

Integrated Urgent Care Aggregate Data Collection Specification 2022-23

Version 1.4



1. Document Control

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Version	Name	Comment
1.0	Julie Stroud	Replaces Integrated Urgent Care Aggregate Data Collection Specification v1.4 published April 2021.
1.1	Julie Stroud	Paragraph 4.6 removed.
1.2	Mark Douglas	Reference error in D23 corrected.
1.3	Mark Douglas	C05 definition updated for clarity.
1.4	Julie Stroud	Misleading sentence in definition of A01 removed.

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3. Introduction

3.1. Purpose

This document describes the data that lead commissioners should ensure are provided for their Integrated Urgent Care (IUC) service. Data should be submitted for each IUC contract area via the nominated lead data supplier (often the NHS 111 provider) responsible for the coordination and collation of information for supply to NHS England for the service's national reporting. Commissioners must support lead data providers in establishing data flows between organisations to allow reporting against this specification.

This data collection enables NHS England to assess the IUC service and is the basis for the IUC Key Performance Indicators (KPIs).

3.2. Service Summary

The offer for the public will be a single entry point – NHS 111 – to fully Integrated Urgent Care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment with shared standards and processes, clear accountability and leadership.

Central to this will be access to a wide range of clinicians, both experienced generalists and specialists. The service will offer advice to health professionals in the community, such as General Practitioners, paramedics and emergency technicians, so that no decision needs to be taken in isolation.

The service is described further in the IUC Service Specification¹.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

4. Aggregate Data Collection Standards

4.1. Where to Send Data

Data will be collected for NHS England by the Strategic Data Collection Service (SDCS), a secure data collection system used by health and social care organisations to submit data to NHS Digital. NHS England staff will provide guidance around the mechanics of data collection to suppliers of the data.

4.2. Frequency and Timing of Data Submissions

Commissioners of an IUC service should ensure that all data items (except E06 and E09) are supplied on a monthly basis, and data items flagged in bold should also be supplied on a weekly basis. Submissions should be in line with the timetable specified by NHS England².

4.3. Revisions

If you become aware that any previously submitted data items are incorrect, please advise NHS England using the contact details included with the published statistics.

4.4. Key Performance Indicators

The Aggregate Data Collection (ADC) is the primary method of collecting data on the IUC Service. This data will be used to produce the IUC Key Performance Indicators (KPIs) which are published separately³. In order to ensure accuracy of the KPIs, care should be taken to avoid double counting where appropriate (e.g. for booking which should only have a maximum of one booking attributable to any given call).

4.5. Measuring Time

Except where stated, measures of time should be in seconds, to avoid transcription errors between Excel formats.

² <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/integrated-urgent-care-aggregate-data-collection>

³ <https://www.england.nhs.uk/publication/>

5. Items Required from all Providers

5.1. Introduction

All lead commissioners of Integrated Urgent Care (IUC) or NHS 111 should ensure the supply of all data items in this section to NHS England as outlined in the IUC Service Specification⁴; this includes specifying a lead supplier of data, who will coordinate requests for data and information that covers the commissioned IUC Service.

This section defines the data items that need to be supplied to NHS England. Providers should supply every data item in this section for the period where they have provided the IUC service for at least part of the time period. Information about the collection of data will be provided by NHS England separately.

This data collection covers the telephony journey in both NHS 111 and CAS settings, along with the clinicians within these, and as such it should be assumed that all data items relate to both settings unless otherwise stated. Where the CAS services deliver face-to-face care, this should also be excluded unless otherwise stated.

Call transferred from 999 to NHS 111 should be included in the ADC returns.

Calls from Health Care Professionals (HCPs) into CAS from numbers other than 111 (e.g. from a phone line dedicated exclusively for that purpose) should be included in the ADC returns. No patient contacts other than those via NHS 111 should be included within this collection.

All data items provided should exclude NHS 111 Online generated activity, with the exception of section H) NHS 111 Online Contacts.

Some data items may not be relevant to all providers. This includes data items A01-A04 and B01-B09 as areas move to regional telephony delivery through a single virtual contact centre. Instead, these data will be extracted from the central telephony platform at the regional level.

