

IUC ADC April 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
B09	Total time of abandoned calls	No system capability to extract this information.
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	KPI 4, 5 and 7 are impacted by a sustained increase in demand. Additionally, clinician capacity is focused across both 999 and 111, on areas of work where the resource has the maximum benefits, e.g. ambulance validation.



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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	
F03	Calls where the caller is allocated the first service type offered by DoS	
E01	Total number of dispositions	From April 2025, we are now including subcontracted info within our outcome and KPI activity (this was previously omitted as we did not have accurate data) and previous errors in item E01 have now been fixed.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	KPI 6 was previous inflated by DCAS calls incorrectly falling into the bucket due to health advisor process. This has been fixed since December, but numbers now are not comparable.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ETC validations for April: 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.
F03	Calls where the caller is allocated the first service type offered by DoS	KPI 7 is close to achieving target. There are a subset of cases within our denominator that are closed off at health advisor level such as info, cancelled calls, ETAs, OOA etc. These cases do not reach the stack for validation but impact the KPI. Also within this activity are cases that are assessed by a clinician but do not receive a call back, due to the nature of the case and the clinician has deemed it inappropriate for validation and sends to 999

		immediately, included these cases within the KPI puts NEAS at 85%. But, as they do not receive a call back they are not counted within the KPI.
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, H02, H13	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	All metrics where online activity is expected to be included only include subcontracting data. We are currently unable to identify the online cases that NEAS receive directly and thus any subsequently booked appointments. A systems development is required to facilitate capturing this information.
H14-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	Unavailable.

111A17 Yorkshire and Humber (NECS)

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

YAS: Please note that the most recent KPI changes (April 2025) were not part of the 2025/26 planning and commissioning round and are not yet reflected in contract arrangements – this will be subject to ongoing discussions with service commissioners.

This month's submission includes data from the following CAS providers: L807C - LCD Mobiles, NNJ-DHU on behalf of Bassetlaw GPOOH (Y00814), Y01173 - Sheffield GP Collaborative, RCD - Harrogate & District, NL3 - CARE PLUS, YO5222 - i-HEART Barnsley, NNF - City Health Care Partnership CIC, DTP – Nimbuscare, RFR71 - Rotherham GP OOH, RJL - Northern Lincolnshire and Goole NHS Foundation Trust, NXL02 – Same Day Health Centre.

Data item	Description	Comments
A03	Number of answered calls	<p>YAS – For April 2025 Yorkshire Ambulance service received 158,446 and 146,320 of these were answered. 133,277 (91.1%) of calls were answered in 60 seconds whilst 2,049 (1.4%) of calls were abandoned.</p> <p>Within Yorkshire & Humber YAS are currently working within the regionally commissioned 'virtually integrated' IUC service model. This includes YAS as a</p>

B06	Total time to call answer	core provider, supported by other locally commissioned clinical assessment services and out of hours service provision. Within the local model each provider is expected to manage a commissioned proportion of total activity. For example, YAS is currently commissioned to support ca. 30% of incoming clinical demand (based on calls triaged). Variations on this proportion have a significant impact on our clinical response KPI performance. Likewise call-answer performance is subject to a local 2-year trajectory agreed with commissioners and linked to our wider service development programmes and constrained by system financial efficiency requirements.
B07	95th centile call answer time (seconds)	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.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	The value of 2,095 was an error - the field should contain 20953.
E01	Total number of dispositions	With regard to G01 not matching the sum of its parts, this is a recurring issue with YAS numbers. The item is greater than the totals of E02+E03+E05+E12+E13+E14+E15+E16+E18 - there is a query with YAS as to whether all dispositions have been mapped.
G01	Number of calls where caller given an appointment	With regard to G01 not matching the sum of its parts, we think the dispositions haven't been mapped correctly we are currently working with YAS to correct the issue going forward.
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.

G14	Number of calls where caller given any other appointment	After discussions with LCD Dental they are now able to add further numbers into the G14 field. Therefore, April official monthly data will not match the April provisional figures.
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).
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 these data items fully. 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.

Data item	Description	Comments
C01	Number of calls where person triaged	Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWAS only = 165,825). Going forward, we have asked for this to be checked and any activity other than NWAS to be excluded.
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.

