

IUC ADC January 2024 - 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
B02	Number of calls abandoned	For January performance, there was slight drop off in terms of call answer times and abandonment. December staffing levels were high as planned which saw the better performance, but January staffing levels returned to normal. Demand for January was lower than December as you would expect, but January 2024 demand was higher against January 2023 demand.



		There is some ongoing work to highlight the impact Right Care Right Person may have had on the Trust for January, as this may have caused some increases in demand we had seen.
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B09	Total time of abandoned calls	No 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	Unable to provide figures from subcontractor this month so these items will remain empty.

	to speak to a clinician or Clinical Advisor within a specified timeframe	
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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 (L8O7C)-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD – Harrogate & District, Y05222 i-Heart Barnsley, 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	The increase in abandoned calls is due to the increase in the overall calls into DCABS.
A03	Number of answered calls	Abandonment has gone up slightly (0.5 percentage points), which is a normal fluctuation month on month, however a reason for the increase January, would probably be capacity vs. forecast. We had higher Training and Annual Leave abstractions, with the total of all shrinkage being 3 percentage points up in December. The number of calls that came in vs. the baseline figure was also higher. Likely to be linked to capacity i.e scheduled v available.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	The number of calls answered in 60 seconds has dropped by around 5k, so the proportion of calls answered in 60 seconds has actually gone up by just over 2 percentage points.
B06	Total time to call answer	
C01	Number of calls where person triaged	Disparity between weekly numbers and monthly numbers is because YAS have made weekly submissions with issues with Vocare data (missing).
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; NWS is the NHS 111 provider but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWS data only in April 2021 to MLCSU submitting data covering all service providers. This month's data submitted by BARDOC (Bolton, Bury, HMR), Blackburn with Darwen, East Cheshire, East Lancashire, FCMS (Fylde Coast, Morecambe Bay, West Lancs), GMPUCA (CAS, OOH, TAS), HRCG Care Group (West Lancs OOH) and NWS. Note: No submission for Central Cheshire.

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

Data item	Description	Comments
C01	Number of calls where person triaged	Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures.
D01	Calls assessed by a clinician or Clinical Advisor	Includes NWS (32,885) and CAS (34,316) 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 (1,397) and CAS (434 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	CAS data included where supplied. 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).
G08	DoS selections – Type 1 or 2 ED	G08 is only completed by NWAS (111).
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	This item has been requested from 111&CAS, of which only NWAS (3,845) and GMPUA (2,121) are completing, total (5,966). 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
B02	Number of calls abandoned	The decrease in the level of demand is likely caused by annual trends in service demand. The decrease in A01 will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
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)	
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
B02	Number of calls abandoned	The decrease in the level of demand is likely caused by annual trends in service demand. The decreased in A01 will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
B06	Total time to call answer	
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.
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	Particularly low performance on some days pulls down the monthly average.
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	

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
B06	Total time to call answer	The decrease in the level of demand is likely caused by annual trends in service demand. The decreased in A01 will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
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.
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	Particularly low performance on some days pulls down the monthly average.
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.
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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	
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	
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	Particularly low performance on some days pulls down the monthly average.
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
B02	Number of calls abandoned	The decrease in the level of demand is likely caused by annual trends in service demand. The decreased in A01 will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Performance impacted by volume of calls received which was higher than forecasted volumes.
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	Particularly low performance on some days pulls down the monthly average.
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.

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
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:

E17	Number of callers recommended self-care at the end of clinical input	Cancellation of all non-essential meetings or activities that would detract from agent availability. 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 warm transferred or received a call back within the specified timeframe	Callback items changed to make sure CAS cases counted correctly.
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
B02	Number of calls abandoned	The decrease in the level of demand is likely caused by annual trends in service demand. Due to the decreased in A01 this will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
B06	Total time to call answer	
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	Performance affected by volume of calls received.
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	DHU does not run the CAS for West Midlands so this data item may be incomplete.