⁴ [NHS England » NHS 111 service specification](#)

A) Demand for IUC Service

A01 Number of calls received

This data item is required weekly as well as monthly.

All calls received by the provider via the designated NHS 111 receiving numbers for the contract service area, or location unknown. A call is considered received at the point at which it is delivered to the provider. This is after any nationally mandated pre-recorded messages on the national platform and before any pre-queue welcome and confidentiality messages and call steering IVR⁵ commissioned locally (either through local or national platforms).

A01 also includes calls from Health Care Professionals (HCPs) into CAS via dedicated numbers other than 111 (e.g. 0300 numbers) designated for the purpose of HCP access to CAS.

The 'NHS 111 Telephony Call Plan' identifies clock starts as the point at which calls are considered offered and should be the primary reference point for providers in the following scenarios:

- a) Local IVR played locally
- b) Local IVR played nationally
- c) Local IVR played via an intermediary such as the PRM in London

If you are unsure which models apply, or the models do not reflect your setup, please contact the national telephony team.

This is an aggregated sum of all calls delivered to the provider.

A02 Calls routed through IVR

Of the number of calls received (A01), in how many did the caller make a selection in response to an Interactive Voice Response (IVR) message applied by the local NHS 111 call receiving organisation.

A03 Number of answered calls

This data item is required weekly as well as monthly.

Of the number of calls received (A01), how many were answered. To be counted as answered, a call must have been picked up by a human. Recorded messages and interactions with IVR resulting in a call back cannot be counted as answered.

⁵ Pre-queue welcome and confidentiality messages and call steering IVR commissioned locally must not exceed 30 seconds (for the avoidance of doubt this excludes any additional detail the patient has selected to hear).

A04 Calls transferred from the 999 Ambulance Service into NHS 111

Of the calls assessed by a clinician (D01), how many originated from an Ambulance service. Transferred in this context means those 999 calls which are deemed low urgency and therefore passed through to NHS 111. This would include the validation of 999 (cat 3 and 4) calls within the NHS 111 service.

A05 External clinician calls to Clinical Assessment Service (CAS)

Of the number of answered calls (A03), how many were from a clinician not in the CAS⁶ (e.g. a clinician working in the community). This includes calls to NHS 111 via an IVR option such as star lines from e.g. care home settings and ambulance crews on scene. Also included are calls from HCPs into CAS via dedicated numbers other than 111 (e.g. 0300 numbers designated for the purpose of HCP access to CAS).

A06 Unscheduled IUC attendances

The number of episodes of care by an IUC provider commencing with an unscheduled patient attendance, without a prior call to NHS 111, and no booking has been made (a 'walk-in').

A07 Calls which originated from an external NHS 111 provider

The number of calls and/or ITK referrals which were received from an NHS 111 provider outside the region covered by the NHS 111 provider's contract. These calls will not be included in A01 as they will be counted as calls received in the originating NHS 111 provider's data returns.

⁶ The definition of a Clinical Assessment Service (CAS) is included within the IUC Service Specification and should be used as the guiding principles. The exact organisations included within the CAS are for local determination.

B) Call Handling

B01 Number of calls answered within 60 seconds

This data item is required weekly as well as monthly.

Of the number of answered calls (A03), how many were answered within 60 seconds. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B01, the clock starts after any call steering IVR.

B02 Number of calls abandoned

This data item is required weekly as well as monthly.

Number of calls abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B02, the clock starts after any call steering IVR. Abandonment should be split by the following timeframes:

B03 Calls abandoned in 30 seconds or less

This data item is required weekly as well as monthly.

Of the number of calls abandoned (B02) how many were abandoned in 30 seconds or less.

B04 Calls abandoned in over 30 seconds and up to and including 60 seconds

This data item is required weekly as well as monthly.

Of the number of calls abandoned (B02) how many were abandoned in over 30 seconds and up to and including 60 seconds.

B05 Calls abandoned after 60 seconds

This data item is required weekly as well as monthly.

Of the number of calls abandoned (B02) how many were abandoned after 60 seconds.

B06 Total time to call answer

This data item is required weekly as well as monthly.

The total number of seconds spent waiting for answer, for all calls in the period. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B06, the clock starts after any call steering IVR. Abandoned calls are excluded.

