

IUC ADC February 2022 - 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
A01	Number of calls received	Fewer calls received in month due to fewer days and weekends in February.
A03	Number of answered calls	Performance affected by slight decrease in average call volumes and improvement in available staffing hours. Disparity with provisional data is because monthly figures include all calls within the contracted area, plus a proportion of the calls we handled that were Out of Area. The weekly figures exclude Out of Area calls and calls where the patient was not registered at a practice within the specific CCG. In addition, provisional figures do not necessarily take account of changes based on National Contingency being active – leading to differences in A03, B01, B02 and B06.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by slight decrease in average call volumes and improvement in staffing.

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	CAS colleagues do have the ability to book patients into SDEC, but these numbers are usually zero or very low.
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.
B01	Calls answered within 60 seconds	Call answering performance improved slightly, with some days seeing a lower demand, although not consistently so.
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
D14	Callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	February saw an expansion of the System CAS service. Cases with ED dispositions are, where possible, now being routed for advice by DoS. As a result, there were a smaller proportion of immediate call backs as callers were routed to CAS instead.
E03	Callers recommended to attend an ED	System CAS data show a decrease in ED attendance
E14	Callers recommended repeat prescription medication	CAS data not included.

E17	Number of callers recommended self-care at the end of clinical input	System CAS data show an increase in self-care / no further action as might be expected.
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.
E27	Number of calls initially given an ED disposition that are validated	February saw an expansion of the System CAS service. Cases with ED dispositions are, where possible, now being routed for advice by DoS. This has resulted in decreased numbers of ED calls shown as validated as we capture the 111 percentage via CA input for ADC. Combining PPG's data with System CAS data, the internally calculated value for ED validation is 81.3%.
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.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in Bristol, North Somerset & South Gloucestershire and remote assessments result 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.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.

DEVON DOCS

Comments for 111A16 Devon

Data Items	Description	Comments
A01	Number of calls received	Disparity with provisional figures is because we out-source an element of our 111 telephony to another provider, this is a new process and there were days whereby the data was loaded into the data warehouse after 1pm, and so were not counted in the weekly submission. In addition, for the first week of Feb we used the old methodology to count on IVR activity abandoned before the call reaches a queue.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	Improvement in proportion of calls abandoned since last month was due to better staff utilisation through improved shift/demand alignment.

B07	95th centile call answer time	The methodology for B07 has recently been corrected. Figures for October to January will be revised.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures occurs when the final consultation regarding calls received at the weekend takes place on Monday so only month-end figures report a full picture of activity.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	An IT change in relation to appointments booked was introduced in December which meant the January submission included metrics which were incorrect. This issue has now been resolved and is reflected in February's performance.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

Comments for 111AH8 Somerset

Data Items	Description	Comments
B01	Calls answered within 60 seconds	Performance affected by slight decrease in average call volumes and improvement in staffing.
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 occurs when the final consultation regarding calls received at the weekend takes place on Monday so only month-end figures report a full picture of activity.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	An IT change in relation to appointments booked was introduced in December which meant the January submission included metrics which were incorrect. This issue has now been resolved and is reflected in February's performance.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

