IUC ADC March 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
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	Performance for March was static mostly but a few days throughout the month recorded significantly high OOA demand, which impacted performance on those days, pushing answer time and abandonment up overall for the month.
B06	Total time to call answer	We have experienced higher 111 demand for March which was not anticipated and has been challenging.

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 as ongoing analysis had 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 March: the average number of ETC validations completed per day were the highest since March 2024, but due to the 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.

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	YAS – No obvious reason for the increase in B02 and B06. Colleagues in capacity advised that they have had similar level of deployed staffing and AHT but more call volume so that it likely why.

LCD - March has seen a high number of calls in comparison to previous months. Annual leave and sickness increased in the DCABS service which resulted in a lower rota fill in March. It was also Ramadan in March which meant some colleagues who usually pick up extra shifts were fasting due to religious obligations. Recruitment also continued in March and several successful candidates have been appointed to start in April & May, This will provide more resilience in the Rota for the coming months. |
B06	Total time to call answer	
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	YAS - 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, Go-to-Doc (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.

Data item	Description	Comments
B02	Number of calls abandoned	Slight dip in performance February – March As reported last month, FCMS have experienced some challenges recently with sickness and staff attrition. These issues have been discussed on our monthly contract meeting and FCMS are confident that this is a short-term issue and anticipate it will improve in the very near future as their new sickness management procedures etc bed in. The DHU telephony outage 25/03/25 did cause some call pick up pressures given that DHU are the largest 111 provider but other than that there was nothing of significance to report.
B06	Total time to call answer	Average time to answer was slightly higher but this was only an actual increase of 15 seconds so there was minimal impact of service delivery or patient experience. Likewise, there was an increase in the abandonment rate, but this represented an 0.9% increase comparing the two months.

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 = 164,800). Going forward, we have asked for this to be checked and any activity other than NWAS to be excluded.
D01	Calls assessed by a clinician or Clinical Advisor	69,905 includes NWAS (33,343) and CAS (36,562) 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: 177,743 and is made up from NWAS - 164,800, and some CAS providers (12,943 - Central Cheshire, Blackburn with Darwen, East Cheshire, East Lancashire, FCMS and Wirral - double counting where both CAS and NWAS report) E01 =177,743 (NWAS 164,800, BwD 1,731, Central Cheshire 1,433, East Cheshire 3,612, East Lancashire 4,084 FCMS Fylde Coast 721, FCMS Morecambe Bay 550, FCMS West Lancashire 566, Wirral 246) Other CAS providers have left E01 blank. Note: some providers are reporting in section E but have not completed E01. e.g. 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).
E25	Total wait time to category 3 or 4 ambulance remote clinical intervention (seconds)	Not reported by any provider, therefore this item is zero.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	Not all CAS are reporting E27.
G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14	IUC Service Integration	Manual adjustments as advised: G01 27,517 - 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 (18,432), CAS (9,085) All other CAS provides are leaving the fields G01-G14 empty." 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	Performance has improved for March for these two data items and in addition March was the 2nd best performing month of 24/25. March saw call volumes 4.86% below forecast & DHU are currently staffed over establishment following a recruitment drive for winter pressures.
B06	Total time to call answer	
G01	Number of calls where caller given an appointment	Regarding, G01 not summing to its constituent parts, DHU are aware of this issue and are currently reviewing.
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.

111AC5 Cambridgeshire & Peterborough
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Call handling very similar to February. The call volumes were higher in March, but Calls Offered showed an average of just over 1000 calls per day for both months. KPI 1 was only just over the 3% figure for both months and KPI 2 missed the target but actually improved by 4 seconds. The 95th Percentile Time again met KPI.
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.
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 KPI5a, we are aware of the unfortunate fall in this KPI and we are looking at the reasons behind it. Nevertheless, we hope to make changes that will significantly improve the KPI as quickly as practical.
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	

A03	Number of answered calls	March saw a decrease in A01 Number of Calls Received (average per day) which will have directly affected other data items, hence the decrease in calls answered and number of calls answered within 60 seconds. As mentioned in previous months, this will also have an effect downstream and hence, with a lower call volume, we can expect D01 Calls Assessed by a Clinician or Clinical Advisor to increase as with lower call volumes, the staff resource would have more capability to assess calls. Despite the slight decrease in call volumes (calls offered; A01) more calls were assessed by clinicians and Clinical Advisors (D01).
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	With regards to KPI5a, we do note that it has had a further decrease in March and we are monitoring this. To ensure resources are being utilised with efficiency in mind, some changes have been made in staffing which may have possibility resulted in the decrease in the in the KPI, however, we are monitoring and efforts are being made to improve the metric against the resource reallocation and we hope to improve this for the next month.
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.

