

IUC ADC May 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
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.
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	The DoS profile for UTC was changed in October, resulting in an increase in the number of DoS selections seen, but not in 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	Covid absence and challenging rota fill with our partner provider led to a decline in performance.
F02	Directory of Services: no service available other than ED (ED catch-all)	Data unavailable.
F03	Calls where the caller is allocated the first service offered by DoS	
G01	IUC recommendations and callers given appointment	G01 variance is caused by the change in validation formulae by NHSE which are yet to be passed through our validation checks. We hope for G01 to balance against other activity soon. However, it is the component parts that are causing the imbalance.
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.
F02	Directory of Services: no service available other than ED (ED catch-all)	Data unavailable.
G07	Number of calls where the caller was booked into a UTC	
G01	IUC recommendations and callers given appointment	G01 variance is caused by the change in validation formulae by NHSE which are yet to be passed through our validation checks. We hope for G01 to balance against other activity soon. However, it is the component parts that are causing the imbalance.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

DHU

Comments for 111AJ8 Derbyshire (DHU)

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month.
B02	Number of calls abandoned	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
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).

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 111AK7 Leicestershire and Rutland (DHU)

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month.
B02	Number of calls abandoned	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
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.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Figures reflect clinical staffing pressures.
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
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A01	Number of calls received	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B01	Calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month.
B02	Number of calls abandoned	
B07	95th centile call answer time	
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. Performance impacted by provision of 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.
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.
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.
E27	Calls initially given an ETC disposition that are validated	Figures are under-reported. DHU do not have provide ED validation services for Lincs and do not have access to this data.
G01	Calls where caller given an appointment	Supplied figure includes GP Extended Access, Home Visiting and IUC.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Low outcome due to small numbers being booked in. Suspect that grouping for G04 includes those cases sent external to Lincolnshire CAS but with no booking.
G11	DoS selections – SDEC service	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
G22, 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.

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month.
B02	Number of calls abandoned	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
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 due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month.
B02	Number of calls abandoned	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to weekly submissions missing some end of week activity where the clinical touchpoint does not occur until Monday morning.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G11	SDEC bookings	Not yet used within service.
G12, G13	Dental service bookings	Not applicable to service.
G16 to G19	Community pharmacy service referrals	

DORSET HC

Comments for 111A14 Dorset

Data item	Description	Comments
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	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.
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	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	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. Data will need to be resubmitted for April and May in relation to the validation ADCs.
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
C01	Number of calls where person triaged	Disparity with provisional figures is because weekly submissions are made prior to any reconciling data.
D01	Calls assessed by a clinician or Clinical Advisor	

E17	Callers recommended self-care at the end of clinical input	Figures reflect what clinicians' select on the various clinical systems. Often, they can select more than one outcome as they are working outside of Pathways and we report the highest acuity. We are actively examining what clinicians select, but they tend to use outcomes as worsening advice, so self-care tends to be the bottom of the list. We are looking at Dx108 usage, as we feel that this Dx Code is being used in some instances as a self-care outcome, because it is no further action.
G09	Number of calls where caller given a booked time slot with 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 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
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	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
B01	Number of calls answered within 60 seconds	Performance affected by improvements in call handler rota-fill at key time periods (mainly weekday mornings).
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is due to an error in the weekly submission covering 31 st May.
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small, although functionality isn't yet available for SDEC appointments to be booked by 111.

Comments for 111A13 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 since 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	
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	
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. This has been raised with IC24's Quality Improvement Team.
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
B06	Total time to call answer	Performance in May affected by call handler vacancies.
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.
G01-G10	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, high 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
B01	Number of calls answered within 60 seconds	Performance reflects calls received higher than planned resources for this time of the year.
C01	Number of calls where person triaged	Disparity with provisional figures is a result of data reconciliation at the end of the month.
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 111AJ1 North West London

Data item	Description	Comments
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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
C01	Number of calls where person triaged	Disparity with provisional data is a result of delays in weekly data received from our resilience partners which is reconciled at the end of the month.
D01	Calls assessed by a clinician or Clinical Advisor	
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Figures appear to be some face to face consultations. Referrals are being made for which appointments are not recording on the ADASTRA system.

