

IUC ADC March 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	Disparity with provisional data may be due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload. In addition, 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 may exclude Out of Area calls and calls where the patient was not registered at a practice within the specific CCG.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	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 may exclude Out of Area calls and calls where the patient was not registered at a practice within the specific CCG.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	Performance affected by an increase in volume during the latter half of the month of calls coming into the service which often significantly exceeded forecasted volumes.



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	Calls answered within 60 seconds	Performance affected by consistently high demand on the service in March with the number of calls exceeding the 'ceiling' for effective 111 service.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
B01 - B11	Call handling	CAS data not included as unavailable.
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	March 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.
E14	Callers recommended repeat prescription medication	CAS data not included.

E19-E30	Validation of Dispositions	The NHS111 provider (PPG) run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than are captured in the ADC.
E27	Number of calls initially given an ED disposition that are validated	March 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
A03	Number of answered calls	Improvement in staffing resource is contributing to improvements in performance.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
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.
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	Covid absence and challenging rota fill with our partner provider led to a decline in performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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
A01	Number of calls received	Disparity with provisional data due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B02	Number of calls abandoned	During the latter half of the month the volumes of calls coming into the service would often significantly exceed forecasted volumes. Levels of staffing were not sufficient to manage the increased levels of demand resulting in an increase in calls abandoned and increase in call answer time.
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	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
D18	Callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	Increase in calls answered likely resulting in decrease of call backs answered within time frames. Clinical staffing continues to be below requirement within the 111 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.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	During the latter half of the month the volumes of calls coming into the service would often significantly exceed forecasted volumes. Levels of staffing were not sufficient to manage the increased levels of demand resulting in an increase in calls abandoned and increase in call answer time.
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.
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Increase in calls answered likely resulting in decrease of call backs answered within time frames. Clinical staffing continues to be below requirement within the 111 service.
D18	Number of callers offered a call back within a timeframe over 1 hour, who	

	received a call back within the specified timeframe	
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 with provisional data is because a day's worth of data was missed out when compiling the monthly submission for March. This will be rectified in a future revision.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
C01	Number of calls where person triaged	Performance affected by various staffing issues that were in the process of being resolved locally throughout the month.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
C02	Calls where person triaged by a Service Advisor	This item is zero and does not apply to our service at this time.
D01	Calls assessed by a clinician or Clinical Advisor	Calls are up for the month due to slight increase in clinical activity.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D14	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	
		Performance affected by Covid and non-Covid sickness combined with a higher turnover than normal. There was also a challenge with appointment availability with local services – where there aren't appointments available to book into local services, they get added to the CAS queue and the increase in demand causes a decrease in performance.
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.

H04	NHS 111 Online contacts that resulted in patient being booked into a GP Practice or GP access hub	These are confirmed as true zeroes
H07	Number of NHS 111 Online contacts that resulted in DoS selections for UTC as a result of a call back	
H08	Number of NHS 111 Online contacts that resulted in patient being booked into a UTC as a result of a call back	
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
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.
G10, 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.
G10, G11	SDEC service bookings	No patients were referred to an SDEC. Functionality isn't yet available for SDEC appointments to be booked by 111.

Comments for 111AI3 West Essex

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Fall in performance since last month due to March period being busier than February.
B02	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 because the monthly figure is produced after end of month checks.
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
A03	Number of answered calls	Improvement in proportion of calls answered relative to the volume of calls coming in due to a stream of new starters following recruitment drives.
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	Improvement in performance due to a higher proportion of call handling staff than in previous months.
B02	Number of calls abandoned	
B06	Total time to call answer	

B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate. We have not yet been able to provide a more granular measurement for centile call time.
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	
D14, D13	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	Performance impacted by the Clinical Advisor rotas particularly on evening and night shifts.
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	Improvement in proportion of calls answered relative to the volume of calls coming in due to a stream of new starters following recruitment drives.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	Improvement in performance due to a higher proportion of call handling staff than in previous months.
B06	Total time to call answer	
B07, B08	Call answer centiles	
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	

G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	These items are currently not available, due development or not applicable.
H17	Number of NHS 111 Online contacts initially given an ED disposition which the patient has agreed to clinical contact and provided the necessary information for a callback	
H18	Number of NHS 111 Online contacts initially given an ED disposition that are validated	