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	KPI performance is based only on a partial submission – we do not have all CAS providers submitting data yet, and those that do still have gaps in their data.
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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	These items cannot be completed from the data provided.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Due to incomplete and inconsistent returns from some North West data providers, items in section E do not fully align to the validation rules.
E14	Number of callers recommended repeat prescription medication	April saw a big increase was from NWAS, who account for the majority, up from 9,529 in March to 12,285 in April (Easter pressures on the UEC system likely to have contributed).
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	E20 provided by the following CAS: Aside from ELMS (Blackburn with Darwen, East Lancashire) and GMPUCA (CAS), Go-to-Doc and Wirral have completed E20 but returned 0. All the other CAS provider have left the data field blank.

E25	Total wait time to category 3 or 4 ambulance remote clinical intervention (seconds)	Not reported by North West providers.
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 have been made to item G01 (total number of callers given an appointment) to capture correct information where CAS providers return information for the booking metrics G03, G05, G07, G09, G11, G13 and G14. However, multiple CAS provides are leaving the fields G01-G14 empty so these data are not captured.
H01, H02, 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.

As with the weekly returns MLCSU are now producing the IUCADC returns (this being the first monthly). As such there will be some differences from previous months i.e. no DHU UEC data currently included.

Data item	Description	Comments
B02	Number of calls abandoned	B02 and B06 saw slightly higher levels than March, however, they're still in line with improvements seen in the last quarter of 24/25.
B06	Total time to call answer	
C05	Number of calls where person triaged by any other Clinician	The drop in the numbers for these items is because DHU UEC datasets are currently not included (they were previously) – awaiting IG to get these included. UEC was approximately 49% (for C05) and 82% (for C06) of activity for this data item for previous months.
C06	Number of calls where person triaged by another staff type not within the other 4 categories	
D13, D14, D22, D23	Proportion of calls assessed by a clinician in agreed timeframe	Commissioners are aware of these performance aspects and are reviewing operational areas with the Provider around these KPIs. In addition, as part of the work around the CSU taking over the production of the IUCADC we are continually reviewing data quality and working on any issues that may arise.
E26 & E27	Proportion of calls initially given an ETC OR Category 3 or 4 disposition that receive remote clinical intervention	
F03	Proportion of callers allocated the first service type offered by Directory of Services	
G14	Number of calls where caller given any other appointment	The drop in the numbers for these items is because UEC datasets are not being included at the moment. UEC was approximately 50% of activity for this data item for previous months. However,

G15	Number of calls where repeat prescription medication was issued within your service	we are also now using the Referral category ids as per the NHSE DoS Service Type mapping document so the distribution for section G will be different.
H13	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Service	This has dropped off this month although primarily because DHU UEC datasets are currently not included (they were previously) – awaiting IG to get these included. UEC was approximately 71% of activity for this data item for previous months.
H21	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 a timeframe over 20 minutes	The drop in the numbers for this item is because DHU UEC datasets are currently not included (they were previously) – awaiting IG to get these included. UEC was approximately 95% of activity for this data item for previous months.
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 a timeframe over 20 minutes, who received a call back within the specified timeframe	The drop in the numbers for this item is because DHU UEC datasets are currently not included (they were previously) – awaiting IG to get these included. UEC was approximately 98% of activity for this data item for previous months.
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. 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
A03	Number of answered calls	KPI 1, 2 and 3 are somewhat linked and a fall in KPI 2 will impact KPI 1 and KPI 3. As you can also see there has been a significant improvement in all three of these KPIs compared to April 2024. We are currently looking at ways of continuing this improvement by changing rotas to meet changes in demand, as the impact of not always having optimum cover when demand is highest has a knock on effect.
B06	Total time to call answer	
B07	95th centile call answer time	
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	Still a work in progress as you noted below the former KPI 5a cases are still dragging the overall KPI down. We are looking at cases going into the Clinical pools, as we feel that a significant number some are over prioritised given their outcomes, which is impacting the KPIs and this is a subject of discussion with our Commissioners and NHSE.
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	

E14	Number of callers recommended repeat prescription medication	There is no internal reason for this to increase, so we assume this in an impact of the Easter Bank Holiday. This has occurred in previous years.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	KPI 5 and KPI 6 are operationally linked to KPI 4 in that they currently use the same pool of Clinicians. Therefore, if the more urgent KPI 4 cases are over abundant, this will reduce capacity for KPI 5 and KPI 6. We are currently working on changing the way we deal with these cases by segregating them from more general health cases, to actively improve the KPI.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
F03	Calls where the caller is allocated the first service type offered by DoS	<p>For KPI 7 it is difficult to quantify the problems that prevent us hitting KPI, they are numerous and not all in our control, as in the following examples:</p> <ul style="list-style-type: none"> • There are problems with the DoS profiling, which is in the control of the ICB and we are working to look resolve this. • We are finding that two identical types of provider have different service types. For example, if a patient chooses the second pharmacy on the DoS list and it has a different service type, it counts against us. Again, this links to point one. • Patient choice is not taken into account in the KPI and again this counts against us.

