

IUC ADC May 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
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B01	Number of calls answered within 60 seconds	111 call performance continued to improve, lower absence rates and increased staffing continue to impact positively. 999 demand for NEAS was also down with road performance improving, seeing fewer ETAs and cancelled calls coming into the service, allowing 111 resource to be maintained on 111.
B02	Number of calls abandoned	



B06	Total time to call answer	
B09	Total time of abandoned calls	No system capability to extract this information.
C01	Number of calls where person triaged	Work is ongoing around KPI4, 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	<p>Not provided as subcontracting data not available. Some calls are going via subcontracted providers and some come through to NEAS.</p> <p>We are working with the providers to get there data through but there are gaps in their data currently which we are trying to resolve.</p>

111AI7 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 – Harrogate & District, i-Heart, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 - FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH. NLO - Vocare no longer provide service to the area we are in discussion with the provider who has taken over the service but as of yet do not have their data.

There has been a significant change in some of the YAS submitted fields due to updates to scripts.

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	LCD Dental: Improved performance is in line with a better rota fill in the month.
B02	Number of calls abandoned	
B06	Total time to call answer	
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	We have updated the scripts for D23 and D24 with YAS to improve the reporting this month's figures are a more accurate description of the KPI. However, YAS cannot get figures for H21 and H22 due to the online data that is provided to them.
E01	Total number of dispositions	With regard to the validation for E01/C01, we are in the process of updating scripts for the YAS data this looks like an error or miscounting. This have been raised to our dev team to look into.
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.
G01	Number of calls where caller given an appointment	With regard to the validation for G01 and the sum of its parts, we are in the process of updating scripts for the YAS data this looks like an issue in the data at YAS's end they are going to investigate.

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. Still on-going issues with reconciling numbers and duplication. Discussions on-going between NWAS and NHSE IUC Operational Insights Team on how to rectify this.

Data item	Description	Comments
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B01	Number of calls answered within 60 seconds	Some of the changes that were put in place from mid-April will have had a positive impact on some of the metrics in May.
B02	Number of calls abandoned	The Vocare support was increased from 10%-15% from week commencing 8 th April. This will naturally support some of the improvements in both the call pick up performance and the abandonment rate that we have seen over the last month.
B06	Total time to call answer	We also went live with regional call management (RCM) on 16 th April. The changes made to the 111 IVR has resulted in patients selecting the correct option more often for the help they require. This has resulted in the Service Advisors transferring far fewer calls into the health advisor skillset. We have also seen a decrease in both sickness and absence which will have further supported performance. We are also recruiting heavily, and we are now starting to see an improvement in our staffing position.
D01	Calls assessed by a clinician or Clinical Advisor	The discrepancy between monthly and weekly figures is due to different providers submission.
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. Number of calls where person triaged (NWS only = 143,734). One CAS provider has incorrectly entered data, and this has been overlooked when collating. They have been contacted and asked to make sure they do not enter data in C01. C01 should be NWS only, so no difference expected.
D01	Calls assessed by a clinician or Clinical Advisor	It is not possible to reconcile monthly with the weekly submission as different providers are submitting.
D01	Calls assessed by a clinician or Clinical Advisor	66,573 includes NWS (29,802) and CAS (36,771). 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. 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.
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	GPUCA reported numbers: This is an artificial (undercounted) return based on a fixed 20min target however CAS operates to locally defined targets agreed with commissioners.
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 dispositions: 150,794 and is made up from NWS (143,743) and some CAS providers (7,060 - Central Cheshire, East Cheshire, FCMS - double counted where both CAS and NWS report).
E17	Number of callers recommended self-care at the end of clinical input	1,851 includes NWS (1,492) and CAS (359 submitted by FCMS & GPUCA).
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.
G01, G03, G05, G07, G09, G11, G13 and G14	IUC Service Integration	Where CAS/OOH providers (GPUCA 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 = 16,817, Central Cheshire 838, GPUCA CAS 3,762 and GPUCA TAS 793)). All other CAS provides are leaving the fields G01-G14 empty.
G08	DoS selections – Type 1 or 2 ED	G08 is only completed by NWS (111), G09 has been requested from 111&CAS, similarly for G10 and G11.

