

IUC ADC September 2021 - comments from lead data suppliers

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
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.
E14	Callers recommended repeat prescription medication	Only the first outcome listed in the case is used to ascertain the disposition so it is likely that this item is under-reported.
G01	Calls where caller given an appointment	Supplied figure includes GP Extended Access, Home Visiting and IUC.



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 (E15) 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

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). A technical issue which occurred on 6th September also currently prevents CAS data calculation for sections D (clinical input) and E (dispositions); these data derive from NHS111 cases only.

Data item	Description	Comments
B01	Calls answered within 60 seconds	Call answering performance continues to be affected by high demand, resourcing challenges and pressure from COVID.
B02	Number of calls abandoned	
B06	Total time to call answer	
B01 - B11	Call handling	CAS data not included as unavailable.
C01	Number of calls where person triaged	HCP and 'out of area' calls are not included in C01, but are included in Section E.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is due to a technical issue in Adastral which prevented calculation of some CAS data for September.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.
E07	Callers recommended to contact primary care services – bookable dispositions	CAS activity under-reported for September due to a technical issue in Adastral.
E14	Callers recommended repeat prescription medication	This is also impacted by the Adastral technical issue, causing CAS input for E14 to be zero.
E19-E30	Validation of Dispositions	The NHS111 provider (PPG) run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than are captured in the 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.
G04	DoS selections – IUC Treatment Centre	CAS activity under-reported for September due to a technical issue in Adastra.
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.
G16	Calls where a community pharmacy service was an option on DoS for prescription medication	This is also impacted by the technical issue, causing CAS input for E14 to be zero.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.

DEVON DOCS

Comments for 111A16 Devon

Data Items	Description	Comments
B01	Number of calls answered within 60 seconds	These data items saw drops in performance compared to last month due to internal staffing/resource issues.
B06	Total time to call answer	
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	Difference in figures since last month is impacted by having 9 weekend days in August and 8 in September as we see our highest volume of activity on weekends.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	Performance reflects staffing issues at PPG.
B02	Number of calls abandoned	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because D01 formula at weekly aggregate level was not picking up D06.
G05	Calls where caller given an appointment with an IUC Treatment Centre	Practice Plus Group 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

From September to November 2021, DHU and PPG are engaged in a pilot to test the impact of extending the ambulance validation window from 'within 30 minutes' to 'within 60 minutes'. This will be reflected in data items E21 and E22 and impact on attainment of IUC KPI 7.

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missing telephony data for one day in September at point of weekly submission.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Number of calls answered within 60 seconds	Volume and % of calls answered within 60 seconds decreased compared to previous month due to staffing levels falling below the forecasted requirement. Disparity with provisional figures is due to missing telephony data for one day in September at point of weekly submission.
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	Some disparity with provisional figures due to cases open before midnight on Sunday evening where clinical assessment is not provided until after midnight the following day. Those cases are not counted as clinically assessed at the point of the weekly upload but are 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.
D14	Callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Performance affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
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	
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures from September to November 2021 reflect DHU's involvement in a pilot to test the impact of extending the ambulance validation window from within 30 minutes to within 60 minutes. This will be reflected in data items E21 and E22. Performance Additionally, performance has been affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
E22	Calls initially given a category 3 or 4 ambulance disposition that are validated in over 30 minutes and less than 60 minutes	
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	

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missing telephony data for one day in September at point of weekly submission.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Volume and % of calls answered within 60 seconds decreased compared to previous month due to staffing levels falling below the forecasted requirement.
B02	Number of calls abandoned	
B06	Total time to call answer	Disparity with provisional figures is due to missing telephony data for one day in September at point of weekly submission.
B07	95th centile call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	Some disparity with provisional figures due to cases open before midnight on Sunday evening where clinical assessment is not provided until after midnight the following day. Those cases are not counted as clinically assessed at the point of the weekly upload but are 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.
D14	Callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Performance affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
D18	Callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures from September to November 2021 reflect DHU's involvement in a pilot to test the impact of extending the ambulance validation window from within 30 minutes to within 60 minutes. This will be reflected in data items E21 and E22. Performance Additionally, performance has been affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
E22	Calls initially given a category 3 or 4 ambulance disposition that are validated in over 30 minutes and less than 60 minutes	
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
-----------	-------------	----------

