

IUC ADC December 2023 - 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 providing data to the relevant lead data supplier. 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 comments for each contract area, as provided by lead data suppliers, about the quality of data returns, reasons for changes since previous months and reasons for differences to provisional data items published last month.

North East and Yorkshire region

111AA1 North East

Lead data supplier: North East Ambulance Service NHS Foundation Trust (NEAS)

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	Demand was high as anticipated for the holiday period. Staffing levels were increased with a limit on annual leave, leading to reduced shrinkage for the month. The VOCARE support of 5% remains in place which contributed to performance in December.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	



B06	Total time to call answer	Recruitment remains ongoing for Health Advisors.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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.
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
C01	Number of calls where person triaged	Work is ongoing around KPI 4, analysis undertaken to highlight where the missed opportunities are.
D01	Calls assessed by a clinician or Clinical Advisor	
D01 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.
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 receive remote clinical intervention	As part of Clinical Safety Plan, the ETC DoS profile is suspended during periods of surge. Escalation, local commissioning agreement & CAS ED bookings reduces the volume our clinicians can validate.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Due to remapping of one team type, some services are having issues which prevent bookings.
G11	Bookings into an SDEC service	Currently not utilised – no bookings 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 H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe	Unable to provide figures from subcontractor this month so these items will remain empty
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111A17 Yorkshire and Humber (NECS)

Lead data supplier: NHS North Of England Commissioning Support Unit (NECS)

This month's submission includes data from the following CAS providers: 8GY92 - LCD, NNF - City Healthcare Partnership CIC, Y01173 - Sheffield GP Collaborative, RCD, i-Heart, NL3 - CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, RJL - Northern Lincolnshire and Goole NHS Foundation Trust, NNJ - DHU Bassetlaw OOH, NLO – Vocare.

Data item	Description	Comments
A01	Number of calls abandoned	December had higher demand than November (almost +22% calls offered). We saw most of the performance measures stick almost level with November despite the higher demand. This would have been due to increase in capacity in IUC Call Centre. Disparity between weekly numbers and monthly numbers due to missing a weekly submission in December due to staff absence. Weekly and Monthly full datasets have been checked internally and figures do match.
A03	Number of answered calls	
B01	Number of 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	
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. NECS have identified an error in their system causing C01 to be greater than the sum of items C02 to C06 inclusive. NECS working to resolve this.

C02	Number of calls where person triaged by a Service Advisor	We are reducing the use of SA's, in part due to the national resilience offer provided by IC24 which streams away some of the calls that SA's would previously have answered (e.g. repeat prescriptions).
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 at YAS.
E01	Total number of dispositions	Recurring issue with YAS numbers. The item is greater than the totals of E02+E03+E05+E07+E08+E10+E11+E12+E13+E14+E15+E16+E18 - there is a query with YAS as to whether all dispositions have been mapped
E14	Number of callers recommended repeat prescription medication	Excludes number of cases requesting a repeat prescription which was then issued by LCD ADC GPOOH (which are included in G15).
E17	Number of callers recommended self-care at the end of clinical input	111 Dental do not complete E17.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Figures provided reflect a problem with the booking system. Volumes recommended to attend an IUC treatment centre are similar to figures to pre Adastra outage but due to the issues with direct booking this figure has dropped considerably.
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 prescription 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.
H20, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe	We are currently unable to get the data field needed to report on these data items.

North West region

111AJ3 North West including Blackpool

Lead data supplier: Midlands and Lancashire Commissioning Support Unit (Blackpool) (ML CSU)

The North West does not have a single integrated contract covering both NHS111 and CAS; NWAS is the NHS 111 provider but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWAS data only in April 2021 to MLCSU submitting data covering all service providers. This month's data submitted by BARDOC (Bolton, Bury, HMR), Blackburn with Darwen, Central Cheshire, East Cheshire, East Lancashire, FCMS (Fylde Coast, Morecambe Bay, West Lancs), GMPUCA (CAS, OOH, TAS), HRCG Care Group (West Lancs OOH) and NWAS.

There are still a number of providers, covering a large geographic area who not submitting monthly returns.

