IUC ADC August 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.
B02	Number of calls abandoned	With demand reducing and capacity increasing this allows for performance to be maintained if not slightly improve. 999 demand remaining stable also helped as resource remained on 111 without being moved.
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. This item the denominator for KPI 8 has increased, pushing the KPI down a few %.
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. This item has seen a shift recently, the number of ETC validations have remained the same
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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	This item was impacted by the EDDI change. Sunderland Royal Hospital have their own local process which still allows NEAS to book appointments into the ED, so this has continued and is why the KPI is not completely 0%.
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	Not provided as subcontracting data not available. Some calls are going via subcontracted providers and some come through to NEAS. We are working with the providers to get their data through but there are gaps in their data currently which we are trying to resolve.

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, DTP – Nimbuscare.

Data item	Description	Comments
B02	Number of calls abandoned	Disparity between weekly aggregate and monthly official numbers: LCD Dental – not matching due to change in telephone provider mid-month and have struggled to get the data they need from old provider – their monthly figure is the most accurate – they have missing data on the weekly due to the changeover.
B06	Total time to call answer	YAS - We believe the main issue on the differences to the weekly and monthly data is due to the script changing mid-month for YAS. Said changes to the script are also the reason for the changes in the month on month fluctuations.
B07	95th centile call answer time (seconds)	We have discussed the B07 figure with YAS and while it has been dropping for a while they agree this month's is very low. Unfortunately, they are not sure what the issue is yet but it's likely to be the changes that have been done to the script. They are looking into it though it going to take a bit of time to investigate.
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 and 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 'E01 must not exceed C01' validation flagging; this is simply due to rounding issues.
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).

		Having queried KPI6, there were no obvious reasons from YAS why the KPI6 is lower – there were changes in YAS's distribution of advisors triaging, which may have affected the C Figures. Going forward, LCD Dental are hoping to be able to submit figures into E17, so this should have a positive effect on the KPI 6 in the future.
E17	Number of callers recommended self-care at the end of clinical input	Going forward LCD Dental are hoping to populate E17 which should make a difference to the KPI.
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 prior to the Adastra outage but due to the issues with direct booking this figure has dropped considerably.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The booking system for this was turned off on the 28/06/2024 and therefore there is no way we can really book any patients into and ED slot that's why this has fallen a lot. There isn't any information on when a booking system is going to be implemented so for the foreseeable this will likely be very low or 0. This has also affected KPI12 which looks like it has halved in July and August compared to previous months.
G10, G11	SDEC selections	These figures will remain at low levels or zero until the next Pathways update when more options to refer to SDEC are due to be 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 as data on the DoS options available for each call are not 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.

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. 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), NWAS and Wirral. 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.

It has been agreed with NHSE that the Vocare support will remain in place at 10% until Feb 2025.

Data item	Description	Comments
B02	Number of calls abandoned	August saw another strong month regarding the B02 metric – The abandoned rate for August was 0.6% and call pick up at 95%. Average time to answer for August was 8 seconds which needless to say is very positive. Some of the main contributing factors are as below:

B06	Total time to call answer	• Sickness/absence – We have continued to see sickness absence levels at 10-12% for call handlers. For context sickness/absence levels this time last year were 20-25%. •Vocare support - As mentioned in previous updates we have currently got 15% call volume support from Vocare- This is due to reduce to 10% from August 2024. • Recruitment - We are continuing to recruit heavily and as a result we are starting to see staffing numbers closer to our budgeted position. • Retention – Performance improvements have resulted in a less-pressured workforce which has improved overall staff retention. We are continuing to put a lot of focus on staff Health &Welfare.
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 (NWAS only = 126,019). Going forward, we have asked for this to be checked and any activity other than NWAS to be excluded.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity between weekly and monthly figures is because weekly and monthly submissions do not contain the same provider submissions. For example, East Lancashire and Blackburn with Darwen (ELMS) submissions only appear in the monthly submission. We have also had some providers not submitting weekly due to leave and no cover.
D01	Calls assessed by a clinician or Clinical Advisor	58,953 includes NWAS (25,694) and CAS (33,259). 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	GMPUCA reported numbers - This is an artificial (undercounted) return based on a fixed 20min target. In reality, the CAS operates to locally defined targets agreed with commissioners. Please contact if further detail required.
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes and D25 - 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes, cannot be completed from the data provided.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Total dispositions: 131,870 and is made up from NWAS (126,014) and some CAS providers (5,856 - Central Cheshire, East Cheshire, FCMS and Wirral - double counted where both CAS and NWAS report).