B07 95th centile call answer time

This data item is required weekly as well as monthly.

Across all calls in the period, what was the 95th centile time to answer each call.

Example: A 95th centile call answering time of 10 minutes means that 95 out of 100 calls were answered to in less than 10 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

B08 99th centile call answer time

This data item is required weekly as well as monthly.

Across all calls in the period, what was the 99th centile time to answer each call.

Example: A 99th centile call answering time of 10 minutes means that 99 out of 100 calls were answered to in less than 10 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

B09 Total time of abandoned calls

The total number of seconds spent waiting for answer, for all calls in the period which were abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B09, the clock starts after any call steering IVR.

B10 Number of calls passed to a clinician or Clinical Advisor for a call back

Of the calls triaged (C01), how many received a call back from a clinician or Clinical Advisor.

Calls should only be included if the corresponding call back waiting time is also captured in B11.

B11 Total call back waiting time

Of the number of calls passed to a clinician or Clinical Advisor for a call back (B10) what was the total time in seconds of all calls. The clock starts when a speak to clinician disposition (B10) is reached by the call handler. The clock stops when the clinician first attempts calling back on the appropriate number.

C) Call Triage

C01 Number of calls where person triaged

This data item is required weekly as well as monthly.

Of the number of answered calls (A03), or calls transferred from the 999 Ambulance Service into NHS 111 (A04), or calls which originated from an external NHS 111 provider (A07), how many were triaged. A call can be counted as triaged if the following requirements are met:

- a) The telephone call is recorded by voice recording software and is available for Call Review purposes;
- b) Life threatening conditions are addressed during the call;
- c) A disposition is captured; and,
- d) The call has presented to and is routed through the national NHS 111 telephony network. (This includes calls from Health Care Professionals (HCPs) into CAS via dedicated numbers other than 111 (e.g. 0300 numbers) designated for the purpose of HCP access to CAS).

For the purpose of the ADC a triaged call commences after demographic information has been captured.

A call should count as triaged only once even if the caller interacts with more than one clinician or non-clinician. The call should be allocated to the staff type that provided the final disposition.

The number of calls where a person triaged (C01) should be supplied by each of the staff groups below. The staff groups below should add to (C01).

C02 Number of calls where person triaged by a Service Advisor

A Service Advisor is a non-clinician that has the ability to triage a call via NHS Pathways and/or directs the call to the appropriate service/information or clinician.

C03 Number of calls where person triaged by a Health Advisor

A Health Advisor is a non-clinician that has the ability to triage a call via NHS Pathways. This also includes Senior Health Advisor activity where this role is utilised.

C04 Number of calls where person triaged by a Clinical Advisor

A Clinical Advisor is a clinician that uses NHS Pathways to triage the call.

C05 Number of calls where person triaged by any other Clinician

Any clinicians not captured in C04 including those using Pathways Clinical Consultation Support (PaCCS).

C06 Number of calls where person triaged by another staff type not within the other 4 categories

D) Calls with Clinical Input

All data items within this section include Clinical Advisor (C04) as well as clinician (C05).

D01 Calls assessed by a clinician or Clinical Advisor

This data item is required weekly as well as monthly.

Of the number of calls where a person triaged (C01), in how many calls did the caller speak to a clinician or Clinical Advisor.

This data item includes calls passed to a clinician or Clinical Advisor for a call back (B10) as well as any other calls assessed by a clinician or Clinical Advisor. A call with clinical input should only count once even where multiple clinicians or Clinical Advisors have been involved.

Each call should be counted against the last clinician type the caller spoke to.

The staff groups below should add to (D01).

D02 Calls assessed by a general practitioner

D03 Calls assessed by an advanced nurse practitioner.

D04 Calls assessed by a mental health nurse

D05 Calls assessed by a nurse.

D06 Calls assessed by a paramedic

D07 Calls assessed by a dental nurse

D08 Calls assessed by a pharmacist

D09 Calls assessed by another type of clinician

D10 Number of calls assessed by a clinician or Clinical Advisor that were warm transferred

Of the calls assessed by a clinician or Clinical Advisor (D01), how many were transferred while the call was on hold.

