

IUC ADC December 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	The reduction in performance will be down to the demand across 999 and 111, this has already recovered for January so far. We were also hit with high sickness in EOC over December/Christmas which impacted performance overall.
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	<p>Not provided as subcontracting data not available. Some calls are going via subcontracted providers and some come through to NEAS.</p> <p>We are working with the providers to get their data through but there are gaps in their data currently which we are trying to resolve.</p>

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, RJJ-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH, DTP – Nimbuscare.

Data item	Description	Comments
A01	Number of calls received	December started close to forecast and then during the 2 weeks of Christmas the call demand decreased below forecasted levels meaning we had more resources available to manage the demand. IUC also ask all Health Advisors work 6 out of 8 public holiday and historically boxing day is one of the busiest of the year so over 80% of staff work this day.
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 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	
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 Services). 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
B02	Number of calls abandoned	Performance was again quite strong considering that December is the busiest month of the year due to the Christmas and the Bank Holiday period. NWS took numerous actions to maximise their staffing position over Christmas (Reduced AL, Christmas shift swap offers, non-uniform day over Christmas etc.)
B06	Total time to call answer	They have seen some slight increases in staff sickness but the vast majority of this is a result of the seasonal cough/colds, D&V etc that has been well publicised in the news.
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 = 170,156). 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	<p>Disparity between weekly and monthly figures is because Blackburn with Darwen and East Lancashire continue to only submit the monthly return.</p> <p>Providers do not always manage to submit their weekly submissions in time for submission. This may be due to work pressures, leave and technical issues etc.</p>
D01	Calls assessed by a clinician or Clinical Advisor	74,357 includes NWS (33,392) and CAS (40,965). 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.
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: 185,093 and is made up from NWS (170,156) and some CAS providers (14,937 - 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>
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	E20 provided by the following CAS: ELMS (Blackburn with Darwen, East Lancashire), GMPUCA (CAS) HRCG Care Group.

E25	Total wait time to category 3 or 4 ambulance remote clinical intervention (seconds)	E25 – from the above only HRCG Care Group has provided a value for E25.
G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14	IUC Service Integration	<p>Manual adjustments have been necessary when resubmitting the November numbers:</p> <p>G01 (27,701) - 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 (17,826), CAS (9,875). All other CAS provides are leaving the fields G01-G14 empty.</p> <p>Where CAS/OOH providers (Blackburn with Darwen, Central Cheshire, 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
A03	Number of answered calls	The percentage increase for A01, A03, B01, C01 and D01 are all attributable to the increase in calls and the % changes are all in line with the % increase shown in A01. Despite the increase in calls from the previous month, B02 number of calls abandoned has decreased by 20.5% representing an improvement in performance (B06 has also improved). This improvement will be mainly driven by the increased staffing which has been implemented in response to the forecast call volumes- whilst the calls have increased, they have still been below the projections. December call volumes were 3.69% below forecast but the Christmas period was significantly below that and the trend has continued into the new year so far.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
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.

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.
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East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	The Service had been under a considerable extra workload in December 2025 with an extra 6,456 calls offered to the Call Centre compared to November 2025. This is partly explained by the fact that December obviously contains the Christmas and New Year Bank Holidays when Primary Care is closed. We would expect to see this extra demand and there are also winter pressures as are being seen by the rest of the NHS. Again, as you have noted they additional pressure impacted KPIs and KPI 1 increased by 2% from 5% to 7%, average time to answer also increased but was still below the totals for April 2024 when demand was actually lower, so overall these held up well considering the demand. Obviously, we plan for the Winter and Christmas Periods and our plans were put in place and appear to have held up well to the extra volumes. The fact that cases triaged also increased is on surprise as this is directly linked to call volumes and therefore demand.
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	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.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
B02	Number of calls abandoned	<p>B02 Number of calls abandoned increased in December as a direct impact on the increased call activity, A01 Number of calls received. December being a holiday period and including Christmas and New Year, coupling with winter pressures, increased cases of Flu and the added pressure of some of the primary care services being closed - we expected to see some extra demand and hence, the reason for the increase in A01. Whilst we plan for the winter and December pressures, the workforce have sustained this well to an extent where possible before the call volume had overwhelmed and resulted in the increase in B02. B06 will also directly be impacted and thus, will increase in line with B02 for the same above reasoning.</p> <p>As mentioned in previous months, the increased call volumes will directly be felt further downstream and thus, C01 Number of persons triaged will also increase and with that, further more calls are also assessed by clinicians and Clinical advisors, therefore resulting in an increase in D01.</p> <p>KPI2 is directly related to B06 and A03 and as both increased, we can expect a downturn in KPI 2 performance also. With a greater number of calls received, we can expect the speed to answer performance to decrease and thus, take longer to answer calls.</p>
B06	Total time to call answer	
C01	Number of calls where person triaged	

