

## IUC ADC December 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 111AI5 Bristol, North Somerset & South Gloucestershire

As instructed in the IVR, and in advertising campaigns, many patients resorted to using 111 online this month which resulted in large additional volumes of work for the CAS which is not captured in the ADC.

Data item	Description	Comments
A01	Number of calls received	Performance affected by a huge increase in demand this month due to a combination of factors: <ul style="list-style-type: none"> <li>• Step A being a concern to many parents</li> <li>• Other infections/conditions associated with the winter season as well as ongoing Covid spread</li> </ul>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	Disparity with provisional figures is due to missing data for the full week of the week ending 18 <sup>th</sup> December.
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.
E19-E30	Number of calls initially given a category 3 or 4 ambulance disposition & Number of calls initially given an ETC disposition	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; for December, KPI 7 is 57.2%; KPI 8 is 79.3%.
F02	Directory of Services: no service available other than ED (ED catch-all)	Zero cases - ED catch-all only triggers in exceptional circumstances
G01 to 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 (ie 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.

## DEVON DOCS

Comments for 111AH8 Somerset

Data Items	Description	Comments
A01	Number of calls received	Performance affected by very high levels of demand attributed to the Strep A outbreak and four-day weekend compounded with the expected increase in calls with the cold snap/winter respiratory conditions. Disparity with provisional figures due to difficulties getting data from our colleagues at PPG in time for submission deadlines.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	

G01	IUC recommendations and callers given appointment	G01 does not aggregate to the sum of G03, G05, G07, G09, G11, G13 and G14 because the 2022/23 ADC specification changes to those items have not yet been implemented.
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 figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	The reason C01 is exceeding the sum of A03+A04+A07 is due to user mis-categorisation of case contract at contract selection within the case logging system, leading to larger triaged figures than calls answered. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The low value is because cases are sent to GP OOH services that are out of area for which no bookings were made.
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 figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Null - not applicable to our service.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	The reason C01 is exceeding the sum of A03+A04+A07 is due to user mis-categorisation of case contract at contract selection within the case logging system, leading to larger triaged figures than calls answered. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D12	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	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
G10, G11	SDEC service bookings	None recorded this month.
G12, G13	Calls received by dental services	Null - not applicable to our service.
G16 to G19	Community pharmacy service	

Comments for 111AK6 Lincolnshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	

A04	Calls transferred from the 999 Ambulance Service	Null - not applicable to our service.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Null – not applicable to our service.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	
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	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
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.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The low value is because cases are sent to GP OOH services that are out of area for which no bookings were made.
G11	SDEC service bookings	CAS colleagues are unable to book patients into SDEC.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
B02	Number of calls abandoned	
B06, B07	Time to call answer	

C01	Number of calls where person triaged	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D01	Calls assessed by a clinician or Clinical Advisor	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
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	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
E27	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.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The low value is because cases are sent to GP OOH services that are out of area for which no bookings were made.
G11	SDEC service bookings	Not yet used within service.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Low value is because we receive external data that doesn't include whether the face-to-face was within the timeframe.

#### Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
B02	Number of calls abandoned	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
B06, B07	Time to call answer	
C01	Number of calls where person triaged	Volumes are affected by pathways changes made this month.

D01	Calls assessed by a clinician or Clinical Advisor	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes. Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
D12	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	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
G11	SDEC service bookings	CAS colleagues are unable to book patients into SDEC.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

Comments for 111AL1 Nottinghamshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
A02	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	Null return as not yet able to collate this information.
B01	Number of calls answered within 60 seconds	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
B02	Number of calls abandoned	
B06, B07	Time to call answer	Disparity with provisional figures is due to missed daily manual loads of the data, which had been resolved by the time we had submitted the monthly file.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Null return as not yet able to collate this information.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	
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	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.

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	The low value is because cases are sent to GP OOH services that are out of area for which no bookings were made.
G10, G11	SDEC service bookings	Not yet used within service
G12, G13	Calls received by dental services	Null return as not yet able to collate this information.
G16 to G19	Community pharmacy service	
G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Low value is because we receive external data that doesn't include whether the face-to-face was within the timeframe.