A01	Number of calls received	Performance this month affected by: <ul style="list-style-type: none"> • Telephony system failure on 16/9 resulting in call answering downtime for 5 hours • Significant strain for about 5 days because one of our PCNs was unable to open to patients. Patients were informed to call 111 if they needed help which led to much higher calls and a much higher spin rate, especially from the dialling code for the PCN (+54%).
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
C01	Number of calls where person triaged	Significant strain for about 5 days because one of our PCNs was unable to open to patients. Their patients were informed to call 111 if they needed help which led to much higher calls, especially from the dialling code for the PCN (+54%). This also led to different types of call – hence why the triage figure is down compared to last month.
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.
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	
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.
F03	Calls where the caller is allocated the first service offered by DoS	Since July, the booking of appointments at Dorset MIUs have been diverted to the 111 service. Since then there has been a consistent reduction in the number of cases where the first-choice option on Directory of Services is selected. This is believed to be due to passing over the first choice of ED in preference for an MIU lower down the list.
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.
G09	Number of calls where caller given a booked time slot with an ED	Increase in appointments since last month is a direct result of change in process that Health advisors can now book 111 First appointments at two of the three acute hospitals, rather than passing to a clinician to authorise this first. This means that the Directory of Services data of 'Booked at ED' is now recorded more often, instead of 'Refer to CAS'.

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
B01	Calls answered within 60 seconds	Performance affected by increase in calls. Although call volumes were slightly lower in September compared to August, September only had 30 days and no bank holidays.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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 SystmOne for Out of Hours and this system has no access to the DoS and EDDI bookings.
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
B01	Calls answered within 60 seconds	Performance affected by increase in calls. Although call volumes were slightly lower in September compared to August, September only had 30 days and no bank holidays.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
B01	Calls answered within 60 seconds	Performance affected by increase in calls. Although call volumes were slightly lower in September compared to August, September only had 30 days and no bank holidays.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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 111AI3 West Essex

Data item	Description	Comments
B01	Calls answered within 60 seconds	Performance affected by increase in calls. Although call volumes were slightly lower in September compared to August, September only had 30 days and no bank holidays.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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	Continues to be 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
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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.

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
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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.

IOW

Comments for 111AA6 Isle of Wight

Outcomes of calls forwarded to remote Clinical Assessment Services (DAS, PHL and MHA) are currently not included in the ADC submission.

Data item	Description	Comments
-----------	-------------	----------

B02	Number of calls abandoned	In September, demand continued to outstrip capacity of call handlers, particularly at weekends. Whilst overall demand did not increase compared to August, the service saw an increase in sickness, and mentoring of new starters commenced which can increase the length of time each call takes therefore reducing efficiency within the control room. Spikes in call abandonment and reduction in calls answered within 60 seconds correspond with spikes in demand.
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	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 to record only the calls that would have 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	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.
G10, G11	SDEC service bookings	IOW now have an SDEC service and are currently working on referral and booking pathways.
G16-G19	Community pharmacy	These data items were populated for the first time in September's data.
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	Calls answered within 60 seconds	Demand in September was forecast to be lower than previous months; as this wasn't the case, performance was affected.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	

G11, G10	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	Calls answered within 60 seconds	Demand in September was forecast to be lower than previous months; as this wasn't the case, performance was affected.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G11, G10	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AD7 South East London

Data item	Description	Comments
B01	Calls answered within 60 seconds	Demand in September was forecast to be lower than previous months; as this wasn't the case, performance was affected.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

LCW

Comments for 11AD5 North Central London

Some data items are affected by continuing 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.
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.

B01	Calls answered within 60 seconds	Performance is down this month due to staff attrition, recruitment and training of new staff resulting in longer AHT and decrease in productivity.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	This item is under-reported due to changes to the reporting suite which has resulted in issues with identifying call-backs and outcomes.
B11	Call back waiting time	Figure reported is inaccurate due to issues with calculation of call-back times when a case is modified or has multiple call-backs, and missing call back under-reported in B10.
C01	Calls where person triaged	This figure is the sum of C02-C06 and is higher than number of calls answered due to cases received from external providers for validation which generate a large volume of triaged cases where the outcome is not captured at the receiving provider. We are validating and working with the software provider to improve the reporting and reduce the double counting as per the ADC definitions.
C02	Number of calls where person triaged by a Service Advisor	This has increased as Pathways Lite has been implemented for Service Advisors.
D01	Calls assessed by a clinician or Clinical Advisor	Drop off this month is a direct result of calls answered decreasing meaning the percentage assessed clinically also decrease.
D04	Calls assessed by a mental health nurse	
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 this month is likely to be caused by issues with mappings tables used in Advanced reports.
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.
G12, G13	Calls received by dental services	N/A as we are not a Dental service.
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, the symptom groups (SG) and symptoms discriminators (SD) for referrals are very specific and we are getting hardly any case which match those SG/SD.
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
A03	Number of answered calls	Call abandoned and average time to answer is higher than we would like due to the increased activity into the service combined with staffing levels not being high enough to meet this demand in a timely manner.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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 (North West including 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. This month, data have been submitted for NWAS, East Cheshire, Central Cheshire Integrated Care Partnership (CCICP), Blackburn with Darwen and East Lancashire. Not all providers have been able to provide answers for all rows relevant to their service so calculations involving averages etc may be incorrect/skewed.

