

# Data Provision Notice

## Integrated Urgent Care Aggregate Data Collection (IUC ADC) and Mental Health Helplines

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## Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been Directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

## Purpose

Information about NHS 111 and Integrated Urgent Care (IUC) services has been collected weekly through the NHS 111 Minimum Data Set since 2011 with more detailed data items collected monthly through the IUC Aggregate Data Collection (ADC) since 2019. In addition, the weekly NHS 111 First SitRep was introduced in December 2020 to collect information relating to the introduction of NHS 111 First. From April 2021, these three collections were merged into a revised version of the monthly IUC ADC, a subset of which is also collected on a weekly basis. From April 2024, the scope was widened to include a further subset of data collected from Mental Health service providers (Urgent Mental Health Helplines) on a monthly basis.

The collection will be used to monitor the IUC service to identify challenges around optimising patient access to clinical advice and high-quality treatment to a common standard. The IUC ADC also acts as a vehicle to monitor performance against IUC KPIs. Overall benefits are therefore around improving patients' experience, care quality and outcomes.

## Benefits

This collection enables NHS England, the Department of Health and Social Care (DHSC) and commissioners to monitor NHS 111 / IUC Service performance and how the service is working across England, to go beyond the historic collection of call count, answer times, and where callers were recommended for any further care, with more outcome-focused measures.

## Legal basis for collection, analysis, publication and dissemination

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the migration and continued operation for the collection and analysis of the information specified for this service.

A copy of the Directions are published at <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directionsanddata-provision-notices/secretary-of-state-directions/the-migration-and-continuedoperationof-the-unify2-collections-through-the-strategic-data-collections-service-direction2017>.

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012. In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice. This Notice is issued in accordance with the procedure published as part of NHS England's duty under section 259(8).

## Persons consulted

In the development of this collection, consultation has been carried out with:

- Department of Health and Social Care – the directing organisation
- NHS England – policy leads and analysts
- NHS 111 providers – data suppliers, analysts, and service providers
- NHS Commissioners and service representatives
- NHS Trusts
- Mental Health service providers

## Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- NHS 111 providers

## Form, manner and frequency of the collection

Each submitting organisation will employ a controlled MS Excel template as the means to collect the data stipulated.

Organisations will submit their data via the NHS England Strategic Data Collection Service (SDCS). Organisations will begin and maintain their submissions for the IUCADC Monthly collection, the IUCADC Weekly collection, which is a subset of the IUCADC Monthly, and the Urgent Mental Health Helplines collection monthly.

The following aggregate counts will be collected:

## A) Demand for IUC Service

Data Item	Mental Health	IUCADC Monthly	IUCADC Weekly
A01 Number of calls received	Y	Y	Y
A02 Calls routed through IVR	Y		Y
A03 Number of answered calls	Y	Y	Y

## B) Call Handling

Data Item	Mental Health	IUCADC Monthly	IUCADC Weekly
B01 Number of calls answered within 60 seconds	Y	Y	Y
B02 Number of calls abandoned	Y	Y	Y
B03 Calls abandoned in 30 seconds or less	Y		
B04 Calls abandoned in over 30 seconds and up to and including 60 seconds	Y		
B05 Calls abandoned after 60 seconds	Y		
B06 Total time to call answer	Y	Y	Y
B07 95th centile call answer time	Y	Y	Y
B08 99th centile call answer time		Y	Y
B09 Total time of abandoned calls	Y	Y	
B10 Number of calls passed to a clinician or Clinical Advisor for a call back		Y	
B11 Total call back waiting time		Y	

## C) Call Triage

Data Item	IUCADC Monthly	IUCADC Weekly
C01 Number of calls where person triaged	Y	Y
C02 Number of calls where person triaged by a Service Advisor	Y	
C03 Number of calls where person triaged by a Health Advisor	Y	
C04 Number of calls where person triaged by a Clinical Advisor	Y	
C05 Number of calls where person triaged by any other Clinician	Y	
C06 Number of calls where person triaged by another staff type not within the other 4 categories	Y	

## D) Calls with Clinical Input

Data Item	IUCADC Monthly	IUCADC Weekly
D01 Calls assessed by a clinician or Clinical Advisor	Y	Y
D10 Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Y	
D13 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	Y	Y
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	Y	Y
D20 Average time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Y	

	<b>Data Item</b>	<b>IUCADC Monthly</b>	<b>IUCADC Weekly</b>
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Y	
D22	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes	Y	
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	Y	
D24	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Y	
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Y	