		<ul style="list-style-type: none"> Clinical judgement is also a factor, the DoS might offer what a clinician deems inappropriate in their judgement, and they choose to refer elsewhere. For example, the case is more serious and needs an ED, but item one on the DoS is a UTC.
G06	DoS selections – UTC	Whether a UTC is selected on the DoS is partly related to a patients' symptoms. We have seen a lot of cases with cold/hay-fever like symptoms and it would probably not be appropriate to refer these to a UTC. Especially if the local chemist is more appropriate.
G07	Number of calls where the caller was booked into a UTC	Actual bookings will obviously be affected by demand for that service. We are also not in control of the bookings offered by individual UTCs, or for that matter any other external provider. The patient must meet a number of parameters for a direct booking to be offered on the DoS. If they do not, then the booking will not appear on the DoS List to be offered.
G10, G11	SDEC service bookings	SDEC referrals are very low.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A03	Number of answered calls	KPI 2 performance has improved and has dropped significantly since December 2024.
B06	Total time to call answer	KPI 3 did see an increase in April however, Operations and Rota teams are managing rota changes and patterns as well as peaking call volumes and staff sickness. With more changes to

B07	95th centile call answer time (seconds)	rota patterns expected in the upcoming months, we believe this figure should improve.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We believe the KPI 5a proportion of the new KPI 4 is bringing the overall KPI down. As noted from last month, KPI 5a continues to decrease and is a likely effect in the change of staffing/resource allocations in the effort to be more efficient. We are also now reviewing the cases going into clinical pools as some outcomes there may not be appropriate.
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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Low KPI outcome relates to the comment above for KPI 4 in that cases going into clinical pools are under review to ensure they are appropriate. We hope we can improve the KPI going forward by ensuring only the appropriate cases are going into these pools.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	This can also somewhat relate to the comments above, KPI6 will be directly affected by the cases going into the clinical pools and thus, a review of those cases should also improve this KPI. However, looking last year averaged 18% and with 20% in April we are still achieving this KPI.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
F03	Calls where the caller is allocated the first service type offered by DoS	We believe KPI7's low outcome may be due to an issue with DoS profiling. We are working with the ICB to look into this. However, this, along with patient choice and clinical judgement, could be impacting performance with discrepancies between what the patient would prefer, what the clinician deems necessary and what the DoS is suggesting. This is being reviewed and workshops are in place to ensure the DoS is being used correctly.

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.
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111AH4 Mid & South Essex

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
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	Clinicians are prioritising urgent calls and as well as call back within the shortest possible time as this is the focus of the business.
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	
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.
E14	Number of callers recommended repeat prescription medication	This item being significantly higher this month could likely be the effect of the Easter Weekend and Bank Holiday.
G15	Number of calls where repeat prescription medication was issued within your service	
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical judgment.
F03	Calls where the caller is allocated the first service type offered by DoS	Low KPI7 outcome in April – we are working on improving this in future months.
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 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, 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)	
B09	Total time of abandoned calls (seconds)	The downwards trend for total time of abandoned calls since December is due to lower number of abandoned calls and a reduction in their average time. For April, however, despite having a low number of abandoned calls there were outliers with a high time call that skewed the total time.
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.

G07	Number of calls where the caller was booked into a UTC	The increase in March and April are due to improvement in our mappings for Milton Keynes which increased the accuracy of the number of calls where the caller was booked into a UTC.
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.
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
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.
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	
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.
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
G10, G11	SDEC selections	The SDEC care service is not currently active.

111AM1 West Essex & Hertfordshire

Lead data supplier: HUC.

