# IUC ADC February 2025 - 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 |
|-----------|-------------|----------|
| B02 | Number of calls abandoned | Performance was comparable to January. The call abandonment rate was maintained and answer time performance just missed target by a few seconds. High shrinkage across call handling and clinician contributed to some slight deterioration in performance. |
| B06 | Total time to call answer | |
| A07 | Calls which originated from an external NHS 111 provider | Unable to separately identify calls that are transferred from another 111 provider in SystemOne. |
| B09 | Total time of abandoned calls | No system capability to extract this information. |

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|---|---|---|
| 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. |
| E27 | Number of calls initially given an ETC disposition that receive remote clinical intervention | ETC validations for February: the average number of ETC validations completed per day were the highest since March 2024, but due to that increase in denominator the KPI % is still much lower. |
| G05 | Number of calls where the caller was booked into an IUC Treatment Service | Due to remapping of one team type, some services are having issues which prevent bookings. |
| G11 | Bookings into an SDEC service | Currently not utilised – no bookings recorded. |
| G12, G13 | Bookings into dental services not using DoS | We do not have the system capability to provide this information. |
| G22, G23 | Face to face consultations in an IUC Treatment Centre | Not reported - this information is outside of our service. |
| H01 to H22 | NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe | Not provided as subcontracting data not available. Some calls are going via subcontracted providers and some come through to NEAS.<br><br>We are working with the providers to get their data through but there are gaps in their data currently which we are trying to resolve. |

**111AI7 Yorkshire and Humber (NECS)**

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

This month's submission includes data from the following CAS providers: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD Harrogate & District, i-Heart, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, RJL - Northern Lincolnshire and Goole NHS Foundation Trust, NNJ - DHU Bassetlaw OOH, DTP – Nimbuscare.

| Data item | Description | Comments |
|-----------|-------------|----------|
| B02 | Number of calls abandoned | Dental ADC monthly submission for February - we had a high level of sickness last month, leading to low rota fill and a fall in performance (less calls answered, more abandoned, longer wait times, etc). |
| B06 | Total time to call answer | |
| D01 | Calls assessed by a clinician or Clinical Advisor | D01 weekly to monthly difference is due to that figure not being included in the weekly data. |
| D01 | Calls assessed by a clinician or Clinical Advisor | The reason for a 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 the Weekly. |
| G05 | Number of calls where the caller was booked into an IUC Treatment Centre | Volumes provided reflect an issue with the direct booking system which occurred following the Adastra outage in August 2022. |
| 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. However, NECS calculation of YAS figures is generating these small numbers. This is currently being investigated between YAS/NECS. |

## 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; NWAS is the NHS 111 provider, but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWAS data only in April 2021 to MLCSU submitting data covering all service providers. Data submitted by BARDOC (Bolton, Bury, HMR), Blackburn with Darwen, Central Cheshire. East Cheshire, East Lancashire , FCMS (Fylde Coast, Morecambe Bay, West Lancs), GMPUCA (CAS , OOH, TAS),  NWAS, GotoDoc (Lancashire) and Wirral. HRCG Care Group (West Lancs OOH) are unable to submit due to ongoing issues with their reporting system. 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 | We did see a dip in performance in February which was expected as this also coincided with the end of the Vocare support which was 10% of overall call volume. |
| B06 | Total time to call answer | At the same time FCMS (who we have a sub-contractor arrangement with) experienced some unusually high levels of sickness/absence abstractions that impacted on their overall provision. FCMS with the support of NWAS are working hard to resolve this and are confident that this is a short-term issue. |
| | | Recruitment remains strong at NWAS and we are within our budgeted position for call handling. |
| C01 | Number of calls where person triaged | Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWAS only = 143,921). |
| | | Going forward, we have asked for this to be checked and any activity other than NWAS to be excluded. |