Data item	Description	Comments
A01	Number of calls abandoned	Calls offered into the service increased from approx. 182,000 in November to 219,000 in December. From a 111-service capacity perspective an additional 30,000 calls were answered in December compared with November. The ability to answer the additional calls was made possible by reducing annual leave of the festive 3-week period plus having a focus on overtime, support from non-frontline staff and shift slides that ensured that we maximised our resources on the busiest days over Christmas. Although there was an increase in the number of calls abandoned due to the increase call volume this only equates to a 0.3% increase in the abandonment rate compared to the previous month (11.8%-12.1%) It is also worth noting that through December there was a significant pressure on the service with the 23 rd ,24 th & 30 th December seeing calls offered ranging between 10,000-12,000 each day which was significantly above forecasted figures. This resulted in average time to answer being challenged (10-12mins) and as a result an increase in the abandoned rate 15-20%.
A03	Number of answered calls	
B01	Number of 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	Disparity between weekly and monthly numbers for D01 is because there are different providers submitting weekly and monthly returns, some submit both, a few only one of them.
C01	Number of calls where person triaged	Data provider investigating suspected double counting
D01	Calls assessed by a clinician or Clinical Advisor	Includes NWS (33,887) and CAS (39,657). The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.
D02 to D09	Calls assessed by staff type	The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.
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	Total number of dispositions (E01) includes figures provided by NWS and some CAS providers leading to double counting. Not all CAS providers have provided data.
E17	Number of callers recommended self-care at the end of clinical input	Includes NWS (1,379) and CAS (520 submitted by FCMS & GMPUCA).
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWS complete E19 and CAS complete E20 but we are still not receiving submissions from all providers.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	Only two providers regularly submit data for E25.
E27, E26	Number of calls initially given an ETC disposition	Known issues with the data.
G01 to G14	IUC Service Integration	where CAS/OOH providers (GMPUCA and Central Cheshire) have supplied numbers in G03, G05, G07, G09, G11, G13 and G14, these have been added in to G01 (which previously reported only 111 activity (NWS = 15,705, CAS =6,004)). All other CAS provides are leaving these fields empty.
G08	DoS selections – Type 1 or 2 ED	G08 is only completed by NWS (111).
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	G09 has been requested from 111&CAS, of which only NWS (3,556) and GMPUA (1,671) are completing, total 5,227. Similarly for G10 and G11.
G10	DoS selections – SDEC service	

G11	Calls where the caller was booked into an SDEC service	
G14	Calls where caller given any other appointment	Figures exclude data from some service providers.
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	The informatics team investigated the query around item H20 reporting as 0 since September. This has now been rectified.

Midlands region

111AJ8 Derbyshire (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
A01	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The main cause for the change in performance was reduced Actual staffing. As it was Christmas/New Year Holiday period this will be a factor also.
D01	Calls assessed by a clinician or Clinical Advisor	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
G11	SDEC service bookings	No activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AK7 Leicestershire and Rutland (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
A01	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level, and reduced Actual staffing was the main cause for the change in performance. As it was Christmas/New Year Holiday period this will be a factor also.
A03	Number of answered calls	
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	
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures can be explained by the timing of the weekly load. If a case that has yet to be closed as of Sunday 23:59:59 and has subsequent clinical input on the Monday, then this will not be captured within the IUC ADC weekly submission values. However, this would be captured in the monthly submission when data is reloaded.
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	
H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AK6 Lincolnshire

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Lincolnshire so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E04-E18, E27-E31, G20-23, H01-H22.

Data item	Description	Comments
A01	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level.
A03	Number of answered calls	
B02	Number of calls abandoned	

B06	Total time to call answer	The main cause for the change in performance was reduced Actual staffing. As it was Christmas/New Year Holiday period this will be a factor also.
C01	Number of calls where person triaged	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Demand was higher than forecasted on different days/time periods, which impacted on overall performance.
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 impacted by staffing.
E17	Callers recommended self-care at the end of clinical input	Impacted by clinical staffing and call volumes.
E27 to E30	ETC dispositions that receive remote clinical intervention	DHU do not provide an ED validation services for Lincs and do not have access to this data.
G05	Calls where the caller was booked into an IUC Treatment Centre	Cases are sent to GP OOH services that are out of area and 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	
H17, H18	Number of NHS 111 Online contacts initially given an ETC disposition	We are unable to submit data for these items as we do not manage the relevant services and do not currently have access to an external data flow.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe	These are usually zero or very low.

111AC6 Northamptonshire

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
A01	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level.
A03	Number of answered calls	
B02	Number of calls abandoned	

B06	Total time to call answer	The main cause for the change in performance was reduced Actual staffing. As it was Christmas/New Year Holiday period this will be a factor also.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures can be explained by the timing of the weekly load. If a case that has yet to be closed as of Sunday 23:59:59 and has subsequent clinical input on the Monday, then this will not be captured within the IUC ADC weekly submission values. However, this would be captured in the monthly submission when data is reloaded.
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	
H19, H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AL1 Nottinghamshire

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Nottinghamshire so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E02-E18, E27-E31, G20-23, H01-H22.

Data item	Description	Comments
A01	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level.
A03	Number of answered calls	
B02	Number of calls abandoned	The main cause for the change in performance was reduced Actual staffing. As it was Christmas/New Year Holiday period this will be a factor also.
B06	Total time to call answer	
C01	Number of calls where person triaged	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	

D01	Calls assessed by a clinician or Clinical Advisor	<p>Performance impacted by volume of calls received which was higher than forecasted volumes.</p> <p>Disparity with provisional figures can be explained by the timing of the weekly load. If a case that has yet to be closed as of Sunday 23:59:59 and has subsequent clinical input on the Monday, then this will not be captured within the IUC ADC weekly submission values. However, this would be captured in the monthly submission when data is reloaded.</p>
D20, D21	Average and 95 th centile times to clinical assessment for callers requiring assessment within 20 minutes (immediately)	These data items were over-reported in previous months due to an issue in the calculation which meant the monthly average was multiplied by the number of days in the month.
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	Particularly low performance on some days pulls down the monthly average.
E27 to E30	Calls initially given an ETC disposition that receive remote clinical intervention	DHU do not provide an ED validation service for Nottinghamshire, this is provided by NEMS and we do not have access to data.
G05	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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Busy period at ED this month meant less capacity.
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	
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	These are consistently blank as DHU do not provide that service. Services are handled externally and DHU do not have access to data.
H18	NHS 111 Online contacts initially given an ETC disposition that receive remote clinical intervention	