D11 Number of calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller

Of the number of calls where person triaged (C01), how many had input from a clinician or Clinical Advisor in the assessment of the patient, but a clinician has not spoken to the caller. To be included the clinical input must be recorded as part of the call notes. For example, where a clinician has advised a call handler, or has reviewed notes of an assessment.

D12 Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor

Of the number of calls received (A01), how many callers subsequently received a call back from a clinician or Clinical Advisor following Natural Language Processing (NLP) and without speaking to a (human) call handler.

This data item excludes answered calls (A03).

Natural Language Processing is a type of IVR which utilises speech to route callers to appropriate queues. This data item will not be relevant to all providers.

D13 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)

This data item is required weekly as well as monthly.

Of the number of calls where person triaged (C01), how many resulted in the caller needing a warm transfer or a call back by a clinician or Clinical Advisor within 20 minutes (immediately).

Please refer to the disposition mapping provided to identify which Dx codes this covers.

D14 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes

This data item is required weekly as well as monthly.

Of those calls where person needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), how many were warm transferred or received a call back within 20 minutes.

The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

Items D15 to D19 were removed from the IUC ADC specification in April 2022.

D20 Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)

Of those callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), what was the mean time to warm transfer or clinical call back. The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

D21 95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)

Of those callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), what was the 95th centile time to warm transfer or clinical call back.

Example: A 95th centile time of 30 minutes means that 95 out of 100 calls were assessed by a clinician in less than 30 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

D22 Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes

Of the number of calls where person triaged (C01), how many resulted in the caller needing to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes.

Please refer to the disposition mapping provided to identify which Dx codes this covers.

D23 Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe

Of those calls where person needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D22), how many were warm transferred or received a call back within the specified timeframe.

The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

D24 Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes

Of those callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D22), what was the mean time to warm transfer or clinical call back. The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

D25 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes

Of those callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D22), what was the 95th centile time to warm transfer or clinical call back. Example: A 95th centile time of 30 minutes means that 95 out of 100 calls were assessed by a clinician in less than 30 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

D26 Number of calls assessed by a clinician or Clinical Advisor by video consultation

Of the calls assessed by a clinician or Clinical Advisor (D01), how many involved the caller speaking to a clinician by video.

E) IUC Recommendations (Dispositions)

E01 Total number of dispositions

This should be determined by the final disposition code. Where clinicians do not use full NHS Pathways, non-pathways clinical input dispositions should be included within data items E01 – E31.

A file of disposition codes corresponding to each item from (E02) - (E18) is available from the NHS England website⁷.

Dispositions should be supplied by each of the sub-headings below. The sub-headings E01 to E18 (with the exceptions of E04, E07, E08, E10, E11 and E17), should add to (E01).

For the data items below, please refer to the mapping document for information on the Dx codes which map to these.

E02 Number of ambulance dispositions

This data item is required weekly as well as monthly.

E03 Number of callers recommended to attend an ETC

This data item is required weekly as well as monthly.

E04 Number of callers recommended to attend a Type 1 or 2 ED

This is a subset of (E03). Please refer to the DoS service types mapping document.

E05 Number of callers recommended to attend Same Day Emergency Care (SDEC)

This data item is required weekly as well as monthly.

E06 Number of callers recommended to contact primary care services

This data item is only required weekly and is the aggregate of (E07) and (E08).

E07 Number of callers recommended to contact primary care services – bookable dispositions

Contact means a face to face contact.

E08 Number of callers recommended to contact primary care services – non-bookable dispositions

Contact means a face to face contact.

E09 Number of callers recommended to speak to primary care services

This data item is only required weekly and is the aggregate of (E10) and (E11).

⁷ [Statistics » Integrated Urgent Care Aggregate Data Collection \(IUCADC including NHS111\) – new from April 2021 \(england.nhs.uk\)](https://statistics.integration.nhs.uk/Integrated-Urgent-Care-Aggregate-Data-Collection-(IUCADC-including-NHS111)-new-from-April-2021)

E10 Number of callers recommended to speak to primary care services – bookable dispositions

E11 Number of callers recommended to speak to primary care services – non-bookable dispositions

E12 Number of callers recommended to contact or speak to a dental practitioner

This data item is required weekly as well as monthly.