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|---|---|---|
| D01 | Calls assessed by a clinician or Clinical Advisor | 62,971 includes NWAS (29,233) and CAS (33,738) 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 | D24 - Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes and D25 - 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes, cannot be completed from the data provided. |
| E01 to E30 | Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions | Total dispositions: 155,671 and is made up from NWAS - 143,921, BwD - 1,585, Central Cheshire - 1,449, East Cheshire - 3,143, East Lancashire - 3,753, FCMS Fylde Coast - 646, FCMS Morecambe Bay - 482, FCMS West Lancashire - 506, Wirral - 186) Other CAS providers have left E01 blank.<br><br>Note some providers are reporting in section E but have not completed E01, eg, have reported ambulance dispositions but no total. |
| 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) | January's return included HRCG which is the only CAS that enter data in this field. HRCG has been having trouble reporting since mid-February and did not submit a February monthly return. This is why E25 is zero. |

| | | NWAS will push for this field to be populated by CAS providers as part of the refresh exercise. |
|---|---|---|
| G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14 | IUC Service Integration | Manual adjustments as advised:<br><br>G01 24,804 - 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 (NWAS (16,273), CAS (8,531).<br><br>All other CAS provides are leaving the fields G01-G14 empty.<br>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 also been added in to G02, G04, G06, G08, G10 and G12 (previously NWAS only reporting lines). |
| H01, H02, H04, H13 to H18 | NHS 111 Online Contacts | Figures exclude data from some service providers. |

## Midlands region
**111AL7 Midlands**
Lead data supplier: ML CSU (Stoke)
IUCADC submissions currently cover 111 provider and arrangements will be considered for inclusion of any relevant CAS providers at a future date.

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | Although performance has deteriorated compared to January, February is actually the 2nd best performing month of 24/25 for these data items with the average calls abandoned since April 24 being 8240 and for B06 is 12,382,357 so in context is performing really well. In addition, January saw call volumes -3.4% against forecast whilst February saw them 2.45% over which will have some impact. |
| B06 | Total time to call answer | |
| D01 | Calls assessed by a clinician or Clinical Advisor | The disparity between weekly and monthly figures is due to the 24hr nature of the 111 service.  The weekly submissions often show cases allocated based on the interim disposition logged on the Sunday, while the monthly submission allocates cases based on the callback that occurred on the Monday, leading to a variation in the distribution. The monthly position presents a more complete picture of activity across the month.  The 111 provider remains in a period of validation around telephony-based data. |
| 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 |
|---|---|---|
| A01 | Number of calls received | Looking at the month on month figures for February 2025 versus January 2025 shows a fall in volume. However, this is partly misleading because of course February has three fewer days, so we can expect to see a fall of around 3000 calls for the month, taking a rough average per day for of 1000 calls per day. This is based on Calls Offered to the 111 Call Centre, which, as noted before, are the only ones we can answer. Digging a little deeper into the figures, February also so saw a fall in the average calls per day (using the measure described), we received an average 66 fewer calls per day in in February (1083 for January and 1016 for February). This is not a huge difference and has led to very similar month on month performance. Overall, there is not really any internal influence on this and given that at the time of both months we were still in "Winter Pressures", the significant fall in volumes was surprising compared to December 2024. |
| 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 | 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 |
|---|---|---|
| A01 | Number of calls received | February saw a relatively small decrease in Number of Calls Received and thus, Number of Calls Answered. This can be expected due to the shorter month, in comparison to January. Fewer calls would mean an increase in performance, and thus, Number of Calls Answered within 60s and Number of Calls Abandoned performance increased slightly. This of course has an effect further downstream and that will be the reason for the small increase in D01 Calls assessed by a clinician or Clinical Advisor.<br><br>Once again, as previously mentioned, with the call volume decrease and improvement in performance at the front end, we'd then expect the downstream to also feel the effects and thus, more calls will also be assessed by clinicians and Clinical Advisors. |
| 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 | |
| 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 | Regarding KPI 5a, D14, H20, D13 & H19 data items have all decreased in February, again, this is likely due to the shorter month. The proportional difference between the denominator of the calculation (D13 + H19) between January and February is very marginal and the difference is being made up by a change of approximately 4.5% proportional difference of the numerator (D14 + H20) between the two months. This is a relatively small fluctuation of performance between the month and is not a significant drop off. |
| 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. |
| B02 | Number of calls abandoned | Regarding B02 and B06, the number of calls dropped 11% from last month but staffing did not drop at the same rate (it only dropped 5%), so we saw less demand with a similar level of staffing to January. Absence stayed around the same level as the month before and off-phone activity increased slightly (probably due to new online training modules). |
| B06 | Total time to call answer | |
| B07, B08 | Call answer centiles | Due to the way that our calls are currently aggregated, centile figures may be inaccurate. |
| 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 | The development of these items is now complete and we're able to populate and should be able to backdate. |

