IUC ADC July 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.

A cyber-attack on Thursday 4th August caused a major outage on the Adastra system used by many IUC service providers. This has resulted in missing or under-reported data (items C01 onwards) from the following suppliers for July: LAS, LCW, ML CSU and NECS.

BRISDOC
Comments for 111AI5 Bristol, North Somerset & South Gloucestershire
CAS data for telephony, DoS selections and appointments are not available.

Data item	Description	Comments
B01 to B11	Call handling	Call answering performance remains affected by: - Consistently high demand, with Covid rates remaining high - Workforce challenges, especially regarding staff retention - SVCC in South East having an impact on the PPG Network as a whole CAS data not included as unavailable.
C01	Number of calls where person triaged	Disparity with provisional data is due to the availability of CAS 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 to E30	Validation of Dispositions	PPG as NHS111 provider run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than can be captured via 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 G14	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. This will occasionally be zero.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not 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 UTCs and out-of-region ED services only. 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.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.
H13, H14, H15, H16	NHS Online F2F bookings	These data are newly available from July 22.

DEVON DOCS
Comments for 111AI6 Devon

From 20th July to 30th September a proportion of the Devon Health and Care system's calls are directed to Vocare via a specific "Devon Vocare" line. These calls, and any subsequent activity relating to them, are not captured in the IUC ADC. In July, figures are under-reported by 2,850 calls.

Data Items	Description	Comments
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
F02	Directory of Services: no service available other than ED (ED catch-all)	Data unavailable.
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
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Calls answered within 60 seconds	

B06, B07	Call answer time	Call handling performance affected on some days by staffing levels and higher demand.
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 input 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
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	Call handling performance affected on some days by staffing levels and higher demand.
B06, B07	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 input 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	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.
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

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.

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Null – not applicable to our service.
B02	Number of calls abandoned	Call handling performance affected on some days by staffing levels and higher demand.
B06, B07	Call answer time	
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	Figures are under-reported this month as we no longer have access to Lincs CAS data.
E27	Calls initially given an ETC disposition that are validated	Figures are under-reported. DHU do not provide an 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. Any bookings made by Lincolnshire CAS will also be excluded.
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
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Call handling performance affected on some days by staffing levels and higher demand.
B06, B07	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 input 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.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Not applicable to service.
B01	Calls answered within 60 seconds	Call handling performance affected on some days by staffing levels and higher demand.
B02	Number of calls abandoned	

B06, B07	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 input 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 111AI4 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	
G01	Number of calls where caller given an appointment	G01 does not equal the result of G03, G05, G07, G09, G11, G13, G14 due to data issues with staff roles which Dorset HC are working to resolve.
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
B01	Calls answered within 60 seconds	Even though call volumes dropped in July compared to June, activity at the weekend was still challenging and was often higher than June weekends. Most of the drop off in volume was in the latter part of the week when call handler staffing was most challenging.
B02	Number of calls abandoned	
B06, B07	Time to call answer (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because of updates after the weekly submissions.
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.
G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
A01	Number of calls received	July saw a significant jump in calls at the weekend, while calls on Wednesday and Thursday dropped by a greater degree.
B01	Calls answered within 60 seconds	Call handling performance adversely impacted by staffing levels.
B02	Number of calls abandoned	
B06, B07	Call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to weekly data being incomplete.

Data item	Description	Comments
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
A01	Number of calls received	July saw a significant jump in calls at the weekend, while calls on Wednesday and Thursday dropped by a greater degree.
B01	Calls answered within 60 seconds	Call handling performance adversely impacted by staffing levels.
B02	Number of calls abandoned	
B06, B07	Call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to weekly data being incomplete.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Performance affected by the shift in demand.
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small. Functionality isn't yet available for SDEC appointments to be booked by 111.

Comments for 111AI3 West Essex

Data item	Description	Comments
B01	Calls answered within 60 seconds	Performance affected by call handler staffing coping with higher call volumes at weekends.
B02	Number of calls abandoned	
B06, B07	Call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is due to end of month reconciliations.
G10, G11	SDEC service bookings	Continues to be work in progress.