H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.
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111AF4 Staffordshire

Lead data supplier: Vocare

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
A01	Number of calls received	There was an expected increase in service usage due to a busy December
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	Some changes were made to some call back items mid-month to make sure that CAS Cases were counted correctly.
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	Seasonality accounts for most of the KPI variance however specific ops plans we put in place were: Cancellation of all non-essential meetings or activities that would detract from agent availability.
E17	Number of callers recommended self-care at the end of clinical input	Pause on recruiting and training courses to similarly maximise available personnel to manage expected call volumes.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were	Callback items changed to make sure CAS cases counted correctly.

	warm transferred or received a call back within the specified timeframe	
G06, G07	DoS selections for UTC DoS selections for UTC	Staffordshire ICS still does not have any UTCs operationalised. 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.

1111AL4 West Midlands ICB (DHU)

Lead data supplier: NHS Black Country and West Birmingham CCG (West Birmingham CCG)

DHU does not run the CAS for West Midlands so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E02-E18, E27-E31, G20-23, H01-H22.

Data item	Description	Comments
A01	Number of calls received	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level, and reduced Actual staffing was the main cause for the change in performance. As it was Christmas/New Year Holiday period this will be a factor also.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	Current telephony system does not allow accurate recording of this metric so a proxy is provided instead.
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by volume of calls received.
D20, D21	Average and 95 th centile times to clinical assessment for callers requiring assessment within 20 minutes (immediately)	These data items were over-reported in previous months due to an issue in the calculation which meant the monthly average was multiplied by the number of days in the month.
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	Particularly low performance on some days pulls down the monthly average.
D24, D25	Average and 95 th centile times to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	These data items were over-reported in previous months due to an issue in the calculation which meant the monthly average was multiplied by the number of days in the month.

E27 to E30	Calls initially given an ETC disposition that receive remote clinical intervention	DHU do not provide an ED validation service for West Midlands and do not have agreements with external providers to receive this data.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Low volumes are due to cases are sent to GP OOH services that are out of area for which no bookings were made.
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.
G16 to G19	Calls where a community pharmacy service was an option	Service is provided externally, and we do not have access to data.
H15 to H18	NHS 111 Online contacts that resulted in patient requiring a face-to-face consultation	
H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	We expect figures for this item to be low in view of the different contracts we submit for.

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Call volumes increased significantly compared to November 2023. Although, the two months are not directly comparable because of the extra day and Christmas/ New Year Bank Holidays. The actual increase in calls will have been distorted by the extra Out of Hours periods during the month, but figures show that the general trend from October 2023 up to the end of December 2023 was upwards. This puts ever more pressure on the system with the resulting falls in KPIs and we are having to adapt our staffing models to cope.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	The increase in calls does not seem to have one cause, like last December 2022 when we had the “Strep A Panic”. Most analysis of NHS 111 Symptoms Groups show a variety of traditional winter infections, i.e. coughs, colds, flu and possibly some COVID.
G10, G11	SDEC service bookings	SDEC referrals are very low.

111AB2 Hertfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Call volumes for Herts in December were higher as it had bank holidays and is generally the busiest month of the year, the average calls Offered to call centre in December 2023 were 1,477 whereas it was 1,155 in November 2023. The increase in call volumes in December has put an extra pressure on the services and impacted our abandonment rate and average time to answer KPI performance. Efforts have been made to adapt Staffing model to meet the challenges of increased demand. The increase in calls does not seem to have one particular reason like last year in December 2022 when there was a high volume of calls related to concerns over “Strep A”. Initial analysis of NHS 111 Symptoms groups show a variety of traditional winter infections, i.e. coughs, colds, flu and possibly some COVID.
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	
G10, G11	SDEC service bookings	The slight difference in monthly and weekly figures for C01 & D01 is due to end of month reconciliations and the monthly figures stand correct. Continues to be work in progress.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	December tends to be one of the busiest months of the year, so the increase compared to November is not really a surprise. Especially as it contains the Christmas Bank Holidays when Primary Care is closed. It is notable that call demand has increased month on month since October 2023, which has placed increasing pressure on the Service to answer calls. Hence the fall off in performance and the rise in abandoned calls. We have looked at the cause of the increase in calls which is external and from triaged symptom groups have ascertained that it is seasonal illnesses, i.e. colds, flu and now COVID, but we cannot identify one cause in particular. Obviously, this is different to December 2022 when NHS 111 generally was put under pressure by the Strep A panic.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