**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 |
|---|---|---|
| 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 or very low. |
| 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 or very low. |
| G12, G13 | Calls received by dental services | Not applicable to service. |
| G16 to G19 | Community pharmacy service | |

| Data item | Description | Comments |
|---|---|---|
| G21 | Number of patients receiving a face-to-face consultation in their home residence within the timeframe agreed | Milton Keynes do not provide us details for these data items. |
| H14-H16 | NHS111 Online Face to Face | |

**111AG8 Norfolk including Great Yarmouth and Waveney**
Lead data supplier: Integrated Care 24 Ltd (IC24)

| Data item | Description | Comments |
|---|---|---|
| A05 | External clinician calls to Clinical Assessment Service (CAS) | This item currently not available, due development or not applicable. |
| B02 | Number of calls abandoned | The slight improvement in performance for February 2025 can be attributed to much better forecasting hence better planning of staff and resources. |
| B06 | Total time to call answer | February also had fewer weekend/Bank Holiday days where more traffic are experienced compared to January 2025. |
| 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 | Following the recent capturing of online activity/contacts, this has affected the number of callers needing a call back by clinician. |
| D21 | 95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately) | Figure might be inaccurate due to the way the calls are aggregated. |
| D23 | Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe | Clinicians are prioritising urgent calls and as well as call back within the shortest possible time as this is the focus of the business. |
| G07 | Number of calls where the caller was booked into a UTC | This is likely a situation where there are not enough bookable appointments across UTC and UTC hub for patients with the relevant disposition code. |

| Data item | Description | Comments |
|---|---|---|
| G10, G11 | SDEC service bookings | SDEC is not used on the DoS much; SDEC booking is done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS. |
| G12, G13 | Calls received by dental services not using DoS | These items are currently not available, due development or not applicable. |
| H17, H18 | NHS 111 Online contacts initially given an ETC disposition | |
| H19 to H22 | NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor | We can now populate numbers for H19 and H20, we are also looking at back dating H19 and H22 numbers when the window for resubmission becomes open. |

**111AH7 North East Essex & Suffolk**
Lead data supplier: Practise Plus Group (PPG)

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | We continue to be pleased with the overall and sustained performance improvements on headline KPIs. |
| B06 | Total time to call answer | |
| 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 and particularly low in January due to lack of direct booking. |
| 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 | |

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|---|---|---|
| A03 | Number of answered calls | The performance has been similar to January in February 2025, the number of days in February are fewer than Jan but the average calls offered per hour is similar to January, the service was able to achieve KPI for abandonment at 3%, the answering within 60 seconds and average speed to answer too saw a minor improvement over February. The operations team is consistently working towards matching staffing with demand at peak hours. The Average handling time is also seeing a consistent drop which again helped in improving the performance.<br><br>Again, the difference in the monthly and weekly figures for C01 and D01 would be due to end of month reconciliations. |
| 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 | |
| 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 |
|---|---|---|
| B02 | Number of calls abandoned | The change in B02 and B06 is consistent with the improvement in call taking performance. |
| B06 | Total time to call answer | |
| D04 | Calls assessed by a mental health nurse | These items are blank because our provider had changed the reporting type. |
| D07 | Calls assessed by a dental nurse | Not applicable. |
| E05 | Number of callers recommended to attend Same Day Emergency Care (SDEC) | Figures validated and are low due to restrictive criteria for referral into the service. |
| H16 | Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed | The figure is 0 or low due to the type of referrals from 111 Online which do not result in face-to-face home consultations. |
| H17-H18 | NHS 111 Online contacts initially given an ETC disposition | Data items are blank or very low. We are investigating this due to using new data sources in ADC. |
| H19-H22 | NHS 111 Online contacts where contact offered a call | |