## DORSET HC

Comments for 111AI4 Dorset

Data item	Description	Comments
A01	Number of calls received	Performance affected by a huge increase in calls, mainly due to Strep A causing issues. In addition to this we were supporting SWASFT with validating non 111 ambulance cases on the day of strikes.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service	No data available. Unable to identify individuals calls from 999 service.
B01	Calls answered within 60 seconds	Performance affected by a huge increase in calls, mainly due to Strep A causing issues. In addition to this we were supporting SWASFT with validating non 111 ambulance cases on the day of strikes.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	Disparity with provisional figures is because estimated figures were included in the weekly submission due to problems with getting data from one of our providers.
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	Disparity with provisional figures is because estimated figures were included in the weekly submission due to problems with getting data from one of our providers. Besides increase in calls, clinicians were dealing with a large increase in 111 Online usage throughout December when we had the telephony queues.
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	
E17	Number of callers recommended self-care at the end of clinical input	Decrease in levels of self-care over the last couple of months are due to a higher proportion of children with presenting with respiratory issues needing to be seen in person.
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.
H01	NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor	Large increase in 111 Online usage throughout December when we had the telephony queues.
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	
A01	Number of calls received	Performance affected by a huge increase in demand this month, driven by calls about Strep A, COVID and flu. Call volumes far outstripped expected demand with over 58,000 calls to this IUC contract alone, which was marginally higher than March 2020 and the start of the COVID 19 pandemic in the UK. Disparity with provisional figures is because of end of month reconciliation. Clinicians were dealing with a large increase in 111 Online cases, especially cases requiring validation for ambulance or ED, in addition to a huge increase in call volumes this month.	
B01	Calls answered within 60 seconds		
B02	Number of calls abandoned		
B06, B07	Time to call answer		
C01	Number of calls where person triaged		
D01	Calls assessed by a clinician or Clinical Advisor		
E20 to E25	Ambulance validation		
E27 to E30	ETC validation		
G10, G11	SDEC service bookings		Continues to be work in progress.

Comments for 111AL3 Cornwall (HUC)

Data item	Description	Comments	
A01	Number of calls received	<p>Despite a 10% increase in 111 call centre hours vs. November, we received 65% more calls than November. Trend analysis of Symptom Groups for our existing 111 services suggests that the increase in calls was largely driven by Strep A, Covid and flu. In addition to calls to 111, we saw a massive influx of cases from 111 Online requiring clinical interaction: December saw 299% of November's 111 Online cases. This inevitably adds extra pressure onto clinicians to call back patients, which then leads to extra calls from patients awaiting a call back, driving up both 111 wait times and abandonment rate.</p> <p>Disparity with provisional figures is a result of late weekly submissions over December and missing data.</p>	
A03	Number of answered calls		
B01	Calls answered within 60 seconds		
B02	Number of calls abandoned		
B06	Total time to call answer		
C01	Number of calls where person triaged		
D01	Calls assessed by a clinician or Clinical Advisor		
D20	Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)		Figure submitted were incorrect. Recalculated as 3,356.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)		Figure submitted were incorrect. Recalculated as 61,307.
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes		Figure submitted were incorrect. Recalculated as 17,613
G10, G11	SDEC referrals and bookings	No cases arose to report.	

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
A01	Number of calls received	<p>Performance affected by a massive jump in call volumes this month, largely due to Strep A and Covid.</p>
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	<p>Besides increases in calls, performance was affected by a large increase in 111 online cases.</p>
D01	Calls assessed by a clinician or Clinical Advisor	

G10, G11	SDEC service bookings	Continues to be work in progress.
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Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
A01	Number of calls received	Performance affected by an exceptional increase in calls, with a huge number of cases with symptoms related to the Strep A outbreak and other respiratory conditions, especially in younger patients. The number of calls answered was at our operational capacity.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	The relative increase in C01 and D01 compared to calls answered is also partially due to a large increase in 111 online cases which fed into the clinical assessment pools.
D01	Calls assessed by a clinician or Clinical Advisor	Discrepancy with provisional figures is due to rechecking the monthly figures at the end of the month to catch updates to cases that fall outside of the initial submission.
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.
G20, G21	SDEC service bookings	Home visit case reporting remains affected by the Aadastra outage and will be the case for January also.

Comments for 111AI3 West Essex

Data item	Description	Comments
A01	Number of calls received	Performance impacted by huge volume of calls. December is generally a busy month but this year West Essex had 29% more calls offered than in December 2021, due to increases in Covid cases and new infections like Strep A.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	Disparity with provisional figures is due to end of month reconciliations, the monthly figure is correct.
D01	Calls assessed by a clinician or Clinical Advisor	
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.
G20, G21	SDEC service bookings	There were still issues with home visit reporting in December due to clinicians not having access to Aadastra.