111AH4 Mid & South Essex

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A01	Number of calls received	Noted that December experienced the highest volume of calls in 2023 which results in an increase total wait time and total number of calls abandoned performance, even though a higher volume of calls were over, increase in demand resulted in worse telephony metrics.
A03	Number of answered calls	
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	Calls assessed by a clinician or clinical advisor is based on behaviour of patients, due to bank holidays and GP Surgery closed – nearly 45% of calls on BH were assessed by clinician.
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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	Number of calls assessed by a clinician increased (as noted above), competitiveness of clinical staffing meant rotas were not as staffed as they could be to accommodate increase in demand.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	D21 is lower than D20 due to the way data is aggregated
E17	Number of callers recommended self-care at the end of clinical input	It is likely that we are under-reporting self-care advice when clinicians have advised home management in the consult notes but have not correctly changed the call to a self-care disposition.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	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, H18	NHS 111 Online contacts initially given an ETC disposition	These items are currently not available, due development or not applicable.
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within specified timeframe	These are nulls instead of 0. Unable to monitor whether a call back has been offered via an online assessment.

111AC7 Milton Keynes

Lead data supplier: DHU HealthCare CIC (DHU)

DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data, for the following data items: E27-E31, G21, G23, H13-H18.

Data item	Description	Comments
B02	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level, and reduced Actual staffing was the main cause for the change in performance. As it was Christmas/New Year Holiday period this will be a factor also.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures can be explained by the timing of the weekly load. If a case that has yet to be closed as of Sunday 23:59:59 and has subsequent clinical input on the Monday, then this will not be captured within the IUC ADC weekly submission values. However, this would be captured in the monthly submission when data is reloaded.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data.
G05	Number of calls where the caller was booked into an IUC Treatment Service	The low value is caused by cases that are sent to GP OOH services that out of area.
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	

111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A01	Number of calls received	

B01	Calls answered within 60 seconds	Increase in seasonal demand the 111 Telephony performance metrics as virtual contact centre staffing levels remained a similar level to December, with just under a 1% drop in total hours offered across IC24 contact centres. This means with the increase of inbound calls, our answered, abandoned and time to answer metrics suffered.
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	The volume of calls assessed by a clinician or clinical advisor is driven primarily by pathway outcomes, as well as standard operating procedures which have not changed, so any variation here will be driven by patient symptoms.
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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	Much greater volume of calls being picked up from November-23 onwards due to change in DX code mapping, the volume of calls requiring callback by clinician increased by nearly 800, so increased demand has led to a drop in this metric. Same explanation for D23 also.
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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	D21 is lower than D20 due to the way we aggregate centiles.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical decisions.
G07	Number of calls where the caller was booked into a UTC	Usually a value of zero or very small numbers each month.
G10, 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.

G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.

111AH7 North East Essex & Suffolk

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments	
A01	Number of calls received	December including the Festive Period which saw SNEE 111 answer 31k calls, which was an increase of over 6k on November and 5.2k more than December 2022.	
A03	Number of answered calls		
B02	Number of calls abandoned		
B06	Total time to call answer		Performance continues to be strong across all access measures and validation, with the actions taken to support improvements still proving to be solid.
C01	Number of calls where person triaged		
D01	Calls assessed by a clinician or Clinical Advisor		
E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.	
G03	Calls where the caller was booked into a GP Practice or GP access hub	Low numbers due to the lack of availability of appointments.	
G05	Calls where the caller was booked into an IUC Treatment Centre	Limited opportunity due to lack of local provision.	
G01, G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.	
G10, G11	SDEC selections	The SDEC care service is not currently active.	

111AI3 West Essex

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Call volumes for West Essex in December increased. Average calls Offered per day went from 995 in November to 376 in December 2023. The increase in call volumes in December has put an extra pressure on the services and impacted the abandonment rate and average time to answer KPI performance. Efforts have been made to adapt the staffing model to meet challenges of increased demand. The increase in calls does not seem to have one particular reason like last year in December 2022 when there was an increase in calls related to "Strep A". Initial analysis of NHS 111 Symptoms groups shows a variety of traditional winter infections, i.e. coughs, colds, flu and possibly some COVID. The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
B01	Number of 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	
G10, G11	SDEC service bookings	

London region

111AD5 North Central London

Lead data supplier: London Central and West Unscheduled Care Collaborative (LCW)

Contract changes for NCL from November 2023 has resulted in combined ADC data across two providers using our own SQL procedures.

While reports continue to be validated, previous issues with the Adastra SSRS reporting are now resolved.

SVCC continued to be switched off in December.

Data item	Description	Comments
A02	Calls routed through IVR	Null as we are not using any IVRs.

