

# Integrated Urgent Care Aggregate Data Collection Specification 2026-27

Version 1

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## Document Control

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1	Ian Kay	Addition of data items E35 to E45 and removal of E28 from 2025-26 IUC ADC specification.

# 1. Introduction

## 1.1 Purpose

This document describes the data that lead commissioners should ensure are provided for their Integrated Urgent Care (IUC) service. Data should be submitted for each IUC contract area via the nominated lead data supplier (often the NHS 111 provider) responsible for the coordination and collation of information for supply to NHS England for the service's national reporting. Commissioners must support lead data providers in establishing data flows between organisations to allow reporting against this specification.

This data collection enables NHS England to assess the IUC service and is the basis for the IUC Key Performance Indicators (KPIs).

## 1.2 Service Summary

NHS 111 aims to offer the public a single entry point to fully IUC services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment with shared standards and processes, clear accountability and leadership. NHS 111 is currently accessed via both telephony and Online (directly or via the NHS App); this collection mainly focusses on the telephony journey (other than sections G and H).

Central to this will be access to a wide range of clinicians, both experienced generalists and specialists. The service will offer advice to health professionals in the community, such as General Practitioners, paramedics and emergency technicians, so that no decision needs to be taken in isolation.

The service is described further in the IUC Service Specification at [www.england.nhs.uk/publication/integrated-urgent-care-service-specification](http://www.england.nhs.uk/publication/integrated-urgent-care-service-specification).

## 2. Aggregate Data Collection Standards

### 2.1 Where to Send Data

Data will be collected for NHS England by the Strategic Data Collection Service (SDCS), a secure data collection system used by health and social care organisations to submit data. NHS England staff will provide guidance around the mechanics of data collection to suppliers of the data.

### 2.2 Frequency and Timing of Data Submissions

Commissioners of an IUC service should ensure that all data items except E34 are supplied on a monthly basis, with some items also to be supplied on a weekly basis (these items are identified in the bold text written underneath every data item; please take note of those identified as being required both monthly and weekly).

Submissions should be in line with the timetable specified by NHS England at [www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021](http://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021).

### 2.3 Revisions

If you become aware that any previously submitted data items are incorrect, please advise NHS England using the contact details included with the published statistics.

### 2.4 Key Performance Indicators

The Aggregate Data Collection (ADC) is the primary method of collecting data on the IUC Service. This data will be used to produce the IUC KPIs which are published separately at [www.england.nhs.uk/publication/integrated-urgent-care-key-performance-indicators](http://www.england.nhs.uk/publication/integrated-urgent-care-key-performance-indicators).

In order to ensure accuracy of the KPIs, care should be taken to avoid double counting where appropriate, for example, in booking data items in section G.

### 2.5 Measuring Time

Unless otherwise stated, measures of time should be in seconds, to avoid transcription errors between Excel formats.

## 3. Data items Required from all Providers

### Introduction

All lead commissioners of Integrated Urgent Care (IUC) or NHS 111 should ensure the supply of all data items in this section to NHS England as outlined in the IUC Service Specification at [www.england.nhs.uk/urgent-emergency-care/nhs-111/nhs-111-service-specification](http://www.england.nhs.uk/urgent-emergency-care/nhs-111/nhs-111-service-specification); this includes specifying a lead supplier of data, who will coordinate requests for data and information that covers the commissioned IUC Service.

This section defines the data items that need to be supplied to NHS England. Providers should supply every data item in this section for the period where they have provided the IUC service for at least part of the time period. Information about the collection of data will be provided by NHS England separately.

This data collection covers the telephony journey in both NHS 111 and Clinical Assessment Service (CAS) settings, along with the clinicians within these, and as such it should be assumed that all data items relate to both settings unless otherwise stated. Where the CAS services deliver face-to-face care, this should be excluded unless otherwise stated.

Calls transferred from 999 to NHS 111 should be included in the ADC returns.

