

IUC ADC September 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	We're seeing an increase in both 111 and 999 demand currently, which is impacting our 111 call performance.
B06	Total time to call answer	
B09	Total time of abandoned calls	No system capability to extract this information.
D01	Calls assessed by a clinician or Clinical Advisor	The KPI 4 increase was due to a change in our counting – part of the work mentioned in the caveat for this KPI.



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.

111A17 Yorkshire and Humber (NECS)

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

This month's submission includes data from the following CAS providers: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD - Harrogate & District, Y05222- 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
B06	Total time to call answer	<p>Disparity between weekly aggregate and monthly official numbers:</p> <p>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.</p> <p>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.</p> <p>Said changes to the script are also the reason for the changes in the month on month fluctuations.</p>
B07	95th centile call answer time (seconds)	<p>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.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>The reason for the disparity between weekly and monthly values for this item is due to the Clinical Adjustment Urgent care figures are in the Monthly submission D01 – D09 – but not weekly.</p>
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	<p>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.</p>

E14	Number of callers recommended repeat prescription medication	<p>Excludes number of cases requesting a repeat prescription which was then issued by LCD ADC GPOOH (which are included in G15).</p> <p>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.</p> <p>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.</p>
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 an 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 now halved 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.

North West region

111AJ3 North West including Blackpool

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

The North West does not have a single integrated contract covering both NHS111 and CAS; NWS is the NHS 111 provider, but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWS data only in April 2021 to MLCSU submitting data covering all service providers. 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), NWS and Wirral.

There are still a number of providers, covering a large geographic area who not submitting monthly returns, and for those that do submit, there are gaps in the data where they are unable to provide the figures.

Still on-going issues with reconciling numbers and duplication. Discussions on-going between NWS 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	<p>September saw another strong month regarding the B02 metric – Answered in 60 was again strong in September at 94% with the average time to answer at 14 seconds. Abn rate was also very positive at 0.9%.</p> <p>Some of the main contributing factors are as below:</p> <ul style="list-style-type: none">• 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%.

B06	Total time to call answer	<ul style="list-style-type: none"> •Vocare support - 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	<p>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 = 130,667).</p> <p>Going forward, we have asked for this to be checked and any activity other than NWS to be excluded.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>Disparity between weekly and monthly figures is because data do not contain the same provider submissions. For example, East Lancashire and Blackburn with Darwen (ELMS) submissions only appear in the monthly submission.</p> <p>We have also had some providers not submitting weekly due to leave and no cover.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>56,775 includes NWS (26,457) and CAS (30,318) 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.</p>
D02 to D09	Calls assessed by staff type	<p>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.</p>
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes	<p>GMPUCA reported numbers - This is an artificial (undercounted) return based on a fixed 20min target. In reality, the CAS operates to locally</p>

	(immediately), who were warm transferred or received a call back within 20 minutes	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: 136,719 and is made up from NWS (130,667) and some CAS providers (6,052 - Central Cheshire, East Cheshire, FCMS and Wirral - double counting where both CAS and NWS report). Note some providers are reporting in section E but have not completed E01. e.g. Have reported ambulance dispositions but no total.
E17	Number of callers recommended self-care at the end of clinical input	1,569 includes NWS (1,266) and CAS (303).
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, G08, G09, G10, G11, G13 and G14	IUC Service Integration	Manual adjustments have been necessary when resubmitting the September numbers: G01 (19,953) - 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 (NWS (14,311), Central Cheshire (725), GMPUCA CAS (4,123), GMPUCA TAS (610) and Wirral(184)). All other CAS providers 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 and G13, these have been added in to G02, G04, G06, G08, G10 and G12 (previously NWS 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.
D01	Calls assessed by a clinician or Clinical Advisor	<p>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.</p> <p>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.</p>
G11	Number of calls where the caller was booked into an SDEC service	This item is either very low or zero each month currently.
H19 & 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)	These items consistently show very low or zero values, which is typical and not out of the ordinary. This aligns with our knowledge of the online endpoints that feed into H19 and the acuity of those patients involved being more likely to decline a callback and opt to visit the emergency department directly.

