

IUC ADC October 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.
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 (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.
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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
A01	Number of calls received	Figures reflect increased demand in October (with 5 weekends in the month).
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
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	Discrepancy with provisional data is due to a technical issue blocking some CAS data during the weekly collection. This was resolved in the monthly ADC.
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	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.
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.
G06	DoS selections – UTC	
G07	Number of calls where the caller was booked into a UTC	Bristol, North Somerset & South Gloucestershire has a new process, with a new DoS profile for UTC and an increase in remote assessments. This results in more UTC type selections and fewer bookings.
G09	Number of calls where caller given a booked time slot with an ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.

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	Figures are impacted by the technical issue which means CAS input for E14 is 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
A05	External clinician calls to Clinical Assessment Service (CAS)	A05 is incorrectly high, as it is reporting all activity into the CAS rather than clinical lines only. This issue will be corrected within the next month and figures for past months (April to September 2021) will be revised in the next revisions window.
B02	Number of calls abandoned	Volume increase caused by the system being unable to play messaging and automatically disconnected callers when capacity was breached. This issue has subsequently been rectified.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures due to an error in the formula which has since been rectified.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

Comments for 111AH8 Somerset

Data Items	Description	Comments
A05	External clinician calls to Clinical Assessment Service (CAS)	A05 is incorrectly high, as it is reporting all activity into the CAS rather than clinical lines only. This issue will be corrected within the next month and figures for past months (April to September 2021) will be revised in the next revisions window.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures due to an error in the formula which has since been rectified.
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 were 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
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
C01	Number of calls where person triaged	Disparity with provisional figures likely to be due to issues experienced mid-October with loading of data sent to us externally. This resulted in reduced volumes in the weekly submission which was subsequently resolved in the monthly submission.
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.
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. 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.
G22, G23	Face to face consultation in an IUC Treatment Centre	This metric is missing data from an external provider.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
C01	Number of calls where person triaged	Disparity with provisional figures likely to be due to issues experienced mid-October with loading of data sent to us externally. This resulted in reduced volumes in the weekly submission which was subsequently resolved in the monthly submission.
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.

E22	Calls initially given a category 3 or 4 ambulance disposition that are validated in over 30 minutes and less than 60 minutes	Additionally, performance has been affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
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	Number of calls received increased by 9% in a concentrated time period due to PCN in Blandford being unable to practice. Call volumes were also affected due to October being a five-weekend month and by half term.
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	Besides an increase in the number of calls received (see comment above), performance was also affected by increased levels of sickness in October and a 5% reduction in the number of Health Advisors in the month.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95 th centile call answer time	
C02	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	Disparity with provisional data is because weekly figures included estimated.
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	
G11, G10	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.

G15	Number of calls where repeat prescription medication was issued within your service	These are confirmed as true zeroes
G19	Referral to a community pharmacy service was made for minor illness	
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
A01	Number of calls received	Inbound call volumes increased to a new high for the year in October 2021, with an average of 1,319 calls per day compared to 1,215 in September.
B01	Calls answered within 60 seconds	The improvement in calls answered within 60 seconds reflects increases in staff to meet increasing call volumes.
B02	Number of calls abandoned	The proportion of calls abandoned matched September, even with increased call volume.
D01	Calls assessed by a clinician or Clinical Advisor	Increase since last month reflects increased call volume and revised procedure to process SystemOne data which will have picked up more consultations. Disparity with provisional data is probably because of the SystemOne process revision for Out of Hours during October.
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
A01	Number of calls received	Inbound call volumes increased to a new high for the year in October 2021, with had an average of 1,552 calls per day compared to 1,375 in September: an average increase of 177 calls per day.
B01	Calls answered within 60 seconds	The improvement in calls answered within 60 seconds reflects increases in staff to meet increasing call volumes.
B02	Number of calls abandoned	The proportion of calls abandoned is similar to September, even with increased call volume.
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
A01	Number of calls received	October was the busiest month this financial year in terms of total calls received (overtaking the previous high of 32,828 in July). Average calls per day increased from 1,035 in September to 1,151 in October, it is also worth noting that October overtook the previous highest average per day of 1,066 in June.
A03	Number of answered calls	A staffing uplift has improved the service's ability to answer calls and triage patients. Call answer time is impacted by new staff needing training.
B01	Calls answered within 60 seconds	
B06	Total time to call answer	
B07	95th centile call answer time	
B02	Number of calls abandoned	Although overall numbers increased, average proportion of calls abandoned decreased from 25.6% in September to 25% in October.