E27 to E30	Calls initially given an ETC disposition that receive remote clinical intervention	DHU does not run the CAS for West Midlands so this data item may be incomplete or blank.
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	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	

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	These items are under review and will be updated in due course.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	

G10, G11	SDEC service bookings	SDEC referrals are very low.
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111AB2 Hertfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	These items are under review and will be updated in due course.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	
G10, G11	SDEC service bookings	Continues to be work in progress.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	These items are under review and will be updated in due course.
A02	Calls routed through IVR	
B02	Number of calls abandoned	

B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	
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	Normal Dec – Jan variation in seasonal demand and frequency of BH where A01 demand is concerned. The proportion of calls abandoned did drop, in addition to average call answer speed. Fewer hours were worked across the virtual contact centre, which resulted in a decrease in volume & proportion of calls answered within 60s. The only operational difference from Dec – Jan would be the volume of hours worked for call handlers had decreased, following the busier BH Christmas period 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	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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 and clinical strikes in January meant there was less clinical capacity in virtual services.
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	Affected by the DX code mapping updating that we did that introduce in November – we are seeing a much higher volume of calls in D22 and D23 which relates to a variation in the compliance of this KPI.
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
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A01	Number of calls received	The decrease in the level of demand is likely caused by annual trends in service demand. The decreased in A01 will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
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.
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	Particularly low performance on some days pulls down the monthly average.
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 are 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	

A03	Number of answered calls	Normal Dec – Jan variation in seasonal demand and frequency of BH where A01 demand is concerned. The proportion of calls abandoned did drop, in addition to average call answer speed. Fewer hours were worked across the virtual contact centre, which resulted in a decrease in volume & proportion of calls answered within 60s. The only operational difference from Dec – Jan would be the volume of hours worked for call handlers had decreased, following the busier BH Christmas period in December.
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	
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	The variation for KPI 5a has reduced since the DX mapping improvement was updated, so there is less variation, and this value has stayed below 30% since the change occurred. Variation in this metric should be lower % change from November 2023 onwards.
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	The variation for KPI 5B has reduced since the DX mapping improvement was updated, so there is less variation, and this value has stayed below 10% since the change occurred. Variation in this metric should be lower % change from November 2023 onwards.
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	

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	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 is a very busy month and January is naturally always a better performing month as a result of lower activity received.
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	
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	These items are under review and will be updated in due course.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	
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.

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 January. Activity has increased on previous months as expected due to seasonal variations.

Data item	Description	Comments
A02	Calls routed through IVR	Null as we are not using any IVRs.
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 to meet required FTE for Health Advisors.
B02	Number of calls abandoned	Overall performance has improved from previous month as activity had decreased. Due to short notice change in national resilience support towards the end of the month staffing levels were unable to be adjusted to support the received increase in calls and therefore performance decreased in the final week of the month.
B06	Total time to call answer	
C01	Number of calls where person triaged	Figure is higher compared to number of call answered – we are investigating this due to using new data sources in ADC.
C01	Number of calls where person triaged	Differences between the monthly and weekly figures are a result of the other provider reviewing and adjusting formulas for the ADC in relation to D01 and C01.
D01	Calls assessed by a clinician or Clinical Advisor	

C01	Number of calls where person triaged	Regarding C01 and it's constituent parts not summing correctly: Figure is higher compared to number of call answered – we are investigating this due to using new data sources in ADC. Also, in January 2024: C06 should have been 2,334. This validation warning issue should be rectified going forward.
D04	Calls assessed by a mental health nurse	Not applicable.
D07	Calls assessed by a dental nurse	
E01	Total number of dispositions	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.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures validated and 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	Data items are blank or very low. We are investigating this due to using new data sources in ADC.
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
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A01	Number of calls received	There was a decrease in demand In January of 10.9% compared with the previous month. The fall in demand led to an improvement in performance of these measures. This fall is similarly to the fall in demand in our other contracts.
B02	Number of calls abandoned	
B06	Total time to call answer	
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 a decrease in demand In January of 11.5% compared with the previous month. The fall in demand led to an improvement in performance of these measures. This fall is similarly to the fall in demand in our other contracts.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The decrease in D01 this month is in line with the drop in demand in A03.

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).
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 usually either nulls or very small numbers each month.