LCW

Comments for 11AD5 North Central London

Data item	Description	Comments
A01	Number of calls received	The Single Virtual Contact Centre (SVCC) for London continued to be utilised throughout May. Activity was down against forecast and on previous months. Initial investigations indicate 22% 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	Figure not provided in the current suite of reports we run from Adastral.
B01	Calls answered within 60 seconds	Performance affected by unplanned sickness in Health Advisor Staff and vacancies. Telephony Performance was also affected by SVCC routing, which resulted in larger queues when all London providers were experiencing high call volumes and therefore extended wait times for patients.
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.
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	This figure is from the Adastra report and is lower than expected.
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	Figures not provided in the current suite of reports we run from Adastra.
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 LAS, which started mid-April. The case transfer is done via ITK. We have seen a drop in the figures while all other calls are sent for validation to LAS.
E27-E31	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.
G11, H12	SDEC service and SDEC online	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.
G19	Calls where a referral to a community pharmacy service was made for minor illness	Data missing from reports in Adastra.

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
B01	Calls answered within 60 seconds	Improvement in call-handling performance since last month is due to lower call volumes combined with continued recruitment and a reduction in absence levels, particularly Covid-related.
B02	Number of calls abandoned	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is a weekend issue. At the time on Monday (6am) when we compile the weekly report some of the Sat/Sun cases are still 'live' (ie are not closed) and hence have not reached their final assessment state. By the time the Monthly report is generated all cases will have reached a closed state and will have completed their life-cycle (hence more cases will have a D01 value in the monthly report than the weekly report).
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.
G20	Number of patients requiring a face to face consultation in their home residence	We are currently aware of a change in operational handline of Home Visits which may be having an impact on reporting (Home Visit validations have been introduced which may be erroneously being reported as Home Visits).

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 for NWS, Central Cheshire, East Cheshire, Blackburn with Darwen, East Lancashire, Fylde Coast Medical Services (FCMS). 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
B01	Calls answered within 60 seconds	Improved performance in May compared to April reflects improvement in sickness levels and the number of available hours for bank service advisors.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
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.
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. C01 = NWS only. E01 = NWS plus CAS 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, G14	IUC Service Integration	Figures exclude data from some service providers.
G10, G11	SDEC service	G10 includes NWS only so numbers; G11 includes NWS and CAS providers.
G21, G20	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	An issue with reporting from some providers where the correct filters were not applied means that incorrect values were submitted for these items. These numbers will be revised when the opportunity arises. Only a <u>small</u> proportion of the OOH providers are being reported at the moment (numerator G21 & G23 – OOH only against the denominator G20 & G22 – reported by NWS & OOH).
G22, G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	

H01, H02, H04, H13 to H18	NHS 111 Online Contacts	Figures exclude data from some service providers.
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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.
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 performance are a result of reduced demand (~10% daily reduction against April) & increased Health Advisor capacity.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
D01	Calls assessed by a clinician or Clinical Advisor	Locally agreed processes reduce the pool of cases which require clinical interaction.
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 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 and YAS is looking into how to obtain this information.
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. There were also data issues with some days data missing from weekly that were included in the monthly data.
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.
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.
E24	Number of calls initially given a category 3 or 4 ambulance disposition that are given a non-ambulance setting disposition after validation	YAS follow a slightly different process when it comes to C3/4 validations. In YAS we complete some calls earlier on in the process that require an ambulance or can attend the Emergency Department without needing to speak to a clinician. This means that YAS downgrade less calls via the national model of a clinician call back as the majority of these downgrades are picked up earlier on in the process.
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 AdastrA.
H01, H02	NHS 111 Online Contacts resulting in a clinical call back	LCD ADC GPOOH receive a small number of cases from YAS each month which began as 111 Online. H02 reflects what happens to these cases which come through the contact centre as requiring a call back, but we do not follow NHS Pathways to determine which should receive clinical triage, be seen F2F etc. Therefore, data for H01 is not available.
H13 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.
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NHS Black Country and West Birmingham CCG

Comments for 1111AK5 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	
B01	Calls answered within 60 seconds	Improvements in call answer metrics due to an increase in the number of trained call assessors following a recruitment drive.
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 data is due to changes that were implemented mid-month to redefine the criteria for calls to clinicians following discussions with commissioners. Disparity with provisional data is because monthly data includes IUC system components from other IUC providers that are missing from weekly figures.
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.
E27	Number of calls initially given an ETC disposition that are validated	At times of high demand for our clinicians, ED validation is sometimes not available.
G01	Calls where callers given an appointment	We can only book appointments into two out of our six OoHs providers.
G04, G05	IUC Treatment Centre selections/bookings	Appointment utilisation is impacted upon by the availability of appointments within the triage disposition timeframe. Often, available appointments are after the window for attendance.
G06, G07	UTC selections/bookings	None of our UTCs in BSOL have booking available - we electronically refer into the UTCs and they call patients back and book them in.

