# IUC ADC October 2024 - comments from lead data suppliers

Data for the IUC ADC are provided by lead data providers for each integrated urgent care service in England.  It is the responsibility of commissioners of an IUC service to identify lead data providers and ensure that data are supplied each month.  While lead data suppliers are responsible for collating and coordinating information for IUC ADC, they are not necessarily contracted to deliver all NHS 111 and out of hours services in the contract area.  Integrated Urgent Care is provided by a variety of organisations, including ambulance services, private companies, not for profit organisations and NHS Trusts.

The quality of data is therefore dependent upon all parts of the IUC service providing data to the relevant lead data supplier.  Where figures reflect activity by more than one IUC service provider, there may be wide variation in the underlying performance of individual parts of the service.

This document sets out comments for each contract area, as provided by lead data suppliers, about the quality of data returns, reasons for changes since previous months and reasons for differences to provisional data items published last month.

## North East and Yorkshire region
**111AA1 North East**
Lead data supplier: North East Ambulance Service NHS Foundation Trust (NEAS)
Figures exclude outcome/call performance for sub-contracted providers (GatDoc, VoCare & Elm) and initial telephony/triage data for DCAS in Cumbria.

| Data item | Description | Comments |
|---|---|---|
| A07 | Calls which originated from an external NHS 111 provider | Unable to separately identify calls that are transferred from another 111 provider in SystemOne. |
| B01 | Number of calls answered within 60 seconds | Call demand for October across 999 and 111 was high, impacting our performance. 111 calls offered for October was up against September and up |

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| B02 | Number of calls abandoned | over 5% against October 2023 – but VOCARE support of 10% was in place last year during this period.<br><br>November data indicates 999 and 111 call demand has come down slightly but remains above average compared to the previous weeks. Call performance has improved in line with this reduction in demand. |
| B09 | Total time of abandoned calls | No system capability to extract this information. |
| D01 | Calls assessed by a clinician or Clinical Advisor | Calls assessed by clinician has increased due to a change in counting. Analysis had been ongoing for a long period of time which concluded that we were undercounting for this measure and therefore usually see an increase when we submit monthly in comparison to the aggregate weekly numbers. We have amended logic to correct this, and we are seeing a more accurate reflection for this metric and KPI 4. |
| 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 | For October, our ETC validation profile was switched off for 32 hours across the month due to pressure on that service. This meant any initial ETC cases directed to a type 1/2 ED during that period did not receive a validation. Cases that do receive validation have an 85% chance of being diverted away from ambulance/ED, so that had a large impact. |
| E27 | Calls given an ETC disposition that receive remote clinical intervention | |
| G05 | Number of calls where the caller was booked into an IUC Treatment Service | Due to remapping of one team type, some services are having issues which prevent bookings. |
| G11 | Bookings into an SDEC service | Currently not utilised – no bookings recorded. |
| G12, G13 | Bookings into dental services not using DoS | We do not have the system capability to provide this information. |
| G22, G23 | Face to face consultations in an IUC Treatment Centre | Not reported - this information is outside of our service. |

| Data item | Description | Comments |
|---|---|---|
| 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.<br><br>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, 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 |
|---|---|---|
| B02 | Number of calls abandoned | YAS - had a difficult month in terms of performance compared to the month before. Nothing really stands out as an individual reason for it though. |
| B06 | Total time to call answer | |
| 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. |
| D01 | Calls assessed by a clinician or Clinical Advisor | 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. |
| 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. |

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| D24 | Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes | |
| 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. |
| 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, GotoDoc (Lancashire) 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 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 | The number of abandoned calls did increase from September but this only represented a 0.1% increase month on month in real terms.<br><br>There was a slight increase in the abandoned rate and NWAS did answer almost 13,000 more calls in October than September so overall performance was comparable. |
| 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 = 143,937).<br>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 data 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 | 64,889 includes NWAS (29,451) and CAS (35,438) 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: 150,416 and is made up from NWAS (143,937) and some CAS providers (6,479 - Central Cheshire, East Cheshire, FCMS and Wirral - double counting 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 but no total. |
| E17 | Number of callers recommended self-care at the end of clinical input | 1,674 includes NWAS (1,306) and CAS (368). |
| E20 | Number of calls initially given a category 3 or 4 ambulance disposition | E20 = 4520 (CAS). Completed by Blackburn with Darwen, East Lancashire, GMPUCA CAS, GMPUCA TPAS, HCRG Care Group (28). |
| E25 | Total wait time to category 3 or 4 ambulance validation (seconds) | E25 = 376 (CAS). Completed by HCRG Care Group (376) |