B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D01	Calls assessed by a clinician or Clinical Advisor	With regard to D01 not summing correctly to its constituent parts, we have identified and fixed the error. It will be correct in the quarterly submission.
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.
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
B02	Number of calls abandoned	Significant improvements in planning and scheduling for 2025 have enabled comfortable meeting of targets for KPI 1 and 2
B06	Total time to call answer	Calls received has been at varying levels below forecast; 6% for January, 3% for February, 4% for March. This is reflected in the variation in performance over these months.
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.
D01	Calls assessed by a clinician or Clinical Advisor	Regarding D01 not equalling the sum of its constituent parts, due to errors in input and calculation which have since been corrected and updated during the revisions window.
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.
G01	Number of calls where caller given an appointment	Regarding G01 not equalling the sum of its constituent parts, due to errors in input and calculation which have since been corrected and updated during the revisions window.
G05	Number of calls where the caller was booked into an IUC Treatment Service	There has been no clarity as to why this KPI is below threshold. We are currently awaiting feedback from parties closer to the source of data generation.

Data item	Description	Comments
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	
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.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D01	Calls assessed by a clinician or Clinical Advisor	With regard to D01 not summing correctly to its constituent parts, we have identified and fixed the error. It will be correct in the quarterly submission.
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.

Data item	Description	Comments
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.
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
B06	Total time to call answer	We remain focussed on 111 performance and pleased with current position.
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 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	The call volumes in March for HWE were little higher than February, though the average in Feb was 1362 whereas in March the call offered to call centre were 1372. The performance in relation to KPI for Abandonment has been similar in the first quarter of 2025, we achieved the KPI in March which is just under 3%.The average speed to answer is also seeing a consistent drop since January.

The difference in Monthly and weekly figures for D01 is due to end of month reconciliations and the monthly total stands correct. |
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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	As far as KPI 5a is concerned we had to bring in some efficiencies which inevitably led to an impact on the performance, which is being monitored regularly, and efforts are being made to improve it as much as possible with in the resource constraints.
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC, but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

111AL9 North Central London (LAS)
Lead data supplier: London Ambulance Service NHS Trust (LAS) (as of August 2024)
Contract changes for NCL from November 2023 has resulted in combined ADC data across two providers using our own SQL procedures.
While reports continue to be validated, previous issues with the Adastra SSRS reporting are now resolved.

Data item	Description	Comments
B02	Number of calls abandoned	The changes in B02 and B06 are consistent with an improvement in call taking performance compared with the previous month.
B06	Total time to call answer	
D04	Calls assessed by a mental health nurse	These items are blank because our provider had changed the reporting type.
D07	Calls assessed by a dental nurse	Not applicable.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	These items have been affected due to a logic change in our coding as we found out warm transfers from Service Advisor to a Health Advisor were included in D10. This has now been excluded from our code and we only have clinical warm transfers in our code.
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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	
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	
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	

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	The changes in B02 and B06 are consistent with an improvement in call taking performance compared with the previous month.
B06	Total time to call answer	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	These items have been affected due to a logic change in our coding as we found out warm transfers from Service Advisor to a Health Advisor were included in D10. This has now been excluded from our code and we only have clinical warm transfers in our code.
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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	
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	

Data item	Description	Comments
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
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	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	
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	These items have been affected due to a logic change in our coding as we found out warm transfers from Service Advisor to a Health

D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Advisor were included in D10. This has now been excluded from our code and we only have clinical warm transfers in our code.
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	
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
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	

D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	
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	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	These items have been affected due to a logic change in our coding as we found out warm transfers from Service Advisor to a Health Advisor were included in D10. This has now been excluded from our code and we only have clinical warm transfers in our code.
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	
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
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	March 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: - Managing in real time and being proactive in our responses. - The productivity of our Clinicians is under review and work will be ongoing for the foreseeable. Sickness absence has stabilised however, 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	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. 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
A07	Calls which originated from an external NHS 111 provider	

C01	Number of calls where person triaged	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.
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.