DHU

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	Improvements in performance since last month is a result of fewer calls received on a daily basis throughout the month and fewer weekend days compared to January. There was also an improvement in daily staffing hours.
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to the timing of weekly uploads. Some calls that come in at the weekend may have clinical activity that takes place on the Monday after. This clinical activity will not be captured within weekly uploads.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
E27	Number of calls initially given an ED disposition that are validated	Figures are under-reported as they do not include ED dispositions sent to an external provider for ED validation.
G04, G05	IUC Treatment Centre DoS selections / bookings	G04 mostly includes DoS selections for GP OOH services, including case contracts with an unknown location that are assigned a DHU-held contract based on the populations split proportionally. These result in very few bookings.
G10, G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	
G21	Patients receiving a face to face consultation in their home residence within the timeframe agreed	External provider unable to capture data.
G23	Face to face consultation in an IUC Treatment Centre	Difference since last month is because external data, which makes up the bulk of this metric, was not included in the January submission. External provider does not collect data on whether f2f consultation was in timeframe so G23 only include DHU data for this metric, which is minimal.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Improvements in performance since last month is a result of fewer calls received on a daily basis throughout the month and fewer weekend days compared to January. There was also an improvement in daily staffing hours.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to the timing of weekly uploads. Some calls that come in at the weekend may have clinical activity that takes place on the Monday after. This clinical activity will not be captured within weekly uploads.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
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	Disparity between weekly aggregate and monthly due to estimation of some of Feb's data.
A03	Number of answered calls	Performance affected by increased absences due to Covid-19 compared to January, combined with high turnover of Health Advisors and challenging recruitment.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
B01	Number of calls answered within 60 seconds	Performance affected by increased absences due to Covid-19 compared to January, combined with high turnover of Health Advisors and challenging recruitment.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	This item is zero and does not apply to our service at this time.
C02	Calls where person triaged by a Service Advisor	
	Calls assessed by a clinician or Clinical Advisor	Performance affected by increased absences due to Covid-19 compared to January.
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	

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
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
B02	Number of calls abandoned	Improvements in performance since last month are due to a fall in daily call volumes.
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to end of month reconciliations.
G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to end of month reconciliations.
G11	SDEC service bookings	No patients were referred to an SDEC. Functionality isn't yet available for SDEC appointments to be booked by 111.

Comments for 111AI3 West Essex

Data item	Description	Comments
B06	Total time to call answer	Improved performance since last month is due to a drop in call volumes and newer members of staff with increased experience who are now able to deal with calls more quickly. Disparity with provisional figures for D01 is because the monthly figure is produced after end of month checks.
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
F02	Directory of Services: no service available other than ED (ED catch-all)	This item is usually quite low but in Feb it was zero.
G10, G11	SDEC service bookings	Continues to be work in progress.

IC24

Comments for 111AH4 Mid & South Essex

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

Data item	Description	Comments
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A03	Number of answered calls	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
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	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
B06	Total time to call answer	Due to the way that our calls are currently aggregated, centile figures may be inaccurate. We have not yet been able to provide a more granular measurement for centile call time.
B07, B08	Call answer centiles	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
C01	Number of calls where person triaged	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
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	
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	
E17	Number of callers recommended self-care at the end of clinical input	It is likely that we are under-reporting self-care advice when clinicians have advised home management in the consult notes but have not correctly changed the call to a self-care disposition.
G11	SDEC service bookings	The booking system is not utilised as often as DoS option is being presented. There is ongoing discussion around hydrating the SG/SD codes to present more often at clinical

		CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots.
G12	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
A03	Number of answered calls	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
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	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand. Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
B06	Total time to call answer	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
B07, B08	Call answer centiles	Although February saw lower call volumes than January, higher staff absence rates impacted on the amount of call handlers available to respond to the demand.
C01	Number of calls where person triaged	

		Drop in performance year on year also reflects changes in staffing which were at much higher levels in February 2021.
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	
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	
E17	Number of callers recommended self-care at the end of clinical input	It is likely that we are under-reporting self-care advice when clinicians have advised home management in the consult notes but have not correctly changed the call to a self-care disposition.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS. There is ongoing discussion around hydrating the SG/SD codes to present more often at clinical CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots which will improve our reporting on this metric.
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 answered within 60 seconds	Disparity with provisional data was caused by a combination of the figure being reported in error for 12 th Feb and a change in the logic in the calculation of B01.
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 is not able to book directly into our own IUC or any other IUC services elsewhere, although in 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
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AJ1 North West London

Data item	Description	Comments
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AD7 South East London