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| G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14 | IUC Service Integration | Manual adjustments have been necessary when resubmitting the October numbers:<br>G01 (23,188) - 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 (16,460), CAS (6,728)   All other CAS provides are leaving the fields G01-G14 empty.<br><br>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 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 |
|---|---|---|
| A01 | Number of calls received | The percentage increase for A01, A03, B06, C01, and D01 are all attributable to the increase in calls and the % changes are all in line with the % increase shown in A01. B02 is showing as 19.7% also due to the increase in calls – it should be noted that the performance for KPI1 (proportion of calls abandoned) is below the 3% threshold. |
| A03 | Number of answered calls | |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |
| C01 | Number of calls where person triaged | |
| D01 | Calls assessed by a clinician or Clinical Advisor | |
| 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. |
| G11 | Number of calls where the caller was booked into an SDEC service | This item is either very low or zero each month currently. |

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|---|---|---|
| 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 |
|---|---|---|
| A01 | Number of calls abandoned | Firstly, call volumes have increased markedly and there are two reasons for this. In October 2024 there were no calls diverted to National Resilience as happened up until the end of September 2024, so September's figures are artificially low. Secondly, we started to see what we believe was the start of Winter Pressures, as call volumes increased across the month. Overall, there were 30,610 Calls Offered to Call Centre in October compared to 24,850 in September, a 5,760 call increase or nearly 19%. We prefer this measure of Calls Offered to Call Centre (Calls Answered plus Abandoned) to A01 as these are the only calls we can answer. Obviously if we answer more calls, the total time to call answer will increase accordingly, but this is also a factor in the drop in KPIs you have noted. The increase in Abandoned Calls is also a result of the upward pressure in call volumes and we look to adapt our staffing further to meet demand. The increase in Calls Triaged is no great surprise given the significant increase in demand. |
| A03 | Total time to call answer | |
| 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 | On differences between weekly and monthly submissions, we reconcile after month end and this introduces changes to data, compared to weekly submissions. |
| G10, G11 | SDEC service bookings | SDEC referrals are very low. |

**111AB2 Hertfordshire**
Lead data supplier: HUC

| Data item | Description | Comments |
|---|---|---|
| B01 | Number of calls answered within 60 seconds | The number of calls received increased in October compared to September, also as we are heading into the winter months the service seems to be getting busier due to winter pressures. Additionally, we had the support of National Resilience in September and thus, September figures were lower than otherwise would be expected. The effect of this is that A01 figures for October will show a significant increase compared to September.<br><br>With an increase in call volumes and corresponding increase in average speed to answer it led to an increase in abandonment rate as well, the operations team is working continuously to match the agents to the schedule fit so that the rota is aligned to the demand, and we are able to handle the pinch points in the service more efficiently.<br><br>The increase in call volumes would also then be felt downstream with the increased workload also impacting the clinicians and number of calls where person triaged, hence, the increase in C01. |
| B07 | 95th centile call answer time (seconds) | Centile data has not been included for the partial Hertfordshire October submission as it is not possible to report them in the way requested. |
| B08 | 99th centile call answer time (seconds) | |
| D25 | 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes | |
| C01 | Number of calls where person triaged | |

