

IUC ADC November 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	November saw improvement across the service for both 111 and 999 against October performance. A reduction in 999 call demand allowed 111 resource to remain on 111 which helped 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	Calls assessed by a clinician has increased due to a change in counting. Analysis had been ongoing for some 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.
G09	1 Number of calls where caller given a booked time slot with a Type 1 or 2 ED	<p>On November 13th NEAS implemented a change in process. Previously, cases where the patient wished to make their own way to ED and did not require emergency transport were closed off and fell into the “other” outcome category. For more accurate reporting, this has been changed where the ED is selected as this is a more true reflection of the outcome of the case.</p> <p>As a result of the change, the number of ED (Type 1&2) outcomes has increased. This is an artificial increase, a counting change rather than an actual higher number of patients being referred to ED. This has also impacted KPI 8, as these cases are also falling into the KPI denominator but are NOT sent for validation.</p>
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, 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
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 will 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.

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 KPI6 is lower – there were changes in YAS's distribution of advisors triaging, which may have affected the triage 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. From November, this was the case.
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. From November, this was the case.
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.

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, GotoDoc (Lancashire) and Wirral. Note: Blackburn with Darwen and East Lancashire's return is now completed by the provider (East Lancashire Medical Service). 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.

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

Data item	Description	Comments
C01	Number of calls where person triaged	Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWS only = 150,706). Going forward, we have asked for this to be checked and any activity other than NWS 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	64,105 includes NWS (27,733) and CAS (36,372) 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.

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.
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	<p>Total dispositions: 163,941 and is made up from NWS (150,706) and some CAS providers (13,235 - Central Cheshire, Blackburn with Darwen, East Cheshire, East Lancashire, FCMS and Wirral - double counting where both CAS and NWS report).</p> <p>Note some providers are reporting in section E but have not completed E01, ie, have reported ambulance dispositions but no total.</p>
G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14	IUC Service Integration	<p>Manual adjustments have been necessary when resubmitting the October numbers:</p> <p>G01 (25,082) - where CAS/OOH providers (Central Cheshire, Blackburn with Darwen, East Lancashire, 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 (16,127), CAS (8,955)). All other CAS provides are leaving the fields G01-G14 empty.</p> <p>Where CAS/OOH providers (Central Cheshire, Blackburn with Darwen, East Lancashire, 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).</p>
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
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
B01	Number of calls answered within 60 seconds	<p>Calls Offered increased month on month from October 2024 to November 2024. However, Calls Offered to the 111 Call Centre (the only ones we can actually answer) was slightly down month on month by 628 calls or 2.1% and Calls Answered also dropped slightly by 3.6%. Although this is not strictly comparing like with like as October had one more day in it, a quick calculation shows that October had an average 949 calls per day Offered to the 111 Call Centre, whereas November had a 945 average, so there was not a significant difference. Overall, as per the commentary for October call volumes are increasing, as can be expected with Winter Pressures. Looking at the December 2024 figures, this trend is continuing. We have seen a small dip in performance for various reasons which can be seen in the Total Call Answer Time, which then leads to more abandoned calls and lower call answering performance. Strangely the 95th Percentile call answering figure is a significant improvement on October 2024, 109 seconds versus 174 seconds, a 65 second improvement, which in turn must mean that although more calls missed KPI, most patients waited less time in the queue for an answer in total.</p>
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	<p>Overall, we are looking to mitigate the drop in performance by changing our staffing models to better meet demand.</p> <p>On differences between weekly and monthly submissions, we reconcile after month end and this introduces changes to data, compared to weekly submissions.</p>
G10, G11	SDEC service bookings	SDEC referrals are very low.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	<p>Number of Calls received has increased in November when comparing to October as expected and in line with the general trend as seen from September. This is down the winter pressures and thus, it is a trend we are expecting to see and realising at this time of year. With the current rise in Flu, we also expect this trend to continue in December.</p> <p>With the rise in A01, the effect will also be realised in other data items and thus, with more calls being received, it can be expected that A03 Number of Calls Answered will also increase up to where capacity and performance of the workforce can handle the increase the rise in number of calls. Once the workforce is overwhelmed by the number of calls received and cannot answer any more calls, we then expect the Number of Calls Abandoned to increase which can subsequently be seen in data item B02.</p>
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	