**IC24**

## Comments for 111AH4 Mid &amp; South Essex

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)	
B06	Total time to call answer	The increase in average time to answer the calls is due to the very high demand.
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.
C01	Number of calls where person triaged	The changes in calls triaged and calls assessed by a clinician or clinical advisor is due to pathways change that we have made.
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	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	Performance affected by increase in demand (calls).
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	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	Performance affected by increase in demand (calls).
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	Performance affected by clinical capacity following a change in the 111 clinician process.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Although this has stabilised over recent months there are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G10, 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	
G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Affected by staffing and rota fill.

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney

Data item	Description	Comments
A01	Number of calls received	Demand hugely increased in December, due to Christmas holiday pressures and Strep A concerns.
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	

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	Figures driven by clinical demand this month; extra shifts trialled on Sundays.
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	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	Huge wait times for clinical call backs driven by demand.
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	Fall in performance in December is a result of increased pressures and impact on other systems.
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 call back	
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.
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	Calls answered within 60 seconds	Performance affected by high demand and levels of sickness.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Calls where person triaged	
C01	Number of calls where person triaged	C01 exceeds the sum of A03+A04+A07 due to Adastra freezing periodically causing cases to be locked and resulting in a small number of cases being double-counted. Also, some paramedics have been calling through on the wrong line so not counting in the correct (telephony) figures, i.e. the calls from external clinicians are not coming through the correct 111 lines - but are still being added as a 111 case entry.
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.
F01 to F03	Directory of Services	Figures provided have been extracted from the Pathways Intelligent Data Toolkit this month as SSRS reporting is not available following the Adastra outage.
G01 to G10	Callers given appointments and booking types	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.

G16-G19	Prescription & pharmacy services	Following the Adastra outage in August, IOW are now using DoS service data downloaded from the 'Pathways Intelligent Data Tool' to calculate G16, G17, G18 and G19 (independently of SSRS). These case lists do unfortunately include '111 Online cases' (which should not be included in these particular metrics). It's not possible to identify and remove them from G17 and G19 but it's thought the variance will be minimal.
G20 to G23	Face to face consultations	This section of reporting is still being developed.
H01 to H18	NHS 111 Online	SSRS reporting is not available following the Adastra outage during August. Therefore, no reporting figures are available for H01 to H18.

## LAS

Comments for 111AH5 North East London

LAS is gradually reinstating Log Shipping, though some testing is still occurring. Log Shipping was used to calculate items F01 and F03 this month.

Data item	Description	Comments
A01	Number of calls received	Call taking performance depreciated markedly for all our contracts (NEL, NWL and SEL) in December compared to November, caused by very high call volumes relating to anxiety around StrepA – the media reiterated government advice to contact 111/IUC in the first instance - and a December cold snap.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G01	Number of calls where caller given an appointment	We are now including SMILE data in the calculation of G01
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.
G13	Calls received by dental services not using DoS that resulted in a booked appointment	This is the appointment data from SMILE.

Comments for 111AJ1 North West London

LCW, our partner on the NWL contract, has been able to provide data for the NWL contract this month. LAS is gradually reinstating Log Shipping, though some testing is still occurring.

Data item	Description	Comments
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A01	Number of calls received	Disparity with provisional figures is because on a couple of occasions PPG CAS data over the weekend did not arrive at LAS ready for the weekly ADC submission deadline. Call taking performance depreciated markedly for all our contracts (NEL, NWL and SEL) in December compared to November, caused by very high call volumes relating to anxiety around StrepA – the media reiterated government advice to contact 111/IUC in the first instance - and a December cold snap.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
G11	Calls where the caller was booked into an SDEC service	
G20, G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	
G22, G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	
		No bookable appointments recorded usually.
		LCW unable to provide this figure.
		Not applicable to the service. This measure is not reported on in the monthly NWL Commissioners report.

#### Comments for 111AD7 South East London

Data item	Description	Comments
A01	Number of calls received	Call taking performance depreciated markedly for all our contracts (NEL, NWL and SEL) in December compared to November, caused by very high call volumes relating to anxiety around StrepA – the media reiterated government advice to contact 111/IUC in the first instance - and a December cold snap.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
G01	Number of calls where caller given an appointment	
G11	Calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
		Figures now include SMILE data.
		No bookable appointments recorded.
		This is the appointment data from SMILE.