Calls from Health Care Professionals (HCPs) into CAS from numbers other than 111 (e.g. from a phone line dedicated exclusively for that purpose) should be included in the ADC returns. No patient contacts other than those via NHS 111 should be included within this collection.

All data items provided should exclude NHS 111 Online generated activity, with the exception of sections G) IUC Service Integration and H) NHS 111 Online Contacts.

Some data items may not be relevant to all providers.

## A) Demand for IUC Service

### A01 Number of calls received

**This data item is required weekly as well as monthly.**

All calls received by the provider via the designated NHS 111 receiving numbers for the contract service area, or location unknown. A call is considered received at the point at which it is delivered to the provider. This is after any nationally mandated pre-recorded messages or regional Interactive Voice Response (IVR) on the national platform, before any additional pre-queue welcome / confidentiality messages and call steering IVR<sup>1</sup> or further IVR commissioned locally (either through local or national platforms).

A01 also includes calls from Health Care Professionals (HCPs) into CAS via dedicated numbers other than 111 (e.g. use of 0300 numbers), designated for the purpose of HCP access to CAS, and calls transferred from the 999 Ambulance Service into NHS 111.

For the purposes of ADC item A01, the measurement starts after any call steering IVR, however, IVRs should be optimised to ensure best patient experience and minimal delay.

This is an aggregated sum of all calls delivered to the provider.

### A02 Calls routed through IVR

Of the number of calls received (A01), in how many did the caller make a selection in response to an IVR message applied by the local NHS 111 call receiving organisation.

### A03 Number of answered calls

**This data item is required weekly as well as monthly.**

Of the number of calls received (A01), how many were answered. To be counted as answered, a call must have been picked up by a human. Recorded messages and interactions with IVR resulting in a call back cannot be counted as answered.

Data items A04 and A06 were removed in April 2023.

Data items A05 and A07 were removed in April 2025.

## B) Call Handling

### B01 Number of calls answered within 60 seconds

**This data item is required weekly as well as monthly.**

Of the number of answered calls (A03), how many were answered within 60 seconds. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B01, the clock starts after any call steering IVR.

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<sup>1</sup> Pre-queue welcome and confidentiality messages and call steering IVR commissioned locally must not exceed 30 seconds (for the avoidance of doubt this excludes any additional detail the patient has selected to hear).

## **B02 Number of calls abandoned**

**This data item is required weekly as well as monthly.**

Number of calls abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B02, the clock starts after any call steering IVR.

Data items B03, B04, and B05 were removed in April 2025.

## **B06 Total time to call answer**

**This data item is required weekly as well as monthly.**

The total number of seconds spent waiting for answer, for all calls in the period. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B06, the clock starts after any call steering IVR. Abandoned calls are excluded.

## **B07 95th centile call answer time**

**This data item is required weekly as well as monthly.**

Across all calls in the period, what was the 95th centile time to answer each call. Example: A 95th centile call answering time of 10 minutes means that 95 out of 100 calls were answered to in less than 10 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

## **B08 99th centile call answer time**

**This data item is required weekly as well as monthly.**

Across all calls in the period, what was the 99th centile time to answer each call. Example: A 99th centile call answering time of 10 minutes means that 99 out of 100 calls were answered to in less than 10 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

## **B09 Total time of abandoned calls**

The total number of seconds spent waiting for answer, for all calls in the period which were abandoned. The clock starts at the moment the call is queued to skill set. For the purposes of ADC item B09, the clock starts after any call steering IVR.

## **B10 Number of calls passed to a clinician or Clinical Advisor for a call back**

Of the calls triaged (C01), how many were passed to a clinician or Clinical Advisor for a call back.

Calls should only be included if the corresponding call back waiting time is also captured in B11.

## **B11 Total call back waiting time**

Of the number of calls passed to a clinician or Clinical Advisor for a call back (B10) what was the total time in seconds of all calls. The clock starts when a speak to clinician disposition (B10) is reached by the call handler. The clock stops when the clinician first attempts calling back on the appropriate number.