G11	SDEC	We have had the odd one before but not currently.
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 figures is because NEMS CAS data are not currently being linked into weekly figures.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null return as not yet able to collate this information.
B01	Calls answered within 60 seconds	Improvements in performance since last month are due to better provision of health advisor staffing against requirement in latter half of month. Any disparity with provisional figures is because NEMS CAS data are not currently being linked into weekly figures.
B02	Number of calls abandoned	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures is because NEMS CAS data are not currently being linked into weekly figures.
D01	Calls assessed by a clinician or Clinical Advisor	C01 & D01 - 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
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 continues to help 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 in 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 13.7% figure displayed. When we incorporate ED DoS validated cases, our ED validation rate for the month of May is actually 74.94%.
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 18 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 May there were only 6 slots made available to 111 staff to actually book into MIU's and 2 of these slots were utilised, meaning x4 were left un-booked. This means that 83% of total cases there were no slots to be able to book.
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 May there were no slots available for 111 to book directly into in 82% of total cases. Of the slots made available to 111 (71 slots), only 1% (3 slots) of those slots were not booked by our staff. Meaning 99% of the slots available to us were utilised and booked.

G11, G10	SDEC selections	The SDEC care service isn't currently active.
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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
A01	Number of calls received	Includes calls from the following IVR lines: 111 HA IVR HCP, 111 HA IVR Prescription, 111 SU IVR HCP, 111 SU IVR Prescription
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.
A07	Calls which originated from an external NHS 111 provider	As we cover two contract areas and cannot geographically apportion the calls to either, the total number of calls originating from an external provider has been split across the two areas.
B06	Total time to call answer	The average call answer time decreased significantly during the month. On the 1 st and 2 nd May call answer time averaged at 687 seconds and 746 seconds respectively. After the 19 th there were 3 days when it was under 10 seconds and the 31 st was 12 seconds. On 6 days out of 31 in May, an average call answer time of less than 20 seconds was recorded.

		These shifts are service wide as we operative a virtual call centre.
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
D26	Number of calls assessed by a clinician or Clinical Advisor by video consultation	Currently working on a solution for this

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.
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	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.
H03-H12	NHS 111 Online contacts	This month's figures are in line with the revised ADC specification for 2022/23. The removal of the section E component from H03 to H12 was not made in the final values for April.

Comments for 111AG9 Thames Valley

Data item	Description	Comments
A01	Number of calls received	Includes calls from the following IVR lines: 111 HA IVR HCP, 111 HA IVR Prescription, 111 SU IVR HCP, 111 SU IVR Prescription
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.
A07	Calls which originated from an external NHS 111 provider	As we cover two contract areas and cannot geographically apportion the calls to either, the total number of calls originating from an external provider has been split across the two areas.

B06	Total time to call answer	The average call answer time decreased significantly during the month. On the 1 st and 2 nd May call answer time averaged at 687 seconds and 746 seconds respectively. After the 19 th there were 3 days when it was under 10 seconds and the 31 st was 12 seconds. On 6 days out of 31 in May, an average call answer time of less than 20 seconds was recorded. These shifts are service wide as we operative a virtual call centre.
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. Further work is being done to review whether some activity captured in C04 is being under-reported in D01.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type anymore – 0 is correct
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Unable to provide this item.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Do not operate Natural Language Processing (NLP) – 0 is correct
D26	Number of calls assessed by a clinician or Clinical Advisor by video consultation	Currently working on a solution for this
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	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.
H03-H12	NHS 111 Online contacts	This month's figures are in line with the revised ADC specification for 2022/23. The removal of the section E component from H03 to H12 was not made in the final values for April.

SECAmb

Comments for 111A19 Kent, Medway & Sussex

Data item	Description	Comments
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	The service continues to focus on improved clinical prioritisation, this is driving an improvement in response time for higher acuity cases requiring a 20 minute response.
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	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	
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.

VOCARE

Comments for 111AF1 Cornwall

Data item	Description	Comments
B01	Calls answered within 60 seconds	In May, performance was impacted by a number of factors including: <ul style="list-style-type: none"> - Increased periods of lower demand allowing for improved response times - Some reductions in absence - Recruitment of new staff which had a positive impact on rota fill. The impacts of these factors varied at different times of day and days of the week.
B02	Number of calls abandoned	
B07	95th centile call answer time	
G05	Number of calls where the caller was booked into an IUC Treatment Centre	There are restricted opportunities for direct booking post COVID.
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
B01	Calls answered within 60 seconds	In May, performance was impacted by a number of factors including: <ul style="list-style-type: none"> - Increased periods of lower demand allowing for improved response times - Some reductions in absence - Recruitment of new staff which had a positive impact on rota fill. The impacts of these factors varied at different times of day and days of the week.
B02	Number of calls abandoned	
B07	95th centile call answer time	
G10, G11	SDEC referrals and bookings	No cases arose to report.