### 111AH5 North East London
Lead data supplier: London Ambulance Service NHS Trust (LAS)

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | |

| B06 | Total time to call answer | The changes in B02 and B06 are consistent with an improvement in call taking performance compared with the previous month. |
| D14 | Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes | We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation. |
| G11 | Calls where the caller was booked into an SDEC service | No bookable appointments recorded usually or if there are it is usually very small numbers of cases. |
| H20 | Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes | Most months this item will either be zero or very low. |

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

| Data item | Description | Comments |
| --- | --- | --- |
| B02 | Number of calls abandoned | The change in B02 and B06 is consistent with the improvement in call taking performance. |
| B06 | Total time to call answer | |
| D14 | Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes | We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation. |
| G05, G04 | Calls where the caller was booked into an IUC Treatment Centre | There are appointment bookings into IUC treatment centres but there are no appointment bookings into home residence (home visit). |
| H19, H20, H21, H22 | NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe | These are usually either nulls or very small numbers each month. |

**111AD7 South East London**
Lead data supplier: London Ambulance Service NHS Trust (LAS)

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | The change in B02 and B06 is consistent with the improvement in call taking performance. |
| B06 | Total time to call answer | |
| 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)
The number of LAS Adastra cases received by PPG greater than telephony aggregates.

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | February performance remains stable, in line with the previous month. The focus on service delivery both clinically and non-clinically are continuing with the following key areas being addressed:<br>- Managing in real time and being proactive in our responses.<br>- The productivity of our Clinicians is under review and work will be ongoing for the foreseeable.<br>Sickness absence is higher than anticipated and we continue managing this under the relevant HR processes. |
| A03 | Number of answered calls | |
| B01 | Number of calls answered within 60 seconds | |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |

| | | |
|---|---|---|
| A03 | Number of answered calls | LAS number Adastra cases received by PPG greater than telephony aggregates.<br><br>With all our submissions, the SWL data we receive from LAS are excluded from our centile metrics so for these metrics only, PPG data alone is used. This can lead to the centile metric values looking out of sync with other values. |
| A07 | Calls which originated from an external NHS 111 provider | We also have an issue in that we often receive more Adastra cases from LAS than the count of telephone calls. We have raised this issue with LAS but have been told that they are unable to do anything about it. It would seem that the logic they use for establishing the region they cover for telephony cases is different from that one that is used for establishing which contract an Adastra case belongs to. This leads to the data showing a high proportion of calls being converted into triaged cases and sometimes shows more triaged cases than telephone calls answered. |
| C01 | Number of calls where person triaged | |
| B07, B08 | 95th & 99th centile call answer time (seconds) | LAS data excluded from centile metrics as aggregated data is received by PPG. |
| D14 | Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes | Work continues around clinical productivity, with a positive increase seen in KPI5a. |
| E20 | Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention | This KPI is historically low given we send our validations to the LAS and as such, we don't know the outcome of these cases. The data shown reflect the low numbers that were picked up for validation last month 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. |
|---|---|---|

**111AH9 Hampshire & Surrey Heath**

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS).

We have been unable to provide a number of metrics and as such, these are listed as blank. Please note that the fields we have listed as zero are legitimate zeros. These blanks fall into one of three categories: a) we have been unable to provide the data due to technical limitations, mostly around telephony. B) metrics which we need more time to investigate a solution to, a number of these are ones added later in the lifespan of the Specification. These come under two groups of data – community pharmacy/prescription booking and DOS options (not DOS selected).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us. We were unable to receive PID data securely to allow us to link Provider data back to ours to avoid double counting and would only be able to receive aggregated data for a partial submission for A06, we made the difficult decision not to request data from the 5 providers we were able to complete the process around services and metrics for.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data. Please note, this arrangement ended from 5pm on Friday 14th February 2025, as such for half of the month there will be a differential in both demand and performance that will impact the figures. As far as we know, there are no expectations that staffing hours will be increased, to bridge the gap of staff shortages.