D01	Calls assessed by a clinician or Clinical Advisor	Increase since last month reflects increased call volume and revised procedure to process SystmOne data which will have picked up more consultations. Disparity with provisional data is probably because of the SystmOne process revision for Out of Hours during October. Increase since last month reflects increased call volume and revised procedure to process SystmOne data which will have picked up more consultations. Disparity with provisional data is probably because of the SystmOne process revision for Out of Hours during October.
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
A01	Number of calls received	Inbound call volumes increased to a new high for the year in October 2021, with an average of 393 calls per day compared to 360 in September.
B01	Calls answered within 60 seconds	The improvement in calls answered within 60 seconds reflects increases in staff to meet increasing call volumes.
B02	Number of calls abandoned	Although overall numbers increased, average proportion of calls abandoned is 0.1% lower than September, even with increased call volume.
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
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B01	Calls answered within 60 seconds	

B02	Number of calls abandoned	Performance has been impacted by staffing levels across the contract. A number of initiatives are running over the next few months to increase staffing.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D11	Number of calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	These items are currently not available, due development or not applicable.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	This particular metric focuses on specific Dx codes so excludes some call backs.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	These items are currently not available, due development or not applicable.
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.
G12	Number of calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
H17	Number of NHS 111 Online contacts initially given an ED disposition which the patient has agreed to clinical contact and provided the necessary information for a callback	
H18	Number of NHS 111 Online contacts initially given an ED disposition that are validated	

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
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	

B01	Calls answered within 60 seconds	Performance has been impacted by staffing levels across the contract. A number of initiatives are running over the winter to increase staffing.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D11	Number of calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	These items are currently not available, due development or not applicable.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	This particular metric focuses on specific Dx codes so excludes some call backs.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	These items are currently not available, due development or not applicable.
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.
G12	Number of calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
H17	Number of NHS 111 Online contacts initially given an ED disposition which the patient has agreed to clinical contact and provided the necessary information for a callback	
H18	Number of NHS 111 Online contacts initially given an ED disposition that are validated	

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
B01	Number of calls abandoned	

B02	Number of calls abandoned	Performance affected by continued high demand, approximately 50% up on 2 years ago, some slightly higher than usual sickness within the month and staff vacancies.
B06	Total time to call answer	
B07	95th centile call answer time	
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.
F02	Directory of Services: no service available other than ED (ED catch-all)	DoS is set up so that very few situations arise where the only service available is 'ED Catch all'.
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.
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	Call answering time was a challenge this month due to staffing issues on some days.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	C01 is greater than A03 due to triage cases from external calls not included in Answered calls figure.
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
C01	Number of calls where person triaged	C01 is greater than A03 due to triage cases from external calls not included in Answered calls figure. C01 is greater than A03 due to triage cases from external calls not included in Answered calls figure.
D01	Calls assessed by a clinician or Clinical Advisor	The figure submitted was incorrect. It should have been 33,292, instead of 33,207.
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
A05	External clinician calls to Clinical Assessment Service (CAS)	Proportionally high volumes of external clinician calls into the CAS is partially because all Star Line calls for the London region are processed through LAS in North East London and South East London. Cases are only sent to the relevant ICS if it requires a local service/local clinician.
B01	Calls answered within 60 seconds	Call answering time was a challenge this month due to staffing issues on some days.
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	C01 being greater than A03 is an ongoing issue with more calls being triaged than our front ended calls. There has been a constant increase in External cases into the CAS.
D01	Number of calls where person triaged	Disparity with provisional figures is due to under-reporting of weekly data.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

LCW

Comments for 111AD5 North Central London

Some data items are affected by continuing issues with the Advanced Adatastra IUC ADC suite of reports which are under investigation.

