

IUC ADC November 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

The telephony provider (DHU) was unable to provide data for the monthly collection so DHU activity for November has been estimated using provisional figures. In addition, only partial figures are provided for LCHS (CAS).

Data item	Description	Comments
B01	Calls answered within 60 seconds	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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.

BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire

CAS data for DoS selections, telephony and appointments are not available.

Data item	Description	Comments
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.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.
E14	Callers recommended repeat prescription medication	CAS data not included.
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.
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 a technical issue which means CAS input for callers recommended repeat prescription medication (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 when the resubmission window opens for November.
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 when the resubmission window opens for November.
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.

B01	Calls answered within 60 seconds	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
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	Continued challenges throughout the month with clinical advisor staffing unable to manage demand.
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. 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	
G05	Number of calls where the caller was booked into an IUC Treatment Centre	This option was not available throughout the month.
G10, G11	SDEC bookings	Not applicable to service.
G12, G13	Dental service bookings	
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
A03	Number of answered calls	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
B02	Number of calls abandoned	
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	Continued challenges throughout the month with clinical advisor staffing unable to manage demand
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 mins	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. 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 mins and less than 60 mins	
G10, G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	

DORSET HC

Comments for 111A14 Dorset

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
B01	Calls answered within 60 seconds	Improvement in performance due to decrease in call demand and Health Advisor recruitment.
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.
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	
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	We have started to directly book into GP practices and expect to see this grow on a month by month basis.
G10, 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.
G15	Number of calls where repeat prescription medication was issued within your service	These are confirmed as true zeroes
G18,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	
H10	Number of NHS 111 Online contacts that resulted in patient being given a booked time slot with an ED as a result of a call back	Figure is estimated due to reporting issues this month.

HUC

Comments for 111AC5 Cambridgeshire & Peterborough

Data item	Description	Comments
E17	Callers recommended self-care at the end of clinical input	Figures reflect what clinicians' select on the various clinical systems. Often, they can select more than one outcome as they are working outside of Pathways and we report the highest acuity. We are actively examining what clinicians select, but they tend to use outcomes as worsening advice, so self-care tends to be the bottom of the list. We are looking at Dx108 usage, as we feel that this Dx Code is being used in some instances as a self-care outcome, because it is no further action.
G09	Number of calls where caller given a booked time slot with an ED	Numbers are heavily reliant on external factors such as booking slot availability from EDs. We also have a further complication in that we use SystemOne for Out of Hours and this system has no access to the DoS and EDDI bookings.
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
B02	Number of calls abandoned	A staffing uplift improved the service's ability to answer calls and triage patients this month but time to call answer has increased due to numbers of new staff in training.
B06	Total time to call answer	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is caused by month end reconciliation, some figures are subject to change once final checks take place.
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
B02	Number of calls abandoned	Staffing improvements and slight easing of numbers of calls received have had a positive effect on performance.
B06	Total time to call answer	
B07	95th centile call answer time	
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	Change since last month reflects reduction in call volume and staff sickness.
B02	Number of calls abandoned	
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	

G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	These items are currently not available, due development or not applicable.
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	Change since last month reflects reduction in call volume and staff sickness.
B02	Number of calls abandoned	
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	

G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	These items are currently not available, due development or not applicable.
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
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	Performance slightly improved in November compared to the previous month due to improved staffing levels in the first 3 weeks of the month.
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.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because weekly data was missing some clinical activity data from other providers.
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
B02	Number of calls abandoned	Fewer calls were abandoned in the first 2-3 weeks of November.
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.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because monthly figures have been validated and corrected.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AD7 South East London

Data item	Description	Comments
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.

B02	Number of calls abandoned	Fewer calls were abandoned in the first 2-3 weeks of November.
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.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

LCW

Comments for 11AD5 North Central London

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.
B01	Calls answered within 60 seconds	Improvement in performance was due to an unexpected drop in monthly calls. Performance overall was negatively affected by staff turnover and COVID pressures causing the workforce to isolate or be off sick.
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	Figure provided is under-reported. This is a result of changes to the Adastra 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	Figure provided is missing waiting times of some call backs (see comment above). In addition, some call-back times are being reported too high in the Adastra system if a case is modified or has multiple call-backs.
C01	Calls where person triaged	Figure is higher than number of calls answered due to the figure being the total of C02-C06. Cases received from external providers for validation, each 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.
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 are low due to restrictive criteria for referral into the service.
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	The eligibility criteria for SDEC referrals is very specific and the referral types via online would not normally meet this criteria so we would not expect many or even any referrals to SDEC from this case load.
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

This is our first month reporting with our new NHS 111 partner (DHU rather than Vocare) and some metric values may differ from previous months due to operational differences. Despite best efforts to get all metrics up to date based on values from the new operational system, it is possible that some metric values may not yet be fully representative of the service (eg repeat prescriptions) and will be better developed over the coming weeks as more of the nuances of the new system are understood.