G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	
G14	Calls where caller given any other appointment	
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	Figures exclude data from some service providers.

Midlands region

111AL7 Midlands

Lead data supplier: ML CSU (Stoke)

Data item	Description	Comments
C01	Number of calls where person triaged	Due to DHU's recent move to a new telephony platform they are still in a period of validation around all telephony based data. As such the currently reported numbers may be subject to change. Outcome figures are currently representative of main 111 Provider only.

D01	Calls assessed by a clinician or Clinical Advisor	Due to the 24hr nature of the 111 service, the weekly submissions often show cases allocated based on the interim disposition logged on the Sunday, while the monthly submission allocates cases based on the callback that occurred on the Monday, leading to a variation in the distribution. The monthly position presents a more complete picture of activity across the month. DHU remain in a period of validation around telephony-based data.
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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. The part month submission is linked to the decommissioning of the contract and move to a new provider from 9th April 2024.

Data item	Description	Comments
A01	Number of calls received	We received a small number of calls on the Staffordshire line after 9 th April until 18 th April, which were counted in our monthly aggregation. These totalled 511 calls which was ~4.5% of the total number submitted. However, none of these calls were triaged.
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.

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
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A01	Number of calls received	<p>The improvement in performance across the Items A03 to B06 (below) are partly because of the diversion to National Resilience of a percentage of our calls in A01. Although some of that drop in A01 will also be seasonal demand falling now that we are out of the Winter period. The diversion to National Resilience varies based on an agreed protocol with NHSE and is slowly decreasing with time. We have also stopped adding back the National Resilience figures to A01, so this will skew a percentage of the figures compared to April 2024.</p> <p>We are also remodelling our internal planning to improve performance which is contributing to call answer performance. As we answer more calls we then triage a larger number of those patients (C01) and D01 will also increase as we need to refer more calls to clinical assessment.</p>
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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	The drop in A01 is because we are still diverting calls to National Resilience and no longer adding them back.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	While the reduced number of call and improvements with staffing has improved the number of calls answered and answered in 60 seconds and reduced the abandoned calls.
B06	Total time to call answer	
C01	Number of calls where person triaged	The difference between monthly and weekly figures for item D01 is most likely because at the end of the month we re-run all our reports and this usually leads to adjustments in figures, whereas the weekly figures are based on data as it has often just come off the systems.
D01	Calls assessed by a clinician or Clinical Advisor	
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	<p>The decrease in level of demand (A01) will be down to a percentage of our calls being diverted to National Resilience as well as seasonal changes now that we have moved out of the winter period. As expected, the subsequent diversion of calls to National Resilience and reduction in the level of demand will result in the ability to answer calls and the proportion answered in 60 seconds, hence the increase in A03 and B01.</p> <p>The improved ability to answer calls and also the number of calls within 60 seconds would also mean a decrease in the number of calls abandoned and total call time, hence the reduction seen in B02 and B06.</p>
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	As we're able to answer more calls, it is expected that we triage more patients, hence the increase in C01 which is reflected in the percentage increase. If more patients are being triaged, D01 will also increase in percentage as more calls will be referred to the clinical assessment.
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	The improvement in performance means there is less to report back upon and this is good performance for the contract but must be caveated with the support being received from National Resilience and the subsequent decrease in call volumes. 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
B02	Number of calls abandoned	Although the May and spring bank holidays may have contributed to the minor increase in A01 demand, there was a 10% increase in the number of hours worked throughout the virtual contact centre, which led to improvements in the percentage of calls that were triaged and calls that were evaluated by clinicians or clinical advisors.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	there was a problem with one of the weekly submissions, which is why the numbers vary between weekly aggregate and monthly official.
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.
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.
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	Though there is a slow-paced improvement in the proportion of call backs by clinicians within timeframe (20 – 60 minutes). The businesses system has continued to prioritise urgent call as they present a higher proportion of the total needing a speak to by clinicians or a clinical advisor.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical judgment.
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. These are nulls instead of 0. Unable to monitor whether a call back has been offered via an online assessment
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	

111AC7 Milton Keynes

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Milton Keynes so there may be incomplete coverage for the following data items: D01, D13-D14, E02-E04, E06, E09, E12-E16, E18, G03, G05, G07, G09, G14.

