

IUC ADC April 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.

BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire
CAS data for DoS selections, telephony and appointments are not available.

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to an issue with our weekly reports for week ending 24 April.
A03	Number of answered calls	
B01 - B11	Call handling	CAS data not included as unavailable.
C01	Number of calls where person triaged	Disparity with provisional figures is due to a technical issue that cause some CAS data to be omitted from the weekly data. The monthly figures for March were also under-reported and will be corrected. Additionally, we saw increased CAS activity over the Easter weekend.
D01	Calls assessed by a clinician or Clinical Advisor	
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.

E14	Callers recommended repeat prescription medication	CAS data not included.
E19-E30	Validation of Dispositions	The NHS111 provider (PPG) run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than are captured in the ADC.
E27	Number of calls initially given an ETC disposition that are validated	PPG operate a bespoke system for validations that we currently cannot capture via the ADC process. This is a result of the System CAS using the DoS profile to manage calls with ED dispositions. Cases that are validated no longer go to the 111 CA queue but are picked up via DoS so that they are available to the System CAS.
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	Figures exclude CAS activity as they are 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 a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for out-of-region ED services only. Any bookings made by CAS are not available to our data capturing process
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
B02	Number of calls abandoned	Performance affected by staffing.
B06	Total time to call answer	
B07	95th centile call answer time	
D13, D14, D22, D23	Call backs and warm transfers within a specified timeframe	Data for previous month was under-reported due to a date/time conversion error. This issue has now been fixed.

G02, G04, G06, G08	DoS selections	We are unable to extract these figures from our system.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

Comments for 111AH8 Somerset

Data Items	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to data from our partner provider not being available at the time of the weekly submission.
A03	Number of calls answered	
B01	Calls answered within 60 seconds	Performance affected by staffing.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G02, G04, G06, G08	DoS selections	We are unable to extract these figures from our system.
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 is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. In addition, weekly values for A01 did not include some additional OOA calls which should have been apportioned across contract areas based on practice capitation size.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B02	Number of calls abandoned	

B06	Total time to call answer	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. A small discrepancy also results from 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 made on Mondays as reporting data is only available up until end of previous Sunday. Improvements in performance since last month is a result of staffing position better aligned to demand in the latter half of the month.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
D14, D23	Callers who needed to speak to a clinician or Clinical Advisor and were warm transferred or received a call back within specified timeframe	Performance affected by clinical staffing.
E27	Number of calls initially given an ETC disposition that are validated	Figures are under-reported as they do not include dispositions sent to an external provider for 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.
G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	
G21	Patients receiving a face to face consultation in their home residence within the timeframe agreed	External provider unable to capture data.
G22, G23	Patients requiring / receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Majority of IUC treatment centre face to face data received externally. This data does not contain timeframe activity, hence small number for G22.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. In addition, weekly values for A01 did not include some additional OOA calls which should have been apportioned across contract areas based on practice capitation size.
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	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission.
B02	Number of calls abandoned	
B06	Total time to call answer	A small discrepancy also results from 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 made on Mondays as reporting data is only available up until end of previous Sunday.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Slight improvement in health advisor staffing led to better performance in answering calls in a timely manner this month.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	

Comments for 111AK7 Leicestershire and Rutland (DHU)

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This

A03	Number of answered calls	was resolved prior to the monthly submission. In addition, weekly values for A01 did not include some additional OOA calls which should have been apportioned across contract areas based on practice capitation size.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. A small discrepancy also results from 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 made on Mondays as reporting data is only available up until end of previous Sunday.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Performance impacted by slight improvement in health advisor staffing in the latter half of the month.
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	

Comments for 111AK6 Lincolnshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. In addition, weekly values for A01 did not include some additional OOA calls which should have been apportioned across contract areas based on practice capitation size.
A03	Number of answered calls	

A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Number of calls answered within 60 seconds	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission.
B02	Number of calls abandoned	A small discrepancy also results from 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 made on Mondays as reporting data is only available up until end of previous Sunday.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Figures no longer include Lincs CAS data as we do not have access to these data.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Performance impacted by provision of health advisor staffing in the latter half of the month.
D14, D23	Callers who needed to speak to a clinician or Clinical Advisor and were warm transferred or received a call back within specified timeframe	Null – not applicable to our service.
E01 to E18	Number of dispositions	Performance affected by clinical staffing.
E14	Callers recommended repeat prescription medication	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.
E27	Calls initially given an ETC disposition that are validated	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	Figures are under-reported. DHU do not have provide ED validation services for Lincs and do not have access to this data.
G10, G11	DoS selections – SDEC service	Supplied figure includes GP Extended Access, Home Visiting and IUC.
		CAS colleagues are unable to book patients into SDEC.

