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111 Coronavirus Daily Sitrep Data Collection Specification

Document management

Revision History

Version	Date	Summary of Changes
0.1	28/01/2020	First draft
0.2	29/01/2020	Minor changes to publication section

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Richard Irvine	Head of Data Management	28/01/2020	0.1
Magi Nwolie	Principal IG Specialist and Associate DPO	28/01/2020	0.1

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version

Glossary of Terms

Term / Abbreviation	What it stands for

Document Control:

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Purpose of document

This document sets out the requirements for the 111 Coronavirus Daily Sitrep data collection and should be read alongside the:

- 111 Coronavirus Daily Sitrep Directions issued by NHS England.

Purpose of the collection

The Integrated Urgent Care (IUC) policy team and Emergency Preparedness, Resilience and Response (EPRR) team need oversight of 111 coronavirus activity levels. This collection will help to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

Data collection

Scope

England

Source

All 111 providers. The data will be collected by provider, split by contract area, in the same way as the weekly 111 Minimum Data Set (MDS).

Category

The following aggregate counts will be collected from all (15 organisations) 111 providers, as follows:

1. Number of callers self-declaring they are symptomatic and have either travelled to the defined WH-CoV risk area or been in direct contact with a diagnosed case of coronavirus within the last 14 days
2. Of those callers included in question 1, the number transferred to a clinician
3. Of those callers included in question 1, the number resulting in an ambulance disposition
4. Of those callers included in question 1, the number resulting in an A&E disposition
5. Of those callers included in question 1, the number resulting in a Primary Care disposition
6. Of those callers included in question 1, the number resulting in a referral to any other service
7. Of those callers included in question 1, the number of resulting in a self care disposition
8. Of those callers included in question 1, the number resulting in any other outcome

Note that the data items 3 to 8 should sum to the value submitted for data item 1. The Integrated Urgent Care Aggregate Data Collection (IUC ADC) Disposition Code (Dx) mapping document (which can be found here <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/>) should be used to map Dx codes to data items 3 to 8 above in the following way:

Daily 111 Coronavirus line number	Daily 111 Coronavirus data item	IUC ADC Line number	IUC ADC description
3	Of those callers included in question 1, the number resulting in an ambulance disposition	45	Number of emergency ambulance dispositions at the end of the service advisor input
4	Of those callers included in question 1, the number resulting in an A&E disposition	46	Number of callers recommended to attend an ED at the end of the service advisor input
5	Of those callers included in question 1, the number resulting in a Primary Care disposition	48	Number of callers recommended to contact primary care services at the end of the service advisor input - bookable
		49	Number of callers recommended to contact primary care services at the end of the service advisor input - non-bookable
		50	Number of callers recommended to speak to primary care services at the end of the service advisor input
6	Of those callers included in question 1, the number resulting in a referral to any other service	54	Number of callers recommended to attend another service at the end of the service advisor input
7	Of those callers included in question 1, the number of resulting in a self care disposition	55	Number of callers recommended self-care at the end of the service advisor input
8	Of those callers included in	Any caller not captured elsewhere	

Frequency

Data will be collected from relevant organisations each working day (i.e. Monday to Friday). There may be a need to expand to cover weekends, but this is not part of the current requirement.

Each day the collection runs, organisations will need to make their submission between 8:00 and 09:00, and organisations will be reporting activity relating to the previous day – so on Wednesday morning, for example, organisations will be reporting activity for the 24 hour period ending at midnight Tuesday night. On a Monday, organisations will need to report for Friday, Saturday and Sunday.

The collection is expected to commence daily from Friday 31 January 2020.

Analysis

Internal processing

NHS Digital will validate the data

Data linkage

No linkage will be carried out

Consultation

The NHS England Integrated Urgent Care (IUC) policy team have consulted with the NHS England National Emergency Preparedness, Resilience and Response Unit (EPRR) and NHS Digital in advance of this collection.

Other options for obtaining information have been explored, such as deriving data from existing flows, e.g. Pathways data or the Emergency Care Dataset (ECDS). Further options will continue to be reviewed as the collection progresses.

Dissemination/Sharing

Regular Dissemination/Sharing

The data will be disseminated via NHS Digital's Secure Electronic File Transfer (SEFT) Solution to the NHS England and NHS Improvement Performance Analysis Team who will provide basic analysis for the NHS England National Emergency Preparedness, Resilience and Response Unit. This analysis will help the NHS to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

Data Access Request Service (DARS)

None

Publication

Data to be published

None, this is a restricted confidential analysis being carried out in advance of any response required by the NHS.

Data prohibited from being published

By virtue of Health and Social Care Act 2012 section 260(2)(d), none of the information obtained under the Direction is to be published – this is a restricted confidential collection, and analysis will be carried out by NHS England in advance of any response required by the NHS.

System Delivery Function

No new systems are required, the information will be collected from 111 Providers using NHS Digital's Strategic Data Collection Service (SDCS).

The collected data will be loaded into NHS Digital's Data Management Environment (DME) where all subsequent processing will take place.

Change control process

Changes to this Specification will be managed in conjunction with NHS England within the confines of the Direction.