Note some providers are reporting in section E but have not completed E01. e.g. Have reported ambulance dispositions bun no total. |
E17	Number of callers recommended self-care at the end of clinical input	1,670 includes NWAS (1,309) and CAS (361).
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWAS 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, G08, G09, G10, G11, G13 and G14	IUC Service Integration	Manual adjustments have been necessary when resubmitting the August numbers:

G01 (19,144) - where CAS/OOH providers (Central Cheshire, GMPUCA and Wirral) 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 (NWAS (13,524), Central Cheshire (715), GMPUCA CAS (4,017), GMPUCA TAS (677) and Wirral(211)). All other CAS provides are leaving the fields G01-G14 empty.

Where CAS/OOH providers (Central Cheshire, GMPUCA and Wirral) have supplied numbers in G03, G05, G07, G09, G11, G13 and G14, |

		these have been added in to G02, G04, G06, G08, G10 and G12 (previously NWAS only reporting lines).
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)
IUCADC submissions currently cover 111 provider and arrangements will be considered for inclusion of any relevant CAS providers at a future date.

Data item	Description	Comments
B02	Number of calls abandoned	This shows an improving trend from previous month attributable to continued service recovery actions following provider implementation of a new telephony system earlier in 2024.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The disparity between weekly and monthly figures is 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. The 111 provider remains in a period of validation around telephony-based data. |
| G09 | Number of calls where caller given a booked time slot with a Type 1 or 2 ED | Drop in performance related to EDDI system being turned off as the majority of EDs have not replaced the EDDI system with an alternative. |

Data item	Description	Comments
G11	Number of calls where the caller was booked into an SDEC service	This item is either very low or zero each month currently.

111AC5 Cambridgeshire & Peterborough
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	A01 is not capturing all calls, as a percentage are still being diverted to the NHSE National Contingency Service. However, we have noted that call volumes have dropped in August 2024, we tend to work on Calls Offered to Call Centre, which are the only ones we can actually answer (Calls Answered plus Abandoned) and these decreased by 1,132 compared to July 2024. We believe the change is seasonal and that demand will pick-up again, as the colder Autumn and Winter weather arrives. Obviously, this had a knock-on effect in our call handling performance with fewer calls to answer and abandon rates fell. The latter is now consistently meeting KPI 1 on a monthly basis and in August KPI 2 Average Time to Call Answer was only missed by less than one second. Clearly, if call answering performance is good Total Time to Call Answer will fall, but it is obviously linked to the volume of calls answered as well. There is also a great deal of work going on with improving and remodelling the Service, so a significant part of the improvement is a result of this, but the fall in call volume does help.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

		The overall effect is that Calls Triaged, where they become cases, will also fall, since fewer calls to answer equals less calls triaged. Calls assessed by a clinician shows a smaller fall, so although linked to calls triaged, our clinicians also receive cases from other providers and 111 Online via the DoS, so there is a break in the link to calls received and answered by this IUC Contract.
B06	Total time to call answer	
C01	Number of calls where person triaged	The disparity between weekly and monthly reporting is almost certainly caused by the end of month reconciliation processes, which allows us to re-run the background data before final submission to yourselves.
D01	Calls assessed by a clinician or Clinical Advisor	
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 number of call received A1 are still being diverted to the NHSE National Resilience Service, but this is due to end next week. We have also noticed a drop in the call volumes over August which may be seasonal and the call will increase next Month.