Data item	Description	Comments
A03	Number of answered calls	KPI2 consistently dropping since December from 150 seconds to 49 seconds but KPI 3 has seen a jump in April 2025. The Operations team is constantly trying to match the staffing with demand as there are times of the day when the call volumes peak and we are unable to meet the demand due to staffing challenges. Rota review is ongoing, and patterns expected to be reviewed and amended in June.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	

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	KPI4 (formerly KPI 5a and 5b) is still a work in progress as the element of the former KPI 5a cases is still dragging the overall KPI down. Cases going into the Clinical pools are being monitored, as a significant number are over prioritised given their outcomes, which is impacting the overall KPI Performance.
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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	KPI5 and KPI6 are operationally linked to KPI 4 as the current process uses the same pool of Clinicians. Therefore, if the more urgent KPI 4 cases are over abundant, this will reduce capacity for KPI 5 and KPI 6. We are currently working on changing the way we deal with these cases by segregating them from more general health cases, to actively improve the KPI.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
F03	Calls where the caller is allocated the first service offered by DoS	There are problems with the DoS profiling, which is in the control of the ICB and we are working with them to look at this. Patient choice also impacts the performance as the patient wants another service which could be lower down the order. Clinical judgement is also another factor, the DoS might offer what a clinician deems inappropriate in their judgement, and they choose to refer elsewhere. Workshops like Dos Days are being conducted to help health advisors to use DOS in more effective manner.
G10, G11	SDEC service bookings	Volumes small as 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	We are only counting abandoned calls that hit the skillset and not the VDN.
B06	Total time to call answer (seconds)	The logic for these items has changed to the clock starts when the call hits the skillset.
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
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 D14 - 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.
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	Performance is comparable with last month and we have checked the figures and the reported percentage is an accurate reflection of performance.
D13	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	We have changed the logic for these items to look at the Dx codes that have specifically gone into the CAS only.
D22	Number of callers who needed to speak to a clinician or Clinical Advisor 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.

E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	This is very close to the standard and performance is comparable with previous months. We've checked the figures and the reported percentage is an accurate reflection of performance.
F03	Calls where the caller is allocated the first service type offered by DoS	This is very close to the standard and performance is comparable with previous months. We've checked the figures and the reported
G01	Number of calls where caller given an appointment	Regarding the flagged validation warning: G01 (8,105) should equal the result of G03+G05+G07+G09+G11+G13+G14 (8,356): There was an error in the referencing for G14, the value should be 139 (not 390). This issue should not occur going forward.
H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed	The figure is 0 or low due to the type of referrals from 111 Online which do not result in face-to-face home consultations.
H17-H18	NHS 111 Online contacts initially given an ETC disposition	Data items are blank or very low. We are investigating this due to using new data sources in ADC.
H19-H22	NHS 111 Online contacts where contact offered a call	

111AH5 North East London

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

Data item	Description	Comments
B02	Number of calls abandoned	We are only counting abandoned calls that hit the skill and not the VDN.
B06	Total time to call answer (seconds)	

B07	95th centile call answer time (seconds)	The logic for these items has changed to the clock starts when the call hits the skill.
B08	99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
D13	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	We have changed the logic for these items to look at the Dx codes that have specifically gone into the CAS only.
D22	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes	
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 D14 - 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.
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	Performance is comparable with last month and we have checked the figures and the reported percentage is an accurate reflection of performance.
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.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	<p>This is very close to the standard and performance is comparable with previous months.</p> <p>We've checked the figures and the reported percentage is an accurate reflection of performance.</p>
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	Performance is comparable with previous months.
F03	Calls where the caller is allocated the first service type offered by DoS	We've checked the figures and the reported percentage is an accurate reflection of performance.

G01	Number of calls where caller given an appointment	Regarding the flagged validation warning: G01 (23,893) should equal the result of G03+G05+G07+G09+G11+G13+G14 (24,428): There was an error in the referencing for G14. This issue should not occur going forward.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	Most months this item will either be zero or very low.