#### LCW

##### Comments for 11AD5 North Central London

The IUC ADC Reporting Suite in Adastra has not been updated to match the 2022/23 IUC ADC specification, therefore some data items are based on 2021/22 definitions.

Data item	Description	Comments
A01	Number of calls received	SVCC continued to be utilised for the first part of December. Activity has increased against forecast and on previous months. Initial investigations indicate 0.1% of NCL activity was routed to other providers.
A02	Calls routed through IVR	A02 is blank as the definition has been reviewed. Will resubmit once the telephony system allows us to report on this.
A07	Calls which originated from an external NHS 111 provider	Not provided in the current suite of reports we run from Adastral. Figure estimated as 3,265.
B01	Number of calls answered within 60 seconds	Performance targets not met due to unplanned sickness in Health Advisor Staff and continuing shortfall in recruitment. Unplanned activity due to the Strep A public health incident and industrial strike actions also affected performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	Disparity with provisional figures of numbers, likely to be due to unresolved issues with weekly figures.
D01	Calls assessed by a clinician or Clinical Advisor	Not applicable.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Figure is lower than expected.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable for our service.
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	Clinical performance was affected by increased demand due to Strep A in the first few weeks of December.
D20 to D26	Clinical assessment	Not provided in the current suite of reports we run from Adastral.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures are low due to restrictive criteria for referral into the service.
E20 to E25	Calls initially given a category 3 or 4 ambulance disposition	Items missing aggregated data due to loss of data feed.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	All London region ambulance validation is carried out by LAS. We are trying to re-establish the data feed to submit the complete data set.

E27 to E31	Calls initially given an ETC disposition	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.
G11	Calls where the caller was booked into an SDEC service	This is now part of current Advanced ADC suite reporting. Figures validated and are low due to restrictive criteria for referral into the service. G11 is blank because there are no booked appointments available for those services via the DoS.
G12 to G13	Calls received by dental services not using DoS	N/A as we are not Dental service.
H11 to H12	NHS 111 Online contacts that resulted in DoS selections for SDEC	SDEC services in the area do not offer appointments via the DoS.
H17 to H18	NHS 111 Online contacts initially given an ETC disposition	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
A01	Number of calls received	Many factors contributed to a high number of calls into 111 during December. The Strep A virus meant large numbers of people needed antibiotics which resulted in a shortage of penicillin across the country and worried patients were seeking advice on this. A lot of patients reporting that they had phoned 111 due to being unable to speak to/see their own GP. The usual winter pressures of coughs, colds and flu were very high among 111 dispositions. Bank holiday weekends over Christmas and New Year when other service provision is limited results in an increase in calls to 111. It is also highly likely that the prevalent TV and radio promotion to the public to use 111/111Online will have increased the number of calls received.
C01	Number of calls where person triaged	Disparity with provisional figures is because we re-established clinical operational Adastra (non-call) data only part way through December (having not had any since Aug-2022). This meant weekly submissions did not include this activity for the beginning of December but we had a more complete picture by the time we made the monthly submission.
D01	Calls assessed by a clinician or Clinical Advisor	

D23	Callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Below our usual month figures due to high service demand.
F02	Directory of Services: no service available other than ED (ED catch-all)	Since Jan 2022 BSW IUC have not been processing the CatchAll DoS item for reporting purposes.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	ED booking ability was turned off (by ED/acutes) on occasion throughout Dec-22.
G11	Number of calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.

### 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. Figures are under-reported as CAS/OOH data is incomplete and missing for 30/12 and 31/12. This month, data includes submissions from NWAS and 5 of the 14 CAS/OOH service providers. Even when CAS providers supply some figures, not all data items can be reported at the granularity required.