## **C) Call Triage**

### **C01 Number of calls where person triaged**

**This data item is required weekly as well as monthly.**

Of the number of answered calls (A03) how many were triaged. A call can be counted as triaged if the following requirements are met:

- a) The telephone call is recorded by voice recording software and is available for Call Review purposes;
- b) Life threatening conditions are addressed during the call;
- c) A disposition is captured; and,
- d) The call has presented to and is routed through the national NHS 111 telephony network. (This includes calls from Health Care Professionals (HCPs) into CAS via dedicated numbers other than 111 (e.g. 0300 numbers) designated for the purpose of HCP access to CAS).

For the purpose of the ADC a triaged call commences after demographic information has been captured.

A call should count as triaged only once even if the caller interacts with more than one clinician or non-clinician. The call should be allocated to the staff type that provided the final disposition.

C01 should equal the sum of C02 to C06.

### **C02 Number of calls where person triaged by a Service Advisor**

A Service Advisor is a non-clinician that has the ability to triage a call via NHS Pathways and/or directs the call to the appropriate service/information or clinician.

### **C03 Number of calls where person triaged by a Health Advisor**

A Health Advisor is a non-clinician that has the ability to triage a call via NHS Pathways. This also includes Senior Health Advisor activity where this role is utilised.

### **C04 Number of calls where person triaged by a Clinical Advisor**

A Clinical Advisor is a clinician that uses NHS Pathways to triage the call.

### **C05 Number of calls where person triaged by any other Clinician**

This includes any clinician not using NHS Pathways to triage the call.

### **C06 Number of calls where person triaged by another staff type not within the other 4 categories**

## D) Calls with Clinical Input

All data items within this section include Clinical Advisor (C04) as well as clinician (C05).

### D01 Calls assessed by a clinician or Clinical Advisor

**This data item is required weekly as well as monthly.**

Of the number of calls where a person triaged (C01), in how many calls did the caller speak to a clinician or Clinical Advisor.

This data item includes calls passed to a clinician or Clinical Advisor for a call back (B10) as well as any other calls assessed by a clinician or Clinical Advisor. A call with clinical input should **only count once** even where multiple clinicians or Clinical Advisors have been involved.

Data items D02 to D09 were removed in April 2025.

### D10 Number of calls assessed by a clinician or Clinical Advisor that were warm transferred

Of the calls assessed by a clinician or Clinical Advisor (D01), how many were transferred while the call was on hold.

Data items D11 and D12 were removed in April 2023.

### D13 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)

**This data item is required weekly as well as monthly.**

Of the number of calls where person triaged (C01), how many resulted in the caller needing a warm transfer or a call back by a clinician or Clinical Advisor within 20 minutes (immediately).

Please refer to the disposition mapping provided to identify which Dx codes this covers.

### D14 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes

**This data item is required weekly as well as monthly.**

Of those calls where person needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), how many were warm transferred or received a call back within 20 minutes.

The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

Data items D15 to D19 were removed in April 2022.

## **D20 Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)**

Of those callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), what was the mean time to warm transfer or clinical call back. The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

## **D21 95<sup>th</sup> centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)**

Of those callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) (D13), what was the 95<sup>th</sup> centile time to warm transfer or clinical call back.

Example: A 95<sup>th</sup> centile time of 30 minutes means that 95 out of 100 calls were assessed by a clinician in less than 30 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

## **D22 Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes**

Of the number of calls where person triaged (C01), how many resulted in the caller needing to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes.

Please refer to the disposition mapping provided to identify which Dx codes this covers.

## **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**

Of those calls where person needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D20), how many were warm transferred or received a call back within the specified timeframe.

The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

## **D24 Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes**

Of those callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D22), what was the mean time to warm transfer or clinical call back. The clock starts when the appropriate speak to clinician disposition is reached by the call handler. For a warm transfer, the clock stops when the clinical

triage begins; for a call back, the clock stops when the clinician first attempts calling back on the appropriate number.