| Data item | Description | Comments |
|---|---|---|
| D01 | Calls assessed by a clinician or Clinical Advisor | The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct. |
| 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 number of calls received increased in October compared to September as noted below as expected during this time of year as we believe this is the first effect of the Winter pressures as the call volumes increased across the month. Additionally, we had the support of National Resilience in September and thus, September figures were lower than otherwise would be expected. The effect of this is that October A01 figures for October will show a significant increase compared to September. |
| A03 | Number of answered calls | |
| B02 | Number of calls abandoned | With A01 increasing, it is expected that other measures will also see similar effects and thus, more calls were also answered, in cases where the workforce was increased or working up to capacity and thus, the result in the increase of A03. However, once working up to capacity, the call volumes were also clearly overwhelming with the workforce unable to cope with the increase in volumes once working up to capacity and thus, B01 performance will have decreased and also resulted in more calls being abandoned in B02. With greater call volumes, it is also |
| B06 | Total time to call answer | |

| Data item | Description | Comments |
|---|---|---|
| C01 | Number of calls where person triaged | expected that it would take longer to answer calls and thus, this resulted in the B06 increase.

The increase in call volumes would also then be felt downstream with the increased workload also impacting the clinicians and number of calls were person triaged, hence, the increase in C01. |
| 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 month's data again which updates our data. |
| 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 | Recruitment in preparation for the GHC contract has played a part in the latest month's performance improvement, so we will see over the coming weeks now the contract has gone live, the overall effect on contract-specific performance. Added to this, we have much more accurate forecasting and workforce planning. |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |
| D01 | Calls assessed by a clinician or Clinical Advisor | |
| 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 | |

| 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 be reduced to a minimum. |
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| 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. |
| 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 |
|---|---|---|
| A01 | Number of calls received | The rise/increase in demand is likely caused by annual trends in service demand. As we are getting out of the summer months, the summer demand will no longer be affecting the service. Due to the increase in A01 this will lead to impact on service level and reduced Actual staffing was the main cause for the change in performance. |
| A03 | Number of answered calls | |
| B01 | Number of calls answered within 60 seconds | |
| B02 | Number of calls abandoned | |
| 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) | |
| D01 | Calls assessed by a clinician or Clinical Advisor | With regard to disparity between weekly and monthly numbers, overnight issue relating to data for weekly upload - some end of week activity will not be counted as clinical as the clinical touchpoint would not occur until Monday morning missing our overnight data load. |
| 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. |
| G07 | Number of calls where the caller was booked into a UTC | Due to an increase in G06 compared to September not as many cases were booked in a UTC. Although there was an increase in G06, it's not mandatory to have an increase in G07. |
| 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 | |

| Data item | Description | Comments |
|---|---|---|
| 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 | Performance improvement between September and October similar to Mid and South Essex, namely extra recruitment for GHC contract and improved workforce planning. |
| 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 is still being investigating but hopefully we are heading in the right direction because it is lower than last month for all regions. Indeed, for Mid and South Essex, the difference improved enough to be inside the acceptable limit this month. |
| 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. |

| Data item | Description | Comments |
|---|---|---|
| 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 |
|---|---|---|
| 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 | The number of calls received increased in October compared to September, also as we are heading into the winter months the service seems to be getting busier due to winter pressures. |

| A03 | Number of answered calls | Additionally, we had the support of National Resilience in September and thus, September figures were lower than otherwise would be expected. The effect of this is that A01 figures for October will show a significant increase compared to September. |
| --- | --- | --- |
| B01 | Number of calls answered within 60 seconds | |
| B02 | Number of calls abandoned | With an increase in call volumes and corresponding increase in average speed to answer it led to an increase in abandonment rate as well, the operations team is working continuously to match the agents to the schedule fit so that the rota is aligned to the demand, and we are able to handle the pinch points in the service more efficiently. |
| B06 | Total time to call answer | |
| C01 | Number of calls where person triaged | The increase in call volumes would also then be felt downstream with the increased workload also impacting the clinicians and number of calls where person triaged, hence, the increase in C01. |
| D01 | Calls assessed by a clinician or Clinical Advisor | The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct. |
| B07 | 95th centile call answer time (seconds) | Centile data has not been included for the partial West Essex October submission as it is not possible to report them in the way requested. |
| B08 | 99th centile call answer time (seconds) | |
| D25 | 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes | |
| 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 | |
| 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. |

**111AM1 West Essex & Hertfordshire**
Lead data supplier: HUC.

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | With an increase in call volumes and corresponding increase in average speed to answer it led to an increase in abandonment rate as well, the operations team is working continuously to match the agents to the schedule fit so that the rota is aligned to the demand, and we are able to handle the pinch points in the service more efficiently.