Data item	Description	Comments
A01	Number of calls received	Service performance impacted by a huge increase in the level of demand. Early December saw the Strep A concerns in children getting a lot of coverage through the media and as a result NW 1111 saw a significant overnight spike in demand was both unplanned for and unexpected. This came on top of the annual sharp increase in demand due to the Xmas period. Throughout December there were several days where more than 400-500 calls were waiting to be answered at peak times, with wait times over 1 hour. The increase in calls answered (A03) was largely due to staff working extra hours to support the increased demand as well as reduced annual leave provision to maximise front end staffing heading into Xmas & new year.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06, B07	Call answer time	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because different providers submit monthly and weekly returns.
D01 to D19	Calls assessed by staff type	Not all CAS/OOH providers can accurately split out 'Calls assessed by a clinician or Clinical Advisor ' into the sublines.
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Data not available to calculate the average and 95th percentile for these from provider submissions.
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 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	Number of calls where caller given an appointment	Numbers not matching sum of parts due to G01 only being collected for 111 service (NWAS) and the others being collected from 111 and CAS services.
G10, G11	SDEC Service	Only NWAS report G10, ALL providers are asked to complete G11 (where relevant).
G03, G05, G07, G09	IUC Service Integration	Figures exclude data from some service providers.
G14	Calls where caller given any other appointment	
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	

## 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
A01	Number of calls received	Performance for December 2022 has been significantly challenging across all services with the Trust at REAP level 4 for the majority of the month. As well as the strike by Ambulance staff on 21 <sup>st</sup> December, the Trust declared two critical incidents (19 <sup>th</sup> & 27 <sup>th</sup> December) due to significant demand and capacity issues. 111 Call demand was significantly high for December, with the highest calls number of calls received ever reported. One of the main drivers for the increase in call demand was STREP A which was a concern throughout December. Child & toddler call demand was up by 10% in December compared to the YTD average. 999 call demand was also significantly high for December, in part due to IRP. This impacts 111 call performance as the opportunity for dual trained health advisors to support 111 between 999 calls is reduced, despite restrictions on HA annual leave and training for key dates.
A03	Number of answered calls	
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 SystemOne.
B01	Calls answered within 60 seconds	The EOC have recently been making changes to Clinical Safety Plan (CSP Levels). Therefore, during certain periods fewer dual trained HA were required to be available on 999, offering additional availability on 111.
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 SystemOne, therefore figures incorrectly include some cases originating from NHS 111 Online and 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. NHS111 Online activity significantly increased this month, with just under 12,000 cases managed through the contract now in place with Vocare. The additional capacity put in place provided essential resilience for CAS during the period.

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 D14	Call backs by a clinician	Under reported at system level as call back reporting does not include performance from external providers.
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	To help with pressure on the service, the C3/C4 holding pen time limit was increased from 30 to 120 minutes to allow for more time for clinicians to reach cases to validate before moving to dispatch.
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	CAS pressures were extremely high over the month, resulting in ETC DoS profile being suspended on 30 occasions on 19 days, equating to 162 hours where ED validations were not available.
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 111A17 Yorkshire and Humber (NECS)

Data for GP OOH providers includes: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD-Harrogate & District, i-Heart - Y05222, NL3-CARE PLUS, NXL01 – FCMS, RJL - Northern Lincolnshire and Goole NHS Foundation Trust. Data for NNJ - DHU Bassetlaw OOH are unavailable due to ongoing issues caused by the Adastra outage and RFR71 – Rotherham OOH have not submitted any December data.

Data item	Description	Comments
A01	Number of calls received	Increased demand due to the Strep A national comms at the beginning of December, along with the festive period and several bank holidays.
A03	Number of answered calls	Disparity with provisional figures is because the weekly submission was missed at the beginning of December as we only had half the data.
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	Calls answered within 60 seconds	Performance affected by increased demand due to the Strep A national comms at the beginning of December, along with the festive period and several bank holidays.
B02	Number of calls abandoned	
B06	Total time to call answer	Disparity with provisional figures is because the weekly submission was missed at the beginning of December as we only had half the data.
B07	95th centile call answer time	LCD Dental cannot provide item B07 - therefore this is 111 data only.
C01	Number of calls where person triaged	C01 does not equal the sum of items C02, C03, C04, C05 & C06 due to staff changes during the month which aren't always updated on the system in time. Disparity with provisional figures is because the weekly submission was missed at the beginning of December as we only had half the data.



D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because the weekly submission was missed at the beginning of December as we only had half the data.
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.
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.
G10, 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.