The drop in call volume has a know on affect with the improvement of the call answered within 60 seconds time and abandoned time. |
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	

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	The C01 and D01 difference Is due to use rerunning the data and we did find a day were not all the cases had been loaded so we had to fix the data by rerunning that days reports.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The drop for KPI13 is due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
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	The decrease in A01 Number of calls received can somewhat still be attributed to the support being received from National Resilience. Although decreasing and soon due to come to an end, the existing support is still likely having an effect. Coupling this with the favourable time of the year in terms of weather and seasonality, we have seen a decrease in the level of demand as indicated below. However, with the time of the year now moving towards winter and the imminent end to National Resilience support, we are expecting the level of demand to increase in September.
B01	Number of calls answered within 60 seconds	With the lower demand, a consistent and ever improving staffing schedule and shift patterns, we expected better performance in B01 Number of Calls Answered within 60 seconds and thus, this stands true as indicated below. With less of a demand and

B02	Number of calls abandoned	improvement in the performance of B01, it is also expected that our B02 Number of Calls Abandoned performance would improve and fewer calls would be abandoned and thus, this also stands true and is a reflection of the performance seen below. B06 Total time to Call Answer would also directly improve with the same reasoning.
B06	Total time to call answer	
C01	Number of calls where person triaged	As mentioned in previous months, less demand at the front end and the subsequent improvement in the front end performance parameters will directly have an effect downstream. Thus, lower demand would result in a decrease in C01 Number of Calls were person Triaged and therefore D01 Calls Assessed by a Clinician or Clinical Advisor would also directly be impacted and is the reason for the decrease seen below.
D01	Calls assessed by a clinician or Clinical Advisor	The difference with the weekly and any monthly numbers for items C01 & D01 is because at the end of every month we rerun the months data again and this then updates our data.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	KPI13 has dropped significantly and is almost zero due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
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
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B01	Number of calls answered within 60 seconds	With regards to performance improvement, • Absence improved in August across the Essex Health Advisor cohort, resulting in more on the phone time. • There was an improved forecasting in August. • There were increased headcounts from the recruitment team, coming through training.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D01	Calls assessed by a clinician or Clinical Advisor	In regard to the disparity between weekly aggregate and monthly official numbers, we have looked into developing a new procedure to ensure that this disparity will in future be reduced to the barest minimum.
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 calls 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.
G07	Number of calls where the caller was booked into a UTC	Usually, a value of zero or very small numbers each month.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Following the decommissioning of EDDI by the NHS at the end of June 2023, systems development are working on Booking and Referral standards.
G10, G11	SDEC service bookings	The booking system is not utilised as often as the 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
B02	Number of calls abandoned	The decrease in the level of demand is likely caused by annual trends in service demand. This decrease in A01 will have lead to impact an on service level. An increase in actual staffing levels 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 does not allow accurate recording of this metric, so a proxy is provided instead.
B08	99th centile call answer time (seconds)	

E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	There are no commissioned services that fall in the SDEC category in the Milton Keynes region so this data item may show zero.
E27-E31	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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The system used for the bookings has been decommissioned during this time and only a few EDs replaced their booking and referral system. We did not have the appointments available to use in many areas.
G11	SDEC service bookings	There are no commissioned services that fall in the SDEC category in the Milton Keynes region so this data item may show zero.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
G21	Number of patients receiving a face-to-face consultation in their home residence within the timeframe agreed	Milton Keynes do not provide us details for these data items.
H14-H16	NHS111 Online Face to Face	

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.
B01	Number of calls answered within 60 seconds	The month on month changes throughout July and August and found that call answer speed improved significantly towards the of July and the trend continued into August. The % of calls answered within 60 seconds was 70-80% in the first part of July but increased to over 90% at the end of the month and throughout August. This is probably due to seasonal trends relating to the summer holiday period.
B02	Number of calls abandoned	
B06	Total time to call answer	

Data item	Description	Comments
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	Clinicians are prioritising urgent calls and as well as call back within the shortest possible time as this is the focus of the business.
G07	Number of calls where the caller was booked into a UTC	Usually, a value of zero or very small numbers each month.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Following the decommissioning of EDDI by the NHS at the end of June 2023, systems development are working on Booking and Referral standards.
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
B06	Total time to call answer	PPG remain pleased with the improved and sustained performance position.