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
A01	Number of calls received	The month on month daily average increase for A01 (number of calls received) was linked to December having five weekends and two bank holidays and Christmas Day and Boxing Day both falling on weekdays. December, particularly the Christmas period, is always the busiest time of the year. Average handling time and unscheduled off the phone time increased too due to staff being at their busiest.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	Both the month on month daily average decreases and the proportion decreases for B01 (number of calls answered within 60 seconds) were linked to an increased volume of calls.

B02	Number of calls abandoned	The month on month increases for B02 (calls abandoned) and B06 (total time to call answer) were both linked to more calls received and it being one of the busiest times of the year. We also saw increased sickness throughout the period. Flu was nationally reported to be high within the NHS. There were higher levels of speak to dispositions and/or clinical overrides for patients to speak to clinicians. Respiratory issues were on the rise, including flu, covid and chest infections so it is likely that clinicians were preferring to speak to patients rather than seeing them face-to-face.
C01	Number of calls where person triaged	
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
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
A01	Number of calls received	The increase in volumes of Data Items A01, A03, B01, C01 and D01 call all be attributed to seasonal increases in call demands through December. Data Item B02 showing a reduction of 21.2% and the increase in Data Items C01 and D01 all reflect that this was an anticipated seasonal demand which has been staffed appropriately.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Current telephony system does not allow accurate recording of this metric, so a proxy is provided instead.
B07	95th centile call answer time (seconds)	
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.
A01	Number of calls received	The month on month daily average increase for A01 (number of calls received) was linked to December having five weekends and two bank holidays and Christmas Day and Boxing Day both falling on weekdays. December is always the busiest month of the year.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	The month on month daily average increase for A03 (number of answered calls) was due to an increase in the number of calls received.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Total time to call answer	Both the month on month and the proportion decreases for B01 (number of calls answered within 60 seconds) were linked to an increased volume of calls.
		The month on month increase for B02 (calls abandoned) and B06 (total time to call answer) is linked to more calls and it being one of the busiest times of the year, over Christmas. We also saw increased sickness through the period with a lot being linked to flu or similar which was nationally reported to be high within the NHS.
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 KPI5a: 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	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.

111AM1 West Essex & Hertfordshire

Lead data supplier: HUC.

Data item	Description	Comments
A01	Number of calls received	The month of December was busier than November for West Essex and Hertfordshire contract, but it's in line with the general trend of busier months from September onwards due to winter

A03	Number of answered calls	<p>pressures and December being the busiest month in the year. The calls offered to call centre were higher compared to November which also led to an increase in average time to answer and thus impacting the abandonment rate, which also saw an increase in December. The operational team is constantly working towards aligning staffing to the demand so that the calls can be effectively managed.</p> <p>An increase in call volume led to an increase in average time to answer, which impacted KPI2. When more calls come in than agents can handle, callers must wait in a queue until an agent becomes available hence impacting the average time to answer.</p> <p>Again the difference in the monthly and weekly figures for C01 and D01 would be due to end of month reconciliations.</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	
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC, but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

London region

111AL9 North Central London (LAS)

Lead data supplier: London Ambulance Service NHS Trust (LAS) (as of August 2024)

Contract changes for NCL from November 2023 has resulted in combined ADC data across two providers using our own SQL procedures.