### NHS Black Country and West Birmingham CCG

Comments for 1111AK5 West Midlands

Data item	Description	Comments
A01	Number of calls received	The calls offered count maybe inflated by the way our telephony system acts during the extreme call volumes received (27th December in particular). Calls present on our primary lines, if the available lines are at capacity the calls will cascade to our secondary and finally the tertiary line before a potential busy/disconnect signal is given. We are currently reviewing, but suspect the calls offered count is recording each attempt at the three trunks.
A06	Unscheduled IUC attendances	Data items not applicable at this 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. 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.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	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, G10	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 items not applicable at this time.
G15	Calls where repeat prescription medication was issued within your service	This item is currently missing.
G20 to G23	Face to face consultations	Data not available currently.
H13 to H16	NHS 111 Online contacts	

### PRACTICE PLUS GROUP (PPG)

Comments for 111AL2 Devon (PPG)

Vocare data excluded from telephony centile metrics and items D20, D21, D24 and D25 as only aggregated data is received from them.

Data item	Description	Comments
A01	Number of calls received	Performance impacted by exceptional increase in calls offered related to Group A Streptococcus infections. Demand was close to that seen in the peak of Wave 1 of
A03	Number of answered calls	

B01	Calls answered within 60 seconds	COVID-19 and required additional arrangements to manage safety and demand with PPG announcing BCI from 22th Dec. Staff sickness rates also increased in line with national sickness trends and clinical staff shortages remained a national risk.
B02	Number of calls abandoned	
B06	Total time to call answer	Disparity with provisional figures due to missed data from Vocare weekly submission.
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	Although lower volumes were seen in November, the acuity of patients in the clinical queue was high, resulting in priority 1 cases having to be dealt with first as well as continuing clinical validation of cat 3 & 4 ambulances taking precedence. All cases that enter our clinical queue are risk assessed by a clinician within 10 minutes & upgraded to a higher priority if required. Safety calls are also made whilst waiting for clinical call backs to check for any worsening or change of symptoms in our patients.
E17	Callers recommended self-care at the end of clinical input	Performance affected by acuity of patients within clinical queue higher than expected and lack of access to primary care.
E27	Number of calls initially given an ETC disposition that are validated	ED DoS validation is live. 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 December is 78.79%
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, UTC, MIS & PC) of the slots made available to 111 to book. Only 61 slots were not booked (1%), 1522 were not available (36%), and 2658 were booked (63%).
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Looking at the three IUC Treatment Centres in Devon, only two slots were made available for 111 to book into in December not none booked (one at Newton Abbot and one at Tiverton).
G07	Number of calls where the caller was booked into a UTC	We are currently reviewing what services are listed under a UTC UID. Currently all Devon services are profiled under a IUC TC or Urgent Care resulting in the calculate submissions being low.
G11	Number of calls where the caller was booked into an SDEC service	This SDEC service is not running currently in Devon.

Comments for 111AH2 Gloucestershire

Data item	Description	Comments
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A01	Number of calls received	Performance affected by additional demand coupled with higher staff sickness absence proportionately due to Covid-19. Calls received into the service were 23% above contracted baseline for December with a notable demand increase of Strep A & winter symptoms related acuity. At its peak, 58% of total 111 cases were related to under 18's.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06 to B07	Time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	Due to the vast increase in calls relating to Group A Streptococcus infections and a high influx of 111 Online cases, the acuity in our clinical queue was much higher.
E17	Callers recommended self-care at the end of clinical input	
E27	Number of calls initially given an ETC disposition that are validated	Since February 2022, 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 December is 76.47%.
G01	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 (ED, MIU, GHAC & PC) of the slots made available to 111 to book (900), only 22 slots were not booked throughout December meaning 97.55% of the slots available to us were utilised and booked. In 44% of total cases there were no appointments available for 111 to book into.
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. In December there were only 8 slots made available to 111 staff to book into MIU's/UTC's and 6 of those were booked. In 93% of total appropriate cases, there were no appointments available for 111 to book into.
G09	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 December there were no slots available for 111 to book directly into in 82% of total appropriate cases. Of the slots made available to 111 (56 slots), only 2% (6 slots) of those slots were not booked by our staff. Meaning 89.3% 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
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A01	Number of calls received	<p>December activity was dominated by the rise in demand linked to respiratory illness.</p> <p>The majority of the increase in calls offered related to Group A Streptococcus (GAS) infections with higher clinical requirement and flow to CAS and OOH services. The demand was close to that seen in the peak of Wave 1 of COVID-19 and required additional arrangements to manage safety and demand.</p> <p>Call lengths significantly elongated by multiple factors including high under 18 years age groups through GAS with high challenge for locating suitable clinical disposal of cases.</p> <p>In response Practice Plus Group IUC stood up a Business Continuity Incident on 22 December 2022 and stood it down on 03 January 2023.</p>
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
E27	Calls initially given an ETC disposition that are validated	Now validated through ED DOS validation.
G01	Calls where caller given an appointment	Still limited opportunities as triaging for COVID symptoms rather than direct-booking.
G05	Calls where the caller was booked into an IUC Treatment Centre	
G07	Calls where the caller was booked into a UTC	Minimal opportunities to do this (just one UTC).
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	<p>Performance affected by STREP A and bank holiday weekends which resulted in a significant increase in incoming demand. In addition, a spike in absence due to Covid and flu amongst staff led to reduced availability. Disparity with provisional figures is due to an issue importing LAS data from 14/11/2022 to 04/12/2023 inclusive which meant that LAS data was missing from the weekly submissions made on 28/11/2023 and 05/12/1011. The data was retrospectively loaded onto the database and included in the monthly submission for December.</p>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	95th & 99 <sup>th</sup> centile call answer time (seconds)	
		SWL Telephony centile figures exclude LAS data as line data is not available.