Data item	Description	Comments
		Validation/Clinical metrics are also improved directly reflecting our significant uplift in CA recruitment and rota planning.
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.
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	As we already know, a percentage of our calls are still being diverted to the NHSE National Contingency Service but we have noted that call volumes have dropped in August 2024, Calls Offered to Call Centre in July were 236 per day whereas it was 213 calls per day in August 2024. The drop in calls can be attributed to seasonality as months from June to August are less busy historically as well but demand will pick-up in coming months. The drop in demand had positive impact on performance with fewer calls to answer and abandon rate has come down and is under 3% threshold at 1.3% in August compared to 5% in July. The average speed to answer to has seen a drop from 80 seconds in July to 21 seconds in August which is just one second over the 20 second national KPI for Average speed to answer. The operational team is consistently working towards matching the staffing with demand.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	

Data item	Description	Comments
C01	Number of calls where person triaged	The difference in weekly and monthly figures will be due to end of month reconciliations.
D01	Calls assessed by a clinician or Clinical Advisor	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The drop in KPI13 is due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
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

111AL9 North Central London (LAS)
Lead data supplier: London Ambulance Service NHS Trust (LAS) (as of August 2024)
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
A01	Number of calls received	Demand was lower across all contract areas in the month of August. We saw limited impact of GP Call to Action and low sickness during this month which has impacted performance positively.
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	
D04	Calls assessed by a mental health nurse	These items are blank because our provider had changed the reporting type.
D07	Calls assessed by a dental nurse	Not applicable.
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.

G07	Number of calls where the caller was booked into a UTC	Bookings into EDs and UTCs in NCL have dropped since EDDI was decommissioned in June. UTCs are co-located with EDs in NCL.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into EDs and UTCs in NCL have dropped since EDDI was decommissioned in June.
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
A01	Number of calls received	Demand was lower across all contract areas in the month of August. We saw limited impact of GP Call to Action and low sickness during this month which has impacted performance positively.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	We have been working internally to review our reporting of Abandonment rate; as the figure reported was not accurately reflecting performance we saw in the call centre. Following a number of deep dives into the telephony routing and the reporting feeds, we saw the issue started when we moved to CM10 (end of
B02	Number of calls abandoned	

B06	Total time to call answer	May 2024). We reviewed all CM10 VDNs which were being counted under each contract and found a handful of VDNs which were being counted incorrectly (internal numbers). We have now reviewed, tested and implemented changes to reporting to ensure we have an accurate representation of performance. This was implemented from 2nd September. We will resubmit our data for previous months once the revisions window is open.	
C01	Number of calls where person triaged		
D01	Calls assessed by a clinician or Clinical Advisor		
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We are currently investigating this item and the changes in numbers reported each month.	
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.	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Booking into EDs in NEL has dropped since EDDI was decommissioned in June	
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	Demand was lower across all contract areas in the month of August. We saw limited impact of GP Call to Action and low sickness during this month which has impacted performance positively.
A03	Number of answered calls	
B02	Number of calls abandoned	

B06	Total time to call answer	
D02	Calls assessed by a general practitioner	We have changed how these items are reported to be consistent with North East London and South East London. (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 are currently investigating this item and the changes in numbers reported each month.
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).
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into ED/UTC's have fallen now the EDDI booking system has been decommissioned so there's no ability to book into EDs now, just referral via DoS.
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	Demand was lower across all contract areas in the month of August. We saw limited impact of GP Call to Action and low sickness during this month which has impacted performance positively.
A03	Number of answered calls	

B01	Number of calls answered within 60 seconds	We have been working internally to review our reporting of Abandonment rate; as the figure reported was not accurately reflecting performance we saw in the call centre. Following a number of deep dives into the telephony routing and the reporting feeds, we saw the issue started when we moved to CM10 (end of May 2024). We reviewed all CM10 VDNs which were being counted under each contract and found a handful of VDNs which were being counted incorrectly (internal numbers). We have now reviewed, tested and implemented changes to reporting to ensure we have an accurate representation of performance. This was implemented from 2nd September. We will resubmit our data once the revisions window is open.
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 are currently investigating this item and the changes in numbers reported each month.
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 work to our own localised mapping for 20min response in the CAS so these codes may sit within our lower priorities which mean we would not be meeting a 20min response on them.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into ED/UTC's have fallen now the EDDI booking system has been decommissioned so there's no ability to book into EDs now, just referral via DoS.
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
B02	Number of calls abandoned	August has seen a decrease in demand which is expected through the summer holiday months. The consistent