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
B02	Number of calls abandoned	<p>The volume of calls increased slightly in September 2024 compared to August 2024, even though a percentage were diverted to NHSE National Resilience and are not shown in this total.</p> <p>National Resilience support ended during the day on the 30th September, so October's figures will not be like for like with previous months in 2024.</p> <p>Calls offered to Call Centre, the only ones the IUC can answer, also increased by over 600 calls compared to August. As September had fewer days the actual average call volume offered to call centre per day was higher, 849</p>

B06	Total time to call answer	<p>average calls per day versus 799 for August. Nevertheless, the IUC managed to answer 634 more calls in September.</p> <p>This is because the IUC has been undergoing remodelling to improve performance for several months, with improvements already noted. The abandoned calls crept up compared to August, as you noted, but the actual number increase was only 65 calls, or just over 2 per day, so not significant and the IUC easily met the KPI.</p> <p>Overall, call handling performance has been broadly similar month on month, even though call volumes are starting to increase. As we move into the Autumn and Winter months, we can expect to see call volumes continue increase as Winter Pressures take effect. Cases reassessed by a Clinician or Clinical Advisor saw a small fall from 59% in August to 55% in September, again this exceeded the KPI.</p> <p>We are also remodelling our CAS Triage and this has seen fewer calls flowing to Clinicians, which may account for some of the fall.</p>
C01	Number of calls where person triaged	<p>Overall, the reason for the discrepancy between weekly and monthly submissions stands. After month end, we reconcile reports and rerun the SQL procedures, which results in some changes to figures, before final submissions to yourselves.</p>
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
B02	Number of calls abandoned	The call volume in September 2024 was slightly higher compared to August for Herts, calls offered per day for Call centre were 872 in August compared to 921 in September. The average time to answer also saw an increase from 21 seconds in August to 26 seconds in September which is above 20 second KPI. The increase in call volumes and average time to answer also led to an increase in Abandonment rate from 1.3% in August to 1.6% in September but still under the national KPI of 3%. The call volumes seem to be on the rise due to seasonality as months from September onwards are generally busier.
B06	Total time to call answer	
C01	Number of calls where person triaged	The difference in weekly and monthly figures is 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 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
B06	Total time to call answer	<p>The increase in September due to the effect of A01 Number of Calls Received increasing. Compared to previous months, the calls offered per day for Luton & Bedfordshire has increased and hence, with a higher workload, it can be expected that there will be a knock on effect onto all the other data items as the call centre workforce deal with the extra load. Thus, B06 and also B02 Number of Calls Abandoned are expected to increase. However, it must also be noted that the workforce was able to performance somewhat well as even with the increase in A01, A03 Number of Calls answered still also increased. The clinical workforce downstream also showed such improvement in performance as they were also able to assess more calls with the increase in A01 also expected to affect D01, hence the 3.2% increase.</p> <p>We expect a similar picture in the upcoming months as call volumes will rise due to seasonality and the time of year – we expect to see some busy months coming up.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>The difference with the weekly and any monthly numbers for items C01 & D01 is because at the end of every month we rerun the month's data again which updates our data.</p>
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	<p>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.</p>

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.
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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.
B02	Number of calls abandoned	Although performance might appear to have dropped in September looking at the proportion of calls answered in 60 seconds and the proportion of calls triaged, there were less hours in September compared to August and there were over 3300 more calls in September. Fundamentally, we saw an increase in absence in September.
B06	Total time to call answer	
B07, B08	Call answer centiles	
C01	Number of calls where person triaged	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.
D01	Calls assessed by a clinician or Clinical Advisor	
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
B01	Number of calls answered within 60 seconds	The number of calls answered within 60 seconds has increased by 5% as a proportion of answered calls, this is likely attributed to

B06	Total time to call answer	<p>reduced staffing in August because of school holidays, and a return to normal staffing levels for September.</p> <p>Number of calls answered within 60 seconds and Total Time to call answer have both seen improvements, which will likely be due to a return to normal staffing levels.</p>
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	There has been an internal push for increasing ED Valuations with Clinicians, with 25% of resource dedicated to this queue. The KPI outcome is now much more positive.
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.