Data item	Description	Comments
B01	Calls answered within 60 seconds	Demand for the service dropped significantly in February reducing pressure and resulting in improved performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	C01 remains higher than A03 due to the triaged figures for South West London being triaged on South East London platform and chunk of their activity ending up being triaged as part of SEL's answered calls.
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
A01	Number of calls received	Decreased activity in February reflects seasonal profiles.
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.
A03	Number of answered calls	Decreased activity in February reflects seasonal profiles. Decline in performance due to annual leave and unplanned sickness (including Covid-related) resulting in lower Health advisor staff numbers.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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 compared to number of calls answered due to the figure being the total of C02-C06.
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	Callers recommended to attend Same Day Emergency Care (SDEC)	Figures are low due to restrictive criteria for referral into the service.
E28-E31	ED dispositions that are validated	There are issues with these figures probably 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	Figures are low or zero due to restrictive criteria for referral into the service.
G12, G13	Calls received by dental services	N/A as we are not a Dental service.
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	Figures appear to be incorrect for previous months. We are carrying out further validation on January figures to confirm the data items are correctly configured.
G19	Number of calls where a referral to a community pharmacy service was made for minor illness	
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 these 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.

MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
B02	Number of calls abandoned	

B06	Total time to call answer	Improvement in performance since last month is due to fewer staff absences for the 111 HA's combined with intensive recruitment for the new BSW contract resulting in much better staffing levels. Activity also decreased a little.
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures is because a couple of weekly submissions missed some operational triage data due to technical issues.
D01	Calls assessed by a clinician or Clinical Advisor	
F02	DoS: no service available other than ED (ED catch-all)	Zero return this month.
G09	Calls where caller given a booked time slot with an ED	ED's in the BSW area do not currently have the functionality to directly book an appointment.
G10, G11	SDEC service bookings	The BSW IUC doesn't typically yet use SDEC.
G21	Patients receiving a face to face consultation in their home residence within the timeframe agreed	Since November 2021, we have been under-reporting home visits which are carried out in a way which no longer generates a consultation record. We are working on a fix to rectify this problem going forward.

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 NHS 111 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. This month, data was submitted for Blackburn with Darwen, Central Cheshire ICP, East Cheshire, East Lancashire and NWAS only. 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	Disparity with provisional figures is because different providers submit monthly and weekly returns. Both weekly and monthly figures exclude data from some service providers. We are unable to split between clinician types, so all calls assessed by a clinician are shown in D09. D02-D09 exceeds D01 as 505 patients who were

		given another triage by a GP following the routine triage by a nurse have been double-counted.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Figures exclude data from some service providers.
E01	Total number of dispositions	Exceeds number of calls where person triaged (C01) due to double-counting numbers reported by NWS and the other providers.
E26	Calls initially given an ED disposition	NWS are reporting this as 0.
G01	Number of calls where caller given an appointment	Exceeds sum of parts (G03, G05, G07, G09, G11, G13, G14) due to double counting numbers reported by NWS and the other providers.
G03, G05, G07, G09, G11, G14, G20, G21, G22, G23, H01, H02, H04, H13 to H18	IUC Service Integration and NHS 111 Online Contacts	Figures exclude data from some service providers.

ML CSU (Leicestershire & Rutland)

Comments for 111AJ6 Leicestershire and Rutland (Mid Lancs)

Data item	Description	Comments
A03	Number of answered calls	Disparity with provisional data is because DHU adjusts monthly figures to include a proportion of the calls handled that were Out of Area, calls where the patient was not registered at a practice within the specific CCG and to take account of changes based on National Contingency being active.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	Disparity with provisional data is because DHU adjusts monthly figures to include a proportion of the calls handled that were Out of Area, calls where the patient was not registered at a practice within the specific CCG and to take account of changes based on National Contingency being active. Improved performance in February was because fewer calls were received due to fewer days and weekends in February plus average daily received volumes slightly below those in January. There was also an improvement in daily actual staffing hours.
B02	Number of calls abandoned	
B06	Total time to call answer	

D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null – not applicable to our service.
G10, G11	SDEC service bookings	None recorded this month.
G12, G13	Dental services bookings	Null – these are not applicable to our service.
G16 to G19	Community pharmacy service referrals	