This includes both contact and speak to dispositions.

E13 Number of callers recommended to contact or speak to a pharmacist

This data item is required weekly as well as monthly.

This includes both contact and speak to dispositions.

E14 Number of callers recommended repeat prescription medication

This data item is required weekly as well as monthly.

E15 Number of callers recommended to contact or speak to another service

This data item is required weekly as well as monthly.

E16 Number of callers recommended self-care

This data item is required weekly as well as monthly.

E17 Number of callers recommended self-care at the end of clinical input

This is a subset of (E16).

This data item includes both Clinical Advisor and non-pathways clinician input dispositions.

E18 Number of callers recommended other outcome

This data item is required weekly as well as monthly.

Validation of Dispositions

E19 Number of calls initially given a category 3 or 4 ambulance disposition

Of the number of calls where a person triaged (C01), how many reached an initial disposition of category 3 or 4 ambulance.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (C02)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (C03)
- Clinical Advisor: a clinician that uses full NHS Pathways (C04)
- Clinician: any clinician not using full NHS Pathways to triage the call (C05)
- Other: any staff type not within the other 4 categories (C06)

Please refer to the disposition mapping provided to identify which Dx codes this covers.

E20 Number of calls initially given a category 3 or 4 ambulance disposition that are validated

Of the number of calls initially given a category 3 or 4 ambulance disposition (E19) how many were validated.

For the purpose of the ADC, a call can be counted as validated if a clinician has spoken to the caller at any point during the call. This includes calls front ended by clinicians as well as those that are transferred to a clinician (or result in call back from a clinician) following a call handler Pathways assessment. Calls front-ended by a clinician will have a zero wait time to validation.

E21 Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes

Of the number of calls initially given a category 3 or 4 ambulance disposition that are validated (E20) how many were validated within 30 minutes.

The clock starts when the initial cat 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician starts the validation.

E22 Number of calls initially given a category 3 or 4 ambulance disposition that are validated in over 30 and less than 60 minutes

Of the number of calls initially given a category 3 or 4 ambulance disposition that are validated (E20) how many were validated in over 30 minutes and less than 60 minutes.

The clock starts when the initial cat 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician starts the validation.

E23 Number of calls initially given a category 3 or 4 ambulance disposition that are given a cat 1 or 2 ambulance setting disposition after validation

Of the number of calls initially given a category 3 or 4 ambulance disposition that are validated (E20) how many received a final disposition after clinical validation of higher acuity than cat 3 or 4 ambulance.

E24 Number of calls initially given a category 3 or 4 ambulance disposition that are given a non-ambulance setting disposition after validation

Of the number of calls initially given a category 3 or 4 ambulance disposition that are validated (E20) how many received a final disposition after clinical validation of lower acuity than cat 3 or 4 ambulance.

E25 Total wait time to category 3 or 4 ambulance validation

Of the number of calls initially given a category 3 or 4 ambulance disposition that are validated (E20) what is the total wait time before the call is revalidated.

The clock starts when the initial cat 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician starts the validation.

E26 Number of calls initially given an ETC disposition

Of the number of calls where a person triaged (C01), how many were initially given an Emergency Treatment Centre (ETC) disposition.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (C02)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (C03)
- Clinical Advisor: a clinician that uses full NHS Pathways (C04)
- Clinician: any clinician not using full NHS Pathways to triage the call (C05)
- Other: any staff type not within the other 4 categories (C06)

Please refer to the disposition mapping provided to identify which Dx codes this covers.

E27 Number of calls initially given an ETC disposition that are validated

Of the number of calls initially given an ETC disposition (E26) how many were validated. For the purpose of the ADC, a call can be counted as validated if a clinician has spoken to the caller at any point during the call. This includes calls front ended by clinicians as well as those that are transferred to a clinician (or result in call back from a clinician) following a call handler Pathways assessment. Calls front-ended by a clinician will have a zero wait time to validation.

E28 Number of calls initially given an ETC disposition that are given an ambulance setting disposition after validation

Of the number of calls initially given an ETC disposition that were validated (E27) how many received an ambulance disposition after clinical validation.