111AJ1 North West London

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

Data item	Description	Comments
B02	Number of calls abandoned	We are only counting abandoned calls that hit the skill and not the VDN.
B06	Total time to call answer (seconds)	The logic for these items has changed to the clock starts when the call hits the skill.
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
D13	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	We have changed the logic for these items to look at the Dx codes that have specifically gone into the CAS only.
D22	Number of callers who needed to speak to a clinician or Clinical Advisor 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.
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	<p>For D14 - 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.</p> <p>Performance is comparable with previous months.</p> <p>We've checked the figures and the reported percentage is an accurate reflection of performance.</p>
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	
G01	Number of calls where caller given an appointment	<p>Regarding the flagged validation warning: G01 (8,698) should equal the result of G03+G05+G07+G09+G11+G13+G14 (8,968):</p> <p>There was an error in the referencing for G14. The correct value should be 345.</p>
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).
G07	Number of calls where the caller was booked into a UTC	For April reporting there was a falloff in number of appointments at ED and UTC. Two major hospitals - Charring Cross and St Marys – are no longer take appointment bookings but cases are still being referred.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	<p>This is very close to the standard and performance is comparable with previous months.</p> <p>We've checked the figures and the reported percentage is an accurate reflection of performance.</p>
F03	Calls where the caller is allocated the first service type offered by DoS	This is very close to the standard and performance is comparable with previous months.

		We've checked the figures and the reported
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe	These are usually either nulls or very small numbers each month.

111AD7 South East London

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

Data item	Description	Comments
B02	Number of calls abandoned	We are only counting abandoned calls that hit the skill and not the VDN.
B06	Total time to call answer (seconds)	The logic for these items has changed to the clock starts when the call hits the skill.
B07	95th centile call answer time (seconds)	
B08	99th centile call answer time (seconds)	
B09	Total time of abandoned calls (seconds)	
D13	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	We have changed the logic for these items to look at the Dx codes that have specifically gone into the CAS only.
D22	Number of callers who needed to speak to a clinician or Clinical Advisor 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.
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	For D14 - 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.

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	Performance is comparable with previous months. We've have checked the figures and the reported percentage is an accurate reflection of performance.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Performance is very close to the standard and is comparable with previous months. We've checked the figures and the reported percentage is an accurate reflection of performance.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	Performance is comparable with previous months. We've checked the figures and the reported percentage is an accurate reflection of performance.
F03	Calls where the caller is allocated the first service type offered by DoS	
G01	Number of calls where caller given an appointment	Regarding the flagged validation warning: G01 (14,171) should equal the result of G03+G05+G07+G09+G11+G13+G14 (19,677): There was an error in the referencing for G03 & G14. The correct value should be G3 = 5437, G14=176.
G14	Number of calls where caller given any other appointment	
G02	DoS selections – GP Practice or GP access hub	Regarding the flagged validation warning: G03 (10,458) must not exceed G02 (7,337). There was an error in the referencing for G03 which should be 5437.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	
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
A03	Number of answered calls	We continue our focus on service delivery both clinically and non-clinically so that we can manage the service in real time. The drivers behind this are ensuring our workforce cover/rotas are optimised to fulfil demand and that our teams are being actively managed in terms of adherence to the schedules and are in the telephone aux status they should be in (break management, etc.) In addition, we continue to review and manage clinical productivity. Sickness absence is broadly in line with predicted volumes, however, we continue managing this under the relevant HR processes.
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 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 & 99 th centile call answer time (seconds)	LAS data excluded from centile metrics as aggregated data is received by PPG.
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We are continuing on our clinical KPI focus with potential further alignment of clinical staffing in the future.
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	
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.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	There has been no change in the process in that we still send the Cat 3's and 4's to LAS for validation therefore the low figure shows the small volumes that PPG validate when required to do so.
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.
F03	Calls where the caller is allocated the first service type offered by DoS	Both patient choice and availability affect this KPI. In terms of patient choice, we ask our advisors to strongly encourage the patient to accept the service (top return) offered to them and train our teams in active negotiation skills. Sometimes, the DOS instructions mean that the patient is not suitable to attend that service therefore we have to reject the Top return.
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.
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South East region

111AH9 Hampshire & Surrey Heath

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

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

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

Data item	Description	Comments
A01	Number of calls received	Performance continued to improve in April 2025, due to slight decline in demand and an increase in staffing hours. Demand has declined by 3% in April against March (1 day less) and the average number of calls per day is almost exactly the same. Staffing hours have increased by 4% thus calls (ratio has dropped from 4.8 calls per hour to 4.5 calls in comparison to March 2025, reflecting a slightly less pressured situation). This had a knock-on effect of improved performance.
A03	Number of calls answered	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B07, B08	95 th /99 th 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.