IOW

Comments for 111AA6 Isle of Wight

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

Data item	Description	Comments
B02	Number of calls abandoned	There were a couple of days in March where the service had to resort to 100% contingency on the 25 th (from 07:00 to 19:00) due to staffing issues.
B06	Total time to call answer	
B07	95th centile call answer time	
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	Calls initially given an ED disposition that are validated	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ED dispositions, therefore negating the need for a '111 First (or 'ED') 'validation'. If we were to record only the calls that would have been referred to an ED, we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ED.
F02	Directory of Services: no service available other than ED (ED catch-all)	DoS is set up so that very few situations arise where the only service available is 'ED Catch all'.
G05	Calls where the caller was booked into an IUC Treatment Centre	At this time our 111 service 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
C01	Number of calls where person triaged	Disparity with provisional figures due to data being reconciled at the end of the month due to missing data from some providers.
D01	Calls assessed by a clinician or Clinical Advisor	
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
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.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to missing data for some days in weekly submissions.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

LCW

Comments for 111AD5 North Central London

Data item	Description	Comments
A02	Calls routed through IVR	This is blank as the definition has been reviewed. We will resubmit once the telephony system allows us to report on this.
A03	Number of answered calls	

B01	Calls answered within 60 seconds	Performance affected by 20% increase in activity compared to previous month and unplanned sickness in Health Advisor Staff.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
B10	Number of calls passed to a clinician or Clinical Advisor for a call back	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	Number of calls where person triaged	Figure is higher compared to number of calls answered due to the figure being the total of C02-C06.
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by 20% increase in activity compared to February.
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.
G10, 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.
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.
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MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
A03	Number of answered calls	Change in performance since last month impacted by the extra weekend in March compared to February and call volumes being very high. Staff absence in March was also higher than normal, primarily down to increased Covid absence.
B01	Calls answered within 60 seconds	Disparity with provisional figures due to our 111 partner having missed providing some weekly data which was only caught up on at the end of the month.
B02	Number of calls abandoned	
B06	Total time to call answer	Change in performance since last month impacted by the extra weekend in March compared to February and call volumes being very high. Staff absence in March was also higher than normal, primarily down to increased Covid absence.
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures due to our 111 partner having missed providing some weekly data which was only caught up on at the end of the month.
F02	DoS: no service available other than ED (ED catch-all)	Zero return this month.
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. From March, this has now been resolved, the service is extremely busy which would account for HV breaching, but more checks on this will be made 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 were submitted for

NWAS, Central Cheshire ICP, East Cheshire, Blackburn with Darwen and East Lancashire; only 3 CAS providers submitted data. Likely to be double counting of some data items due to double triage by CAS provider(s) and NWAS reporting for the whole of the NW area. 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
C01	Number of calls where person triaged	Disparity with provisional figures is because not all providers are able to complete their relevant lines on a weekly basis due to problems extracting the data from their systems.
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.
D16, D15	Callers offered callback within 20 mins to 1 hour	Data entered for these two items is incorrect and will be amended when the revisions window opens.
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 NWAS and the other providers.
E26	Calls initially given an ED disposition	NWAS 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 NWAS 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
A01	Number of calls received	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. In addition, an issue was identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This was resolved prior to the monthly upload.
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	Performance affected by an increase in volume of calls coming into the service during the latter half of the month which often significantly exceeded forecasted volumes. 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.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	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.
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 not – these are applicable to our service.

G16 to G19	Community pharmacy service referrals	
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NEAS

Comments for 111AA1 North East

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

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	We operate a combined system of both 111 and 999; calls will not be transferred from 999 into 111.
A06	Unscheduled IUC Attendances	This information is outside of our service.
B01	Calls answered within 60 seconds	As well as an increase in 111 demand this month, we also experienced high demand on 999, some of which was due to supporting other providers. Protecting the higher acuity calls, resulted in the deterioration of 111 call performance. Capacity was also affected by increases in absence, with our main EOC being declared a Covid outbreak site toward the back end of the month. Uptake of staff overtime was also down on previous months.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
B09	Total time of abandoned calls	
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 SystemOne but would not have an answered call associated to it on Avaya. Currently there isn't any way to differentiate calls entered on CAD which didn't originate on the Avaya system.
D02 to D09	Calls assessed by a clinician or Clinical Advisor	Items are under-reported at system level with clinical assessment not captured for primary care, OOH or UTCs. While the clinical count [D01] includes clinical contacts from system providers who have been sub-contracted either by NEAS or commissioners, due to some of the clinical contacts being performed outside of