A01	Number of calls received	<p>Number of calls received and answered increase is due to seasonality and is as expected. Workforce numbers did not significantly increase for expected demand and therefore time to answer increased resulting in less calls being answered in 60s. This increased time to answer correlates with a higher abandonment rate and greater total call time.</p> <p>A well as increased call volumes causing performance issues, multiple cohorts of Health advisers (HA) completed training and joined the workforce in taking live calls, their AHT (Average Handling Time) is naturally longer than experienced HA's.</p> <p>Due to issues in aggregated data across 2 providers, the November figure was inaccurate and will need to be resubmitted.</p> <p>The disparity between weekly and monthly numbers, due to combining data across two providers mid-December for weekly ADC.</p>
B01	Number of 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	
C01	Number of calls where person triaged	<p>With regard to validation warnings due to numerous calculations within the submission template flagging, LCW provided the following comment: There has been some variance in reporting now as a result of combined data originating from LCW and LAS as a result of the new contract from 1 November. This will be looked into.</p>
D01	Calls assessed by a clinician or Clinical Advisor	
E01	Total number of dispositions	
G01	Number of calls where caller given an appointment	
G02	DoS selections – GP Practice or GP access hub	
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	Not applicable.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures are low due to restrictive criteria for referral into the service.
G12, G13	Calls received by dental services not using DoS	N/A as we are not a dental service.

H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed	The figure is 0 or low due to the type of referrals from 111 Online which do not result in face-to-face home consultations.
H17-H18	NHS 111 Online contacts initially given an ETC disposition	SQL Procedures cannot calculate these data item at present due to a time stamp missing.
H19-H22	NHS 111 Online contacts where contact offered a call	

111AH5 North East London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A01	Number of calls received	There was an increase in demand in December - for example A03 Calls Answered at 73,185 is the highest since July 2022 (74,182). The increase is due to seasonal pressures and uplift of Flu and Respiratory conditions at this time of year.
A03	Number of answered calls	
B01	Number of 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	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	Most months this item will either be zero or very low.

111AJ1 North West London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A01	Number of calls received	There was an increase in demand in December - for example A03 Calls Answered at 55,755 is the highest since June 2022 (63,639). The increase is as due to seasonal pressures and uplift of Flu and Respiratory conditions at this time of year.
A03	Number of answered calls	
B01	Number of 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	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity due to data been updated after weekly submission deadline. Figure submitted in the monthly submission for NWL is accurate.
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
G05, G04	Calls where the caller was booked into an IUC Treatment Centre	There are appointment bookings in to IUC treatment centres but there are no appointment bookings into home residence (home visit).
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe	These are true zeroes for this month.

111AD7 South East London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A01	Number of calls received	

B01	Number of calls answered within 60 seconds	There was an increase in demand in December - for example A03 Calls Answered at 52,076 is the highest since April 2023 (52,977).
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The increase is as due to seasonal pressures and uplift of Flu and Respiratory conditions at this time of year.
D01	Calls assessed by a clinician or Clinical Advisor	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
H20	NHS 111 Online contacts	This item is very low most months.

111AK9 South West London

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	December has seen front end pressures due to increased call volumes. There was an increased call time handling time over December which was a result of difficulties accessing other parts of UEC pathway over the Christmas and new year period, which also includes GP surgeries being shut over extended periods of time, this is expected to improve going forwards. We continue to utilise these services and top DoS returns wherever possible to reduce the pressure on the wider health service.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
B07, B08	95 th & 99 th centile call answer time (seconds)	
C01	Number of calls where person triaged	Disparity between weekly and monthly numbers are due to LAS data missing the last 5 days of December in the monthly submission. This applies to all the metrics that look at the Adastra case data which is why there is a difference in the D01 figures too.

D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Local quality metric of 1 hour used for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Figures are missing 999 validations done by LAS; numbers show the few that were picked up by Practice Plus Group.
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	No Smile data was received from HLP.

South East region

111AH9 Hampshire & Surrey Heath

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS)

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	The increase in calls offered was driven by a few elements which obviously drives the answered and triaged.
A03	Number of answered calls	This was driven by a few factors, at SCAS level growth was primarily driven by 17-40 and 41-65 age groups, mostly the latter though, comparing the 4 complete weeks in December to November we on average had 6.1% or 533 more calls a week

B02	Number of calls abandoned	from 17-40s, however, we had 21% or 1,236 more calls from 41 to 65.
B06	Total time to call answer	Further in the Symptom groups Covid impacted demand increasing in occurrence 73.3% for the 4 complete weeks in December compared to November, an increase of 1,208 cases.
C01	Number of calls where person triaged	Against the additional 21.9% or 32,534 calls offered at SCAS level, roughly equivalent to a week of demand extra over October (last 31-day month), unfortunately the service was only able to increase Call Handler Logged In Hours by 16.6%, leading to a deterioration in the demand/ staffing ratio from 4.9 calls per staff hour in November to 5.2 in December.
D01	Calls assessed by a clinician or Clinical Advisor	These factors combined drive the increases in demand and degradations in performance.
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Volumes split equally between the 2 SCAS Contract Areas.
B07, B08	95 th /99 th centile call answer time (seconds)	Telephony data is not provided at a transactional level so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	The breakdown of triage data across the two SCAS contracts has been calculated based on GP practice, but some CCGs are split across the two contracts so cannot be used.
C05	Calls where person triaged by any other Clinician	No known "Other" clinicians operate.
D01	Calls assessed by a clinician or Clinical Advisor	The disparity between weekly and monthly values is down to extra steps around bringing in the dental data which is not possible for the weekly submission.
D13, 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	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).