Data item	Description	Comments
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Volumes split equally between the two SCAS Contract Areas.
B01	Number of calls answered within 60 seconds	Performance has improved in March 2025, due to an increase in staffing hours, in relation to the volumes of calls offered. Demand has increased by 16% in March against February, whilst staffing hours have increased by 19% and the calls per logged in hour ratio has dropped from 5 calls per hour, to 4.8 calls per hour, in comparison to February 2025, reflecting a slightly less pressured situation.
B02	Number of calls abandoned	
B06	Total time to call answer	Although overall demand has increased (in line with increased volume of days), the number of calls per day remains steady and has increased by 5%. February was a 28-day month, with

C01	Number of calls where person triaged	an average of 4253 calls per day and March is a 31-day month with an average of 4458 calls per day. This had a knock-on effect on performance, ending the month with call answer 72.2% of offered calls within 120 seconds and abandon 4.8% of calls offered after 30 seconds, in comparison to February, 64% of calls offered were answered in 120 seconds and 7.1% of calls offered were abandoned after 30 seconds.
D01	Calls assessed by a clinician or Clinical Advisor	
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.
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	

Data item	Description	Comments
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	Performance in relation to answered and abandoned calls seems to indicate that the number of callers is static but we are getting to answer the calls first time. Sickness remains an issue although not peaking but appears to be consistently a little higher than we would like.
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 '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

Data item	Description	Comments
		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 two-thirds 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. 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	

B06	Total time to call answer	We remain focussed on 111 performance and pleased with current position.
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
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Both the two SCAS areas cover both areas so we have to do an even split for other organisations as they are technically out of area and we operate a virtual call centre so there is no way to split it, other than 50/50.

B01	Number of calls answered within 60 seconds	Performance has improved in March 2025, due to an increase in staffing hours, in relation to the volumes of calls offered. Demand has increased by 16% in March against February, whilst staffing hours have increased by 19% and the calls per logged in hour ratio has dropped from 5 calls per hour, to 4.8 calls per hour, in comparison to February 2025, reflecting a slightly less pressured situation.
B02	Number of calls abandoned	
B06	Total time to call answer	Although overall demand has increased (in line with increased volume of days), the number of calls per day remains steady and has increased by 5%. February was a 28-day month, with an average of 4253 calls per day and March is a 31-day month with an average of 4458 calls per day.
C01	Number of calls where person triaged	This had a knock-on effect on performance, ending the month with call answer 72.2% of offered calls within 120 seconds and abandon 4.8% of calls offered after 30 seconds, in comparison to February, 64% of calls offered were answered in 120 seconds and 7.1% of calls offered were abandoned after 30 seconds.
D01	Calls assessed by a clinician or Clinical Advisor	
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 HAsor 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. However, for the first time in a long time we had a call which was flagged as originating from an external 111 provider.
B06	Total time to call answer	We are still liaising with our 111 provider on why average time to answer increased by almost 27% (from around 22 seconds to 28 seconds – both we understand are acceptable answer times) between Feb and Mar (seen as +20% increase in B06).
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 March was 11.5% higher than February, with 31.4K calls received.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	We received averages of 797 NHS111 calls per weekday and 1,142 NHS111 calls per weekend/public holiday.
B02	Number of calls abandoned	
B06	Total time to call answer	Call answering performance fell very slightly; abandonments rose by only 0.2% to 0.9%. The average speed to answer was 22 seconds.
C01	Number of calls where person triaged	

D01	Calls assessed by a clinician or Clinical Advisor	Calls assessed by a clinician within timeframe greatly improved, at 59.0% for immediate timeframe and 50.0% 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 improved to 90.9%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessments improved to 91.2%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED catch-all triggers only in exceptional circumstances.
G01 to G14	Caller given an appointment	Figures exclude CAS activity as they are unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe were on target at 95.3%, with treatment centre visits on target at 98.8%.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)
Lead data supplier: HUC

Data item	Description	Comments
B06	Total time to call answer	HA rota patterns bedded in since the start of the year, leading to some consistent performance.
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.

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	Not a great deal of fluctuation from previous month's performance but March performance was affected by BCP incident on the 25th March: KPI1 – 81 - 8.06%, KPI2 - 00:03:39 – 219, KPI3 - 00:16:33 – 993.
B06	Total time to call answer	April performance has returned to that of January (prior to BH pressures).
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	The month of March finished on a weekend and typically these are our busiest days including Monday in any week. These particular three days returned high answered in 60 seconds percentages at 97% each day. Also low call abandoned numbers of less than 3% topping off a fairly consistent month of performance which was down to closer scrutiny of resourcing.
B06	Total time to call answer	
C01	Number of calls where person triaged	Please note that we are still working on the discrepancy between C01 and A03. Dorset Healthcare believe they have been under-counting calls answered and are currently investigating this.
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 ADC 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
B02	Number of calls abandoned	

B06	Total time to call answer	The month on month changes (B02 and B06) both relate to call handling performance improvements as the service continues to improve following its initial go-live. These are reflected in the national KPI improvements.
D01	Calls assessed by a clinician or Clinical Advisor	D01 monthly/weekly difference is caused by a data feed fix mid-month. The weekly is more accurate and the monthly will be rectified during the resubmission window.
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 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
B02	Number of calls abandoned	Health Advisors' rota patterns bedded in since the start of the year, leading to more consistent performance and better call answering. 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.