Data item	Description	Comments
A02	Calls routed through IVR	This is blank as the definition has been reviewed. We will resubmit once the telephony system allows us to report on this.
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	This has dropped and is lower than the actual figure. This is a result of changes to the reporting suite to avoid double-counting of cases passed within same service provider but has resulted in issues with identifying call-backs and outcomes.
B11	Call back waiting time	The outcome of this item has been raised with Advanced regarding calculations of the call-backs times as some are not correctly calculated if a case is modified or has multiple call-backs, so the time is longer than actual. Also, erroneous as it is missing all call-backs (see comment above).
C01	Calls where person triaged	Figure is higher than number of calls answered due to the figure being the total of C02-C06. Issue raised with Advanced.
C02	Number of calls where person triaged by a Service Advisor	This has increased as Pathways Lite has been implemented for Service Advisors.
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	Mapping tables used to create these figures being investigated with Advanced.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures being validated as seem lower than expected.
E27-E31	ED dispositions that are validated	Figures appear to be under-reported and are being reviewed with Advanced. Reporting issues likely to be because ED validation is done via the DoS and not interim Dx codes.
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. May need to redefine reporting to exclude where all services are rejected and other pathway followed.
G11	Number of calls where the caller was booked into an SDEC service	No data returned.
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
A05	External clinician calls to Clinical Assessment Service (CAS)	<p>Following an investigation, there may be a number of reasons which mean our HCP (Health Care Professional – external clinician calls) figures are being recorded differently from other providers:</p> <ul style="list-style-type: none"> • We have erroneously used HCP calls offered for ADC A05 rather than HCP calls answered – this only makes a small difference to the figures. • We have a dedicated 0300 number for HCP (rather than 111* option) and only around 50% of HCP calls generate a case on our operational system. This appears to reflect the way HCP (0300) calls are technically handled in our telephony system when callers hang up and dial again. • As well as HCPs, our 0300/HCP number is also extended to palliative/EOL patients – HCPs are empowered to give our direct number to patients, carers and family for EOL and palliative situations. • Our CAS operates a 24/7 service: not all other providers operate in the same way. Whilst we get far fewer calls in-hours we do still receive HCP calls during normal working hours, for example a paramedic ringing the 0300 number as unable to get through to the GP practice.
E05	Callers recommended to attend Same Day Emergency Care (SDEC)	The BSW IUC doesn't typically yet use SDEC.
G05	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; NWS 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 NWS data only in April 2021 to MLCSU submitting data covering all service provider. Before April 2021, NWS 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 East Lancashire, Blackburn with Darwen, NWS, Central Cheshire ICP, East Cheshire. 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
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. 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.
B02	Number of calls abandoned	Calls abandoned increased in month due to ongoing high average time to answer calls compounded by increase in calls received
B06	Time to call answer	
C01	Number of calls where person triaged	Disparity with provisional figures due to issues we experienced in mid-October with data flow of 111 data to DHU by our systems provider. This resulted in reduced volumes in the weekly submission which was subsequently resolved in the monthly 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	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	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'. Performance will have also been affected by Clinical Advisors staffing levels.
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
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	111 call performance remained significantly challenging for October 2021, with continued high national demand on 999 as well as high levels of staff sickness.
B02	Number of calls abandoned	
B06, B07	Total time to call answer	
B03 to B05	Calls abandoned in specified timeframe	We are unable to provide these measures from our systems.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	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)

Derbyshire were unable to provide weekly data items for w/e 31st October, hence the disparity with provisional data.

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	
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 was 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	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures from September to November 2021 reflect involvement by the 111 provider (DHU) 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. Additionally, performance has been affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
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	Performance is understated. DHU have identified an issue whereby the clock starts used when measuring this metric was incorrect leading to underreporting. Will be resolved for future submissions.

Comments for 111A17 Yorkshire and Humber (NECS)

Data item	Description	Comments
A01	Number of calls received	Large month on month changes are related to the unprecedented demand and capacity challenges we are experiencing.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because weekly submissions reflect YAS activity only and monthly data includes activity from providers across the system.
B07	95th centile call answer time	Based on 111 data only. LCD Dental cannot provide this item.
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 to G14	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	Some gaps in data coverage due to UTCs still being onboarded at this particular time.
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 Adastra.
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.
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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	
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
A01	Number of calls received	As expected, call volume has risen significantly as winter pressures start to set in. In addition to this, Gloucestershire saw +>25% volume above contracted level.
A03	Number of answered calls	Improvement in performance reflects Health Advisor recruitment, fewer annual leave hours scheduled as we go into winter months & a slight improvement with Covid related absences.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	The figure for this item is incorrect and should have matched the provisional figure (3,020 instead of 2,961).
C01	Calls where person triaged	This has risen in line with the number of calls answered.
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by focus on recruitment of Clinical Advisors. Overall % assessed v's calls answered remain in line month on month.