E29 Number of calls initially given an ETC disposition that are given a lower acuity than an ambulance or ETC disposition after validation

Of the number of calls initially given an ETC disposition that were validated (E27) how many received a final disposition after clinical validation of a lower acuity than an ambulance or ETC.

E30 Total wait time to ETC validation

Of the number of calls initially given an ETC disposition that were validated (E27) what is the total wait time before the call was validated. The clock starts when the initial ETC disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician completes the validation.

E31 Of the number of callers recommended to attend an ETC, for how many was a non-ED selected on DoS

Of the number of callers recommended to attend an ETC (E03), for how many was a non-ED selected on DoS.

F) Directory of Services

F01 Calls where the Directory of Services is opened

The number of calls where the DoS opened and searched. A call counts once regardless of the number of searches undertaken during the call.

F02 Directory of Services: no service available other than ED (ED catch-all)

The number of calls where a Service Advisor, Health Advisor, Clinical Advisor or clinician searches the DoS and no service is available other than two or less Emergency Departments and the phrase “(catch-all)”. A call counts once regardless of the number of times this occurs during the call and regardless of whether or not ED catch-all is selected.

F03 Calls where the caller is allocated the first service type offered by DoS

Of the number of calls where the Directory of Services is opened (F01) how many were allocated the first service type offered. This includes selection of the second service offered where the service type is the same as the first service offered.

For (F03) ‘allocated’ means a caller has been offered and subsequently accepted a service.

G) IUC Service Integration

G01 Number of calls where caller given an appointment

Of calls resulting in an attend, contact or speak to disposition, how many successfully had an appointment booking made before the end of the call in which the final disposition is reached. This should exclude calls where the patient declined to have an appointment made.

The categories below should aggregate as follows:

- The sum of G03, G05, G07, G09, G11, G13 and G14 should equal G01

Please refer to the DoS service types mapping document for all data items in this section.

G02 DoS selections – GP Practice or GP access hub

Of the number of calls where the DoS is opened (F01), in how many were GP Practice or GP access hub selected on DoS.

G03 Number of calls where the caller was booked into a GP Practice or GP access hub

This data item is required weekly as well as monthly.

Of the number of DoS selections – GP Practice or GP access hub (G02), in how many were the caller given an appointment with a GP Practice or GP access hub.

G04 DoS selections – IUC Treatment Centre

Of the number of calls where the DoS is opened (F01), in how many were an IUC Treatment Centre selected on DoS. This includes consultations undertaken in home residence settings by the IUC service. The definition of an IUC Treatment Centre for these purposes is provided in the glossary.

Please refer to the DoS Service Type ID mapping for details about what is included within home residence consultations.

G05 Number of calls where the caller was booked into an IUC Treatment Centre

This data item is required weekly as well as monthly.

Of the number of DoS selections – IUC Treatment Centre (G04), in how many were the caller given an appointment with an IUC Treatment Centre. This includes consultations undertaken in home residence settings by the IUC service. The definition of an IUC Treatment Centre for these purposes is provided in the glossary.

Please refer to the DoS Service Type ID mapping for details about what is included within home residence consultations.

G06 DoS selections – UTC

Of the number of calls where the DoS is opened (F01), in how many were Urgent Treatment Centre selected on DoS.

G07 Number of calls where the caller was booked into a UTC

This data item is required weekly as well as monthly.

Of the number of DoS selections – UTC (G06), in how many were the caller given an appointment with an Urgent Treatment Centre.

G08 DoS selections – Type 1 or 2 ED

Of the number of calls where the DoS is opened (F01), in how many were a type 1 or 2 ED selected on DoS.

G09 Number of calls where caller given a booked time slot with a Type 1 or 2 ED

This data item is required weekly as well as monthly.

Of the number of DoS selections – Type 1 or 2 ED (G08), in how many were the caller given a time slot or window arrival time for a face to face, telephone or video consultation appointment with a type 1 or 2 ED.

G10 DoS selections – SDEC service

Of the number of calls where the DoS is opened (F01), in how many were SDEC selected on DoS.

G11 Number of calls where the caller was booked into an SDEC service

This data item is required weekly as well as monthly.