IC24
Comments for 111AH4 Mid & South Essex
Figures exclude calls received from external provider into CAS via ITK/DoS but not on a telephony line.

Data item	Description	Comments

A03	Number of answered calls	Improvement in performance since June is a result of the implementation of a performance recovery plan and recruitment & retention policies. With more staff absences than June, staff are being better managed over key operational periods to handle a higher volume of calls more quickly.
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B01	Number of calls answered within 60 seconds	Improvement in performance since June is a result of the implementation of a performance recovery plan and recruitment & retention policies. With more staff absences than June, staff are being better managed over key operational periods to handle a higher volume of calls more quickly.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate. We have not yet been able to provide a more granular measurement for centile call time.
D11	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.
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.
G01	Number of calls where caller given an appointment	Ongoing problems with providing appointments.
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, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
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)	
B01	Number of calls answered within 60 seconds	The service's response to calls has improved significantly from June due to the impact of recruitment and retention policies and better management of the staff rota during high demand periods.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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	
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 increase of calls triaged this month with similar clinical staffing levels meant that clinicians were unable to respond as quickly to the same proportion of calls as in June.
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	The increase of calls triaged this month with similar clinical staffing levels meant that clinicians were unable to respond as quickly to the same proportion of calls as in June.
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.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	With the increase of calls triaged, but similar clinical staffing levels, the time to contact patient for ambulance validations dropped this month.
G01	Number of calls where caller given an appointment	Although a greater number of patients required an appointment this month, fewer appointments were given due to difficulties with staffing. This issue has persisted for the past 3 months.
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	SDEC is not used on the DoS much; SDEC booking is 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 reporting.
G12, G13	Number of calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
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
A01	Number of calls received	Includes around 20-30 calls a month which are received/answered from other NHS 111 providers.
A03	Number of answered calls	
A07	Calls which originated from an external NHS 111 provider	A07 is excluded from our submission as this total (around 20-30 calls a month) is already included in A01.
B01	Number of calls answered within 60 seconds	Call handling performance affected by staff vacancies.
B02	Number of calls abandoned	
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.
F03	Calls where the caller is allocated the first service type offered by DoS	As Adastra's SSRS reporting software has not been updated to reflect changes in the IUC ADC specification for 2022/23, F03 is under-reported as it only includes calls where the caller was allocated the first service offered by DoS (in line with the IUC ADC specification for 2021/22).
G01 to 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. 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.
H01 to H18	NHS 111 Online	As Adastra's SSRS reporting software has not been updated to reflect changes in the IUC ADC specification for 2022/23, these data items are reported using the definitions in the IUC ADC specification for 2021/22.

LAS

Comments for 111AH5 North East London

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	NEL had an increase in calls abandoned due to demand more than forecasted for July and staff absences / sickness.
B02	Number of calls abandoned	
B06, B07	Call answer time	
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
A04	Calls transferred from the 999 Ambulance Service into NHS 111	Figures may be under-reported
B01	Number of calls answered within 60 seconds	Performance affected by staff absence and sickness.
B06	Total time to call answer	
B10	Calls passed to a clinician or Clinical Advisor for a call back	Under-reported due to missing data from the CAS due to Adastra outage at LCW.
B11	Total call back waiting time (seconds)	
C01	Number of calls where person triaged	Figure includes calls which are triaged after being transferred from the 999 Ambulance Service into NHS 111, even when these calls are under-reported in A04.
D13, D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	Under-reported due to missing data from the CAS due to Adastra outage at LCW.

Data item	Description	Comments
D20 to D26	Clinical assessment for callers requiring assessment	
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
D01	Calls assessed by a clinician or Clinical Advisor	Despite increased demand in July, fewer calls were triaged resulting to fewer cases passed on to clinicians.

LCW
Comments for 11AD5 North Central London
Only able to provide telephony numbers for July because of issues caused by the major outage of the Adastra system due to a cyber-attack on Thursday 4th August.