G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	
G20, G21	Number of patients requiring a face to face consultation in their home residence	Figures are under-reported. DHU do not provide a home visiting service for Lincs and do not have access to this data
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Figures are under-reported. Few patients from Lincs will have a f2f consult in IUC TC amongst DHU-led services. We do not have access to external data for IUC TC f2f consults in Lincs.

DORSET HC

Comments for 111A14 Dorset

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	No data available. Unable to identify individuals calls from 999 service.
B01	Number of calls answered within 60 seconds	Call answering performance improved this month due to improved staffing levels which were a result of Health Advisor recruitment and changes in local policy on working arrangements for staff with asymptomatic Covid-19 . 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.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
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	D01 does not equal the sum of its parts (D02, D03, D04, D05, D06, D07, D08 & D09) due to data issues with staff roles which Dorset HC are working to resolve. 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.

D04	Calls assessed by a mental health nurse	These items are zero and do not apply to our service at this time.
D07	Calls assessed by a dental nurse	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	
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	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. We are working to change the DoS so more patients are directed to MIUs rather than being added to the clinical queue.
E27	Number of calls initially given an ETC disposition that are validated	From April 2022, figures only include calls where clinicians actually spoke to a patient to validate the case rather than where a clinician was consulted by a Health Advisor. In addition, performance was affected by clinician numbers.
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.
H11, H12	NHS 111 Online contacts with SDEC appointment	These are confirmed as true zeroes
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 a Type 1 or 2 ED	Numbers are heavily reliant on external factors such as booking slot availability from EDs. We also have a further complication in that we use SystmOne for Out of Hours and this system has no access to the DoS and EDDI bookings.
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data is because changes made on our phone system meant that the wrong call figure was recorded on the weekly ADC upload. The monthly calls receive figure is correct.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures for previous months included category 2 ambulance cases which were sent for validation; these are no longer being validated. The ADC figure also does not include any cases manually revalidated by a floor walker CA.
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance affected by challenges with shift fill within CAS services over April.
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
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance affected by challenges with shift fill within CAS services over April.
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
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)	
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	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	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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D23	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	Unable to provide this figure this month.
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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	There are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
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	Calls received by dental services not using DoS that resulted in a booked appointment	
H17	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	
H18	NHS 111 Online contacts initially given an ETC disposition that are validated	

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney

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

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D11	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	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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D23	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	Unable to provide this figure this month.
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.

G03	Number of calls where the caller was booked into a GP Practice or GP access hub	There are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS. There is ongoing discussion around hydrating the SG/SD codes to present more often at clinical CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots which will improve our reporting on this metric.
G12	Number of calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
H17	Number of NHS 111 Online contacts initially given an ETC 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 ETC 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
A07	Calls which originated from an external NHS 111 provider	A07 is excluded from our submission as this total is already included in A01
B02	Number of calls abandoned	Performance affected by staffing.
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 ETC 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'.
G01, G03, G05, G07, G09 and G14	Callers given appointments and booking types	Disparity with provisional data due to refinement of our monthly calculations to comply with the new specification definitions.
G01	Number of calls where caller given an appointment	At this time, we do not book appointments into several services. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (UTC / IUC etc) where we do not currently book appointments. In addition, higher volumes of out of area calls reduces the opportunity to book appointments.
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
B02	Number of calls abandoned	Change in numbers since last month are likely to be a direct result of the implementation of the Single Virtual Contact Centre (SVCC) within London.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.