### **D25 95<sup>th</sup> centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes**

Of those callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes (D22), what was the 95<sup>th</sup> centile time to warm transfer or clinical call back. Example: A 95<sup>th</sup> centile time of 30 minutes means that 95 out of 100 calls were assessed by a clinician in less than 30 minutes. Centiles can be calculated using SQL or the Excel PERCENTILE formula and should be rounded to a whole number of seconds.

Data item D26 was removed in April 2023.

## **E) IUC Recommendations (Dispositions)**

### **E01 Total number of dispositions**

This should be determined by the final disposition code. Where clinicians do not use full NHS Pathways, non-pathways clinical input dispositions should be included within data items in Section E.

A file of disposition codes corresponding to each item is available at [www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021](http://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021).

Dispositions should be supplied by each of the sub-headings below.

E01 should equal the sum of E02, E03, E05, E12, E13, E14, E15, E16, E18, E32, and E33.

For the data items below, please refer to the mapping document for information on the Dx codes which map to these.

When a case is referred to a CAS for further assessment only the final disposition reached after that CAS assessment should be counted in the final ADC return. This is to avoid the duplication of patient outcomes.

The only exception is where a referral is made to an out of area CAS, and in these more limited circumstances the 111 disposition can be provided.

### **E02 Number of ambulance dispositions**

**This data item is required weekly as well as monthly.**

### **E03 Number of callers recommended to attend an ETC**

**This data item is required weekly as well as monthly.**

### **E04 Number of callers recommended to attend a Type 1 or 2 ED**

This is a subset of E03. Please refer to the DoS service types mapping document.

**This data item is required weekly as well as monthly.**

## **E05 Number of callers recommended to attend Same Day Emergency Care (SDEC)**

**This data item is required weekly as well as monthly.**

Data items E06 to E11 were removed in April 2025.

## **E12 Number of callers recommended to contact or speak to a dental practitioner**

**This data item is required weekly as well as monthly.**

This includes both contact and speak to dispositions.

## **E13 Number of callers recommended to contact or speak to a pharmacist**

**This data item is required weekly as well as monthly.**

This includes both contact and speak to dispositions.

## **E14 Number of callers recommended repeat prescription medication**

**This data item is required weekly as well as monthly.**

## **E15 Number of callers recommended to contact or speak to another service**

**This data item is required weekly as well as monthly.**

## **E16 Number of callers recommended self-care**

**This data item is required weekly as well as monthly.**

## **E17 Number of callers recommended self-care at the end of clinical input**

This is a subset of E16.

This data item includes both Clinical Advisor and non-pathways clinician input dispositions.

## **E18 Number of callers recommended other outcome**

**This data item is required weekly as well as monthly.**

## **Remote clinical intervention**

### **E19 Number of calls initially given a category 3 or 4 ambulance disposition**

Of the number of calls where a person triaged (C01), how many reached an initial disposition of category 3 or 4 ambulance.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (C02)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (C03)
- Clinical Advisor: a clinician that uses full NHS Pathways (C04)
- Clinician: any clinician not using full NHS Pathways to triage the call (C05)
- Other: any staff type not within the other 4 categories (C06)

Please refer to the disposition mapping provided to identify which Dx codes this covers.

### **E20 Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition (E19) how many receive remote clinical intervention.

For the purpose of the ADC, a call can be counted as receiving remote clinical intervention if a clinician has spoken to the caller at any point during the call. This includes calls front ended by clinicians as well as those that are transferred to a clinician (or result in call back from a clinician) following a call handler NHS Pathways assessment.

### **E21 Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention within 30 minutes**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many receive remote clinical intervention within 30 minutes.

The clock starts when the initial category 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician starts speaking to the caller. Calls front-ended by a clinician will have a zero wait time to remote clinical intervention.