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	Figures affected by under-18s Strep A cases.
E17	Number of callers recommended self-care at the end of clinical input	Reduction in self-care outcomes post clinical assessment reflects an increase of under-18 Strep A cases throughout December which required more face to face consultations.
E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures are missing 999 validations done by LAS; numbers show the few that were picked up by Practice Plus Group.
E27	Number of calls initially given an ETC disposition that are validated	Actual ED Validation figures we run an ED DoS validation which shows proportion of calls initially given an ED that are validated at 81.99% December. 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.
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.

#### Comments for 111A12 Surrey Heartlands

Data item	Description	Comments
A01	Number of calls received	December activity was dominated by the rise in demand linked to respiratory illness. The majority of the increase in calls offered related to Group A Streptococcus (GAS) infections with higher clinical requirement and flow to CAS and OOH services. The demand was close to that seen in the peak of Wave 1 of COVID-19 and required additional arrangements to manage safety and demand. Call lengths significantly elongated by multiple factors including high under 18 years age groups through GAS with high challenge for locating suitable clinical disposal of cases. In response Practice Plus Group IUC stood up a Business Continuity Incident on 22 December 2022 and stood it down on 03 January 2023.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Calls where person triaged	
E27	Calls initially given an ETC disposition that are validated	
G10, G11	SDEC selections	The SDEC care service isn't currently active.

## SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Fields listed as zero are legitimate zeros, such as those reported for SDEC and ITK, which we do not operate. Fields left blank fall into one of three categories: a) we have been unable to provide the data due to technical limitations, mostly around telephony; b) metrics which we need more time to investigate, including community pharmacy / prescription booking and DOS options (not DoS selected); c) we have unfortunately been unable to clarify with a number of external IUC providers what metrics they would report against based on their services and been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us.

Data item	Description	Comments
A01	Number of calls received	December was a significant outlier in terms of demand and performance due to the impact of Strep A and winter pressures. The proportion of calls for patients 2-16 years almost doubled to nearly 40%.
A02	Calls routed through IVR	Zero due to no IVR at call start when passed to service
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty of if there is a direct line in this way .
A06	Unscheduled IUC attendances	Included for the first time are figures for four of the external providers in Hampshire Surrey Heath. Still missing data for Gosport MIU.
B01	Number of calls answered within 60 seconds	The increased call pressure led to significant wait times as we do not have the capacity to handle the volume of calls received, including the additional 111 Online contacts.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	A number of hours through December are underreported or missing entirely, with some at 0 or single figures for the number of triages. With these being specific timescales and part hours we cannot apply an uplift and would advise that we do not yet have 100% confidence in the data.
C05	Number of calls where person triaged by any other Clinician	Zero. Checked with 111 Ops and no known "Other" clinicians operate.
C06	Calls where person triaged by another staff type not within the other 4 categories	Contains cases where staff role was unable to be found in system.