We also identified a data quality issue in February, which has resulted in some case data not feeding through. The problem originates from users not being fully set up when initially created on Adastra – leaving us without their ESR number or incorrect ESR number, which is used to correctly identify the case records coming from 111.  As a result, these cases have not pulled through to the data warehouse for these individuals. Telephony is accurate so figures for section A and B will still be accurate, however case volume information, in sections C, D, E, F and G will have been under-reported since the beginning of the IUC ADC. To rectify the problem, we updated details for individuals without an ESR number on 25th February, after that data should be complete. The majority of February's data will however be affected by this issue. We are still working on checking and correcting, incorrect ESR numbers, however only one has been found since the original 23, so hopefully we are nearing completion.

| Data item | Description | Comments |
|---|---|---|
| B01 | Number of calls answered within 60 seconds | Performance has declined in February 2025, due to an increase in demand and a decline in staffing hours. February's demand at |

| | | |
|---|---|---|
| B02 | Number of calls abandoned | SCAS level has increased by 5.1%, in spite of it being a 28-day month, comparing against a 31-day month. |
| B06 | Total time to call answer | Against this, staffing hours have declined slightly by 3.6%, meaning we put out more per average per day, however, not enough to balance the 10% increase in demand.<br><br>As a result, the calls per hour ratio increased to 5 calls per hour, from 4.6 calls per hour in January 2025, having an understandable effect on performance. |
| A05 | External clinician calls to Clinical Assessment Service (CAS) | Blank as uncertainty whether there is a direct line in this way. |
| A07 | Calls which originated from an external NHS 111 provider | Volumes split equally between the two SCAS Contract Areas.<br><br>This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls. |
| B07, B08 | 95th/99th centile call answer time (seconds) | Telephony data is not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged. |
| B09 | Total time of abandoned calls (seconds) | |
| C05 | Calls where person triaged by any other Clinician | No known "Other" clinicians operate. |
| 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. |

| Data item | Description | Comments |
|---|---|---|
| G15 | Number of calls where repeat prescription medication was issued within your service | N/A and still under investigation. |
| G18 to G19 | Community pharmacy service | We do not have data for these items as we have not yet had 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 | |
| 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 |
|---|---|---|
| B02 | Number of calls abandoned | Abandonment and speed top answer rates changes were driven by a change in demand presentation where we saw peaks of calls coming through the system on weekends, specifically Saturdays and we had a small number of days with much poorer performance, this pattern had not been as dramatic over previous months, and we had seen consistency throughout the week with only small weekend peaks.   Weekend sickness was also a factor.  Performance |

| B06 | Total time to call answer | in January and February is still much improved from December.<br><br>IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co-located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification. |
| --- | --- | --- |
| C01 | Number of calls where person triaged | The number of 'triages' exceed the number of 'answered' calls (A03+A07) primarily because we are not able to automatically include 'calls from 999' (which was previously reported as A04) in A01 due to co-location of 111/999 services. |
| 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 (eg, IUC) where we do not currently book appointments. In addition, high volumes of out of area calls reduces the opportunity to book appointments. |
| G05 | Calls where the caller was booked into an IUC Treatment Centre | Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere. Checking back over the |

| | | last 6 months or more it appears that less than 1% is not unusual for this KPI. |
|---|---|---|
| G10, G11 | SDEC service bookings | SDEC for telephony referrals not yet embedded. |
| G20 to G23 | Face to face consultations | This section of reporting is still being developed. |
| H19 to H22 | NHS 111 Online contacts | SSRS reporting not updated to include these new metrics at this time. |