### **E22 Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention in over 30 and less than 60 minutes**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received remote clinical intervention in over 30 minutes and less than 60 minutes.

The clock starts when the initial category 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician starts speaking to the caller. Calls front-ended by a clinician will have a zero wait time to remote clinical intervention.

### **E23 Number of calls initially given a category 3 or 4 ambulance disposition that are given a cat 1 or 2 ambulance setting disposition after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of higher acuity than cat 3 or 4 ambulance after speaking to a clinician.

#### **E24 Number of calls initially given a category 3 or 4 ambulance disposition that are given a non-ambulance setting disposition after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of lower acuity than cat 3 or 4 ambulance after speaking to a clinician.

E24 should equal the sum of E35 to E39, defined later in this document.

#### **E25 Total wait time to category 3 or 4 ambulance remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), what is the total wait time to remote clinical intervention.

The clock starts when the initial category 3 or 4 disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician speaks to the caller. Calls front-ended by a clinician will have a zero wait time to remote clinical intervention.

#### **E26 Number of calls initially given an ETC disposition**

Of the number of calls where a person triaged (C01), how many were initially given an Emergency Treatment Centre (ETC) disposition.

This includes calls triaged by the following groups:

- Service Advisor: a non-clinician that has the ability to triage a call via part of NHS Pathways and/or directs the call to the appropriate service/information or clinician (C02)
- Health Advisor: a non-clinician that has the ability to triage a call via full NHS Pathways (C03)
- Clinical Advisor: a clinician that uses full NHS Pathways (C04)
- Clinician: any clinician not using full NHS Pathways to triage the call (C05)
- Other: any staff type not within the other 4 categories (C06)

Please refer to the disposition mapping provided to identify which Dx codes this covers.

#### **E27 Number of calls initially given an ETC disposition that receive remote clinical intervention**

Of the number of calls initially given an ETC disposition (E26) how many received remote clinical intervention. For the purpose of the ADC, a call can be counted as receiving remote clinical intervention if a clinician has spoken to the caller at any point during the call. This includes calls front ended by clinicians as well as those that are transferred to a clinician (or result in call back from a clinician) following a call handler NHS Pathways assessment.

Data item E28 was removed in April 2026.

**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**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of a lower acuity than an ambulance or ETC after speaking to a clinician.

E29 should equal the sum of E42 to E45, defined later in this document.

**E30 Total wait time to ETC remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), what was the total wait time to remote clinical intervention. The clock starts when the initial ETC disposition is reached and the call is queued or transferred to a clinician. The clock stops when the clinician speaks to the caller. Calls front-ended by a clinician will have a zero wait time to remote clinical intervention.

**E31 Of the number of callers recommended to attend an ETC, for how many was a non-ED selected on DoS**

Of the number of callers recommended to attend an ETC (E03), for how many was a non-ED selected on DoS.

**E32 Number of callers recommended to contact or speak to Primary Care services – bookable dispositions**

**E33 Number of callers recommended to contact or speak to Primary Care services – unbookable dispositions**

**E34 Number of callers recommended to contact or speak to Primary Care services**

**This data item is only required weekly** and is the aggregate of E32 and E33.

E35 to E45 were introduced in April 2026:

**E35 Number of calls initially given a category 3 or 4 ambulance disposition that are recommended to attend an ETC after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of ETC after speaking to a clinician.

**E36 Number of calls initially given a category 3 or 4 ambulance disposition that are recommended to contact or speak to Primary Care after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of Primary Care after speaking to a clinician.

**E37 Number of calls initially given a category 3 or 4 ambulance disposition that are recommended to contact or speak to another service including SDEC after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of another service including SDEC after speaking to a clinician.

**E38 Number of calls initially given a category 3 or 4 ambulance disposition that are recommended other outcome after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of another outcome after speaking to a clinician.