D01	Calls assessed by a clinician or Clinical Advisor	We have adjusted how we record D01 this month to be more accurate and have put in place a manual workaround to count calls passed via the DOS. This causes a disparity with provisional figures as we do not have time prior to the weekly ADC deadline to add this data to our submission.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
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)
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	Increase in demand caused significant moves away from call backs in 20 minutes due to the change in patient type and acuity.
F01 to F03	Directory of Services	We do not have data for these items as we have not yet had our SSRS feed back up and running after the Adastra outage from which these were sourced.
G02 to G09	Callers booked into a service following a DoS selection	Figures this month have been refined to include details combining DOS service types and appointments from external records. Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly.
G11	Number of calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
G12, G13	Number of calls received by dental services not using DoS	From the 21 <sup>st</sup> December, most of the booking done by dental was moved to be done via the DoS.
G14	Number of calls where caller given any other appointment	Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly.
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed back up and running after the Adastra outage from which these were sourced.
G20, G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data – as we have experienced problems gathering data from Providers.
H13, H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	



Comments for 111AG9 Thames Valley

Fields listed as zero are legitimate zeros, such as those reported for SDEC and ITK, which we do not operate. Fields left blank fall into one of three categories: a) we have been unable to provide the data due to technical limitations, mostly around telephony; b) metrics which we need more time to investigate, including community pharmacy / prescription booking and DOS options (not DoS selected); c) we have unfortunately been unable to clarify with a number of external IUC providers what metrics they would report against based on their services and been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us.

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A01	Number of calls received	December was a significant outlier in terms of demand and performance due to the impact of Strep A and winter pressures. The proportion of calls for patients 2-16 years almost doubled to nearly 40%.
A02	Calls routed through IVR	Zero due to no IVR at call start when passed to service
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty of if there is a direct line in this way .
A06	Unscheduled IUC attendances	Included for the first time are figures for some external providers. Missing data for Berkshire Health Foundation Trust, Oxford Health and Lymington due to reporting issues as a result of SSRS.
B01	Number of calls answered within 60 seconds	The increased call pressure led to significant wait times as we do not have the capacity to handle the volume of calls received, including the additional 111 Online contacts.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
C01	Number of calls where person triaged	A number of hours through December are underreported or missing entirely, with some at 0 or single figures for the number of triages. With these being specific timescales and part hours we cannot apply an uplift and would advise that we do not yet have 100% confidence in the data.
C05	Number of calls where person triaged by any other Clinician	Zero. Checked with 111 Ops and no known "Other" clinicians operate.
C06	Calls where person triaged by another staff type not within the other 4 categories	Contains cases where staff role was unable to be found in system.

D01	Calls assessed by a clinician or Clinical Advisor	We have adjusted how we record D01 this month to be more accurate and have put in place a manual workaround to count calls passed via the DOS. This causes a disparity with provisional figures as we do not have time prior to the weekly ADC deadline to add this data to our submission.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
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)
F01 to F03	Directory of Services	We do not have data for these items as we have not yet had our SSRS feed back up and running after the Adastra outage from which these were sourced.
G02 to G09	Callers booked into a service following a DoS selection	Figures this month have been refined to include details combining DOS service types and appointments from external records. Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly.
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G14	Number of calls where caller given any other appointment	Disparity with provisional figures is due to not being able to manually update weekly DOS figures with up to date service types – this is only feasible monthly.
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed back up and running after the Adastra outage from which these were sourced.
G20, G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data – as we have experienced problems gathering data from Providers.
H13, H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	

### SECAmb

Comments for 111AI9 Kent, Medway & Sussex

Data item	Description	Comments
A01	Number of calls received	Performance impacted by unprecedented exceptional call volumes during December 2022, due primarily to the widespread public concern about Strep A for most of the month. Disparity with provisional figures is due to the missing weekly dataset for w/e 04/12.
A03	Number of answered calls	
A04	Calls transferred from the 999 Ambulance Service into NHS 111	SECAmb does not transfer low-acuity 999 calls across to 111. Figures for previous months incorrectly included calls handled by dual trained agents.
B01	Number of calls answered within 60 seconds	Performance impacted by unprecedented exceptional call volumes during December 2022, due primarily to the widespread public concern about Strep A for most of the month. Disparity with provisional figures is due to the missing weekly dataset for w/e 04/12.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Metrics currently in development as agreed with local commissioners.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D26	Calls assessed by a clinician or Clinical Advisor by video consultation	Metric out of scope for our operating model.
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	DoS: 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 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.

<b>Data item</b>	<b>Description</b>	<b>Comments</b>
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.