Data item	Description	Comments
A01	Number of calls received	The Single Virtual Contact Centre (SVCC) for London continued to be utilised throughout July. Activity was down against forecast and on previous months. Initial investigations indicate 35% 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 estimated as not provided in the current suite of reports we run from Adastra.
B01	Calls answered within 60 seconds	Call-handling performance affected by annual leave, unforeseen absences and continuing issues with recruiting Health Advisors.
B02	Number of calls abandoned	
B06, B07	Call answer time	Telephony performance was also affected by SVCC routing, which results in larger queues when all London providers are experiencing high call volumes.

MEDVIVO
Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments

B01	Calls answered within 60 seconds	Call handling performance affected by staff absence and annual leave.
B02	Number of calls abandoned	
B06, B07	Call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	The disparity with provisional figures relates to the point in time when the weekly reporting is processed – the weekly report is due on Monday morning – at the time it is processed/produced there are still live Sat/Sun cases which have yet to be resolved (ie. not all cases, at that point in time, will be resolved/closed) – when the monthly report is run all cases will have been resolved and some which had previously been reported weekly will have an 'updated' D01 value that does not match that which was previously reported.
F02, F01	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 NWAS data only in April 2021 to MLCSU submitting data covering all service providers. Data submitted for NWAS, Central Cheshire, Blackburn with Darwen and East Lancashire. Providers unable to submit data due to the cyber-attack on the Adastra system include East Cheshire, BARDOC and GMUPCA.

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because different providers submit monthly and weekly returns.
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	The 95th centile is the summation of the individual returns from NWAS/CAS/OH providers so is not accurate.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Figures exclude data from some service providers. Less than 50% of the CAS/OOH are currently being reported.

E01	Total number of dispositions	Exceeds number of calls where person triaged (C01) due to double-counting calls reported by NWAS and the other providers. C01 = NWAS only. E01 = NWAS plus CAS providers.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	CAS providers are unable to provide the data for E25.
G01	Calls where caller given an appointment	Exceeded by sum of parts (G03, G05, G07, G09, G11, G13, G14) due to double counting numbers reported by NWAS and the other providers.
G03, G05, G07, G09	IUC Service Integration	Figures exclude data from some service providers. Less than 50% of the CAS/OOH are currently being reported.
G10, G11	SDEC service	G10 includes NWAS only; G11 includes NWAS and CAS providers.
G14	Calls where caller given any other appointment	Figures exclude data from some service providers. Less than 50% of the CAS/OOH are currently being reported.
G20 to G23	Number of patients receiving a face to face consultation within the timeframe agreed	The numbers reported are the summation of the individual limited number of OOH returns currently received.
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	Figures exclude data from some service providers. Less than 50% of the CAS/OOH are currently being reported.

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 are unable to separately identify calls that are transferred from another 111 provider in SystmOne.
B01	Calls answered within 60 seconds	Increased 999 call demand, specifically OOA calls, which impacted 111 dual trained health advisor capacity, during periods of surge.
B07	95th centile call answer time	
B09	Total time of abandoned calls	We do not have the system capability to extract this information.

C01	Number of calls where person triaged	We are unable to identify the origin of the call when it's passed into SystmOne, therefore figures incorrectly include some cases originating from NHS 111 Online & some cases passed electronically from another 111 provider. Currently there is no way to differentiate these from legitimate triaged calls.
D01	Calls assessed by a clinician or Clinical Advisor	Locally agreed processes reduce the pool of cases which require clinical interaction. Both E21 & E27 reduce the volume of calls requiring clinical input.
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.
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 separately identify this information. Contacts generated from NHS 111 Online activity are included in the corresponding data items in sections D and G.

NECS

Comments for 111AI7 Yorkshire and Humber (NECS)

Data for GP OOH providers includes: 8GY92-LCD, NNF - City Healthcare Partnership CIC, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, NL0 – Vocare, RJL-Northern Lincolnshire and Goole NHS Foundation Trust and NNJ-DHU Bassetlaw OOH.

i-Heart - Y05222 submitted no data this month.

RCD-Harrogate & District was unable to supply any data due the cyber-attack on the Adastra system; Y01173-Sheffield GP Collaborative were unable to supply data items G20 to G23 for the same reason.