The increase in call volumes would also then be felt downstream with the increased workload also impacting the clinicians and number of calls where person triaged, hence, the increase in C01.

The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct. |
| 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 | |
| B07 | 95th centile call answer time (seconds) | Centile data has not been included for the partial West Essex October submission as it is not possible to report them in the way requested. |
| B08 | 99th centile call answer time (seconds) | |
| D25 | 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes | |
| 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. |

**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 |
|---|---|---|
| B02 | Number of calls abandoned | We have seen a step change in the demand profile with an increase in activity for all cases. There has been an uplift in respiratory cases specifically which is then leading to greater acuity with longer call times. We are monitoring and amending our forecasts to support. |
| 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. |
| 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 for all cases. There has been an uplift in respiratory cases specifically which is then leading to greater acuity with longer call times. We are monitoring and amending our forecasts to support. |
| 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 use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation. |
| G11 | Calls where the caller was booked into an SDEC service | No bookable appointments recorded usually or if there are it is usually very small numbers of cases. |
| H20 | Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes | Most months this item will either be zero or very low. |

**111AJ1 North West London**
Lead data supplier: London Ambulance Service NHS Trust (LAS)

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | We have seen a step change in the demand profile with an increase in activity for all cases. There has been an uplift in respiratory cases specifically which is then leading to greater acuity with longer call times. 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). |
| 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 for all cases. There has been an uplift in respiratory cases specifically which is then leading to greater acuity with longer call times. We are monitoring and amending our forecasts to support. |
| 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. |

| Data item | Description | Comments |
|---|---|---|
| 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 | For the month of October, we have seen at increase in numbers of calls received and answered by 111 as expected heading into the Autumn/Winter months. We have seen a decline in performance with number of calls abandoned as well as with speed to answer. Overall, there has been an increase in sickness absence resulting in being 2.5% above the 8% threshold, which impacts service delivery. This is being actively managed on an ongoing basis. Clinically, along with the increase in absence mentioned previously, performance has been also hampered by new Clinical Advisors embedding their skills. Work continues in increasing the CA productivity as we focus on embedding the new advisors and managing the exiting workforce. |
| B06 | Total time to call answer | |
| B07, B08 | 95th & 99th centile call answer time (seconds) | LAS data excluded from centile metrics as aggregated data is received by PPG. |
| D01 | Calls assessed by a clinician or Clinical Advisor | Disparity due to cases being incomplete when the ADC processing for the weekly submission is carried out, however they would be picked up in the monthly submission as all the cases would have been completed. |
| 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. Performance has been hampered by new |

| | | cohort of clinical advisors who are embedding their skills as they come onto the phones post-training. |
|---|---|---|
| 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. Improvements to the calculation of the G05 metric has resulted in a higher figure being recorded to include all bookings into IUC Treatment Centres. |
| 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. |

**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.

Please note, we went into National Contingency on Tuesday 22nd October between 8am and 4pm, due to an Adastra upgrade. The calls were managed by another provider, unfortunately we will not be able to incorporate any of these calls into our data. The demand on Tuesday 15th October between 8am – 4pm was 2115 calls offered, so we may have lost approximately 2000 calls on Tuesday 22nd.

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | Performance has improved in October, due to a decline in demand. October's demand has declined by 4% and staffing hours have dropped by 7% thus calls per hour ratio has declined to 4.1 calls per hour, from 4.3 in September 2024.

