

Integrated Urgent Care, England Aggregate Data Collection, October 2025

This publication provides a summary of Integrated Urgent Care Services in England during October 2025. The ¹Integrated Urgent Care Aggregate Data Collection (IUC ADC) covers the whole of integrated urgent care services and is used to report the IUC Key Performance Indicators (KPIs). Underlying data and further details about the IUC ADC are [here](#).

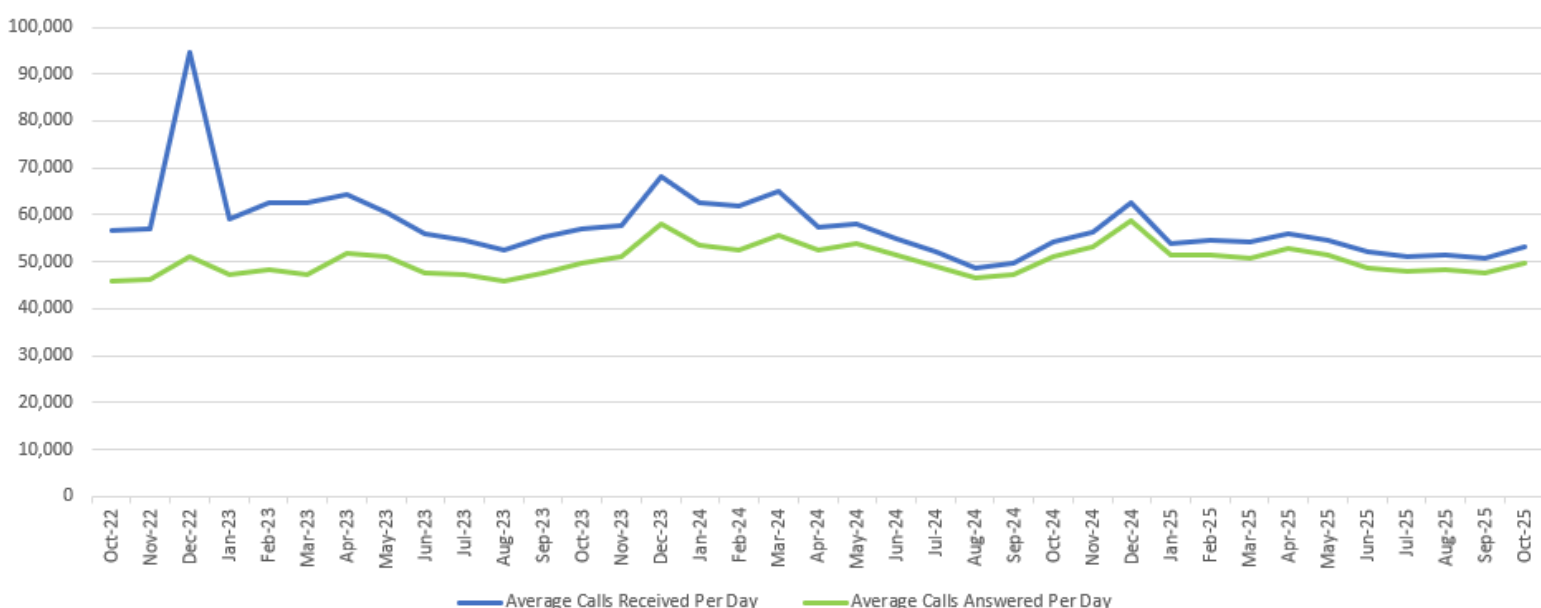
Figures replace those in the provisional October IUC ADC published last month.

Key Facts^{2, 3, 5, 6, 7, 8, 9}

In October 2025 in England:

- 1,643,440 calls were received by NHS 111, an average of 53.0 thousand per day. This is an increase of 2.1 thousand calls per day compared to the previous month, which was 50.9 thousand calls per day. In October 2024 the figure was 54.2 thousand per day.
- 3.1% of calls were abandoned after call steering IVR. In September 2025, 2.9% of calls were abandoned after call steering IVR.
- The average time to call answer was 48 seconds and 81.1% of calls were answered within 60 seconds. This compares with 46 seconds and 82.2% of calls in September 2025. In October 2024 the proportion of calls answered within 60 seconds was 81.1%.
- Callers spoke to a clinician or clinical advisor in 44.8% of triaged calls. This is an increase of 0.3 percentage points from 44.5% the previous month. In October 2024 the figure was 44.1%.
- 12.1% of triaged calls were referred to the Ambulance service, which was a decrease of 0.2 percentage points from 12.3% in September 2025. In October 2024, 12.2% of triaged calls were referred to the Ambulance service.
- 14.0% of triaged calls were recommended to attend an Emergency Treatment Centre (ETC), which was a decrease of 0.1 percentage points from 14.1% in September 2025. In October 2024 the figure was 12.8%.
- 14.7% of callers were recommended self-care after being assessed by a clinician or clinical advisor, which was an increase of 0.3 percentage points from 14.4% in September 2025.