**E39 Number of calls initially given a category 3 or 4 ambulance disposition that are recommended Self-Care after remote clinical intervention**

Of the number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (E20), how many received a final disposition of self-care after speaking to a clinician.

**E40 Number of calls initially given an ETC disposition that are given an ambulance setting category 1 or 2 disposition after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of a category 1 or 2 ambulance after speaking to a clinician.

**E41 Number of calls initially given an ETC disposition that are given an ambulance setting category 3 or 4 disposition after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of a category 3 or 4 ambulance after speaking to a clinician.

**E42 Number of calls initially given an ETC disposition that are recommended to contact or speak to Primary Care after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of Primary Care after speaking to a clinician.

**E43 Number of calls initially given an ETC disposition that are recommended to contact or speak to another service including SDEC after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of another service including SDEC after speaking to a clinician.

**E44 Number of calls initially given an ETC disposition that are recommended other outcome after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of another outcome after speaking to a clinician.

**E45 Number of calls initially given an ETC disposition that are recommended Self-Care after remote clinical intervention**

Of the number of calls initially given an ETC disposition that received remote clinical intervention (E27), how many received a final disposition of self-care after speaking to a clinician.

**F) Directory of Services**

**F01 Calls where the Directory of Services is opened**

The number of calls where the DoS opened and searched. A call counts once regardless of the number of searches undertaken during the call.

**F02 Directory of Services: no service available other than ED (ED catch-all)**

The number of calls where a Service Advisor, Health Advisor, Clinical Advisor or clinician searches the DoS and no service is available other than two or less Emergency Departments and the phrase “(catch-all)”. A call counts once regardless of the number of times this occurs during the call and regardless of whether or not ED catch-all is selected.

**F03 Calls where the caller is allocated the first service type offered by DoS**

Of the number of calls where the Directory of Services is opened (F01) how many were allocated the first service type offered. This includes selection of the second service offered where the service type is the same as the first service offered.

For (F03) ‘allocated’ means a caller has been offered and subsequently accepted a service.

## **G) IUC Service Integration**

### **G01 Number of calls where caller given an appointment**

Of calls resulting in an attend, contact or speak to disposition, how many successfully had an appointment booking made before the end of the call in which the final disposition is reached. This should exclude calls where the patient declined to have an appointment made. This should include bookings made for cases that originated in 111 Online.

G01 should equal the sum of G03, G05, G07, G09, G11, G13 and G14.

Please refer to the DoS service types mapping document for all data items in this section.

### **G02 DoS selections – GP Practice or GP access hub**

Of the number of calls where the DoS is opened (F01), in how many were GP Practice or GP access hub selected on DoS. This should include bookings made for cases that originated in 111 Online.

### **G03 Number of calls where the caller was booked into a GP Practice or GP access hub**

**This data item is required weekly as well as monthly.**

Of the number of DoS selections – GP Practice or GP access hub (G02), in how many were the caller given an appointment with a GP Practice or GP access hub. This should include bookings made for cases that originated in 111 Online.

### **G04 DoS selections – IUC Treatment Service**

Of the number of calls where the DoS is opened (F01), in how many were an IUC Treatment Service selected on DoS. This includes consultations undertaken in home residence settings by the IUC service. The definition of an IUC Treatment Service for these purposes is provided in the glossary.

Please refer to the DoS Service Type ID mapping for details about what is included within home residence consultations.

This should include bookings made for cases that originated in 111 Online.

### **G05 Number of calls where the caller was booked into an IUC Treatment Service**

**This data item is required weekly as well as monthly.**

Of the number of DoS selections – IUC Treatment Service (G04), in how many were the caller given an appointment with an IUC Treatment Service. This includes consultations undertaken in home residence settings by the IUC service. The definition of an IUC Treatment Centre for these purposes is provided in the glossary.

Please refer to the DoS Service Type ID mapping for details about what is included within home residence consultations.

This should include bookings made for cases that originated in 111 Online.