		improvements over last three months continue to be as a result of our recruitment campaign, more alignment in terms of rota fill, our continued focus on handling times and adherence to schedule. In addition, we are also dedicating time to reducing our clinical advisor call lengths and case handling times in order to improve productivity. Whilst our Clinical recruitment is increasing, we may see some fluctuations in performance as it will take some time to reap the benefits of this upturn whilst the new CAs are trained and embed their learning.
B06	Total time to call answer	With regard to disparity between weekly aggregate numbers and monthly official numbers, LAS data received too late for weekly submission but in time for monthly submission.
B07, B08	95th & 99th centile call answer time (seconds)	LAS data excluded from centile metrics as aggregated data is received by PPG.
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 which can be attributed to the focus on focus on CAS clinician productivity and 111 clinical recruitments since the beginning of 2024 and 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 through 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.
G04/G05	DoS selections – IUC Treatment Service	We continue to drive top of the DOS selection within our 111 team which has tended upwards month on month, however availability on the DOS directly affects this KPI.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	EDDI system being switched off doesn't allow for many options to book directly into Emergency Departments which directly impact this KPI

G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	No Smile data was received from Healthy London Partnership.

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.

There was a system issue between Friday 9th August and Tuesday 13th August and we are missing telephony data for a few hours on each day - please see a list below of the missing dates and hours. For the weekly submissions, the previous week's data was used to calculate and apply an uplift for the missing hours to fill the gaps for the following metrics: A01 – B08.

The issue has been resolved, however the data cannot be backfilled. Therefore, for the monthly submission, we have used the uplifted figures for Friday 9th – Tuesday 13th August, to represent the missing volumes for metrics A01 – A03, B01 – B06 and B09. Unfortunately, we are unable to calculate uplifted figures for B07 and B08, therefore the figures in the submission are based on the available data between 1st August – 8th August and 14th – 31st August only (9th – 13th August is excluded).

Please see below the dates and hours effected by the outage, along with the data we have available for A01 and the uplift applied:
- Friday 9th August between 8pm and midnight
- Data available: 2767 calls
- Uplift calculated: 615 calls
- Saturday 10th August between midnight and 7am and 5pm and midnight
- Data available: 2997 calls
- Uplift calculated: 1957 calls
- Sunday 11th August between midnight and 2am
- Data available: 4040 calls
- Uplift calculated: 228 calls

- Monday 12th August between 9am and 4pm
- Data available: 1975 calls
- Uplift calculated: 1796 calls
- Tuesday 13th August between 6am and 7pm
- Data available: 1116 calls
- Uplift calculated: 2338 calls

Data item	Description	Comments
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 two SCAS Contract Areas.
B01	Number of calls answered within 60 seconds	August's performance is the best performance we've had since April 2022. Demand declined by 4.5% since July 2024 and the ratio of calls offered per logged in hour dropped from 4.1 in July 2024 to 3.8 in August 2024. This had a knock-on effect on performance, allowing us to answer 96.3% of offered calls within 120 seconds and abandon 0.6% of calls offered after 30 seconds.

The overall performance for August would not have been impacted significantly if we were able to recover the missing data over the 5-day outage. Based on projected volumes and daily performance for the days effected, performance would have remained the same or slightly better. |
B02	Number of calls abandoned	
B06	Total time to call answer	
B02	Number of calls abandoned	The disparity between this item and the sum of its parts is due to the uplift calculated for the outage between 9th and 13th August, so the overall sum may not be an exact match to the sum of the individual elements.
B07, B08	95th/99th 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.
E01	Total number of dispositions	E01 does not match the sum of its parts as some of the Dx codes do not map to items E02-E18 inclusive. However, this disparity equates to less than 0.1% of E01 cases per month.
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	Under investigation
G18 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	

Data item	Description	Comments
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. Some telephony figures are missing/lost for 12th and 13th August (and potentially 9th to 11th) due to data extraction process issues within SCAS (IOW are a node running off the SCAS telephony platform - and therefore our telephony data is held in their data warehouse).

Data item	Description	Comments
A01	Number of calls received	While Annual Summer Leave is fairly distributed through a rotating hierarchy – the earlier months were favoured by the majority of staff this year. There is a potential that the notable decline in tourists to the Island this Summer. I think reasonable to suggest these were contributory factors
B02	Number of calls abandoned	There has been an identified issue with the Avaya upgrade to CM10 where the data centre managed by SCAS has overwritten some data, this issue was also experienced in SCAS and they have been unable to retrieve the data over 9th to the 13th August which will have further reduced August call numbers.
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 'triages' 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	The two Clinical Advisors are now working independently. A variation on the contractual shift pattern for all Clinicians has been successful in our efforts to satisfy demand.
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	There are several services where appointments cannot be booked. 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 months 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.