111AD7 South East London

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

Data item	Description	Comments
B02	Number of calls abandoned	There was a decrease in demand in January of 8.9% compared with the previous month. The fall in demand led to an improvement in performance of these measures. This fall is similarly to the fall in demand in our other contracts.
B06	Total time to call answer	
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
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A01	Number of calls received	111 Volume of activity handled has been higher this month than any other in 2023 (except Dec), with improvements on performance seen across a range of parameters. January has seen a drop in calls abandoned as well as average speed to answer down on the previous month with our individual handling time coming in at 634 secs. Monitoring of adherence and booking those team members with high handling onto probing and call control workshops is still largely ongoing.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	95th & 99th centile call answer time (seconds)	Telephony centile figures exclude LAS data as line data is not available.
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	The proportion of calls assessed by a clinician in agreed timeframe-20mins (KPI5a) increased by nearly 3 % largely due to the support we have via Agency CAs to increase the clinical cohort.
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 two 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).

Data item	Description	Comments
B06	Total time to call answer	<p>In January, there was an 8% decline in demand and a 5.7% decline in logged in hours. Demand was particularly high between Saturday – Monday, making up 48.5% of total demand for the month.</p> <p>In terms of SCAS level growth, the number of calls triaged in January, declined by 7.2% (based on 4 complete weeks for December and January). Majority of the calls are from the 17-65 age groups, particularly from the 17-40 age group (31.2% of calls triaged). Although demand declined across all age groups, the volume of calls from the 17-40 age group remains steady, with a 0.6% month on month decline (208 less calls). Whereas, the 41-65 age group had a 4.8% decline (1361 less calls).</p> <p>There was a significant decline in calls triaged amongst the baby/toddler and elderly age groups:</p> <ul style="list-style-type: none"> • Baby and toddler age groups (0-5): 15.4% decline or 3196 less calls • Elderly age group (66+): 12.1% decline or 3600 less calls <p>COVID-19 continues to remain the top symptom and call volumes increased by 10.1% in January (980 more calls).</p>
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	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
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, G14	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.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
G15	Number of calls where repeat prescription medication was issued within your service	Would have to look for Prescribing Reports – passed to 111 Operations to investigate
G16 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 to 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	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – We continue to work on this.

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
B01	Number of calls answered within 60 seconds	A really good month for call handling performance driven by lower levels of sickness and a reduction in calls coming into the system. Also, additional emphasis on call pick up by the new Senior Health Advisor Group.
B02	Number of calls abandoned	New call handling rotas start on the 24 th January and these will better meet demand and should give us much better abandonment performance.
B06	Total time to call answer	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 served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
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 maternity and vacancies which are out for recruitment, however back to 24/7 cover throughout January with only one contingency event related to CSD which was extremely short notice.
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 (e.g. IUC) 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	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
B06	Total time to call answer	Disparity with provisional figures is subject to slight late revisions post-weekly IUC ADC upload.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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	
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.

111A12 Surrey Heartlands

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	December is a very busy month and January is naturally always a better performing month as a result of lower activity received.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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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 two 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).

Data item	Description	Comments
A01	Number of calls received	Excludes calls taken by National Resilience (Vocare).
A01	Number of calls received	In January, there was a 8% decline in demand and a 5.7% decline in logged in hours. Demand was particularly high between Saturday – Monday, making up 48.5% of total demand for the month.
A03	Number of answered calls	In terms of SCAS level growth, the number of calls triaged in January, declined by 7.2% (based on 4 complete weeks for December and January). Majority of the calls are from the 17-65 age groups, particularly from the 17-40 age group (31.2% of calls triaged). Although demand declined across all age groups, the volume of calls from the 17-40 age group remains steady, with a 0.6% month on month decline (208 less calls). Whereas, the 41-65 age group had a 4.8% decline (1361 less calls).
B02	Number of calls abandoned	There was a significant decline in calls triaged amongst the baby/toddler and elderly age groups:

B06	Total time to call answer	<ul style="list-style-type: none"> Baby and toddler age groups (0-5): 15.4% decline or 3196 less calls Elderly age group (66+): 12.1% decline or 3600 less calls <p>COVID-19 continues to remain the top symptom and call volumes increased by 10.1% in January (980 more calls).</p>
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.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
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 Adastra outage from which these were sourced.
G02 to G09, G14	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.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
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.
G15	Number of calls where repeat prescription medication was issued within your service	Under investigation
G16 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 Adastra outage.
G20 to 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	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – work continues.