D16, D15	Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour	We have seen an increase in validation cases and now that we are holding these for 60 minutes rather than 30, more clinical resource is being provided to these case types meaning lower acuity cases are waiting longer.
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 October, in 77% of cases there were no slots available to book into within the required timeframe. In 21% of cases, a slot was available and was booked; only 2% of cases was a slot available but 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 within the timeframe. During October, only 163 slots were made available and 153 of those slots were booked giving a KPI achievement of 93.86% 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
B02	Number of calls abandoned	The figure for this item is incorrect and should have matched the provisional figure (4,063 instead of 3,756).
G10, G11	SDEC selections	The SDEC care service isn’t currently active.

Comments for 111AI2 Surrey Heartlands

Data item	Description	Comments
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B02	Number of calls abandoned	The figure for this item is incorrect and should have matched the provisional figure (4,528 instead of 3,070).
G10, G11	SDEC selections	The SDEC care service isn't currently active.

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
A01	Number of calls received	Increase since last month reflects increased demand due October having 31 days, including five weekends.
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
B02	Number of calls abandoned	Performance affected by increased demand and continuing issues with staff sickness.
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).
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. 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.
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.
G05	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 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
A01	Number of calls received	Increase since last month reflects increased demand due October having 31 days, including five weekends.
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A03	Number of answered calls	Performance affected by increased demand and continuing issues with staff sickness.
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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.
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.
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.
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.
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
A01	Number of calls received	Figures reflect a continuation of challenging operational conditions.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	The % rate and volume of cases requiring Direct Clinical Contact has been on the increase in recent months, above expected activity levels; any improvement in clinical prioritisation is occurring in the context of high activity.
D18	Callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	
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
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.

Comments for 111AF4 Staffordshire

Data item	Description	Comments
G10, G11	SDEC referrals and bookings	No cases arose to report.

Comments for 111AG5 South West London

Since 7 September 2021, a proportion of South West London services has been delivered by LAS: figures are under-reported as they only reflect services provided by Vocare. LAS activity equates to around 20% of contracted calls, excluding any contingency calls that may be routed to LAS. A complete dataset for SWL will not be available until June 2022 when new contractual arrangements should be in place.

Data item	Description	Comments
G10, G11	SDEC referrals and bookings	No cases arose to report.

WMAS

Comments for 1111A18 West Midlands

A system change from Adastral to Cleric part way through the month has caused a step change to some data items. We are now able to link our CAS DoS cases so these will be reflected in outcomes figures. October data is split across two systems and has been merged where possible, however, there are still a few gaps for some metrics on Cleric. This should be rectified over the course of the next month.

Data item	Description	Comments
A01	Number of calls received	Demand for 111 has increased, however we have recruited and trained a large number of additional call takers which has enabled us to answer more calls and improve call answer performance.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Data items not applicable at this time.
A05	External clinician calls to Clinical Assessment Service (CAS)	Only includes data from Adastral (previous system) and not Cleric which will be the system used going forward.
A06	Unscheduled IUC attendances	Data items not applicable at this time.
B01	Calls answered within 60 seconds	Recruitment of additional call takers has enabled us to reduce the time taken to answer calls.
B06, B07	Call answer time	
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	Only includes data from Adastral (previous system) and not Cleric which will be the system used going forward.
B11	Total call back waiting time (seconds)	
C01	Number of calls where person triaged	More calls answered has led to more calls being triaged

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because weekly data missed a number of calls being assessed by a clinician which weren't as the result of a callback. The monthly figure quoted is correct.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
D14 & D16	Number of callers offered a call back, who received a call back within the required timeframe	Compared to last month, call backs & validations have taken longer because additional call takers have been able to triage more calls but there has not been the same proportionate increase in numbers of clinical staff.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Data not available currently.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Compared to last month, call backs & validations have taken longer because additional call takers have been able to triage more calls but there has not been the same proportionate increase in numbers of clinical staff.
E27	Number of calls initially given an ED disposition that are validated	
E31	Of the number of callers recommended to attend an ED, for how many was a non-ED selected on DoS	Only includes data from Adastra (previous system) and not Cleric which will be the system used going forward.
F01 to F03	Directory of Services	
G01	Number of calls where caller given an appointment	
G12, G13	Calls received by Dental services	Data item not applicable at this time.
G15	Number of calls where repeat prescription medication was issued within your service	Only includes data from Adastra (previous system) and not Cleric which will be the system used going forward.
G16 to G19	Community Pharmacy Service	Data not available currently.
G20 to G23	Face to face consultations	
H13 to H18	NHS 111 Online contacts	