Data item	Description	Comments
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A01	Number of calls received	The rise/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.
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	There was a significant drop off in demand in April that returned to normal levels in May, this due to the non-inclusion of a week of Mitel data in the monthly submission. We switched over the CX1 platform on the 9 th April. This has impacted the calls offered and calls received, calls offered will have also been impacted by the national platform data also, where DHU ceased to include data receive from Virgin.
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	
E27-E31	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	DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data.
G11	SDEC service bookings	The low value is caused by cases that are sent to GP OOH services that are out of area.
G12, G13	Calls received by dental services	There are no commissioned services that fall in the SDEC category in the Milton Keynes region so this data item may show zero.
G16 to G19	Community pharmacy service	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Not applicable to service.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H14-H18	NHS111 Online Face to Face	

Milton Keynes do not provide us details for these data items.

111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B02	Number of calls abandoned	Although the May and spring bank holidays may have contributed to the minor rise in A01 demand, there was a 23.9%% increase in the number of hours lost to staff sickness, which led to decrease in the percentage of Calls answered, calls answered in 60 secs and an increase in abandoned calls.
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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.
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	Following on from March, April has also seen increased response, there has been more focus on responding to patients within the clinical timeframe performance.
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
B01	Number of calls answered within 60 seconds	The change in performance in May can be attributed to two bank holiday weekends and demand/staffing challenges attributed to that, performance to date in June is an improvement on April and back on the improvement trajectory.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>We had previously used the provider type from the Adastra Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for May had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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	<p>The G01 figure didn't equal the sum of its constituent parts. Nine cases had one the following service types which have no category on the mapping document.</p> <ul style="list-style-type: none"> • 21 Retired • 144 Integrated Urgent Care (IUC) Dental Clinical assessment • 151 Primary Care Network (PCN) • 156 Dental Urgent Care
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.
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.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111A13 West Essex

Lead data supplier: HUC.

Data item	Description	Comments
A01	Number of calls received	<p>There are several factors involved in the improved performance you noted. Firstly, as noted previously a percentage of our overall Inbound calls are being taken by NHSE National Resilience, therefore the overall call volume is reduced. We have ceased to add these back in to the IUC ADC figures so this will skew the figures compared to last month. There is also almost certainly an element of seasonality, as overall call volumes seem to have dropped naturally. On the call answering side of the equation, we are working on the service model which should improve</p>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	performance. Overall these factors have worked to significantly improve performance compared to the previous month as noted, which can only be a good thing for the IUC Contract. The final item D01 will almost certainly be a result of more calls answered, means that we need our clinicians to triage more calls down stream of NHS 111.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC, but numbers will be small. Functionality 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.