B02	Number of calls abandoned	Although the % change for B02 and B06 is quite large, I believe this is just a correction to the seasonal change we saw in August. Compared to July data, September is much more favourable. The % of calls abandoned each month was 3.6% (July), 1.7% (August) and 2.4% (September) and the average call answer time: 64 seconds, 28 seconds, and 37 seconds. In other words, September figures are better than July.
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.
C01	Number of calls where person triaged	A discrepancy between the comparative monthly and aggregated weekly figures will be investigated to better understand why/how it exists.
D01	Calls assessed by a clinician or Clinical Advisor	
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.
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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. 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
B02	Number of calls abandoned	The call volume in September 2024 was slightly higher compared to August for West Essex, calls offered per day for Call centre were 213 in August compared to 225 in September. The average time to answer also saw an increase from 21 seconds in August to 25 seconds in September which is above 20 second KPI. The increase in call volumes and average time to answer also led to an increase in Abandonment rate from 1.3% in August to 1.6% in September but still under the national KPI of 3%. The call volumes seem to be on the rise due to seasonality as months from September onwards are generally busier.
B06	Total time to call answer	
C01	Number of calls where person triaged	The difference in weekly and monthly figures is 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 Adastral SSRS reporting are now resolved.

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	We have seen a step change in the demand profile with an increase in activity and acuity due to respiratory conditions being presented by patients. This is causing a higher level of demand and longer call times which we are monitoring and amending our forecasts to support.
B02	Number of calls abandoned	
B06	Total time to call answer	
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
B02	Number of calls abandoned	We have seen a step change in the demand profile with an increase in activity and acuity due to respiratory conditions being presented by patients. This is causing a higher level of demand and longer call times which we are monitoring and amending our forecasts to support.
B06	Total time to call answer	
C01	Number of calls where person triaged	With regard to the disparity between the weekly aggregate numbers and monthly numbers for C01, we have added DHU Triage data for where they are a network partner, which is why triaged data has increased. This data is now the full data set for all NEL cases.
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	Bookings 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
B02	Number of calls abandoned	We have seen a step change in the demand profile with an increase in activity and acuity due to respiratory conditions being presented by patients. This is causing a higher level of demand and longer call times which we are monitoring and amending our forecasts to support.
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
B02	Number of calls abandoned	We have seen a step change in the demand profile with an increase in activity and acuity due to respiratory conditions being presented by patients. This is causing a higher level of demand and longer call times which we are monitoring and amending our forecasts to support. With regard to the disparity between weekly aggregate and monthly, we have added DHU Triage data for where they are a network partner, which is why triaged data has increased. This data is now the full data set for all SEL cases.
B06	Total time to call answer	
C01	Number of calls where person triaged	
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	September has seen an increase in demand which is expected post summer months. The consistent improvements this month, including average speed to answer, 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 & 99 th 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 into the winter.
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.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data.

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	Performance has declined in September impacting mean and percentiles, due to an increase in demand and reduction in staffing hours. September's demand at a SCAS level has increased by 6%, by contrast staffing hours have dropped by 7% (largely driven by sickness) at SCAS level thus calls per hour

B02	Number of calls abandoned	ratio has increased to 4.3 calls per hour, from 3.8 in August 2024.
B06	Total time to call answer	This had a knock-on effect on performance, ending the month with call answer 85.7% of offered calls within 120 seconds and abandon 2.6% of calls offered after 30 seconds, in comparison to August, 96.3% of calls offered were answered in 120 seconds and 0.6% of calls offered were abandoned after 30 seconds. The shift we have seen in performance is unavoidable with the change in demand to resource ratio, it is also worth noting that the 85.7% achieved in September whilst a step down from what was achieved in August, is still considerably higher (13.9%) than the 71.9% achieved in September 2023.
B07, B08	95 th /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)	
C01	Number of calls where person triaged	The disparity between the weekly aggregate and monthly official is due to a calculation error in the weekly report. The monthly figure is accurate and I've updated the weekly report to resolve the issue.
D01	Calls assessed by a clinician or Clinical Advisor	
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. Since January 21 this worked out as around 0.5% of Calls Answered.
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	N/A and still 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	
H17 & H18	NHS 111 Online contacts initially given an ETC disposition	These metrics used to be same number/value as we were previously unable to differentiate the incoming DX to the Final DX. However, due to changes in the availability of the 111 Online data, we can now identify these separately, therefore these metrics now reflect different values and should be accurate.
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
B06	Total time to call answer	<p>We continue to benefit from low sickness rates which means that the rotas are better meeting demand as planned. Low attrition rates in HA's also supports this, removal of a message in the calls advising callers to hang up was removed a couple of months ago which has supported a better abandonment rate despite slightly higher ring time.</p> <p>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.</p>
C01	Number of calls where person triaged	<p>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.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>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.</p>
E17	Callers recommended self-care at the end of clinical input	<p>Calls forwarded to our remote Clinical Assessment Services (CAS) not included.</p>
E26, E27	Calls initially given an ETC disposition that receive remote clinical intervention	<p>We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of</p>

		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.