Data item	Description	Comments
E05	Callers recommended to attend SDEC	The BSW IUC doesn't typically yet use SDEC.
G10, G11	SDEC service bookings	
G14	Number of calls where caller given any other appointment	Recent reduction in this figure is due to the implementation/use of PACS (similar to Senior Clinician Module) in Medvivo's new version of Adastra (alongside the move to a new 111

		call handling partner). This enables IUC clinicians to conclude the consultation with a relevant DoS selection – something that they could not do in the same way previously.
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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 providers. 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 and 4 CAS providers - East Lancashire, Blackburn with Darwen, Central Cheshire ICP and 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 to D09	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. Any 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 Lincs)

Data item	Description	Comments
A03	Number of answered calls	Challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	Challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
B02	Number of calls abandoned	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures due to issues we experienced in mid-November 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	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. Additionally, performance has been affected by Clinical Advisor staffing which has been significantly below the forecasted requirement throughout the month.
G10, G11	SDEC service bookings	None recorded this month.
G12, G13	Dental services bookings	Null – these are not applicable to our service.
G16 to G19	Community pharmacy service referrals	

NEAS

Comments for 111AA1 North East

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

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to an issue with an upgrade to the CMS on our Telephony system (Avaya) on 4 th November, resulting in a partial return for that day in the weekly collection.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Total time to call answer	Call performance continues to be a significant challenge, as a result of the service's capacity while Health Advisor recruitment is on-going.

A04	Calls transferred from the 999 Ambulance Service	We operate a combined system of both 111 and 999; calls will not be transferred from 999 into 111.
A06	Unscheduled IUC Attendances	This information is outside of our service.
B03 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.
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-November, 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
A03	Number of answered calls	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
B01	Number of calls answered within 60 seconds	
B07	95th centile call answer time	
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	Clinical Advisor staffing has been 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 DHU's involvement in a pilot to test the impact of extending the ambulance validation window from within 30 minutes to within 60 minutes. 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
G11	SDEC service bookings	No Activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

Comments for 111A17 Yorkshire and Humber (NECS)

Data for GP OOH providers includes: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD-Harrogate & District, NL3-CARE PLUS, YO5222-i-HEART Barnsley, RFR - Rotherham NHSFT, NXL01 – FCMS, NL0 – Vocare, RJL-Northern Lincolnshire & Goole NHS Foundation Trust and NNJ-DHU Bassetlaw OOH.

Data item	Description	Comments
B01	Calls answered within 60 seconds	

B02	Number of calls abandoned	Improvement in performance since last month reflects a drop off in demand and slightly better capacity.
B06	Total time to call answer	
B07	95th centile call answer time	
C01-C06	Number of calls where person triaged	C01 is slightly higher than the sum of C02 to C06 as we cannot always categorise all triages by the staff type that dealt with them.
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.
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, G15	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	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.

NOTTS CCG

Comments for 111AJ4 Nottinghamshire

Data item	Description	Comments
A03	Number of answered calls	Continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
B01	Number of calls answered within 60 seconds	Performance affected by continued challenges throughout the month with Health Advisor staffing regularly below forecasted requirements.
B07	95th centile call answer time	
C01	Number of calls where person triaged	
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.

D14, D16, D18	Number of callers offered a call back within 20 minutes / 1 hour / over 1 hour	Continued challenges throughout the month with clinical advisor staffing not meeting requirement to manage demand.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Extension of validation time to 60mins likely contributes to drop in performance. Additionally, staffing of Clinical Advisors below forecasted requirement throughout the month will have led to deterioration of performance.
G12, G13	Bookings with dental services not using DoS	Null return as not yet able to collate this information.
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	Although call volume was significantly lower in Gloucester for the month of November in comparison to October, it was 4% above contracted volumes.
D15	Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive	During November we were still holding validation cases for 60 minutes rather than 30 minutes, therefore our clinical resource was being utilised for these priority cases resulting in lower acuity cases 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	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. During November there were only 4 slots made available to 111 staff to actually book into MIU's.