Comments for 111AJ1 North West London

Data item	Description	Comments
B02	Number of calls abandoned	Change in numbers since last month are likely to be a direct result of the implementation of the Single Virtual Contact Centre (SVCC) within London.
B06	Total time to call answer	
B07	95th centile call answer time	
D20-D25	Clinical assessment for callers requiring assessment	There are gaps in the figures submitted for D20 to D25 as we received some un-validated CAS data from LCW.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually.

Comments for 111AD7 South East London

Data item	Description	Comments
B02	Number of calls abandoned	Change in numbers since last month are likely to be a direct result of the implementation of the Single Virtual Contact Centre (SVCC) within London.
B06	Total time to call answer	
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
A01	Number of calls received	The Single Virtual Contact Centre (SVCC) in London went live intermittently within the month. Initial investigations indicate around 17% of NCL activity was routed to other providers.
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.
A07	Calls which originated from an external NHS 111 provider	Not provided in the current suite of reports we run from Adastral.
B02	Number of calls abandoned	

B06	Total time to call answer	Performance affected by Health Advisor staffing and sickness and by SVCC routing which resulted in larger queues when all London providers were experiencing high call volumes.
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.
D04	Calls assessed by a mental health nurse	None working in the service.
D07	Calls assessed by a dental nurse	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Figure is lower than expected, reported to Advanced.
D12	NLP calls that resulted in a caller speaking to a clinician or Clinical Advisor	Not applicable for our service.
D13, D14	Callers who needed to speak to a clinician or Clinical Advisor and were warm transferred or received a call back within 20 minutes	Mapping tables used to create these figures being investigated with Advanced.
D20 to D26	Clinical assessment	Not provided in the current suite of reports we run from Adastra.
E01	Total number of dispositions	E01 exceeds C01 due to A07 being absent from our report.
E05	Callers recommended to attend Same Day Emergency Care (SDEC)	Figures are low due to restrictive criteria for referral into the service.
E20-E25	Calls initially given a category 3 or 4 ambulance disposition that are validated	Affected by the new process to transfer all ambulance validations to the LAS CAS, which started mid-April. The case transfer is done. The cases are transferred via interlinkage and therefore do not have the interim code which is used for mapping that the case was validated.
E27-E30	ETC validated	The validation figures are lower than actual due to the cases being transferred via the DoS for validation, using final Dx codes and not the interim validation codes for ED validations.

F03	Calls where caller is allocated the first service type 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	Calls where the caller was booked into an SDEC service	Figures are low due to restrictive criteria for referral into the service. SDEC services in the area do not offer appointments via the DoS.
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. In addition, SDEC services in the area, do not offer appointments via the DoS.
H17, H18	NHS 111 Online contacts initially given an ETC disposition that are validated	This data item is lower than expected due to a case type mapping issue.

MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
C01	Number of calls where person triaged	Disparity with provisional figures is because the weekly submission had data missing for a day and half.
D01	Calls assessed by a clinician or Clinical Advisor	
D23	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	This is a new metric and we will perform a deeper dive into the validity of the figures
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.

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 NWS data only in April 2021 to MLCSU submitting data covering all service providers. Data submitted in April for NWS, Central Cheshire ICP, East Cheshire and Fylde Coast Medical Services (FCMS). Blackburn with Darwen and East Lancashire have been unable to submit this month. Likely to be double counting of some data items due to double triage by CAS provider(s) and NWS 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
D01 to D09	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because different providers submit monthly and weekly returns. Both weekly and monthly figures exclude data from some service providers. We are unable to split between clinician types, so all calls assessed by a clinician are shown in D09. D02-D09 exceeds D01 as 505 patients who were given another triage by a GP following the routine triage by a nurse have been double-counted.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Figures exclude data from some service providers.
E01	Total number of dispositions	Exceeds number of calls where person triaged (C01) due to double-counting numbers reported by NWS and the other providers.
E26	Number of calls initially given an ETC disposition	Step change this month is because data for previous months (May-Mar 21 inclusive) have been incorrectly submitted due to an error.
G01	Calls where caller given an appointment	Exceeds sum of parts (G03, G05, G07, G09, G11, G13, G14) due to double counting numbers reported by NWS and the other providers.
G03, G05, G07, G09, G11, G14, G20, G21, G22, G23, H01, H02, H04, H13 to H18	IUC Service Integration and NHS 111 Online Contacts	Figures exclude data from some service providers.