While reports continue to be validated, previous issues with the Adastra SSRS reporting are now resolved.

Data item	Description	Comments
A01	Number of calls received	The changes to A01 and A03 shows an increase in call taking activity this month compared to the previous month. The changes in B01, B02 and B06 are consistent with an improvement in call taking performance compared with the previous month. The change to C01 shows an increase in Adastra activity this month – this is in-line with the increase of call activity. I have rerun the database queries and the figures reported for A01, A03, B01, B02, B06 and C01 in December are accurate.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
C01	Number of calls where person triaged	
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 planning to make changes to how we calculate D10. These changes are with Operations for sign-off. Any changes will likely affect the January 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.
H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their	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.

	home residence, who received a face to face 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
B01	Number of calls answered within 60 seconds	The changes in B01, B02 and B06 are consistent with an improvement in call taking performance compared with the previous month. I have rerun the database queries and the figures reported for B01, B02 and B06 in December are accurate.
B02	Number of calls abandoned	
B06	Total time to call answer	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still planning to make changes to how we calculate D10. These changes are with Operations for sign-off. Any changes will likely affect the January 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.
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	Most months this item will either be zero or very low.

111AJ1 North West London

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

Data item	Description	Comments
A01	Number of calls received	The uplift in A01 and A03 for NWL has been impacted by VDNs being reallocated from NEL to NWL. During a check of VDNs it was discovered that some NWL VDNs were incorrectly having their calls included under the NEL service. (Note. The uplift in A01 and A03 for NEL in December is lower than the other contracts, as NEL no-longer has calls for these VDNs included in its numbers) The changes in B01, B02 and B06 are consistent with an improvement in call taking performance compared with the previous month. I have rerun the database queries and the figures reported for A01, A03, B01, B02 and B06 in December are accurate.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still planning to make changes to how we calculate D10. These changes are with Operations for sign-off. Any changes will likely affect the January 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).
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
B01	Number of calls answered within 60 seconds	The changes in B01, B02 and B06 are consistent with an improvement in call taking performance compared with the previous month.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The changes in C01 and D01 reflect an improvement in Adastra activity as well. I have rerun the database queries and the figures reported for B01, B02, B06, C01 and D01 in December are accurate.
D1	Calls assessed by a clinician or Clinical Advisor	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Warm Transfers: We are still planning to make changes to how we calculate D10. These changes are with Operations for sign-off. Any changes will likely affect the January 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.
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
A03	Number of answered calls	

B01	Number of calls answered within 60 seconds	All data items in the corresponding table have improved due to increased rota for the month.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07, B08	95th & 99 th centile call answer time (seconds)	LAS data excluded from centile metrics as aggregated data is received by PPG.
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Work continues around clinical productivity. PPG have invested significantly in Clinical Recruitment rather than use of agency CA and this takes time for the new CAs to consolodate their learning and embed their skills to enable faster case handling.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	LAS data excluded from centile metrics as aggregated data is received by PPG.
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.

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.

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.

B02	Number of calls abandoned	Performance dropped in December, due to an increase in demand, particularly over the weekends and on the Bank Holiday on 26th December. December's demand at a SCAS level has increased by 13%, however staffing hours remained steady and increased by 2% at SCAS level thus calls per hour ratio has increased to 5.2 calls per hour, from 4.7 in November 2024. The calls per ratio increased from w/c 8th December to w/c 29th December and remained above 5 calls per hour, peaking to 5.5 on w/c 22nd December, which lines up with the weeks' where performance struggled more. This had a knock-on effect on performance, ending the month with call answer 65.9% of offered calls within 120 seconds and abandon 5.8% of calls offered after 30 seconds, in comparison to November, 73.9% of calls offered were answered in 120 seconds and 4.7% of calls offered were abandoned after 30 seconds. Demand over the weekends has increased by 54% and staffing hours have increased by 23%, in comparison to November 2024. Demand on Boxing Day increased by 54% in comparison to the average demand on Thursdays in December. Performance was maintained on this day with 83.1% of calls offered answered in 120 seconds and 1.2% of calls offered were abandoned after 30 seconds. This was due to a 66% increase in staffing hours in comparison to the average staffing hours on Thursdays in December.
B06	Total time to call answer	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. No known "Other" clinicians operate. Some 111 calls when transferred to teams (previous to June, this was mostly Mental Health and Dental) become listed as
B07, B08	95 th /99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
C05	Calls where person triaged by any other Clinician	
D01	Calls assessed by a clinician or Clinical Advisor	