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 has improved overall. The increased number of calls answered and decreased abandonment rate despite two bank holidays this in line with seasonal variations. Additionally, staffing had improved compared to the previous month with 90% shift fill achieved. Disparity between weekly and monthly figures for items B02 and B06 is as a result of data issues incurred by one of the providers telephony resulting in receiving duplicate calls. This has since been rectified on their side and the monthly figures are correct.
B02	Number of calls abandoned	
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.
D03	Calls assessed by an advanced nurse practitioner	These items are blank because our provider had changed the reporting type.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	Not applicable.
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 the combined data across two providers being aligned to the lead providers formularies for KPI 5a and 5b, it has been identified that the interpretation of the ADC definition of these data types were not previously aligned. Currently the end time stamp of the pathways consultation is being used but the definitive disposition can be reached at a later time stamp which is resulting in different clock start times.
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	<p>We have been looking into issues with abandoned calls as we have identified instances of duplication in the call log. The ADC Monthly this month reflects changes we have made to deal with call duplication. There will be a noticeable improvement in the abandonment measures next month to what was submitted in the May ADC Weekly submissions.</p> <p>The disparity between the weekly and monthly figures is due to instances of duplication in the call log.</p>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We have noticed and marked increase in reporting for D10 'Warm transfers' for the NEL and NWL contracts, we have contacted operations to see if there has been a change in process.
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
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A01	Number of calls received	We have been looking into issues with abandoned calls as we have identified instances of duplication in the call log. The ADC Monthly this month reflects changes we have made to deal with call duplication. There will be a noticeable improvement in the abandonment measures next month to what was submitted in the May ADC Weekly submissions.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	The disparity between the weekly and monthly figures is due to instances of duplication in the call log.
D02	Calls assessed by a general practitioner	We have changed how these items are reported to be consistent with NEL and SEL. (We are now receiving 'Final Assessment Provider Type' from LCW/PPG).
D09	Calls assessed by another type of clinician	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We have noticed and marked increase in reporting for D10 'Warm transfers' for the NEL and NWL contracts, we have contacted operations to see if there has been a change in process.
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 into 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
A01	Number of calls received	<p>We have been looking into issues with abandoned calls as we have identified instances of duplication in the call log. The ADC Monthly this month reflects changes we have made to deal with call duplication. There will be a noticeable improvement in the abandonment measures next month to what was submitted in the May ADC Weekly submissions.</p> <p>The disparity between the weekly and monthly figures is due to instances of duplication in the call log.</p>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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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B02	Number of calls abandoned	There has been an increase in demand from the previous month, coupled with 2 bank holidays and a reduction in overtime spend. These factors have contributed to slight dip in performance for the month where we have seen slight deterioration in average speed to answer call, increasing call abandonment and lower average call handling times. We have however seen the weekend gap in performance continuing to improve with capacity improving as we recruit more people with a willingness to work a higher proportion of unsocial hours. The calls assessed by clinicians within 20 min has improved this month again as we maintained an ongoing focus on clinical recruitment since the beginning of 2024.
B06	Total time to call answer (seconds)	
B07, B08	95th & 99 th centile call answer time (seconds)	Telephony centile figures exclude LAS data as line data is not available.
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>We had previously used the provider type from the Adastra Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for May had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>

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	There has been an improvement in this KPI alongside a drop in calls assessed by a clinical advisor which, can be attributed to the focus on clinical recruitment since the beginning of 2024 where a number of clinicians are currently within training and consolidation period. Current push in clinical recruitment is a long term measure to ensure more resilient and stable cohort of clinical advisors as we move into the summer.
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.
G01	Number of calls where caller given an appointment	The G01 figure didn't equal the sum of its constituent parts. One case had the following service type which has no category on the mapping document. <ul style="list-style-type: none"> • 156 Dental Urgent Care
G01	Number of calls where caller given an appointment	G01 includes a case with service type ID of 156 which has no corresponding service in the mapping document.
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).

We have been unable to provide a number of metrics and as such, these are listed as blank. Please note that the fields we have listed as zero are legitimate zeros. These blanks 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 a solution to, a number of these are ones added later in the lifespan of the Specification. These come under two groups of data – community pharmacy/prescription booking and DOS options (not DOS selected).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us. We were unable to receive PID data securely to allow us to link Provider data back to ours to avoid double counting and would only

be able to receive aggregated data for a partial submission for A06, we made the difficult decision not to request data from the 5 providers we were able to complete the process around services and metrics for.

Data item	Description	Comments
B02	Number of calls abandoned	May was a 31-day month with 2 bank holidays; therefore, performance is expected to be higher than April. There was a 3.3% increase in demand and a 6.1% increase in logged in hours in May. As a result, the ratio of calls offered to call handlers logged in hours available increased from 4 to 4.2, representing a higher level of demand and strain on the system. One of the drivers for logged in hours has not increased, is due to an increase in staff being on annual leave compared to April.
B06	Total time to call answer	
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)	
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 when transferred to teams (previous to June, this was mostly Mental Health and Dental) become listed as external creating a new call with no triage listing for the Clinicians involvement. For January 21 this worked out as around 0.5% of Calls Answered. This has increased significantly from June 2021 due to operational changes in how two CAS

		organisations have calls passed to them in which the call is passed via the DOS.
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).
E01	Total number of dispositions	E01 does not match the sum of its parts, the reason for this gap in May is that some of the DX codes (a total of 15 codes) in the mapping document do not have an E02 – E18 item assigned to them. In the case for May's monthly report, these DX codes are: Dx400, Dx401, Dx404, Dx405, Dx407 – a total of 26 cases for HSH.
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.
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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	Significant sickness in the call handling staff. There were 2 bank holidays where we saw extremely high demand on the bank holiday weekends and into the week following. 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.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The number of 'trages' 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. Vacancies have now been filled and 3 new CSDs start this week and 2 scheduled to start in 3 months. Should see month on month improvements as we go.