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 November there were no slots available for 111 to book directly into in 79% of total cases. Of the slots made available to 111, only 2% of those slots were not booked by our staff.
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	Improvement in call handling performance since last month is due to a reduction in calls received and increased call handler availability.
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).
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 provisional figures is because only monthly figures include clinical input into calls transferred from the 999 service (A04) and 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. We have adjusted how we record D01 this month resulting in a slight reduction in volumes to account for the small number of cases where a clinician hasn't been able to get through to the caller. Further work is being done to review whether some activity captured in C04 is being under-reported in D01.
G02-G11	DoS Selections	This month's figures include DoS selections made by external providers which we have calculated by combining DOS Service Types and Appointments from External records.
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	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	Calls answered within 60 seconds	Improvement in call handling performance since last month is due to a reduction in calls received and increased call handler availability.
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 provisional figures is because only monthly figures include clinical input into calls transferred from the 999 service (A04) and 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. We have adjusted how we record D01 this month resulting in a slight reduction in volumes to account for the small number of cases where a clinician hasn't been able to get through to the caller. Further work is being done to review whether some activity captured in C04 is being under-reported in 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.
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-G11	DoS Selections	This month's figures include DoS selections made by external providers which we have calculated by combining DOS Service Types and Appointments from 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 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	Face to face consultations in an IUC	SCAS does not hold this data – we have experienced problems gathering data from Providers.
H13 to H16	Treatment Centre or home residence	

SECAMB

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
C04	Number of calls where person triaged by a Clinical Advisor	Data for these items are correct for November but were transposed in September and October.
C05	Number of calls where person triaged by any other Clinician	
D02	Calls assessed by a general practitioner	Data for these items not available for November.
D08	Calls assessed by a pharmacist	
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
B01	Calls answered within 60 seconds	Increased resources across all services since the beginning of November through retainment of employees previously allocated to a decommissioned 111 service had a positive impact on performance metrics and capacity.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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

Extended access bookings are not recorded in the data for all areas in Staffordshire due to manual work arounds. The CCG are leading on programme of works to move access of these services to DOS/ITK.

Data item	Description	Comments
A01	Number of calls received	Reduction was expected due to one of our services ceasing during November.
B01	Calls answered within 60 seconds	Increased resources across all services since the beginning of November through retainment of employees previously allocated to a decommissioned 111 service had a positive impact on performance metrics and capacity.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G05	IUC Treatment Centre Bookings	
G06, G07	UTC Bookings	Staffordshire does not have any operational UTCs, the small numbers seen each month are often boarder/contingency calls assessed and booked into other UTCs.
G10, G11	SDEC referrals and bookings	No cases arose to report.
G23, G22	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Service continues to implement a number of measures under SIP to improve performance in F2F services.

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
A03	Number of answered calls	Increased resources across all services since the beginning of November through retainment of employees previously allocated to a decommissioned 111 service had a positive impact on performance metrics and capacity.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
G10, G11	SDEC referrals and bookings	No cases arose to report.

WMAS

Comments for 1111AI8 West Midlands

Data item	Description	Comments
A01	Number of calls received	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. The reduction in time to answer calls is also likely to have reduced the number of calls received – fewer people abandoning calls and then phoning back later.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Data items not applicable at this time.
A06	Unscheduled IUC attendances	Data items not applicable at this time.
D01	Calls assessed by a clinician or Clinical Advisor	Drop off in this item since we moved to Cleric (November data being the first full month of Cleric data). We have identified scenarios where the clinician data is not captured in a way we can currently report on and are looking into how this can be resolved in future.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
D14	Number of callers offered a call back, who received a call back within the required timeframe	Call backs 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	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	
G04, G05	IUC Treatment Centre selections	Appointment utilisation is impacted upon by the availability of appointments within the triage disposition timeframe. Often, available appointments are after the window for attendance.
G12, G13	Calls received by Dental services	Data item not applicable at this time.
G16 to G19	Community Pharmacy Service	Data not available currently.
G20 to G23	Face to face consultations	
H13 to H18	NHS 111 Online contacts	

