through the phases of the current pandemic.
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.
B01	Calls answered within 60 seconds	Operational pressures continue with high sickness levels. Despite being an outlier, the Trust received 69 requests to support national contingency – with OOA calls remaining high.
B02	Number of calls abandoned	
B03 to B05	Calls abandoned in specified timeframe	We are unable to provide these measures from our systems.
B06, B07	Call answer time	Operational pressures continue with high sickness levels. Despite being an outlier, the Trust received 69 requests to support national contingency – with OOA calls remaining high.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	The number of triaged calls (C01) exceeds the number of answered calls (A03) due to the two systems we use are separate entities (telephony “Avaya” and CAD). A case can be entered into the CAD system (detailing a triaged case)

		without having a directly associated call within our telephony system. An example of this would be when a case is passed into our CAS "SystmOne" (Either triaged initially by an alternative provider or 111 online) and the patient requires a booking. The case would be created in CAD as unable to book an appointment from SystmOne but would not have an answered call associated to it on Avaya. Currently there isn't any way to differentiate calls entered on CAD which didn't originate on the Avaya system.
D01 to D09	Calls assessed by a clinician or Clinical Advisor	This is under reported at system level with clinical assessment not captured for primary care, OOH or UTCs. 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	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 as 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	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance impacted by clinical pressures. Within the system the 'No Send' policy (Patients requiring C3/ C4 Ambulance ask to make their own way to ED) was evoked throughout July and has continued throughout August.
E27	Calls given an ED disposition that are validated	As per local commissioning policy, not all cases are passed for a revalidation and is switched off during periods to support clinical call backs. Furthermore, there was increased clinical demand due to National CCAS stepped down and increase in 111 online activity reduced capacity further.

		The local agreement to aid clinical effectiveness remains in place with our commissioners, which reduces the opportunity to revalidate the total denominator of ED cases.
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. An increase in this measure is expected following some external providers starting to offer F2F appointments again.
G10, G11	Bookings into an SDEC service	Currently not utilised – no bookings or selections recorded.
G12, G13	Bookings into dental services not using DoS	We do not have the system capability to provide this information.
G22, G23	Face to face consultations in an IUC Treatment Centre	Not reported - this information is outside of our service.
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
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	
G10, G11	SDEC service bookings	No Activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

Comments for 111AI7Yorkshire and Humber (NECS)

Disparity with provisional figures is partly because, due to Adastra issues, no weekly data was submitted by YAS for 10/8 and for fields C01 onwards for week ending 22/8.

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is partly because weekly figures reflect YAS activity only, whilst monthly data includes clinical advice provided by the whole system. D01 may not necessarily always equal the sum of D02-D09 due to rounding in the assumptions made.
D16	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 are dealt 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. If a case is referred out to YAS for clinical assessment it is closed with Dx32 or a Dx400s code, with the final outcome of pass to YAS. When it comes back from YAS it comes back looking just like any other new ITK transfer, with a new Adastra case number, and nothing to link it back to the previous record. For these cases, the ADC return is based on the final outcome, not the Dx code.
E14	Number of callers recommended repeat prescription medication	Figures unavailable for LCD.
E27 to E29	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). The disparity with provisional figures is because weekly submissions only reflect YAS activity and monthly data includes bookings from providers across the system. This difference is large as we refer a lot of cases to OOH providers but don't actually book many patients in, so from a YAS perspective the number of bookings is low whereas the monthly system-wide data has a lot more bookings in.

G04, G05	IUC Treatment Centre bookings	Items G04 and G05 have significantly decreased this month due to errors in the way that previous months' submissions were calculated. This has now been corrected for August data onwards.
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 (which are not included in E14).
G16 & G18	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, H02	NHS 111 Online Contacts resulting in a clinical call back	LCD receive a small number of cases from YAS each month which began as 111 Online. H02 reflects what happens to these cases which come through the 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 data for H01 is not available.
H08	UTCs	Some gaps in data coverage due to UTCs still being onboarded at this particular time.
H13-H16	NHS 111 Online Contacts	LCD receive a small number of cases from YAS each month which began as 111 Online. We have completed H14 and H16 to reflect what happens to these cases which come through the 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 data for H13 and H15 is not available.

NOTTS CCG

Comments for 111AJ4 Nottinghamshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
C01	Number of calls where person triaged	Disparity with provisional figures is because DHU, who currently provide the monthly dataset, include a calculated figure to include NEMS triage which the weekly submission does not include.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null return as not yet able to collate this information.
G12, G13	Bookings with dental services not using DoS	
G16 to G19	Referrals to community pharmacy services	

PRACTICE PLUS GROUP (PPG)

Comments for 111AH2 Gloucestershire

Data item	Description	Comments
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.
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.

Comments for 111AH7 North East Essex & Suffolk

Data item	Description	Comments
G10, G11	SDEC selections	The SDEC care service isn't currently active.

Comments for 111A12 Surrey Heartlands

Data item	Description	Comments
G10, G11	SDEC selections	The SDEC care service isn't currently active.

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
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	August saw a small improvement in logged in times as well as a reduction in how much of that was Call Handler Not Ready, both of which have had some positive impact.
B07, B08	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.
C01	Number of calls where person triaged	Disparity with provisional data is likely to be due to the volume from 999 which has been added in monthly figures.
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. August should be the last month where this disparity occurs.