Figure 1: Average Number of Calls Received Per Day: England, 2022 - 2025



Scope

The IUC ADC monitors the effectiveness of integrated urgent care services⁴ commissioned by the NHS in England through the NHS 111 single entry point. IUC is the provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service (incorporating NHS 111, Clinical Assessment Services and out of hours services). IUC is provided by a variety of organisations, including ambulance services, private companies, not for profit organisations and NHS Trusts. The IUC ADC covers end to end IUC services, excluding NHS 111 Online contacts, unless otherwise stated.

Data Quality

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 IUC services to identify lead data suppliers and ensure that data are provided each month. While lead data suppliers are responsible for collating and coordinating information for the IUC ADC, they are not necessarily contracted to deliver all NHS 111 and out of hours services in the contract area. The quality of data in this report 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.

Details of comments received from lead data suppliers about specific aspects of data quality can be found [here](#). This includes details about missing or incomplete data; we recommend that this information is considered when interpreting figures.

Status

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing: regulation@statistics.gov.uk or via the OSR website.

Contacts

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Other enquiries about the published statistics should be referred to:

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Footnotes:

¹ From April 2022, some data items in the IUC ADC have been revised and not all data items are directly comparable with data collected previously. Users are advised to refer to the specification guidance for each collection when interpreting figures. Underlying data and further details about the IUC ADC are [here](#).

² When comparing with previous months' figures, please be aware that call volumes will be affected by the number of days in the month, the number of public holidays and the number of weekend days.

³ The number of calls received may not reflect total demand for NHS 111 services at a given time. This is because calls received were affected by the national busy message which was routinely turned on during periods of high caller demand and had been almost permanently turned on from June 2021 until being switched off at 10:00 on 17/01/23. The busy message caused around 10% of callers to hang up before their call is delivered to a provider. These calls were not included as calls received in the IUC ADC.

⁴ Integrated Urgent Care Services are described in detail in the [IUC service specification](#).

⁵ A cyber-attack on 4th August 2022 caused a major outage on the Adastra system used by many IUC service providers. This had a widespread impact on the IUC service with many providers relying on paper record-keeping from that date onwards during August 2022. Besides impacting service delivery that month, reporting issues continued to result in missing or under-reported data for some contract areas for many months following the cyber-attack. Details of data items affected are included in Data Quality statements [here](#).

⁶ Two national support services were introduced in 2023 to provide additional resources for NHS 111 telephony:

- National Resilience (started in February 2023) – A proportion of a calls diverted to Vocare during periods when high call volumes are impacting on a provider's performance; captured in the IUC ADC as contract area '111NR1 National Resilience (Vocare)'. The National Resilience service was closed down at approximately 17:00 noon on Friday 14/02/25.
- Service Advisor Modules (started in March 2023) – A proportion of lower acuity calls from all providers diverted to IC24 after national IVR during periods of high call volume; captured in the IUC ADC as contract area '111SA1 Service Advisor Modules (IC24)'. The national Service Advisor Module service, handling Repeat Prescription calls for core 111 providers, was closed down at approximately 12:00 noon on Wednesday 28/02/24.

Any calls are passed back to a local contract area from one of the national support services, will be counted as a call received (A01) in the data return of the national support service, and as a call which originated from an external NHS 111 provider (A07) in the data return of the local contract area.

Data published between February 2023 and March 2025 includes a dummy region "111 National Support", combining activity in National Resilience and Service Advisor Modules contracts.

⁷ The IUCADC data routinely undergo revisions and care should be taken if referring back to previous reports as the data may have changed as a result of these revisions. Revisions update timetable as follows:

- Revisions to all reporting periods from April 2022 to September 2022 inclusive were published in May 2023.
- Revisions to all reporting periods from October 2022 to March 2023 inclusive were published in October 2023.
- Revisions to all reporting periods from April 2023 to March 2024 inclusive were published in October 2024.
- Revisions to all reporting periods from April 2024 to March 2025 inclusive were published in August 2025.

⁸ December 2022 saw an exceptional increase in calls received by NHS 111, with demand close to that seen in March 2020. Service providers attribute much of the increase to winter pressures, including widespread public concern about Group A Streptococcus infections.

⁹ Please be aware that the accuracy of any differences that have been given between current and previous months in the Key Facts bullet points for numbers and rates may be influenced by having been rounding to 1 DP, whereas some instances' true values may differ slightly.