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

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | The increase in the average daily call volume affected the call answering KPIs, however we have maintained our focus on improving productivity and efficiency. |
| B01 | Number of calls answered within 60 seconds | |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |
| 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. |
| G05 | Number of calls where the caller was booked into an IUC Treatment Service | It emerged on 24th February, via the IUCADC weekly submission, that previous values for G05, all of which relate |

| | | to appointment bookings with a single provider, are incorrect. This impacts the monthly G05 values for February. The February IUCADC file will have a partial return for this item and be corrected fully for March's submission. Revisions will be made when possible to all previous monthly submissions for the months Apr'24 to Mar'25 inclusive. |
|---|---|---|
| G11 | SDEC referrals and bookings | This data item is 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 |
|---|---|---|
| B02 | Number of calls abandoned | We continue to be pleased with the overall and sustained performance improvements on headline KPIs. |
| B06 | Total time to call answer | |
| E17 | Number of callers recommended self-care at the end of clinical input | With consistent failed access to primary care during in-hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations. |
| G10, G11 | SDEC selections | The SDEC care service is not currently active. |

**111AG9 Thames Valley**

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data. Please note, this arrangement ended from 5pm on Friday 14th February 2025, as such for half of the month there will be a differential in both demand and performance that will impact the figures. As far as we know, there are no expectations that staffing hours will be increased, to bridge the gap of staff shortages.

We also identified a data quality issue in February, which has resulted in some case data not feeding through. The problem originates from users not being fully set up when initially created on Adastra – leaving us without their ESR number or incorrect ESR number, which is used to correctly identify the case records coming from 111.  As a result, these cases have not pulled through to the data warehouse for these individuals. Telephony is accurate so figures for section A and B will still be accurate, however case volume information, in sections C, D, E, F and G will have been under-reported since the beginning of the IUC ADC. To rectify the problem, we updated details for individuals without an ESR number on 25th February, after that data should be complete. The majority of February's data will however be affected by this issue. We are still working on checking and correcting, incorrect ESR numbers, however only one has been found since the original 23, so hopefully we are nearing completion.

| Data item | Description | Comments |
|---|---|---|
| B01 | B01 Number of calls answered within 60 seconds | Performance has declined in February 2025, due to an increase in demand and a decline in staffing hours. February's demand at SCAS level has increased by 5.1%, in spite of it being a 28-day month, comparing against a 31-day month.

Against this staffing hours have declined slightly by 3.6%, meaning we put out more per average per day, however, not enough to balance the 10% increase in demand.

As a result, the calls per hour ratio has increased to 5 calls per hour, from 4.6 calls per hour in January 2025, having an understandable effect on performance. |
| B02 | Number of calls abandoned | |
| B06 | Total time to call answer | |

| | | |
|---|---|---|
| A05 | External clinician calls to Clinical Assessment Service (CAS) | Blank as uncertainty whether there is a direct line in this way. |
| A07 | Calls which originated from an external NHS 111 provider | Both the two SCAS areas cover both areas so we have to do an even split for other organisations as they are technically out of area and we operate a virtual call centre so there is no way to split it, other than 50/50.<br><br>This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls. |
| B07, B08 | 95th/99th centile call answer time (seconds) | Telephony data are not provided at a transactional level, so we are unable to split telephony figures by contract area.  Figures are calculated by applying a % based on numbers triaged. |
| B09 | Total time of abandoned calls (seconds) | |
| C05 | Calls where person triaged by any other Clinician | Zero. No known "Other" clinicians operate. |
| D01 | Calls assessed by a clinician or Clinical Advisor | Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted. |
| D03 | Calls assessed by an advanced nurse practitioner | We do not operate this staff type any more. |
| G02 to G09, G14 | Callers booked into a service following a DoS selection | Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly. |
| G07 | Number of calls where the caller was booked into a UTC | With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource. |

| | | |
|---|---|---|
| G11 | Number of calls where the caller was booked into an SDEC service | No DoS booked appointments or very low numbers listed for SDEC any month. |
| G12, G13 | Number of calls received by dental services not using DoS that resulted in a booked appointment | Most of the booking done by dental is now done via the DoS. |
| G15 | Number of calls where repeat prescription medication was issued within your service | N/A and still under investigation. |
| 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 | |
| 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. |
| 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. |