Data item	Description	Comments
B01	Calls answered within 60 seconds	Demand is outstripping resource at present as week on week calls offered are increasing in the North West.
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	The split of the D01 total into its D02-D09 subdivisions by clinical role is not currently supported by the datasets derived from Adastral. The disparity with provisional figures is because different providers contribute data to the two collections. For example, the monthly report (Sept) includes Blackburn with Darwen and East Lancashire but not Wirral who did not submit. The weekly submissions includes Wirral but not Blackburn with Darwen and East Lancashire. The submissions do not necessarily include the same providers every week / month.

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.
B01	Calls answered within 60 seconds	Volume and % of calls answered within 60 seconds decreased compared to previous month due to staffing levels throughout the month consistently falling below the forecasted requirement.
B02	Number of calls abandoned	
B06	Time to call answer	
B07	95th centile call answer time	Disparity with provisional data due to missing telephony data for one day in September at point of weekly submission.
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.

D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Clinical Advisor staffing has been significantly below the forecasted requirement throughout the month.
D18	Number of callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	From September to November 2021, the 111 provider (DHU) are engaged in a pilot to test the impact of extending the ambulance validation window from 'within 30 minutes' to 'within 60 minutes'. Additionally, staffing of Clinical Advisors below forecasted requirement throughout the month will have led to deterioration of performance.
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
A03	Number of answered calls	Significantly high call volumes on 999 nationally, with BT invoking contingency process, meant dual trained Health Advisors switched across in surge to help manage the higher acuity calls reducing capacity on 111. As a result of capacity issues, national contingency was invoked on 111 to aid recovery. We also sustained high absence rates and higher than forecast attrition.
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	See comments re A03 above.
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	Total time to call answer	See comments re A03 above.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	Reduction in performance compared to last month is due to further extended call answer times & invoking National contingency on 10 th & 11 th September due to extreme pressure. 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 "SystemOne" (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 SystemOne 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	Calls assessed by a clinician or Clinical Advisor	Reduction in performance compared to last month is due to further extended call answer times & invoking National contingency on 10 th & 11 th September due to extreme pressure.
D02 to D09	Calls assessed by a clinician or Clinical Advisor	Items are 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, with the Trust remaining at REAP 4 throughout September, therefore utilising the 'No Send' policy (Patients requiring C3/ C4 Ambulance ask to make their own way to ED) which has been in place since July 2021.
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)

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Performance affected by staffing levels which fell below the forecasted requirement during the month. Disparity with provisional data due to missing telephony data for one day in September at point of weekly submission.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Performance affected by Clinical Advisor staffing which was significantly below the forecasted requirement throughout the month.
D18	Number of callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	From September to November 2021, the 111 provider (DHU) are engaged in a pilot to test the impact of extending the ambulance validation window from 'within 30 minutes' to 'within 60 minutes'. Additionally, staffing of Clinical Advisors below forecasted requirement throughout the month will have lead to deterioration of performance.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Values include patients going into IUC OOH services outside of our own services – no bookings
G10, G11	SDEC service bookings	No Activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	DHU have done some investigation into this and found an issue whereby the clock starts used when measuring this metric was incorrect leading to an underreporting of performance. A fix has now been applied so this should be resolved for future submissions.

Comments for 111A17 Yorkshire and Humber (NECS)

Data item	Description	Comments
A03	Number of answered calls	The large month on month changes are still related to the unprecedented demand and capacity challenges we are experiencing.
B01	Number of calls answered within 60 seconds	
B07	95th centile call answer time	
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 to E18	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, E15	Number of callers recommended repeat prescription medication	Figures unavailable for LCD ADC GPOOH. LCD do not recommend repeat prescriptions, although they get some cases from YAS which are captured in G15 when issued by LCD.
E27 to E29	Number of calls initially given an ED disposition that are validated	E27-E29 is zero for the LCD provider.