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 the Clinical provisions we have, we can't reach 90% in 20 minutes, and for over 20 minutes for Hampshire Surrey Heath, which is better provisioned than Thames Valley, due to the aforementioned issue in regards to CAS provisions. Unless additional clinical provision is available, we are unlikely to be able to reach this target, but have improved in comparison to where we were this time last year: HSH KPI 5A: 37.9% in March 2025 against 32.1% in March 2024. HSH KPI 5B - 67.8% in March 2025 against 63.3% in March 2024. In terms of other providers, only Isle of Wight has achieved the target in March 2025 for KPI 5A and 5B, which is now combined as KPI4.
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	
E14	Number of callers recommended repeat prescription medication	<p>Repeat Prescription demand increased significantly over the Easter Bank Holiday weekend, particularly on Friday 18th and Saturday 19th April.</p> <p>The average demand between Monday 14th - Thursday 17th and Sunday 20th April was 197 calls per day.</p> <p>The average demand on Friday 18th and Saturday 19th April was 805 calls per day - more than 4 times the average number of calls per day for the rest of the week.</p>
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, G06	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.
G08	DoS selections – Type 1 or 2 ED	G08 has increased in April 2025, but there is no particular reason/s to explain this increase.

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.
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	IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co-located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
B06	Total time to call answer	
B06	Total time to call answer	The value given for April 25's B06 was a typo: 77,516 should be 737,516 giving KPI2 a result of 103 (i.e. $737516/7169=102.87$) KPI 2 = 103. This will be revised at the earliest opportunity.
C01	Number of calls where person triaged	The number of 'trages' exceed the number of 'answered' calls 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	<p>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'.</p> <p>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.</p>
E30	Total wait time to ETC validation (seconds)	Omitted remote interventions by CAS for April 25: from E27 (+82) and E30 (+113999) correct totals are E27=182 & E30=217,525 which would've produced KPI 6 = 41.1%. This will be revised at the earliest opportunity.
G01 to G10	Callers given appointments and booking types	<p>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.</p> <p>In addition, high volumes of out of area calls reduces the opportunity to book appointments.</p>
G05	Calls where the caller was booked into an IUC Treatment Centre	<p>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.</p> <p>Checking back over the last 6 months or more it appears that less than 1% is not unusual for this KPI.</p>

G07	Number of calls where the caller was booked into a UTC	<p>G07 now includes triages originating in 111 Online (old H08) Cases originating in 111 online can be sent directly to</p> <ul style="list-style-type: none"> a) 111 Clinicians – who use Pathways to process the call OR b) ED – not included in IUCADC metrics c) UTC clinicians – which is part of our CAS – but they do not use Pathways or PACCS to process the call. This makes it difficult to extract the call outcomes in a format to enable inclusion in IUCADC (no DX codes or DoS information etc) <ul style="list-style-type: none"> - This includes not only our local UTC, but also our remote CAS service (PHL) – we are working on incorporating their outcomes <p>As a result we are only seeing outcomes/bookings made via 111 Clinicians. This has the effect of reducing performance because we are including all the triages originating in 111 Online - but cannot include all the outcomes/appt bookings</p>
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
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.
H01 to H22	NHS 111 Online contacts	IOW are still working on the data for this section.

111A19 Kent, Medway & Sussex

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

SECamb services are delivered to a level agreed and supported by their commissioners, whilst also maintaining open communication with NHSE for their awareness of ongoing challenges. SECamb is actively reviewing their service levels in relation to the targets set and retains its focus on clinical outcomes and effectiveness.

Data item	Description	Comments
A01	Number of calls received	Up to and including Feb 2025, our service was in receipt of national resilience support. This has now terminated,

		therefore call volumes for Mar and Apr display a significant, and expected, increase.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements.
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
E17	Number of callers recommended self-care at the end of clinical input	Self-care outcomes after clinical output are driven predominantly by Pathways.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention within a specified timeframe	We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements.
E25	Total wait time to category 3 or 4 ambulance validation	
E30	Total wait time to ETC validation (seconds)	
F02	DoS: no service available other than ED (ED catch-all)	Unable to identify this value in the Cleric platform.
G11	SDEC referrals and bookings	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.

111A12 Surrey Heartlands

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
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.