NEAS

Comments for 111AA1 North East

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

Data item	Description	Comments
A01	Number of calls received	The national busy message was switched off, then switched back on 23rd February due to the increase in call volumes.
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	Number of calls answered within 60 seconds	Increased capacity led to improvements in performance due to increased staffing levels from recent recruitment campaigns and overtime incentive schemes.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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) because 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 SystmOne but would not have an answered call associated to it on Avaya. Currently there isn't any way to differentiate calls entered on CAD which didn't originate on the Avaya system.
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. Escalation plans continued to be implemented during activity surges.
E26	Calls given an ED disposition	NHS 111 Online cases booked in CAD are included in this figure as we are currently unable to separate them. These cases do not receive a re-validation (E27) as they are passed by clinician for a booking.
E27	Calls given an ED disposition that are validated	As per local commissioning policy, not all cases are passed for a revalidation and it is switched off during periods to support clinical call backs. 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 passed via ITK to service for a call back aren't currently counted as a booking as no booking time recorded.
G10, G11	Bookings into an SDEC service	Currently not utilised – no bookings or selections recorded.
G12, 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	Disparity with provisional data is because DHU adjusts monthly figures to include a proportion of the calls handled that were Out of Area, calls where the patient was not registered at a practice within the specific CCG and to take account of changes based on National Contingency being active.
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Disparity with provisional data is because DHU adjusts monthly figures to include a proportion of the calls handled that were Out of Area, calls where the patient was not registered at a practice within the specific CCG and to take account of changes based on National Contingency being active. Improved performance in February was because fewer calls were received due to fewer days and weekends in February plus average daily received volumes slightly below those in January. There was also an improvement in daily actual staffing hours.
B02	Number of calls abandoned	
B06	Total time to call answer	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.

G05	Number of calls where the caller was booked into an IUC Treatment Centre	Some activity for G04 is due to case contracts with an unknown location that are assigned a DHU-held contract based on these populations split proportionally (mostly GP OOH services).
G10, G11	SDEC service bookings	No Activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

Comments for 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
B07	95th centile call answer time	111 data only - LCD Dental cannot provide item B07.
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	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.
G11	SDEC selections	These figures will remain at low levels or zero 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 these items due to data on DoS options available for each call not being available through AdastrA.
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	
H01, H02	NHS 111 Online Contacts resulting in a clinical call back	LCD ADC GPOOH receive a small number of cases from YAS each month which began as 111 Online. H02 reflects what happens to these cases which come through the contact centre as requiring a call back, but we do not follow NHS Pathways to determine which should receive clinical triage, be seen F2F etc. Therefore, data for H01 is not available.
H13-H16	NHS 111 Online Contacts	LCD receive a small number of cases from YAS each month which began as 111 Online. We have completed H14 and H16 to reflect what happens to these cases which come through the contact centre as requiring a call back but we do not follow NHS Pathways to determine which should receive clinical triage, be seen F2F etc. Therefore, data for H13 and H15 is not available.

NOTTS CCG

Comments for 111AJ4 Nottinghamshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
B01	Number of calls answered within 60 seconds	Disparity with provisional data is because DHU adjusts monthly figures to include a proportion of the calls handled that were Out of Area, calls where the patient was not registered at a practice within the specific CCG and to take account of changes based on National Contingency being active. Improved performance in February was because fewer calls were received due to fewer days and weekends in February plus average daily received volumes slightly below those in January. There was also an improvement in daily actual staffing hours.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	Figures only include cases sent to 111 Clinical Advisors for assessment. No data are available on cases sent to NEMS CAS for clinical assessment.
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.
E27	Number of calls initially given an ED disposition that are validated	DHU do not provide an ED validation service for Nottinghamshire, this is provided by NEMS.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	DHU do not have NEMS CAS data so cannot identify the final outcome of these cases once received by CAS. Very small numbers of booking provided by DHU 111 would be for urgent care centres.
G09	Number of calls where caller given a booked time slot with an ED	The majority of Nottinghamshire 111 ED recommendations are referred to King's Mill or QMC ED, although no bookings made. However, these cases might be sent to NEMS for ED validation assessment prior to a booking.
G10, G11	SDEC selections	Not yet used within service
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)