South West region

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

Lead data supplier: Medvivo group (Medvivo)

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	We would expect to see improved performance in January due to December being the busiest month of the year for activity. December also consisted of several bank holidays where activity was significantly higher than normal due to surgeries being closed. On bank holidays in December, abandonment rate was also much higher than normal due to the increased activity and so will have driven up the overall percentage.
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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.

111AI5 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
A01	Number of calls received	Demand in January remained high, but with a 6% decrease in December, with 32.6K calls received. Performance in this regard remains consistent with previous months. 857 NHS111 calls per weekday and 1313 NHS111 calls per weekend/bh.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	Call answering performance improved; abandonments were down by 2.7% to 7.0%. The average speed to answer was 195 seconds.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B01 to B11	Call handling	Calls assessed by a clinician within timeframe was 35.9% for immediate timeframe and 29.2% for >20 minute timeframe.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	CAS data not included as unavailable.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	Ambulance assessment was on target with 80.0%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED remote assessment was on target at 90.7%.
G01 to G14	Caller given an appointment	ED catch-all triggers only in exceptional circumstances.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Figures exclude CAS activity as they are unavailable.
G07	Number of calls where the caller was booked into a UTC	The majority of bookings are via CAS, which are not captured.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.
G10, G11	DoS selections – SDEC service	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G16 to G19	Community pharmacy service	SDEC dispositions and services are not currently in use.
H01 to H09	NHS 111 Online contacts	Figures exclude CAS activity as they are unavailable.
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe and treatment centre visits were on target; 96% and 98% respectively.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
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
A03	Number of answered calls	General performance is in-line with expectations as demand on the service reduced into January from December. The Somerset service continues to be under pressure from staffing challenges, and this is especially so with the ending of attendance-based incentives for the HA team. This is reflected in the calls answered and abandonment rates, although the percentage reduction in calls abandoned being greater than that of overall demand shows some improvement.
B02	Number of calls abandoned	
B06	Total time to call answer	
G07	Number of calls where the caller was booked into a UTC	All cases captured in G07 are from out of area.
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
B01	Calls answered within 60 seconds	December is a very busy month and January is naturally always a better performing month as a result of lower activity received.
B02	Number of calls abandoned	
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.

111A14 Dorset

Lead data supplier: Dorset Health Care (DHC)

Data item	Description	Comments
A01	Number of calls received	Following an expected busy period in December 2023 the service was able to stabilise performance a benefit from the increase in the number of trained Health Advisors and Clinicians available.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
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	
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	With a renewed focus on this KPI outcome and a more confidence from the newer Clinicians this process is returning to the normal outcome.
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	December is a very busy month and January is naturally always a better performing month as a result of lower activity received.
B02	Number of calls abandoned	
B06	Total time to call answer	

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	Patients are booked time slots into ED if appointment slots are made available to book. During January there were no slots available for 111 to book directly into in 78% of total appropriate cases. Of the slots made available to 111 (100 slots), 9% (9 slots) of those slots were not booked by our staff, meaning 91% 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
B01	Number of calls answered within 60 seconds	General performance is in-line with expectations as demand on the service reduced into January from December. The Somerset service continues to be under pressure from staffing challenges, and this is especially so with the ending of attendance-based incentives for the HA team. This is reflected in the calls answered and abandonment rates.
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
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	We also deliberately paused all recruiting, training and non-essential meetings to ensure all available workforce were prioritised to patient call taking duties.

G05	Number of calls where the caller was booked into an IUC Treatment Service	We don't have UTC or SDEC services to refer patients to so this low KPI outcome is to be expected.
G06 & G07	Number of calls where the caller was booked into a UTC	This contract area doesn't not have UTC or SDEC services to send patients to.
G10 & G11	Number of calls where the caller was booked into an SDEC 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
A01	Number of calls received	Typical Dec – Jan decreases as seen with other contract area seasonal variation. Due to contract end in Feb, there have been large volume of staff leaving the NSA contract. This has had an overall impact on the performance, and the Operations manager confirmed that the MCL has been reduced to 30 to reduce volumes at peak times and stop calls from queuing at an earlier point in line with reduced staffing.
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	
A05	External clinician calls to Clinical Assessment Service (CAS)	
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	95th 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. Null as these are not achievable NSA outcomes.
G12 to G14	Dental service	
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.