C01	Number of calls where person triaged	B06 Total Time to Call Answer will also increase due to the same reason. The effects of increase call volumes will also be felt further downstream and thus, C01 and D01 will have also increased.
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.
B06	Total time to call answer	Due to increase in demand for service in November, the total time to call answer increased as well. Also, improvement in staffing level when compared to previous month impacted positively on the performance of the on other telephony items as listed above.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	This would come down to the increased volumes of call received and in turn increasing the number of calls on the 111 clinical queues.
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
B02	Number of calls abandoned	When comparing month on month figures rather than percentages the changes are only marginal, looking at abandoned calls for October This figure was 220, compared to 188 for November, or

C01	Number of calls where person triaged	just over 1 call per day, as the change is minimal I cannot attribute it to anything other than seasonal changes.
D01	Calls assessed by a clinician or Clinical Advisor	C01 and D01 again appear to fall within normal seasonal variances and do not present evidence of any significant change in internal planning or policies.
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.
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.
B06	Total time to call answer	The increase in the B06 value is purely due to a corresponding increase in the number of calls received.
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	
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	With regards to drop below the threshold of KPI15a: This can be explained by the fact that more calls were received, resulting in a rise on call on the clinical queues.
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.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking is done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS.
G12, G13	Calls received by dental services not using DoS	

H17, H18	NHS 111 Online contacts initially given an ETC disposition	These items are currently not available, due development or not applicable.
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.

111AH7 North East Essex & Suffolk

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
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.

111AM1 West Essex & Hertfordshire

Lead data supplier: HUC.

Data item	Description	Comments
A01	Number of calls received	The month of November was busier than October for West Essex and Hertfordshire contract, but it's in line with the general trend of busier months from September onwards due to winter pressures. The calls offered to call centre were higher compared to October which also led to an increase in average time to answer and thus impacting the abandonment rate, which also saw an increase in November. The operational team is constantly working towards
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	aligning staffing to the demand so that the calls can be effectively managed. The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC, but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

London region

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	There was a decrease in the numbers reported for B01 and a uplift in the numbers reported for B02 and B06 this month compared with the previous month. We have rerun the database queries and the figures reported for B01, B02 and B06 in November are accurate. The changes are a reflection of an uplift in demand.
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.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still carrying investigations, any changes will likely affect the December submission. We will give more details once the change is implemented.
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.
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	The uplift in November is due to 'Rejects' not being included in the October submission.
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	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.

	consultation in their home residence within the timeframe agreed	
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	There was an uplift in the numbers reported for B02 and B06 this month compared with the previous month.
B06	Total time to call answer	We have rerun the database queries and the figures reported for B02 and B06 in November are accurate.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still carrying investigations, any changes will likely affect the December submission. We will give more details once the change is implemented.
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.
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	The uplift in November is due to 'Rejects' not being included in the October submission.
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	There was an uplift in the numbers reported for B02 and B06 this month compared with the previous month. We have rerun the database queries and the figures reported for B02 and B06 in November are accurate.
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	Warm Transfers: We are still carrying investigations, any changes will likely affect the December submission. We will give more details once the change is implemented.
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).
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	The uplift in November is due to 'Rejects' not being included in the October submission.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe	These are usually either nulls or very small numbers each month.

111AD7 South East London

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

Data item	Description	Comments
B02	Number of calls abandoned	There was an uplift in the numbers reported for B02 and B06 this month compared with the previous month.
B06	Total time to call answer	We have rerun the database queries and the figures reported for B02 and B06 in November are accurate.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still carrying investigations, any changes will likely affect the December submission. We will give more details once the change is implemented.
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.
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.
G18	Number of calls where a community pharmacy service was an option on DoS for minor illness	The uplift in November is due to 'Rejects' not being included in the October submission.
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	Despite winter pressures we have answered more calls quicker than the previous months. The steady improvements over last three months continues to be as a result of our recruitment campaign, more alignment in terms of rota fill, our continued