		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.

111AA6 Isle of Wight

Lead data supplier: Isle of Wight NHS Trust

Outcomes of calls forwarded to remote Clinical Assessment Services (DAS, PHL and MHA) are currently not included in the ADC submission.

Data item	Description	Comments
A01	Number of calls received	Rotas are bedded in and sickness at a manageable level. Fluctuations and surges in demand on such a small service is causing some metrics to rise this month. It is difficult to flex our rotas for single hours of surge demand.
B01	Number of calls answered within 60 seconds	Demand in December was higher and sickness levels were slightly higher than in November. Demand patterns were also unpredictable with multiple calls being offered at the same time. We also had an incident where the 111 distribution system failed and we received a lot of out of area calls across the day and the most calls offered at any time unexpectedly.
B02	Number of calls abandoned	We have seen month on month improvement in relation to abandonment but the reasons outlined above caused us issues for December, this appears to have re-stabilised in January.
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 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.
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111A19 Kent, Medway & Sussex

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

Data item	Description	Comments
D01	Calls assessed by a clinician or Clinical Advisor	The monthly total for D01 frequently exceeds the weekly aggregate, due to the inclusion of cases closed after weekly upload.
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.

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>

B02	Number of calls abandoned	Performance dropped in December, due to an increase in demand, particularly over the weekends and on the Bank Holiday on 26th December. December's demand at a SCAS level has increased by 13%, however staffing hours remained steady and increased by 2% at SCAS level thus calls per hour ratio has increased to 5.2 calls per hour, from 4.7 in November 2024. The calls per ratio increased from w/c 8th December to w/c 29th December and remained above 5 calls per hour, peaking to 5.5 on w/c 22nd December, which lines up with the weeks' where performance struggled more. This had a knock-on effect on performance, ending the month with call answer 65.9% of offered calls within 120 seconds and abandon 5.8% of calls offered after 30 seconds, in comparison to November, 73.9% of calls offered were answered in 120 seconds and 4.7% of calls offered were abandoned after 30 seconds. Demand over the weekends has increased by 54% and staffing hours have increased by 23%, in comparison to November 2024. Demand on Boxing Day increased by 54% in comparison to the average demand on Thursdays in December. Performance was maintained on this day with 83.1% of calls offered answered in 120 seconds and 1.2% of calls offered were abandoned after 30 seconds. This was due to a 66% increase in staffing hours in comparison to the average staffing hours on Thursdays in December.
B06	Total time to call answer	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. Zero. No known "Other" clinicians operate. KPI4 remains steady month on month and has increased by 0.3% in December. The average benchmark for KPI4 in Thames
B07, B08	95 th /99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
C05	Calls where person triaged by any other Clinician	
D01	Calls assessed by a clinician or Clinical Advisor	

		Valley is 35%, which are in line with, despite the 12% for C01 and 13% for D01, in comparison to November's data. Since April 2024, KPI4 has remained between 34% - 37%.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D03	Calls assessed by an advanced nurse practitioner	We do not operate this staff type any more.
G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Number of calls where the caller was booked into an SDEC service	No DoS booked appointments or very low numbers listed for SDEC any month.
G12, G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	Most of the booking done by dental is now done via the DoS.
G15	Number of calls where repeat prescription medication was issued within your service	N/A and still under investigation.
G18 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data – as we have experienced problems gathering data from Providers.