This had a knock-on effect on performance, ending the month with call answer 86.1% of offered calls within 120 seconds and abandon 2% of calls offered after 30 seconds, in comparison to September, 85.7% of calls offered were answered in 120 seconds and 2.6% of calls offered were abandoned after 30 seconds. |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |
| D01 | Calls assessed by a clinician or Clinical Advisor | |

| | | |
|---|---|---|
| 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.<br><br>This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls. |
| 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) | |
| C05 | Calls where person triaged by any other Clinician | No known "Other" clinicians operate. |
| D01 | Calls assessed by a clinician or Clinical Advisor | For D01's month on month difference, unfortunately, we can't make the same estimation as we do with telephony call answer, due to the amount of CAS support we receive. We don't receive logged in hours information for their clinicians, so we can't give resource hours. NHUC and PHL provided 43% of CAS support in October and the number of cases handled by them has declined:<br>• NHUC – 9% decline (5227 cases in September 2024, 4757 cases in October 2024)<br>• PHL – 5% decline (7087 cases in September 2024, 6759 cases in October 2024) |
| 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 equated to around 0.5% of Calls Answered. |
| 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. The issue in Hampshire & Surrey Heath is not one of appointments but DOS Selections creating a 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 the 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 |
|---|---|---|
| B01 | Number of calls answered within 60 seconds | We continue to benefit from low sickness rates which means the rotas are better at meeting demand as planned. Low attrition rates in HA's also supports this. |
| B02 | Number of calls abandoned | IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co-located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification. |
| B06 | Total time to call answer | |
| 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.<br><br>We now have 3 of 4 CSDs signed off and are fully staffed in CSD. |
| E17 | Callers recommended self-care at the end of clinical input | Calls forwarded to our remote Clinical Assessment Services (CAS) not included. |

| Data item | Description | Comments |
|---|---|---|
| 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) | We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements. |
| 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 | We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements. |
| 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. |

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

| Data item | Description | Comments |
|---|---|---|
| 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.
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.
Please note, we went into National Contingency on Tuesday 22nd October between 8am and 4pm, due to an Adastra upgrade. The calls were managed by another provider, unfortunately we will not be able to incorporate any of these calls into our data. The demand on Tuesday 15th October between 8am – 4pm was 2115 calls offered, so we may have lost approximately 2000 calls on Tuesday 22nd.

| 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.<br><br>This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls. |
| B02 | Number of calls abandoned | Performance has improved in October, due to a decline in demand. October's demand has declined by 4% and staffing hours have dropped by 7% thus calls per hour ratio has declined to 4.1 calls per hour, from 4.3 in September 2024. |

| | | |
|---|---|---|
| B06 | Total time to call answer | This had a knock-on effect on performance, ending the month with call answer 86.1% of offered calls within 120 seconds and abandon 2% of calls offered after 30 seconds, in comparison to September, 85.7% of calls offered were answered in 120 seconds and 2.6% of calls offered were abandoned after 30 seconds. |
| 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. |
| 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. |

| Data item | Description | Comments |
|---|---|---|
| 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. |
| H12 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 |
|---|---|---|
| A01 | Number of calls received | With regard to the weekly v monthly disparity for all telephony items, there was a system issues on Sunday with PPG (the 111 telephony service provider for the area) Medvivo produced estimated data for the Sunday 20th portion of the data (re-using figures from Sunday 13th October for the purpose of estimates. Monthly figures should be taken as correct. |
| 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 | |
| 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. |

| 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.<br><br>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 October was 8.9% higher than September, with 31.7K calls received. (Sep-23 to Oct-23 was 6.5% increase).<br><br>We received averages of 807 NHS111 calls per weekday and 1242 NHS111 calls per weekend/bh day. |
| B06 | Total time to call answer | |
| C01 | Number of calls where person triaged | Call answering performance appears to have been impacted by the increased demand; abandonments rose by 0.7% to 3.4%. The average speed to answer was 71 seconds. |
| D01 | Calls assessed by a clinician or Clinical Advisor | Calls assessed by a clinician within timeframe was 36.3% for immediate timeframe and 55.3% for >20 minute timeframe (both a decrease over September). |