111AI9 Kent, Medway & Sussex
Lead data supplier: South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

Data item	Description	Comments
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.

111AI2 Surrey Heartlands
Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	PPG remain pleased with the improved and sustained performance position.
A03	Number of answered calls	

B06	Total time to call answer	Validation/Clinical metrics are also improved directly reflecting our significant uplift in CA recruitment and rota planning.
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.
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.
There was a system issue between Friday 9th August and Tuesday 13th August and we are missing telephony data for a few hours on each day - please see a list below of the missing dates and hours. For the weekly submissions, the previous week's data was used to calculate and apply an uplift for the missing hours to fill the gaps for the following metrics: A01 – B08.
The issue has been resolved, however the data cannot be backfilled. Therefore, for the monthly submission, we have used the uplifted figures for Friday 9th – Tuesday 13th August, to represent the missing volumes for metrics A01 – A03, B01 – B06 and B09. Unfortunately, we are unable to calculate uplifted figures for B07 and B08, therefore the figures in the submission are based on the available data between 1st August – 8th August and 14th – 31st August only (9th – 13th August is excluded).
Please see below the dates and hours effected by the outage, along with the data we have available for A01 and the uplift applied:
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- Data available: 1975 calls
- Uplift calculated: 1796 calls

- Tuesday 13th August between 6am and 7pm
- Data available: 1116 calls
- Uplift calculated: 2338 calls

Data item	Description	Comments
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 five 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 organisations 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.
B02	Number of calls abandoned	August's performance is the best performance we've had since April 2022. Demand declined by 4.5% since July 2024 and the ratio of calls offered per logged in hour dropped from 4.1 in July 2024 to 3.8 in August 2024. This had a knock-on effect on performance, allowing us to answer 96.3% of offered calls within 120 seconds and abandon 0.6% of calls offered after 30 seconds.
B06	Total time to call answer	The overall performance for August would not have been impacted significantly if we were able to recover the missing data over the 5-day outage. Based on projected volumes and daily performance for the days effected, performance would have remained the same or slightly better.

B02	Number of calls abandoned	The disparity between this item and the sum of its parts is due to the uplift calculated for the outage between 9th and 13th August, so the overall sum may not be an exact match to the sum of the individual elements.
B07, B08	95th/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.
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.
D03	Calls assessed by an advanced nurse practitioner	We do not operate this staff type any more.
D13, D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
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 appointment 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.

Data item	Description	Comments
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
G18 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.
B02	Number of calls abandoned	As stated, performance is very similar to last month. There was a small drop in activity which resulted in a small uplift in performance. CA and HA staffing remained consistently positive over the course of the month which will have contributed towards good performance levels. We did not see any large spikes in activity either at weekends and without any bank holidays in the month, performance remained pretty constant.
B06	Total time to call answer	

Data item	Description	Comments
G07	Number of calls where the caller was booked into a UTC	As EDDI has been decommissioned and none of our providers have confirmed that there is a solution in place and they are all moving to one joint Electronic Patient Record (EPR) system over the next year. We were hoping one provider had an interim solution but that does not appear to be the case. That doesn't mean referrals are not being sent to them but the KPI is specific to booking.
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
B02	Number of calls abandoned	Overall demand in August was 5% lower than July, with 27.8K calls received. We received averages of 654 NHS111 calls per weekday and 1176 NHS111 calls per weekend/bh day.
B06	Total time to call answer	Call answering performance was consistent with July; abandonments down by 0.2% to 2.7%. The average speed to answer was 65 seconds. Calls assessed by a clinician within timeframe was 38.9% for immediate timeframe and 55.7% for >20 minute timeframe.