Of the number of DoS selections – SDEC service (G10), in how many were the caller booked into an SDEC service.

G12 Number of calls received by dental services not using DoS

This should only include calls that originate from NHS 111.

This data item may not be relevant to all providers. Other calls that result in appointments to services not using DoS should be captured in G14.

G13 Number of calls received by dental services not using DoS that resulted in a booked appointment

Of the number of calls received by dental services not using DoS (G12), how many resulted in a booked appointment. This should only include calls that originate from NHS 111.

G14 Number of calls where caller given any other appointment

This data item is required weekly as well as monthly.

Of the number of calls resulting in an attend, contact or speak to disposition (E03, E05, E07, E10, E12, E13, E15), how many were given an appointment not captured in G03, G05, G07, G09, G11, and G13. This includes appointments with other services as well as appointments made with services listed in G03, G05, G07, G09, G11, and G13 that were made without a DoS selection.

G15 Number of calls where repeat prescription medication was issued within your service

Of the number of calls where prescription medication was required (E14) in how many of these was a prescription issued within your service.

G16 Number of calls where a community pharmacy service was an option on DoS for repeat prescription medication

Of the total number of final dispositions (E01), in how many was a referral to a community pharmacy service for prescription medication an option on DoS. This includes all calls where the "Pharmacy Urgent Medicines Supply" Dos service type is included in at least one of the DoS service options.

G17 Number of calls where a referral to a community pharmacy service was made for prescription medication

Of the number of calls where a community pharmacy service was an option on DoS for repeat prescription medication (G16), in how many was a referral to the "Pharmacy Urgent Medicines Supply" DoS service type for prescription medication selected.

G18 Number of calls where a community pharmacy service was an option on DoS for minor illness

Of the total number of final dispositions (E01), in how many was a referral to a community pharmacy service for minor illness an option on DoS. This includes all calls where the "Pharmacy Enhanced" DoS service type is included in at least one of the DoS service options.

G19 Number of calls where a referral to a community pharmacy service was made for minor illness

Of the number of calls where a referral to a community pharmacy service was an option on DoS for minor illness (G18), in how many was a referral to the "Pharmacy Enhanced" DoS service type for minor illness selected.

G20 Number of patients requiring a face to face consultation in their home residence

Of the number of answered calls (A03) how many **required** a face to face consultation at the persons home residence by an HCP within the IUC service, where a call to NHS 111 was made prior to the visit.

G21 Number of patients receiving a face to face consultation in their home residence within the timeframe agreed

Of the number of patients requiring a face to face consultation in their home residence (G20), how many received a face to face consultation from an HCP within the timeframe agreed, where a call to NHS 111 was made prior to the visit. This excludes patients which are attended to by an ambulance crew. The clock starts after the final disposition has been reached. The clock stops when the face to face encounter begins.

If the timeframe is modified based on a reassessment by a clinician, then the modified timeframe should be used.

G22 Number of patients requiring a face to face consultation in an IUC Treatment Centre

Of the number of answered calls (A03) how many **required** a face to face consultation at an IUC Treatment Centre, where a call to NHS 111 was made prior to the visit.

G23 Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed

Of the number of patients requiring a face to face consultation in an IUC Treatment Centre (G22), how many received a face to face consultation from an HCP within the timeframe agreed, where a call to NHS 111 was made prior to the visit. The clock starts after the final disposition has been reached. The clock stops when the face to face encounter begins.

If the timeframe is modified based on a reassessment by a clinician, then the modified timeframe should be used.

Note that 1) DNA's and cancellations are excluded (in both the numerator and denominator), 2) late arrivals are excluded (in both the numerator and denominator) and 3) where a caller has agreed an alternative timeframe, this is what adherence should be measured against.

H) NHS 111 Online Contacts

H01 Number of NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor

Of the number of NHS 111 Online contacts, how many were offered and accepted a call back by a clinician or Clinical Advisor (i.e. the number going into the clinical call back queue).

H02 Number of NHS 111 Online contacts that resulted in the person speaking to a clinician or Clinical Advisor

Of the number of NHS 111 Online contacts where a person was offered and accepted a call back (H01), in how many did the caller speak to a clinician or Clinical Advisor.