## **G06 DoS selections – UTC**

Of the number of calls where the DoS is opened (F01), in how many were Urgent Treatment Centre selected on DoS.

This should include bookings made for cases that originated in 111 Online.

## **G07 Number of calls where the caller was booked into a UTC**

**This data item is required weekly as well as monthly.**

Of the number of DoS selections – UTC (G06), in how many were the caller given an appointment with an Urgent Treatment Centre.

This should include bookings made for cases that originated in 111 Online.

## **G08 DoS selections – Type 1 or 2 ED**

Of the number of calls where the DoS is opened (F01), in how many were a type 1 or 2 ED selected on DoS.

This should include bookings made for cases that originated in 111 Online.

## **G09 Number of calls where caller given a booked time slot with a Type 1 or 2 ED**

**This data item is required weekly as well as monthly.**

Of the number of DoS selections – Type 1 or 2 ED (G08), in how many were the caller given a time slot or window arrival time for a face to face, telephone or video consultation appointment with a type 1 or 2 ED.

This should include bookings made for cases that originated in 111 Online.

## **G10 DoS selections – SDEC service**

Of the number of calls where the DoS is opened (F01), in how many were SDEC selected on DoS.

This should include bookings made for cases that originated in 111 Online.

## **G11 Number of calls where the caller was booked into an SDEC service**

**This data item is required weekly as well as monthly.**

Of the number of DoS selections – SDEC service (G10), in how many were the caller booked into an SDEC service.

This should include bookings made for cases that originated in 111 Online.

## **G12 Number of calls received by dental services not using DoS**

This should only include calls that originate from NHS 111.

This data item may not be relevant to all providers. Other calls that result in appointments to services not using DoS should be captured in G14.

### **G13 Number of calls received by dental services not using DoS that resulted in a booked appointment**

Of the number of calls received by dental services not using DoS (G12), how many resulted in a booked appointment. This should only include calls that originate from NHS 111.

### **G14 Number of calls where caller given any other appointment**

**This data item is required weekly as well as monthly.**

Of the number of calls resulting in an attend, contact or speak to disposition (E03, E05, E07, E10, E12, E13, E15), how many were given an appointment not captured in G03, G05, G07, G09, G11, and G13. This includes appointments with other services as well as appointments made with services listed in G03, G05, G07, G09, G11, and G13 that were made without a DoS selection.

This should include bookings made for cases that originated in 111 Online.

### **G15 Number of calls where repeat prescription medication was issued within your service**

Of the number of calls where prescription medication was required (E14) in how many of these was a prescription issued within your service.

Data items G16 to G19 were removed in April 2025.

### **G20 Number of patients requiring a face to face consultation in their home residence**

Of the number of answered calls (A03) how many required a face to face consultation at the persons home residence by an HCP within the IUC service, where a call to NHS 111 was made prior to the visit.

### **G21 Number of patients receiving a face to face consultation in their home residence within the timeframe agreed**

Of the number of patients requiring a face to face consultation in their home residence (G20), how many received a face to face consultation from an HCP within the timeframe agreed, where a call to NHS 111 was made prior to the visit. This excludes patients which are attended to by an ambulance crew. The clock starts after the final disposition has been reached. The clock stops when the face to face encounter begins.

If the timeframe is modified based on a reassessment by a clinician, then the modified timeframe should be used.

Note that 1) cancellations and patients who are not in their home residence within the timeframe agreed are excluded from both G20 and G21 and 2) where a caller has agreed an alternative timeframe, this is what adherence should be measured against.

## **G22 Number of patients requiring a face to face consultation in an IUC Treatment Service**

Of the number of answered calls (A03) how many required a face to face consultation at an IUC Treatment Service, where a call to NHS 111 was made prior to the visit.

## **G23 Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed**

Of the number of patients requiring a face to face consultation in an IUC Treatment Service (G22), how many received a face to face consultation from an HCP within the timeframe agreed, where a call to NHS 111 was made prior to the visit. The clock starts after the final disposition has been reached. The clock stops when the face to face encounter begins.