D01	Calls assessed by a clinician or Clinical Advisor	The calculation for weekly dataset is not picking up all cases originating from out-of-region. I have added a new version of the calculation, which will remedy this going forward. You will see reduced discrepancy in September data and minimal in October.
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 90.9% (over 90% for the first time).
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 95.9%.
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 on target at 95.9%, with treatment centre visits on target at 98.9%.
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
B01	Number of calls answered within 60 seconds	Improved staffing, further consolidation of more recently recruited staff and better alignment of staffing patterns with demand profiles have allowed the service to better handle the volume of incoming calls, even as demand has gone up.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	We continue to complete data cleanup exercises before submitting monthly data, making sure the tagging of cases for C01 and D01 are accurate for that submission.
D01	Calls assessed by a clinician or Clinical Advisor	
G03	Calls where the caller was booked into a GP Practice or GP access hub	Recently active HAs are yet to receive smart cards needed for bookings, reducing the proportion that get direct booked.
G07	Number of calls where the caller was booked into a UTC	All cases captured in G07 are from out of area.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The ending of EDDI bookings for EDs has reduced the number of G09-tagged cases and so KPI 13.
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
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. Cumberland UTC also.
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.

Data item	Description	Comments
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Devon EDs have been changing their booking systems which directly affects this. Internal reports show 80% of available appointments booked, 16% not able to book (blocked) and 4% unutilised.
G11	Calls where the caller was booked into an SDEC service	This SDEC service is not currently running in Devon.

111AI4 Dorset
Lead data supplier: Dorset Health Care (DHC)

Data item	Description	Comments
B02	Number of calls abandoned	Increase in leave combined with and increase in sickness in August led to a small increase and answer time and subsequently more calls abandoned. Although the percentage increase month on month was high, this was due to a low baseline for July. Average speed to answer increased 5.7 seconds and calls abandoned increased by 0.4% so looking at the monthly daily average isn't the most helpful measure in this instance.

The discrepancy between the weekly and monthly figures for C01 and D01 are where we had to estimate figures on a Monday submission due to only receiving data from our supplier up to 5pm the previous day. |
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
C02	Calls where person triaged by a Service Advisor	These items are zero and do not apply to our service.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
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
B06	Total time to call answer	Although call volume dropped off slightly during August, this was to be expected for the time of year. However, volume offered against contracted volume saw an additional 24.53%. The bulk of this volume coming in over the weekends whereby an additional 1,295 calls were seen in comparison to July. This additional volume coupled with annual leave due to the timing of year impacted our performance and in particular B02.
G07	Number of calls where the caller was booked into a UTC	Gloucestershire doesn't actually have any UTCs. Any referrals we do see on previous months would be for other ICBs, for example Swindon UTC can take referrals from the Cotswold Local Authority but there have been no calls of that nature in August.
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 for E17 looks at data with certain dispositions (DX09/16/25/39/391/45/46/82/96). When taking into account cases closed with advice utilising other dispositions the % is much higher.
G05	Number of calls where the caller was booked into an IUC Treatment Service	We have closed some of the direct booking appointments for 111 into some of Gloucestershire's IUC Treatment Centres due to the skillsets of our staffed ANP's. These appointments are now controlled by a coordinator within the TC to ensure patients are seen by the correct skillset.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	EDDI functionality was removed at the end of June, therefore 111 are now no longer able to direct book into emergency departments.
G11, G10	SDEC selections	The SDEC care service is not currently active.

111AL5 Somerset (HUC)
Lead data supplier: HUC

Data item	Description	Comments
B01	Calls answered within 60 seconds	Improved staffing, further consolidation of more recently recruited staff and better alignment of staffing patterns with demand profiles have allowed the service to better handle the volume of incoming calls.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The disparity between monthly and weekly is due to data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for these items, removing duplications.
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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The ending of EDDI bookings into EDs has led to the drop in G09-qualifying cases (3 for July 2024) and so the drop in KPI 13 to near-zero.
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
A01	Number of calls received	This service is delivering what NHSE have commissioned us to deliver and our call volumes are set weekly and forecasted out every six weeks by
A03	Number of answered calls	

B01	Calls answered within 60 seconds	NHSE UEC team to ensure we only meet the demand that the supported providers cannot achieve.
B06	Total time to call answer	The forecast shows a reduction in expected calls through to mid Feb 25 when the service is expecting to end as planned as the Providers by then have rectified their FTE to deliver their own services without National assistance from us.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
D01	Calls assessed by a clinician or Clinical Advisor	Our clinical KPIs especially 4-6 will be HA triaged and then for ED/ETC etc go into the prime provider's queue for validation, this should be the top DoS choice. We validate ambulance but are not contracted to validate ED's that rests with the primary provider we are supporting.
E17	Number of callers recommended self-care at the end of clinical input	
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	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	
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 role 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.