Comments for 111AH2 Gloucestershire

Data item	Description	Comments
B01	Calls answered within 60 seconds	This was a relatively challenging month with the first 3 weeks impacted by poorer staffing due to no active recruitment in December. New starters in January did not go live following training until mid/late February so numbers did not counteract the attrition in January.
D18	Callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	
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.
E27	Number of calls initially given an ED disposition that are validated	ED DoS validation went live on the 14 th February. This means that a number of ED cases are validated at the DoS stage and referred to another appropriate service such as MIU. When we incorporate the DoS validated cases our ED validation rate is 66.51% for the month of February.
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 February there was only 1 slot 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 a time slot into ED if appointment slots are made available to book. During February there were no slots available for 111 to book directly into in 80% of total cases. Of the slots made available to 111, only 1% of those slots were not booked by our staff.
G11, G10	SDEC selections	The SDEC care service isn't currently active.

Comments for 111AH7 North East Essex & Suffolk

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

Comments for 111A12 Surrey Heartlands

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

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from providers.
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 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. Further work is being done to review whether some activity captured in C04 is being under-reported in C01.
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. 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 – 0 is correct
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Unable to provide this item.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Do not operate Natural Language Processing (NLP) – 0 is correct
F01 to F03	Directory of Service	Unable to provide these figures.
G02 to G11	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.
G05	Calls where the caller was booked into an IUC Treatment Centre	Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly. Most of these will have moved from G14 to G05. Massive increase in figures since last month is because of extensive work to replicate the progress seen for Thames Valley; transition for this started Feb 1st.
G11	SDEC bookings	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G14	Number of calls where caller given any other appointment	Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly. Most of these will have moved from G14 to G05.
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	

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.
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 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.
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.
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 to G11	DoS Selections	This month's figures include DoS selections made by external providers, calculated by combining DOS Service Types and Appointments from External records.
G05	Calls where the caller was booked into an IUC Treatment Centre	Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly. Most of these will have moved from G14 to G05.
G14	Number of calls where caller given any other appointment	
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		

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
A03	Number of answered calls	Call activity exceeded forecast volumes for significant periods in February.
B01	Number of calls answered within 60 seconds	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Continue to be missing these metrics and am awaiting confirmation that server performance issues for these specific metrics have been resolved.
E22	Number of calls initially given a category 3 or 4 ambulance disposition that are validated in over 30 and less than 60 minutes	
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	
E30	Total wait time to ED validation (seconds)	

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 but for now these data items are unavailable.
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
A01	Number of calls received	Disparity with provisional figures is because we were unable to submit weekly data for w/e 6 th Feb.
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	Figure exceeds answered calls (A03) because of taking the star line calls of the Vocare/Totally telephone platform due to the local impact of not being able to route through to our CAS and experiencing unacceptable delays routing into Vocare. Disparity with provisional figures is due to a problem with weekly data for w/e 6 th Feb.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because we were unable to submit weekly data for w/e 6 th Feb.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	No service available in February.
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
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A01	Number of calls received	Disparity with provisional figures is because we were unable to submit weekly data for w/e 6 th Feb.
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	
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
A01	Number of calls received	Disparity with provisional figures is because we were unable to submit weekly data for w/e 6 th Feb.
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	
G10, G11	SDEC referrals and bookings	No cases arose to report.

WMAS

Comments for 1111AI8 West Midlands

Data item	Description	Comments
A04	Calls transferred from 999 Ambulance Service into NHS 111	Data items not applicable at this time.
A06	Unscheduled IUC attendances	
C01	Number of calls where person triaged	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to revising the triaged call count by removing Dx108 cases.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Data not available currently.
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.
G15	Number of calls where repeat prescription medication was issued within your service	This item is currently missing but WMAS are in the process of getting this added for future submissions.
G16 to G19	Community Pharmacy Service	Data not available currently.
G20 to G23	Face to face consultations	
H13 to H18	NHS 111 Online contacts	