**111AI5 Bristol, North Somerset & South Gloucestershire**
Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | Overall demand in February was almost 11% lower than January, with 28.2K calls received. |
| A03 | Number of answered calls | We received averages of 808 NHS111 calls per weekday and 1,145 NHS111 calls per weekend/bank holiday. |

| | | |
|---|---|---|
| B01 | Number of calls answered within 60 seconds | Call answering performance improved remained at a high level; abandonments rose by only 0.1% to 0.7%. The average speed to answer was 19 seconds. |
| B02 | Number of calls abandoned | The call answering performance saw a very slight drop off and looking at the daily numbers, this is in part due to a slightly worse performance on Friday 21 February. Therefore, I see no pattern of decline, and overall, call answering performance is consistently good. Elsewhere, values appear to be consistent with those in recent months. |
| B06 | Total time to call answer | |
| C01 | Number of calls where person triaged | |
| D01 | Calls assessed by a clinician or Clinical Advisor | Calls assessed by a clinician within timeframe continued to improve, at 46.6% for immediate timeframe and 49.0% 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 | 999 remote assessments on target at 85.8%. |
| E27 | Number of calls initially given an ETC disposition that receive remote clinical intervention | ED remote assessments on target to 83.9%. |
| F02 | Directory of Services: no service available other than ED (ED catch-all) | ED catch-all triggers only in exceptional circumstances. |
| G01 to G14 | Caller given an appointment | Figures exclude CAS activity as they are unavailable. |
| G05 | Number of calls where the caller was booked into an IUC Treatment Centre | The majority of bookings are via CAS, which are not captured. |
| G07 | Number of calls where the caller was booked into a UTC | DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings. |
| G09 | Number of calls where caller given a booked time slot with a Type 1 or 2 ED | Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only. |
| G10, G11 | DoS selections – SDEC service | SDEC dispositions and services are not currently in use. |
| G16 to G19 | Community pharmacy service | Figures exclude CAS activity as they are unavailable. |
| H01 to H09 | NHS 111 Online contacts | |

| Data item | Description | Comments |
|---|---|---|
| G21 | Number of patients receiving a face to face consultation in their home residence within the timeframe agreed | Home visits within timeframe returned to target at 97.7%, with treatment centre visits on target at 99.4%. |
| 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 |
|---|---|---|
| B06 | Total time to call answer | HUC's work over the last few months to realign HA rota patterns has borne fruit in January and February, with staff generally much better cover at key times on key days now. February also saw a slight drop in rates of HA absence, on top of the small drop in January, and it's these two factors that had the significant impact on performance.<br><br>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. |
| C01 | Number of calls where person triaged | |
| 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. |

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

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | A slight drop in performance in February but this is due to the fact the January's performance was our best within new ADC KPI metrics. |
| B06 | Total time to call answer | |
| D01 | Calls assessed by a clinician or Clinical Advisor | When the ADC calculations are carried out for the weekly submission, any open cases are excluded from the calculations as the data needed is not yet available.<br><br>When we make the monthly submission, we run a recalculation of the figures, the timing of which ensures that all cases for the previous month have been closed. This invariably leads to the monthly figures being greater than the weekly aggregate. This is especially noticeable for cases that go on to be assessed by a clinician or clinical advisor as these take longer to complete. |
| E17 | Callers recommended self-care at the end of clinical input | Performance affected by acuity of patients within clinical queue higher than expected and lack of access to primary care. |
| G11 | Calls where the caller was booked into an SDEC service | This SDEC service is not currently running in Devon. |