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. Checking back over the last 6 month or more – it appears that less than 1% is not unusual for this KPI.
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
B02	Number of calls abandoned	

B06	Total time to call answer	Monthly values for these items are incorrect, extracted from the wrong database, the weekly aggregate values are correct. We hope to revise these when possible.
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
B01	Number of calls answered within 60 seconds	The change in performance in May can be attributed to two bank holiday weekends and demand/staffing challenges attributed to that, performance to date in June is an improvement on April and back on the improvement trajectory.
B02	Number of calls abandoned	
B06	Total time to call answer	

D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>We had previously used the provider type from the Adastra Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for May had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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.
G07	Number of calls where the caller was booked into a UTC	
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).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also 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
B02	Number of calls abandoned	May was a 31-day month with 2 bank holidays; therefore, performance is expected to be higher than April. There was a 3.3% increase in demand and a 6.1% increase in logged in hours in May. This means the ratio of calls offered to call handlers logged in hours available increased from 4 to 4.2, representing a higher level of demand and strain on the system. One of the drivers for logged in hours has not increased, is due to an increase in staff being on annual leave compared to April.
B06	Total time to call answer	Demand continues to remain high between Saturday – Monday, making up 46.5% of total demand for the month. The demand on both bank holidays in May, makes up 8% of the total demand for the month.
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A06	Unscheduled IUC attendances	We were unable to receive PID data securely to allow us to link Provider data back to ours to avoid double counting and would only be able to receive aggregated data for a partial submission for A06, we made the difficult decision not to request data from the 5 providers we were able to complete the process around services and metrics for.

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 /99th 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)	
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
C06	Number of calls where person triaged by another staff type not within the other 4 categories	C06 volume is down significantly month on month, we've been working in with the call centre management team to identify more members of staff and their roles, which has largely moved staff from C06 to C04.
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).
E01	Total number of dispositions	E01 does not match the sum of its parts, the reason for gap in May is that some of the DX codes (a total of 15 codes) in the mapping document do not have an E02 – E18 item assigned to them. In the case for May's monthly report, these DX codes are: Dx400, Dx401, Dx404, Dx405, Dx407 – a total of 28 cases for TV.
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	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 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
A07	Calls which originated from an external NHS 111 provider	Our 111 partners (PPG) have advised they do not externally receive cases directly into the 111 service.
B01	Number of calls answered within 60 seconds	Overall, we saw a good performance however, the uplift in activity alongside 2 bank holidays will have contributed to an uplift in call answering times and therefore abandonment rate this month. Aside from the bank holidays, call performance remained positive, and more calls were actually answered than the previous month.
B02	Number of calls abandoned	
B06	Total time to call answer	
F02	Directory of Services: no service available other than ED (ED catch-all)	The 111 staffing position remains very good for HA cover and is an ever improving picture for CAs.
G10, G11	Calls where the caller was booked into an SDEC service	After many months of zero cases, since March 2024 PPG have started to report to us use of ED Catch-All, albeit in very small numbers.
H01 to H22	NHS Online	BSW IUC do not yet book appointments into the SDEC service.
		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	Overall demand in March was 9% higher than April, with 34.75K calls received.
A03	Number of answered calls	