Data item	Description	Comments
A07	Calls which originated from an external NHS 111 provider	Data is not currently available from YAS but is provided by several GPOOH providers.
B01	Number of calls answered within 60 seconds	Improved staffing levels have resulted in increased performance levels.
B07	95th centile call answer time (seconds)	LCD Dental cannot provide item B07 - therefore this is 111 data only.

C01 to C06	Number of calls where person triaged	C01 does not equal the sum of C02 to C06 as staff changes during the month mean it is not always possible to identify on the system which staff type triaged a call.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because weekly submissions include YAS activity only.
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 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	Calls initially given an ETC disposition that are validated	ED validations are turned off when demand pressure is high.

G01 to G14	Number of calls where caller given an appointment	G01 contains bookings across the system, comprising bookings by YAS as well as estimated bookings made by other OOH providers (based on assumptions made about how many cases these providers go on to book). Disparity with provisional data is because weekly submissions include YAS activity only; monthly data includes bookings from providers across the system. The difference is large because YAS refer a lot of cases to OOH providers and don't book in many patients.
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	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.
G22, G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre	The decrease since last month is because one of the GPOOH providers (NXL01/FCMS) is now collecting data differently.
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
A06	Unscheduled IUC attendances	Data items not applicable at this time.
B01	Number of calls answered within 60 seconds	Call answering performance in July was impacted by increased levels of sickness and isolation due to Covid.
B02	Number of calls abandoned	
B06, B07	Call answer time	
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.
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 staffing sickness/isolation for Covid as well as the high and increasing number of Ambulance validations we do (see comments below). Ambulance validations have a local validation target of 30 minutes.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Although ambulance validation numbers are increasing, we validate a high volume of calls with a senior clinical review to enable better outcomes. This means clinical supervisors review every case as they present in the queue to flag any potential risks.
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.
G11	Callers booked into an SDEC service	We rarely have SDEC cases and, if so, the numbers tend to be very small.
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. The 4 cases that were included this month were incomplete and should not have been part of the submission.
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
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	Call handling performance impacted by staffing levels and higher demand of calls.
B02	Number of calls abandoned	
B06, B07	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	
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
B01	Calls answered within 60 seconds	Call-handling performance continued to be under pressure due to volumes received, coupled with Covid absences and annual leave.
B07	95th centile call answer time (seconds)	

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 which helped improve self-care results to our patients. However, the acuity of cases entering our clinical is higher whereby self-care is not appropriate.
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 E27. When we incorporate ED DoS validated cases, our ED validation rate (E27/E26) for the month of July is actually 73.68% rather than 18.3%.
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 16 slots (1%) were not booked throughout July. 53% of slots available were booked & 46% of total cases there were no slots available for 111 to book in to.
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 July there were only 6 slots made available to 111 staff to actually book into MIIU's/TC's and 4 of those were booked. 87% of total cases there were no appointments available for 111 to book into.
G09	Number of calls where caller given a booked time slot with an ED	Patients are booked time slots into ED if appointment slots are made available to book. During July there were no slots available for 111 to book directly into in 75% of total cases. Of the slots made available to 111 (76 slots), only 1% (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 111AK9 South West London

Data item	Description	Comments
A01	Number of calls received	

Data item	Description	Comments
A03	Number of answered calls	Disparity with provisional figures is due to delays in LAS providing telephony data for weekly submissions. LAS data are included in monthly figures. In SW London the calls received are now correctly flowing for the first full month since PPG took over the contract in June. Call-handling performance has been affected by high levels of calls (10% above contracted activity) and an increase in sickness and COVID-19 absences. Additionally, staffing levels have been affected by the short mobilisation period for the new contract.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	95th & 99th centile call answer time (seconds)	LAS data omitted from SWL from these metrics due to none line level data.
C01	Number of calls where person triaged	Disparity with provisional figures is due to delays in LAS providing telephony data for weekly submissions. LAS data are included in monthly figures.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to delays in LAS providing telephony data for weekly submissions. LAS data are included in monthly figures. Performance affected by Clinical Advisor resourcing issues.
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	
E27	Number of calls initially given an ETC disposition that are validated	The figure reported is incorrect; actual ED Validation figures we run an ED DoS validation which shows proportion of calls initially given an ED that are validated at 80% June and 81% July. 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.
G20 to G23	Number of patients requiring a face to face consultation	These are missing as there is a problem with our BI report where data isn't pulling through.