		<p>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.</p> <p>Disparity with weekly figures is because we have included an adjustment this month after we identified that some 111 calls when transferred (mostly to Mental Health and Dental teams) became listed as external creating a new call with no triage listing for clinical involvement. In January 2021 this accounted for around 0.5% of Calls Answered but increased significantly from June 2021 due to operational changes in how two CAS organisations have calls passed to them via the DOS. We have put in a manual workaround which enables monthly figures to match back the majority of the records to their original call and are working on a more accurate long-term solution. This workaround currently is a significant process and as such is not cannot be carried out on weekly values.</p>
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type – 0 is correct
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
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Unable to provide this item.
D12	NLP calls	Do not operate Natural Language Processing (NLP) – 0 is correct
D13 to D18	Call backs by a clinician in a specified timeframe	<p>Although dental demand is included in activity figures (D01, D07, G12 and G13), we have been able to factor in dental call back times. As such the 3,672 volume of dental call backs are not included in D13 to D18.</p> <p>We also 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.</p>
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.
F01 to F03	Directory of Service	Unable to provide these figures.
G03	Calls where the caller was booked into a GP Practice or GP access hub	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 booked. Hampshire has very few booking opportunities as CAS services can't physically make bookings
G10, G11	SDEC bookings	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G15 to G19	Community Pharmacy Services	Unable to provide these figures.
G20 to G23 H13 to H16	Face to face consultations in an IUC Treatment Centre or home residence	SCAS does not hold this data – we have experienced problems gathering data from Providers.

Comments for 111AG9 Thames Valley

Data item	Description	Comments
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from Providers. 0 is correct.
B01	Number of calls answered within 60 seconds	August saw a small improvement in logged in times as well as a reduction in how much of that was Call Handler Not Ready both of which have had some positive impact.
B07, B08	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.
C01	Number of calls where person triaged	Disparity with provisional data is likely to be due to the volume from 999 which has been added in monthly figures.
C05	Number of calls where person triaged by any other Clinician	No known "Other" clinicians operate – 0 is correct
C06	Calls where person triaged by 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	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.

		<p>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.</p> <p>Disparity with weekly figures is because we have included an adjustment this month after we identified that some 111 calls when transferred (mostly to Mental Health and Dental teams) became listed as external creating a new call with no triage listing for clinical involvement. In January 2021 this accounted for around 0.5% of Calls Answered but increased significantly from June 2021 due to operational changes in how two CAS organisations have calls passed to them via the DOS. We have put in a manual workaround which enables monthly figures to match back the majority of the records to their original call and are working on a more accurate long-term solution. This workaround currently is a significant process and as such is not cannot be carried out on weekly values.</p>
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type anymore – 0 is correct
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.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Unable to provide this item.
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
D14, D16, D18	Callers receiving call-backs in timeframe	<p>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, in July the numbers weren't as bad as previous months.</p> <p>Call-backs were affected by staffing and sickness / isolation levels amongst clinicians.</p> <p>Compared to HSH the reduced availability of CAS services in this area combined with Abstractions continues to affect these figures which feed directly off of Clinician availability.</p>

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 we have split them between the contracts.
E21	Category 3&4 ambulance dispositions that are validated	Validations were affected by staffing and sickness / isolation levels amongst clinicians this month.
F01 to F03	Directory of Service	Unable to provide these figures.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Within the service, only our clinicians are able to book appointments with GP services and not all calls involve a clinician.
G10, G11	SDEC selections	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G15 to G19	Community Pharmacy Services	Unable to provide these figures
G20 to G23	Face to face consultations in an IUC	SCAS does not hold this data – we have experienced problems gathering data from Providers.
H13 to H16	Treatment Centre or home residence	

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
E27	Number of calls initially given an ED disposition that are validated	The most significant operational change during August was the activation of “Online” ED validation. This has caused this metrics to increase.
E30	Total wait time to ED validation	
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	CCGs are currently working on optimising the DoS profiling and eligibility of SDEC services.
G20, G21, G22, G23	Face to face consultations	Agreed with our Lead Commissioner that these are out of scope, as not relevant to our operating model.
H01	Number of 111 Online contacts resulting in a call back by clinician	The most significant operational change during August was the activation of “Online” ED validation. This has caused this metrics to increase:

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.
B02	Number of calls abandoned	Various challenges in terms of call volumes, arrival patterns, AHT increase due to new starters, absence etc... impacting on performance.
B06, B07	Call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Changes since last month follow review of how we report clinician skill types.
G06, G07	DoS selections for UTC	These services aren't available/commissioned in Cornwall.
G10, G11	SDEC referrals and bookings	No cases arose 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.
D01	Calls assessed by a clinician or Clinical Advisor	Changes since last month follow review of how we report clinician skill types.
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.
B02	Number of calls abandoned	Various challenges in terms of call volumes, arrival patterns, AHT increase due to new starters, absence etc... impacting on performance.
B06, B07	Call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	Changes since last month follow review of how we report clinician skill types.
G10, G11	SDEC referrals and bookings	No cases arose to report.

WMAS

Comments for 1111AI8 West Midlands

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Data items not applicable at this time.
A06	Unscheduled IUC attendances	
B01	Calls answered within 60 seconds	A combination of demand and staff abstractions caused by Covid isolation / sickness impacted call answering performance.
B02	Number of calls abandoned	
B06, B07	Call answer time	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
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, leading to a lower validation rate.
G04, G05	Callers booked into an IUC Treatment Centre	Appointment utilisation is impacted upon by the availability of appointments within the triage disposition timeframe. Often, available appointments are after the window for attendance.
G12, G13	Calls received by Dental services	Data item not applicable at this time.
G16, G17, G18, G19	Community Pharmacy Service	Data not available currently.
G20, G21, G22, G23	Face to face consultations	
H13 to H18	NHS 111 Online contacts	