### E) IUC Recommendations (Dispositions) and validation

	<b>Data Item</b>	<b>IUCADC Monthly</b>	<b>IUCADC Weekly</b>
E01	Total number of dispositions	Y	
E02	Number of ambulance dispositions	Y	Y
E03	Number of callers recommended to attend an ETC	Y	Y
E04	Number of callers recommended to attend a Type 1 or 2 ED	Y	Y
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Y	Y
E12	Number of callers recommended to contact or speak to a dental practitioner	Y	Y
E13	Number of callers recommended to contact or speak to a pharmacist	Y	Y
E14	Number of callers recommended repeat prescription medication	Y	Y
E15	Number of callers recommended to contact or speak to another service	Y	Y
E16	Number of callers recommended self-care	Y	Y
E17	Number of callers recommended self-care at the end of clinical input	Y	
E18	Number of callers recommended other outcome	Y	Y
E19	Number of calls initially given a category 3 or 4 ambulance disposition	Y	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Y	
E21	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention within 30 minutes	Y	
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	Y	
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	Y	
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	Y	
E25	Total wait time to category 3 or 4 ambulance remote clinical intervention	Y	
E26	Number of calls initially given an ETC disposition	Y	

	<b>Data Item</b>	<b>IUCADC Monthly</b>	<b>IUCADC Weekly</b>
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	Y	
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	Y	
E30	Total wait time to ETC remote clinical intervention	Y	
E31	Of the number of callers recommended to attend an ETC, for how many was a non-ED selected on DoS	Y	
E32	Number of callers recommended to contact/speak to primary care services – bookable dispositions	Y	
E33	Number of callers recommended to contact/speak to primary care services – non-bookable dispositions	Y	
E34	Number of callers recommended to contact or speak to Primary Care services		Y
E35	Number of calls initially given a category 3 or 4 ambulance disposition that are recommended to attend an ETC after remote clinical intervention	Y	
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	Y	
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	Y	
E38	Number of calls initially given a category 3 or 4 ambulance disposition that are recommended other outcome after remote clinical intervention	Y	
E39	Number of calls initially given a category 3 or 4 ambulance disposition that are recommended Self-Care after remote clinical intervention	Y	
E40	Number of calls initially given an ETC disposition that are given an ambulance setting category 1 or 2 disposition after remote clinical intervention	Y	
E41	Number of calls initially given an ETC disposition that are given an ambulance setting category 3 or 4 disposition after remote clinical intervention	Y	
E42	Number of calls initially given an ETC disposition that are recommended to contact or speak to Primary Care after remote clinical intervention	Y	
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	Y	
E44	Number of calls initially given an ETC disposition that are recommended other outcome after remote clinical intervention	Y	
E45	Number of calls initially given an ETC disposition that are recommended Self-Care after remote clinical intervention	Y	

## F) Directory of Services

	Data Item	IUCADC Monthly	IUCADC Weekly
F01	Calls where the Directory of Services is opened	Y	
F02	Directory of Services: no service available other than ED (ED catch-all)	Y	
F03	Calls where the caller is allocated the first service type offered by DoS	Y	

## G) IUC Service Integration

	Data Item	IUCADC Monthly	IUCADC Weekly
G01	Number of calls where caller given an appointment	Y	
G02	DoS selections – GP Practice or GP access hub	Y	
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Y	
G04	DoS selections – IUC Treatment Service	Y	
G05	Number of calls where the caller was booked into an IUC Treatment Service	Y	
G06	DoS selections – UTC	Y	
G07	Number of calls where the caller was booked into a UTC	Y	
G08	DoS selections – Type 1 or 2 ED	Y	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Y	
G10	DoS selections – SDEC service	Y	
G11	Number of calls where the caller was booked into an SDEC service	Y	
G12	Number of calls received by dental services not using DoS	Y	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	Y	
G14	Number of calls where caller given any other appointment	Y	
G15	Number of calls where repeat prescription medication was issued within your service	Y	
G20	Number of patients requiring a face to face consultation in their home residence	Y	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Y	
G22	Number of patients requiring a face to face consultation in an IUC Treatment Service	Y	
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	Y	

## H) NHS 111 Online Contacts

	Data Item	IUCADC Monthly	IUCADC Weekly
H01	Number of NHS 111 Online contacts where person was offered and accepted a call back by a clinician or Clinical Advisor	Y	
H02	Number of NHS 111 Online contacts that resulted in the person speaking to a clinician or Clinical Advisor	Y	
H13	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Service	Y	
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	Y	
H15	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence	Y	
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	Y	
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	Y	
H18	Number of NHS 111 Online contacts initially given an ETC disposition that receive remote clinical intervention	Y	
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)	Y	
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	Y	
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	Y	
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	Y	

## Period of the collection

The IUCADC submission timetable and guidance are 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).

The submission timetable for MH providers and collections is at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/urgent-111-mental-health-helplines-nhs111-mh-launch-and-submission-dates>.

## Burden of the collection

### Steps taken by NHS England to minimise the burden of collection

In seeking to minimise the burden it imposes on others, in line with sections 253(2) and 265(3) of the Health and Social Care Act 2012, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions. This assurance is carried out by the Data Standards and Assurance Service (DSAS) which assures burden assessment evidence provided as part of the overarching Data Alliance Partnership Board (DAPB) process. The DAPB, acting under authority of the Secretary of State, oversees the assurance and approval of information standards, data collections and data extractions for the health and social care system in England.

### Assessed costs

The total assessed burden of this data collection across all providers is

- £178,351 Year 1 costs (including set up costs)
- £101,000 Year 2 and ongoing annual costs

### Document Control

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