F01 to F03	Directory of Services	No data available for these items due to SSRS feed not been reinstated after the Adastra outage.
G02 to G09	Callers booked into a service following a DoS selection	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	Calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
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.
G15 to G19	Community pharmacy service	We do not have data for these items as we have not yet had the SSRS feed reinstated after the Adastra outage.
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 to H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back	

111AA6 Isle of Wight

Lead data supplier: Isle of Wight NHS Trust

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	The large fluctuation of abandoned calls is more a factor of the extremely low demand on the month before (therefore lower numbers of abandoned calls), rather than a spike in abandoned calls, December was much busier than November. New call handling rotas start on the 24 th January and these will better meet demand and should give us much better abandonment performance.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co located and
B06	Total time to call answer	

C01	Number of calls where person triaged	served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
D01	Calls assessed by a clinician or Clinical Advisor	
C01	Number of calls where person triaged	The number of 'trriages' exceed the number of 'answered' calls (A03+A07) primarily because we are not able to automatically include 'calls from 999' (which was previously reported as A04) in A01 due to co-location of 111/999 services.
D01	Calls assessed by a clinician or Clinical Advisor	Clinical capacity continues to be impacted by sickness, maternity, and vacancies within a small team. CSD clinicians are now up to strength with only one long term sick member of staff and calls back with IOWAS on Tue, Wed, Thu nights which was previously being supported by SCAS.
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 receive remote clinical intervention	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ETC dispositions, therefore negating the need for a '111 First (or 'ETC') 'validation'. If we were to record only the calls that would have been referred to an ETC, 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 ETC.
G01 to G10	Callers given appointments and booking types	Currently, 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	Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere.
G07	Number of calls where the caller was booked into a UTC	IOW 111 call handlers/CSD's cannot book directly into the local UTC. Any 'direct' bookings via the DoS, will be for other UTCs that can accommodate direct booking. The performance here is heavily influenced by the appointments booked indirectly by GPs through the 'remote clinical intervention' process. From 17/01/2024 the 111 service can now book into a local UTC service. This will be reflected in KPI 12 figures for January.
G10, G11	SDEC service bookings	SDEC for telephony referrals not yet embedded.

G20 to G23	Face to face consultations	This section of reporting is still being developed.
H19 to H22	NHS 111 Online contacts	SSRS reporting not updated to include these new metrics at this time.

111A19 Kent, Medway & Sussex

Lead data supplier: South East Coast Ambulance Service NHS Foundation Trust (SECamb)

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is a result of some late-closed clinical cases not being counted on daily values.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Not yet able to report these metrics.
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
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	Significant increase in activity (denominator up from 21k to 26k) challenged our performance, although we still achieved an increase in the numerator (5.9k to 6.1k) in a difficult operating environment.
E17	Number of callers recommended self-care at the end of clinical input	Self-care outcomes after clinical output are driven predominantly by Pathways.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention 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)	
E26	Number of calls initially given an ETC disposition	CAS resource is balanced, when possible, to provide appropriate response to high-acuity cases, in addition to effective ambulance validation.
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	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.
H19, H20, H21, H22	NHS 111 Online contacts	These are NULL. SECamb does not have granularity of Online activity.

111AI2 Surrey Heartlands

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	December including the Festive Period which saw Surrey Heartlands 111 answer 26,621 calls, which was an increase of 4.3k on November and 3.8k more than December 2022.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	Performance continues to be strong across all access measures and validation, with the actions taken to support improvements still proving to be solid.
E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.
G01	Number of calls where caller given an appointment	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Lack of opportunities to direct book into these services in this area. Direct booking not available in these services.
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111AG9 Thames Valley

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS)

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	Excludes calls taken by National Resilience (Vocare).

A01	Number of calls received	The increase in calls offered was driven by a few elements which obviously drives the answered and triaged.
A03	Number of answered calls	This was driven by a few factors, at SCAS level growth was primarily driven by 17-40 and 41-65 age groups, mostly the latter though, comparing the 4 complete weeks in December to November we on average had 6.1% or 533 more calls a week from 17-40s, however, we had 21% or 1,236 more calls from 41 to 65.
B02	Number of calls abandoned	Further in the Symptom groups Covid impacted demand increasing in occurrence 73.3% for the 4 complete weeks in December compared to November, an increase of 1,208 cases.
B06	Total time to call answer	Against the additional 21.9% or 32,534 calls offered at SCAS level, roughly equivalent to a week of demand extra over October (last 31-day month), unfortunately the service was only able to increase Call Handler Logged In Hours by 16.6%, leading to a deterioration in the demand/ staffing ratio from 4.9 calls per staff hour in November to 5.2 in December.
C01	Number of calls where person triaged	These factors combined drive the increases in demand and degradations in performance.
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Both the two SCAS areas cover both areas so we have to do an even split for other orgs as they are technically out of area and we operate a virtual call centre so there is no way to split it, other than 50/50.
B07, B08	95 th /99 th centile call answer time (seconds)	Telephony data are not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	The breakdown of triage data across the two SCAS contracts has been calculated based on GP practice, but some CCGs are split across the two contracts so cannot be used.
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.