H03 Number of NHS 111 Online contacts that resulted in DoS selections for GP Practice or GP access hub as a result of a call back

Of the number of NHS 111 Online contacts, in how many were GP Practice or GP access hub selected on DoS as a result of a call back.
Please refer to the DoS service types mapping document for details of what should be included in this data item.

H04 Number of NHS 111 Online contacts that resulted in patient being booked into a GP Practice or GP access hub

Of the number of NHS 111 Online contacts that resulted in a DoS selection for a GP Practice or GP access hub as a result of a call back (H03), in how many were the caller booked into a GP Practice or GP access hub.

H05 Number of NHS 111 Online contacts that resulted in DoS selections for IUC Treatment Centre as a result of a call back

Of the number of NHS 111 Online contacts, in how many were IUC Treatment Centre selected on DoS as a result of a call back. This include selections for face to face home residence consultations.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H06 Number of NHS 111 Online contacts that resulted in patient being booked into an IUC Treatment Centre as a result of a call back

Of the number of NHS 111 Online contacts that resulted in a DoS selection for an IUC Treatment Centre as a result of a call back (H05), in how many were the caller booked into an IUC Treatment Centre.

H07 Number of NHS 111 Online contacts that resulted in DoS selections for UTC as a result of a call back

Of the number of NHS 111 Online contacts, in how many were UTC selected on DoS as a result of a call back.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H08 Number of NHS 111 Online contacts that resulted in patient being booked into a UTC as a result of a call back

Of the number of NHS 111 Online contacts that resulted in a DoS selection for a primary care service as a result of a call back (H07), in how many were the caller booked into a UTC.

H09 Number of NHS 111 Online contacts that resulted in DoS selections for a Type 1 or 2 ED as a result of a call back

Of the number of NHS 111 Online contacts, in how many were a type 1 or 2 ED selected on DoS as a result of a call back.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H10 Number of NHS 111 Online contacts that resulted in patient being given a booked time slot with a Type 1 or 2 ED as a result of a call back

Of the number of NHS 111 Online contacts that resulted in a DoS selection for a type 1 or 2 ED as a result of a call back (H09), in how many were the caller given a booked time slot with a type 1 or 2 ED.

H11 Number of NHS 111 Online contacts that resulted in DoS selections for SDEC service as a result of a call back

Of the number of NHS 111 Online contacts, in how many were an SDEC service selected on DoS as a result of a call back.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H12 Number of NHS 111 Online contacts that resulted in patient being given an appointment with an SDEC as a result of a call back

Of the number of NHS 111 Online contacts that resulted in a DoS selection for an SDEC service as a result of a call back (H11), in how many were the caller given an appointment with an SDEC service.

H13 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre

Of the number of NHS 111 Online contacts how many **required** face to face consultation at an IUC Treatment Centre.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H14 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre, who received a face to face consultation in an IUC Treatment Centre in the timeframe agreed

Of the number of NHS 111 Online contacts requiring a face to face consultation at an IUC Treatment Centre (H13), how many **received** a face to face consultation within the timeframe agreed.

H15 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence

Of the number of NHS 111 Online contacts how many **required** face to face consultation at the persons home residence by a HCP within the IUC service.

Please refer to the DoS service types mapping document for details of what should be included in this data item.

H16 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed

Of the number of NHS 111 Online contacts requiring a face to face consultation at the persons home residence (H15), how many **received** a face to face consultation within the timeframe agreed.

H17 Number of NHS 111 Online contacts initially given an ETC disposition which the patient has agreed to clinical contact and provided the necessary information for a callback

Of the number of NHS 111 Online contacts, how many resulted in an ETC disposition which the patient has agreed to and provided necessary details to allow a validation callback.

H18 Number of NHS 111 Online contacts initially given an ETC disposition that are validated

Of the number of NHS 111 Online contacts initially given an ETC disposition (H17) how many were validated by a clinician or Clinical Advisor.

6. Guidance Documents

- 1) Integrated Urgent Care Key Performance Indicators 2022-23
- 2) IUC ADC Dx Code Mapping
- 3) DoS Service ID Type Mapping
- 4) ADC and KPI Change Mapping
- 5) IUC Glossary