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

| Data item | Description | Comments |
|---|---|---|
| B02 | Number of calls abandoned | Performance was impacted by an increase of demand in half term coinciding with higher-than-normal levels of absence for the same week. |
| B06 | Total time to call answer | |
| 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 | |
|---|---|---|
| D13-D25 | Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes | Please note that D13-25 have been rewritten as well as H19-22 to better reflect the timings where clinicians have contacted a patient. Please note that we have not included non-Dx mapped cases at this stage as per your guidance. |
| H19-H22 | 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 | |
| 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 |
|---|---|---|
| A01 | Number of calls received | For A01 we are not sure why February received such a high volume of calls per day. The volumes were 17% higher than our local forecast, so it was not expected volumes. If these high call volumes were also experienced in other systems, we would be very interested to understand if there are any national reasons for the volume. |
| A03 | Number of answered calls | |
| B01 | Number of calls answered within 60 seconds | |
| B02 | Number of calls abandoned | For A03, B01, B02 and B06, the differences are related to general call handling performance improvement following the initial embedding of the new service. This improvement is generally reflected in our call KPIs. |
| B06 | Total time to call answer | |
| 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 | For KPI 5a the data is currently being validated with IC24. Developments have been made to validate this data and we hope to be able to provide an accurate capture of this data item very soon. |
| G01-G14 | Number of calls where caller given an appointment / appointment types | Due to the MIIU's not being defined as UTC's in Gloucestershire, the MIIU's have been moving around the metrics whilst we were determining where they should sit, apologies for this confusion. To clarify the latest position, internally |

| Data item | Description | Comments |
|---|---|---|
| | | we are reporting MIIU's under our own local definitions for G06 and G07, G06a and G07a, which are not surfaced nationally. Therefore, in order to fit with national definitions MIIU's are now reported in G14 (other), as otherwise they would not be included in any metrics nationally. These changes will all be reflected retrospectively during the upcoming resubmission window. |
| G03 | Number of calls where the caller was booked into a GP Practice or GP access hub | For KPI 10 a task and finish group has been set up for booking 111 slots to local primary care with the aim to improve performance. This work continues into March 2024. |
| G09 | Number of calls where caller given a booked time slot with a Type 1 or 2 ED | For KPI 13 as mentioned above this previously included MIIU's. This KPI is currently not applicable for Gloucestershire as the system does not book ED slots. The few coming through for this KPI will be out of county calls. |
| G10/G11 | Number of calls where the caller was booked into an SDEC service | SDEC are not available in the DOS in Gloucestershire and these will therefore not appear except in instances of out of area patients. |

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

| Data item | Description | Comments |
|---|---|---|
| A01 | Number of calls received | The service received slightly fewer calls this month, making things more manageable for an HA workforce with slightly less absence versus January (itself a drop on the previous month), and with rota patterns which have had time to bed in. So, more people in the right place at the right time to handle a reduced call volume have all led to the improved metrics. |
| 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 | The disparity between monthly and weekly for C01 & D01 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 |
|---|---|---|
| A01 | Number of calls received | National Resilience ended as a service on 14 February 2025 at 1700 hrs. The data below tracks to expected activity as we were contracted to take a reduction in the number of calls supporting NWAS, SECAmb, and SCAS. We remained in the top third of SLA and Abandonment rate up to and including the last day of the service and therefore the data points to which you refer, look entirely as planned for the cessation of this service.<br><br>The service was not lost, it was formally ended by the UEC and not put out to competitive tender as it was only ever envisaged as a support mechanism to existing providers. To note we supported 8 of the 14 NHS111 providers over the two years, managing over 1 million calls, and working with nearly 20 of the NHSE 42 ICBs. A job well done by the team, also we had zero serious incidents in this contract for over a year.<br><br>Regarding the disparity between weekly aggregate and monthly numbers for items A01, A03, B01, B02, B06 - there were some data interruptions so some weeks were incomplete. |
| 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 | |
| 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 |
| E17 | Number of callers recommended self-care at the end of clinical input | |

| | | |
|---|---|---|
| E26 | Number of calls initially given an ETC disposition | choice. We validate ambulance but are not contracted to validate ED's that rests with the primary provider we are supporting. |
| 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. |