D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
D13, 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	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Aadastra outage from which these were sourced.
G02 to G09	Callers booked into a service following a DoS selection	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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Low KPI outcome is driven by two factors, CAS provision issues to the lesser part (clinicians tend to be better in appt booking) but mainly appointment availability issues.
G11	Number of calls where the caller was booked into an SDEC service	No DoS booked appointments or very low numbers listed for SDEC any month.
G12, G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	Most of the booking done by dental is now 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.
G15 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Aadastra outage.
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 to H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	

South West region

111AL6 BaNES, Swindon & Wiltshire (Medvivo-PPG)

Lead data supplier: Medvivo group (Medvivo)

Data item	Description	Comments
A01	Number of calls received	The changes between Nov23 and Dec23 all align with the expectations of the increased demand for the holiday period, with telephony KPI outcomes being affected as a result.
A03	Number of answered calls	
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	
A07	Calls which originated from an external NHS 111 provider	Our 111 partner (PPG) have advised they do not externally receive cases directly into the 111 service.
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.
G08, G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	We have low ED bookings due to restrictions on ED booking in BSW. Only one of our EDs has the function enabled (SFT). Great Western Hospitals NHS Foundation Trust (GWH) makes UTC bookings using EDDI, Royal United Hospitals NHS Foundation Trust (RUH) does not have any bookings enabled for UTC or ED.
G10, G11	Calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.
H01 to H22	NHS Online	Our partner PPG are not currently supporting digital/online sourced contacts.

111A15 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
A01	Number of calls received	December values show increased demand, 18.7% higher than in November, with 34.6K calls received. 832 NHS111 calls per weekday and 1377 NHS111 calls per weekend/bh. Also notable in December, HCP calls were up 26% and 111 online contacts were up 45%.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	Call answering performance was impacted by the increased demand; abandonments were up by 3.7% to 9.7%. The average speed to answer was 276 seconds.
B02	Number of calls abandoned	This is all expected due to normal seasonal variation and the Christmas – New Year period. The increase in calls received was 5% lower than the average variance in the preceding four years, except for Dec-22 which was an outlier due to Strep-A.
B06	Total time to call answer	While demand was up in December and call answering performance was challenged accordingly - the overall picture shows a big improvement over the last four preceding years.
C01	Number of calls where person triaged	In terms of call answering KPIs, the figures reflect the analysis above.
D01	Calls assessed by a clinician or Clinical Advisor	Variance between weekly and monthly data for call answering items is increased due to a previously calculation issue for weekly data.
B01 to B11	Call handling	CAS data not included as unavailable.
D01	Calls assessed by a clinician or Clinical Advisor	Calls assessed by a clinician within timeframe was 35.5% for immediate timeframe and 29.9% for >20 minute timeframe.
F02	Directory of Services: no service available other than ED (ED catch-all)	Zero cases - ED catch-all triggers only 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	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in 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.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Performance described by these metrics are very much in-line with expectations. While the service continues to be challenged by staffing and recruitment, incentives over the festive period played a part in shoring up the service provided to callers to 111.
A03	Number of answered calls	
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	
G07	Number of calls where the caller was booked into a UTC	
G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.

111AL2 Devon (PPG)

Lead data supplier: Practice Plus Group (PPG)

Vocare data omitted from centile and average metrics as data is received by PPG in aggregated format.

Data item	Description	Comments
B02	Number of calls abandoned	December period will see a drop off in performance as base staffing levels have not changed significantly from November and there were days of substantial pressure on the service which results in abnormalities in B02 and B06. Traditionally busy days (Boxing Day for example) were abnormally quiet which resulted in plans for extra resourcing not correlating with activity levels. Performance vs December 2022 saw a marked improvement.
B06	Total time to call answer	
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.
G01, G07	Number of calls where the caller was booked into a UTC	The direct booking system to UTCs in Devon is still disabled, we are working on a reactivation date
G11	Calls where the caller was booked into an SDEC service	This SDEC service is not currently running in Devon.

111AI4 Dorset

Lead data supplier: Dorset Health Care (DHC)

Data item	Description	Comments
A01	Number of calls received	Extra demands on the service due to the build up to, as well as the Christmas period itself. Also, there were additional challenges around staff sickness absence over the Christmas period which put pressure on resources.
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	Disparity with provisional data is because the weekly figures are often estimated due the lack of data available when submissions are due.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	

C02	Calls where person triaged by a Service Advisor	These items are zero and do not apply to our service.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because the weekly figures are often estimated due the lack of data available when submissions are due.
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 slightly lower KPI outcome may be due to new clinicians who joined the service over the past few months and as such would have been involved in the training and orientation to the Clinical queue which would have slowed down processes.
G10, G11	Calls where the caller was booked into an SDEC service	These items are usually either very small or zero each month.
G12, G13	Received by dental services not using DoS	These items are zero and do not apply to our service.
H12	NHS 111 Online contacts with SDEC appointment	This is confirmed as a true zero.