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.
A07	Calls which originated from an external NHS 111 provider	We cannot currently identify the source of calls in SystemOne.
B01	Calls answered within 60 seconds	Improvements in call performance since last month is partly due to Health Advisor recruitment.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	The number of triaged calls (C01) exceeds the number of answered calls (A03) because the two systems we use are separate entities (telephony "Avaya" and CAD). A case can be entered into the CAD system (detailing a triaged case) without having a directly associated call within our telephony system. An example of this would be when a case is passed into our CAS "SystemOne" (either triaged initially by an alternative provider or 111 online) and the patient requires a booking. The case would be created in CAD as unable to book an appointment from 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	
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.
D26	Number of calls assessed by a clinician or Clinical Advisor by video consultation	We cannot currently provide 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 ETC 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 ETC 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 type 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 figures due to a data flow issue resulting in a partial weekly submission for week ending the 10th April.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Calls answered within 60 seconds	Disparity with provisional figures due to a data flow issue resulting in a partial weekly submission for week ending the 10th April.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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 111AI7 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
A07	Calls which originated from an external NHS 111 provider	Data is not currently available YAS is looking into how to obtain this information

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.
D23	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	Reporting still being developed to ensure figures are correct. This will be sorted and ready for reporting in June.
D26	Calls assessed by a clinician or Clinical Advisor by video consultation	Not currently recorded separately to other data YAS is looking into how to obtain this information.
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 ETC 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 includes a lot more bookings.
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, G18	Number of calls where a community pharmacy service was an option on DoS for repeat prescription medication / minor illness	YAS cannot currently provide these items due to data on DoS options available for each call not being available through Aداstra.
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 to 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.

NHS Black Country and West Birmingham CCG

Comments for 1111AK5 West Midlands

Data item	Description	Comments
A03	Number of answered calls	Performance affected by increase in number of call handlers.
A04	Calls transferred from 999 Ambulance Service into NHS 111	Data items not applicable at this time.
A06	Unscheduled IUC attendances	
B01	Calls answered within 60 seconds	Performance affected by increase in number of call handlers.
B02	Number of calls abandoned	
B07	95th centile call answer time	
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. Figures started to be corrected from mid-March.
D10	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.
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.
G20 to G23	Face to face consultations	Data not available currently.
H13 to H16	NHS 111 Online contacts	

NOTTS CCG

Comments for 111AJ4 Nottinghamshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
B01	Number of calls answered within 60 seconds	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. Increase in calls answered in 60 reflects improvements in health advisor staffing in the latter half of the month.
B02	Number of calls abandoned	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because only a partial submission was made for week ending 10/04 due to a data flow issue that occurred between 07/04 and 12/04. This was resolved prior to the monthly submission. 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 ETC 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 a Type 1 or 2 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
A03	Number of answered calls	Call demand remained +7% above contracted levels throughout April.
B02	Number of calls abandoned	Service delivery affected by staff absence due to Covid-19 and Health Advisor resource below plan.
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Recruitment of Clinical Advisors enabled more cases to be clinically assessed.
E17	Callers recommended self-care at the end of clinical input	An additional cohort of Clinical Advisors were trained and went live with PACCS in April. This has helped improve self-care results to our patients.
E27	Number of calls initially given an ETC disposition that are validated	ED DoS validation became fully live as of 14th 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 19.2% figure displayed. When we incorporate ED DoS validated cases, our ED validation rate for the month of April is actually 79.67%.
G01	Number of calls where caller given an appointment	We can only give patients an appointment or booked timeslot with any service if they are made available to us. Looking at total slot utilisation (both ED & PC) of the slots made available to 111 to book, only 13 slots (1%) were not booked.
G05	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 April there was only 1 slot made available to 111 staff to actually book into MIU's and this was booked.
G09	Number of calls where caller given a booked time slot with an ED	As with previous months, patients are booked time slots into ED if appointment slots are made available to book. During April there were no slots available for 111 to book directly into in 78% of total cases. Of the slots made available to 111 (77 slots), only 5% (4 slots) of those slots were not booked by our staff. Meaning 95% of the slots available to us were utilised and booked.
G11, G10	SDEC selections	The SDEC care service isn't currently active.