If the timeframe is modified based on a reassessment by a clinician, then the modified timeframe should be used.

Note that 1) DNA's and cancellations are excluded from both G22 and G23, 2) late arrivals are excluded from both G22 and G23, and 3) where a caller has agreed an alternative timeframe, this is what adherence should be measured against.

## **H) NHS 111 Online Contacts**

### **H01 Number of NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor**

Of the number of NHS 111 Online contacts, how many were offered and accepted a call back by a clinician or Clinical Advisor (i.e. the number going into the clinical call back queue).

### **H02 Number of NHS 111 Online contacts that resulted in the person speaking to a clinician or Clinical Advisor**

Of the number of NHS 111 Online contacts where a person was offered and accepted a call back (H01), in how many did the caller speak to a clinician or Clinical Advisor.

Data items H03 to H12 were removed in April 2025.

### **H13 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Service**

Of the number of NHS 111 Online contacts how many **required** face to face consultation at an IUC Treatment Service.

#### **H14 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Service, who received a face to face consultation in an IUC Treatment Service in the timeframe agreed**

Of the number of NHS 111 Online contacts requiring a face to face consultation at an IUC Treatment Service (H13), how many **received** a face to face consultation within the timeframe agreed.

If the timeframe is modified based on a reassessment by a clinician, then the modified timeframe should be used.

Note that 1) DNA's and cancellations are excluded from both H13 and H14; 2) late arrivals are excluded from both H13 and H14; and 3) where a caller has agreed an alternative timeframe, this is what adherence should be measured against.

#### **H15 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence**

Of the number of NHS 111 Online contacts how many **required** face to face consultation at the persons home residence by a HCP within the IUC service.

#### **H16 Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed**

Of the number of NHS 111 Online contacts requiring a face to face consultation at the persons home residence (H15), how many **received** a face to face consultation within the timeframe agreed.

Note that 1) cancellations and patients who are not in their home residence within the timeframe agreed are excluded from both H15 and H16; and 2) where a caller has agreed an alternative timeframe, this is what adherence should be measured against.

#### **H17 Number of NHS 111 Online contacts initially given an ETC disposition which the patient has agreed to clinical contact and provided the necessary information for a callback**

Of the number of NHS 111 Online contacts, how many resulted in an ETC disposition which the patient has agreed to and provided necessary details to allow a clinical callback.

#### **H18 Number of NHS 111 Online contacts initially given an ETC disposition that receive remote clinical intervention**

Of the number of NHS 111 Online contacts initially given an ETC disposition where the patient has agreed to clinical contact and provided the necessary information for a callback (H17), how many received a callback by a clinician or Clinical Advisor.

**H19 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)**

Of the number of NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor (H01), how many resulted in the caller needing to speak to a clinician or Clinical Advisor within 20 minutes.

Please refer to the disposition mapping provided to identify which Dx codes this covers.

**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**

Of those NHS 111 Online contacts where person needed to speak to a Clinician or Clinical Advisor within 20 minutes (immediately) (H19), how many received a call back within 20 minutes.

The clock starts when the appropriate speak to clinician disposition is reached. The clock stops when the clinician first attempts calling back on the appropriate number.

**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**

Of the number of NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor (H01), how many resulted in the caller needing to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes.

Please refer to the disposition mapping provided to identify which Dx codes this covers.

**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**

Of those NHS 111 Online contacts where person needed to speak to a Clinician or Clinical Advisor within a timeframe over 20 minutes (H21), how many received a call back within a specified timeframe.

## 4. Guidance Documents

- 1) Integrated Urgent Care Key Performance Indicators 2026-27
- 2) IUC ADC Dx Code Mapping
- 3) DoS Service ID Type Mapping
- 4) ADC and KPI Change Mapping
- 5) IUC Glossary

These documents are available at [www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021](http://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021).