111AH2 Gloucestershire

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	Volume increase was seen across the entire month, not just Christmas & New Year. Most of this higher volume being seen at the weekends, with 11,892 calls across the month, an additional 5,328 calls in comparison to November. Calls offered were 23% above that of contracted volume. As we saw higher volume it does mean that A03, B06, C01 & D01 would have all increased meaning we were actually able to answer & triage additional volume albeit with a longer wait time to get through. The additional volume seen would have however, also affected B02. Notable that Covid-19 was the top symptom for calling throughout December, almost doubling the volume of cases compared to November.
A03	Number of answered calls	
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	

E17	Callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high, resulting in lower self-care dispositions.
G01	Number of calls where the caller was given an appointment	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G05	Calls where the caller was booked into an IUC Treatment Centre	During the Covid pandemic the appointment function for bookable appointments into IUC Treatment Centres (PPG OOHs for Gloucester) was switched off to aid and reduce face to face contact. Since then, all contact cases are sent via ITK for telephone triage in the first instance & OOH's will then book into bases, as necessary. In a handful of cases, other area TC's still profile on the DoS with bookable functions.
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
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 86% of total appropriate cases. Of the slots made available to 111 (61 slots), 13.11% (8 slots) of those slots were not booked by our staff, meaning 86.89% of the slots available to us were utilised and booked.
G11, G10	SDEC selections	The SDEC care service is not currently active.

111AL5 Somerset (HUC)

Lead data supplier: HUC

Data Items	Description	Comments
A01	Number of calls received	Performance described by these metrics very much in-line with expectations. While the service continues to be challenged by staffing and recruitment, incentives over the festive period played a part in shoring up the service provided to callers to 111.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
C01	Number of calls where person triaged	Disparity with provisional data due to a data clean-up exercise was carried out for the monthly submission, removing some duplication in some data, which has caused the change in C01's & D01's weekly aggregated figure to monthly figure.
D01	Calls assessed by a clinician or Clinical Advisor	

G07	Calls where the caller was booked into a UTC	Continuing trend of low appointments booked vs DoS UTC referrals for this region.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

111 National Support

111NR1 National Resilience

Lead data supplier: Vocare

Data item	Description	Comments
A01	Number of calls received	There was an expected increase in service usage due that December being busy. Disparity for D01 as changes were made to some callback items to make sure CAS cases were counted correctly mid-month.
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	
D01	Calls assessed by a clinician or Clinical Advisor	Some changes were made to some call back items mid-month to make sure that CAS cases were counted correctly.
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	
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	

E17	Number of callers recommended self-care at the end of clinical input	We deliberately engineered the service to take more calls in concert with NHSE as we had some projected workforce capacity that would help contribute to the national picture and assist an overall increase to the national KPI metrics, particularly with telephony.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
G05	Number of calls where the caller was booked into an IUC Treatment Service	

111SA1 Service Advisor Modules (IC24)

Lead data supplier: Integrated Care 24 Ltd (IC24)

As service is becoming more operational, it is 'switched on' for greater periods leading to increased demand. As this service is heavily geared towards supporting patients with repeat prescription requests, many data items are not relevant.

Data item	Description	Comments
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B01	Number of calls answered within 60 seconds	The external increase in demand from winter pressures and Christmas has affected how quickly the service can respond to calls, with KPI2 increasing over the 3% mark for only the 2 nd time this year. Demand is the driving force in how these metrics have been affected as there were no significant operational changes to the service.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	95 th & 99 th centile call answer time	Due to cisco aggregated percentiles, we cannot give an exact figure on this.
D01	Calls assessed by a clinician or Clinical Advisor	We do expect to see this metric lower than the other 111 services, however repeat prescriptions with controlled medications does result on clinical advisors having to act on call.
D21	95 th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.

E17	Number of callers recommended self-care at the end of clinical input	A very high proportion of NSA calls are about repeat prescriptions; a lower percentage of calls then move on for a symptomatic assessment but still require clinical input from a GP.
E19 to E25	Calls initially given a category 3 or 4 ambulance disposition	Null as these are not achievable NSA outcomes.
E26 to E31	Calls initially given an ETC disposition	
G03	Calls where the caller was booked into a GP Practice or GP access hub	Figures are dependent on the number of appointments we have available when the caller has reached this point – DAB appointments are always given when available.
G05	Calls where the caller was booked into an IUC Treatment Centre	Null as these are not achievable NSA outcomes.
G07	Number of calls where the caller was booked into a UTC	Very small increase, due to increase demand and nature of calls, however the overall numbers are usually very low.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Patients can only be booked in with a timeslot to ED if speaking to a clinician. NSA is limiting the volume of calls to a clinician for ED validation as is designed for primarily accommodating repeat prescription requests.
G10, G11	SDEC service	It is very rare that NSA calls will be passed to SDEC – the service primarily deals with much lower acuity calls.
G12 to G14	Dental service	Null as these are not achievable NSA outcomes.
G20 to G23	Patients requiring a face to face consultation	
H01 to H16	NHS 111 Online	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within specified timeframe	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.