Comments for 111AH7 North East Essex & Suffolk

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

Comments for 111A12 Surrey Heartlands

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

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A03	Number of answered calls	Disparity with provisional figures is because reporting was being reviewed for the first week or so of April.
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	Service delivery was affected by an increase in staff logged-in hours in April which was proportionally greater than the increase in demand. As we operate a virtual call centre, this had a positive service-wide impact.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer / abandonment time	We now have data for BO7 / B08 for the full month of data as the new telephony system has been in place for the full April 22 period.
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
G02 to G11	DoS Selections	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.
G14	Number of calls where caller given any other appointment	As agreed with NHSE colleagues, due to systems issues, figures are provided in line with G03 / G05 / G07 / G09 / G11 and no longer reference section E.
G11	SDEC bookings	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct

G15	Number of calls where repeat prescription medication was issued within your service	Unable to provide this figure.
G20 to G23 H13 to H16	Face to face consultations in an IUC Treatment Centre or home residence	SCAS does not hold this data – we have experienced problems gathering data from Providers.

Comments for 111AG9 Thames Valley

Data item	Description	Comments
A02	Calls routed through IVR	No IVR at call start when passed to service. 0 is correct.
A03	Number of answered calls	Disparity with provisional figures is because reporting was being reviewed for the first week or so of April.
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	Service delivery was affected by an increase in staff logged-in hours in April which was proportionally greater than the increase in demand. As we operate a virtual call centre, this had a positive service-wide impact.
B02	Number of calls abandoned	
B07	95th centile call answer time	
B07, B08	Call answer / abandonment time	We now have data for B07 / B08 for the full month of data as the new telephony system has been in place for the full April 22 period.
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
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.
G14	Number of calls where caller given any other appointment	As agreed with NHSE colleagues, due to systems issues, figures are provided in line with G03 / G05 / G07 / G09 / G11 and no longer reference section E.
G15	Number of calls where repeat prescription medication was issued within your service	Unable to provide this figure.
G20 to G23 H13 to H16	Face to face consultations in an IUC Treatment Centre or home residence	SCAS does not hold this data – we have experienced problems gathering data from Providers.

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Disparities with provisional figures was due to the weekly submission for w/e 10/04/22 being incorrect in parts.
B02	Number of calls abandoned	
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes	The % rate and volume of cases requiring Direct Clinical Contact has been on the increase in recent months, above expected activity levels;

	(immediately), who were warm transferred or received a call back within 20 minutes	any improvement in clinical prioritisation is occurring in the context of high activity.
D20	Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	New metrics effective from April 2022; currently in development as agreed with local commissioners.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D26	Number of calls assessed by a clinician or Clinical Advisor by video consultation	New metric out of scope for our operating model.
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.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Metrics currently unavailable.
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 ETC 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.
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VOCARE

Comments for 111AF1 Cornwall

Data item	Description	Comments
A01	Number of calls received	Changes in performance this month are related to operational pressures caused by staff absence and increased demand at key times. Easter, Ramadan and Eid all impacted on both levels of demand and availability of staffing.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G05	Number of calls where the caller was booked into an IUC Treatment Centre	There are restricted opportunities for direct booking post COVID which will cause low compliance.
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
D14	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	Changes since last month are due to a new model being implemented for our GP OOH service: <ul style="list-style-type: none"> • Previously all 111/GP OOH/UTC were combined into single contract for Staffordshire • Telephone & Video triage were part of CAS service – from 1 April they have been moved OOH into the GP OOH contract
D23	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	
G01	Number of calls where caller given an appointment	

G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	<ul style="list-style-type: none"> • During COVID all cases were triaged first – from 1 April, contact dispositions now direct booked • GP OOH split from 111 and then split again into 2 separate contracts for North & South Staffordshire
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
B01	Number of calls answered within 60 seconds	The contract will be moving to a new provider at the end of this month so we are seeing some increased absence and attrition. Performance has also been impacted by Easter, Ramadan and Eid, all of which impacted on both levels of demand and availability of staffing.
B02	Number of calls abandoned	
G10, G11	SDEC referrals and bookings	No cases arose to report.