B06	Total time to call answer	focus on handling times and adherence to schedule. Where we have seen declines specifically KPI 5a has been down to over 40% of our clinical workforce being within their first 6 months. This has been down to seeing the benefits of a great recruitment campaign earlier in the year in combination with a delay in reaping the benefits while we focus on new Clinical Advisors embedding their skills.
C01	Number of calls where person triaged	
B07, B08	95th & 99 th 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	Where we have seen declines specifically KPI 5a has been down to over 40% of our clinical workforce being within their first 6 months. This has been down to seeing the benefits of a great recruitment campaign earlier in the year in combination with a delay in reaping the benefits while we focus on new Clinical Advisors embedding their skills.
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 <i>Smile</i> 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. 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.
B01	Number of calls answered within 60 seconds	The month on month fluctuations for B01, B02 and B06, is due to an increase in demand and a reduction in staffing hours. We ended the month with 86.1% of offered calls within 120 seconds and abandon 2% of calls offered after 30 seconds. In October,

B02	Number of calls abandoned	85.7% of calls offered were answered in 120 seconds and 2.6% of calls offered were abandoned after 30 seconds.
B06	Total time to call answer	Performance has declined in November impacting mean and percentiles, due to an increase in demand and reduction in staffing hours. November's demand at a SCAS level has increased by 6%, by contrast staffing hours have dropped by 7% at SCAS level thus calls per hour ratio has increased to 4.7 calls per hour, from 4.1 in October 2024. This had a knock-on effect on performance, ending the month with call answer 73.9% of offered calls within 120 seconds and abandon 4.7% of calls offered after 30 seconds, in comparison to October, 86.1% of calls offered were answered in 120 seconds and 2% of calls offered were abandoned after 30 seconds.
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	<p>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 November and the number of cases handled by them has increased:</p> <ul style="list-style-type: none"> NHUC – 9% increase (4757 cases in October 2024, 5169 cases in November 2024) PHL – 4% increase (6759 cases in October 2024, 7012 cases in November 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. This equates 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.
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111AA6 Isle of Wight

Lead data supplier: Isle of Wight NHS Trust

Outcomes of calls forwarded to remote Clinical Assessment Services (DAS, PHL and MHA) are currently not included in the ADC submission. 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 see better performance in abandonment rates since the change of the messaging, but this is meaning that callers are staying on the line longer giving us some long queuing times, fluctuations and surges in activity during the day against small numbers means that these metrics can fluctuate.
B06	Total time to call answer	IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co-located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
C01	Number of calls where person triaged	The number of 'trriages' exceed the number of 'answered' calls (A03+A07) primarily because we are not able to automatically include 'calls from 999' (which was previously reported as A04) in A01 due to co-location of 111/999 services.

D01	Calls assessed by a clinician or Clinical Advisor	<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> <p>We now have 3 of 4 CSDs signed off and are fully staffed in CSD.</p> <p>We now have a full compliment of signed of CSD advisors, rota to be implemented in January which will enable double staffed nights which has been a risk to IOWAS for some time, this should drive improvement in this metric.</p>
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	Calls initially given an ETC disposition that receive remote clinical intervention	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ETC dispositions, therefore negating the need for a '111 First (or 'ETC') 'validation'. If we were to record only the calls that would have been referred to an ETC, we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ETC.
G01 to G10	Callers given appointments and booking types	There are several services where appointments cannot be booked. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (e.g. IUC) where we do not currently book appointments. In addition, high volumes of out of area calls reduces the opportunity to book appointments.
G05	Calls where the caller was booked into an IUC Treatment Centre	Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere. Checking back over the last 6 months or more it appears that less than 1% is not unusual for this KPI.

G10, G11	SDEC service bookings	SDEC for telephony referrals not yet embedded.
G20 to G23	Face to face consultations	This section of reporting is still being developed.
H19 to H22	NHS 111 Online contacts	SSRS reporting not updated to include these new metrics at this time.

111A19 Kent, Medway & Sussex

Lead data supplier: South East Coast Ambulance Service NHS Foundation Trust (SECamb)

Data item	Description	Comments
B06	Total time to call answer	The November monthly value for B06 should be 3,410,220 as per the weekly aggregate values. The value in the monthly dataset (3,155,916) is incorrect as it was pulled from the wrong data source on this occasion.
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.