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.
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	These figures will remain at low levels until the next Pathways update when some more options to refer to SDEC are made available.
G15	Repeat prescription medication issued	Includes number of cases requesting a repeat script which was then issued by LCD ADC GPOOH (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	YAS cannot currently provide G16 due to data on DoS options available for each call not being available through Aadastra.
H01, H02	NHS 111 Online Contacts resulting in a clinical call back	LCD ADC GPOOH 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.
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.
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)

From September to November 2021, DHU and PPG are engaged in a pilot to test the impact of extending the ambulance validation window from 'within 30 minutes' to 'within 60 minutes'. This will be reflected in data items E21 and E22 and impact on attainment of IUC KPI 7.

Comments for 111AH2 Gloucestershire

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Performance affected by a number of factors this month: <ul style="list-style-type: none"> - Despite only a small rise in volume of calls since last month, the Gloucestershire contract had a 36% increase in call volume versus contracted levels for September. - Continual activation of national contingency by other providers adds further pressure of national calls coming through the Gloucester contract. - Staff absence was also slightly above trend.
B02	Number of calls abandoned	

B06	Total time to call answer	- The national busy message has remained activated which affects the amount of patients that hang up and try again at a later stage which drives additional volume into times of day not predicted, resulting in constant churn and high abandonment rates.
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	Number of calls where the caller was booked into an IUC Treatment Centre	As with previous months patients are being booked into IUC Treatment Centres if and when we have the appointment availability. During September 77% of total cases there were no slots available to book into. 22% of total cases a slot was booked & only 1% of cases a slot was not booked by 111. 111 cannot book into home residencies as we do not generate a home visit Dx code. These cases will be passed through to the out of hours for a call back.
G09	Number of calls where caller given a booked time slot with an ED	As with previous months, patients are booked time slot into ED if appointment slots are made available to book. During September 75% of total cases there were no slots available to book directly into one of the Gloucester ED's. There were 120 slots made available & 116 of those slots were booked giving a KPI achievement of 96.66% booked into what was made available to us.
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 111AI2 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	Calls answered within 60 seconds	We are currently challenged on staffing levels and abstractions, which whilst we may not be answering more calls, substantially effects our ability to hit thresholds around them.
B02	Number of calls abandoned	
B06	Total time to call answer	
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 figures is due to monthly figures including calls transferred from the 999 service (A04). Performance affected by staff availability.
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.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with weekly figures is because monthly data includes a manual adjustment to account for some 111 calls listing as external when transferred (mostly to Mental Health and Dental teams) creating a new call with no triage listing for clinical involvement. This workaround currently is a significant process and as such is not cannot be carried out on weekly values. We have improved how we record D01 this month resulting in a slight reduction in volumes. A further review is planned to investigate the reasons for the widening gap between C04 and D01. Performance affected this month by staff availability.

D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type – 0 is correct
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
F01 to F03	Directory of Service	Unable to provide these figures.
G02 to G11	Callers given an appointment	Change since previous month impacted by addition of items combining DOS Service Types and Appointments from the External records.
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.
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	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.
H13 to H16		

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	We are currently challenged on staffing levels and abstractions, which whilst we may not be answering more calls, substantially effects our ability to hit thresholds around them.
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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	Disparity with weekly figures is because monthly data includes a manual adjustment to account for some 111 calls listing as external when transferred (mostly to Mental Health and Dental teams) creating a new call with no triage listing for clinical involvement. This workaround currently is a significant process and as such is not cannot be carried out on weekly values. We have improved how we record D01 this month resulting in a slight reduction in volumes. A further review is planned to investigate the reasons for the widening gap between C04 and D01.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type anymore – 0 is correct
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. Further investigation required – tickbox may exist in process to identify but need to locate.
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	We are investigating these data items 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.

F01 to F03	Directory of Service	Unable to provide these figures.
G02	DoS selections – GP Practice or GP access hub	Increase since last month is being investigated and is believed to be an issue with the Service Types in the DOS Selection.
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 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 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.

SECamb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
B01	Calls answered within 60 seconds	Call answering capacity affected by sickness and re-assignment of agents when required, e.g. acting as Patient Safety Callers.
B02	Number of calls abandoned	
B06	Total time to call answer	
B11	Total call back waiting time (seconds)	Performance affected by improvement in clinical management this month.
C04	Number of calls where person triaged by a Clinical Advisor	Change since last month is because figures were not totalled correctly in August.
C05	Number of calls where person triaged by any other Clinician	
D18	Number of callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	Focusing on clinical prioritisation effectiveness across all types of acuity has resulted in improved performance this month.
E30	Number of calls initially given a category 3 or 4 ambulance disposition that are validated	
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.

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.
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.
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.
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.
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	