Data item	Description	Comments
A01	Number of calls received	Performance continues to improve in April 2025, due to slight decline in demand and an increase in staffing hours. Demand has declined by 3% in April against March (expected), the average number of calls per day is almost exactly the same. Against this staffing hours has increased by 4% thus calls per logged in hour ratio has dropped from 4.8 calls per hour, to 4.5 calls per hour, in comparison to March 2025, reflecting a slightly less pressured situation. This had a knock-on effect on performance, ending the month with call answer 88.9% of offered calls within 120 seconds and abandon 1.9% of calls offered after 30 seconds, in comparison to March, 72.2% of calls offered were answered in 120 seconds and 4.8% of calls offered were abandoned after 30 seconds.
A03	Number of calls answered	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B07, B08	95 th /99 th 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 HAs or 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.

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	There is a significant difference between each area in terms of the provision between Hampshire Surrey Heath and Thames Valley. In TV, there is only SCAS provision, so SCAS clinicians and East Berkshire Primary Care and paid to carry out 999 validations. In HSH, there a SCAS provision and 4 CAS organisations that are funded by HSH, who we work with, as a part of the IUC system.
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	
E14	Number of callers recommended repeat prescription medication	<p>Repeat Prescription demand increased significantly over the Easter Bank Holiday weekend, particularly on Friday 18th and Saturday 19th April.</p> <p>The average demand between Monday 14th - Thursday 17th and Sunday 20th April was 197 calls per day.</p> <p>The average demand on Friday 18th and Saturday 19th April was 805 calls per day - more than 4 times the average number of calls per day for the rest of the week.</p>
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	There are limited provisions of UTCs in Thames Valley, so what we have is well utilised, because we know what's available.
G08	DoS selections – Type 1 or 2 ED	G08 has increased, but there is no particular reason/s to explain this increase. G09 increase at a similar rate to G08.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
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.
H13 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
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	The operational team are implementing additional measure to improve clinical productivity and case allocation within the service this month – we are likely to see impacts of this in the figures for Jun25.
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	
E14	Number of callers recommended repeat prescription medication	Investigation of previous national KPI5a/5b (former equivalent of KPI4) values suggests that with a 50% value Medvivo/BSW would be in the top 15%-20% of IUC contracts for this metric while a 63% value is likely to be in the top 10% of IUC contracts.
E29	Number of calls initially given an ETC disposition that are given a lower acuity than an ambulance or ETC disposition after remote clinical intervention	Long primary care closure periods (such as Easter) are likely to see much higher repeat prescription callers – I am still waiting on operational input in terms of any other potential issues relating to this fluctuation.
G10, G11	Calls where the caller was booked into an SDEC service	For the previous 3 months (Jan/Feb/Mar) Medvivo/BSW were trialling an 'enhanced ED validation' pathway – this will be why more patients were given a lower acuity during that time.
H01 to H22	NHS Online	BSW IUC do not yet book appointments into the SDEC service.
		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 performance was consistent with March.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	Call answering improved; abandonments fell by 0.2% to 0.7%. The average speed to answer was 16 seconds.
B06	Total time to call answer	
C01	Number of calls where person triaged	
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 94.3%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessments fell slightly for ED at 89.5%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED catch-all triggers only in exceptional circumstances.
G01 to G14	Caller given an appointment	Figures exclude CAS activity as they are unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
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 96.7%, with treatment centre visits on target at 99.3%.
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
A03	Number of answered calls	HUC finds itself still challenged by staffing profiles and their alignment to demand patterns. The service's rota review is ongoing with evenings seeing cover much more aligned to the level of demand now, and most other patterns expected to be reviewed and amended in June. More recently, the service has seen unexpected spikes in demand in short periods. While a day's volume of calls can even out at around forecast, there can be one- to two-hour spells where demand exceed 150% of forecast for that time. This affects those periods and can ripple out, impacting performance more generally. Additional pressure on the Somerset service specifically is seen with the Easter bank holiday weekend.
B06	Total time to call answer	
B07	95th centile call answer time	
B06	Total time to call answer	HA rota patterns bedded in since the start of the year, leading to some consistent performance.
D01	Calls assessed by a clinician or Clinical Advisor	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.
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	The acuity and complexity of cases being assessed by the service shows no sign of decreasing, and many more are requiring clinical input. A great many refused dispositions or early exits are entering the clinical queues with short timeframes for a response, while numbers of clinical validations of C3/C4 and ETC outcomes remains firmly high. This volume leads to the pressures on call-back times.
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	

G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.
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111AL2 Devon (PPG)