| | | Due to a fault in data generation on week commencing 21/10/2024. There was not enough time to resubmit these weekly IUC 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 87%. |
| E27 | Number of calls initially given an ETC disposition that receive remote clinical intervention | ED remote assessment was on target at 92.5%. |
| 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 95.8%, with treatment centre visits on target at 98.8%. |
| 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 | The service continues to face staffing issues which, while they are being addressed by the move to a Pan-HUC rota pattern, continue to affect the meeting of demand at peak times. As batches of staff are moved onto new shift patterns, those challenges should be better met. In addition, the service has seen wait times for HAs to speak to CAs for advice increase, impacting the overall handling time, and domino-ing into answering times. New measures to handle those needs for advice are being put in place. |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |
| 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. |
| G10, G11 | SDEC referrals and bookings | Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day. |

**111AL2 Devon (PPG)**
Lead data supplier: Practice Plus Group (PPG)
Vocare data omitted from centile and average metrics as data is received by PPG in aggregated format.

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | Performance has dipped throughout October, largely due to seeing some high attrition and not over-recruiting knowing that network volume will drop at the end of November when PPG will cease with the Gloucestershire contract. |
| B06 | Total time to call answer | |

| Data item | Description | Comments |
|---|---|---|
| D01 | Calls assessed by a clinician or Clinical Advisor | When the ADC calculations are carried out for the weekly submission, any open cases are excluded from the calculations as the data needed is not yet available.<br>When we make the monthly submission, we run a recalculation of the figures, the timing of which ensures that all cases for the previous month have been closed. This invariably leads to the monthly figures being greater than the weekly aggregate. This is especially noticeable for cases that go on to be assessed by a clinician or clinical advisor as these take longer to complete. |
| 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. |
| G05 | Number of calls where the caller was booked into an IUC Treatment Service | This KPI doesn't capture local management of available face to face appointments. Many are made unavailable to 111 in order to prioritise for urgent appointments |
| 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 | Ongoing work around staffing and performance levels have continued and although the percentage change is significant, this is due to starting from strong performance with a low baseline. |
| B06 | Total time to call answer | |
| C01 | Number of calls where person triaged | The difference between weekly and monthly clinical data is due to data supply problems from our supplier for the weekly reporting. We estimate these as best as we can when we do not have available data on the weekly submissions. |
| 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 |
|---|---|---|
| B02 | Number of calls abandoned | Volume offered was 21% above contractual volume. This increase was seen in weekday with an additional 1,552 calls offered in comparison to the previous month & an additional 1,261 calls answered. This vast increase impacted our average speed to |
| B06 | Total time to call answer | answer which ultimately resulted in more abandoned calls & higher wait times to get through to the service. Weekend performance was not affected seeing a low abandonment rate. |
| D01 | Calls assessed by a clinician or Clinical Advisor | When the ADC calculations are carried out for the weekly submission, any open cases are excluded as the data needed is not yet available.<br><br>When we make the monthly submission, we run a recalculation of the figures, the timing of which ensures that all cases for the previous month have been closed. This invariably leads to the monthly figures being greater than the weekly aggregate. This is especially noticeable for cases that go on to be assessed by a clinician or clinical advisor as these take longer to complete. |
| 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 |

| Data item | Description | Comments |
|---|---|---|
| | | 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 | As the Gloucestershire contract was drawing to an end for PPG we closed some of our bases, operating from Cheltenham and Gloucester only where direct booking was available. |
| 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 October. |
| G11, G10 | SDEC selections | The SDEC care service is not currently active. |

**111AL5 Somerset (HUC)**
Lead data supplier: HUC

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | The service continues to face staffing issues which, while they are being addressed by the move to a Pan-HUC rota pattern, continue to affect the meeting of demand at peak times. As batches of staff are moved onto new shift patterns, those challenges should be better met. In addition, the service has seen wait times for HAs to speak to CAs for advice increase, impacting the overall handling time, and domino-ing into answering times. New measures to handle those needs for advice are being put in place. |
| A03 | Number of answered 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. |
| --- | --- | --- |
| 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 |
|---|---|---|
| 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 | |
| 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. |