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
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	This month's figures included data from 4 out of 5 of our external providers for the first time. Data from Gosport MIU are still missing.
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.
B01	Calls answered within 60 seconds	Across July, overall staff logged in time increased by 0.3%, despite a 9% decline in logged in time in the first 15 days of the month.
B02	Number of calls abandoned	59% of call abandoned after 30 seconds occurred in the first 15 days of the month and we were answering 32.7% of calls within 60 seconds. In the latter 16 days of the month, 41% of abandonment occurred across a higher number of days, and 39.8% of calls were answered within 60 seconds. These shifts are service wide as we operative a virtual call centre.
B04, B05	Calls abandoned in specified timeframe	
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) due to time it would take to run this data.
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	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	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
G12, G13	Number of calls received by dental services not using DoS	These items are reporting considerably lower than they had in previous months as a move was made on the 21st to shift most of the booking done by dental to be done via the DOS.
G14	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	Calls where repeat prescription medication was issued within your service	Unable to provide this figure.
G20 to G23	Face to face consultations in an IUC Treatment Centre or home residence	SCAS does not hold this data – we have experienced problems gathering data from providers.
H13 to H16	NHS 111 Online contacts resulting in 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 data is because monthly figures includes calls from the following IVR lines: 111 HA IVR HCP, 111 HA IVR Prescription, 111 SU IVR HCP, 111 SU IVR Prescription.
A05	External clinician calls to Clinical Assessment Service (CAS)	Unable to provide this figure.
A06	Unscheduled IUC attendances	This month's figures included data from 2 out of 3 of our external providers for the first time. Data from Berkshire Health Foundation Trust are still missing.
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.
B01	Calls answered within 60 seconds	Across July, overall staff logged in time increased by 0.3%, despite a 9% decline in logged in time in the first 15 days of the month.
B02	Number of calls abandoned	59% of call abandoned after 30 seconds occurred in the first 15 days of the month and we were answering 32.7% of calls within 60 seconds.
B04, B05	Calls abandoned in specified timeframe	In the latter 16 days of the month, 41% of abandonment occurred across a higher number of days, and 39.8% of calls were answered within 60 seconds. 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
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	Thames Valley has comparably less CAS provision than Hampshire Surrey Heath.
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.
G11	SDEC bookings	Cannot currently book into SDEC and no DOS Selections listed – 0 is correct
G12, G13	Number of calls received by dental services not using DoS	These items are reporting considerably lower than they had in previous months as a move was made on the 21st to shift most of the booking done by dental to be done via the DOS.
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.
H13 to H16	NHS 111 Online contacts resulting in 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 111AI9 Kent, Medway & Sussex

Data item	Description	Comments
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	New metric effective from April 2022; currently in development as agreed with local commissioners.
D22, D23	Callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes	Values for D22 & D23 were incorrect in SECAmb's July ADC data submission. Figures were based incorrectly on a narrower definition of Dx codes with longer timeframes, whereas it is now clear that these items should include ALL values not included in D13 and D14. Correct figures for last month were 18,698 (D22) and 9,744 (D23).
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	New metric effective from April 2022; currently in development as agreed with local commissioners.
D26	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 compared to last month, the overall self-care outcomes (including HA) were broadly unchanged and are driven significantly by Pathways outcomes.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that are validated within a specified timeframe	Metrics currently unavailable.
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.
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
A02	Number of answered calls	Performance impacted by increase in available workforce since the end of May 2022, as well as fluctuations in demand and staff absences.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data due to under-reporting 10th, 24th and 31st July in weekly submissions.
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
G06, G07	DoS selections for UTC DoS selections for UTC	Staffordshire ICS still does not have any UTCs operationalised and they are not expected to be for at least the next 12-18 months. Any low numbers that appear in submissions may be due to patients on the service's border.
G10, G11	SDEC referrals and bookings	No cases arose to report.