B01	Number of calls answered within 60 seconds	We received averages of 786 NHS111 calls per weekday and 1656 NHS111 calls per weekend/bh; demand on Weekends and Bank Holidays was higher than April.
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	Call answering performance declined; abandonments increased by 3.4% to 7.0%. The average speed to answer was 175 seconds. Calls assessed by a clinician within timeframe was 29.5% for immediate timeframe and 55.4% for >20 minute timeframe. The serviced averaged over 1,000 NHS111 calls in May, which is unusual (only 3 instances in the past 26 months, two of which were December). This high demand has impacted call answering performance accordingly. However, the longer-term picture shows improvement; demand was 4% higher than May-23, but the abandonment rate was 3.4% lower.
B01 to B11	Call handling	CAS data not included as unavailable.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Ambulance assessment was on target with 83.1%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 90.1%.
F02	Directory of Services: no service available other than ED (ED catch-all)	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	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe were just below target at 94.8%, with treatment centre visits on target at 98.4%.
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	The proportion of calls being diverted to National resilience has reduced this month, creating the apparent increase in demand. The diversion of calls is aiding performance, but also the service is seeing much improved staffing levels (with recent months' recruitment now taking effect) and less sickness absence. Calls are now networked across the HUC estate, providing a much wider pool of call handlers and the significant reduction in abandonment rate.
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	
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	Performance in May slipped due to two Bank Holidays and a reduction in overtime spend early in the month. The weekend gap in performance is continuing to improve with capacity improving as we recruit more people with a willingness to work a higher proportion of unsocial hours.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>We had previously used the provider type from the Adastral Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for May had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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 available to Tiverton and Newton Abbot UTCs.
G05	Number of calls where the caller was booked into an IUC Treatment Service	This KPI outcome has dipped lower than normal as we limit our capacity for 111 to direct book into OOH. This is due to the need for capacity for urgent appointments.
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
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	
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.
H11, 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
B01	Number of calls answered within 60 seconds	Call volume within Gloucestershire increased again in May, being >30% above the contractual level. Resourcing is planned on the contractual demand and funding. PPG answered >14% over the contractual volume. However, this additional demand being seen within the county will impact KPI's. It means it takes longer to answer the calls and therefore more will abandon. More calls being
B02	Number of calls abandoned	

B06	Total time to call answer	answered means more calls being triaged. Higher acuity cases means referrals made to other services other than a NHS111 clinician will be made.
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>We had previously used the provider type from the Adastra Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for May had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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. ADC only looks at 111 data & those closed with advice from 111 Clinicians. When taking into account cases closed with advice only from 111 & OOH the % is much higher.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	NHS111 can only book into Emergency Departments if appointments are made available. During May there were only 138 appointment available to book. 131 of these appointments were successfully booked, giving a utilisation rate of 94.92%.

G11, G10	SDEC selections	The SDEC care service is not currently active.
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111AL5 Somerset (HUC)

Lead data supplier: HUC

Data item	Description	Comments
A03	Number of answered calls	The proportion of calls being diverted to National resilience has reduced this month, creating the apparent increase in demand. The diversion of calls is aiding performance, but also the service is seeing much improved staffing levels (with recent months' recruitment now taking effect) and slightly less sickness absence. Calls are now networked across the HUC estate, providing a much wider pool of call handlers and the significant reductions in abandonment rate and speeds to answer.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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

The National Resilience Service was naturally tracking with Staffs 111 up to 9 Apr (as we were networked and demobilising from Midlands (Staffs) NHS 111 delivery). It is worth observing that we are closely working with the National team as we only have the NR 111 component to report on so we are trying to unpick why the National Resilience service tracks to national aggregate performance data but does not entirely behave the same way.

Data item	Description	Comments
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D01	Calls assessed by a clinician or Clinical Advisor	KPIs 4 onwards are largely clinical and we are not commissioned to perform the whole gamut of 111 services so will not behave/perform as the others do.
E17	Number of callers recommended self-care at the end of clinical input	We do very well at KPI 9 (item F03) as we need to relentlessly pursue top DoS choice for all patients as that is the touchpoint by which our resilience patients re-enter their own 111 locality service. We will not ever be able to outperform on the others as we were only designed to operate as a call answering service taking new and worsening calls from supported primary NHS111 providers. Poorer outcomes in May for KPIs 4/6/8/11 (i.e. data items: E17, E26 & G05). It has taken a while for this to be completely understood at all levels, we thought we were missing some factor of data, we are not.
E26	Number of calls initially given an ETC disposition	
F03	Calls where the caller is allocated the first service type offered by DoS	
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G06 & G07	Number of calls where the caller was booked into a UTC	
G10 & G11	Number of calls where the caller was booked into an SDEC service	This contract area doesn't not have UTC or SDEC services to send patients to.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	We do not validate ED Dx, that is the commissioned orle of the prime provider, so we will seek the top DoS choice which should be an ED CAS and hope they get validated.
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	The National resilience contract was never intended to manage digital cases, these still move through to the prime provider for that region. Specifically, the contract states only ever speaks to telephony.