		NEAS we do not have access to the specific role of the clinician who performed the contact. Therefore [D01] includes these instances but the sum of the fields [D02]-[D09] will not equal this total.
D11	Calls with clinician or clinical advisor input into the assessment but where the clinician has not spoken to the caller	We do not presently have the system capability to extract instances where this has occurred.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	We do not have the system capability to determine these instances.
D13 to D18	Call backs by a clinician	Under reported at system level as call back reporting does not include performance from external providers.
D19	Calls assessed by a clinician or Clinical Advisor which originated from an external NHS 111 provider	Due to system limitations we cannot determine this information.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance impacted by clinical pressures. 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
A01	Number of calls received	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. Some difference may also be due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload.
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Performance affected by an increase in volume during the latter half of the month of calls coming into the service which often significantly exceeded forecasted volumes.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G04	DoS selections - 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
B01	Number of calls answered within 60 seconds	Performance affected by a reduction in staffing capacity due to higher abstractions.
B02	Number of calls abandoned	
B06	Total time to call answer	
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
A01	Number of calls received	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. Some difference may also be due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
B01	Number of calls answered within 60 seconds	Performance affected by an increase in volume during the latter half of the month of calls coming into the service which often significantly exceeded forecasted volumes.
B02	Number of calls abandoned	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. Some difference may also be due to an issue identified partway through the month where some data relating to offered calls was not being correctly captured in our reporting for March. This had been resolved prior to the monthly upload. Performance affected by an increase in volume during the latter half of the month of calls coming into the service which often significantly exceeded forecasted volumes.
B06	Total time to call answer	Performance affected by an increase in volume during the latter half of the month of calls coming into the service which often significantly exceeded forecasted volumes.
B07	95th centile call answer time	
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	Performance affected by a 7% rise of calls above contracted volumes. We also had a challenging month with high staff absence/self-isolation, coupled with Health Advisor staffing being below plan.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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	An increase in call volumes increased the size of the clinical queue and reduced staffing meant lower acuity patients waited longer for a call back.
D18	Callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	

E27	Number of calls initially given an ED disposition that are validated	ED DoS validation became fully live as of 14 th February 2022. This means that a number of ED cases are validated at the DoS stage and referred to another appropriate service such as an MIU and not to an ED. These cases are not included in the 17% figure displayed. When we incorporate ED DoS validated cases, our ED validation rate for the month of March is actually 75%.
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 March 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	Patients are booked a time slot into ED if appointment slots are made available to book. During March there were no slots available for 111 to book directly into in 79% of total cases. Of the slots made available to 111 (80 slots in total), only 1% (2 slots) 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 111AI2 Surrey Heartlands

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

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
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A01	Number of calls received	Call volume likely to be inflated by callers calling back after abandoning earlier calls (see B02).
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from providers.
B01	Calls answered within 60 seconds	Performance impacted by a 5.3% drop in logged hours for call handlers in the first 28 days of March compared to the 28 days of February, leading to stacking queues.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer / abandonment time	We now have data for B07 / B08 as we have changed our telephony system and have transactional call data from the changeover on the 29 th . There may be some issues with telephony data for the 29 th on the changeover day as we have had to blend the old and new telephony data, although this is likely to have very little impact at the monthly level.
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
A01	Number of calls received	Call volume likely to be inflated by callers calling back after abandoning earlier calls (see B02).

A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
A06	Unscheduled IUC attendances	SCAS does not hold this data as we have experienced problems gathering data from Providers. 0 is correct.
B01	Calls answered within 60 seconds	Performance impacted by a 5.3% drop in logged hours for call handlers in the first 28 days of March compared to the 28 days of February, leading to stacking queues.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer / abandonment time	We now have data for BO7 / B08 as we have changed our telephony system and have transactional call data from the changeover on the 29 th . There may be some issues with telephony data for the 29 th on the changeover day as we have had to blend the old and new telephony data, although this is likely to have very little impact at the monthly level
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	
G11	SDEC bookings	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G15 to G19	Community Pharmacy Services	Unable to provide these figures.
G20 to G23	Face to face consultations in an IUC	SCAS does not hold this data – we have experienced problems gathering data from Providers.
H13 to H16	Treatment Centre or home residence	

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
E17	Number of callers recommended self-care at the end of clinical input	Although there was a fall in self-care after clinical output, the overall self-care outcomes (including HA) were broadly unchanged and are driven significantly by Pathways outcomes. Continue to be missing these metrics and am awaiting confirmation that server performance issues for these specific metrics have been resolved.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	
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
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
G05	Number of calls where the caller was booked into an IUC Treatment Centre	No service available this month.
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
G10, G11	SDEC referrals and bookings	No cases arose to report.

Comments for 111AG5 South West London

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

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

WMAS

Comments for 1111A18 West Midlands

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	
D01	Calls assessed by a clinician or Clinical Advisor	A review into the step change reduction in reported clinical input following migration to a new host system in October 2021 identified missing 'system' components from other IUC providers, for example OOH services. The reported triaged call count was previously inflated due to a number of non-triaged calls (Dx108) not being correctly identified and therefore diluting the clinical count. Disparity with provisional data is because figures were corrected mid-March.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	WMAS is not currently doing warm transfers
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
D14, D18	Call backs in 20 mins & call backs in 1 hour	Step change in numbers is because we were not previously able to identify the relevant timestamps for callback data and this has now been evaluated.
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	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	