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	Front end call performance remained really positive in December despite considerable extra pressure in terms of activity. this is largely due to really successful recruitment of HAs resulting in PPG being really well staffed non-clinically across the month. CAS activity increased drastically however and on 29 th December, Medvivo did declare a critical incident due to there being 400+ cases on the clinical queue.
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.
G01	Number of calls where caller given an appointment	Medvivo revised their submission for Dec 2024 due to their previous submissions over the last few months have had erroneously high booking figures (G01, G05 and G14). The high booking figures came about due to an operational change where OOH CAS consultations are now sometimes booked into Medvivo's internal appointment ledger. These were 'internal' bookings and not meant to be taken as clinical patient bookings. The resubmission is a correction with revised/lower figures for G01, G05 and G14.
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G14	Number of calls where caller given any other appointment	
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.

111A15 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 December was 19% higher than November, with 37.9K calls received. We received averages of 890 NHS111 calls per weekday and 1,638 NHS111 calls per weekend/bh day.
B06	Total time to call answer	Despite the greatly increased demand, call answering performance improved on November; abandonments fell by 1.6% to 1.4%. The average speed to answer was 34 seconds.
C01	Number of calls where person triaged	Calls assessed by a clinician within timeframe was increased at 35.4% for immediate timeframe and 43.9% for >20 minute timeframe.
D01	Calls assessed by a clinician or Clinical Advisor	Please note that variances to weekly data are present due to unavailability of weekly 111 data on 23 and 30 December; a result of technical issues at PPG. The monthly submission is complete.
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	999 remained relatively steady at 73.1%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessments percentage fell significantly to 74.4%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED catch-all triggers only in exceptional circumstances.
G01 to G14	Caller given an appointment	Figures exclude CAS activity as they are unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.

G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe were just below target at 93.8%, with treatment centre visits on target at 98.4%.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Recent changes to HA scheduling patterns have come into effect in time for the busier December period, and the increase in demand was reasonably well met. The higher call volume and room to improve in terms of call-handling performance is reflected in the large increase in B06 time to call answer/KPI 2.
A03	Number of answered calls	
B02	Number of calls abandoned	While the service's staffing issues are not entirely resolved, the move to Pan-HUC patterns have had a positive effect in December, with performance holding its ground compared to November.
B06	Total time to call answer	
C01	Number of calls where person triaged	The disparity between weekly aggregate and monthly official for item D01 is due to data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for these items, picking up previously uncounted items.
D01	Calls assessed by a clinician or Clinical Advisor	

G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.
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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
A01	Number of calls received	Mid-month implementation of a short term NHS111 service recovery plan including review of FSSD (Fluid Sterile Service Delivery). Results have raised Practice Plus Group to top quartile performer nationally in relation to KPIs 1 & 2 during a period that is traditionally one of the most pressured. Further improvements in performance expected in January.
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	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.
D01	Calls assessed by a clinician or Clinical Advisor	

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
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.

111AL8 Gloucestershire (ICB/IC24)

Lead data supplier: Gloucestershire (ICB/IC24)

Data item	Description	Comments
B06	Total time to call answer	For the KPI outliers (2 and 5a) these are attributed to the service being new, the busy festive period and call volumes being higher than were forecast.
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	
C01	Number of calls where person triaged	For the comparisons of the weekly aggregate against the monthly, we are still in the same position as last month with figures being provided directly from IC24. There were amendments to the dataflow process during December which could

D01	Calls assessed by a clinician or Clinical Advisor	contribute to a difference between weekly and monthly reported figures, as weekly are snapshot based.
G07	Number of calls where the caller was booked into a UTC	SDEC and UTC are not available in the DOS in Gloucestershire and these will therefore not appear except in instances of out of area patients.
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	Recent changes to HA scheduling patterns bore fruit in the busier December period, and the increase in demand was reasonably well met. The higher call volume and room to improve in terms of call-handling performance is reflected in the spike in B06 time to call answer/KPI 2.
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 for C01 & D011 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
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.