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	<p>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.</p> <p>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.</p>

B01	Number of calls answered within 60 seconds	The month on month fluctuations for B01, B02 and B06, is due to an increase in demand and a reduction in staffing hours. We ended the month with 86.1% of offered calls within 120 seconds and abandon 2% of calls offered after 30 seconds. In October, 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	Performance has declined in November impacting mean and percentiles, due to an increase in demand and reduction in staffing hours. November's demand at a SCAS level has increased by 6%, by contrast staffing hours have dropped by 7% at SCAS level thus calls per hour ratio has increased to 4.7 calls per hour, from 4.1 in October 2024. This had a knock-on effect on performance, ending the month with call answer 73.9% of offered calls within 120 seconds and abandon 4.7% of calls offered after 30 seconds, in comparison to October, 86.1% of calls offered were answered in 120 seconds and 2% of calls offered were abandoned after 30 seconds.
B06	Total time to call answer	
B07, B08	95 th /99th centile call answer time (seconds)	Telephony data are not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
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.

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	KPI5A has declined in November, due to a 3% increase in D13 cases and a 14% decline in D14 cases, in comparison to October's data. October's KPI5A was higher, due to a 2% decline in D13 cases and a 14% increase in D14 cases, in comparison to September's data. Although the number of D13 and D14 cases change month on month, the average for benchmark for KPI5A is 35%, which we are in line with for November. To highlight August and October we broke 40%, however as recently for both September and July, performance is in line with November (July 2024 – 33.2%, August 2024 – 42.3%).
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.

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
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.
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 November was 0.5% higher than October, with 31.8K calls received.

B06	Total time to call answer	We received averages of 831 NHS111 calls per weekday and 1258 NHS111 calls per weekend/public holiday.
C01	Number of calls where person triaged	Call answering performance improved slightly on October; abandonments fell by 0.4% to 3.0%. The average speed to answer was 70 seconds.
D01	Calls assessed by a clinician or Clinical Advisor	Clinical Advisor input appears to have been impacted by staff turnover, and the associated recruitment and training needs. Calls assessed by a clinician within timeframe was 31.9% for immediate timeframe and 42.0% for >20 minute timeframe.
B01 to B11	Call handling	CAS data 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 76.7%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 90.1%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED catch-all triggers only in exceptional circumstances.
G01 to G14	Caller given an appointment	Figures exclude CAS activity as they are unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe were on target at 93.8%, with treatment centre visits on target at 98.2%.

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 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
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. 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.
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	Although the number of calls abandoned has decreased 27.2%, due to the low baseline this equates to 2 fewer calls abandoned per day. We do not consider this statistically significant.
B06	Total time to call answer	In addition, the total the wait time decreased was for circa 2 seconds per call. 10.37 seconds down from 12.30 seconds in October. Performance overall has been impacted due to increased illness but this is being managed overall.
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
D01	Calls assessed by a clinician or Clinical Advisor	<p>When the ADC calculations are carried out for the weekly submission, any open cases are excluded as the data needed is not yet available.</p> <p>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.</p>
E17	Callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high, resulting in lower self-care dispositions. ADC 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.
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.

111AL8 Gloucestershire (ICB/IC24)

Lead data supplier: Gloucestershire (ICB/IC24)

Data item	Description	Comments
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	We are still working through data quality and data flow issues with IC24 and are in the position that we are currently submitting figures that are provided by them. Ultimately, until the processes and data for the implementation of this service have been signed off by us, and during this crossover period, there may be data quality issues – particularly for November 2024 when we only went LIVE with the service on 19 th .
E17	Number of callers recommended self-care at the end of clinical input	
G07	Number of calls where the caller was booked into a UTC	
G10/G11	Number of calls where the caller was booked into an SDEC service	

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
A03	Number of answered calls	

B02	Number of calls abandoned	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.
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

It is worth observing that we are closely working with the National team as we only have the NR111 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
B02	Number of calls abandoned	Numbers only change because the UEC Strategic team have requested us to do more, as in increase volumes for winter pressures. We remain within a tolerance of 99% delivery of activity to budget. Any alterations in Abandonment rate will be due to on the day absence, our weekly forecast by interval (as mentioned above) is absolutely in line with NHSE contract forecast and therefore we are subject to occasional dropped calls. All other KPIs remain in the top three of all providers in the country (source NHSE UEC ops team).
B06	Total time to call answer	
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	
H01-H22	NHS 111 Online	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.