111A19 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)	
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
B02	Number of calls abandoned	PPG remain pleased with the improved and sustained performance position. 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.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Direct Booking is currently not in place in the OOH Services hence the lack of opportunity to achieve this objective.
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.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data.

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	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.
B01	Number of calls answered within 60 seconds	Performance has declined in September impacting mean and percentiles, due to an increase in demand and reduction in staffing hours. September's demand at a SCAS level has increased by 6%, by contrast staffing hours have dropped by 7% (largely driven by sickness) at SCAS level thus calls per hour ratio has increased to 4.3 calls per hour, from 3.8 in August 2024. This had a knock-on effect on performance, ending the month with call answer 85.7% of offered calls within 120 seconds and abandon 2.6% of calls offered after 30 seconds, in comparison to August, 96.3% of calls offered were answered in 120 seconds
B02	Number of calls abandoned	

B06	Total time to call answer	and 0.6% of calls offered were abandoned after 30 seconds. The shift we have seen in performance is unavoidable with the change in demand to resource ratio, it is also worth noting that the 85.7% achieved in September whilst a step down from what was achieved in August, is still considerably higher (13.9%) than the 71.9% achieved in September 2023.
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)	
C01	Number of calls where person triaged	The disparity between the weekly aggregate and monthly official is due to a calculation error in the weekly report. The monthly figure is accurate, and I've updated the weekly report to resolve the issue.
D01	Calls assessed by a clinician or Clinical Advisor	
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.
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	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	N/A and still 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	
H17 & H18	NHS 111 Online contacts initially given an ETC disposition	These metrics used to be same number/value as we were previously unable to differentiate the incoming DX to the Final DX. However, due to changes in the availability of the 111 Online data, we can now identify these, therefore these metrics now reflect different values and should be accurate.
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.
G07	Number of calls where the caller was booked into a UTC	<p>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.</p> <p>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.</p>
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	This is due to the inability to now book UTC/ED slots, this impacts similarly KPI12 and KPI13.
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	<p>Overall demand in September was 4% higher than August, with 29.1K calls received.</p> <p>We received averages of 768 NHS111 calls per weekday and 1091 NHS111 calls per weekend/bh day.</p>

B06	Total time to call answer	Call answering performance was slightly improved; abandonments remain at 2.7%. The average speed to answer was 52 seconds. Calls assessed by a clinician within timeframe was 41.6% for immediate timeframe and 60.0% 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 minimal discrepancy in October data.
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 92.4%, this has been over 90% for two months running now.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 94.3%.
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 96.6%, with treatment centre visits on target at 99.1%.

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
A01	Number of calls received	While there was a marginal improvement in the proportion of calls answered versus last month, there was a small decline in the proportion of these which were answered within 60s. This would suggest performance was generally consistent despite the ending of National Resilience provision for HUC, but with the additional call volume providing a slightly more challenged picture. The service's average handling time increased a very small amount, which would have contributed to this.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
C01	Number of calls where person triaged	
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.
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	Performance has improved slightly in September due to a slight drop in calls combined with improved staffing levels. 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	September was a better month for performance despite the additional call volume. August is a prime month for employee annual leave and therefore rota fill has improved throughout September in comparison, assisting us in being able to answer and triage more patients in a timely manner.
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 September.
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
B02	Number of calls abandoned	Performance remained broadly stable even with the ending of National Resilience provision for HUC. There was some additional pressure due to the restoration of the expected call volume, but the slight lift the proportion of received calls which were answered (+0.5%) is reflective of efforts to ensure caller volumes are well handled.
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 (2 for September 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	We are mapping to the NHSE requested delivery volumes and still achieving 99.6% against that budget and productive hour request. The drop in volumes was deliberate to allow the National team to get us to surge up for winter volumes – whilst still operating within the forecasted contract total.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	We remain in the top three of all providers, and also hit the highest clinical KPIs for any provider – as confirmed to us in writing by the UEC team. The success of this lies in weekly scrutiny of available workforce, a workforce attrition which is below 1.4% for HA (I believe this is the lowest amongst other provider colleagues) and also a CA attrition of below 0.4%. We also use zero agency or contracted staff for this service. By addressing the culture we can provide service consistency from a team of exceptionally trained, high quality standard maintaining staff.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
D01	Calls assessed by a clinician or Clinical Advisor	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	
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 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.