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
D13	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 are new KPIs and/or associated targets. We are still in the process of reviewing and amending current clinical performance action plan in place to best achieve target. Both KPIs are +17.2% and +7.4% above 12-month average respectively and are planning for continued improvement.
D24	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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	
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	This month included the Easter Weekend and in the week leading up to the holiday and particularly in the preceding weekend, we had

B06	Total time to call answer	resourcing issues around the school holidays with elevated call volumes this proved a challenge. Our call abandoned numbers only topped over 3% on 4 days this month.
C01	Number of calls where person triaged	It should be noted that a number of calls received in A01 do not pass through our IVR but are added to our CAS and are triaged which is why there is a discrepancy in the overall numbers.
C02	Calls where person triaged by a Service Advisor	These items are zero and do not apply to our service.
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	
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	The increase in the targets adds further challenges to an already stretched workforce and tight financial window.
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	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	
F03	Calls where the caller is allocated the first service type offered by DoS	

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.

111AL8 Gloucestershire (ICB/IC24)

Lead data supplier: Gloucestershire (ICB/IC24)

Data item	Description	Comments
B07	95th centile call answer time	Call answer speed remains an area of focus for improvement, with call answer speeds improving every month as evidenced in KPI2. Call audits are also taking place every month for the longest calls. These combined actions should lead to improvement with KPI3.
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	Investigations are ongoing for the performance of patient call backs. April is the second month for which accurate data has been available for this KPI. Areas of lower performance have been identified and improvements are beginning to be seen.
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	
D20	Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	This is a data quality error. April should be 3,933 and not 15,462 as was recorded and reported in the publication report.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	This is a data quality error. April should be 51,275 and not 530,038 as was recorded and reported in the publication report. This is a still a large increase which we believe is due to the recent changes in how this data is being calculated. We will investigate this one further prior to the submission of May's data.

E14	Number of callers recommended repeat prescription medication	Increase attributed to combination of Easter weekend and Pharmacy First initiative.
G15	Number of calls where repeat prescription medication was issued within your service	
G01-G14	Number of calls where caller given an appointment / appointment types	Due to the MIU's not being defined as UTC's in Gloucestershire, the MIU'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 MIU'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 MIU'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.
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.
F03	Calls where the caller is allocated the first service type offered by DoS	Allocation of first service type offered by the DoS remains a topic of primary focus for the service and is an aimed of the Pharmacy First initiative.

111AL5 Somerset (HUC)

Lead data supplier: HUC

Data item	Description	Comments
A03	Number of answered calls	HUC finds itself still challenged by staffing profiles and their alignment to demand patterns. The service's rota review is ongoing with evenings seeing cover much more aligned to the level of demand now, and most other patterns expected to be reviewed and amended in June. More recently, the service has seen unexpected spikes in demand in short periods. While a day's volume of calls can even out at around forecast, there can be one- to two-hour spells where demand exceed 150% of forecast for that time. This affects those
B06	Total time to call answer	

B07	95th centile call answer time	periods and can ripple out, impacting performance more generally. Additional pressure on the Somerset service specifically is seen with the Easter bank holiday weekend.
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.
D01	Calls assessed by a clinician or Clinical Advisor	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.
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	The acuity and complexity of cases being assessed by the service shows no sign of decreasing, and many more are requiring clinical input. A great many refused dispositions or early exits are entering the clinical queues with short timeframes for a response, while numbers of clinical validations of C3/C4 and ETC outcomes remains firmly high. This volume leads to the pressures on call-back times.
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	
G06	DoS selections – UTC	The previous month's figure here is for G06, while April's figure is our submission for G06 + what was previously H07, causing some of the month-on-month lift. However, the increase in G06 is undeniable and reflects the nature of the activity the service is seeing, in terms of both volume and acuity. But it's also reflective of the activity being seen at the county's emergency and urgent treatment centres, where it's suspected that there is diversion back to 111 which ultimately cycles back round to UTC DoS selections.
G07	Calls where the caller was booked into a UTC	Continuing trend of low appointments booked vs DoS UTC referrals for this region.
G08	DoS selections – Type 1 or 2 ED	As this month's submission includes historic H09, the lift on last year's G08-only figure is expected (comparing G08s only would see a small drop, month-on-

		month). But, like the UTCs above, there is undeniable growth in numbers of cases with the acuity that leads to an ED DoS selection. This combined with the pressures described above have led to the upward trend in G08.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.